Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

COVER SHEET

Additional References:

MS Division of Medicaid Website

MESA Portal for Providers

Medicaid National Correct Coding Initiative (NCCI) Edits

Note Number	Column Title	Details
1	Code	• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code
2	Description	• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description
3	Modifier	• This column is used to denote the type of service. 1. 26- Professional component of the service being billed was "interpretation only" 2. TC - Technical Component
4	Site of Service	• This column is used to denote the site of service differential. 1. Non-Facility Rate: The rate paid for professional services performed in a setting that is not a facility. 2. Facility Rate: The rate paid for professional services performed in a facility setting.
5	Prior Authorization (PA)	• This column identifies the codes that require prior authorization before the service is performed.
6	Min Age	• This column is the covered minimum age for the service.
7	Max Age	• This column is the covered maximum age for the service.
8	Begin Date	• This column represents the date of which the fee became effective.
9	End Date	• This column represents the date of whcih the fee end.
10	Max Units	• This column represents the maximum units the Division of Medicaid covers for the service.
11	Fee	• This column is the maximum amount that Division of Medicaid will pay for each unit. • When the maximum fee is listed as 0.00, the provider must request a prior authorization and/or submit a By Report claim, as identified on the fee schedule. • MP - Manually Priced • NC - Non Covered Service

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
36415	ROUTINE VENIPUNCTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
36416	CAPILLARY BLOOD DRAW			No	0	999	3/1/2017	12/31/2299	3
76145	MED PHYSIC DOS EVAL RAD EXPS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
78267	BREATH TST ATTAIN/ANAL C-14		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
78268	BREATH TEST ANALYSIS, C-14		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80047	BASIC MET PANEL (CALCIUM IONIZED)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80048	BASIC MET PANEL (CALCIUM TOT)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80050	GENERAL HEALTH PANEL GENER			No	0	999	5/1/2018	12/31/2299	1
80051	ELECTROLYTE PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80053	COMPREHEN METABOLIC PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80055	OBSTETRIC PANEL		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	1
80061	LIPID PANEL THIS PANEL MUST IN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80069	RENAL FUNCTION PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80074	ACUTE HEPATITIS PANEL ACUTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80076	HEPATIC FUNCTION PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80081	OBSTETRIC PANEL		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	1
80143	DRUG ASSAY ACETAMINOPHEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80145	ADALIMUMAB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80150	AMIKACIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80151	DRUG ASSAY AMIODARONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80155	CAFFINE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80156	ASSAY, CARBAMAZEPINE, TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80157	ASSAY, CARBAMAZEPINE, FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80158	CYCLOSPORINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80159	CLOZAPINE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80161	ASY CARBAMAZEPIN 10,11-EPXID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80162	DIGOXIN; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80163	DIGOXIN; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80164	VALPROIC ACID; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80165	VALPROIC ACID; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80167	DRUG ASSAY FELBAMATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80168	ETHOSUXIMIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80169	EVEROLIMUS DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80170	GENTAMICIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80171	GABAPENTIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80173	ASSAY OF HALOPERIDOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80175	LAMOTRIGINE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80176	LIDOCAINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80177	LEVETIRACETAM DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80178	LITHIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80179	DRUG ASSAY SALICYLATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80180	MYCHOPHENOLATE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80181	DRUG ASSAY FLECAINIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80183	OXCARBAZEPINE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80184	PHENOBARBITAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80185	PHENYTOIN; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80186	PHENYTOIN; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80187	POSACONAZOLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80188	PRIMIDONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80189	DRUG ASSAY ITRACONZAOLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80190	PROCAINAMIDE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80192	PROCAINAMIDE; WITH METABOLITES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80193	DRUG ASSAY LEFLUNOMIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80194	QUINIDINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80195	ASSAY OF SIROLIMUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80197	ASSAY FOR TACROLIMUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80198	THEOPHYLLINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80199	TIAGABINE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80200	ASSAY OF TOBRAMYCIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80201	ASSAY FOR TOPIRAMATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80202	VANCOMYCIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
80203	ZONISAMIDE DRUG ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80204	DRUG ASSAY METHOTREXATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80210	DRUG ASSAY RUFINAMIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80220	DRUG ASY HYDROXYCHLOROQUINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80230	INFLIXIMAB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80235	LACOSAMIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80280	VEDOLIZUMAB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
80285	VORICONAZOLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80299	QUANT THERAP DRUG NES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
80305	DRUG TEST, ANY# CLASSES, DIRECT OPTICAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80306	DRUG TEST, ANY# CLASSES; ASSIST DIR OPTI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80307	DRUG TEST, ANY# CLASSES, INSTRUMENT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80320	ALCOHOLS			No	0	999	1/1/2015	12/31/2299	1
80321	ALCOHOL BIOMARKERS 1-2			No	0	999	1/1/2015	12/31/2299	1
80322	ALCOHOL BIOMARKERS 3+			No	0	999	1/1/2015	12/31/2299	1
80323	ALKALOIDS, NOT OTHERWISE SPECIFIED			No	0	999	1/1/2015	12/31/2299	1
80324	AMPHETAMINES; 1 OR 2			No	0	999	1/1/2015	12/31/2299	1
80325	AMPHETAMINES; 3 OR 4			No	0	999	1/1/2015	12/31/2299	1
80326	AMPHETAMINES; 5 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80327	ANABOLIC STEROIDS; 1 OR 2			No	0	999	1/1/2015	12/31/2299	1
80328	ANABOLIC STEROIDS; 3 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80329	ANALGESCIS, NON-OPIOID; 1 OR 2			No	0	999	1/1/2015	12/31/2299	1
80330	ANALGESCIS, NON-OPIOID; 3-5			No	0	999	1/1/2015	12/31/2299	1
80331	ANALGESCIS, NON-OPIOID; 6 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 O			No	0	999	1/1/2015	12/31/2299	1
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5			No	0	999	1/1/2015	12/31/2299	1
80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 O			No	0	999	1/1/2015	12/31/2299	1
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			No	0	999	1/1/2015	12/31/2299	1
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			No	0	999	1/1/2015	12/31/2299	1
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYC			No	0	999	1/1/2015	12/31/2299	1
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED			No	0	999	1/1/2015	12/31/2299	1
80339	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80340	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80341	ANTIEPELEPTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED;			No	0	999	1/1/2015	12/31/2299	1
80345	BARBITURATES			No	0	999	1/1/2015	12/31/2299	1
80346	BENZODIAZEPINES1-12			No	0	999	1/1/2015	12/31/2299	1
80347	BENZODIAZEPINES; 13 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80348	BUPRENORPHINE			No	0	999	1/1/2015	12/31/2299	1
80349	CANNABIONOIDS, NATURAL			No	0	999	1/1/2015	12/31/2299	1
80350	CANNABIONOIDS, SYNTHETIC; 1-3			No	0	999	1/1/2015	12/31/2299	1
80351	CANNABIONOIDS, SYNTHETIC; 4-6			No	0	999	1/1/2015	12/31/2299	1
80352	CANNABIONOIDS, SYNTHETIC; 7 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80353	COCAINE			No	0	999	1/1/2015	12/31/2299	1
80354	FENTANYL			No	0	999	1/1/2015	12/31/2299	1
80355	GABAPENTIN, NON-BLOOD			No	0	999	1/1/2015	12/31/2299	1
80356	HEROIN METABOLITE			No	0	999	1/1/2015	12/31/2299	1
80357	KETAMINE OR NORKETAMINE			No	0	999	1/1/2015	12/31/2299	1
80358	METHADONE			No	0	999	1/1/2015	12/31/2299	1
80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, M			No	0	999	1/1/2015	12/31/2299	1
80360	METHYLPHENIDATE			No	0	999	1/1/2015	12/31/2299	1
80361	OPIATES, 1 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80362	OPIODS AND OPIATE ANALOGS; 1 OR 2			No	0	999	1/1/2015	12/31/2299	1
80363	OPIODS AND OPIATE ANALOGS; 3 OR 4			No	0	999	1/1/2015	12/31/2299	1
80364	OPIODS AND OPIATE ANALOGS; 5 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80365	OXYCODONE			No	0	999	1/1/2015	12/31/2299	1
80366	PREGABALIN			No	0	999	1/1/2015	12/31/2299	1
80367	PROPOXYPHENE			No	0	999	1/1/2015	12/31/2299	1
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)			No	0	999	1/1/2015	12/31/2299	1
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2			No	0	999	1/1/2015	12/31/2299	1
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE			No	0	999	1/1/2015	12/31/2299	1
80371	STIMULANTS, SYNTHETIC			No	0	999	1/1/2015	12/31/2299	1
80372	TAPENTADOL			No	0	999	1/1/2015	12/31/2299	1
80373	TRAMADOL			No	0	999	1/1/2015	12/31/2299	1
80374	STEROISOMER (ENANTIOMER) ANALYSIS, SINGL			No	0	999	1/1/2015	12/31/2299	1
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			No	0	999	1/1/2015	12/31/2299	1
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			No	0	999	1/1/2015	12/31/2299	1
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUA			No	0	999	1/1/2015	12/31/2299	1
80400	ACTH STIMULATION PANEL; FOR AD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80402	ACTH STIMULATION PANEL; FOR 21		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80406	ACTH STIMULATION PANEL; FOR 3			No	0	999	1/1/1994	12/31/2299	1
80408	ALDOSTERONE SUPPRESSION EVALUA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80410	CALCIUM-PENTAGASTRIN STIMULATI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
80412	CORTICOTROPIC RELEASING HORMON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80414	CHORIONIC GONADOTROPHIN STIMUL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80415	CHORIONIC GONADOTROPHIN STIMUL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80416	RENIN STIMULATION PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80417	RENIN STIMULATION PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80418	COMBINED RAPID ANTERIOR PITUIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80420	DEXAMETHASONE SUPPRESSION PANE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80422	GLUCAGON TOLERANCE PANEL; FOR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80424	GLUCAGON TOLERANCE PANEL; FOR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80426	GONADOTROPIN RELEASING HORMONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80428	GROWTH HORMONE STIMULATION PAN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80430	GROWTH HORMONE SUPPRESSION PAN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80432	INSULIN-INDUCED C-PEPTIDE SUPP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80434	INSULIN TOLERANCE PANEL; FOR A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80435	INSULIN TOLERANCE PANEL; FOR G		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80436	METYRAPONE PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80438	THYROTROPIN RELEASING HORMONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80439	THYROTROPIN RELEASING HORMONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80503	PATH CLIN CONSLTJ SF 5-20		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80503	PATH CLIN CONSLTJ SF 5-20		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80504	PATH CLIN CONSLTJ MOD 21-40		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80504	PATH CLIN CONSLTJ MOD 21-40		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80505	PATH CLIN CONSLTJ HIGH 41-60		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80505	PATH CLIN CONSLTJ HIGH 41-60		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
80506	PATH CLIN CONSLTJ PROLNG SVC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81000	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81001	URINALYSIS, AUTO, W/SCOPE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81002	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81003	URINALYSIS, BY DIP STICK OR TA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81005	URINALYSIS; QUALITATIVE OR SEM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81007	URINE SCREEN FOR BACTERIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81015	URINALYSIS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81020	URINALYSIS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81025	URINE PREGNANCY TEST, BY VISUA		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	1
81050	VOLUME MEASUREMENT FOR TIMED C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
81099	UNLISTED URINALYSIS PROCEDUR			No	0	999	7/1/1983	12/31/2299	1
81105	HPA-1 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81106	HPA-2 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81107	HPA-3 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81108	HPA-4 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81109	HPA-5 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81110	HPA-6 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81111	HPA-9 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81112	HPA-15 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
81120	IDH,1 COM VARIANTS			No	0	999	1/1/2018	12/31/2299	1
81121	IDH2, COM VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81161	ARTHODESIS PRESACRAL L5-S1		Non-Facility Rate	Yes	0	24	7/1/2022	12/31/2299	1
81162	BRCA1&2 SEQ & FULL DUP/DEL		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81163	BRCA1&2 GENE FULL SEQ ALYS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81164	BRCA1&2 GEN FUL DUP/DEL ALYS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81165	BRCA1 GENE FULL SEQ ALYS			No	0	999	1/1/2019	12/31/2299	1
81166	BRCA1 GENE FULL DUP/DEL ALYS			No	0	999	1/1/2019	12/31/2299	1
81167	BRCA2 GENE FULL DUP/DEL ALYS			No	0	999	1/1/2019	12/31/2299	1
81168	CCND1/IGH TRANSLOCATION ALYS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81170	ABL1 GENE		Non-Facility Rate	Yes	40	80	7/1/2022	12/31/2299	1
81171	AFF2 GENE DETC ABNOR ALLELES			No	0	999	1/1/2019	12/31/2299	1
81172	AFF2 GENE CHARAC ALLELES			No	0	999	1/1/2019	12/31/2299	1
81173	AR GENE FULL GENE SEQUENCE			No	0	999	1/1/2019	12/31/2299	1
81174	AR GENE KNOWN FAMIL VARIANT			No	0	999	1/1/2019	12/31/2299	1
81175	ASXL1 GENE ANA; FULL			No	0	999	1/1/2018	12/31/2299	1
81176	ASXL1 GENE ANA; TARGETED			No	0	999	1/1/2018	12/31/2299	1
81177	ATN1 GENE DETC ABNOR ALLELES			No	0	999	1/1/2019	12/31/2299	1
81178	ATXN1 GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81179	ATXN2 GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81180	ATXN3 GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81181	ATXN7 GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81182	ATXN8OS GEN DETC ABNOR ALLEL			No	0	999	1/1/2019	12/31/2299	1
81183	ATXN10 GENE DETC ABNOR ALLEL			No	0	999	1/1/2019	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
81184	CACNA1A GEN DETC ABNOR ALLEL			No	0	999	1/1/2019	12/31/2299	1
81185	CACNA1A GENE FULL GENE SEQ			No	0	999	1/1/2019	12/31/2299	1
81186	CACNA1A GEN KNOWN FAMIL VRNT			No	0	999	1/1/2019	12/31/2299	1
81187	CNBP GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81188	CSTB GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81189	CSTB GENE FULL GENE SEQUENCE			No	0	999	1/1/2019	12/31/2299	1
81190	CSTB GENE KNOWN FAMIL VRNT			No	0	999	1/1/2019	12/31/2299	1
81191	NTRK1 TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81192	NTRK2 TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81193	NTRK3 TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81194	NTRK TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81200	ASPA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81201	APC GENE FULL SEQUENCE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81202	APC GENE KNOWN FAM VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81203	APC GENE DUP/DELET VARIANTS		Non-Facility Rate	Yes	0	39	7/1/2022	12/31/2299	1
81204	AR GENE CHARAC ALLELES			No	0	999	1/1/2019	12/31/2299	1
81205	BCKDHB		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81206	BCR/ABL1 (T(9;22)) MAJOR		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81207	BCR/ABL1 (T(9;22)) MINOR		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81208	BCR/ABL1 (T(9;22)) OTHER		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81209	BLM		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81210	BRAF GENE ANALYSIS, V600 VARIANT(S)			No	0	999	1/1/2012	12/31/2299	1
81212	BRCA1, BRCA2 VARIANTS			No	0	999	1/1/2012	12/31/2299	1
81215	BRCA1 KNOWN FAMILIAL VARIANT			No	0	999	1/1/2012	12/31/2299	1
81216	BRCA2 FULL SEQ			No	0	999	1/1/2012	12/31/2299	1
81217	BRCA2 KNOWN FAMILIAL VARIANT			No	0	999	1/1/2012	12/31/2299	1
81218	CEBPA GENE FULL SEQUENCE		Non-Facility Rate	Yes	0	80	7/1/2022	12/31/2299	1
81219	CALR GENE COM VARIANTS			No	0	999	1/1/2016	12/31/2299	1
81220	CFTR COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81221	CFTR KNOWN FAMILIAL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81222	CFTR DUPL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81223	CFTR FULL GENE SEQ		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81224	CFTR GENE ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81225	CYP2C19 COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81226	CYP2D6 COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81227	CYP2C9 COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81228	CYTOGENOMIC MICROARRAY ANALYSIS			No	0	999	1/1/2012	12/31/2299	1
81229	CYTOGENOMIC MICROARRAY ANALYSIS		Non-Facility Rate	Yes	0	20	7/1/2022	12/31/2299	1
81230	CYP3A4 GENE ANA			No	0	999	1/1/2018	12/31/2299	1
81231	CYP3A5 GENE ANA			No	0	999	1/1/2018	12/31/2299	1
81232	DPYD GENE ANA			No	0	999	1/1/2018	12/31/2299	1
81233	BTK GENE COMMON VARIANTS			No	0	999	1/1/2019	12/31/2299	1
81234	DMPK GENE DETC ABNOR ALLELE			No	0	999	1/1/2019	12/31/2299	1
81235	EGFR GENE COM VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81236	EZH2 GENE FULL GENE SEQUENCE			No	0	999	1/1/2019	12/31/2299	1
81237	EZH2 GENE COMMON VARIANTS			No	0	999	1/1/2019	12/31/2299	1
81238	F9 FULL GENE SEQ			No	0	999	1/1/2018	12/31/2299	1
81239	DMPK GENE CHARAC ALLELES			No	0	999	1/1/2019	12/31/2299	1
81240	F2 A VARIANT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81241	F5 LEIDEN VARIANT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81242	FANCC		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81243	FMR1 ALLELES		Non-Facility Rate	Yes	0	20	7/1/2022	12/31/2299	1
81244	FMR1		Non-Facility Rate	Yes	0	20	7/1/2022	12/31/2299	1
81245	FLT3 GENE ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81246	FLT3 GENE ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81247	G6PD GENE ANA, COMMON			No	0	999	1/1/2018	12/31/2299	1
81248	G6PD GENE ANA, FAMILIAL			No	0	999	1/1/2018	12/31/2299	1
81249	G6PD GENE ANA, FULL GENE			No	0	999	1/1/2018	12/31/2299	1
81250	G6PC		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81251	GBA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81252	GJB2 GENE FULL SEQUENCE		Non-Facility Rate	Yes	0	43	7/1/2022	12/31/2299	1
81253	GJB2 GENE KNOWN VARIANTS		Non-Facility Rate	Yes	0	43	7/1/2022	12/31/2299	1
81254	GJB6 GENE COM VARIANTS		Non-Facility Rate	Yes	0	43	7/1/2022	12/31/2299	1
81255	HEXA		Non-Facility Rate	Yes	0	43	7/1/2022	12/31/2299	1
81256	HFE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81257	HBA1/HBA2		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81258	HBA1/HBA2; FAMILIAL			No	0	999	1/1/2018	12/31/2299	1
81259	HBA1/HBA2; FULL GENE			No	0	999	1/1/2018	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
81260	IKBKAP		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81261	IGH@ AMPLIFIED		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81262	IGH@ DIRECT PROBE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81263	IGH@ VARIABLE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81264	IGK@		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81265	STR MARKERS SPECIMEN		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81266	STR MARKERS SPECIMEN EA ADD		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81267	CHIMERISM W/O CELL		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81268	CHIMERISM ANAL W/CELL SELECT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	4
81269	HBA1/HBA2; DUP/DEL			No	0	999	1/1/2018	12/31/2299	1
81270	JAK2		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81271	HTT GENE DETC ABNOR ALLELES			No	0	999	1/1/2019	12/31/2299	1
81272	KIT GENE TARGETED SEQ ANALYS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81273	KIT GENE ANALYS D816 VARIANT		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81274	HTT GENE CHARAC ALLELES			No	0	999	1/1/2019	12/31/2299	1
81275	KRAS GENE ANALYSIS; VARIANTS IN EXON 2		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81276	KRAS GENE ADDL VARIANTS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81277	CYTOGENOMIC NEO MICRORA ALYS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81278	NTRK1 TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81279	NTRK2 TRANSLOCATION ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81283	IFNL3 GENE ANA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81284	FXN GENE DETC ABNOR ALLELES			No	0	999	1/1/2019	12/31/2299	1
81285	FXN GENE CHARAC ALLELES			No	0	999	1/1/2019	12/31/2299	1
81286	FXN GENE FULL GENE SEQUENCE			No	0	999	1/1/2019	12/31/2299	1
81287	MGMT GENE PRMTR MTHYLTN ALYS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81288	MLH1 GENE ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81289	FXN GENE KNOWN FAMIL VARIANT			No	0	999	1/1/2019	12/31/2299	1
81290	MCOLN1		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81291	MTHFR			No	0	999	1/1/2012	12/31/2299	1
81292	MLH1 FULL SEQ		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81293	MLH1 KNOW FAM VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81294	MLH1 DUPL/DEL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81295	MSH2 FULL SEQ			No	0	999	1/1/2012	12/31/2299	1
81296	MSH2 KNOWN FAM VARIANTS			No	0	999	1/1/2012	12/31/2299	1
81297	MSH2 DUP/DEL VARIANTS			No	0	999	1/1/2012	12/31/2299	1
81298	MSH6 FULL SEQ		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81299	MSH6 KNOWN FAM VARIANTS		Non-Facility Rate	Yes	0	49	7/1/2022	12/31/2299	1
81300	MSH6 DUP/DEL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81301	MICROSATELLITE INSTABILITY		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81302	MECP2 FULLSEQ ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81303	MECP2 KNOWN FAM VARIANT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81304	MECP2 DUP/DEL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81305	MYD88 GENE P.LEU265PRO VRNT			No	0	999	1/1/2019	12/31/2299	1
81306	NUDT15 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81307	PALB2 GENE FULL GENE SEQ			No	0	999	1/1/2020	12/31/2299	1
81308	PALB2 GENE KNOWN FAMIL VRNT			No	0	999	1/1/2020	12/31/2299	1
81309	PIK3CA GENE TRGT SEQ ALYS			No	0	999	1/1/2020	12/31/2299	1
81310	NPM1 EXON 12VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81311	NRAS GENE VARIANTS EXON 2&3		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81312	PABPN1 GENE DETC ABNOR ALLEL			No	0	999	1/1/2019	12/31/2299	1
81313	PCA3/KLK3 RATIO		Non-Facility Rate	Yes	50	75	7/1/2022	12/31/2299	1
81314	PDGFRA GENE		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81315	PML/RARALPHA COMMON		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81316	PML/RARALPHA SINGLE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81317	PMS2 FULL SEQ		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81318	PMS2 KNOWN FAM VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81319	PMS2 DUP/DEL VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81320	PLCG2 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81321	PTEN GENE FULL SEQUENCE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81322	PTEN GEN KNOWN FAM VARIANT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81323	PTEN GENE DUOP/DELET VARIANT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81324	PMP22 GENE DUP/DELET		Non-Facility Rate	Yes	0	39	7/1/2022	12/31/2299	1
81325	PMP22 GENE FULL SEQUENCE		Non-Facility Rate	Yes	0	39	7/1/2022	12/31/2299	1
81326	PMP22 GENE KNOWN FAM VARIANT		Non-Facility Rate	Yes	0	39	7/1/2022	12/31/2299	1
81327	PMP22 TOOTH SEPT9 METHYLATION ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81328	SLCO1B1, GENE ANA			No	0	999	1/1/2018	12/31/2299	1
81329	SMN1 GENE DOS/DELETION ALYS			No	0	999	1/1/2019	12/31/2299	1
81330	SMPD1		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
81331	SNRPN/UBE3A		Non-Facility Rate	Yes	0	20	7/1/2022	12/31/2299	1
81332	SERPINA1		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81333	TGFBI GENE COMMON VARIANTS			No	0	999	1/1/2019	12/31/2299	1
81334	RUNX1 GENE ANA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81335	TPMT, GENE ANA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81336	SMN1 GENE FULL GENE SEQUENCE			No	0	999	1/1/2019	12/31/2299	1
81337	SMN1 GEN NOWN FAMIL SEQ VRNT			No	0	999	1/1/2019	12/31/2299	1
81338	MPL GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81339	MPL GENE SEQ ALYS EXON 10		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81340	TRB@ CLONAL POPULATION		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81341	TRB@ DIRECT PROBE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81342	TRG@ EVAL ABNORMAL		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81343	PPP2R2B GEN DETC ABNOR ALLEL			No	0	999	1/1/2019	12/31/2299	1
81344	TBP GENE DETC ABNOR ALLELES			No	0	999	1/1/2019	12/31/2299	1
81345	TERT GENE TARGETED SEQ ALYS			No	0	999	1/1/2019	12/31/2299	1
81346	TYMS, GENE ANA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81347	SF3B1 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81348	SRSF2 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81349	CYTOG ALYS CHRML ABNR LW-PS			No	0	999	1/1/2022	12/31/2299	1
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81351	TP53 GENE FULL GENE SEQUENCE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81352	TP53 GENE TRGT SEQUENCE ALYS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81353	TP53 GENE KNOWN FAMIL VRNT		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81355	VKORC1 GENE ANALYSIS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81357	U2AF1 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81360	ZRSR2 GENE COMMON VARIANTS		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81361	HBB, COMMON		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81362	HBB; KNOWN			No	0	999	1/1/2018	12/31/2299	1
81363	HBB; DUP/DEL			No	0	999	1/1/2018	12/31/2299	1
81364	HBB; FULL GENE SEQ			No	0	999	1/1/2018	12/31/2299	1
81370	HLA HLA-A, -B,-C, -DRB1/3/4/5, AND -DQB		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81371	HLA-A, -B,AND -DRB1/3/4/5		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81372	HLA CMPLT HLA-A, -B, AND -C		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81373	HLAONE LOCUS HLA-A, -B, OR -C EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81374	HLA CLASS I LOW RES ONE EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81375	HLA DRB1/3/4/5AND -DQB1		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81376	HLA ONE LOC DRB1/3/4/5 -DQB1,-DQA1 -DPB		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	5
81377	HLA CLASS II LOW RES EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81378	HLA HIGH RES HLA-A, -B, -C, AND -DRB1		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81379	HLA HIGH RES CMPL HLA-A -B -C		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81380	HLA ONE LOCHLA-A, -B, OR -C), EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81381	HLA CLASS I TYPING, HIGH RES EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	3
81382	HLA-DRB1, -DRB3, -DRB4, -DRB5,-DQB1, -D		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	6
81383	HLA CLASS II TYPING, HIGH RES EA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81400	MOLECULAR PATHOLOGY LEVEL 1			No	0	999	1/1/2012	12/31/2299	2
81401	MOLECULAR PATHOLOGY LEVEL 2			No	0	999	1/1/2012	12/31/2299	2
81402	MOLECULAR PATHOLOGY LEVER 3			No	0	999	1/1/2012	12/31/2299	1
81403	MOLECULAR PATHOLOGY LEVEL 4			No	0	999	1/1/2012	12/31/2299	4
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5			No	0	999	1/1/2012	12/31/2299	5
81405	MOLECULAR PATHOLOGY LEVEL 6			No	0	999	1/1/2012	12/31/2299	2
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7			No	0	999	1/1/2012	12/31/2299	2
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8			No	0	999	1/1/2012	12/31/2299	1
81408	MOLECULAR PATH LEVEL 9			No	0	999	1/1/2012	12/31/2299	2
81410	AORTIC DYSFUNCTION			No	0	999	1/1/2015	12/31/2299	1
81411	AORTIC DYSFUNCTION			No	0	999	1/1/2015	12/31/2299	1
81412	ASHKENAZI JEWISH ASSOC DIS			No	0	999	1/1/2016	12/31/2299	1
81413	CARDIAC ION CHANNELOPATHIES		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81414	CRDIC ION CHANNELOPATHIES		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81415	EXOME SEQUENCE ANALYSIS			No	0	999	1/1/2015	12/31/2299	1
81416	EXOME SEQUENCE ANALYSIS			No	0	999	1/1/2015	12/31/2299	2
81417	EXOME SEQUENCE ANALYSIS			No	0	999	1/1/2015	12/31/2299	1
81419	EPILEPSY GEN SEQ ALYS PANEL		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81420	FETAL CHROM ANEUPLOIDY		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81422	FETAL CHROMOSOMAL MICRODELETION		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81425	GENOME SEQ ANALYSIS			No	0	999	1/1/2015	12/31/2299	1
81426	GENOME SEQ ANALYSIS			No	0	999	1/1/2015	12/31/2299	2
81427	GENOME SEQ ANALYSIS			No	0	999	1/1/2015	12/31/2299	1
81430	HEARING LOSS GENOMIC SEQ			No	0	999	1/1/2015	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
81431	HEARING LOSS GENOMIC SEQ			No	0	999	1/1/2015	12/31/2299	1
81432	HRDTRY BRST CA-RLATD DSORDRS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81433	HRDTRY BRST CA-RLATD DSORDRS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81434	HEREDITARY RETINAL DISORDERS		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81435	HEREDITARY COLON CA DSORDRS			No	0	999	1/1/2015	12/31/2299	1
81436	HEREDITARY COLON CA DSORDRS			No	0	999	1/1/2015	12/31/2299	1
81437	HEREDTRY NURONDCRN TUM DSRDR		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81438	HEREDTRY NURONDCRN TUM DSRDR		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81439	HEREDITARYCARDIOMYOPATHY GNMC SEQ PANEL		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81440	MITOCHONDR GENE PANEL			No	0	999	1/1/2015	12/31/2299	1
81442	NOONAN SPECTRUM DISORDERS		Non-Facility Rate	Yes	0	18	7/1/2022	12/31/2299	1
81443	GENETIC TSTG SEVERE INH COND			No	0	999	1/1/2019	12/31/2299	1
81445	TARGETED GENOMIC SEQ ANALYS			No	0	999	1/1/2015	12/31/2299	1
81448	HEREDITARY PERI NEURO			No	0	999	1/1/2018	12/31/2299	1
81450	TARGETED GENOMIC SEQ ANALYS			No	0	999	1/1/2015	12/31/2299	1
81455	TARGETED GENOMIC SEQ ANALYS			No	0	999	1/1/2015	12/31/2299	1
81460	WHOLE MITOCHONDRIAL GENOME			No	0	999	1/1/2015	12/31/2299	1
81465	WHOLE MITOCHONDRIAL GENOME			No	0	999	1/1/2015	12/31/2299	1
81470	XLID GENOMIC SEQUENCE			No	0	999	1/1/2015	12/31/2299	1
81471	XLID GENOMIC DUPLICATION			No	0	999	1/1/2015	12/31/2299	1
81479	UNLISTED MOLECULAR PATHOLOGY PROC			No	0	999	1/1/2013	12/31/2299	3
81490	AUTOIMMUNE RHEUMATOID ARTHR			No	0	999	1/1/2016	12/31/2299	1
81493	COR ARTERY DISEASE MRNA			No	0	999	1/1/2016	12/31/2299	1
81500	ONCO (OVAR) TWO PROTEINS			No	0	999	1/1/2013	12/31/2299	1
81503	ONCO (OVAR) FIVE PROTEINS			No	0	999	1/1/2013	12/31/2299	1
81504	ONCOLOGY PROF >2000 GENES		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81506	ENDO ASSAY SEVEN ANAL			No	0	999	1/1/2013	12/31/2299	1
81507	FETAL ANEUPLOIDY		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81508	FTL CGEN ABNOR TWO PROTEINS			No	0	999	1/1/2013	12/31/2299	1
81509	FTL CGEN ABNOR 3 PROTEINS			No	0	999	1/1/2013	12/31/2299	1
81510	FTL CGEN ABNOR THREE ANAL			No	0	999	1/1/2013	12/31/2299	1
81511	FTL CGEN ABNOR FOUR ANAL			No	0	999	1/1/2013	12/31/2299	1
81512	FTL CGEN ABNOR FIVE ANAL			No	0	999	1/1/2013	12/31/2299	1
81513	NFCT DS BV RNA VAG FLU ALG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81514	NFCT DS BV&VAGINITIS DNA ALG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
81518	ONC BRST MRNA 11 GENES		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81519	ONOCOLOGY (BREAST), MRNA		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81520	ONCOLOGY, GENE EXPR, 58 GENES			No	0	999	1/1/2018	12/31/2299	1
81521	ONCOLOGY, MICROARRAY GENE EXPR, 70 GENES			No	0	999	1/1/2018	12/31/2299	1
81522	ONC BREAST MRNA 12 GENES			No	0	999	1/1/2020	12/31/2299	1
81523	ONC BRST MRNA 70 CNT 31 GENE			No	0	999	1/1/2022	12/31/2299	1
81525	ONCOLOGY COLON MRNA		Non-Facility Rate	Yes	18	80	7/1/2022	12/31/2299	1
81528	ONCOLOGY COLORECTAL SCR		Non-Facility Rate	Yes	50	80	7/1/2022	12/31/2299	1
81529	ONC CUTAN MLNMA MRNA 31 GENE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81535	ONCOLOGY GYNECOLOGIC			No	0	999	1/1/2016	12/31/2299	1
81536	ONCOLOGY GYNECOLOGIC			No	0	999	1/1/2016	12/31/2299	11
81538	ONCOLOGY LUNG		Non-Facility Rate	Yes	40	80	7/1/2022	12/31/2299	1
81539	ONCLGY, BIOCHEM ASSY OF 4 PRTNS,		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81540	ONCOLOGY TUM UNKNOWN ORIGIN			No	0	999	1/1/2016	12/31/2299	1
81541	ONCOLOGY, GENE EXPR, 46 GENES			No	0	999	1/1/2018	12/31/2299	1
81542	ONC PROSTATE MRNA 22 CNT GEN			No	0	999	1/1/2020	12/31/2299	1
81546	ONC THYR MRNA 10,196 GEN ALG		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	2
81551	ONCOLOGY, PRO METH PROFILE, 3 GENES			No	0	999	1/1/2018	12/31/2299	1
81552	ONC UVEAL MLNMA MRNA 15 GENE			No	0	999	1/1/2020	12/31/2299	1
81554	PULM DS IPF MRNA 190 GEN ALG		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
81560	TRNSPLJ PD LVR&BWL CD154+CLL			No	0	999	1/1/2022	12/31/2299	1
81595	CARDIOLOGY HRT TRNSPL MRNA			No	0	999	1/1/2016	12/31/2299	1
81596	NFCT DS CHRNC HCV 6 ASSAYS			No	0	999	1/1/2019	12/31/2299	1
81599	UNLISTED MULTIANALYTE ASSAY			No	0	999	1/1/2013	12/31/2299	1
82009	ACETONE OR OTHER KETONE BODIES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82010	ACETONE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82013	ACETYLCHOLINESTERASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82016	ACYLCARNITINES, QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82017	ACYLCARNITINES, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82024	ADRENOCORTICOTROPIC HORMONE (A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
82030	ADENOSINE; 5'-MONOPHOSPHATE, C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82040	ALBUMIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82042	ASSAY OF URINE ALBUMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
82043	ALBUMIN; URINE, MICROALBUMIN,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82044	ALBUMIN; URINE, MICROALBUMIN,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82045	ALBUMIN, ISCHEMIA MODIFIED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82075	ALCOHOL (ETHANOL); BREATH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82077	ASSAY SPEC XCP UR&BREATH IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82085	ALDOLASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82088	ALDOSTERONE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82103	ALPHA-1-ANTITRYPSIN; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82105	ALPHA-FETOPROTEIN; SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82106	ALPHA-FETOPROTEIN; AMNIOTIC FL		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	2
82107	ALPHA-FETOPROTEIN AFP-L3		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82108	ALUMINUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82120	AMINES, VAGINAL FLUID QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82127	AMINO ACID, SINGLE QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82128	AMINO ACIDS, MULT QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82131	AMINO ACIDS, SINGLE QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82135	AMINOLEVULINIC ACID, DELTA (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82136	AMINO ACIDS, QUANT, 2-5		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82139	AMINO ACIDS, QUAN, 6 OR MORE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82140	AMMONIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82143	AMNIOTIC FLUID SCAN (SPECTROPH		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	2
82150	AMYLASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82154	ANDROSTANEDIOL GLUCURONIDE			No	0	999	1/1/1994	12/31/2299	1
82157	ANDROSTENEDIONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82160	ANDROSTERONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82163	ANGIOTENSIN II		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82164	ANGIOTENSIN I - CONVERTING ENZ		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82172	APOLIPOPROTEIN, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82175	ARSENIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82180	ASCORBIC ACID (VITAMIN C), B		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82190	ATOMIC ABSORPTION SPECTROSCOPY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82232	BETA-2 MICROGLOBULIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82239	BILE ACIDS; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82240	BILE ACIDS; CHOLYLGLYCINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82247	BILIRUBIN, TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82248	BILIRUBIN, DIRECT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82252	BILIRUBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82261	ASSAY OF BIOTINIDASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82270	OCCULT BLOOD, OTHER SOURCES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82271	OCCULT BLOOD, FECES, SINGLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82272	BLOOD OCCULT BY PEROXIDASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82274	ASSAY TEST FOR BLOOD, FECAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82286	BRADYKININ		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82300	CADMIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82306	VITAMIN D, 25 HYDROXY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82308	CALCITONIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82310	CALCIUM; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82330	CALCIUM; IONIZED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82331	CALCIUM, BLOOD;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82340	CALCIUM; URINE QUANTITATIVE, T		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82355	CALCULUS ANALYSIS, QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82360	CALCULUS (STONE); QUANTITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82365	CALCULUS (STONE), QUANTITATI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82370	CALCULUS (STONE), QUANTITATI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82373	ASSAY, C-D TRANSFER MEASURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82374	CARBON DIOXIDE (BICARBONATE)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82375	CARBON MONOXIDE, (CARBOXYHEM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82376	CARBON MONOXIDE, (CARBOXYHEM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82378	CARCINOEMBRYONIC ANTIGEN (CEA)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82379	ASSAY OF CARNITINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82380	CAROTENE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82382	CATECHOLAMINES; TOTAL URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82383	CATECHOLAMINES (DOPAMINE, NO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82384	CATECHOLAMINES (DOPAMINE, NO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82387	CATHEPSIN-D		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82390	CERULOPLASMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82397	CHEMILUMINESCENT ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
82415	CHLORAMPHENICOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82435	CHLORIDE; BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82436	CHLORIDE; URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82438	CHLORIDE; OTHER SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82441	CHLORINATED HYDROCARBONS, SC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82465	ASSAY, BLD/SERUM CHOLESTEROL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82480	CHOLINESTERASE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82482	CHOLINESTERASE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82485	CHONDROITIN B SULFATE, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82495	CHROMIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82507	CITRIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82523	COLLAGEN CROSSLINKS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82525	COPPER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82528	CORTICOSTERONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82530	CORTISOL; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
82533	CORTISOL; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
82540	CREATINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82542	COL CHROMOTOGRAPHY QUAL/QUAN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
82550	CREATINE KINASE (CK), (CPK); T		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82552	CREATINE PHOSPHOKINASE (CPK)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82553	CREATINE KINASE (CK), (CPK); M		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82554	CREATINE KINASE (CK), (CPK); I		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82565	CREATININE; BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82570	CREATININE; OTHER SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82575	CREATININE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82585	CRYOFIBRINOGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82595	ASSAY OF CRYOGLOBULIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82600	CYANIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82607	CYANOCOBALAMIN (VITAMIN B-12);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82608	CYANOCOBALAMIN (VITAMIN B-12);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82610	CYSTATIN C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82615	CYSTINE AND HOMOCYSTINE, URI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82626	DEHYDROEPIANDROSTERONE (DHEA)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82627	DEHYDROEPIANDROSTERONE-SULFATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82633	DESOXYCORTICOSTERONE, 11-		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82634	DEOXYCORTISOL, 11-		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82638	DIBUCAINE NUMBER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82642	DIHYDROTESTOSTERONE		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
82652	VIT D 1, 25-DIHYDROXY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82653	EL-1 FECAL QUANTITATIVE			No	0	999	1/1/2022	12/31/2299	1
82656	PANCREATIC ELASTASE, FECAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82657	ENZYME CELL ACTIVITY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82658	ENZYME CELL ACTIVITY, RA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82664	ELECTROPHORETIC TECHNIQUE, N		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82668	ERYTHROPOIETIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82670	ESTRADIOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82671	ESTROGENS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82672	ESTROGENS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82677	ESTRIOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82679	ESTRONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82681	ASSAY DIR MEAS FR ESTRADIOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82693	ETHYLENE GLYCOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82696	ETIOCHOLANOLONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82705	FAT OR LIPIDS, FECES; QUALITAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82710	FAT OR LIPIDS, FECES; QUANTITA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82715	FAT DIFFERENTIAL, FECES, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82725	FATTY ACIDS, NONESTERIFIED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82726	LONG CHAIN FATTY ACIDS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82728	FERRITIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82731	ASSAY OF FETAL FIBRONECTIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82735	FLUORIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82746	FOLIC ACID; SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82747	FOLIC ACID; RBC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82757	FRUCTOSE, SEMEN		Non-Facility Rate	No	14	999	7/1/2022	12/31/2299	1
82759	GALACTOKINASE, RBC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82760	GALACTOSE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82775	GALACTOSE-1-PHOSPHATE URIDYL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82776	GALACTOSE-1-PHOSPHATE URIDYL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
82777	GALECTIN-3		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82784	ASSAY, IGA/IGD/IGG/IGM EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
82785	ASSAY OF IGE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82787	IGG 1, 2, 3 OR 4, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
82800	GASES, BLOOD; PH ONLY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82803	GASES, BLOOD, ANY COMBINATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82805	GASES, BLOOD, ANY COMBINATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82810	GASES, BLOOD, O2 SATURATION ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82930	GASTRIC ANALY W/PH EA SPEC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82938	GASTRIN AFTER SECRETIN STIMULA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82941	GASTRIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82943	GLUCAGON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82945	GLUCOSE OTHER FLUID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
82946	GLUCAGON TOLERANCE TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82947	ASSAY, GLUCOSE, BLOOD QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
82948	GLUCOSE; BLOOD, REAGENT STRIP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82950	GLUCOSE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82951	GLUCOSE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82952	GLUCOSE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
82955	GLUCOSE-6-PHOSPHATE DEHYDROGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82960	GLUCOSE-6-PHOSPHATE DEHYDROG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82962	GLUCOSE, BLOOD, BY GLUCOSE MON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
82963	GLUCOSIDASE, BETA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82965	GLUTAMATE DEHYDROGENASE			No	0	999	11/1/1996	12/31/2299	1
82977	GLUTAMYLTRANSFERASE, GAMMA (GG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82978	GLUTATHIONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82979	GLUTATHIONE REDUCTASE, RBC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
82985	GLYCATED PROTEIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83001	GONADOTROPIN; FOLLICLE STIMULA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83002	GONADOTROPIN; LUTEINIZING HORM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83003	GROWTH HORMONE, HUMAN (HGH) (S		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
83006	GROWTH STIM GENE 2		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83009	H PYLORI (C-13), BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83010	HAPTOGLOBIN; QUANTITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83012	HAPTOGLOBIN; PHENOTYPES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83013	H PYLORI (C-13), BREATH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83014	H PYLORI DRUG ADMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83015	HEAVY METAL QUALITATIVE ANY # ANALYTES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83018	HEAVY METAL QUANTITATIVE EA NOS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83020	HEMOGLOBIN ELECTROPHORESIS	26		No	0	999	7/1/2022	12/31/2299	2
83020	HEMOGLOBIN ELECTROPHORESIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83021	HEMOGLOBIN CHROMOTOGRAPHY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83026	HEMOGLOBIN; BY COPPER SULFATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83030	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83033	FETAL HEMOGLOBIN ASSAY, QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83036	GLYCOSYLATED HEMOGLOBIN TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83037	GLYCOSYLATED HB, HOME DEVICE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83045	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83050	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83051	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83060	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83065	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83068	HEMOGLOBIN;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83069	HEMOGLOBIN; URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83070	HEMOSIDERIN; QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83080	ASSAY OF B HEXOSAMINIDASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83088	HISTAMINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83090	ASSAY OF HOMOCYSTINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83150	HOMOVANILLIC ACID (HVA)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83491	HYDROXYCORTICOSTEROIDS, 17- (1		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83497	HYDROXYINDOLACETIC ACID, 5-(HI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83498	HYDROXYPROGESTERONE, 17-D		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83500	HYDROXYPROLINE; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83505	HYDROXYPROLINE; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83516	IMMUNOASSAY, NONANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83518	IMMUNOASSAY, DIPSTICK		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83519	RIA NONANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
83520	IMMUNOASSAY QUANT NOS NONAB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	9
83521	IG LIGHT CHAINS FREE EACH			No	0	999	1/1/2022	12/31/2299	2
83525	INSULIN; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83527	INSULIN; FREE			No	0	999	1/1/1994	12/31/2299	1
83528	INTRINSIC FACTOR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83529	ASAY OF INTERLEUKIN-6 (IL-6)			No	0	999	1/1/2022	12/31/2299	1
83540	IRON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83550	IRON BINDING CAPACITY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83570	ISOCITRIC DEHYDROGENASE (IDH)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83582	KETOGENIC STEROIDS; FRACTIONAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83586	KETOSTEROIDS, 17- (17-KS); TOT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83593	KETOSTEROIDS, 17- (17-KS); FRA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83605	LACTATE (LACTIC ACID)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83615	LACTATE DEHYDROGENASE (LD), (L		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83625	LACTATE DEHYDROGENASE (LD), (L		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83630	LACTOFERRIN, FECAL (QUAL)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83631	LACTOFERRIN, F ECAL (QUANT)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83632	LACTOGEN, HUMAN PLACENTAL (HPL		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	1
83633	LACTOSE, URINE; QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83655	LEAD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83661	L/S RATIO, FETAL LUNG		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	3
83662	LECITHIN-SPHINGOMYELIN RATIO (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83663	FLUORO POLARIZE, FETAL LUNG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
83664	LAMELLAR BDY, FETAL LUNG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
83670	LEUCINE AMINOPEPTIDASE (LAP)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83690	LIPASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83695	ASSAY OF LIPOPROTEIN(A)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83698	LIPOPROT-ASSOC PHOSPHOLIPASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83700	LIPOPRO BLD, E LECTROPHORETIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83701	LIPOPROTEIN BLD, HR FRACTION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83704	LIPOPROTEIN BLOOD QUANTITATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83718	LIPOPROTEIN, DIRECT MEASUREMEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83719	BLOOD LIPOPROTEIN ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83721	BLOOD LIPOPROTEIN ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83722	LIPOPRTN DIR MEAS SD LDL CHL		Non-Facility Rate	Yes	0	999	7/1/2022	12/31/2299	1
83727	LUTEINIZING RELEASING FACTOR (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83735	MAGNESIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83775	MALATE DEHYDROGENASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83785	MANGANESE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83789	MASS SPECTROMETRY QUAL/QUAN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83825	MERCURY, QUANTITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83835	METANEPHRINES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83857	METHEMALBUMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83861	MICROFLUID ANALY TEARS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83864	MUCOPOLYSACCHARIDES, ACID; QUA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83872	MUCIN, SYNOVIAL FLUID (ROPES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83873	ASSAY OF CSF PROTEIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83874	MYOGLOBIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83876	MYELOPEROXIDAS (MPO)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83880	NATRIURETIC PEPTIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83883	NEPHELOMETRY, EACH ANALYTE NOT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
83885	NICKEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83915	NUCLEOTIDASE 5'-		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83916	OLIGOCLONAL BANDS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83918	ORGANIC ACIDS, TOTAL, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83919	ORGANIC ACIDS, QUAL, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83921	ORGANIC ACID, SINGLE, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83930	OSMOLALITY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83935	OSMOLALITY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83937	OSTEOCALCIN (BONE G1A PROTEIN)			No	0	999	1/1/1994	12/31/2299	1
83945	OXALATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83950	ONCOPROTEIN, HER-2/NEU		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83951	ONCOPROTEIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
83970	PARATHORMONE (PARATHYROID HORM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83986	ASSAY PH BODY FLUID NOS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
83987	EXHALED BREATH CONDENSATE			No	0	999	1/1/2010	12/31/2299	1
83992	PHENCYCLIDINE (PCP)		Non-Facility Rate	No	0	999	7/1/2020	12/31/2299	2
83993	CALPROTECTIN, FECAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
84030	PHENYLALANINE (PKU), BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84035	PHENYLKETONES, QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84060	PHOSPHATASE, ACID; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84066	PHOSPHATASE, ACID; PROSTATIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84075	PHOSPHATASE, ALKALINE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84078	PHOSPHATASE, ALKALINE, BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84080	PHOSPHATASE, ALKALINE; ISOENZY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84081	PHOSPHATIDYLGYCEROL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84085	PHOSPHOGLUCONATE, 6-, DEHYDR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84087	PHOSPHOHEXOSE ISOMERASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84100	PHOSPHORUS INORGANIC (PHOSPHAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84105	PHOSPHORUS (PHOSPHATE);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84106	PORPHOBILINOGEN, URINE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84110	PORPHOBILINOGEN, URINE;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84112	PLACENTA ALPHA MICRO IG C/V			No	0	999	1/1/2011	12/31/2299	1
84119	PORPHYRINS, URINE; QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84120	PORPHYRINS, URINE; QUANTITATIO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84126	PORPHYRINS, FECES; QUANTITATIV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84132	POTASSIUM; SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84133	POTASSIUM;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84134	PREALBUMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84135	PREGNANEDIOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84138	PREGNANETRIOL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84140	PREGNENOLONE			No	0	999	1/1/1994	12/31/2299	1
84143	17-HYDROXYPREGNENOLONE			No	0	999	1/1/1994	12/31/2299	2
84144	PROGESTERONE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84145	PROCALCITONIN (PCT)			No	0	999	1/1/2010	12/31/2299	1
84146	PROLACTIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
84150	PROSTAGLANDIN, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84152	ASSAY OF PSA, COMPLEXED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84153	PSA TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84154	ASSAY OF PSA, FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84155	PROTEIN TOT NO REFRACTOMETRY; SERUMPROTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84156	PROT TOTAL NO REFRACTOMETRY; URINE PROTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84157	PROT TOT NO REFRACTOMETRY; OTH SRC PROTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84160	PROTEIN TOT REFRACTOMETRY ANY SRC PROTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84163	PAPPA, SERUM		Non-Facility Rate	No	0	60	7/1/2022	12/31/2299	1
84165	PROTEIN E-PHORESIS, SERUM	26		No	0	999	7/1/2022	12/31/2299	1
84165	PROTEIN E-PHORESIS, SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84166	PROTEIN E-PHORESIS/URINE/CSF	26		No	0	999	7/1/2022	12/31/2299	2
84181	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE	26		No	0	999	7/1/2022	12/31/2299	3
84181	PROT; WESTERN BLOT BLD/OTHER FLUID PROTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
84182	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;	26		No	0	999	7/1/2022	12/31/2299	6
84182	PROT; WESTERN BLOT PROBE-BAND ID EAPROT;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
84202	PROTOPORPHYRIN, RBC;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84203	PROTOPORPHYRIN, RBC;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84206	PROINSULIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84207	PYRIDOXAL PHOSPHATE (VITAMIN B		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84210	PYRUVATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84220	PYRUVATE KINASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84228	QUININE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84233	RECEPTOR ASSAY; ESTROGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84234	RECEPTOR ASSAY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84235	RECEPTOR ASSAY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84238	ASSAY, NONENDOCRINE RECEPTOR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
84244	RENIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84252	RIBOFLAVIN (VITAMIN B-2)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84255	SELENIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84260	SEROTONIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84270	SEX HORMONE BINDING GLOBULIN (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84275	SIALIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84285	SILICA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84295	SODIUM; SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84300	SODIUM;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84302	ASSAY OF SWEAT SODIUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84305	SOMATOMEDIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84307	SOMATOSTATIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84311	SPECTROPHOTOMETRY, ANALYTE NOT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
84315	SPECIFIC GRAVITY (EXCEPT URI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84375	SUGARS, CHROMATOGRAPHIC, TLC O		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84376	SUGARS, SINGLE, QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84377	SUGARS; MX QUALITATIVE EA SPECIMEN SUGAR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84378	SUGARS SINGLE QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84379	SUGARS MULTIPLE QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84392	SULFATE, URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84402	TESTOSTERONE; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84403	TESTOSTERONE; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84410	TESTOSTERONE FREE DIRECT MEASURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84425	THIAMINE (VITAMIN B-1)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84430	THIOCYANATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84431	THROMBOXANE, URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84432	THYROGLOBULIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84436	THYROXINE; TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84437	THYROXINE; REQUIRING ELUTION (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84439	THYROXINE; FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84442	THYROXINE BINDING GLOBULIN (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84443	THYROID STIMULATING HORMONE (T		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
84445	ASSAY OF TSI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84446	TOCOPHEROL ALPHA (VITAMIN E)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84449	TRANSCORTIN (CORTISOL BINDING			No	0	999	1/1/1994	12/31/2299	1
84450	TRANSFERASE; ASPARTATE AMINO (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84460	TRANSFERASE; ALANINE AMINO (AL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84466	TRANSFERRIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84478	TRIGLYCERIDES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84479	ASSAY THYROID (T-3 OR T-4)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84480	ASSAY TRIIODOTHYRONINE (T-3)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84481	TRIDOTHYRONINE (T-3); FREE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84482	TRIDOTHYRONINE (T-3); REVERSE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84484	TROPONIN, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84485	TRYPSIN, DUODENAL FLUID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84488	TRYPSIN; FECES, QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84490	TRYPSIN; FECES, QUANTITATIVE,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84510	TYROSINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84512	TROPONIN, QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84520	UREA NITROGEN; QUANTITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84525	UREA NITROGEN; SEMIQUANTITATIV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84540	UREA NITROGEN, URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84545	UREA NITROGEN, CLEARANCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84550	URIC ACID; BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84560	URIC ACID; OTHER SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84577	UROBILINOGEN, FECES, QUANTITAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84578	UROBILINOGEN, URINE; QUALITATI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84580	UROBILINOGEN, URINE; QUANTITAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84583	UROBILINOGEN, URINE; SEMIQUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84585	VANILLYMANDELIC ACID (VMA),		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84586	VASOACTIVE INTESTINAL PEPTIDE			No	0	999	1/1/1994	12/31/2299	1
84588	VASOPRESSIN (ANTIDIURETIC HORM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84590	VITAMIN A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84591	ASSAY OF NOS VITAMIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84597	VITAMIN K		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84600	VOLATILES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84620	XYLOSE TOLERANCE TEST, BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84630	ZINC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84681	C-PEPTIDE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84702	GONADOTROPIN, CHORIONIC (HCG);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
84703	GONADOTROPIN, CHORIONIC (HCG);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84704	HCG FREE BETA CHAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
84830	OVULATION TESTS, BY VISUAL COL		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	1
84999	UNLISTED CHEMISTRY PROCEDURE			No	0	999	7/1/1983	12/31/2299	1
85002	BLEEDING TIME		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85004	AUTOMATED DIFF WBC COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85007	BL SMEAR W/DIFF WBC COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85008	BL SMEAR W/O DIFF WBC COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85009	MANUAL DIFF WBC COUNT B-COAT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85013	BLOOD COUNT; SPUN MICROHEMATOC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85014	HEMATOCRIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
85018	HEMOGLOBIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85025	COMPLETE CBC W/AUTO DIFF WBC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85027	COMPLETE CBC, AUTOMATED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85032	MANUAL CELL COUNT, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85041	AUTOMATED RBC COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85044	MANUAL RETICULOCYTE COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85045	AUTOMATED RETICULOCYTE COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85046	RETICYTE/HGB CONCENTRATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85048	AUTOMATED LEUKOCYTE COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85049	AUTOMATED PLATELET COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85055	RETICULATED PLATELET ASSAY RETIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85060	BLOOD SMEAR, PERIPHERAL, INTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85097	BONE MARROW INTERPRETATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85097	BONE MARROW INTERPRETATION		Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85130	CHROMOGENIC SUBSTRATE ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85170	CLOT RETRACTION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85175	CLOT LYSIS TIME, WHOLE BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85210	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85220	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85230	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85240	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85244	CLOTTING; FACTOR VIII RELATED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85245	CLOTTING; FACTOR VIII, VW FACT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85246	CLOTTING; FACTOR VIII, VW FACT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85247	CLOTTING; FACTOR VIII, VON WIL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85250	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85260	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85270	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85280	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85290	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85291	CLOTTING;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85292	CLOTTING; PREKALLIKREIN ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85293	CLOTTING; HIGH MOLECULAR WEIGH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85300	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85301	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85302	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85303	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85305	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85306	CLOTTING INHIBITORS OR ANTICOA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85307	ASSAY ACTIVATED PROTEIN C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85335	FACTOR INHIBITOR TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85337	THROMBOMODULIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85345	COAGULATION TIME;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85347	COAGULATION TIME;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
85348	COAGULATION TIME;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85360	EUGLOBULIN LYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85362	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85366	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85370	FIBRIN(OGEN) DEGRADATION (SPLI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85378	FIBRIN DEGRADE, SEMIQUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85379	FIBRIN DEGRADATION PRODUCTS, D		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85380	FIBRIN DEGRADATION, VTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85384	FIBRINOGEN; ACTIVITY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85385	FIBRINOGEN; ANTIGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85390	FIBRINOLYSINS OR COAGULOPATHY	26		No	0	999	7/1/2022	12/31/2299	3
85390	FIBRINOLYSINS OR COAGULOPATHY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
85396	COAG / FIBIN ASSAY WHOLE BLOOD; INCL INT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85397	COAG/FIBR FUNC ACTIVITY NOS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85400	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85410	FIBRINOLYTIC MECHANISMS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85415	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85420	FIBRINOLYTIC MECHANISMS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85421	FIBRINOLYTIC FACTORS AND INHIB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85441	HEINZ BODIES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85445	HEINZ BODIES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85460	HEMOGLOBIN, FETAL, DIFFERENTIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85461	HEMOGLOBIN, FETAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85475	HEMOLYSIN, ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
85520	HEPARIN ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85525	HEPARIN NEUTRALIZATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85530	HEPARIN-PROTAMINE TOLERANCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85536	IRON STAIN PERIPHERAL BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85540	LEUKOCYTE ALKALINE PHOSPHATA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85547	MECHANICAL FRAGILITY, RBC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85549	MURAMIDASE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85555	OSMOTIC FRAGILITY, RBC; UNINCU		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85557	OSMOTIC FRAGILITY, RBC; INCUBA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85576	PLATELET; AGGREGATION (IN VITR	26		No	0	999	7/1/2022	12/31/2299	7
85576	PLATELET; AGGREGATION (IN VITR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	7
85597	PLATELET NEUTRALIZATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85598	HEXAGNAL PHOSPH PLTLT NEUTRL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85610	PROTHROMBIN TIME;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
85611	PROTHROMBIN TIME; SUBSTITUTION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85612	RUSSELL VIPER VENOM TIME (INCL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85613	RUSSELL VIPER VENOM TIME (INCL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
85635	REPTILASE TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85651	SEDIMENTATION RATE, ERYTHROCYT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85652	RBC SED RATE, AUTO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85660	SICKLING OF RBC, REDUCTION,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85670	THROMBIN TIME; PLASMA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85675	THROMBIN TIME; TITER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85705	THROMBOPLASTIN INHIBITION; TIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
85730	THROMBOPLASTIN TIME, PARTIAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
85732	THROMBOPLASTIN TIME, PARTIAL (		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
85810	VISCOSITY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
85999	UNLISTED HEMATOLOGY PROCEDUR			No	0	999	7/1/1983	12/31/2299	1
86000	AGGLUTININS, FEBRILE (EG, BRUC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86001	ALLERGEN SPECIFIC IGG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	20
86003	ALLERGEN SPECIFIC IGE; QUANTIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	40
86005	ALLERGEN SPECIFIC IGE; QUALITA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86008	ANTIBODY, NON-RBC, QUANTITATIV			No	0	999	1/1/2018	12/31/2299	20
86015	ACTIN ANTIBODY EACH			No	0	999	1/1/2022	12/31/2299	1
86021	ANTIBODY IDENTIFICATION;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86022	ANTIBODY IDENTIFICATION; PLATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86023	ANTIBODY IDENTIFICATION; PLATE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86036	ANCA SCREEN EACH ANTIBODY			No	0	999	1/1/2022	12/31/2299	3
86037	ANCA TITER EACH ANTIBODY			No	0	999	1/1/2022	12/31/2299	3
86038	ANTINUCLEAR ANTIBODIES (ANA);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86039	ANTINUCLEAR ANTIBODIES (ANA);		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86051	AQUAPORIN-4 ANTB ELISA			No	0	999	1/1/2022	12/31/2299	1
86052	AQUAPORIN-4 ANTB CBA EACH			No	0	999	1/1/2022	12/31/2299	1
86053	AQAPRN-4 ANTB FLO CYTMTRY EA			No	0	999	1/1/2022	12/31/2299	1
86060	ANTISTREPTOLYSIN 0;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86063	ANTISTREPTOLYSIN 0;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86077	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86077	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86078	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86078	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86079	BLOOD BANK PHYSICIAN SERVICES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86079	BLOOD BANK PHYSICIAN SERVICES;		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86140	C-REACTIVE PROTEIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86141	C-REACTIVE PROTEIN, HS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86146	GLYCOPROTEIN ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86147	CARDIOLIPIN ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86148	PHOSPHOLIPID ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86152	CELL ENUMERATION & ID			No	0	999	1/1/2013	12/31/2299	1
86153	CELL ENUMERATION PHYS INTERP			No	0	999	1/1/2013	12/31/2299	1
86155	CHEMOTAXIS ASSAY, SPECIFY ME		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86156	COLD AGGLUTININ; SCREEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86157	COLD AGGLUTININ; TITER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86160	COMPLEMENT; ANTIGEN, EACH COMP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86161	COMPLEMENT; FUNCTIONAL ACTIVIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86162	COMPLEMENT; TOTAL HEMOLYTIC (C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86171	COMPLEMENT FIXATION TESTS, E		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86200	CCP ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86215	DEOXYRIBONUCLEASE, ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
86225	DEOXYRIBONUCLEIC ACID (DNA) AN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86226	DEOXYRIBONUCLEIC ACID (DNA) AN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86231	EMA EACH IG CLASS			No	0	999	1/1/2022	12/31/2299	3
86235	EXTRACTABLE NUCLEAR ANTIGEN, A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	10
86255	FLUORESCENT ANTIBODY; SCREEN	26		No	0	999	7/1/2022	12/31/2299	5
86255	FLUORESCENT ANTIBODY; SCREEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
86256	FLUORESCENT ANTIBODY; TITER, E	26		No	0	999	7/1/2022	12/31/2299	9
86256	FLUORESCENT ANTIBODY; TITER, E		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	9
86258	DGP ANTIBODY EACH IG CLASS			No	0	999	1/1/2022	12/31/2299	3
86277	GROWTH HORMONE, HUMAN (HGH), A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86280	HEMAGGLUTINATION INHIBITION TE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86294	IMMUNOASSAY, TUMOR QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86300	HETEROPHILE ANTIBODIES;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86301	IMMUNOASSAY, TUMOR CA 19-9		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86304	IMMUNOASSAY, TUMOR, CA 125		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86305	HUMAN EPIDIDYMIS PROTEIN 4			No	0	999	1/1/2010	12/31/2299	1
86308	HETEROPHILE ANTIBODIES; SCREEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86309	HETEROPHILE ANTIBODIES; TITER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86310	HETEROPHILE ANTIBODIES; TITERS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86316	IMMUNOASSAY, TUMOR OTHER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86317	IMMUNOASSAY,INFECTIOUS AGENT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86318	IMMUNOASSAY TO INFECTIOUS AGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86320	IMMUNOELECTROPHORESIS; SERUM	26		No	0	999	7/1/2022	12/31/2299	1
86320	IMMUNOELECTROPHORESIS; SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86325	OTHER IMMUNOELECTROPHORESIS	26		No	0	999	7/1/2022	12/31/2299	2
86325	OTHER IMMUNOELECTROPHORESIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86327	IMMUNOELECTROPHORESIS; CROSSED	26		No	0	999	7/1/2022	12/31/2299	1
86327	IMMUNOELECTROPHORESIS; CROSSED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86328	IMMU FOR INF AGT ANT, QUAL OR SEMI, SGLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86329	IMMUNODIFFUSION, NOT ELSEWHERE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86331	IMMUNODIFFUSION;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
86332	IMMUNE COMPLEX ASSAY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86334	IMMUNOFIX E-PHORESIS, SERUM	26		No	0	999	7/1/2022	12/31/2299	2
86334	IMMUNOFIX E-PHORESIS, SERUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86335	IMMUNFIX E-PHORSIS/URINE/CSF	26		No	0	999	7/1/2022	12/31/2299	2
86335	IMMUNFIX E-PHORSIS/URINE/CSF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86336	INHIBIN A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86337	INSULIN ANTIBODIES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86340	INTRINSIC FACTOR ANTIBODIES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86341	ISLET CELL ANTIBODY			No	0	999	1/1/1994	12/31/2299	4
86343	LEUKOCYTE HISTAMINE RELEASE TE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86344	LEUKOCYTE PHAGOCYTOSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86352	CELL FUNCTION ASSAY W/STIM			No	0	999	1/1/2010	12/31/2299	1
86353	LYMPHOCYTE TRANSFORMATION, MIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	7
86355	B CELLS, TOTAL COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86356	MONONUC CELL ANTIG QUANT NOS EA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	7
86357	NK CELLS, TOTA L COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86359	T CELLS; TOTAL COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86360	T CELL ABSOLUTE COUNT/RATIO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86361	T CELL ABSOLUTE COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86362	MOG-IGG1 ANTB CBA EACH			No	0	999	1/1/2022	12/31/2299	1
86363	MOG-IGG1 ANTB FLO CYTMTRY EA			No	0	999	1/1/2022	12/31/2299	1
86364	TISS TRNSGLTMNASE EA IG CLAS			No	0	999	1/1/2022	12/31/2299	3
86367	STEM CELLS, TOTAL COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86376	MICROSOMAL ANTIBODIES (EG, THY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86381	MITOCHONDRIAL ANTIBODY EACH			No	0	999	1/1/2022	12/31/2299	4
86382	NEUTRALIZATION TEST, VIRAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86384	NITROBLUE TETRAZOLIUM DYE TE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86386	NMP22 QUALITATIVE			No	0	999	1/1/2012	12/31/2299	1
86403	PARTICLE AGGLUTINATION, ANTIBO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86406	PARTICLE AGGLUTINATION TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86408	NEUTRLZG ANTB SARSCOV2 SCR		Non-Facility Rate	No	0	999	8/10/2020	12/31/2299	1
86409	NEUTRLZG ANTB SARSCOV2 TITER		Non-Facility Rate	No	0	999	8/10/2020	12/31/2299	1
86413	COVID-19, ANTIBODY, QUANTITIVE		Non-Facility Rate	No	0	999	9/8/2020	12/31/2299	3
86430	RHEUMATOID FACTOR; QUALITATIVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86431	RHEUMATOID FACTOR; QUANTITATIV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86480	TB TEST CELL IMMUN MEASURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86481	TB AG RESPONSE T-CELL SUSP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
86485	SKIN TEST; CANDIDA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86486	SKIN TEST CANDIDA UNL ANTIG EA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86490	SKIN TEST;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86510	SKIN TEST;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86580	SKIN TEST;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86590	STREPTOKINASE, ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86592	SYPHILIS TEST NON-TREP QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86593	SYPHILIS TEST NON-TREP QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86596	VOLTAGE-GTD CA CHNL ANTB EA			No	0	999	1/1/2022	12/31/2299	3
86602	ANTIBODY; ACTINOMYCES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86603	ANTIBODY; ADENOVIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86606	ANTIBODY; ASPIRGILLUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86609	ANTIBODY; BACTERIUM, NOT ELSEW		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	14
86611	BARTONELLA ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86612	ANTIBODY; BLASTOMYCES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86615	ANTIBODY; BORDETELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86617	LYME DISEASE ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86618	ANTIBODY; BORELLIA BUFGDORFERI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86619	ANTIBODY; BORRELIA (RELAPSING		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86622	ANTIBODY; BRUCELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86625	ANTIBODY; CAMPYLOBACTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86628	ANTIBODY; CANDIDA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86631	ANTIBODY; CHLAMYDIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86632	ANTIBODY; CHLAMYDIA, IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86635	ANTIBODY; COCCIDIOIDES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86638	ANTIBODY; COXIELLA BRUNETII (Q		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86641	ANTIBODY; CRYPTOCOCCUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86648	ANTIBODY; DIPTHERIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86651	ANTIBODY; ENCEPHALITIS, CALIFO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86652	ANTIBODY; ENCEPHALITIS, EASTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86653	ANTIBODY; ENCEPHALITIS, ST. LO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86654	ANTIBODY; ENCEPHALITIS, WESTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86658	ANTIBODY; ENTEROVIRUS (EG, COX		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
86663	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86664	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86665	ANTIBODY; EPSTEIN-BARR (EB) VI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86666	EHRLICHIA ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86668	ANTIBODY; FRANCISELLA TULARENS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86671	ANTIBODY; FUNGUS, NOT ELSEWHER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86674	ANTIBODY; GIARDIA LAMBLIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86677	ANTIBODY; HELICOBACTER PYLORI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86682	ANTIBODY; HELMINTH, NOT ELSEWH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86684	ANTIBODY; HAEMOPHILUS INFLUENZA ANTIB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86687	ANTIBODY; HTLV I		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86688	ANTIBODY; HTLV-II		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86689	ANTIBODY; HTLV OR HIV ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86692	ANTIBODY; HEPATITIS, DELTA AGE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86694	ANTIBODY; HERPES SIMPLEX, NON-		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86695	ANTIBODY; HERPES SIMPLEX, TYPE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86696	HERPES SIMPLEX TYPE 2		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86698	ANTIBODY; HISTOPLASMA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86701	ANTIBODY; HIV-1		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86702	ANTIBODY; HIV-2		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86703	ANTIBODY; HIV-1 AND HIV-2, SIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86704	HEP B CORE ANTIBODY, TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86705	HEP B CORE AB TEST, IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86706	HEPATITIS B SURFACE AB TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86707	HEPATITIS BE AB TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86708	HEP A ANTIBODY, TOTAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86709	HEP A AB TEST, IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86710	ANTIBODY; INFLUENZA VIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86711	JOHN CUNNINGHAM ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86713	ANTIBODY; LEGIONELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86717	ANTIBODY; LEISHMANIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	8
86720	ANTIBODY; LEPTOSPIRA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86723	ANTIBODY; LISTERIA MONOCYTOGEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
86727	ANTIBODY; LYMPHOCYTIC CHORIOME		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86732	ANTIBODY; MUCORMYCOSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86735	ANTIBODY; MUMPS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86738	ANTIBODY; MYCOPLASMA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86741	ANTIBODY; NEISSERIA MENINGITID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86744	ANTIBODY; NOCARDIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86747	ANTIBODY; PARVOVIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86750	ANTIBODY; PLASMODIUM (MALARIA)		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86753	ANTIBODY; PROTOZOA, NOT ELSEWH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86756	ANTIBODY; RESPIRATORY SYNCYTIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86757	RICKETTSIA ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86759	ANTIBODY; ROTAVIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86762	ANTIBODY; RUBELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86765	ANTIBODY; RUBEOLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86768	ANTIBODY; SALMONELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
86769	ANTIBODY, (SARS-COV-2) COVID-19		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86771	ANTIBODY; SHIGELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86774	ANTIBODY; TETANUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86777	ANTIBODY; TOXOPLASMA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86778	ANTIBODY; TOXOPLASMA, IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86780	TREPONEMA PALLIDUM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86784	ANTIBODY; TRICHINELLA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86787	ANTIBODY; VARICELLA-ZOSTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86788	ANTIBODY WEST NILE VIRUS IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86789	WEST NILE VIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86790	ANTIBODY; VIRUS, NOT ELSEWHERE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86793	ANTIBODY; YERSINIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86794	ANTIBODY: ZIKA VIRUS, IGM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86800	THYROGLOBULIN ANTIBODY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86803	HEPATITIS C AB TEST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86804	HEP C AB TEST, CONFIRM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86805	LYMPHOCYTOTOXICITY ASSAY VISUA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86806	LYMPHOCYTOTOXICITY ASSAY VISUA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86807	SERUM SCREENING FOR CYTOTOXIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86808	SERUM SCREENING FOR CYTOTOXIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86812	HLA TYPING; A, B, OR C (EG, A1		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86813	HLA TYPING; A, B, OR C, MULTIP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86816	HLA TYPING; DR/DQ, SINGLE ANTI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86817	HLA TYPING; DR/DQ, MULTIPLE AN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86821	HLA TYPING; LYMPHOCYTE CULTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86825	HLA X-MATCH, NON-CYTOTOXIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86826	HLA X-MATCH, NON-CYT ADD-ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86828	HLA CLASS I&II ANTIBODY QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86829	HLA CLASS I/II ANTIBODY QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86830	HLA CLASS I PHENOTYPE QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86831	HLA CLASS II PHENOTYPE QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86832	HLA CLASS I HIGH DEFIN QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86833	HLA CLASS II HIGH DEFIN QUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86834	HLA CLASS I SEMIQUANT PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86835	HLA CLASS II SEMIQUANT PANEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86849	UNLISTED IMMUNOLOGY PROCEDURE			No	0	999	6/7/1993	12/31/2299	1
86850	ANTIBODY SCREEN, RBC, EACH SER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86860	ANTIBODY ELUTION (RBC), EACH E		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86870	ANTIBODY IDENTIFICATION, RBC A		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86880	ANTIHUMAN GLOBULIN TEST (COOMB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
86885	AGT INDIR QUAL EA REAGENT RED CELL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86886	AGT INDIR EA ANTIBODY TITER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
86890	AUTOLOGOUS BLOOD OR COMPONENT,		Non-Facility Rate	No	0	999	1/25/1996	12/31/2299	1
86891	AUTOLOGOUS BLOOD OR COMPONENT,		Non-Facility Rate	No	0	999	1/25/1996	12/31/2299	1
86900	BLOOD TYPE ABO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86901	BLOOD TYPE RHD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86902	BLOOD TYPE DONOR BLOOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
86904	BLOOD TYPE SCREEN COMPATIBLE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
86905	BLOOD TYPE RBC NO ABO/RHD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	8
86906	BLOOD TYPE COMPLETE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86910	BLOOD TYPING, PATERNITY TEST			No	0	999	3/25/1996	12/31/2299	1
86911	BLOOD TYPING, ANTIGEN SYSTEM			No	0	999	3/25/1996	12/31/2299	15
86920	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	9

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
86921	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86922	COMPATIBILITY TEST EACH UNIT;		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	5
86923	COMPATIBILITY TEST, ELECTRIC			No	0	999	1/1/2006	12/31/2299	10
86927	FRESH FROZEN PLASMA, THAWING,		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86930	FROZEN BLOOD PREP		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86931	FROZEN BLOOD THAW		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86932	FROZEN BLOOD FREEZE/THAW		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86940	HEMOLYSINS AND AGGLUTININS, AU		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86941	HEMOLYSINS/AGGLUTININS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
86945	IRRADIATION OF BLOOD PRODUCT,		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	2
86950	LEUKOCYTE TRANSFUSION		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86960	VOL REDUCTION OF BLOOD/PROD			No	0	999	1/1/2006	12/31/2299	1
86965	POOLING OF PLATELETS OR OTHER		Non-Facility Rate	No	0	999	1/25/1996	12/31/2299	1
86970	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86971	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86972	PRETREATMENT OF RBC'S FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86975	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86976	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86977	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86978	PRETREATMENT OF SERUM FOR USE		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86985	SPLITTING OF BLOOD OR BLOOD PR		Non-Facility Rate	No	0	999	5/1/2020	12/31/2299	1
86999	UNLISTED TRANSFUSION MEDICINE			No	0	999	7/1/1983	12/31/2299	1
87003	ANIMAL INOCULATION, SMALL ANIM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87015	SPECIMEN CONCENTRATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87040	CULT BACT; BLD AEROBIC ISOLAT & ID CULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87045	CULT BACT; STOOL AEROBIC SALM&SHIG CULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87046	STOOL CULTR, BACTERIA, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
87070	CULT BACT;NO URINE/BLD/STOOL AEROBCCULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87071	CULTURE BACTERI AEROBIC OTHR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87073	CULTURE BACTERIA ANAEROBIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87075	CULT BACT; ANY SRC NO BLD ANAEROB CULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
87076	CULTURE ANAEROBE IDENT, EACH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87077	CULTURE AEROBIC IDENTIFY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87081	CULTURE SCREEN ONLY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87084	CULTURE, PRESUMPTIVE, PATHOG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87086	URINE CULTURE/COLONY COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87088	CULT BAC W ISOL & PRESUMP IDENT URINE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87101	SKIN FUNGI CULTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87102	CULTURE, FUNGI, ISOLATION;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87103	CULTURE, FUNGI, ISOLATION (WIT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87106	FUNGI IDENTIFICATION, YEAST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87107	FUNGI IDENTIFICATION, MOLD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87109	CULTURE, MYCOPLASMA, ANY SOU		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87110	CHLAMYDIA CULTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87116	MYCOBACTERIA CULTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87118	MYCOBACTERIC IDENTIFICATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87140	CULTUR TYPE IMMUNOFLUORESC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87143	CULTURE TYPING, GLC/HPLC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87147	CULTURE TYPE, IMMUNOLOGIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	15
87149	DNA/RNA DIRECT PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87150	DNA/RNA, AMPLIFIED PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
87152	CULTURE TYPE PULSE FIELD GEL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87153	DNA/RNA SEQUENCING		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87154	CUL TYP ID BLD PTHGN 6+ TRGT			No	0	999	1/1/2022	12/31/2299	12
87158	CULTURE, TYPING; OTHER METHODS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87164	DARK FIELD EXAMINATION, ANY	26		No	0	999	7/1/2022	12/31/2299	2
87164	DARK FIELD EXAMINATION, ANY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87166	DARK FIELD EXAMINATION, ANY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87168	MACROSCOPIC EXAM ARTHROPOD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87169	MACACROSCOPIC EXAM PARASITE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87172	PINWORM EXAM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87176	TISSUE HOMOGENIZATION, CULTR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87177	OVA AND PARASITES, DIRECT SM		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87181	MICROBE SUSCEPTIBLE, DIFFUSE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
87184	MICROBE SUSCEPTIBLE, DISK		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	8
87185	MICROBE SUSCEPTIBLE, ENZYME		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87186	MICROBE SUSCEPTIBLE, MIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
87187	MICROBE SUSCEPTIBLE, MLC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
87188	MICROBE SUSCEPT, MACROBROTH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
87190	MICROBE SUSCEPT, MYCOBACTERI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	9
87197	SERUM BACTERICIDAL TITER (SCHL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87205	SMEAR, GRAM STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87206	SMEAR, FLUORESCENT/ACID STAI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
87207	SMEAR, SPECIAL STAIN	26		No	0	999	7/1/2022	12/31/2299	3
87207	SMEAR, SPECIAL STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87209	SMEAR, COMPLEX STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87210	SMEAR, WET MOUNT, SALINE/INK		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87220	TISSUE EXAM FOR FUNGI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87230	TOXIN OR ANTITOXIN ASSAY, TISS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87250	VIRUS INOCULATE, EGGS/ANIMAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87252	VIRUS INOCULATION, TISSUE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87253	VIRUS INOCULATE TISSUE, ADDL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87254	VIRUS INOCULATION, SHELL VIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	7
87255	GENET VIRUS ISOLATE, HSV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87260	ADENOVIRUS AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87265	PERTUSSIS AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87267	ENTEROVIRUS ANTIBODY, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87269	INF AGT ANTIG DETCT IF TECH;GIARDIAINF A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87270	CHYLMD TRACH AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87271	CRYPTOSPORIDUM/GARDIA AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87272	INF AGT-IMMUNOFLUOR; CRYPTOSPORIDUMINF A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87273	HERPES SIMPLEX 2, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87274	HERPES SIMPLEX 1, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87275	INFLUENZA B, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87276	INFLUENZA AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87278	LEGION PNEUMO AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87279	PARAINFLUENZA, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87280	RESP SYNCYTIAL AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87281	PNEUMOCYSTIS CARINII, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87283	RUBEOLA, AG, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87285	TREPON PALLIDUM AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87290	VARICELLA AG, DFA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87299	ANTIBODY DETECTION, NOS, IF		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87300	VACCINE, AUTOGENOUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87301	ADENOVIRUS AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87305	ASPERGILLUS AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87320	CHYLMD TRACH AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87324	CLOSTRIDIUM AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87327	CRYPTOCOCCUS NEOFORM AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87328	CRYPTOSPORIDIUM AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87329	GIARDIA AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87332	CYTOMEGALOVIRUS AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87335	E COLI 0157 AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87336	ENTAMOEB HIST DISPR AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87337	ENTAMOEB HIST GROUP AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87338	HPYLORI STOOL IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87339	H PYLORI AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87340	HEPATITIS B SURFACE AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87341	HEPATITIS B SURFACE AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87350	HEPATITIS BE AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87380	HEPATITIS DELTA AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87385	HISTOPLASMA CAPSUL AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87389	HIV-1 AG W/HIV-1 & HIV-2 AB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87390	HIV-1 AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87391	HIV-2 AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87400	INFLUENZA A/B AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87420	RESP SYNCYTIAL AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87425	ROTAVIRUS AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87426	CORONAVIRUS AG IA		Non-Facility Rate	No	0	999	6/25/2020	12/31/2299	3
87427	SHIGA-LIKE TOXIN AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87430	STREP A AG IA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87449	AG DETECT NOS IA MULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87451	AG DETECT POLYVAL IA MULT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87471	BARTONELLA, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87472	BARTONELLA, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
87475	LYME DIS, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87476	LYME DIS, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87480	CANDIDA, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87481	CANDIDA, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
87482	CANDIDA, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87483	INFECT AGENT DETECT NUCLEIC ACID 12-25 T		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87485	CHYLMD PNEUM, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87486	CHYLMD PNEUM, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87487	CHYLMD PNEUM, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87490	CHYLMD TRACH, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87491	CHYLMD TRACH, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87492	CHYLMD TRACH, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87493	C DIFF AMPLIFIED PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87495	CYTOMEG, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87496	CYTOMEG, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87497	CYTOMEG, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87498	INF AGENT DETECT ENTEROVIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87500	INF AGENT DET BY NUC ACID AMPL PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87501	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87502	INFLUENZA DNA AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87503	INFLUENZA DNA AMP PROB ADDL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87505	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87506	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87507	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87510	GARDNER VAG, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87511	GARDNER VAG, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87512	GARDNER VAG, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87516	HEPATITIS B , DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87517	HEPATITIS B , DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87520	HEPATITIS C , RNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87521	HEPATITIS C , RNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87522	HEPATITIS C, RNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87525	HEPATITIS G , DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87526	HEPATITIS G, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87527	HEPATITIS G, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87528	HSV, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87529	HSV, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87530	HSV, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87531	HHV-6, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87532	HHV-6, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87533	HHV-6, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87534	HIV-1, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87535	HIV-1, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87536	HIV-1, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87537	HIV-2, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87538	HIV-2, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87539	HIV-2, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87540	LEGION PNEUMO, DNA, DIR PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87541	LEGION PNEUMO, DNA, AMP PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87542	LEGION PNEUMO, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87550	MYCOBACTERIA, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87551	MYCOBACTERIA, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87552	MYCOBACTERIA, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87555	M.TUBERCULO, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87556	M.TUBERCULO, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87557	M.TUBERCULO, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87560	M.AVIUM-INTRA, DNA, DIR PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87561	M.AVIUM-INTRA, DNA, AMP PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87562	M.AVIUM-INTRA, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87563	M. GENITALIUM AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87580	M.PNEUMON, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87581	M.PNEUMON, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87582	M.PNEUMON, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87590	N.GONORRHOEAE, DNA, DIR PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87591	N.GONORRHOEAE, DNA, AMP PROB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87592	N.GONORRHOEAE, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87593	ORTHOPOXVIRUS AMP PRB EACH			No	18	999	10/1/2022	12/31/2299	1
87623	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatio date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
87624	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87625	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87631	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87632	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87633	INFECTIOUS DETECT NUCLEIC ACID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87634	AGENT DETECT RSV		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87635	SARS-COV-2 COVID-19 AMP PRB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87636	SARSCOV2 & INF A&B AMP PRB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87637	SARSCOV2&INF A&B&RSV AMP PRB		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87640	INF AGENT DETECT STAPHYLOCOCCUS AUREUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87641	INF AGENT DETECT STAPHY AUREUS METHICILL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87650	STREP A, DNA, DIR PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87651	STREP A, DNA, AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87652	STREP A, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87653	INF AGENT DETECT STREP GROUP B AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87660	INF AGT DETCT NUCLEC ACID;TRICH VAGINF A		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87661	TRICHOMONAS VAGINALIS AMP PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87662	AGENT DETECT ZIKA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87797	DETECT AGENT NOS, DNA, DIR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87798	DETECT AGENT NOS, DNA, AMP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	13
87799	DETECT AGENT NOS, DNA, QUANT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87800	DETECT AGNT MULT, DNA, DIREC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87801	DETECT AGNT MULT, DNA, AMPLI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87802	STREP B ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87803	CLOSTRIDIUM TOXIN A W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87804	INFLUENZA ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
87806	HIV-1 ANTIGENS ANTIBODIES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87807	RSV ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87808	INF AGENT DETECT TRICHOMONAS VAGINALIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87809	INF AGENT DET BY IMM ADENOVIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87810	CHYLMD TRACH ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87811	SARS-COV-2 COVID19 W/OPTIC		Non-Facility Rate	No	0	999	10/6/2020	12/31/2299	3
87850	N. GONORRHOEAE ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87880	STREP A ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87899	AGENT NOS ASSAY W/OPTIC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
87900	PHENOTYPE, INFECT AGENT DRUG		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87901	GENOTYPE DNA HIV REVERSE T			No	0	999	1/1/2001	12/31/2299	1
87902	GENOTYPE, DNA, HEPATITIS C		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
87903	PHENOTYPE, DNA HIV W/CULTURE			No	0	999	1/1/2001	12/31/2299	1
87904	PHENOTYPE, DNA HIV W/CLT ADD			No	0	999	1/1/2001	12/31/2299	17
87905	INF AGENT ENZY OTH THAN VIRUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87906	GENOTYPE DNA HIV REVERSE T		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
87910	GENOTYPE CYTOMEGALOVIRUS			No	0	999	1/1/2013	12/31/2299	1
87912	GENOTYPE DNA HEPATITIS B			No	0	999	1/1/2013	12/31/2299	1
87999	UNLISTED MICROBIOLOGY PROCED			No	0	999	7/1/1983	12/31/2299	1
88000	NECROPSY (AUTOPSY), GROSS EX			No	0	999	1/1/1983	12/31/2299	1
88005	NECROPSY (AUTOPSY), GROSS EX			No	0	999	1/1/1983	12/31/2299	1
88007	NECROPSY (AUTOPSY), GROSS EX			No	0	999	1/1/1983	12/31/2299	1
88012	NECROPSY (AUTOPSY), GROSS EX			No	0	1	1/1/1983	12/31/2299	1
88014	NECROPSY (AUTOPSY), GROSS EX			No	0	1	1/1/1983	12/31/2299	4
88016	NECROPSY (AUTOPSY), GROSS EX			No	0	1	1/1/1983	12/31/2299	4
88020	NECROPSY (AUTOPSY), GROSS AN			No	0	999	1/1/1983	12/31/2299	1
88025	NECROPSY (AUTOPSY), GROSS AN			No	0	999	1/1/1983	12/31/2299	1
88027	NECROPSY (AUTOPSY), GROSS AN			No	0	999	1/1/1983	12/31/2299	1
88028	NECROPSY (AUTOPSY), GROSS AN			No	0	1	1/1/1983	12/31/2299	1
88029	NECROPSY (AUTOPSY), GROSS AN			No	0	1	1/1/1983	12/31/2299	4
88036	NECROPSY (AUTOPSY), LIMITED,			No	0	999	1/1/1983	12/31/2299	1
88037	NECROPSY (AUTOPSY), LIMITED,			No	0	999	1/1/1983	12/31/2299	1
88040	NECROPSY (AUTOPSY);			No	0	999	1/1/1983	12/31/2299	1
88045	NECROPSY (AUTOPSY);			No	0	999	1/1/1983	12/31/2299	1
88099	UNLISTED NECROPSY (AUTOPSY)			No	0	999	6/7/1993	12/31/2299	1
88104	CYTOPATHOLOGY, FLUIDS, WASHING	TC		No	0	999	7/1/2022	12/31/2299	5
88104	CYTOPATHOLOGY, FLUIDS, WASHING	26		No	0	999	7/1/2022	12/31/2299	5
88104	CYTOPATHOLOGY, FLUIDS, WASHING		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88106	CYTOPATH SIMPLE FILTER	TC		No	0	999	7/1/2022	12/31/2299	5
88106	CYTOPATH SIMPLE FILTER	26		No	0	999	7/1/2022	12/31/2299	5
88106	CYTOPATH SIMPLE FILTER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88108	CYTOPATH, CONCENTRATE TECH	TC		No	0	999	7/1/2022	12/31/2299	6

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatio date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
88108	CYTOPATH, CONCENTRATE TECH	26		No	0	999	7/1/2022	12/31/2299	6
88108	CYTOPATH, CONCENTRATE TECH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP	TC		No	0	999	7/1/2022	12/31/2299	6
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP	26		No	0	999	7/1/2022	12/31/2299	6
88112	CYTOPATH CELLR ENHANCE NO CERV/VAG CYTOP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88120	CYTP URNE 3-5 PROBES EA SPEC	TC		No	0	999	7/1/2022	12/31/2299	2
88120	CYTP URNE 3-5 PROBES EA SPEC	26		No	0	999	7/1/2022	12/31/2299	2
88120	CYTP URNE 3-5 PROBES EA SPEC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88121	CYTP URINE 3-5 PROBES CMPTR	TC		No	0	999	7/1/2022	12/31/2299	2
88121	CYTP URINE 3-5 PROBES CMPTR	26		No	0	999	7/1/2022	12/31/2299	2
88121	CYTP URINE 3-5 PROBES CMPTR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88125	CYTOPATHOLOGY, FORENSIC (EG,	TC		No	0	999	7/1/2022	12/31/2299	1
88125	CYTOPATHOLOGY, FORENSIC (EG,	26		No	0	999	7/1/2022	12/31/2299	1
88125	CYTOPATHOLOGY, FORENSIC (EG,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88130	SEX CHROMATIN IDENTIFICATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88140	SEX CHROMATIN IDENTIFICATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88141	CYTOPATH CERV/VAG INTERPRET		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88142	CYTPATH C/VAG T/LAYER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88143	CYTOPATH, C/V, THIN LYR REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88147	CYTOPATH, C/V, AUTOMATED		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88148	CYTOPATH, C/V, AUTO RESCREEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88150	CYTPATH C/VAG MANUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88152	CYTPATH C/VAG AUTO REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88153	CYTOPATH, C/V, REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88155	CYTPATH C/VAG INDEX ADD-ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88160	CYTOPATHOLOGY, SMEARS, ANY OTH	TC		No	0	999	7/1/2022	12/31/2299	4
88160	CYTOPATHOLOGY, SMEARS, ANY OTH	26		No	0	999	7/1/2022	12/31/2299	4
88160	CYTOPATHOLOGY, SMEARS, ANY OTH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88161	CYTOPATH SMEAR, OTHER SOURCE	TC		No	0	999	7/1/2022	12/31/2299	4
88161	CYTOPATH SMEAR, OTHER SOURCE	26		No	0	999	7/1/2022	12/31/2299	4
88161	CYTOPATH SMEAR, OTHER SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88162	CYTOPATH SMEAR, OTHER SOURCE	TC		No	0	999	7/1/2022	12/31/2299	3
88162	CYTOPATH SMEAR, OTHER SOURCE	26		No	0	999	7/1/2022	12/31/2299	3
88162	CYTOPATH SMEAR, OTHER SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88164	CYTPATH TBS C/VAG MANUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88165	CYTPATH TBS C/VAG REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88166	CYTOPATH TBS, C/V, AUTO REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88167	CYTOPATH TBS, C/V, SELECT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88172	CYTP DX EVAL FNA 1ST EA SITE	TC		No	0	999	7/1/2022	12/31/2299	5
88172	CYTP DX EVAL FNA 1ST EA SITE	26		No	0	999	7/1/2022	12/31/2299	5
88172	CYTP DX EVAL FNA 1ST EA SITE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88173	EVALUATION OF FINE NEEDLE ASPI	TC		No	0	999	7/1/2022	12/31/2299	5
88173	EVALUATION OF FINE NEEDLE ASPI	26		No	0	999	7/1/2022	12/31/2299	5
88173	EVALUATION OF FINE NEEDLE ASPI		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88174	CYTOPATH, C/V AUTO, IN FLUID		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88175	CYTOPATH C/V AUTO FLUID REDO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88177	CYTP C/V AUTO THIN LYR ADDL	TC		No	0	999	7/1/2022	12/31/2299	6
88177	CYTP C/V AUTO THIN LYR ADDL	26		No	0	999	7/1/2022	12/31/2299	6
88177	CYTP C/V AUTO THIN LYR ADDL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88182	FLOW CYTOMETRY; CELL CYCLE OR	TC		No	0	999	7/1/2022	12/31/2299	2
88182	FLOW CYTOMETRY; CELL CYCLE OR	26		No	0	999	7/1/2022	12/31/2299	2
88182	FLOW CYTOMETRY; CELL CYCLE OR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88184	FLOWCYTOMETRY/ TC, 1 MARKER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88185	FLOWCYTOMETRY/TC, ADD-ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	35
88187	FLOWCYTOMETRY/READ, 2-8		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88188	FLOWCYTOMETRY/READ, 9-15		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88189	FLOWCYTOMETRY/READ, 16 & >		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88199	UNLISTED CYTOPATHOLOGY PROCE			No	0	999	7/1/1984	12/31/2299	1
88230	TISSUE CULTURE, LYMPHOCYTE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88233	TISSUE CULTURE FOR CHROMOSOME		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88235	TISSUE CULTURE FOR CHROMOSOME		Non-Facility Rate	No	9	60	7/1/2022	12/31/2299	2
88237	TISSUE CULTURE, BONE MARROW		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88239	TISSUE CULTURE, TUMOR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88240	CELL CRYOPRESERVE/STORAGE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88241	FROZEN CELL PREPARATION		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88245	CHROMOSOME ANALYSIS, 20-25		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88248	CHROMOSOME ANALYSIS, 50-100		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88249	CHROMOSOME ANALYSIS, 100		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
88261	CHROMOSOME ANALYSIS, 5		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88262	CHROMOSOME ANALYSIS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88263	CHROMOSOME ANALYSIS; COUNT 15-		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88264	CHROMOSOME ANALYSIS, 20-25		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88267	CHROMOSOME ANALYSIS:PLACENTA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88269	CHROMOSOME ANALYSIS, IN SITU F		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88271	CYTOGENETICS, DNA PROBE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	16
88272	CYTOGENETICS, 3-5		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
88273	CYTOGENETICS, 10-30		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88274	CYTOGENETICS, 25-99		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88275	CYTOGENETICS, 100-300		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	12
88280	CHROMOSOME ANALYSIS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88283	CHROMOSOME ANALYSIS; ADDITIONA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88285	CHROMOSOME ANALYSIS;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	10
88289	CHROMOSOME ANALYSIS; ADDITIONA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88291	CYTO/MOLECULAR REPORT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88299	UNLISTED CYTOGENETIC STUDY	26		No	0	999	5/24/1993	12/31/2299	1
88299	UNLISTED CYTOGENETIC STUDY			No	0	999	6/1/1992	12/31/2299	1
88300	SURGICAL PATH GROSS	TC		No	0	999	7/1/2022	12/31/2299	4
88300	SURGICAL PATH GROSS	26		No	0	999	7/1/2022	12/31/2299	4
88300	SURGICAL PATH GROSS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88302	LEVEL II - SURGICAL PATHOLOGY,	TC		No	0	999	7/1/2022	12/31/2299	4
88302	LEVEL II - SURGICAL PATHOLOGY,	26		No	0	999	7/1/2022	12/31/2299	4
88302	LEVEL II - SURGICAL PATHOLOGY,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88304	TISSUE EXAM BY PATHOLOGIST	TC		No	0	999	7/1/2022	12/31/2299	5
88304	TISSUE EXAM BY PATHOLOGIST	26		No	0	999	7/1/2022	12/31/2299	5
88304	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88305	TISSUE EXAM BY PATHOLOGIST	TC		No	0	999	7/1/2022	12/31/2299	16
88305	TISSUE EXAM BY PATHOLOGIST	26		No	0	999	7/1/2022	12/31/2299	16
88305	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	16
88307	TISSUE EXAM BY PATHOLOGIST	TC		No	0	999	7/1/2022	12/31/2299	8
88307	TISSUE EXAM BY PATHOLOGIST	26		No	0	999	7/1/2022	12/31/2299	8
88307	TISSUE EXAM BY PATHOLOGIST		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	8
88309	LEVEL VI - SURGICAL PATHOLOGY,	TC		No	0	999	7/1/2022	12/31/2299	3
88309	LEVEL VI - SURGICAL PATHOLOGY,	26		No	0	999	7/1/2022	12/31/2299	3
88309	LEVEL VI - SURGICAL PATHOLOGY,		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88311	SURGICAL PATHOLOGY, GROSS AN	TC		No	0	999	7/1/2022	12/31/2299	4
88311	SURGICAL PATHOLOGY, GROSS AN	26		No	0	999	7/1/2022	12/31/2299	4
88311	SURGICAL PATHOLOGY, GROSS AN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88312	SPECIAL STAINS GROUP 1	TC		No	0	999	7/1/2022	12/31/2299	9
88312	SPECIAL STAINS GROUP 1	26		No	0	999	7/1/2022	12/31/2299	9
88312	SPECIAL STAINS GROUP 1		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	9
88313	SPECIAL STAINS GROUP 2	TC		No	0	999	7/1/2022	12/31/2299	8
88313	SPECIAL STAINS GROUP 2	26		No	0	999	7/1/2022	12/31/2299	8
88313	SPECIAL STAINS GROUP 2		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	8
88314	HISTOCHEMICAL STAIN ADD-ON	TC		No	0	999	7/1/2022	12/31/2299	6
88314	HISTOCHEMICAL STAIN ADD-ON	26		No	0	999	7/1/2022	12/31/2299	6
88314	HISTOCHEMICAL STAIN ADD-ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88319	DETERMINATIVE HISTOCHEMISTRY O	TC		No	0	999	7/1/2022	12/31/2299	11
88319	DETERMINATIVE HISTOCHEMISTRY O	26		No	0	999	7/1/2022	12/31/2299	11
88319	DETERMINATIVE HISTOCHEMISTRY O		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	11
88321	CONSULTATION AND REPORT ON R		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88321	CONSULTATION AND REPORT ON R		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88323	CONSULTATION AND REPORT ON R	TC		No	0	999	7/1/2022	12/31/2299	1
88323	CONSULTATION AND REPORT ON R	26		No	0	999	7/1/2022	12/31/2299	1
88323	CONSULTATION AND REPORT ON R		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88325	COMPREHENSIVE REVIEW OF RECO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88325	COMPREHENSIVE REVIEW OF RECO		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88329	CONSULTATION DURING SURGERY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88329	CONSULTATION DURING SURGERY;		Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88331	PATH CONSULT INTRAOP, 1 BLOC	TC		No	0	999	7/1/2022	12/31/2299	11
88331	PATH CONSULT INTRAOP, 1 BLOC	26		No	0	999	7/1/2022	12/31/2299	11
88331	PATH CONSULT INTRAOP, 1 BLOC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	11
88332	PATH CONSULT INTRAOP ADDL	TC		No	0	999	7/1/2022	12/31/2299	13
88332	PATH CONSULT INTRAOP ADDL	26		No	0	999	7/1/2022	12/31/2299	13
88332	PATH CONSULT INTRAOP ADDL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	13
88333	INTRAOP CYTO PATH CONSULT, 1	TC		No	0	999	7/1/2022	12/31/2299	4
88333	INTRAOP CYTO PATH CONSULT, 1	26		No	0	999	7/1/2022	12/31/2299	4

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
88333	INTRAOP CYTO PATH CONSULT, 1		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88334	INTRAOP CYTO PATH CONSULT 2	TC		No	0	999	7/1/2022	12/31/2299	5
88334	INTRAOP CYTO PATH CONSULT 2	26		No	0	999	7/1/2022	12/31/2299	5
88334	INTRAOP CYTO PATH CONSULT 2		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88341	IMMUNO PER SPECIMEN	TC		No	0	999	7/1/2022	12/31/2299	13
88341	IMMUNO PER SPECIMEN	26		No	0	999	7/1/2022	12/31/2299	13
88341	IMMUNO PER SPECIMEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	13
88342	IMMUNO PER SPECIMEN	TC		No	0	999	7/1/2022	12/31/2299	4
88342	IMMUNO PER SPECIMEN	26		No	0	999	7/1/2022	12/31/2299	4
88342	IMMUNO PER SPECIMEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88344	IMMUNO PER SPECIMEN	TC		No	0	999	7/1/2022	12/31/2299	6
88344	IMMUNO PER SPECIMEN	26		No	0	999	7/1/2022	12/31/2299	6
88344	IMMUNO PER SPECIMEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88346	IMMUNOFLUOR ANTB 1ST STAIN	TC		No	0	999	7/1/2022	12/31/2299	2
88346	IMMUNOFLUOR ANTB 1ST STAIN	26		No	0	999	7/1/2022	12/31/2299	2
88346	IMMUNOFLUOR ANTB 1ST STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88348	ELECTRON MICROSCOPY;	TC		No	0	999	7/1/2022	12/31/2299	1
88348	ELECTRON MICROSCOPY;	26		No	0	999	7/1/2022	12/31/2299	1
88348	ELECTRON MICROSCOPY;		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88350	IMMUNOFLUOR ANTB ADDL STAIN	TC		No	0	999	7/1/2022	12/31/2299	9
88350	IMMUNOFLUOR ANTB ADDL STAIN	26		No	0	999	7/1/2022	12/31/2299	9
88350	IMMUNOFLUOR ANTB ADDL STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	9
88355	MORPHOMETRIC ANALYSIS; SKELETA	TC		No	0	999	7/1/2022	12/31/2299	1
88355	MORPHOMETRIC ANALYSIS; SKELETA	26		No	0	999	7/1/2022	12/31/2299	1
88355	MORPHOMETRIC ANALYSIS; SKELETA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88356	MORPHOMETRIC ANALYSIS; NERVE	TC		No	0	999	7/1/2022	12/31/2299	3
88356	MORPHOMETRIC ANALYSIS; NERVE	26		No	0	999	7/1/2022	12/31/2299	3
88356	MORPHOMETRIC ANALYSIS; NERVE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH	TC		No	0	999	7/1/2022	12/31/2299	2
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH	26		No	0	999	7/1/2022	12/31/2299	2
88358	MORPHOMETRIC ANALYSIS; TUMOR MORPH		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88360	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	6
88360	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	6
88360	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88361	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	6
88361	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	6
88361	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	6
88362	NERVE TEASING PREPARATIONS	TC		No	0	999	7/1/2022	12/31/2299	1
88362	NERVE TEASING PREPARATIONS	26		No	0	999	7/1/2022	12/31/2299	1
88362	NERVE TEASING PREPARATIONS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88363	XM ARCHIVE TISSUE MOLEC ANAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88363	XM ARCHIVE TISSUE MOLEC ANAL		Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88364	IN SITU HYBRID PER SPEC	TC		No	0	999	7/1/2022	12/31/2299	3
88364	IN SITU HYBRID PER SPEC	26		No	0	999	7/1/2022	12/31/2299	3
88364	IN SITU HYBRID PER SPEC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88365	IN SITU HYBRID PER SPEC	TC		No	0	999	7/1/2022	12/31/2299	4
88365	IN SITU HYBRID PER SPEC	26		No	0	999	7/1/2022	12/31/2299	4
88365	IN SITU HYBRID PER SPEC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	4
88366	IN SITU HYBRID PER SPEC	TC		No	0	999	7/1/2022	12/31/2299	2
88366	IN SITU HYBRID PER SPEC	26		No	0	999	7/1/2022	12/31/2299	2
88366	IN SITU HYBRID PER SPEC		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88367	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	3
88367	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	3
88367	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88368	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	3
88368	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	3
88368	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88369	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	3
88369	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	3
88369	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88371	PROTEIN ANALYSIS OF TISSUE BY	26		No	0	999	7/1/2022	12/31/2299	1
88371	PROTEIN ANALYSIS OF TISSUE BY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88372	PROTEIN ANALYSIS OF TISSUE BY	26		No	0	999	7/1/2022	12/31/2299	1
88372	PROTEIN ANALYSIS OF TISSUE BY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88373	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	3
88373	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	3
88373	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	3
88374	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	5

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
88374	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	5
88374	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88375	OPTICAL ENDOMICROSCPY INTERP		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88377	MORPHOMETRIC ANALYSIS	TC		No	0	999	7/1/2022	12/31/2299	5
88377	MORPHOMETRIC ANALYSIS	26		No	0	999	7/1/2022	12/31/2299	5
88377	MORPHOMETRIC ANALYSIS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	5
88380	MICRODISSEC LASER CAPTURE	TC		No	0	999	7/1/2022	12/31/2299	1
88380	MICRODISSEC LASER CAPTURE	26		No	0	999	7/1/2022	12/31/2299	1
88380	MICRODISSEC LASER CAPTURE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88381	MICRODISSECTION MANUAL	TC		No	0	999	7/1/2022	12/31/2299	1
88381	MICRODISSECTION MANUAL	26		No	0	999	7/1/2022	12/31/2299	1
88381	MICRODISSECTION MANUAL		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88387	TISS EXAM MOLECULAR STUDY	TC		No	0	999	7/1/2022	12/31/2299	2
88387	TISS EXAM MOLECULAR STUDY	26		No	0	999	7/1/2022	12/31/2299	2
88387	TISS EXAM MOLECULAR STUDY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
88388	TISS EX MOLECUL STUDY ADD-ON	TC		No	0	999	7/1/2022	12/31/2299	1
88388	TISS EX MOLECUL STUDY ADD-ON	26		No	0	999	7/1/2022	12/31/2299	1
88388	TISS EX MOLECUL STUDY ADD-ON		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88399	UNLISTED SURGICAL PATHOLOGY			No	0	999	7/1/1984	12/31/2299	1
88720	BILIRUBIN TOTAL TRANCUTANEOUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88738	HGB QUANT TRANSCUTANEOUS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88740	HEMOGLOB QUANT TRANSCUT CARBOXY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88741	HEMOGLOB QUANT TRANSCUT METHEMO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
88749	IN VIVO LAB SERVICE			No	0	999	1/1/2011	12/31/2299	1
89049	CHCT FOR MAL HYPERTHERMIA		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
89049	CHCT FOR MAL HYPERTHERMIA		Facility Rate	No	0	999	7/1/2022	12/31/2299	1
89050	BODY FLUID CELL COUNT		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
89051	CELL COUNT, MISCELLANEOUS BO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
89055	LEUKOCYTE ASSESS FECAL QAUL/QUAN LEUKO		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
89060	CRYSTAL IDENT BY LIGHT MICROSCOPY	26		No	0	999	7/1/2022	12/31/2299	2
89060	CRYSTAL IDENT BY LIGHT MICROSCOPY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
89125	SPECIMEN FAT STAIN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
89160	MEAT FIBERS, FECES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
89190	NASAL SMEAR FOR EOSINOPHILS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
89220	SPUTUM OBT SPEC AROSL INDUCD TECH SPUTU			No	0	999	1/1/2004	12/31/2299	2
89230	SWEAT COLLECTION BY IONTOPHORESIS SWEAT			No	0	999	1/1/2004	12/31/2299	1
89240	UNLIST MISCELLANEOUS PATHOLOGY TESTUNLIS			No	0	999	1/1/2004	12/31/2299	1
89250	CULTURE OOCYTE/EMBRYO < 4 DAYS; CULTU			No	0	999	1/1/1996	12/31/2299	1
89251	CULT OOCYTE/EMBRYO <4 DAY; CO-CULT CULT			No	0	999	1/1/1998	12/31/2299	1
89253	EMBRYO HATCHING			No	0	999	1/1/1998	12/31/2299	1
89254	OOCYTE IDENTIFICATION			No	0	999	1/1/1998	12/31/2299	1
89255	PREPARE EMBRYO FOR TRANSFER			No	0	999	1/1/1998	12/31/2299	1
89257	SPERM IDENTIFICATION			No	0	999	1/1/1998	12/31/2299	1
89258	CRYOPRESERVATION, EMBRYO			No	0	999	1/1/1998	12/31/2299	1
89259	CRYOPRESERVATION, SPERM			No	0	999	1/1/1998	12/31/2299	1
89260	SPERM ISOLATION, SIMPLE			No	0	999	1/1/1998	12/31/2299	1
89261	SPERM ISOLATION, COMPLEX			No	0	999	1/1/1998	12/31/2299	1
89264	IDENTIFY SPERM TISSUE			No	0	999	12/1/2010	12/31/2299	1
89268	INSEMINATION OF OOCYTES INSEM			No	0	999	1/1/2004	12/31/2299	1
89272	EXT CULT OOCYTE/EMBRYO 4-7 DAYS EXTEN			No	0	999	1/1/2004	12/31/2299	1
89280	ASSTD OOCYTE FERTILIZ;</=10 OOCYTESASSTD			No	0	999	1/1/2004	12/31/2299	1
89281	ASSTD OOCYTE FERTILIZ; > 10 OOCYTESASSTD			No	0	999	1/1/2004	12/31/2299	1
89290	BX OOCYTE/EMB BLASTOMERE;</=5 EMB BX OO			No	0	999	1/1/2004	12/31/2299	1
89291	BX OOCYTE/EMB BLASTOMERE; >5 EMB BX OO			No	0	999	1/1/2004	12/31/2299	1
89300	SEMEN ANALYSIS			No	14	999	12/1/2010	12/31/2299	1
89310	SEMEN ANALYSIS W/COUNT			No	14	999	12/1/2010	12/31/2299	1
89320	SEMEN ANALYSIS VOL CT MOT & DIFF			No	14	999	12/1/2010	12/31/2299	1
89321	SEMEN ANALYSIS PRES & MOT			No	0	999	12/1/2010	12/31/2299	1
89322	SEMEN ANALYSIS			No	14	999	12/1/2010	12/31/2299	1
89325	SPERM AGGLUTINATION, WITH AN			No	14	999	12/1/2010	12/31/2299	1
89329	SPERM EVALUATION; HAMSTER PENE			No	0	999	12/1/2010	12/31/2299	1
89330	SPERM EVALUATION; CERVICAL MUC			No	0	999	12/1/2010	12/31/2299	1
89331	SPERM EVAL RETROGR, URINE			No	14	999	12/1/2010	12/31/2299	1
89335	CRYOPRES REPRODIVE TISS TESTICULAR CRYOP			No	0	999	1/1/2004	12/31/2299	1
89337	CRYOPRESERVATION OOCYTE			No	0	999	1/1/2015	12/31/2299	1
89342	STORAGE; EMBRYO STORA			No	0	999	1/1/2004	12/31/2299	1
89343	STORAGE; SPERM/SEMEN STORA			No	0	999	1/1/2004	12/31/2299	1
89344	STORAGE; TISS TESTICULAR/OVARIAN STORA			No	0	999	1/1/2004	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatio date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
89346	STORAGE/YEAR; OOCYTE(S)			No	0	999	1/1/2004	12/31/2299	1
89352	THAWING OF CRYOPRESERVED; EMBRYO THAWI			No	0	999	1/1/2004	12/31/2299	1
89353	THAW CRYOPRES; SPERM/SEM EA ALIQUOTTHAWI			No	0	999	1/1/2004	12/31/2299	1
89354	THAW CRYOPRES; TISS TESTICULR/OVARNTHAWI			No	0	999	1/1/2004	12/31/2299	1
89356	THAW CRYOPRES; OOCYTES EA ALIQUOT THAWI			No	0	999	1/1/2004	12/31/2299	2
89398	UNLISTED REPROD MED LAB PROC			No	0	999	1/1/2010	12/31/2299	1
0001M	INF DISEASE CHRONIC HCV			No	0	999	1/1/2013	12/31/2299	1
0001U	RED BLOOD ANTIGEN TYPING DNA			No	0	999	2/1/2017	12/31/2299	1
0002M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (A			No	0	999	1/2/2013	12/31/2299	1
0002U	ONCOLOGY COLORECTAL QUANT ASSESS			No	0	999	2/1/2017	12/31/2299	1
0003M	LIVER DISEASE, TEN BIOCHEMICAL ASSAYS (N			No	0	999	1/3/2013	12/31/2299	1
0003U	ONCOLOCY OVARION BIOCHEMIAL ASSAYS			No	0	999	2/1/2017	12/31/2299	1
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NU			No	0	999	1/1/2014	12/31/2299	1
0005U	ONCOLOGY PROSTATE GENE EXPRESSION			No	0	999	5/1/2017	12/31/2299	1
0006M	ONCOLOGY, MRNA EXPRESSION LEVELS OF 16			No	0	999	1/1/2015	12/31/2299	1
0007M	ONCOLOGY, REAL-TIME PCR EXPRESSION ANALY			No	0	999	1/1/2015	12/31/2299	1
0007U	DRUG TEST(S)			No	0	999	8/1/2017	12/31/2299	1
0008U	HELICOBACTER PYLORI DETECTION AND ANTIBI			No	0	999	8/1/2017	12/31/2299	1
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) D			No	0	999	1/1/2016	12/31/2299	1
0009U	ONCOLOGY IMAGE DEP			No	0	999	8/1/2017	12/31/2299	2
0010U	INFECTIOUS DISEASE SEQ			No	0	999	8/1/2017	12/31/2299	2
0011M	PROSTATE CANCER MRNA ASSAY			No	0	999	1/1/2018	12/31/2299	1
0011U	RX DRUG MONITOR, EVAL OF DRUGS			No	0	999	8/1/2017	12/31/2299	1
0012M	ONCOLOGY MRNA			No	0	999	4/1/2018	12/31/2299	1
0013M	ONCOLOGY MRNA RECURRENT			No	0	999	4/1/2018	12/31/2299	1
0015M	ADRNL CORTCL TUM BCHM ASY 25			No	0	999	10/1/2020	12/31/2299	1
0016M	ONC BLADDER MRNA 209 GEN ALG			No	0	999	10/1/2020	12/31/2299	2
0016U	ONCOLOGY RNA			No	0	999	8/1/2017	12/31/2299	1
0017U	ONCOLOGY JAK2 MUTATION			No	0	999	8/1/2017	12/31/2299	1
0018U	ONC THYR 10 MICRORNA SEQ ALG			No	0	999	10/1/2017	12/31/2299	2
0019U	ONCO TARGET/ONCO TREAT			No	0	999	10/1/2017	12/31/2299	1
0021U	APIFINY			No	0	999	10/1/2017	12/31/2299	1
0022U	TRGT GEN SEQ DNA&RNA 1-23 GN			No	0	999	10/1/2017	12/31/2299	2
0023U	LEUKOSTRAT CDX FLT3 MUTATION			No	0	999	10/1/2017	12/31/2299	1
0024U	GLYCA			No	0	999	1/1/2018	12/31/2299	1
0025U	URSURE TENOFOVIR QUANTIFICATION			No	0	999	1/1/2018	12/31/2299	1
0026U	THYROSEQ GENOMIC CLASSIFIER			No	0	999	1/1/2018	12/31/2299	2
0027U	JAKS EXONS 12 TO 15			No	0	999	1/1/2018	12/31/2299	1
0029U	FOCUSED PHARMACOGENOMICS PANEL			No	0	999	1/1/2018	12/31/2299	1
0030U	WARFARIN RESPONSE GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
0031U	CYTOCHROME P450 1A2 GENOTYPE			No	0	999	1/1/2018	12/31/2299	1
0032U	CATECHOL-O-METHYLTRANSFERASE (COMT) GENO			No	0	999	1/1/2018	12/31/2299	1
0033U	SEROTONIN RECEPTOR GENOTYPE HTR2A/HTR2C			No	0	999	1/1/2018	12/31/2299	1
0034U	THIOPURINE METHYLTRANSFERASE TPMT/NUDIX			No	0	999	1/1/2018	12/31/2299	1
0035U	NEURO CSF PRION PRTN QUAL			No	0	999	4/1/2018	12/31/2299	1
0036U	EXOME SOMATIC MUTATIONS			No	0	999	4/1/2018	12/31/2299	1
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS			No	0	999	4/1/2018	12/31/2299	1
0038U	VITAMIN D, 25 HYDROXY D2 AND D3			No	0	999	4/1/2018	12/31/2299	1
0039U	DEOXYRIBONUCLEIC ACID (DNA)			No	0	999	4/1/2018	12/31/2299	1
0040U	BCR/ABL1 (T (9;22)			No	0	999	4/1/2018	12/31/2299	1
0041U	BORRELIA BURGDORFERI IGM			No	0	999	4/1/2018	12/31/2299	1
0042U	BORRELIA BURGDORFERI IGG			No	0	999	4/1/2018	12/31/2299	1
0043U	TICK-BORNE RELAPSE BORRELIA IGM			No	0	999	4/1/2018	12/31/2299	1
0044U	TICK-BORNE RELAPSE BORRELIA IGG			No	0	999	4/1/2018	12/31/2299	1
0045U	ONCOLOGY BREAST DUCTAL IN SITU MRNA			No	0	999	7/1/2018	12/31/2299	1
0046U	FLT3 FMS-RELATED TYROSINE KINASE 3			No	0	999	7/1/2018	12/31/2299	1
0047U	ONCOLOGY (PROSTATE), MRNA			No	0	999	7/1/2018	12/31/2299	1
0048U	ONCOLOGY SOLID ORGAN NEOPLASIA DNA			No	0	999	7/1/2018	12/31/2299	1
0049U	NPM1 QUANTITATIVE			No	0	999	7/1/2018	12/31/2299	1
0050U	TARGET GENOMIC SEQ ANALYSIS PANEL			No	0	999	7/1/2018	12/31/2299	1
0051U	RX MNTR LC-MS/MS UR/BLD 31			No	0	999	7/1/2018	12/31/2299	1
0052U	LIPOPROTEIN, BLOOD, HIGH RES			No	0	999	7/1/2018	12/31/2299	1
0053U	ONCOLOGY (PROSTATE CANCER			No	0	999	7/1/2018	12/31/2299	1
0054U	PRESCR DRUG MONITORING 14+			No	0	999	7/1/2018	12/31/2299	1
0055U	CARDIOLOGY (HEART TRANSPLANT)			No	0	999	7/1/2018	12/31/2299	1
0058U	ONCOLOGY MERKEL CELL CARCINOMA			No	0	999	7/1/2018	12/31/2299	1
0059U	ONCOLOGY MERKEL CELL CARCINOMA			No	0	999	7/1/2018	12/31/2299	1
0060U	TWIN ZYGOSITY			No	0	999	7/1/2018	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatior date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
0061U	TRANSQ MEASURE 5 BIOMARKERS			No	0	999	7/1/2018	12/31/2299	2
0062U	AI SLE IGG&IGM ALYS 80 BMRK			No	0	999	10/1/2018	12/31/2299	1
0063U	NEURO AUTISM 32 AMINES ALG			No	0	999	10/1/2018	12/31/2299	1
0064U	ANTB TP TOTAL&RPR IA QUAL			No	0	999	10/1/2018	12/31/2299	2
0065U	SYFLS TST NONTREPONEMAL ANTB			No	0	999	10/1/2018	12/31/2299	2
0066U	PAMG-1 IA CERVICO-VAG FLUID			No	0	999	10/1/2018	12/31/2299	1
0067U	ONC BRST IMHCHEM PRFL 4 BMRK			No	0	999	10/1/2018	12/31/2299	2
0068U	CANDIDA SPECIES PNL AMP PRB			No	0	999	10/1/2018	12/31/2299	1
0069U	ONC CLRCT MICRORNA MIR-31-3P			No	0	999	10/1/2018	12/31/2299	1
0070U	CYP2D6 GEN COM&SLCT RAR VRNT			No	0	999	10/1/2018	12/31/2299	1
0071U	CYP2D6 FULL GENE SEQUENCE			No	0	999	10/1/2018	12/31/2299	1
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID			No	0	999	10/1/2018	12/31/2299	1
0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID			No	0	999	10/1/2018	12/31/2299	1
0074U	CYP2D6 NONDUPLICATED GENE			No	0	999	10/1/2018	12/31/2299	1
0075U	CYP2D6 5' GENE DUP/MLT			No	0	999	10/1/2018	12/31/2299	1
0076U	CYP2D6 3' GENE DUP/MLT			No	0	999	10/1/2018	12/31/2299	1
0077U	IG PARAPROTEIN QUAL BLD/UR			No	0	999	10/1/2018	12/31/2299	2
0078U	PAIN MGT OPI USE GNOTYP PNL			No	0	999	10/1/2018	12/31/2299	1
0079U	CMPRTV DNA ALYS MLT SNPS			No	0	999	10/1/2018	12/31/2299	1
0080U	ONC LNG 5 CLIN RSK FACTR ALG			No	0	999	1/1/2019	12/31/2299	1
0082U	RX TEST DEF 90+ RX/SBSTS UR			No	0	999	1/1/2019	12/31/2299	1
0083U	ONC RSPSE CHEMO CNTRST TOMOG			No	0	999	1/1/2019	12/31/2299	1
0084U	RBC DNA GNOTYP 10 BLD GROUPS			No	0	999	7/1/2019	12/31/2299	1
0086U	NFCT DS BACT&FNG ORG ID 6+			No	0	999	7/1/2019	12/31/2299	1
0087U	CRD HRT TRNSPL MRNA 1283 GEN			No	0	999	7/1/2019	12/31/2299	1
0088U	TRNSPLJ KDN ALGRFT REJ 1494			No	0	999	7/1/2019	12/31/2299	1
0089U	ONC MLNMA PRAME & LINC00518			No	0	999	7/1/2019	12/31/2299	2
0090U	ONC CUTAN MLNMA MRNA 23 GENE			No	0	999	7/1/2019	12/31/2299	1
0091U	ONC CLRCT SCR WHL BLD ALG			No	0	999	7/1/2019	12/31/2299	1
0092U	ONC LNG 3 PRTN BMRK PLSM ALG			No	0	999	7/1/2019	12/31/2299	1
0094U	GENOME RAPID SEQUENCE ALYS			No	0	999	7/1/2019	12/31/2299	1
0095U	INFLM EE ELISA ALYS ALG			No	0	999	7/1/2019	12/31/2299	1
0096U	HPV HI RISK TYPES MALE URINE			No	0	999	7/1/2019	12/31/2299	1
3051F	A1C LVL >= 7.0 AND <8.0%			No	0	999	10/1/2021	12/31/2299	1
3052F	A1C LVL >=8.0% AND <=9.0%			No	0	999	10/1/2021	12/31/2299	1
3265F	RIB TESTG HEP C VIREMIA ORDERED			No	0	999	1/1/2009	12/31/2299	1
3266F	HEP C GENTP TESTG DOCD PIR INT/ANTVI			No	0	999	1/1/2009	12/31/2299	1
3268F	PSA AND TUM , GLEAN CD DOCD PIR INIT			No	0	999	1/1/2009	12/31/2299	1
3278F	SER LEV CAL, PHOS, PARTYD AND LIP ORD			No	0	999	1/1/2009	12/31/2299	1
3279F	HEM >/= TO 13 G/DL			No	0	999	1/1/2009	12/31/2299	1
3280F	HEM 11G/DL TO 13.9 G/DL			No	0	999	1/1/2009	12/31/2299	1
3281F	HEM < 11 G/DL			No	0	999	1/1/2009	12/31/2299	1
3290F	PT IS D (RH) NEG AND UNSENZD			No	9	60	1/1/2009	12/31/2299	1
3291F	PT IS D (RH) POS AND SENZD			No	9	60	1/1/2009	12/31/2299	1
3292F	HIV TESTG ORD/DOC & REVD 1ST/2ND PNL VI			No	9	60	1/1/2009	12/31/2299	1
3315F	ER AND PR POS BREAST CA			No	0	999	1/1/2009	12/31/2299	1
3316F	ER AND PR NEG BREAST CA			No	0	999	1/1/2009	12/31/2299	1
3317F	PATH CONFM MAL DOCD MED REC CHEMO			No	0	999	1/1/2009	12/31/2299	1
3318F	PATH CONFM MAL DOCD MED REC RADTN			No	0	999	1/1/2009	12/31/2299	1
4178F	ANTI-D IMM GLBN REC 26 & 30 WKS GES			No	0	999	1/1/2009	12/31/2299	1
4191F	ANTICVULT THPC MOD TST ORD/PRMD			No	0	999	1/1/2009	12/31/2299	1
4210F	ACE/ ANG RCPT BLKR MED THPY 6MM/ MRE			No	0	999	1/1/2009	12/31/2299	1
4220F	DIG MED THPY 6 MM OR MORE			No	0	999	1/1/2009	12/31/2299	1
4221F	DUIR MED THPY FOR 6MM/ MORE			No	0	999	1/1/2009	12/31/2299	1
4230F	ANTICVULT MED THPY 6 MM/ MORE			No	0	999	1/1/2009	12/31/2299	1
G0027	SEMEN ANALYSIS			No	0	999	1/1/2004	12/31/2299	1
G0103	PSA, TOTAL SCREENING		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0123	SCREEN CERV/VAG THIN LAYER		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0124	SCREEN C/V THIN LAYER BY MD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0141	SCR C/V CYTO,AUTOSYS AND MD		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0143	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0144	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0145	SCR C/V CYTO,THINLAYER,RESCR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0147	SCR C/V CYTO, AUTOMATED SYS		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0148	SCR C/V CYTO, AUTOSYS, RESCR		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0306	CBC/DIFFWBC W/O PLATELET			No	0	999	1/1/2004	12/31/2299	1
G0307	CBC WITHOUT PLATELET			No	0	999	1/1/2004	12/31/2299	1
G0328	FECAL BLOOD SCREENING IMMUN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1

Mississippi Division of Medicaid

PATHOLOGY/LABORATORY FEE SCHEDULE

PRINT DATE: October 3, 2022

MISSISSIPPI DIVISION
MEDICAI

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

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

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2021 American Medical Association and © 2021 American Dental Associatio date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	Modifier	Site of Service	PA	Min Age	Max Age	Fee Begin Date	Fee End Date	Max Units
G0416	PROSTATE BIOPSY, ANY MTHD			No	0	999	1/1/2009	12/31/2299	1
G0432	EIA HIV-1/HIV-2 SCREEN			No	0	999	1/1/2010	12/31/2299	1
G0433	ELISA HIV-1/ HIV-2 SCREEN			No	0	999	1/1/2010	12/31/2299	1
G0435	RAPID IMMUNOASSAY HIV-1,2			No	0	999	1/1/2010	12/31/2299	1
G0450	SCREEN STD LAB CHLAMYDIA, GONOR, SYPHILI			No	0	999	1/1/2012	12/31/2299	1
G0471	COLL VENOUS BLOOD OR URINE SAMPLE			No	0	999	1/1/2015	12/31/2299	2
G0472	HEPATITIS C ANTIBODY SCREEN		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0475	HIV ANTIGEN/ANTIGODY SCREENING			No	0	999	1/1/2016	12/31/2299	1
G0476	INFECT AGENT DNA/RNA HPV TEST			No	0	999	1/1/2016	12/31/2299	1
G0480	DRUG TEST DEFINITIVE 1-7		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0481	DRUG TEST DEFINITIVE 8-14		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0482	DRUG TEST DEFINITIVE 15-21		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0483	DRUG TEST DEFINITIVE 22+		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G0659	DRUG TEST PER DAY ANY # DRUG CLASSES		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	1
G2023	SPEC COLLEC COVD-19, ANY SOURCE		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2
G2024	SPECI COLLEC COVD-19, IND IN A SNF, ANY		Non-Facility Rate	No	0	999	7/1/2022	12/31/2299	2

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
2.70
NC
628.19
9.95
84.97
12.36
7.61
NC
6.31
9.50
43.03
12.05
7.81
42.87
7.35
67.37
16.78
34.71
13.57
16.78
34.71
13.11
11.93
16.25
18.14
16.78
11.95
11.95
12.19
12.19
16.78
14.71
12.36
14.74
19.50
14.20
11.93
13.22
11.93
5.95
16.78
16.25
16.78
11.93
13.77
11.93
12.38
24.40
14.93
24.40
54.00
15.08
34.71
13.14
12.36
12.36
12.73
24.40
14.52
10.73
12.19
11.93
34.71
24.40
16.78
34.71
24.40
34.71

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
24.40
16.78
11.34
15.43
55.93
NC
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
721.46
46.48
50.30
188.39
39.59
521.53
145.69
41.46
45.45
133.57
60.03
116.40
149.05
256.53
92.70
82.04
45.37
60.49
22.20
22.20
44.60
44.60
81.05
81.05
36.50
3.62
2.85
3.13
2.03
1.95
26.98
2.75
4.23
7.75
3.28
MP
NC
NC
NC
NC
NC
NC
NC
NC
NC
266.21
251.10
1642.39
421.20
525.81
NC
NC
NC
186.58
270.00
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
NC
NC
NC
NC
NC
NC
NC
186.58
186.58
186.58
466.45
42.53
702.00
252.00
180.00
NC
85.49
147.56
130.36
193.16
35.38
NC
NC
NC
NC
NC
217.71
NC
500.94
87.50
391.56
449.10
151.88
262.22
405.82
157.33
NC
1044.00
NC
NC
NC
NC
NC
292.12
NC
NC
NC
NC
59.12
66.03
32.96
51.34
40.40
148.96
74.70
NC
NC
NC
52.64
42.53
91.01
55.37
31.50
46.31
58.82
92.03
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
35.38
178.19
61.70
265.07
155.46
209.76
274.33
186.71
234.71
NC
82.49
NC
296.56
112.38
NC
173.93
173.93
1044.00
186.58
166.68
66.03
NC
NC
NC
112.18
173.09
NC
35.38
NC
607.86
297.90
182.16
NC
NC
NC
577.67
277.20
214.20
313.70
475.08
108.00
135.00
NC
262.22
NC
NC
NC
221.87
266.21
NC
229.55
296.56
186.58
186.58
608.85
297.90
183.15
262.22
540.00
41.94
270.00
682.52
692.62
41.94
172.80
NC
NC
42.30

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
45.96
39.29
NC
296.56
157.33
NC
NC
135.30
166.68
188.03
44.63
181.35
NC
NC
NC
157.33
173.93
157.86
NC
210.60
577.67
296.56
277.20
79.38
173.93
173.93
157.33
NC
NC
NC
361.91
364.07
363.23
114.69
66.90
198.67
110.00
85.27
311.01
301.84
159.53
152.91
111.31
98.22
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
526.41
526.41
NC
NC
NC
2203.70
683.15
683.15
NC
NC
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
NC
611.15
395.04
538.12
NC
NC
395.04
395.04
526.41
NC
1929.24
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
468.00
NC
715.50
NC
NC
NC
NC
NC
128.37
236.69
3485.70
3485.70
NC
NC
NC
NC
2804.40
457.98
6473.70
NC
NC
2583.90
684.00
NC
NC
NC
3240.00
NC
NC
4950.00
NC
NC
NC
NC
4.07
7.35
11.06
14.84
15.18
34.76
23.22
4.46
7.00

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
5.20
5.61
30.55
27.00
15.54
8.74
36.68
12.10
13.01
15.09
15.30
57.97
22.93
5.39
12.76
12.48
20.68
14.81
17.65
15.18
13.11
8.42
5.83
NC
26.35
23.00
18.47
13.14
18.98
17.07
8.90
14.31
14.56
15.41
23.92
4.52
4.52
4.10
15.18
3.94
4.79
3.81
14.33
4.64
21.28
26.64
24.11
4.64
12.31
12.01
5.43
10.42
11.58
11.61
11.27
16.25
4.39
11.09
12.66
17.06
15.18
8.30
24.57
26.17
22.73
16.25
9.67
12.71

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
11.40
4.14
5.18
4.50
5.41
3.92
7.08
8.83
18.59
18.25
25.02
16.81
11.17
20.27
15.04
14.67
4.18
21.68
5.86
12.05
10.40
10.68
4.61
4.66
8.51
12.73
5.82
17.46
13.57
12.89
16.67
8.60
22.74
20.01
27.88
26.35
11.03
26.35
34.65
NC
10.38
19.95
39.63
55.35
16.91
25.15
29.07
19.53
21.76
22.46
25.15
13.41
23.62
4.59
15.12
20.67
16.89
17.78
12.27
57.97
16.69
13.23
15.89
15.61
19.33
10.08
18.96
10.57

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
39.83
8.37
14.81
7.22
9.90
23.46
70.89
8.79
12.01
6.04
15.92
15.87
12.86
3.54
15.99
3.54
4.54
4.28
11.58
3.53
8.73
5.45
2.95
19.33
NC
6.48
13.91
8.50
15.08
16.72
16.67
15.00
68.04
60.62
11.32
24.20
60.62
7.07
18.85
19.76
15.62
15.62
16.25
3.61
9.67
7.20
8.74
8.74
5.84
7.38
6.58
7.92
8.10
8.52
3.56
4.28
15.18
26.58
16.13
20.17
16.11
11.61
24.45
20.39
21.87
10.38
8.68
16.56

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
15.54
NC
10.29
NC
17.84
NC
5.82
7.87
7.97
13.92
11.52
25.65
10.41
5.44
11.51
17.73
17.67
18.20
10.13
10.90
19.79
17.02
17.02
17.39
8.83
6.20
12.89
41.68
10.13
30.47
30.77
7.37
11.48
9.45
30.77
15.47
6.03
6.63
23.99
21.70
14.63
15.25
9.67
20.23
25.65
5.27
15.48
11.63
45.77
35.33
12.24
22.06
10.04
24.65
21.24
14.81
19.09
5.95
6.14
NC
13.01
57.97
57.97
37.15
3.22
NC
15.12
17.67

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
4.95
3.58
6.88
8.69
4.66
7.43
13.30
14.87
8.50
9.66
4.27
5.20
5.24
7.60
NC
12.02
13.24
35.20
4.28
4.26
13.13
19.14
18.95
NC
NC
18.77
NC
17.44
37.59
16.55
16.55
16.55
3.30
3.30
3.60
5.05
13.55
15.62
15.62
15.62
15.62
15.62
26.29
26.29
12.92
8.77
24.02
25.29
13.03
8.50
10.47
79.09
58.39
64.11
32.91
19.79
18.22
22.98
27.88
19.56
12.10
22.69
4.33
4.55
4.37
19.13
16.45
7.29

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
2.95
35.10
4.95
4.95
10.38
10.38
4.94
22.92
23.23
46.15
19.11
10.47
31.60
14.45
6.18
5.82
8.12
13.30
15.12
45.77
12.76
NC
4.66
4.77
11.48
5.17
5.82
12.76
15.25
14.18
11.22
6.48
6.57
8.94
9.57
9.08
3.56
4.62
5.00
6.48
4.07
4.57
15.12
4.02
8.60
5.45
13.95
NC
30.55
10.45
15.35
12.35
15.40
11.62
10.25
18.73
13.55
6.77
13.76
11.43
MP
4.34
5.82
3.42
3.09
4.56
6.30
2.13

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
2.13
6.99
5.82
3.88
2.72
3.88
3.59
5.01
2.29
4.03
32.17
20.62
57.07
57.07
10.70
14.67
18.33
11.68
15.89
16.11
16.11
18.38
20.65
20.65
20.65
17.14
16.11
16.11
17.42
14.71
8.20
17.04
17.04
10.67
9.73
10.81
12.46
10.45
13.79
13.79
11.58
15.54
4.22
3.85
4.04
7.57
6.20
72.41
11.19
8.75
9.16
9.16
8.75
13.01
31.80
31.80
16.66
27.77
6.94
6.94
15.47
5.88
9.16
3.78
6.14
6.96
8.42
7.98

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
11.78
10.66
11.78
6.19
7.74
7.74
16.88
6.72
12.02
22.42
22.42
16.18
16.18
3.86
3.55
15.74
8.62
8.87
3.84
2.43
4.96
5.19
6.17
8.67
5.41
5.82
10.50
MP
6.28
7.04
4.70
7.17
NC
NC
13.55
16.53
11.21
NC
NC
10.88
10.04
NC
NC
NC
6.57
5.19
45.01
45.01
45.01
45.01
45.01
45.01
4.66
11.66
22.91
22.91
14.46
NC
NC
14.39
7.26
7.25
10.80
10.80
18.29
9.01
11.66
11.93

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
12.37
10.90
NC
16.14
15.62
15.62
15.62
15.62
NC
14.17
7.37
23.01
18.73
18.73
18.73
NC
4.66
5.82
6.63
18.73
13.49
16.28
26.93
26.93
20.82
20.82
26.93
26.93
40.75
12.65
10.78
21.93
20.11
20.11
26.42
26.42
14.03
19.27
13.57
NC
11.21
9.35
NC
44.13
33.96
24.10
33.96
33.96
42.28
24.10
NC
NC
NC
70.00
13.10
NC
15.22
12.25
NC
10.39
9.58
37.92
94.80
42.13
5.53
5.10
55.78
90.00

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
13.68
4.67
64.98
5.72
8.07
11.39
3.84
3.96
NC
9.16
11.58
13.55
11.59
9.16
11.61
11.87
13.94
15.33
12.04
8.04
11.81
10.81
10.64
11.41
10.32
10.91
12.97
12.95
15.17
13.69
11.87
11.87
11.87
11.87
11.73
11.81
13.76
16.33
9.16
12.74
11.03
13.25
15.17
11.71
14.26
8.18
12.60
17.42
15.44
12.95
11.87
17.42
12.41
8.00
12.17
12.34
10.85
10.59
9.67
10.41
11.15
10.13
12.20
15.20
13.77
11.03
14.58
11.87

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
11.58
13.50
11.75
11.92
11.87
14.39
13.53
11.87
11.15
14.30
17.42
16.41
12.95
11.59
11.87
37.92
22.03
13.32
12.95
12.97
11.92
11.30
11.59
15.17
12.95
11.59
11.87
15.17
14.32
12.84
13.94
170.56
42.83
70.79
26.71
23.23
52.20
27.15
95.53
32.90
98.54
32.88
57.77
57.77
85.97
73.69
291.38
293.22
321.80
290.66
MP
8.79
6.55
6.55
4.85
5.15
4.66
41.67
38.95
2.69
2.69
5.72
14.71
3.45
6.98
NC
NC
12.40

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
15.63
5.71
MP
26.05
52.09
77.89
72.68
7.89
10.90
15.63
33.73
MP
5.71
14.64
17.12
22.82
16.13
13.64
23.32
16.62
10.91
MP
15.16
6.01
9.29
8.50
8.50
7.76
8.90
8.69
8.52
7.27
7.27
5.97
24.36
7.26
7.28
6.94
7.57
18.41
9.29
9.29
13.85
17.64
9.72
13.15
5.01
11.27
4.66
18.05
31.58
6.97
103.82
NC
6.97
16.45
16.45
10.17
3.84
3.88
3.84
5.29
8.01
4.28
6.73
4.28
7.79
36.15

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
5.98
6.58
13.52
3.84
4.85
15.62
15.62
16.18
5.24
3.84
17.77
17.60
23.46
18.18
17.60
30.47
12.99
10.78
12.08
12.25
10.78
12.08
10.78
10.78
10.78
11.03
14.46
14.04
14.79
12.08
10.78
54.72
10.96
12.08
14.49
10.78
10.78
10.78
13.50
10.78
12.08
12.44
10.78
10.78
11.39
14.40
10.78
12.94
14.40
9.30
9.30
10.38
16.52
11.93
21.67
21.65
19.71
12.72
12.52
10.78
40.71
10.78
27.85
15.13
10.78
9.46
31.58
38.56

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
18.05
31.58
18.05
31.58
50.17
375.10
18.05
31.58
38.56
20.48
31.58
48.12
33.54
27.03
31.58
38.56
31.58
31.58
46.18
86.22
26.30
115.46
236.69
375.10
18.05
31.58
37.58
31.58
38.56
28.10
31.58
38.56
26.82
35.33
37.58
18.05
31.58
38.56
52.20
31.58
37.58
19.73
31.58
76.59
19.73
31.58
52.76
18.05
31.58
37.58
18.05
43.42
38.56
24.19
37.51
38.56
24.56
31.58
38.56
31.58
18.05
31.58
272.36
24.19
31.58
38.56
51.31
31.58

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
31.58
36.50
128.37
196.25
375.10
63.18
46.18
128.37
128.37
31.58
31.58
18.05
31.58
37.58
31.58
18.05
31.58
46.18
27.03
31.58
38.56
39.30
63.18
11.46
14.40
14.90
29.49
11.79
13.76
19.58
31.76
37.24
22.10
14.88
14.46
117.32
NC
231.71
NC
NC
11.00
115.86
NC
NC
MP
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
54.32
54.32
54.32
53.38
53.38
53.38
51.62

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
51.62
51.62
53.78
53.78
53.78
483.40
483.40
483.40
341.23
341.23
341.23
21.89
21.89
21.89
16.18
7.19
18.27
18.23
20.74
45.50
14.40
14.33
24.88
21.63
13.19
57.43
57.43
57.43
59.00
59.00
59.00
90.91
90.91
90.91
14.33
38.00
14.33
14.33
44.98
44.98
44.98
127.31
127.31
127.31
22.83
23.95
24.04
24.04
24.04
116.55
116.55
116.55
52.34
16.79
30.70
53.21
71.87
MP
104.84
126.66
135.27
129.38
132.77
11.76
10.88
155.85
155.85
155.85

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
237.91
112.94
135.26
130.15
169.71
156.29
19.28
36.63
31.33
38.14
46.07
30.12
61.74
24.22
30.99
27.78
MP
MP
12.09
12.09
12.09
24.92
24.92
24.92
32.97
32.97
32.97
58.13
58.13
58.13
227.68
227.68
227.68
347.92
347.92
347.92
17.07
17.07
17.07
89.35
89.35
89.35
63.49
63.49
63.49
78.16
78.16
78.16
110.23
110.23
110.23
81.76
81.76
95.39
95.39
95.39
133.76
133.76
47.14
47.14
84.11
84.11
84.11
44.50
44.50
44.50
77.34
77.34

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
77.34
46.55
46.55
46.55
70.62
70.62
70.62
80.96
80.96
80.96
134.80
134.80
134.80
121.55
121.55
121.55
357.94
357.94
357.94
93.80
93.80
93.80
117.31
117.31
117.31
202.11
202.11
202.11
111.77
111.77
111.77
96.91
96.91
96.91
97.14
97.14
97.14
180.50
180.50
180.50
19.29
19.29
109.55
109.55
109.55
142.59
142.59
142.59
225.39
225.39
225.39
90.55
90.55
90.55
108.81
108.81
108.81
91.98
91.98
91.98
20.01
20.01
23.60
23.60
56.03
56.03
56.03
255.96

N OF
D

racy of the
the results or
of Medicaid,

n (or such other

Fee
255.96
255.96
40.92
318.75
318.75
318.75
103.21
103.21
103.21
164.41
164.41
164.41
29.17
29.17
29.17
30.95
30.95
30.95
MP
4.52
4.52
8.43
8.43
NC
214.21
214.21
4.25
5.04
3.84
15.62
15.62
5.29
4.37
5.21
NC
NC
MP
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
NC
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
NC
NC
NC

N OF

D

racy of the
the results or
of Medicaid,

n (or such other

Fee
NC
NC
NC
NC
NC
NC
41.72
NC
NC
102.99
140.93
178.87
222.23
55.93
21.11
22.91