

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY 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	• 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. SC - Medical Supply
4	Prior Authorization	• This column identifies the codes that require prior authorization before the service is performed.
5	Min Age	• This column is the covered minimum age for the service.
6	Max Age	• This column is the covered maximum age for the service.
7	Begin Date	• This column represents the effective date of the fee. <b>NOTE: The effective date of the fee could vary based on date of service (DOS).</b>
8	End Date	• This column represents the end date the fee.
9	Fee	• This column is the maximum amount that Division of Medicaid will pay for the DME, medical supply, or orthotic or prosthetic device. The fee listed is the unilateral item, single item or each unit, unless otherwise specified in the description.  • When the maximum fee is listed as 0.00, the provider must submit a By Report claim to DOM Fiscal Agent for review and appropriate pricing.  •MP - Manually Priced
10	Max Units	• This column represents the maximum units DOM covers for the service.
11	Per Time Frame	• Time Frame Abbreviations: <i>DOS</i> - Per Date of Service - the specific time/day of the week/date at which a patient receives medical treatment, supplies, or services. <i>D</i> - Daily <i>L</i> - Once Per Lifetime <i>M</i> - Per Month <i>3M</i> - Per 3 Months <i>6M</i> - Per 6 Months <i>MN</i> - Requires a medical necessity review to approve and/or price the procedure correctly <i>W</i> - Weekly (Sunday through Saturday) <i>Y</i> - Per State Fiscal Year  <b>NOTE: * Effective date of Time Frame change is 10/01/2022.</b>

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A4206	1 CC STERILE SYRINGE&NEEDLE	SC	NO	0	999	20090101	22991231	\$ 0.19	120	M
A4208	3 CC STERILE SYRINGE&NEEDLE	SC	NO	0	999	20031001	22991231	\$ 0.14	120	M
A4209	5+ CC STERILE SYRINGE&NEEDLE	SC	NO	0	999	20031001	22991231	\$ 0.28	120	M
A4212	Non coring needle or stylet	SC	NO	0	999	20090101	22991231	MP	5	M
A4213	20+ CC SYRINGE ONLY	SC	NO	0	999	20200401	22991231	\$ 1.09	120	M
A4215	STERILE NEEDLE	SC	NO	0	999	20200401	22991231	\$ 0.37	120	M
A4216	STERILE WATER/SALINE, 10 ML	SC	NO	0	999	20221001	22991231	\$ 0.43	100	M
A4217	STERILE WATER/SALINE, 500 ML	SC	NO	0	999	20221001	22991231	\$ 2.77	35	M
A4221	SUPP NON-INSULIN INF CATH/WK	SC	NO	0	999	20171109	22991231	\$ 20.33	4	W
A4222	INFUSION SUPPLIES WITH PUMP	SC	NO	0	999	20171109	22991231	\$ 35.36	35	M
A4224	SUPPLY INSULIN INF CATH/WK	SC	NO	0	999	20221001	22991231	\$ 19.82	5	M*
A4225	SUP/EXT INSULIN INF PUMP SYR	SC	NO	0	999	20221001	22991231	\$ 2.47	1	W
A4230	INFUS INSULIN PUMP NON NEEDL	SC	NO	0	999	20211001	22991231	\$ 10.22	10	M
A4231	INFUSION INSULIN PUMP NEEDLE	SC	NO	0	999	20211001	22991231	\$ 8.59	10	M
A4232	SYRINGE W/NEEDLE INSULIN 3CC	SC	NO	0	999	20221001	22991231	\$ 2.12	10	M
A4233	ALKALIN BATT FOR GLUCOSE MON	SC	NO	0	999	20200701	22991231	\$ 0.41	2	Y
A4234	J-CELL BATT FOR GLUCOSE MON	SC	NO	0	999	20200701	22991231	\$ 1.89	2	Y
A4235	LITHIUM BATT FOR GLUCOSE MON	SC	NO	0	999	20200701	22991231	\$ 0.80	2	Y
A4236	SILVR OXIDE BATT GLUCOSE MON	SC	NO	0	999	20200701	22991231	\$ 0.93	2	Y
A4244	ALCOHOL OR PEROXIDE PER PINT	SC	NO	0	999	20221001	22991231	\$ 0.65	90	M
A4245	ALCOHOL WIPES PER BOX	SC	NO	0	999	20210101	22991231	\$ 2.00	2	M
A4246	Betadine/phisohex solution	SC	NO	0	999	20090101	22991231	MP	1	M
A4247	BETADINE/IODINE SWABS/WIPES	SC	NO	0	999	20200401	22991231	\$ 4.11	3	M
A4250	URINE REAGENT STRIPS/TABLETS	SC	NO	0	999	20031001	22991231	\$ 15.00	2	M
A4252	Blood ketone test or strip	SC	NO	0	999	20090101	22991231	MP	100	M
A4253	BLOOD GLUCOSE/REAGENT STRIPS	SC	NO	0	999	20200401	22991231	\$ 24.14	4	M
A4256	CALIBRATOR SOLUTION/CHIPS	SC	NO	0	999	20171109	22991231	\$ 7.44	1	M
A4258	LANCET DEVICE EACH	SC	NO	0	999	20171109	22991231	\$ 13.85	1	Y
A4259	LANCETS PER BOX	SC	NO	0	999	20171109	22991231	\$ 8.17	2	M
A4265	PARAFFIN	SC	NO	0	999	20221001	22991231	\$ 3.34	10	Y
A4280	BRST PRSTHS ADHSV ATTCHMNT	SC	NO	0	20	20221001	22991231	\$ 5.23	2	W
A4281	Replacement breastpump tube	SC	NO	0	999	20090101	22991231	MP	1	Y
A4282	Replacement breastpump adpt	SC	NO	0	999	20090101	22991231	MP	1	Y
A4283	Replacement breastpump cap	SC	NO	0	999	20090101	22991231	MP	1	Y
A4284	Replcmnt breast pump shield	SC	NO	0	999	20090101	22991231	MP	1	Y
A4285	Replcmnt breast pump bottle	SC	NO	0	999	20090101	22991231	MP	1	Y
A4286	Replcmnt breastpump lok ring	SC	NO	0	999	20090101	22991231	MP	1	Y
A4305	DRUG DELIVERY SYSTEM >=50 ML	SC	NO	0	999	20200401	22991231	\$ 11.16	120	M
A4306	Drug delivery system <=50 ml	SC	NO	0	999	20090101	22991231	MP	35	M
A4310	INSERT TRAY W/O BAG/CATH	SC	NO	0	999	20221001	22991231	\$ 6.42	2	M
A4311	CATHETER W/O BAG 2-WAY LATEX	SC	NO	0	999	20221001	22991231	\$ 14.50	2	M
A4312	CATH W/O BAG 2-WAY SILICONE	SC	NO	0	999	20221001	22991231	\$ 17.66	2	M
A4313	CATHETER W/BAG 3-WAY	SC	NO	0	999	20221001	22991231	\$ 18.13	2	M
A4314	CATH W/DRAINAGE 2-WAY LATEX	SC	NO	0	999	20221001	22991231	\$ 21.03	2	M
A4315	CATH W/DRAINAGE 2-WAY SILCNE	SC	NO	0	999	20221001	22991231	\$ 25.82	2	M
A4316	CATH W/DRAINAGE 3-WAY	SC	NO	0	999	20221001	22991231	\$ 27.80	2	M
A4320	IRRIGATION TRAY	SC	NO	0	999	20221001	22991231	\$ 4.45	1	M
A4322	IRRIGATION SYRINGE	SC	NO	0	999	20221001	22991231	\$ 2.97	2	M
A4326	MALE EXTERNAL CATHETER	SC	NO	0	999	20221001	22991231	\$ 10.56	3	M
A4327	FEM URINARY COLLECT DEV CUP	SC	NO	0	999	20221001	22991231	\$ 43.66	4	M
A4328	FEM URINARY COLLECT POUCH	SC	NO	0	999	20221001	22991231	\$ 10.22	9	M
A4331	EXTENSION DRAINAGE TUBING	SC	NO	0	999	20221001	22991231	\$ 3.11	2	M
A4332	LUBE STERILE PACKET	SC	NO	0	999	20221001	22991231	\$ 0.11	200	M
A4333	URINARY CATH ANCHOR DEVICE	SC	NO	0	999	20221001	22991231	\$ 2.17	35	M
A4334	URINARY CATH LEG STRAP	SC	NO	0	999	20221001	22991231	\$ 4.82	1	W*
A4335	Incontinence supply	SC	NO	0	999	20090101	22991231	MP	999	MN
A4336	URETHRAL INSERT	SC	NO	0	999	20221001	22991231	\$ 1.41	2	M
A4338	INDWELLING CATHETER LATEX	SC	NO	0	999	20221001	22991231	\$ 12.01	2	M
A4340	INDWELLING CATHETER SPECIAL	SC	NO	0	999	20221001	22991231	\$ 26.41	2	M
A4344	CATH INDW FOLEY 2 WAY SILCN	SC	NO	0	999	20221001	22991231	\$ 14.33	2	M
A4346	CATH INDW FOLEY 3 WAY	SC	NO	0	999	20221001	22991231	\$ 16.98	2	M
A4349	DISPOSABLE MALE EXTERNAL CAT	SC	NO	0	999	20221001	22991231	\$ 1.97	30	M
A4351	STRAIGHT TIP URINE CATHETER	SC	NO	0	999	20221001	22991231	\$ 1.64	200	M

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A4352	COUDE TIP URINARY CATHETER	SC	NO	0	999	20221001	22991231	\$ 6.29	200	M
A4353	INTERMITTENT URINARY CATH	SC	NO	0	999	20221001	22991231	\$ 6.86	200	M
A4354	CATH INSERTION TRAY W/BAG	SC	NO	0	999	20221001	22991231	\$ 11.55	2	M
A4355	BLADDER IRRIGATION TUBING	SC	NO	0	999	20221001	22991231	\$ 8.73	4	M
A4357	BEDSIDE DRAINAGE BAG	SC	NO	0	999	20221001	22991231	\$ 8.08	2	M
A4358	URINARY LEG OR ABDOMEN BAG	SC	NO	0	999	20221001	22991231	\$ 5.79	2	M
A4361	OSTOMY FACE PLATE	SC	NO	0	999	20221001	22991231	\$ 17.98	1	W
A4362	SOLID SKIN BARRIER	SC	NO	0	999	20221001	22991231	\$ 2.89	2	W
A4363	OSTOMY CLAMP, REPLACEMENT	SC	NO	0	999	20221001	22991231	\$ 1.98	2	W
A4364	ADHESIVE, LIQUID OR EQUAL	SC	NO	0	999	20221001	22991231	\$ 2.88	2	W
A4366	OSTOMY VENT	SC	NO	0	999	20221001	22991231	\$ 1.26	2	W
A4367	OSTOMY BELT	SC	NO	0	999	20221001	22991231	\$ 6.13	2	Y
A4368	OSTOMY FILTER	SC	NO	0	999	20221001	22991231	\$ 0.24	35	M
A4369	SKIN BARRIER LIQUID PER OZ	SC	NO	0	999	20221001	22991231	\$ 2.38	2	W
A4371	SKIN BARRIER POWDER PER OZ	SC	NO	0	999	20221001	22991231	\$ 3.57	2	W
A4372	SKIN BARRIER SOLID 4X4 EQUIV	SC	NO	0	999	20221001	22991231	\$ 4.10	2	W
A4373	SKIN BARRIER WITH FLANGE	SC	NO	0	999	20221001	22991231	\$ 6.13	2	W
A4375	DRAINABLE PLASTIC PCH W FCPL	SC	NO	0	999	20221001	22991231	\$ 16.81	2	W
A4376	DRAINABLE RUBBER PCH W FCPLT	SC	NO	0	999	20221001	22991231	\$ 46.57	2	W
A4377	DRAINABLE PLSTIC PCH W/O FP	SC	NO	0	999	20221001	22991231	\$ 4.19	2	W
A4378	DRAINABLE RUBBER PCH W/O FP	SC	NO	0	999	20221001	22991231	\$ 30.10	2	W
A4379	URINARY PLASTIC POUCH W FCPL	SC	NO	0	999	20221001	22991231	\$ 14.70	2	W
A4380	URINARY RUBBER POUCH W FCPLT	SC	NO	0	999	20221001	22991231	\$ 36.54	2	W
A4381	URINARY PLASTIC POUCH W/O FP	SC	NO	0	999	20221001	22991231	\$ 4.53	2	W
A4382	URINARY HYY PLSTC PCH W/O FP	SC	NO	0	999	20221001	22991231	\$ 24.10	2	W
A4383	URINARY RUBBER POUCH W/O FP	SC	NO	0	999	20221001	22991231	\$ 27.59	2	W
A4384	OSTOMY FACEPLT/SILICONE RING	SC	NO	0	999	20221001	22991231	\$ 9.41	2	W
A4385	OST SKN BARRIER SLD EXT WEAR	SC	NO	0	999	20221001	22991231	\$ 4.98	2	W
A4387	OST CLSD POUCH W ATT ST BARR	SC	NO	0	999	20221001	22991231	\$ 2.20	1	DOS
A4388	DRAINABLE PCH W EX WEAR BARR	SC	NO	0	999	20221001	22991231	\$ 4.27	2	W
A4389	DRAINABLE PCH W ST WEAR BARR	SC	NO	0	999	20221001	22991231	\$ 6.08	2	W
A4390	DRAINABLE PCH EX WEAR CONVEX	SC	NO	0	999	20221001	22991231	\$ 9.40	2	W
A4391	URINARY POUCH W EX WEAR BARR	SC	NO	0	999	20221001	22991231	\$ 6.92	2	W
A4392	URINARY POUCH W ST WEAR BARR	SC	NO	0	999	20221001	22991231	\$ 8.00	2	W
A4393	URINE PCH W EX WEAR BAR CONV	SC	NO	0	999	20221001	22991231	\$ 8.85	2	W
A4394	OSTOMY POUCH LIQ DEODORANT	SC	NO	0	999	20221001	22991231	\$ 2.54	8	M
A4395	OSTOMY POUCH SOLID DEODORANT	SC	NO	0	999	20200701	22991231	\$ 0.04	1	DOS
A4396	PERISTOMAL HERNIA SUPPRT BLT	SC	NO	0	999	20221001	22991231	\$ 39.62	3	Y
A4398	OSTOMY IRRIGATION BAG	SC	NO	0	999	20221001	22991231	\$ 13.53	1	D*
A4399	OSTOMY IRRIG CONE/CATH W BRS	SC	NO	0	999	20221001	22991231	\$ 10.56	2	M
A4400	OSTOMY IRRIGATION SET	SC	NO	0	999	20221001	22991231	\$ 40.66	1	DOS
A4402	LUBRICANT PER OUNCE	SC	NO	0	999	20221001	22991231	\$ 1.33	5	M
A4404	OSTOMY RING EACH	SC	NO	0	999	20221001	22991231	\$ 1.43	30	M
A4405	NONPECTIN BASED OSTOMY PASTE	SC	NO	0	999	20221001	22991231	\$ 3.34	10	M
A4406	PECTIN BASED OSTOMY PASTE	SC	NO	0	999	20221001	22991231	\$ 5.60	2	W
A4407	EXT WEAR OST SKN BARR <=4SQ"	SC	NO	0	999	20221001	22991231	\$ 8.58	10	M
A4408	EXT WEAR OST SKN BARR >4SQ"	SC	NO	0	999	20221001	22991231	\$ 9.66	10	M
A4409	OST SKN BARR CONVEX <=4 SQ.I	SC	NO	0	999	20221001	22991231	\$ 6.08	10	M
A4410	OST SKN BARR EXTND >4 SQ	SC	NO	0	999	20221001	22991231	\$ 8.85	10	M
A4411	OST SKN BARR EXTND =4SQ"	SC	NO	0	999	20221001	22991231	\$ 4.98	10	M
A4412	OST POUCH DRAIN HIGH OUTPUT	SC	NO	0	999	20221001	22991231	\$ 2.65	10	M
A4413	2 PC DRAINABLE OST POUCH	SC	NO	0	999	20221001	22991231	\$ 5.39	10	M
A4414	OST SKNBAR W/O CONV<=4 SQ.IN	SC	NO	0	999	20221001	22991231	\$ 4.82	20	M
A4415	OST SKN BARR W/O CONV >4 SQ.I	SC	NO	0	999	20221001	22991231	\$ 5.86	20	M
A4416	OST PCH CLSD W BARRIER/FILTR	SC	NO	0	999	20221001	22991231	\$ 2.70	20	M
A4417	OST PCH W BAR/BLTINCONV/FILTR	SC	NO	0	999	20221001	22991231	\$ 3.65	35	M
A4418	OST PCH CLSD W/O BAR W FILTR	SC	NO	0	999	20221001	22991231	\$ 1.78	35	M
A4419	OST PCH FOR BAR W FLANGE/FLT	SC	NO	0	999	20221001	22991231	\$ 1.69	35	M
A4420	ost pch clsd for bar w lk fi	SC	NO	0	999	20090101	22991231	MP	35	M
A4421	Ostomy supply misc	SC	NO	0	999	20210101	22991231	MP	35	M
A4422	OST POUCH ABSORBENT MATERIAL	SC	NO	0	999	20221001	22991231	\$ 0.11	60	M
A4423	OST PCH FOR BAR W LK FL/FILTR	SC	NO	0	999	20221001	22991231	\$ 1.82	35	M

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A4424	OST PCH DRAIN W BAR & FILTER	SC	NO	0	999	20221001	22991231	\$ 4.66	10	M
A4425	OST PCH DRAIN FOR BARRIER FL	SC	NO	0	999	20221001	22991231	\$ 3.50	10	M
A4426	OST PCH DRAIN 2 PIECE SYSTEM	SC	NO	0	999	20221001	22991231	\$ 2.67	10	M
A4427	OST PCH DRAIN/BARR LK FLNG/F	SC	NO	0	999	20221001	22991231	\$ 2.73	10	M
A4428	URINE OST POUCH W FAUCET/TAP	SC	NO	0	999	20221001	22991231	\$ 6.38	10	M
A4429	URINE OST POUCH W BLTINCONV	SC	NO	0	999	20221001	22991231	\$ 8.07	20	M
A4430	OST URINE PCH W B/BLTN CONV	SC	NO	0	999	20221001	22991231	\$ 8.34	10	M
A4431	OST PCH URINE W BARRIER/TAPV	SC	NO	0	999	20221001	22991231	\$ 6.08	20	M
A4432	OS PCH URINE W BAR/FANGE/TAP	SC	NO	0	999	20221001	22991231	\$ 3.51	20	M
A4433	URINE OST PCH BAR W LOCK FLN	SC	NO	0	999	20221001	22991231	\$ 3.28	20	M
A4434	OST PCH URINE W LOCK FUNG/FT	SC	NO	0	999	20221001	22991231	\$ 3.68	20	M
A4435	1PC OST PCH DRAIN HIGH OUTPUT	SC	NO	0	999	20221001	22991231	\$ 5.64	10	M
A4436	IRR SUPPLY SLEEVE REUS PER MO	SC	NO	0	999	20220101	22991231	\$ 17.10	1	M
A4437	IRR SUPPLY SLEEVE DISP PER MO	SC	NO	0	999	20220101	22991231	\$ 17.10	30	M
A4450	NON-WATERPROOF TAPE	SC	NO	0	999	20200701	22991231	\$ 0.10	100	M
A4452	WATERPROOF TAPE	SC	NO	0	999	20221001	22991231	\$ 0.38	100	M
A4456	ADHESIVE REMOVER, WIPES	SC	NO	0	999	20221001	22991231	\$ 0.23	100	M
A4458	Reusable enema bag	SC	NO	0	999	20090101	22991231	MP	1	DOS
A4461	SURGICL DRESS HOLD NON-REUSE	SC	NO	0	20	20221001	22991231	\$ 3.23	1	DOS
A4463	SURGICAL DRESS HOLDER REUSE	SC	NO	0	20	20221001	22991231	\$ 13.02	3	M
A4467	Belt strap sleeve grmt cover	SC	NO	0	999	20210101	22991231	MP	2	M
A4481	TRACHEOSTOMA FILTER	SC	NO	0	999	20221001	22991231	\$ 0.36	35	M
A4483	MOISTURE EXCHANGER	SC	NO	0	999	20200401	22991231	\$ 3.76	35	M
A4554	DISPOSABLE UNDERPADS	SC	NO	3	999	20211001	22991231	\$ 0.32	186	M
A4556	ELECTRODES, PAIR	SC	NO	0	999	20221001	22991231	\$ 10.10	2	Y
A4557	LEAD WIRES, PAIR	SC	NO	0	999	20221001	22991231	\$ 13.51	2	Y
A4565	SLING	SC	NO	0	999	20221001	22991231	\$ 7.54	2	Y
A4566	Should sling/vest/abrestrain	SC	NO	0	20	20210101	22991231	MP	2	Y
A4570	Splint	SC	NO	0	20	20090101	22991231	MP	2	M
A4595	TENS SUPPL 2 LEAD PER MONTH	SC	NO	0	20	20221001	22991231	\$ 18.82	2	M
A4601	Lith ion non prosth recharge	SC	NO	0	999	20210101	22991231	MP	1	Y
A4605	TRACH SUCTION CATH CLOSE SYS	SC	NO	0	999	20221001	22991231	\$ 16.05	30	M
A4606	OXYGEN PROBE USED W OXIMETER	SC	NO	0	20	20200401	22991231	\$ 17.09	1	DOS
A4608	TRANSTRACHEAL OXYGEN CATH	SC	NO	0	999	20221001	22991231	\$ 49.06	1	DOS
A4611	HEAVY DUTY BATTERY	SC	NO	0	999	20130701	22991231	\$ 163.66	2	Y
A4612	BATTERY CABLES	SC	NO	0	999	20130701	22991231	\$ 69.24	2	Y
A4613	BATTERY CHARGER	SC	NO	0	999	20130701	22991231	\$ 124.91	1	Y
A4614	HAND-HELD PEFR METER	SC	NO	0	999	20221001	22991231	\$ 23.28	1	Y
A4615	CANNULA NASAL	SC	NO	0	999	20221001	22991231	\$ 0.71	1	M
A4616	TUBING (OXYGEN) PER FOOT	SC	NO	0	999	20200701	22991231	\$ 0.06	20	M
A4618	BREATHING CIRCUITS	SC	NO	0	999	20221001	22991231	\$ 7.40	35	M
A4623	TRACHEOSTOMY INNER CANNULA	SC	NO	0	999	20221001	22991231	\$ 5.46	5	M
A4624	TRACHEAL SUCTION TUBE	SC	NO	0	999	20221001	22991231	\$ 2.20	200	M
A4625	TRACH CARE KIT FOR NEW TRACH	SC	NO	0	999	20221001	22991231	\$ 5.76	31	L
A4626	TRACHEOSTOMY CLEANING BRUSH	SC	NO	0	999	20221001	22991231	\$ 3.11	2	W*
A4627	SPACER BAG/RESERVOIR	SC	NO	0	999	20210101	22991231	\$ 29.98	2	Y
A4628	OROPHARYNGEAL SUCTION CATH	SC	NO	0	999	20221001	22991231	\$ 3.66	30	M
A4629	TRACHEOSTOMY CARE KIT	SC	NO	0	999	20221001	22991231	\$ 4.55	35	M
A4630	REPL BAT T.E.N.S. OWN BY PT	SC	NO	0	20	20221001	22991231	\$ 6.10	1	M
A4633	UVL REPLACEMENT BULB	SC	NO	0	20	20221001	22991231	\$ 40.17	6	L
A4634	Replacement bulb th lightbox	SC	NO	0	20	20090101	22991231	MP	1	L
A4635	UNDERARM CRUTCH PAD	SC	NO	0	999	20221001	22991231	\$ 5.00	2	Y
A4636	HANDGRIP FOR CANE ETC	SC	NO	0	999	20221001	22991231	\$ 3.11	2	Y
A4637	REPL TIP CANE/CRUTCH/WALKER	SC	NO	0	999	20221001	22991231	\$ 1.65	4	Y
A4640	ALTERNATING PRESSURE PAD	SC	NO	0	999	20221001	22991231	\$ 50.73	1	Y
A4657	SYRINGE W/WO NEEDLE	SC	NO	0	20	20210101	22991231	\$ 0.18	120	M
A4660	SPHYG/BP APP W CUFF AND STET	SC	NO	0	999	19981001	22991231	\$ 21.63	1	Y
A4663	DIALYSIS BLOOD PRESSURE CUFF	SC	NO	0	999	19981001	22991231	\$ 9.00	1	Y
A4927	NON-STERILE GLOVES	SC	NO	0	999	20200401	22991231	\$ 7.43	2	M
A4930	STERILE, GLOVES PER PAIR	SC	NO	0	999	20200401	22991231	\$ 0.49	100	M
A4931	REUSABLE ORAL THERMOMETER	SC	NO	0	20	20031001	22991231	\$ 0.80	1	Y
A4932	REUSABLE RECTAL THERMOMETER	SC	NO	0	20	20031001	22991231	\$ 0.80	1	Y

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A5051	POUCH CLSD W BARR ATTACHED	SC	NO	0	999	20221001	22991231	\$ 2.02	30	M
A5052	CLSD OSTOMY POUCH W/O BARR	SC	NO	0	999	20221001	22991231	\$ 1.46	30	M
A5053	CLSD OSTOMY POUCH FACEPLATE	SC	NO	0	999	20221001	22991231	\$ 1.45	30	M
A5054	CLSD OSTOMY POUCH W/FLANGE	SC	NO	0	999	20221001	22991231	\$ 1.76	30	M
A5055	STOMA CAP	SC	NO	0	999	20221001	22991231	\$ 1.28	2	W
A5056	1 PC OST POUCH W FILTER	SC	NO	0	999	20221001	22991231	\$ 4.58	40	3M*
A5057	1 PC OST POU W BUILT-IN CONV	SC	NO	0	999	20221001	22991231	\$ 9.40	40	3M*
A5061	POUCH DRAINABLE W BARRIER AT	SC	NO	0	999	20221001	22991231	\$ 3.46	10	M
A5062	DRNBLE OSTOMY POUCH W/O BARR	SC	NO	0	999	20221001	22991231	\$ 2.18	10	M
A5063	DRAIN OSTOMY POUCH W/FLANGE	SC	NO	0	999	20221001	22991231	\$ 2.65	10	M
A5071	URINARY POUCH W/BARRIER	SC	NO	0	999	20221001	22991231	\$ 5.88	20	M
A5072	URINARY POUCH W/O BARRIER	SC	NO	0	999	20221001	22991231	\$ 3.09	20	M
A5073	URINARY POUCH ON BARR W/FLNG	SC	NO	0	999	20221001	22991231	\$ 2.65	20	M
A5081	STOMA PLUG OR SEAL, ANY TYPE	SC	NO	0	999	20221001	22991231	\$ 2.76	5	M
A5082	CONTINENT STOMA CATHETER	SC	NO	0	999	20221001	22991231	\$ 9.90	2	W*
A5083	STOMA ABSORPTIVE COVER	SC	NO	0	999	20221001	22991231	\$ 0.63	30	M
A5093	OSTOMY ACCESSORY CONVEX INSE	SC	NO	0	999	20221001	22991231	\$ 1.83	5	M
A5112	URINARY LEG BAG	SC	NO	0	20	20221001	22991231	\$ 33.89	1	M
A5120	SKIN BARRIER, WIPE OR SWAB	SC	NO	0	999	20210101	22991231	\$ 0.22	50	M
A5121	SOLID SKIN BARRIER 6X6	SC	NO	0	999	20221001	22991231	\$ 7.30	30	M
A5122	SOLID SKIN BARRIER 8X8	SC	NO	0	999	20221001	22991231	\$ 12.57	30	M
A5126	DISK/FOAM PAD +OR- ADHESIVE	SC	NO	0	999	20221001	22991231	\$ 1.28	35	M
A5131	APPLIANCE CLEANER	SC	NO	0	999	20221001	22991231	\$ 15.51	1	W*
A6010	COLLAGEN BASED WOUND FILLER	SC	NO	0	20	20221001	22991231	\$ 30.31	35	M
A6011	COLLAGEN GEL/PASTE WOUND FIL	SC	NO	0	20	20221001	22991231	\$ 2.24	35	M
A6021	COLLAGEN DRESSING <=16 SQ IN	SC	NO	0	20	20221001	22991231	\$ 20.58	35	M
A6022	COLLAGEN DRSG>16<=48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 20.58	35	M
A6023	COLLAGEN DRESSING >48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 186.26	10	M
A6024	COLLAGEN DSG WOUND FILLER	SC	NO	0	20	20221001	22991231	\$ 6.06	10	M
A6025	Silicone gel sheet, each	SC	NO	0	20	20210101	22991231	MP	30	M
A6154	WOUND POUCH EACH	SC	NO	0	20	20221001	22991231	\$ 14.07	15	M
A6196	ALGINATE DRESSING <=16 SQ IN	SC	NO	0	20	20221001	22991231	\$ 7.21	35	M
A6197	ALGINATE DRSG >16 <=48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 16.10	35	M
A6198	Alginate dressing > 48 sq in	SC	NO	0	20	20090101	22991231	MP	35	M
A6199	ALGINATE DRSG WOUND FILLER	SC	NO	0	20	20221001	22991231	\$ 5.17	35	M
A6203	COMPOSITE DRSG <= 16 SQ IN	SC	NO	0	20	20221001	22991231	\$ 3.30	35	M
A6204	COMPOSITE DRSG >16<=48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 6.09	35	M
A6205	Composite drsg > 48 sq in	SC	NO	0	20	20090101	22991231	MP	35	M
A6206	Contact layer <= 16 sq in	SC	NO	0	20	20090101	22991231	MP	35	M
A6207	CONTACT LAYER >16<= 48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 7.19	35	M
A6208	Contact layer > 48 sq in	SC	NO	0	20	20090101	22991231	MP	35	M
A6209	FOAM DRSG <=16 SQ IN W/O BDR	SC	NO	0	20	20221001	22991231	\$ 7.31	35	M
A6210	FOAM DRG >16<=48 SQ IN W/O B	SC	NO	0	20	20221001	22991231	\$ 19.50	150	M
A6211	FOAM DRG > 48 SQ IN W/O BRDR	SC	NO	0	20	20221001	22991231	\$ 28.74	35	M
A6212	FOAM DRG <=16 SQ IN W/BORDER	SC	NO	0	20	20221001	22991231	\$ 9.50	15	M
A6213	FOAM DRG >16<=48 SQ IN W/BDR	SC	NO	0	20	20200401	22991231	\$ 8.67	15	M
A6214	FOAM DRG > 48 SQ IN W/BORDER	SC	NO	0	20	20221001	22991231	\$ 10.07	15	M
A6215	Foam dressing wound filler	SC	NO	0	20	20090101	22991231	MP	15	M
A6216	NON-STERILE GAUZE<=16 SQ IN	SC	NO	0	999	20200701	22991231	\$ 0.04	999	M
A6217	Non-sterile gauze>16<=48 sq	SC	NO	0	20	20090101	22991231	MP	200	M
A6218	Non-sterile gauze > 48 sq in	SC	NO	0	20	20090101	22991231	MP	200	M
A6219	GAUZE <= 16 SQ IN W/BORDER	SC	NO	0	999	20221001	22991231	\$ 0.94	200	M
A6220	GAUZE >16 <=48 SQ IN W/BDR	SC	NO	0	20	20221001	22991231	\$ 2.54	100	M
A6221	Gauze > 48 sq in w/border	SC	NO	0	20	20090101	22991231	MP	100	M
A6222	GAUZE <=16 IN NO W/SAL W/O B	SC	NO	0	999	20221001	22991231	\$ 2.09	100	M
A6223	GAUZE >16<=48 NO W/SAL W/O B	SC	NO	0	20	20221001	22991231	\$ 2.38	30	M
A6224	GAUZE > 48 IN NO W/SAL W/O B	SC	NO	0	20	20221001	22991231	\$ 3.53	30	M
A6228	Gauze <= 16 sq in water/sal	SC	NO	0	999	20210101	22991231	MP	30	M
A6229	GAUZE >16<=48 SQ IN WATR/SAL	SC	NO	0	20	20221001	22991231	\$ 3.53	30	M
A6230	Gauze > 48 sq in water/saline	SC	NO	0	20	20210101	22991231	MP	30	M
A6231	HYDROGEL DSG<=16 SQ IN	SC	NO	0	999	20221001	22991231	\$ 4.59	30	M
A6232	HYDROGEL DSG>16<=48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 6.72	30	M

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A6233	HYDROGEL DRESSING >48 SQ IN	SC	NO	0	20	20221001	22991231	\$ 18.77	30	M
A6234	HYDROCOLLOID DRG <=16 W/O BDR	SC	NO	0	20	20221001	22991231	\$ 6.41	2	W
A6235	HYDROCOLLOID DRG >16<=48 W/O B	SC	NO	0	20	20221001	22991231	\$ 16.46	2	W
A6236	HYDROCOLLOID DRG > 48 IN W/O B	SC	NO	0	20	20221001	22991231	\$ 26.67	2	W
A6237	HYDROCOLLOID DRG <=16 IN W/BDR	SC	NO	0	20	20221001	22991231	\$ 7.74	2	W
A6238	HYDROCOLLOID DRG >16<=48 W/BDR	SC	NO	0	20	20221001	22991231	\$ 22.31	2	W
A6239	Hydrocollid drg > 48 in w/bdr	SC	NO	0	20	20210101	22991231	MP	2	W
A6240	HYDROCOLLOID DRG FILLER PASTE	SC	NO	0	20	20221001	22991231	\$ 11.99	2	W
A6241	HYDROCOLLOID DRG FILLER DRY	SC	NO	0	20	20221001	22991231	\$ 2.52	2	W
A6242	HYDROGEL DRG <=16 IN W/O BDR	SC	NO	0	20	20221001	22991231	\$ 5.93	2	W
A6243	HYDROGEL DRG >16<=48 W/O BDR	SC	NO	0	20	20221001	22991231	\$ 12.06	2	W
A6244	HYDROGEL DRG >48 IN W/O BDR	SC	NO	0	20	20221001	22991231	\$ 38.45	2	W
A6245	HYDROGEL DRG <= 16 IN W/BDR	SC	NO	0	20	20221001	22991231	\$ 7.12	2	W
A6246	HYDROGEL DRG >16<=48 IN W/B	SC	NO	0	20	20221001	22991231	\$ 9.72	2	W
A6247	HYDROGEL DRG > 48 SQ IN W/B	SC	NO	0	20	20221001	22991231	\$ 23.28	2	W
A6248	HYDROGEL DRG GEL FILLER	SC	NO	0	20	20221001	22991231	\$ 15.90	2	W
A6250	SKIN SEAL PROTECT MOISTURIZR	SC	NO	0	999	20200401	22991231	\$ 3.47	2	M
A6251	ABSORPT DRG <=16 SQ IN W/O B	SC	NO	0	20	20221001	22991231	\$ 1.94	2	W
A6252	ABSORPT DRG >16 <=48 W/O BDR	SC	NO	0	20	20221001	22991231	\$ 3.18	2	W
A6253	ABSORPT DRG > 48 SQ IN W/O B	SC	NO	0	20	20221001	22991231	\$ 6.20	2	W
A6254	ABSORPT DRG <=16 SQ IN W/BDR	SC	NO	0	20	20221001	22991231	\$ 1.17	2	W
A6255	ABSORPT DRG >16<=48 IN W/BDR	SC	NO	0	20	20221001	22991231	\$ 2.98	2	W
A6256	Absorpt drg > 48 sq in w/bdr	SC	NO	0	20	20210101	22991231	MP	2	W
A6257	TRANSPARENT FILM <= 16 SQ IN	SC	NO	0	999	20221001	22991231	\$ 1.50	5	M
A6258	TRANSPARENT FILM >16<=48 IN	SC	NO	0	999	20221001	22991231	\$ 4.22	5	M
A6259	TRANSPARENT FILM > 48 SQ IN	SC	NO	0	999	20221001	22991231	\$ 10.70	5	M
A6260	Wound cleanser any type/size	SC	NO	0	20	20210101	22991231	MP	10	M
A6261	Wound filler gel/paste /oz	SC	NO	0	20	20210101	22991231	MP	30	M
A6262	Wound filler dry form / gram	SC	NO	0	20	20210101	22991231	MP	60	M
A6266	IMPREG GAUZE NO H2O/SAL/YARD	SC	NO	0	20	20221001	22991231	\$ 1.87	60	M
A6402	STERILE GAUZE <= 16 SQ IN	SC	NO	0	999	20221001	22991231	\$ 0.11	500	M
A6403	STERILE GAUZE>16 <= 48 SQ IN	SC	NO	0	999	20221001	22991231	\$ 0.41	120	M
A6404	Sterile gauze > 48 sq in	SC	NO	0	999	20090101	22991231	MP	35	M
A6407	PACKING STRIPS, NON-IMPREG	SC	NO	0	20	20221001	22991231	\$ 1.83	90	M
A6410	STERILE EYE PAD	SC	NO	0	20	20221001	22991231	\$ 0.37	35	M
A6411	Non-sterile eye pad	SC	NO	0	20	20210101	22991231	MP	35	M
A6412	OCCLSIVE EYE PATCH	SC	NO	0	20	20031001	22991231	\$ 1.67	35	M
A6441	PAD BAND W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.67	35	M
A6442	CONFORM BAND N/S W<3"/YD	SC	NO	0	20	20221001	22991231	\$ 0.15	35	M
A6443	CONFORM BAND N/S W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.27	120	M
A6444	CONFORM BAND N/S W>=5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.54	120	M
A6445	CONFORM BAND S W <3"/YD	SC	NO	0	20	20221001	22991231	\$ 0.31	120	M
A6446	CONFORM BAND S W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.38	120	M
A6447	CONFORM BAND S W >=5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.67	120	M
A6448	LT COMPRES BAND <3"/YD	SC	NO	0	20	20221001	22991231	\$ 1.13	35	M
A6449	LT COMPRES BAND >=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 1.71	35	M
A6450	LT COMPRES BAND >=5"/YD	SC	NO	0	20	20221001	22991231	\$ 1.71	35	M
A6451	MOD COMPRES BAND W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 1.71	35	M
A6452	HIGH COMPRES BAND W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 5.78	15	M
A6453	SELF-ADHER BAND W <3"/YD	SC	NO	0	20	20221001	22991231	\$ 0.62	35	M
A6454	SELF-ADHER BAND W>=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 0.77	35	M
A6455	SELF-ADHER BAND >=5"/YD	SC	NO	0	20	20221001	22991231	\$ 1.36	35	M
A6456	ZINC PASTE BAND W >=3" <5"/YD	SC	NO	0	20	20221001	22991231	\$ 1.23	35	M
A6457	TUBULAR DRESSING	SC	NO	0	20	20221001	22991231	\$ 1.11	30	M
A6501	Compres burngarment bodysuit	SC	NO	0	20	20090101	22991231	MP	2	M
A6502	Compres burngarment chinstrap	SC	NO	0	20	20090101	22991231	MP	1	M
A6503	Compres burngarment facehood	SC	NO	0	20	20090101	22991231	MP	2	M
A6504	Cmpsrburngarment glove-wrist	SC	NO	0	20	20090101	22991231	MP	4	M
A6505	Cmpsrburngarment glove-elbow	SC	NO	0	20	20090101	22991231	MP	4	M
A6506	Cmpsrburngrmt glove-axilla	SC	NO	0	20	20090101	22991231	MP	4	M
A6507	Cmpsr burngarment foot-knee	SC	NO	0	20	20090101	22991231	MP	4	M
A6508	Cmpsr burngarment foot-thigh	SC	NO	0	20	20090101	22991231	MP	4	M

**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

**Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.**

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A6509	Compres burn garment jacket	SC	NO	0	20	20090101	22991231	MP	2	M
A6510	Compres burn garment leotard	SC	NO	0	20	20090101	22991231	MP	2	M
A6511	Compres burn garment panty	SC	NO	0	20	20090101	22991231	MP	1	M
A6512	Compres burn garment, noc	SC	NO	0	20	20090101	22991231	MP	2	M
A6513	Compress burn mask face/neck	SC	NO	0	20	20090101	22991231	MP	2	M
A6550	NEG PRES WOUND THER DRSG SET	SC	NO	0	999	20221001	22991231	\$ 23.14	15	M
A7000	DISPOSABLE CANISTER FOR PUMP	SC	NO	0	999	20221001	22991231	\$ 7.88	1	DOS
A7001	NONDISPOSABLE PUMP CANISTER	SC	NO	0	999	20221001	22991231	\$ 28.89	1	M
A7002	TUBING USED W SUCTION PUMP	SC	NO	0	999	20221001	22991231	\$ 3.19	1	W
A7003	NEBULIZER ADMINISTRATION SET	SC	NO	0	999	20221001	22991231	\$ 2.05	2	M
A7004	DISPOSABLE NEBULIZER SML VOL	SC	NO	0	999	20221001	22991231	\$ 1.34	2	M
A7005	NONDISPOSABLE NEBULIZER SET	SC	NO	0	999	20221001	22991231	\$ 18.32	1	M
A7006	FILTERED NEBULIZER ADMIN SET	SC	NO	0	999	20221001	22991231	\$ 8.01	1	M
A7007	LG VOL NEBULIZER DISPOSABLE	SC	NO	0	999	20221001	22991231	\$ 3.62	2	M
A7008	DISPOSABLE NEBULIZER PREFILL	SC	NO	0	999	20221001	22991231	\$ 9.14	1	M
A7009	NEBULIZER RESERVOIR BOTTLE	SC	NO	0	999	20221001	22991231	\$ 40.54	1	M
A7010	DISPOSABLE CORRUGATED TUBING	SC	NO	0	999	20221001	22991231	\$ 16.93	2	M
A7012	NEBULIZER WATER COLLEC DEVIC	SC	NO	0	999	20221001	22991231	\$ 3.15	2	M
A7013	DISPOSABLE COMPRESSOR FILTER	SC	NO	0	999	20221001	22991231	\$ 0.60	2	M
A7014	COMPRESSOR NONDISPOS FILTER	SC	NO	0	999	20221001	22991231	\$ 3.70	1	M
A7015	AEROSOL MASK USED W NEBULIZE	SC	NO	0	999	20221001	22991231	\$ 1.50	1	M
A7016	NEBULIZER DOME & MOUTHPIECE	SC	NO	0	999	20221001	22991231	\$ 6.75	1	M
A7018	WATER DISTILLED W/NEBULIZER	SC	NO	0	999	20221001	22991231	\$ 0.31	35	M
A7020	INTERFACE, COUGH STIM DEVICE	SC	NO	0	999	20221001	22991231	\$ 14.17	1	M
A7027	COMBINATION ORAL/NASAL MASK	SC	NO	0	999	20221001	22991231	\$ 147.26	1	3M
A7028	REPL ORAL CUSHION COMBO MASK	SC	NO	0	999	20221001	22991231	\$ 39.95	2	M
A7029	REPL NASAL PILLOW COMB MASK	SC	NO	0	999	20221001	22991231	\$ 17.10	2	M
A7030	CPAP FULL FACE MASK	SC	NO	0	999	20221001	22991231	\$ 121.30	1	3M
A7031	REPLACEMENT FACEMASK INTERFA	SC	NO	0	999	20221001	22991231	\$ 45.29	1	M
A7032	REPLACEMENT NASAL CUSHION	SC	NO	0	999	20221001	22991231	\$ 25.97	2	M
A7033	REPLACEMENT NASAL PILLOWS	SC	NO	0	999	20221001	22991231	\$ 19.26	2	M
A7034	NASAL APPLICATION DEVICE	SC	NO	0	999	20221001	22991231	\$ 75.72	1	3M
A7035	POS AIRWAY PRESS HEADGEAR	SC	NO	0	999	20221001	22991231	\$ 24.14	1	6M
A7036	POS AIRWAY PRESS CHINSTRAP	SC	NO	0	999	20221001	22991231	\$ 11.58	1	6M
A7037	POS AIRWAY PRESSURE TUBING	SC	NO	0	999	20221001	22991231	\$ 22.74	1	3M
A7038	POS AIRWAY PRESSURE FILTER	SC	NO	0	999	20221001	22991231	\$ 3.26	2	M
A7039	FILTER, NON DISPOSABLE W PAP	SC	NO	0	999	20221001	22991231	\$ 8.34	1	6M
A7044	PAP ORAL INTERFACE	SC	NO	0	999	20221001	22991231	\$ 89.82	1	3M
A7046	REPL WATER CHAMBER, PAP DEV	SC	NO	0	999	20221001	22991231	\$ 14.46	1	6M
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	SC	NO	0	20	20221001	22991231	\$ 41.64	10	M
A7501	TRACHEOSTOMA VALVE W DIAPHRA	SC	NO	0	999	20221001	22991231	\$ 102.78	2	W*
A7502	REPLACEMENT DIAPHRAGM/FPLATE	SC	NO	0	999	20221001	22991231	\$ 48.86	1	W*
A7503	HMES FILTER HOLDER OR CAP	SC	NO	0	999	20221001	22991231	\$ 11.10	1	W*
A7504	TRACHEOSTOMA HMES FILTER	SC	NO	0	999	20221001	22991231	\$ 0.67	62	M
A7505	HMES OR TRACH VALVE HOUSING	SC	NO	0	999	20221001	22991231	\$ 4.59	2	W*
A7506	HMES/TRACHVALVE ADHESIVEDISK	SC	NO	0	999	20221001	22991231	\$ 0.32	62	M
A7507	INTEGRATED FILTER & HOLDER	SC	NO	0	999	20221001	22991231	\$ 2.44	62	M
A7508	HOUSING & INTEGRATED ADHESIV	SC	NO	0	999	20221001	22991231	\$ 2.81	62	M
A7509	HEAT & MOISTURE EXCHANGE SYS	SC	NO	0	999	20221001	22991231	\$ 1.38	62	M
A7520	Trach/laryn tube non-cuffed	SC	NO	0	999	20210101	22991231	MP	2	M
A7521	Trach/laryn tube cuffed	SC	NO	0	999	20210101	22991231	MP	1	M
A7522	TRACH/LARYN TUBE STAINLESS	SC	NO	0	999	20221001	22991231	\$ 44.20	1	M
A7523	Tracheostomy shower protect	SC	NO	0	999	20090101	22991231	MP	5	M
A7524	TRACHEOSTOMA STENT/STUD/BTTN	SC	NO	0	999	20221001	22991231	\$ 75.77	1	W*
A7525	TRACHEOSTOMY MASK	SC	NO	0	999	20221001	22991231	\$ 2.02	3	M
A7526	TRACHEOSTOMY TUBE COLLAR	SC	NO	0	999	20221001	22991231	\$ 3.32	35	M
A7527	TRACH/LARYN TUBE PLUG/STOP	SC	NO	0	999	20221001	22991231	\$ 3.50	2	W*
A8000	SOFT PROTECT HELMET PREFAB	SC	NO	0	20	20221001	22991231	\$ 150.11	1	M
A8001	HARD PROTECT HELMET PREFAB	SC	NO	0	20	20221001	22991231	\$ 150.11	1	M
A8002	Soft protect helmet custom	SC	NO	0	20	20090101	22991231	MP	1	M
A8003	Hard protect helmet custom	SC	NO	0	20	20090101	22991231	MP	1	M
A8004	Repl soft interface, helmet	SC	NO	0	20	20090101	22991231	MP	1	M



**Mississippi Division of Medicaid**  
**MEDICAL SUPPLY FEE SCHEDULE**  
 PRINT DATE: November 23, 2022



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

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

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

**NOTE: DOM complies with C.F.R. § 440.230 Sufficiency of amount, duration, and scope. "...The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures." and C.F.R. § 440.70 "...States are prohibited from having absolute exclusions of coverage on medical equipment, supplies, or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the State's list..."**

Additional services may be allowed beyond the limitations noted within this fee schedule with a review and approval from DOM Utilization Management and Quality Improvement Organization.

Code	Description	Modifier	PA	Min Age	Max Age	Begin Date	End Date	Fee	Max Units	Per Time Frame
A9274	EXT AMB INSULIN DELIVERY SYS	SC	NO	0	999	20200401	22991231	\$ 39.40	1	D
A9276	DISPOSABLE SENSOR, CGM SYS	SC	Yes	0	999	20221001	22991231	\$ 168.66	31	M*
A9277	EXTERNAL TRANSMITTER, CGM	SC	Yes	0	999	20150101	22991231	\$ 575.00	1	M
A9278	EXTERNAL RECEIVER, CGM SYS	SC	Yes	0	999	20150101	22991231	\$ 510.00	1	M
A9900	Supply/accessory/service	SC	NO	0	999	20090101	22991231	MP	999	MN
A9999	Dme supply or accessory, nos	SC	NO	0	999	20090101	22991231	MP	999	MN
B4034	ENTER FEED SUPKIT SYR BY DAY	SC	NO	0	999	20221001	22991231	\$ 4.21	31	M*
B4035	ENTERAL FEED SUPP PUMP PER D	SC	NO	0	999	20221001	22991231	\$ 7.77	31	M*
B4036	ENTERAL FEED SUP KIT GRAV BY	SC	NO	0	999	20221001	22991231	\$ 5.59	31	M*
B4081	ENTERAL NG TUBING W/ STYLET	SC	NO	0	999	20221001	22991231	\$ 17.02	1	DOS
B4082	ENTERAL NG TUBING W/O STYLET	SC	NO	0	999	20221001	22991231	\$ 12.45	1	DOS
B4083	ENTERAL STOMACH TUBE LEVINE	SC	NO	0	999	20221001	22991231	\$ 1.89	1	DOS
B4087	GASTRO/EJUNO TUBE, STD	SC	NO	0	999	20221001	22991231	\$ 28.79	1	M
B4088	Gastro/jejuno tube, low-pro	SC	NO	0	999	20090101	22991231	MP	1	M
B4220	PARENTERAL SUPPLY KIT PREMIX	SC	NO	0	999	20221001	22991231	\$ 8.14	31	M*
B4222	PARENTERAL SUPPLY KIT HOMEMI	SC	NO	0	999	20221001	22991231	\$ 10.04	31	M*
B4224	PARENTERAL ADMINISTRATION KI	SC	NO	0	999	20221001	22991231	\$ 25.41	31	M*
B9998	Enteral supp not otherwise c	SC	NO	0	999	20090101	22991231	MP	999	MN
B9999	Parenteral supp not othwrs c	SC	NO	0	999	20090101	22991231	MP	999	MN
K0552	SUP/EXT NON-INS INF PUMP SYR	SC	NO	0	999	20221001	22991231	\$ 2.47	16	M
K0553	Ther CGM SUPPLY ALLOWANCE	SC	NO	0	999	20221001	22991231	\$ 187.68	1	M
K0601	REPL BATT SILVER OXIDE 1.5 V	SC	NO	0	999	20221001	22991231	\$ 1.07	2	M
K0602	REPL BATT SILVER OXIDE 3 V	SC	NO	0	999	20221001	22991231	\$ 6.10	2	M
K0603	REPL BATT ALKALINE 1.5 V	SC	NO	0	999	20221001	22991231	\$ 0.54	2	M
K0604	REPL BATT LITHIUM 3.6 V	SC	NO	0	999	20221001	22991231	\$ 5.86	2	Y
K0605	REPL BATT LITHIUM 4.5 V	SC	NO	0	999	20221001	22991231	\$ 14.06	2	Y
K1034	COVID TEST SELF-ADMIN/COLLECT	SC	NO	0	999	20220404	22991231	\$ 9.60	2	W
S1040	Cranial remodeling orthosis	SC	NO	0	20	20090101	22991231	MP	1	Y
S8189	Trach supply noc	SC	NO	0	999	20090101	22991231	MP	999	MN
S8265	Haberman feeder	SC	NO	0	20	20090101	22991231	MP	1	M
S8490	100 INSULIN SYRINGES	SC	NO	0	999	20031001	22991231	\$ 18.00	2	M
S8999	Resuscitation bag	SC	NO	0	999	20090101	22991231	MP	1	Y
T4521	ADULT SIZE BRIEF/DIAPER SM	SC	NO	3	999	20221001	22991231	\$ 0.59	186	M
T4522	ADULT SIZE BRIEF/DIAPER MED	SC	NO	3	999	20221001	22991231	\$ 0.64	186	M
T4523	ADULT SIZE BRIEF/DIAPER LG	SC	NO	3	999	20211001	22991231	\$ 0.78	186	M
T4524	ADULT SIZE BRIEF/DIAPER XL	SC	NO	3	999	20221001	22991231	\$ 0.88	186	M
T4525	ADULT SIZE PULL-ON SM	SC	NO	3	999	20221001	22991231	\$ 0.68	186	M
T4526	ADULT SIZE PULL-ON MED	SC	NO	3	999	20221001	22991231	\$ 0.75	186	M
T4527	ADULT SIZE PULL-ON LG	SC	NO	3	999	20221001	22991231	\$ 0.87	186	M
T4528	ADULT SIZE PULL-ON XL	SC	NO	3	999	20221001	22991231	\$ 1.00	186	M
T4529	PED SIZE BRIEF/DIAPER SM/MED	SC	NO	3	20	20211001	22991231	\$ 0.60	186	M
T4530	PED SIZE BRIEF/DIAPER LG	SC	NO	3	20	20211001	22991231	\$ 0.60	186	M
T4531	PED SIZE PULL-ON SM/MED	SC	NO	3	20	20221001	22991231	\$ 0.72	186	M
T4532	PED SIZE PULL-ON LG	SC	NO	3	20	20221001	22991231	\$ 0.83	186	M
T4533	YOUTH SIZE BRIEF/DIAPER	SC	NO	0	20	20211001	22991231	\$ 0.65	186	M
T4534	YOUTH SIZE PULL-ON	SC	NO	3	20	20221001	22991231	\$ 0.75	186	M
T4543	ADULT DISP BRIEF/DIAP ABV XL	SC	NO	3	999	20221001	22991231	\$ 1.34	186	M
T4544	ADLT DISP UND/PULL ON ABV XL	SC	NO	3	999	20221001	22991231	\$ 1.15	186	M