

MISSISSIPPI

◆ ————— *Workers' Compensation Medical Fee Schedule*

Effective November 15, 2022



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INTRODUCTION

Pursuant to Mississippi Code Annotated (MCA), §71-3-15(3)(Rev. 2000), the following Fee Schedule, including Cost Containment and Utilization Management rules and guidelines, is hereby established in order to implement a medical cost containment program. This Fee Schedule, and accompanying rules and guidelines, applies to medical services rendered after the effective date of November 15, 2022, and, in the case of inpatient treatment, to services where the discharge date is on or after November 15, 2022. This Fee Schedule establishes the maximum level of medical and surgical reimbursement for the treatment of work-related injuries and/or illnesses, which the Mississippi Workers' Compensation Commission (MWCC) deems to be fair and reasonable. Reimbursement for professional fees is based on Medicare Relative Value Units (RVUs) effective January 1, 2022.

Updates and changes before the periodic update can be found by checking the State of Mississippi Workers' Compensation Commission website www.mwcc.ms.gov or the FAIR Health website at orders.fairhealth.org. Subscribers should regularly check these sites for changes. Providers can also provide their contact information on the MWCC website at www.mwcc.ms.gov to be notified of important updates in the future.

This Fee Schedule shall be used by the MWCC, insurance payers, and self-insurers for approving and paying medical charges of physicians, surgeons, and other qualified health care professionals for services rendered under the Mississippi Workers' Compensation Law. This Fee Schedule applies to all medical services provided to injured workers by physicians, and also covers other medical services arranged for by a physician. In practical terms, this means professional services provided by hospital-employed physicians and other qualified health care professionals, as well as those practicing independently, are reimbursed under this Fee Schedule.

The MWCC will require the use of the most current CPT®, CDT, and HCPCS codes and modifiers in effect at the time services are rendered. All coding, billing and other issues, including disputes, associated with a claim, shall be determined in accordance with the CPT, CDT and HCPCS guidelines and National Correct Coding Initiative (NCCI) coding edits in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the MWCC.

As used in this Fee Schedule, CPT refers to the American Medical Association's Current Procedural Terminology codes and nomenclature. CPT is a registered trademark of the American Medical Association. CDT refers to the American Dental Association's Current Dental Terminology (CDT) codes. CDT is a registered trademark of the American Dental Association. HCPCS is an acronym for the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Coding System. HCPCS is divided into two subsets. HCPCS Level I codes are the CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book and are referred to in this Fee Schedule as HCPCS codes.

The inclusion of a service, product, or supply identified by a CPT, CDT, or HCPCS code does not necessarily imply coverage, reimbursement or endorsement.

I. FORMAT

This Fee Schedule is comprised of the following sections: Introduction; General Rules; Billing and Reimbursement Rules; Medical Records Rules; Dispute Resolution Rules; Pre-certification and Authorization Review Rules; Modifiers and Code Rules; Pharmacy Rules; Other Qualified Health Care Professional Rules; Home Health Rules; Evaluation and Management; Anesthesia; Pain Management; Surgery; Radiology; Pathology and Laboratory; Medicine Services; Therapeutic Services; Dental; Inpatient Hospital and Outpatient Facility Payment Schedule and Rules; and HCPCS. Each section listed above has specific instructions (rules/guidelines). The Fee Schedule is divided into these sections for structural purposes only. Providers are to use the specific section(s) that contains the procedure(s) they perform or the service(s) they render. In the event a rule/guideline contained in one of the specific service sections conflicts with a general rule/guideline, the specific section rule/guideline will supersede, unless otherwise provided elsewhere in this Fee Schedule.

This Fee Schedule utilizes procedure codes under copyright agreement. The descriptions included are medium procedure descriptions. A complete list of modifiers is provided in the Modifier and Code Rules section.

II. SCOPE

The Mississippi Workers' Compensation Medical Fee Schedule does the following:

- A. Establishes rules/guidelines by which the employer shall furnish, or cause to be furnished, to an employee who suffers a bodily injury or occupational disease covered by the Mississippi Workers' Compensation Law, reasonable and necessary medical, surgical, and hospital services and medicines, supplies or other attendance or treatment as necessary. The employer shall provide to the injured employee such medical or dental surgery, crutches, artificial limbs, eyes, teeth, eyeglasses, hearing apparatus, and other appliances which are reasonable and necessary to treat, cure, and/or relieve the employee from the effects of the injury/illness, in accordance with MCA §71-3-15 (Rev. 2000), as amended.
- B. Establishes a schedule of maximum allowable reimbursement (MAR) for such treatment, attendance, service, device, apparatus, or medicine.
- C. Establishes rules/guidelines by which a health care provider shall be paid the lesser of (a) the provider's total billed charge, or (b) the maximum allowable reimbursement (MAR) established under this Fee Schedule.
- D. Establishes rules for cost containment to include utilization review of health care and health care services, and provides for the acquisition by an employer/payer, other interested parties, and the MWCC, of the necessary records, medical bills, and other information concerning any health care or health care service under review.

- E. Establishes rules for the evaluation of the appropriateness of both the level and quality of health care and health care services provided to injured employees, based upon medically accepted standards.
- F. Authorizes employers/payers to withhold payment from, or recover payment from, health facilities or health care providers that have made excessive charges or which have provided unjustified and/or unnecessary treatment, hospitalization, or visits.
- G. Provides for the review by the employer/payer or MWCC of any health facility or health care provider records and/or medical bills that have been determined not to be in compliance with the schedule of charges established herein.
- H. Establishes that a health care provider or facility may be required by the employer/payer to explain in writing the medical necessity of health care or health care service that is not usually associated with, or is longer and/or more frequent than, the health care or health care service usually accompanying the diagnosis or condition for which the patient is being treated.
- I. Provides for medical cost containment review and decision responsibility. The rules and definitions hereunder are not intended to supersede or modify the Workers' Compensation Act, the administrative rules of the MWCC, or court decisions interpreting the Act or the MWCC's administrative rules.
- J. Provides for the monitoring of employers/payers to determine their compliance with the criteria and standards established by this Fee Schedule.
- K. Establishes deposition/witness fees.
- L. Establishes fees for medical reports.
- M. Provides for uniformity in billing of provider services.
- N. Establishes rules/guidelines for billing.
- O. Establishes rules/guidelines for reporting medical claims for service.
- P. Establishes rules/guidelines for obtaining medical services by out-of-state providers.
- Q. Establishes rules/guidelines for Utilization Review to include pre-certification, concurrent review, discharge planning and retrospective review.
- R. Establishes rules for dispute resolution which includes an appeal process for determining disputes which arise under this Fee Schedule.
- S. Establishes a peer review system for determining medical necessity. Peer review is conducted by professional practitioners of the same specialty as the treating medical provider on a particular case.
- T. Establishes the list of health care professionals who are considered authorized providers to treat employees under the Mississippi Workers' Compensation Law; and who, by reference in this rule, will be subject to the rules, guidelines and maximum allowable reimbursement (MAR) in this Fee Schedule.
- U. Establishes financial and other administrative penalties to be levied against payers or providers who fail to comply with the provisions of the Fee Schedule, including but not limited to interest charges for late billing or payment, percentage penalties for late billing

or payment, and additional civil penalties for practices deemed unreasonable by the MWCC.

III. MEDICAL NECESSITY

The concept of medical necessity is the foundation of all treatment and reimbursement made under the provision of §71-3-15, Mississippi Code of 1972, as amended. For reimbursement to be made, services and supplies must meet the definition of "medically necessary." The sole use of extraneous guidelines, including but not limited to the ODG guidelines, to determine the appropriateness or extent of treatment or reimbursement is prohibited. Continuation of treatment shall be based on the concept of medical necessity and predicated on objective or appropriate subjective improvements in the patient's clinical status. Arbitrary limits on treatment or reimbursement based solely on diagnosis or guidelines outside this Fee Schedule are not permitted.

- A. For the purpose of the Workers' Compensation Program, any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries, is considered "medically necessary." The service must be widely accepted by the practicing peer group, based on scientific criteria, and determined to be reasonably safe. It must not be experimental, investigational, or research in nature except in those instances in which prior approval of the payer has been obtained. For purposes of this provision "peer group" is defined as similarly situated physicians of the same specialty, licensed in the State of Mississippi, and qualified to provide the services in question.
- B. Services for which reimbursement is due under this Fee Schedule are those services meeting the definition of "medically necessary" above and includes such testing or other procedures reasonably necessary and required to determine or diagnose whether a work-related injury or illness has been sustained, or which are required for the remedial treatment or diagnosis of an on-the-job injury, a work-related illness, a pre-existing condition affected by the injury or illness, or a complication resulting from the injury or illness, and which are provided for such period as the nature of the injury or process of recovery may require.
- C. Treatment of conditions unrelated to the injuries sustained in an industrial accident may be denied as unauthorized if the treatment is directed toward the non-industrial condition or if the treatment is not deemed medically necessary for the patient's rehabilitation from the industrial injury.
- D. Services that are experimental or investigational, including but not limited to CPT Category II and Category III codes, are not reimbursable for this Fee Schedule. Please refer to the MWCC website (www.mwcc.ms.gov) for a list of some of these procedures.

IV. DEFINITIONS

Act means Mississippi Workers' Compensation Law, Mississippi Code Annotated (MCA), §71-3-1 et seq (Rev. 2000 as amended).

Adjust means that a payer or a payer's agent reduces or otherwise alters a health care provider's request for payment.

APC means ambulatory payment classification and guidelines for hospital outpatient and ambulatory surgery center facilities as developed by the Centers for Medicare and Medicaid Services (CMS) and adopted in this Fee Schedule.

Appropriate care means health care that is suitable for a particular patient, condition, occasion, or place.

AWP means Average Wholesale Price; and is based on data obtained from manufacturers.

Bill means a claim submitted by a provider to a payer for payment of health care services provided in connection with a covered injury or illness.

Bill adjustment means a reduction of a fee on a provider's bill, or other alteration of a provider's bill.

By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. "By report" (BR) procedures require a complete listing/description of the service, the dates of service, the procedure code, and the payment requested. The report is included in the request for reimbursement for the procedure.

Carrier means any stock company, mutual company, or reciprocal or inter-insurance exchange authorized to write or carry on the business of Workers' Compensation Insurance in this State, or self-insured group, or third-party payer, or self-insured employer, or uninsured employer.

CARF means the Commission on Accreditation of Rehabilitation Facilities, an independent, nonprofit accreditor of health and human services such as medical rehabilitation facilities.

Case means a covered injury or illness occurring on a specific date and identified by the worker's name and date of injury or illness.

CDT means Current Dental Terminology, a medical code set maintained and copyrighted by the American Dental Association, which is used for reporting dental services.

CMS-1500 means the CMS-1500 form and instructions that are used by non-institutional providers and suppliers to bill for outpatient services. Use of the most current CMS-1500 form is required.

Commission means the Mississippi Workers' Compensation Commission (MWCC).

Consultation means a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. If a consultant, subsequent to the first encounter, assumes responsibility for management of the patient's condition, that physician becomes a treating physician. The first encounter is a consultation and shall be billed and reimbursed as such. A consultant shall provide a written report of his/her findings. A second opinion is considered a consultation.

Controverted claim is a workers' compensation claim which is pending before the MWCC and in which the patient or patient's legal representative has filed a Petition to Controvert.

Covered injury or illness means an injury or illness for which treatment is mandated under the Act.

Critical care means care rendered in a variety of medical emergencies that requires the constant attention of the practitioner, such as cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, and is usually provided in a critical care unit or an emergency department.

CPT (Current Procedural Terminology) means a set of codes, descriptions, and guidelines developed by the American Medical Association, intended to describe procedures and services performed by physicians and other health care professionals. The CPT code set is also used by other entities to report outpatient services. Each procedure or service is identified with a five-digit code. CPT codes may also be referred to as HCPCS Level I codes.

Day means a continuous 24-hour period.

Diagnostic procedure means a service that helps determine the nature and causes of a disease or injury.

Durable medical equipment (DME) means specialized equipment designed to stand repeated use, appropriate for home use, and used solely for medical purposes.

Employer Medical Evaluation (EME) means a second opinion evaluation available to the Employer or Carrier pursuant to MCA §71-3-15(1) (Rev. 2000) for the purpose of evaluating temporary or permanent disability, or the medical treatment being rendered to the injured worker.

Expendable medical supply means a disposable article that is needed in quantity on a daily or monthly basis.

Follow-up care means the care which is related to the recovery from a specific procedure and which is considered part of the procedure's maximum allowable reimbursement, but does not include complications.

Follow-up days (FUD) are the days of care following a surgical procedure which are included in the procedure's maximum allowable reimbursement amount, but which do not include follow up care related to complications. The follow-up day period begins on the day of the surgical procedure(s).

HCPCS means Healthcare Common Procedure Coding System, an alpha-numeric medical code set maintained by the Centers for Medicare and Medicaid Services used for reporting services, durable medical equipment, and supplies. CPT codes are Level I HCPCS codes. HCPCS codes may also be referred to as HCPCS Level II codes.

Health care review means the review of a health care case, bill, or both by the payer or the payer's agent.

Incident-to means that services and supplies are commonly furnished as an integral part of the primary service or procedure and not reimbursed separately.

Incidental surgery means surgery performed through the same incision, on the same day, by the same doctor, not increasing the difficulty or follow-up of the main procedure, or not related to the diagnosis.

Independent medical examination (IME) means a consultation provided by a physician to evaluate a patient

at the request of the MWCC. This evaluation may include an extensive record review and physical examination of the patient and requires a written report.

Independent procedure means a procedure that may be carried out by itself, completely separate and apart from the total service that usually accompanies it.

Inpatient services means services rendered to a person who is admitted to a hospital as an inpatient.

MAR (See Maximum allowable reimbursement)

Maximum allowable reimbursement (MAR) means the maximum amount allowed for medical services as set forth in this Fee Schedule.

Medical only case means a case that does not involve more than five (5) days of disability or lost work time and for which only medical treatment is required.

Medically accepted standard means a measure set by a competent authority as the rule for evaluating quality or quantity of health care or health care services and which may be defined in relation to any of the following:

- Professional performance;
- Professional credentials;
- The actual or predicted effects of care; and
- The range of variation from the norm.

MWCC means the Mississippi Workers' Compensation Commission.

Medically necessary means any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries. Utilization management or review decisions shall not be based on application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the patient's clinical status.

Medical record means a record in which the medical service provider records the subjective findings, objective findings, diagnosis, treatment rendered, treatment plan, and return to work status and/or goals and impairment rating as applicable.

Medical supply means either a piece of durable medical equipment or an expendable medical supply.

National Correct Coding Initiative (NCCI) means an initiative implemented by the Centers for Medicare and Medicaid Services' (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI Procedure-to-Procedure (PTP) code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together. Medically Unlikely Edits (MUEs) are the maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common

Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service.

NCCI (See National Correct Coding Initiative.)

Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital.

Operative report means the practitioner's written description of the surgery or procedure and includes all of the following:

- A preoperative diagnosis;
- A postoperative diagnosis;
- A step-by-step description of the surgery;
- A description of any problems that occurred in surgery; and
- The condition of the patient upon leaving the operating room.

Optometrist means an individual licensed to practice optometry.

Orthotic equipment means an orthopedic apparatus designed to support, align, prevent, or correct deformities, or improve the function of a moveable body part.

Orthotist means a person skilled in the construction and application of orthotic equipment.

Outpatient service means services provided to patients at a time when they are not hospitalized as inpatients.

Payer means the employer or self-insured group, carrier, or third-party administrator (TPA) who pays the provider billings.

Pharmacy means the place where the science, art, and practice of preparing, preserving, compounding, dispensing, and giving appropriate instruction in the use of drugs is practiced.

Practitioner means a person licensed, registered, or certified as an acupuncturist, audiologist, doctor of chiropractic, doctor of dental surgery, doctor of medicine, doctor of osteopathy, doctor of podiatry, doctor of optometry, massage therapist, nurse, nurse anesthetist, nurse practitioner, occupational therapist, orthotist, pharmacist, physical therapist, physician assistant, prosthetist, psychologist, or other person licensed, registered, or certified as a health care professional or provider.

Primary procedure means the therapeutic procedure most closely related to the principal diagnosis, and in billing, the code with the highest unit that is neither an add-on code nor a code exempt from modifier 51 shall be considered the primary procedure. Reimbursement for the primary procedure is not dependent on the ordering or re-ordering of codes.

Procedure means a unit of health service.

Procedure code means a five-digit numerical sequence or a sequence containing an alpha character and preceded or followed by four digits, which identifies the service performed and billed.

Properly submitted bill means a request by a provider for payment of health care services submitted to a payer on the appropriate forms with appropriate documentation and within the time frame established under the guidelines of the Fee Schedule.

Prosthesis means an artificial substitute for a missing body part.

Prosthetist means a person skilled in the construction and application of prostheses.

Provider means a facility, health care organization, or a practitioner who provides medical care or services.

Secondary procedure means a surgical procedure performed during the same operative session as the primary surgery but considered an independent procedure that may not be performed as part of the primary surgery.

Special report means a report requested by the payer to explain or substantiate a service or clarify a diagnosis or treatment plan.

Specialist means a board-certified practitioner, board-eligible practitioner, or a practitioner otherwise considered an expert in a particular field of health care service by virtue of education, training, and experience generally accepted by practitioners in that particular field of health care service.

Usual and customary means that when a payment is designated herein as "usual and customary," the amount of the payment equates to the charge value reported by FAIR Health, Inc. in its FH[®] Charge Benchmarks (or other FAIR Health, Inc. charge benchmark product available on the date of service) products at the 40th percentile for the applicable geographic area in Mississippi.

V. HOW TO INTERPRET THE FEE SCHEDULE

For each procedure, the Fee Schedule table includes the following columns and details (if applicable):

Code Icons

Add-on Codes

+ denotes procedure codes that are considered "add-on" codes as defined in the CPT book.

Modifier 51 Exempt

⊖ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book. Modifier 51 exempt services and procedures can be found in Appendix E of CPT 2022.

APC J Status

J1 applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

J1*a Mississippi state-specific status indicator applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

Telemedicine-eligible.

★ denotes those CPT codes that may be used for reporting telemedicine services when appended by modifier 93 or 95.

State-Specific Code

∞ indicates a code specific to the State of Mississippi or a code with a description altered by the State of Mississippi.

Code

This Fee Schedule uses 2022 CPT, CDT, HCPCS, and Mississippi state-specific codes.

Modifiers

In the HCPCS section modifiers that affect payment are listed in this column. See the Modifier and Code Rules section for more information regarding the modifiers.

Description

This Fee Schedule uses CPT 2022 medium descriptions. Some HCPCS code descriptions have been modified by the State of Mississippi.

MAR

This column lists the total maximum allowable reimbursement as a monetary amount. Procedures with a \$0.00 in the MAR column are not covered or are not reimbursed.

PC Amount

Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable reimbursement for the professional component is listed in the PC Amount column. Procedures with a \$0.00 in the PC Amount column are considered one hundred percent (100%) technical. See Modifiers and Code Rules for additional information.

TC Amount

Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable for the technical component is listed in the TC Amount column. Procedures with a \$0.00 in the TC Amount column or where the TC Amount column is blank are considered one hundred percent (100%) professional. See Modifiers and Code Rules for additional information.

FUD

Follow-up days (FUD) included in a surgical procedure's global charge are listed in this column.

Postoperative periods of 0, 10, and 90 days are designated in the Fee Schedule as 000, 010, and 090 respectively. The following special circumstances are also listed in the postoperative period:

MMM Designates services furnished in uncomplicated maternity care. This includes antepartum, delivery, and postpartum care.

XXX Designates services where the global concept does not apply.

YYY Designates services where the payer must assign a follow-up period based on documentation submitted with the claim. Procedures designated as YYY in the Fee Schedule include unlisted procedure codes.

ZZZ Designates services that are add-on procedures and as such have a global period that is determined by the primary procedure.

Assist Surg

The assistant surgeon column identifies procedures that are approved for an assistant to the primary surgeon whether a physician, physician assistant (PA), registered nurse first assistant (RNFA, RA), or other qualified health care

professional for reimbursement as an assistant under the Fee Schedule.

APC Amount

Ambulatory Payment Classification (APC) is a payment method for facility outpatient services. The APC Amount shall constitute the reimbursement amount for both hospital based and freestanding outpatient facilities.

VI. AUTHORIZED PROVIDERS

The following health care providers are recognized by the MWCC as acceptable to provide treatment to injured workers under the terms of the Act, and must comply with the rules, guidelines, billing and reimbursement policies, and maximum allowable reimbursement (MAR) contained in this Fee Schedule when providing treatment or service under the terms of the Act:

- Acupuncturist (L.A.C.)
- Audiologist
- Certified Registered Nurse Anesthetist (C.R.N.A.)
- Doctor of Chiropractic (D.C.)
- Doctor of Dental Surgery (D.D.S.)/Doctor of Dental Medicine (D.D.M.)
- Doctor of Osteopathy (D.O.)
- Licensed Clinical Social Worker (L.C.S.W.)
- Licensed Nursing Assistant
- Licensed Practical Nurse (L.P.N.)
- Massage Therapist
- Medical Doctor (M.D.)
- Nurse Practitioner (N.P.)
- Occupational Therapist (O.T.)
- Optometrist (O.D.)
- Oral Surgeon (M.D., D.O., D.M.D., D.D.S.)
- Pharmacist (R.Ph, PharmD.)
- Physical Therapist (P.T.)
- Physical or Occupational Therapist Assistant (P.T.A., O.T.A.)
- Physician Assistant (P.A.)
- Podiatrist (D.P.M.)
- Prosthetist or Orthotist Psychologist (Ph.D.)
- Registered Nurse (R.N.)
- Registered Nurse First Assistant (R.N.F.A., R.A.)
- Speech Therapist/Speech and Language Pathologist

All health care providers, as listed herein, are subject to the rules, limitations, exclusions, and maximum allowable reimbursement of this Fee Schedule. Medical treatment under the terms of the Act may be provided by any other person licensed, registered, or certified as a health care professional if approved by the payer or MWCC, and in such case, said provider and payer shall be subject to the rules and guidelines, including maximum allowable reimbursement amounts, provided herein.

VII. INFORMATION PROGRAM

The MWCC shall provide ongoing information regarding this Fee Schedule for providers, payers, their representatives and any other interested persons or parties. This information shall be provided primarily through informational sessions and seminar presentations at the Mississippi Workers' Compensation Educational Association Conference as well as the distribution of appropriate information materials via the MWCC's website (www.mwcc.ms.gov), and by other means as needed. Updates to this Fee Schedule will also be posted to the FAIR Health website at orders.fairhealth.gov.

GENERAL RULES

I. CONFIRMATORY CONSULTATION

As provided in §71-3-15(1) of the Act, and in MWCC General Rule 1.9, a payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered. This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation code with modifier 32 appended to indicate a mandated service and paid in accordance with the Fee Schedule.

II. CODING STANDARD

- A. The most current version of the American Medical Association's Current Procedural Terminology (CPT®) or the most current version of the American Dental Association's CDT: Dental Procedure Codes in effect at the time service is rendered or provided shall be the authoritative coding guide, unless otherwise specified in this Fee Schedule.
- B. The most current version of HCPCS codes developed by CMS in effect at the time service is rendered or provided shall be the authoritative coding guide for durable medical equipment, prosthetics, orthotics, and other medical supplies (DMEPOS), unless otherwise specified in this Fee Schedule.
- C. Bills for services will be subject to appropriate code edits. For the purpose of this Fee Schedule, the National Correct Coding Initiative (NCCI) edits are used, and apply to all sections unless an exception is addressed in a particular section.

III. DEPOSITION/WITNESS FEES; MEDICAL RECORDS AFFIDAVIT

- A. Any health care provider who gives a deposition or is otherwise subpoenaed to appear in proceedings pending before the MWCC shall be paid a witness fee as provided by MWCC Procedural Rule 2.18(h) in the amount of \$25.00 per day plus mileage reimbursement at the rate authorized by MWCC General Rule 1.14. Procedure code 99075 must be used to bill for a deposition.
- B. In addition to the above fee and mileage reimbursement, any health care provider who gives testimony by deposition or who appears in person to testify at a hearing before the MWCC shall be paid \$750.00 for the first hour and \$187.50 per quarter hour thereafter. This fee includes necessary preparation time. In the event a deposition is cancelled through no fault of the provider, the provider shall be entitled to a payment of \$250.00 unless notice of said cancellation is given to the provider at least 72 hours in advance. In the event a deposition is cancelled through no fault of the provider within 24 hours of the scheduled time, then, in that event, the provider shall be paid the rate due for the first hour of a deposition. Nothing stated herein shall prohibit a medical provider and a party seeking to take the medical provider's deposition from entering into a separate contract which provides for reimbursement other than as above provided.

- C. Pursuant to MWCC Procedural Rule 2.9, an examining or treating physician may execute an affidavit in lieu of direct testimony. The Physician's Medical Record Custodian is allowed to sign the affidavit in lieu of the physician's signature. Such charge for execution of the affidavit is limited to a maximum reimbursement of \$25.00. Reimbursement for copies of medical records that are attached to affidavits shall be made as outlined in the Medical Record Rules.
- D. Any health care provider who gives a deposition or is otherwise subpoenaed to provide information, documents, or other records of any kind may be entitled to make an entry of appearance as a party in the underlying workers' compensation claim for the limited purpose of contesting the subpoena and/or the scope of the requested information or deposition. No part of this section shall be construed to create any additional liability on the part of the health care provider beyond that set forth in Mississippi Code Annotated (MCA) §71-3-59(2) or otherwise set forth in the Mississippi Workers' Compensation Law and/or the Fee Schedule. Pursuant to MCA §71-3-59(2), the MWCC may award attorney's fees and expenses to the health care provider in the event the MWCC finds the scope of the subpoena, deposition, or other information requested from the health care provider is an institution, continuance, or delay of proceedings without reasonable grounds by the party seeking the information from the health care provider and/or the attorney advising such party. Pursuant to MCA §71-3-59(2), the MWCC may also impose a civil penalty not to exceed ten thousand dollars (\$10,000.00) against the party and/or the attorney advising such party seeking the information from the health care provider for each violation. Similarly, the MWCC may also award attorney's fees, expenses, and/or the civil penalty against the health care provider and/or their attorney in the event the MWCC finds that the health care provider's challenge to the subpoena, deposition, or other requested information is an institution, continuance, or delay of proceedings without reasonable grounds.

IV. IMPAIRMENT RATING

- A. In determining the extent of permanent impairment attributable to a compensable injury, the provider shall base this determination on the most current edition of the Guides to the Evaluation of Permanent Impairment, as published and copyrighted by the American Medical Association which is in effect at the time the service is rendered. Only a medical doctor is entitled under these rules to reimbursement for conducting an impairment rating evaluation.
- B. A provider is entitled to reimbursement for conducting an impairment rating evaluation and

determining the extent of permanent impairment, and should bill for such services using CPT code 99455. The reimbursement for CPT code 99455 shall be \$250.00 or may be negotiated.

V. INDEPENDENT MEDICAL EXAMINATION (IME)

- A. An independent medical examination (IME) may be ordered by the MWCC or its Administrative Judges. A practitioner other than the treating practitioner must do the medical examination, and the MWCC or Judge shall designate the examiner.
- B. An independent medical examination (IME) shall include a study of previous history and medical care information, diagnostic studies, diagnostic x-rays, and laboratory studies, as well as an examination and evaluation. An IME can only be ordered by the MWCC or one of its Administrative Judges. A copy of the report must be sent to the patient, or his attorney if represented, the payer, and the MWCC.
- C. The fee for the IME may be set by the MWCC or Judge, or negotiated by the payer and provider prior to setting the appointment, and in such cases, reimbursement shall be made according to the order of the MWCC or Judge, or according to the mutual agreement of the parties. In the absence of an agreement or order regarding reimbursement for an IME, the provider shall bill for the IME using the appropriate level and site-specific consultation code appended with modifier 32 to indicate a mandated service, and shall be reimbursed according to the Fee Schedule.

VI. EMPLOYER'S MEDICAL EXAMINATION (EME)

- A. An Employer's medical examination (EME) is an examination of the claimant by a physician of the employer's/carrier's choosing. If the claimant refuses these services, the claimant's benefits may be suspended. The employer/carrier may not unilaterally suspend benefits based upon the claimant's failure to attend an EME. The statute authorizes only the MWCC to suspend benefits for failure to comply with medical treatment.

VII. MAXIMUM MEDICAL IMPROVEMENT

- A. When an employee has reached maximum medical improvement (MMI) for the work related injury and/or illness, the physician should promptly, and at least within fourteen (14) calendar days, submit a report to the payer showing the date of maximum medical improvement.
- B. Maximum medical improvement is reached at such time as the patient reaches the maximum benefit from medical treatment or is as far restored as the permanent character of his injuries will permit and/or the current limits of medical science will permit. Maximum medical improvement may be found even though the employee will require further treatment or care. The CMS-1500 form will be accepted in lieu of the Commission form if appropriate office/progress notes are attached.

VIII. OUT-OF-STATE MEDICAL TREATMENT

- A. Each employer shall furnish all reasonable and necessary drugs, supplies, hospital care and services, and medical and surgical treatment for the work-related injury or illness. All such care, services, and treatment shall be performed at facilities within the state when available.
- B. When billing for out-of-state services, supporting documentation is necessary to show that the service being provided cannot be performed within the state, the same quality of care cannot be provided within the state, or more cost-effective care can be provided out-of-state. In determining whether out-of-state treatment is more cost effective, this question must be viewed from both the payer and patient's perspective. Treatment should be provided in an area reasonably convenient to the place of the injury or the residence of the injured employee, in addition to being reasonably suited to the nature of the injury.
- C. Reimbursement for out-of-state services shall be based on one of the following, in order of preference: (1) The Workers' Compensation Medical Fee Schedule for the state in which the services are being rendered; (2) If there is no Workers' Compensation Medical Fee Schedule for the state in which services are being rendered or if the Fee Schedule does not provide a reimbursement rate for the service being rendered, the reimbursement may be negotiated to a rate mutually agreeable to the parties. If the rate is not negotiated, reimbursement should be paid at the usual and customary rate for the geographic area in which services are being rendered. The Mississippi Workers' Compensation Medical Fee Schedule coding and billing rules apply whenever an injured employee is receiving workers' compensation benefits under Mississippi law or would be entitled to receive benefits under Mississippi law, whether the treatment is in Mississippi or any other state in order for out-of-state providers to obtain reimbursement.
- D. Prior authorization must be obtained from the payer for referral to out-of-state providers. The documentation must include the following:
 1. Name and location of the out-of-state provider,
 2. Justification for an out-of-state provider, including qualifications of the provider and description of services being requested.

IX. AUTHORIZATION FOR TREATMENT

- A. **Response Time.** The payer must respond within two (2) business days to a request of prior authorization for non-emergency services.
- B. **Federal Facilities.** Treatment provided in federal facilities requires authorization from the payer. However, federal facilities are exempt from the billing requirements and reimbursement policies in this manual.
- C. **Pre-certification for Non-emergency Surgery.** Providers must pre-certify all non-emergency surgery. However, certain catastrophic cases require frequent returns to the operating room (O.R.) (e.g., burns may require daily surgical debridement). In

such cases, it is appropriate for the provider to obtain certification of the treatment plan to include multiple surgical procedures. The provider's treatment plan must be specific and agreement must be mutual between the provider and the payer regarding the number and frequency of procedures certified.

- D. **Retrospective Review.** Failure to obtain pre-certification as required by this Fee Schedule shall not, in and of itself, result in a denial of payment for the services provided. Instead, the payer, if requested to do so by the provider within one (1) year of the date of service or discharge, shall conduct a retrospective review of the services, and if the payer determines that the services provided would have been pre-certified, in whole or in part, if pre-certification had been timely sought by the provider, then the payer shall reimburse the provider for the approved services according to the Fee Schedule, or, if applicable, according to the separate fee agreement between the payer and provider, less a ten percent (10%) penalty for the provider's failure to obtain pre-certification as required by this Fee Schedule. This penalty shall be computed as ten percent (10%) of the total allowed reimbursement. If, upon retrospective review, the payer determines that pre-certification would not have been given, or would not have been given as to part of the requested services, then the payer shall dispute the bill and proceed in accordance with the Billing and Reimbursement Rules as hereafter provided.
- E. **Authorization Provided by Employer or Payer.** When authorization for treatment is sought and obtained from the employer, or payer, whether verbally or in writing, and medical treatment is rendered in good faith reliance on this authorization, the provider is entitled to payment from the employer or payer for the initial visit or evaluation, or in emergency cases, for treatment which is medically necessary to stabilize the patient. Reimbursement is not dependent on, and payment is due regardless of, the outcome of medically necessary services which are provided in good faith reliance upon authorization given by the employer or payer.

X. RETURN TO WORK

If an employee is capable of some form of gainful employment, it is advisable for the physician to release the employee to light work and make a specific report to the payer as to the date of such release and setting out any restrictions on such light work. It can be to the employee's economic advantage to be released to light or alternative work, since he/she can receive compensation based on sixty-six and two-thirds percent (66 2/3%) of the difference between the employee's earnings in such work and the employee's pre-injury average weekly wage. The physician's judgment in such matters is extremely important, particularly as to whether the patient is medically capable of returning to work in some capacity. Return to work decisions should be based on objective findings, and the physician's return to work assessment should identify, if possible, any alternative duty employment to which the patient may return if return to full duty is not medically advisable.

XI. SELECTION OF PROVIDERS

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to surgical/procedure facilities, CT or MRI scans, x-ray, laboratory, physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be at the direction of the treating or prescribing physician. In the absence of specific direction from the treating or prescribing physician, the selection shall be made by the payer, in consultation with the treating or prescribing physician.

Referral for an electromyogram (EMG) or a nerve conduction study (NCS) shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

The selection of providers for the purchase or rental of durable medical equipment shall be at the direction of the payer if over \$400.00.

The selection of providers for medical treatment or service, other than as above provided, shall be in accordance with the provisions of MCA §71-3-15.

XII. TELEMEDICINE SERVICES

- A. Telemedicine is the practice of medicine using electronic communication, information technology, or other means between a physician, physician assistant, nurse practitioner, physical therapist, occupational therapist, speech therapist, psychiatrist, clinical psychologist, or dietician in one location and a patient in another location with or without an intervening health care provider. This does not include the practice of medicine through postal or courier services. Telemedicine providers must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient.
- B. Authorized origination sites include: hospitals (acute and critical access), rural health clinics, federally qualified health centers, skilled nursing facilities, community mental health centers, and in the clinics of the telemedicine providers listed in paragraph XII. A. above.
- C. Teleemergency medicine is a unique combination of telemedicine and the collaborative/consultative role of a physician, board certified in emergency medicine and an appropriate skilled health professional.
- D. The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians and health care providers holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. However, a valid Mississippi license is not required where the evaluation, treatment, and/or medicine to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient

- relationship with the patient to be evaluated and/or treated.
- E. Telemedicine services must include an examination of the patient that meets the applicable standards of care, a discussion with the patient, a diagnosis, and maintenance of a complete medical record.
- F. Documentation requirements, including work status, are the same as for face-to-face services and shall include the locations of the rendering provider and the injured worker at the time or service.
- G. Services eligible to be provided by telemedicine are marked with a star (★) in the rate tables.
- H. Services that are performed via telemedicine should be billed with Modifier 93, Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System or modifier 95, Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System and place of service (POS) code 02.
- I. Reimbursement for telemedicine is the same as if the services were provided in-person, except as elsewhere indicated in these rules.

XIII. PHARMACEUTICAL REIMBURSEMENT

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern.

XIV. DRUG SCREENING (MCA §71-3-121)

Only one (1) drug screen or drug test result shall be eligible for reimbursement for each drug test conducted on the same patient on the same day, unless the initial screening results are deemed by the prescribing provider to be inconsistent or inherently unreliable. In that event, a confirmation screening may be ordered by the prescribing provider and paid for by the payer. In addition, treatment may not be discontinued based on the results of a drug test absent a confirmation test, which shall be reimbursed in addition to the initial screening test. Merely duplicate screenings or tests which are rerun to confirm initial results are not otherwise eligible for reimbursement.

XV. MILEAGE REIMBURSEMENT (MCA §71-3-15; MISS. WORK COMP. COM. GENERAL RULE 1.14)

The payer shall reimburse each claimant for all travel to obtain medical treatment which is being obtained under the provisions of the Mississippi Workers' Compensation Law, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled. There is no minimum distance of travel required for reimbursement, and reimbursement shall be made for each mile of round trip travel necessitated by the compensable injury, at the rate adopted by the MWCC and in effect at the time of the travel. Only reasonable and necessary miles traveled are subject to reimbursement.

XVI. SALES TAX

All Amounts in the Mississippi Workers' Compensation Fee Schedule include any sales tax/shipping charges, etc. Therefore, no additional amount is reimbursed for these items.

XVII. PATIENT'S RIGHT TO HEARING

Nothing provided in this Fee Schedule shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.

XVIII. TIME

In this Fee Schedule, when calculating any time period of seven (7) days or less, only business days are counted. When calculating any time period of more than seven (7) days, all calendar days are counted. Any time period which ends on a weekend, holiday or other day when the Commission is closed, is automatically extended to the first following day which is not a weekend, holiday or other day when the Commission is closed.

XIX. INVESTIGATIONAL PROCEDURES

The following procedures are considered investigational and are not eligible for reimbursement under the Mississippi Workers' Compensation Medical Fee Schedule:

- A. Intradiscal electrothermal therapy (IDET) (22526, 22527) and intradiscal annuloplasty by other method (22899).
- B. Intraventricular administration of morphine.
- C. Pulsed radiofrequency, regardless of procedure involved or indication (e.g., medial branch radiofrequency, dorsal root radiofrequency, etc.). If pulsed radiofrequency is used, but not specifically recorded as such in the medical records, the payer may retroactively deny payment for the service and request for reimbursement from the provider.
- D. Intradiscal therapies used in discography, such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, and thermal disc therapies.
- E. Percutaneous disc nucleoplasty.
- F. Epidural adhesiolysis, also known as Racz procedure or lysis of epidural adhesions.
- G. X-STOP fusion devices.
- H. MILD (minimally invasive lumbar decompression) procedures.
- I. Non-invasive pain procedure (NIP procedure or NIPP).
- J. Alpha-stim unit.
- K. ReBuilder and low laser treatment.
- L. Botulinum toxin for the treatment of musculoskeletal pain.
- M. Ketamine infusion therapy.
- N. Prolotherapy.
- O. H-WAVE type stimulators.
- P. Microcurrent Electrical Nerve Stimulation (MENS).
- Q. Sympathetic therapy

R. Electroceutical therapy (bioelectric nerve block)

S. Osseointegration procedure (post-amputation)

See below for a list of additional procedures that are not reimbursable when performed as investigational procedures.

- AccuraScope procedure.
- Annulo-nucleoplasty (The Disc-FX procedure).
- Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System).
- BacFast HD for isolated facet fusion.
- Biomet Aspen fusion system (an interlaminar fixation device).
- Cervical intradiscal radiofrequency lesioning.
- Chemical ablation (including but not limited to alcohol, phenol or sodium morrhuate) of facet joints.
- Coblation percutaneous disc decompression.
- Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indications.
- Cooled radiofrequency ablation for facet denervation.
- Cryoablation (cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain.
- Deuk Laser Disc Repair.
- Devices for annular repair (e.g., Inclose Surgical Mesh System).
- Dynamic (intervertebral) stabilization (e.g., BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and the Zodiak DynaMo System).
- Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System.
- Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation).
- Endoscopic transforaminal discectomy.
- Epidural fat grafting during lumbar decompression laminectomy/discectomy.
- Epidural injections of lytic agents (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications.
- Epidural steroid injections for the treatment of non-radicular low back pain.
- Epiduroscopy (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications.
- Facet chemodenervation/chemical facet neurolysis.
- Facet joint allograft implants (NuFix facet fusion, TruFuse facet fusion).
- Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine), Total Facet Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical).
- Interlaminar lumbar instrumented fusion (ILIF).
- Interspinous and interlaminar distraction devices.
- Interspinous fixation devices (CD HORIZON SPIRE Plate, PrimaLOK SP, SP-Fix Spinous Process Fixation Plate, and Stabilink interspinous fixation device) for spinal stenosis or other indications.
- Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency.
- Intradiscal electrothermal annuloplasty (IEA).
- Intradiscal electrothermal therapy (IDET).
- Intradiscal glucocorticoid injection for the treatment of low back pain.
- Intradiscal implantation of combined autologous adipose-derived mesenchymal stem cells and hyaluronic acid for the treatment of discogenic low back pain.
- Intradiscal implantation of stromal vascular fraction plus platelet rich plasma for the treatment of degenerative disc disease.
- Intradiscal infiltration with plasma rich in growth factors for the treatment of low back pain.
- Intradiscal injection of autologous bone marrow concentrate for the treatment of degenerative disc disease.
- Intradiscal injection of platelet-rich plasma.
- Intradiscal methylene blue injection for the treatment of low back pain.
- Intradiscal pulsed radiofrequency for the treatment of discogenic neck pain.
- Intradiscal steroid injections.
- Intradiscal thermal annuloplasty (IDTA).
- Intradiscal, paravertebral, or epidural oxygen or ozone injections.
- Intravenous administration of corticosteroids, lidocaine, magnesium, Toradol or vitamin B12 (cyanocobalamin) as a treatment for back pain and neck pain.
- Khan kinetic treatment (KKT).
- Laser facet denervation.
- Least invasive lumbar decompression interbody fusion (LINDIF).
- Microsurgical lumbar sequestrectomy for the treatment of lumbar disc herniation.
- Minimally invasive endoscopic transforaminal lumbar interbody fusion (endoscopic MITLIF; same as endoscopic MAST fusion) for lumbar disc degeneration and instability or other indications.
- Minimally invasive lumbar decompression (MILD) procedure (percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements under indirect image guidance) for lumbar canal stenosis or other indications.
- Minimally invasive thoracic discectomy for the treatment of back pain.
- Nucleoplasty (also known as percutaneous radiofrequency thermomodulation or percutaneous plasma discectomy).
- OptiMesh grafting system.
- Percutaneous (or plasma) disc decompression (PDD).
- Percutaneous cervical discectomy.

- Percutaneous endoscopic discectomy with or without laser (PELD) (also known as arthroscopic microdiscectomy or Yeung Endoscopic Spinal Surgery System [Y.E.S.S.]).
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)/intradiscal radiofrequency thermomodulation/percutaneous radiofrequency thermomodulation.
- Piriformis muscle resection and other surgery for piriformis syndrome.
- Posterior intrafacet implants (e.g., DTRAX Cervical Cage) for posterior cervical fusion.
- Psoas compartment block for lumbar radiculopathy or myositis ossification.
- Racz procedure (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications.
- Radiofrequency annuloplasty (RA).
- Radiofrequency denervation for sacroiliac joint pain.
- Radiofrequency lesioning of dorsal root ganglia for back pain.
- Radiofrequency lesioning of terminal (peripheral) nerve endings for back pain.
- Radiofrequency/pulsed radiofrequency ablation of trigger point pain.
- Sacroiliac fusion or pinning for the treatment of LBP due to sacroiliac joint syndrome; Note: Sacroiliac fusion may be medically necessary for sacroiliac joint infection, tumor involving the sacrum, and sacroiliac pain due to severe traumatic injury where a trial of an external fixator is successful in providing pain relief.
- Sacroiliac joint fusion (e.g., by means of the iFuse System and the Symmetry Sacroiliac Joint Fusion System).
- Sacroplasty for osteoporotic sacral insufficiency fractures and other indications.
- Targeted disc decompression (TDD).
- Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis.
- Vesselplasty (e.g., Vessel-X).

The following chiropractic procedures are considered experimental and investigational and therefore, do not qualify for reimbursement under the Mississippi Workers' Compensation Medical Fee Schedule.

- Active Release Technique.
- Active Therapeutic Movement (ATM2).
- Advanced Biostructural Correction (ABC) Chiropractic Technique.
- Applied Spinal Biomechanical Engineering.
- Atlas Orthogonal Technique.
- Bioenergetic Synchronization Technique.
- Biogeometric Integration.
- Blair Technique.
- Bowen Technique.
- Chiropractic Biophysics Technique.
- Coccygeal Meningeal Stress Fixation Technique.
- ConnecTX (an instrument-assisted connective tissue therapy program).
- Cranial Manipulation.
- Directional Non-Force Technique.
- FAKTR (Functional and Kinetic Treatment with Rehab) Approach.
- Gonzalez Rehabilitation Technique.
- Inertial traction (inertial extensilizer decompression table).
- IntraDiscNutrosis program.
- Koren Specific Technique.
- Manipulation for infant colic.
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology).
- Manipulation Under Anesthesia.
- Moire Contourographic Analysis.
- Network Technique.
- Neural Organizational Technique.
- Neuro Emotional Technique.
- Positional Release Therapy.
- Sacro-Occipital Technique.
- Spinal Adjusting Devices (ProAdjuster, PulStarFRAS, Activator).
- Therapeutic (Wobble) Chair.
- Upledger Technique and Cranio-Sacral Therapy.
- Webster Technique (for breech babies).
- Whitcomb Technique.

BILLING AND REIMBURSEMENT RULES

I. GENERAL PROVISIONS

A. **Maximum Allowable Reimbursement (MAR).**

Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum allowable reimbursement for health care services shall be the lesser of (a) the provider's total billed charge, or (b) the maximum specific fee established by the Fee Schedule. Items or services or procedures which do not have a maximum specific fee established by this Fee Schedule shall be reimbursed at the usual and customary fee as defined in this Fee Schedule, and in such cases, the maximum allowable reimbursement shall be the lesser of (1) the provider's total billed charge, or (2) the usual and customary fee as defined by this Fee Schedule.

If this Fee Schedule does not establish a maximum specific fee for a particular service or procedure, and a usual and customary rate cannot be determined because the FH Benchmarks products do not contain a fee for same, then the maximum allowable reimbursement shall be equal to the national Medicare allowance plus thirty percent (30%). In the absence of an established Medicare value, and assuming none of the above provisions apply, the maximum allowable reimbursement shall be eighty percent (80%) of the provider's total billed charge. New codes may be assigned values and posted on the MWCC website annually, or as needed.

B. **Separate Fee Contract.** An employer/payer may enter into a separate contractual agreement with a medical provider regarding reimbursement for services provided under the provisions of the Mississippi Workers' Compensation Law, and if an employer/payer has such a contractual agreement with a provider designed to reduce the cost of workers' compensation health care services, the contractual agreement shall control as to the amount of reimbursement and shall not be subject to the maximum allowable reimbursement otherwise established by the Fee Schedule. However, all other rules, guidelines and policies as provided in this Fee Schedule shall apply and shall be considered to be automatically incorporated into such agreement.

1. **Repricing Agreements.** Payers and providers may voluntarily enter into repricing agreements designed to contain the cost of workers' compensation health care after the medical care or service has been provided, and in such case, the reimbursement voluntarily agreed to by the parties shall control to the exclusion of the Fee Schedule. However, the time spent by the payer and provider attempting to negotiate a post-care repricing agreement does not extend the time elsewhere provided in this Fee Schedule for billing claims, paying claims, requesting correction of an incorrect payment, requesting reconsideration, seeking dispute resolution, or reviewing and responding to requests for correction or reconsideration or dispute resolution. In addition, applicable interest and penalties related to late billing and/or late

payment shall continue to accrue as otherwise provided. Efforts to negotiate a post-care repricing agreement do not justify late billing or payment, and either party may seek further relief in accordance with the rules provided herein should billing or payment not be made within the time otherwise due under these rules. No party shall be obligated to negotiate or enter into a repricing agreement of any kind whatsoever.

No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the MWCC determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the MWCC may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law.

This statute declares that any false or misleading statement or representation made for the purpose of wrongfully withholding any benefit or payment otherwise due under the terms of the Workers' Compensation Law shall be considered a felony. In addition, the MWCC may levy a civil penalty in an amount not to exceed ten thousand dollars (\$10,000.00) if it finds that payment of a just claim has been delayed without reasonable grounds, as provided in §71-3-59(2) of the Law.

C. **Billing Forms.** Billing for provider services shall be standardized and submitted on the following forms: Providers must bill outpatient professional services on the most recently authorized paper form, CMS-1500, or electronic version, 837p, regardless of the site of service. Health care facilities must bill on the most recently authorized uniform billing form. The electronic version, 837i, or the paper form UB-04 (CMS-1450) is required. Billing must be submitted using the most current paper or electronic forms which are authorized by CMS.

D. **Identification Number.** All professional reimbursement submissions by Covered Healthcare Providers as defined under CMS rules must include the National Provider Identifier (NPI) field so as to enable the specific identification of individual providers without the need for other unique provider identification numbers. Providers are required to obtain an NPI within the dates specified by CMS in its implementation rules.

E. **Physician Specialty.** The rules and maximum allowable reimbursement in the Mississippi Workers' Compensation Medical Fee Schedule do not address physician specialization within a specialty. Payment

is not based on the fact that a physician has elected to treat patients with a particular/specific problem. Reimbursement to qualified physicians is the same amount regardless of specialty.

- F. **"No Show" Appointments.** When an appointment is made for a physician visit by the employer or payer, and the claimant/patient does not show, the provider is entitled to payment at the rate allowed for a minimal office visit. Procedure code 99202 or 99211 may be billed.
- G. **"After Hours" and Other Adjunct Service Codes.** When an office service occurs after a provider's normal business hours, procedure code 99050 may be billed. Other adjunct service codes (99051-99060) may be billed as appropriate. Typically, only a single adjunct service code is reported per encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.
- H. **Portable Services.** When procedures are performed using portable equipment, bill the appropriate procedure code. The charge for the procedure includes the cost of the portable equipment.
- I. **Injections.**
- Reimbursement for injections includes charges for the administration of the drug and the cost of the supplies to administer the drug. Medications are charged separately using the appropriate HCPCS J-code.
 - The description must include the name of the medication, strength, and dose injected.
 - When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
 - Reimbursement for anesthetic agents such as Xylocaine and Carbocaine, when used for infiltration, is included in the reimbursement for the procedure performed and will not be separately reimbursed.
 - Reimbursement for intra-articular and intra-bursal injection medications (steroids and anesthetic agents) may be separately billed. The description must include the name of the medication, strength, and volume given.
- J. **Supplies.** Use CPT code 99070 or specific HCPCS codes to report supplies over and above those usually included with the office visit or service rendered. Do not bill for supplies that are currently included in surgical packages, such as gauze, sponges, and Steri-Strips®. Supplies and materials provided by the physician over and above those usually included with the office visit (drugs, splints, sutures, etc.) may be charged separately and reimbursed at a reasonable rate.

II. INSTRUCTIONS TO PROVIDERS

- A. All bills for service must be coded with the appropriate CPT, CDT, HCPCS or state-specific code.
- B. The medical provider must file the appropriate billing form and necessary documentation within twenty (20) days of rendering services on a newly diagnosed work-related injury or illness. Subsequent

billings must be submitted at least every thirty (30) days, or within thirty (30) days of each treatment or visit, whichever last occurs, with the appropriate medical records to substantiate the medical necessity for continued services. Late billings will be subject to discounts, not to exceed one and one-half percent (1.5%) per month of the bill or part thereof which was not timely billed, from the date the billing or part thereof is first due until received by the payer. Any bill or part thereof not submitted to the payer within sixty (60) days after the due date under this rule shall be subject to an additional one-time only discount penalty equal to ten percent (10%) of the total bill or part thereof. Any bill for services rendered which is not submitted to the payer within one (1) year after the date of service, or date of discharge for inpatient care, will not be eligible or considered for reimbursement under this Fee Schedule, unless otherwise ordered by the MWCC or its Cost Containment Division.

- C. When services were rendered by another qualified health care professional and billed under the physician's National Provider Identifier (NPI), the billing physician must sign the medical record. When the physician bills the E/M services, the physician must personally document that the physician performed the service or were physically present during the critical or key portions of the service furnished by the qualified health care professional, and the physician's participation in the management of the patient.
- D. Fees in excess of the maximum allowable reimbursement (MAR) must not be billed to the employee, employer, or payer. The provider cannot collect any non-allowed amount (MCA §71-3-15(3) (Rev. 2000)).
- E. If it is medically necessary to exceed the Fee Schedule limitations and/or exclusions, substantiating documentation must be submitted by the provider to the payer with the claim form.
- F. If a provider believes an incorrect payment was made for services rendered, or disagrees for any reason with the payment and explanation of review tendered by the payer, then the provider may request reconsideration pursuant to the rules set forth herein.
- G. If, after the resolution of a reconsideration request or a formal dispute resolution request, or otherwise, the provider is determined to owe a refund to the payer, the amount refunded shall bear interest at the rate of one and one-half percent (1.5%) per month from the date the refunded amount was first received by the provider, until refunded to the payer.

III. INSTRUCTIONS TO PAYERS

- A. An employer's/payer's payment shall reflect any adjustments in the bill made through the employer's/payer's bill review program. The employer/payer must provide an explanation of review (EOR) to a health care provider whenever reimbursement differs from the amount billed by the provider. This must be done individually for each bill.
- B. In a case where documentation does not indicate the

service was performed, the charge for the service may be denied. The EOR must clearly and specifically indicate the reason for the denial.

- C. (1) When a billed service is documented, but the code selected by the provider is not, in the payer's/reviewer's estimation, the most accurate code available to describe the service, the reviewer must not deny payment, but shall reimburse based on the revised code. The EOR must clearly and specifically detail the reason(s) for recoding the service or otherwise altering the claim. No claim shall be recoded or otherwise revised or altered without the payer having actually reviewed the medical records associated with the claim which document the service(s) provided.
- (2) As an alternative to recoding or altering a claim, the payer may treat the matter under rule E(1) and E(2) below by paying any undisputed portion of the bill, and notifying the provider by EOR that the remaining parts of the bill are denied or disputed.
- (3) Recoding cannot be used solely for cost containment. Recoding may only be used for the correction of miscoded services. Whenever there is any dispute concerning coding, the provider must be notified immediately and given the opportunity to furnish additional information, although nothing herein suspends the time periods for making payment or giving notice of dispute. Any recoding or so-called "down coding," which is found by the MWCC or its Cost Containment Division to be solely for the purpose of cost containment, will subject the party engaging in such conduct to additional penalties as allowed by law.
- D. Properly submitted bills must be paid within thirty (30) days of receipt by the payer. Properly submitted bills not fully paid within thirty (30) days of receipt by the payer shall automatically include interest on the unpaid balance at the rate of one and one-half percent (1.5%) per month from the due date of any unpaid remaining balance until such time as the claim is fully paid and satisfied. Properly submitted bills not fully paid within sixty (60) days of receipt will be subject to an additional one-time only penalty equal to ten percent (10%) of the unpaid remaining balance, including interest as herein provided.
- E. (1) When an employer/payer disputes or otherwise adjusts a bill or portion thereof, the employer/payer shall pay the undisputed or unadjusted portion of the bill within thirty (30) days of receipt of the bill. Failure to pay the undisputed portion when due shall subject the payer to interest and penalty as above provided on the undisputed portion of the bill. If the dispute is ultimately resolved in the provider's favor, interest and penalty on the disputed amounts will apply from the original due date of the bill until paid.
- (2) When a payer disputes a bill or portion thereof, the payer shall notify the provider within thirty (30) days of the receipt of the bill of the reasons for disputing the bill or portion thereof, and shall notify the provider of its right to provide additional information and to request reconsideration of the payer's action. The payer shall set forth the clear and specific reasons for disputing a bill or portion thereof on the EOR, and shall provide additional

documentation if necessary to provide an adequate explanation of the dispute.

- F. Reimbursement determinations shall be based on medical necessity of services to either establish a diagnosis or treat an injury/illness. Thus, where service is provided in good faith reliance on authorization given by the employer or payer, reimbursement shall not be dependent on the outcome of medically necessary diagnostic services or treatment.

IV. FACILITY FEE RULES

Please refer to the Pain Management section for the state-specific facility reimbursement rules to be used for outpatient pain management procedures.

Please refer to the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for the state-specific facility reimbursement rules to be used for ambulatory surgery center (ASC) procedures and hospital based outpatient departments.

Implantables. An implantable is an item that is implanted into the body for the purpose of permanent placement, and remains in the body as a fixture. Absorbable items, temporary items, or other items used to help place the implant, are not within the definition of "implantable" and are not reimbursed as such.

Implantables are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables. For implantables used in the outpatient setting, reimbursement is likewise included in the APC Amount paid to the facility. No separate billing or payment for implants shall be made in either the inpatient or outpatient setting.

V. EXPLANATION OF REVIEW (EOR)

- A. Payers must provide an explanation of review (EOR) to health care providers for each bill whenever the payer's reimbursement differs from the amount billed by the provider, or when an original claim is altered or adjusted by the payer. The EOR must be provided within thirty (30) days of receipt of the bill, and must accompany any payment that is being made.
- B. A payer may use the listed EOR codes and descriptors or may develop codes of their own to explain why a provider's charge has been reduced or disallowed, or why a claim has been altered or adjusted in some other way. In all cases, the payer must clearly and specifically detail the reasons for adjusting or altering a bill, including references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR. Should the EOR include an alteration in the codes submitted on the original claim, it must be based on a review of the medical records documenting the service.
- C. The EOR must contain appropriate identifying information to enable the provider to relate a specific reimbursement to the applicable claimant, the procedure billed, and the date of service.
- D. Acceptable EORs may include manually produced or

computerized forms that contain the EOR codes, written explanations, and the appropriate identifying information.

- E. The following EOR codes may be used by the payer to explain to the provider why a procedure or service is not reimbursed as billed, provided clear and specific detail is included, along with references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR:

- 001 These services are not reimbursable under the Workers' Compensation Law for the following reason(s): [Provide specific reason(s) why services are not reimbursable under the Workers' Compensation Law]
- 002 Charges exceed maximum allowable reimbursement [Specify]
- 003 Charge is included in the basic surgical allowance [Specify]
- 004 Surgical assistant is not routinely allowed for this procedure. Documentation of medical necessity required [Specify]
- 005 This procedure is included in the basic allowance of another procedure [Specify the other procedure]
- 006 This procedure is not appropriate to the diagnosis [Specify]
- 007 This procedure is not within the scope of the license of the billing provider [Specify]
- 008 Equipment or services are not prescribed by a physician [Specify]
- 009 This service exceeds reimbursement limitations [Specify]
- 010 This service is not reimbursable unless billed by a physician [Specify]
- 011 Incorrect billing form [Specify]
- 012 Incorrect or incomplete identification number of billing provider [Specify]
- 013 Medical report required for payment [Specify]
- 014 Documentation does not justify level of service billed [Specify]
- 015 Place of service is inconsistent with procedure billed [Specify]
- 016 Invalid procedure code [Specify]
- 017 Prior authorization was not obtained [Specify]

VI. REQUEST FOR RECONSIDERATION

- A. When, after examination of the explanation of review (EOR) and other documentation, a health care provider is dissatisfied with a payer's payment or dispute of a bill for medical services, reconsideration may be requested by the provider. Any other matter in dispute between the provider and payer may be subject to

reconsideration as herein provided at the request of either party, including, but not limited to, a request by the payer for refund of an alleged over-payment. Alleged over-payments should be addressed through the dispute resolution process, if necessary, and not by way of unilateral recoupment initiated by the payer on subsequent billings.

- B. A provider or payer must make a written request for reconsideration within thirty (30) days from the receipt of the explanation of review (EOR) or other written documentation evidencing the basis for the dispute. A request for reconsideration must be accompanied by a copy of the bill in question, the payers' explanation of review (EOR), and/or any additional documentation to support the request for reconsideration.
- C. The payer or provider, upon receipt of a request for reconsideration, must review and re-evaluate the original bill and accompanying documentation, and, must notify the requesting party thirty (30) days thereafter of the results of the reconsideration. The response must adequately explain the reason(s) for the decision, and cite the specific basis upon which the final determination was made. If the payer finds the provider's request for reconsideration is meritorious, and that additional payment(s) should be made, or if the provider finds the payer's request for refund or other payment is meritorious, the additional payment should be made within the above thirty (30) day period. Any additional payment(s) made in response to a provider's or payer's request for reconsideration shall include interest from the original due date of the bill or payment, and an additional ten percent (10%) penalty if applicable.
- D. If the dispute is not resolved within the above time after a proper request for reconsideration has been served by the provider or payer, then either party may request further review by the MWCC pursuant to the Dispute Resolution Rules set forth hereafter.
- E. Failure to seek reconsideration within the time above provided shall bar and prohibit any further reconsideration or review of the bill or other issue in question unless, for good cause shown, the MWCC or its representative extends the time for seeking reconsideration or review under these rules. In no event shall the time for seeking reconsideration hereunder be extended by more than an additional thirty (30) days, and any such request for additional time in which to seek reconsideration or further review must be made in writing to the MWCC within the initial thirty (30) day period set forth in paragraph B above.
- F. Requests by either provider or payer for refunds, or for additional payment, or other requests related to the billing or payment of a claim, must be sought in accordance with the specific rules set forth herein. No retrospective audits or dispute requests shall be allowed beyond one year from the date of service for seeking reconsideration and/or review.

MEDICAL RECORDS RULES

I. MEDICAL RECORDS

- A. The medical record, which documents the patient's course of treatment, is the responsibility of the provider and is the basis for determining medical necessity and for substantiating the service(s) rendered; therefore, failure to submit necessary or adequate documentation to support the services rendered may result in the services being disallowed.
- B. A medical provider may not charge any fee for completing a medical report or form required by the MWCC which is part of the required supporting documentation which accompanies a request for payment. The supporting documentation that is required to substantiate the medical treatment is included in the fee for service and does not warrant a separate fee as it is incidental to providing medical care. CPT code 99080 is appropriate for billing special reports beyond those required by this Fee Schedule and requested by the payer or their representatives.
- C. Medical records must be legible and include, as applicable:
 - 1. Initial office visit notes which document a history, physical examination, assessment and plan appropriate to the level of service indicated by the presenting injury/illness or treatment of the ongoing injury/illness;
 - 2. Progress notes which reflect patient complaints, objective findings, assessment of the problem, and plan of care or treatment;
 - 3. Copies of lab, x-ray, or other diagnostic tests that reflect current progress of the patient and/or response to therapy or treatment;
 - 4. Physical therapy/occupational therapy progress notes that reflect the patient's response to treatment/therapy;
 - 5. Operative reports, consultation notes with report, and/or dictated report; and
 - 6. Impairment rating (projected and actual) and anticipated maximum medical improvement (MMI) date.
- D. A plan of care should be included in the medical record and should address, as applicable, the following:
 - 1. The disability;
 - 2. Degree of restoration anticipated;
 - 3. Measurable goals;
 - 4. Specific therapies to be used;
 - 5. Frequency and duration of treatments to be provided;
 - 6. Anticipated return to work date; and
 - 7. Projected impairment.
- E. Health care providers must submit copies of records and reports to payers upon request. Providers can facilitate the timely processing of claims and payment for services by submitting appropriate documentation to the payer when requested. Only those records for a specific date of injury are considered non-privileged as it relates to a workers' compensation injury. The employer/payer is not privileged to non-work related medical information.
- F. Providers must submit documentation for the following:
 - 1. The initial office visit;
 - 2. A progress report if still treating after thirty (30) days;
 - 3. Evaluation for therapy services/ treatment (P.T., O.T., C.M.T., O.M.T.);
 - 4. A progress report every thirty (30) days for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
 - 5. An operative report or office note (if done in the office) for a surgical procedure;
 - 6. A consultation;
 - 7. The anesthesia record for anesthesia services;
 - 8. A functional capacity or work hardening evaluation;
 - 9. When billing "By Report" (BR), a description of the service is required; this description should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service;
 - 10. Whenever a modifier is used to describe an unusual circumstance; and
 - 11. Whenever the procedure code descriptors include a written report.
- G. Hospitals and other inpatient facilities must submit required documentation with the appropriate billing forms as follows:
 - 1. Admission history and physical;
 - 2. Discharge summary;
 - 3. Operative reports;
 - 4. Pathology reports;
 - 5. Radiology reports;
 - 6. Consultations;
 - 7. Other dictated reports; and
 - 8. Emergency room records.

The Health Insurance Portability & Accountability Act (HIPAA) makes important exceptions concerning the disclosure of protected health information for workers' compensation purposes. For additional information,

refer to the MWCC website (mwcc.ms.gov), or consult an attorney and/or the HIPAA resource site maintained by the U.S. Department of Health and Human Services (<http://hhs.gov/ocr/privacy/>).

II. COPIES OF RECORDS

A **Outpatient Records.** The payer may request additional records or reports from the provider concerning service or treatment provided to a patient. These additional records and reports will be reimbursed as follows:

- \$20.00 for first 20 pages;
- \$1.00 per page for pages 21-100; and
- \$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars (\$15.00) for retrieving records stored off the premises where the provider's facility or office is located.

B **Inpatient Records.** The payer may request additional records or reports from a facility concerning inpatient service or treatment provided to a patient. Such reports or records requested by the payer will be reimbursed as follows:

- \$20.00 for first 20 pages
- \$1.00 per page for pages 21-100
- \$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

There is a maximum reimbursement allowance of one hundred dollars (\$100.00) for a particular inpatient medical record, exclusive of postage, handling and retrieval charges as set forth below. This is per admission.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars (\$15.00) for retrieving records stored off the premises where the provider's facility or office is located.

- C Copies of records requested by the patient and/or the patient's attorney or legal representative will be reimbursed by the requesting party according to the provisions of this section on additional reports and records.
- D Documentation submitted by the provider which has not been specifically requested will not be subject to reimbursement.
- E Health care providers may charge up to ten dollars (\$10.00) per image for copying x-rays or for providing copies of x-rays via electronic or other magnetic media. (Copies of film do not have to be returned to the provider.)
- F Payers, their representatives, and other parties requesting records and reports must be specific in their requests so as not to place undue demands on provider time for copying records.
- G Providers should respond promptly (within fourteen (14) working days) to requests for additional records and reports.
- H Records requested by the MWCC will be furnished by the provider without charge to the MWCC.
- I Any additional reimbursement, including copy service vendors, other than specifically set forth above, is not required, and providers or their vendors will not be paid any additional amounts.

III. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) AND WORKERS' COMPENSATION

HIPAA makes important exceptions concerning the disclosure of protected health information (PHI) for workers' compensation purposes. The United States Department of Health and Human Services, through its Office for Civil Rights, enforces the HIPAA Law and maintains an informative website with information on HIPAA and its application to workers' compensation claims. For additional information, refer to the MWCC website (mwcc.ms.gov), or consult an attorney and/or the HIPAA resource site maintained by the U. S. Department of Health and Human Services (<http://hhs.gov/ocr/privacy/>).

DISPUTE RESOLUTION RULES

I. GENERAL PROVISIONS

- A. Unresolved disputes over the amount charged for services rendered under the provisions of the Fee Schedule or over the amount of reimbursement for services rendered under the Fee Schedule may be appealed to and resolved by the MWCC. Regardless of the date of service, all changes to the dispute resolution procedures found in this edition of this section of the Fee Schedule shall be applied retroactively to all Requests for Resolution of Dispute or other documents filed on or after the effective date of this Fee Schedule.
- B. Reconsideration must be sought by the provider or payer prior to a request for resolution of a dispute being sent to the MWCC. The providers request to the carrier for reconsideration of an adjusted and/or disputed bill shall include a statement on their letterhead providing in detail the reasons for disagreement and the exact amount owed. This provides the payer and provider an opportunity to resolve most concerns in a timely manner.
- C. All communication between parties in dispute will be handled by the MWCC, Cost Containment Division. In addition, there will be no communication between the parties in dispute and any Peer Reviewer who might be called upon to assist the MWCC in the resolution of a dispute.
- D. In the absence of any agreement between the parties submitted to the MWCC in writing, Requests for Resolution of Dispute shall not be ruled upon in claims for which the compensability of the underlying injury is currently disputed or denied by the payer. In the event the parties submit such an agreement, it shall be subject to the review and approval of the Cost Containment Division, and such agreement shall be recognized or denied in the sole discretion of the Cost Containment Division and/or the MWCC. Otherwise, Cost Containment Decisions for Requests for Resolution of Dispute may be held in abeyance pending a final adjudication and/or admission of compensability by the payer for the underlying injury in the dispute.

II. FORMS AND DOCUMENTATION

- A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (see the form at the end of this section or <http://www.mwcc.ms.gov/#/medicalFeeSchedule>) along with the following:
 1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;
 2. Information on the *provider's letterhead* stating and detailing the reason for the dispute request.
 3. EOR including the specific reimbursement;
 4. Supporting documentation and correspondence;

5. Specific information regarding contact with the payer; and
6. Any other information deemed relevant by the applicant for dispute resolution.

- B. A Request for Resolution of Dispute must be submitted via First-Class mail to:

Mississippi Workers' Compensation Commission
Cost Containment Division
1428 Lakeland Drive
P.O. Box 5300
Jackson, MS 39296-5300

- C. A party, whether payer, provider, or patient, shall certify that a copy of the Request for Resolution of Dispute and/or the Response to such Request, and any supporting documentation, being filed with the MWCC has been provided to the other interested parties or their representatives by CERTIFIED MAIL simultaneously with the filing to the MWCC. This requirement shall also apply when a party files a request seeking review of a dispute by the MWCC.

III. TIME FOR FILING

A Request for Resolution of Dispute must be filed with the MWCC within thirty (30) days following the payer's or provider's response to a request for reconsideration of any matter in dispute, or, in cases where the payer or provider fails to respond to a request for reconsideration, within thirty (30) days of the expiration of the time in which said response should have been provided. Failure to file a Request for Resolution of Dispute within this time shall bar any further action on the disputed issue(s) unless, for good cause shown, the MWCC or its Cost Containment Director extends the time for filing said request. In no event will a Request for Resolution of Dispute be considered by the Cost Containment Division if submitted more than one (1) year after the date of service. The decision to extend the time for filing a Request for Resolution of Dispute based on "good cause" shall be entirely at the discretion of the MWCC or its Cost Containment Director. Mere neglect will not constitute "good cause."

IV. PROCEDURE BY COST CONTAINMENT DIVISION

- A. Requests for dispute resolution will be reviewed and decided by the Cost Containment Division of the MWCC after all required and requested information has been received. Additional time may be required to accommodate a Peer Review. The payer and/or provider may be contacted by telephone or other means for additional information if necessary; however, both parties to a dispute may submit in writing any information or argument they deem relevant to the issue in dispute, if not already submitted with the request for dispute resolution, and this information shall be considered by the Cost Containment Division when rendering a decision. Any written information or argument submitted for

consideration by a party to a dispute, without a request from the MWCC, must be received by the Cost Containment Division within twenty-three (23) days after filing the Request for Resolution of Dispute in order to merit consideration. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Response to such Request.

- B. Every effort should be made by the parties to resolve disputes between themselves by telephone or in writing even after the filing of a Request for Resolution of Dispute. The payer and provider may be requested to attend an informal hearing conducted by a MWCC representative. Failure to appear at an informal hearing may result in dismissal of the Request for Resolution of Dispute. However, no formal hearing or oral argument shall be allowed unless requested by the Cost Containment Division and/or the MWCC. Otherwise, Requests for Resolution of Dispute shall be heard and considered solely on the record provided by the parties in the documentation they have submitted to the Cost Containment Division and any arguments they have made therein, without any oral argument or formal hearing.
- C. Following review of all documentation submitted for dispute resolution and/or following contact with the payer and/or provider for additional information and/or negotiation, the Cost Containment Division shall render an administrative decision on the request for dispute resolution and forward it to the involved parties.
- D. Cases involving medical care determination may be referred for peer review, but only on request of the MWCC. The peer review consultant will render an opinion and submit same to the MWCC representative within the time set by the Cost Containment Division. The MWCC representative will notify the parties in dispute if a Peer Review has been requested, and of the peer review consultant's determination.

V. MWCC REVIEW OF A DISPUTE

- A. Any party aggrieved by the decision of the Cost Containment Division shall have twenty (20) days from the date of said decision to request review by the MWCC. Unless permitted to appear pro se, all parties participating in MWCC review of a decision of the Cost Containment Division are required to be represented by an attorney licensed in Mississippi.

Failure to file a written request for review with the MWCC within this twenty (20) day period shall bar any further review or action with regard to the issue(s) presented. A decision of the Cost Containment Division that is not timely appealed shall constitute a final decision of the Full MWCC, with all findings and determinations of the Cost Containment Director, including the award of penalties, interest, and attorney's fees and/or expenses, to be considered as having been awarded by the Full MWCC itself, including any penalty under Mississippi Code Annotated Section 71-3-59. No extension of time within which to file for MWCC review of a dispute under these Rules shall be allowed. In the event a request for review is not filed

with the MWCC within twenty (20) days, the parties to the dispute shall have fourteen (14) days thereafter in which to comply with the final decision of the Cost Containment Division.

A party to a dispute may, when a written request for review has not been timely filed with the MWCC, seek enforcement of payment of that decision pursuant to the terms and time period set forth in Mississippi Code Annotated Section 71-3-49. A Final Decision of the Cost Containment Division and/or the MWCC shall be considered sufficient to allow the payer and/or provider to pursue any and all remedies available to it for enforcement of payment in default pursuant to Mississippi Code Annotated Section 71-3-49. No further action to enforce payment shall be made by the MWCC, nor shall any other document be issued regarding the dispute unless the MWCC finds the issuance of such document to be necessary. The payer and/or provider shall be solely responsible for calculating the interest and penalty owed to it pursuant to the terms of the Fee Schedule, and any dispute regarding enforcement of payment in default and/or the amount of interest or penalty due shall be determined by the Court wherein the payer or provider has sought enforcement pursuant to Mississippi Code Annotated. Section 71-3-49. The same procedure for enforcement above shall also be applicable to all final decisions of the MWCC in the event the decision of the Cost Containment Division was timely appealed to the MWCC and a final decision of the MWCC has been issued.

- B. The request for review by the MWCC shall be filed with the Cost Containment Division of the Mississippi Workers' Compensation Commission, shall be in writing, and shall state the grounds on which the requesting party relies. All documentation submitted to and considered by the Cost Containment Division, including the Request for Resolution of Dispute form, along with a copy of the decision of the Cost Containment Division, shall be attached to the request for review which is filed with the MWCC. The party seeking relief hereunder shall certify that a copy of the request for review and any supporting documentation being filed with the MWCC has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the MWCC. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Request for MWCC Review.
- C. The MWCC shall review the issue(s) solely on the basis of the documentation submitted to the Cost Containment Division. No additional documentation not presented to and considered by the Cost Containment Division shall be considered by the MWCC on review, unless specifically requested by the MWCC, and no hearing or oral argument shall be allowed, unless specifically requested by the MWCC.
- D. The MWCC shall consider the request for review and issue a decision.
- E. Following the decision of the MWCC, or following the conclusion of the dispute resolution process at any stage without an appeal to the MWCC, no further audit, adjustment, refund, review, consideration, reconsideration or appeal with respect to the claim in

- question by the MWCC may be sought by either party.
- F. The costs incurred in seeking MWCC review, or in seeking compliance with an Administrative Decision rendered by the Cost Containment Director, including reasonable attorney fees, if any, may be assessed to the party who requested review if that party's position is not sustained by the MWCC and to the party who has failed to comply with a prior decision if compliance therewith is ordered by the MWCC. Otherwise, each party shall bear their own costs, including attorney's fees.
 - G. If the Cost Containment Director and/or the MWCC determines that a dispute is based on or arises from a billing error, a payment adjustment or error, including but not limited to improper bundling of service codes, unbundling, downcoding, code shifting, or other action by either party to the dispute, or if the MWCC determines that a provider or payer has unreasonably refused to comply with

the Law, the Rules of the MWCC, including this Fee Schedule, or with any decision of the MWCC or its representatives, and that this causes proceedings with respect to the billing and/or payment for covered medical services to be instituted or continued or delayed without reasonable grounds, then the MWCC may require the responsible party or parties, and/or the attorney advising such party or parties, to pay the reasonable expenses, including attorney's fees, if any, to the opposing party; and, in addition, the MWCC may levy against the responsible party or parties a civil penalty not to exceed the sum of ten thousand dollars (\$10,000.00), payable to the MWCC, as provided in §71-3-59(2) of the Law. The award of costs and penalties as herein provided shall be in addition to interest and penalty charges which may apply under other provisions of this Fee Schedule.



Mississippi Workers' Compensation Commission

Request for Resolution of Dispute

INSTRUCTIONS FOR USE

Please provide the following information and return with the required medical records to the address shown below.

A COPY OF THE REQUEST FOR RESOLUTION OF DISPUTE AND ITS CONTENTS MUST BE SENT BY CERTIFIED MAIL TO THE PAYER.

This dispute is submitted by: Provider Payer Other _____

Name _____

Address _____

City/State/Zip _____ Phone _____

Contact Person _____ Email _____

CLAIMANT INFORMATION

Name _____

Address _____

City/State/Zip _____ Phone _____

Claim Number _____ Date of Service _____

Employer _____ Date of Injury _____

PAYER INFORMATION

Carrier/Self Insured Name _____

Address _____

City/State/Zip _____

Insurance Company/Third Party Administrator _____

Phone _____ Email _____

Narrative Description of Unresolved Dispute(s)

Please attach copies of the following information regarding this claim:

- Original Bill Certified Mail Receipt Prior Authorization
- EOB(s)/EOR(s) Medical Records/Invoices(s) Appeal(s)
- EOMB including specific reimbursement Supporting documentation and communication
- Other pertinent information for review of this claim
- Documentation to substantiate the reconsideration of the original bill submitted

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date Received at MWCC _____

Date Reviewed by Cost Containment Division _____

MWCC – CC# _____

Mississippi Workers' Compensation Commission • Cost Containment Division • P.O. Box 5300 • Jackson, MS 39296-5300

AUTHORIZATION/PRE-CERTIFICATION RULES

Certain medical services associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule may be subject to pre-authorization/pre-certification at the discretion of the payer. "Pre-certification" refers to a system for reviewing proposed medical services to make sure that such procedures are medically necessary and represent the most efficient and appropriate use of medical resources given the nature of the injury to the patient and the process of his or her recovery, and that such services are properly and timely reimbursed. These rules are set forth to encourage efficient and timely communication between payers and providers (including agents of either) in order to make sure that medically necessary services are provided and timely reimbursed, and to curtail the use of unnecessary or unreasonable treatment. The provisions herein set forth regarding pre-certification are in addition to the requirements of Mississippi Code Annotated (MCA) §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure. In the event of conflict between this Fee Schedule and the above statutes, and any implementing regulations adopted by the Health Department or Board of Medical Licensure, the provisions in this Fee Schedule or other applicable rules of the MWCC shall control.

A payer may provide for pre-certification by using personnel or units in-house, by contracting with a third party utilization review agent properly licensed by the MS Department of Health, or by contracting with a Nurse Case Manager or similar person to monitor the care being provided in person working with the patient and provider. An injured worker and/or his or her attorney and any case manager assigned by the payer shall strive to cooperate with one another for the purpose of ensuring the injured worker receives all of the medically necessary care needed for the treatment of the injury and the process of recovery. A payer also may exercise their statutory right to an Employer Medical Evaluation (EME) as provided for in MCA §71-3-15(1) (Rev. 2000) in conjunction with, or in lieu of, ongoing authorization/pre-certification.

NO DECISION OR DETERMINATION ADVERSE TO A PATIENT OR HEALTH CARE PROVIDER WHICH MAY RESULT IN THE DENIAL OF PAYMENT, OR IN THE DENIAL OF PRE-CERTIFICATION FOR TREATMENT IN THIS STATE, SHALL BE MADE WITHOUT THE PRIOR EVALUATION AND CONCURRENCE IN THE ADVERSE DETERMINATION BY A PHYSICIAN CURRENTLY LICENSED TO PRACTICE MEDICINE IN THE STATE OF MISSISSIPPI, AND PROPERLY TRAINED IN THE SAME SPECIALTY OR SUB-SPECIALTY AS THE REQUESTING PROVIDER WHO IS SEEKING APPROVAL FOR TREATMENT OR SERVICES.

THIS ADVERSE DETERMINATION MUST BE PROVIDED WITHIN TWO (2) BUSINESS DAYS EITHER BY TELEPHONE OR FACSIMILE OR EMAIL, AND IN WRITING WITHIN ONE (1) BUSINESS DAY THEREAFTER, TO THE REQUESTING PROVIDER. ANY SUCH ADVERSE DETERMINATION MUST INCLUDE WRITTEN DOCUMENTATION CONTAINING THE SPECIFIC EVALUATION, FINDINGS AND CONCURRENCE OF THE

MISSISSIPPI LICENSED PHYSICIAN TRAINED IN THE RELEVANT SPECIALTY OR SUB-SPECIALTY, AND MUST REFERENCE ANY SPECIFIC PROVISIONS OF THE MISSISSIPPI WORKERS' COMPENSATION MEDICAL FEE SCHEDULE WHICH ALLEGEDLY JUSTIFIES THE ADVERSE DETERMINATION.

ANY ADVERSE DETERMINATION WHICH DOES NOT COMPLY WITH THIS PROVISION SHALL HAVE NO FORCE OR EFFECT AND SHALL NOT PREVENT THE PROVIDER FROM PROCEEDING WITH THE PROPOSED TREATMENT AND ULTIMATELY BEING REIMBURSED AS THOUGH THE PROPOSED TREATMENT OR SERVICE HAD BEEN TIMELY APPROVED IN ADVANCE.

IF A PAYER ELECTS TO SEEK AN EME IN LIEU OF AUTHORIZATION/PRE-CERTIFICATION, THE INJURED WORKER AND THE PROVIDER MUST BE NOTIFIED OF THIS ELECTION WITHIN THE SAME TWO (2) DAY PERIOD APPLICABLE TO ADVERSE DETERMINATIONS STATED ABOVE.

I. SERVICES THAT MAY REQUIRE PRE-CERTIFICATION

The following medical procedures may require pre-certification by the payer. The payer may waive pre-certification or, at its discretion, require review by a utilization review agent. If a utilization review agent is not used, the review must be based on evidence-based practice standards. Any adverse determination must have concurrence of a physician of the same specialty and licensed to practice in Mississippi. If the payer requires review by a utilization review agent and receives an adverse determination, the payer may override the decision and authorize the series(s).

- A. Elective admissions to inpatient facilities of any type;
- B. Elective surgical procedures, inpatient and outpatient;
- C. Physical medicine treatments after 15 visits and/or 30 days post-operatively;
- D. Rental or purchase of supplies or equipment over the amount of \$300.00 per item;
- E. Rental or purchase of TENS;
- F. Home health services;
- G. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs;
- H. External spinal stimulators;
- I. Pain control programs;
- J. Work hardening programs, functional capacity testing, ISO kinetic testing;
- K. Orthotics or prosthetics;
- L. Psychological testing/counseling/treatment;
- M. Substance abuse program;
- N. Weight reduction program;

- O. Any non-emergency medical service outside the State of Mississippi;
- P. Repeat MRI, repeat CT scan, repeat EMG/NCS, and repeat myelogram (more than once per injury and/or more than one post-operatively); and
- Q. Massage therapy, acupuncture and biofeedback.

II. DEFINITIONS

For the purpose of this fee schedule the following activities have been defined:

Authorization. An authorization is an approval of medical services by a carrier/payer/employer, usually prior to service being rendered.

Case Management. The clinical and administrative process in which timely, individualized, and cost effective medical rehabilitation services are implemented, coordinated, and evaluated, by a nurse, other case manager, or other utilization reviewer employed by the payer, on an ongoing basis for patients who have sustained an injury or illness. Use of case management is optional in Mississippi. Use state-specific code 9936M for a conference with workers' compensation medical case manager/claims manager.

Clinical Peer. A health professional that holds an unrestricted medical or equivalent license and is qualified to practice in the same or similar specialty as would typically manage the medical condition, procedures, or treatment under review. Generally, as a peer in a similar specialty, the individual must be in the same profession (i.e., the same licensure category as the ordering provider).

Clinical Rationale. A statement or other documentation that taken together provides additional clarification of the clinical basis for a non-certification determination. The clinical rationale should relate the non-certification determination to the worker's condition or treatment plan, and must include a detailed basis for denial or non-certification of the proposed treatment so as to give the provider or patient a sufficient basis for a decision to pursue an appeal. Clinical rationale must include specific reference to any applicable provisions of the Mississippi Workers' Compensation Medical Fee Schedule which allegedly support the determination of the reviewer, or a statement attesting to the fact that no such provision(s) exists in the Fee Schedule.

Concurrent Review. Certification or Authorization review conducted during a worker's hospital stay or course of treatment, sometimes called continued stay review.

Discharge Planning. The process of assessing a patient's need for medically appropriate treatment after hospitalization including plans for an appropriate and timely discharge.

Expedited Appeal. An expedited appeal is a request to reconsider a prior determination not to certify imminent or ongoing services, an admission, an extension of stay, or other medical services of an emergency, imminent, or ongoing nature.

First Level Clinical Review. Review conducted by a registered nurse, nurse case manager, or other appropriate licensed or certified health professional. First level clinical review staff may approve requests for

admissions, procedures, and services that meet the standard of medical necessity as defined elsewhere in the Fee Schedule, but must refer requests that do not meet this medical necessity standard, in their opinion, to second level clinical peer reviewers for approval or denial.

Notification. Correspondence transmitted by mail, telephone, facsimile, email, and/or other reliable electronic means.

Peer Review. A review of any issue related to a claim as requested by another party. (Not usually requested by the provider.)

Pre-certification. The review and assessment of proposed medical treatment or services before they occur to determine if such treatment or services meet the definition of medical necessity as set forth elsewhere in this Fee Schedule. The appropriateness of the site or level of care is assessed along with the duration and timing of the proposed services.

Provider. A licensed health care facility, program, agency, or health professional that delivers health care services.

Retrospective Review. Authorization review conducted after services have been provided to the worker.

Second Level Clinical Review. Peer review conducted by appropriate clinical peers when the First Level Clinical Reviewer is unable to determine whether a request for an admission, procedure, or service satisfies the standard of medical necessity as defined elsewhere in this Fee Schedule. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty as the requesting provider.

Standard Appeal. A request by or on behalf of the patient or provider to reconsider a prior decision by the payer or its utilization review agent to deny proposed medical treatment or service, including but not limited to, a determination not to certify an admission, extension of stay, or other health care service.

Third Level Clinical Review. Medical necessity review conducted by appropriate clinical peers who were not involved in the first or second level review when a decision not to certify a requested admission, procedure, or service has been appealed. The third level peer reviewer must be in the same or like specialty as the requesting provider. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty as the requesting provider.

Utilization Reviewer. An entity, organization, or representative/person performing authorization/pre-certification activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

Payers, providers and their utilization review organizations or programs or agents are required to meet the following standards:

- A. The payer's utilization reviewer or agent must comply with the licensing and certification requirements of MCA §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure, and shall have utilization review personnel, agents or representatives who are properly qualified, trained, supervised, and supported by explicit clinical review criteria and review procedures. In no event shall proposed treatment or services be denied except in accordance with the express provisions stated elsewhere in these Rules and in accordance with MCA §41-83-31 (Rev. 2009).
- B. The first level review is performed if the claims adjuster or manager has not already approved the treatment in question, and is performed by individuals who are health care professionals, who possess a current and valid professional license, and who have been trained in the principles and procedures of utilization review.
- C. The first level reviewers are required to be supported by a doctor of medicine who has an unrestricted license to practice medicine, and in cases where treatment is being denied or withheld by a utilization reviewer, this determination must be supported in writing by a physician licensed in Mississippi and trained in the relevant specialty or sub-specialty, as previously set forth in these Rules.
- D. The second and third level review is performed by clinical peers who hold a current, unrestricted Mississippi license to practice in the same or like specialty as the treating physician whose recommendation is under review, and are oriented in the principles and procedures of utilization review. The second level review shall be conducted for all cases where a clinical determination to certify has not already been made by the payer or payer's agent, and the determination of medical necessity cannot be made by first level clinical reviewers. Second and third level clinical reviewers shall be available within one (1) business day by telephone or other electronic means to discuss the determination with the attending physicians or other ordering providers. In the event more information is required before a determination can be rendered by a second or third level reviewer, the attending/ordering provider must be notified immediately of the delay and given a specific time frame for determination, and a specific explanation of the additional information needed. A requesting provider shall not be required to participate in further discussions where the payer or its agents have unilaterally scheduled such a conference. Further, a request for treatment or service may not be denied solely on grounds the requesting provider fails to participate in a conference which has been unilaterally scheduled by the payer or their agent. Follow-up conferences must be arranged by joint agreement.
- E. The payer's utilization reviewer shall maintain all licensing applications, certificates, and other supporting information, including any and all reports, data, studies, etc., along with written policies and procedures for the effective management of its authorization/pre-certification activities, which shall be made available to the provider, or the Commission, upon request.
- F. The payer maintains the responsibility for the oversight of the delegated functions if the payer delegates authorization/pre-certification responsibility to a vendor. The vendor or organization to which the function is being delegated must be currently certified by the Mississippi Board of Health, Division of Licensure and Certification to perform utilization management in the State of Mississippi. A copy of the license or certification held by the utilization review agent shall be furnished to the provider, or to the Commission, upon request. The payer who has another entity perform authorization/pre-certification functions or activities on its behalf maintains full responsibility for compliance with the rules.
- G. The payer's utilization reviewer shall maintain a telephone review service that provides access to its review staff at a toll free number from at least 9:00 a.m. to 5:00 p.m. CT each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed or electronic requests. Reviews should be conducted during hospitals' and health professionals' reasonable and normal business hours.
- H. The payer's utilization reviewer shall collect only the information necessary to certify the admission procedure or treatment, length of stay, frequency, and duration of services. The utilization reviewer should have a process to share all clinical and demographic information on individual workers among its various clinical and administrative departments to avoid duplicate requests to providers.
- I. Providers must submit a request to the payer using the MWCC Request for Authorization/Pre-certification. (A copy of this form is provided in the forms section at the end of this section.)

IV. PROCEDURES FOR REVIEW DETERMINATIONS

The following procedures are required for effective review determination.

- A. Initial review determinations must be made within two (2) business days of receipt of the treating physician's records and other necessary information on a proposed non-emergency admission or service requiring a review determination. Receipt of necessary information may necessitate a discussion with the attending physician and may involve a completed second level clinical review. In the case of determinations made by a specialist conducting a second level clinical review as defined under the Authorization/Pre-certification Rules of the Fee Schedule, the two (2) day period begins to run upon the payer's receipt of a completed second opinion review from the second level clinical reviewer. Second level clinical review is not an Employer's

Medical Evaluation (EME). In an EME, the employee is examined. In contrast, a second level clinical review as defined under the Fee Schedule does not include an in-person examination of the employee. An EME conducted in lieu of pre-certification is governed by other provisions of the Authorization/Pre-certification Rules of the Fee Schedule, Miss. Code Ann. Section 71-3-15, and Miss. Work. Comp. Com. General Rule 1.9. In cases where an EME is conducted in lieu of pre-certification, the payer must notify the provider and the injured worker of its election to obtain an EME within the same (2) day period applicable to initial review determinations that begins once the payer has received the necessary information. However, in that instance, collection of the necessary information will not include the opinion of a second level clinical reviewer because no second level clinical reviewer will be used. Rather, the EME is elected in lieu of any further pre-certification. The Mississippi Workers' Compensation Commission Request for authorization/pre-certification of Medical Treatment form may be used to request authorization/pre-certification.

- B. When an initial determination is made to certify, notification shall be provided promptly, at least within one (1) business day or before the service is scheduled, whichever first occurs, either by telephone or by written or electronic notification to the provider or facility rendering the service. If an initial determination to certify is provided by telephone, a written notification of the determination shall be provided within two (2) business days thereafter. The written notification shall include the number of days approved, the new total number of days or services approved, and the date of admission or onset of services.
- C. When a determination is made not to certify, notification to the attending or ordering provider or facility must be provided by telephone or electronic means within one (1) business day followed by a written notification within one (1) business day thereafter. The written notification must include the principal reason/clinical rationale for the determination not to certify, including specific reference to any provision of this Fee Schedule relied upon by the reviewer, and instructions for initiating an appeal and/or reconsideration request.
- D. The payer or its review agent shall inform the attending physician and/or other ordering provider of their right to initiate an expedited appeal in cases involving emergency or imminent care or admission, or a standard appeal, as the case may permit, of a determination not to certify, and the procedure to do so.
 - 1. Expedited appeal—When an initial determination not to certify a health care service is made prior to or during an ongoing service requiring imminent or expedited review, and the attending physician believes that the determination warrants immediate appeal, the attending physician shall have an opportunity to appeal that determination over the telephone or by electronic mail or facsimile on an expedited basis within one (1) business day.
 - a. Each private review agent shall provide for

prompt and expeditious access to its consulting physician(s) for such appeals.

- b. Both providers of care and private review agents should attempt to share the maximum information by phone, fax, or otherwise to resolve the expedited appeal (sometimes called a reconsideration request) satisfactorily.
 - c. Expedited appeals, which do not resolve a difference of opinion, may be resubmitted through the standard appeal process, or submitted directly to the Commission's Medical Cost Containment Division as a Request for Resolution of Dispute. A disagreement warranting expedited review or reconsideration does not have to be resubmitted to the payer or utilization review agent through the standard appeal process unless the requesting provider so wishes.
2. Standard appeal—A standard appeal will be considered as a request for reconsideration, and notification of the appeal decision given to the provider, not later than twenty (20) calendar days after receiving the required documentation for the appeal.
 - a. An attending physician who has been unsuccessful in an attempt to reverse a determination not to certify treatment or services must be provided the clinical rationale for the determination along with the notification of the appeal decision.
 3. Retrospective review—For retrospective review, the review determination shall be based on the medical information available to the attending or ordering provider at the time the medical care was provided, and on any other relevant information regardless of whether the information was available to or considered by the provider at the time the care or service was provided. A request for review and approval of services already provided must be handled by the payer or its utilization reviewer in the same manner any other request for approval of services is handled.
 - a. When there is retrospective determination not to certify an admission, stay, or other service, the attending physician or other ordering provider and hospital or facility shall receive written notification, or notification by facsimile or electronic mail, within twenty (20) calendar days after receiving the request for retrospective review and all necessary and supporting documentation.
 - b. Notification should include the principal reasons for the determination and a statement of the procedure for standard appeal if the determination is adverse to the patient.
 4. Emergency admissions or surgical procedures—Emergency admissions or surgical procedures must be reported to the payer by the end of the

- next business day. Retrospective review activities will be performed following emergency admissions, and a continued stay review may be initiated.
- a. If a licensed physician certifies in writing to the payer or its agent or representative within seventy-two (72) hours of an admission that the injured worker admitted was in need of emergency admission to hospital care, such shall constitute a prima facie case for the medical necessity of the admission. An admission qualifies as an emergency admission if it results from a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to admit to hospital care could reasonably result in (1) serious impairment of bodily function(s), (2) serious or permanent dysfunction of any bodily organ or part or system, (3) permanently placing the person's health in jeopardy, or (4) other serious medical consequence.
 - b. To overcome a prima facie case for emergency admission as established above, the utilization reviewer must demonstrate by clear and convincing evidence that the patient was not in need of an emergency admission.
- E. Failure of the health care provider to provide necessary information for review, after being specifically requested to do so by the payer or its review agent in detail, may result in denial of certification and/or reimbursement.
 - F. When a payer and provider have completed the authorization/pre-certification appeals process and cannot agree on a resolution to a dispute, either party, or the patient, can appeal to the Cost Containment Division of the Mississippi Workers' Compensation Commission, and should submit this request on the Request for Dispute Resolution Form adopted by the Commission. A request for resolution of a authorization/pre-certification dispute should be filed with the Commission within twenty (20) calendar days following the conclusion of the underlying appeal process provided by the payer or its utilization reviewer. The Commission shall consider and decide a request for resolution of an authorization/pre-certification dispute in accordance with the Dispute Resolution Rules provided elsewhere in this Fee Schedule.
 - G. Failure of a payer or its utilization review agent to timely notify the provider of a decision whether to certify or approve an admission, procedure, service or other treatment shall be deemed to constitute approval by the payer of the requested treatment, and shall obligate the payer to reimburse the provider in accordance with other applicable provisions of this Fee Schedule should the provider elect to proceed with the proposed treatment or service. Timely notification means notification by mail, facsimile, electronic mail, or telephone, followed by written notification, to the provider, within the applicable time periods set forth in these authorization/pre-certification Rules.
 - H. Upon request of the provider, or the Commission, a payer and/or the review agent must furnish a copy of the license or certification obtained from the State Department of Health, along with all supporting documentation, reports, data, studies, etc., which authorizes the reviewer to engage in authorization/pre-certification activities in the State of Mississippi. The Commission may, likewise, obtain this information unilaterally from the Mississippi Department of Health pursuant to an agreement with that Agency.
 - I. Upon a finding by the Commission or an Administrative Judge that a payer, and/or their review agent, has unreasonably delayed a claim without reasonable grounds within the meaning of §71-3-59 of the Law, penalties pursuant to MCA §71-3-59 (Rev. 2000) may be assessed against the payer.

Any payer electing to obtain an Employer Medical Evaluation (EME) pursuant to MCA §71-3-15(1) must do so without unreasonable delay. With respect to an EME sought after the filing of a motion to compel medical treatment by a claimant, failure by the payer to obtain and submit the EME report to the claimant and the Commission within 45 days of the claimant's filing of a motion to compel may be deemed an unreasonable delay. Counsel for both parties may agree to extend the forty-five-day (45-day) limitation, or the Administrative Judge may extend the forty-five-day (45-day) limitation at his or her discretion. The forty-five-day (45-day) limitation does not apply to experts selected by the agreement of both parties to render a second opinion. If an Administrative Judge or the Commission finds that a payer has demonstrated unreasonable delay in seeking or obtaining an EME, regardless of whether a motion to compel medical treatment has been filed, such a finding may result in the imposition of penalties and/or attorney's fees or expenses pursuant to MCA §71-3-59 and/or waiver of the payer's right to an EME.
 - J. Nothing provided herein shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.



Mississippi Workers' Compensation Commission

Request for Authorization/Pre-Certification of Medical Treatment

Request Date: _____

The use of this form is required under the provisions of the Mississippi Workers' Compensation Commission Fee Schedule.

Section 1: General Information

Employee Name	Requesting Provider	
Address	Provider Billing Address	
City State Zip	City	State Zip
Home Phone Work Phone	Phone	Fax
Date of Birth	Email	
Date of Injury	Claim Number	
Insurance Carrier	Claims Administrator/Adjuster	
Billing Address	Phone	Fax
City State Zip	Email	

Section 2: Authorization Requested / Medical Necessity (To be completed by healthcare provider)

Indicate the type of service for which you are requesting prior authorization/pre-certification.

- Inpatient Outpatient Home Health Therapy Pharmacy Durable Medical Equipment Diagnostic Testing
 Other: _____

Diagnosis	CPT/HCPCS/DRG Code	ICD/DSM Code
Requested Procedure/Treatment	ICD Code	
Proposed Date of Procedure/Treatment	Name of Facility	
Facility Address	City	State Zip

Required information included with Request for Authorization/Pre-certification:

- History Physical Findings All Pertinent Clinical Documentation Test / Imaging Reports
 Other: _____

I hereby certify that this form and required information was Mailed Emailed Faxed to the carrier/insurer on this date: _____

Signature of Healthcare Provider _____ Printed Name _____

Section 3: Response of Carrier/Insurer

Procedure/Treatment/Admission is Authorized Denied (Attach any explanation or additional information for decision.)

Preauthorization Number (if indicated) _____ Date Completed _____

Printed Name _____ Signature _____

Official Title _____

I CERTIFY THAT THIS REQUEST WAS SENT TO: _____ SUBMITTED BY: Mail

_____ Email

_____ Fax

Date _____ Signature _____

Mississippi Workers' Compensation Commission • P.O. Box 5300 • Jackson, MS 39298-5300

MODIFIER AND CODE RULES

This section of the Mississippi Workers' Compensation Medical Fee Schedule includes a complete listing of appropriate modifiers for use with CPT and HCPCS codes.

- A. Modifiers must be used by providers to identify procedures or services that are modified due to specific circumstances.
- B. When modifier 22 is used to report an increased service, a report explaining the medical necessity of the situation must be submitted with the claim to the payer. It is not appropriate to use modifier 22 for routine billing. When appropriate, the Mississippi Workers' Compensation Medical Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.
- C. The use of modifiers does not imply or guarantee that a provider will receive reimbursement as billed. Reimbursement for a modified service or procedure is based on documentation of medical necessity and determined on a case-by-case basis.
- D. Modifiers allow health care providers to indicate that a service was altered in some way from the stated description without actually changing the definition of the service.

I. MODIFIERS FOR CPT CODES

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Mississippi guideline: A report explaining the medical necessity of the situation must be submitted with the claim to the payer. By definition, this modifier would be used in unusual circumstances only and is not appropriate to use for billing of routine procedures. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum allowable reimbursement.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The professional component maximum allowable reimbursement is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component maximum allowable reimbursement is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to mandated consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures.

Mississippi guideline: Reimbursement is made for base units only for anesthesia codes 00100-01999.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

51 Multiple Procedures

When multiple procedures, other than E/M Services, physical medicine and rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule. Services with modifier 51 are reimbursed at fifty percent (50%) of the maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only

When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 80 percent of the total value of the surgery.

55 Postoperative Management Only

When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 20 percent of the total value of the surgery.

56 Preoperative Management Only

When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating/procedure room, (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

See also Level II (HCPCS/National) Modifiers listing.

62 Two Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-

surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Mississippi guideline: This modifier is reimbursed at one hundred fifty percent (150%) of the maximum allowable reimbursement divided equally between the two co-surgeons.

66 Surgical Team

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi guideline: Reimbursement is twenty percent (20%) of the maximum allowable reimbursement.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi guideline: Reimbursement is ten percent (10%) of the maximum allowable reimbursement.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require permanent dedicated space; hence

by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

93 Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesia Services Performed Personally by Anesthesiologist (HCPCS Modifier)

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician More Than Four Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than four concurrent anesthesia procedures.

AS Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery (HCPCS Modifier)

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

Mississippi guideline: Modifier AS reimbursement is ten percent (10%) of the maximum allowable reimbursement. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

M1 Nurse Practitioner (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services were rendered or provided by a nurse practitioner.

M2 Physician Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services were rendered or provided by a physician assistant.

M3 Physical or Occupational Therapist Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services were rendered or provided by either a physical therapist assistant or an occupational therapist assistant.

M4 CARF Accredited (Mississippi Modifier)

This modifier should be used in conjunction with CPT code 97799 to indicate chronic pain treatment being administered by a CARF accredited provider as part of a pre-approved interdisciplinary pain rehabilitation program.

M5 Chronic Pain Treatment (Mississippi Modifier)

This modifier should be used only in conjunction with CPT code 97799 to indicate chronic pain treatment administered as part of a pre-approved interdisciplinary pain rehabilitation program.

QK Medical Direction of 2, 3, or 4 Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier QK when the anesthesiologist supervises 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.

QX CRNA Service with Medical Direction by a Physician

Regional or general anesthesia provided by a CRNA service with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Certified Registered Nurse Anesthetist (CRNA) by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified certified registered nurse anesthetist.

QZ CRNA Service Without Medical Direction by a Physician

Report modifier QZ with an appropriate CPT code when all anesthesia services are performed by a CRNA.

Mississippi guideline: Modifier QZ reimbursement is eighty percent (80%) of the maximum allowable reimbursement.

II. MODIFIERS APPROVED FOR AMBULATORY SURGERY CENTER (ASC) AND HOSPITAL OUTPATIENT USE

This section contains a list of modifiers used with ambulatory surgery center and hospital-based outpatient services.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See Evaluation and Management Services Guidelines for instructions on determining level of E/M service.) The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all

outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine Services codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate five-digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used

rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. Note: The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This

circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

III. MODIFIERS FOR HCPCS CODES

This section contains a list of modifiers that are commonly used with HCPCS DME codes.

AU Item Furnished in Conjunction with a Urological, Ostomy, or Tracheostomy Supply

AV Item Furnished in Conjunction with a Prosthetic Device, Prosthetic, or Orthotic

AW Item Furnished in Conjunction with a Surgical Dressing

KC Replacement of Special Power Wheelchair Interface

NU New Equipment

RR Rental (use the RR modifier when DME is to be rented)

Mississippi guideline: Listed amount is the per month allowance, except codes E0676, E0935, and E0936, which are per-day allowances.

UE Used Durable Medical Equipment

Mississippi guideline: Used to report the purchase of used durable medical equipment.

IV. PROCEDURE CODE EXCEPTIONS

A. **Unlisted Procedure Codes.** If a procedure is performed that is not listed in the Fee Schedule, the provider must bill with the appropriate "Unlisted Procedure" code and submit a narrative report to the payer explaining why it was medically necessary to use an unlisted procedure code.

CPT contains codes for unlisted procedures. Use these codes only when there is no procedure code that accurately describes the service rendered. A report is required as these services are reimbursed by report (see below).

B. **By Report (BR) Codes.** By report (BR) codes are used by payers to determine the reimbursement for a service or procedure performed by the provider that does not have an established maximum allowable reimbursement (MAR) amount.

1. Reimbursement for procedure codes listed as "BR" must be determined by the payer based on documentation submitted by the provider in a special report attached to the claim form. The required documentation to substantiate the medical necessity of a procedure does not warrant a separate fee. Information in this report must include, as appropriate:

- A complete description of the actual procedure or service performed;
- The amount of time necessary to complete the procedure or service performed;
- Accompanying documentation that describes the expertise and/or equipment required to complete the service or procedure.

2. Reimbursement of "BR" procedures should be based on the usual and customary rate.

C. **Category II Codes.** This Fee Schedule does not include Category II codes as published in CPT. Category II codes are supplemental tracking codes that can be used for performance measurements. These codes describe clinical components that are typically included and reimbursed in other services such as evaluation and management (E/M) or laboratory services. These codes do not have an associated fee.

D. **Category III Codes.** This Fee Schedule does not generally include Category III codes published in CPT 2022. If a provider bills a Category III code that is not included in this Fee Schedule, payment may be denied.

E. **Add-On Codes.** CPT identifies procedures that are always performed in addition to the primary procedure and designates them with a + symbol. Add-on codes are never reported for stand-alone services but are reported secondarily in addition to the primary procedure. Specific language is used to identify add-on procedures such as "each additional" or "(List separately in addition to primary procedure)."

The same physician or other qualified health care provider that performed the primary service/procedure must perform the add-on service/procedure. Add-on codes describe additional intra-service work associated with the primary service/procedure (e.g., additional digit(s), lesions(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s)).

Add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code. All add-on codes found in the CPT book are exempt from the multiple procedure concept (see modifier 51 definition in this section). Add-on codes are reimbursed at one hundred percent (100%) of the maximum allowable reimbursement or the provider's charge, whichever is less.

Refer to the most current version of CPT for a complete list of add-on codes.

F. **Codes Exempt From Modifier 51.** This symbol ⊕ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in CPT. Modifier 51 exempt services and procedures can be found in Appendix E of CPT 2022.

Codes exempt from modifier 51 are reimbursed at one hundred percent (100%) of the maximum allowable reimbursement or the provider's charge, whichever is less.

PHARMACY RULES

I. SCOPE

This section provides specific rules for the dispensing of and payment for medications and other pharmacy services prescribed to treat work-related injury/illness under the terms of the Act.

II. DEFINITIONS

- A. **Medications** are defined as drugs prescribed by a licensed health care provider and include name brand and generic drugs as well as patented or over-the-counter drugs, compound drugs and physician-dispensed or repackaged drugs.
- B. **Average Wholesale Price (AWP)** means Average Wholesale Price based on data obtained from manufacturers. Under this Fee Schedule, drugs should be reimbursed according to the AWP based on the most current edition of the RED BOOK in effect at the time the medication is dispensed.

Pharmacy bills should be submitted using the NCPDP Workers' Compensation/Property and Casualty Claim Form or the equivalent NCPDP electronic format. Forms can be obtained here: <https://ncdp.org/Universal-Claim-Forms>. Nothing shall prohibit parties from using an agreed upon billing form or format.

III. RULES

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern and supersede the rules in this Fee Schedule where they conflict.

- A. **Generic Equivalent Drug Products.** Unless otherwise specified by the ordering physician, all prescriptions will be filled under the generic name.
- When the physician writes "brand medically necessary" on the prescription, the pharmacist will fill the order with the brand name. When taking telephone orders, the pharmacist will assume the generic is to be used unless "brand medically necessary" is specifically ordered by the treating physician. Without exception, the treating physician has the authority to order a brand name medication if he/she feels the brand name drug is substantially more effective.
- B. A payer or provider may not prohibit or limit any person from selecting a pharmacy or pharmacist of his/her choice, and may not require any person to purchase pharmacy services, including prescription drugs, exclusively through a mail-order pharmacy or program, or to obtain medication dispensed by the physician or in the physician's office, provided the pharmacy or pharmacist selected by the claimant has agreed to be bound by the terms of the Workers' Compensation Law and this Fee Schedule with regard to the provision of services and the billing and payment therefor.
- C. Dietary supplements, including but not limited to minerals, vitamins, and amino acids are not reimbursable unless a specific compensable dietary

deficiency has been clinically established as related to the work injury.

- D. Not more than one dispensing fee shall be paid per drug within a thirty (30) day period.
- E. Providers should refer to the Mississippi Workers' Compensation Commission Guidelines for the Prescription of Opiates for rules relating to opiate prescriptions. The guidelines are available on the MWCC website at <https://mwcc.ms.gov/pdf/mwccGuidelinesForThePrescriptionOfOpiates.pdf>.

IV. REIMBURSEMENT

- A. Reimbursement for pharmaceuticals ordered for the treatment of work-related injury/illness is as follows:
1. Brand/Trade Name Medications: Average Wholesale Price (AWP) plus a five dollar (\$5.00) dispensing fee.
 2. Generic Medications: Average Wholesale Price (AWP) minus 5% plus a five dollar (\$5.00) dispensing fee.
 3. Over-the-counter (OTC) medications are reimbursed at usual and customary rates.
 4. Dispensing fees are payable only if the prescription is filled under the direct supervision of a registered pharmacist. If a physician dispenses medications from his/her office, a dispensing fee is not allowed.
- B. Supplies and equipment used in conjunction with medication administration should be billed with the appropriate HCPCS codes and shall be reimbursed according to the Fee Schedule. Supplies and equipment not listed in the Fee Schedule will be reimbursed at the usual and customary rate.
- C. Mail-order pharmaceutical services are subject to the rules and reimbursement limitations of this Fee Schedule when supplying medications to Mississippi Workers' Compensation claimants. Shipping for mail-order pharmaceutical services is not separately reimbursed.

V. SPECIAL PRICING

- A. **Repackaged Medication:** If the only submitted National Drug Code (NDC) for the drug product as dispensed is a repackaged drug NDC, the drug will not be reimbursed. For repackaged drugs, providers shall submit both the NDC of the repackaged drug dispensed and the NDC of the original manufacturer to receive properly calculated reimbursement. Submission and placement of both NDCs shall be in accordance with the specifications of the billing form/format being used.
- B. **Compound Medications:** A compound medication is any customized formulation of medication prepared by a compounding pharmacist that is not commercially available and which requires a

prescription. All compounded medications shall be billed by listing each individual component ingredient and each compound ingredient's NDC as assigned by the original manufacture. The entity compounding two or more products or Active Pharmaceutical Ingredients (APIs) together must bill the products as individual line items identified by their original AWP and calculating the charge for each component ingredient separately based on its AWP. Payment shall be based on the sum of the AWP fee for each ingredient, plus a single dispensing fee of five dollars (\$5.00). Ingredients lacking an NDC will not be reimbursed. Supplies used in compounding the products or APIs are considered integral to the final medication product and are not reimbursed separately. Reimbursement for a compound topical medication is additionally limited to a maximum total reimbursement of three hundred dollars (\$300.00) for a maximum of one hundred twenty (120) grams per month. A compound topical medication provided in an amount less than one hundred twenty (120) grams per month shall be prorated. Prior authorization (pre-certification) and medical documentation is required for any additional quantity over and above this one hundred twenty (120) grams per month amount.

C **Combination Medications:**

D **Other Special Pricing:**

The maximum allowable reimbursement for manufactured topical medications other than patches is the billed charge up to a maximum of thirty dollars (\$30.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Patches will be reimbursed the billed charge up to a maximum of seventy dollars (\$70.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Intraarticular Joint Kits are limited to a maximum reimbursement of \$27.36.

D. **Lidocaine:**

Topical Lidocaine, including patches, must first be obtained over-the-counter (OTC). If treatment with OTC lidocaine, including patches, has been tried and is ineffective, prescription strength lidocaine, or lidocaine patches, may be used. Reimbursement for prescription strength lidocaine, and patches, shall be made according to Other Special Pricing under section V. Special Pricing.

OTHER QUALIFIED HEALTH CARE PROFESSIONAL RULES

I. ANY QUALIFIED HEALTH CARE PROFESSIONAL

Any qualified health care professional who is licensed in Mississippi, practices within state guidelines, and is listed within this Fee Schedule as an authorized provider is reimbursed for services based on this Fee Schedule.

II. NURSE PRACTITIONER

- A. Modifier M1 should be attached to the appropriate CPT code when billing services rendered by the nurse practitioner. The nurse practitioner must use his/her unique identifier to bill for all services. Nurse practitioners must comply with the requirements for a National Provider Identifier (NPI) as specified in the Billing and Reimbursement Rules of this Fee Schedule.
- B. The nurse practitioner is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.
- C. There is only one fee allowed for each CPT code. It is the decision of the physician or the nurse practitioner as to who will bill for a service when both have shared in the provision of the service. Incorrect billing of the service may cause a delay or improper payment by the payer. The medical doctor (MD) must be on-site on the date of service and provide additional documentation and review of services in order for physician reimbursement to be applied.

III. PHYSICIAN ASSISTANT

- A. Mississippi-specific modifier M2 should be attached to the appropriate CPT code(s) when billing services rendered by the physician assistant.

- B. The physician assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.
- C. There is only one fee allowed for each CPT code. It is the decision of the physician or the physician assistant as to who will bill for a service when both have shared in the provision of the service. Incorrect billing of the service may cause a delay or improper payment by the payer. The medical doctor (MD) must be on-site on the date of service and provide additional documentation and review of services in order for physician reimbursement to be applied.

IV. PHYSICAL THERAPIST ASSISTANT OR OCCUPATIONAL THERAPIST ASSISTANT

- A. Mississippi-specific modifier M3 should be appended to the appropriate CPT code(s) when billing services rendered by a physical therapist assistant or an occupational therapist assistant.
- B. The physical therapist assistant or occupational therapist assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

V. PSYCHOLOGY

When a provider other than a psychiatrist provides psychology services, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum allowable reimbursement. This applies to psychologists, social workers, counselors, etc.

HOME HEALTH

I. SCOPE

This section of the Fee Schedule pertains to home health services provided to patients who have a work-related injury/illness.

- A. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.
- B. All nursing services and personal care services shall have prior authorization by the payer.
- C. A description of needed nursing or other attendant care must accompany the request for authorization.

II. REIMBURSEMENT

- A. If a payer and provider have a mutually agreed upon contractual arrangement governing the payment for home health services to injured/ill employees, the payer shall reimburse under the contractual agreement and not according to the Fee Schedule.
- B. In the absence of a mutually agreed upon contractual arrangement governing payment for home health service, reimbursement shall be made as in other cases (see Billing and Reimbursement Rules) in an amount equal to billed charges, or the maximum allowable reimbursement (MAR), whichever is less. Billing for home health services is appropriate using the applicable billing form for other institutional providers or facilities.
- C. A visit made simultaneously by two or more workers from a home health agency to provide a single covered service for which one supervises or instructs the other shall be counted as one visit.
- D. A visit is defined as time up to and including the first two hours.
- E. The maximum allowable reimbursement (MAR) listed herein are inclusive of mileage and other incidental travel expenses, unless otherwise agreed to by the payer and provider.
- F. The rates set forth in this section of the Fee Schedule apply to all hours worked. No additional reimbursement is allowed for overtime hours, unless otherwise agreed to by the parties in a separate fee contract.

III. RATES

- A. The following MAR and codes apply to services provided by or through a home health agency:

Service	Fee Per Visit	Billing Code
RN Skilled Nursing	\$140.00	S9123
LPN Skilled Nursing	\$115.00	S9124
Physical Therapy	\$135.00	S9131
Speech Therapy	\$135.00	S9128
Occupational Therapy	\$135.00	S9129
Medical Social Services	\$135.00	S9127
Home Health Aide	\$60.00	S9122

Note: The descriptions of these codes have been modified for this Fee Schedule. Please see the HCPCS section.

For services that exceed two (2) hours, reimbursement for time in excess of the first two (2) hours shall be pro-rated and based on an hourly rate equal to fifty percent (50%) of the above visit fee. For home health services rendered in two (2) hours or less, reimbursement shall be made for a visit as above provided.

Note: In addition to the Skilled Nursing Care fees above, an additional sum of seven dollars and sixteen cents (\$7.16) per visit shall be added to cover the cost of medical supplies, provided the billing form adequately specifies what supplies were utilized.

- B. The following Private Duty Rates shall apply:

Skilled Nursing Care – R.N.	\$50.00 per hour
Skilled Nursing Care – L.P.N.	\$40.00 per hour
Certified Nurse Assistant	\$22.00 per hour
Personal Care Attendant	\$17.00 per hour
- C. Any reimbursement to persons not working under a professional license, such as a spouse or relative, will be at the rate of ten dollars (\$10.00) per hour unless otherwise negotiated by the payer and caregiver or provider.
- D. Professional providers not assigned a MAR for home health services and who have not negotiated their rates with the payer prior to provision of home health care, shall be reimbursed at the usual and customary rate, or the total billed charge, whichever is less.
- E. Respite Care is reimbursed at a rate of \$20.00 per hour.

IV. PARENTERAL/ENTERAL/HOME INFUSION THERAPY IN THE HOME SETTING

A. The MAR for this therapy provided in the home setting is a per diem amount and includes necessary supplies for the safe and effective administration of the prescribed therapy. Supplies include set(s), needles, syringes, saline, tubing, dressing kits, saline, heparin, alcohol pads, start kits, catheters, adapters, tape, gauges, pump, poles, and other supplies.

B. Per diem amounts are as follows:

Parenteral therapy/home infusion (with or without antibiotics)

Daily – \$174.90

Twice a day – \$201.40

Three times a day – \$227.90

Four times a day – \$280.90

Five or more times a day – \$355.10

Total Parental Nutrition (TPN):

1-1.6 Liters per day – \$296.80

1.7-2.4 Liters per day – \$371.00

More than 2.4 liters per day – \$408.10

Lipids:

10% – \$79.50

20% – \$100.70

Enteral Therapy:

\$25.44

C. Medications for Parenteral/Enteral Therapy are reimbursed at AWP.

V. HOSPICE

A. Hospice reimbursement is a per diem amount that is all inclusive for services provided.

B. Daily per diem amounts are as follows:

Routine Home Care – \$384.78

Continuous Home Rate – \$1,995.56

Inpatient Care – \$1,486.36

EVALUATION AND MANAGEMENT

This section contains rules and codes used to report evaluation and management (E/M) services. Rules and Guidelines follow the CPT guidelines that are current on the date that the evaluation and management service was provided.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. DEFINITIONS AND RULES

Definitions and rules pertaining to E/M services are as follows:

- A. **DOCUMENTATION MUST BE PATIENT SPECIFIC, PERTAIN DIRECTLY TO THE CURRENT VISIT AND SUPPORT THE EVALUATION AND MANAGEMENT SERVICES PROVIDED FOR THE INJURED WORKER. INFORMATION COPIED DIRECTLY FROM PRIOR RECORDS WITHOUT CHANGE IS NOT CONSIDERED CURRENT NOR COUNTED.**
- B. **Consultations.** CPT defines a consultation as “a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient’s entire care or for the care of a specific condition or problem.” (This includes referrals for a second opinion.) Consultations are reimbursable only to physicians with the appropriate specialty for the services provided.

In order to qualify as a consultation the following criteria must be met:

- The verbal or written request for a consult must be documented in the patient’s medical record;
- The consultant’s opinion and any services ordered or performed must be documented by the consulting physician in the patient’s medical record; and
- The consulting physician must provide a written report to the requesting physician or other appropriate source.

A payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered, as provided in MCA §71-3-15(1) (Rev. 2000). This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation codes 99241–99245 for office or other outpatient consultations and 99251–99255 for inpatient consultations, with modifier 32 appended to indicate a mandated service.

If subsequent to the completion of a consultation the consultant assumes responsibility for management of a portion or all of the patient’s condition(s), the appropriate Evaluation and Management services code for the site of service should be reported. In the hospital or nursing facility setting, the consultant should use the appropriate inpatient consultation code for the initial encounter and then subsequent hospital or nursing facility care codes. In the office setting, the consultant should use the appropriate office or other outpatient consultation codes and then the established patient office or other outpatient services codes.

Evaluation and management consultation services will continue to be reported with CPT codes 99241–99245 for outpatient consultation services and codes 99251–99255 for inpatient consultation services. The rules and guidelines regarding the definition, documentation, and reporting of consultation services as contained in CPT will apply unless superseded by these guidelines. Consultation services will be reimbursed at the lesser of the Fee Schedule maximum allowable reimbursement (MAR) or the billed amount.

- C. **Referral.** Subject to the definition of “consultation” provided in this Fee Schedule, a referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. (Initial evaluations and subsequent services are designated as listed in the Evaluation and Management section).
- D. **New and Established Patient Service.** Several code subcategories in the Evaluation and Management section are based on the patient’s status as new or established. The new versus established patient guidelines also clarify the situation in which a physician is on call or covering for another physician. In this instance, classify the patient encounter the same as if it were for the physician who is unavailable.
- *New Patient.* A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, for this same injury or within the past three years.
 - *Established Patient.* An established patient is a patient who has been treated for the same injury by any physician, of the same specialty, who belongs to the same group practice.
- E. **Time.** The inclusion of time in the definitions of levels of E/M services is to assist physicians in selecting the most appropriate level of E/M service. With the exception of CPT codes 99202–99205 and 99212–99215, it should be recognized that the specific time expressed in the visit code descriptions is an average; therefore, it represents a range of times, which may be higher or lower depending on actual clinical circumstances.

Time may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215) (with the exception of 99211).

Different categories of services use time differently. It is important to review the instructions for each category.

Time is not a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period. Therefore, it is often difficult for physicians to provide accurate estimates of the time spent face-to-face with the injured employee.

Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. For office or other outpatient services, if the physician's or other qualified health care provider's time is spent in the supervision of clinical staff who perform the services of the encounter, use 99211.

A shared or split visit is defined as a visit in which a physician and other qualified health care provider(s) jointly provide the work related to the visit. When time is being used to select the appropriate level of services for which timebased reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care provider(s) assessing and managing the patient on the date of the encounter is summed to define total time. Only distinct time should be summed for shared or split visits (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate prolonged services code may be reported. The appropriate time should be documented in the medical record when it is used as the basis for code selection. Time for the following services: outpatient consultations (99241, 99242, 99243, 99244, 99245), domiciliary, rest home, or custodial services (99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337), home services (99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350), cognitive assessment and care plan services (99483) is defined as only that time spent with the patient and/or family. This includes the time spent performing such tasks as obtaining a history, examination, and counseling the patient.

Unit/floor time (hospital observation services 99218, 99219, 99220, 99224, 99225, 99226, 99234, 99235, 99236, hospital inpatient services 99221, 99222, 99223, 99231, 99232, 99233, inpatient consultations 99251, 99252, 99253, 99254, 99255,

nursing facility services 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318: For coding purposes, time for these services is defined as unit/floor time, which includes the time present on the patient's hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient's chart, examine the patient, write notes, and communicate with other professionals and the patient's family.

Total time on the date of the encounter (office or other outpatient services 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215) is the total time on the date of the encounter. It includes both the face-to-face and nonface-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

Physician/other qualified health care provider time includes the following activities, when performed:

- a. Preparing to see the patient (e.g., review of tests)
- b. Obtaining and/or reviewing separately obtained history
- c. Performing a medically appropriate examination and/or evaluation
- d. Counseling and educating the patient/family/
- e. Caregiver Ordering medications, tests, or procedures
- f. Referring and communicating with other health care professionals (when not separately reported)
- g. Documenting clinical information in the electronic or other health record
- h. Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- i. Care coordination (not separately reported)

E. Contributory Components.

1. Counseling, coordination of care, and the nature of the presenting problem are not major considerations in most encounters, so they generally provide contributory information to the code selection process. The exception arises when counseling or coordination of care dominates the encounter (more than fifty percent (50%) of the time spent). Document the exact amount of time spent to substantiate the selected code and what was clearly discussed during the encounter. Counseling is defined in CPT as a discussion with a patient and/or family concerning one or more of the following areas:
 - a. Diagnostic results, impressions, and/or recommended diagnostic studies;
 - b. Prognosis;
 - c. Risks and benefits of management (treatment) options;

- d. Instructions for management (treatment) and/or follow-up;
- e. Importance of compliance with chosen management (treatment) options;
- f. Risk factor reduction; and
- g. Patient and family education.

F. Interpretation of Diagnostic Studies in the Emergency Room

1. Only one fee for the interpretation of an x-ray or EKG procedure will be reimbursed per procedure.
2. The payer is to provide reimbursement to the provider that directly contributed to the diagnosis and treatment of the individual patient.
3. It is necessary to provide a signed report in order to bill the professional component of a diagnostic procedure. The payer may require the report before payment is rendered.
4. If more than one bill is received, physician specialty should not be the deciding factor in determining which physician to reimburse.

Example: In many emergency departments (EDs), an emergency room (ER) physician orders the x-ray on a particular patient. If the ER physician interprets the x-ray making a notation as to the findings in the chart and then treats the patient according to these radiological findings, the ER physician should be paid for the interpretation and report. There may be a radiologist on staff at the particular facility with quality control responsibilities at that particular facility. However, the fact that the radiologist reads all x-rays taken in the ED for quality control purposes is not sufficient to command a separate or additional reimbursement from the payer.

5. A review alone of an x-ray or EKG does not meet the conditions for separate payment of a service, as it is already included in the ED visit.

II. GENERAL GUIDELINES

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. Keep the following in mind when coding each service setting:

- A. A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.
- B. All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.
- C. Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.
- D. Not more than one hospital visit per day shall be payable except when documentation describes the medical necessity of more than one visit by a particular practitioner. Hospital visit codes shall be combined into the single code that best describes the

service rendered.

- E. Only one provider is reimbursed for a patient visit, except where wound care evaluation is provided in an established wound care center.

III. OFFICE OR OTHER OUTPATIENT SERVICES (99202–99215)

Use the Office or Other Outpatient Services codes to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

IV. HOSPITAL OBSERVATION SERVICES (99217–99226)

CPT codes 99217 through 99226 report E/M services provided to patients designated as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

V. OBSERVATION CARE DISCHARGE SERVICES (99217)

- A. CPT code 99217 is used only if discharge from observation status occurs on a date other than the initial date of observation. The code includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records.
- B. If a patient is admitted to and subsequently discharged from observation status on the same date, see codes 99234–99236 as appropriate.
- C. Do not report observation care discharge CPT code 99217 in conjunction with a hospital admission.

VI. HOSPITAL INPATIENT SERVICES (99221–99239)

Codes 99221–99239 are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services.

VII. EMERGENCY DEPARTMENT SERVICES (99281–99285)

Emergency department (ED) service codes do not differentiate between new and established patients and are used by hospital-based and non-hospital-based physicians. An emergency department is defined as "an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day." This guideline indicates that care provided in the ED setting for convenience should not be coded as an ED service. Also note that more than one ED service can be reported per calendar day if medically necessary.

Codes 99281–99285 are used to report services provided in a medical emergency. If, however, the physician sees the patient in the emergency room out of convenience for either the patient or physician, the appropriate office visit code should be reported (99202–99215) and reimbursement will be made accordingly.

VIII. CRITICAL CARE SERVICES (99291–99292)

Critical care is the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition. Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided that the patient's condition continues to require the level of physician attention described above.

Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, pediatric intensive care unit, respiratory care unit, or the emergency care facility.

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes.

Critical care and other E/M services may be provided to the same patient on the same date by the same individual.

The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93598), chest x-rays (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and collection and interpretation of physiologic data (eg, ECGs, blood pressures, hematologic data); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002–94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed which are not included in this listing should be reported separately. Facilities may report the above services separately.

The critical care codes 99291 and 99292 are used to report the total duration of time spent in provision of critical care services to a critically ill or critically injured patient, even if the time spent providing care on that date is not continuous. For any given period of time spent providing critical care services, the individual must

devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

IX. NURSING FACILITY SERVICES (99304–99318)

Codes 99304–99318 are used to report evaluation and management services to patients in nursing facilities (skilled nursing facilities (SNFs)) intermediate care facilities (ICFs), or long-term care facilities (LTCFs).

These codes should also be used to report evaluation and management services provided to a patient in a psychiatric residential treatment center (a facility or a distinct part of a facility for psychiatric care, which provides a 24-hour therapeutically planned and professionally staffed group living and learning environment). If procedures such as a medical psychotherapy are provided in addition to evaluation and management services, these should be reported in addition to the evaluation and management services provided.

X. DOMICILIARY, REST HOME (E.G., BOARDING HOME), OR CUSTODIAL CARE SERVICES (99324–99340)

The evaluation and management codes are used to report evaluation and management services in a facility that provides room, board, and other personal assistance services generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

XI. HOME SERVICES (99341–99350)

Services and care provided in a private residence are coded from this subcategory.

XII. PROLONGED SERVICES (99354–99359, 99415–99416)

Codes 99354–99357 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting. Codes 99358–99359 are used when a physician or other qualified health care professional provides prolonged service for patient management where face-to-face services have or will occur on another date of service.

Codes 99415–99416 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either an office or outpatient setting.

XIII. PHYSICIAN STANDBY SERVICES (99360)

Code 99360 is used to report physician or other qualified health care professional standby service that is requested by another individual and that involves prolonged attendance without direct (face-to-face) patient contact. Care or services may not be provided to other patients during this period. This code is not used to report time spent proctoring another individual. It is also not used if

the period of standby ends with the performance of a procedure subject to a "surgical" package by the individual who was on standby.

XIV. CASE MANAGEMENT SERVICES (99366–99368,)

Case management is a process in which a physician or other qualified health care professional is responsible for direct care of a patient, and, additionally, for coordinating, managing access to, initiating, and/or supervising other health care services needed by the patient.

Use code 99368, Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional, to report a conference with a workers' compensation medical case manager/claims manager.

XV. CARE PLAN OVERSIGHT SERVICES (99374–99380)

Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility, domiciliary, or non-face-to-face services. The complexity and the approximate time of the care plan oversight services provided within a thirty (30) day period determine code selection.

Only one individual may report care plan oversight services for a given period of time, to reflect the sole or predominant supervisory role with a particular patient. These codes should not be used for supervision of patients in nursing facilities or under the care of home health agencies unless they require recurrent supervision of therapy.

XVI. NON-FACE-TO-FACE SERVICES (99441–99449, 99451–99454, 99091, 99457–99458, 98975–98981)

These codes are used to report non face-to-face evaluation and management services using the telephone or internet resources and for remote physiologic monitoring and treatment management services.

XVII. SPECIAL EVALUATION AND MANAGEMENT SERVICES (99450–99456)

These codes are used to report evaluations performed to establish baseline information prior to life or disability insurance certificates being issued.

XVIII. CARE MANAGEMENT SERVICES (99424–99427, 99437–99439, 99487–99491)

Care management services are management and support services provided by clinical staff, under the direction of or provided personally by a physician or other qualified health care professional. Services include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. There are three

general categories of care management: chronic care management (99437, 99439, 99490, 99491), complex chronic care management (99487, 99489), and principal care management (99424, 99425, 99426, 99427). The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.

XIX. PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (99492–99494)

Psychiatric collaborative care services are provided under the direction of a treating physician or other qualified health care professional. These include the services of the treating physician or other qualified health care professional, the behavioral health care manager and the psychiatric consultant. Patients typically have behavioral health signs and/or symptoms or a newly diagnosed behavioral health condition, may need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement, prior to consideration of referral to a psychiatric care setting.

XX. TRANSITIONAL CARE MANAGEMENT (99495–99496)

Transitional care management services are for a new or established patient whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting, partial hospital or observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting.

XXI. ADVANCE CARE PLANNING (99497–99498)

These face-to-face services between a physician or other qualified health care professional and a patient, family member, or surrogate involving counseling and discussing advance directives with or without completing relevant legal forms.

XXII. OTHER EVALUATION AND MANAGEMENT SERVICES (99499)

This is an unlisted code to report E/M services not specifically defined in CPT.

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	85.58			XXX	N	
★ 99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	112.35			XXX	N	
★ 99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	172.73			XXX	N	
★ 99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	257.25			XXX	N	
★ 99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	340.20			XXX	N	
★ 99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	35.70			XXX	N	
★ 99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	87.15			XXX	N	
★ 99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	139.65			XXX	N	
★ 99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	196.88			XXX	N	
★ 99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	277.73			XXX	N	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	108.68			XXX	N	
★	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	148.58			XXX	N	
★	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	201.08			XXX	N	
★	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	271.43			XXX	N	
★	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	152.78			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	205.28			XXX	N	
★	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	300.83			XXX	N	
★	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	59.33			XXX	N	
★	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	107.63			XXX	N	
★	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	153.30			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	58.80			XXX	N	
★	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	108.15			XXX	N	
★	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	155.40			XXX	N	
★	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	197.93			XXX	N	
★	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are	250.95			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.						
★ 99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	321.30			XXX	N	
★ 99238	Hospital discharge day management; 30 minutes or less	109.20			XXX	N	
★ 99239	Hospital discharge day management; more than 30 minutes	159.60			XXX	N	
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	70.88			XXX	N	105.98
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	133.88			XXX	N	152.48
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	184.28			XXX	N	153.30
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	274.58			XXX	N	224.65

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	334.95			XXX	N	246.78
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	74.03			XXX	N	122.48
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	111.83			XXX	N	
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	173.78			XXX	N	280.36
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	250.43			XXX	N	
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the	302.93			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.						
★ 99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	33.60			XXX	N	105.19
★ 99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	65.10			XXX	N	190.49
★ 99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	110.78			XXX	N	335.62
★ 99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	186.90			XXX	N	527.56
★ 99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	271.43			XXX	N	757.24

Mississippi Workers' Compensation Medical Fee Schedule

Evaluation and Management

99091, 99202-99499

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	BR			XXX	N	
★	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	428.40			XXX	N	1080.25
+ ★	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	186.90			ZZZ	N	
★	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	134.93			XXX	N	
★	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	194.78			XXX	N	
★	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	249.90			XXX	N	
★	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	66.15			XXX	N	
★	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals,	104.48			XXX	N	

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.						
★ 99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	137.55			XXX	N	
★ 99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	202.65			XXX	N	
★ 99315	Nursing facility discharge day management; 30 minutes or less	109.73			XXX	N	
★ 99316	Nursing facility discharge day management; more than 30 minutes	156.98			XXX	N	
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	144.38			XXX	N	
★ 99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	81.90			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	119.70			XXX	N	
★	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	207.38			XXX	N	
★	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	279.30			XXX	N	
★	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	328.65			XXX	N	
★	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	91.88			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	144.38			XXX	N	
★	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	204.23			XXX	N	
★	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	292.43			XXX	N	
	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	116.55			XXX	N	
	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information	163.28			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★ 99341	into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	81.90			XXX	N	
★ 99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	116.55			XXX	N	
★ 99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	189.53			XXX	N	
★ 99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	273.00			XXX	N	
★ 99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	330.75			XXX	N	

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	82.95			XXX	N	
★	99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	126.00			XXX	N	
★	99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	194.25			XXX	N	
★	99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	269.33			XXX	N	
+ ★	99354	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])	194.78			ZZZ	N	
+ ★	99355	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	140.70			ZZZ	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	★	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	137.03		ZZZ	N	
+	★	99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	137.55		ZZZ	N	
		99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	168.00		XXX	N	
+		99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	81.90		ZZZ	N	
		99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	92.40		XXX	N	
		99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	65.63		XXX	N	
		99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	85.05		XXX	N	
		99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	56.18		XXX	N	
		99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	105.53		XXX	N	
		99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	156.98		XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	105.53			XXX	N	
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	156.98			XXX	N	
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	105.53			XXX	N	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	156.98			XXX	N	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	168.53			XXX	N	132.34
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the	175.88			XXX	N	144.97

Mississippi Workers' Compensation Medical Fee Schedule
99091, 99202-99499

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)						
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	182.70			XXX	N	129.35
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	207.90			XXX	N	162.11
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	201.60			XXX	N	164.42
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	233.10			XXX	N	163.36
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	252.00			XXX	N	149.15
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	152.25			XXX	N	115.91
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	161.70			XXX	N	113.55
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	161.18			XXX	N	120.28
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	176.40			XXX	N	126.82

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	180.08			XXX	N	128.86
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	193.73			XXX	N	139.06
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	208.43			XXX	N	122.02
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	59.85			XXX	N	101.02
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	99.23			XXX	N	115.72
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	134.93			XXX	N	129.28
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	173.78			XXX	N	140.65
★	99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	23.63			XXX	N	38.11
★	99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	43.58			XXX	N	38.11
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	54.60			XXX	N	68.16
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	105.00			XXX	N	127.70
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	32.03			XXX	N	78.68
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	39.38			XXX	N	68.50
+	99415 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	15.75			ZZZ	N	
+	99416 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	8.93			ZZZ	N	
+	99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required	48.83			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)						
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	23.10			XXX	N	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	45.15			XXX	N	
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	73.50			XXX	N	
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	126.53			XXX	N	
+ 99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	91.35			ZZZ	N	
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	96.08			XXX	N	108.52

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	73.50			ZZZ	N	
	99429	Unlisted preventive medicine service	BR			XXX	N	31.89
+	99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	92.93			ZZZ	N	
+	99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	73.50			ZZZ	N	
★	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	86.10			XXX	N	
★	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	139.13			XXX	N	
★	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or	196.88			XXX	N	

+ Add-on Procedure ◯ Modifier 51 Exempt Procedure ★ Telemedicine

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99091, 99202-99499

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion						
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	28.35			XXX	N	
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	55.65			XXX	N	
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	83.48			XXX	N	
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	111.83			XXX	N	
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	21.53			XXX	N	
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	55.13			XXX	N	
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	56.18			XXX	N	
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	28.88			XXX	N	172.32
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	84.53			XXX	N	54.00

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	Negotiated			XXX	N	
	99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	Negotiated			XXX	N	
	99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	76.13			XXX	N	
+	99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	61.95			ZZZ	N	
	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	144.38			XXX	N	172.32
	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	141.75			XXX	N	
	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	64.05			XXX	N	
	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	166.43			XXX	N	172.32
	99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	113.40			XXX	N	
	99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	221.03			XXX	N	814.70
	99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	360.68			XXX	N	
+	99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	181.65			ZZZ	N	
★	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	1391.25			XXX	N	
★	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	602.70			XXX	N	

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	1204.35			XXX	N	
★	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	614.25			XXX	N	
★	99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	17.85			XXX	N	35.83
	99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	23.10			XXX	N	
★	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	865.73			XXX	N	
★	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	519.23			XXX	N	
★	99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	526.58			XXX	N	
★	99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	207.90			XXX	N	
★	99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	189.53			XXX	N	
★	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	181.65			XXX	N	
★	99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or	429.45			XXX	N	108.52

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.						
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	67.73			XXX	N	38.11
99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	114.98			XXX	N	
+ 99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	100.28			XXX	N	
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	203.70			XXX	N	194.04
+ 99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	107.10			ZZZ	N	
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time	97.13			XXX	N	108.52

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	directed by a physician or other qualified health care professional, per calendar month.						
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	130.73			XXX	N	
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	233.10			XXX	N	108.52
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	225.75			XXX	N	108.52
+ 99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	96.60			ZZZ	N	

+ Add-on Procedure ◊ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	317.10			XXX	N	172.32
★	99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	427.35			XXX	N	172.32
★	99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	129.68			XXX	N	108.52
+ ★	99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	112.35			ZZZ	N	
	99499	Unlisted evaluation and management service		BR		XXX	N	

ANESTHESIA

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. INTRODUCTION

The 2022 American Society of Anesthesiologists' (ASA) Relative Value Guide® is recognized as an appropriate assessment of current relative values for specific anesthesiology procedures. It is the basis for the assigned base units for CPT codes in the Anesthesia section of the Fee Schedule.

The conversion factor for anesthesia services has been designated at \$75.00 per unit.

Total anesthesia value is defined in the following formula:

$$(\text{Base units} + \text{time units} + \text{modifying units}) \times \text{conversion factor} = \text{reimbursement}$$

II. BASE UNITS

Base units are listed for most procedures. This value is determined by the complexity of the service and includes all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The base units include preoperative and postoperative visits, the administration of fluids and/or blood incident to the anesthesia care, and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, and other usual monitoring procedures). The basic anesthesia unit includes the routine follow-up care and observation (including recovery room observation and monitoring). When multiple surgical procedures are performed during the same period of anesthesia, only the highest base unit allowance of the various surgical procedures will be used.

III. TIME UNITS

Anesthesia time begins when the anesthesiologist starts the preparation of the patient for anesthesia in the preoperative area, the operating room or a similar area, and ends when the injured employee is placed under postoperative care, such as transfer to the recovery room.

The anesthesia time units will be calculated in 15-minute intervals, or portions thereof, equaling one (1) time unit. No additional time units are allowed for recovery room time and monitoring.

IV. SPECIAL CIRCUMSTANCES

A. **Physical Status Modifiers.** Physical status modifiers are represented by the initial letter P followed by a single digit from one (1) to six (6) defined below:

Status	Description	Base Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A patient declared brain-dead whose organs are being removed for donor purposes	0

These six levels are consistent with the American Society of Anesthesiologists' (ASA) ranking of patient physical status. Physical status is included in CPT to distinguish between various levels of complexity of the anesthesia service provided. Documentation submitted with the billing must include the indicators that justify physical status for P3, P4, and P5.

B. Qualifying Circumstances

1. Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative condition, and/or unusual risk factors. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

CPT Code	Description	Units
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	5

CPT Code	Description	Units
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) Mississippi guideline: Documentation must include maintaining BP at 100 or less for one hour or more.	5
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	2

2. Payers must utilize their medical consultants when there is a question regarding modifiers and/or special circumstances for anesthesia charges.

V. MONITORED ANESTHESIA CARE

Monitored anesthesia care occurs when the attending physician requests that an anesthesiologist be present during a procedure. This may be to ensure compliance with accepted procedures of the facility. Monitored anesthesia care includes pre-anesthesia exam and evaluation of the patient. The anesthesiologist must participate or provide medical direction for the plan of care. The anesthesiologist, resident, or nurse anesthetist must be in continuous physical presence and provide diagnosis and treatment of emergencies. This will also include non-invasive monitoring of cardiocirculatory and respiratory systems with administration of oxygen and/or intravenous administration of medications. Reimbursement will be the same as if general anesthesia had been administered (time units + base units).

VI. REIMBURSEMENT FOR ANESTHESIA SERVICES

- A. **Criteria for Reimbursement.** Anesthesia services may be billed for any one of the three following circumstances:
 1. An anesthesiologist provides total and individual anesthesia service.
 2. An anesthesiologist directs a Certified Registered Nurse Anesthetist (CRNA).
 3. Anesthesia provided by a CRNA working independent of an anesthesiologist's supervision is covered under the following conditions:
 - a. The service falls within the CRNA's scope of practice and scope of license as defined by law.
 - b. The service is supervised by a licensed health care provider who has prescriptive authority in accordance with the clinical privileges individually granted by the hospital or other health care organization.

B. Reimbursement

1. The maximum allowable reimbursement (MAR) for anesthesia is calculated by adding the base unit value, the number of time units, any applicable modifier and/or unusual circumstances units, and multiplying the sum by a dollar amount (conversion factor) allowed per unit.
2. Reimbursement includes the usual pre- and postoperative visits, the care by the anesthesiologist during surgery, the administration of fluids and/or blood, and the usual monitoring services. Unusual forms of monitoring, such as central venous, intra-arterial, and Swan-Ganz monitoring, may be reimbursed separately.
3. When an unlisted service or procedure is provided, the value should be substantiated with a report. Unlisted services are identified in this Fee Schedule as by report (BR).
4. When it is necessary to have a second anesthesiologist, the necessity should be substantiated by report. The second anesthesiologist will receive five base units + time units x the conversion factor (calculation of total anesthesia value).
5. Payment for covered anesthesia services is as follows:
 - a. When the anesthesiologist provides an anesthesia service directly, payment will be made in accordance with the Billing and Reimbursement Rules of this Fee Schedule.
 - b. When an anesthesiologist provides medical direction to the CRNA providing the anesthesia service, then the reimbursement will be divided between the two providers (anesthesiologist and CRNA) at fifty percent (50%).
 - c. When the CRNA provides the anesthesia service directly, then payment will be the lesser of the billed charge or eighty percent (80%) of the maximum allowable listed in the Fee Schedule for that procedure.
6. Anesthesiologists or CRNAs must bill their services with the appropriate modifiers to indicate which one provided the service. Bills NOT properly coded may cause a delay or error in reimbursement by the payer. Application of the appropriate modifier to the bill for service is the responsibility of the provider, regardless of the place of service. For detailed information on anesthesia modifiers, refer to the Modifier and Code Rules section.

CODE	DESCRIPTION	BASE UNIT
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00
00142	ANESTHESIA EYE LENS SURGERY	4.00
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00
00147	ANESTHESIA EYE IRIDECTOMY	4.00
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	7.00
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00
00402	ANESTHESIA RECONSTRUCTION BREAST	5.00
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00
00500	ANESTHESIA ESOPHAGUS	15.00

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

CODE	DESCRIPTION	BASE UNIT
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00
00528	ANES MEDIASTINOSCOPY&THORACOSCOPY W/O 1 LUNG VNTJ	8.00
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00
00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00
00548	ANES THORACOTOMY & THORACOSCOPY TRACHEA & BRONCHI	17.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00
00561	ANES HRT PERICARD SAC&GREAT VSL W/PMP OXTJ <1YR	25.00
00562	ANES HRT PERICARD SAC&GRT VSL W/PMP OXTJ >1MO PO	20.00
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPHT	25.00
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00
00630	ANESTHESIA LUMBAR REGION NOS	8.00
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	5.00
00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	6.00
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	6.00
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	15.00
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	13.00
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	8.00
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30.00
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	11.00

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CODE	DESCRIPTION	BASE UNIT
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	4.00
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	3.00
00813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	5.00
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00
00902	ANESTHESIA ANORECTAL PROCEDURE	5.00
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00
00906	ANESTHESIA VULVECTOMY	4.00
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00
00918	ANES TRURL FRAGMNTJ MANJ&/RMLV URETERAL CALCULUS	5.00
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00
00924	ANES UNDSKND TESTIS UNI/BI INCL OPEN URTRL PX	4.00
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTRL PX	4.00
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTRL	6.00
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTRL	4.00
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTRL	4.00
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CODE	DESCRIPTION	BASE UNIT
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URLT	4.00
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00
01120	ANESTHESIA ON BONY PELVIS	6.00
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00
01234	ANES UPPER 2/3 FEMUR RADICAL RESECTION	8.00
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	6.00
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	4.00
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CODE	DESCRIPTION	BASE UNIT
01474	ANESTHESIA GASTROCNEMIUS RECESSON	5.00
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	4.00
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	4.00
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIRW/CATH	6.00
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIRW/CATH	5.00
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00
01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	3.00
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00
01832	ANESTHESIA ARTHRS/ENDSCPIC TOTAL WRIST REPLCMT	6.00
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

CODE	DESCRIPTION	BASE UNIT	
01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00	
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00	
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00	
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00	
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00	
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	5.00	
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	7.00	
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	8.00	
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00	
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00	
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	6.00	
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	7.00	
01937	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP CRV/THRC	4.00	
01938	ANES PERQ IMG NJX DRG/ASPIR PX SPI/SP LMBR/SAC	4.00	
01939	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP CRV/THRC	4.00	
01940	ANES PERQ IMG DSTRJ PX NULYT AGT SPI/SP LMBR/SAC	4.00	
01941	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP CRV/THRC	5.00	
01942	ANES PERQ IMG NEUROMD/NTRVRT PX SPI/SP LMBR/SAC	5.00	
01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00	
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00	
+	01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00
	01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00
	01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00
	01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00
	01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00
	01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	8.00
	01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4.00
	01966	ANESTHESIA INDUCED ABORTION	4.00
	01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00
+	01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	2.00
+	01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00
	01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00
	01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00
	01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00
	01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00
	01999	UNLISTED ANESTHESIA PROCEDURE	BR
+	99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	1.00
+	99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	5.00
+	99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	5.00
+	99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	2.00

PAIN MANAGEMENT

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I INTRODUCTION

In addition to the General Rules, this section provides specific rules for Pain Management services.

- A. Providers must restrict treatment to indications recognized by established medical practice that are adequately supported by the relevant medical literature.
- B. Providers must demonstrate the effectiveness of previously provided treatment in order to repeat or continue it. This includes the use of pain diagrams and numerical pain scores where appropriate.
- C. Payers and utilization review professionals must approve or deny treatment based on the rules within this section of the Fee Schedule without regard to external guidelines.
- D. When denying care, the specific section of this Fee Schedule must be cited as the basis for denial. All denials must provide the rationale or the treatment will be approved.
- E. When Modifier 50, bilateral procedure, is used with pain management procedures listed in this section, reimbursement shall be twenty-five percent (25%) of the amount listed in the rate tables for the second or contralateral side.

II. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

- A. **Use of Fluoroscopy.** Fluoroscopic guidance, CPT codes 77002 and 77003, is not separately reimbursable when fluoroscopy is bundled and included in the amount for the primary surgical service per NCCI edits. All procedures performed fluoroscopically MUST have stored hard copy or digital images showing final needle placement in at least two (2) views (typically posterior/anterior and lateral or oblique) demonstrating final needle placement and depth AND disbursement of contrast (when not contraindicated). These images must be available upon request (with appropriate HIPAA compliance) by payers, or reimbursement may be denied.

B. Reimbursement for Injection/Destruction Procedures

1. Facet injections and medial branch blocks are reimbursed at a maximum of three (3) total anatomic joint levels. Additional level or bilateral modifiers may be used to allow up to a maximum of two (2) additional service levels for facet or medial branch blocks in the cervical/thoracic (64491 and 64492) or lumbar (64494 and 64495) for a maximum of three (3) procedure levels reimbursed per treatment session or day. These

procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally.

2. Nerve destructive procedures are reimbursed for a maximum of two (2) anatomical levels.
3. Reimbursement for injection/destruction procedure codes is made on the basis of joint levels, not nerves treated (e.g., destruction by neurolytic agent of the L4–L5 facets counts as one (1) level/nerve and should be billed as 64635 (first level/nerve)). There are two nerves supplying each joint but reimbursement is based upon joint(s) treated, not the nerves treated. This applies to CPT codes 64635, 64636 (lumbar), and 64633, 64634 (cervical/thoracic). These procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally.
4. A maximum of two (2) levels of transforaminal epidural steroid injections or one level bilaterally are reimbursable for a given date of service. This applies to codes 64479, 64480, 64483, and 64484.
5. A maximum of one (1) interlaminar epidural steroid injection is reimbursable for a given date of service. This applies to codes 62320 and 62322.
6. If a patient with bilateral pain receives only unilateral treatment on a given date of service, any similar procedures (same CPT codes) performed on the contralateral side within ninety (90) days of the initial procedure will be subject to reimbursement reductions related to modifiers for bilateral treatment on the same date of service. For example, if a person undergoes a right sided medial branch block(s) or neurotomy(ies) on a given date of service, any similar procedure(s) on the left side will be subject to the reductions in reimbursement related to use of the bilateral modifier if this treatment is provided within ninety (90) days of the date of service of the right sided procedures. This rule applies to professional and facility reimbursement.

- C. **Multiple Procedure Reimbursement.** Only one (1) type of pain management procedure is reimbursable on a given date of service, unless otherwise approved by the payer. This rule does not include multiple level injections or bilateral procedures of the same type, with appropriate modifiers.

“Type” is defined as any procedure code involving an anatomically different structure (e.g., spinal nerve, facet joint, sacroiliac joint, trigger point, etc.). Joints and nerves in different anatomical regions (cervical/thoracic, lumbar/sacral) are considered to be different “types” and are limited to one (1) procedure per given day. Additional level or bilateral injections of a single procedure in the same area are not considered different “types,” and for the purpose of this rule, are considered to be the same “type.”

- However, the multiple level restrictions, as detailed herein, still apply. Diagnostic injections of more than one type in the same anatomic area on the same date of service will not be reimbursed without prior authorization. Reimbursement of the multiple procedure modifier (51) is twenty-five percent (25%) of the base amount for the second or additional procedure for procedures listed in the Pain Management section.
- D. Repeat epidural injections would typically occur two to four (2-4) weeks after the initial treatment, contingent upon some degree of continuing radiating pain. Repeat injections performed within ten (10) days of the previous epidural injection will not be reimbursed.
- E. Sacroiliac arthrography (CPT code 27096) may only be used once per six (6) month period.
- F. CPT code 62324 includes needle placement, catheter infusion, and subsequent injections. Code 62324 should be used for multiple solutions injected by way of the same catheter, or multiple bolus injections during the initial procedure. The epidural needle or catheter placement is inherent to the procedure, and, therefore, no additional charge for needle or catheter placement is allowed.
- G. Pain management procedures or services which are included in this section of the Fee Schedule must be performed by a licensed physician holding either an M.D. or D.O. degree. Pain management procedures performed by any other person, such as a Certified Registered Nurse Anesthetist (CRNA), are not eligible for reimbursement.
- H. The following procedures must be performed fluoroscopically in order to qualify for reimbursement:
1. Facet injections (64490–64495)
 2. Sacroiliac (SI) injections (27096).
 3. Transforaminal epidural steroid injections (64479, 64480, 64483, 64484).
 4. Cervical translaminar/interlaminar epidural injections 62321
 5. Cervical/thoracic discography (CPT codes 62291 injection cervical/thoracic disc) and radiology supervision and interpretation (CPT code 72285) will not be reimbursed.
- I. Any analgesia/sedation used in the performance of the procedures in this section is considered integral to the procedure, and will not be separately reimbursed. This rule applies whether or not the person administering the analgesia/sedation is the physician who is performing the pain management injection. Administration of analgesia/ sedation by a different person from the physician performing the injection, including an RN, PA, CRNA, or MD/DO, does not allow for separate billing of analgesia/ sedation. If a patient is unable to cooperate during routine needle placement, despite judicious use of sedation for anxiety, elective IPM (interventional pain management) procedures should be terminated due to patient safety concerns. Sedating or anesthetizing a patient into a plane of deep sedation or anesthesia, rendering them unresponsive or unable to experience or communicate unusual or excessive pain puts the patient at increased risk for elective IPM procedures.
- J. Detailed anatomical descriptions of the procedures performed must accompany the bill for service in order to qualify for reimbursement. These descriptions must include landmarks used in determining needle positioning, needles used (size, length), and the type and quantity of each drug injected. Unless there is a contraindication to contrast media (e.g., documented allergy) it is expected that the quantity of contrast injection AND a written description of the contrast spread pattern be included in the procedure report. Generic descriptions such as "the procedure was performed in the usual fashion," "the needle was placed on (next to, by, etc.) the nerve/joint/target," "the needle was placed in the correct anatomical location," or similar wording, which was templated or otherwise lacking an actual detailed anatomical description of needle placement or contrast pattern (where appropriate), is inadequate and cause for denial of payment. Templates for standard needle placement are acceptable, but any deviation from the usual technique must be explained in the procedure note. Contrast injection patterns should not be templated. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.
- K. **Radiographic Codes in Pain Management.**
1. Codes 72020–72220 which apply to radiographic examination of the spine are not reimbursed when performed with the pain management procedures in this section
- L. When a joint injection is performed at the end of a surgical procedure for pain control, reimbursement is allowed according to the Multiple Procedure rule. This rule applies to professional and facility reimbursement.

III. REIMBURSEMENT FOR REFILL OF PAIN PUMPS

- A. **Code 95990.** This CPT code, which applies to refilling and maintenance of an implantable pump or reservoir for drug delivery spinal (intrathecal, epidural) or brain (intraventricular), is reimbursed at the specified MAR listed in the Medicine section of the Fee Schedule.
- B. **Evaluation and Management Services.** Refilling and maintenance of implantable pump or reservoir for pain management drug delivery is a global service. A separate evaluation and management service is not paid unless significant additional or other cognitive services are provided and documented. To report a significant, separately identifiable evaluation and management service, append modifier 25 to the appropriate evaluation and management code. Documentation is required and payment will be allowed if supported by the documentation.

- C. **Drugs.** Those drugs used in the refill of the pain pump shall be reimbursed in accordance with the Pharmacy Rules contained in the Pharmacy Rules section of this Fee Schedule.
- D. **Compounding Fee.** If the drugs used in the refill of the pain pump must be compounded, the compounding service shall be reimbursed at \$157.44 per individual refill. Report the compounding service with code S9430, Pharmacy compounding and dispensing services.
- E. Non-FDA-approved drugs for intrathecal use will NOT be reimbursed.

IV. DIAGNOSTIC INJECTIONS AND PROCEDURES

- A. **Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy.** This procedure may be reimbursed not to exceed three (3) contiguous spinal joint levels during the same session/procedure. If there has been improvement with a prior successful radiofrequency (RF) denervation, then a minimum time of six (6) months should elapse since prior RF denervation treatment in order to qualify for a repeat procedure. No more than two (2) RF denervations may be reimbursed in the first twelve (12) months and one (1) per year thereafter.

V. THERAPEUTIC SERVICES

In the pain management setting, no more than two (2) modalities and/or procedures may be used on a date of service (e.g., heat/cold, ultrasound, diathermy, iontophoresis, TENS, electrical stimulation, muscle stimulation, etc.). Multiple modalities should be performed sequentially. Only one (1) modality can be reported for concurrently performed procedures.

VI. GENERAL RULES

- A. Reimbursement will be limited to three (3) epidural pain injections in a twelve (12) month period unless the payer provides prior approval for more than three (3) such injections. Separate billing for the drug injected will not be reimbursed.
- B. **Trigger Point Injections.** Trigger point (also called myofascial or myoneural) injections are reimbursed as one (1) procedure regardless of the number of injection sites. Multiple injections, and multiple regions will be reimbursed as one procedure. Report CPT 20552 for injection(s) single or multiple trigger point(s), one or two muscles, or 20553, injection(s), single or multiple trigger point(s), three or more muscles. Only one of these procedure codes will be reimbursed per date of service.
- C. **Investigational Procedures.** Refer to the General Rules section.
- D. **Sacroiliac (SI) Joint.** Therapeutic and diagnostic sacroiliac joint injections require the use of image guidance. Injections performed without imaging guidance should be billed, and will be reimbursed, as a trigger point injection. CPT code 27096 should not be billed when a physician provides routine sacroiliac injections.

This code is to be used only with imaging confirmation of intra-articular needle positioning. Image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components of 27096.

CPT code 27096 has a bilateral surgery indicator of "1." Thus, it is considered a "unilateral" procedure:

- When injecting a sacroiliac joint bilaterally, file with modifier -50.
- When injecting a sacroiliac joint unilaterally, file the appropriate anatomic modifier -LT or -RT.
- Only one (1) unit of service (equals one bilateral injection **or** one unilateral injection) should be submitted for a unilateral or bilateral sacroiliac joint/nerve injection.

Do not bill CPT code 73542 (Radiologic examination, sacroiliac joint arthrography, radiological supervision and interpretation) for injection of contrast to verify needle position. CPT code 73542 is only to be billed for a medically necessary diagnostic study and requires a full interpretation and report.

VII. PAIN MANAGEMENT CRITERIA

- A. All Interventional Pain Management (IPM) procedures must be billed with the appropriate CPT codes and modifiers (where applicable) using accepted ICD-10-CM codes as the indications for the procedures. Providers MUST use acceptable codes in order to initiate or maintain treatment. Failure to do so is cause for denial of treatment until the proper appropriate codes are submitted.

Payers/URs must use the rules of this Fee Schedule to deny requested treatment. Failure to cite the specific section of the IPM portion of the Mississippi Workers' Compensation Medical Fee Schedule will result in automatic adjudication for the provider without appeal. "Specific" refers to citing the actual section, and appropriate subsections directly from the guidelines. Failure to have the Fee Schedule available during the review would make such citation unachievable, resulting in automatic adjudication for the provider. **No outside guidelines can be used to deny IPM care requested in accordance with the Fee Schedule.**

- B. **Injection/Destruction Procedures**
Multiple Epidural Injections in a Single Treatment Day/Session. Reimbursement is limited to one epidural injection in a single treatment day/session, unless appropriate documentation is entered into the medical record of a medical condition for which multiple injections would be appropriate. These conditions include:
1. Disc pathology (e.g., protrusion) at one level with a dermatomal pain distribution of an adjacent level (e.g., disc affects the traversing nerve root, such as an L4/5 disc herniation affecting the traversing L5 nerve root).
 2. Multiple dermatomal nerve root involvement.
 3. Bilateral radicular pain.

C **Refill of Pain Pumps**

Intrathecal Drug Delivery. This method of delivery requires prior authorization. Specific brands of infusion systems have been FDA approved for the following: chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of baclofen for the management of severe spasticity.

1. **Description:** This mode of therapy delivers small doses of medications directly into the cerebrospinal fluid.
2. **Complications:** Intrathecal delivery is associated with significant complications, such as infection, catheter disconnects, CSF leak, arachnoiditis, pump failure, nerve injury, and paralysis. Typical adverse events reported with opioids (i.e., respiratory depression, tolerance, and dependence), or spinal catheter-tip granulomas that might arise during intrathecal morphine or hydromorphone treatment have not currently been recorded for ziconotide.
3. **Indications:** Clinical studies are conflicting, regarding long-term, effective pain relief in patients with non-malignant pain. The Division does not generally recommend the use of intrathecal drug delivery systems in injured workers with chronic pain. Due to the complication rate for long-term use, it may be considered only in very rare occasions when dystonia and spasticity are dominant features or when pain is not able to be managed using any other non-operative treatment. This treatment must be prior authorized and have the recommendation of at least one physician experienced in chronic pain management in consultation with the primary treating physician. The procedure should be performed by physicians with documented experience. This small eligible sub-group of patients must meet all of the following indications:
 - a. A diagnosis of a specific physical condition known to be chronically painful has been made on the basis of objective findings;
 - b. All reasonable surgical and non-surgical treatment has been exhausted including failure of conservative therapy including active and/or passive therapy, medication management, or therapeutic injections;
 - c. Pre-trial psychiatric or psychological evaluation has been performed (as for SCS) and has demonstrated motivation and long-term commitment without issues of secondary gain. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures;
 - d. There is no evidence of current addictive behavior. (Tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude

implantation); and

- e. A successful trial of continuous infusion by a percutaneous spinal infusion pump for a minimum of twenty-four (24) hours. A screening test is considered successful if the patient (a) experiences a fifty percent (50%) decrease in pain, which may be confirmed by VAS, and (b) demonstrates objective functional gains or decreased utilization of pain medications. Functional gains should be evaluated by an occupational therapist and/or physical therapist prior to and before discontinuation of the trial.

4. **Contraindications:** Infection and body size insufficient to support the size and weight of the implanted device. Patients with other implanted programmable devices should be given these pumps with caution since interference between devices may cause unintended changes in infusion rates.

D. **Diagnostic Injections and Procedures**

1. Valid diagnostic injections require an appropriately alert patient capable of adequately determining the amount or level of pain relieved or produced by the procedure. This requires judicious use of sedatives in the performance of such procedures. Additional analgesic medications such as intravenous narcotics are to be avoided during the procedure and evaluation phase of testing, as these medications can affect the validity of such diagnostic tests. The results of the tests and drugs used during the injection or procedure must be part of the medical records, and available for review by the payer. Failure to document the patient's response to a diagnostic procedure or injection, and the level of alertness following the procedure or injection, could result in denial of reimbursement. Affected diagnostic procedures include but are not limited to discography and medial branch blocks, diagnostic sacroiliac injections and selective nerve root blocks (billed with epidural codes).
2. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test or scale (e.g., numerical pain scale, visual analogue scale). This should be performed in the treatment facility after the procedure during the time that there would be an expected analgesic response (every thirty (30) minutes for at least one (1) hour). This must be documented and the documentation must be available to the payer for review. Subsequent pain scores must be documented at least hourly for two (2) additional hours after the procedure. If the patient's pre-procedure pain was determined by provocative exam tests or maneuvers, these should be repeated during the evaluation period following the procedure, to differentiate analgesia related to the procedure from positional analgesia (pain improvement), such as, that which may be provided by lying in a recovery bed.

3. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root, peripheral nerve blocks, sympathetic blocks or therapeutic facet injections, would ideally be performed with minimal sedation and avoidance of intravenous narcotics. However, as these injections also have potential therapeutic benefit, this is not a requirement for reimbursement.

E Epidural Injections

1. **Epidural Injections.** This Fee Schedule does not recognize a "series" of epidural injections, regardless of number. A trial of epidural injections is permitted provided there is appropriate documentation of a recognized indication for this procedure. Only a single injection can be approved unless there is documentation of analgesic response consistent with response to the injection. Further injections require a positive analgesic response in order to be repeated. For the first injection, the initial analgesic response may be temporary, but cannot be attributed solely to a local anesthetic effect or intra-procedural sedation (i.e., relief for the first few hours after injection). Additionally, in order to repeat an epidural injection, there must be continued radiating pain, and not only residual axial (back/neck) pain. After the second injection, there must be a residual and progressive analgesic benefit in order to perform a third injection. Documentation of a positive patient response will be required to continue epidural treatment. If there is no documented residual pain relief after two (2) injections, no further epidural injections will be considered medically necessary.
2. Only one spine region may be treated per session (date of service). Only two total levels per session are allowed for CPT codes 64479, 64483 and 64484 (two unilateral or two bilateral levels). CPT code 64480 should be reported in conjunction with CPT code 64479 and CPT code 64484 should be reported in conjunction with CPT code 64483. CPT codes 62321 and 62323 may only be reported for one level per session.
3. No more than three (3) epidural injection sessions (CPT codes 62321, 62323, 64479, 64480, 64483 or 64484) may be reported per anatomic region in a rolling 12-month period regardless of the number of levels involved.
 - a. Repeat injections (up to two (2) additional injections, for a total of three (3) per twelve (12) month period), however, do NOT require prior approval as long as the appropriate responses are properly documented.
 - b. Utilization management or review decisions shall not be based solely on the application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the

patient's clinical status.

4. Interlaminar epidural injections are seldom used for diagnostic purposes because the generalized regional spread of local anesthetic with spinal injection makes it impractical if not impossible to selectively block a specific nerve.
5. To be reimbursed, both cervical and interlaminar epidural steroid injections must be performed fluoroscopically, typically with contrast injection, unless there is a documented contrast allergy.

Epidural blood patches do not require fluoroscopic guidance, though this is preferred.

The specific cause of radiating pain may not always be obvious on imaging, such as MRI, CT or x-rays. Therefore, the indications for a trial of epidural steroid injections are based on the patient's clinical presentation, not imaging.

All nerve root pain or radiating pain is not caused by damage (nerve or axon loss) to the nerve or dorsal root ganglion.

When there is only inflammation or irritation of the nerve, there may be radiating pain in the absence of physical exam findings of nerve damage such as altered or absent motor, sensory, or reflex function. Actual nerve damage is not treated by steroid injections, as steroids do not accelerate the regeneration of new nerve tissue (axon) regeneration. Therefore, demonstrable weakness, reflex changes and sensory loss are not necessary as an indication for a trial of epidural steroids. Similarly, EMG/NCV testing demonstrating nerve or axon loss is not necessary as an indication for a trial of epidural steroid injections.

A trial of epidural steroids injections may be indicated when there is radiating pain (extremity or buttock) with or without co-existing back pain.

6. **Initiation and Continuation of Epidural Injections.** Prior authorization by the payer is required before initiating a trial of epidural injections. It is NOT necessary to obtain prior authorization to repeat an injection as long as a positive analgesic response (pain improvement or functional improvement) to the previous injection is reported.

Repeat trials of epidural injections may be considered for reimbursement after one (1) year if the preceding trial provided several months of demonstrable benefit. In order to be considered effective, this benefit must include greater than thirty percent (30%) improvement in pain scores, and documentation of either 1) significant reduction of daily narcotic consumption, defined as a sustained reduction (several months) of at least thirty percent (30%) of the daily narcotic use prior to initiation of the trial of epidural injections, or 2) ability to work for a sustained period of time (several months) at least at sedentary work level or the work level as determined by a valid Functional

Capacity Rating (FCE). No patient can be considered for a repeat trial of epidural steroid injections, if after the preceding trial (in a similar anatomical area) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

If, after an initial trial of epidural injections, it is suspected that there is a new nerve injury involving a different anatomical nerve, a trial of epidural injections may be indicated independent of the response to the initial trial of epidural injections. However, as this would represent a separate nerve injury, causation would have to be established prior to initiation of further treatment related to a work injury.

7. **Documentation Requirements for Epidural Injections**. All documentation must be maintained in the patient's medical record and be made available to the payer upon request.

- a. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
- b. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- c. The procedural report should clearly document the indications and medical necessity for the blocks along with the pre and post percent (%) pain relief achieved immediately post-injection.
- d. Films that adequately document (minimum of two views) final needle position and contrast flow should be retained and made available upon request.
- e. The patient's medical record should include, but is not limited to:
 - The assessment of the patient by the performing provider as it relates to the complaint of the patient for that visit.
 - Relevant medical history.
 - Results of pertinent tests/procedures.
 - Signed and dated office visit record/operative report
 - Documentation to support the medical necessity of the procedures(s).

F. **Facet Injections**. Intra-articular joint injections (cervical, thoracic, lumbar), which can have both diagnostic and therapeutic indications, should always be considered primarily therapeutic.

The number of facet injections subject to Reimbursement for facet injections is limited to four (4) dates of service with a maximum of two (2)

therapeutic and two (2) diagnostic injections for the initial twelve (12) month period of treatment per anatomical region. This allows for a total of four (4) dates of service, regardless of the number of levels treated, which levels are treated, or which side (left or right or bilateral) is treated, in the same anatomical region. If treatment for facet-related pain continues past twelve (12) months, further injections are limited to a total of two (2) dates of service per twelve (12) month period. Facet injections in different anatomical areas are not subject to these limits, as each anatomical area would be subject to its own separate limit. Nerve-destructive procedures (e.g. radiofrequency facet nerve neurotomy, codes 64633, 64634, 64635, 64636) are not considered additional therapeutic procedures for the purpose of this rule.

A "different anatomical area" refers to the lumbar, thoracic, and cervical areas. Injections within the lumbar spine, for example, are considered to be within the same anatomical area regardless of the actual lumbar joint/nerve level, or which side (right or left), is treated, and all limits would apply in this anatomical area.

In order to be a "successful" ("positive") diagnostic facet procedure (either intra-articular or medial branch block(s)), the patient must experience at least seventy-five percent (75%) relief of the index pain (pain being treated by the procedure). Additionally, this index pain must be at least fifty percent (50%) of the patient's total pain.

Cervical, upper/lower thoracic or lumbar nerves facet nerve (medial branch ablation will be reimbursed once per seven (7) month period. Repeat (medial branch) ablation is contingent upon documentation of at least six (6) month's measurable (greater than thirty percent (30%) improvement in pain scores), and documentation of either 1) reduction of daily narcotic consumption of at least thirty percent (30%) from the daily use noted prior to the procedure, or 2) ability to work at least at a light duty work level or work level as determined by a valid Functional Capacity Evaluation (FCE). No patient will be considered for a repeat neuroablative procedure (e.g., neurotomy) if after the preceding neuroablative procedure (at similar anatomical levels) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

- G. A repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490-64495) will be considered for reimbursement if there is documentation of a significant analgesic response that persists for at least six (6) months. This relief must be at least fifty percent (50%) of the pain in the specific anatomical area targeted by the injection, and must allow the patient to return or continue to work at least at a light duty capacity (if the reason for being off work or at restricted work capacity was related to the patient's back or neck pain). **Trigger Point Injections**. The goal is to treat the cause of pain, not just the symptoms. With this intent, in order to be repeated in the same muscle group, there must be at least a fifty percent (50%) persistent benefit from the previous injection. For patients not in therapy, trigger point injections

can be performed monthly, as long as there is a documented fifty percent (50%) residual benefit, and progressive relief (pain intensity and duration of relief) with the preceding injection. After six months, if similar pain persists, the patient should be re-evaluated regarding the etiology of the complaint, and the available treatment options reconsidered. The payer may consider payment for additional trigger point injections upon review.

- H. **Soft Tissue Injections.** "Myofascial," "myoneural," and "trigger point injections" are synonymous and are to be reimbursed with code 20552 or 20553. Modifiers for additional injections are not allowed with these codes. Reimbursement will be made for 20552 or 20553 but not both on the same date.

CPT codes 20550 and 20551 are used for injections of tendon origins and are not to be used for "myofascial, myoneural or trigger point" injections.

Code 20612 is used for the aspirations/injection of a ganglion cyst and not for "myofascial, myoneural, or trigger point" injections.

- I. **Sacroiliac (SI) Joint.** Sacroiliac joint injections (code 27096) require documentation of at least a six (6) week durable analgesic benefit of at least fifty percent (50%) pain relief in the anatomical area being targeted by the injection. A maximum of two (2) therapeutic sacroiliac joint injections can be reimbursed per twelve (12) month period per joint injected, and not the contralateral joint (i.e., right or left sided joint).

- J. **Lumbar Discography.** Lumbar provocative discography is medically necessary for evaluation for disc pathology in persons with persistent, severe low back pain (LBP) and abnormal interspaces on magnetic resonance imaging (MRI), where other diagnostic tests have failed to reveal clear confirmation of a suspected disc as the source of pain, and surgical intervention is being considered. Lumbar provocative discography is not covered for all other indications. Functional anesthetic discography (involving injection of anesthetic directly into the disc) is not covered.

- K. **Botulinum Toxin.** Botulinum toxin is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. With prior approval, an exception can be made when treatment is indicated for limb spasticity or other indications.

L. **Implantation of Spinal Cord Stimulators.**

1. The following conditions must be met for consideration of reimbursement for spinal cord stimulators.
2. Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.
3. There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.
4. During the trial stimulation, the patient must report functional improvement, decreased use of medications, and at least fifty percent (50%) pain reduction and some functional gains during the last four (4) days of the stimulation trial.

5. Psychological screening must be used to determine if the patient is free from:
 - a. Substance abuse issues;
 - b. Untreated psychiatric conditions; and
 - c. Major psychiatric illness that could impair the patient's ability to respond appropriately to the trial stimulation.

6. Neurostimulation

- a. Description: Spinal cord stimulation devices are FDA approved as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral and bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain and leg pain. There is limited evidence that supports its use for spinal axial pain. SCS may be most effective in patients with CRPS I or II who have not achieved relief with oral medications, rehabilitation therapy, or therapeutic nerve blocks, and in whom the pain has persisted for longer than six (6) months. Surgical procedures should be performed by surgeons, usually with a neurosurgical or spinal background.

- b. Surgical Indications: Patients with established CRPS I or II or a failed spinal surgery with persistent functionally limiting radicular pain greater than axial pain who have failed conservative therapy including active and/or passive therapy, pre-stimulator trial psychiatric evaluation and treatment, medication management, and therapeutic injections. SCS is not recommended for patients with the major limiting factor of persistent axial spine pain. SCS may be indicated in a subset of patients who have a clear neuropathic radicular pain (radiculitis). The extremity pain should account for at least fifty percent (50%) or greater of the overall back and leg pain experienced by the patient. Prior authorization is required. Patients with severe psychiatric disorders, and issues of secondary gain are not candidates for the procedure.

- c. A comprehensive psychiatric or psychological evaluation must be provided prior to the stimulator trial. This evaluation should include a standardized detailed personality inventory with validity scales (such as MMPI-2, MMPI-2-RF, or PAI) pain inventory with validity measures (for example, BHI 2, MBMD); clinical interview and complete review of the medical records. Before proceeding to a spinal stimulator trial the evaluation should find the following:
 - No indication of falsifying information, or of invalid response on testing;
 - No primary psychiatric risk factors or "red flags" (e.g., psychosis, active suicidality, severe depression, or

- addiction). (Note that tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation);
- A level of secondary risk factors or “yellow flags” (e.g., moderate depression, job dissatisfaction, dysfunctional pain conditions) judged to be below the threshold for compromising the patient’s ability to benefit from neurostimulation;
 - The patient is cognitively capable of understanding and operating the neurostimulation control device;
 - The patient is cognitively capable of understanding and appreciating the risks and benefits of the procedure; and
 - The patient has demonstrated a history of motivation in and adherence to prescribed treatments.
- d. The psychologist or psychiatrist performing these evaluations should not be an employee of the physician performing the implantation. This evaluation must be completed, with favorable findings, before the screening trial is scheduled. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures.
- e. All reasonable surgical and non-surgical treatment has been exhausted.
- f. The topography of pain and its underlying pathophysiology are amenable to stimulation coverage (the entire painful extremity area has been covered).
- g. Successful neurostimulation screening test: For a spinal cord neurostimulation screening test, a temporary lead is implanted at the level of pain and attached to an external source to validate therapy effectiveness. A screening test is considered successful if the patient meets both of the following criteria:
- Experiences a fifty percent (50%) decrease radicular or CRPS in pain, which may be confirmed by visual analogue scale (VAS) or Numerical Rating Scale (NRS).
 - Demonstrates objective functional gains or decreased utilization of pain medications.
 - It is expected that there will be an attempt to wean opioid pain medications at least partially prior to the stimulation trial to determine if there was additional pain relief that could be attributed to the stimulator trial.
- Objective, measurable, functional gains should be evaluated by an occupational therapist and/or physical therapist and the primary treating physician prior to and before discontinuation of the trial.
- M. **Topical Drug Delivery**
1. **Description:** Topical medications, such as lidocaine and capsaicin, may be an alternative treatment for neuropathic disorders and is an acceptable form of treatment in selected patients.
 2. **Indications:** Neuropathic pain for most agents. Episodic use of NSAIDs and salicylates for joint pain. Patient selection must be rigorous to select those patients with the highest probability of compliance. Many patients do not tolerate the side effects for some medication or the need for frequent application.
 3. **Dosing and Time to Therapeutic Effect:** All topical agents should be prescribed with strict instructions for application and maximum number of applications per day to obtain the desired benefit and avoid potential toxicity. There is no evidence that topical agents are more or less effective than oral medications. For most patients, the effects of long-term use are unknown and thus may be better used episodically.
 4. **Side Effects:** Localized skin reactions may occur, depending on the medication agent used vs. Topical Agents.
 - a. **Capsaicin.** Formulations of capsaicin have been FDA approved for management of pain associated with post-herpetic neuralgia. Capsaicin offers a safe and effective alternative to systemic NSAID therapy. There is also good evidence that a high dose (8%) capsaicin patch applied for 60 minutes can decrease post herpetic neuralgic pain for three (3) months.
 - b. **Ketamine and Tricyclics.** Topical medications, such as the combination of ketamine and amitriptyline have been proposed as an alternative treatment for neuropathic disorders including CRPS. However, neither tricyclic nor ketamine topicals are FDA approved for topical use in neuropathic pain. Continued use of these agents beyond the initial prescription requires documentation of effectiveness, including functional improvement, and/or decreased use of other medications, particularly decreased use of opiates or other habituating medications.
 - c. **Lidocaine.** Formulations of lidocaine (patch form) have been FDA approved for pain associated with post-herpetic neuralgia.
 - d. **Topical Salicylates and Non-salicylates.** These have been shown to be effective in relieving pain in acute musculoskeletal conditions and single joint osteoarthritis. Topical salicylate and non-salicylates achieve tissue levels that are potentially therapeutic, at least with regard to Cyclooxygenase (COX) inhibition. There is

good evidence that diclofenac gel reduces pain and improves function in mild-to-moderate hand osteoarthritis. Diclofenac gel has been FDA approved for acute pain due to minor strains, pains, and contusions; and for relief of pain due to osteoarthritis of the joints amenable to topical treatment, such as those of the knees and hands.

- e. **Other Compounded Topical Agents.** At the time this guideline was written, no studies identified evidence for the effectiveness of compounded topical agents other than those recommended above. Therefore, other compounded topical agents are not recommended.

5. Prior authorization is required for all agents that have not been recommended above. Continued use requires documentation of effectiveness including functional improvement and/or decrease in other medications.

N. **Use of Controlled Substances**

Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal)

Pain. Optimal, effective treatment for chronic pain may require the use of opioids or other controlled substances. The proper and effective use of opioids or other controlled substances has been specifically addressed by the Mississippi Board of Medical Licensure. Unless otherwise directed by the MWCC, reimbursement for prescriptions for opioids or other controlled substances used for the management or treatment of chronic, non-terminal pain shall not be provided under this Fee Schedule unless treatment is sufficiently documented and complies with the Rules and Regulations, as promulgated by the Mississippi

State Board of Medical Licensure, and supplemented by the MWCC accordingly.

In addition to the specific Rules and Regulations promulgated by the Mississippi State Board of Medical Licensure, the payer may, as in other cases, obtain a second opinion from an appropriate and qualified physician to determine the appropriateness of the treatment being rendered, including but not limited to the appropriateness of the continuing use of opioids or other controlled substances for treatment of the patient's chronic pain. However, any such second opinion shall not be used as the basis for abrupt withdrawal of medication or payment thereof. Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral or discontinuance of treatment, and the payer shall provide reimbursement in accordance with this Fee Schedule, as follows: not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Discontinuance of treatment or reimbursement of prescriptions based on a second opinion obtained hereunder shall be subject to review by the MWCC pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

See the MWCC website for Guidelines for the Prescription of Opiates at <https://www.mwcc.ms.gov/pdf/mwccGuidlinesForThePrescriptionOfOpiates.pdf>

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	see page 80			XXX	N	
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	292.80			000	N	378.90
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	204.00			000	N	378.90
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	206.40			000	N	378.90
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	190.80			000	N	378.90
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	219.60			000	N	378.90
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	188.40			000	N	378.90
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	289.80			000	N	378.90
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	194.40			000	N	378.90
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	316.80			000	N	920.90
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	230.40			000	N	378.90
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	354.00			000	N	378.90
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	228.00			000	N	378.90
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	582.00			000	N	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	937.20			010	N	920.90
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	937.20			010	N	920.90
62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	506.40			000	N	920.90
62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	668.40			000	N	920.90
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	601.20			000	N	920.90
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1182.00			010	N	1193.84
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	853.20			010	N	1193.84
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1162.80			010	N	1193.84
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N	
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N	
J1 62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1412.40			010	N	10435.06
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	968.40			010	N	2546.50
J1 62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1153.20			010	N	28524.69
J1 62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1551.60			010	N	28339.33
J1 62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1366.80			010	N	28361.08
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1052.40			010	N	8270.01
62367	ELECT ANALYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	395.98
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	395.98
62369	ELECT ANALYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	395.98
62370	ELEC ANALYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	395.98
J1 63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	11073.07
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
J1 63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
J1 63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
J1 63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
J1 63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
J1 63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
64400	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	465.60			000	N	378.90
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	284.40			000	N	378.90
64408	INJECTION AA&/STRD VAGUS NERVE	402.00			000	N	378.90
64415	INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	405.60			000	N	1193.84
64416	INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	273.60			000	N	1193.84
64417	INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	501.60			000	N	1193.84
64418	INJECTION AA&/STRD SUPRASCAPULAR NERVE	325.20			000	N	920.90

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	64420	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	378.00			000	N	920.90
+	64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	535.20			ZZZ	N	1193.84
	64425	INJECTION AA&/STRD ILIOINGUINAL IH NERVES	471.60			000	N	920.90
	64430	INJECTION AA&/STRD PUDENDAL NERVE	496.80			000	N	1193.84
	64435	INJECTION AA&/STRD PARACERVICAL NERVE	480.00			000	N	920.90
	64445	INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	466.80			000	N	920.90
	64446	INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	273.60			000	N	1193.84
	64447	INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	415.20			000	N	920.90
	64448	INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	246.00			000	N	1193.84
	64449	INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	292.80			000	N	1193.84
	64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	271.20			000	N	920.90
	64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	176.40			000	N	378.90
	64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	487.20			000	N	920.90
+	64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
	64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	707.94			000	N	920.90
	64479	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	834.00			000	N	1086.07
+	64480	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	410.40			ZZZ	N	
	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	772.80			000	N	1086.07
+	64484	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	334.80			ZZZ	N	
	64486	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
	64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
	64488	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
	64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
	64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	684.00			000	Y	1193.84
+	64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	344.40			ZZZ	Y	
+	64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	345.60			ZZZ	Y	
	64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	626.40			000	Y	1193.84
+	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	324.00			ZZZ	Y	
+	64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	322.80			ZZZ	Y	
	64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
	64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	521.64			000	N	1193.84
	64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	691.20			000	N	1193.84
	64520	INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	793.50			000	N	1193.84
	64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	790.74			000	N	1193.84
	64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1671.60			010	N	1193.84
J1	64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2307.60			010	N	3577.39
J1	64610	DSTRJ NEUROLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2882.40			010	N	3569.59
	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	744.00			010	N	1193.84
	64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	931.20			010	N	1193.84
	64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	319.20			010	N	378.90
J1	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	
J1	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
	64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1251.66			010	N	1193.84
	64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1193.84
	72285	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	
	72295	DISKOGRAPY LUMBAR RS&I	211.77	78.11	133.66	XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	109.22	57.79	51.43	XXX	N	
+	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	208.85	50.80	158.05	ZZZ	N	
+	77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	200.66	54.61	146.05	ZZZ	N	
	95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	158.71			XXX	N	462.41
	95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	194.70			XXX	N	378.90

SURGERY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I GENERAL GUIDELINES

A. **Global Reimbursement.** The reimbursement allowances for surgical procedures are based on a global reimbursement concept that covers performing the basic service and the normal range of care required after surgery. The State of Mississippi follows the surgical package definition from CPT 2022.

B. **Normal, Uncomplicated Follow-Up (FU) Care.** Normal, uncomplicated follow-up (FU) care for the time periods indicated in the follow-up days (FUD) column for each procedure code. The number in that column establishes the days during which no additional reimbursement is allowed for the usual care provided following surgery, absent complications or unusual circumstances.

The maximum allowable reimbursement (MAR) covers all normal postoperative care, including the removal of sutures by the surgeon or associate. Follow-up days are specified by procedure. Follow-up days listed are for 0, 10, or 90 days and are listed in the Fee Schedule as 000, 010, or 090. Follow-up days may also be listed as:

MMM	indicating that services are for uncomplicated maternity care;
XXX	indicating that the global surgery concept does not apply;
YYY	indicating that the follow-up period is to be set by the payer (used primarily with BR procedures); or
ZZZ	indicating that the code is related to another service and is treated in the global period of the other procedure (used primarily with add-on and exempt from modifier 51 codes).

The day of surgery is day one when counting follow-up days. Hospital discharge day management is considered to be normal, uncomplicated follow-up care.

C. **Follow-up for Diagnostic Procedures.** When a procedure is done for diagnostic purposes, the follow-up does not include care of the condition itself, only recovery/recovery care for the procedure itself.

D. **Follow-up Care for Therapeutic Surgical Procedures.** When a procedure is therapeutic in nature, the follow-up care includes routine post-op care and recovery. Any care needed for complications, care needed that is not part of routine post-op recovery, or any care that is not due to the procedure itself, may warrant additional charges.

E. **Separate Procedures.** Separate procedures are

commonly carried out as an integral part of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 to the specific "separate procedure" code.

F. **Additional Surgical Procedure(s).** When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

G. **Microsurgery, Operating Microscope, and Use of Code 69990.** The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. Code 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for visualization with magnifying loupes or corrected vision.

Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component (15756–15758, 15842, 19364, 19368, 20955–20962, 20969–20973, 22551, 22552, 22856–22861, 26551–26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43180, 43496, 46601, 46607, 49906, 61548, 63075–63078, 64727, 64820–64823, 64912, 64913, 65091–68850.)

For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the list above, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for such services. (For example, code 63030 is not included in the list therefore, it is appropriate for providers to report 69990 along with 63030 to describe microsurgical technique.)

Reimbursement for 69990 is required provided operative documentation affirms microsurgical technique and not just visualization with magnifying loupes or corrected vision

H. **Unique Techniques.** A surgeon is not entitled to an extra fee for a unique technique. It is inappropriate to use modifier 22 unless the procedure is significantly more difficult than indicated by the description of the code.

I. **Surgical Destruction.** Surgical destruction is part of a surgical procedure, and different methods of destruction (e.g., laser surgery) are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Exceptions under special circumstances are provided for by separate code numbers.

J. **Incidental Procedure(s).** An additional charge for an incidental procedure (e.g., incidental appendectomy, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) is not customary and does not warrant additional reimbursement.

- K. Endoscopic Procedures.** When multiple endoscopic procedures are performed by the same practitioner at a single encounter, the major procedure is reimbursed at one hundred percent (100%). If a secondary procedure is performed through the same opening/orifice, fifty percent (50%) is allowable as a multiple procedure. However, diagnostic procedures during the same session and entry site are incidental to the major procedure.
- L. Biopsy Procedures.** A biopsy of the skin and another surgical procedure performed on the same lesion on the same day must be billed as one procedure.
- M. Repair of Nerves, Blood Vessels, and Tendons with Wound Repairs.** The repair of nerves, blood vessels, and tendons is usually reported under the appropriate system. Normal wound repair is considered part of the nerve, blood vessel and/or tendon repair. Additional reimbursement for wound repair is only warranted if it is a complex wound, and modifier 59 should be used to identify such.
- N. Suture Removal.** Billing for suture removal by the operating surgeon is not appropriate as this is considered part of the global fee.
- O. Joint Manipulation Under Anesthesia.** There is no charge for manipulation of a joint under anesthesia when it is preceded or followed by a surgical procedure on that same day by that surgeon. However, when manipulation of a joint is the scheduled procedure and it indicates additional procedures are necessary and appropriate, the lesser of the billed amount or fifty percent (50%) of the MAR for manipulation may be allowed.
- P. Supplies and Materials.** Supplies and materials provided by the physician (e.g., sterile trays/drugs) over and above those usually included with the office visit may be listed separately using CPT code 99070 or specific HCPCS codes. Supplies (except those related to splint/casting) are not separately billable on the same date of service as the procedure (i.e., anti-embolism stockings and compression garments).
- Q. Aspirations and Injections**
Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.
- When joint injections/trigger point injections are performed, ultrasound and/or Doppler guidance is considered integral to the procedure and will not be separately reimbursed.
- When a joint injection is performed at the end of a surgical procedure for pain control, whether done by the surgeon or by anesthesia, reimbursement is allowed according to the Multiple Procedure Billing rule. This rule applies to facility reimbursement as well as provider reimbursement.
- R. Platelet Rich Plasma (PRP) Injections**
The maximum allowable reimbursement for PRP injections applies to all body parts and includes imaging guidance, harvesting and preparation, as well as the injection, kits and supplies.
- S. Surgical Assistant**
1. **Physician Surgical Assistant** — For the purpose of reimbursement, a physician who assists at surgery is reimbursed as a surgical assistant. Assistant surgeons should use modifier 80 and are allowed the lesser of the billed amount or twenty percent (20%) of the maximum allowable reimbursement (MAR) for the procedure(s).
 2. **Registered Nurse Surgical Assistant or Physician Assistant**
 - a. A physician assistant, or registered nurse who has completed an approved first assistant training course, may be allowed a fee when assisting a surgeon in the operating room (O.R.).
 - b. The MAR for the physician assistant or the registered nurse first assistant (RNFA) is ten percent (10%) of the surgeon's fee for the procedure(s) performed.
 - c. Under no circumstances will a fee be allowed for an assistant surgeon and a physician assistant or RNFA at the same surgical encounter.
 - d. Registered nurses on staff in the O.R. of a hospital, clinic, or outpatient surgery center do not qualify for reimbursement as an RNFA.
 - e. CPT codes with modifier AS or modifier 81 should be used to bill for physician assistant or RNFA services on a CMS-1500 form or electronic claim and should be submitted with the charge for the surgeon's services.
 3. The Fee Schedule includes a column indicating which procedures are approved for assistant services with Y (yes) or N (no). If a surgical procedure is approved/pre-certified for a code with a Y in the "Assist Surg" column, the assistant is implied and does not require separate approval/pre-certification for reimbursement.
- T. Operative Reports.** An operative report must be submitted to the payer before reimbursement can be made for the surgeon's or assistant surgeon's services, and should document the use of assistant services.
- U. Needle Procedures.** Needle procedures (lumbar puncture, thoracentesis, jugular or femoral taps, etc.) should be billed in addition to the medical care on the same day.
- V. Therapeutic Procedures.** Therapeutic procedures (injecting into cavities, nerve blocks, etc.) (CPT codes 20526-20611, 64400-64484) may be billed in addition to the medical care for a new patient. (Use appropriate level of service plus injection.)
- In follow-up cases for additional therapeutic injections and/or aspirations, an office visit is only indicated if it is necessary to re-evaluate the patient. In this case, a minimal visit may be listed in addition to the injection. Documentation supporting the office visit charge must be submitted with the bill to the payer.

Reimbursement for therapeutic injections will be made according to the multiple procedure rules.

Trigger point injection is considered one procedure and reimbursed as such regardless of the number of injection sites. Two codes are available for reporting trigger point injections. Use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles or 20553 when three or more muscles are involved.

W. **Post-Operative Nerve Blocks.** The following nerve blocks are considered to be medically necessary:

- a. Cervical plexus block (superficial and deep) for post-operative analgesia after anterior cervical discectomy fusion, and for neck surgery (e.g., thyroid surgery) and regional anesthesia for carotid endarterectomy
- b. Combined infraclavicular-suprascapular nerve blocks for post-operative pain control after arthroscopic shoulder surgery
- c. Fascia iliaca block for acute hip fracture, and post-operative pain control following hip (including arthroscopic hip surgery) and knee surgeries
- d. Femoral nerve blocks for acute post-operative pain after knee replacement surgery
- e. Infraclavicular nerve block in upper extremity surgery
- f. Intercostal nerve blocks for acute intercostal pain, and for chronic intercostal neuritis as part of a comprehensive pain management program
- g. Intercostobrachial nerve block for management of tourniquet pain during surgery
- h. IPACK (infiltration between popliteal artery and capsule of the knee) block for pain control following ankle arthroplasty, anterior cruciate ligament repair, knee arthroscopy, medial meniscectomy, or total knee arthroplasty
- i. Lateral femoral cutaneous nerve block for meralgia paresthetica (lateral femoral cutaneous nerve entrapment) when conservative management (e.g., non-opioid analgesics or anticonvulsants such as carbamazepine, gabapentin or phenytoin) has failed; and pain control after total hip arthroplasty (THA)
- j. Lumbar plexus block for post-operative pain control after THA
- k. Peripheral nerve blocks for the treatment of chronic pain post-herniorrhaphy to avoid more aggressive treatments (e.g., surgery), and post-operative pain control after arthroscopic debridement of the ankle
- l. Popliteal block for hallux valgus correction surgery, and open reduction internal fixation of ankle fracture
- m. Posterior tibial nerve block for post-operative pain control after Achilles tendon repair
- n. Pre-operative adductor canal block for post-operative pain management after anterior

cruciate ligament reconstruction

- o. Quadratus lumborum nerve block for post-operative pain control after abdominal and hip surgeries
 - p. Radial nerve block for post-operative pain control after carpometacarpal joint arthroplasty and De Quervain's tendon release
 - q. Rectus sheath block for post-operative pain control after cholecystectomy
 - r. Saphenous nerve block for post-operative pain management
 - s. Transversus abdominis plane (TAP) block for abdominal surgery
 - t. US-guided supraclavicular block as regional anesthesia during surgeries and/or post-operative pain control to the distal two-thirds of the upper extremity, or from the mid-humerus to the fingertips.
- X. **Anesthesia by Surgeon.** In certain circumstances it may be appropriate for the attending surgeon to provide regional or general anesthesia. Anesthesia by the surgeon is considered to be more than local or digital anesthesia. Identify this service by adding modifier 47 to the surgical code. Only base anesthesia units are allowed. See the Anesthesia section.
- Y. **Therapeutic/Diagnostic Injections.** Injections are considered incidental to the procedure when performed with a related invasive procedure.
- Z. **Intervertebral Biomechanical Device(s).** CPT codes 22853, 22854 and 22859 describe the insertion of an intervertebral biomechanical device into an intervertebral disc space or vertebral body defect. These codes are reported per level; each code captures insertion of both devices with integral anterior instrumentation for device anchoring and devices without integral anterior instrumentation for device anchoring, regardless of approach (anterior, posterior, lateral). Coding is based on the location of the device insertion and whether interbody arthrodesis is being performed.
- AA. **Intra-operative Neurophysiologic Monitoring (e.g., SSEP, MEP, BAEP, TES, DEP, VEP)** Reimbursement for intra-operative neurophysiologic monitoring will not be allowed in the following cases, unless pre-certification is obtained from the payer prior to the services.
1. Neuromuscular junction testing of each nerve during intraoperative monitoring;
 2. Intraoperative monitoring during peripheral nerve entrapment releases, such as carpal release, ulnar nerve transposition at the elbow, and tarsal tunnel release;
 3. During decompression of cervical nerve roots without myelopathy;
 4. During placement of cervical instrumentation absent evidence of myelopathy;
 5. During lumbar discectomy for radiculopathy; or

6. During lumbar decompression for treatment of stenosis without the need for instrumentation.

II. MULTIPLE PROCEDURES

A. Multiple Procedure Reimbursement Rule.

Multiple procedures performed during the same operative session at the same operative site are reimbursed as follows:

- One hundred percent (100%) of the MAR for the primary procedure
- Fifty percent (50%) of the MAR for the second and subsequent procedures

B. Bilateral Procedure Reimbursement Rule.

Bilateral procedures are identical procedures (i.e., use the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure should be performed through its own separate incision to qualify as bilateral. For example, open reductions of bilateral fractures of the mandible treated through a common incision would not qualify under the definition of bilateral and would be reimbursed according to the multiple procedure rule. Medicare's accepted method of billing bilateral services is to list the procedure once and add modifier 50. Mississippi is adopting this same policy. Refer to the example below:

69300 50	Otoplasty, protruding ear, with or without size reduction
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Place a "2" in the UNITS column of the CMS-1500 claim form so that payers are aware that two procedures were performed. List the charge as one hundred fifty percent (150%) of your normal charge. Reimbursement shall be at one hundred fifty percent (150%) of the amount allowed for a unilateral procedure(s). For example, if the allowable for a unilateral surgery is one hundred dollars (\$100.00) and it is performed bilaterally, reimbursement shall be one hundred fifty dollars (\$150.00). However, if the procedure description states "bilateral," reimbursement shall be as listed in the Fee Schedule since the fee was calculated for provision of the procedure bilaterally.

D. Multiple Procedures—Different Areas Rule.

When multiple surgical procedures are performed in different areas of the body during the same operative sessions and the procedures are unrelated (e.g., abdominal hernia repair and a knee arthroscopy), the multiple procedure reimbursement rule will apply independently to each area. Modifier 51 must be added.

E. Multiple Procedure Billing Rules

1. The primary procedure, which is defined as the procedure with the highest RVU, must be billed with the applicable CPT code.
2. The second or lesser or additional procedure(s) must be billed by adding modifier 51 to the codes, unless the procedure(s) is exempt from modifier 51 or qualifies as an add-on code.

III. REPAIR OF WOUNDS

- A. Wound classifications of simple, intermediate, or complex are expected to be consistent with current

CPT descriptions/definitions/guidelines.

B. Reporting

1. The use of appropriate codes should be consistent with the current CPT guidelines.
2. Wound exploration codes should not be billed with codes that specifically describe a repair to major structure or major vessel. The specific repair code supersedes the use of a wound exploration code.

IV. MUSCULOSKELETAL SYSTEM

- A. **Casting and Strapping.** This applies to severe muscle sprains or strains that require casting or strapping.

1. Initial (new patient) treatment for soft tissue injuries must be billed under the appropriate office visit code.
2. When a cast or strapping is applied during an initial visit, supplies and materials (e.g., stockinet, plaster, fiberglass, ace bandages) may be itemized and billed separately using the appropriate HCPCS code.
3. When initial casting and/or strapping is applied for the first time during an established patient visit, reimbursement may be made for the itemized supplies and materials in addition to the appropriate established patient visit.
4. Replacement casts or strapping provided during a follow-up visit (established patient) include reimbursement for the replacement service as well as the removal of casts, splints, or strapping. Follow-up visit charges may be reimbursed in addition to replacement casting and strapping only when additional significantly identifiable medical services are provided. Office notes should substantiate medical necessity of the visit. Cast supplies may be billed using the appropriate HCPCS code and reimbursed separately.

B. Fracture Care

1. Fracture care is a global service. It includes the examination, restoration or stabilization of the fracture, application of the first cast, and cast removal. Casting material is not considered part of the global package and may be reimbursed separately. It is inappropriate to bill an office visit since the reason for the encounter is for fracture care. However, if the patient requires surgical intervention, additional reimbursement can be made for the appropriate E/M code to properly evaluate the patient for surgery. Use modifier 57 with the E/M code.
2. Reimbursement for fracture care includes the application and removal of the first cast or traction device only. Replacement casting during the period of follow-up care is reimbursed separately.
3. The phrase "with manipulation" describes reduction of a fracture.
4. Re-reduction of a fracture performed by the

primary physician may be identified by the addition of modifier 76 to the usual procedure code to indicate "repeat procedure" by the same physician.

5. The term "complicated" appears in some musculoskeletal code descriptions. It implies an infection occurred or the surgery took longer than usual. Be sure the medical record documentation supports the "complicated" descriptor to justify reimbursement.

C. **Bone, Cartilage, and Fascia Grafts**

1. Reimbursement for obtaining autogenous bone, cartilage or fascia grafts, or other tissue through separate incisions is made only when the graft is not described as part of the basic procedure.
2. Tissue obtained from a cadaver for grafting must be billed using code 99070 and accompanied by a report.

D. **Arthroscopy**

Note: Diagnostic arthroscopy is considered to be included in a surgical arthroscopy. Only in the most unusual case is an increased fee justified because of increased complexity of the intra-articular surgery performed.

1. Diagnostic arthroscopy will be reimbursed at fifty percent (50%) when followed by open surgery.
2. Diagnostic arthroscopy is not billed when followed by arthroscopic surgery.
3. If there are only minor findings that do not confirm a significant preoperative diagnosis, the procedure should be billed as a diagnostic arthroscopy.

- E. **Arthrodesis Procedures.** Many revisions have occurred in CPT coding for arthrodesis procedures. References to bone grafting and fixation are now procedures which are listed and reimbursed separately from the arthrodesis codes.

To help alleviate any misunderstanding about when to code a discectomy in addition to an arthrodesis, the statement "including minimal discectomy" to prepare interspace has been added to the anterior interbody technique. If the disk is removed for decompression of the spinal cord, the decompression should be coded and reimbursed separately.

F. **External Spinal Stimulators Post Fusion**

1. Pre-certification is required for use of the external spinal stimulator.
2. The following criteria are established for the medically accepted standard of care when determining applicability for the use of an external spinal stimulator. However, the medical necessity should be determined on a case-by-case basis.
 - a. Patient has had a previously failed spinal fusion; and/or
 - b. Patient is scheduled for revision or repair of pseudoarthrosis; and/or

- c. The patient smokes greater than a pack of cigarettes per day and is scheduled for spinal fusion.

3. The external spinal stimulator is not approved by MWCC for use in primary spinal fusions.
4. When medical necessity is established based on the above criteria, the external spinal stimulator will be reimbursed according to the MAR in the Fee Schedule.

- G. **Carpal Tunnel Release.** The following intraoperative services are included in the global service package for carpal tunnel release and should not be reported separately and do not warrant additional reimbursement:

- Surgical approach;
- Isolation of neurovascular structures;
- Video imaging;
- Stimulation of nerves for identification;
- Application of dressing, splint, or cast;
- Tenolysis of flexor tendons;
- Flexor tenosynovectomy;
- Excision of lipoma of carpal canal;
- Exploration of incidental release of ulnar nerve;
- Division of transverse carpal ligament;
- Use of endoscopic equipment;
- Placement and removal of surgical drains or suction device; and
- Closure of wound.

V. **BURNS, LOCAL TREATMENT**

A. **Degree of Burns**

1. Code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of burned surfaces is required.
2. Codes 16020–16030 must be used when billing for treatment of partial-thickness burns only.
3. Codes 16035–16036 must be used when billing an escharotomy for treatment of a burn.
4. The claim form must be accompanied by a report substantiating the services performed.
5. Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately under codes 11000–11001. Modifier 51 does not apply.

B. **Percentage of Total Body Surface (TBS) Area.** The following definitions apply to codes 16020–16030:

1. "Small" means a burn that encompasses five percent (5%) of TBS area or less.

2. "Medium" means a burn that encompasses five percent to ten percent (5%–10%) of TBS or that involves the whole face, or a whole extremity.
3. "Large" means a burn that encompasses greater than ten percent (10%) TBS area.

C. **Reimbursement**

1. To identify accurately the proper procedure code and substantiate the descriptor for billing, the exact percentage of the body surface involved and the degree of the burn must be specified on the claim form submitted or by attaching a special report. Claims submitted without this specification will be returned to the physician for this additional information.
2. Hospital visits, emergency room visits, or critical care visits provided by the same physician on the same day as the application of burn dressings will be reimbursed as a single procedure at the highest level of service.

VI. NERVE BLOCKS

A. **Diagnostic or Therapeutic**

1. Please refer to the Pain Management section for guidelines and reimbursement of therapeutic nerve blocks.
2. Medications such as steroids, pain medication, etc., may be separately billed using the appropriate HCPCS code.
 - a. The name of the medication(s), dosage, and volume must be identified.
 - b. Medication will be reimbursed according to fees listed in the HCPCS section. If not listed in HCPCS, reimbursement will be according to the Pharmacy section in the General Guidelines.

- B. **Anesthetic.** When a nerve block for anesthesia is provided by the operating room surgeon, the procedure codes listed in the Anesthesia section must be followed.

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	495.47			XXX	N	393.60
+	10004	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	181.20			ZZZ	N	
	10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	493.20			XXX	N	902.47
+	10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	213.60			ZZZ	N	
	10007	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	1082.40			XXX	N	902.47
+	10008	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	590.40			ZZZ	N	
	10009	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	1628.40			XXX	N	902.47
+	10010	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	957.60			ZZZ	N	
	10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	652.80			XXX	N	902.47
+	10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	85.20			ZZZ	N	
	10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	362.40			XXX	N	501.26
	10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	2245.26			000	N	902.47
	10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	1640.40			000	N	902.47
+	10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	1414.80			ZZZ	N	
	10040	ACNE SURGERY	414.00			010	N	260.43
	10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	442.80			010	N	260.43
	10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	758.40			010	N	501.26
	10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	721.74			010	N	902.47
	10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	1081.92			010	N	902.47
	10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	535.20			010	N	501.26
J1	10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	946.80			010	N	2873.34
J1	10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	608.40			010	N	2865.65
	10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	460.80			010	N	501.26
J1	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	945.60			010	N	4823.49
	11000	DBRDMT EXTENSVE ECZEMA/INFECT SKN UP 10% BDY SURF	207.60			000	N	759.54
+	11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	85.56			ZZZ	N	
	11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	2014.80			000	N	1733.00
	11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	2752.80			000	N	3196.96
	11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	2484.00			000	N	
+	11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	970.80			ZZZ	N	1711.63
	11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	1658.40			010	N	902.47
	11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	1831.20			000	N	902.47
J1	11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	2374.80			000	N	4826.27
	11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	464.40			000	N	501.26
	11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	830.40			000	N	759.54
J1	11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	1102.80			000	N	2868.52
+	11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	145.20			ZZZ	N	
+	11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	261.60			ZZZ	N	
+	11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	428.40			ZZZ	N	
	11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	219.42			000	N	260.43
	11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	262.20			000	N	260.43
	11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	291.18			000	N	260.43
	11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	366.00			000	N	260.43
+	11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	182.40			ZZZ	N	
	11104	PUNCH BIOPSY SKIN SINGLE LESION	454.80			000	N	501.26
+	11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	212.40			ZZZ	N	
	11106	INCISIONAL BIOPSY SKIN SINGLE LESION	562.80			000	N	759.54
+	11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	256.80			ZZZ	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	320.40			010	N	260.43
+	11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	64.80			ZZZ	N	
	11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	367.20			000	N	501.26
	11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	439.20			000	N	260.43
	11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	496.80			000	N	260.43
	11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	547.20			000	N	501.26
	11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	385.20			000	N	260.43
	11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	441.60			000	N	260.43
	11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	505.20			000	N	260.43
	11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	535.20			000	N	501.26
	11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	418.80			000	N	260.43
	11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	493.20			000	N	260.43
	11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	558.00			000	N	501.26
	11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	651.60			000	N	501.26
	11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	458.40			010	N	902.47
	11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	560.40			010	N	501.26
	11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	616.80			010	N	902.47
	11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	706.80			010	N	902.47
J1	11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	804.00			010	N	2873.48
J1	11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	1141.20			010	N	2872.62
J1	11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	457.20			010	N	2873.77
	11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	572.40			010	N	902.47
J1	11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	642.00			010	N	2873.41
J1	11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	732.00			010	N	2873.48
J1	11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	838.80			010	N	2870.53
J1	11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	1190.40			010	N	4838.50
	11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	513.60			010	N	902.47
	11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	624.00			010	N	902.47
	11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	691.20			010	N	902.47
J1	11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	814.80			010	N	2873.70
J1	11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	1012.80			010	N	2872.69
J1	11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	1377.60			010	N	4841.77
J1	11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	1552.50			090	N	4842.38
J1	11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	1908.00			090	N	4838.38
J1	11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	1512.48			090	N	4840.44
J1	11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	1940.40			090	N	4831.24
J1	11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	1648.80			090	N	4842.38
J1	11471	EXCISION H/P/P/U COMPLEX REPAIR	1972.80			090	N	4827.85
	11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	709.20			010	N	902.47
	11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	817.20			010	N	902.47
	11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	871.20			010	N	501.26
	11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	991.20			010	N	902.47
	11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	1105.20			010	N	902.47
J1	11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	1593.60			010	N	2871.97
J1	11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	711.60			010	N	2869.17
	11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	819.60			010	N	902.47
	11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	900.00			010	N	902.47
J1	11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	1054.80			010	N	2871.54
J1	11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	1201.20			010	N	2871.68

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	1452.00			010	N	4837.29
	11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	728.40			010	N	902.47
	11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	844.80			010	N	902.47
	11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	955.20			010	N	902.47
	J1 11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	1122.00			010	N	2873.70
	J1 11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	1383.60			010	N	2872.83
	J1 11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	1800.00			010	N	4840.92
	11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	49.20			000	N	80.73
	11720	DEBRIDEMENT NAIL ANY METHOD 1-5	115.20			000	N	80.73
	11721	DEBRIDEMENT NAIL ANY METHOD 6/>	156.00			000	N	80.73
	11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	411.60			000	N	260.43
+	11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	120.00			ZZZ	N	
	11740	EVACUATION SUBUNGUAL HEMATOMA	201.48			000	N	163.53
	11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	571.20			010	N	501.26
	11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	440.40			000	N	902.47
	11760	REPAIR NAIL BED	675.60			010	N	759.54
	11762	RECONSTRUCTION NAIL BED W/GRAFT	1039.20			010	N	2483.95
	11765	WEDGE EXCISION SKIN NAIL FOLD	594.00			010	N	501.26
	J1 11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	1117.80			010	N	4833.78
	J1 11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	2282.40			090	N	4837.65
	J1 11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	2773.80			090	N	4833.54
	11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	201.60			000	N	260.43
	11901	INJECTION INTRALESIONAL >7 LESIONS	250.80			000	N	260.43
	11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	696.00			000	N	759.54
	11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	792.00			000	N	759.54
+	11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	213.60			ZZZ	N	
	11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	269.10			000	N	260.43
	11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	381.60			000	N	759.54
	11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	510.00			000	N	759.54
	11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	561.60			000	N	759.54
	11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	3602.40			090	N	5106.63
	J1 11970	REPLACEMENT TISSUE EXPANDER W/PERMANENT IMPLANT	2096.40			090	N	11790.73
	11971	REMOVAL TISSUE EXPANDER W/O INSERTION IMPLANT	1865.76			090	N	3438.60
	11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	514.80			000	N	902.47
	11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION	328.80			000	N	393.60
	11981	INSERTION DRUG DELIVERY IMPLANT	486.00			000	N	163.53
	11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	538.80			000	N	393.60
	11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	787.20			000	N	393.60
	12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	336.00			000	N	260.43
	12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	404.40			000	N	260.43
	12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	469.20			000	N	260.43
	12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	633.60			000	N	501.26
	12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	740.40			000	N	501.26
	12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	832.80			000	N	260.43
	12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	402.00			000	N	260.43
	12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	418.80			000	N	260.43
	12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	513.60			000	N	260.43
	12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	615.60			000	N	260.43
	12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	787.20			000	N	501.26

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	541.20			000	N	501.26
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	614.40			000	Y	260.43
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	1077.60			010	N	759.54
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	633.60			010	N	501.26
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	948.00			010	N	501.26
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	1083.60			010	N	501.26
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	1200.00			010	N	501.26
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	1398.00			010	N	501.26
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	1558.80			010	N	759.54
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	1740.00			010	N	2483.95
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	951.60			010	N	501.26
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1112.40			010	N	501.26
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	1366.80			010	N	759.54
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	1464.00			010	N	759.54
12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	1813.20			010	N	759.54
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	1982.40			010	Y	2483.95
12051	REPAIR INTERMEDIATE F/E/E/N/L&MUC 2.5 CM/<	1020.00			010	N	501.26
12052	REPAIR INTERMEDIATE F/E/E/N/L&MUC 2.6-5.0 CM	1131.60			010	N	501.26
12053	REPAIR INTERMEDIATE F/E/E/N/L&MUC 5.1-7.5 CM	1308.00			010	N	501.26
12054	REPAIR INTERMEDIATE F/E/E/N/L&MUC 7.6-12.5 CM	1387.20			010	N	501.26
12055	REPAIR INTERMEDIATE F/E/E/N/L&MUC 12.6-20.0CM	1813.20			010	N	501.26
12056	REPAIR INTERMEDIATE F/E/E/N/L&MUC 20.1-30.0CM	2084.40			010	N	501.26
12057	REPAIR INTERMEDIATE F/E/E/N/L&MUC >30.0 CM	2200.80			010	Y	501.26
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	1224.00			010	N	759.54
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	1428.00			010	N	759.54
+	13102 REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	418.80			ZZZ	N	
	13120 REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	1276.80			010	N	759.54
	13121 REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	1525.20			010	N	759.54
+	13122 REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	453.60			ZZZ	N	
	13131 REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	1390.80			010	N	501.26
	13132 REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1688.40			010	N	759.54
+	13133 REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	607.20			ZZZ	N	
	13151 REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	1515.60			010	N	759.54
	13152 REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	1778.40			010	N	759.54
+	13153 REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	660.00			ZZZ	N	
	13160 SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	2827.20			090	N	2483.95
	14000 ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	2258.40			090	N	2483.95
	14001 ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	2876.40			090	N	2483.95
	14020 ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	2486.40			090	N	2483.95
	14021 ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	3062.40			090	N	2483.95
	14040 ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	2680.80			090	N	2483.95
	14041 ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	3249.60			090	N	2483.95
	14060 ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	2709.60			090	N	2483.95
	14061 ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	3500.40			090	N	2483.95
	14301 ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	3852.00			090	Y	5106.63
+	14302 ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	760.80			ZZZ	Y	
	14350 FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	2401.20			090	N	2483.95
	15002 PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	1248.00			000	N	2483.95
+	15003 PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	253.20			ZZZ	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	1417.20			000	N	759.54
+	15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	422.40			ZZZ	N	
	15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	951.60			000	N	2483.95
	15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	2131.20			090	N	759.54
	15100	SPLIT AGRFT T/A/L 1ST 100 CM&/1% BDY INFT/CHLD	3109.20			090	N	2483.95
+	15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	678.00			ZZZ	N	
	15110	EPIDRM AGRFT T/A/L 1ST 100 CM&/1% BDY INFT/CHLD	2968.80			090	N	2483.95
+	15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	402.00			ZZZ	N	
	15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	2865.60			090	N	2483.95
+	15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	579.60			ZZZ	N	
	15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	3009.60			090	N	5106.63
+	15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	760.80			ZZZ	N	
	15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	2584.80			090	N	2483.95
+	15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	344.40			ZZZ	N	
	15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	3123.60			090	N	5106.63
+	15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	340.80			ZZZ	N	
	15150	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	2548.80			090	N	2483.95
+	15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	424.80			ZZZ	N	
+	15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	522.00			ZZZ	N	
	15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	2836.80			090	N	5106.63
+	15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	571.20			ZZZ	N	
+	15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	633.60			ZZZ	N	
	15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	2984.40			090	N	2483.95
+	15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	505.20			ZZZ	N	
	15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	2725.20			090	N	2483.95
+	15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	470.40			ZZZ	N	
	15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	3286.80			090	N	2483.95
+	15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	626.40			ZZZ	N	
	15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	3520.80			090	N	2483.95
+	15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	735.60			ZZZ	N	
	15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	554.40			000	N	2483.95
+	15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	91.20			ZZZ	N	
	15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	1136.40			000	N	5106.63
+	15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	296.70			ZZZ	N	
	15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	570.00			000	N	2483.95
+	15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	117.60			ZZZ	N	
	15277	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	1246.80			000	N	2483.95
+	15278	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL 100SQ CM	348.00			ZZZ	N	
	15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	3249.60			090	N	2483.95
	15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	3111.60			090	N	5106.63
	15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	3132.00			090	N	2483.95
	15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	2784.00			090	N	2483.95
	15600	DELAY FLAP/SECTIONING FLAP TRUNK	1209.60			090	N	5106.63
	15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	1310.40			090	N	2483.95
	15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	1594.80			090	N	2483.95
	15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	1641.60			090	N	2483.95
	15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	1820.40			090	N	2483.95
	15730	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	5239.20			090	N	5106.63
	15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	3988.80			090	N	5106.63

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	3649.20			090	N	5106.63
	15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	5341.20			090	Y	5106.63
	15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	4314.00			090	N	2483.95
	15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	4522.80			090	Y	5106.63
	15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	3570.00			090	N	2483.95
	15750	FLAP NEUROVASCULAR PEDICLE	3301.20			090	Y	5106.63
	15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	8106.00			090	Y	
	15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	8060.40			090	Y	706.54
	15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	8049.60			090	Y	
	15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	2994.00			090	N	2483.95
	15769	GRAFTING OF AUTOLOGOUS SOFT TISS BY DIRECT EXC	1698.00			090	N	5106.63
	15770	GRAFT DERMA-FAT-FASCIA	2374.80			090	Y	5106.63
	15771	GRAFTING OF AUTOLOGOUS FAT BY LIPO 50 CC OR LESS	2096.40			090	N	5106.63
+	15772	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	672.00			ZZZ	N	
	15773	GRAFTING OF AUTOLOGOUS FAT BY LIPO 25 CC OR LESS	2146.80			090	N	2483.95
+	15774	GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 25 CC	658.80			ZZZ	N	
	15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	1206.12			000	N	501.26
	15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	1734.66			000	N	501.26
+	15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	760.80			ZZZ	N	
J1	15780	DERMABRASION TOTAL FACE	3139.20			090	N	4823.97
	15781	DERMABRASION SEGMENTAL FACE	1927.20			090	N	902.47
J1	15782	DERMABRASION REGIONAL OTHER THAN FACE	1963.20			090	N	4823.97
	15783	DERMABRASION SUPERFICIAL ANY SITE	1634.40			090	N	501.26
	15786	ABRASION 1 LESION	837.60			010	N	260.43
+	15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	152.40			ZZZ	N	
	15788	CHEMICAL PEEL FACIAL EPIDERMAL	1530.00			090	N	501.26
	15789	CHEMICAL PEEL FACIAL DERMAL	1890.00			090	N	759.54
	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	1416.00			090	N	759.54
	15793	CHEMICAL PEEL NONFACIAL DERMAL	1689.60			090	N	501.26
	15819	CERVICOPLASTY	2832.00			090	N	2483.95
	15820	BLEPHAROPLASTY LOWER EYELID	2038.80			090	N	2483.95
	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	2193.60			090	N	2483.95
	15822	BLEPHAROPLASTY UPPER EYELID	1640.40			090	N	2483.95
	15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	2192.40			090	N	2483.95
	15824	RHYTIDECTOMY FOREHEAD	4180.02			000	N	2483.95
	15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	6904.80			000	N	5106.63
	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	2306.06			000	N	5106.63
	15828	RHYTIDECTOMY CHEEK CHIN & NECK	10657.20			000	N	5106.63
	15829	RHYTIDECTOMY SMAS FLAP	7737.66			000	N	5106.63
J1	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	4159.20			090	Y	11258.42
J1	15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	3254.40			090	Y	4838.62
J1	15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	3108.00			090	N	4826.76
J1	15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	3165.60			090	N	4843.10
J1	15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	3297.60			090	N	4823.97
J1	15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	2824.80			090	N	4829.91
J1	15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND	3082.80			090	N	4802.54
J1	15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	2300.40			090	N	4838.38
J1	15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	3177.60			090	N	4830.87
	15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	3602.40			090	N	5106.63

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	6308.40			090	Y	5106.63
	15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	9561.60			090	Y	2483.95
	15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	3760.80			090	Y	5106.63
+	15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	2739.60			YYY	Y	
	15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	334.80			XXX	N	759.54
	15851	REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	384.00			000	N	2483.95
	15852	DRESSING CHANGE UNDER ANESTHESIA	165.60			000	N	759.54
	15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	376.80			000	N	393.60
	15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	3015.60			000	N	5106.63
	15877	SUCTION ASSISTED LIPECTOMY TRUNK	4603.20			000	N	5106.63
	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	BR			000	N	2483.95
	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	5754.00			000	N	5106.63
J1	15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	2287.20			090	N	4843.10
	15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	2833.20			090	Y	5106.63
J1	15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	2500.80			090	N	4834.51
J1	15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	3112.80			090	N	4843.10
	15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	3381.60			090	N	5106.63
	15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	4105.20			090	Y	5106.63
	15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	3225.60			090	N	2483.95
	15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	3727.20			090	N	2483.95
J1	15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	2504.40			090	N	4843.10
J1	15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	3320.40			090	N	4837.78
	15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	3319.20			090	N	5106.63
	15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3621.60			090	N	2483.95
	15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	5763.60			090	N	2483.95
J1	15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	2263.20			090	N	2873.91
J1	15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	3199.20			090	N	4843.10
	15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	3253.20			090	Y	2483.95
	15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3586.80			090	N	5106.63
	15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	4174.80			090	N	2483.95
	15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	4243.20			090	N	5106.63
	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	BR			YYY	N	902.47
	16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	270.00			000	N	260.43
	16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	301.20			000	N	260.43
	16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	561.60			000	N	260.43
	16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	704.40			000	N	501.26
	16035	ESCHAROTOMY FIRST INCISION	678.00			000	N	501.26
+	16036	ESCHAROTOMY EACH ADDITIONAL INCISION	283.20			ZZZ	N	
	17000	DESTRUCTION PREMALIGNANT LESION 1ST	238.80			010	N	260.43
+	17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	22.08			ZZZ	N	
	17004	DESTRUCTION PREMALIGNANT LESION 15/>	594.78			010	N	501.26
	17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	1210.80			090	N	501.26
	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	1578.00			090	N	759.54
	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	2227.20			090	N	2483.95
	17110	DESTRUCTION BENIGN LESIONS UP TO 14	404.40			010	N	260.43
	17111	DESTRUCTION BENIGN LESIONS 15/>	472.80			010	N	260.43
	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	318.78			000	N	260.43
	17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM<	355.20			010	N	260.43
	17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	525.60			010	N	260.43

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	636.00			010	N	260.43
	17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	687.60			010	N	260.43
	17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	735.60			010	N	501.26
	17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	836.40			010	N	501.26
	17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	528.00			010	N	260.43
	17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	589.20			010	N	260.43
	17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	672.00			010	N	260.43
	17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	742.80			010	N	501.26
	17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	867.60			010	N	501.26
	17276	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	1009.20			010	N	501.26
	17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	496.80			010	N	260.43
	17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	639.60			010	N	501.26
	17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	730.80			010	N	501.26
	17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	860.40			010	N	501.26
	17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	980.40			010	N	759.54
	17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	1254.00			010	N	759.54
	17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	2384.40			000	N	759.54
+	17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	1453.20			ZZZ	N	
	17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	2240.40			000	N	759.54
+	17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	1390.80			ZZZ	N	
+	17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	272.40			ZZZ	N	
	17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	184.80			010	N	49.09
	17360	CHEMICAL EXFOLIATION ACNE	433.20			010	N	260.43
	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	153.60			000	N	759.54
	17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	BR			YYY	N	260.43
	19000	PUNCTURE ASPIRATION CYST BREAST	374.40			000	N	902.47
+	19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	94.80			ZZZ	N	
J1	19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	1700.40			090	N	2871.76
	19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	592.80			000	N	
J1	19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	2210.40			000	N	2829.00
+	19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	1803.60			ZZZ	N	
J1	19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	2164.80			000	N	2818.59
+	19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	1738.80			ZZZ	N	
J1	19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	3286.80			000	N	2826.27
+	19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	2636.40			ZZZ	N	
J1	19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	558.00			000	N	2850.42
J1	19101	BIOPSY BREAST OPEN INCISIONAL	1200.00			010	N	6430.17
J1	19105	ABL TJ CRYOSURGICAL W/US GUID EA FIBROADENOMA	9660.00			000	N	5709.06
J1	19110	NIPPLE EXPLORATION	1766.40			090	N	6447.42
J1	19112	EXCISION LACTIFEROUS DUCT FISTULA	1676.40			090	N	6450.00
J1	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	1864.80			090	N	6443.87
J1	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	2056.80			090	N	6438.55
+	19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	572.40			ZZZ	N	
	19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	860.40			000	N	902.47
+	19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	613.20			ZZZ	N	
	19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	938.40			000	N	902.47
+	19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	704.40			ZZZ	N	
	19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	1654.80			000	N	902.47
+	19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	1429.20			ZZZ	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	2796.00			000	N	902.47
+	19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	2239.20			ZZZ	N	
+	19294	PREPJ TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	586.80			ZZZ	N	
J1	19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	14070.00			000	N	16327.80
+	19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	334.80			ZZZ	N	
J1	19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	3388.80			000	N	10690.10
J1	19300	MASTECTOMY GYNECOMASTIA	2108.40			090	N	6439.04
J1	19301	MASTECTOMY PARTIAL	2368.80			090	N	6426.94
J1	19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	3253.20			090	Y	11253.33
J1	19303	MASTECTOMY SIMPLE COMPLETE	3433.20			090	Y	11278.20
	19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	4116.00			090	Y	5293.95
	19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	4389.60			090	Y	
J1	19307	MAST MODF RAD W/AX LYMPH NOD WWO PECT/ALIS MIN	4234.80			090	Y	11276.22
J1	19316	MASTOPEXY	2811.60			090	Y	11185.23
J1	19318	BREAST REDUCTION	3879.60			090	Y	11275.38
J1	19325	BREAST AUGMENTATION WITH IMPLANT	2215.20			090	N	16996.66
	19328	REMOVAL INTACT BREAST IMPLANT	1968.00			090	N	4579.50
	19330	RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	2295.60			090	N	4579.50
J1	19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	3432.00			090	N	10544.84
J1	19342	INSJ/RPLCMT BREAST IMPLANT SEP DAY MASTECTOMY	3183.60			090	N	16870.99
J1	19350	NIPPLE/AREOLA RECONSTRUCTION	2958.00			090	N	6430.97
J1	19355	CORRECTION INVERTED NIPPLES	2694.00			090	N	6450.00
J1	19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	5179.20			090	Y	28094.55
	19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	5527.20			090	Y	5107.44
	19364	BREAST RECONSTRUCTION W/FREE FLAP	9656.40			090	Y	3110.51
	19367	BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	6280.80			090	Y	
	19368	BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	7705.20			090	Y	
	19369	BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	7159.20			090	Y	
J1	19370	REVISION PERI-IMPLANT CAPSULE BREAST	2382.00			090	N	6220.87
J1	19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	2707.20			090	N	6413.08
J1	19380	REVISION OF RECONSTRUCTED BREAST	2864.40			090	N	10971.58
J1	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	994.80			000	N	6433.07
J1	19499	UNLISTED PROCEDURE BREAST	BR			YYY	N	6266.66
	20100	EXPLORATION PENETRATING WOUND SPX NECK	2146.80			010	Y	655.90
	20101	EXPLORATION PENETRATING WOUND SPX CHEST	1788.48			010	N	2483.95
	20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	1937.52			010	N	2483.95
	20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	2034.00			010	N	902.47
J1	20150	EXCISION EPIPHYSEAL BAR	3568.80			090	Y	5710.81
J1	20200	BIOPSY MUSCLE SUPERFICIAL	796.80			000	N	2872.69
J1	20205	BIOPSY MUSCLE DEEP	1104.00			000	N	4841.77
J1	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	828.00			000	N	2871.90
J1	20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	661.02			000	N	2857.96
J1	20225	BIOPSY BONE TROCAR/NEEDLE DEEP	1765.20			000	N	2855.09
J1	20240	BIOPSY BONE OPEN SUPERFICIAL	517.20			000	N	4816.59
J1	20245	BIOPSY BONE OPEN DEEP	1226.40			000	N	4804.96
J1	20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	1380.00			010	N	5649.06
J1	20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	1504.80			010	Y	12575.32
J1	20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	426.42			010	N	2622.65
	20501	INJECTION SINUS TRACT DIAGNOSTIC	499.56			000	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	780.00			010 N	2873.55
	J1	20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	1681.20			010 N	4830.63
		20526	INJECTION THERAPEUTIC CARPAL TUNNEL	292.80			000 N	378.90
		20527	INJECTION ENZYME PALMAR FASCIAL CORD	309.60			000 N	378.90
		20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	204.00			000 N	378.90
		20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	206.40			000 N	378.90
		20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	190.80			000 N	378.90
		20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	219.60			000 N	378.90
	J1	20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	1168.80			000 N	5707.92
		20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	93.60			XXX N	35.83
		20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	133.20			XXX N	35.83
		20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	188.40			000 N	378.90
		20604	ARTHROCENT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	289.80			000 N	378.90
		20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	194.40			000 N	378.90
		20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	316.80			000 N	920.90
		20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	230.40			000 N	378.90
		20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	354.00			000 N	378.90
		20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	228.00			000 N	378.90
		20615	ASPIRATION & INJECTION TREATMENT BONE CYST	900.00			010 N	902.47
	J1	20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	795.60			010 N	5533.95
		20660	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	854.40			000 N	2019.96
		20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	1821.60			090 N	4107.04
	J1	20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	1856.40			090 N	2842.96
	J1	20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	1710.00			090 N	5710.81
		20664	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	3156.00			090 N	4107.04
		20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	410.40			010 N	393.60
		20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	1297.20			010 N	2040.53
		20680	REMOVAL IMPLANT DEEP	2157.60			090 N	3438.60
	J1	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	2121.60			090 N	11613.53
	J1	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	3975.60			090 Y	22543.88
	J1	20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	1575.60			090 N	12071.24
		20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	1534.80			090 N	2019.96
	J1	20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	4200.00			090 Y	28289.87
	⊖ J1	20697	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	7069.20	BR	6780.00	000 Y	
	+	20700	MANUAL PREP AND INSERTION DEEP DRUG DELIVERY DEV	301.20			ZZZ N	
	+	20701	REMOVAL DEEP DRUG DELIVERY DEVICE	229.20			ZZZ N	
	+	20702	MANUAL PREP&INSJ INTRAMEDULLARY DRUG DLVR DEVICE	507.60			ZZZ N	
	+	20703	REMOVAL INTRAMEDULLARY DRUG DELIVERY DEVICE	369.60			ZZZ N	
	+	20704	MANUAL PREP&INSJ I-ARTIC DRUG DELIVERY DEVICE	536.40			ZZZ N	
	+	20705	REMOVAL INTRA-ARTICULAR DRUG DELIVERY DEVICE	439.20			ZZZ N	
	J1*	20802	REPLANTATION ARM COMPLETE AMPUTATION	9729.60			090 Y	27818.41
	J1*	20805	REPLANTATION FOREARM COMPLETE AMPUTATION	11562.00			090 Y	27818.41
	J1*	20808	REPLANTATION HAND COMPLETE AMPUTATION	13956.00			090 Y	27818.41
	J1*	20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	7285.20			090 Y	12031.89
	J1	20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	6291.60			090 Y	2800.57
	J1*	20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	7298.40			090 Y	12031.89
	J1*	20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	6457.20			090 Y	12031.89
	J1*	20838	REPLANTATION FOOT COMPLETE AMPUTATION	9885.60			090 Y	27818.41
	J1	20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	1414.80			000 Y	11817.59

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	984.00		000	Y	11926.34
		20910	CARTILAGE GRAFT COSTOCHONDRAL	1690.80		090	N	759.54
		20912	CARTILAGE GRAFT NASAL SEPTUM	1711.20		090	N	5106.63
		20920	FASCIA LATA GRAFT BY STRIPPER	1413.60		090	N	2483.95
		20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	2148.00		090	Y	2483.95
	J1	20924	TENDON GRAFT FROM A DISTANCE	1798.80		090	Y	12254.83
+		20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	920.40		XXX	N	
+		20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	391.20		ZZZ	N	
+		20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	2674.80		ZZZ	Y	
+		20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	2456.40		ZZZ	Y	
+		20934	INTERCALARY ALLOGRAFT COMPLETE	2672.40		ZZZ	Y	
+		20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	1150.80		XXX	N	
+		20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	590.40		ZZZ	Y	
+		20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	651.60		ZZZ	Y	
+		20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	246.00		ZZZ	N	
		20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	963.60		000	N	902.47
	J1*	20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	8732.40		090	Y	12031.89
	J1*	20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	9363.60		090	Y	12031.89
	J1*	20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	9748.80		090	Y	12031.89
	J1*	20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	9442.80		090	Y	12031.89
	J1*	20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	9603.60		090	Y	12031.89
	J1*	20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	10094.40		090	Y	12031.89
	J1	20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	10064.40		090	Y	11715.24
	J1	20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	10635.60		090	Y	12031.89
⊖		20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	288.00		000	N	
⊖		20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	621.60		000	Y	
		20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	196.80		000	N	35.83
	J1	20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	13216.80		000	N	12277.86
	J1	20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	19648.80		000	N	11846.70
+		20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	513.60		ZZZ	N	
		20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	BR		YYY	N	298.91
	J1	21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	2638.80		090	N	5587.96
	J1	21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	1341.60		090	Y	2873.70
	J1	21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	1208.40		090	Y	2872.76
	J1	21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	1922.40		090	Y	2872.55
	J1	21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	1855.20		090	Y	4839.23
	J1	21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	2484.00		090	N	4838.26
	J1	21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	3579.60		090	Y	4831.96
	J1	21025	EXCISION BONE MANDIBLE	2984.40		090	N	10289.33
	J1	21026	EXCISION FACIAL BONE	2042.40		090	N	10381.01
	J1	21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	2722.80		090	N	5560.58
	J1	21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	1755.60		090	N	10250.37
	J1	21031	EXCISION TORUS MANDIBULARIS	1374.00		090	N	5584.19
	J1	21032	EXCISION MAXILLARY TORUS PALATINUS	1365.60		090	N	5582.10
	J1	21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	4626.00		090	Y	10318.94
	J1	21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	1768.80		090	N	5539.07
	J1	21044	EXCISION MALIGNANT TUMOR MANDIBLE	3068.40		090	Y	10284.40
	J1*	21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	4251.60		090	Y	10272.97
	J1	21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	3788.40		090	N	10250.12

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	4522.80			090	Y	10263.36
J1	21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	3848.40			090	N	10064.42
J1	21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	4328.40			090	Y	10270.11
J1	21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	3110.40			090	N	10227.78
J1	21060	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	2829.60			090	Y	10382.05
J1	21070	CORONOIDECTOMY SEPARATE PROCEDURE	2198.40			090	N	10316.86
J1	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	1340.40			090	N	2763.08
J1	21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	3312.00			010	N	2763.08
J1	21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	8256.00			090	N	10388.54
J1	21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	5599.20			090	N	5587.96
J1	21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	6327.60			090	N	5587.96
J1	21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	5823.60			090	N	10388.54
J1	21082	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	5439.60			090	N	5587.96
J1	21083	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	5186.40			090	N	5587.96
J1	21084	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	5938.80			090	N	5587.96
J1	21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	2526.00			010	N	306.82
J1	21086	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	6132.00			090	N	5381.07
J1	21087	IMPRESSION & PREPARATION NASAL PROSTHESIS	6132.00			090	N	10388.54
J1	21088	IMPRESSION & PREPARATION FACIAL PROSTHESIS	5984.40			090	N	5587.96
	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR			YYY	N	306.82
J1	21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	2386.80			090	N	10272.97
	21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	3134.40			090	N	1961.79
	21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	701.04			000	N	
J1	21120	GENIOPLASTY AUGMENTATION	2384.40			090	N	10215.57
J1	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	2514.00			090	Y	5564.91
J1	21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	2685.60			090	Y	10272.97
J1	21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	3134.40			090	Y	5564.91
J1	21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	9932.40			090	Y	9722.90
J1	21127	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLY/INTERPOSAL	14836.80			090	Y	10046.50
J1	21137	REDUCTION FOREHEAD CONTOURING ONLY	2665.20			090	Y	5576.51
J1	21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	3246.00			090	Y	10272.97
J1	21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	3885.60			090	Y	9746.53
J1*	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	4735.20			090	Y	10272.97
J1*	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	4867.20			090	Y	10272.97
J1*	21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	5078.40			090	Y	10272.97
J1*	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	5548.80			090	Y	10272.97
J1*	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	5769.60			090	Y	10272.97
J1*	21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	6100.80			090	Y	10272.97
J1	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	5838.00			090	Y	10272.97
J1*	21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	6422.40			090	Y	10272.97
J1*	21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	6910.80			090	Y	10272.97
J1*	21155	RCNSTJ MIDFACE LEFORT III W/LEFORT I	7663.20			090	Y	10272.97
J1*	21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	9182.40			090	Y	10272.97
J1*	21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	9957.60			090	Y	10272.97
J1	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	7573.20			090	Y	10126.23
J1	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	7858.80			090	Y	10272.97
J1*	21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	5403.60			090	Y	10272.97
J1*	21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	6034.80			090	Y	10272.97
J1	21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	2631.60			090	N	10387.24

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1*	21182 RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	7507.20			090	Y	10272.97
J1*	21183 RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	8167.20			090	Y	10272.97
J1*	21184 RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	8784.00			090	Y	10272.97
J1*	21188 RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	5767.20			090	Y	10272.97
J1	21193 RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	4413.60			090	Y	9854.31
J1*	21194 RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	5086.80			090	Y	10272.97
J1	21195 RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	4921.20			090	Y	9076.47
J1*	21196 RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	5091.60			090	Y	10272.97
J1	21198 OSTEOTOMY MANDIBLE SEGMENTAL	3969.60			090	Y	9878.98
J1	21199 OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	3714.00			090	Y	9572.00
J1	21206 OSTEOTOMY MAXILLA SEGMENTAL	4096.80			090	Y	10388.54
J1	21208 OSTEOPLASTY FACIAL BONES AUGMENTATION	5990.40			090	N	9849.90
J1	21209 OSTEOPLASTY FACIAL BONES REDUCTION	3090.00			090	Y	10309.33
J1	21210 GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	7233.60			090	N	9738.48
J1	21215 GRAFT BONE MANDIBLE	15130.80			090	N	9692.77
J1	21230 GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	2666.40			090	N	10251.93
J1	21235 GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	2607.60			090	N	10368.28
J1	21240 ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	3858.00			090	Y	10326.21
J1	21242 ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	3590.40			090	Y	10155.32
J1	21243 ARTHRP TMRMAND JOINT W/PROSTHETIC REPLACEMENT	5870.40			090	Y	28596.19
J1	21244 RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	3602.40			090	Y	9315.41
J1	21245 RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	4196.40			090	Y	9494.61
J1	21246 RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	3052.80			090	Y	10151.94
J1*	21247 RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	5644.80			090	Y	10272.97
J1	21248 RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	3733.20			090	N	10035.33
J1	21249 RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	5388.00			090	N	9859.25
J1*	21255 RCNSTJ ZYGMTL ARCH/GLENOID FOSSA W/BONE CARTLG	4881.60			090	Y	10272.97
J1	21256 RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	4395.60			090	Y	9543.18
J1	21260 PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	4886.40			090	Y	10272.97
J1	21261 PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	8637.60			090	Y	10272.97
J1	21263 PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	7993.20			090	Y	10272.97
J1	21267 ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	5710.80			090	Y	8921.42
J1*	21268 ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	7160.40			090	Y	10272.97
J1	21270 MALAR AUGMENTATION PROSTHETIC MATERIAL	3600.00			090	Y	9828.34
J1	21275 SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	3006.00			090	Y	10176.36
J1	21280 MEDIAL CANTHOPEXY SEPARATE PROCEDURE	2058.00			090	N	5526.08
J1	21282 LATERAL CANTHOPEXY	1401.60			090	N	5569.24
J1	21295 REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	690.00			090	N	2746.02
J1	21296 REDUCTION MASSETER MUSCLE & BONE INTRAORAL	1450.80			090	N	5564.91
	21299 UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	BR			YYY	N	306.82
J1	21315 CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	940.80			000	N	2758.66
J1	21320 CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	867.60			000	N	5584.75
J1	21325 OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	1606.80			090	N	5554.43
J1	21330 OPEN TX NASAL FX COMP W/INT&XTRNL SKELETAL FI	1940.40			090	N	10205.18
J1	21335 OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	2554.80			090	N	5529.57
J1	21336 OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	2306.40			090	N	5780.80
J1	21337 CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	1504.80			090	N	5583.77
J1	21338 OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	2410.80			090	N	9487.34
J1	21339 OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	2722.80			090	Y	9645.24

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	2671.20			090	N	5564.91
J1*	21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	3882.00			090	Y	10272.97
J1*	21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	4971.60			090	Y	10272.97
J1	21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	2856.00			090	N	2746.02
J1	21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	3670.80			090	N	9731.21
J1*	21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	3724.80			090	Y	10272.97
J1*	21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	3883.20			090	Y	10272.97
J1	21355	PERCUTANEOUS TX MALAR AREA FRACTURE	1593.60			010	N	5587.96
J1	21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	1947.60			010	N	10282.32
J1	21360	OPEN TX DEPRESSED MALAR FRACTURE	1856.40			090	Y	9692.51
J1	21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	3841.20			090	Y	9536.94
J1*	21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	4533.60			090	Y	10272.97
J1	21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	2613.60			090	Y	9839.77
J1	21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	2457.60			090	Y	9728.87
J1	21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	2726.40			090	Y	9758.74
J1	21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	2844.00			090	Y	9706.79
J1	21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	3589.20			090	Y	10388.54
	21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	752.40			090	N	655.90
J1	21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	1826.40			090	Y	2645.03
J1	21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	2078.40			090	Y	9754.32
J1	21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	2274.00			090	Y	9772.76
J1	21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	3210.00			090	Y	10225.18
J1	21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	2439.60			090	N	5564.21
J1*	21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	2276.40			090	Y	10272.97
J1*	21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	2847.60			090	Y	10272.97
J1*	21431	CLOSED TX CRANIOFACIAL SEPARATION	2491.20			090	Y	10272.97
J1*	21432	OPEN TX CRANIOFACIAL SEP W/WIRING&INT FIXJ	2570.40			090	Y	10272.97
J1*	21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	6157.20			090	Y	10272.97
J1*	21435	OPEN TX CRANIOFACIAL SEP COMP W/INT&XTRNL FIX	4994.40			090	Y	10272.97
J1*	21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	7222.80			090	Y	10272.97
J1	21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2391.54			090	N	5552.34
J1	21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2899.20			090	Y	10218.69
	21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	2146.80			090	N	655.90
J1	21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	2784.00			090	N	2703.88
J1	21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	2645.46			090	N	9543.95
J1	21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	3811.56			090	N	9911.71
J1	21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	1882.80			090	N	9203.99
J1	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	7132.80			090	N	9437.21
J1	21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	7604.40			090	Y	9341.38
J1	21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	3104.40			090	Y	9535.38
J1	21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	4144.80			090	Y	9382.41
	21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	423.66			000	N	298.91
J1	21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	3283.02			090	N	2748.02
J1	21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	3067.20			090	Y	5295.29
J1	21497	INTERDENTAL WIRING OTHER THAN FRACTURE	2568.00			090	N	2752.72
	21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	BR			YYY	N	306.82
J1	21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	1749.60			090	N	4828.69
J1	21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	1819.20			090	Y	5710.81
J1*	21510	INCISION DEEP OPENING BONE CORTEX THORAX	1621.20			090	N	12031.89

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	21550	BIOPSY SOFT TISSUE NECK/THORAX	962.40		010	N	2870.89
	J1	21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	1599.60		090	Y	4841.65
	J1	21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	2610.00		090	Y	4838.99
	J1	21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	1569.60		090	N	2872.40
	J1	21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	1896.00		090	N	4836.93
	J1	21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	3399.60		090	Y	4841.17
	J1	21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	4780.80		090	Y	4836.81
	J1	21600	EXCISION RIB PARTIAL	1999.20		090	Y	12651.77
	J1	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	4105.20		090	Y	4823.97
	J1*	21602	EXCISION CH WAL TUM W/RIB W/O MEDSTNL LYMPHADEC	5527.20		090	Y	12031.89
	J1*	21603	EXCISION CH WAL TUM W/RIB W/MEDSTNL LYMPHADEC	6007.20		090	Y	12031.89
	J1	21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	4300.80		090	Y	5784.56
	J1*	21615	EXCISION 1ST &/CERVICAL RIB	2187.60		090	Y	12031.89
	J1*	21616	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	2535.60		090	Y	12031.89
	J1*	21620	OSTECTOMY STERNUM PARTIAL	1806.00		090	Y	12031.89
	J1*	21627	STERNAL DEBRIDEMENT	1936.80		090	Y	12031.89
	J1*	21630	RADICAL RESECTION STERNUM	4664.40		090	Y	12031.89
	J1*	21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	4311.60		090	Y	12031.89
	J1	21685	HYOID MYOTOMY & SUSPENSION	3501.60		090	Y	9664.72
	J1	21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	1266.00		090	Y	12728.21
	J1*	21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	1896.00		090	Y	12031.89
	J1	21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	1896.00		090	Y	5784.56
		21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	1938.00		090	Y	902.47
	J1*	21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	3640.80		090	Y	12031.89
	J1	21742	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	7274.40		090	Y	5773.72
	J1	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	10012.80		090	Y	5710.81
	J1*	21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	2407.20		090	Y	12031.89
	J1	21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	2107.20		000	Y	11321.50
	J1	21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	2554.80		000	Y	10534.98
	J1	21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	3501.60		000	Y	2469.48
		21820	CLOSED TREATMENT STERNUM FRACTURE	534.00		090	N	298.91
	J1*	21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	1963.20		090	Y	12031.89
		21899	UNLISTED PROCEDURE NECK/THORAX	BR		YYY	N	306.82
	J1	21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	931.20		010	N	2872.26
	J1	21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	1779.60		090	N	2871.90
	J1	21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	1814.40		090	N	2873.70
	J1	21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	1682.40		090	Y	2872.76
	J1	21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	2372.40		090	Y	4842.62
	J1	21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	2643.60		090	Y	4836.69
	J1	21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	3657.60		090	N	4840.20
	J1	21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	5038.80		090	Y	4840.20
	J1*	22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	3454.80		090	N	12031.89
	J1*	22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	3391.20		090	N	12031.89
	J1	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	3082.80		090	Y	12735.25
	J1	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	3063.60		090	Y	12788.67
	J1	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	2817.60		090	Y	12759.24
+		22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	492.00		ZZZ	Y	
	J1*	22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	3762.00		090	Y	12031.89
	J1*	22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	4050.00		090	Y	12031.89

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1*	22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	4050.00		090	Y	12031.89
+		22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	501.60		ZZZ	Y	
	J1*	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	8708.40		090	Y	12031.89
	J1*	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	8523.60		090	Y	12031.89
+		22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	2088.00		ZZZ	Y	
	J1*	22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	6364.80		090	Y	12031.89
	J1*	22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	5379.60		090	Y	12031.89
	J1*	22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	5380.80		090	Y	12031.89
+		22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	1284.00		ZZZ	Y	
	J1*	22220	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM CRV	5768.40		090	Y	12031.89
	J1*	22222	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM THRC	6270.00		090	Y	12031.89
	J1*	22224	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM LUMBAR	5650.80		090	Y	12031.89
+		22226	OSTEOTOMY SPINE W/DSC ANT APPR 1 VRT SGM EA ADDL	1274.40		ZZZ	Y	
		22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	1111.20		090	N	298.91
	J1	22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	3144.00		090	N	5744.50
	J1*	22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	5862.00		090	Y	22251.08
	J1*	22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	6534.00		090	Y	22251.08
	J1*	22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	5236.80		090	Y	22251.08
	J1*	22326	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	5377.20		090	Y	22251.08
	J1*	22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	5454.00		090	Y	22251.08
+		22328	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	993.60		ZZZ	Y	
	J1	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	459.60		010	N	2845.02
	J1	22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	6736.80		010	N	5532.93
	J1	22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	6726.00		010	N	5528.16
+		22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	3072.00		ZZZ	N	
	J1	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	23466.00		010	N	12126.25
	J1	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	23390.40		010	N	12113.46
+		22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	13578.00		ZZZ	N	
		22526	PERQ INTRDACL ELECTROTHRM ANNULOPLASTY 1 LEVEL	0.00		010	N	
+		22527	PERQ INTRDACL ELECTROTHRM ANNULOPLASTY ADDL LVL	0.00		ZZZ	N	
	J1*	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	6421.20		090	Y	27818.41
	J1*	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	5887.20		090	Y	37500.00
+		22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	1270.80		ZZZ	Y	
	J1*	22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	7000.80		090	Y	27818.41
	J1	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	6060.00		090	Y	22322.87
+		22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	1402.80		ZZZ	Y	
	J1	22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	4485.60		090	Y	22427.39
	J1*	22556	ARTHRD ANT INTERBODY MIN DSC THORACIC	5929.20		090	Y	27818.41
	J1*	22558	ARTHRD ANT INTERBODY MIN DSC LUMBAR	5440.80		090	Y	27818.41
+		22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	1152.00		ZZZ	Y	2220.82
	J1*	22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	7243.20		090	Y	27818.41
	J1*	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	5653.20		090	Y	27818.41
	J1*	22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	5403.60		090	Y	27818.41
	J1*	22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	4632.00		090	Y	27818.41
	J1*	22610	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC THORACIC	4551.60		090	Y	27818.41
	J1	22612	ARTHRODESIS POSTERIOR/PSTLAT TQ 1NTRSPC LUMBAR	5647.20		090	Y	22473.99
+		22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	1383.60		ZZZ	Y	
	J1	22630	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC LUMBAR	5635.20		090	Y	28867.83
+		22632	ARTHRODESIS POSTERIOR INTERBODY 1 NTRSPC EA ADDL	1135.20		ZZZ	Y	2239.48

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 22633	ARTHRODESIS COMBINED TQ 1NTRSPC LUMBAR	6586.80			090	Y	37500.00
+	22634	ARTHRODESIS CMBN TQ 1NTRSPC EACH ADDITIONAL	1756.80			ZZZ	Y	
	J1* 22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	4834.80			090	Y	27818.41
	J1* 22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	7526.40			090	Y	27818.41
	J1* 22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13+ VRT SGM	8634.00			090	Y	27818.41
	J1* 22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	6500.40			090	Y	27818.41
	J1* 22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	7233.60			090	Y	27818.41
	J1* 22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	7814.40			090	Y	27818.41
	J1* 22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	7634.40			090	Y	27818.41
	J1* 22819	KYPHECTOMY 3 OR MORE SEGMENTS	8787.60			090	Y	27818.41
	J1* 22830	EXPLORATION SPINAL FUSION	2931.60			090	Y	22251.08
+	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	2685.60			ZZZ	Y	2449.65
+	22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	3068.40			XXX	N	
+	22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	2700.00			ZZZ	Y	2647.48
+	22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	2887.20			ZZZ	Y	
+	22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	3482.40			ZZZ	Y	
+	22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	2575.20			ZZZ	Y	2281.43
+	22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	2677.20			ZZZ	Y	1683.01
+	22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	2833.20			ZZZ	Y	
+	22848	PELVIC FIXATION OTHER THAN SACRUM	1272.00			ZZZ	Y	
	J1* 22849	REINSERTION SPINAL FIXATION DEVICE	4654.80			090	Y	27818.41
	J1* 22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	2629.20			090	Y	22251.08
	J1* 22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	2524.80			090	Y	22251.08
+	22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	913.20			ZZZ	Y	
+	22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	1185.60			ZZZ	Y	
	J1* 22855	REMOVAL ANTERIOR INSTRUMENTATION	3949.20			090	Y	22251.08
	J1 22856	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE CERVICAL	5803.20			090	Y	28514.45
	J1* 22857	TOTAL DISC ARTHRP ANT SINGLE INTERSPACE LUMBAR	6272.40			090	Y	27818.41
+	22858	TOTAL DISC ARTHRP ANT 2ND LEVEL CERVICAL	1791.60			ZZZ	Y	3460.25
+	22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	1178.40			ZZZ	Y	
	J1* 22861	REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC CRV	8253.60			090	Y	27818.41
	J1* 22862	REVJ W/RPLCMT TOT DISC ARTHRP ANT 1 NTRSPC LMBR	7581.72			090	Y	27818.41
	J1* 22864	RMVL TOT DISC ARTHRP ANT 1 INTERSPACE CERVICAL	7370.40			090	Y	22251.08
	J1* 22865	RMVL TOT DISC ARTHRP ANT 1 INTERSPACE LUMBAR	7780.44			090	Y	22251.08
	J1 22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	3828.00			090	Y	28088.40
+	22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	861.60			ZZZ	Y	
	J1 22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	1590.00			090	Y	20423.80
+	22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	434.40			ZZZ	Y	
	22899	UNLISTED PROCEDURE SPINE	0.00			YYY	Y	298.91
	J1 22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	2023.20			090	Y	4838.26
	J1 22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	2392.80			090	Y	4836.69
	J1 22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	1712.40			090	Y	2873.41
	J1 22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	1578.00			090	Y	4840.20
	J1 22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	3764.40			090	Y	4821.07
	J1 22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	4734.00			090	Y	4796.25
	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	BR			YYY	N	298.91
	J1 23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	2077.20			090	Y	4843.10
	J1 23020	CAPSULAR CONTRACTURE RELEASE	2466.00			090	Y	5766.63
	J1 23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA	1598.40			010	N	4820.58

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	23031	I&D SHOULDER INFECTED BURSA	1536.00			010	N	4842.25
J1	23035	INCISION BONE CORTEX SHOULDER AREA	2442.00			090	Y	2736.34
J1	23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	2571.60			090	Y	5718.62
J1	23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	2028.00			090	N	5712.26
J1	23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	812.40			010	N	2870.46
J1	23066	BIOPSY SOFT TISSUE SHOULDER DEEP	2032.80			090	N	4818.04
J1	23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM>	1504.80			090	Y	2872.90
J1	23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM>	2490.00			090	Y	4839.95
J1	23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	1882.80			090	N	2864.86
J1	23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	1944.00			090	N	4841.89
J1	23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	4033.20			090	Y	4843.10
J1	23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM>	5095.20			090	Y	4835.35
J1	23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	1814.40			090	Y	5784.56
J1	23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	1639.20			090	N	5784.56
J1	23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	2289.60			090	Y	12227.00
J1	23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	1801.20			090	N	5710.81
J1	23107	ARTHRT GLENOHUMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	2362.80			090	Y	12577.56
J1	23120	CLAVICULECTOMY PARTIAL	2101.20			090	Y	5773.28
J1	23125	CLAVICULECTOMY TOTAL	2539.20			090	Y	5784.56
J1	23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	2217.60			090	N	5763.30
J1	23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	1989.60			090	N	5779.65
J1	23145	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	2491.20			090	Y	5710.81
J1	23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	2232.00			090	N	12506.87
J1	23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	2368.80			090	Y	5730.04
J1	23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	2851.20			090	Y	12031.89
J1	23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	2428.80			090	Y	11616.09
J1	23170	SEQUESTRECTOMY CLAVICLE	2022.00			090	N	5784.56
J1	23172	SEQUESTRECTOMY SCAPULA	2042.40			090	Y	5710.81
J1	23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	2731.20			090	Y	12031.89
J1	23180	PARTIAL EXCISION BONE CLAVICLE	2382.00			090	N	12674.16
J1	23182	PARTIAL EXCISION BONE SCAPULA	2404.80			090	Y	12794.10
J1	23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	2641.20			090	Y	12648.25
J1	23190	OSTECTOMY SCAPULA PARTIAL	2060.40			090	Y	5782.68
J1	23195	RESECTION HUMERAL HEAD	2652.00			090	Y	12648.57
J1*	23200	RADICAL RESECTION TUMOR CLAVICLE	5344.80			090	Y	12031.89
J1*	23210	RADICAL RESECTION TUMOR SCAPULA	6270.00			090	Y	12031.89
J1*	23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	6882.00			090	Y	12031.89
	23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	1088.40			010	N	902.47
J1	23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	1690.80			090	N	4843.10
J1	23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	3776.40			090	N	4808.11
J1*	23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	4503.60			090	N	4823.97
	23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	547.86			000	N	
J1	23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	4548.00			090	Y	11985.52
J1	23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	4048.80			090	Y	12460.18
J1	23400	SCAPULOPEXY	3469.20			090	Y	12794.10
J1	23405	TENOTOMY SHOULDER AREA 1 TENDON	2212.80			090	Y	12694.31
J1	23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	2664.00			090	Y	12260.91
J1	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	2925.60			090	Y	12002.79
J1	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	3039.60			090	Y	12080.19

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	2498.40			090	N	12489.28
J1	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	3474.00			090	Y	11946.17
J1	23430	TENODESIS LONG TENDON BICEPS	2659.20			090	Y	12105.14
J1	23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	2702.40			090	Y	12152.48
J1	23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	3375.60			090	Y	11490.06
J1	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	3538.80			090	Y	11826.55
J1	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	3886.80			090	Y	11392.83
J1	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	3802.80			090	Y	12209.09
J1	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	3987.60			090	Y	12005.35
J1	23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	3990.00			090	Y	12015.26
J1	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	4266.00			090	Y	21927.44
J1	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	5139.60			090	Y	21387.82
J1	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	5726.40			090	Y	22387.72
J1*	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	6178.80			090	Y	22251.08
J1	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	2929.20			090	N	12242.68
J1	23485	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	3388.80			090	Y	22557.73
J1	23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	3072.00			090	Y	11589.22
J1	23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	3622.80			090	Y	23046.98
	23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	802.80			090	N	298.91
J1	23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	1299.60			090	N	2833.78
J1	23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	2571.60			090	Y	11593.06
J1	23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	870.00			090	N	2845.02
	23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	1429.20			090	N	298.91
J1	23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	2064.00			090	Y	12289.70
J1	23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2242.80			090	Y	11586.34
	23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	862.80			090	N	298.91
	23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	1269.60			090	N	298.91
J1	23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	2048.40			090	Y	11760.02
J1	23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2340.00			090	Y	11610.33
	23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	848.40			090	N	298.91
J1	23575	CLTX SCAPULAR FX W/MNPJ W/WO SKELETAL TRACTION	1483.20			090	N	2845.02
J1	23585	OPEN TX SCAPULAR FX W/INT FIXATION WHEN PFRMD	3488.40			090	Y	11732.51
	23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	1204.80			090	N	298.91
J1	23605	CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	1694.40			090	N	2825.68
J1	23615	OPTX PROX HUMERAL FX W/INT FIXJ RPR TUBEROSITY	3151.20			090	Y	22440.62
J1	23616	OPTX PROX HUMRL FX W/INT FIXJ RPR TUBRST RPLCMT	4392.00			090	Y	28882.69
	23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	979.20			090	N	298.91
J1	23625	CLTX GREATER HUMRL TUBEROSITY FX W/MANIPULATION	1388.40			090	N	2838.41
J1	23630	OPTX GREATER HUMERAL TUBEROSITY FX W/INT FIXJ	2779.20			090	Y	11812.16
	23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	1180.80			090	N	298.91
J1	23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	1472.40			090	N	2844.52
J1	23660	OPEN TX ACUTE SHOULDER DISLOCATION	2091.60			090	Y	12363.90
J1	23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	1564.80			090	N	2844.95
J1	23670	OPTX SHO DISLC W/FX GR HUMERAL TUBRST INT FIXJ	3098.40			090	Y	11902.99
J1	23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	1986.00			090	N	2845.02
J1	23680	OPTX SHO DISLC W/SURG/ANTMCL NECK FX INT FIXJ	3306.00			090	Y	22512.40
J1	23700	MNPJ W/ANES SHOULDER JT APPL FIXATION APPARATUS	699.60			010	N	2842.89
J1	23800	ARTHRODESIS GLENOHUMERAL JOINT	3660.00			090	Y	11785.29
J1	23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	4562.40			090	Y	23225.18

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1*	23900	INTERTHORACOSCAPULAR AMPUTATION	4923.60			090	Y	22251.08
J1*	23920	DISARTICULATION SHOULDER	3996.00			090	Y	22251.08
	23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	1686.00			090	N	2483.95
	23929	UNLISTED PROCEDURE SHOULDER	BR			YYY	Y	298.91
J1	23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	1309.20			010	N	4835.60
J1	23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	1099.20			010	N	2872.19
J1	23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	1825.20			090	N	5739.01
J1	24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	1695.60			090	N	5715.58
J1	24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	2545.20			090	Y	5745.23
J1	24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	940.80			010	N	2872.47
J1	24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	2236.80			090	N	4831.84
J1	24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	1453.20			090	Y	4841.17
J1	24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	2475.60			090	Y	4838.02
J1	24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	1942.80			090	N	2873.34
J1	24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	1950.00			090	N	4840.08
J1	24077	RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	3681.60			090	N	4842.25
J1	24079	RAD RESCJ TUMOR SOFT TISS UPPER ARM/ELBOW 5CM+	4714.80			090	Y	4841.29
J1	24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	1506.00			090	Y	5784.56
J1	24101	ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMVL LOOSE/FB	1806.00			090	Y	5730.91
J1	24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	2215.20			090	Y	5717.46
J1	24105	EXCISION OLECRANON BURSA	1290.00			090	N	5781.24
J1	24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	2114.40			090	N	5779.21
J1	24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	2636.40			090	Y	12431.07
J1	24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	3070.80			090	Y	11773.77
J1	24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	1909.20			090	N	5778.05
J1	24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	2232.00			090	Y	5710.81
J1	24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	2330.40			090	Y	11195.48
J1	24130	EXCISION RADIAL HEAD	1826.40			090	N	5759.40
J1	24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	2672.40			090	Y	12531.82
J1	24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	2265.60			090	N	5710.81
J1	24138	SEQUESTRECTOMY OLECRANON PROCESS	2461.20			090	Y	12794.10
J1	24140	PARTIAL EXCISION BONE HUMERUS	2515.20			090	Y	5742.62
J1	24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	2131.20			090	N	12794.10
J1	24147	PARTIAL EXCISION BONE OLECRANON PROCESS	2251.20			090	N	5771.26
J1	24149	RAD RESCJ CAPSL TISS&HTRTPC B1 ELBW CONTRCT RLS	4191.60			090	Y	12728.21
J1	24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	5487.60			090	Y	12554.85
J1	24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	4772.40			090	Y	12794.10
J1	24155	RESECTION ELBOW JOINT ARTHRECTOMY	3042.00			090	Y	5784.56
	24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	4448.40			090	N	4107.04
	24164	PROSTHESIS REMOVAL RADIAL HEAD	2588.40			090	N	4107.04
J1	24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	790.80			010	N	2872.76
J1	24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	1977.60			090	N	4841.04
	24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	649.98			000	N	
J1	24300	MANIPULATION ELBOW UNDER ANESTHESIA	1562.40			090	N	2845.02
J1	24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	2680.80			090	Y	12569.57
J1	24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	2072.40			090	N	5726.57
J1	24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	1706.40			090	N	5699.10
J1	24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	2787.60			090	Y	12031.89
J1	24330	FLEXOR-PLASTY ELBOW	2568.00			090	Y	11975.60

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	2806.80			090	Y	12031.89
J1	24332	TENOLYSIS TRICEPS	2204.40			090	N	5784.56
J1	24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	2214.00			090	Y	12155.04
J1	24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC	2658.00			090	Y	12165.59
J1	24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	2768.40			090	Y	12075.07
J1	24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	2552.40			090	Y	5453.97
J1	24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	3898.80			090	Y	11733.47
J1	24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	2540.40			090	Y	11945.85
J1	24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	3934.80			090	Y	23371.26
J1	24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	1500.00			090	N	5728.89
J1	24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	1894.80			090	N	5754.48
J1	24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	2367.60			090	N	5632.43
J1	24360	ARTHROPLASTY ELBOW W/MEMBRANE	3224.40			090	Y	11379.08
J1	24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	3595.20			090	Y	27883.64
J1	24362	ARTHROPLASTY ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	3782.40			090	Y	21365.15
J1	24363	ARTHROPLASTY ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	5138.40			090	Y	28156.11
J1	24365	ARTHROPLASTY RADIAL HEAD	2296.80			090	Y	22251.09
J1	24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	2436.00			090	Y	21695.09
J1	24370	REVIS ELBOW ARTHROPLASTY HUMERAL/ULNA COMPNT	5460.00			090	Y	22402.21
J1	24371	REVIS ELBOW ARTHROPLASTY HUMERAL&ULNA COMPNT	6272.40			090	Y	29190.67
J1	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	2947.20			090	Y	12041.17
J1	24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	3771.60			090	Y	22251.08
J1	24420	OSTEOPLASTY HUMERUS	3820.80			090	Y	11725.48
J1	24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	3756.00			090	Y	22614.40
J1	24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	3847.20			090	Y	22579.77
J1	24470	HEMIEPIPHYSEAL ARREST	2407.20			090	Y	5710.81
J1	24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	2907.60			090	N	12782.59
J1	24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	3092.40			090	Y	22954.42
	24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	1306.80			090	N	298.91
J1	24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	1816.80			090	N	2843.03
J1	24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	3145.20			090	Y	22885.79
J1	24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	3066.00			090	Y	22729.00
	24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	1380.00			090	N	298.91
J1	24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	2224.80			090	N	2845.02
J1	24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	2836.80			090	N	12458.58
J1	24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	3309.60			090	Y	22499.17
J1	24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	3692.40			090	Y	29306.26
	24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	1203.60			090	N	298.91
J1	24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	1950.00			090	N	2845.02
J1	24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	2577.60			090	N	2842.96
J1	24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	2616.00			090	Y	22892.09
	24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	1269.60			090	N	298.91
J1	24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	2005.20			090	N	2845.02
J1	24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	2973.60			090	Y	22986.53
J1	24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	2918.40			090	N	12666.16
J1	24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	3870.00			090	Y	22678.00
J1	24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	3879.60			090	Y	22093.04
	24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	1352.40			090	N	298.91
J1	24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	1719.60			090	N	2844.81

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	2550.00			090	Y	11773.45
J1	24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	2024.40			090	N	2845.02
J1	24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	2412.00			090	Y	11713.64
	24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	373.20			010	N	298.91
	24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	951.60			090	N	298.91
J1	24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	1614.00			090	N	2843.32
J1	24665	OPEN TX RADIAL HEAD/NECK FRACTURE	2353.20			090	Y	11831.99
J1	24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	2614.80			090	Y	21556.57
	24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	1058.40			090	N	298.91
J1	24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	1676.40			090	N	2838.62
J1	24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	2337.60			090	Y	11752.98
J1	24800	ARTHRODESIS ELBOW JOINT LOCAL	2977.20			090	Y	11452.32
J1	24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	3577.20			090	Y	22593.62
J1*	24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	2637.60			090	Y	22251.08
J1*	24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	2619.60			090	Y	22251.08
J1	24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	2038.80			090	Y	5784.56
J1*	24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	2764.80			090	Y	12031.89
J1*	24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	3320.40			090	Y	22251.08
J1	24935	STUMP ELONGATION UPPER EXTREMITY	4378.80			090	N	12031.89
J1*	24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	3307.89			090	Y	22251.08
	24999	UNLISTED PROCEDURE HUMERUS/ELBOW	BR			YYY	N	298.91
J1	25000	INCISION EXTENSOR TENDON SHEATH WRIST	1236.00			090	N	2844.10
J1	25001	INCISION FLEXOR TENDON SHEATH WRIST	1240.80			090	N	5740.31
J1	25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	2267.34			090	N	2844.67
J1	25023	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/DBRDMT	4392.54			090	N	5784.56
J1	25024	DCMPRN FASCT F/ARM&WRST FLXR&XTNSR W/O DB	2793.60			090	N	5784.56
J1	25025	DCMPRN FASCT F/ARM&WRST FLXR&XTNSR DBRDMT	4198.80			090	N	2842.96
J1	25028	I&D FOREARM&WRIST DEEP ABSCESS/HEMATOMA	2087.94			090	N	5772.56
J1	25031	INCISION & DRAINAGE FOREARM&WRIST BURSA	1323.60			090	N	2845.02
J1	25035	INCISION DEEP BONE CORTEX FOREARM&WRIST	2096.40			090	N	12774.91
J1	25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	2000.40			090	N	5784.56
J1	25065	BIOPSY SOFT TISSUE FOREARM&WRIST SUPERFICIAL	926.40			010	N	2858.18
J1	25066	BIOPSY SOFT TISSUE FOREARM&WRIST DEEP	1310.40			090	N	4840.56
J1	25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	1516.80			090	Y	2871.11
J1	25073	EXC TUMOR SFT TISS FOREARM&WRIST SUBFASC 3CM/>	1911.60			090	Y	4838.38
J1	25075	EXC TUMOR SOFT TISSUE FOREARM &WRIST SUBQ <3CM	1891.20			090	N	2872.98
J1	25076	EXC TUMOR SOFT TISS FOREARM&WRIST SUBFASC <3CM	1848.00			090	N	2868.23
J1	25077	RAD RESECT TUMOR SOFT TISS FOREARM&WRIST <3 CM	3178.80			090	N	4843.10
J1	25078	RAD RESCJ TUM SOFT TISSUE FOREARM&WRIST 3 CM/>	4141.20			090	Y	4833.66
J1	25085	CAPSULOTOMY WRIST	1605.60			090	Y	5732.50
J1	25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	1258.80			090	N	5782.10
J1	25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	1453.20			090	N	5767.50
J1	25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	1742.40			090	N	5754.92
J1	25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	2204.40			090	Y	5672.34
J1	25109	EXC TENDON FOREARM&WRIST FLEXOR/EXTENSOR EA	1915.20			090	N	5753.04
J1	25110	EXCISION LESION TENDON SHEATH FOREARM&WRIST	1244.40			090	N	2842.32
J1	25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	1161.60			090	N	2843.81
J1	25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	1398.00			090	N	2842.32
J1	25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	2692.80			090	N	2835.78

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTS XTNSRS	2154.00			090	N	5772.41
J1	25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	1371.60			090	N	2845.02
J1	25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	1802.40			090	Y	5755.93
J1	25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	1796.40			090	N	5737.13
J1	25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	2133.60			090	N	2845.02
J1	25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	2149.20			090	Y	5519.05
J1	25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	1616.40			090	N	5721.51
J1	25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	2010.00			090	Y	12429.15
J1	25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	1788.00			090	Y	11989.99
J1	25145	SEQUESTRECTOMY FOREARM & WRIST	1869.60			090	Y	5715.58
J1	25150	PARTIAL EXCISION BONE ULNA	2032.80			090	N	5735.39
J1	25151	PARTIAL EXCISION BONE RADIUS	2091.60			090	Y	5750.43
J1	25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	5218.80			090	Y	12794.10
J1	25210	CARPECTOMY 1 BONE	1761.60			090	N	5696.93
J1	25215	CARPECTOMY ALL BONES PROXIMAL ROW	2211.60			090	Y	5666.41
J1	25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	1550.40			090	N	5740.60
J1	25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	1538.40			090	N	5743.20
	25246	INJECTION WRIST ARTHROGRAPHY	673.44			000	N	
J1	25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	1506.00			090	N	2843.46
	25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	1916.40			090	Y	2019.96
	25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	2572.80			090	Y	4107.04
J1	25259	MANIPULATION WRIST UNDER ANESTHESIA	1544.40			090	N	2844.81
J1	25260	RPR TDN/MUSC FLXR F/ARM&WRST PRIM 1 EA TDN/MU	2269.20			090	N	5747.83
J1	25263	RPR TDN/MUSC FLXR F/ARM&WRIST SEC 1 EA TDN/MUS	2272.80			090	Y	12667.12
J1	25265	RPR TDN/MUSC FLXR F/ARM&WRISTSEC FR GRF EA	2680.80			090	Y	5784.56
J1	25270	RPR TDN/MUSC XTNSR F/ARM&WRIST PRIM 1 EA TDN	1768.80			090	N	5734.67
J1	25272	RPR TDN/MUSC XTNSR F/ARM&WRIST SEC 1 EA TDN/MU	2007.60			090	N	5724.11
J1	25274	RPR TDN/MUSC XTNSR F/ARM&WRST SEC FR GRF EA TDN	2374.80			090	N	5635.32
J1	25275	RPR TENDON SHEATH EXTENSOR F/ARM&WRIST W/GRAFT	2401.20			090	N	5666.70
J1	25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&WRIST 1 EA TDN	2026.80			090	N	5724.55
J1	25290	TNOT FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	1562.40			090	N	5741.32
J1	25295	TNOLS FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	1886.40			090	N	5752.60
J1	25300	TENODESIS WRIST FLEXORS FINGERS	2470.80			090	Y	5770.97
J1	25301	TENODESIS WRIST EXTENSORS FINGERS	2296.80			090	Y	5784.13
J1	25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1 EA TDN	2216.40			090	Y	5754.19
J1	25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1/TDN GR	2554.80			090	Y	5674.80
J1	25315	FLEXOR ORIGIN SLIDE FOREARM & WRIST	2751.60			090	Y	12644.09
J1	25316	FLEXOR ORIGIN SLIDE F/ARM&WRST TENDON TRANSFE	3272.40			090	Y	12535.66
J1	25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	3505.20			090	Y	12085.31
J1	25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	3012.00			090	Y	5462.07
J1	25335	CENTRALIZATION WRST ULNA	3374.40			090	Y	5628.23
J1	25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	3154.80			090	N	12115.06
J1	25350	OSTEOTOMY RADIUS DISTAL THIRD	2409.60			090	Y	11418.74
J1	25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	2736.00			090	Y	5710.81
J1	25360	OSTEOTOMY ULNA	2343.60			090	Y	11951.61
J1	25365	OSTEOTOMY RADIUS & ULNA	3276.00			090	Y	23162.84
J1	25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	3613.20			090	Y	5710.81
J1	25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	3406.80			090	Y	5710.81
J1	25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	2743.20			090	Y	11659.27

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	3555.60			090	Y	22229.68
J1	25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	3616.80			090	Y	12063.24
J1	25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	4024.80			090	Y	11757.46
J1	25394	OSTEOPLASTY CARPAL BONE SHORTENING	2803.20			090	Y	5532.36
J1	25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	2863.20			090	Y	11510.53
J1	25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	3697.20			090	Y	11539.00
J1	25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	3457.20			090	Y	11370.76
J1	25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	4155.60			090	Y	11340.69
J1	25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	3442.80			090	Y	12395.25
J1	25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	4002.00			090	Y	5249.35
J1	25430	INSERTION VASCULAR PEDICLE CARPAL BONE	2616.00			090	N	5773.57
J1	25431	REPAIR NONUNION CARPAL BONE EACH BONE	2814.00			090	Y	11997.35
J1	25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	2738.40			090	Y	12163.67
J1	25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	3349.20			090	Y	21904.77
J1	25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	2888.40			090	Y	27895.20
J1	25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	2806.80			090	Y	11379.71
J1	25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	2956.80			090	Y	21162.40
J1	25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	2566.80			090	N	11345.17
J1	25446	ARTHROPL W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	4161.60			090	Y	27536.03
J1	25447	ARTHROPL INTERPOS INTERCARPAL/METACARPAL JOINTS	2961.60			090	Y	5586.73
J1	25449	REVJ ARTHROPL W/REMOVAL IMPLANT WRIST JOINT	3679.20			090	Y	11651.27
J1	25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	2214.00			090	N	5710.81
J1	25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	2616.00			090	N	5710.81
J1	25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	2571.60			090	Y	11945.85
J1	25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	2643.60			090	Y	22799.52
J1	25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	3238.80			090	Y	5677.84
	25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	1028.40			090	N	298.91
J1	25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	1821.60			090	N	2845.02
J1	25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	2394.00			090	Y	11685.81
J1	25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	2079.60			090	N	2845.02
J1	25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	2814.00			090	Y	11762.90
J1	25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	3412.80			090	Y	11688.05
	25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	951.60			090	N	298.91
	25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	1788.00			090	N	298.91
J1	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	2234.40			090	Y	11805.76
	25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	1048.80			090	N	298.91
J1	25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	1874.40			090	N	2843.74
J1	25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	2412.00			090	Y	11540.28
J1	25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	3225.60			090	Y	11612.57
	25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	1222.80			090	N	298.91
J1	25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	1947.60			090	N	2844.60
J1	25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	2389.20			090	N	5698.81
J1	25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	2637.60			090	Y	11394.75
J1	25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	2952.00			090	Y	11405.94
J1	25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	3746.40			090	Y	11377.16
	25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	1111.20			090	N	298.91
J1	25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	1772.40			090	N	2817.00
J1	25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	2571.60			090	Y	12165.59
	25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	1104.00			090	N	298.91

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	1682.40			090	N	2845.02
J1	25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	2049.60			090	Y	5589.04
	25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	1194.00			090	N	298.91
J1	25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	1752.00			090	N	5779.65
J1	25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	2228.40			090	N	11818.23
	25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	1615.20			090	N	298.91
J1	25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	2180.40			090	Y	11575.14
J1	25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	1899.60			090	N	5779.36
	25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	1622.40			090	N	298.91
J1	25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	2257.20			090	Y	12545.58
	25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	1906.80			090	N	298.91
J1	25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	2629.20			090	Y	11980.08
J1	25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	1768.80			090	N	2845.02
J1	25695	OPEN TREATMENT LUNATE DISLOCATION	2274.00			090	Y	12289.06
J1	25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	2612.40			090	Y	11420.34
J1	25805	ARTHRODESIS WRIST W/SLIDING GRAFT	3028.80			090	Y	11433.13
J1	25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	3079.20			090	Y	22560.25
J1	25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	2331.60			090	Y	11613.85
J1	25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	2842.80			090	Y	11617.05
J1	25830	ARTHROD DSTL RAD/ULN JT SGM TL RSCJ ULNA W/WO BONE	3730.80			090	Y	11879.32
J1*	25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	2558.40			090	N	22251.08
J1*	25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	2512.80			090	Y	22251.08
J1	25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	2202.00			090	Y	5784.56
J1	25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	2455.20			090	Y	12763.40
J1*	25915	KRUKENBERG PROCEDURE	4154.40			090	Y	12031.89
J1*	25920	DISARTICULATION THROUGH WRIST	2626.80			090	N	12031.89
J1	25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	2329.20			090	Y	2842.96
J1*	25924	DISARTICULATION THRU WRIST RE-AMPUTATION	2568.00			090	Y	12031.89
J1*	25927	TRANSMETACARPAL AMPUTATION	3132.00			090	N	5710.81
	25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	2148.00			090	Y	2483.95
J1	25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	2904.00			090	N	5767.50
	25999	UNLISTED PROCEDURE FOREARM/WRIST	BR			YYY	N	298.91
	26010	DRAINAGE FINGER ABSCESS SIMPLE	1068.12			010	N	260.43
J1	26011	DRAINAGE FINGER ABSCESS COMPLICATED	1585.62			010	N	2873.55
J1	26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	1722.24			090	N	5782.97
J1	26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	1507.20			090	N	5784.56
J1	26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	1755.60			090	N	5784.56
J1	26034	INCISION BONE CORTEX HAND/FINGER	1975.20			090	N	2808.46
J1	26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	3073.20			090	N	5784.56
J1	26037	DECOMPRESSIVE FASCIOTOMY HAND	2002.80			090	N	5783.84
J1	26040	FASCIOTOMY PALMAR PERCUTANEOUS	1131.60			090	N	2845.02
J1	26045	FASCIOTOMY PALMAR OPEN PARTIAL	1692.00			090	N	5782.25
J1	26055	TENDON SHEATH INCISION	2154.00			090	N	2844.52
J1	26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	919.20			090	N	2843.24
J1	26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	1149.60			090	N	2839.55
J1	26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	1210.80			090	N	5772.27
J1	26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	1429.20			090	N	2843.96
J1	26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	1219.20			090	N	5727.58
J1	26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	1227.60			090	N	5783.41

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	1167.60		090	N	2842.25
	J1	26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	1482.00		090	Y	2872.62
	J1	26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	1948.80		090	Y	2870.61
	J1	26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	1988.40		090	N	2871.68
	J1	26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	1873.20		090	N	2871.18
	J1	26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	2630.40		090	N	4829.42
	J1	26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	3758.40		090	Y	4843.10
	J1	26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	2142.00		090	N	5779.21
	J1	26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	2983.20		090	N	5777.77
+		26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	951.60		ZZZ	N	
	J1	26130	SYNOVECTOMY CARPOMETACARPAL JOINT	1684.80		090	N	5666.85
	J1	26135	SYNVCT MTCARPHNLG JT W/INTRNSC RLS&XTNSR HOOD	1984.80		090	N	5736.98
	J1	26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	1818.00		090	N	2840.40
	J1	26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	1845.60		090	N	2843.32
	J1	26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	2240.40		090	N	2843.60
	J1	26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	1462.80		090	N	2845.02
	J1	26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	1608.00		090	N	2845.02
	J1	26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	1993.20		090	Y	2828.95
	J1	26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	1608.00		090	N	2824.61
	J1	26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	2172.00		090	N	12794.10
	J1	26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	1600.80		090	N	2841.54
	J1	26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	2034.00		090	N	5600.76
	J1	26230	PARTIAL EXCISION BONE METACARPAL	1789.20		090	N	5769.52
	J1	26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	1760.40		090	N	2840.33
	J1	26236	PARTIAL EXCISION DISTAL PHALANX FINGER	1582.80		090	N	2840.75
	J1	26250	RADICAL RESECTION TUMOR METACARPAL	3789.60		090	N	5676.54
	J1	26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	2842.80		090	Y	5731.34
	J1	26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	2251.20		090	Y	2845.02
		26320	REMOVAL IMPLANT FROM FINGER/HAND	1255.20		090	N	2040.53
	J1	26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	1263.60		090	N	2845.02
		26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	400.20		010	N	298.91
	J1	26350	RPR/ADMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	2720.40		090	N	5727.87
	J1	26352	RPR/ADMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	3030.00		090	Y	12449.62
	J1	26356	RPR/ADMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	2842.80		090	N	5725.70
	J1	26357	RPR/ADMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	3190.80		090	Y	5746.53
	J1	26358	RPR/ADMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	3523.20		090	Y	12590.68
	J1	26370	RPR/ADMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	2860.80		090	N	5716.45
	J1	26372	RPR/ADMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	3334.80		090	Y	12594.83
	J1	26373	RPR/ADMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	3211.20		090	Y	5502.42
	J1	26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	3189.60		090	Y	11752.66
	J1	26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	3643.20		090	Y	12660.72
	J1	26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	2191.44		090	N	2836.70
	J1	26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	2612.40		090	N	5695.62
	J1	26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	3100.80		090	N	5692.59
	J1	26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	3350.40		090	N	5651.52
	J1	26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	2242.50		090	N	2834.71
	J1	26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	2712.00		090	Y	5662.94
	J1	26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	1802.40		090	N	5672.49
	J1	26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	2904.00		090	N	5710.95

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	1930.62			090	N	2838.41
J1	26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	2053.44			090	N	5670.03
J1	26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	2517.12			090	Y	5488.39
J1	26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	2424.66			090	N	5768.94
J1	26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	2378.40			090	N	2834.35
J1	26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	3580.80			090	N	5738.86
J1	26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	2223.60			090	N	5754.19
J1	26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	2487.60			090	N	5575.60
J1	26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	1581.48			090	N	5777.48
J1	26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	1567.68			090	N	2844.88
J1	26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	1534.56			090	N	2817.14
J1	26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	2395.68			090	N	5621.73
J1	26474	TENODESIS DISTAL JOINT EACH	2340.48			090	Y	2834.35
J1	26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	2311.50			090	N	5601.77
J1	26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	2257.68			090	N	5606.54
J1	26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	2403.96			090	N	5776.03
J1	26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	2431.56			090	Y	5784.56
J1	26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	2858.40			090	N	5761.28
J1	26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	3163.20			090	Y	5774.01
J1	26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	3034.80			090	Y	5668.00
J1	26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	3511.20			090	N	5698.08
J1	26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	3051.60			090	N	5715.87
J1	26492	OPPONENSPLASTY TDN TR W/GRF EA TDN	3367.20			090	Y	5681.31
J1	26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	3062.40			090	Y	5784.56
J1	26496	OPPONENSPLASTY OTHER METHODS	3292.80			090	N	5742.05
J1	26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	3289.20			090	Y	5757.09
J1	26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	4268.40			090	Y	5784.56
J1	26499	CORRECTION CLAW FINGER OTHER METHODS	3165.60			090	Y	5544.21
J1	26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	2409.48			090	N	12704.86
J1	26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	2754.00			090	Y	5628.09
J1	26508	RELEASE THENAR MUSCLE	2453.64			090	N	5714.42
J1	26510	CROSS INTRINSIC TRANSFER EACH TENDON	2311.50			090	N	5723.82
J1	26516	CAPSULODESIS MTCARPHLNGJL JOINT SINGLE DIGIT	2704.80			090	N	5450.65
J1	26517	CAPSULODESIS MTCARPHLNGJL JOINT 2 DIGITS	3148.80			090	Y	5549.42
J1	26518	CAPSULODESIS MTCARPHLNGJL JOINT 3/4 DIGITS	3190.80			090	Y	11563.63
J1	26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGJL JOINT EACH	2492.40			090	N	5758.97
J1	26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	2500.80			090	N	2839.90
J1	26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	1936.80			090	Y	11736.99
J1	26531	ARTHROPLASTY MTCARPHLNGJL JT W/PROSTC IMPLT EA JT	2256.00			090	Y	11411.38
J1	26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	1562.40			090	N	5480.15
J1	26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	2726.40			090	N	11502.86
J1	26540	RPR COLTRL LIGM MTCARPHLNGJL/IPHAL JT	2546.40			090	N	5458.46
J1	26541	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/TDN/FSCAL GRF	3025.20			090	Y	5395.41
J1	26542	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/LOCAL TISS	2628.00			090	N	5443.56
J1	26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	2659.20			090	N	5501.55
J1	26546	RPR NON-UNION MTCRPL/PHALANX	3740.40			090	Y	11980.72
J1	26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	2899.20			090	N	5567.21
J1	26550	POLLICIZATION DIGIT	5962.80			090	Y	5784.56
J1*	26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	11784.00			090	Y	12031.89

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1*	26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	11704.80			090	Y	12031.89
J1*	26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	13616.40			090	Y	12031.89
J1	26555	TR FNGR AXH POS W/O MVASC ANAST	5018.40			090	Y	12135.85
J1*	26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	12169.20			090	Y	12031.89
J1	26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	2278.38			090	Y	2845.02
J1	26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	3565.20			090	Y	5585.43
J1	26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	4960.80			090	Y	5710.81
J1	26565	OSTEOTOMY METACARPAL EACH	2611.20			090	Y	5465.54
J1	26567	OSTEOTOMY PHALANX FINGER EACH	2618.40			090	N	5626.50
J1	26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	3392.40			090	Y	11702.13
J1	26580	REPAIR CLEFT HAND	5546.40			090	Y	5784.56
J1	26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	3724.80			090	Y	5784.56
J1	26590	REPAIR MACRODACTYLIA EACH DIGIT	5164.80			090	Y	2845.02
J1	26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	1705.68			090	N	5784.56
J1	26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	2334.96			090	N	5754.05
J1	26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	2960.40			090	Y	5784.56
	26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	1087.20			090	N	298.91
	26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	1197.60			090	N	298.91
J1	26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	1842.00			090	N	5471.47
J1	26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	1730.40			090	N	5748.26
J1	26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	2058.00			090	N	5474.94
	26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	1482.12			090	N	298.91
J1	26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	1567.20			090	N	2845.02
J1	26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	1729.20			090	N	5720.64
J1	26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	2229.60			090	N	5570.97
	26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	1263.60			090	N	298.91
J1	26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	1669.20			090	N	2838.34
J1	26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	1827.60			090	N	5764.61
J1	26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	2061.60			090	N	5631.27
J1	26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	2234.40			090	Y	5522.38
	26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	1222.80			090	N	298.91
J1	26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	1530.00			090	N	2844.81
J1	26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	1604.40			090	N	5718.04
J1	26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	2050.80			090	N	5748.26
	26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	722.40			090	N	298.91
	26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	1236.00			090	N	298.91
J1	26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	1702.80			090	N	5757.95
J1	26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	2126.40			090	N	5574.44
	26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	840.00			090	N	298.91
J1	26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	1352.40			090	N	2843.67
J1	26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	2650.80			090	N	5667.28
	26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	675.60			090	N	298.91
	26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	1156.80			090	N	298.91
J1	26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	1527.60			090	N	5760.85
J1	26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	1797.60			090	N	5749.13
	26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	1032.00			090	N	298.91
	26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	1418.40			090	N	349.86
J1	26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	1618.80			090	N	5774.87
J1	26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	1954.80			090	N	5754.48

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	3019.20		090	Y	11603.93
	J1	26841	ARTHRO CARPO/METACARPAL JT THUMB W/WO INT FIXJ	2809.20		090	N	11946.17
	J1	26842	ARTHRO CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	3026.40		090	Y	11969.84
	J1	26843	ARTHRO CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	2852.40		090	Y	11532.92
	J1	26844	ARTHRO CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	3128.40		090	Y	11746.91
	J1	26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	2671.20		090	N	12077.31
	J1	26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	3019.20		090	Y	11996.71
	J1	26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	2195.58		090	N	5536.55
+		26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	360.00		ZZZ	N	
	J1	26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	2782.80		090	Y	5532.64
+		26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	802.80		ZZZ	Y	
	J1	26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	2767.20		090	N	5771.84
	J1	26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	2540.40		090	N	5781.67
	J1	26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	2486.40		090	N	5779.50
		26989	UNLISTED PROCEDURE HANDS/FINGERS	BR		YYY	N	298.91
	J1	26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	2452.80		090	N	5760.70
	J1	26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	2544.00		090	N	2839.05
	J1*	26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	3608.40		090	N	12031.89
	J1	27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	1435.20		090	N	2835.78
	J1	27001	TENOTOMY ADDUCTOR HIP OPEN	1934.40		090	Y	5622.31
	J1	27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	2145.60		090	Y	12031.89
	J1*	27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	2582.40		090	Y	12031.89
	J1	27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	2554.80		090	Y	5705.31
	J1*	27025	FASCIOTOMY HIP/THIGH ANY TYPE	3290.40		090	N	12031.89
	J1	27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	3154.80		090	N	12514.87
	J1*	27030	ARTHROTOMY HIP W/DRAINAGE	3339.60		090	Y	12031.89
	J1	27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	3463.20		090	Y	12581.72
	J1	27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	4068.00		090	Y	5763.16
	J1*	27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	3628.80		090	Y	12031.89
	J1	27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	1222.80		010	N	2873.55
	J1	27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	2529.60		090	N	2872.69
	J1	27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	1678.80		090	N	4840.80
	J1	27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	2622.00		090	Y	4840.44
	J1	27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	1792.80		090	N	4837.90
	J1	27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	2178.00		090	Y	4827.36
	J1	27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	4798.80		090	Y	4841.17
	J1	27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	1453.20		090	N	2845.02
	J1	27052	ARTHROTOMY W/BIOPSY HIP JOINT	2067.60		090	Y	2768.63
	J1*	27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	2457.60		090	Y	5710.81
	J1	27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	3596.40		090	N	2845.02
	J1	27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	6436.80		090	Y	4840.20
	J1	27060	EXCISION ISCHIAL BURSA	1668.00		090	N	12691.75
	J1	27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	1630.80		090	N	5604.37
	J1	27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	1882.80		090	Y	12696.55
	J1	27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	2910.00		090	Y	5736.26
	J1	27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	3690.00		090	Y	12794.10
	J1*	27070	PARTIAL EXCISION SUPERFICIAL PELVIS	3184.80		090	Y	12031.89
	J1*	27071	PARTIAL EXCISION DEEP PELVIS	3492.00		090	Y	12031.89
	J1*	27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	7388.40		090	Y	12031.89

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

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J1*	27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	8929.20			090	Y	12031.89
J1*	27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	9958.80			090	Y	22251.08
J1*	27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	7285.20			090	Y	22251.08
J1	27080	COCCYGECTOMY PRIMARY	1831.20			090	Y	5781.81
J1	27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	1125.60			010	N	4842.74
J1	27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	2197.20			090	Y	5778.05
J1*	27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	2964.00			090	Y	4823.97
J1*	27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	5658.00			090	Y	4823.97
	27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	789.36			000	N	
	27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	1051.56			000	N	
	27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	582.00			000	N	
J1	27097	RELEASE/RECESSION HAMSTRING PROXIMAL	2446.80			090	Y	5729.18
J1	27098	TRANSFER ADDUCTOR ISCHIUM	2488.80			090	Y	5672.34
J1	27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	2965.20			090	Y	11918.03
J1	27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF	3109.20			090	Y	5710.81
J1	27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	3464.40			090	Y	11657.35
J1	27111	TRANSFER ILIOPSOAS FEMORAL NECK	3225.60			090	Y	5710.81
J1*	27120	ACETABULOPLASTY	4620.00			090	Y	22251.08
J1*	27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	3931.20			090	Y	22251.08
J1*	27125	HEMIARTHROPLASTY HIP PARTIAL	4024.80			090	Y	22251.08
J1	27130	ARTHHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	4690.80			090	Y	22103.12
J1*	27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	5931.60			090	Y	22251.08
J1*	27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	6758.40			090	Y	22251.08
J1*	27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	5203.20			090	Y	22251.08
J1*	27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	5408.40			090	Y	22251.08
J1*	27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	3187.20			090	Y	22251.08
J1*	27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	4554.00			090	Y	12031.89
J1*	27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	5197.20			090	Y	12031.89
J1*	27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	5616.00			090	Y	12031.89
J1*	27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	6050.40			090	Y	12031.89
J1*	27158	OSTEOTOMY PELVIS BILATERAL	4975.20			090	Y	12031.89
J1*	27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	4344.00			090	Y	12031.89
J1*	27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	4903.20			090	Y	12031.89
J1*	27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	4147.20			090	Y	12031.89
J1*	27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	2379.60			090	N	12031.89
J1*	27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	3290.40			090	Y	22251.08
J1*	27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	3973.20			090	Y	12031.89
J1*	27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	3290.40			090	Y	12031.89
J1	27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	3492.00			090	Y	12031.89
J1*	27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	3985.20			090	Y	12031.89
J1*	27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	2568.00			090	N	12031.89
J1*	27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	3554.40			090	Y	12031.89
	27197	CLSD TX PELVIC RING FX W/O MANIPULATION	478.80			000	N	298.91
	27198	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	1135.20			000	N	298.91
	27200	CLOSED TREATMENT COCCYGEAL FRACTURE	676.80			090	N	298.91
J1	27202	OPEN TREATMENT COCCYGEAL FRACTURE	1885.20			090	Y	5710.81
	27215	OPTX ILIAC TUBRST AVLSWING FX FIXJ IF PRFRMD	2160.00			090	N	
	27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&DIS	3206.40			090	N	
	27217	OPTX ANT PELVIC BONE FX&DISLC INT FIXJ IF PFR	3008.40			090	N	5927.33

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

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27218	OPTX POST PEL BONE FX&DISLC INT FIXJ IF PFRMD	4155.60			090	N	
27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	1837.20			090	N	298.91
J1*	27222 CLTX ACETABULM HIP/SOCKET FX MANJ W/WO SKEL TRACJ	3510.00			090	N	420.93
J1*	27226 OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	3757.20			090	Y	12031.89
J1*	27227 OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	5859.60			090	Y	12031.89
J1*	27228 OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	6660.00			090	Y	12031.89
27230	CLTX FEM FX PROX END NCK W/O MANJ	1748.40			090	N	298.91
J1*	27232 CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	2634.00			090	N	2842.96
J1	27235 PRQ SKEL FIXJ FEMORAL FX PROX END NECK	3235.20			090	N	11964.72
J1*	27236 OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	4244.40			090	Y	12031.89
J1	27238 CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	1677.60			090	N	2809.96
J1*	27240 CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	3420.00			090	N	2842.96
J1*	27244 TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	4365.60			090	Y	12031.89
J1*	27245 TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	4362.00			090	Y	12031.89
27246	CLTX GREATER TROCHANTERIC FX W/O MANJ	1405.20			090	N	298.91
J1*	27248 OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	2664.00			090	Y	12031.89
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	639.60			000	N	298.91
J1	27252 CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	2697.60			090	N	2844.24
J1*	27253 OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	3354.00			090	Y	5710.81
J1*	27254 OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	4525.20			090	Y	5710.81
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	1098.00			010	N	298.91
J1	27257 TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	1282.80			010	N	2845.02
J1*	27258 OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	3960.00			090	Y	5710.81
J1*	27259 OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	5480.40			090	Y	5710.81
27265	CLTX POST HIP ARTHRP DISLC W/O ANES	1473.60			090	N	298.91
J1	27266 CLTX POST HIP ARTHRP DISLC REQ ANES	2095.20			090	N	2844.31
J1	27267 CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	1581.60			090	Y	5650.36
J1*	27268 CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	1950.00			090	Y	5710.81
J1*	27269 OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	4408.80			090	Y	2842.96
J1	27275 MANIPULATION HIP JOINT GENERAL ANESTHESIA	652.80			010	N	2844.95
J1	27279 ARTHRODESIS SI JOINT PERCUTANEOUS/MIN INVASIVE	2758.62			090	Y	27215.67
J1*	27280 ARTHRODESIS SI JT OPN W/OBTAINING B1 GRF INSTRMJ	4851.60			090	Y	27818.41
J1*	27282 ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	3070.80			090	Y	22251.08
J1*	27284 ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	5695.20			090	Y	27818.41
J1*	27286 ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	5832.00			090	Y	27818.41
J1*	27290 INTERPELVIA ABDOMINAL AMPUTATION	5774.40			090	Y	27818.41
J1*	27295 DISARTICULATION HIP	4494.00			090	Y	27818.41
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	BR			YYY	Y	298.91
J1	27301 I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	2422.80			090	N	4820.82
J1*	27303 INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	2283.60			090	Y	12031.89
J1	27305 FASCIOTOMY ILIOTIBIAL OPEN	1731.60			090	Y	5727.30
J1	27306 TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	1207.20			090	Y	5718.33
J1	27307 TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	1657.20			090	N	5427.37
J1	27310 ARTHRT KNE W/EXPL DRG/RMVL FB	2616.00			090	Y	5733.08
J1	27323 BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	982.80			010	N	2871.47
J1	27324 BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	1455.60			090	N	4841.53
J1	27325 NEURECTOMY HAMSTRING MUSCLE	2024.40			090	Y	3586.62
J1	27326 NEURECTOMY POPLITEAL	1874.40			090	Y	3586.62
J1	27327 EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	1827.60			090	N	2873.12

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

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	J1	27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	2224.80		090	N	4841.65
	J1	27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	3710.40		090	Y	4842.62
	J1	27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	1514.40		090	N	5727.30
	J1	27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	1706.40		090	Y	5758.82
	J1	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	2310.00		090	Y	5693.17
	J1	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	2109.60		090	Y	5705.46
	J1	27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	2452.80		090	Y	5668.58
	J1	27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	2737.20		090	Y	12288.74
	J1	27337	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	1502.40		090	Y	4841.65
	J1	27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	2697.60		090	Y	4835.11
	J1	27340	EXCISION PREPATELLAR BURSA	1345.20		090	N	5771.55
	J1	27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	1741.20		090	Y	5749.86
	J1	27347	EXCISION LESION MENISCUS/CAPSULE KNEE	1884.00		090	Y	5755.50
	J1	27350	PATELLECTOMY/HEMIPATELLECTOMY	2342.40		090	Y	12649.85
	J1	27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR	2179.20		090	Y	5720.50
	J1	27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	2644.80		090	Y	23096.73
	J1	27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	2929.20		090	Y	11573.55
+		27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	973.20		ZZZ	Y	
	J1	27360	PRTL EXC BONE FEMUR PROX TIBIA&FIBULA	3246.00		090	Y	5691.86
	J1	27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	5558.40		090	Y	4838.02
	J1*	27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	7280.40		090	Y	12031.89
		27369	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	560.28		000	N	
	J1	27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	2142.00		090	N	4840.56
	J1	27380	SUTURE INFRAPATELLAR TENDON PRIMARY	2242.80		090	Y	12459.54
	J1	27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	2948.40		090	Y	11833.59
	J1	27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	2185.20		090	Y	12461.46
	J1	27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	3079.20		090	Y	12068.68
	J1	27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	1610.40		090	Y	5567.21
	J1	27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	1992.00		090	N	5705.75
	J1	27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	2550.00		090	Y	5784.56
	J1	27393	LENGTHENING HAMSTRING TENDON SINGLE	1798.80		090	Y	12794.10
	J1	27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	2343.60		090	Y	12031.89
	J1	27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	3147.60		090	Y	5784.56
	J1	27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	2214.00		090	Y	12419.88
	J1	27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	3262.80		090	Y	12031.89
	J1	27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	2490.00		090	Y	12558.69
	J1	27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	2307.60		090	Y	11613.85
	J1	27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	2421.60		090	Y	12333.83
	J1	27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	2848.80		090	Y	11671.42
	J1	27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	3451.20		090	Y	12092.67
	J1	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	5853.60		090	Y	11027.24
	J1	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	4879.20		090	Y	21575.46
	J1	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	3494.40		090	N	12269.86
	J1	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	2968.80		090	Y	12434.91
	J1	27420	RCNSTJ DISLOCATING PATELLA	2653.20		090	Y	12456.66
	J1	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&MUSC RL	2654.40		090	Y	12444.82
	J1	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	2677.20		090	Y	12614.67
	J1	27425	LATERAL RETINACULAR RELEASE OPEN	1626.00		090	N	5697.79
	J1	27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	2540.40		090	Y	11665.98

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	3980.40			090	Y	23035.65
J1	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	4479.60			090	Y	22487.84
J1	27430	QUADRICEPSPLASTY	2654.40			090	Y	12394.29
J1	27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	2874.00			090	Y	5747.11
J1	27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	2361.60			090	N	12045.97
J1	27438	ARTHROPLASTY PATELLA W/PROSTHESIS	2997.60			090	Y	22778.12
J1	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	2848.80			090	Y	22519.95
J1	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNCT	2941.20			090	Y	22666.67
J1	27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	3106.80			090	Y	22247.31
J1	27443	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE DBRDMT&PRTL	2913.60			090	Y	22366.32
J1*	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	4461.60			090	Y	22251.08
J1	27446	ARTHROPLASTY KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	4101.60			090	Y	22286.35
J1	27447	ARTHROPLASTY KNEE CONDYLE&PLATEAU MEDIAL/LAT COMPARTMENTS	4688.40			090	Y	22183.71
J1*	27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	2889.60			090	Y	12031.89
J1*	27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	3607.20			090	Y	12031.89
J1*	27454	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	4598.40			090	Y	12031.89
J1*	27455	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	4598.40			090	Y	12031.89
J1*	27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	3435.60			090	Y	12031.89
J1*	27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	3426.00			090	Y	12031.89
J1*	27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	4438.80			090	Y	12031.89
J1*	27466	OSTEOPLASTY FEMUR LENGTHENING	4216.80			090	Y	12031.89
J1*	27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	4770.00			090	Y	12031.89
J1*	27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	4197.60			090	Y	12031.89
J1*	27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	4495.20			090	Y	12031.89
J1	27475	ARREST EPIPHYSEAL DISTAL FEMUR	2374.80			090	N	12031.89
J1	27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	2623.20			090	N	11166.05
J1	27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	3276.00			090	Y	12031.89
J1	27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	2403.60			090	N	12138.09
J1*	27486	REVJ TOTAL KNEE ARTHROPLASTY W/WO ALGRFT 1 COMPONENT	4987.20			090	Y	22251.08
J1*	27487	REVJ TOT KNEE ARTHROPLASTY FEM&ENTIRE TIBIAL COMPONE	6222.00			090	Y	22251.08
J1*	27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	4267.20			090	Y	12031.89
J1*	27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	4023.60			090	Y	12031.89
J1	27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	1964.40			090	N	5710.81
J1	27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	2078.40			090	N	5710.81
J1	27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	2350.80			090	Y	2845.02
J1	27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	2508.00			090	Y	12031.89
	27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	1873.20			090	N	298.91
	27501	CLTX SPRCONDYLAR/TRNSCONDYLAR FEM FX W/O MANJ	1820.40			090	N	298.91
J1	27502	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	2712.00			090	N	2815.22
J1	27503	CLTX SPRCONDYLAR/TRNSCONDYLAR FEM FX W/MANJ	2853.60			090	N	2792.82
J1*	27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	4754.40			090	Y	12031.89
J1*	27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	3446.40			090	Y	12031.89
	27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	1890.00			090	N	298.91
J1	27509	PRQ SKELETAL FIX FEMORAL FX DISTAL END	2433.60			090	N	11314.78
J1	27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	2426.40			090	N	2845.02
J1*	27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	3544.80			090	Y	12031.89
J1*	27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	4398.00			090	Y	12031.89
J1*	27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	3441.60			090	Y	12031.89
	27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	1864.80			090	N	298.91
J1	27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	2464.80			090	N	2845.02

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1*	27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	3175.20			090	Y	12031.89
	27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	1176.00			090	N	298.91
J1	27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	2691.60			090	Y	12344.07
	27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	1113.60			090	N	298.91
J1	27532	CLTX TIBIAL FX PROXIMAL WWO MANJ W/SKEL TRACJ	2227.20			090	N	5647.61
J1*	27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	3195.60			090	Y	12031.89
J1*	27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	4221.60			090	Y	12031.89
	27538	CLTX INTERCONDYLAR SPI&TUBRST FX KNE WWO MAN	1754.40			090	N	298.91
J1*	27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	2905.20			090	Y	12031.89
	27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	1855.20			090	N	298.91
J1	27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	2271.60			090	N	2844.38
J1*	27556	OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR	3124.80			090	Y	12031.89
J1*	27557	OPEN TX KNEE DISLOCATION W/LIGAMENOUS REPAIR	3723.60			090	Y	12031.89
J1*	27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	4232.40			090	Y	12031.89
	27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	1332.00			090	N	298.91
	27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	1760.40			090	N	298.91
J1	27566	OPTX PATELLAR DISLC WWO PRTL/TOT PATELLECTOMY	3184.80			090	Y	12571.49
J1	27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	544.80			010	N	2843.46
J1*	27580	ARTHRODESIS KNEE ANY TECHNIQUE	5263.20			090	Y	22251.08
J1*	27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	2805.60			090	Y	27818.41
J1*	27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	3438.00			090	Y	27818.41
J1*	27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	2389.20			090	Y	27818.41
J1	27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	1813.20			090	N	5763.88
J1*	27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	2547.60			090	N	12031.89
J1*	27598	DISARTICULATION KNEE	2498.40			090	Y	22251.08
	27599	UNLISTED PROCEDURE FEMUR/KNEE	BR			YYY	Y	298.91
J1	27600	DCMPRN FASCT LEG ANT&LAT COMPARTMENTS ONLY	1442.40			090	N	5755.78
J1	27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	1598.40			090	N	5782.39
J1	27602	DCMPRN FASCT LEG ANT&LAT&PST CMPRT	1711.20			090	Y	5577.76
J1	27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	1912.80			090	N	4814.29
J1	27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	1638.00			090	N	5784.56
J1	27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	1186.80			010	N	2807.40
J1	27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	969.60			010	N	5716.88
J1	27607	INCISION LEG/ANKLE	2125.20			090	N	5673.93
J1	27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	2310.00			090	N	5743.64
J1	27612	ARTHRT PST CAPSUL RLS ANKLE WWO ACHLL TDN LNGTH	1988.40			090	Y	5706.62
J1	27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	906.00			010	N	2873.34
J1	27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	2089.20			090	N	4843.10
J1	27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	3642.00			090	N	4785.83
J1	27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	4515.60			090	N	4824.82
J1	27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	1771.20			090	N	2865.00
J1	27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	1642.80			090	N	4835.35
J1	27620	ARTHRT ANKLE W/EXPL WWO BX WWO RMVL LOOSE/FB	1605.60			090	Y	5719.63
J1	27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	2044.80			090	Y	5616.81
J1	27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	2143.20			090	Y	5692.73
J1	27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&ANK	1941.60			090	N	5762.73
J1	27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	1473.60			090	Y	4829.42
J1	27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	2408.40			090	Y	4842.38
J1	27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	2066.40			090	N	5732.36

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	2620.80			090	Y	11588.58
	J1 27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	2674.80			090	Y	11669.18
	J1 27640	PARTIAL EXCISION BONE TIBIA	2964.00			090	N	5694.61
	J1 27641	PARTIAL EXCISION BONE FIBULA	2322.00			090	N	5730.33
	J1* 27645	RADICAL RESECTION OF TUMOR TIBIA	6270.00			090	Y	12031.89
	J1* 27646	RADICAL RESECTION TUMOR BONE FIBULA	5449.20			090	Y	12031.89
	J1 27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	3520.80			090	Y	5784.56
	27648	INJECTION ANKLE ARTHROGRAPHY	720.36			000	N	
	J1 27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	2346.00			090	Y	11943.61
	J1 27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	2341.20			090	N	11553.39
	J1 27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	2535.60			090	Y	11771.85
	J1 27656	REPAIR FASCIAL DEFECT LEG	2186.40			090	Y	5334.67
	J1 27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	1311.60			090	Y	5600.90
	J1 27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	1671.60			090	Y	12081.79
	J1 27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	1300.80			090	N	12409.32
	J1 27665	RPR EXTENSOR TENDON LEG SECONDARY W/O GRAFT EACH	1504.80			090	Y	11882.84
	J1 27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	1749.60			090	Y	5563.01
	J1 27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	2166.00			090	Y	12517.11
	J1 27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	1488.00			090	N	5590.20
	J1 27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	1893.60			090	N	5577.33
	J1 27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	2342.40			090	Y	5673.64
	J1 27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	1894.80			090	N	5706.62
	J1 27687	GASTROCNEMIUS RECESSION	1614.00			090	Y	5731.78
	J1 27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	2280.00			090	Y	12154.72
	J1 27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	2649.60			090	Y	12217.09
+	27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	362.40			ZZZ	Y	
	J1 27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	1707.60			090	N	11860.13
	J1 27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	1951.20			090	N	11804.48
	J1 27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	2266.80			090	Y	11902.35
	J1 27700	ARTHROPLASTY ANKLE	2178.00			090	Y	11533.56
	J1 27702	ARTHROPLASTY ANKLE W/IMPLANT	3426.00			090	Y	21037.72
	J1* 27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	3940.80			090	Y	22251.08
	27704	REMOVAL ANKLE IMPLANT	2035.20			090	N	4107.04
	J1 27705	OSTEOTOMY TIBIA	2706.00			090	Y	11673.34
	J1 27707	OSTEOTOMY FIBULA	1442.40			090	N	5522.67
	J1 27709	OSTEOTOMY TIBIA & FIBULA	4065.60			090	Y	22669.18
	J1* 27712	OSTEOT MLT W/RELIGNMT IMED ROD	3922.80			090	Y	22251.08
	J1* 27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	3823.20			090	Y	22251.08
	J1 27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	3118.80			090	Y	11532.28
	J1 27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	3193.20			090	Y	10934.80
	J1* 27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	4459.20			090	Y	12031.89
	J1* 27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	4322.40			090	Y	12031.89
	J1 27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	3415.20			090	N	11581.22
	J1* 27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	3700.80			090	Y	12031.89
	J1 27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	2108.40			090	N	5784.56
	J1 27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	1624.80			090	N	5710.81
	J1 27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	2354.40			090	N	5710.81
	J1 27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	2532.00			090	Y	5710.81
	J1 27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	2774.40			090	Y	5710.81

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	27745	PROPH TX N/P/PLTWR W/O METHYLMETHACRYLATE TIBIA	2703.60			090	Y	11731.23
	27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	1254.00			090	N	298.91
J1	27752	CLTX TIBIAL SHAFT FX W/MANJ W/O SKEL TRACJ	1927.20			090	N	2843.74
J1	27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	2074.80			090	Y	11559.47
J1	27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/O CERCLAGE	3198.00			090	Y	22618.18
J1	27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	3553.20			090	Y	22990.94
	27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	1200.00			090	N	298.91
J1	27762	CLTX MEDIAL MALLS FX W/MANJ W/O SKN/SKEL TRACJ	1738.80			090	N	2837.20
J1	27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	2161.20			090	N	12130.41
	27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	1054.80			090	N	298.91
J1	27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	1608.00			090	N	2800.43
J1	27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	2601.60			090	N	11810.56
	27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	1119.60			090	N	298.91
J1	27781	CLTX PROX FIBULA/SHFT FX W/MANJ	1572.00			090	N	2840.33
J1	27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	2526.00			090	N	11689.97
	27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	1135.20			090	N	298.91
	27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	1532.40			090	N	298.91
J1	27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	2305.20			090	N	11687.09
	27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	1212.00			090	N	298.91
J1	27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	1700.40			090	N	2843.53
J1	27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	2728.80			090	Y	11689.97
	27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	1195.20			090	N	298.91
J1	27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	1761.60			090	N	2843.67
J1	27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	3140.40			090	Y	11691.25
J1	27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	3526.80			090	Y	11746.91
	27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	1146.00			090	N	298.91
J1	27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	1951.20			090	N	2800.14
J1	27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	3063.60			090	Y	11661.50
J1	27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	4009.20			090	Y	22752.93
J1	27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	4753.20			090	Y	22610.00
J1	27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	2539.20			090	Y	11726.75
	27830	CLTX PROX TIBFIB JT DISLC W/O ANES	1411.20			090	N	298.91
J1	27831	CLTX PROX TIBFIB JT DISLC REQ ANES	1472.40			090	N	5784.56
J1	27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	2704.80			090	Y	11692.85
	27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1375.20			090	N	298.91
J1	27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	1780.80			090	N	2822.26
J1	27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	2581.20			090	Y	12505.60
J1	27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	2820.00			090	Y	11745.95
J1	27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	590.40			010	N	5557.81
J1	27870	ARTHRODESIS ANKLE OPEN	3597.60			090	Y	22116.34
J1	27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	2462.40			090	Y	22387.09
J1*	27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	3206.40			090	Y	27818.41
J1*	27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	3044.40			090	Y	12031.89
J1*	27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	2110.80			090	N	12031.89
J1	27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	2060.40			090	N	5769.09
J1*	27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	2318.40			090	N	12031.89
J1*	27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	2311.20			090	Y	22251.08
J1	27889	ANKLE DISARTICULATION	2266.80			090	N	12794.10
J1	27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	1912.80			090	N	5678.27

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surge	APC Amount
J1	27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	2194.80			090	N	12794.10
J1	27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	2919.60			090	Y	5710.81
	27899	UNLISTED PROCEDURE LEG/ANKLE	BR			YYY	N	298.91
J1	28001	INCISION&DRAINAGE BURSA FOOT	963.60			000	N	2865.79
J1	28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	1534.80			000	N	2815.65
J1	28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	2416.80			000	N	5730.77
J1	28005	INCISION BONE CORTEX FOOT	2024.40			090	N	5660.34
J1	28008	FASCIOTOMY FOOT&/TOE	1520.40			090	N	5726.57
J1	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	822.00			090	N	2844.24
J1	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	1110.00			090	N	2844.88
J1	28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	1962.00			090	N	5665.83
J1	28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	1729.20			090	N	5704.45
J1	28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	1616.40			090	N	2817.50
J1	28035	RELEASE TARSAL TUNNEL	1862.40			090	N	3491.76
J1	28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	1744.80			090	Y	4817.68
J1	28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	1590.00			090	N	4814.29
J1	28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	1378.80			090	N	2863.28
J1	28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	1707.60			090	N	4842.62
J1	28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	2515.20			090	N	4746.72
J1	28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	3652.80			090	Y	4841.89
J1	28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	1472.40			090	N	5750.58
J1	28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	1536.00			090	N	5669.45
J1	28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	1300.80			090	N	5738.86
J1	28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	1347.60			090	N	3545.65
J1	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	1848.00			090	N	5693.74
J1	28062	FASCIECTOMY PLANTAR FASCIA RADICAL SPX	2024.40			090	N	5599.17
J1	28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	1856.40			090	N	12740.69
J1	28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	1743.60			090	N	5588.03
J1	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	1887.60			090	N	2833.22
J1	28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	1910.40			090	Y	5671.47
J1	28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	1618.80			090	N	5784.56
J1	28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	1647.60			090	N	2833.50
J1	28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	1484.40			090	N	2835.92
J1	28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	2188.80			090	Y	5692.44
J1	28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/IILIAC/AGRFT	2186.40			090	Y	11669.82
J1	28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	1366.80			090	Y	11393.79
J1	28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	1860.00			090	Y	5735.97
J1	28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/IILIAC/AGRFT	1501.20			090	Y	11978.16
J1	28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	1785.60			090	Y	11494.22
J1	28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	1539.60			090	N	2831.51
J1	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	1630.80			090	N	5720.35
J1	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	1707.60			090	N	5699.53
J1	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	1716.00			090	N	5723.97
J1	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	2070.00			090	N	5755.06
J1	28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	3784.80			090	Y	5665.98
J1	28116	OSTECTOMY TARSAL COALITION	2742.00			090	N	5721.66
J1	28118	OSTECTOMY CALCANEUS	2143.20			090	Y	5472.77
J1	28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	1866.00			090	N	5625.05
J1	28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	2394.00			090	N	5671.62

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	2094.00			090	Y	5723.54
J1	28124	PARTICAL EXCISION BONE PHALANX TOE	1686.00			090	N	5760.12
J1	28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	1380.00			090	N	5748.12
J1	28130	TALECTOMY ASTRAGALECTOMY	2203.20			090	Y	12115.70
J1	28140	METATARSECTOMY	2052.00			090	N	5712.69
J1	28150	PHALANGECTOMY TOE EACH TOE	1478.40			090	N	5747.11
J1	28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	1444.80			090	N	5758.24
J1	28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	1459.20			090	N	5747.98
J1	28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	3936.00			090	Y	5767.64
J1	28173	RADICAL RESECTION TUMOR METATARSAL	2557.20			090	N	5679.14
J1	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	1648.80			090	N	2845.02
J1	28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	882.00			010	N	902.47
J1	28192	REMOVAL FOREIGN BODY FOOT DEEP	1633.20			090	N	2870.53
J1	28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	1850.40			090	N	2868.02
J1	28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	1764.00			090	N	5570.24
J1	28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	2109.60			090	Y	11910.99
J1	28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	1716.00			090	N	5513.56
J1	28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	2078.40			090	Y	11761.94
J1	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	1596.00			090	N	2731.08
J1	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	1846.80			090	N	5783.41
J1	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	1472.40			090	N	5658.89
J1	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	2212.80			090	N	5686.51
J1	28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	1533.60			090	N	2823.19
J1	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	1342.80			090	N	2844.45
J1	28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	1447.20			090	N	2814.37
J1	28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	2380.80			090	Y	12200.78
J1	28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	1584.00			090	N	5595.26
J1	28250	DIVISION PLANTAR FASCIA & MUSCLE SPX	2060.40			090	Y	5783.41
J1	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	2521.20			090	Y	5710.81
J1	28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	4097.22			090	N	2845.02
J1	28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	4974.00			090	Y	12763.08
J1	28264	CAPSULOTOMY MIDTARSAL	3492.00			090	Y	2845.02
J1	28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	1725.60			090	N	5575.16
J1	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	1360.80			090	N	2845.02
J1	28280	SYNDACTYLIZATION TOES	1813.20			090	N	5717.90
J1	28285	CORRECTION HAMMERTOE	1903.20			090	N	5597.87
J1	28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	1566.00			090	N	5783.12
J1	28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	2144.40			090	N	5736.84
J1	28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	2527.20			090	Y	5699.10
J1	28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	2521.20			090	Y	11193.24
J1	28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	2564.40			090	Y	5664.53
J1	28295	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	3808.80			090	Y	5444.86
J1	28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	3165.60			090	Y	5529.46
J1	28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	3698.40			090	Y	11268.41
J1	28298	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	2961.60			090	Y	11816.63
J1	28299	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	3585.60			090	Y	11761.62
J1	28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	2307.60			090	Y	11648.39
J1	28302	OSTEOTOMY TALUS	2558.40			090	Y	11560.11
J1	28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	2938.80			090	Y	12065.80

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	2406.00			090	Y	11169.25
J1	28306	OSTEOT W/WO LENGH SHRT/CORRJ 1ST METAR	2150.40			090	Y	11839.34
J1	28307	OSTEOT W/WO LENGH SHRT/CORRJ METAR XCP 1ST TOE	2565.42			090	N	11989.03
J1	28308	OSTEOT W/WO LENGH SHRT/CORRJ METAR XCP 1ST EA	2023.20			090	Y	5539.88
J1	28309	OSTEOT W/WO LENGH SHRT/ANGULAR CORRJ METAR MLT	3162.00			090	N	11770.57
J1	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	1933.20			090	N	11885.72
J1	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	1839.60			090	N	5662.80
J1	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	1873.20			090	N	5540.74
J1	28315	SESAMOIDECTOMY FIRST TOE SPX	1705.20			090	N	5747.11
J1	28320	REPAIR NONUNION/MALUNION TARSAL BONES	2164.80			090	Y	22513.03
J1	28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	2790.00			090	Y	11541.24
J1	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	2004.00			090	N	5710.81
J1	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	2322.00			090	N	5710.81
J1	28344	RECONSTRUCTION TOE POLYDACTYLY	1482.00			090	N	5784.56
J1	28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	1814.40			090	N	2845.02
J1	28360	RECONSTRUCTION CLEFT FOOT	3916.80			090	Y	12031.89
	28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	886.80			090	N	298.91
	28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	1394.40			090	N	298.91
J1	28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	2022.00			090	N	12160.47
J1	28415	OPEN TREATMENT CALCANEAL FRACTURE	4014.00			090	Y	11573.55
J1	28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	4638.00			090	Y	22716.41
	28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	862.80			090	N	298.91
J1	28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	1329.60			090	N	2845.02
J1	28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	1786.80			090	N	11800.32
J1	28445	OPEN TREATMENT TALUS FRACTURE	3633.60			090	Y	11644.23
J1	28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	4358.40			090	Y	11507.02
	28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	757.20			090	N	298.91
J1	28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	1039.20			090	N	2845.02
J1	28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	1276.50			090	N	11602.33
J1	28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	2266.80			090	N	11546.68
	28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	781.20			090	N	298.91
	28475	CLTX METAR FX W/MANJ	912.00			090	N	298.91
J1	28476	PRQ SKEL FIXJ METAR FX W/MANJ	1394.40			090	N	5530.62
J1	28485	OPEN TREATMENT METATARSAL FRACTURE EACH	1998.00			090	N	11687.09
	28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	504.00			090	N	298.91
	28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ	637.20			090	N	298.91
J1	28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	1608.00			090	N	5729.46
J1	28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	2346.00			090	N	5599.89
	28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	427.20			090	N	298.91
	28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	582.00			090	N	298.91
J1	28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	2023.20			090	N	5639.08
	28530	CLOSED TREATMENT SESAMOID FRACTURE	403.20			090	N	298.91
J1	28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	1182.00			090	N	12744.21
	28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	693.60			090	N	298.91
J1	28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	1111.20			090	N	5710.81
J1	28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	2109.60			090	N	2842.96
J1	28555	OPEN TREATMENT TARSAL BONE DISLOCATION	3062.40			090	Y	11472.47
	28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	841.20			090	N	298.91
J1	28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	1359.60			090	N	5784.56

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	1375.20			090	N	12442.58
J1	28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	3142.80			090	Y	11415.86
	28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	771.60			090	N	298.91
	28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	1227.60			090	N	298.91
J1	28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	1354.80			090	N	5588.03
J1	28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	2946.00			090	Y	11536.12
	28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES	546.00			010	N	298.91
J1	28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	618.00			010	N	2844.52
J1	28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	1118.40			010	N	5476.25
J1	28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	2308.80			090	N	5538.00
	28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	438.00			010	N	298.91
	28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	534.00			010	N	349.86
J1	28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	625.14			010	N	5750.43
J1	28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	2050.80			090	N	5688.97
J1	28705	ARTHRODESIS PANTALAR	4339.20			090	Y	28322.89
J1	28715	ARTHRODESIS TRIPLE	3340.80			090	Y	21827.95
J1	28725	ARTHRODESIS SUBTALAR	2761.20			090	Y	22358.13
J1	28730	ARTHROD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	2599.20			090	Y	21896.59
J1	28735	ARTHROD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	2776.80			090	Y	21780.73
J1	28737	ARTHROD W/TDN LNGTH&ADMNT TARSL NVCLR-CUNEIFOR	2433.60			090	Y	21894.07
J1	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	2944.80			090	Y	11199.32
J1	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	2791.20			090	N	11358.92
J1	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1802.40			090	N	11931.78
J1	28760	ARTHROD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	2745.60			090	Y	11810.56
J1*	28800	AMPUTATION FOOT MIDTARSAL	1873.20			090	Y	5710.81
J1	28805	AMPUTATION FOOT TRANSMETARSAL	2514.00			090	N	5750.14
J1	28810	AMPUTATION METATARSAL W/TOE SINGLE	1504.80			090	N	5757.66
J1	28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	1941.60			000	N	5767.35
J1	28825	AMPUTATION TOE INTERPHALANGEAL JOINT	1858.80			000	N	5770.68
J1	28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	1118.40			090	N	2838.91
	28899	UNLISTED PROCEDURE FOOT/TOES	BR			YYY	N	298.91
	29000	APPLICATION HALO TYPE BODY CAST	1238.40			000	N	349.86
	29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	954.00			000	N	349.86
	29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	1027.20			000	N	349.86
	29035	APPLICATION BODY CAST SHOULDER HIPS	896.40			000	N	349.86
	29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	1022.40			000	N	349.86
	29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	1002.00			000	N	204.89
	29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	1100.40			000	N	349.86
	29049	APPLICATION CAST FIGURE-OF-8	349.20			000	N	349.86
	29055	APPLICATION CAST SHOULDER SPICA	780.00			000	N	349.86
	29058	APPLICATION CAST PLASTER VELPEAU	433.20			000	N	349.86
	29065	APPLICATION CAST SHOULDER HAND LONG ARM	339.60			000	N	349.86
	29075	APPLICATION CAST ELBOW FINGER SHORT ARM	304.80			000	N	349.86
	29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	336.00			000	N	204.89
	29086	APPLICATION CAST FINGER	268.80			000	N	204.89
	29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	286.80			000	N	204.89
	29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	230.40			000	N	163.53
	29126	APPLICATION SHORT ARM SPLINT DYNAMIC	271.20			000	N	163.53
	29130	APPLICATION FINGER SPLINT STATIC	145.20			000	N	163.53

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
29131	APPLICATION FINGER SPLINT DYNAMIC	186.00			000	N	80.73
29200	STRAPPING THORAX	117.60			000	N	204.89
29240	STRAPPING SHOULDER	106.80			000	N	163.53
29260	STRAPPING ELBOW/WRIST	105.60			000	N	80.73
29280	STRAPPING HAND/FINGER	104.40			000	N	80.73
29305	APPLICATION HIP SPICA CAST 1 LEG	865.20			000	N	349.86
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	956.40			000	N	349.86
29345	APPLICATION LONG LEG CAST THIGH-TOE	476.40			000	N	349.86
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	499.20			000	N	349.86
29358	APPLICATION LONG LEG CAST BRACE	561.60			000	N	349.86
29365	APPLICATION CYLINDER CAST THIGH ANKLE	432.00			000	N	349.86
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	279.60			000	N	349.86
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	264.00			000	N	349.86
29435	APPLICATION PATELLAR TENDON BEARING CAST	402.00			000	N	349.86
29440	ADDING WALKER PREVIOUSLY APPLIED CAST	148.80			000	N	204.89
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	452.40			000	N	349.86
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	513.60			000	N	204.89
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	306.00			000	N	204.89
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	249.60			000	N	204.89
29520	STRAPPING HIP	124.80			000	N	163.53
29530	STRAPPING KNEE	106.80			000	N	163.53
29540	STRAPPING ANKLE &/FOOT	98.40			000	N	204.89
29550	STRAPPING TOES	67.20			000	N	80.73
29580	STRAPPING UNNA BOOT	228.00			000	N	204.89
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	319.20			000	N	204.89
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	295.20			000	N	204.89
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	218.40			000	N	349.86
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	222.00			000	N	349.86
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSE JACKET	428.40			000	N	349.86
29720	REPAIR SPICA BODY CAST/JACKET	296.40			000	N	204.89
29730	WINDOWING CAST	224.40			000	N	204.89
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	348.00			000	N	349.86
29750	WEDGING CLUBFOOT CAST	375.60			000	N	349.86
29799	UNLISTED PROCEDURE CASTING/STRAPPING	BR			YYY	N	204.89
J1	29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	1894.80		090	N	5782.68
J1	29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	2211.60		090	Y	5781.09
J1	29805	DIAGNOSTIC ARTHROSCOPY SHOULDER +- SYNOVIAL BX	1675.20		090	N	5741.90
J1	29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY	3772.80		090	N	11931.46
J1	29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION	3680.40		090	N	12141.92
J1	29819	SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB	2097.60		090	N	5762.58
J1	29820	SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY	1917.60		090	Y	12722.78
J1	29821	SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY	2125.20		090	Y	5780.66
J1	29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2	1962.00		090	Y	5754.34
J1	29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+	2133.60		090	Y	5747.11
J1	29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC	2418.00		090	Y	5754.19
J1	29825	SURGICAL ARTHROSCOPY SHOULDER W/LSS&RESCJ ADS	2097.60		090	Y	5767.50
+	29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	612.00		ZZZ	Y	
J1	29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	3805.20		090	Y	11938.50
J1	29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	3266.40		090	Y	12451.22

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	1624.80			090	N	5784.56
J1	29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	1759.20			090	Y	5777.62
J1	29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	1822.80			090	Y	5772.56
J1	29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	2091.60			090	Y	12780.99
J1	29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	1892.40			090	Y	5774.01
J1	29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	2120.40			090	N	5777.91
J1	29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	1610.40			090	N	5784.56
J1	29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	1740.00			090	Y	5710.81
J1	29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	1783.20			090	Y	5701.12
J1	29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	2090.40			090	Y	5773.43
J1	29846	ARTHRS WRST EXC&RPR TRIANG FIBROART&JOINT	1864.80			090	N	5762.29
J1	29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	1945.20			090	Y	12196.94
J1	29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	1824.00			090	N	2841.96
J1	29850	ARTHROSCOPY AID TX SPINE&FX KNEE W/O FIXJ	2227.20			090	N	2834.50
J1	29851	ARTHROSCOPY AID TX SPINE&FX KNEE W/FIXJ	3309.60			090	Y	2817.07
J1	29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2786.40			090	Y	11077.77
J1	29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	3535.20			090	Y	21940.66
J1	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	2293.20			090	Y	12634.50
J1	29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	2560.80			090	Y	12560.29
J1	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	2905.20			090	Y	12585.88
J1	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	2894.40			090	Y	5696.35
J1	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	3747.60			090	N	12338.63
J1	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	4548.00			090	N	22499.80
J1	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	5928.00			090	N	11651.91
J1	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	1981.20			090	N	5658.46
J1	29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	1838.40			090	N	5765.33
J1	29873	ARTHROSCOPY KNEE LATERAL RELEASE	1922.40			090	N	5763.02
J1	29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	1915.20			090	N	5766.77
J1	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	1773.60			090	N	5770.53
J1	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	2331.60			090	N	5770.10
J1	29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	2218.80			090	N	5766.34
J1	29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	2360.40			090	N	5761.14
J1	29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	2007.60			090	N	5773.28
J1	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	1934.40			090	N	5773.28
J1	29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	2456.40			090	N	5535.97
J1	29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	2996.40			090	N	5680.87
J1	29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	2206.80			090	Y	5771.55
J1	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	2698.80			090	Y	11451.68
J1	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	2270.40			090	N	5685.36
J1	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	2686.80			090	Y	12706.46
J1	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	3478.80			090	Y	11571.31
J1	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	4357.20			090	Y	22590.48
J1	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	2384.40			090	Y	5654.99
J1	29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	2262.00			090	Y	11941.06
J1	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	2366.40			090	N	5731.78
J1	29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	1795.20			090	Y	5755.50
J1	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	1664.40			090	Y	5707.48
J1	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	1750.80			090	Y	5686.37
J1	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	1995.60			090	Y	5709.65

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	3613.20			090	Y	11713.96
J1	29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	1800.00			090	N	5784.56
J1	29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	1932.00			090	N	5757.81
J1	29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	2048.40			090	N	2842.96
J1	29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	2280.00			090	Y	5784.56
J1	29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	1809.60			090	Y	11952.25
J1	29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	2340.00			090	Y	5718.91
J1	29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	3126.00			090	Y	22955.05
J1	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	3553.20			090	Y	12414.44
J1	29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	3656.40			090	Y	12362.62
J1	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	3632.40			090	Y	12158.24
	29999	UNLISTED PROCEDURE ARTHROSCOPY	BR			YYY	N	298.91
	30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	942.54			010	N	306.82
	30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	952.20			010	N	655.90
J1	30100	BIOPSY INTRANASAL	512.40			000	N	2762.18
J1	30110	EXCISION NASAL POLYP SIMPLE	898.80			010	N	2763.08
J1	30115	EXCISION NASAL POLYP EXTENSIVE	1692.00			090	N	5544.10
J1	30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	3539.70			090	N	5565.19
J1	30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	2860.80			090	N	5571.48
J1	30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	1818.00			090	N	5569.52
J1	30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	1090.80			090	N	2763.08
J1	30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	2367.60			090	Y	10388.54
J1	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	1513.20			090	N	5560.86
J1	30140	SUBMUCOUS RESEJ INFERIOR TURBINATE PRTL/COMPL	1065.60			000	N	5524.68
J1	30150	RHINECTOMY PARTIAL	2900.40			090	N	10368.54
J1	30160	RHINECTOMY TOTAL	2941.20			090	Y	10357.38
	30200	INJECTION TURBINATE THERAPEUTIC	398.40			000	N	655.90
J1	30210	DISPLACEMENT THERAPY PROETZ TYPE	543.60			010	N	2746.02
J1	30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	1112.40			010	N	2734.76
	30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	725.88			010	N	163.53
J1	30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	752.40			010	N	5578.32
J1	30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	1767.60			090	N	2763.08
J1	30400	RHINP PRIM LAT&ALAR CRTLG&ELVTN NASAL TI	4275.24			090	N	10338.68
J1	30410	RHINP PRIM COMPLETE XTRNL PARTS	4937.64			090	Y	10364.65
J1	30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	5253.60			090	N	10311.93
J1	30430	RHINOPLASTY SECONDARY MINOR REVISION	3759.12			090	Y	10260.24
J1	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	4663.02			090	Y	10247.78
J1	30450	RHINOPLASTY SECONDARY MAJOR REVISION	6197.58			090	Y	10242.06
J1	30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	2982.00			090	Y	10272.97
J1	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	5748.00			090	Y	9864.44
J1	30465	REPAIR NASAL VESTIBULAR STENOSIS	3709.20			090	N	9983.39
J1	30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	9540.00			000	N	9402.15
J1	30520	SEPTOPLASTY/SUBMUCOUS RESEJ W/WO CARTILAGE GRF	2437.20			090	N	5558.07
J1	30540	REPAIR CHOANAL ATRESIA INTRANASAL	2674.80			090	Y	10095.59
J1	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	3630.00			090	Y	10388.54
	30560	LYSIS INTRANASAL SYNECHIA	1098.48			010	N	655.90
J1	30580	REPAIR FISTULA OROMAXILLARY	2199.60			090	N	10266.48
J1	30600	REPAIR FISTULA ORONASAL	1944.00			090	N	10307.77
J1	30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	2455.20			090	N	10355.56

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	30630	REPAIR NASAL SEPTAL PERFORATIONS	2424.00			090	N	5469.08
J1	30801	ABL TJ SOFT TISS INFERIOR TURBINATES UNI/BI SUPFC	795.60			010	N	2755.76
J1	30802	ABL TJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	1006.80			010	N	2747.82
	30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	539.58			000	N	163.53
	30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	850.08			000	N	163.53
	30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	1279.20			000	N	163.53
	30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	1342.80			000	N	306.82
J1	30915	LIGATION ARTERIES ETHMOIDAL	2170.80			090	N	5842.29
J1	30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	3147.60			090	N	5845.95
J1	30930	FRACTURE NASAL INFERIOR TURBinate THERAPEUTIC	417.60			010	N	5494.64
	30999	UNLISTED PROCEDURE NOSE	BR			YYY	N	306.82
	31000	LAVAGE CANNULATION MAXILLARY SINUS	662.40			010	N	306.82
J1	31002	LAVAGE CANNULATION SPHENOID SINUS	698.40			010	N	2472.75
J1	31020	SINUSOTOMY MAXILLARY ANTROSTOMY INTRANASAL	1654.80			090	N	5530.69
J1	31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	2296.80			090	N	10252.45
J1	31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	2134.80			090	N	10296.08
J1	31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	2905.20			090	N	10244.66
J1	31050	SINUSOTOMY SPHENOID W/WO BIOPSY	1872.00			090	N	10309.85
J1	31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	2515.20			090	N	10199.73
J1	31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	1724.40			090	N	9853.53
J1	31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	2994.00			090	Y	10202.85
J1	31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	3938.40			090	Y	10388.54
J1	31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	4215.60			090	Y	10028.58
J1	31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	4364.40			090	Y	9701.86
J1	31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	4495.20			090	Y	9519.28
J1	31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	4248.00			090	Y	9777.44
J1	31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	4033.20			090	Y	10387.24
J1	31090	SINUSOT UNI 3/> PARANSL SINUSES	4026.00			090	N	10088.31
J1	31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	2247.60			090	N	10301.28
J1	31201	ETHMOIDECTOMY INTRANASAL TOTAL	2886.00			090	N	2763.08
J1	31205	ETHMOIDECTOMY EXTRANASAL TOTAL	3358.80			090	Y	5587.96
	31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	6439.20			090	Y	
	31230	MAXILLECTOMY W/ORBITAL EXENTERATION	7168.80			090	Y	
	31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	682.80			000	N	238.73
	31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	988.80			000	N	545.11
J1	31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	1122.00			000	N	3056.00
J1	31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	915.60			000	N	3054.02
J1	31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	894.00			000	N	3053.18
J1	31239	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	2146.80			010	N	6254.72
J1	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	558.00			000	N	3032.09
J1	31241	NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY	1566.00			000	N	3044.85
J1	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	1765.20			000	N	11360.88
J1	31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	1581.60			000	N	11703.75
J1	31255	NASAL/SINUS NDSC W/TOTAL ETHMOIDECTOMY	1143.60			000	N	11624.65
J1	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	632.40			000	N	6232.57
J1	31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	1570.80			000	N	11435.22
J1	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	1663.20			000	N	11566.36
J1	31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	934.80			000	N	11713.56
J1	31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	1332.00			000	N	11373.96

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	710.40			000	N	11683.23
J1	31288	NSL/SINUS NDSC SPHENDT RMYL TISS SPHENOID SINUS	826.80			000	N	11696.02
	31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	4076.40			010	N	1481.24
	31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	4287.60			010	N	
J1	31292	NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN	3544.80			010	N	11838.76
J1	31293	NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN	3829.20			010	N	11876.53
J1	31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	4372.80			010	N	11885.45
J1	31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS	6675.60			000	Y	11157.77
J1	31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	6763.20			000	Y	11042.09
J1	31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	6627.60			000	N	11130.41
J1	31298	NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS	12793.20			000	N	11009.68
	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	BR			YYY	N	306.82
J1	31300	LARYNGOTOMY W/RMYL TUMOR/LARYNGOCELE CORDECTOMY	4482.00			090	Y	5585.03
	31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	7332.00			090	Y	
	31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	9034.80			090	Y	
	31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	7770.00			090	Y	
	31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	8596.80			090	Y	
	31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	7303.20			090	Y	
	31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	6940.80			090	Y	
	31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	6843.60			090	Y	
	31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	7495.20			090	Y	
	31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	9984.00			090	Y	
	31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	10491.60			090	Y	
J1	31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	3628.80			090	Y	10190.64
J1	31420	EPIGLOTTIDECTOMY	2972.40			090	Y	10174.54
	31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	498.00			000	N	306.82
	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	123.60			000	N	306.82
	31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	327.60			000	N	238.73
J1	31510	LARYNGOSCOPY INDIRECT W/BIOPSY	769.20			000	N	6327.16
	31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	760.80			000	N	238.73
J1	31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	772.80			000	N	6299.16
	31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	458.40			000	N	545.11
	31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	769.20			000	N	545.11
	31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	546.00			000	N	545.11
J1	31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	896.40			000	N	3052.49
J1	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	550.80			000	N	3048.90
J1	31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	682.80			000	N	6041.02
J1	31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	504.00			000	N	6107.14
J1	31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	566.40			000	N	6115.04
J1	31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	700.80			000	N	3054.93
J1	31531	LARYNGOSCOPY FOREIGN BODY RMYL MICRO/TELESCOPE	741.60			000	N	6284.61
J1	31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	662.40			000	N	6324.00
J1	31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	739.20			000	N	6324.00
J1	31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	849.60			000	N	6319.57
J1	31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	924.00			000	N	6314.82
J1	31545	LARGSC MICRO/TELESCOPE RMYL LES VOCAL CORD FLAP	1270.80			000	N	6313.08
J1	31546	LARGSC MICRO/TELESCOPE RMYL LES VOCAL CORD GRAFT	1928.40			000	N	11887.23
J1	31551	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	5509.20			090	N	10272.97
J1	31552	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	5323.20			090	N	9921.84

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 31553	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	6031.20			090	N	10272.97
	J1 31554	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	6034.80			090	N	10254.53
	J1 31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	1096.80			000	N	11773.04
	J1 31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	1201.20			000	N	11771.25
	J1 31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	1225.20			000	N	6013.65
	J1 31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	873.60			000	N	6023.62
	J1 31572	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	1918.80			000	N	6320.36
	J1 31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	1029.60			000	N	3031.40
	J1 31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	3499.20			000	N	2951.26
	31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	456.78			000	N	238.73
	J1 31576	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IIES)	964.80			000	N	3054.78
	31577	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	988.80			000	N	545.11
	J1 31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	1099.20			000	N	6309.60
	31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	709.20			000	N	545.11
	J1 31580	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	4615.20			090	N	10265.44
	J1 31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	5080.80			090	N	9764.71
	J1 31587	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	4320.00			090	N	10158.96
	J1 31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	3321.60			090	Y	10223.36
	J1 31591	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	3939.60			090	N	10090.39
	J1 31592	CRICOTRACHEAL RESECTION	6184.80			090	N	9835.35
	31599	UNLISTED PROCEDURE LARYNX	BR			YYY	N	306.82
	J1 31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	1082.40			000	N	5562.82
	J1 31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	1584.00			000	Y	10272.97
	J1 31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	1135.20			000	N	2757.90
	31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	1178.40			000	N	306.82
	J1 31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	3440.40			090	N	10109.87
	J1 31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	1926.00			090	Y	5506.66
	J1 31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	329.82			000	N	5453.99
	J1 31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	1534.80			090	N	5548.85
	J1 31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	2556.00			090	N	10363.35
	31615	TRACHEOBRNCHSC THRU EST TRACHS INC	619.20			000	N	655.90
	J1 31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	889.20			000	N	3052.79
	J1 31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	999.60			000	N	3053.56
	J1 31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	921.60			000	N	3054.86
	J1 31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	1278.00			000	N	3053.40
	J1 31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	2941.20			000	N	11558.93
+	31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	4538.40			ZZZ	N	
	J1 31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	1357.20			000	N	6317.04
	J1 31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	1665.60			000	N	6304.38
	J1 31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	694.80			000	N	6142.88
	J1 31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	793.20			000	N	11020.68
+	31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	230.40			ZZZ	N	
+	31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	285.60			ZZZ	N	
	J1 31634	BRONCHOSCOPY BALLOON OCCLUSION	5928.00			000	Y	11573.20
	J1 31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	1056.00			000	N	3048.13
	J1 31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	762.00			000	N	10566.59
+	31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	270.00			ZZZ	N	
	J1 31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	866.40			000	N	11519.68
	J1 31640	BRONCHOSCOPY W/EXCISION TUMOR	872.40			000	N	6297.74

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	896.40			000	N	6279.87
	J1 31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	614.40			000	N	3016.35
	J1 31645	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	984.00			000	N	3052.87
	31646	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	496.80			000	N	545.11
	J1 31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	732.00			000	N	10601.39
	J1 31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	696.00			000	N	6305.97
+	31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	235.20			ZZZ	N	2169.76
+	31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	266.40			ZZZ	N	
	J1 31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	3783.96			000	N	6316.09
	J1 31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	3964.74			000	N	6318.62
+	31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	435.60			ZZZ	N	
	J1 31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	688.80			000	N	10219.85
	J1 31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	722.40			000	N	10237.70
	31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	1062.00			000	N	545.11
	31720	CATHETER ASPIRATION NASOTRACHEAL SPX	197.34			000	N	272.60
	31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	278.40			000	N	
	J1 31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	4108.80			000	N	2995.19
	J1 31750	TRACHEOPLASTY CERVICAL	4884.00			090	Y	10253.23
	J1 31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	6231.60			090	Y	10388.54
	31760	TRACHEOPLASTY INTRATHORACIC	4855.20			090	Y	
	31766	CARINAL RECONSTRUCTION	6259.20			090	Y	
	31770	BRONCHOPLASTY GRAFT REPAIR	4682.40			090	Y	
	31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	4933.20			090	Y	
	31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	4189.20			090	Y	
	31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	5097.60			090	Y	
	J1 31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	3816.00			090	Y	10339.20
	31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	5085.60			090	Y	
	31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL	2553.60			090	N	
	31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	2895.60			090	Y	
	J1 31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	1602.00			090	N	5585.45
	J1 31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	2194.80			090	N	5582.10
	J1 31830	REVISION TRACHEOSTOMY SCAR	1760.88			090	N	5584.47
	31899	UNLISTED PROCEDURE TRACHEA BRONCHI	BR			YYY	N	238.73
	32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	2606.40			090	Y	
	32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	2806.80			090	Y	
	32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	2822.40			090	Y	
	32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	2828.40			090	Y	
	32098	THORACOTOMY W/BIOPSY OF PLEURA	2679.60			090	Y	
	32100	THORACOTOMY WITH EXPLORATION	2860.80			090	Y	
	32110	THORCOM CTRL TRAUMTC HEMRRG&RPR LNG TEAR	5206.80			090	Y	
	32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	3084.00			090	Y	
	32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	3271.20			090	Y	
	32140	THORCOM W/REMOVAL OF CYST	3496.80			090	Y	
	32141	THORACOTOMY W/RESECTION BULLAE	5365.20			090	Y	
	32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	3571.20			090	Y	
	32151	THORCOM W/RMVL IPUL FB	3547.20			090	Y	
	32160	THORACOTOMY W/CARDIAC MASSAGE	2815.20			090	Y	2820.51
	32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	4024.80			090	Y	
	32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	2823.60			090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	5638.80			090	Y	
	32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	3526.80			090	Y	
	32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	3249.60			090	Y	
	32320	DECORTICATION & PARIETAL PLEURECTOMY	5666.40			090	Y	
J1	32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	597.60			000	N	2869.82
J1	32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	3182.40			000	N	2852.43
	32440	REMOVAL OF LUNG PNEUMONECTOMY	5542.80			090	Y	
	32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	10748.40			090	Y	
	32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	12421.20			090	Y	
	32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	5226.00			090	Y	
	32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	5592.00			090	Y	
	32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	5061.60			090	Y	
	32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	8240.40			090	Y	
	32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	8420.40			090	Y	
	32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	5194.80			090	Y	
+	32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	852.00			ZZZ	Y	
	32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	6324.00			090	Y	
	32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	7202.40			090	Y	
	32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	3289.20			090	Y	
+	32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	550.80			ZZZ	Y	
+	32507	THORACOTOMY W/DX WEDGE RESEXN & AN TOM LUNG RESE	550.80			ZZZ	Y	
	32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	6094.80			090	Y	
J1	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	2938.02			000	N	6078.56
J1	32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	553.20			000	N	2853.15
	32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	650.40			010	N	783.90
	32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	1870.80			000	Y	1831.33
	32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	829.38			000	N	783.90
	32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	1159.20			000	N	783.90
J1	32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	2402.58			000	N	3244.05
J1	32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	2214.90			000	N	2753.84
	32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	950.40			000	N	783.90
	32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	337.20			000	Y	783.90
	32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	298.80			000	Y	783.90
J1	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	1083.60			000	N	10224.54
J1	32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	1683.60			000	N	10335.38
J1	32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	1624.80			000	N	10293.52
J1	32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	1082.40			000	N	10218.08
J1	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	1332.00			000	N	10262.78
J1	32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	900.00			000	N	10155.81
	32650	THORACOSCOPY W/PLEURODESIS	2359.20			090	Y	
	32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	3865.20			090	Y	
	32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	5859.60			090	Y	
	32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	3740.40			090	Y	
	32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	4107.60			090	Y	
	32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	3375.60			090	Y	
	32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	2841.60			090	Y	
	32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	2524.80			090	Y	
	32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	2586.00			090	Y	
	32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	2821.20			090	Y	

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	3153.60			090	Y	
	32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	4930.80			090	Y	
	32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	2994.00			090	Y	6001.43
	32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	4340.40			090	Y	
	32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	3072.00			090	Y	4923.02
+	32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	552.00			ZZZ	Y	2724.03
+	32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	553.20			ZZZ	Y	
	32669	THORACOSCOPY W/SEGMENTECTOMY	4731.60			090	Y	
	32670	THORACOSCOPY W/BILOBECTOMY	5653.20			090	Y	
	32671	THORACOSCOPY W/PNEUMONECTOMY	6240.00			090	Y	
	32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	5353.20			090	Y	
	32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	4284.00			090	Y	
+	32674	THORACOSCOPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	756.00			ZZZ	Y	
	32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	750.00	750.00	BR	XXX	N	
	32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	3337.20			090	Y	
	32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	3182.40			090	Y	
	32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	9871.20			090	Y	
	32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	4699.20			090	Y	
	32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR	6495.66			XXX	N	
	32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	11515.20			090	Y	
	32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	12482.40			090	Y	
	32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	16082.40			090	Y	
	32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	17048.40			090	Y	
	32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	2667.60			XXX	Y	
	32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	3105.60			XXX	Y	
	32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	4995.60			090	Y	
	32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	4704.00			090	Y	
	32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	5803.20			090	Y	
	32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	4348.80			090	Y	
	32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	447.60			000	N	783.90
J1	32994	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	19141.20			000	Y	9444.73
	32997	TOTAL LUNG LAVAGE UNILATERAL	1194.00			000	N	
J1	32998	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	12074.40			000	Y	9995.87
	32999	UNLISTED PROCEDURE LUNGS & PLEURA	BR			YYY	N	783.90
J1	33016	PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	828.00			000	N	2753.55
	33017	PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	866.40			000	N	
	33018	PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN CAR ANOMALY	1023.60			000	N	
	33019	PERQ PERICARDIAL DRG W/INSJ NDWELLG CATH W/CT	757.20			000	N	
	33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	3045.60			090	Y	
	33025	CRTJ PERICARDIAL WINDOW/PRTL RESEJ W/DRG/BX	2762.40			090	Y	
	33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	7050.00			090	Y	
	33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	8713.20			090	Y	
	33050	RESECTION PERICARDIAL CYST/TUMOR	3549.60			090	Y	
	33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	7365.60			090	Y	
	33130	RESECTION EXTERNAL CARDIAC TUMOR	4819.20			090	Y	
	33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	5487.60			090	Y	
+	33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	463.20			ZZZ	Y	
	33202	INSERTION EPICARDIAL ELECTRODE OPEN	2721.60			090	N	
	33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	2851.20			090	N	

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	1620.00			090	N	18108.60
	J1 33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	1700.40			090	N	18078.33
	J1 33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	1844.40			090	N	17899.93
	J1 33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	571.20			000	N	15967.74
	J1 33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	597.60			000	N	15287.40
	J1 33212	INS PM PLS GEN W/EXIST SINGLE LEAD	1147.20			090	N	14209.19
	J1 33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	1196.40			090	N	17876.57
	J1 33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	1702.80			090	N	18036.39
	J1 33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	1100.40			090	N	5662.05
	J1 33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1323.60			090	N	15119.92
	J1 33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1311.60			090	N	14521.66
		33218 RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	1384.80			090	N	4993.88
		33220 RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	1359.60			090	N	4993.88
	J1 33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	1284.00			090	N	31844.61
		33222 RELOCATION OF SKIN POCKET FOR PACEMAKER	1219.20			090	N	2483.95
		33223 RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	1458.00			090	N	2483.95
	J1 33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1820.40			000	N	18396.38
+		33225 INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	1653.60			ZZZ	N	
	J1 33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	1744.80			000	N	5417.78
	J1 33227	REMLV PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	1207.20			090	N	14165.03
	J1 33228	REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	1263.60			090	N	17993.91
	J1 33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	1334.40			090	N	31807.52
	J1 33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	1366.80			090	N	38382.00
	J1 33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	1419.60			090	N	55436.47
		33233 REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	831.60			090	N	11831.97
		33234 RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	1724.40			090	N	4993.88
		33235 RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	2266.80			090	N	4993.88
		33236 RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	2772.00			090	N	
		33237 RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	2973.60			090	N	
		33238 RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	3354.00			090	N	
	J1 33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	1304.40			090	N	38188.88
		33241 REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	766.80			090	N	4993.88
		33243 RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	4849.20			090	Y	
		33244 RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	3081.60			090	N	4993.88
	J1 33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	3256.80			090	N	54587.73
		33250 ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	5133.60			090	Y	
		33251 ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	5732.40			090	Y	
		33254 ABLATION & RECONSTRUCTION ATRIA LIMITED	4802.40			090	Y	
		33255 ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	5732.40			090	Y	
		33256 ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	6792.00			090	Y	
+		33257 ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	2052.00			ZZZ	Y	
+		33258 ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	2292.00			ZZZ	Y	
+		33259 ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	2983.20			ZZZ	Y	
		33261 OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	5680.80			090	Y	
	J1 33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	1329.60			090	N	38573.94
	J1 33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	1382.40			090	N	38360.80
	J1 33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	1440.00			090	N	54470.32
		33265 NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	4797.60			090	Y	
		33266 NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	6484.80			090	Y	

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	3692.40			090	Y	
+	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	460.80			ZZZ	Y	
	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	2920.80			090	Y	
J1	33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	2001.60			090	N	54290.84
J1	33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1605.60			090	N	14002.13
	33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1234.80			090	N	4993.88
	33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	1416.00			090	N	4993.88
J1	33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	1711.20			090	N	27414.00
J1	33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	1812.00			090	N	4604.72
J1	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	17528.40			000	N	13582.18
	33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	478.80			000	N	902.47
J1	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	1179.60			000	N	46835.51
	33300	REPAIR CARDIAC WOUND W/O BYPASS	8600.40			090	Y	
	33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	14378.40			090	Y	
	33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	4126.80			090	Y	
	33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	6754.80			090	Y	
	33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	3721.20			090	Y	
	33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	4194.00			090	Y	
	33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	4900.80			090	Y	
	33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	5023.20			090	Y	
	33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	6584.40			090	Y	
	33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	2775.60			000	N	
	33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	4737.60			000	N	
	33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	5172.00			000	N	
	33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	5356.80			000	N	
	33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	5536.80			000	N	
	33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	6219.60			000	N	
	33366	TRANSCATHETER TRANSAPICAL REPLACMT AORTIC VALVE	6723.60			000	N	
+	33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH	2194.80			ZZZ	N	
+	33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	2608.80			ZZZ	N	
+	33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	3441.60			ZZZ	N	
+	33370	TRANSCATHETER PLACEMENT&SBSQ REMOVAL CEPD PERQ	468.00			ZZZ	N	
	33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	6789.60			090	Y	
	33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	8072.40			090	Y	
	33404	CONSTRUCTION APICAL-AORTIC CONDUIT	6163.20			090	Y	
	33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	7993.20			090	Y	
	33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	10117.20			090	Y	
	33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	8941.20			090	Y	
	33411	RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS	11802.00			090	Y	
	33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	11076.00			090	Y	
	33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	11348.40			090	Y	
	33414	RPR VENTR O/F TRC OBSTRCTJ PATCH ENLGMT O/F TRC	7554.00			090	Y	
	33415	RESECTION/INCISION SUBVALVULAR TISSUE	7140.00			090	Y	
	33416	VENTRICULOMYOTOMY-MYECTOMY	7122.00			090	Y	
	33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	5876.40			090	Y	
	33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	6339.60			090	Y	
+	33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	1492.80			ZZZ	Y	
	33420	VALVOTOMY MITRAL VALVE CLOSED HEART	5115.60			090	N	
	33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	5864.40			090	Y	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	9612.00			090	Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	8382.00			090	Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	8578.80			090	Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	9862.80			090	Y	
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	11984.40			090	Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	8448.00			090	Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	10804.80			090	Y	
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	8577.60			090	Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	9686.40			090	Y	
33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	8616.00			090	Y	
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	4669.20			090	Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	7670.40			090	Y	
33475	REPLACEMENT PULMONARY VALVE	8170.80			090	Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	5368.80			090	Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	4773.60			000	N	
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	5545.20			090	Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	5870.40			090	Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	5503.20			090	Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	3939.60			090	Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	4508.40			090	Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	4682.40			090	N	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	5172.00			090	Y	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	7244.40			090	Y	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	7216.80			090	Y	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	6055.20			090	Y	
+	33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	57.60		ZZZ	Y	
⊖	33509	ENDOSCOPIC HARVEST UXTR ARTERY 1 SEGMENT CAB PX	608.40		ZZZ	Y	
	33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	6813.60		090	Y	
	33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	7479.60		090	Y	
	33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	8528.40		090	Y	
	33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	8732.40		090	Y	
	33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	9188.40		090	Y	
	33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	9514.80		090	Y	
+	33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	660.00		ZZZ	Y	
+	33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	1443.60		ZZZ	Y	
+	33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	1912.80		ZZZ	Y	
+	33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	2293.20		ZZZ	Y	
+	33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	2574.00		ZZZ	Y	
+	33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN	2912.40		ZZZ	Y	
+	33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	1844.40		ZZZ	Y	
	33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	6592.80		090	Y	
	33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	7738.80		090	Y	
	33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	8614.80		090	Y	
	33536	CABG W/ARTERIAL GRAFT FOUR>ARTERIAL GRAFTS	9278.40		090	Y	
	33542	MYOCARDIAL RESECTION	9210.00		090	Y	
	33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	10801.20		090	Y	
	33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	10459.20		090	Y	
+	33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	808.80		ZZZ	Y	
	33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	6055.20		090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	5878.80			090	Y	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	6264.00			090	Y	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	6342.00			090	Y	
33610	RPR CAR ANOMAL SURG ENLGMNT VENTR SEPTL DFCT	6255.60			090	Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	6860.40			090	Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTR CJ	7041.60			090	Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	7034.40			090	Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	7615.20			090	Y	
33619	RPR 1 VNTRC W/O/F OBSTR CJ&AORTIC ARCH HYPOPLAS	9674.40			090	Y	
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	5799.60			090	Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	3276.00			090	Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	12054.00			090	Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	5767.20			090	Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	6093.60			090	Y	
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	6391.20			090	Y	
33660	RPR INCLPT/PRTL AV CANAL W/WO AV VALVE RPR	6176.40			090	Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	6728.40			090	Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	6933.60			090	Y	
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	6931.20			090	Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	7114.80			090	Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	7388.40			090	Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	6498.00			090	Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	6640.80			090	Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	6622.80			090	Y	
33690	BANDING PULMONARY ARTERY	4239.60			090	Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	6877.20			090	Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	6860.40			090	Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	7225.20			090	Y	
33702	RPR SINUS VALSALVA FISTULA	5452.80			090	Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	7214.40			090	Y	
33720	RPR SINUS VALSALVA ANEURYSM	5457.60			090	Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	5412.00			090	Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	7144.80			090	Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	7063.20			090	Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	5809.20			090	Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	4576.80			090	Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	4965.60			090	Y	
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	4580.40			090	Y	
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD	2653.20			000	Y	
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT	3788.40			000	Y	
+	33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL	1514.40		ZZZ	Y	
	33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	4455.60		090	Y	
	33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	4648.80		090	Y	
	33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	4522.80		090	Y	
	33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	4648.80		090	Y	
	33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	4699.20		090	Y	
	33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	5017.20		090	Y	
+	33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	1461.60		ZZZ	Y	
	33770	RPR TRPOS GREAT VLSL W/O ENLGMNT V-SEPTL DFCT	7438.80		090	Y	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	7652.40			090	Y	
33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	6340.80			090	Y	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	6532.80			090	Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	6906.00			090	Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	6663.60			090	Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	8270.40			090	Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	8169.60			090	Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	8322.00			090	Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	8124.00			090	Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	11340.00			090	Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	12250.80			090	Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	8011.20			090	Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	5403.60			090	Y	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	3475.20			090	Y	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	3831.60			090	Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	4064.40			090	Y	
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	4377.60			090	Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	5373.60			090	Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	3411.60			090	Y	
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	3600.00			090	Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	4167.60			090	Y	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	4375.20			090	Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	4708.80			090	Y	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	4491.60			090	Y	
33852	RPR HYOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	4938.00			090	Y	
33853	RPR HYOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	6458.40			090	Y	
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	11938.80			090	Y	
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	8580.00			090	Y	
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	11065.20			090	Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	11322.00			090	Y	
+	33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	3582.00		ZZZ	N	
	33871	TRANSVRS A-ARCH GRF W/CARD BYP PRFD HYPOTHERMIA	11458.80		090	Y	
	33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	9585.60		090	Y	
	33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	12709.20		090	Y	
	33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	6294.00		090	Y	
	33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	5395.20		090	Y	
	33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	3909.60		090	Y	
+	33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	1386.00		ZZZ	Y	
	33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	3387.60		090	Y	
	33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	2790.00		000	Y	
	33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	3381.60		000	Y	
	33894	EVASC ST RPR COARCJ THRC/AA ACRS MAJ SIDE BRNCH	3417.60		000	N	
	33895	EVASC ST RPR COARCJ THRC/AA XCRSG MAJ SIDE BRNCH	2719.20		000	N	
	33897	PERQ TRANSLUMINAL ANGIOPLASTY NATIVE/RECR COA	2024.40		000	N	
	33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	9259.20		090	Y	
	33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	4855.20		090	Y	
	33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	14780.40		090	Y	
	33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	5142.00		090	Y	
	33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	6375.60		090	Y	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	4900.80			090	Y	
+	33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	1000.80			ZZZ	Y	
	33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	6038.40			090	Y	
	33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	8490.00			090	Y	
	33927	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	8949.60			XXX	Y	
	33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	BR			XXX	Y	
+	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	BR			ZZZ	Y	
	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	BR			XXX	N	
	33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	1676.40			XXX	Y	
	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	17353.20			090	Y	
	33940	DONOR CARDIECTOMY	BR			XXX	N	
	33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	1938.00			XXX	Y	
	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	17098.80			090	Y	
	33946	ECMO/ECLS INITIATION VENO-VENOUS	1089.60			XXX	N	
	33947	ECMO/ECLS INITIATION VENO-ARTERIAL	1204.80			XXX	N	
	33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	837.60			XXX	N	
	33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	812.40			XXX	N	
	33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	1489.20			000	N	
	33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	1503.60			000	N	
	33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	1665.60			000	N	
	33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	1678.80			000	N	
	33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	2911.20			000	N	
	33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	2932.80			000	N	
	33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	649.20			000	N	
	33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	649.20			000	N	
	33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	822.00			000	N	
	33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	822.00			000	N	
	33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	1642.80			000	N	
	33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	1732.80			000	N	
	33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	649.20			000	N	
	33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	830.40			000	N	
	33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	910.80			000	N	2371.93
	33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	117.60			000	N	
	33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	957.60			000	N	
	33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	1245.60			000	Y	
	33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	2499.60			090	N	
	33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	1803.60			000	Y	
	33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	3145.20			090	N	
	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	4573.20			XXX	Y	
	33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	5568.00			XXX	Y	
	33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	3934.80			XXX	Y	
	33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	4675.20			XXX	Y	
	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6829.20			XXX	Y	
	33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6247.20			XXX	Y	
	33981	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	2918.40			XXX	Y	
	33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	6858.00			XXX	Y	
	33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	8103.60			XXX	Y	
	33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	997.20			000	N	
	33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	1803.60			000	N	

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	33986	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	1838.40			000	N	
+	33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	733.20			ZZZ	N	
	33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	2730.00			000	N	
	33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	1732.80			000	N	
	33990	INSJ PERQ VAD W/RS&I L HRT ARTERIAL ACCESS ONLY	1488.00			000	Y	5211.37
	33991	INSJ PERQ VAD W/RS&I L HRT ARTERIAL&VEN ACCESS	2182.80			000	Y	
	33992	REMOVAL PERQ LEFT HRT VAD ARTL/ARTL&VEN SEP INSJ	696.00			000	Y	
	33993	REPOSITIONING PERQ R/L VAD W/IMG GDN SEP INSJ	610.80			000	Y	
	33995	INSJ PERQ VAD W/RS&I R HEART VENOUS ACCESS ONLY	1270.80			000	Y	
	33997	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ	565.20			000	Y	
	33999	UNLISTED PROCEDURE CARDIAC SURGERY	BR			YYY	Y	783.90
	34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	3344.40			090	Y	
	34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	3510.00			090	Y	
J1	34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	2104.80			090	Y	9607.30
J1	34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	2115.60			090	Y	9589.28
	34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAIC ART	4897.20			090	Y	
J1	34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAIC ART	3600.00			090	Y	9304.37
J1	34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	3340.80			090	Y	9290.00
	34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN AB DL INC	5227.20			090	Y	
J1	34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	2560.80			090	Y	5578.58
	34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN AB DL&LEG	5048.40			090	Y	
	34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	3796.80			090	N	783.90
J1	34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	2298.00			090	N	5823.87
J1	34501	VALVULOPLASTY FEMORAL VEIN	3145.20			090	Y	9347.71
	34502	RECONSTRUCTION VENA CAVA ANY METHOD	5430.00			090	Y	
J1	34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	3592.80			090	Y	9598.53
J1	34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	3480.00			090	Y	9193.33
J1	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	3315.60			090	Y	5578.58
	34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	4362.00			090	Y	
	34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	6498.00			090	Y	
	34703	EVASC RPR DPLMNT AORTO-UN-ILIAIC NDGFT	4843.20			090	Y	
	34704	EVASC RPR DPLMNT AORTO-UN-ILIAIC NDGFT RPT	8071.20			090	Y	
	34705	EVASC RPR DPLMNT AORTO-BH-ILIAIC NDGFT	5368.80			090	Y	
	34706	EVASC RPR DPLMNT AORTO-BH-ILIAIC NDGFT RPT	8025.60			090	Y	
	34707	EVASC RPR DPLMNT ILIO-ILIAIC NDGFT	4068.00			090	Y	
	34708	EVASC RPR DPLMNT ILIO-ILIAIC NDGFT RPT	6493.20			090	Y	
+	34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	1131.60			ZZZ	Y	
	34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	2796.00			090	Y	
+	34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	1039.20			ZZZ	Y	
	34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	2382.00			090	Y	
+	34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	447.60			ZZZ	Y	
+	34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	945.60			ZZZ	Y	
+	34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	1054.80			ZZZ	Y	
+	34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	1304.40			ZZZ	Y	
+	34717	EVASC RPR ILIAC ART TM OF A-ILIAIC ART NDGFT UNI	1562.40			ZZZ	Y	
	34718	EVASC RPR ILIAC ART N/A A-ILIAIC ART NDGFT UNI	4342.80			090	Y	
+	34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	733.20			ZZZ	Y	
+	34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	723.60			ZZZ	Y	
+	34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	829.20			ZZZ	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	1210.80			ZZZ	Y	
	34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	6193.20			090	Y	
	34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBILIAC PROSTH	6766.80			090	Y	
	34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	6658.80			090	Y	
+	34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	1406.40			ZZZ	Y	
+	34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	453.60			ZZZ	Y	
	34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	BR			YYY	N	
	34841	ENDOASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	BR			YYY	Y	
	34842	ENDOASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	BR			YYY	Y	
	34843	ENDOASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	BR			YYY	Y	
	34844	ENDOASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	11479.20			YYY	Y	
	34845	VISCER AND INFREARENAL ABDOM AORTA 1 PROSTHESIS	8288.40			YYY	Y	
	34846	VISCER AND INFREARENAL ABDOM AORTA 2 PROSTHESIS	9472.80			YYY	Y	
	34847	VISCER AND INFREARENAL ABDOM AORTA 3 PROSTHESIS	16011.60			YYY	Y	
	34848	VISCER AND INFREARENAL ABDOM AORTA 4+ PROSTHESIS	27577.20			YYY	Y	
	35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	3966.00			090	Y	
	35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	4002.00			090	Y	
	35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	3507.60			090	Y	
J1	35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	3559.20			090	Y	9609.98
	35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	4448.40			090	Y	
	35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	4448.40			090	Y	
	35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	5089.20			090	Y	
J1	35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	3433.20			090	Y	9691.80
	35081	DIR RPR ANEURYSM ABDOMINAL AORTA	6082.80			090	Y	
	35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	7626.00			090	Y	
	35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	6289.20			090	Y	
	35092	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/VISCERA VLS	9162.00			090	Y	
	35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	6597.60			090	Y	
	35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VLS	7798.80			090	Y	
	35111	DIR RPR ANEURYSM SPLENIC ARTERY	4671.60			090	Y	
	35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	5740.80			090	Y	
	35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	5796.00			090	Y	
	35122	DIR RPR RUPTD ANEURYSM HEPATIC/CELIAC/RENAL/MESEN	6642.00			090	Y	
	35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	4826.40			090	Y	
	35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	5740.80			090	Y	
	35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	3860.40			090	Y	
	35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	4654.80			090	Y	
	35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	4352.40			090	Y	
	35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	4911.60			090	Y	
J1	35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	3052.80			090	Y	2872.32
	35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	6313.20			090	Y	
J1	35184	RPR CONGENITAL AV FISTULA EXTREMITIES	3394.80			090	Y	5807.06
J1	35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	4572.00			090	Y	9491.15
	35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	5302.80			090	Y	
J1	35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	2706.00			090	Y	9587.82
J1	35201	REPAIR BLOOD VESSEL DIRECT NECK	3321.60			090	Y	9588.06
J1	35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	2767.20			090	Y	5824.17
J1	35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	2682.00			090	N	5790.11
	35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	4924.80			090	Y	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	7366.80			090	Y	
	35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	5212.80			090	Y	
	35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	2935.20			090	Y	902.47
J1	35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	4396.80			090	Y	5847.26
J1	35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	3529.20			090	Y	9630.43
	35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	5066.40			090	Y	
	35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	5512.80			090	Y	
	35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	6126.00			090	Y	
J1	35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	3583.20			090	Y	9686.93
J1	35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	3447.60			090	Y	5578.58
J1	35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	3044.40			090	Y	9467.77
	35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	4876.80			090	Y	
	35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	5145.60			090	Y	
	35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	5713.20			090	Y	
J1	35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	3288.00			090	Y	9443.90
	35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	3978.00			090	Y	7174.27
	35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	3945.60			090	Y	
	35303	TEAEC W/GRAFT POPLITEAL ARTERY	4340.40			090	Y	
	35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	4484.40			090	Y	
	35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	4314.00			090	Y	
+	35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	1563.60			ZZZ	Y	
	35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	5484.00			090	Y	
J1	35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	3145.20			090	Y	9592.45
	35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	5103.60			090	Y	
	35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	4872.00			090	Y	
	35351	TEAEC W/WO PATCH GRAFT ILIAC	4531.20			090	Y	
	35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	3621.60			090	Y	
	35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	5348.40			090	Y	
	35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	5707.20			090	Y	
	35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	2870.40			090	Y	
J1*	35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	3427.20			090	Y	9347.71
+	35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	556.80			ZZZ	Y	
+	35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	519.60			ZZZ	N	
+	35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	1117.20			ZZZ	Y	
	35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	5200.80			090	Y	
	35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	4477.20			090	Y	
	35508	BYPASS W/VEIN CAROTID-VERTEBRAL	4664.40			090	Y	
	35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	4962.00			090	Y	
	35510	BYPASS W/VEIN CAROTID-BRACHIAL	4321.20			090	Y	
	35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	3937.20			090	Y	
	35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	4234.80			090	Y	
	35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	4664.40			090	Y	
	35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	4287.60			090	Y	
	35518	BYPASS W/VEIN AXILLARY-AXILLARY	4012.80			090	Y	
	35521	BYPASS W/VEIN AXILLARY-FEMORAL	4317.60			090	Y	
	35522	BYPASS W/VEIN AXILLARY-BRACHIAL	4196.40			090	Y	
	35523	BYPASS W/VEIN BRACHIAL-ULNAR/RADIAL	4510.80			090	Y	
	35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	3988.80			090	Y	
	35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	6099.60			090	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	6850.80			090	Y	
	35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	5295.60			090	Y	
	35535	BYPASS W/VEIN HEPATORENAL	6685.20			090	Y	
	35536	BYPASS W/VEIN SPLENORENAL	5940.00			090	Y	
	35537	BYPASS W/VEIN AORTOILIAC	7320.00			090	Y	
	35538	BYPASS W/VEIN AORTOBI-ILIAC	8202.00			090	Y	
	35539	BYPASS W/VEIN AORTOFEMORAL	7698.00			090	Y	
	35540	BYPASS W/VEIN AORTOBIFEMORAL	8580.00			090	N	
	35556	BYPASS W/VEIN FEMORAL-POPLITEAL	4914.00			090	Y	
	35558	BYPASS W/VEIN FEMORAL-FEMORAL	4334.40			090	Y	
	35560	BYPASS W/VEIN AORTORENAL	5991.60			090	Y	
	35563	BYPASS W/VEIN ILIOILIAC	4652.40			090	Y	
	35565	BYPASS W/VEIN ILIOFEMORAL	4610.40			090	Y	
	35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	5860.80			090	Y	
	35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	5247.60			090	Y	
	35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	4662.00			090	Y	
+	35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	1207.20			ZZZ	Y	
	35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	5062.80			090	Y	
	35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	5872.80			090	Y	
	35587	IN-SITU VEIN BYPOP-TIBL PRONEAL	4761.60			090	Y	
⊖	35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	891.60			ZZZ	Y	
	35601	BYP OTH/THN VEIN COMMON-IPSI LATERAL CAROTID	4933.20			090	Y	
	35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	4120.80			090	Y	
	35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	3675.60			090	Y	
	35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	3870.00			090	Y	
	35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	3861.60			090	Y	
	35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/TIBIAL	4621.20			090	Y	
	35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	5625.60			090	Y	
	35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORN L	6493.20			090	Y	
	35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	6348.00			090	Y	
	35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENERIC	6962.40			090	Y	
	35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	6212.40			090	Y	
	35636	BYP OTH/THN VEIN SPLENORENAL	5605.20			090	Y	
	35637	BYP OTH/THN VEIN AORTOILIAC	5827.20			090	Y	
	35638	BYP OTH/THN VEIN AORTOBI-ILIAC	6110.40			090	Y	
	35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	3476.40			090	Y	
	35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	3332.40			090	Y	
	35646	BYP OTH/THN VEIN AORTOBIFEMORAL	6002.40			090	Y	
	35647	BYP OTH/THN VEIN AORTOFEMORAL	5449.20			090	Y	
	35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	3765.60			090	Y	
	35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	4804.80			090	Y	
	35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	3786.00			090	Y	
	35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	3814.80			090	Y	
	35663	BYP OTH/THN VEIN ILIOILIAC	4282.80			090	Y	
	35665	BYP OTH/THN VEIN ILIOFEMORAL	4120.80			090	Y	
	35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	4540.80			090	Y	
	35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/PERONEAL ART	4004.40			090	Y	
+	35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	280.80			ZZZ	Y	
+	35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	1240.80			ZZZ	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	1437.60			ZZZ	N	
+	35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	694.80			ZZZ	Y	
+	35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	566.40			ZZZ	Y	
	35691	TRPOS&RIMPLTJ VERTEBRAL CAROTID ART	3330.00			090	Y	
	35693	TRPOS&RIMPLTJ VERTEBRAL SUBCLAVIAN ART	2940.00			090	Y	
	35694	TRPOS&RIMPLTJ SUBCLAVIAN CAROTID ART	3477.60			090	Y	
	35695	TRPOS&RIMPLTJ CAROTID SUBCLAVIAN ART	3608.40			090	Y	
+	35697	RIMPLTJ VISC ART INFRANL AORTIC PROSTH EA ART	516.00			ZZZ	Y	
+	35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	532.80			ZZZ	Y	
	35701	EXPLORATION N/FLWD SURG NECK ARTERY	1968.00			090	Y	
	35702	EXPLORATION N/FLWD SURG UPPER EXTREMITY ARTERY	1437.60			090	Y	
	35703	EXPLORATION N/FLWD SURG LOWER EXTREMITY ARTERY	1478.40			090	Y	
J1*	35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	2581.20			090	Y	9347.71
	35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	7084.80			090	Y	
	35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	4290.00			090	Y	4200.55
J1	35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	2960.40			090	Y	5803.55
	35870	RPR GRF-ENTERIC FSTL	4388.40			090	Y	
J1	35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	2092.80			090	N	9473.86
J1	35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	3322.80			090	Y	9399.10
J1	35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	3246.00			090	Y	9379.37
J1	35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	3596.40			090	Y	9727.60
J1	35883	REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	4228.80			090	Y	9445.61
J1	35884	REVJ FEM ANAST BPG GRN OPN W/AUTOG VN PATCH GRF	4356.00			090	Y	9551.54
	35901	EXCISION INFECTED NECK GRAFT	1677.60			090	Y	
J1	35903	EXCISION INFECTED GRAFT EXTREMITY	2001.60			090	Y	5831.18
	35905	EXCISION INFECTED GRAFT THORAX	5907.60			090	Y	
	35907	EXCISION INFECTED GRAFT ABDOMEN	6706.80			090	Y	
	36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	106.26			XXX	N	
	36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	538.80			000	N	783.90
	36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	1051.20			000	N	
	36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	1970.64			XXX	N	
	36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	3030.00			XXX	N	
	36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	3099.60			XXX	N	
	36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	2900.40			XXX	N	
	36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	2938.80			XXX	N	
	36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	3174.00			XXX	N	
	36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	2013.60			XXX	N	
	36140	INTRO OF NEEDLE OR INTRACATHETER UPRLXTR ARTERY	1756.74			XXX	N	
	36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	2016.18			XXX	N	
	36200	INTRODUCTION CATHETER AORTA	2211.60			000	N	
	36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	3832.80			000	N	
	36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	3940.80			000	N	
	36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	6526.80			000	N	
+	36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	826.80			ZZZ	N	
	36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	3684.00			000	N	4151.55
	36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	4447.20			000	N	4151.55
	36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	5886.00			000	N	6915.76
	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	7384.80			000	N	6915.76
	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	5587.20			000	N	4151.55

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	7120.80			000	N	6915.76
+	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	867.60			ZZZ	N	
+	36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	4590.00			ZZZ	N	
	36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	4614.00			XXX	N	
	36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	3093.60			000	N	
	36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	5290.80			000	N	
+	36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	493.20			ZZZ	N	
	36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	4784.40			000	N	4151.55
	36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	5157.60			000	N	4151.55
	36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7512.00			000	N	6915.76
	36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7396.80			000	N	4151.55
J1	36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	2352.00			090	N	9723.46
	36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1474.80			090	Y	4993.88
	36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1125.60			090	N	4993.88
	36299	UNLISTED PROCEDURE VASCULAR INJECTION	BR			YYY	N	
	36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	97.20			XXX	N	
	36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	84.00			XXX	N	
	36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	61.20			XXX	N	
	36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	62.40			XXX	N	
	36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	10.40			XXX	N	
	36416	COLLECTION CAPILLARY BLOOD SPECIMEN	22.80			XXX	N	
	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	166.80			XXX	N	163.53
	36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	141.60			XXX	N	393.60
	36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	135.60			XXX	N	575.63
	36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER	178.80			XXX	N	575.63
	36450	EXCHNG TRANSFUSION BLOOD NEWBORN	603.60			XXX	N	575.63
	36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	442.80			XXX	N	575.63
	36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	363.60			XXX	N	575.63
	36460	TRANSFUSION INTRAUTERINE FETAL	1216.80			XXX	Y	575.63
	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	5236.80			000	N	2483.95
	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	5504.40			000	N	2483.95
	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	460.80			000	N	501.26
	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	412.80			000	N	501.26
	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	717.60			000	N	501.26
J1	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	4968.00			000	N	5707.22
+	36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	944.40			ZZZ	N	
J1	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	4872.00			000	N	5526.69
+	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	1042.80			ZZZ	N	
J1	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	3852.00			000	N	5735.58
+	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	1093.20			ZZZ	N	
	36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	6652.80			000	N	
J1	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	6958.80			000	N	9399.58
+	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	511.20			ZZZ	N	
	36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	637.20			000	N	
	36510	CATHJ UMBILICAL VEIN DX/THER NB	303.60			000	N	
	36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	382.80			000	N	1978.09
	36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	374.40			000	N	1978.09
	36513	THERAPEUTIC APHERESIS PLATELETS	379.20			000	N	575.63
	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	2460.00			000	N	1978.09

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	6752.40			000	N	5865.25
	36522	PHOTOPHERESIS EXTRACORPOREAL	7346.40			000	N	5865.25
J1	36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	688.80			000	N	5747.57
J1	36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	780.00			000	N	5777.68
J1	36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	4010.28			010	N	9285.13
J1	36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	2994.60			010	N	5522.74
J1	36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	4639.20			010	N	5608.55
J1	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	3678.00			010	N	5519.38
J1	36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	4186.80			010	N	9162.89
J1	36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	3063.60			010	N	5560.45
J1	36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	16292.40			010	N	9295.12
J1	36568	INSERTION PICC W/O IMG GDN < 5 YR	320.40			000	N	2771.07
J1	36569	INSERTION PICC W/O IMG GDN 5 YR/>	328.80			000	N	2757.14
J1	36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	5494.80			010	N	5674.91
J1	36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	4782.00			010	N	5552.56
	36572	INSERTION PICC W/RS&I < 5 YR	1428.00			000	N	783.90
J1	36573	INSERTION PICC W/RS&I 5 YR/>	1423.20			000	N	2732.51
	36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	550.80			000	N	783.90
J1	36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	1274.40			010	N	2839.22
J1	36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	1610.40			010	N	5496.72
J1	36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	735.60			000	N	2651.58
J1	36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	2913.60			010	N	5418.95
J1	36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	3402.00			010	N	5484.00
J1	36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	4323.60			010	N	9016.78
J1	36584	COMPLETE REPLACEMENT PICC RS&I	1220.40			000	N	2701.42
J1	36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	4210.38			010	N	5543.64
	36589	RMVL TUN CVC W/O SUBQ PORT/PMP	594.00			010	N	783.90
	36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	805.20			010	N	2039.35
	36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	94.80	BR	94.80	XXX	N	
	36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	105.60	BR	105.60	XXX	N	
	36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	116.40	BR	116.40	XXX	N	
J1	36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	2205.60			000	N	5395.71
J1	36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	428.40			000	N	2758.94
J1	36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	442.80			000	N	2757.00
	36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPR	442.80			000	N	296.68
	36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	104.40			XXX	N	163.53
	36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	154.80			000	N	
	36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	372.00			000	N	
J1	36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	405.60			000	N	5813.06
	36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	241.20			000	N	
	36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	208.80			000	N	393.60
J1	36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	428.40			000	N	9448.29
J1	36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	741.60			000	N	5627.11
J1	36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	475.20			000	N	9622.64
J1	36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	2431.20			090	Y	9702.76
J1	36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	2577.60			090	Y	9688.63
J1	36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	2550.00			090	Y	9646.26
J1	36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	2336.40			090	Y	5815.98
	36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	5020.80			090	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	2800.80			090	Y	9365.01
	J1 36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	2352.00			090	Y	9091.05
	J1 36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	2169.60			090	Y	9264.68
	J1 36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	2666.40			090	Y	9492.36
	J1 36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	2851.20			090	Y	9207.21
	J1 36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	1716.00			090	N	5124.69
	J1 36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	4023.60			090	Y	9457.78
	J1 36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	860.40			000	N	2782.28
	J1 36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	492.00			000	N	9089.35
	J1 36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	2529.54			000	N	2765.76
	J1 36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	4489.20			000	N	9488.26
	J1 36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	18265.20			000	N	17873.37
	J1 36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	6703.20			000	N	9377.66
	J1 36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	8499.60			000	N	19052.07
	J1 36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	22387.20			000	N	28751.61
+	36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	2451.60			ZZZ	N	
+	36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	8162.40			ZZZ	N	
+	36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	7245.60			ZZZ	N	
	37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	8293.20			090	N	
	37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	7694.40			090	Y	
	37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENERIC	7900.80			090	Y	
	37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	7591.20			090	Y	
	37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	8293.20			090	Y	
J1*	37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	2854.80			000	N	18519.65
J1	37183	REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	21978.00			000	N	9224.28
J1	37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	7228.80			000	N	18359.11
+	37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	2227.20			ZZZ	N	
+	37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	4495.20			ZZZ	N	
J1	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	6667.20			000	N	18320.64
J1	37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	5607.60			000	N	5578.58
J1	37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	8394.00			000	N	8754.03
J1	37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	4742.40			000	N	5349.51
J1	37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	5551.20			000	N	5466.02
	37195	THROMBOLYSIS CEREBRAL IV INFUSION	2464.80			XXX	N	462.41
J1	37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	5806.80			000	N	5494.53
J1	37200	TRANSCATHETER BIOPSY	756.00			000	N	9404.70
J1	37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	1350.00			000	N	9135.13
J1	37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	1177.20			000	N	5692.75
J1	37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	811.20			000	N	5638.37
J1	37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	428.40			000	N	5468.65
	37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	3505.20			090	N	5458.26
	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	3514.80			090	N	
	37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	3800.40			090	N	
	37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	2874.00			090	N	
J1	37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	10051.20			000	N	9398.67
J1	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	14264.40			000	N	18458.62
+	37222	REVASCLARIZATION ILIAC ART ANGIOP EA IPSI VSL	2716.80			ZZZ	N	
+	37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	7513.20			ZZZ	N	
J1	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	12081.60			000	N	9172.15

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	41434.80			000 N	17686.15
	J1	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	35938.80			000 N	18043.15
	J1	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	53388.00			000 N	28258.72
	J1	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	17512.80			000 N	18825.36
	J1	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	41457.60			000 N	28913.99
	J1	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	35295.60			000 N	29183.81
	J1	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	50712.00			000 N	28711.43
+		37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	3735.60			ZZZ N	
+		37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	4551.60			ZZZ N	
+		37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	13593.60			ZZZ N	
+		37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	14548.80			ZZZ N	
	J1	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	12194.40			000 N	18554.53
+		37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	7240.80			ZZZ N	
	J1	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	12903.60			000 N	18297.05
+		37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	6378.00			ZZZ N	
	J1	37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	17526.00			000 N	18975.13
	J1	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	26794.80			000 N	18472.47
	J1	37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	32834.40			000 N	19399.83
	J1	37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	24673.20			000 N	18828.95
	J1	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	7113.60			000 N	9438.66
+		37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	2710.80			ZZZ N	
	J1	37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	5085.60			000 N	9493.83
+		37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	2012.40			ZZZ N	
+		37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	4293.60			ZZZ N	
+		37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	672.00			ZZZ N	
	J1	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	2223.60			090 N	9734.41
		37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	BR			YYY N	783.90
	J1	37565	LIGATION INTERNAL JUGULAR VEIN	2583.60			090 N	5711.02
	J1	37600	LIGATION EXTERNAL CAROTID ARTERY	2607.60			090 Y	5847.26
	J1	37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	2598.00			090 Y	5847.26
	J1	37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	2601.60			090 Y	5578.58
	J1	37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	1322.40			090 N	5807.06
	J1	37609	LIGATION/BIOPSY TEMPORAL ARTERY	1131.60			010 N	2872.76
	J1	37615	LIGATION MAJOR ARTERY NECK	1911.60			090 Y	5843.75
		37616	LIGATION MAJOR ARTERY CHEST	3902.40			090 Y	
	J1*	37617	LIGATION MAJOR ARTERY ABDOMEN	4663.20			090 Y	5578.58
		37618	LIGATION MAJOR ARTERY EXTREMITY	1384.80			090 Y	2810.17
	J1	37619	LIGATION OF INFERIOR VENA CAVA	6169.20			090 Y	9036.75
	J1	37650	LIGATION OF FEMORAL VEIN	1622.40			090 N	5847.26
		37660	LIGATION OF COMMON ILIAC VEIN	4699.20			090 Y	
	J1	37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPT	868.80			090 N	5812.62
	J1	37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	1494.00			090 N	5836.45
	J1	37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	1654.80			090 N	5818.46
	J1	37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	2052.00			090 N	5765.69
	J1	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	2169.60			090 N	5766.13
	J1	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	1894.80			090 Y	5828.70
	J1	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	2222.40			010 N	5821.53
	J1	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	2641.20			010 N	5826.94
	J1	37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	831.60			090 N	5840.83

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 37785	LIGJ DIVJ &EXCJ VARICOSE VEIN CLUSTER 1 LEG	1278.00			090	N	5830.89
	37788	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	4425.60			090	Y	
	J1 37790	PENILE VENOUS OCCLUSIVE PROCEDURE	1704.00			090	N	6175.83
	37799	UNLISTED PROCEDURE VASCULAR SURGERY	BR			YYY	N	783.90
	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	4110.00			090	Y	
	38101	SPLENECTOMY PARTIAL SEPARATE PROCEDURE	4168.80			090	Y	
+	38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	926.40			ZZZ	Y	
	38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	4623.60			090	Y	
	J1 38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	3781.20			090	Y	18136.98
	J1 38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	BR			YYY	Y	10309.03
	38200	INJECTION PROCEDURE SPLENOPTOGRAPY	460.80			000	N	
	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	363.60			XXX	N	
	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	301.20			000	N	
	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	297.60			000	N	1978.09
	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	162.00			XXX	N	575.63
	38208	TRNSPL PREPJ HEMATOP PROGEN THAW PREV HRV PER DNR	103.20			XXX	N	575.63
	38209	TRNSP PREPJ HEMATOP PROG THAW PREV HRV WSH PER DNR	43.20			XXX	N	575.63
	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	288.00			XXX	N	575.63
	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	259.20			XXX	N	575.63
	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	171.60			XXX	N	575.63
	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	43.20			XXX	N	575.63
	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	147.60			XXX	N	575.63
	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	171.60			XXX	N	575.63
	J1 38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	565.20			XXX	N	2870.03
	J1 38221	DIAGNOSTIC BONE MARROW BIOPSIES	579.60			XXX	N	2862.13
	J1 38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	627.60			XXX	N	4827.60
	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	720.00			000	N	1978.09
	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	697.20			000	N	5865.25
	J1 38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	853.20			XXX	N	82053.96
	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	628.80			XXX	N	1978.09
	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	444.00			000	N	1978.09
	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	432.00			000	N	1978.09
	J1 38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	1237.20			010	N	4812.11
	J1 38305	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	1772.40			090	N	4843.10
	J1 38308	LYMPHANGIOTOMY/OTH OPERATIONS LYMPHATIC CHANNELS	1654.80			090	Y	6440.97
	38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	2025.60			090	Y	
	38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	2839.20			090	Y	
	38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	2432.40			090	Y	
	J1 38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	1215.60			010	N	6437.91
	J1 38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	491.28			000	N	2866.80
	J1 38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	1899.60			010	N	6439.36
	J1 38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	1663.20			090	N	6435.97
	J1 38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	1578.00			090	N	6441.46
	J1 38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	2002.80			090	Y	6438.23
	J1 38531	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	1594.80			090	N	6440.17
	J1 38542	DISSECTION DEEP JUGULAR NODE	1861.20			090	Y	10331.25
	J1 38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	1878.00			090	N	6450.00
	J1 38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	3680.40			090	Y	11279.05
	J1* 38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	2509.20			090	Y	17741.74

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&SPLENIC	2517.60			090	Y	
J1	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	1828.80			010	Y	10301.79
J1	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	2330.40			010	Y	18149.71
J1	38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	3213.60			010	Y	18148.80
J1	38573	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	4153.20			010	Y	18156.54
J1	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	BR			YYY	Y	10275.95
J1	38700	SUPRAHYOID LYMPHADENECTOMY	2868.00			090	Y	11288.09
J1	38720	CERVICAL LYMPHADENECTOMY	4761.60			090	Y	18162.28
	38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	5145.60			090	Y	5777.46
J1	38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	2509.20			090	Y	10322.98
J1	38745	AXILLARY LYMPHADENECTOMY COMPLETE	3153.60			090	Y	10310.06
+	38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	756.00			ZZZ	Y	
+	38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	946.80			ZZZ	Y	
J1	38760	INGUINFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	2978.40			090	Y	11283.29
	38765	INGUINFEM LMPHADEC SUPFC W/PEL LMPHADEC	4658.40			090	Y	
	38770	PEL LMPHADEC W/XTRNL ILIAC HYOGSTR&OBTURATOR	2839.20			090	Y	
	38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	3681.60			090	Y	
	38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	286.80			000	N	
	38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	295.20			000	N	546.69
	38794	CANNULATION THORACIC DUCT	1030.80			090	N	
+	38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	489.60			ZZZ	Y	
	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	BR			YYY	N	575.63
	39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	1772.40			090	Y	3690.91
	39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	2787.60			090	Y	3199.30
	39200	RESECTION OF MEDIASTINAL CYST	3073.20			090	Y	
	39220	RESECTION MEDIASTINAL TUMOR	4004.40			090	Y	
J1	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	1086.00			000	N	10311.35
J1	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	1418.40			000	N	10311.35
	39499	UNLISTED PROCEDURE MEDIASTINUM	BR			YYY	Y	
	39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	3044.40			090	Y	
	39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	20854.80			090	Y	
	39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	3075.60			090	Y	
	39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	3350.40			090	Y	
	39545	IMBRICATION DIAPHRAGM EVENTRATION	3176.40			090	Y	
	39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	2845.20			090	Y	
	39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	4423.20			090	Y	
	39599	UNLISTED PROCEDURE DIAPHRAGM	BR			YYY	Y	5906.61
	40490	BIOPSY OF LIP	438.00			000	N	306.82
J1	40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMTNT	1881.60			090	N	5587.96
J1	40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	1760.40			090	N	5585.45
J1	40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	1806.00			090	N	5586.01
J1	40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	1959.60			090	N	5586.84
J1	40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	2228.40			090	N	10388.54
J1	40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	2007.60			090	N	5587.82
	40650	RPR LIP FULL THICKNESS VERMILION ONLY	1729.20			090	N	655.90
	40652	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	1852.80			090	N	655.90
J1	40654	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	2088.00			090	N	2763.08
J1	40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	3573.60			090	N	10383.35
J1	40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	4220.40			090	Y	10272.97

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	3543.60			090	Y	10272.97
J1	40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRJ DFCT & RECL	3637.20			090	N	5475.92
J1	40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	3826.80			090	N	10388.54
	40799	UNLISTED PROCEDURE LIPS	BR			YYY	Y	306.82
	40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	733.20			010	N	902.47
	40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	1063.20			010	N	655.90
	40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	673.20			010	N	1173.47
	40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	1069.20			010	N	655.90
	40806	INCISION LABIAL FRENUM FRENOTOMY	357.60			000	N	655.90
	40808	BIOPSY VESTIBULE MOUTH	644.40			010	N	655.90
J1	40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	780.00			010	N	5583.91
J1	40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	1027.20			010	N	2761.01
J1	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	1338.00			090	N	5572.60
J1	40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	1435.20			090	N	5578.18
	40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	1317.60			090	N	655.90
J1	40819	EXC FRENUM LABIAL/BUCCAL	1086.00			090	N	2734.62
J1	40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	948.00			010	N	5587.82
	40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	933.60			010	N	306.82
	40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	1194.00			010	N	655.90
J1	40840	VESTIBULOPLASTY ANTERIOR	3102.00			090	Y	10291.93
J1	40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	3146.40			090	N	10341.53
J1	40843	VESTIBULOPLASTY POSTERIOR BILATERAL	4156.56			090	Y	10366.99
J1	40844	VESTIBULOPLASTY ENTIRE ARCH	5374.80			090	Y	10388.54
J1	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	5311.20			090	N	10356.34
	40899	UNLISTED PROCEDURE VESTIBULE MOUTH	BR			YYY	N	306.82
	41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL	558.00			010	N	655.90
	41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	774.00			010	N	306.82
J1	41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	1297.20			090	N	2763.08
J1	41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	1201.20			090	N	2763.08
J1	41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	1395.60			090	N	5587.96
	41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	1509.60			090	N	655.90
J1	41010	INCISION LINGUAL FRENUM FRENOTOMY	790.80			010	N	2762.94
	41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	1447.20			090	N	655.90
J1	41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	1692.00			090	N	10380.75
J1	41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDDB	1668.00			090	N	5587.26
J1	41018	XTRORAL I&D FLOOR MASTICATOR SPACE	1868.40			090	N	2763.08
J1	41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	1704.00			000	N	10207.26
	41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	675.60			010	N	655.90
J1	41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	674.40			010	N	5586.29
J1	41108	BIOPSY FLOOR MOUTH	603.06			010	N	2873.91
J1	41110	EXCISION LESION TONGUE W/O CLOSURE	829.20			010	N	5577.76
J1	41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	1216.80			090	N	5587.54
J1	41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	1309.20			090	N	5585.73
J1	41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	2174.40			090	N	5587.82
J1	41115	EXCISION LINGUAL FRENUM FRENECTOMY	948.00			010	N	2763.08
J1	41116	EXCISION LESION FLOOR MOUTH	1206.00			090	N	5581.82
J1	41120	GLOSSECTOMY <ONE-HALF TONGUE	3813.60			090	Y	10373.74
	41130	GLOSSECTOMY HEMIGLOSSECTOMY	4692.00			090	Y	5103.31
	41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	7695.60			090	Y	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	7780.80			090	Y	
	41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	9806.40			090	Y	
	41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	7824.00			090	Y	
	41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	8510.40			090	Y	
	41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	10639.20			090	Y	
	41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	1023.60			010	N	393.60
	41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	1126.80			010	N	306.82
	41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	1183.20			010	N	306.82
J1	41510	SUTURE TONGUE LIP MICROGNATHIA	1635.60			090	N	5564.91
J1	41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	2398.80			090	N	9548.37
J1	41520	FRENOPLASTY SURG REVJ FRENUM EG WIZ-PLASTY	1317.60			090	N	5587.96
J1	41530	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	3403.20			000	N	5574.13
	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	BR			YYY	N	306.82
	41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	1052.40			010	N	163.53
J1	41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	1132.80			010	N	2763.08
J1	41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	1489.20			010	N	2763.08
J1	41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	2724.00			000	N	5587.96
J1	41821	OPRCULECTOMY EXC PRICORONAL TISSUE	422.40			000	N	2746.02
J1	41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	1127.46			010	N	2763.08
J1	41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	1740.18			090	N	10165.71
J1	41825	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	790.80			010	N	5579.44
J1	41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	1095.60			010	N	5576.65
J1	41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMLPX RPR	1561.20			090	N	10214.27
J1	41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	1244.76			010	N	2763.08
J1	41830	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	1575.96			010	N	5554.30
J1	41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	672.00			000	N	2763.08
J1	41870	PERIODONTAL MUCOSAL GRAFTING	1342.80			000	N	2746.02
J1	41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	1546.98			090	N	5587.96
J1	41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	1387.20			090	N	5582.93
	41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	BR			YYY	N	306.82
	42000	DRAINAGE ABSCESS PALATE UVULA	579.60			010	N	306.82
J1	42100	BIOPSY PALATE UVULA	528.00			010	N	2763.01
J1	42104	EXC LESION PALATE UVULA W/O CLOSURE	778.80			010	N	5586.01
J1	42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	934.80			010	N	5585.17
J1	42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	1648.80			090	N	10388.54
J1	42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	3602.40			090	Y	10381.01
J1	42140	UVULECTOMY EXCISION UVULA	1058.46			090	N	5587.12
J1	42145	PALATOPHARYNGOPLASTY	2450.40			090	N	10333.74
J1	42160	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	838.80			010	N	5579.72
	42180	REPAIR LACERATION PALATE <2 CM	920.40			010	N	655.90
J1	42182	REPAIR LACERATION PALATE >2 CM/COMPLEX	1190.40			010	N	10353.22
J1	42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	3300.00			090	Y	9987.03
J1	42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	3434.40			090	Y	5554.43
J1	42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	3835.20			090	Y	9157.76
J1	42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	2502.00			090	Y	10337.12
J1	42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	2060.40			090	Y	10388.54
J1	42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	3528.00			090	Y	10049.62
J1	42226	LENGTHENING PALATE & PHARYNGEAL FLAP	3242.40			090	Y	10388.54
J1	42227	LENGTHENING PALATE W/ISLAND FLAP	3021.60			090	Y	10372.18

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	42235	REPAIR ANTERIOR PALATE W/WOMER FLAP	2658.00			090	Y	10388.54
J1	42260	REPAIR NASOLABIAL FISTULA	3078.00			090	Y	9899.24
	42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	637.20			010	N	655.90
J1	42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	810.00			010	N	10271.93
	42299	UNLISTED PROCEDURE PALATE UVULA	BR			YYY	Y	306.82
J1	42300	DRAINAGE ABSCESS PAROTID SIMPLE	774.00			010	N	2763.08
J1	42305	DRAINAGE ABSCESS PAROTID COMPLICATED	1514.40			090	N	5578.60
	42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	615.60			010	N	655.90
	42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	942.00			010	N	655.90
J1	42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	836.40			010	N	5580.70
J1	42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	1537.32			090	N	5571.34
J1	42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	1907.16			090	N	5574.97
	42400	BIOPSY SALIVARY GLAND NEEDLE	354.00			000	N	902.47
J1	42405	BIOPSY SALIVARY GLAND INCISIONAL	1084.80			010	N	2761.63
J1	42408	EXC SUBLINGUAL SALIVARY CYST RANULA	1962.00			090	N	5579.72
J1	42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	1378.62			090	Y	5583.91
J1	42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	2239.20			090	Y	10379.45
J1	42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	3756.00			090	Y	10371.40
J1	42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	4209.60			090	Y	10363.35
J1	42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	2977.20			090	Y	10360.75
	42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	4789.20			090	Y	5900.16
J1	42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	1476.00			090	Y	10375.82
J1	42450	EXCISION OF SUBLINGUAL GLAND	1694.40			090	N	10370.88
J1	42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	1614.00			090	N	10310.11
J1	42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	2059.20			090	N	10303.88
J1	42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	1767.60			090	Y	10388.54
J1	42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	2919.60			090	N	10272.97
J1	42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	2169.60			090	Y	5564.91
	42550	INJECTION PROCEDURE SIALOGRAPHY	572.40			000	N	
J1	42600	CLOSURE SALIVARY FISTULA	1952.70			090	N	5570.78
J1	42650	DILATION SALIVARY DUCT	277.20			000	N	2748.78
	42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	433.20			000	N	655.90
J1	42665	LIGATION SALIVARY DUCT INTRAORAL	1299.96			090	N	5564.91
	42699	UNLISTED PX SALIVARY GLANDS/DUCTS	BR			YYY	Y	306.82
	42700	I&D ABSCESS PERITONSILLAR	691.20			010	N	306.82
J1	42720	I&D ABSC RTRPHRNG/ PARAPHARYNGEAL INTRAORAL	1603.20			010	N	5587.12
J1	42725	I&D ABSC RTRPHRNG/ PARAPHARYNGEAL XTRNL APPR	2836.80			090	Y	10388.54
J1	42800	BIOPSY OROPHARYNX	567.60			010	N	2762.74
J1	42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	777.60			010	N	5584.61
J1	42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	864.00			010	N	5573.85
J1	42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	829.20			010	N	5573.01
	42809	REMOVAL FOREIGN BODY PHARYNX	729.60			010	N	393.60
J1	42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	1395.60			090	Y	5577.76
J1	42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&PHRYNX	1926.00			090	Y	10377.89
J1	42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	1033.20			090	N	10377.89
J1	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	1078.80			090	N	5583.91
J1	42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	952.80			090	N	10272.97
J1	42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	907.20			090	N	5582.51
J1	42830	ADENOIDECTOMY PRIMARY <AGE 12	753.60			090	N	5568.13

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	42831	ADENOIDECTOMY PRIMARY AGE 12/>	818.40			090	N	5534.88
J1	42835	ADENOIDECTOMY SECONDARY<AGE 12	700.80			090	N	5587.96
J1	42836	ADENOIDECTOMY SECONDARY AGE 12/>	866.40			090	N	5571.48
J1	42842	RADICAL RESECTION TONSIL W/O CLOSURE	3619.20			090	N	10358.94
J1	42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	4909.20			090	Y	10388.54
	42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	7860.00			090	Y	
J1	42860	EXCISION TONSIL TAGS	685.20			090	N	5587.96
J1	42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	2121.60			090	N	10370.10
J1	42890	LIMITED PHARYNGECTOMY	5066.40			090	Y	10373.48
J1	42892	RESCJ LAT PHRNL WALL/PYRIFORM SINUS DIR CLSR	6679.20			090	Y	10361.79
	42894	RESCJ PHRNL WALL CLSR W/FLP OR FLP W/MVASC ANAS	8427.60			090	Y	
J1	42900	SUTURE PHARYNX WOUND/INJURY	1176.00			010	N	2213.92
J1	42950	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	2866.80			090	Y	10170.12
	42953	PHARYNGOESOPHAGEAL REPAIR	3433.20			090	Y	
J1	42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	2724.00			090	Y	2746.02
	42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	579.60			010	N	655.90
	42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	1491.60			090	Y	2330.61
J1	42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1832.40			090	N	5584.61
	42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	1465.20			090	N	306.82
	42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	1614.00			090	Y	
J1	42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1802.40			090	Y	5587.96
	42975	DISE DYN EVAL SLEEP DISORDERED BREATHING FLX DX	398.40			000	N	238.73
	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	BR			YYY	N	306.82
J1	43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	2030.40			090	Y	2763.08
J1	43030	CRICOPHARYNGEAL MYOTOMY	1860.00			090	Y	10310.11
	43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	4615.20			090	Y	
	43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	2258.40			090	Y	
	43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	3566.40			090	Y	
	43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	10512.00			090	Y	
	43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	15663.60			090	Y	
	43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	12250.80			090	Y	
	43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	15306.00			090	Y	
	43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	17512.80			090	Y	
	43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	11491.20			090	Y	
	43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	12777.60			090	Y	
	43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	10074.00			090	Y	
	43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	9060.00			090	Y	
	43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	15867.60			090	Y	
	43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	13418.40			090	Y	
J1	43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	2823.60			090	Y	10373.22
	43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	5192.40			090	Y	
J1	43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	1940.40			090	N	10353.74
J1	43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	546.00			000	N	3313.14
J1	43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	597.60			000	N	3310.57
J1	43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	596.40			000	N	3316.46
J1	43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	681.60			000	N	3316.21
J1	43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	649.20			000	N	6040.53
J1	43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	687.60			000	N	6211.91
	43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	696.00			000	N	1173.47

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	768.00			000	N	1173.47
	43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	897.00			000	N	1173.47
J1	43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	903.90			000	N	3302.53
J1	43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	1264.08			000	N	3308.25
J1	43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	475.20			000	N	3239.41
J1	43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	495.60			000	N	3308.08
J1	43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	1083.30			000	N	3239.41
J1	43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	1521.60			000	N	16991.28
J1	43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXTN	824.40			000	N	3309.00
J1	43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	666.00			000	N	8814.76
J1	43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	4636.80			000	N	3287.76
J1	43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	678.00			000	N	3230.20
J1	43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	1456.80			000	N	3305.68
J1	43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	1466.94			000	N	3317.62
J1	43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	1538.70			000	N	3315.71
J1	43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	3549.60			000	N	3139.47
J1	43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	1323.42			000	N	3270.43
J1	43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	2218.80			000	N	3317.62
J1	43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	2634.42			000	N	5790.60
J1	43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	1174.80			000	N	3309.25
J1	43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	1426.80			000	N	3310.24
J1	43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	807.60			000	N	3184.25
	43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	1050.18			000	N	1173.47
	43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	1381.38			000	N	1173.47
J1	43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	687.60			000	N	3310.16
J1	43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	817.20			000	N	3308.08
	43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	1395.60			000	N	1173.47
J1	43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	1380.00			000	N	8701.92
J1	43241	EGD INTRALUMINAL TUBE/CATHETER INSERTION	500.40			000	N	3286.69
J1	43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	922.80			000	N	3308.17
J1	43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	832.80			000	N	3294.57
J1	43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	860.40			000	N	3301.12
J1	43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	2220.00			000	N	3164.93
J1	43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	704.40			000	N	3292.74
	43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	1410.00			000	N	1173.47
	43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	1451.76			000	N	1173.47
J1	43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	4093.20			000	N	3175.46
J1	43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	1628.40			000	N	3312.23
J1	43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	1799.52			000	N	3293.49
J1	43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	1236.48			000	N	6110.46
J1	43253	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	924.00			000	N	3288.01
J1	43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	950.40			000	N	3282.21
J1	43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	2337.60			000	N	3296.14
J1	43257	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	820.80			000	N	6089.61
J1	43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	794.40			000	N	3310.07
J1	43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	1134.00			000	N	6060.91
J1	43261	ERCP W/BIOPSY SINGLE/MULTIPLE	1190.40			000	N	6079.42
J1	43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	1255.20			000	N	6066.24
J1	43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	1256.40			000	N	6160.63

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	1279.20			000	N	6064.52
	J1 43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	1522.80			000	N	9850.64
	J1 43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	766.80			000	N	8777.49
	J1 43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	2711.70			000	N	3113.92
+	43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	418.80			ZZZ	N	
	J1 43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1627.20			000	N	9569.95
	J1 43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	1324.80			000	N	6101.84
	J1 43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	1694.40			000	N	9519.06
	J1 43277	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	1330.80			000	N	6007.13
	J1 43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	1521.60			000	N	6062.32
	43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	4586.40			090	Y	8011.55
	J1 43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	3858.00			090	Y	17964.60
	J1 43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	5498.40			090	Y	17848.17
	J1 43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	6181.20			090	Y	17356.96
+	43283	LAPS ESOPHAGEAL LENGTHENING ADDL	561.60			ZZZ	Y	2662.66
	J1 43284	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	2338.80			090	Y	15840.58
	43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	2408.40			090	Y	7338.12
	43286	ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	11258.40			090	Y	
	43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	12552.00			090	Y	
	43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	13225.20			090	Y	
	J1 43289	UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS	BR			YYY	Y	10209.29
	43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	2222.40			090	Y	
	43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	3884.40			090	Y	
	43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	5239.20			090	Y	
	43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	5602.80			090	Y	
	43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	10363.20			090	Y	
	43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	11122.80			090	Y	
	43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	5006.40			090	Y	
	43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	4870.80			090	Y	
	43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	2932.80			090	Y	
	43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	3974.40			090	Y	
	43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	4790.40			090	Y	
	43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	4737.60			090	Y	
	43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	4107.60			090	Y	4806.24
	43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	4485.60			090	Y	
	43334	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	4405.20			090	Y	
	43335	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	4713.60			090	Y	
	43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	5258.40			090	Y	
	43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	5458.80			090	Y	
+	43338	ESOPHAGUS LENGTHENING	405.60			ZZZ	Y	
	43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	4945.20			090	Y	
	43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	4953.60			090	Y	
	43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	4669.20			090	Y	
	43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	3778.80			090	Y	
	43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	7940.40			090	Y	
	43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	9637.20			090	Y	
	43400	LIGATION DIRECT ESOPHAGEAL VARICES	5455.20			090	Y	
	43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	5158.80			090	Y	
	43410	SUTR ESOPHGL WND/INJ CRV APPR	3654.00			090	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	9044.40			090	Y	
J1	43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	3608.40			090	N	5579.16
	43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	5100.00			090	Y	
	43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	648.60			000	N	1173.47
J1	43453	DILATION ESOPHAGUS GUIDE WIRE	3054.00			000	N	3287.68
	43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	746.40			000	N	
	43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	BR			090	Y	
J1	43497	TRANSORAL LOWER ESOPHAGEAL MYOTOMY	2808.00			090	N	5785.74
	43499	UNLISTED PROCEDURE ESOPHAGUS	BR			YYY	N	1173.47
	43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	2818.80			090	Y	
	43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	4834.80			090	Y	
	43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	5468.40			090	Y	
	43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	3409.20			090	Y	1173.47
	43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	2478.00			090	Y	4478.92
	43605	BIOPSY STOMACH LAPAROTOMY	3001.20			090	Y	
	43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	3506.40			090	Y	5636.32
	43611	EXC LOCAL MALIGNANT TUMOR STOMACH	4369.20			090	Y	
	43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	7098.00			090	Y	
	43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	8112.00			090	Y	
	43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	8265.60			090	Y	
	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	5185.20			090	Y	
	43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	7262.40			090	Y	
	43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	6866.40			090	Y	
	43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	7603.20			090	Y	
+	43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	399.60			ZZZ	Y	
	43640	VGTM W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	4273.20			090	Y	
	43641	VGTM W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	4322.40			090	Y	
	43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	6216.00			090	Y	7460.30
	43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	6574.80			090	Y	
J1	43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	3054.00			YYY	Y	19401.75
J1	43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	2061.72			YYY	Y	10066.92
J1	43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	2358.00			090	Y	10304.12
J1	43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	2748.00			090	Y	10194.30
J1	43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	2077.20			090	Y	10233.32
J1	43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH	BR			YYY	Y	10259.68
	43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	141.60			000	N	393.60
	43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	78.00			000	Y	383.81
	43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	637.56			000	Y	383.81
	43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	611.34			000	Y	202.48
	43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	899.76			000	Y	1173.47
	43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	1253.04			000	Y	1173.47
	43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	442.80			000	N	385.91
	43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	841.20			000	N	385.91
	43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	1269.60			000	N	385.91
J1	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	4047.60			090	Y	16086.64
	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	4590.00			090	Y	4134.59
J1	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	3406.80			090	Y	6248.44
J1	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	4590.00			090	Y	9961.24
J1	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	3445.20			090	Y	6255.65

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	3963.60			090	Y	5691.67
	43800	PYLOROPLASTY	3336.00			090	Y	
	43810	GASTRODUODENOSTOMY	3646.80			090	Y	
	43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	4809.60			090	Y	
	43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	4702.80			090	Y	
J1	43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	2523.60			090	Y	3309.74
	43831	GASTROSTOMY OPN NEONATAL FEEDING	2200.80			090	Y	1173.47
	43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	3740.40			090	Y	
J1*	43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	4866.00			090	Y	9534.48
	43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	4150.80			090	N	
	43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	4608.00			090	Y	
	43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	6994.80			090	Y	
	43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	5922.00			090	Y	
	43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	6482.40			090	Y	
	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	6906.00			090	Y	
	43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	5853.60			090	Y	
	43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	6124.80			090	Y	
J1	43870	CLOSURE GASTROSTOMY SURG	2545.20			090	Y	6239.97
	43880	CLOSURE GASTROCOLIC FISTULA	5722.80			090	Y	
	43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	2671.68			YYY	Y	
	43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	2710.80			YYY	Y	
	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	1324.80			090	Y	5106.63
	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	1191.60			090	Y	2483.95
	43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	1676.40			090	Y	5106.63
	43999	UNLISTED PROCEDURE STOMACH	BR			YYY	N	1173.47
	44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	3906.00			090	Y	3846.75
	44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	3054.00			090	Y	
+	44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	504.00			ZZZ	Y	
	44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	3492.00			090	Y	
	44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	3474.00			090	Y	
	44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	3507.60			090	Y	
	44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	3350.40			090	Y	2970.22
	44055	CORRJ MALROTATION BANDS&RDCTJ VOLVULUS	5317.20			090	Y	
	44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	376.80			000	N	1173.47
	44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	3021.60			090	Y	3787.96
	44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	3494.40			090	Y	
	44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	4363.20			090	Y	4472.97
+	44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	854.40			ZZZ	Y	
	44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	4198.80			090	Y	
	44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	8833.20			090	Y	
	44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	10200.00			090	Y	
+	44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	864.00			ZZZ	Y	
	44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	4699.20			090	Y	
	44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	BR			XXX	N	
	44133	DONOR ENTERECTOMY OPEN LIVING DONOR	BR			XXX	N	
	44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	BR			XXX	N	
	44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	BR			XXX	N	
	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	BR			XXX	Y	
+	44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	428.40			ZZZ	Y	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

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	44140	COLECTOMY PARTIAL W/ANASTOMOSIS	4791.60			090	Y	3405.32
	44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	6484.80			090	Y	
	44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	5910.00			090	Y	
	44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	6285.60			090	Y	
	44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	5866.80			090	Y	
	44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	7471.20			090	Y	
	44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	6874.80			090	Y	
	44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	6604.80			090	Y	
	44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	7710.00			090	Y	
	44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	7351.20			090	Y	
	44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	8246.40			090	Y	
	44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	7830.00			090	Y	
	44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	8023.20			090	Y	
	44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	4429.20			090	Y	
J1	44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	3291.60			090	Y	10289.91
J1	44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	2336.40			090	Y	10281.64
	44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3889.20			090	Y	
	44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	4335.60			090	Y	
	44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	4950.00			090	Y	4060.32
+	44203	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	853.20			ZZZ	Y	
	44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	5466.00			090	Y	4640.81
	44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	4746.00			090	Y	4705.49
	44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	6198.00			090	Y	
	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	6426.00			090	Y	
	44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	6993.60			090	Y	
	44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	6267.60			090	Y	
	44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	7554.00			090	Y	
	44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	7171.20			090	Y	
+	44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	662.40			ZZZ	Y	
	44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	5907.60			090	Y	
J1	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	BR			YYY	Y	10306.70
J1*	44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	3013.20			090	Y	3239.41
	44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3703.20			090	Y	
	44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	2133.60			090	N	5106.63
	44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	3578.40			090	Y	5106.63
	44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	5070.00			090	Y	
	44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	4280.40			090	Y	
	44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	3627.60			090	Y	
	44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	2238.00			090	N	5106.63
J1*	44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	3740.40			090	Y	6307.96
J1*	44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	4210.80			090	Y	6307.96
J1	44360	ENDOSCOPY UPPER SMALL INTESTINE	504.00			000	N	3305.93
J1	44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	558.00			000	N	3309.49
J1	44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	674.40			000	N	3286.93
J1	44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	718.80			000	N	3292.66
J1	44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	638.40			000	N	3297.63
J1	44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	842.40			000	N	3306.92
J1	44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	862.80			000	N	3297.47
J1	44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	936.00			000	N	8636.63

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	842.40			000	N	3276.82
	J1 44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	674.40			000	N	3261.97
	J1 44376	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	999.60			000	N	3309.08
	J1 44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	1052.40			000	N	3305.02
	J1 44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	1353.60			000	N	3294.32
	J1 44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	1438.80			000	N	10281.70
	44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	685.86			000	N	1173.47
	J1 44381	ILEOSCOPY STOMA W/BALLOON DILATION	3651.60			000	N	3166.75
	44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	1076.40			000	N	1173.47
	J1 44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	542.40			000	N	6008.23
	44385	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	772.80			000	N	1150.88
	44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	1153.68			000	N	1150.88
	44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	1153.20			000	N	1150.88
	44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	1515.60			000	N	1503.87
	44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	1476.00			000	N	1150.88
	44391	COLONOSCOPY STOMA CONTROL BLEEDING	2372.40			000	N	1503.87
	44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	1408.80			000	N	1503.87
	44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	1606.80			000	N	1503.87
	44401	COLONOSCOPY STOMA ABLATION LESION	10347.60			000	N	1503.87
	J1 44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	919.20			000	N	8342.57
	44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	1066.80			000	N	1503.87
	44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	1490.40			000	N	1503.87
	44405	COLONOSCOPY STOMA W/BALLOON DILATION	2064.00			000	N	1503.87
	44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	807.60			000	N	1503.87
	44407	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	969.60			000	N	1503.87
	44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	814.80			000	N	1150.88
	⊖ 44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	68.40			000	N	1173.47
	J1* 44602	ENTERORRHAPHY SINGLE PERFORATION	5022.00			090	Y	6068.75
	44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	5755.20			090	Y	
	44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	3758.40			090	Y	3780.33
	44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	4635.60			090	Y	
	44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCTJ	3825.60			090	Y	
	44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	3078.00			090	Y	3541.55
	44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	3591.60			090	Y	
	44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	5677.20			090	Y	
	44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	4976.40			090	Y	
	44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	5134.80			090	Y	
	44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	4717.20			090	Y	
	44661	CLSR ENTEROVES FSTL W/INTESTINE&BLADDER RESCJ	5488.80			090	Y	
	44680	INTESTINAL PLICATION SEPARATE PROCEDURE	3861.60			090	Y	
	44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	3540.00			090	Y	
	+ 44701	INTRAOPERATIVE COLONIC LAVAGE	603.60			ZZZ	Y	
	44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	391.20			XXX	N	
	44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	2790.00			XXX	Y	
	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	975.60			XXX	Y	
	44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	1364.40			XXX	Y	
	44799	UNLISTED PROCEDURE SMALL INTESTINE	BR			YYY	N	1173.47
	44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	2758.80			090	Y	2874.55
	44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	3056.40			090	Y	

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	44850	SUTURE MESENTERY SEPARATE PROCEDURE	2688.00			090	Y	
	44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	BR			YYY	Y	
	44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	2818.80			090	Y	
	J1 44950	APPEDECTOMY	2301.60			090	Y	6487.82
+	44955	APPEDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	295.20			ZZZ	Y	
	44960	APPEDEC RPTD APPENDIX ABSC/PRITONITIS	3148.80			090	Y	4251.71
	J1 44970	LAPAROSCOPIC APPEDECTOMY	2161.20			090	Y	10304.12
	J1 44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	BR			YYY	Y	10247.27
	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	1528.80			090	N	1503.87
	45005	I&D SUBMUCOSAL ABSCESS RECTUM	1123.32			010	N	1503.87
	J1 45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORECT ABSC	2050.80			090	N	4988.83
	J1 45100	BX ANORECTAL WALL ANAL APPROACH	1076.40			090	N	4988.21
	J1 45108	ANORECTAL MYOMECTIONY	1342.80			090	N	4990.08
	45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	6463.20			090	Y	
	45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	3870.00			090	Y	
	45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	6542.40			090	Y	
	45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	6577.20			090	Y	
	45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	6505.20			090	Y	
	45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	5438.40			090	Y	
	45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	6714.00			090	Y	
	45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	5733.60			090	Y	
	45121	PRCTECT COMPL W/TOT/TOT COLCT W/MLT BXS	6259.20			090	Y	
	45123	PRCTECT PRTL W/O ANAST PRNL APPR	3955.20			090	Y	
	45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	9693.60			090	Y	
	45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	3834.00			090	Y	
	45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	4567.20			090	Y	
	45136	EXC ILEOANAL RSVR W/ILEOSTOMY	6405.60			090	Y	
	45150	DIVISION STRICTURE RECTUM	1521.60			090	N	1503.87
	J1 45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	3680.40			090	Y	4910.74
	J1 45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	2215.20			090	Y	4986.34
	J1 45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	2947.20			090	Y	4984.22
	J1 45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	2527.20			090	N	4988.83
	45300	PROCTOSGMDC RGD DX W/WO COLLJ SPEC BR/WA SPX	466.80			000	N	1150.88
	45303	PROCTOSGMDC RIGID W/DILATION	3565.20			000	N	1503.87
	45305	PROCTOSGMDC RIGID W/BX SINGLE/MULTIPLE	604.44			000	N	1503.87
	J1 45307	PROCTOSGMDC RIGID W/RMVL FOREIGN BODY	694.14			000	N	4990.08
	J1 45308	PROCTOSGMDC RIGID RMVL 1 LESION CAUTERY	680.34			000	N	4990.08
	45309	PROCTOSGMDC RIGID RMVL 1 LESION SNARE TQ	705.18			000	N	1503.87
	45315	PROCTOSGMDC RIGID RMVL MULT TUMOR CAUTERY/SNARE	774.18			000	N	1503.87
	45317	PROCTOSGMDC RIGID CONTROL BLEEDING	761.76			000	N	1503.87
	J1 45320	PROCTOSGMDC RIGID ABLATION LESION	754.86			000	N	4990.08
	J1 45321	PROCTOSGMDC RIGID DCMPRN VOLVULUS	367.20			000	N	4964.13
	J1 45327	PROCTOSGMDC RIGID TNDSC STENT PLMT	415.20			000	N	9509.29
	45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	673.44			000	N	1150.88
	45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	1048.80			000	N	1150.88
	45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	1015.68			000	N	1503.87
	45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	1196.46			000	N	1150.88
	45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	1844.40			000	N	1503.87
	45335	SGMDC FLX DIREDBMCSL NJX ANY SBST	986.70			000	N	1150.88

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-69990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	45337	SGMDSC FLX W/DCMPRN W/PLMT DCMRPN TUBE	404.40			000	N	1150.88
	45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	1088.82			000	N	1503.87
	45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	1717.20			000	N	1503.87
	45341	SIGMOIDOSCOPY FLX NDSC US XM	435.60			000	N	1150.88
	45342	SIGMOIDOSCOPY FLX TNDSC US GID ND L ASPIR/BX	595.20			000	N	1503.87
	45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	9885.60			000	N	1503.87
J1	45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	542.40			000	N	8635.60
J1	45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	696.00			000	N	4947.67
	45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	2263.20			000	N	1503.87
	45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	1238.40			000	N	1150.88
	45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	1590.00			000	N	1503.87
	45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	1596.00			000	N	1503.87
	45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	1589.76			000	N	1503.87
	45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	2470.80			000	N	1503.87
	45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	1796.40			000	N	1503.87
	45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	1659.60			000	N	1503.87
	45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	2268.00			000	N	1503.87
	45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	10424.40			000	N	1503.87
J1	45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	1018.80			000	N	8694.21
J1	45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	1168.80			000	N	4927.33
	45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	906.00			000	N	1503.87
	45392	COLSC FLX W/US GUID ND L ASPIR/BX W/US RCTM ET AL	1069.20			000	N	1503.87
	45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	889.20			000	N	1503.87
	45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	6922.80			090	Y	
	45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	7520.40			090	Y	
	45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	2880.06			000	N	1503.87
	45399	UNLISTED PROCEDURE COLON	BR			YYY	N	1150.88
	45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	4011.60			090	Y	5603.62
	45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	5361.60			090	Y	
J1	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	BR			YYY	Y	10276.73
J1	45500	PROCTOPLASTY STENOSIS	2055.60			090	N	4990.08
J1	45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	2154.00			090	N	4984.47
	45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	590.40			000	N	1150.88
	45540	PROCTOPEXY ABDOMINAL APPROACH	3741.60			090	Y	
J1	45541	PROCTOPEXY PERINEAL APPROACH	3367.20			090	Y	4985.09
	45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	5174.40			090	Y	
J1	45560	REPAIR RECTOCELE SEPARATE PROCEDURE	2457.60			090	Y	4939.56
	45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY	4070.40			090	Y	
	45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	5956.80			090	Y	
	45800	CLOSURE RECTOVESICAL FISTULA	4567.20			090	Y	
	45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	5277.60			090	Y	
	45820	CLOSURE RECTOURETHRAL FISTULA	4579.20			090	Y	
	45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	5528.40			090	Y	
	45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	763.20			010	N	1150.88
	45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	602.40			010	N	1503.87
	45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	688.80			010	N	1503.87
	45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	1281.60			010	N	1503.87
J1	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	372.00			000	N	4983.72
	45999	UNLISTED PROCEDURE RECTUM	BR			YYY	N	1150.88

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 46020	PLACEMENT SETON	960.00			000	N	4987.96
	46030	REMOVAL ANAL SETON OTHER MARKER	557.52			000	N	1503.87
	46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	2014.80			090	N	1503.87
	J1 46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	1579.20			090	N	4989.08
	46050	I&D PERIANAL ABSCESS SUPERFICIAL	825.24			010	N	1150.88
	J1 46060	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	1742.40			090	N	4985.47
	J1 46070	INCISION ANAL SEPTUM INFANT	984.00			090	N	4964.13
	J1 46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	1022.58			010	N	4987.84
	46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	723.12			010	N	385.91
	J1 46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	1720.80			090	N	4988.83
	46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	858.36			010	N	1503.87
	46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	1033.20			010	N	1150.88
	J1 46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	1119.18			010	N	4989.58
	J1 46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	1740.00			090	N	4985.47
	J1 46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	1893.60			090	N	4987.59
	J1 46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	1485.60			090	N	4990.08
	J1 46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	1732.80			090	N	4965.26
	J1 46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	1732.80			090	N	4987.09
	J1 46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	1893.60			090	N	4987.34
	J1 46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	2116.80			090	N	4984.22
	J1 46270	SURG TX ANAL FISTULA SUBQ	1942.80			090	N	4986.09
	J1 46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	2046.00			090	N	4987.46
	J1 46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	1722.00			090	N	4981.23
	J1 46285	SURG TX ANAL FISTULA 2ND STAGE	2035.20			090	N	4987.71
	J1 46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP	1994.40			090	N	4947.42
	46320	EXC THROMBOSED HEMORRHOID XTRNL	749.34			010	N	1503.87
	46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	1135.74			010	N	1150.88
	46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	1140.00			010	N	1503.87
	46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	375.36			000	N	163.53
	46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	547.20			000	N	163.53
	46604	ANOSCOPY W/DILATION	2512.80			000	N	1503.87
	46606	ANOSCOPY W/BX SINGLE/MULTIPLE	950.82			000	N	1503.87
	46607	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	763.20			000	N	1503.87
	46608	ANOSCOPY W/RMVL FOREIGN BODY	1001.88			000	N	1150.88
	J1 46610	ANOSCOPY W/RMVL LESION CAUTERY	950.82			000	N	4989.58
	46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	749.34			000	N	1150.88
	J1 46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	1156.44			000	N	4985.09
	46614	ANOSCOPY CONTROL BLEEDING	547.86			000	N	1503.87
	J1 46615	ANOSCOPY ABLATION LESION	598.92			000	N	4988.71
	J1 46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	2342.40			090	N	4989.71
	46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	2062.80			090	Y	
	J1 46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	642.00			010	N	4972.24
	J1 46707	REPAIR ANORECTAL FISTULA PLUG	1821.60			090	N	4609.59
	46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	3994.80			090	Y	
	46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	7962.00			090	Y	
	46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	2008.80			090	Y	
	46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	4432.80			090	Y	
	46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	7126.80			090	Y	
	46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	8198.40			090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	7773.60			090	Y	
	46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	8978.40			090	Y	
	46744	RPR CLOACAL ANOMALY SACROPERINEAL	12656.40			090	Y	
	46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	13941.60			090	Y	
	46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	15105.60			090	Y	
J1	46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	2673.60			090	Y	4989.96
	46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	2415.60			090	Y	
J1	46753	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	2236.80			090	N	4969.37
J1	46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	1245.60			010	N	4990.08
J1	46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	3903.60			090	Y	4964.13
J1	46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	3259.20			090	Y	4791.35
	46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	856.80			010	N	501.26
	46910	DSTRJ LESION ANUS SMPL ELTRDISICCATION	960.00			010	N	2483.95
	46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	938.40			010	N	260.43
J1	46917	DSTRJ LESION ANUS SIMPLE LASER SURG	1586.40			010	N	4989.58
J1	46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	1104.00			010	N	4987.84
J1	46924	DSTRJ LESION ANUS EXTENSIVE	2002.80			010	N	4989.08
	46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	787.20			090	N	1503.87
J1	46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	937.02			010	N	4989.71
	46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	894.24			010	N	1150.88
J1	46945	INT HRHC BY LIGATION SINGLE HROID W/O IMG GDN	1219.20			090	N	4985.59
J1	46946	INT HRHC BY LIGATION 2+ HROID W/O IMG GDN	1265.46			090	N	4984.84
J1	46947	HEMORRHOIDOPEXY STAPLING	1392.00			090	N	4985.47
J1	46948	INT HRHC TRANSANAL HROID DARTLZJ 2+ W/US GDN	1604.40			090	N	4964.13
	46999	UNLISTED PROCEDURE ANUS	BR			YYY	N	1150.88
J1	47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	1102.80			000	N	2870.39
+	47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	367.20			ZZZ	N	
	47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	4351.20			090	Y	
	47015	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	4186.80			090	Y	
	47100	BIOPSY LIVER WEDGE	3046.80			090	Y	2798.34
	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	8335.20			090	Y	5344.30
	47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	12252.00			090	Y	
	47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	10977.60			090	Y	
	47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	11776.80			090	Y	
	47133	DONOR HEPATECTOMY CADAVER DONOR	19334.40			XXX	N	
	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	19197.60			090	Y	
	47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III	12744.00			090	Y	
	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	15234.00			090	Y	
	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII & VI	16741.20			090	Y	
	47143	BKBENCH PREP CADAVER DONOR	2956.80			XXX	Y	
	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	4603.20			090	Y	
	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	2557.20			XXX	Y	
	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	1166.40			XXX	Y	
	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	1354.80			XXX	Y	
	47300	MARSUPIALIZATION CST/ABSC LVR	4062.00			090	Y	
	47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	4897.20			090	Y	
	47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ	6722.40			090	Y	
	47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	10761.60			090	Y	
	47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	5107.20			090	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	47370 LAPS SURG ABLTJ 1/> LVR TUM RF	4477.20			090	Y	17900.93
	J1	47371 LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	4515.60			090	Y	18185.19
	J1	47379 UNLISTED LAPAROSCOPIC PROCEDURE LIVER	BR			YYY	Y	10291.97
		47380 ABLTJ OPN 1/> LVR TUM RF	5169.60			090	Y	
		47381 ABLTJ OPN 1/> LVR TUM CRYOSURG	5308.80			090	Y	
	J1	47382 ABLTJ 1/> LVR TUM PRQ RF	15680.40			010	N	9871.58
	J1	47383 ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	23541.60			010	N	9077.05
		47399 UNLISTED PROCEDURE LIVER	BR			YYY	N	902.47
		47400 HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	7707.60			090	Y	
		47420 CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	4778.40			090	Y	6173.68
		47425 CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	4909.20			090	Y	
		47460 TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	4562.40			090	Y	
		47480 CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	3138.00			090	Y	
	J1	47490 CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	1170.00			010	N	6276.61
		47531 NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	1364.82			000	N	4614.08
		47532 NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	3118.80			000	N	4614.08
	J1	47533 PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	4336.80			000	N	6246.72
	J1	47534 PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	4927.20			000	N	6205.94
	J1	47535 CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	3414.00			000	N	6123.89
	J1	47536 EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	2368.80			000	N	6245.90
		47537 REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	1588.38			000	N	1173.47
	J1	47538 PLMT BILE DUCT STENT PRQ EXISTING ACCESS	14616.00			000	N	9076.27
	J1	47539 PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	16210.80			000	N	9570.05
	J1	47540 PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	16488.00			000	N	9295.90
	J1	47541 PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	4290.00			000	N	6196.51
	+	47542 BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	1844.40			ZZZ	N	
	+	47543 ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	1605.60			ZZZ	N	
	+	47544 REMOVAL BILIARY DUCT & GLBLDR CALCULI PERQ RS&I	3513.60			ZZZ	N	
	+	47550 BILIARY NDSC INTRAOPERATIVE	585.60			ZZZ	Y	
	J1	47552 BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	1081.20			000	N	6341.27
	J1	47553 BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	1069.20			000	N	6365.48
	J1	47554 BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	1832.40			000	N	10188.88
	J1	47555 BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	1146.00			000	N	6100.66
	J1	47556 BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	1299.60			000	N	9333.63
	J1	47562 LAPAROSCOPY SURG CHOLECYSTECTOMY	2371.20			090	Y	10317.55
	J1	47563 LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2580.00			090	Y	10307.74
	J1	47564 LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	4003.20			090	Y	10259.16
		47570 LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	2787.60			090	Y	
	J1	47579 UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	BR			YYY	Y	10308.77
		47600 CHOLECYSTECTOMY	3831.60			090	Y	6062.86
		47605 CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	4044.00			090	Y	5202.83
		47610 CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	4497.60			090	Y	
		47612 CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	4572.00			090	Y	
		47620 CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	4934.40			090	Y	
		47700 EXPL CONGENITAL ATRESIA BILE DUCTS	3814.80			090	Y	
		47701 PORTOENETEROSTOMY	6235.20			090	N	
		47711 EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	5574.00			090	Y	
		47712 EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	7156.80			090	Y	
		47715 EXCISION CHOLEDOCHAL CYST	4779.60			090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
47720	CHOLECYSTOENTEROSTOMY DIRECT	4154.40			090	Y	
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	4867.20			090	Y	
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	4720.80			090	Y	
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	5301.60			090	Y	
47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	8042.40			090	Y	
47765	ANAST INTRAHEPATC DUCTS & GI TRACT	10849.20			090	Y	
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	8829.60			090	Y	
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	11509.20			090	Y	
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	5499.60			090	Y	
47801	PLACEMENT CHOLEDOCHAL STENT	4012.80			090	Y	
47802	U-TUBE HEPATICOENTEROSTOMY	5478.00			090	Y	
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	4892.40			090	Y	
47999	UNLISTED PROCEDURE BILIARY TRACT	BR			YYY	N	1173.47
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	6745.20			090	Y	
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	8256.00			090	Y	
48020	REMOVAL PANCREATIC CALCULUS	4237.20			090	Y	
48100	BIOPSY PANCREAS OPEN	3146.40			090	Y	
J1 48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	1884.00			010	N	2872.26
48105	RESECT/DBRDMT PANCREAS NECROTIZING PANCREATITIS	10137.60			090	Y	
48120	EXCISION LESION PANCREAS	3950.40			090	Y	
48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	5588.40			090	Y	
48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	5853.60			090	Y	
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	6769.20			090	Y	
48148	EXCISION AMPULLA VATER	4490.40			090	Y	
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	11115.60			090	Y	
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	10350.00			090	Y	
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	11095.20			090	Y	
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	10395.60			090	Y	
48155	PANCREATECTOMY TOTAL	6516.00			090	Y	
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	21482.40			XXX	N	
+ 48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	381.60			ZZZ	N	
48500	MARSUPIALIZATION PANCREATIC CYST	4136.40			090	Y	
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	3944.40			090	Y	
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	3952.80			090	Y	
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	4690.80			090	Y	
48545	PANCREATORRHAPHY INJURY	4830.00			090	Y	
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	6420.00			090	Y	
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	5992.80			090	Y	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	BR			XXX	N	
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	2762.40			XXX	Y	
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	838.80			XXX	Y	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	9303.60			090	Y	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	4604.40			090	Y	
48999	UNLISTED PROCEDURE PANCREAS	BR			YYY	Y	902.47
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	2750.40			090	Y	3847.85
49002	REOPENING RECENT LAPAROTOMY	3727.20			090	Y	
J1* 49010	EXPL RETROPERITONEUM W/WO BX SPX	3295.20			090	Y	6307.96
49013	PREPERITONEAL PEL PACK F/HEMRRG ASSOC PEL TRMA	1628.40			000	N	
49014	REEXPL PEL WND W/RMVL PREPERITONEAL PEL PACKING	1352.40			000	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	5694.00			090	Y	2127.66
	49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	3604.80			090	Y	
	49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	3922.80			090	N	
	49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	2755.20			090	Y	
	49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	777.60			000	N	1173.47
	49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1076.40			000	N	1173.47
	49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	379.20			000	N	1173.47
J1	49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	626.40			000	N	2871.18
	49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	4178.64			000	N	902.47
	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	4263.60			090	Y	3638.35
	49204	EXC/DESTRUCTION OPEN ABDOMNL TUMORS 5.1-10.0 CM	5415.60			090	Y	3550.07
	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	6208.80			090	Y	3506.32
	49215	EXC PRESAC/SACROCOCCYGEAL TUMOR	7884.00			090	Y	
J1	49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	2124.00			090	N	6472.87
J1*	49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	2823.60			090	Y	6307.96
J1	49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX	1174.80			010	Y	10267.43
J1	49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	1231.20			010	Y	10291.72
J1	49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	1341.60			010	Y	10311.61
J1	49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	2265.60			090	Y	10301.53
J1	49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	1388.40			010	Y	10140.04
J1	49325	LAPS W/REVISION INTRAPERITONEAL CATHETER	1483.20			010	Y	10273.37
+	49326	LAPAROSCOPY W/OMENTOPEXY	673.20			ZZZ	Y	
+	49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	464.40			ZZZ	Y	
J1	49329	UNLISTED LAPAROSCOPY PX ABD PERTONEUM & OMENTUM	BR			YYY	Y	10275.95
	49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	542.34			000	N	
J1	49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	3052.80			090	N	6484.73
J1	49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	3289.20			000	N	2805.22
J1	49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	3288.00			000	N	2793.65
J1	49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	2681.34			000	N	2828.00
	49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	1749.60			000	N	1831.33
+	49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	294.00			ZZZ	N	
J1	49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	4334.40			000	N	6070.60
J1	49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	1532.40			090	N	9311.43
J1	49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	806.40			000	N	6368.08
	49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	788.40			000	N	4151.55
J1	49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX	2215.20			000	N	3195.87
	49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	600.30			000	N	
	49425	INSERTION PERITONEAL-VENOUS SHUNT	2502.00			090	Y	
J1	49426	REVIS PERITONEAL-VENOUS SHUNT	2409.60			090	N	6328.60
	49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	158.40			000	N	
	49428	LIGATION PERITONEAL-VENOUS SHUNT	1544.40			010	N	
	49429	RMVL PERITONEAL-VENOUS SHUNT	1640.40			010	N	4151.55
+	49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	423.60			ZZZ	Y	
J1	49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	674.40			010	Y	3299.71
J1	49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	3238.80			010	N	3214.03
J1	49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	3675.60			010	N	3189.65
	49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	3058.80			010	N	1503.87
J1	49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	3114.00			000	N	3161.36
	49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	2256.00			000	N	1173.47

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	2454.00			000	N	1173.47
	49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	3019.20			000	N	1173.47
	49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	2496.00			000	N	1173.47
	49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	537.60			000	N	333.70
J1	49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	2870.40			090	Y	10194.30
J1	49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	3448.80			090	Y	6345.17
J1	49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	1467.60			090	Y	6307.96
J1	49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	2214.00			090	Y	6361.74
J1	49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	1494.00			090	Y	6498.70
J1	49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	2181.60			090	Y	6433.55
J1	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	1879.20			090	Y	6348.74
J1	49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	2109.60			090	Y	6361.09
J1	49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	2276.40			090	Y	6357.03
J1	49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	2571.60			090	Y	6361.90
J1	49525	RPR INGUN HERNIA SLIDING ANY AGE	2061.60			090	Y	6364.34
J1	49540	REPAIR LUMBAR HERNIA	2428.80			090	Y	10003.36
J1	49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	2071.20			090	Y	6357.36
J1	49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	2274.00			090	Y	6374.41
J1	49555	RPR RECRT FEM HERNIA REDUCIBLE	2175.60			090	Y	6327.79
J1	49557	RPR RECRT FEM HRNA INCARCERATED	2601.60			090	Y	6397.97
J1	49560	REPAIR FIRST ABDOMINAL WALL HERNIA	2646.00			090	Y	6268.00
J1	49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED	3328.80			090	Y	6275.80
J1	49565	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	2754.00			090	Y	9947.03
J1	49566	RPR RECRT INCAL/VNT HERNIA INCARCERATED	3357.60			090	Y	9957.37
+	49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	946.80			ZZZ	Y	
J1	49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	1508.40			090	Y	6311.38
J1	49572	RPR EPIGASTRIC HERNIA INCARCERATED	1867.20			090	Y	6370.68
J1	49580	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	1213.20			090	Y	6307.96
J1	49582	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	1748.40			090	Y	6307.96
J1	49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	1609.20			090	Y	6293.99
J1	49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	1718.40			090	Y	6301.30
J1	49590	RPR SPIGELIAN HERNIA	2060.40			090	Y	6286.84
J1	49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	2644.80			090	Y	6307.96
	49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	17569.20			090	Y	
	49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	4072.80			090	Y	
	49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	2497.20			090	Y	
	49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	2199.60			090	Y	
J1	49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	1554.00			090	Y	10023.00
J1	49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	2029.20			090	Y	10033.33
J1	49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	2668.80			090	Y	9981.40
J1	49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	3343.20			090	Y	9960.47
J1	49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	3027.60			090	Y	17469.30
J1	49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	3710.40			090	Y	17463.39
J1	49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	3289.20			090	Y	17481.58
J1	49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	4722.00			090	Y	17466.57
J1	49659	UNLISTED LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR			YYY	Y	10046.77
	49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	2940.00			090	Y	3090.54
	49904	OMENTAL FLAP EXTRA-ABDOMINAL	4944.00			090	N	
+	49905	OMENTAL FLAP INTRA-ABDOMINAL	1250.40			ZZZ	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	4737.54			090	N	
	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	BR			YYY	N	1173.47
	50010	RNL EXPL X NECESSITATING OTH SPEC PX	2546.40			090	Y	
J1	50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	3561.60			090	N	3651.45
	50040	NEPHROSTOMY NEPHROTOMY W/DRAINAGE	3244.80			090	N	2723.43
	50045	NEPHROTOMY W/EXPLORATION	3270.00			090	Y	
	50060	NEPHROLITHOTOMY REMOVAL CALCULUS	3990.00			090	Y	5511.19
	50065	NEPHROLITHOTOMY SECONDARY SURG OPERJ CALCULUS	4230.00			090	Y	5034.37
	50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	4149.60			090	Y	
	50075	NEPHROLITHOTOMY RMVL LARGE STAGHORN CALCULUS	5098.80			090	Y	
J1	50080	PERQ NL/PL LITHOTRP SIMPLE UP TO 2 CM 1 LOCATION	3043.20			090	N	16359.08
J1	50081	PERQ NL/PL LITHOTRP COMPLEX >2 CM MLT LOCATIONS	4476.00			090	Y	16341.38
	50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSELS SPX	3882.00			090	Y	
	50120	PYELOTOMY W/EXPLORATION	3327.60			090	Y	
	50125	PYELOTOMY W/DRAINAGE PYELOTOMY	3446.40			090	Y	
	50130	PYELOTOMY WITH REMOVAL CALCULUS	3618.00			090	Y	
	50135	PYELOTOMY COMPLICATED	3928.80			090	Y	
J1	50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	1911.60			000	N	2869.46
	50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	2691.60			090	Y	
	50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	3711.60			090	Y	5822.54
	50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	4222.80			090	Y	
	50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	4488.00			090	Y	
	50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	4575.60			090	Y	
	50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	5133.60			090	Y	
	50240	NEPHRECTOMY PARTIAL	4650.00			090	Y	
	50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	4263.60			090	Y	
	50280	EXCISION/UNROOFING CYST KIDNEY	3375.60			090	Y	
	50290	EXCISION PERINEPHRIC CYST	3153.60			090	Y	
	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	BR			XXX	N	
	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	5428.80			090	Y	
	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	1826.40			XXX	Y	
	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	1826.40			XXX	Y	
	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	769.20			XXX	Y	
	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	674.40			XXX	Y	
	50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	638.40			XXX	Y	
	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	3429.60			090	Y	
	50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	8665.20			090	Y	
	50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	10335.60			090	Y	
	50370	RMVL TRNSPLED RENAL ALLOGRAFT	4338.00			090	Y	
	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	7281.60			090	Y	
J1	50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	3762.00			000	N	3441.61
	50384	REMOVAL INDWELLING URETERAL STENT PRQ	3195.60			000	N	2596.68
J1	50385	REMOVE & REPLACE INDWELL URETERAL STENT TRUTHRL	3753.60			000	N	3504.43
	50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	2770.80			000	N	2596.68
J1	50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	2023.08			000	N	3438.32
	50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	1309.62			000	N	834.34
	50390	ASPIR & /NJX RENAL CYST/PELVIS NEEDLE PRQ	333.60			000	N	902.47
	50391	INSTLJ THER AGENT RENAL PELVIS&URETER VIA TUB	442.80			000	N	385.91
	50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	405.60			000	N	834.34

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	50400	PYELOPLASTY SIMPLE	4047.60			090	Y	
	50405	PYELOPLASTY COMPLICATED	4881.60			090	Y	3351.20
	50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	2005.14			000	N	834.34
	50431	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	832.14			000	N	834.34
J1	50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	3245.76			000	N	3500.04
J1	50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	4188.00			000	N	5924.94
J1	50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	3368.40			000	N	3402.11
J1	50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	2018.94			000	N	3456.15
J1	50436	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	524.40			000	N	5970.00
J1	50437	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	874.80			000	N	6018.05
	50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	4478.40			090	Y	
	50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	4159.20			090	Y	
	50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	5274.00			090	Y	
	50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	5646.00			090	Y	
	50540	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	4015.20			090	Y	
J1	50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	3213.60			090	Y	10299.21
J1	50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	4089.60			090	Y	17175.03
J1	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	5218.80			090	Y	18097.41
J1	50544	LAPAROSCOPY SURG PYELOPLASTY	4348.80			090	Y	18034.64
	50545	LAPAROSCOPY RADICAL NEPHRECTOMY	4672.80			090	Y	12879.74
	50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	4221.60			090	Y	7779.26
	50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	5758.80			090	Y	
	50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	4699.20			090	Y	
J1	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	BR			YYY	Y	10269.49
J1	50551	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	1272.00			000	N	8789.64
J1	50553	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	1363.20			000	N	8729.94
J1	50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	1450.80			000	N	16410.92
J1	50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	1476.00			000	N	16551.25
J1	50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	1672.80			000	N	8799.10
J1	50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	2017.20			090	Y	16382.68
J1	50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	1707.60			000	N	6090.74
	50572	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	1848.00			000	N	834.34
J1	50574	RENAL NDSC NEPHROTOMY W/BIOPSY	1965.60			000	N	6194.99
J1	50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	2481.60			000	N	8710.34
J1	50576	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	1960.80			000	N	8557.14
J1	50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	2110.80			000	N	8692.99
J1	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	2638.80			090	N	6260.77
J1	50592	ABL TJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	11086.80			010	N	9889.67
J1	50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	15058.80			010	Y	15997.04
	50600	URTROSTOMY W/EXPL/DRG SEPARATE PROCEDURE	3285.60			090	Y	
	50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	3576.00			090	Y	
+	50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	2256.00			ZZZ	N	
	50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	3308.40			090	Y	
	50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	3164.40			090	Y	
	50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	3128.40			090	Y	
	50650	URETRECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	3644.40			090	Y	
	50660	URETRECTOMY TOT ECTOPIC URETER CMBN APPR	4002.00			090	Y	
	50684	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	427.80			000	N	
	50686	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	508.80			000	N	202.48

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 50688	CHNG URTRST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	270.00			010	N	3470.14
	50690	NJX VISUALIZATION ILEAL CONDUIT&URETEROPYELOG	396.06			000	N	
	J1 50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	3690.00			000	N	5879.26
	J1 50694	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	4128.00			000	N	5920.23
	J1 50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	4959.60			000	N	5856.18
	50700	URETEROPLASTY PLASTIC OPERATION URETER	3247.20			090	Y	
+	50705	URETERAL EMBOLIZATION/OCLUSION W/IMG GID RS&I	6877.20			ZZZ	N	
+	50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	3289.20			ZZZ	N	
	50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	4255.20			090	Y	3289.28
	50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	3625.20			090	Y	
	50725	URTROLSS RETROCAVAL URTR W/REANAST	3856.80			090	Y	
	J1 50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	1804.80			090	Y	6263.60
	50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	2587.20			090	Y	
	50740	URETEROPYELOSTOMY ANAST URETER RENAL PELVIS	4390.80			090	Y	
	50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	4035.60			090	Y	
	50760	URETEROURETEROSTOMY	4008.00			090	Y	
	50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	4035.60			090	Y	
	50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	3902.40			090	Y	6610.44
	50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	3764.40			090	Y	
	50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	3946.80			090	Y	
	50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	4254.00			090	Y	
	50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	3242.40			090	Y	
	50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	5041.20			090	Y	
	50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	4291.20			090	Y	
	50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	4598.40			090	Y	
	50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&LG INTSTN	5769.60			090	Y	
	50830	URINARY UNIDIVERSION	6300.00			090	Y	
	50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	4312.80			090	Y	
	50845	CUTANANEOUS APPENDICO-VESICOSTOMY	4396.80			090	Y	
	50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	3314.40			090	Y	
	50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	2959.20			090	Y	
	50920	CLOSURE URETEROCUTANEOUS FISTULA	3091.20			090	Y	
	50930	CLOSURE URETEROCUTANEOUS FISTULA W/MISC RPR	3855.60			090	Y	
	50940	DELIGATION URETER	3114.00			090	Y	
	J1 50945	LAPAROSCOPY URTROLITHOTOMY	3403.20			090	Y	10160.20
	J1 50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	4849.20			090	Y	10227.38
	J1 50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	4464.00			090	Y	18034.64
	J1 50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	BR			YYY	Y	10265.10
	J1 50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	1333.20			000	N	6176.78
	J1 50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	1410.00			000	N	6069.70
	J1 50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	1502.40			000	N	8813.30
	J1 50957	URETERAL ENDOSCOPY W/DEST&INC W/WO BIOPSY	1515.60			000	N	8846.87
	J1 50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	1371.60			000	N	8798.43
	J1 50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	1290.00			000	N	6157.46
	J1 50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	1246.80			000	N	6136.58
	J1 50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	1644.00			000	N	8753.82
	J1 50976	URETERAL ENDOSC VIA URETEROT W/DEST&INC W/WO BX	1621.20			000	N	8857.68
	J1 50980	NDSC URETEROTOMY RMVL FB/CALCULUS	1239.60			000	N	8677.22
	J1 51020	CYSTOTOMY/CYSTOSTOMY FULG&INSJ RADACT MATRL	1656.00			090	Y	6276.00

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	1668.00			090	N	6175.83
	J1 51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	1026.00			090	Y	3632.80
	J1 51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	1794.00			090	Y	3627.86
	J1 51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	1658.40			090	Y	8964.25
	J1 51060	TRANSVESICAL URETROLITHOTOMY	2049.60			090	Y	3599.42
	J1 51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	2041.20			090	N	6205.66
	J1 51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC	1437.60			090	Y	4636.30
	51100	ASPIRATION BLADDER NEEDLE	253.92			000	N	385.91
	51101	ASPIRATION BLADDER TROCAR/INTRACATHETER	523.02			000	N	1334.25
	J1 51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	867.60			000	N	3589.28
	J1 51500	EXC URACHAL CYST/SINUS W/VO UMBILICAL HERNIA RPR	2241.60			090	Y	10288.10
	J1 51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	2095.20			090	Y	6280.08
	51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	3015.60			090	Y	
	51530	CYSTOTOMY EXCISION BLADDER TUMOR	2706.00			090	Y	
	J1 51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	2737.20			090	Y	6257.79
	51550	CYSTEATOMY PARTIAL SIMPLE	3385.20			090	Y	
	51555	CYSTEATOMY PARTIAL COMPLICATED	4426.80			090	Y	
	51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	4515.60			090	Y	
	51570	CYSTEATOMY COMPLETE SEPARATE PROCEDURE	5149.20			090	Y	
	51575	CYSTEATOMY W/BI PELVIC LYMPHADENECTOMY	6373.20			090	Y	
	51580	CYSTEATOMY W/URETEROSIGMOIDOSTOMY W/NODES	6633.60			090	Y	
	51585	CYSTEATOMY W/URETEROSIGMOID BI PELV LYMPH NODES	7381.20			090	Y	
	51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	6759.60			090	Y	
	51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	7644.00			090	Y	
	51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	8234.40			090	Y	
	51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	8043.60			090	Y	
	51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	768.66			000	N	
	51605	NJX & PLACEMENT CHAIN CONTRAST&URETHROCSTOGRAPY	135.60			000	N	
	51610	NJX RETROGRADE URETHROCSTOGRAPY	442.98			000	N	
	51700	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	274.80			000	N	385.91
	51701	INSJ NON-NDWELLG BLADDER CATHETER	159.60			000	N	163.53
	51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	222.00			000	N	163.53
	51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	521.64			000	N	202.48
	51705	CHANGE CYSTOSTOMY TUBE SIMPLE	345.60			000	N	385.91
	51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	487.20			000	N	834.34
	J1 51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	1251.66			000	N	5708.28
	51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	310.80			000	N	385.91
	51725	SIMPLE CYSTOMETROGRAM	785.22	264.00	521.22	000	N	
	51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	1093.20	295.20	798.00	000	N	
	51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	1295.82	369.60	926.22	000	N	
	51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	1317.90	362.40	955.50	000	N	
	51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	1405.20	439.20	966.00	000	N	
	51736	SIMPLE UROFLOMETRY	48.00	28.80	19.20	XXX	N	
	51741	COMPLEX UROFLOMETRY	49.20	30.00	19.20	XXX	N	
	51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	231.60	130.80	100.80	XXX	N	
	51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	1265.46	327.60	937.86	XXX	N	
	51792	STIMULUS EVOKED RESPONSE	906.66	190.80	715.86	000	N	
+	51797	VOID PRESSURE STUDIES INTRAABDOMINAL	545.10	139.20	405.90	ZZZ	N	
	51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	43.20	BR	37.20	XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
51800	CSTOPLASTY/CSTOURTP PLSTC ANY	3646.80			090	Y	
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	3804.00			090	Y	
J1* 51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	2468.40			090	Y	8656.16
51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	2848.80			090	Y	
J1 51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	2049.60			090	Y	9006.98
J1 51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	2636.40			090	Y	8861.51
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	3162.00			090	Y	
J1 51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	1640.40			090	Y	6232.82
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	2892.00			090	Y	
51920	CLOSURE VESICOUTERINE FISTULA	2680.80			090	Y	
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	3859.20			090	Y	
51940	CLOSURE EXSTROPHY BLADDER	5743.20			090	Y	
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	4849.20			090	Y	
51980	CUTANEOUS VESICOSTOMY	2506.80			090	Y	
J1 51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	2619.60			090	Y	10006.98
J1 51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	2958.00			090	Y	9481.68
J1 51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	BR			YYY	N	10266.65
52000	CYSTOURETHROSCOPY	743.82			000	N	834.34
J1 52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	1562.16			000	N	6254.49
J1 52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	1105.20			000	N	3627.31
J1 52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	1651.20			000	N	6165.00
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION	1389.60			000	N	834.34
J1 52204	CYSTOURETHROSCOPY WITH BIOPSY	1383.60			000	N	3648.43
J1 52214	CYSTO W/DESTRUCTION OF LESIONS	2760.00			000	N	6260.93
J1 52224	CYSTO W/REMOVAL OF LESIONS SMALL	2883.60			000	N	6267.37
J1 52234	CYSTO W/REMOVAL OF TUMORS SMALL	855.60			000	N	6259.52
J1 52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	1002.00			000	N	6255.43
J1 52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	1363.20			000	N	8972.36
J1 52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	832.80			000	N	6250.25
J1 52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	734.40			000	N	3651.73
J1 52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	1366.80			000	N	3648.98
J1 52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	1505.58			000	N	3653.92
J1 52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	1970.40			000	N	3628.68
J1 52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY	919.20			000	N	3626.58
J1 52277	CYSTOURETHROSCOPY W/RESEJ EXTERNAL SPHINCTER	1123.20			000	N	6229.37
J1 52281	CYSTO CALIBRATION DILAT URTRL STRIX/STENOSIS	1177.14			000	N	3624.75
J1 52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	1171.20			000	N	6025.11
J1 52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	1197.84			000	N	3640.30
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	1195.08			000	N	834.34
J1 52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	1331.70			000	N	3650.63
J1 52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	848.40			000	N	3631.70
J1 52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	972.00			000	N	6246.17
J1 52301	CYSTO W/RESEJ ECTOPIC URETEROCELE UNI/BI	1006.80			000	N	6238.01
J1 52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	967.20			000	N	8944.19
J1 52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	1059.84			000	N	3649.71
J1 52315	CYSTO W/COMPLEX REMOVAL STONE & STENT	1692.00			000	N	3639.66
J1 52317	LITHOLAPAXY SMPL/SM <2.5 CM	3241.20			000	N	6232.35
J1 52318	LITHOLAPAXY COMP/LG > 2.5 CM	1645.20			000	N	6243.34
J1 52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	856.80			000	N	6145.37

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	52325	CYSTO FRAGMENTATION URETERAL STONE	1112.40			000 N	8797.08
	J1	52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL	916.80			000 N	7893.20
	J1	52330	CYSTO MANJ W/O RMVL URETERAL STONE	2133.48			000 N	6106.12
	J1	52332	CYSTO W/INSERT URETERAL STENT	1623.60			000 N	6070.96
	J1	52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	636.00			000 N	6100.16
	J1	52341	CYSTO W/TX URETERAL STRICTURE	986.40			000 N	6160.29
	J1	52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	1074.00			000 N	5994.81
	J1	52343	CYSTO W/TX INTRA-RENAL STRICTURE	1195.20			000 N	6040.81
	J1	52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	1285.20			000 N	6037.04
	J1	52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	1370.40			000 N	6043.64
	J1	52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	1550.40			000 N	8727.69
	J1	52351	CYSTO W/URTROSCOPY&/PYELOSOCOPY DX	1051.20			000 N	6194.99
	J1	52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	1231.20			000 N	6127.32
	J1	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	1363.20			000 N	8889.67
	J1	52354	CYSTO/PYELOSOCOPY BX&/FULGURATION PELVIC LESION	1449.60			000 N	8807.67
	J1	52355	CYSTO/PYELOSOCOPY RESCJ PELVIC TUMOR	1623.60			000 N	8821.86
	J1	52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	1446.00			000 N	8780.86
	J1	52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	1671.60			090 N	6271.92
	J1	52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	927.60			000 N	6240.83
		52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	4710.00			000 N	
+		52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	3255.60			ZZZ N	
	J1	52450	TRANSURETHRAL INCISION PROSTATE	1666.80			090 N	6252.92
	J1	52500	TRANSURETHRAL RESECTION BLADDER NECK	1726.80			090 N	6246.17
	J1	52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	2554.80			090 N	8991.73
	J1	52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	1423.20			090 N	8987.23
	J1	52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	1129.20			090 N	6245.54
	J1	52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	5709.60			090 N	8977.31
	J1	52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	5887.20			090 N	8981.59
	J1	52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	2898.00			090 N	8962.89
	J1	52700	TRURL DRAINAGE PROSTATIC ABSCESS	1554.00			090 N	6274.59
	J1	53000	URTT/URTS XTRNL SPX PENDULOUS URETHRA	520.80			010 N	3652.73
	J1	53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	1044.00			090 N	8973.26
	J1	53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	337.20			000 N	3650.81
	J1	53025	MEATOTOMY CUTTING MEATUS SPX INFANT	236.40			000 N	3599.42
	J1	53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	1378.80			090 N	6248.21
	J1	53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	670.80			010 N	3657.30
		53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	1480.80			090 N	834.34
	J1	53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	2282.40			090 Y	3599.42
	J1	53200	BIOPSY URETHRA	556.80			000 N	3646.60
	J1	53210	URETHRECTOMY TOT W/CYSTOST FEMALE	2727.60			090 Y	6267.99
	J1	53215	URETHRECTOMY TOT W/CYSTOST MALE	3254.40			090 Y	9003.00
	J1	53220	EXC/FULGURATION CARCINOMA URETHRA	1587.60			090 N	6269.56
	J1	53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	2149.20			090 Y	8979.57
	J1	53235	EXC URETHRAL DIVERTICULUM SPX MALE	2228.40			090 Y	8989.48
	J1	53240	MARSUPIALIZATION URTRL DIVERTICULUM MALE/FEMALE	1496.40			090 N	6175.83
	J1	53250	EXCISION OF BULBOURETHRAL GLAND	1393.20			090 N	6280.08
	J1	53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	733.20			010 N	6272.70
	J1	53265	EXC/FULGURATION URETHRAL CARUNCLE	812.40			010 N	3654.65
	J1	53270	EXCISION OR FULGURATION SKENES GLANDS	747.60			010 N	6280.08

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	53275	EXCISION/FULGURATION URETHRAL PROLAPSE	927.60			010	N	6274.74
J1	53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	2808.00			090	Y	8964.25
J1	53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	3062.40			090	Y	8996.24
J1	53410	URETHROPLASTY 1 STG RCNST MALE ANTERIOR URETHRA	3439.20			090	Y	8966.72
	53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	3961.20			090	Y	7751.27
J1	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	2952.00			090	N	8991.96
J1	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	3284.40			090	Y	8965.82
J1	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	3423.60			090	Y	8928.65
J1	53431	URTP W/TUBULARIZATION POST URT&LWR BLDR	4036.80			090	Y	8988.35
J1	53440	SLING OPERATION CORRJ MALE URINARY INCONTINENCE	2643.60			090	Y	19691.67
J1	53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE	2758.80			090	Y	8381.86
J1	53444	INSERTION TANDEM CUFF	2785.20			090	Y	31466.73
J1	53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2656.80			090	Y	30614.29
	53446	REML INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2260.80			090	Y	6398.36
J1	53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	2833.20			090	Y	30824.13
	53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	4472.40			090	Y	
J1	53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	2156.40			090	Y	8398.53
J1	53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	1440.00			090	N	6254.02
J1	53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	BR			010	N	19062.36
J1	53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	BR			010	N	7335.14
J1	53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	BR			000	N	6175.83
	53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	BR			000	N	385.91
J1	53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	1611.60			090	N	6264.54
J1	53500	URETHROLSS TRVG SEC OPN WCSTO	2640.00			090	Y	6239.10
J1	53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	1710.00			090	N	6267.52
J1	53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	1708.80			090	Y	8901.84
J1	53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	2223.60			090	Y	9003.90
J1	53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	2792.40			090	Y	9011.78
J1	53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	1963.20			090	N	8960.19
	53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	313.20			000	N	385.91
	53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	300.00			000	N	163.53
J1	53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	224.40			000	N	6212.57
	53620	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	523.02			000	N	834.34
	53621	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	491.28			000	N	385.91
	53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	267.60			000	N	202.48
	53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	262.80			000	N	163.53
J1	53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	134.40			000	N	3648.98
J1	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	5449.20			090	N	6279.61
J1	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	5276.40			090	N	6271.29
J1	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	6246.00			090	N	6270.98
J1	53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	2613.60			000	N	3600.52
J1	53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	7275.36			090	N	3599.42
	53899	UNLISTED PROCEDURE URINARY SYSTEM	BR			YYY	N	385.91
J1	54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	582.00			010	N	5978.17
J1	54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	704.40			010	N	3651.91
J1	54015	I&D PENIS DEEP	1070.40			010	N	2873.98
	54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	502.80			010	N	501.26
	54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	481.20			010	N	2483.95
	54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	505.20			010	N	260.43

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	54057	DSTRJ LESION PENIS SIMPLE LASER	501.60			010	N	2483.95
	54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	697.20			010	N	2483.95
	54065	DSTRJ LESION PENIS EXTENSIVE	786.00			010	N	2483.95
J1	54100	BIOPSY PENIS SEPARATE PROCEDURE	722.40			000	N	2873.26
J1	54105	BIOPSY PENIS DEEP STRUCTURES	979.20			010	N	4840.08
J1	54110	EXCISION OF PENILE PLAQUE	2205.60			090	Y	6146.47
J1	54111	EXC PENILE PLAQUE GRAFT &5 CM LENGTH	2803.20			090	Y	8555.11
J1	54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	3286.80			090	Y	16021.08
J1	54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	1612.80			090	Y	4780.87
J1	54120	AMPUTATION PENIS PARTIAL	2223.60			090	Y	6272.39
	54125	AMPUTATION PENIS COMPLETE	2883.60			090	Y	
	54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	4183.20			090	Y	
	54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	5288.40			090	Y	
J1	54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	530.40			000	N	3656.30
	54160	CIRCUMCISION NEONATE	783.60			010	N	834.34
J1	54161	CIRCUMCISION AGE >28 DAYS	693.60			010	N	3656.11
J1	54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	916.80			010	N	3656.66
J1	54163	REPAIR INCOMPLETE CIRCUMCISION	766.80			010	N	3646.51
J1	54164	FRENULOTOMY PENIS	681.60			010	N	3657.12
	54200	INJECTION PEYRONIE DISEASE	408.00			010	N	385.91
J1	54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	1872.00			090	Y	9011.78
	54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	782.40			000	N	385.91
	54230	INJECTION CORPORA CAVERNOSOGRAPY	374.40			000	N	
	54231	DYNAMIC CAVERNOMETRY NJX VASOACTIVE DRUGS	501.60			000	N	385.91
	54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	309.60			000	N	385.91
	54240	PENILE PLETHYSMOGRAPHY	373.20	231.60	141.60	000	N	
	54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	429.60	379.20	50.40	000	N	
J1	54300	PENIS STRAIGHTENING CHORDEE	2275.20			090	Y	6279.30
J1	54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	2628.00			090	Y	6278.67
J1	54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	2516.40			090	Y	8867.37
J1	54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	2871.60			090	Y	6280.08
J1	54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	3490.80			090	Y	8867.37
J1	54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	2499.60			090	Y	6175.83
J1	54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMT	2743.20			090	Y	6222.46
J1	54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	3396.00			090	Y	6158.72
J1	54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	3304.80			090	Y	6278.51
J1	54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	3285.60			090	Y	5613.77
J1	54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	3543.60			090	Y	6234.71
J1	54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	4165.20			090	Y	6175.83
J1	54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	2004.00			090	Y	6280.08
J1	54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	3314.40			090	Y	9011.78
J1	54348	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	3543.60			090	Y	8867.37
J1	54352	REVISION PRIOR HYPOSPADIAS REPAIR DSJ&EXC RCNSTJ	4954.80			090	Y	9011.78
J1	54360	PLASTIC RPR PENIS CORRECT ANGULATION	2533.20			090	Y	6255.43
J1	54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	2806.80			090	Y	3657.30
J1	54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	3268.80			090	Y	3657.30
	54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	4352.40			090	Y	
J1	54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	1873.20			090	N	19522.17
J1	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	2332.80			090	N	30809.21

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J1	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	2838.00			090	Y	30671.18
	54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	2569.20			090	Y	4458.86
J1	54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	2778.00			090	Y	8546.55
J1	54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	3031.20			090	Y	31015.33
J1	54411	RMVL & RPLCMT NFLTBL/NFLTBL PENILE PROSTH INFECTED FIEL	3610.80			090	Y	31158.02
	54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	1869.60			090	Y	4458.86
J1	54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	2520.00			090	Y	30964.03
J1	54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	3156.00			090	Y	19712.79
J1	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	2469.60			090	Y	6277.41
	54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	2246.40			090	Y	3620.27
J1	54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	1455.60			090	N	6278.36
J1	54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	2382.00			090	Y	6278.20
	54438	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	4684.80			090	Y	
J1	54440	PLASTIC OPERATION PENIS INJURY	3268.80			090	Y	6278.20
	54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	238.80			000	N	385.91
J1	54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	260.40			000	N	4837.17
J1	54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	735.60			010	N	6279.30
J1	54512	EXC XTRPARENCHYMAL LESION TESTIS	1888.80			090	N	6280.08
J1	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	1156.80			090	N	6261.71
J1	54522	ORCHIECTOMY PARTIAL	2066.40			090	Y	6260.46
J1	54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	1789.20			090	Y	6484.57
J1	54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	2612.40			090	Y	6280.08
J1	54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	1729.20			090	Y	6498.70
J1	54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	2414.40			090	Y	3599.42
J1	54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	1592.40			090	N	6279.61
J1	54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	1047.60			010	N	6280.08
J1	54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH	1660.80			090	N	6491.72
J1	54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	2502.00			090	Y	6498.70
J1	54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	1261.20			090	N	7870.44
J1	54670	SUTURE/REPAIR TESTICULAR INJURY	1440.00			090	N	6280.08
J1	54680	TRANSPLANTATION TESTIS TO THIGH	2767.20			090	Y	6175.83
J1	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	2304.00			090	Y	10327.63
J1	54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	2654.40			090	N	10194.30
J1	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	BR			YYY	Y	10194.30
J1	54700	I&D EPIDIDYMIS TSTIS&SCROTAL SPACE	750.00			010	N	3656.75
J1	54800	BIOPSY EPIDIDYMIS NEEDLE	436.80			000	N	2852.43
J1	54830	EXCISION LOCAL LESION EPIDIDYMIS	1312.80			090	N	6278.98
J1	54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	1135.20			090	N	3656.66
J1	54860	EPIDIDYMECTOMY UNILATERAL	1476.00			090	N	6273.65
J1	54861	EPIDIDYMECTOMY BILATERAL	2000.40			090	N	6280.08
J1	54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	1266.00			090	N	6280.08
J1	54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	2811.60			090	N	3599.42
J1	54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	3712.80			090	N	6260.14
	55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	429.60			000	N	902.47
J1	55040	EXCISION HYDROCELE UNILATERAL	1194.00			090	N	6495.94
J1	55041	EXCISION HYDROCELE BILATERAL	1803.60			090	N	6495.29
J1	55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	1339.20			090	N	6279.14
J1	55100	DRAINAGE SCROTAL WALL ABSCESS	824.40			010	N	2872.69
J1	55110	SCROTAL EXPLORATION	1371.60			090	N	6274.74

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J1	55120	REMOVAL FOREIGN BODY SCROTUM	1249.20			090	N	3657.30
J1	55150	RESECTION SCROTUM	1744.80			090	Y	6264.07
J1	55175	SCROTOPLASTY SIMPLE	1286.40			090	N	6242.25
J1	55180	SCROTOPLASTY COMPLICATED	2437.20			090	N	9000.97
J1	55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	1455.60			090	N	6280.08
J1	55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	1279.20			090	N	3656.57
	55300	VASOTOMY VASOGRAMS UNI/BI	650.40			000	N	
J1	55400	VASOVASOSTOMY VASOVASORRHAPHY	1756.80			090	Y	6275.37
J1	55500	EXC HYDROCELE SPERMATIC CORD UNI SPX	1392.00			090	N	6277.57
J1	55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	1644.00			090	Y	6256.53
J1	55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	1245.60			090	N	6279.30
J1	55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	1516.80			090	Y	6497.08
J1	55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	1993.20			090	N	6374.41
J1	55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	1513.20			090	Y	10335.38
J1	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	BR			YYY	Y	10185.26
J1	55600	VESICULOTOMY	1486.80			090	N	3599.42
	55605	VESICULOTOMY COMPLICATED	1843.20			090	N	
	55650	VESICULECTOMY ANY APPROACH	2526.00			090	Y	
J1	55680	EXCISION MULLERIAN DUCT CYST	1222.80			090	N	6175.83
J1	55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	866.40			000	N	3656.39
J1	55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	932.40			010	N	6278.51
J1	55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	1321.20			010	Y	6268.15
J1	55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	1592.40			090	Y	6244.60
J1	55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	2094.00			090	Y	6175.83
	55801	PROSTATECTOMY PERINEAL SUBTOTAL	3838.80			090	Y	
	55810	PROSTATECTOMY PERINEAL RADICAL	4579.20			090	Y	
	55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	5628.00			090	Y	
	55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	6162.00			090	Y	
	55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	3061.20			090	Y	
	55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	3316.80			090	Y	
	55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	4096.80			090	Y	
	55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	4098.00			090	Y	
	55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	4765.20			090	Y	6456.71
J1	55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	3068.40			090	N	8903.42
	55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	3838.80			090	Y	
	55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	4677.60			090	Y	
J1	55866	LAPS SURG PRST8ECT RPBIC RAD W/NRV SPARING ROBOT	5044.80			090	Y	18117.88
	55870	ELECTROEJACULATION	619.20			000	N	919.41
J1	55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	21358.80			090	N	14820.40
	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	11836.80			000	N	6398.36
J1	55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	2722.80			090	N	8679.92
	55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	537.60			000	N	1831.33
J1	55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	3440.40			090	N	8867.37
	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	BR			YYY	N	385.91
J1	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	1605.60			000	N	8836.75
J1	55970	INTERSEX SURG MALE FEMALE	BR			YYY	N	9006.98
J1	55980	INTERSEX SURG FEMALE MALE	BR			YYY	N	6280.08
	56405	I&D VULVA/PERINEAL ABSCESS	448.50			010	N	409.02
	56420	I&D OF BARTHOLINS GLAND ABSCESS	532.68			010	N	247.07

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	642.00		010	N	5358.99
	J1	56441	LYSIS LABIAL ADHESIONS	597.54		010	N	5356.04
	J1	56442	HYMENOTOMY SIMPLE INCISION	165.60		000	N	5359.12
		56501	DESTRUCTION LESIONS VULVA SIMPLE	565.80		010	N	2483.95
		56515	DESTRUCTION LESIONS VULVA EXTENSIVE	927.36		010	N	2483.95
		56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	335.34		000	N	919.41
+		56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	136.80		ZZZ	N	
	J1	56620	VULVECTOMY SIMPLE PARTIAL	2101.20		090	Y	5356.31
	J1	56625	VULVECTOMY SIMPLE COMPLETE	2390.40		090	Y	5354.30
	J1*	56630	VULVECTOMY RADICAL PARTIAL	3430.80		090	Y	8656.16
		56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	4224.00		090	Y	
		56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	5119.20		090	Y	
		56633	VULVECTOMY RADICAL COMPLETE	4386.00		090	Y	
		56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	4609.20		090	Y	
		56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	5397.60		090	Y	
		56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	5437.20		090	Y	
	J1	56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	728.40		010	Y	5358.59
	J1	56740	EXC BARTHOLINS GLAND/CYST	1132.80		010	N	5353.76
	J1	56800	PLASTIC REPAIR INTROITUS	903.60		010	Y	5354.70
	J1	56805	CLITOROPLASTY INTERSEX STATE	4172.40		090	Y	5359.12
	J1	56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	972.00		010	Y	5336.35
		56820	COLPOSCOPY VULVA	448.80		000	N	247.07
		56821	COLPOSCOPY VULVA W/BIOPSY	601.20		000	N	409.02
	J1	57000	COLPOTOMY W/EXPLORATION	724.80		010	N	5341.71
	J1	57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	1640.40		090	N	5359.12
	J1	57020	COLPOCENTESIS SEPARATE PROCEDURE	382.26		000	N	8932.00
	J1	57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	650.40		010	N	4823.97
	J1	57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	1146.00		010	N	4827.85
	J1	57061	DESTRUCTION VAGINAL LESIONS SIMPLE	485.76		010	N	5358.18
	J1	57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	811.44		010	N	5356.04
		57100	BIOPSY VAGINAL MUCOSA SIMPLE	364.32		000	N	919.41
	J1	57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	578.22		010	N	5358.72
	J1	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	1928.40		090	Y	5346.53
	J1	57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	5193.60		090	Y	5343.31
	J1	57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	6158.40		090	Y	5339.16
		57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	3231.60		090	Y	
		57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	6158.40		090	Y	
	J1	57120	COLPOCLEISIS LE FORT TYPE	1900.80		090	Y	8977.48
	J1	57130	EXCISION VAGINAL SEPTUM	734.16		010	Y	5359.12
	J1	57135	EXCISION VAGINAL CYST/TUMOR	800.40		010	N	5353.09
		57150	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	190.44		000	N	80.73
	J1	57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	1394.40		000	N	8991.67
		57156	INSERTION VAGINAL RADIATION DEVICE	807.60		000	N	409.02
		57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	247.02		000	N	247.07
		57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	255.30		000	N	247.07
		57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	603.06		010	N	247.07
	J1	57200	COLPORRHAPHY SUTURE INJURY VAGINA	1194.00		090	Y	5352.42
	J1	57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	1414.80		090	Y	5352.83
	J1	57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	1245.60		090	Y	8989.19

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 57230	PLASTIC REPAIR URETHROCELE	1503.60			090	Y	5359.12
	J1 57240	ANTERIOR COLPORRHAPHY RPR CYSTOCELE W/CYSTO	2190.00			090	Y	8852.06
	J1 57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	2204.40			090	Y	8912.18
	J1 57260	CMBND ANTERPOST COLPORRHAPHY W/CYSTO	2782.80			090	Y	8916.91
	J1 57265	CMBND ANTERPOST COLPORRHAPHY W/CYSTO W/NTRCL RPR	3115.20			090	Y	8695.34
+	57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	886.80			ZZZ	Y	
	J1 57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	1815.60			090	Y	8859.94
	57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	2907.60			090	Y	2933.94
	57280	COLPOPEXY ABDOMINAL APPROACH	3447.60			090	Y	4040.76
	J1 57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	2009.28			090	Y	13066.00
	J1 57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	2497.20			090	Y	13507.65
	J1 57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	2973.60			090	Y	8941.23
	J1 57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	2476.80			090	Y	13133.95
	57287	RMVL/REVJ SLING STRESS INCONTINENCE	2656.80			090	Y	3804.98
	J1 57288	SLING OPERATION STRESS INCONTINENCE	2649.60			090	Y	8270.89
	J1 57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY	2846.40			090	Y	13750.31
	J1 57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	1970.40			090	Y	9006.98
	J1 57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	2964.00			090	Y	8473.32
	J1 57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	1795.20			090	Y	5321.34
	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	3426.00			090	Y	
	J1 57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	2202.00			090	Y	5320.94
	57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	3541.20			090	Y	
	57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	3860.40			090	Y	
	57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	2358.00			090	Y	
	J1 57310	CLOSURE URETHROVAGINAL FISTULA	1750.80			090	Y	13719.46
	57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	1971.60			090	Y	
	J1 57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	2024.40			090	Y	8955.64
	J1 57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	2715.60			090	Y	13830.04
	J1 57335	VAGINOPLASTY INTERSEX STATE	4213.20			090	Y	8581.63
	J1 57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	463.20			000	N	5323.22
	J1 57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	373.20			000	N	5354.97
	J1 57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	628.80			010	N	5357.25
	57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	472.80			000	N	409.02
	57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	636.00			000	N	919.41
	J1 57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	3314.40			090	Y	17562.99
	J1 57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	3470.40			090	Y	17454.29
	J1 57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	3114.00			090	Y	13705.59
	57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	448.50			000	N	247.07
	57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	608.40			000	N	409.02
	57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	579.60			000	N	409.02
	57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	544.80			000	N	409.02
	J1 57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	1145.40			000	N	5358.72
	J1 57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	1281.60			000	N	5359.12
+	57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	192.00			ZZZ	N	
	57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	524.40			000	N	919.41
	57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	440.22			010	N	919.41
	J1 57510	CAUTERY CERVIX ELECTRO/THERMAL	538.20			010	N	5359.12
	57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	611.34			010	N	409.02
	J1 57513	CAUTERY CERVIX LASER ABLATION	636.18			010	N	5359.12

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	1264.08			090	N	5356.71
	J1 57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	1075.02			090	N	5356.71
	J1 57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	1340.40			090	Y	8996.17
	57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC	6516.00			090	Y	
	57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	2833.20			090	Y	
	57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	2984.40			090	Y	
	J1 57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	1549.20			090	Y	9006.98
	J1 57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	2218.80			090	Y	8439.09
	J1 57556	EXC CRV STUMP VAG APPR W/RPR NTRCL	2107.20			090	Y	8656.16
	J1 57558	DILATION & CURETTAGE CERVICAL STUMP	524.40			010	N	5359.12
	J1 57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	1259.94			090	N	5359.12
	J1 57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	1203.60			090	Y	5359.12
	J1 57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	255.30			000	N	5344.79
	58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	364.32			000	N	247.07
+	58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	177.60			ZZZ	N	
	J1 58120	DILATION & CURETTAGE DX&THER NONOBSTETRIC	1057.08			010	N	5352.56
	58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	3339.60			090	Y	5793.03
	J1 58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	2037.60			090	Y	5341.44
	58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	4128.00			090	Y	5513.00
	58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	3607.20			090	Y	6767.21
	58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	4419.60			090	Y	
	58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	3421.20			090	Y	5701.75
	58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	4790.40			090	Y	
	58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	6481.20			090	Y	8625.30
	58240	PEL EXNTJ GYNECOLOGIC MAL	10465.20			090	Y	
	J1 58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	3000.00			090	Y	8962.85
	J1 58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	3313.20			090	Y	8970.05
	J1 58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	3550.80			090	Y	8907.46
	58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	3826.80			090	Y	3035.88
	J1 58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	3202.80			090	Y	8946.41
	58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	3535.20			090	Y	
	58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	3789.60			090	Y	
	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	5059.20			090	Y	6043.05
	J1 58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	4113.60			090	Y	13813.40
	J1 58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	4444.80			090	Y	8867.15
	J1 58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	4683.60			090	Y	13446.98
	J1 58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	4351.20			090	Y	8885.39
	58300	INSERTION INTRAUTERINE DEVICE IUD	314.64			XXX	N	1397.51
	58301	REMOVAL INTRAUTERINE DEVICE IUD	372.60			000	N	409.02
	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	290.40			000	N	409.02
	58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	326.40			000	N	247.07
	58323	SPERM WASHING ARTIFICIAL INSEMINATION	52.80			000	N	247.07
	58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	616.86			000	N	
	J1 58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	1035.60			010	Y	5202.23
	J1 58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHY THERAPY	1747.20			090	N	8997.07
	J1 58350	CHROMOTUBATION OVIDUCT W/MATERIALS	423.66			010	N	9006.98
	J1 58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	3484.80			010	N	8943.48
	J1 58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	6259.20			010	Y	9006.98
	58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	1660.80			090	Y	3288.11

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	58410	UTERINE SUSP W/WO SHORT LIGAMENTS W/SYMPATHECTOMY	2919.60			090	Y	
	58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	2860.80			090	Y	2750.04
	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	3282.00			090	Y	3565.77
J1	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	2606.40			090	Y	10122.22
J1	58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	2970.00			090	Y	17713.54
J1	58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	3014.40			090	Y	18033.28
J1	58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	3236.40			090	Y	18008.26
J1	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	3216.00			090	Y	10299.21
J1	58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	3974.40			090	Y	18112.87
	58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	6694.80			090	Y	10681.92
J1	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	3146.40			090	Y	10218.33
J1	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	3495.60			090	Y	18034.64
J1	58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	3996.00			090	Y	18192.92
J1	58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	4650.00			090	Y	18127.88
J1	58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	1159.20			000	N	5342.51
J1	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	4988.40			000	N	5333.67
J1	58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	1008.00			000	N	8972.31
J1	58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	1107.60			000	Y	8868.05
J1	58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	1266.00			000	N	8900.70
J1	58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	1433.82			000	N	5322.55
J1	58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	6928.98			000	N	8924.79
J1	58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	6224.40			090	N	7718.76
J1	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	2875.20			090	Y	18120.15
J1	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	3238.80			090	Y	18120.61
J1	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	3696.00			090	Y	18136.52
J1	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	4338.00			090	Y	18133.80
	58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	6884.40			090	Y	
J1	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	BR			YYY	Y	10220.66
	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	BR			YYY	Y	247.07
J1	58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	1326.00			090	Y	5359.12
	58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	1209.60			090	Y	
+	58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	268.80			ZZZ	Y	1280.72
J1	58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	910.80			010	Y	5313.30
J1	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	2436.00			090	Y	10296.62
J1	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	2325.60			010	Y	10315.23
J1	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	2538.00			090	Y	10298.18
J1	58670	LAPAROSCOPY FULGURATION OVIDUCTS	1330.80			090	N	10304.12
J1	58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	1328.40			090	N	10227.12
J1	58672	LAPAROSCOPY FIMBRIOPLASTY	2613.60			090	Y	10194.30
J1	58673	LAPAROSCOPY SALPINGOSTOMY	2832.00			090	Y	10292.75
J1	58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	2905.20			090	Y	17339.22
J1	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	BR			YYY	Y	10315.49
	58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	2864.40			090	Y	3881.60
	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	2708.40			090	Y	4291.40
	58740	LYSIS OF ADHESIONS SALPINX/OVARY	3220.80			090	Y	2175.74
	58750	TUBOTUBAL ANASTATOMOSIS	3256.80			090	Y	6572.58
	58752	TUBOUTERINE IMPLANTATION	3248.40			090	Y	
	58760	FIMBRIOPLASTY	2938.80			090	Y	
J1	58770	SALPINGOSTOMY	3085.20			090	Y	5339.16

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	1288.92			090	N	5169.68
J1	58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	1536.00			090	Y	5335.94
J1	58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	1219.20			090	Y	5339.16
	58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	2560.80			090	Y	
	58825	TRANSPOSITION OVARY	2542.80			090	Y	4742.37
J1	58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	1568.40			090	Y	5359.12
J1	58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI	2559.60			090	Y	13866.44
J1	58925	OVARIAN CYSTECTOMY UNI/BI	2746.80			090	Y	8988.74
	58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	1993.20			090	Y	4326.18
	58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	4166.40			090	Y	
	58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	4111.20			090	Y	
	58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	5132.40			090	Y	
	58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	5860.80			090	Y	
	58953	BSO W/OMENECTOMY TAH&RAD DEBULKING DISSECTION	7112.40			090	Y	
	58954	BSO W/OMENECTOMY TAH DEBULKING W/LMPHADECTOMY	7695.60			090	Y	
	58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	4832.40			090	Y	
	58957	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	5672.40			090	Y	
	58958	RESECTION RECRT MAL W/OMENECTOMY PEL LMPHADEC	6148.80			090	Y	
	58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	3546.00			090	Y	
	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	862.80			000	N	919.41
	58974	EMBRYO TRANSFER INTRAUTERINE	1534.80			000	Y	919.41
	58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	922.80			000	Y	409.02
	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	BR			YYY	N	247.07
	59000	AMNIOCENTESIS DIAGNOSIC	423.60			000	N	919.41
	59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	630.00			000	N	409.02
	59012	CORDOCENTESIS INTRAUTERINE	710.40			000	N	409.02
	59015	CHORIONIC VILLUS SAMPLING	554.40			000	N	919.41
	59020	FETAL CONTRACTION STRESS TEST	249.60	130.80	118.80	000	N	
	59025	FETAL NONSTRESS TEST	170.40	102.00	68.40	000	N	
	59030	FETAL SCALP BLOOD SAMPLING	397.20			000	N	409.02
	59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	177.60			XXX	N	
	59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	147.60			XXX	N	
	59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	1420.80			000	Y	409.02
	59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	1842.00			000	N	409.02
	59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	1362.00			000	Y	409.02
	59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	1842.00			000	Y	409.02
J1	59100	HYSTEROTOMY ABDOMINAL	3058.80			090	Y	8656.16
	59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	2919.60			090	Y	4256.11
	59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	2922.00			090	Y	3654.86
	59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	3387.60			090	N	
	59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	3216.00			090	Y	
	59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	1497.60			090	Y	
J1	59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	2834.40			090	Y	10307.22
J1	59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	2772.00			090	Y	10314.45
J1	59160	CURETTAGE POSTPARTUM	856.98			010	N	5354.03
	59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	307.74			000	N	409.02
J1	59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	796.26			000	N	5359.12
J1	59320	CERCLAGE CERVIX PREGNANCY VAGINAL	536.40			000	N	5358.59
	59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	850.80			000	N	5505.96

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	59350	HYSTERORRHAPHY RUPTURED UTERUS	985.20			000	Y	
	59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	8339.34			MMM	N	
J1	59409	VAGINAL DELIVERY ONLY	2847.60			MMM	N	5359.12
	59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	3765.60			MMM	N	
J1	59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	363.60			MMM	N	5359.12
J1	59414	DELIVERY PLACENTA SEPARATE PROCEDURE	319.20			MMM	N	5359.12
	59425	ANTEPARTUM CARE ONLY 4-6 VISITS	1818.84			MMM	N	
	59426	ANTEPARTUM CARE ONLY 7> VISITS	3245.76			MMM	N	
	59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	768.66			MMM	N	
	59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	9246.00			MMM	N	
	59514	CESAREAN DELIVERY ONLY	3219.60			MMM	Y	2555.80
	59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	4639.20			MMM	N	
+	59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	1706.40			ZZZ	Y	
	59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	8750.58			MMM	N	
J1	59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	3214.80			MMM	N	5359.12
	59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	4066.80			MMM	N	
	59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	9367.44			MMM	N	
	59620	CESAREAN DELIVERY ATTEMPTED VBAC	3328.80			MMM	Y	
	59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	4812.00			MMM	N	
J1	59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	1293.06			090	N	5350.55
J1	59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	1551.12			090	N	5358.59
J1	59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	1552.50			090	N	5358.32
	59830	TX SEPTIC ABORTION SURGICAL	1664.40			090	N	
J1	59840	INDUCED ABORTION DILATION AND CURETTAGE	897.00			010	N	5355.64
J1	59841	INDUCED ABORTION DILATION & EVACUATION	1537.20			010	N	5345.19
	59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	1398.00			090	N	
	59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	1515.24			090	N	
	59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	2074.14			090	N	
	59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	1518.00			090	N	1776.83
	59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &EVAC	1776.00			090	N	
	59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	2072.40			090	N	
	59866	MULTIFETAL PREGNANCY REDUCTION	842.40			000	Y	409.02
J1	59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	1926.00			090	Y	5359.12
	59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	468.00			000	N	3804.98
	59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	BR			YYY	N	247.07
J1	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	BR			YYY	Y	10194.30
	59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	BR			YYY	Y	247.07
J1	60000	I&D THYROID GLAND CYST INFECTED	658.80			010	N	2746.02
	60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	388.80			000	N	902.47
J1	60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	2383.20			090	Y	10314.71
J1	60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2523.60			090	Y	10316.78
J1	60212	PRTL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	3686.40			090	Y	10302.31
J1	60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2520.00			090	Y	10315.23
J1	60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	3342.00			090	Y	10312.64
J1	60240	THYROIDECTOMY TOTAL/COMPLETE	3272.40			090	Y	10319.36
J1	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	4708.80			090	Y	10374.00
	60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	5936.40			090	Y	8763.30
J1	60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	3877.20			090	Y	10368.28
	60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	4848.00			090	Y	6320.67

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	3757.20			090	Y	10374.26
	J1 60280	EXCISION THYROID GLASSAL DUCT CYST/SINUS	1618.80			090	Y	10326.60
	J1 60281	EXCISION THYROID GLASSAL DUCT CYST/SINUS RECURRENT	2119.20			090	Y	10335.38
	60300	ASPIRATION AND/OR INJECTION THYROID CYST	392.40			000	N	902.47
	J1 60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROID	3460.80			090	Y	10376.08
	J1 60502	PARATHYROIDECTOMY/EXPLOR PARATHYROID RE-EXPLOR	4640.40			090	Y	10381.79
	60505	PARATHYROID/EXPL PARATHYROID MEDSTNL STERNAL/TTHRC	4995.60			090	Y	6858.64
+	60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	855.60			ZZZ	Y	
	J1 60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	3751.20			090	Y	10381.01
	60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	3969.60			090	Y	
	60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	4832.40			090	Y	
	60540	ADRENALECTOMY W/EXPL W/NO BX ABDL/LMBR/DRSL SPX	3819.60			090	Y	
	60545	ADRENALECTOMY EXPL W/EXC RETROPERITONEAL TUMOR	4431.60			090	Y	
	60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	4814.40			090	Y	
	60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	5820.00			090	Y	
	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	4226.40			090	Y	9305.85
	J1 60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	10331.25
	J1 60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	10226.09
	61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	400.80			000	N	920.90
	61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	381.60			000	N	920.90
	61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	375.60			000	N	1193.84
	61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	378.00			000	N	920.90
	61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	294.00			000	N	378.90
	61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	434.40			000	N	378.90
	61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	200.40			000	N	920.90
	61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	1657.20			090	N	
⊖	61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	1106.40			000	N	
	61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	3232.80			090	N	
	61120	BURR HOLE VENTRICULAR PUNCTURE	2685.60			090	N	
	61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRANIAL LESION	4540.80			090	Y	
	61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	4821.60			090	N	
	61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSCESS/CST	3553.20			090	N	
	61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	4564.80			090	Y	
	61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	4435.20			090	Y	
	61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	1303.20			000	N	5822.26
	J1 61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	1840.80			090	N	11318.85
	61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	3108.00			090	Y	
	61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	3553.20			090	Y	
	61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	5858.40			090	Y	
	61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	7155.60			090	Y	
	61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	7378.80			090	Y	
	61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	7074.00			090	Y	
	61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	6530.40			090	Y	
	61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	7359.60			090	Y	
+	61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	312.00			ZZZ	N	
	61320	CRANIECTOMY/CRANIOTOMY DRG ABSCESS SUPRATENTORIAL	6750.00			090	Y	
	61321	CRANIECTOMY/CRANIOTOMY DRG ABSCESS INFRATENTORIAL	7576.80			090	Y	
	61322	CRANIECT/CRANIOT W/NO DURAPLASTY W/O LOBECTOMY	8488.80			090	Y	
	61323	CRANIECT/CRANIOT W/NO DURAPLASTY W/LOBECTOMY	8503.20			090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	6402.00			090	Y	5577.49
	61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	7186.80			090	Y	
	61340	SUBTEMPORAL CRANIAL DECOMPRESSION	5140.80			090	Y	
	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	7830.00			090	Y	
	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	7285.20			090	Y	
	61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	6846.00			090	Y	
	61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	7184.40			090	Y	
	61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	7513.20			090	Y	
	61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	4645.20			090	Y	
	61501	CRANIECTOMY OSTEOMYELITIS	4026.00			090	Y	
	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	7848.00			090	Y	
	61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	9098.40			090	Y	
	61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	6830.40			090	Y	
	61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	6670.80			090	Y	
+	61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	310.80			ZZZ	N	
	61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	9867.60			090	Y	
	61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	10458.00			090	Y	
	61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	13302.00			090	Y	
	61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	11286.00			090	Y	
	61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	7803.60			090	Y	
	61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	7434.00			090	Y	
	61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	11918.40			090	N	
	61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	10934.40			090	N	
	61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	4380.00			090	Y	
	61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	5452.80			090	Y	
	61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	5899.20			090	Y	
	61535	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	3596.40			090	Y	
	61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTICOGRPHY	9182.40			090	Y	
	61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	8752.80			090	Y	
	61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTICOGRPHY	9470.40			090	Y	
	61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	8415.60			090	Y	
	61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	7760.40			090	Y	
	61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	7666.80			090	Y	
	61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	7750.80			090	Y	
	61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	6769.20			090	Y	
	61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	11347.20			090	Y	
	61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	8226.00			090	Y	
	61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	5599.20			090	Y	
	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	4279.20			090	Y	
	61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	5317.20			090	Y	
	61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	6100.80			090	Y	
	61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	6022.80			090	Y	
	61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	6717.60			090	Y	
	61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	8556.00			090	Y	
	61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	7074.00			090	Y	
	61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	8580.00			090	Y	
	61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	7989.60			090	Y	
	61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	9097.20			090	Y	
	61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	6679.20			090	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATING WOUND BRAIN	7106.40			090	Y	
61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	8924.40			090	Y	
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	14932.80			090	Y	
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	8948.40			090	N	
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	10184.40			090	N	
61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	10846.80			090	Y	
61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	10461.60			090	Y	
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	10339.20			090	Y	
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	11800.80			090	Y	
61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	9168.00			090	Y	
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	10862.40			090	Y	
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	10914.00			090	Y	
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	11355.60			090	Y	
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	8588.40			090	N	
61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	8698.80			090	Y	
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	10664.40			090	Y	
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	10263.60			090	Y	
61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	7647.60			090	Y	
61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	8737.20			090	Y	
61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	7753.20			090	Y	
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	10430.40			090	Y	
61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	9517.20			090	Y	
61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	11712.00			090	Y	
+	61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	1665.60		ZZZ	Y	
	61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	11782.80		090	Y	
	61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	10128.00		090	Y	
	61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	11943.60		090	Y	
	61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	4594.80		090	Y	
	61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	5055.60		090	Y	
J1	61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	2034.00		000	N	18788.43
J1*	61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	4072.80		000	N	28649.09
J1	61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	3146.40		000	N	18594.03
	61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	4876.80		XXX	Y	
	61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	5143.20		XXX	Y	
	61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	1681.20		000	N	
+	61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	590.40		ZZZ	N	
+	61642	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	1180.80		ZZZ	N	
	61645	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	2960.40		000	N	
	61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	2028.00		000	N	
+	61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	854.40		ZZZ	N	
	61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	8060.40		090	Y	
	61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	14820.00		090	Y	
	61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	10119.60		090	Y	
	61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	16371.60		090	Y	
	61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	7771.20		090	Y	
	61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	13057.20		090	Y	
	61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	15056.40		090	Y	
	61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	16801.20		090	Y	
	61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	12094.80		090	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	14286.00			090	Y	
	61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	4857.60			090	Y	
	61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	9271.20			090	Y	
	61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	9068.40			090	Y	
	61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	7647.60			090	N	
	61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	9150.00			090	Y	
J1	61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	4546.80			090	N	11465.03
	61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	5702.40			090	N	
	61736	LITT LES ICR SINGLE TRAJECTORY 1 SIMPLE LESION	3206.40			000	N	
	61737	LITT LES ICR MLT TRAJECTORIES MLT/CPLX LESIONS	3819.60			000	N	
	61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	5034.00			090	N	
	61751	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	4953.60			090	N	7361.77
	61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	5668.80			090	N	
J1	61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	5792.40			090	N	10833.13
+	61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	832.80			ZZZ	N	
+	61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	609.60			ZZZ	N	
+	61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	822.00			ZZZ	N	
J1	61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	3164.40			090	N	3573.44
J1	61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	4032.00			090	N	3577.21
	61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	3636.00			090	Y	
+	61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	777.60			ZZZ	Y	
	61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	4924.80			090	Y	
+	61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	1077.60			ZZZ	Y	
+	61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	542.40			ZZZ	Y	
	61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	3529.20			090	Y	
	61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	5584.80			090	Y	
	61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	5376.00			090	Y	
+	61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	1003.20			ZZZ	Y	
	61867	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	8121.60			090	Y	
+	61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	1767.60			ZZZ	Y	
J1	61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	2100.00			090	Y	6436.35
J1	61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	1881.60			090	N	32813.88
J1	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	3130.80			090	N	47280.84
J1	61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	1428.00			010	N	19782.42
J1	62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	3702.00			090	N	5447.70
	62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	4549.20			090	Y	
	62010	ELVTN DEPRS SKL FX W/RPR DURA&DBRDMT BRN	5498.40			090	Y	
	62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	5623.20			090	Y	4155.46
	62115	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	6024.00			090	Y	
	62117	RDCTJ CRANIOMEGALIC CRANIO&RECSTJ W/WO GRAFT	7012.80			090	Y	
	62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	7471.20			090	Y	
	62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	5604.00			090	Y	
	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER	3638.40			090	Y	4078.67
	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	4072.80			090	Y	
	62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	3192.00			090	Y	4338.91
	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	3738.00			090	Y	
	62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	5011.20			090	Y	
	62146	CRANIOPLASTY W/AUTOGRAFT < 5 CM DIAMETER	4470.00			090	Y	
	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	5088.00			090	Y	

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	+	62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	447.60			ZZZ	N
	+	62160	NUNDISC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	673.20			ZZZ	N
		62161	NUNDISC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	5421.60			090	Y
		62162	NUNDISC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	6741.60			090	Y
		62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	7474.80			090	Y
		62165	NUNDISC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	5400.00			090	N
		62180	VENTRICULOCISTERNOSTOMY	5709.60			090	Y
		62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	3330.00			090	N
		62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	3530.40			090	Y
	J1	62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	1768.80			010	N 3586.62
		62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	4920.00			090	Y
		62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDISC	4332.00			090	N
		62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	3513.60			090	Y
		62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	3720.00			090	Y 5735.41
	J1	62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	1911.60			090	N 10794.40
	J1	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	3013.20			090	Y 10928.35
		62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	292.80	162.00	130.80	XXX	N
		62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	2182.80			090	Y
		62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	3982.80			090	Y
		62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	937.20			010	N 920.90
		62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	937.20			010	N 920.90
		62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	966.00			000	N 902.47
		62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	900.00			000	N 1193.84
	J1	62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	919.20			000	N 2863.64
		62270	DIAGNOSTIC LUMBAR SPINAL PUNCTURE	506.40			000	N 920.90
		62272	THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	668.40			000	N 920.90
		62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	601.20			000	N 920.90
		62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1182.00			010	N 1193.84
		62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	853.20			010	N 1193.84
		62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1162.80			010	N 1193.84
		62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	699.60			000	N
	J1	62287	DCMPRN PX PERQ NUCLEUS PULPOSUS 1/MLT LVL LUMBAR	2035.20			090	N 3429.35
		62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N
		62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N
	J1	62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	2035.20			090	N 3563.31
		62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	3403.20			090	N 1193.84
		62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	940.80			000	N 1037.55
		62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	957.60			000	N 1037.55
		62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	930.00			000	N 1037.55
		62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	1014.00			000	N 1037.55
		62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	589.20			000	N 920.90
		62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	950.40			000	N 920.90
		62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	523.20			000	N 920.90
		62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	937.20			000	N 920.90
		62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	494.40			000	N 1193.84
		62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	920.40			000	N 1193.84
		62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	513.60			000	N 1193.84
		62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	923.22			000	N 1193.84
		62328	DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	872.40			000	N 920.90

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	62329	THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	1105.20			000	N	920.90
J1	62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1412.40			010	N	10435.06
J1	62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	3249.60			090	Y	12124.33
	62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	968.40			010	N	2546.50
J1	62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1153.20			010	N	28524.69
J1	62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1551.60			010	N	28339.33
J1	62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1366.80			010	N	28361.08
	62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1052.40			010	N	8270.01
	62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	395.98
	62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	395.98
	62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	395.98
	62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	395.98
J1	62380	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	10444.80			090	Y	12768.83
J1	63001	LAM W/O FACETEC FORAMOT/DSC 1/2 VRT SGM CRV	4402.80			090	Y	12709.02
J1	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	4401.60			090	Y	12589.40
J1	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	4273.20			090	Y	12631.94
J1	63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	3906.00			090	Y	12727.89
J1	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	4263.60			090	Y	12614.03
J1	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	5276.40			090	Y	12729.81
J1	63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	5438.40			090	Y	12769.15
J1	63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	4506.00			090	Y	12701.98
J1	63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	4134.00			090	Y	12696.87
J1	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	3480.00			090	Y	12735.25
+	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	676.80			ZZZ	Y	
J1	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	4924.80			090	Y	12786.11
J1	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	4612.80			090	Y	12725.33
+	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	3528.66			ZZZ	Y	
+	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	2677.20			ZZZ	Y	
J1	63045	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM CERVICAL	4593.60			090	Y	12734.29
J1	63046	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM THORACIC	4377.60			090	Y	12718.62
J1	63047	LAM FACETECTOMY & FORAMOTOMY 1 VRT SGM LUMBAR	3940.80			090	Y	12721.82
+	63048	LAM FACETECTOMY&FORAMOT 1 VRT SGM EA ADDL SGM	745.20			ZZZ	Y	
	63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	5278.80			090	Y	
	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	6042.00			090	Y	
+	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	914.40			ZZZ	Y	
+	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	684.00			ZZZ	Y	
J1	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	5791.20			090	Y	12749.96
J1	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	5318.40			090	Y	12748.04
+	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	1136.40			ZZZ	Y	
J1	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	6338.40			090	Y	12794.10
+	63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	727.20			ZZZ	Y	
J1	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	4844.40			090	Y	11798.40
+	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	864.00			ZZZ	Y	
	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	5349.60			090	Y	
+	63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	732.00			ZZZ	Y	
	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	6260.40			090	Y	2173.27
+	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	937.20			ZZZ	Y	1435.98
	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	6860.40			090	Y	
+	63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	674.40			ZZZ	Y	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	8554.80			090	Y	
+	63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	907.20			ZZZ	Y	
	63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	6967.20			090	Y	
+	63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	627.60			ZZZ	Y	
	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	8278.80			090	Y	
	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	8066.40			090	Y	
+	63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	1039.20			ZZZ	Y	
	63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	5694.00			090	Y	
	63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	5046.00			090	Y	
	63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	6163.20			090	Y	
	63185	LAMINECTOMY WRHIZOTOMY 1/2 SEGMENTS	4048.80			090	Y	
	63190	LAMINECTOMY WRHIZOTOMY > 2 SEGMENTS	4412.40			090	Y	
	63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	4938.00			090	Y	
	63197	LAM W/CORDOTOMY SCTJ SPINOTHALAMIC TRC 1STG THRC	6110.40			090	Y	
	63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	5412.00			090	Y	
	63250	LAM EXC/OCCCLUSION AVM SPINAL CORD CERVICAL	10555.20			090	Y	
	63251	LAM EXC/OCCCLUSION AVM SPINAL CORD THORACIC	10790.40			090	Y	
	63252	LAM EXC/OCCCLUSION AVM SPI CORD THORACOLUMBAR	10788.00			090	Y	
J1	63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	5954.40			090	Y	12741.33
J1	63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	6140.40			090	Y	12305.37
J1	63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	4898.40			090	Y	12712.86
J1	63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	5065.20			090	Y	12761.48
	63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	7416.00			090	Y	
	63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	7388.40			090	Y	
	63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	6680.40			090	Y	10394.02
	63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	6670.80			090	Y	
	63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	6453.60			090	Y	
	63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	6381.60			090	Y	
	63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	5565.60			090	Y	
	63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	5700.00			090	Y	
	63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	7560.00			090	Y	
	63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	7482.00			090	Y	
	63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	7063.20			090	Y	7744.75
	63283	LAM BX/EXC ISPI NEO IDRL SACRAL	6795.60			090	Y	
	63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	9318.00			090	Y	
	63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	9188.40			090	Y	
	63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	9770.40			090	Y	
	63290	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	9934.80			090	Y	
+	63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	1171.20			ZZZ	Y	
	63300	VCRPEC LES 1 SGM XDRL CERVICAL	6464.40			090	Y	
	63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	7869.60			090	Y	
	63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	7776.00			090	Y	
	63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	8253.60			090	Y	
	63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	8378.40			090	Y	
	63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	8912.40			090	Y	
	63306	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC THORACOLMBR	8757.60			090	Y	
	63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	8580.00			090	Y	
+	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	1135.20			ZZZ	Y	
J1	63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	3908.40			090	N	3586.62

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 63610	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	2058.00			000	N	3148.97
	63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	4012.80			090	Y	
+	63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	897.60			ZZZ	Y	
	J1 63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	11073.07
	J1 63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	2989.20			090	Y	34734.70
	63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
	J1 63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
	J1 63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
	J1 63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
	J1 63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
	J1 63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
	63700	REPAIR MENINGOCELE < 5 CM DIAMETER	4694.40			090	Y	
	63702	REPAIR MENINGOCELE > 5 CM DIAMETER	5130.00			090	Y	
	63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	5964.00			090	Y	
	63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	6616.80			090	Y	
	63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	3346.80			090	Y	4810.43
	63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	3985.20			090	Y	4741.19
	63710	DURAL GRAFT SPINAL	3870.00			090	Y	2988.69
	63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	3530.40			090	Y	
	J1 63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	2424.00			090	Y	10557.08
	J1 63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	2473.20			090	Y	10472.92
	63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	2190.00			090	N	2546.50
	64400	INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	465.60			000	N	378.90
	64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	284.40			000	N	378.90
	64408	INJECTION AA&/STRD VAGUS NERVE	402.00			000	N	378.90
	64415	INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	405.60			000	N	1193.84
	64416	INJECTION AA&/STRD BRACH PLEX CONT NFS CATH IMG	273.60			000	N	1193.84
	64417	INJECTION AA&/STRD AXILLARY NERVE W/IMG GDN	501.60			000	N	1193.84
	64418	INJECTION AA&/STRD SUPRASCAPULAR NERVE	325.20			000	N	920.90
	64420	INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	378.00			000	N	920.90
+	64421	INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	535.20			ZZZ	N	1193.84
	64425	INJECTION AA&/STRD ILIOINGUINAL IH NERVES	471.60			000	N	920.90
	64430	INJECTION AA&/STRD PUDENDAL NERVE	496.80			000	N	1193.84
	64435	INJECTION AA&/STRD PARACERVICAL NERVE	480.00			000	N	920.90
	64445	INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	466.80			000	N	920.90
	64446	INJECTION AA&/STRD SCIATIC NRV CONT NFS CATH IMG	273.60			000	N	1193.84
	64447	INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	415.20			000	N	920.90
	64448	INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN	246.00			000	N	1193.84
	64449	INJECTION AA&/STRD LUMBAR PLEXUS CONT NFS CATH	292.80			000	N	1193.84
	64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	271.20			000	N	920.90
	64451	INJECTION AA&/STRD NERVES NRV TG SI JOINT W/IMG	831.60			000	N	920.90
	64454	INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	808.80			000	N	920.90
	64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	176.40			000	N	378.90
	64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	487.20			000	N	920.90
+	64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
	64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	707.94			000	N	920.90
	64479	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	834.00			000	N	1086.07
+	64480	NJX AA&/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	410.40			ZZZ	N	
	64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	772.80			000	N	1086.07

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	64484	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	334.80			ZZZ	N	
	64486	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
	64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
	64488	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
	64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
	64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	684.00			000	Y	1193.84
+	64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	344.40			ZZZ	Y	
+	64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	345.60			ZZZ	Y	
	64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	626.40			000	Y	1193.84
+	64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	324.00			ZZZ	Y	
+	64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	322.80			ZZZ	Y	
	64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
	64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	521.64			000	N	1193.84
	64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	691.20			000	N	1193.84
	64520	INJECTION ANES LMBR/THRC PARAVERTEBRAL SYMPATHETIC	793.50			000	N	1193.84
	64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	790.74			000	N	1193.84
J1	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	6735.78			010	N	19149.69
J1	64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	6114.78			010	N	10576.67
J1	64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NERVE W/IMAGING	2708.40			010	N	11022.08
	64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	434.40			000	N	378.90
J1	64568	OPEN IMPLANTATION CRANIAL NERVE NEA & PULSE GEN	2211.60			090	N	47243.26
J1	64569	REVISION/REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV	2743.20			090	N	18380.87
	64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	2629.20			090	N	8270.01
J1	64575	OPEN IMPLANTATION NEA PERIPHERAL NERVE	1152.00			090	N	19447.68
J1	64580	OPEN IMPLANTATION NEA NEUROMUSCULAR	1128.00			090	Y	34197.25
J1	64581	OPEN IMPLANTATION NEA SACRAL NERVE	2318.40			090	N	10604.37
J1	64582	OPEN IMPLTJ HPGLSL NRV NSTIM RA PG&RESPIR SENSOR	3078.00			090	N	47243.26
J1	64583	REVJ/RPLCMT HPGLSL NERVE NSTIM RA PG&RESPIR SNR	2799.60			090	N	21186.84
	64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG&RESPIR SNR	2359.20			090	N	8270.01
J1	64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	879.60			010	N	6477.84
J1	64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	948.00			010	N	33116.07
J1	64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	835.20			010	N	6362.91
	64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1671.60			010	N	1193.84
J1	64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2307.60			010	N	3577.39
J1	64610	DSTRJ NEUROLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2882.40			010	N	3569.59
	64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	460.80			010	N	378.90
	64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	483.60			010	N	378.90
	64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	550.80			010	N	378.90
	64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	492.00			010	N	378.90
	64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	580.80			010	N	378.90
	64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	744.00			010	N	1193.84
J1	64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	1418.40			010	N	3581.96
J1	64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	1718.40			010	N	3581.96
J1	64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	1629.60			010	N	21594.35
+	64629	THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	763.20			ZZZ	N	
	64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	931.20			010	N	1193.84
	64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	319.20			010	N	378.90
J1	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
	64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	542.40			000	N	920.90
+	64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	333.60			ZZZ	N	
	64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	637.20			000	N	920.90
+	64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	433.20			ZZZ	N	
	64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	565.20			000	N	920.90
	64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	648.00			000	N	920.90
	64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	310.50			000	N	378.90
	64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	379.20			000	N	378.90
	64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1251.66			010	N	1193.84
	64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1193.84
J1	64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	1816.80			090	N	3542.78
J1	64704	NEUROPLASTY NERVE HAND/FOOT	1149.60			090	Y	3462.53
J1	64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	1791.60			090	Y	3547.62
J1	64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	2122.80			090	Y	3511.93
J1	64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	2816.40			090	Y	3489.34
J1	64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	2695.20			090	Y	3558.38
J1	64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	1822.80			090	Y	3454.28
J1	64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	2143.20			090	N	3578.28
J1	64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	1454.40			090	N	3575.50
J1	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	1586.40			090	N	3583.04
J1	64722	DECOMPRESSION UNSPECIFIED NERVE	1284.00			090	Y	3539.10
J1	64726	DECOMPRESSION PLANTAR DIGITAL NERVE	951.60			090	N	3535.33
+	64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	637.20			ZZZ	N	
J1	64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE	1621.20			090	Y	3586.62
J1	64734	TRANSECTION/AVULSION INFRAORBITAL NERVE	1832.40			090	N	3563.22
J1	64736	TRANSECTION/AVULSION MENTAL NERVE	1287.60			090	Y	3449.70
J1	64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	1604.40			090	Y	3537.13
J1	64740	TRANSECTION/AVULSION LINGUAL NERVE	1681.20			090	Y	3581.96
J1	64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	1726.80			090	Y	3562.50
J1	64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	1807.20			090	N	3524.39
J1	64746	TRANSECTION/AVULSION PHRENIC NERVE	1540.80			090	Y	3586.62
	64755	TRANSECTION/AVULSION VAGUS NERVES	3307.20			090	Y	
	64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	1873.20			090	Y	
J1	64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	1852.80			090	Y	3586.62
J1	64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	2286.00			090	Y	3586.62
J1	64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	2059.20			090	Y	3441.19
J1	64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	2000.40			090	Y	3570.75
J1	64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	1486.80			090	N	3569.86
J1	64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	1399.20			090	N	3562.77
+	64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	638.40			ZZZ	N	
J1	64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	1618.80			090	N	3525.20
+	64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	763.20			ZZZ	N	
J1	64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	2589.60			090	N	3551.20
J1	64786	EXCISION NEUROMA SCIATIC NERVE	3609.60			090	Y	11533.17
+	64787	IMPLANTATION NERVE END BONE/MUSCLE	841.20			ZZZ	N	
J1	64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	1444.80			090	N	3578.91

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	2985.60		090	N	3575.06
	J1	64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	3798.00		090	Y	11615.00
	J1	64795	BIOPSY NERVE	676.80		000	N	3564.83
	J1	64802	SYMPATHECTOMY CERVICAL	3025.20		090	Y	3581.96
	J1	64804	SYMPATHECTOMY CERVICOTHORACIC	4264.80		090	Y	3581.96
		64809	SYMPATHECTOMY THORACOLUMBAR	3895.20		090	Y	
		64818	SYMPATHECTOMY LUMBAR	2772.00		090	Y	
	J1	64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	2588.40		090	N	3586.62
	J1	64821	SYMPATHECTOMY RADIAL ARTERY	2458.80		090	N	5784.13
	J1	64822	SYMPATHECTOMY ULNAR ARTERY	2493.60		090	N	5784.56
	J1	64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	2822.40		090	N	5773.72
	J1	64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	2467.20		090	N	3457.86
+		64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	1172.40		ZZZ	N	
	J1	64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	2634.00		090	N	11320.01
	J1	64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	2907.60		090	Y	11189.27
	J1	64836	SUTURE 1 NERVE ULNAR MOTOR	2907.60		090	Y	11371.56
+		64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	1285.20		ZZZ	Y	
	J1	64840	SUTURE POSTERIOR TIBIAL NERVE	3426.00		090	Y	11647.90
	J1	64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	3591.60		090	N	11176.16
	J1	64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	3747.60		090	Y	11304.29
	J1	64858	SUTURE SCIATIC NERVE	4177.20		090	Y	2871.81
+		64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	874.80		ZZZ	Y	
	J1	64861	SUTURE BRACHIAL PLEXUS	5434.80		090	Y	3581.96
	J1	64862	SUTURE LUMBAR PLEXUS	4875.60		090	Y	10833.13
	J1	64864	SUTURE FACIAL NERVE EXTRACRANIAL	3034.80		090	Y	11521.52
	J1	64865	SUTURE FACIAL NERVE INFRATEMPORAL WWO GRAFT	3870.00		090	Y	11629.27
		64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	4440.00		090	Y	
		64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	3552.00		090	Y	
+		64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	408.00		ZZZ	Y	
+		64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	612.00		ZZZ	Y	
+		64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	692.40		ZZZ	Y	
	J1	64885	NERVE GRAFT HEAD/NECK <4 CM	3909.60		090	Y	10937.38
	J1	64886	NERVE GRAFT HEAD/NECK >4 CM	4549.20		090	Y	10357.02
	J1	64890	NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	3838.80		090	Y	10366.92
	J1	64891	NRV GRF 1 STRAND HAND/FOOT >4 CM	4080.00		090	Y	9777.54
	J1	64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	3733.20		090	Y	11020.66
	J1	64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	3980.40		090	Y	11647.90
	J1	64895	NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	4707.60		090	Y	11647.90
	J1	64896	NERVE GRAFT MLT STRANDS HAND/FOOT >4 CM	5071.20		090	Y	11063.76
	J1	64897	NERVE GRAFT MLT STRANDS ARM/LEG <4 CM	4496.40		090	Y	11420.48
	J1	64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	4864.80		090	Y	11140.05
+		64901	NERVE GRAFT EACH NERVE 1 STRAND	2097.60		ZZZ	Y	
+		64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	2428.80		ZZZ	Y	
	J1	64905	NERVE PEDICLE TRANSFER FIRST STAGE	3573.60		090	Y	11433.00
	J1	64907	NERVE PEDICAL TRANSFER SECOND STAGE	4616.40		090	Y	10833.13
	J1	64910	NERVE REPAIR W/CONDUIT EACH NERVE	2746.80		090	Y	10311.01
	J1	64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	3643.20		090	Y	11105.11
	J1	64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	3080.16		090	Y	10168.91
+		64913	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	619.20		ZZZ	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	BR			YYY	N	378.90
J1	65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	2539.20			090	N	6672.15
J1	65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	2512.98			090	N	6561.74
J1	65101	ENUCLEATION OF EYE W/O IMPLANT	2949.06			090	N	6724.32
J1	65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	3070.50			090	N	6540.13
J1	65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	3379.62			090	Y	6449.12
J1	65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	4668.00			090	Y	6748.80
J1	65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	5337.60			090	Y	6753.36
J1	65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	5571.60			090	Y	6602.76
J1	65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	1620.00			090	N	4005.35
J1	65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	2921.46			090	N	6565.79
J1	65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	2962.86			090	N	6631.80
J1	65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	3218.16			090	N	6359.14
J1	65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	2318.40			090	N	6548.90
J1	65155	REINSERTION OCULAR IMPLT RNFMT &/ ATTACH MUSCLE	3367.20			090	N	6537.59
J1	65175	REMOVAL OCULAR IMPLANT	2628.90			090	N	6716.89
	65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	157.20			000	N	163.53
	65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	192.00			000	N	393.60
	65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	212.40			000	N	393.60
	65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	237.60			000	N	163.53
J1	65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	2550.00			090	N	4241.62
J1	65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	3429.60			090	Y	4241.72
J1	65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	3860.40			090	Y	4222.00
J1	65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	1018.80			010	N	4081.37
J1	65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	1874.40			090	N	4087.40
	65273	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	1322.40			090	N	
J1	65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	2073.60			090	N	6751.00
J1	65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	2331.60			090	N	7962.79
J1	65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	3843.60			090	N	7988.18
J1	65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	2473.20			090	N	4240.98
J1	65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	1704.00			090	N	6753.36
	65400	EXCISION LESION CORNEA XCP PTERYGIUM	2426.40			090	N	1174.43
J1	65410	BIOPSY CORNEA	501.60			000	N	4080.15
J1	65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	1912.80			090	N	4061.04
J1	65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	2372.40			090	N	3947.00
	65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	402.00			000	N	393.60
	65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	288.00			000	N	1174.43
J1	65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	1350.00			090	N	4059.91
	65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	1143.60			090	N	379.37
J1	65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	1544.40			090	N	4070.13
J1	65710	KERATOPLASTY ANTERIOR LAMELLAR	3986.40			090	Y	7731.81
J1	65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	4369.20			090	Y	7783.20
J1	65750	KERATOPLASTY PENETRAING APHAKIA	4404.00			090	Y	7758.61
J1	65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	4383.60			090	Y	7816.80
J1	65756	KERATOPLASTY ENDOTHELIAL	4087.20			090	Y	7741.21
+	65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	871.20			ZZZ	N	
	65760	KERATOMILEUSIS	4296.00			XXX	N	
	65765	KERATOPHAKIA	4278.87			XXX	N	
	65767	EPIKERATOPLASTY	3983.94			XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	65770	KERATOPROSTHESIS	4897.20			090	Y	13137.07
	65771	RADIAL KERATOTOMY	731.50			XXX	N	1294.43
	65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	1598.40			090	N	1174.43
J1	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	2005.20			090	N	4087.40
	65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	4898.40			000	N	1174.43
	65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	4245.60			000	N	4794.89
J1	65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	2324.40			090	N	6253.11
J1	65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	4605.60			090	Y	7295.65
J1	65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	3976.80			090	N	6588.24
J1	65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	8347.20			090	N	7782.40
J1	65800	PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX	416.40			000	N	4239.71
J1	65810	PARACENTESIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	1610.40			090	N	4217.44
J1	65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&AIR IN	2271.60			090	N	4234.94
J1	65820	GONIOTOMY	2906.40			090	N	7790.60
J1	65850	TRABECULOTOMY AB EXTERNO	2940.00			090	N	4110.97
	65855	TRABECULOPLASTY BY LASER SURGERY	861.60			010	N	729.85
	65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	1076.40			090	N	729.85
J1	65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	1666.80			090	N	4142.25
J1	65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	2073.60			090	N	4199.31
J1	65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	2210.40			090	N	4155.09
J1	65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	2323.20			090	N	7999.18
J1	65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	3465.60			090	Y	4241.72
J1	65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	2757.60			090	N	4219.45
J1	65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	2238.00			090	N	4231.12
J1	66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	697.20			010	N	4227.62
J1	66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	630.00			010	N	4239.60
J1	66130	EXCISION LESION SCLERA	2491.20			090	N	3945.88
J1	66150	FSTLJ SCLERA GLAUCOMA TREPIN W/IRIDECTOMY	3051.60			090	N	7666.61
J1	66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	3050.40			090	N	7494.83
J1	66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	3430.80			090	N	4218.39
J1	66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	3800.40			090	Y	4189.44
J1	66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	4149.60			090	Y	4216.27
J1	66174	TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	3232.80			090	Y	7632.42
J1	66175	TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	3386.40			090	Y	7433.64
J1	66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	3756.00			090	Y	7343.65
J1	66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	3958.80			090	Y	7303.65
J1	66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	3577.20			090	Y	7013.48
J1	66184	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	2751.60			090	Y	4197.71
J1	66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	2958.00			090	Y	4084.78
J1	66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	3254.40			090	N	7405.04
J1	66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	2664.00			090	N	4067.58
J1	66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	1393.20			090	N	4241.72
J1	66505	IRIDOTOMY STAB INC SPX TRANSFIXION	1514.40			090	N	4241.72
J1	66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	3192.00			090	N	7980.58
J1	66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	3812.40			090	N	4241.72
J1	66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	1489.20			090	N	4215.53
J1	66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	1968.00			090	N	4108.00
J1	66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	1987.20			090	N	4224.33
J1	66680	REPAIR IRIS CILIARY BODY	1818.00			090	N	4212.03

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	2521.20		090	N	4230.27
	J1	66700	CILIARY BODY DESTRUCTION DIATHERMY	1581.60		090	N	4241.72
	J1	66710	CILIARY BODY DSTRJ CYCLOPHOTOACOAG TRANSSCERAL	1550.40		090	N	4084.44
	J1	66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS	2193.60		090	N	4233.35
	J1	66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	1632.00		090	N	4087.40
	J1	66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS	1537.20		090	N	4087.40
		66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	1052.40		010	N	729.85
		66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	1669.20		090	N	729.85
		66770	DSTRJ CYST/LESION IRIS/CILIARY BODY	1849.20		090	N	729.85
	J1	66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	1581.48		090	N	4235.04
		66821	POST-CATARACT LASER SURGERY	1170.00		090	N	729.85
	J1	66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	2941.20		090	N	4224.97
	J1	66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	2464.80		090	N	4240.77
	J1	66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	2407.20		090	N	4237.69
	J1	66850	RMVL LENS MATERIAL PHACOFAGMENTATION ASPIR	2734.80		090	N	4174.60
	J1	66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	2913.60		090	N	7964.39
	J1	66920	RMVL LENS MATERIAL INTRACAPSULAR	2598.00		090	N	4227.30
	J1	66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	2978.40		090	N	7931.19
	J1	66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	2725.20		090	N	4229.85
	J1	66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	2707.20		090	N	4108.96
	J1	66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	2530.80		090	N	4135.26
	J1	66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	2179.20		090	N	4105.35
	J1	66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	2672.40		090	N	4150.10
	J1	66986	EXCHANGE INTRAOCULAR LENS	3136.80		090	N	4151.69
	J1	66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX W/ECP	4371.60		090	N	7749.01
	J1	66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP	3914.40		090	N	7784.80
		66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	2970.00		090	N	6035.71
+		66990	USE OPHTHALMIC ENDOSCOPE	307.20		ZZZ	N	
		66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	2370.00		090	N	6035.71
	J1	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	BR		YYY	N	4133.88
	J1	67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	1646.40		090	N	4173.11
	J1	67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	1886.40		090	N	4187.22
	J1	67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	2116.80		090	N	4236.10
	J1	67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	2604.00		090	N	4219.56
	J1	67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	2942.40		090	Y	33940.25
		67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	396.00		000	N	462.41
	J1	67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	1948.80		090	N	4231.54
		67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	1364.40		090	N	729.85
	J1	67036	VITRECTOMY MECHANICAL PARS PLANA	3111.60		090	Y	7960.79
	J1	67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	3326.40		090	Y	7961.39
	J1	67040	VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	3591.60		090	Y	7976.58
	J1	67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	3963.60		090	Y	7980.98
	J1	67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	3963.60		090	Y	7978.18
	J1	67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	4179.60		090	Y	7957.19
	J1	67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	1168.80		010	N	4193.05
		67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	1033.20		010	N	729.85
	J1	67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	3897.60		090	Y	7947.59
	J1	67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	4125.60		090	Y	7934.79
	J1	67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	3115.20		090	N	4234.41

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1 67113	RPR COMPLEX RETINA DETACH VITRECT & MEMBRANE PEEL	4611.60			090	Y	7896.59
	J1 67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	1728.00			090	N	7999.18
	J1 67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	2360.40			090	N	4226.77
	J1 67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	3134.40			090	Y	4234.51
	67141	PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	1790.40			010	N	379.37
	67145	PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	1802.40			010	N	729.85
	67208	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	2100.00			090	N	379.37
	67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	1798.80			090	N	729.85
	J1 67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	4846.80			090	N	6680.09
	67220	DSTRJ LESION CHOROID PC 1/> SESS	1852.80			090	N	729.85
	67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	968.40			000	N	729.85
+	67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	102.00			ZZZ	N	
	J1 67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	1029.60			010	N	6745.43
	67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	1184.40			010	N	729.85
	67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	4018.80			090	N	729.85
	J1 67250	SCLERAL REINFORCEMENT SPX W/O GRAFT	3120.18			090	N	4027.32
	J1 67255	SCLERAL REINFORCEMENT SPX W/GRAFT	2394.00			090	Y	3995.28
	J1 67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	BR			YYY	N	4208.96
	J1 67311	STRABISMUS RECESSIION/RESCJ 1 HRZNTL MUSC	2035.20			090	N	4086.69
	J1 67312	STRABISMUS RECESSIION/RESCJ 2 HRZNTL MUSC	2427.60			090	N	6751.84
	J1 67314	STRABISMUS RECESSIION/RESCJ 1 VER MUSC	2292.00			090	N	4087.20
	J1 67316	STRABISMUS RECESSIION/RESCJ 2/MORE VER MUSC	2728.80			090	N	4083.93
	J1 67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	2395.20			090	N	4071.56
+	67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	1100.40			ZZZ	N	
+	67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	1044.00			ZZZ	N	
+	67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	1132.80			ZZZ	N	
+	67334	STRABISMUS POST FIXJ SUTR TQ WWO MUSC RECESSIION	1030.80			ZZZ	N	
+	67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	580.98			ZZZ	N	
+	67340	STRABISMUS EXPL&RPR DETACHED EXTROOCULAR MUSC	1222.80			ZZZ	Y	
	J1 67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	2330.40			090	N	4057.05
	67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	852.00			010	N	379.37
	J1 67346	BIOPSY EXTRAOCULAR MUSCLE	660.00			000	N	6753.36
	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	BR			YYY	Y	379.37
	J1 67400	ORBITOTOMY W/O BONE FLAP EXPL WWO BIOPSY	3680.40			090	N	6735.30
	J1 67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	3154.68			090	N	4079.64
	J1 67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	3405.84			090	N	4084.75
	J1 67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	3408.60			090	Y	4070.24
	J1 67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	5194.80			090	Y	6721.45
	J1 67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	356.40			000	N	4038.25
	J1 67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	6164.40			090	Y	6697.14
	J1 67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	4917.60			090	Y	6753.36
	J1 67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	4774.80			090	Y	6643.45
	J1 67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	5406.00			090	Y	6743.40
	J1 67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL WWO BX	4940.40			090	Y	6734.79
	67500	RETROBULBAR INJECTION MEDICATION SPX	266.40			000	N	379.37
	67505	RETROBULBAR INJECTION ALCOHOL	303.60			000	N	379.37
	67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	268.80			000	N	379.37
	J1 67550	ORBITAL IMPLANT INSERTION	3839.16			090	N	6397.80
	J1 67560	ORBITAL IMPLANT REMOVAL/REVISION	3933.60			090	N	6600.91

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Surgery

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

0232T, 10004-6990

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	67570	OPTIC NERVE DECOMPRESSION	4685.10			090	Y	6726.52
	67599	UNLISTED PROCEDURE ORBIT	BR			YYY	Y	379.37
	67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	1028.40			010	N	379.37
	67710	SEVERING TARSORRHAPHY	878.40			010	N	1174.43
J1	67715	CANTHOTOMY SEPARATE PROCEDURE	954.00			010	N	4076.57
	67800	EXCISION CHALAZION SINGLE	451.20			010	N	379.37
	67801	EXCISION CHALAZION MULTIPLE SAME LID	570.00			010	N	1174.43
	67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	712.80			010	N	379.37
J1	67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	1276.80			090	N	4087.40
	67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	666.00			000	N	379.37
	67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	111.60			000	N	163.53
	67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	476.40			010	N	379.37
	67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	967.20			010	N	1174.43
J1	67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	1531.20			090	N	4058.69
	67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	1006.80			010	N	1174.43
	67850	DESTRUCTION LESION LID MARGIN </ 1 CM	769.20			010	N	1174.43
	67875	TEMPORARY CLOSURE EYELIDS SUTURE	651.60			000	N	1174.43
J1	67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPHY	1651.20			090	N	4073.40
J1	67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	2013.60			090	N	4071.16
J1	67900	REPAIR BROW PTOSIS	2294.40			090	N	4076.16
J1	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	2821.20			090	N	4065.23
J1	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	2524.80			090	N	6710.65
J1	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADMVNT INTERNAL	2132.40			090	N	4085.46
J1	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADMVNT XTRNL	2613.60			090	N	4086.59
J1	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	1753.20			090	N	6667.76
J1	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	1916.40			090	N	4086.79
J1	67909	REDUCTION OVERCORRECTION PTOSIS	1944.00			090	N	4087.40
J1	67911	CORRECTION LID RETRACTION	1940.40			090	N	4029.77
J1	67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	3259.20			090	N	3900.91
J1	67914	REPAIR ECTROPION SUTURE	1742.40			090	N	4084.34
J1	67915	REPAIR ECTROPION THERMOCAUTERIZATION	1132.80			090	N	4087.40
J1	67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	2172.00			090	N	4082.19
J1	67917	REPAIR ECTROPION EXTENSIVE	2218.80			090	N	4083.72
J1	67921	REPAIR ENTROPION SUTURE	1705.20			090	N	4086.18
J1	67922	REPAIR ENTROPION THERMOCAUTERIZATION	1096.80			090	N	4087.40
J1	67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	2170.80			090	N	4085.97
J1	67924	REPAIR ENTROPION EXTENSIVE	2310.00			090	N	4084.75
J1	67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	1314.00			010	N	4087.40
J1	67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	2118.00			090	N	4086.38
	67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	984.00			010	N	379.37
J1	67950	CANTHOPLASTY	2070.00			090	N	4067.78
J1	67961	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	2076.00			090	N	4083.83
J1	67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	2738.40			090	N	4086.38
J1	67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	2498.40			090	N	4079.02
J1	67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	3207.60			090	Y	4076.06
J1	67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	3200.40			090	Y	6728.71
J1	67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	2365.20			090	N	4061.65
	67999	UNLISTED PROCEDURE EYELIDS	BR			YYY	N	379.37
	68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	424.80			010	N	1174.43

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	68040	EXPRESSION CONJUNCTIVAL FOLLICLES	217.20			000	N	379.37
J1	68100	BIOPSY CONJUNCTIVA	645.60			000	N	4061.86
J1	68110	EXCISION LESION CONJUNCTIVA <1 CM	840.00			010	N	4029.16
J1	68115	EXCISION LESION CONJUNCTIVA > 1 CM	1191.60			010	N	3997.28
J1	68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	1957.20			090	N	3972.96
J1	68135	DESTRUCTION LESION CONJUNCTIVA	547.20			010	N	4037.33
	68200	SUBCONJUNCTIVAL INJECTION	146.40			000	N	393.60
J1	68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	2632.80			090	N	4046.63
J1	68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	2272.80			090	N	6631.80
J1	68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	2232.00			090	N	6662.70
J1	68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	2450.40			090	N	4027.93
J1	68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	2204.40			090	N	4189.44
J1	68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	2238.00			090	N	6502.48
J1	68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	2150.40			090	N	3993.19
J1	68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	1921.20			090	N	6682.28
J1	68362	CONJUNCTIVAL FLAP TOTAL	2268.00			090	N	4021.08
J1	68371	HARVESTING CONJUNCTIVAL ALLOGRAPHY LIVING DONOR	1432.80			010	N	4036.00
	68399	UNLISTED PROCEDURE CONJUNCTIVA	BR			YYY	N	379.37
	68400	INCISION DRAINAGE LACRIMAL GLAND	1064.40			010	N	1174.43
J1	68420	INCISION DRAINAGE LACRIMAL SAC	1192.80			010	N	4082.50
	68440	SNIP INCISION LACRIMAL PUNCTUM	364.80			010	N	379.37
J1	68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	3735.60			090	N	6753.36
J1	68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	3718.80			090	N	6745.43
J1	68510	BIOPSY LACRIMAL GLAND	1606.80			000	N	4087.40
J1	68520	EXCISION LACRIMAL SAC	2595.60			090	N	6721.96
J1	68525	BIOPSY LACRIMAL SAC	902.40			000	N	4064.10
	68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	1546.80			010	N	379.37
J1	68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	3452.40			090	N	4087.40
J1	68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	4302.00			090	N	6753.36
J1	68700	PLASTIC REPAIR CANALICULI	2090.40			090	N	4060.02
	68705	CORRECTION EVERTED PUNCTUM CAUTERY	938.40			010	N	379.37
J1	68720	DACRYOCSTORHINOSTOMY	2847.60			090	Y	6716.89
J1	68745	CONJUNCTIVORHINOSTOMY W/O TUBE	2860.80			090	Y	6737.15
J1	68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	3028.80			090	Y	6655.78
	68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	784.80			010	N	379.37
	68761	CLSR LACRIMAL PUNCTUM PLUG EACH	520.80			010	N	379.37
J1	68770	CLOSURE LACRIMAL FISTULA SPX	2175.60			090	N	4087.40
	68801	DILATION LACRIMAL PUNCTUM W/WO IRRIGATION	339.60			010	N	393.60
	68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	568.80			010	N	379.37
J1	68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	465.60			010	N	4079.02
J1	68815	PROBE NASOLACRIMAL DUCT W/WO IRRIG INSJ TUBE/STNT	1346.40			010	N	4025.89
J1	68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	2829.00			010	N	4009.54
	68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	468.00			010	N	379.37
	68841	INSJ RX ELUTING IMPLT PUNCTAL DILAT LAC CANAL EA	133.20			000	N	462.41
	68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPHY	214.80			000	N	
	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	BR			YYY	N	379.37
	69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	672.00			010	N	902.47
J1	69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX	788.40			010	N	2873.98
	69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	849.60			010	N	902.47

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	69090	EAR PIERCING	92.40			XXX	N	
	69100	BIOPSY EXTERNAL EAR	345.60			000	N	306.82
J1	69105	BIOPSY EXTERNAL AUDITORY CANAL	526.80			000	N	2761.63
J1	69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	1699.20			090	N	4839.23
J1	69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	1404.00			090	N	10388.02
J1	69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	3271.20			090	N	10344.39
J1	69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	1491.60			090	N	4840.68
J1	69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	3628.80			090	N	10386.21
	69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	5816.40			090	Y	
	69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	285.60			000	N	163.53
J1	69205	RMVL FB XTRNL AUDITORY CANAL ANES	338.40			010	N	2868.67
	69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	54.00			000	N	80.73
	69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	168.00			000	N	80.73
	69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	274.80			000	N	260.43
	69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMLPX	780.00			010	N	655.90
J1	69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	2326.80			YYY	N	5587.68
J1	69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	4052.40			090	N	10335.82
J1	69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	5637.60			090	Y	10303.62
	69399	UNLISTED PROCEDURE EXTERNAL EAR	BR			YYY	N	306.82
	69420	MYRINGOTOMY ASPIR&EUSTACHIAN TUBE NFLTJ	686.40			010	N	306.82
J1	69421	MYRINGOTOMY ASPIR&EUSTACHIAN TUBE NFLTJ ANES	540.00			010	N	5463.49
	69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	465.60			000	N	3967.45
	69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	724.80			010	N	655.90
J1	69436	TYMPANOSTOMY GENERAL ANESTHESIA	566.40			010	N	2732.21
J1	69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	2491.20			090	N	5566.45
J1	69450	TYMPANOLYSIS TRANSCANAL	1981.20			090	N	5572.04
J1	69501	TRANSMASTOID ANROTOMY	2553.60			090	N	10314.26
J1	69502	MASTOIDECTOMY COMPLETE	3385.20			090	N	10249.08
J1	69505	MASTOIDECTOMY MODIFIED RADICAL	4441.20			090	N	10369.84
J1	69511	MASTOIDECTOMY RADICAL	4543.20			090	N	10315.04
J1	69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	6039.60			090	Y	10317.38
	69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	9562.80			090	N	
J1	69540	EXCISION AURAL POLYP	765.60			010	N	2762.74
J1	69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	3844.80			090	Y	10336.34
J1	69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	5716.80			090	Y	10349.85
	69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	9067.20			090	Y	
J1	69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	3660.00			090	N	10357.12
J1	69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	3916.80			090	N	10322.58
J1	69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	4639.20			090	N	10366.47
J1	69604	REVJ MASTOIDECTOMY RSLTG TYMPLASTY	4000.80			090	N	10290.63
J1	69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	1371.60			010	N	2748.71
J1	69620	MYRINGOPLASTY	2684.40			090	N	5550.94
J1	69631	TYMPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	3205.20			090	N	10319.20
J1	69632	TYMPLASTY W/O MSTDC 1ST/REVJ W/OSSICLE RECNSTJ	3910.80			090	N	10169.86
J1	69633	TYMPLASTY W/O MASTOIDECT 1ST/REVJ PROSTH TORP	3787.20			090	N	10075.07
J1	69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	4581.60			090	N	10346.73
J1	69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	5089.20			090	N	10213.76
J1	69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	5190.00			090	N	10051.69
J1	69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	3753.60			090	N	10332.44

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Surgery

0232T, 10004-69990

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	J1	69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	4815.60		090	N	10234.01
	J1	69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	4406.40		090	N	10322.58
	J1	69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	5437.20		090	N	10215.57
	J1	69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	5350.80		090	N	10326.73
	J1	69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	5662.80		090	N	10215.83
	J1	69650	STAPES MOBILIZATION	2893.20		090	N	5566.45
	J1	69660	STAPEDECTOMY/STAPEDOTOMY	3324.00		090	N	10133.76
	J1	69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	4320.00		090	N	10177.66
	J1	69662	REVISION STAPEDECTOMY/STAPEDOTOMY	4156.80		090	N	10107.27
	J1	69666	REPAIR OVAL WINDOW FISTULA	2908.80		090	N	5574.83
	J1	69667	REPAIR ROUND WINDOW FISTULA	2910.00		090	N	5586.84
	J1	69670	MASTOID OBLITERATION SEPARATE PROCEDURE	3405.60		090	Y	10267.52
	J1	69676	TYMPANIC NEURECTOMY	3006.00		090	N	5548.71
	J1	69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	2391.60		090	N	2763.08
	J1	69705	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI	10201.20		000	N	9276.71
	J1	69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI	10530.00		000	N	9276.71
		69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	3990.00		XXX	N	3952.42
	J1	69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	3014.40		090	Y	5458.32
	J1	69714	IMPL OI IMPLT SKULL PERQ ATTACHMENT ESP	3656.40		090	N	21148.54
	J1	69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	2157.60		090	N	23234.62
	J1	69717	RPLCMT OI IMPLT SKULL PERQ ATTACHMENT ESP	3831.60		090	N	10851.96
	J1	69719	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP<100	2157.60		090	N	23234.62
	J1	69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	4267.20		090	N	10388.54
	J1	69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	6679.20		090	Y	10388.54
	J1	69726	REMOVAL ENTIRE OI IMPLT SKL PERQ ATTACHMENT ESP	1468.80		090	N	5710.81
	J1	69727	REMOVAL ENTIRE OI IMPLT SKL MAG TC ATTCH ESP<100	1680.00		090	N	5710.81
	J1	69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	4158.00		090	Y	10272.97
	J1	69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	4434.00		090	Y	10272.97
		69799	UNLISTED PROCEDURE MIDDLE EAR	BR		YYY	N	306.82
	J1	69801	LABYRINTHOTOMY TRANSCANAL	804.54		000	N	2762.81
	J1	69805	ENDOLYMPHATIC SAC W/O SHUNT	3679.20		090	Y	10330.63
	J1	69806	ENDOLYMPHATIC SAC SHUNT	3307.20		090	N	10247.52
	J1	69905	LABYRINTHECTOMY TRANSCANAL	3306.00		090	N	10349.85
	J1	69910	LABYRINTHECTOMY W/MASTOIDECTOMY	3552.00		090	N	10335.04
	J1	69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	5370.00		090	Y	5564.91
	J1	69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	4354.80		090	N	56091.84
		69949	UNLISTED PROCEDURE INNER EAR	BR		YYY	N	306.82
		69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	6216.00		090	Y	
	J1	69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	7023.60		090	Y	10382.31
	J1	69960	DECOMPRESSION INTERNAL AUDITORY CANAL	6720.00		090	Y	10028.32
	J1	69970	REMOVAL TUMOR TEMPORAL BONE	7592.40		090	Y	10371.14
		69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	BR		YYY	N	306.82
+		69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	768.00		ZZZ	Y	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

RADIOLOGY

I SCOPE

The following guidelines apply to radiology services provided in offices, clinics, and under some circumstances in hospital x-ray departments. This section also contains guidelines that include nuclear medicine and diagnostic ultrasound.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

II. GUIDELINES

- A. **Total Fee.** A total fee includes both the professional component for the radiologist and the technical component needed to accomplish the procedure. Explanations of the professional component and the technical component are listed below. The values as listed in the MAR column represent the total reimbursement.
- B. **Professional Component.** The professional component represents the reimbursement allowance of the professional radiological services of the physician and is identified by the use of modifier 26. This includes examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination, and consultation with the referring physician. In the majority of hospital radiology departments, the radiologist submits a separate statement to the patient for professional services rendered, which are listed as the professional component. Values in the PC Amount column are intended for the services of a radiologist for the professional component only and do not include any other charges. To identify a charge for a professional component only, use the five-digit code followed by modifier 26.
- C. **Technical Component.** The technical component includes charges made by the institution or clinic to cover the services of technologists and other staff members, the film, contrast media, chemicals and other materials, and the use of the space and facilities of the x-ray department. To identify a charge for a technical component only, use the five-digit code followed by HCPCS modifier TC. The technical component amount is listed in the TC Amount column of the Fee Schedule.
- D. **Review of X-rays.** Billing code 76140 is not appropriate in the following circumstances because review of the x-rays is inherent to the evaluation and management code:
- The physician, during the course of an office visit or consultation, reviews an x-ray made elsewhere;
 - The treating or consulting physician reviews x-rays at an emergency room or hospital visit;
 - CPT code 76140, Consultation on x-ray examination made elsewhere, written report,

will only be paid when there is a documented need for the service and when performed by a radiologist or physician certified to perform radiological services;

This provision is for payment of a second interpretation under unusual circumstances such as a questionable finding for which the physician performing the initial interpretation requests the expertise of another physician (i.e., expertise of a radiologist). CPT code 76140 is to be used when a second opinion is required for a radiological procedure.

- E. **Additional X-rays.** No payment shall be made for additional x-rays when recent x-rays are available except when supported by adequate information regarding the need to retake x-rays. The use of photographic or digital media and/or imaging is not reported separately, but is considered to be a component of the basic procedure and shall not merit any additional payment.
- F. **Comparison X-rays.** Comparison x-rays are reimbursable when appropriate. Any repeat comparison x-ray requires prior approval and will not be reimbursed without prior approval.
- G. **Contrast Material**
1. Complete procedures, interventional radiological procedures, or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services (e.g., necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of results).
 2. Low osmolar contrast material and paramagnetic contrast materials shall only be billed when not included in the descriptor of the procedure. When appropriately billed, the contrast media is reimbursed according to the lesser of the billed charges or MAR listed in the HCPCS section of the Fee Schedule. Supplies are considered incidental to the administration of the contrast and are not separately reimbursable.
 3. When contrast can be administered orally (upper G.I.) or rectally (barium enema), the administration of contrast is included as part of the procedure and not separately reimbursed.
 4. When an intravenous line is placed simply for access in the event of a problem with a procedure or for administration of contrast, it is considered part of the procedure and is not separately reimbursed.
- H. **Urologic Procedures.** In the case of urologic procedures (e.g., CPT codes 74400–74485), insertion of a urethral catheter is part of the procedure and is not separately billed.

- I. **Vertebral Motion Analysis (VMA).** Vertebral Motion Analysis, generally done on the cervical and lumbar spine, is typically billed with CPT code 76496, unlisted fluoroscopic procedure (e.g., diagnostic, interventional). There is no specific CPT for this radiological test. For the cervical spine, pay the combination of 76000 and 72052. For the lumbar spine, pay the combination of 76000 and 72110.
- J. **Separate or Multiple Procedures**
1. When multiple procedures are performed on the same day or at the same session, it is appropriate to designate them by separate entries. Surgical procedures performed in conjunction with a radiology procedure will be subject to the rules and regulations of the Surgery section.
 2. When x-rays of multiple sections of a body area are billed separately, the total reimbursement must not exceed the maximum reimbursement allowance of the complete body area.
- K. **Outpatient CT Scans and MRI Imaging.** CT scans and MRI imaging, when performed on an outpatient basis, are subject to the limitations of the Fee Schedule, regardless of site of service.
- L. **Unlisted Service or Procedure.** When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.
- M. **Special Report.** Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Additional information provided should include an acceptable definition or description of the extent and nature of the procedure, as well as information regarding the need for the procedure. Also essential are data regarding the equipment necessary to perform the service, as well as the time and effort required. Special reports to justify the necessity of a service do not warrant a separate fee.
- N. **By Report (BR).** "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation.
- O. **Radiology Supervision and Interpretation Procedures.** There are times when a single physician may perform the procedure and supervise the imaging and interpretation. On other occasions, one physician may perform the procedure, and the imaging supervision with interpretation may be performed by another physician. The appropriate radiology codes are to be used for supervision and interpretation of the imaging. The appropriate surgical codes are to be used for the procedure, including necessary local anesthesia, placement of needle or catheters, injection of contrast media, etc. The surgical codes are subject to the rules and regulations of the Surgery section, and the radiology codes are subject to this section of radiology rules and regulations.
- P. **Written Report(s).** A written report, signed by the interpreting physician, should be considered an integral part of a radiological procedure or interpretation and must be submitted with the billing.
- Q. **Facility Fee.** The facility fee for outpatient services is the APC Amount.

70010-79999

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
70010	MYELOGRAPHY POST FOSSA RS&I	109.86			XXX	N	534.05
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	317.66	107.95	209.71	XXX	N	
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	60.62	16.51	44.11	XXX	N	
70100	RADIOLOGIC EXAMINATION MANDIBLE PRTL <4 VIEWS	70.84	16.51	54.33	XXX	N	
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	82.52	22.86	59.66	XXX	N	
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	70.84	16.51	54.33	XXX	N	
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	117.58	31.12	86.46	XXX	N	
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	110.27	32.39	77.88	XXX	N	
70140	RADEX FACIAL BONES < 3 VIEWS	60.96	18.42	42.54	XXX	N	
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	89.83	24.13	65.70	XXX	N	
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70.84	15.88	54.96	XXX	N	
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	93.98	27.31	66.67	XXX	N	
70190	RADEX OPTIC FORAMINA	72.39	20.32	52.07	XXX	N	
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	90.55	25.40	65.15	XXX	N	
70210	RADEX SINUSES PARANASAL <3 VIEWS	61.60	15.88	45.72	XXX	N	
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	71.76	22.86	48.90	XXX	N	
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	62.87	17.78	45.09	XXX	N	
70250	RADIOLOGIC EXAMINATION SKULL 4< VIEWS	67.95	22.86	45.09	XXX	N	
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	85.09	31.75	53.34	XXX	N	
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	25.40	10.16	15.24	XXX	N	
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	72.39	14.61	57.78	XXX	N	
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	103.51	22.23	81.28	XXX	N	
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	65.00	16.51	48.49	XXX	N	
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	101.51	22.23	79.28	XXX	N	
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	157.01	49.53	107.48	XXX	N	
70336	MRI TEMPOROMANDIBULAR JOINT	562.61	132.72	429.89	XXX	N	
70350	CEPHALOGRAM ORTHODONTIC	33.66	17.78	15.88	XXX	N	
70355	ORTHOPANTOGRAM	35.56	19.69	15.87	XXX	N	
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	59.69	16.51	43.18	XXX	N	
70370	RADEX PHARYNX/LARX W/FLUOR&MAGNIFICATION TQ	165.77	27.94	137.83	XXX	N	
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	198.76	76.84	121.92	XXX	N	
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	69.38	15.24	54.14	XXX	N	
70390	SIALOGRAPHY RS&I	211.77	34.29	177.48	XXX	N	
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	207.65	76.84	130.81	XXX	N	
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	292.74	102.87	189.87	XXX	N	
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	343.54	114.94	228.60	XXX	N	
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	415.93	115.57	300.36	XXX	N	
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	492.76	125.10	367.66	XXX	N	
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	536.58	130.81	405.77	XXX	N	
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	251.46	77.47	173.99	XXX	N	
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	299.72	101.60	198.12	XXX	N	
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	366.40	114.94	251.46	XXX	N	
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	295.91	115.57	180.34	XXX	N	
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	365.13	125.10	240.03	XXX	N	
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	439.42	146.05	293.37	XXX	N	
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	544.83	158.12	386.71	XXX	N	
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	544.20	158.12	386.08	XXX	N	
70540	MRI ORBIT FACE & NECK W/O CONTRAST	474.98	121.92	353.06	XXX	N	
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	564.52	146.69	417.83	XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	709.30	193.04	516.26	XXX	N	
70544	MRA HEAD W/O CONTRST MATERIAL	497.84	108.59	389.25	XXX	N	
70545	MRA HEAD W/CONTRAST MATERIAL	494.03	108.59	385.44	XXX	N	
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	730.25	133.35	596.90	XXX	N	
70547	MRA NECK W/O CONTRST MATERIAL	499.75	108.59	391.16	XXX	N	
70548	MRA NECK W/CONTRAST MATERIAL	549.91	135.89	414.02	XXX	N	
70549	MRA NECK W/O & W/CONTRAST MATERIAL	763.27	162.56	600.71	XXX	N	
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	405.13	133.99	271.14	XXX	N	
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	562.61	161.29	401.32	XXX	N	
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	663.58	206.38	457.20	XXX	N	
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	787.40	190.50	596.90	XXX	N	
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	1337.31	227.33	1109.98	XXX	N	
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	2562.81	296.55	2266.26	XXX	N	
70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	2821.66	314.33	2507.33	XXX	N	
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	2846.05	296.55	2549.50	XXX	N	
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	48.90	16.51	32.39	XXX	N	
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	63.50	19.69	43.81	XXX	N	
71047	RADIOLOGIC EXAM CHEST 3 VIEWS	80.01	25.40	54.61	XXX	N	
71048	RADIOLOGIC EXAM CHEST 4+ VIEWS	87.63	29.21	58.42	XXX	N	
71100	RADEX RIBS UNILATERAL 2 VIEWS	69.85	20.32	49.53	XXX	N	
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	80.01	24.77	55.24	XXX	N	
71110	RADEX RIBS BILATERAL 3 VIEWS	83.19	26.67	56.52	XXX	N	
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	99.70	29.85	69.85	XXX	N	
71120	RADEX STERNUM MINIMUM 2 VIEWS	64.14	18.42	45.72	XXX	N	
71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	76.68	19.69	56.99	XXX	N	
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	283.85	105.41	178.44	XXX	N	
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	351.16	112.40	238.76	XXX	N	
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	416.56	125.10	291.46	XXX	N	
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	269.88	96.52	173.36	XXX	N	
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	556.26	164.47	391.79	XXX	N	
71550	MRI CHEST W/O CONTRAST MATERIAL	724.54	131.45	593.09	XXX	N	
71551	MRI CHEST W/CONTRAST MATERIAL	802.01	156.21	645.80	XXX	N	
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	1012.83	203.84	808.99	XXX	N	
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	700.41	161.29	539.12	XXX	N	
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	46.36	14.61	31.75	XXX	N	
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	74.93	20.32	54.61	XXX	N	
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	100.97	28.58	72.39	XXX	N	
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	117.48	33.02	84.46	XXX	N	
72070	RADEX SPINE THORACIC 2 VIEWS	62.23	20.32	41.91	XXX	N	
72072	RADEX SPINE THORACIC 3 VIEWS	74.30	20.32	53.98	XXX	N	
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	81.79	22.23	59.56	XXX	N	
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	66.04	20.32	45.72	XXX	N	
72081	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	80.65	24.77	55.88	XXX	N	
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	133.35	29.21	104.14	XXX	N	
72083	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	149.23	33.02	116.21	XXX	N	
72084	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	184.02	38.10	145.92	XXX	N	
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	75.22	20.32	54.90	XXX	N	
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	97.16	28.58	68.58	XXX	N	
72114	RADEX SPINE LUMBOSACRAL COMPL W/BENDING VIEWS MIN 6	117.48	29.85	87.63	XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

70010-79999

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	77.47	20.32	57.15	XXX	N	
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	328.93	96.52	232.41	XXX	N	
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	406.40	110.49	295.91	XXX	N	
72127	CT CERVICAL SPINE W/O & W/CONTRAST MATERIAL	481.33	114.30	367.03	XXX	N	
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	322.58	90.81	231.77	XXX	N	
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	408.94	110.49	298.45	XXX	N	
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	481.97	114.30	367.67	XXX	N	
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	407.04	110.49	296.55	XXX	N	
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	480.06	114.94	365.12	XXX	N	
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	394.97	134.62	260.35	XXX	N	
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	573.41	161.93	411.48	XXX	N	
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	395.61	134.62	260.99	XXX	N	
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	570.23	161.29	408.94	XXX	N	
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	395.61	134.62	260.99	XXX	N	
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	566.42	161.93	404.49	XXX	N	
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	668.02	206.38	461.64	XXX	N	
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	669.93	206.38	463.55	XXX	N	
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	666.75	206.38	460.37	XXX	N	
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	725.81	162.56	563.25	XXX	N	
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	59.06	15.88	43.18	XXX	N	
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	80.01	22.64	57.37	XXX	N	
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	607.70	162.56	445.14	XXX	N	
72192	CT PELVIS W/O CONTRAST MATERIAL	261.62	98.43	163.19	XXX	N	
72193	CT PELVIS W/CONTRAST MATERIAL	461.65	105.41	356.24	XXX	N	
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	509.27	109.86	399.41	XXX	N	
72195	MRI PELVIS W/O CONTRAST MATERIAL	483.87	132.08	351.79	XXX	N	
72196	MRI PELVIS W/CONTRAST MATERIAL	565.15	156.85	408.30	XXX	N	
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	713.74	198.76	514.98	XXX	N	
72198	MRA PELVIS W/WO CONTRAST MATERIAL	704.22	160.66	543.56	XXX	N	
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	62.23	15.88	46.35	XXX	N	
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	71.56	19.72	51.84	XXX	N	
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	61.60	15.88	45.72	XXX	N	
72240	MYELOGRAPHY CERVICAL RS&I	214.69	82.55	132.14	XXX	N	
72255	MYELOGRAPHY THORACIC RS&I	218.35	85.73	132.62	XXX	N	
72265	MYELOGRAPHY LUMBOSACRAL RS&I	200.82	74.30	126.52	XXX	N	
72270	MYELOGRAPHY 2/MORE REGIONS RS&I	278.96	125.10	153.86	XXX	N	
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	
72295	DISKOGRAPY LUMBAR RS&I	211.77	78.11	133.66	XXX	N	
73000	RADEX CLAVICLE COMPLETE	59.88	15.24	44.64	XXX	N	
73010	RADEX SCAPULA COMPLETE	57.15	16.51	40.64	XXX	N	
73020	RADEX SHOULDER 1 VIEW	42.55	14.61	27.94	XXX	N	
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	62.08	17.15	44.93	XXX	N	
73040	RADEX SHOULDER ARTHROGRAPHY RS&I	227.84	50.80	177.04	XXX	N	
73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	66.68	19.05	47.63	XXX	N	
73060	RADEX HUMERUS MINIMUM 2 VIEWS	60.33	15.24	45.09	XXX	N	
73070	RADEX ELBOW 2 VIEWS	55.25	15.24	40.01	XXX	N	
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	61.34	15.88	45.46	XXX	N	
73085	RADEX ELBOW ARTHROGRAPHY RS&I	216.54	52.07	164.47	XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
73090	RADEX FOREARM 2 VIEWS	55.25	15.24	40.01	XXX	N	
73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	59.16	14.61	44.55	XXX	N	
73100	RADEX WRIST 2 VIEWS	64.14	15.24	48.90	XXX	N	
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	75.22	15.88	59.34	XXX	N	
73115	RADEX WRIST ARTHROGRAPHY RS&I	243.18	51.44	191.74	XXX	N	
73120	RADEX HAND 2 VIEWS	59.06	15.24	43.82	XXX	N	
73130	RADEX HAND MINIMUM 3 VIEWS	68.64	15.88	52.76	XXX	N	
73140	RADEX FINGR MINIMUM 2 VIEWS	69.38	12.70	56.68	XXX	N	
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	322.58	90.81	231.77	XXX	N	
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	399.42	105.41	294.01	XXX	N	
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	501.02	110.49	390.53	XXX	N	
73206	CT ANGIOGRAPHY UPPER EXTREMITY	592.46	161.93	430.53	XXX	N	
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	642.62	122.56	520.06	XXX	N	
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	705.49	146.69	558.80	XXX	N	
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	873.13	193.68	679.45	XXX	N	
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N	
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	664.85	147.32	517.53	XXX	N	
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	824.87	194.31	630.56	XXX	N	
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	695.33	155.58	539.75	XXX	N	
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	61.60	17.15	44.45	XXX	N	
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	88.37	20.32	68.05	XXX	N	
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	110.27	25.40	84.87	XXX	N	
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	78.11	20.32	57.79	XXX	N	
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	101.60	27.31	74.29	XXX	N	
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	116.21	29.21	87.00	XXX	N	
73525	RADEX HIP ARTHROGRAPHY RS&I	232.22	53.34	178.88	XXX	N	
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	55.25	15.24	40.01	XXX	N	
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	66.68	16.51	50.17	XXX	N	
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	64.77	15.24	49.53	XXX	N	
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	76.68	17.15	59.53	XXX	N	
73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	85.45	20.32	65.13	XXX	N	
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	76.68	15.88	60.80	XXX	N	
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	262.17	53.34	208.83	XXX	N	
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	59.69	14.61	45.08	XXX	N	
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	59.16	14.61	44.55	XXX	N	
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	60.96	15.24	45.72	XXX	N	
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	68.64	15.88	52.76	XXX	N	
73615	RADEX ANKLE ARTHROGRAPHY RS&I	243.90	52.71	191.19	XXX	N	
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	53.34	13.97	39.37	XXX	N	
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	64.26	15.24	49.02	XXX	N	
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	54.61	14.61	40.00	XXX	N	
73660	RADEX TOE MINIMUM 2 VIEWS	55.25	12.07	43.18	XXX	N	
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	403.86	105.41	298.45	XXX	N	
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	488.95	109.86	379.09	XXX	N	
73706	CT ANGIOGRAPHY LOWER EXTREMITY	642.62	170.18	472.44	XXX	N	
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	469.27	121.92	347.35	XXX	N	
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	554.99	146.69	408.30	XXX	N	
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	711.84	193.68	518.16	XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N		
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	668.02	147.32	520.70	XXX	N		
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	822.96	193.68	629.28	XXX	N		
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	704.85	161.93	542.92	XXX	N		
74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW	57.15	16.51	40.64	XXX	N		
74019	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	69.85	20.96	48.89	XXX	N		
74021	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	81.92	24.77	57.15	XXX	N		
74022	RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	94.62	29.21	65.41	XXX	N		
74150	CT ABDOMEN W/O CONTRAST MATERIAL	269.88	107.95	161.93	XXX	N		
74160	CT ABDOMEN W/CONTRAST MATERIAL	471.17	114.94	356.23	XXX	N		
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	527.69	126.37	401.32	XXX	N		
74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	757.56	196.85	560.71	XXX	N		
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	608.33	163.20	445.13	XXX	N		
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	359.41	157.48	201.93	XXX	N		
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	611.51	165.10	446.41	XXX	N		
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	684.53	180.98	503.55	XXX	N		
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	436.88	132.08	304.80	XXX	N		
74182	MRI ABDOMEN W/CONTRAST MATERIAL	641.99	156.85	485.14	XXX	N		
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	714.38	198.76	515.62	XXX	N		
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	706.76	161.29	545.47	XXX	N		
74190	PERITONEOGRAM RS&I	113.84	41.91	71.93	XXX	N		
74210	RADIOLOGIC EXAM PHRNX&/CRV ESOPH CONTRAST STUDY	181.84	53.34	128.50	XXX	N		
74220	RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	191.14	60.96	130.18	XXX	N		
74221	RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	215.27	62.87	152.40	XXX	N		
74230	RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	247.65	48.26	199.39	XXX	N		
74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	342.88	107.95	234.93	XXX	N		
74240	RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	239.40	71.76	167.64	XXX	N		
74246	RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	273.05	71.56	201.49	XXX	N		
+	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	161.29	62.87	98.42	ZZZ	N	
74250	RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	232.22	48.93	183.29	XXX	N		
74251	RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	772.16	71.56	700.60	XXX	N		
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	862.33	217.17	645.16	XXX	N		
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	968.38	226.06	742.32	XXX	N		
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	1352.55	207.01	1145.54	XXX	N		
74270	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	300.36	71.56	228.80	XXX	N		
74280	RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	433.07	102.97	330.10	XXX	N		
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCTJ	482.70	187.96	294.74	XXX	N		
74290	CHOLECYSTOGRAPHY ORAL CONTRST	157.01	29.21	127.80	XXX	N		
74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	109.86	33.02	76.84	XXX	N		
+	74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	58.28	19.05	39.23	ZZZ	N	
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	228.36	64.14	164.22	XXX	N		
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	197.20	64.14	133.06	XXX	N		
74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	303.53	81.92	221.61	XXX	N		
74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	208.71	48.90	159.81	XXX	N		
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	275.81	68.58	207.23	XXX	N		
74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCTJS RS&I	225.66	50.80	174.86	XXX	N		
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	236.50	78.11	158.39	XXX	N		
74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	245.36	44.45	200.91	XXX	N		
74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	249.02	43.82	205.20	XXX	N		

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	74415	UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY	297.22	44.45	252.77	XXX	N	
	74420	UROGRAPHY RETROGRADE WITH/VO KUB	145.42	46.36	99.06	XXX	N	
	74425	ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	135.10	36.51	98.59	XXX	N	
	74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	76.84	29.21	47.63	XXX	N	
	74440	VASOGRAPY VESICULOGrapy/EPIDIDYMOGRAPY RS&I	178.18	33.02	145.16	XXX	N	
	74445	CORPORA CAVERNOSOGRAPY RS&I	174.63	99.70	74.93	XXX	N	
	74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	129.54	29.85	99.69	XXX	N	
	74455	URETHROCYSTOGRAPHY VOIDING RS&I	186.22	29.85	156.37	XXX	N	
	74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	140.95	47.63	93.32	XXX	N	
	74485	DILATION URETERS/URETHRA RS&I	220.54	72.39	148.15	XXX	N	
	74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION	76.20	31.12	45.08	XXX	N	
	74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	861.06	271.15	589.91	XXX	N	
+	74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	419.10	168.28	250.82	ZZZ	N	
	74740	HYSTEROSALPINGOGRAPHY RS&I	169.42	34.29	135.13	XXX	N	
	74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	162.64	55.88	106.76	XXX	N	
	74775	PERINEOGRAM	193.21	56.52	136.69	XXX	N	
	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	581.66	208.92	372.74	XXX	N	
	75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	810.90	258.45	552.45	XXX	N	
	75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	763.91	230.51	533.40	XXX	N	
	75563	CARDIAC MRI W/WO CONTRAST W/STRESS	905.51	264.16	641.35	XXX	N	
+	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	95.89	22.23	73.66	ZZZ	N	
	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	194.31	52.07	142.24	XXX	N	
	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	477.52	156.85	320.67	XXX	N	
	75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	646.43	227.97	418.46	XXX	N	
	75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	701.04	213.36	487.68	XXX	N	
	75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	359.41	45.09	314.32	XXX	N	
	75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	240.03	100.33	139.70	XXX	N	
	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	242.57	115.38	127.19	XXX	N	
	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	300.36	176.53	123.83	XXX	N	
	75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	809.63	214.00	595.63	XXX	N	
	75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	461.01	215.27	245.74	XXX	N	
	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	300.36	155.58	144.78	XXX	N	
	75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	320.04	173.36	146.68	XXX	N	
	75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	297.94	113.92	184.02	XXX	N	
J1	75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	300.36	103.51	196.85	XXX	N	
	75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	323.22	114.94	208.28	XXX	N	
	75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	278.13	99.06	179.07	XXX	N	
	75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	262.26	114.30	147.96	XXX	N	
	75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	294.64	144.78	149.86	XXX	N	
J1	75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	264.16	100.33	163.83	XXX	N	
	75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I	304.17	102.87	201.30	XXX	N	
+	75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	170.15	35.79	134.37	ZZZ	N	
	75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	474.35	80.65	393.70	XXX	N	
J1	75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	514.33	106.68	407.65	XXX	N	
J1	75805	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	490.86	73.66	417.20	XXX	N	
	75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	569.21	101.60	467.61	XXX	N	
	75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	170.82	43.18	127.64	XXX	N	
J1	75810	SPLENOPTOGRAPHY RS&I	1010.36	89.54	920.82	XXX	N	
	75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	209.55	72.30	137.25	XXX	N	

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	253.37	107.35	146.02	XXX	N	
	75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	233.68	100.33	133.35	XXX	N	
	75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	242.57	101.60	140.97	XXX	N	
	75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	243.84	99.06	144.78	XXX	N	
	75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	288.93	131.45	157.48	XXX	N	
	75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	259.08	103.51	155.57	XXX	N	
	75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	314.33	135.26	179.07	XXX	N	
	75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	253.37	101.60	151.77	XXX	N	
J1	75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	336.55	116.21	220.34	XXX	N	
	75872	VENOGRAPHY EPIDURAL RS&I	259.08	103.51	155.57	XXX	N	
	75880	VENOGRAPHY ORBITAL RS&I	218.44	63.50	154.94	XXX	N	
	75885	PRQ TRANSHEPATC PORTOGRAPHY HEMODYN EVAL RS&I	272.42	121.92	150.50	XXX	N	
J1	75887	PRQ TRANSHEPATC PORTOGRAPHY W/O HEMODYN EVL INTRP	273.69	122.56	151.13	XXX	N	
	75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	249.56	98.43	151.13	XXX	N	
	75891	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	252.73	99.70	153.03	XXX	N	
	75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	210.82	48.90	161.92	XXX	N	
	75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	1877.70	131.45	1746.25	XXX	N	
J1	75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	248.29	166.37	81.92	XXX	N	
	75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	410.40	43.18	367.22	XXX	N	
	75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	162.12	34.93	127.19	XXX	N	
	75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	624.84	624.84	BR	XXX	N	
	75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	535.31	535.31	BR	XXX	N	
	75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	355.60	355.60	BR	XXX	N	
	75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	312.42	312.42	BR	XXX	N	
	75970	TRANSCATHETER BIOPSY RS&I	796.93	71.76	725.17	XXX	N	
	75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	184.79	70.49	114.30	XXX	N	
	75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	217.17	104.78	112.39	XXX	N	
	76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	84.46	28.58	55.88	XXX	N	
	76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	56.24	16.51	39.73	XXX	N	
	76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	114.94	46.99	67.95	XXX	N	
	76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	34.33	16.80	17.53	XXX	N	
	76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	170.82	56.52	114.30	XXX	N	
	76120	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	209.59	36.20	173.39	XXX	N	
+	76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	81.92	25.40	56.52	ZZZ	N	
	76140	CONSL TJ X-RAY XM MADE ELSEWHERE WRTTN REPR	62.23			XXX	N	74.38
	76145	MEDICAL PHYSICS DOSE EVAL RADIATION EXPOS W/RPRT	1528.45			XXX	N	491.11
	76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	43.18	17.78	25.40	XXX	N	
	76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	135.89	71.76	64.13	XXX	N	
	76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	260.35	87.63	172.72	XXX	N	
	76390	MRI SPECTROSCOPY	781.69	127.64	654.05	XXX	N	
	76391	MAGNETIC RESONANCE ELASTOGRAPHY	422.91	100.33	322.58	XXX	N	
	76496	UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	BR	XXX	N	
	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	BR	XXX	N	
	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	BR	XXX	N	
	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	BR	XXX	N	
	76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	220.35	57.79	162.56	XXX	N	
	76510	OPHTHALMIC US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	200.03	104.78	95.25	XXX	N	
	76511	OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	122.56	65.41	57.15	XXX	N	
	76512	OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	109.86	62.87	46.99	XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
76513	DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	176.53	64.77	111.76	XXX	N		
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	22.86	14.61	8.25	XXX	N		
76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	97.16	41.28	55.88	XXX	N		
76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	125.73	56.52	69.21	XXX	N		
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	161.29	59.69	101.60	XXX	N		
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	214.00	51.44	162.56	XXX	N		
76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	159.39	52.07	107.32	XXX	N		
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	196.85	66.04	130.81	XXX	N		
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	161.29	61.60	99.69	XXX	N		
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	224.16	73.03	151.13	XXX	N		
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	167.64	53.34	114.30	XXX	N		
76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	203.84	49.53	154.31	XXX	N		
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	207.65	66.68	140.97	XXX	N		
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	109.86	52.07	57.79	XXX	N		
76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	285.12	68.58	216.54	XXX	N		
76800	ULTRASOUND SPINAL CANAL & CONTENTS	278.13	111.13	167.00	XXX	N		
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	223.52	90.17	133.35	XXX	N		
+	76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	115.57	76.20	39.37	ZZZ	N	
	76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	257.18	90.81	166.37	XXX	N	
+	76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	167.01	90.81	76.20	ZZZ	N	
	76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	329.57	175.90	153.67	XXX	N	
+	76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	367.03	166.37	200.66	ZZZ	N	
	76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	224.16	109.86	114.30	XXX	N	
+	76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	144.15	92.71	51.44	XXX	N	
	76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	154.94	59.06	95.88	XXX	N	
	76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	208.92	78.74	130.18	XXX	N	
	76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	177.17	68.58	108.59	XXX	N	
	76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	218.44	97.79	120.65	XXX	N	
	76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	160.02	71.12	88.90	XXX	N	
	76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	85.73	46.36	39.37	XXX	N	
	76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	168.28	65.41	102.87	XXX	N	
	76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	502.92	151.13	351.79	XXX	N	
	76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	302.90	74.93	227.97	XXX	N	
	76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	133.99	52.07	81.92	XXX	N	
	76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	95.89	51.44	44.45	XXX	N	
	76830	US TRANSVAGINAL	229.24	62.87	166.37	XXX	N	
	76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	222.89	66.04	156.85	XXX	N	
	76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	202.57	62.23	140.34	XXX	N	
	76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	90.17	45.09	45.08	XXX	N	
	76870	US SCROTUM & CONTENTS	193.04	57.79	135.25	XXX	N	
	76872	US TRANSRECTAL	264.35	60.33	204.02	XXX	N	
	76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	328.93	141.61	187.32	XXX	N	
	76881	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	159.39	57.15	102.24	XXX	N	
	76882	US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	106.05	44.45	61.60	XXX	N	
	76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	262.89	67.31	195.58	XXX	N	
	76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	192.41	56.52	135.89	XXX	N	
	76932	US ENDOMYOCARDIAL BIOPSY RS&I	180.34	66.68	113.66	YYY	N	
	76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	497.84	176.53	321.31	XXX	N	
+	76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	70.10	26.04	44.06	ZZZ	N	

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70010-79999

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
76940	US & MNTR PARENCHYMAL TISSUE ABLATION	300.36	186.06	114.30	YYY	N		
76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	231.78	125.10	106.68	XXX	N		
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	109.22	57.79	51.43	XXX	N		
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	174.63	62.87	111.76	XXX	N		
76946	US GUIDANCE AMNIOCENTESIS IMG S&I	60.33	34.93	25.40	XXX	N		
76948	US GUIDANCE ASPIRATION OVA IMG S&I	151.77	62.87	88.90	XXX	N		
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	173.36	123.83	49.53	XXX	N		
76975	GI ENDOSCOPIC US S&I	197.25	76.20	121.05	XXX	N		
76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	13.34	5.08	8.26	XXX	N		
76978	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	582.93	146.05	436.88	XXX	N		
+	76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	395.61	76.84	318.77	ZZZ	N	
76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA	198.76	53.98	144.78	XXX	N		
76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	179.07	53.98	125.09	XXX	N		
+	76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAgET LESION	116.21	45.72	70.49	ZZZ	N	
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	114.94	114.94	BR	XXX	N		
76999	UNLISTED US PROCEDURE	BR	BR	BR	XXX	N		
+	77001	FLURO CENTRAL VENOUS ACCESS DEV PLACEMENT	186.22	34.29	151.93	ZZZ	N	
+	77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	208.85	50.80	158.05	ZZZ	N	
+	77003	FLUR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	200.66	54.61	146.05	ZZZ	N	
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	429.26	114.94	314.32	XXX	N		
77012	CT GUIDANCE NEEDLE PLACEMENT	271.15	133.35	137.80	XXX	N		
77013	CT GUIDANCE & MONITORING VISC TISS ABLATION	963.30	346.71	616.59	XXX	N		
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	227.33	83.19	144.14	XXX	N		
77021	MRI GUIDANCE NEEDLE PLACEMENT RS&I	853.44	132.08	721.36	XXX	N		
77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	1259.84	390.53	869.31	XXX	N		
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	445.77	130.81	314.96	XXX	N		
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	457.84	144.78	313.06	XXX	N		
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	708.03	189.23	518.80	XXX	N		
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	723.27	207.01	516.26	XXX	N		
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	102.87	32.39	70.48	XXX	N		
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	134.62	41.28	93.34	XXX	N		
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	108.08	67.09	40.99	XXX	N		
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	117.58	84.03	33.55	XXX	N		
+	77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	99.06	54.61	44.45	ZZZ	N	
77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	239.40	73.66	165.74	XXX	N		
77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	302.90	90.81	212.09	XXX	N		
77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	243.84	68.58	175.26	XXX	N		
77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	104.43			XXX	N	117.31	
77072	BONE AGE STUDIES	49.53	17.15	32.38	XXX	N		
77073	BONE LENGTH STUDIES	77.41	26.04	51.37	XXX	N		
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	123.83	41.28	82.55	XXX	N		
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	189.23	50.17	139.06	XXX	N		
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	203.20	63.50	139.70	XXX	N		
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	79.60	31.12	48.48	XXX	N		
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	205.74	22.23	183.51	XXX	N		
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	71.76	17.78	53.98	XXX	N		
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	59.69	18.42	41.27	XXX	N		
77084	BONE MARROW BLOOD SUPPLY	680.72	145.42	535.30	XXX	N		
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	97.79	27.31	70.48	XXX	N		

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	62.87	15.24	47.63	XXX	N		
77089	TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	76.20			XXX	N		
77090	TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	4.45			XXX	N	117.31	
77091	TBS TECHNICAL CALCULATION ONLY	52.71			XXX	N	117.31	
77092	TBS INTERPRETATION & REPORT FX RISK BY OTHER QHP	19.05			XXX	N		
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	132.08			XXX	N		
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	200.03			XXX	N		
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	312.42			XXX	N		
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	505.46	70.49	434.97	XXX	N		
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	835.66	105.41	730.25	XXX	N		
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	916.31	153.04	763.27	XXX	N		
+	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	829.31	195.58	633.73	ZZZ	N	
	77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	885.83	417.83	468.00	XXX	N	
	77299	UNLISTED PX THER RADIOLOGY CLINICAL TX PLANNING	BR	BR	BR	XXX	N	
	77300	BASIC RADIATION DOSIMETRY CALCULATION	121.29	60.33	60.96	XXX	N	
	77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	3495.68	776.61	2719.07	XXX	N	
	77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	271.78	135.89	135.89	XXX	N	
	77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	528.32	281.94	246.38	XXX	N	
	77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	422.08	135.89	286.19	XXX	N	
	77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	552.81	179.07	373.74	XXX	N	
	77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	794.51	281.94	512.57	XXX	N	
	77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	173.99	92.71	81.28	XXX	N	
	77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	120.02	85.09	34.93	XXX	N	
	77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	94.62	44.45	50.17	XXX	N	
	77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	226.38	73.66	152.72	XXX	N	
	77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	231.14	111.76	119.38	XXX	N	
	77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	154.31			XXX	N	184.02
	77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	899.16	417.83	481.33	XXX	N	
	77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	245.75			XXX	N	184.02
J1	77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	4603.12			XXX	N	15885.17
J1	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	1920.24			XXX	N	15885.57
	77373	STEREOTACTIC BODY RADIATION DELIVERY	2324.74			XXX	N	2515.22
	77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	1090.99			XXX	N	786.85
	77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	1323.98			XXX	N	786.85
	77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	176.53			XXX	N	
	77399	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	BR	BR	BR	XXX	N	
	77401	RADIATION TX DELIVERY SUPERFICIAL&ORTHO VOLTA	51.12			XXX	N	173.72
	77402	RADIATION TREATMENT DELIVERY 1 MEV >= SIMPLE	204.47			XXX	N	173.72
	77407	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	260.35			XXX	N	350.56
	77412	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	321.31			XXX	N	350.56
	77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	23.37			XXX	N	
	77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	184.32			XXX	N	786.85
J1	77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	BR			XXX	N	15632.58
J1	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	BR			XXX	N	15867.69
★	77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	353.70			XXX	N	
	77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	198.12			XXX	N	
	77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	789.31			XXX	N	
	77435	STEREOTACTIC BODY RADIATION MANAGEMENT	1190.63			XXX	N	
	77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	590.55			XXX	N	

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70010-79999

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
77470	SPECIAL TREATMENT PROCEDURE	252.73	198.76	53.97	XXX	N		
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	BR	XXX	N		
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	1973.14			XXX	N	786.85	
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	BR			XXX	N	1875.99	
77523	PROTON TX DELIVERY INTERMEDIATE	BR			XXX	N	1875.99	
77525	PROTON TX DELIVERY COMPLEX	3926.84			XXX	N	1875.99	
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	931.80	130.81	800.99	XXX	N		
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	1610.21	189.23	1420.98	XXX	N		
77610	HYPERTHERMIA INTERSTITIAL PROBE 5< APPLICATORS	1311.91	127.64	1184.27	XXX	N		
77615	HYPERTHERMIA INTERSTITIAL PROBE 5> APPLICATORS	2043.43	179.71	1863.72	XXX	N		
77620	HYPERTHERMIA INTRACAVITARY PROBES	1071.28	157.48	913.80	XXX	N		
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	726.44	487.68	238.76	090	N		
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	769.62	374.02	395.60	090	N		
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	1010.92	560.71	450.21	090	N		
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	1423.04	842.65	580.39	090	N		
77767	HDR RDNCL SKN SURF BRACHYTX LES <2CM/1 CHAN	462.92	102.24	360.68	XXX	N		
77768	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	675.01	136.53	538.48	XXX	N		
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	645.80	190.50	455.30	XXX	N		
77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	1110.62	368.30	742.32	XXX	N		
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	1651.64	520.70	1130.94	XXX	N		
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	1678.31	852.17	826.14	000	N		
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	247.65	111.76	135.89	000	N		
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	29.85			XXX	N		
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	BR	XXX	N		
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	151.77	17.15	134.62	XXX	N		
78013	THYROID IMAGING WITH VASCULAR FLOW	351.79	33.02	318.77	XXX	N		
78014	THYROID UPTAKE W/BLOOD FLOW SNGL/MULT QUAN MEAS	441.33	44.45	396.88	XXX	N		
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	413.39	60.33	353.06	XXX	N		
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	515.62	61.60	454.02	XXX	N		
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	573.41	74.30	499.11	XXX	N		
+	78020	THYROID CARCINOMA METASTASES UPTAKE	153.04	50.17	102.87	ZZZ	N	
78070	PARATHYROID PLANAR IMAGING	546.74	70.49	476.25	XXX	N		
78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	652.15	106.05	546.10	XXX	N		
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	791.21	139.07	652.14	XXX	N		
78075	ADRENAL IMAGING CORTEX &/MEDULLA	825.50	67.31	758.19	XXX	N		
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N		
78102	BONE MARROW IMAGING LIMITED AREA	310.52	47.63	262.89	XXX	N		
78103	BONE MARROW IMAGING MULTIPLE AREAS	398.15	63.50	334.65	XXX	N		
78104	BONE MARROW IMAGING WHOLE BODY	454.03	69.85	384.18	XXX	N		
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	131.45	14.61	116.84	XXX	N		
78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	139.70	17.15	122.55	XXX	N		
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	134.62	17.78	116.84	XXX	N		
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	147.32	24.77	122.55	XXX	N		
78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	183.52	38.10	145.42	XXX	N		
78130	RED CELL SURVIVAL STUDY	235.59	46.36	189.23	XXX	N		
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	208.92	46.36	162.56	XXX	N		
78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	310.52	30.48	280.04	XXX	N		
78191	PLATELET SURVIVAL STUDY	235.59	46.36	189.23	XXX	N		
78195	LYMPHATICS & LYMPH NODES IMAGING	652.15	106.05	546.10	XXX	N		

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
78199	UNLISTED HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	BR	XXX	N	
78201	LIVER IMAGING STATIC ONLY	348.62	38.10	310.52	XXX	N	
78202	LIVER IMAGING W/VASCULAR FLOW	380.37	43.82	336.55	XXX	N	
78215	LIVER & SPLEEN IMAGING STATIC ONLY	356.24	43.82	312.42	XXX	N	
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	241.30	49.53	191.77	XXX	N	
78226	HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER	604.52	66.04	538.48	XXX	N	
78227	HEPATOBI SYST IMAG INC GB W/PHARMA INTERVENJ	817.25	80.65	736.60	XXX	N	
78230	SALIVARY GLAND IMAGING	319.41	41.28	278.13	XXX	N	
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	198.12	39.37	158.75	XXX	N	
78232	SALIVARY GLAND FUNCTION STUDY	194.95	35.56	159.39	XXX	N	
78258	ESOPHAGEAL MOTILITY	400.69	64.77	335.92	XXX	N	
78261	GASTRIC MUCOSA IMAGING	370.21	52.07	318.14	XXX	N	
78262	GASTROESOPHAGEAL REFLUX STUDY	441.96	61.60	380.36	XXX	N	
78264	GASTRIC EMPTYING IMAGING STUDY	612.78	69.85	542.93	XXX	N	
78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	727.08	87.00	640.08	XXX	N	
78266	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	862.33	95.89	766.44	XXX	N	
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	20.29			XXX	N	
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	173.24			XXX	N	
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	638.81	88.27	550.54	XXX	N	
78282	GASTROINTESTINAL PROTEIN LOSS	146.37	29.21	117.16	XXX	N	
78290	INTESTINE IMAGING	605.16	60.33	544.83	XXX	N	
78291	PERITONEAL-VEINUS SHUNT PATENCY TEST	471.81	78.74	393.07	XXX	N	
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	
78300	BONE &/JOINT IMAGING LIMITED AREA	421.01	55.88	365.13	XXX	N	
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	513.08	74.30	438.78	XXX	N	
78306	BONE &/JOINT IMAGING WHOLE BODY	553.09	76.20	476.89	XXX	N	
78315	BONE &/JOINT IMAGING 3 PHASE STUDY	633.73	90.17	543.56	XXX	N	
78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	59.06	20.32	38.74	XXX	N	
78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	27.94			XXX	N	
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	
78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	142.30	40.01	102.29	XXX	N	
78428	CARDIAC SHUNT DETECTION	339.73	68.58	271.15	XXX	N	
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	2001.52	148.59	1852.93	XXX	N	
78430	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	1903.73	141.61	1762.12	XXX	N	
78431	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	2235.20	165.10	2070.10	XXX	N	
78432	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIOTRACER	BR	174.63	BR	XXX	N	
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	3016.89	192.41	2824.48	XXX	N	
+	78434 AQMBF PET REST AND PHARMACOLOGIC STRESS	179.71	54.61	125.10	ZZZ	N	
78445	NONCARDIAC VASCULAR FLOW IMAGING	379.10	46.36	332.74	XXX	N	
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	620.40	121.29	499.11	XXX	N	
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	863.60	142.88	720.72	XXX	N	
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	557.53	89.54	467.99	XXX	N	
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	797.56	120.02	677.54	XXX	N	
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	567.06	88.27	478.79	XXX	N	
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	350.52	70.49	280.03	XXX	N	
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	375.92	81.28	294.64	XXX	N	
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY	800.96	136.53	664.43	XXX	N	
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	360.05	63.50	296.55	XXX	N	
78468	MYOCDR IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	373.38	71.12	302.26	XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	412.75	81.92	330.83	XXX	N		
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	418.47	87.00	331.47	XXX	N		
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	528.32	128.27	400.05	XXX	N		
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	321.95	87.00	234.95	XXX	N		
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	438.79	129.54	309.25	XXX	N		
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	859.92	132.08	727.84	XXX	N		
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	1076.09	161.93	914.16	XXX	N		
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	414.02	104.78	309.24	XXX	N		
+	78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	80.01	44.45	35.56	ZZZ	N	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N		
78579	PULMONARY VENTILATION IMAGING	340.36	43.18	297.18	XXX	N		
78580	PULMONARY PERFUSION IMAGING PARTICULATE	436.25	66.04	370.21	XXX	N		
78582	PULMONARY VENTILATION & PERFUSION IMAGING	612.14	95.25	516.89	XXX	N		
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	367.67	64.14	303.53	XXX	N		
78598	QUANT DIFF PULM PRFUSION & VENTLJ W/WO IMAGIN	558.80	74.30	484.50	XXX	N		
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N		
78600	BRAIN IMAGING <4 STATIC VIEWS	337.82	40.01	297.81	XXX	N		
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	396.88	45.72	351.16	XXX	N		
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	364.49	48.26	316.23	XXX	N		
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	603.25	56.52	546.73	XXX	N		
78608	BRAIN IMAGING PET METABOLIC EVALUATION	1151.97	129.54	1022.43	XXX	N		
78609	BRAIN IMAGING PET PERFUSION EVALUATION	137.16	137.16	BR	XXX	N		
78610	BRAIN IMAGING VASCULAR FLOW ONLY	320.04	27.31	292.73	XXX	N		
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	618.49	60.96	557.53	XXX	N		
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLEGRAPHY	620.40	55.88	564.52	XXX	N		
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	595.00	50.17	544.83	XXX	N		
78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	501.02	46.36	454.66	XXX	N		
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	335.28	47.63	287.65	XXX	N		
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N		
78700	KIDNEY IMAGING MORPHOLOGY	312.42	39.37	273.05	XXX	N		
78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	398.15	43.82	354.33	XXX	N		
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	424.82	83.82	341.00	XXX	N		
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	328.93	106.68	222.25	XXX	N		
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	673.10	123.19	549.91	XXX	N		
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	211.46	33.02	178.44	XXX	N		
+	78730	URINARY BLADDER RESIDUAL STUDY	140.97	14.61	126.36	ZZZ	N	
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	399.42	49.53	349.89	XXX	N		
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	386.08	64.14	321.94	XXX	N		
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N		
78800	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	409.68	60.96	348.72	XXX	N		
78801	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG>2+D	495.30	71.12	424.18	XXX	N		
78802	RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	589.92	74.93	514.99	XXX	N		
78803	RP LOCLZJ TUM SPECT 1 AREA/ACQUISJ 1 DAY IMG	689.61	93.98	595.63	XXX	N		
78804	RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	1174.75	93.98	1080.77	XXX	N		
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	75.57			XXX	N	546.69	
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	1242.10	135.89	1106.21	XXX	N		
78812	PET IMAGING SKULL BASE TO MID-THIGH	1507.74	167.64	1340.10	XXX	N		
78813	PET IMAGING WHOLE BODY	1575.50	172.72	1402.78	XXX	N		
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	1739.49	191.77	1547.72	XXX	N		

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Radiology

Mississippi Workers' Compensation Medical Fee Schedule

Effective November 15, 2022

70010-79999

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	1919.74	214.63	1705.11	XXX	N		
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	1936.68	217.17	1719.51	XXX	N		
78830	RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	870.59	127.00	743.59	XXX	N		
78831	RP LOCLZJ TUM SPECT 2 AREA/SEP ACQUISJ IMG	1269.37	156.85	1112.52	XXX	N		
78832	RP LOCLZJ TUM SPECT CT 2AREA/SEP ACQUISJ IMG	1652.27	182.25	1470.02	XXX	N		
+	78835	RADIOPHARMACEUTICAL QUANTIFICATION MEAS 1 AREA	179.71	40.01	139.70	ZZZ	N	
	78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	
	79005	RP THERAPY ORAL ADMINISTRATION	254.00	158.75	95.25	XXX	N	
	79101	RP THERAPY INTRAVENOUS ADMINISTRATION	274.96	176.53	98.43	XXX	N	
	79200	RP THERAPY INTRACAVITARY ADMINISTRATION	251.46	149.86	101.60	XXX	N	
	79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	255.47	121.29	134.18	XXX	N	
	79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	345.44	197.49	147.95	XXX	N	
	79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	226.70	149.86	76.84	XXX	N	
	79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	376.56	207.01	169.55	XXX	N	
	79999	RP THERAPY UNLISTED PROCEDURE	BR	BR	BR	XXX	N	

PATHOLOGY AND LABORATORY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I GUIDELINES

- A. **Pathology Services.** Pathology and Laboratory services are provided for evaluating the nature of disease or a change in body tissue and organs due to injury and/or caused by a disease.
- B. **Separate or Multiple Procedures.** When multiple procedures are performed on the same date or at the same session, it is appropriate to designate them by separate entries.
- C. **Unlisted Service or Procedures.** When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.
- D. **Special Report.** Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.
- E. **By Report (BR).** "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation.
- F. **Facility Fee.** The Facility Fee for outpatient services is the APC Amount.

II. GENERAL INFORMATION AND INSTRUCTIONS

- A. **Panel Tests.** The billing for panel tests must include documentation listing the tests in the panel. When billing for panel tests (80047–80081), use the code number corresponding to the appropriate panel test. These tests will not be reimbursed separately.

The panel components do not preclude the performance of other tests not listed in the panel. If other laboratory tests are performed in conjunction with a particular panel, the additional tests may be reported separately in addition to the panel.

B. Handling and Collection Process

1. In collecting a specimen, the cost for collection is covered by the technical component when the lab test is conducted at that site. No separate collection or handling fee for this purpose will be reimbursed.
2. When a specimen must be sent to a reference laboratory, the cost of specimen collection is covered in a collection fee. This charge is only allowed when a reference laboratory is used, and modifier 90 must be used.

C. Global, Professional, and Technical Components.

Some procedures in the Pathology and Laboratory section are considered global fees (Amount) and do not qualify for a separate technical (TC) or professional (PC/26) component. Procedures that do qualify for separate components have separate Fee Schedule amounts for modifiers 26 and TC.

Whereas these guidelines are written to be all-inclusive, there are instances when the reviewer must make an informed decision regarding the PC/TC reimbursements. Request for PC reimbursement will only be considered if:

- The physician performs the procedure or reviews the results; and
- A written report, not a computer generated report, is submitted with the request for payment.

D. Occupational Blood Exposure Testing/Treatment

1. Work related Blood Exposures should minimally meet the appropriate CDC Guidelines for Management of Occupational Blood Exposures.
2. The CDC Guidelines are updated at intervals and the most current guidelines should be used.
3. Current information can be obtained at www.cdc.gov.

E. Drug Screens

1. Post-Accident Drug Screens should comply with MCA §71-7-1 and other state and federal regulations with which the employer must comply. Reimbursement will either be made by the payer/carrier or the employer. Post-accident drug screens shall be billed with CPT 80305. Reimbursement shall not be dependent on the outcome of the testing results.
2. Other drug screens:
 - a. Drug testing relies on a structure of "screening" (also known as presumptive testing), followed by "confirmation" testing to confirm the results of the screening tests and quantitative or "definitive" testing that identifies the presence of specific drugs and quantities. Presumptive testing indicates the presence or absence of a drug or drug classes. Results are commonly reported as

"positive" or "negative" and do not indicate the level of drug present. Definitive drug testing is most often used to evaluate presumptive drug test results and identify specific drugs and concentrations of drugs and their associated metabolites.

- b. A definitive drug test is reimbursable if:
- A definitive concentration of a drug must be identified to guide treatment, or
 - A specific drug in a large family of drugs (e.g., benzodiazepines, barbiturates, and opiates) must be identified to guide treatment, or
 - A false result must be ruled out for a presumptive drug test that is inconsistent with a member's self-report, presentation, medical history, or current prescriptions, or
 - A specific substance or metabolite that is inadequately detected by presumptive drug testing (direct-to-definitive testing) must be identified.
- c. Only one (1) drug screen or drug test result shall be eligible for reimbursement for each drug test conducted on the same patient on the same day, unless the initial screening results are deemed by the prescribing provider to be inconsistent or inherently unreliable. In that event, a confirmation screening may be ordered by the prescribing provider and paid for by the payer. In addition, treatment may not be discontinued based on the results of a drug test absent a confirmation test, which shall be reimbursed in addition to the initial screening test. Merely duplicate screenings or tests which are rerun to confirm initial results are not otherwise eligible for reimbursement.
- d. Presumptive drug testing should be billed with CPT codes 80305, 80306 or 80307, based on the methodology used to perform the test. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

- CPT code 80305 is used to report procedures in which the results are read by direct optical observation. The results are visually read. Examples of these procedures are dipsticks, cups, cards and cartridges. Report 80305 once, regardless of the number of direct observation drug class procedures performed or results on any date of service.

CPT 80305 - Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [dipsticks, cups, cards, or cartridges]), includes

sample validation when performed, per date of service.

- Code 80306 is used to report procedures when an instrument is used to assist in determining the result of a direct optical observation methodology. Examples of these procedures are dipsticks, cards, and cartridges inserted into an instrument that determines the final result of an optical observation methodology. Report 80306 once, regardless of the number of drug class procedures or results on any date of service.

CPT 80306 - Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by instrument-assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service.

- Code 80307 is used to report any number of devices or procedures by instrumented chemistry analyzers. There are many different instrumented methodologies available to perform presumptive drug assays, including immunoassay, chromatography, and mass spectrometry, either with or without chromatography. Report 80307 once, regardless of the number of drug class procedures or results on any date of service.

CPT 80307 - Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures capable of being read by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.

- e. Definitive drug testing should be billed with HCPCS G codes G0480-G0483 or G0659. Only one of the five HCPCS Level II G codes for definitive testing shall be billed per patient, per day. The number of definitive drug classes tested, including metabolites if performed, shall determine the appropriate definitive testing HCPCS G code to bill.

- **G0480** - Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any

type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed.

- **G0481** - Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem) and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed.
- **G0482** - Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem) and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed.
- **G0483** - Drug test(s), definitive, utilizing (1) drug identification methods

able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem) and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed.

- **G0659** - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

3. Testing validity is considered part of the screen and is not separately reimbursed.
4. Reimbursement shall not be dependent on the outcome of the test results.

F. Pharmacogenetic Testing

1. Pharmacogenomic tests are those germline tests performed to predict or assess an individual's response to therapy as well as the risk of toxicity from drug treatment.
2. Testing may be performed prior to treatment in order to determine if the individual has genetic variants that could affect drug response and/or increase the risk for adverse drug reactions. Testing may also be performed during treatment to assess whether an individual is having an adequate response or investigate the cause of an unexpected or adverse reaction.
3. Pharmacogenomic tests may be indicated when ALL of the following conditions are met:
 - a. The individual is currently taking or considering treatment with a drug potentially affected by a known mutation

- that can be detected by a corresponding test.
- b. Technical and clinical validity: The test must be accurate, sensitive, and specific, based on sufficient, quality scientific evidence to support the claims of the test.
 - c. Clinical utility: Healthcare providers can use the test results to guide changes in drug therapy management that will improve patient outcomes.
 - d. Reasonable use: The usefulness of the test is not significantly offset by negative factors, such as expense, clinical risk, or social, or ethical challenges.
- 4 Testing for purposes of medication usage will be approved when the following criteria are met:
- a. Testing is being performed in a CLIA-certified laboratory, AND
 - b. Testing of the requested gene has not previously been performed, AND
 - c. A medication's FDA label requires results from the genetic test to effectively or safely use the therapy in question, AND
 - d. Healthcare providers can use the test results to directly impact medical care for the individual
- e. Testing is covered for the following medications if criteria 4a-d are met: Alfentanil, Amitriptyline, Bupropion, Carisoprodol, Celecoxib, Citalopram, Clomipramine, Codeine, Cyclobenzaprine, Desipramine, Desvenlafaxine, Doxepin, Duloxetine, Escitalopram, Fentanyl, Fluoxetine, Fluvoxamine, Hydrocodone, Hydromorphone, Ibuprofen, Imipramine, Lidocaine, Maprotiline, Methadone, Mianserin, Mirtazapine, Morphine, Naproxen, Nefazodone, Nortriptyline, Oxycodone, Oxymorphone, Paroxetine, Reboxetine, Ropivacaine, Sertraline, Tizanidine, Tramadol, Trazadone, Trimipramine, Venlafaxine, Vilazodone, Zolmitriptan.
- 5 Testing will be covered only for the number of genes or tests necessary to establish drug response. When available and cost-efficient, a tiered approach to testing, with reflex to more detailed testing and/or different genes, is recommended. For pharmacogenomic tests that look for changes in germline DNA (i.e., not tumor DNA or viral DNA), testing will be allowed once per lifetime per gene for an individual claimant.
- 6 Pharmacogenomic panels, regardless of how they are billed, are considered investigational and/or experimental and, therefore, are not eligible for reimbursement.
- 7 Payment for pharmacogenetic testing is limited to a maximum reimbursement of \$500.00 per claim regardless of the number of medications tested.

Mississippi Workers' Compensation Medical Fee Schedule

Pathology and Laboratory

80047-89398, G0480-G0483

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	23.61			XXX	N	
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	15.52			XXX	N	
80050	GENERAL HEALTH PANEL	264.18			XXX	N	237.41
80051	ELECTROLYTE PANEL	12.86			XXX	N	
80053	COMPREHENSIVE METABOLIC PANEL	19.38			XXX	N	
80055	OBSTETRIC PANEL	87.70			XXX	N	222.88
80061	LIPID PANEL	24.57			XXX	N	
80069	RENAL FUNCTION PANEL	15.93			XXX	N	
80074	ACUTE HEPATITIS PANEL	87.39			XXX	N	
80076	HEPATIC FUNCTION PANEL	14.99			XXX	N	
80081	OBSTETRIC PANEL	137.33			XXX	N	
80143	DRUG ASSAY ACETAMINOPHEN	32.05			XXX	N	
80145	DRUG ASSAY ADALIMUMAB	66.32			XXX	N	
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	27.65			XXX	N	
80151	DRUG ASSAY AMIODARONE	32.05			XXX	N	
80155	DRUG ASSAY CAFFEINE	66.32			XXX	N	
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	26.71			XXX	N	
80157	DRUG ASSAY CARBAMAZEPINE FREE	24.32			XXX	N	
80158	DRUG ASSAY CYCLOSPORINE	33.12			XXX	N	
80159	DRUG ASSAY CLOZAPINE	34.64			XXX	N	
80161	DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	32.05			XXX	N	
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	24.35			XXX	N	
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	24.35			XXX	N	
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	24.85			XXX	N	
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	24.85			XXX	N	
80167	DRUG ASSAY FELBAMATE	32.05			XXX	N	
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	29.97			XXX	N	
80169	DRUG ASSAY EVEROLIMUS	25.19			XXX	N	
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	30.05			XXX	N	
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	37.26			XXX	N	
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	27.13			XXX	N	
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	24.32			XXX	N	
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	26.94			XXX	N	
80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	24.32			XXX	N	
80178	DRUG SCREEN QUANTITATIVE LITHIUM	12.13			XXX	N	
80179	DRUG ASSAY SALICYLATE	32.05			XXX	N	
80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	33.12			XXX	N	
80181	DRUG ASSAY FLECAINIDE	32.05			XXX	N	
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	24.32			XXX	N	
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	26.31			XXX	N	
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	24.32			XXX	N	
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	25.24			XXX	N	
80187	DRUG ASSAY POSACONAZOLE	46.61			XXX	N	
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	30.44			XXX	N	
80189	DRUG ASSAY ITRACONAZOLE	46.61			XXX	N	
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	103.16			XXX	N	
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	30.72			XXX	N	
80193	DRUG ASSAY LEFLUNOMIDE	66.32			XXX	N	
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	26.78			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	25.19			XXX	N	
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	25.19			XXX	N	
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	25.94			XXX	N	
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	46.61			XXX	N	
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	29.59			XXX	N	
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	21.86			XXX	N	
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	24.85			XXX	N	
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	24.32			XXX	N	
80204	DRUG ASSAY METHOTREXATE	66.32			XXX	N	
80210	DRUG ASSAY RUFINAMIDE	46.61			XXX	N	
80220	DRUG ASSAY HYDROXYCHLOROQUINE	32.05			XXX	N	
80230	DRUG ASSAY INFlixIMAB	66.32			XXX	N	
80235	DRUG ASSAY LACOSAMIDE	46.61			XXX	N	
80280	DRUG ASSAY VEDOLIZUMAB	66.32			XXX	N	
80285	DRUG ASSAY VORICONAZOLE	46.61			XXX	N	
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	32.05			XXX	N	
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	21.66			XXX	N	
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	29.47			XXX	N	
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	106.84			XXX	N	
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	0.00			XXX	N	
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	0.00			XXX	N	
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	0.00			XXX	N	
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	0.00			XXX	N	
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	0.00			XXX	N	
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	0.00			XXX	N	
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	0.00			XXX	N	
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	0.00			XXX	N	
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	0.00			XXX	N	
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	0.00			XXX	N	
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	0.00			XXX	N	
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	0.00			XXX	N	
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	0.00			XXX	N	
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	0.00			XXX	N	
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	0.00			XXX	N	
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	0.00			XXX	N	
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	0.00			XXX	N	
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	0.00			XXX	N	
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	0.00			XXX	N	
80339	ANTIPILEPTICS NOT OTHERWISE SPECIFIED 1-3	0.00			XXX	N	
80340	ANTIPILEPTICS NOT OTHERWISE SPECIFIED 4-6	0.00			XXX	N	
80341	ANTIPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	0.00			XXX	N	
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	0.00			XXX	N	
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	0.00			XXX	N	
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	0.00			XXX	N	
80345	DRUG SCREENING BARBITURATES	0.00			XXX	N	
80346	DRUG SCREENING BENZODIAZEPINES 1-12	0.00			XXX	N	
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	0.00			XXX	N	
80348	DRUG SCREENING BUPRENORPHINE	0.00			XXX	N	
80349	DRUG SCREENING CANNABINOIDS NATURAL	0.00			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	0.00			XXX	N	
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	0.00			XXX	N	
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	0.00			XXX	N	
80353	DRUG SCREENING COCAINE	0.00			XXX	N	
80354	DRUG SCREENING FENTANYL	0.00			XXX	N	
80355	DRUG SCREENING GABAPENTIN NON-BLOOD	0.00			XXX	N	
80356	DRUG SCREENING HEROIN METABOLITE	0.00			XXX	N	
80357	DRUG SCREENING KETAMINE AND NORKETAMINE	0.00			XXX	N	
80358	DRUG SCREENING METHADONE	0.00			XXX	N	
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	0.00			XXX	N	
80360	DRUG SCREENING METHYLPHENIDATE	0.00			XXX	N	
80361	DRUG SCREENING OPIATES 1 OR MORE	0.00			XXX	N	
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	0.00			XXX	N	
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	0.00			XXX	N	
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	0.00			XXX	N	
80365	DRUG SCREENING OXYCODONE	0.00			XXX	N	
80366	DRUG SCREENING PREGABALIN	0.00			XXX	N	
80367	DRUG SCREENING PROPOXYPHENE	0.00			XXX	N	
80368	DRUG SCREENING SEDATIVE HYPNOTICS	0.00			XXX	N	
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	0.00			XXX	N	
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	0.00			XXX	N	
80371	DRUG SCREENING STIMULANTS SYNTHETIC	0.00			XXX	N	
80372	DRUG SCREENING TAPENTADOL	0.00			XXX	N	
80373	DRUG SCREENING TRAMADOL	0.00			XXX	N	
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	0.00			XXX	N	
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	0.00			XXX	N	
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	0.00			XXX	N	
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	0.00			XXX	N	
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	59.83			XXX	N	
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	159.52			XXX	N	
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	143.55			XXX	N	
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	230.21			XXX	N	
80410	CALCITONIN STIMULATION PANEL	147.45			XXX	N	
80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	1378.26			XXX	N	
80414	CHORNC GONAD STIMJ PANEL TESTOSTERONE RESPONSE	94.72			XXX	N	
80415	CHORNC GONAD STIMJ PNL TOTAL ESTRADIOL RESPONSE	102.51			XXX	N	
80416	RENAL VEIN RENIN STIMULATION PANEL	359.89			XXX	N	
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	80.70			XXX	N	
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	1062.97			XXX	N	
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	278.33			XXX	N	
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	84.51			XXX	N	
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	92.64			XXX	N	
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	272.25			XXX	N	
80428	GROWTH HORMONE STIMULATION PANEL	122.37			XXX	N	
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	222.36			XXX	N	
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	284.74			XXX	N	
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	490.06			XXX	N	
80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	188.96			XXX	N	
80436	METYRAPONE PANEL	167.23			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	92.47			XXX	N	
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	123.30			XXX	N	
80503	PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	45.82			XXX	N	72.07
80504	PATHOLOGY CLINICAL CONSULTATION MOD MDM 21-40MIN	91.63			XXX	N	216.29
80505	PATHOLOGY CLINICAL CONSULTATION HI MDM 41-60 MIN	166.01			XXX	N	216.29
+	80506	PATHOLOGY CLINICAL CONSLTJ PROLNG SVC EA ADDL 30	74.38		ZZZ	N	
	81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	6.91		XXX	N	
	81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	5.81		XXX	N	
	81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	5.98		XXX	N	
	81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	4.11		XXX	N	
	81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	3.98		XXX	N	
	81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	51.55		XXX	N	
	81015	URINALYSIS MICROSCOPIC ONLY	5.60		XXX	N	
	81020	URINALYSIS 2/3 GLASS TEST	8.08		XXX	N	
	81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	14.80		XXX	N	
	81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	6.26		XXX	N	
	81099	UNLISTED URINALYSIS PROCEDURE	BR		XXX	N	
	81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20		XXX	N	
	81120	IDH1 COMMON VARIANTS	332.26		XXX	N	
	81121	IDH2 COMMON VARIANTS	508.57		XXX	N	
	81161	DMD DUPLICATION/DELETION ANALYSIS	479.70		XXX	N	
	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	3347.60		XXX	N	
	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	804.65		XXX	N	
	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	1004.49		XXX	N	
	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	486.37		XXX	N	
	81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	518.12		XXX	N	
	81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	486.37		XXX	N	
	81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL&QUAN	356.44		XXX	N	
	81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	515.80		XXX	N	
	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	472.53		XXX	N	
	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	518.12		XXX	N	
	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	318.42		XXX	N	
	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	1163.14		XXX	N	
	81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	443.74		XXX	N	
	81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55		XXX	N	
	81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	235.55		XXX	N	
	81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	235.55		XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	235.55			XXX	N	
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	1455.03			XXX	N	
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	318.42			XXX	N	
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55			XXX	N	
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55			XXX	N	
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	472.53			XXX	N	
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	318.42			XXX	N	
81191	NTRK1 TRANSLOCATION ANALYSIS	356.44			XXX	N	
81192	NTRK2 TRANSLOCATION ANALYSIS	356.44			XXX	N	
81193	NTRK3 TRANSLOCATION ANALYSIS	356.44			XXX	N	
81194	NTRK TRANSLOCATION ANALYSIS	891.10			XXX	N	
81200	ASPA GENE ANALYSIS COMMON VARIANTS	81.24			XXX	N	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	1341.09			XXX	N	
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	481.42			XXX	N	
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	343.87			XXX	N	
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	235.55			XXX	N	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	163.32			XXX	N	
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	300.78			XXX	N	
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	265.69			XXX	N	
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	369.01			XXX	N	
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	67.59			XXX	N	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	301.57			XXX	N	
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	756.51			XXX	N	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	645.18			XXX	N	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	318.29			XXX	N	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	645.18			XXX	N	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	443.74			XXX	N	
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	223.11			XXX	N	
81220	CFTR GENE ANALYSIS COMMON VARIANTS	956.99			XXX	N	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	167.15			XXX	N	
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	748.04			XXX	N	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	857.95			XXX	N	
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	290.14			XXX	N	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	500.95			XXX	N	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	775.27			XXX	N	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81228	CYTOG ALYS CHROMML ABNOR COPY NUMBER VRNT CGH	1547.41			XXX	N	
81229	CYTOG ALYS CHROMML ABNOR CPY NUMBER&SNP VRNT CGH	1994.44			XXX	N	
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81232	DPYD GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81233	BTK GENE ANALYSIS COMMON VARIANTS	301.57			XXX	N	
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55			XXX	N	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	558.07			XXX	N	
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	486.37			XXX	N	
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	301.57			XXX	N	
81238	F9 FULL GENE SEQUENCE	1031.61			XXX	N	
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	472.53			XXX	N	
81240	F2 GENE ANALYSIS 20210G >A VARIANT	112.94			XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	126.15			XXX	N	
81242	FANCC GENE ANALYSIS COMMON VARIANT	62.96			XXX	N	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	98.07			XXX	N	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	77.18			XXX	N	
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	284.57			XXX	N	
81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	142.71			XXX	N	
81247	G6PD GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	645.18			XXX	N	
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	1031.61			XXX	N	
81250	G6PC GENE ANALYSIS COMMON VARIANTS	100.56			XXX	N	
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	81.24			XXX	N	
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	173.86			XXX	N	
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	105.77			XXX	N	
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	60.18			XXX	N	
81255	HEXA GENE ANALYSIS COMMON VARIANTS	88.46			XXX	N	
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	119.89			XXX	N	
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	175.82			XXX	N	
81258	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	645.18			XXX	N	
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	1031.61			XXX	N	
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	67.59			XXX	N	
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	363.20			XXX	N	
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	117.86			XXX	N	
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	540.27			XXX	N	
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	296.98			XXX	N	
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	400.73			XXX	N	
+	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	524.07		XXX	N	
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	380.57			XXX	N	
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	478.39			XXX	N	
81269	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	348.00			XXX	N	
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	168.15			XXX	N	
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	235.55			XXX	N	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	566.54			XXX	N	
81273	KIT GENE ANALYSIS D816 VARIANT(S)	214.69			XXX	N	
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	472.53			XXX	N	
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	332.26			XXX	N	
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	332.26			XXX	N	
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	1994.44			XXX	N	
81278	IGH@/BCL2 TLCJ ALYS MBR & MCR BP QUAL/QUAN	356.44			XXX	N	
81279	JAK2 TARGETED SEQUENCE ANALYSIS	318.42			XXX	N	
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	126.15			XXX	N	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55			XXX	N	
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	472.53			XXX	N	
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	472.53			XXX	N	
81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	214.30			XXX	N	
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	330.66			XXX	N	
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	318.42			XXX	N	
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	67.59			XXX	N	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	112.34			XXX	N	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1161.25			XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	569.10			XXX	N	
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	348.00			XXX	N	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	656.27			XXX	N	
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	580.67			XXX	N	
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	366.74			XXX	N	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1103.56			XXX	N	
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	529.56			XXX	N	
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	409.20			XXX	N	
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	599.29			XXX	N	
81302	MECP2 GENE ANALYSIS FULL SEQUENCE	907.59			XXX	N	
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	206.32			XXX	N	
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	257.90			XXX	N	
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	301.57			XXX	N	
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	500.95			XXX	N	
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	1163.14			XXX	N	
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	518.12			XXX	N	
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	472.53			XXX	N	
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	423.85			XXX	N	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	508.57			XXX	N	
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	235.55			XXX	N	
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	438.52			XXX	N	
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	566.54			XXX	N	
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	380.30			XXX	N	
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	380.30			XXX	N	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	1163.14			XXX	N	
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	569.10			XXX	N	
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	349.89			XXX	N	
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	500.95			XXX	N	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	1031.61			XXX	N	
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	80.12			XXX	N	
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	515.80			XXX	N	
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	1303.88			XXX	N	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1323.17			XXX	N	
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	80.12			XXX	N	
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	330.11			XXX	N	
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	235.55			XXX	N	
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	80.81			XXX	N	
81331	SNRPN/UBE3A METHYLATION ANALYSIS	87.81			XXX	N	
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	80.07			XXX	N	
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	235.55			XXX	N	
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	566.54			XXX	N	
81335	TPMT GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	518.12			XXX	N	
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	318.42			XXX	N	
81338	MPL GENE ANALYSIS COMMON VARIANTS	258.47			XXX	N	
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	318.42			XXX	N	
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	383.24			XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	90.97			XXX	N	
81342	TRG@ GENE REARRANGEMENT ANALYSIS	369.62			XXX	N	
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	235.55			XXX	N	
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	235.55			XXX	N	
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	318.42			XXX	N	
81346	TYMS GENE ANALYSIS COMMON VARIANTS	300.56			XXX	N	
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS	332.26			XXX	N	
81348	SRSF2 GENE ANALYSIS COMMON VARIANTS	301.57			XXX	N	
81349	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS	BR			XXX	N	
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	402.33			XXX	N	
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	1103.56			XXX	N	
81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	566.54			XXX	N	
81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	529.56			XXX	N	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	151.65			XXX	N	
81357	U2AF1 GENE ANALYSIS COMMON VARIANTS	332.26			XXX	N	
81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	332.26			XXX	N	
81361	HBB COMMON VARIANTS	300.56			XXX	N	
81362	HBB KNOWN FAMILIAL VARIANTS	645.18			XXX	N	
81363	HBB DUPLICATION/DELETION VARIANTS	348.00			XXX	N	
81364	HBB FULL GENE SEQUENCE	558.07			XXX	N	
81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	737.66			XXX	N	
81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	695.51			XXX	N	
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	693.91			XXX	N	
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	219.10			XXX	N	
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	133.45			XXX	N	
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	404.94			XXX	N	
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	224.20			XXX	N	
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	168.42			XXX	N	
81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	633.91			XXX	N	
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	615.24			XXX	N	
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	325.14			XXX	N	
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	292.12			XXX	N	
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	226.88			XXX	N	
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	200.20			XXX	N	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	109.97			XXX	N	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	235.55			XXX	N	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	258.47			XXX	N	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	318.42			XXX	N	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	472.53			XXX	N	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	518.12			XXX	N	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	486.37			XXX	N	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1455.03			XXX	N	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	3438.69			XXX	N	
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	866.55			XXX	N	
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	2321.44			XXX	N	
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	4209.92			XXX	N	
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	1072.96			XXX	N	
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	1072.96			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	81415	EXOME SEQUENCE ANALYSIS	8218.47			XXX	N	
+	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	20632.14			XXX	N	
	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	550.19			XXX	N	
	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	4209.92			XXX	N	
	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	1305.07			XXX	N	
	81422	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	1305.07			XXX	N	
	81425	GENOME SEQUENCE ANALYSIS	8650.37			XXX	N	
+	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	4659.34			XXX	N	
	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	4019.23			XXX	N	
	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	2793.94			XXX	N	
	81431	HEARING LOSS DUP/DEL ANALYSIS	1168.42			XXX	N	
	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	1245.67			XXX	N	
	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	805.19			XXX	N	
	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	1028.01			XXX	N	
	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	1072.96			XXX	N	
	81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	1072.96			XXX	N	
	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	805.19			XXX	N	
	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	805.19			XXX	N	
	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	1072.96			XXX	N	
	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	5715.10			XXX	N	
	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	3685.59			XXX	N	
	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	4209.92			XXX	N	
	81445	TGSAP SOLID ORGAN NEOPLASM 5-50 DNA/DNA&RNA ALYS	1028.01			XXX	N	
	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	1072.96			XXX	N	
	81450	TGSAP HEMATOLYMPHOID NEO/DO 5-50DNA/DNA&RNA ALYS	1305.89			XXX	N	
	81455	TGSAP SO/HEMATOLYMPHOID NEO/DO 51/<DNA/DNA&RNA	5019.80			XXX	N	
	81460	WHOLE MITOCHONDRIAL GENOME	2212.80			XXX	N	
	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	1609.31			XXX	N	
	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	1571.48			XXX	N	
	81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	1571.48			XXX	N	
	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	BR			XXX	N	
	81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	1445.37			XXX	N	
	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	1805.31			XXX	N	
	81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	447.89			XXX	N	
	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	1542.25			XXX	N	665.95
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	894.06			XXX	N	
	81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	123.28			XXX	N	
	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	1366.88			XXX	N	
	81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	93.36			XXX	N	144.80
	81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	2557.30			XXX	N	
	81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	95.49			XXX	N	205.61
	81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	263.92			XXX	N	180.05
	81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	119.53			XXX	N	270.36
	81513	NFCT DS BACTERIAL VAGINOSIS RNA VAGINAL-FLUID ALG	245.23			XXX	N	
	81514	NFCT DS BCT VAGINOSIS&VAGINITIS DNA VAG FLU ALG	452.17			XXX	N	
	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	6659.02			XXX	N	
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	6659.02			XXX	N	
	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	4604.79			XXX	N	
	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	6659.02			XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES	6659.02			XXX	N	
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31	6659.02			XXX	N	
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	5357.48			XXX	N	
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	874.92			XXX	N	
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	12367.25			XXX	N	
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	996.29			XXX	N	
+ 81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	305.29			XXX	N	
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	4936.24			XXX	N	
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	1306.70			XXX	N	
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	6447.54			XXX	N	
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	6659.02			XXX	N	
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES	6659.02			XXX	N	
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	6189.64			XXX	N	
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	3490.27			XXX	N	
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES	13369.63			XXX	N	
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	9456.40			XXX	N	
81560	TRNSPLJ PED LVR&BWL MES CD154+T CLL WHL PRPH BLD	BR			XXX	N	
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	5570.68			XXX	N	
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	124.12			XXX	N	
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	BR			XXX	N	322.29
82009	KETONE BODIES SERUM QUALITATIVE	8.29			XXX	N	
82010	KETONE BODIES SERUM QUANTITATIVE	14.99			XXX	N	
82013	ASSAY OF ACETYLCHOLINESTERASE	21.13			XXX	N	
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	28.35			XXX	N	
82017	ACYLCARNITINES QUANTITATIVE EACH SPECIMEN	30.94			XXX	N	
82024	ADRENOCORTICOTROPIC HORMONE ACTH	70.84			XXX	N	
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	47.33			XXX	N	
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	9.08			XXX	N	
82042	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	13.38			XXX	N	
82043	URINE ALBUMIN QUANTITATIVE	10.60			XXX	N	
82044	URINE ALBUMIN SEMIQUANTITATIVE	10.71			XXX	N	
82045	ALBUMIN ISCHEMIA MODIFIED	62.26			XXX	N	
82075	ASSAY OF ALCOHOL (ETHANOL) BREATH	51.58			XXX	N	
82077	ASSAY OF ALCOHOL (ETHANOL) SPEC XCP UR&BREATH IA	29.69			XXX	N	
82085	ASSAY OF ALDOLASE	17.81			XXX	N	
82088	ASSAY OF ALDOSTERONE	74.76			XXX	N	
82103	ALPHA-1-ANTITRYPSIN TOTAL	24.65			XXX	N	
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	26.53			XXX	N	
82105	ALPHA-FETOPROTEIN SERUM	30.77			XXX	N	
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	30.77			XXX	N	
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	118.16			XXX	N	
82108	ASSAY OF ALUMINUM	46.74			XXX	N	
82120	AMINES VAGINAL FLUID QUALITATIVE	10.30			XXX	N	
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	39.51			XXX	N	
82135	AMINOLEVULINIC ACID DELTA	30.18			XXX	N	
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	33.72			XXX	N	
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	30.94			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
82140	ASSAY OF AMMONIA	26.73			XXX	N	
82143	AMNIOTIC FLU SCAN	16.08			XXX	N	
82150	ASSAY OF AMYLASE	11.89			XXX	N	
82154	ANDROSTANEDIOL GLUCURONIDE	52.90			XXX	N	
82157	ANDROSTENEDIONE	53.71			XXX	N	
82160	ANDROSTERONE	45.86			XXX	N	
82163	ANGIOTENSIN II	37.64			XXX	N	
82164	ANGIOTENSIN I-CONVERTING ENZYME	26.78			XXX	N	
82172	APOLIPOPROTEIN EACH	36.26			XXX	N	
82175	ASSAY OF ARSENIC	34.80			XXX	N	
82180	ASSAY OF ASCORBIC ACID BLOOD	18.13			XXX	N	
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	27.34			XXX	N	
82232	BETA-2 MICROGLOBULIN	29.67			XXX	N	
82239	BILE ACIDS TOTAL	31.42			XXX	N	
82240	BILE ACIDS CHOLYLGLYCINE	48.75			XXX	N	
82247	BILIRUBIN TOTAL	9.20			XXX	N	
82248	BILIRUBIN DIRECT	9.20			XXX	N	
82252	BILIRUBIN FECES QUALITATIVE	8.35			XXX	N	
82261	BIOTINIDASE EACH SPECIMEN	30.94			XXX	N	
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	7.53			XXX	N	
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	9.15			XXX	N	
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	7.27			XXX	N	
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	29.17			XXX	N	
82286	BRADYKININ	9.46			XXX	N	
82300	CADMIUM	42.46			XXX	N	
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	54.30			XXX	N	
82308	CALCITONIN	49.15			XXX	N	
82310	CALCIUM TOTAL	9.46			XXX	N	
82330	CALCIUM IONIZED	25.09			XXX	N	
82331	CALCIUM AFTER CALCIUM INFUSION TEST	22.94			XXX	N	
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	11.06			XXX	N	
82355	CALCULUS QUALITATIVE ANALYSIS	21.23			XXX	N	
82360	CALCULUS QUANTITATIVE CHEMICAL	23.61			XXX	N	
82365	CALCULUS INFRARED SPECTROSCOPY	23.66			XXX	N	
82370	CALCULUS XRAY DIFFRACTION	22.98			XXX	N	
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	33.12			XXX	N	
82374	CARBON DIOXIDE BICARBONATE	8.96			XXX	N	
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	22.60			XXX	N	
82376	CARBOXYHEMOGLOBIN QUALITATIVE	24.19			XXX	N	
82378	CARCINOEMBRYONIC ANTIGEN CEA	34.79			XXX	N	
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	30.94			XXX	N	
82380	CAROTENE	16.92			XXX	N	
82382	CATECHOLAMINES TOTAL URINE	46.94			XXX	N	
82383	CATECHOLAMINES BLOOD	50.00			XXX	N	
82384	CATECHOLAMINES FRACTIONATED	46.33			XXX	N	
82387	CATHEPSIN-D	33.12			XXX	N	
82390	CERULOPLASMIN	19.70			XXX	N	
82397	CHEMILUMINESCENT ASSAY	25.90			XXX	N	
82415	CHLORAMPHENICOL	23.25			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
82435	CHLORIDE BLD	8.44			XXX	N	
82436	CHLORIDE URINE	9.89			XXX	N	
82438	CHLORIDE OTHER SOURCE	8.96			XXX	N	
82441	CHLORINATED HYDROCARBONS SCREEN	11.01			XXX	N	
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	7.99			XXX	N	
82480	CHOLINESTERASE SERUM	14.45			XXX	N	
82482	CHOLINESTERASE RBC	16.87			XXX	N	
82485	CHONDROITIN B SULFATE QUANTITATIVE	37.89			XXX	N	
82495	ASSAY OF CHROMIUM	37.20			XXX	N	
82507	ASSAY OF CITRATE	51.00			XXX	N	
82523	COLLAGEN CROSS LINKS ANY METHOD	34.27			XXX	N	
82525	ASSAY OF COPPER	22.77			XXX	N	
82528	CORTICOSTERONE	41.31			XXX	N	
82530	CORTISOL FREE	30.66			XXX	N	
82533	CORTISOL TOTAL	29.90			XXX	N	
82540	ASSAY OF CREATINE	8.50			XXX	N	
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	41.42			XXX	N	
82550	CREATINE KINASE TOTAL	11.94			XXX	N	
82552	CREATINE KINASE ISOENZYMES	24.57			XXX	N	
82553	CREATINE KINASE MB FRACTION ONLY	21.18			XXX	N	
82554	CREATINE KINASE ISOFORMS	21.78			XXX	N	
82565	CREATININE BLOOD	9.39			XXX	N	
82570	CREATININE OTHER SOURCE	9.49			XXX	N	
82575	CREATININE CLEARANCE	17.35			XXX	N	
82585	ASSAY OF CRYOFIBRN	24.31			XXX	N	
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	11.85			XXX	N	
82600	ASSAY OF CYANIDE	35.58			XXX	N	
82607	CYANOCOBALAMIN VITAMIN B-12	27.65			XXX	N	
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	26.27			XXX	N	
82610	CYSTATIN C	31.84			XXX	N	
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	16.42			XXX	N	
82626	DEHYDROEPIANDROSTERONE	46.36			XXX	N	
82627	DEHYDROEPIANDROSTERONE-SULFATE	40.80			XXX	N	
82633	DESOXYCORTICOSTERONE 11-	56.84			XXX	N	
82634	DEOXYCORTISOL 11-	53.71			XXX	N	
82638	ASSAY OF DIBUCAINE NUMBER	22.47			XXX	N	
82642	DIHYDROTTESTOSTERONE (DHT)	53.71			XXX	N	
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	70.63			XXX	N	
82653	ELASTASE PANCREATIC FECAL QUANTITATIVE	39.49			XXX	N	
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUANTITATIVE	21.15			XXX	N	
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	38.12			XXX	N	
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	75.70			XXX	N	
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	105.74			XXX	N	
82668	ASSAY OF ERYTHROPOIETIN	34.47			XXX	N	
82670	ASSAY OF TOTAL ESTRADIOL	51.25			XXX	N	
82671	ASSAY OF ESTROGENS FRACTIONATED	59.25			XXX	N	
82672	ASSAY OF ESTROGENS TOTAL	39.81			XXX	N	
82677	ASSAY OF ESTRIOL	44.36			XXX	N	
82679	ASSAY OF ESTRONE	45.78			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

80047-89398, G0480-G0483

Pathology and Laboratory

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
82681	ASSAY OF DIRECT MEASUREMENT FREE ESTRADIOL	48.04			XXX	N	
82693	ASSAY OF ETHYLENE GLYCOL	27.34			XXX	N	
82696	ASSAY OF ETIOCHOLANOLONE	45.12			XXX	N	
82705	FAT/LIPIDS FECES QUALITATIVE	9.34			XXX	N	
82710	FAT/LIPIDS FECES QUANTITATIVE	30.82			XXX	N	
82715	FAT DIFFIAL FECES QUANTITATIVE	39.49			XXX	N	
82725	FATTY ACIDS NONESTERIFIED	32.27			XXX	N	
82726	VERY LONG CHAIN FATTY ACIDS	33.96			XXX	N	
82728	ASSAY OF FERRITIN	25.01			XXX	N	
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	118.16			XXX	N	
82735	ASSAY OF FLUORIDE	34.01			XXX	N	
82746	ASSAY OF FOLIC ACID SERUM	26.98			XXX	N	
82747	ASSAY OF FOLIC ACID RBC	31.78			XXX	N	
82757	ASSAY OF FRUCTOSE SEMEN	31.80			XXX	N	
82759	ASSAY OF GALACTOKINASE RBC	39.41			XXX	N	
82760	ASSAY OF GALACTOSE	20.54			XXX	N	
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	38.65			XXX	N	
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	20.19			XXX	N	
82777	GALECTIN-3	76.08			XXX	N	
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	17.07			XXX	N	
82785	ASSAY OF GAMMAGLOBULIN IGE	30.20			XXX	N	
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	14.71			XXX	N	
82800	GASES BLOOD PH ONLY	18.91			XXX	N	
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	44.82			XXX	N	
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	135.43			XXX	N	
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	16.80			XXX	N	
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	22.94			XXX	N	
82930	GASTRIC ACID ANALYSIS W/PH EACH SPECIMEN	11.54			XXX	N	
82938	GASTRIN AFTER SECRETIN STIMULATION	32.46			XXX	N	
82941	ASSAY OF GASTRIN	32.34			XXX	N	
82943	ASSAY OF GLUCAGON	26.22			XXX	N	
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	7.21			XXX	N	
82946	GLUCOSE TOLERANCE TEST	30.55			XXX	N	
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	7.21			XXX	N	
82948	GLUCOSE BLOOD REAGENT STRIP	8.67			XXX	N	
82950	GLUCOSE POST GLUCOSE DOSE	8.70			XXX	N	
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	23.61			XXX	N	
+	82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	7.20		XXX	N	
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	17.78			XXX	N	
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	11.09			XXX	N	
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	5.64			XXX	N	
82963	ASSAY OF GLUCOSIDASE BETA	39.41			XXX	N	
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	22.61			XXX	N	
82977	ASSAY OF GLUTAMYLTRASE GAMMA	13.21			XXX	N	
82978	ASSAY OF GLUTATHIONE	26.56			XXX	N	
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	17.32			XXX	N	
82985	ASSAY OF GLYCATED PROTEIN	28.82			XXX	N	
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	34.09			XXX	N	
83002	GONADOTROPIN LUTEINIZING HORMONE	33.96			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
83003	ASSAY OF GROWTH HORMONE HUMAN	30.58			XXX	N	
83006	GROWTH STIMULATION EXPRESSED GENE 2	129.98			XXX	N	
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	123.56			XXX	N	
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	23.06			XXX	N	
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	46.23			XXX	N	
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	123.56			XXX	N	
83014	HPYLORI DRUG ADMINISTRATION	14.41			XXX	N	
83015	HEAVY METAL QUALITATIVE ANY ANALYTES	36.00			XXX	N	
83018	HEAVY METAL QUANTIATIVE EACH NES	40.30			XXX	N	
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	54.55	31.54	23.01	XXX	N	
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	33.12			XXX	N	
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	6.89			XXX	N	
83030	HEMOGLOBIN F FETAL CHEMICAL	18.47			XXX	N	
83033	HEMOGLOBIN F FETAL QUALITATIVE	13.75			XXX	N	
83036	HEMOGLOBIN GLYCOSYLATED A1C	17.81			XXX	N	
83037	HGB GLYCOSYLATED A1C DEVICE CLEARED FDA HOME USE	17.81			XXX	N	
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	11.16			XXX	N	
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	14.10			XXX	N	
83051	HEMOGLOBIN PLASMA	13.41			XXX	N	
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	15.17			XXX	N	
83065	HEMOGLOBIN THERMOLABILE	15.47			XXX	N	
83068	HEMOGLOBIN UNSTABLE SCREEN	16.28			XXX	N	
83069	HEMOGLOBIN URINE	7.25			XXX	N	
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	8.70			XXX	N	
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	30.94			XXX	N	
83088	ASSAY OF HISTAMINE	54.17			XXX	N	
83090	ASSAY OF HOMOCYSTEINE	30.94			XXX	N	
83150	ASSAY OF HOMOVANILLIC ACID	38.53			XXX	N	
83491	ASSAY OF HYDROXYCORTICOSTEROIDS 17	32.14			XXX	N	
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	23.66			XXX	N	
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	49.84			XXX	N	
83500	ASSAY OF FREE HYDROXYPROLINE	41.56			XXX	N	
83505	ASSAY OF TOTAL HYDROXYPROLINE	44.59			XXX	N	
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	21.15			XXX	N	
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	16.57			XXX	N	
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	31.64			XXX	N	
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	29.69			XXX	N	
83521	IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	29.69			XXX	N	
83525	ASSAY OF INSULIN TOTAL	20.97			XXX	N	
83527	ASSAY OF INSULIN FREE	23.76			XXX	N	
83528	ASSAY OF INTRINSIC FACTOR	34.08			XXX	N	
83529	ASSAY OF INTERLEUKIN-6 (IL-6)	29.69			XXX	N	
83540	ASSAY OF IRON	11.87			XXX	N	
83550	IRON BINDING CAPACITY	16.03			XXX	N	
83570	ISOCITRIC DEHYDROGENASE	16.23			XXX	N	
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	26.60			XXX	N	
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	23.48			XXX	N	
83593	KETOSTEROIDS 17- FRACTIONATION	49.00			XXX	N	
83605	ASSAY OF LACTATE	19.89			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
83615	LACTATE DEHYDROGENASE LDH	11.08			XXX	N	
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	23.48			XXX	N	
83630	LACTOFERRIN FECAL QUALITATIVE	36.01			XXX	N	
83631	LACTOFERRIN FECAL QUANTITATIVE	36.01			XXX	N	
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	37.10			XXX	N	
83633	LACTOSE URINE QUALITATIVE	19.34			XXX	N	
83655	ASSAY OF LEAD	22.21			XXX	N	
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	40.33			XXX	N	
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	34.69			XXX	N	
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	34.69			XXX	N	
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	34.69			XXX	N	
83670	LEUCINE AMINOPEPTIDASE LAP	16.87			XXX	N	
83690	ASSAY OF LIPASE	12.63			XXX	N	
83695	LIPOPROTEIN (A)	24.62			XXX	N	
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	79.62			XXX	N	
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	20.65			XXX	N	
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	58.22			XXX	N	
83704	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	58.78			XXX	N	
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	15.02			XXX	N	
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	21.92			XXX	N	
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	18.05			XXX	N	
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	58.78			XXX	N	
83727	LUTEINIZING RELEASING FACTOR	31.53			XXX	N	
83735	ASSAY OF MAGNESIUM	12.28			XXX	N	
83775	ASSAY OF MALATE DEHYDROGENASE	13.52			XXX	N	
83785	ASSAY OF MANGANESE	45.82			XXX	N	
83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	41.45			XXX	N	
83825	ASSAY OF MERCURY QUANTITATIVE	29.82			XXX	N	
83835	METANEPHRINES	31.07			XXX	N	
83857	METHEMALBUMIN	19.70			XXX	N	
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	38.65			XXX	N	
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	49.00			XXX	N	
83872	MUCIN SYNOVIAL FLUID ROPES TEST	10.75			XXX	N	
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	31.57			XXX	N	
83874	MYOGLOBIN	23.69			XXX	N	
83876	MYELOPEROXIDASE MPO	87.45			XXX	N	
83880	NATRIURETIC PEPTIDE	67.50			XXX	N	
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	24.95			XXX	N	
83885	ASSAY OF NICKEL	44.96			XXX	N	
83915	ASSAY OF NUCLEOTIDASE 5'-	20.46			XXX	N	
83916	OLIGOCLONAL IMMUNE	47.09			XXX	N	
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	40.58			XXX	N	
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	30.18			XXX	N	
83921	ORGANIC ACID 1 QUANTITATIVE	36.47			XXX	N	
83930	ASSAY OF OSMOLALITY BLOOD	12.13			XXX	N	
83935	ASSAY OF OSMOLALITY URINE	12.50			XXX	N	
83937	ASSAY OF OSTEOCALCIN	54.75			XXX	N	
83945	ASSAY OF OXALATE	24.84			XXX	N	
83950	ONCOPROTEIN HER-2/NEU	118.16			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	118.16			XXX	N	
83970	ASSAY OF PARATHORMONE	75.71			XXX	N	
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	6.57			XXX	N	
83987	PH EXHALED BREATH CONDENSATE	6.57			XXX	N	
83992	ASSAY OF PHENCYCLIDINE	76.76			XXX	N	
83993	ASSAY OF CALPROTECTIN FECAL	36.01			XXX	N	
84030	ASSAY OF PHENYLALANINE BLOOD	10.09			XXX	N	
84035	ASSAY OF PHENYLKETONES QUALITATIVE	6.84			XXX	N	
84060	ASSAY OF PHOSPHATASE ACID TOTAL	13.55			XXX	N	
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	17.72			XXX	N	
84075	ASSAY OF PHOSPHATASE ALKALINE	9.49			XXX	N	
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	14.20			XXX	N	
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	27.13			XXX	N	
84081	PHOSPHATIDYLGLYCEROL	30.30			XXX	N	
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	17.32			XXX	N	
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	18.94			XXX	N	
84100	ASSAY OF PHOSPHORUS INORGANIC	8.70			XXX	N	
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	9.94			XXX	N	
84106	PORPHOBILINOGEN URINE QUALITATIVE	10.01			XXX	N	
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	15.49			XXX	N	
84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	168.68			XXX	N	
84119	PORPHYRINS URINE QUALITATIVE	22.97			XXX	N	
84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION	26.99			XXX	N	
84126	PORPHYRINS FECES QUANTITATIVE	67.24			XXX	N	
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	8.44			XXX	N	
84133	POTASSIUM URINE	8.13			XXX	N	
84134	PREALBUMIN	26.76			XXX	N	
84135	PREGNANEDIOL	36.57			XXX	N	
84138	PREGNANETRIOL	36.19			XXX	N	
84140	PREGNENOLONE	37.92			XXX	N	
84143	17-HYDROXPREGNENOLONE	41.84			XXX	N	
84144	ASSAY OF PROGESTERONE	38.27			XXX	N	
84145	PROCALCITONIN (PCT)	49.15			XXX	N	
84146	ASSAY OF PROLACTIN	35.55			XXX	N	
84150	ASSAY OF PROSTAGLANDIN EACH	71.82			XXX	N	
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	33.75			XXX	N	
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	33.75			XXX	N	
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	33.75			XXX	N	
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	6.72			XXX	N	
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	6.72			XXX	N	
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	6.88			XXX	N	
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	9.65			XXX	N	
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	27.62			XXX	N	
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	50.64	31.54	19.10	XXX	N	
84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	63.65	31.54	32.11	XXX	N	
84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	62.18	31.54	30.64	XXX	N	
84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	81.76	31.54	50.22	XXX	N	
84202	PROTOPORPHYRIN RBC QUANTITATIVE	26.32			XXX	N	
84203	PROTOPORPHYRIN RBC SCREEN	16.75			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
84206	ASSAY OF PROINSULIN	45.89			XXX	N	
84207	ASSAY OF PYRIDOXAL PHOSPHATE	51.54			XXX	N	
84210	ASSAY OF PYRUVATE	24.90			XXX	N	
84220	ASSAY OF PYRUVATE KINASE	17.32			XXX	N	
84228	ASSAY OF QUININE	21.35			XXX	N	
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	151.10			XXX	N	
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	119.02			XXX	N	
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	122.47			XXX	N	
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	67.08			XXX	N	
84244	ASSAY OF RENIN	40.35			XXX	N	
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	37.13			XXX	N	
84255	ASSAY OF SELENIUM	46.84			XXX	N	
84260	ASSAY OF SEROTONIN	56.84			XXX	N	
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	39.87			XXX	N	
84275	ASSAY OF SIALIC ACID	24.65			XXX	N	
84285	ASSAY OF SILICA	43.34			XXX	N	
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	8.83			XXX	N	
84300	ASSAY OF URINE SODIUM	8.92			XXX	N	
84302	ASSAY OF SODIUM OTHER SOURCE	8.92			XXX	N	
84305	ASSAY OF SOMATOMEDIN	39.01			XXX	N	
84307	ASSAY OF SOMATOSTATIN	33.53			XXX	N	
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	13.93			XXX	N	
84315	SPECIFIC GRAVITY EXCEPT URINE	5.64			XXX	N	
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	67.05			XXX	N	
84376	SUGARS MONO DI&OLIGOS 1 QUALITATIVE EACH SPEC	10.09			XXX	N	
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	10.09			XXX	N	
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	21.15			XXX	N	
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	21.15			XXX	N	
84392	ASSAY OF SULFATE URINE	9.44			XXX	N	
84402	ASSAY OF TESTOSTERONE FREE	46.72			XXX	N	
84403	ASSAY OF TESTOSTERONE TOTAL	47.35			XXX	N	
84410	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	94.07			XXX	N	
84425	ASSAY OF THIAMINE-VITAMIN B-1	38.95			XXX	N	
84430	ASSAY OF THIOCYANATE	21.35			XXX	N	
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	60.37			XXX	N	
84432	ASSAY OF THYROGLOBULIN	29.45			XXX	N	
84436	ASSAY OF THYROXINE TOTAL	12.60			XXX	N	
84437	ASSAY OF THYROXINE REQUIRING ELUTION	11.85			XXX	N	
84439	ASSAY OF FREE THYROXINE	16.54			XXX	N	
84442	ASSAY OF THYROXINE BINDING GLOBULIN	27.13			XXX	N	
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	30.82			XXX	N	
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	93.30			XXX	N	
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	26.00			XXX	N	
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	33.02			XXX	N	
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	9.49			XXX	N	
84460	TRANSFERASE ALANINE AMINO ALT SGPT	9.72			XXX	N	
84466	ASSAY OF L7383TRANSFERRIN	23.41			XXX	N	
84478	ASSAY OF TRIGLYCERIDES	10.53			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	11.85			XXX	N	
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	26.00			XXX	N	
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	31.07			XXX	N	
84482	TRIIODOTHYRONINE T3 REVERSE	28.91			XXX	N	
84484	ASSAY OF TROPONIN QUANTITATIVE	21.44			XXX	N	
84485	ASSAY OF TRYPSIN DUODENAL FLUID	13.21			XXX	N	
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	13.39			XXX	N	
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	17.07			XXX	N	
84510	ASSAY OF TYROSINE	19.09			XXX	N	
84512	ASSAY OF TROPONIN QUALITATIVE	17.35			XXX	N	
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	7.25			XXX	N	
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	8.82			XXX	N	
84540	ASSAY OF UREA NITROGEN URINE	9.56			XXX	N	
84545	UREA NITROGEN CLEARANCE	12.38			XXX	N	
84550	ASSAY OF BLOOD/URIC ACID	8.29			XXX	N	
84560	ASSAY OF URIC ACID OTHER SOURCE	8.73			XXX	N	
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	30.82			XXX	N	
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	7.69			XXX	N	
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	16.42			XXX	N	
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	10.40			XXX	N	
84585	ASSAY OF VANILLYLMADELIC ACID URINE	28.43			XXX	N	
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	64.82			XXX	N	
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	62.26			XXX	N	
84590	ASSAY OF VITAMIN A	21.30			XXX	N	
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	29.33			XXX	N	
84597	ASSAY OF VITAMIN K	25.16			XXX	N	
84600	ASSAY OF VOLATILES	29.50			XXX	N	
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	22.20			XXX	N	
84630	ASSAY OF ZINC	20.88			XXX	N	
84681	ASSAY OF C-PEPTIDE	38.19			XXX	N	
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	27.62			XXX	N	
84703	GONADOTROPIN CHORIONIC QUALITATIVE	13.80			XXX	N	
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	27.62			XXX	N	
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	21.84			XXX	N	
84999	UNLISTED CHEMISTRY PROCEDURE	BR			XXX	N	
85002	BLEEDING TIME TEST	8.29			XXX	N	
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	11.85			XXX	N	
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	6.53			XXX	N	
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	6.31			XXX	N	
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	8.72			XXX	N	
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	12.04			XXX	N	
85014	BLOOD COUNT HEMATOCRIT	4.34			XXX	N	
85018	BLOOD COUNT HEMOGLOBIN	4.34			XXX	N	
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	14.25			XXX	N	
85027	BLOOD COUNT COMPLETE AUTOMATED	11.85			XXX	N	
85032	BLOOD COUNT MANUAL CELL COUNT EACH	7.91			XXX	N	
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	5.53			XXX	N	
85044	BLOOD COUNT RETICULOCYTE MANUAL	7.91			XXX	N	
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	7.33			XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	10.22			XXX	N	
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	4.66			XXX	N	
85049	BLOOD COUNT PLATELET AUTOMATED	8.21			XXX	N	
85055	RETICULATED PLATELET ASSAY	61.45			XXX	N	
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	42.25			XXX	N	
85097	BONE MARROW SMEAR INTERPRETATION	125.55			XXX	N	950.39
85130	CHROMOGENIC SUBSTRATE ASSAY	21.81			XXX	N	
85170	BLOOD CLOT RETRACTION	28.03			XXX	N	
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	35.02			XXX	N	
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	23.82			XXX	N	
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	32.38			XXX	N	
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	32.84			XXX	N	
85240	CLOTTING FACTOR VIII AHG 1 STAGE	32.84			XXX	N	
85244	CLOTTING FACTOR VIII RELATED ANTIGEN	37.46			XXX	N	
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	42.08			XXX	N	
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	42.08			XXX	N	
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	42.08			XXX	N	
85250	CLOTTING FACTOR IX PTC/CHRISTMAS	34.93			XXX	N	
85260	CLOTTING FACTOR X STUART-PROWER	32.84			XXX	N	
85270	CLOTTING FACTOR XI PTA	32.84			XXX	N	
85280	CLOTTING FACTOR XII HAGEMAN	35.50			XXX	N	
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	29.97			XXX	N	
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	16.31			XXX	N	
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	34.74			XXX	N	
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	34.74			XXX	N	
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	21.74			XXX	N	
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	19.83			XXX	N	
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	22.04			XXX	N	
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	25.38			XXX	N	
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	21.30			XXX	N	
85306	CLOTTING INHIBITORS PROTEIN S FREE	28.12			XXX	N	
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	28.12			XXX	N	
85335	FACTOR INHIBITOR TEST	23.61			XXX	N	
85337	THROMBOMODULIN	29.69			XXX	N	
85345	COAGULATION TIME LEE AND WHITE	8.06			XXX	N	
85347	COAGULATION TIME ACTIVATED	7.81			XXX	N	
85348	COAGULATION TIME OTHER METHODS	7.72			XXX	N	
85360	EUGLOBULIN LYSIS	15.42			XXX	N	
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	12.63			XXX	N	
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	138.34			XXX	N	
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	21.37			XXX	N	
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	16.71			XXX	N	
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	18.67			XXX	N	
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	18.67			XXX	N	
85384	FIBRINOGEN ACTIVITY	16.71			XXX	N	
85385	FIBRINOGEN ANTIGEN	24.86			XXX	N	
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	90.88	64.26	26.62	XXX	N	
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	34.51			XXX	N	
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	53.06			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	14.13			XXX	N	
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	14.13			XXX	N	
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	31.53			XXX	N	
85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	11.99			XXX	N	
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	18.69			XXX	N	
85441	HEINZ BODIES DIRECT	7.71			XXX	N	
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	12.50			XXX	N	
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	14.18			XXX	N	
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	16.09			XXX	N	
85475	HEMOLYSIN ACID	16.28			XXX	N	
85520	HEPARIN ASSAY	24.02			XXX	N	
85525	HEPARIN NEUTRALIZATION	21.71			XXX	N	
85530	HEPARIN-PROTAMINE TOLERANCE TST	24.02			XXX	N	
85536	IRON STAIN PERIPHERAL BLOOD	11.85			XXX	N	
85540	WBC ALKALINE PHOSPHATASE COUNT	15.78			XXX	N	
85547	MECHANICAL FRAGILITY RBC	15.78			XXX	N	
85549	MURAMIDASE	34.39			XXX	N	
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	12.84			XXX	N	
85557	OSMOTIC FRAGILITY RBC INCUBATED	24.50			XXX	N	
85576	PLATELET AGGREGATION IN VITRO EACH AGENT	74.37	31.54	42.83	XXX	N	
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	32.97			XXX	N	
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	32.97			XXX	N	
85610	PROTHROMBIN TIME	7.38			XXX	N	
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	7.23			XXX	N	
85612	RUSSELL VIPER VENON TIME UNDILUTED	30.07			XXX	N	
85613	RUSSELL VIPER VENOM TIME DILUTED	17.57			XXX	N	
85635	REPTILASE TEST	18.06			XXX	N	
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	7.34			XXX	N	
85652	SEDIMENTATION RATE RBC AUTOMATED	4.95			XXX	N	
85660	SICKLING RBC REDUCTION	10.10			XXX	N	
85670	THROMBIN TIME PLASMA	10.58			XXX	N	
85675	THROMBIN TIME TITER	12.56			XXX	N	
85705	THROMBOPLASTIN INHIBITION TISSUE	17.67			XXX	N	
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	11.01			XXX	N	
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	11.85			XXX	N	
85810	VISCOSITY	21.41			XXX	N	
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	BR			XXX	N	
86000	AGGLUTININS FEBRILE EACH ANTIGEN	12.81			XXX	N	
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	13.45			XXX	N	
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	9.58			XXX	N	
86005	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	14.61			XXX	N	
86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	32.90			XXX	N	
86015	ACTIN SMOOTH MUSCLE ANTIBODY EACH	19.82			XXX	N	
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	27.62			XXX	N	
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	33.70			XXX	N	
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	22.85			XXX	N	
86036	ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	20.72			XXX	N	
86037	ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	20.72			XXX	N	
86038	ANTINUCLEAR ANTIBODIES ANA	22.17			XXX	N	

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
86039	ANTINUCLEAR ANTIBODIES ANA TITER	20.47			XXX	N	
86051	AQUAPORIN-4 ANTIBODY ELISA	19.82			XXX	N	
86052	AQUAPORIN-4 ANTIBODY CELL-BASED IMFLUOR ASSAY EA	20.72			XXX	N	
86053	AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	20.72			XXX	N	
86060	ANTISTREPTOLYSIN O TITER	13.39			XXX	N	
86063	ANTISTREPTOLYSIN O SCREEN	10.58			XXX	N	
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&EVAL REP	93.42			XXX	N	35.83
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPR	93.42			XXX	N	216.29
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPR	92.82			XXX	N	72.07
86140	C-REACTIVE PROTEIN	9.49			XXX	N	
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	23.76			XXX	N	
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	46.69			XXX	N	
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	46.69			XXX	N	
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	29.47			XXX	N	
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	450.72			XXX	N	
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	0.00	59.50	BR	XXX	N	
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	29.32			XXX	N	
86156	COLD AGGLUTININ SCREEN	13.88			XXX	N	
86157	COLD AGGLUTININ TITER	14.79			XXX	N	
86160	COMPLEMENT ANTIGEN EACH COMPONENT	22.01			XXX	N	
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	22.01			XXX	N	
86162	COMPLEMENT TOTAL HEMOLYTIC	37.28			XXX	N	
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	18.36			XXX	N	
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	23.76			XXX	N	
86215	DEOXYRIBONUCLEASE ANTIBODY	24.30			XXX	N	
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	25.21			XXX	N	
86226	DNA ANTIBODY SINGLE STRANDED	22.21			XXX	N	
86231	ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	20.79			XXX	N	
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	32.90			XXX	N	
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	53.05	31.54	21.51	XXX	N	
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	53.05	31.54	21.51	XXX	N	
86258	GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	19.82			XXX	N	
86277	GROWTH HORMONE HUMAN ANTIBODY	28.88			XXX	N	
86280	HEMAGGLUTINATION INHIBITION TEST HAI	15.02			XXX	N	
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	43.96			XXX	N	
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	38.19			XXX	N	
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	38.19			XXX	N	
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	38.19			XXX	N	
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	38.19			XXX	N	
86308	HETEROPHILE ANTIBODIES SCREEN	9.49			XXX	N	
86309	HETEROPHILE ANTIBODIES TITER	11.85			XXX	N	
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	13.52			XXX	N	
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	38.19			XXX	N	
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	27.49			XXX	N	
86318	IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	31.10			XXX	N	
86320	IMMUNOELECTROPHORESIS SERUM	82.98	31.54	51.44	XXX	N	
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	71.97	31.54	40.43	XXX	N	
86327	IMMUNOELECTROPHORESIS CROSSED	88.93	38.08	50.85	XXX	N	
86328	IA INFECTIOUS AGT ANTIBODY SARS-COV-2 COVID-19	77.85			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	25.77			XXX	N	
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	21.97			XXX	N	
86332	IMMUNE COMPLEX ASSAY	44.71			XXX	N	
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	71.93	31.54	40.39	XXX	N	
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	84.78	31.54	53.24	XXX	N	
86336	INHIBIN A	28.60			XXX	N	
86337	INSULIN ANTIBODIES	39.28			XXX	N	
86340	INTRINSIC FACTOR ANTIBODIES	27.65			XXX	N	
86341	ISLET CELL ANTIBODY	40.52			XXX	N	
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	22.85			XXX	N	
86344	LEUKOCYTE PHAGOCYTOSIS	17.86			XXX	N	
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	249.23			XXX	N	
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	89.93			XXX	N	
86355	B CELLS TOTAL COUNT	69.21			XXX	N	
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	49.12			XXX	N	
86357	NATURAL KILLER CELLS TOTAL COUNT	69.21			XXX	N	
86359	T CELLS TOTAL COUNT	69.21			XXX	N	
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86.18			XXX	N	
86361	T CELLS ABSOLUTE CD4 COUNT	49.12			XXX	N	
86362	MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	20.72			XXX	N	
86363	MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	20.72			XXX	N	
86364	TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	19.82			XXX	N	
86367	STEM CELLS TOTAL COUNT	133.73			XXX	N	
86376	MICROSOMAL ANTIBODIES EACH	26.70			XXX	N	
86381	MITOCHONDRIAL ANTIBODY EACH	43.76			XXX	N	
86382	NEUTRALIZATION TEST VIRAL	31.02			XXX	N	
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	23.40			XXX	N	
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	37.45			XXX	N	
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	19.84			XXX	N	
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	19.51			XXX	N	
86408	NEUTRALIZING ANTIBODY SARS-COV-2 SCREEN	105.91			XXX	N	
86409	NEUTRALIZING ANTIBODY SARS-COV-2 TITER	415.31			XXX	N	
86413	SEV AQT RESPIR SYND CORONAVIRUS 2 ANTIBODY QUAN	141.02			XXX	N	
86430	RHEUMATOID FACTOR QUALITATIVE	10.56			XXX	N	
86431	RHEUMATOID FACTOR QUANTITATIVE	10.40			XXX	N	
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	113.70			XXX	N	
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	171.93			XXX	N	
86485	SKIN TEST CANDIDA	49.96			XXX	N	35.83
86486	SKIN TEST UNLISTED ANTIGEN EACH	BR			XXX	N	35.83
86490	SKIN TEST COCCIDIOIDOMYCOSIS	148.16			XXX	N	80.73
86510	SKIN TEST HISTOPLASMOIS	13.01			XXX	N	80.73
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	16.42			XXX	N	35.83
86590	STREPTOKINASE ANTIBODY	21.77			XXX	N	
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	7.84			XXX	N	
86593	SYPHILIS TEST QUANTITATIVE	8.07			XXX	N	
86596	VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	31.64			XXX	N	
86602	ANTIBODY ACTINOMYCES	18.67			XXX	N	
86603	ANTIBODY ADENOVIRUS	23.61			XXX	N	
86606	ANTIBODY ASPERGILLUS	27.62			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	23.63			XXX	N	
86611	ANTIBODY BARTONELLA	18.67			XXX	N	
86612	ANTIBODY BLASTOMYCES	23.68			XXX	N	
86615	ANTIBODY BORDETELLA	24.19			XXX	N	
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	28.41			XXX	N	
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	31.24			XXX	N	
86619	ANTIBODY BORRELIA RELAPSING FEVER	24.53			XXX	N	
86622	ANTIBODY BRUCELLA	16.38			XXX	N	
86625	ANTIBODY CAMPYLOBACTER	24.07			XXX	N	
86628	ANTIBODY CANDIDA	22.02			XXX	N	
86631	ANTIBODY CHLAMYDIA	21.69			XXX	N	
86632	ANTIBODY CHLAMYDIA IGM	23.26			XXX	N	
86635	ANTIBODY COCCIDIOIDES	21.05			XXX	N	
86638	ANTIBODY COXIELLA BURNETII Q FEVER	22.24			XXX	N	
86641	ANTIBODY CRYPTOCOCCUS	26.43			XXX	N	
86644	ANTIBODY CYTOMEGALOVIRUS CMV	26.40			XXX	N	
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	30.91			XXX	N	
86648	ANTIBODY DIPHTHERIA	27.90			XXX	N	
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	24.19			XXX	N	
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	24.19			XXX	N	
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	24.19			XXX	N	
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	24.19			XXX	N	
86658	ANTIBODY ENTEROVIRUS	23.89			XXX	N	
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	24.07			XXX	N	
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	28.05			XXX	N	
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	33.28			XXX	N	
86666	ANTIBODY EHRlichia	18.67			XXX	N	
86668	ANTIBODY FRANCISELLA TULARENSIS	24.35			XXX	N	
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	22.49			XXX	N	
86674	ANTIBODY GIARDIA LAMBLIA	26.99			XXX	N	
86677	ANTIBODY HELICOBACTER PYLORI	28.97			XXX	N	
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	23.86			XXX	N	
86684	ANTIBODY HAEMOPHILUS INFLUENZA	29.06			XXX	N	
86687	ANTIBODY HTLV-I	15.63			XXX	N	
86688	ANTIBODY HTLV-II	25.69			XXX	N	
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	35.51			XXX	N	
86692	ANTIBODY HEP DELTA AGENT	31.48			XXX	N	
86694	ANTIBODY HERPES SMLPX NON-SPECIFIC TYPE TEST	26.40			XXX	N	
86695	ANTIBODY HERPES SMLPX TYPE 1	24.19			XXX	N	
86696	ANTIBODY HERPES SMLPX TYPE 2	35.51			XXX	N	
86698	ANTIBODY HISTOPLASMA	23.71			XXX	N	
86701	ANTIBODY HIV-1	16.30			XXX	N	
86702	ANTIBODY HIV-2	24.80			XXX	N	
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	25.14			XXX	N	
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	22.11			XXX	N	
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	21.59			XXX	N	
86706	HEPATITIS B SURF ANTIBODY HBSAB	19.70			XXX	N	
86707	HEPATITIS BE ANTIBODY HBEAB	21.22			XXX	N	
86708	HEPATITIS A ANTIBODY HAAB	22.72			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	20.65			XXX	N	
86710	ANTIBODY INFLUENZA VIRUS	24.86			XXX	N	
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	29.04			XXX	N	
86713	ANTIBODY LEGIONELLA	28.07			XXX	N	
86717	ANTIBODY LEISHMANIA	22.47			XXX	N	
86720	ANTIBODY LEPTOSPIRA	27.85			XXX	N	
86723	ANTIBODY LISTERIA MONOCYTOGENES	24.19			XXX	N	
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	23.61			XXX	N	
86732	ANTIBODY MUCORMYCOSIS	25.79			XXX	N	
86735	ANTIBODY MUMPS	23.94			XXX	N	
86738	ANTIBODY MYCOPLSM	24.29			XXX	N	
86741	ANTIBODY NEISSERIA MENINGITIDIS	24.19			XXX	N	
86744	ANTIBODY NOCARDIA	27.49			XXX	N	
86747	ANTIBODY PARVOVIRUS	27.57			XXX	N	
86750	ANTIBODY PLASMODIUM MALARIA	24.19			XXX	N	
86753	ANTIBODY PROTOZOA NES	22.72			XXX	N	
86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	27.32			XXX	N	
86757	ANTIBODY RICKETTSIA	35.51			XXX	N	
86759	ANTIBODY ROTAVIRUS	31.34			XXX	N	
86762	ANTIBODY RUBELLA	26.40			XXX	N	
86765	ANTIBODY RUBEOLA	23.63			XXX	N	
86768	ANTIBODY SALMONELLA	24.19			XXX	N	
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	72.44			XXX	N	
86771	ANTIBODY SHIGELLA	42.09			XXX	N	
86774	ANTIBODY TETANUS	27.14			XXX	N	
86777	ANTIBODY TOXOPLASMA	26.40			XXX	N	
86778	ANTIBODY TOXOPLASMA IGM	26.43			XXX	N	
86780	ANTIBODY TREPONEMA PALLIDUM	24.29			XXX	N	
86784	ANTIBODY TRICHINELLA	23.05			XXX	N	
86787	ANTIBODY VARICELLA-ZOSTER	23.63			XXX	N	
86788	ANTIBODY WEST NILE VIRUS IGM	30.91			XXX	N	
86789	ANTIBODY WEST NILE VIRUS	26.40			XXX	N	
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	23.63			XXX	N	
86793	ANTIBODY YERSINIA	24.19			XXX	N	
86794	ZIKA VIRUS IGM ANTIBODY	30.91			XXX	N	
86800	THYROGLOBULIN ANTIBODY	29.17			XXX	N	
86803	HEPATITIS C ANTIBODY	26.17			XXX	N	
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	28.41			XXX	N	
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	325.83			XXX	N	
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	87.30			XXX	N	
86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	135.23			XXX	N	
86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	54.45			XXX	N	
86812	HLA TYPING A/B/C SINGLE ANTIGEN	47.33			XXX	N	
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	106.39			XXX	N	
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	51.87			XXX	N	
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	182.49			XXX	N	
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	67.06			XXX	N	
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	188.25			XXX	N	
+	86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	62.81		XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Pathology and Laboratory

80047-89398, G0480-G0483

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	110.36			XXX	N	
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	110.36			XXX	N	
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	164.23			XXX	N	
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	140.78			XXX	N	
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	556.64			XXX	N	
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	560.16			XXX	N	
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	655.92			XXX	N	
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	592.46			XXX	N	
86849	UNLISTED IMMUNOLOGY	BR			XXX	N	
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	16.80			XXX	N	72.07
86860	ANTIBODY ELUTION RBC EACH ELUTION	125.90			XXX	N	216.29
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	148.16			XXX	N	422.38
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	9.89			XXX	N	80.73
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	10.50			XXX	N	216.29
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	9.49			XXX	N	216.29
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	248.12			XXX	N	216.29
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	877.90			XXX	N	950.39
86900	BLOOD TYPING SEROLOGIC ABO	5.48			XXX	N	163.53
86901	BLOOD TYPING SEROLOGIC RH (D)	5.48			XXX	N	49.09
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	10.92			XXX	N	422.38
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	28.09			XXX	N	49.09
86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	7.02			XXX	N	422.38
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	14.21			XXX	N	49.09
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	44.44			XXX	N	
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	38.10			XXX	N	
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	54.06			XXX	N	216.29
86921	COMPATIBILITY EACH UNIT INCUBATION	47.01			XXX	N	216.29
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	86.22			XXX	N	216.29
86923	COMPATIBILITY EACH UNIT ELECTRONIC	106.51			XXX	N	216.29
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	24.40			XXX	N	216.29
86930	FROZEN BLOOD EACH UNIT FREEZING	200.64			XXX	N	422.38
86931	FROZEN BLOOD EACH UNIT THAWING	150.49			XXX	N	422.38
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING	170.81			XXX	N	49.09
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	15.08			XXX	N	
86941	HEMOLYSINS&AGGLUTININS INCUBATED	22.21			XXX	N	
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	2112.85			XXX	N	49.09
86950	LEUKOCYTE TRANSFUSION	122.79			XXX	N	216.29
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	43.79			XXX	N	216.29
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	351.03			XXX	N	216.29
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	153.96			XXX	N	49.09
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	63.67			XXX	N	422.38
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	674.73			XXX	N	216.29
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	98.40			XXX	N	393.60
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	65.69			XXX	N	35.83
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	60.32			XXX	N	216.29
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	142.32			XXX	N	49.09
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	112.46			XXX	N	216.29
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR			XXX	N	35.83
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	30.89			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
87015	CONCENTRATION INFECTIOUS AGENTS	12.25			XXX	N	
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	18.94			XXX	N	
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	17.32			XXX	N	
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	17.32			XXX	N	
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	15.80			XXX	N	
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	17.37			XXX	N	
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
87081	CUL PRSMPTV PTHGNC ORGANISM SCR N W/COLONY ESTIMJ	12.15			XXX	N	
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	46.54			XXX	N	
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	14.81			XXX	N	
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	14.84			XXX	N	
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	14.13			XXX	N	
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	15.42			XXX	N	
87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	35.18			XXX	N	
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	18.94			XXX	N	
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	18.94			XXX	N	
87109	CULTURE MYCOPLASMA ANY SOURCE	28.23			XXX	N	
87110	CULTURE CHLAMYDIA ANY SOURCE	35.94			XXX	N	
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	19.81			XXX	N	
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	25.12			XXX	N	
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	10.22			XXX	N	
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	22.98			XXX	N	
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	9.49			XXX	N	
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	36.78			XXX	N	
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	64.37			XXX	N	
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	13.31			XXX	N	
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	211.61			XXX	N	
87154	CULTURE TYPING ID BLD PTHGN&RESIST TYPING 6+TRGT	374.92			XXX	N	
87158	CULTURE TYPING OTHER METHODS	13.31			XXX	N	
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	53.62	33.92	19.70	XXX	N	
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	20.74			XXX	N	
87168	MACROSCOPIC EXAMINATION ARTHROPOD	7.84			XXX	N	
87169	MACROSCOPIC EXAMINATION PARASITE	7.84			XXX	N	
87172	PINWORM EXAMINATION	7.84			XXX	N	
87176	HOMOGENIZATION TISSUE CULTURE	10.80			XXX	N	
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	16.33			XXX	N	
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	8.70			XXX	N	
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	12.86			XXX	N	
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	8.70			XXX	N	
87186	SUSCEPTBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	15.87			XXX	N	
+	87187	SUSCEPTBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	69.07		XXX	N	
	87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	12.18		XXX	N	
	87190	SUSCEPTBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	12.57		XXX	N	
	87197	SERUM BACTERICIDAL TITER	27.55		XXX	N	
	87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	7.84		XXX	N	
	87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	9.89		XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Pathology and Laboratory

80047-89398, G0480-G0483

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	41.94	31.54	10.40	XXX	N	
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	32.97			XXX	N	
87210	SMR PRIM SRC WET MOUNT NFCT AGT	10.01			XXX	N	
87220	TISS KOH SLIDE SAMP S SKN/HR/NLS FNGI/ECTOPARASIT	7.84			XXX	N	
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	36.21			XXX	N	
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	35.88			XXX	N	
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	47.83			XXX	N	
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	37.06			XXX	N	
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	35.88			XXX	N	
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	62.11			XXX	N	
87260	IAADI ADENOVIRUS	24.81			XXX	N	
87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	21.99			XXX	N	
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	23.07			XXX	N	
87269	IAADI GIARDIA	23.40			XXX	N	
87270	IAADI CHLAMYDIA TRACHOMATIS	21.99			XXX	N	
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	23.07			XXX	N	
87272	IAADI CRYPTOSPORIDIUM	21.99			XXX	N	
87273	IAADI HERPES SMLPX VIRUS TYPE 2	21.99			XXX	N	
87274	IAADI HERPES SMLPX VIRUS TYPE 1	21.99			XXX	N	
87275	IAADI INFLUENZA B VIRUS	21.99			XXX	N	
87276	IAADI INFFLUENZA A VIRUS	27.63			XXX	N	
87278	IAADI LEGIONELLA PNEUMOPHILA	26.82			XXX	N	
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	28.25			XXX	N	
87280	IAADI RESPIRATORY SYNCIAL VIRUS	23.07			XXX	N	
87281	IAADI PNEUMOCUSTIS CARINII	21.99			XXX	N	
87283	IAADI RUBEOLA	104.54			XXX	N	
87285	IAADI TREPONEMA PALLIDUM	21.99			XXX	N	
87290	IAADI VARICELLA ZOSTER VIRUS	23.07			XXX	N	
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	27.68			XXX	N	
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	21.99			XXX	N	
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	21.99			XXX	N	
87305	IAAD IA ASPERGILLUS	21.99			XXX	N	
87320	IAAD IA CHLAMYDIA TRACHOMATIS	25.79			XXX	N	
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	21.99			XXX	N	
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	23.07			XXX	N	
87328	IAAD IA CRYPTOSPORIDIUM	23.76			XXX	N	
87329	IAAD IA GIARDIA	21.99			XXX	N	
87332	IAAD IA CYTOMEGALOVIRUS	21.99			XXX	N	
87335	IAAD IA ESCHERICHIA COLI 0157	21.99			XXX	N	
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	27.51			XXX	N	
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	21.99			XXX	N	
87338	IAAD IA HPYLORI STOOL	26.38			XXX	N	
87339	IAAD IA HPYLORI	27.51			XXX	N	
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	18.95			XXX	N	
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	18.95			XXX	N	
87350	IAAD IA HEPATITIS BE ANTIGEN	21.15			XXX	N	
87380	IAAD IA HEPATITIS DELTA ANTIGEN	31.57			XXX	N	
87385	IAAD IA HISTOPLASM CAPSULATUM	22.78			XXX	N	
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBODY SINGLE	44.16			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	87390	IAAD IA HIV-1	41.37			XXX	N	
	87391	IAAD IA HIV-2	37.65			XXX	N	
	87400	IAAD IA INFLUENZA A/B EACH	24.29			XXX	N	
	87420	IAAD IA RESPIRATORY SYNCYTIAL VIRUS	23.92			XXX	N	
	87425	IAAD IA ROTAVIRUS	21.99			XXX	N	
	87426	IAAD IA SEVERE AQT RESPIR SYND CORONAVIRUS	141.02			XXX	N	
	87427	IAAD IA SHIGA-LIKE TOXIN	21.99			XXX	N	
	87428	IAAD IA SARSCOV & INFLUENZA VIRUS TYPES A&B	53.20			XXX	N	
	87430	IAAD IA STREPTOCOCCUS GROUP A	28.90			XXX	N	
	87449	IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	21.99			XXX	N	
	87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	18.07			XXX	N	
	87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	64.37			XXX	N	
	87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	78.59			XXX	N	
	87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	36.78			XXX	N	
	87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	64.37			XXX	N	
	87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
	87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	64.37			XXX	N	
	87482	IADNA CANDIDA SPECIES QUANTIFICATION	95.84			XXX	N	
	87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	764.55			XXX	N	
	87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
	87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	
	87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	78.59			XXX	N	
	87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	39.12			XXX	N	
	87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	64.37			XXX	N	
	87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	91.93			XXX	N	
	87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	64.37			XXX	N	
	87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	51.63			XXX	N	
	87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
	87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	78.59			XXX	N	
	87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	64.37			XXX	N	
	87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	64.37			XXX	N	
	87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	94.14			XXX	N	
	87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	164.71			XXX	N	
+	87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	50.24			XXX	N	
	87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	235.33			XXX	N	
	87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	452.17			XXX	N	
	87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	764.55			XXX	N	
	87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
	87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	64.37			XXX	N	
	87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	76.61			XXX	N	
	87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
	87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	78.59			XXX	N	
	87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	53.68			XXX	N	
	87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	64.37			XXX	N	
	87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	78.59			XXX	N	
	87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	51.24			XXX	N	
	87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	67.50			XXX	N	
	87527	IADNA HEPATITIS G QUANTIFICATION	76.61			XXX	N	
	87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	36.78			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	78.59			XXX	N	
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	99.72			XXX	N	
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	64.37			XXX	N	
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	76.61			XXX	N	
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	37.69			XXX	N	
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRJP	64.37			XXX	N	
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	156.10			XXX	N	
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	37.69			XXX	N	
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	64.37			XXX	N	
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	100.79			XXX	N	
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	36.78			XXX	N	
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	64.37			XXX	N	
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	76.61			XXX	N	
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	82.94			XXX	N	
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	78.59			XXX	N	
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	46.22			XXX	N	
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	71.66			XXX	N	
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	78.59			XXX	N	
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	46.92			XXX	N	
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	64.37			XXX	N	
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	78.59			XXX	N	
87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	60.33			XXX	N	
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	520.31			XXX	N	
87590	IADNA NEISSERIA GONORRHORHAE DIRECT PROBE TQ	46.22			XXX	N	
87591	IADNA NEISSERIA GONORRHORHAE AMPLIFIED PROBE TQ	64.37			XXX	N	
87592	IADNA NEISSERIA GONORRHORHAE QUANTIFICATION	78.59			XXX	N	
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	64.37			XXX	N	
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	64.37			XXX	N	
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	69.72			XXX	N	
87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	245.23			XXX	N	
87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	391.51			XXX	N	
87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	764.55			XXX	N	
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	128.76			XXX	N	
87635	IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	88.22			XXX	N	
87636	IADNA SARSCOV2& INF A&B MULT AMPLIFIED PROBE TQ	245.23			XXX	N	
87637	IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	245.23			XXX	N	
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	64.37			XXX	N	
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	64.37			XXX	N	
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	36.78			XXX	N	
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	64.37			XXX	N	
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	76.61			XXX	N	
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	64.37			XXX	N	
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	64.37			XXX	N	
87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	94.14			XXX	N	

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	51.63			XXX	N	
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	64.37			XXX	N	
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	78.59			XXX	N	
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	75.08			XXX	N	
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	128.76			XXX	N	
87802	IAADIADOO STREPTOCOCCUS GROUP B	21.99			XXX	N	
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN A	27.51			XXX	N	
87804	IAADIADOO INFLUENZA	28.46			XXX	N	
87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	56.34			XXX	N	
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	22.52			XXX	N	
87808	IAADIADOO TRICHOMONAS VAGINALIS	26.29			XXX	N	
87809	IAADIADOO ADENOVIRUS	37.41			XXX	N	
87810	IAADIADOO CHLAMYDIA TRACHOMATIS	60.68			XXX	N	
87811	IAADIADOO SEVERE AQT RESPIR SYND CORONAVIRUS	141.02			XXX	N	
87850	IAADIADOO NEISSERIA GONORRHOEAE	42.23			XXX	N	
87880	IAADIADOO STREPTOCOCCUS GROUP A	28.42			XXX	N	
87899	IAADIADOO NOT OTHERWISE SPECIFIED	27.63			XXX	N	
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	239.11			XXX	N	
87901	NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	472.26			XXX	N	
87902	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	472.26			XXX	N	
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	896.40			XXX	N	
+	87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	47.83		XXX	N	
87905	INFECTIOUS AGENT ENZYMATI ACTV OTH/THN VIRUS	22.42			XXX	N	
87906	NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	236.14			XXX	N	
87910	NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	472.26			XXX	N	
87912	NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	472.26			XXX	N	
87999	UNLISTED MICROBIOLOGY PROCEDURE	BR			XXX	N	
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	412.71			XXX	N	
88005	NECROPSY GROSS EXAMINATION W/BRAIN	481.29			XXX	N	
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	504.15			XXX	N	
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	412.71			XXX	N	
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	378.43			XXX	N	
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	527.01			XXX	N	
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	710.51			XXX	N	
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	667.59			XXX	N	
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	733.37			XXX	N	
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	412.71			XXX	N	
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	412.71			XXX	N	
88036	NECROPSY LIMITED GROSS&MCRSCP REGIONAL	206.37			XXX	N	
88037	NECROPSY LIMITD GROSS&MCRSCP SINGLE ORGAN	183.50			XXX	N	
88040	NECROPSY FORENSIC EXAMINATION	1146.09			XXX	N	
88045	NECROPSY CORONER CALL	114.93			XXX	N	
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	BR			XXX	N	
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	117.81	48.79	69.02	XXX	N	
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	117.22	33.32	83.90	XXX	N	
88108	CYTP CONCENTRATION SMEARS & INTERPRETATION	112.46	38.68	73.78	XXX	N	
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	116.03	48.20	67.83	XXX	N	
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	1084.09	99.96	984.13	XXX	N	
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	806.23	84.49	721.74	XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

80047-89398, G0480-G0483

Pathology and Laboratory

Effective November 15, 2022

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
88125	CYTOPATHOLOGY FORENSIC	47.01	23.80	23.21	XXX	N		
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	32.97			XXX	N		
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	14.66			XXX	N		
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	53.55			XXX	N		
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	37.16			XXX	N		
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	39.61			XXX	N		
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	86.93			XXX	N		
88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	27.87			XXX	N		
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	27.37			XXX	N		
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	47.52			XXX	N		
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	41.32			XXX	N		
+	88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	25.19			XXX	N	
	88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	124.95	44.63	80.32	XXX	N	
	88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	127.96	43.44	84.52	XXX	N	
	88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	184.75	67.24	117.51	XXX	N	
	88164	CYTP SLIDES CERV/VAG MNL SCR N PHYSICIAN SUPV	27.37			XXX	N	
	88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	72.59			XXX	N	
	88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	27.37			XXX	N	
	88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	27.37			XXX	N	
	88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	95.20	62.48	32.72	XXX	N	
	88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	274.30	121.98	152.32	XXX	N	
	88174	CYTP C/V AUTO THIN LYS PREPJ SCR SYS PHYS	43.62			XXX	N	
	88175	CYTP C/V AUTO THIN LYS PREPJ SCR MNL RESCR PHYS	48.60			XXX	N	
+	88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	49.98	38.08	11.90	ZZZ	N	
	88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	256.45	66.64	189.81	XXX	N	
	88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	119.00			XXX	N	422.38
+	88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	41.06			ZZZ	N	
	88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	64.26			XXX	N	
	88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	108.89			XXX	N	
	88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	145.78			XXX	N	
	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	
	88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	213.70			XXX	N	
	88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	258.15			XXX	N	
	88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	270.15			XXX	N	
	88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	247.16			XXX	N	
	88239	TISS CUL NEO DISORDERS SOLID TUMOR	270.61			XXX	N	
	88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	22.47			XXX	N	
	88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	20.79			XXX	N	
	88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	317.68			XXX	N	
	88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	317.68			XXX	N	
	88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	317.68			XXX	N	
	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	454.49			XXX	N	
	88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	228.64			XXX	N	
	88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	275.70			XXX	N	
	88264	CHRMSM ANALYZE 20-25 CELLS	248.63			XXX	N	
	88267	CHRMSM Alys AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	329.78			XXX	N	
	88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	305.12			XXX	N	
	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	39.29			XXX	N	
	88272	MOLECULAR CYTOGENETICS CHROML ISH 3-5 CELLS	69.98			XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
88273	MOLECULAR CYTOGENETICS CHROMO IISH 10-30 CLL	59.85			XXX	N		
88274	MOLECULAR CYTOGENETICS INTERPHASE IISH 25-99 CLL	72.87			XXX	N		
88275	MOLEC CYTG INTERPHASE IISH ANALYZE 100-300 CLL	88.01			XXX	N		
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	57.55			XXX	N		
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	125.84			XXX	N		
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	46.27			XXX	N		
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	63.17			XXX	N		
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	57.72			XXX	N		
88299	UNLISTED CYTOGENETIC STUDY	BR			XXX	N	72.07	
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	26.78	7.74	19.04	XXX	N		
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	55.34	11.90	43.44	XXX	N		
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	72.59	19.64	52.95	XXX	N		
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	123.76	65.45	58.31	XXX	N		
88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	499.80	143.40	356.40	XXX	N		
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	759.22	253.47	505.75	XXX	N		
+	88311	DECALCIFICATION PROCEDURE	36.30	21.42	14.88	XXX	N	
	88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	193.65	45.82	147.83	XXX	N	
	88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	140.28	20.83	119.45	XXX	N	
+	88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	172.55	38.68	133.87	XXX	N	
	88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	187.48	46.41	141.07	XXX	N	
	88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	169.58			XXX	N	49.09
	88323	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	196.35	150.54	45.81	XXX	N	
	88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	304.64			XXX	N	216.29
	88329	PATHOLOGY CONSULTATION DURING SURGERY	99.96			XXX	N	49.09
	88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	177.91	108.29	69.62	XXX	N	
+	88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	94.61	53.55	41.06	XXX	N	
	88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	162.44	108.29	54.15	XXX	N	
+	88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	97.58	66.05	31.53	ZZZ	N	
+	88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	155.89	49.39	106.50	ZZZ	N	
	88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	179.10	61.29	117.81	XXX	N	
	88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	297.50	66.64	230.86	XXX	N	
	88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	212.81	62.48	150.33	XXX	N	
	88348	ELECTRON MICROSCOPY DIAGNOSTIC	694.52	133.28	561.24	XXX	N	
+	88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	149.17	49.98	99.19	ZZZ	N	
	88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	245.74	141.02	104.72	XXX	N	
	88356	MORPHOMETRIC ANALYSIS NERVE	428.40	221.94	206.46	XXX	N	
	88358	MORPHOMETRIC ANALYSIS TUMOR	243.36	86.28	157.08	XXX	N	
	88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	214.20	73.19	141.01	XXX	N	
	88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	221.34	78.54	142.80	XXX	N	
	88362	NERVE TEASING PREPARATIONS	386.16	191.59	194.57	XXX	N	
	88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	39.87			XXX	N	35.83
+	88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	240.98	60.10	180.88	ZZZ	N	
	88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	314.16	75.57	238.59	XXX	N	
	88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	498.02	107.10	390.92	XXX	N	
	88367	M/PHMTRC ALYS IISH CPTR-ASST TECH 1ST PROBE STAIN	197.54	59.50	138.04	XXX	N	
	88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	237.41	72.00	165.41	XXX	N	
+	88369	M/PHMTRC ALYS IISH QUANT/SEMIQ MNL PER SPEC EACH	201.11	55.93	145.18	ZZZ	N	
	88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	74.70	33.92	40.78	XXX	N	
	88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	76.62	31.54	45.08	XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

80047-89398, G0480-G0483

Pathology and Laboratory

Effective November 15, 2022

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	125.55	46.41	79.14	ZZZ	N	
	88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	570.61	76.16	494.45	XXX	N	
	88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	84.49			XXX	N	
	88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	708.05	110.67	597.38	XXX	N	
	88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	224.91	94.61	130.30	XXX	N	
	88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	296.96	43.44	253.52	XXX	N	
	88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	59.50	48.20	11.30	XXX	N	
+	88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	65.45	41.06	24.39	XXX	N	
	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	
	88720	BILIRUBIN TOTAL TRANSCUTANEOUS	9.20			XXX	N	
	88738	HGB QUANTITATIVE TRANSCUTANEOUS	9.20			XXX	N	
	88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	16.11			XXX	N	
	88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	16.11			XXX	N	
	88749	UNLISTED IN VIVO LABORTORY SERVICE	BR			XXX	N	
	89049	CAFFEINE HALOTHANE CONTRACTURE TEST	471.84			XXX	N	216.29
	89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	8.67			XXX	N	
	89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	10.10			XXX	N	
	89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	7.84			XXX	N	
	89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	44.14	31.54	12.60	XXX	N	
	89125	FAT STAIN FECES URINE/RESPIR SECRETIONS	10.11			XXX	N	
	89160	MEAT FIBERS FECES	8.34			XXX	N	
	89190	NASAL SMEAR EOSINOPHILS	9.96			XXX	N	
	89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	31.48			XXX	N	216.29
	89230	SWEAT COLLECTION IONTOPHORESIS	4.76			XXX	N	72.07
	89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	BR			XXX	N	72.07
	89250	CUL OOCYTE/EMBRYO <4 DAYS	2816.73			XXX	N	216.29
	89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OOCYTE/EMBRY	2545.41			XXX	N	216.29
	89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	1097.54			XXX	N	216.29
	89254	OOCYTE ID FROM FOLLICULAR FLU	1126.93			XXX	N	216.29
	89255	PREPJ EMBRYO TR	704.48			XXX	N	72.07
	89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	861.56			XXX	N	72.07
	89258	CRYOPRSRV EMBRYO	1463.62			XXX	N	950.39
	89259	CRYOPRSRV SPRM	366.08			XXX	N	216.29
	89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	292.86			XXX	N	72.07
	89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	368.90			XXX	N	72.07
	89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	968.66			XXX	N	72.07
	89268	INSEMINATION OOCYTES	1170.76			XXX	N	216.29
	89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	1865.96			XXX	N	950.39
	89280	ASSTD FERTILIZATION MICROTQ <EQUAL 10 OOCYTES	2927.22			XXX	N	950.39
	89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	2916.69			XXX	N	216.29
	89290	BX OOCYTE MICROTQ <= 5 EMBRY	2816.73			XXX	N	216.29
	89291	BX OOCYTE MICROTQ >5 EMBRY	3366.51			XXX	N	216.29
	89300	SEMEN ALYS PRESENCE&MOTILITY SPRM HUHNER	16.92			XXX	N	
	89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	15.80			XXX	N	
	89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	22.11			XXX	N	
	89321	SEMEN ANALYSIS SPERM PRESENCE&MOTILITY SPRM	22.11			XXX	N	
	89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	28.43			XXX	N	
	89325	SPERM ANTIBODIES	19.58			XXX	N	
	89329	SPERM EVALUATION HAMSTER PENETRATION TEST	35.93			XXX	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	18.14			XXX	N	
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	35.93			XXX	N	
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	512.51			XXX	N	72.07
89337	CRYOPRESERVATION MATURE OOCYTE(S)	1756.48			XXX	N	216.29
89342	STORAGE PER YEAR EMBRYO	732.15			XXX	N	216.29
89343	STORAGE PER YEAR SPERM/SEMEN	340.76			XXX	N	216.29
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	439.29			XXX	N	216.29
89346	STORAGE PER YEAR OOCYTE	512.51			XXX	N	422.38
89352	THAWING CRYOPRESERVED EMBRYO	821.10			XXX	N	216.29
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	153.96			XXX	N	72.07
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	349.86			XXX	N	216.29
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	765.68			XXX	N	216.29
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	BR			XXX	N	72.07
G0480	DRUG TEST DEF 1-7 CLASSES	196.74			XXX	N	
G0481	DRUG TEST DEF 8-14 CLASSES	269.23			XXX	N	
G0482	DRUG TEST DEF 15-21 CLASSES	341.70			XXX	N	
G0483	DRUG TEST DEF 22+ CLASSES	424.54			XXX	N	
G0659	DRUG TEST DEF SIMPLE ALL CL	106.84			XXX	N	

MEDICINE SERVICES

In addition to the general rules, this section applies unique guidelines for medicine specialties. Therapeutic services and rehabilitation guidelines, as well as chiropractic and osteopathic services, are listed in a separate section following Medicine Services.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I GUIDELINES

- A. **Unlisted Services or Procedures.** When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.
- B. **Multiple Procedures.** When multiple procedures are performed on the same date or at the same session, it is appropriate to designate them by separate entries.
- C. **Separate Procedures.** Separate procedures are commonly carried out as an integral component of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 to the specific "separate procedure" code.
- D. **By Report (BR).** "BR" in the Amount column indicates services that are too new, unusual, or variable in the the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation.
- E. **Special Report.** Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.
- F. **Materials Supplied by Physician.** Supplies and materials usually included in an office visit are included in the reimbursement for the office visit. Other unusual supplies and materials should be identified with CPT code 99070 or a specific HCPCS code. Reimbursement shall be limited to the lesser of the billed amount, the Fee Schedule MAR or the usual and customary rate for items not listed in this Fee Schedule.
- G. **Audiological Function Tests.** The audiometric tests (92551–92597) require the use of calibrated electronic equipment, recording of results and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic Evaluation and Management services are not reported separately. All services include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two ears.
- H. **Psychological Services**
1. Payment for a psychiatric diagnostic interview/evaluation includes history and mental status determination, development of a treatment plan when necessary and the preparation of a written report that must be submitted with the required billing form. Use of an E/M code with a diagnostic interview/evaluation is not appropriate.
 2. Psychotherapy codes are used regardless of place of service. The CPT code most closely matching the length of the session must be billed.
 3. Use of an E/M code with a psychotherapy code should follow the guidelines from CPT and American Psychiatric Association recommendations.
 4. A service level adjustment factor is used to determine payment for psychotherapy when a provider other than a psychiatrist provides the service. In those instances, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, counselors and other non-physician providers.
- I. **Electromyography (EMG) and Nerve Conduction Studies (NCS).** Payment for EMG services includes the initial set of electrodes and all supplies necessary to perform the service. The physician may be paid for a consultation or new patient visit in addition to the EMG performed on the same day, with supporting documentation required as outlined in the Evaluation and Management section. When an EMG is performed on the same day as a follow up visit, payment may be made for the EMG only unless documentation supports the need for a medical service in addition to the EMG.
1. Only a licensed allopathic or osteopathic physician certified in Neurology/Physical Medicine and Rehabilitation (PMR)/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).
 2. Reimbursement for automated nerve conduction studies is not allowed under this Fee Schedule.

3. Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care, appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.
- J. **Manipulative Services.** Chiropractic and Osteopathic manipulative services, which are medicine services, are addressed in the Therapeutic Services section of the Fee Schedule.

Mississippi Workers' Compensation Medical Fee Schedule

Medicine Services

90281-96999, 97597-97610, 97802-97804

Effective November 15, 2022

98960-99082, 99151-99199, 99500-99607

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
90281	IMMUNE GLOBULIN IG HUMAN IM USE	70.56			XXX	N	79.62
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	68.44			XXX	N	478.87
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	36.28			XXX	N	
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	659.26			XXX	N	1224.43
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	BR			XXX	N	
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	100.89			XXX	N	
90296	DIPHThERIA ANTITOXIN EQUINE ANY ROUTE	BR			XXX	N	
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	225.06			XXX	N	192.54
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	526.25			XXX	N	438.31
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	587.37			XXX	N	505.99
90377	RABIES IG HEAT&SOLVENT/DETERGENT HUMAN IM&/SUBQ	409.04			XXX	N	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	1836.08			XXX	N	1683.65
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	123.31			XXX	N	191.23
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	53.60			XXX	N	215.00
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	118.00			XXX	N	
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	53.60			XXX	N	
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	61.95			XXX	N	
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	146.91			XXX	N	2782.96
90399	UNLISTED IMMUNE GLOBULIN	BR			XXX	N	
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	28.91			XXX	N	
+	90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	21.83		ZZZ	N	
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	28.91			XXX	N	89.91
+	90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	21.83		ZZZ	N	
90473	IM ADM INTRANSL/ORAL 1 VACCINE	28.91			XXX	N	89.91
+	90474	IM ADM INTRANSL/ORAL EA VACCINE	21.83		ZZZ	N	
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	42.75			XXX	N	
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	25.10			XXX	N	
90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	125.10			XXX	N	
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	229.62			XXX	N	
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	241.28			XXX	N	
90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	BR			XXX	N	
90619	MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE	135.70			XXX	N	
90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	168.27			XXX	N	
90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	143.16			XXX	N	
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	195.88			XXX	N	
90626	TICK-BORNE ENCEPH VACC INACTIVATED 0.25ML IM USE	BR			XXX	N	
90627	TICK-BORNE ENCEPH VACC INACTIVATED 0.5ML IM USE	BR			XXX	N	
90630	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	25.96			XXX	N	29.01
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	109.70			XXX	N	
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	44.25			XXX	N	
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	59.59			XXX	N	42.86
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	106.79			XXX	N	
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	47.20			XXX	N	
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	37.76			XXX	N	
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	33.63			XXX	N	
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	158.12			XXX	N	
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	158.12			XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Medicine Services
Effective November 15, 2022

Mississippi Workers' Compensation Medical Fee Schedule

90281-96999, 97597-97610, 97802-97804
98960-99082, 99151-99199, 99500-99607

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	193.37			XXX	N	256.68
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	89.50			XXX	N	80.44
90654	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	24.78			XXX	N	
90655	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	21.24			XXX	N	
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	32.37			XXX	N	
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	21.71			XXX	N	
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	20.65			XXX	N	28.14
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	25.10			XXX	N	
90661	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	25.37			XXX	N	
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	100.48			XXX	N	
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	39.41			XXX	N	
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	30.68			XXX	N	
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	46.02			XXX	N	
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	31.27			XXX	N	
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	386.16			XXX	N	
90671	PCV15 VACCINE FOR INTRAMUSCULAR USE	419.74			XXX	N	
90672	LAIV4 VACCINE FOR INTRANASAL USE	21.71			XXX	N	
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	31.27			XXX	N	
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	45.28			XXX	N	
90675	RABIES VACCINE INTRAMUSCULAR	545.94			XXX	N	485.57
90676	RABIES VACCINE INTRADERMAL	174.05			XXX	N	269.27
90677	PCV20 VACCINE FOR INTRAMUSCULAR USE	451.35			XXX	N	
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	92.04			XXX	N	
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	120.95			XXX	N	166.26
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	100.48			XXX	N	
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	36.89			XXX	N	
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	34.99			XXX	N	
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	16.97			XXX	N	
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	33.59			XXX	N	
90689	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	31.27			XXX	N	
90690	TYPHOID VACCINE LIVE ORAL	61.07			XXX	N	
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	114.42			XXX	N	
90694	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DOS IM USE	113.25			XXX	N	
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	67.85			XXX	N	
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	42.75			XXX	N	
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	97.94			XXX	N	
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	36.58			XXX	N	
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	35.96			XXX	N	
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	71.24			XXX	N	
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	182.52			XXX	N	
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	37.76			XXX	N	
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	43.55			XXX	N	
90715	TDAP VACCINE 7 YRS> IM	60.88			XXX	N	
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	114.67			XXX	N	
90717	YELLOW FEVER VACCINE LIVE SUBQ	157.41			XXX	N	
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	92.95			XXX	N	95.94
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	202.86			XXX	N	
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	120.36			XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Medicine Services

90281-96999, 97597-97610, 97802-97804

Effective November 15, 2022

98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	124.84			XXX	N	
	90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	178.45			XXX	N	
	90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	241.31			XXX	N	
	90739	HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	245.86			XXX	N	92.40
	90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	239.97			XXX	N	
	90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	59.03			XXX	N	
	90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	49.03			XXX	N	
	90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	119.99			XXX	N	
	90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	239.97			XXX	N	
	90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	50.21			XXX	N	80.97
	90749	UNLISTED VACCINE/TOXOID	BR			XXX	N	
	90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	132.31			XXX	N	
	90756	CCIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	42.91			XXX	N	
	90758	ZAIRE EBOLAVIRUS VACCINE LIVE FOR IM USE	BR			XXX	N	
	90759	HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE	BR			XXX	N	
+	★	90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	25.37		ZZZ	N	
	★	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	263.94		XXX	N	194.04
	★	90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	296.50		XXX	N	194.04
	★	90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	128.92		XXX	N	194.04
+	★	90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	121.54		ZZZ	N	
	★	90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	171.66		XXX	N	194.04
+	★	90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	153.40		ZZZ	N	
	★	90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	257.24		XXX	N	194.04
+	★	90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	201.78		ZZZ	N	
	★	90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	246.03		XXX	N	194.04
+	★	90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	122.72		ZZZ	N	
	★	90845	PSYCHOANALYSIS	165.79		XXX	N	194.04
	★	90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	180.54		XXX	N	194.04
	★	90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	187.62		XXX	N	194.04
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	69.03		XXX	N	194.04
	★	90853	GROUP PSYCHOTHERAPY	46.61		XXX	N	108.52
+		90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	44.25		XXX	N	141.24
		90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	287.33		XXX	N	194.04
		90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	442.38		000	N	383.81
		90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	321.61		000	N	383.81
		90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	479.70		000	N	383.81
		90870	ELECTROCONVULSIVE THERAPY	301.49		000	N	707.91
	★	90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	106.20		XXX	N	
		90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	182.90		XXX	N	
		90880	HYPNOTHERAPY	182.90		XXX	N	108.52
		90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	37.76		XXX	N	
		90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	84.37		XXX	N	
		90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	149.27		XXX	N	
		90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	63.13		XXX	N	
		90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	BR		XXX	N	38.11
		90901	BIOFEEDBACK TRAINING ANY MODALITY	70.80		000	N	
		90912	BFB TRAINING W/EMG &MANOMETRY 1ST 15 MIN CNTCT	141.01		000	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Medicine Services
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90281-96999, 97597-97610, 97802-97804
98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	90913	BFB TRAING W/EMG&MANOMETRY EA ADDL 15 MIN CNTCT	55.46			ZZZ	N	
	90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	124.49			000	N	949.85
	90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	178.18			000	N	
	90940	HEMODIALYSIS ACCESS FLOW STUDY	34.81			XXX	N	
	90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	148.09			000	N	527.56
	90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	214.17			000	N	
★	90951	ESRD RELATED SVC MONTHLY <2 YR OLD 4/> VISITS	1806.85			XXX	N	
★	90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	1299.52			XXX	N	
★	90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	74.34			XXX	N	
★	90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	1557.84			XXX	N	
★	90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	877.30			XXX	N	
★	90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	602.39			XXX	N	
★	90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	1233.51			XXX	N	
★	90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	837.27			XXX	N	
★	90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	565.81			XXX	N	
★	90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	544.16			XXX	N	
★	90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	457.31			XXX	N	
★	90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	351.05			XXX	N	
★	90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	1046.93			XXX	N	
★	90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	906.83			XXX	N	
★	90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	870.52			XXX	N	
★	90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	455.95			XXX	N	
★	90967	ESRD RELATED SVC <FULL MONTH <2 YR OLD	30.68			XXX	N	
★	90968	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	30.09			XXX	N	
★	90969	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	29.18			XXX	N	
★	90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	14.93			XXX	N	
	90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	536.02			XXX	N	
	90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	125.08			XXX	N	
	90997	HEMOPERFUSION	153.40			000	N	
	90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	BR			XXX	N	
	91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	365.03	112.69	252.34	000	N	
+	91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	46.02	15.93	30.09	ZZZ	N	
	91020	GASTRIC MOTILITY MANOMETRIC STUDIES	475.63	126.26	349.37	000	N	
	91022	DUODENAL MOTILITY MANOMETRIC STUDY	304.44	125.67	178.77	000	N	
	91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	257.83	80.24	177.59	000	N	
	91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	343.38	86.14	257.24	000	N	
	91035	GASTROESOPHAG REFLX TEST W/TELEMETRY PH ELTRD	847.24	140.42	706.82	000	N	
	91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	303.26	85.55	217.71	000	N	
	91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	749.89	96.17	653.72	000	N	
	91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	919.37	85.55	833.82	000	N	
	91065	BREATH HYDROGEN/METHANE TEST	144.52	17.70	126.82	000	N	
	91110	GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	1473.82	217.12	1256.70	XXX	N	
	91111	GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	1552.41	87.91	1464.50	XXX	N	
	91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	2429.71	184.08	2245.63	XXX	N	
	91113	GI TRACT IMAGING INTRALUMINAL COLON I&R	1656.72	209.45	1447.27	XXX	N	
	91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	235.41			000	N	385.91
	91120	RECTAL SESATION TONE & COMPLIANCE TEST	877.98	83.78	794.20	XXX	N	
	91122	ANORECTAL MANOMETRY	464.77	152.22	312.55	000	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

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90281-96999, 97597-97610, 97802-97804

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98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	461.38	45.43	415.95	XXX	N	
	91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCATIVE TSTG	504.80	57.82	446.98	XXX	N	
	91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R	64.90	23.60	41.30	XXX	N	
	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	BR	XXX	N	
	91300	SARSCOV2 VACCINE DIL RECON 30 MCG/0.3 ML IM USE	69.62			XXX	N	
	91301	SARSCOV2 VACCINE 100 MCG/0.5 ML IM USE	63.13			XXX	N	
	91303	SARSCOV2 VACCINE AD26 5X1010VP/0.5ML IM USE	BR			XXX	N	
★	92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	149.27			XXX	N	172.32
★	92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	259.01			XXX	N	172.32
★	92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	154.58			XXX	N	172.32
★	92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	218.89			XXX	N	172.32
	92015	DETERMINATION REFRACTIVE STATE	34.22			XXX	N	45.38
J1	92018	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL	243.67			XXX	N	4087.30
J1	92019	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	122.72			XXX	N	4087.40
	92020	GONIOSCOPY SEPARATE PROCEDURE	48.38			XXX	N	163.53
	92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	63.13	33.63	29.50	XXX	N	
	92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	108.56	63.72	44.84	XXX	N	
	92065	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	91.45	30.09	61.36	XXX	N	
	92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	63.13			XXX	N	
	92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	220.07			XXX	N	
	92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	57.23	27.14	30.09	XXX	N	
	92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM	80.24	35.99	44.25	XXX	N	
	92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM	108.56	46.61	61.95	XXX	N	
	92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	147.50			XXX	N	
	92132	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	54.28	27.73	26.55	XXX	N	
	92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	63.72	37.17	26.55	XXX	N	
	92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	70.21	43.07	27.14	XXX	N	
	92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	116.82	52.51	64.31	XXX	N	
	92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	28.91	15.93	12.98	XXX	N	
	92201	OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	42.48			XXX	N	80.73
	92202	OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	27.14			XXX	N	80.73
	92227	IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	27.14			XXX	N	49.09
	92228	IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	57.23	34.81	22.42	XXX	N	
	92229	IMG RETINA DETCJ/MNTR DS POC AUTON A/R UNI/BI	80.24			XXX	N	80.73
	92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	124.17			XXX	N	707.91
	92235	FLUORESCEIN ANGRPH W/MULTIFRAME I&R UNI/BI	175.73	72.57	103.16	XXX	N	
	92240	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	343.97	81.42	262.55	XXX	N	
	92242	FLUORESCEIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI	435.42	93.22	342.20	XXX	N	
	92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	84.37	36.58	47.79	XXX	N	
	92260	OPHTHALMODYNAMOMETRY	34.22			XXX	N	49.09
	92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R	149.27	78.47	70.80	XXX	N	
	92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	183.20	72.57	110.63	XXX	N	
	92273	FULL FIELD ELECTRORETINOGRAPHY W/I&R	223.02	62.54	160.48	XXX	N	
	92274	MULTIFOVAL ELECTRORETINOGRAPHY W/I&R	151.04	55.46	95.58	XXX	N	
	92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	93.81	15.34	78.47	XXX	N	
	92284	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT	102.66	21.24	81.42	XXX	N	
	92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE	40.12	5.31	34.81	XXX	N	

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Code	Description	PC		TC		Assist Surg	APC Amount
		Amount	FUD	Amount	FUD		
92286	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	67.85	37.17	30.68	XXX	N	
92287	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	280.22	78.47	201.75	XXX	N	
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	177.59			XXX	N	77.64
92311	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	184.67			XXX	N	393.60
92312	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	214.17			XXX	N	163.53
92313	RX&FITG CORNEOSCLERAL LENS	174.64			XXX	N	163.53
92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	155.17			XXX	N	
92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	143.96			XXX	N	163.53
92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	177.59			XXX	N	163.53
92317	RX CONTACT CORNEOSCLERAL LENS	151.04			XXX	N	49.09
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	80.24			XXX	N	163.53
92326	REPLACEMENT CONTACT LENS	68.44			XXX	N	80.73
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	60.18			XXX	N	
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	68.44			XXX	N	
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	73.16			XXX	N	
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	79.38			XXX	N	80.73
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	90.86			XXX	N	80.73
92354	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	23.01			XXX	N	49.09
92355	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	35.99			XXX	N	49.09
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	18.88			XXX	N	80.73
92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA	54.28			XXX	N	
92371	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA	19.47			XXX	N	80.73
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	BR	BR	XXX	N	
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	164.02			000	N	655.90
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	50.74			XXX	N	
★	92507 TX SPEECH LANG VOICE COMMJ &AUDITORY PROC IND	133.34			XXX	N	
★	92508 TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	41.30			XXX	N	
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	208.27			000	N	238.73
92512	NASAL FUNCTION STUDIES	108.56			XXX	N	383.81
92516	FACIAL NERVE FUNCTION STUDIES	120.95			XXX	N	383.81
92517	CERVICAL VEMP TESTING W/I&R	119.18			XXX	N	202.48
92518	OCULAR VEMP TESTING W/I&R	112.10			XXX	N	202.48
92519	CERVICAL & OCULAR VEMP TESTING W/I&R	185.26			XXX	N	383.81
92520	LARYNGEAL FUNCTION STUDIES	143.37			XXX	N	163.53
★	92524 BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	170.30			XXX	N	
★	92526 TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	148.09			XXX	N	
92531	SPONTANEOUS NYSTAGMUS W/GAZE	25.37			XXX	N	
92532	POSITIONAL NYSTAGMUS TEST	34.22			XXX	N	
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	61.95			XXX	N	
92534	OPTOKINETIC NYSTAGMUS TEST	53.10			XXX	N	
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	71.39	53.69	17.70	XXX	N	
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	39.53	27.73	11.80	XXX	N	
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	192.93	134.52	58.41	XXX	N	
92541	SPONTANEOUS NYSTAGMUS TEST	44.25	35.99	8.26	XXX	N	
92542	POSITIONAL NYSTAGMUS TEST	50.74	43.07	7.67	XXX	N	
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	31.27	24.78	6.49	XXX	N	
92545	OSCILLATING TRACKING TEST W/RECORDING	29.50	23.01	6.49	XXX	N	
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	200.16	25.96	174.20	XXX	N	

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

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Medicine Services

90281-96999, 97597-97610, 97802-97804

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98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount	
+	92547	USE VERTICAL ELECTRODES	14.25			ZZZ	N		
	92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	160.48	50.21	110.27	XXX	N		
	92549	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	110.92	76.70	34.22	XXX	N		
★	92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	38.94			XXX	N	202.48	
	92551	SCREENING TEST PURE TONE AIR ONLY	20.06			XXX	N	54.74	
★	92552	PURE TONE AUDIOMETRY AIR ONLY	58.41			XXX	N	163.53	
★	92553	PURE TONE AUDIOMETRY AIR & BONE	70.80			XXX	N	202.48	
★	92555	SPEECH AUDIOMETRY THRESHOLD	44.25			XXX	N	49.09	
★	92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	69.62			XXX	N	80.73	
★	92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	65.49			XXX	N	202.48	
	92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	16.52			XXX	N	95.55	
	92562	LOUDNESS BALANCE BINAURAL/MONAURAL	80.24			XXX	N	202.48	
★	92563	STONE DECAY TEST	55.46			XXX	N	49.09	
★	92565	STENGER TEST PURE TONE	29.18			XXX	N	49.09	
★	92567	TYMPANOMETRY	28.91			XXX	N	49.09	
★	92568	ACOUSTIC REFLEX THRESHOLD	27.14			XXX	N	49.09	
★	92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	57.23			XXX	N	202.48	
	92571	FILTERED SPEECH TEST	49.56			XXX	N	49.09	
	92572	STAGGERED SPONDAIC WORD	71.39			XXX	N	202.48	
	92575	SENSORINEURAL ACUITY LEVEL	121.45			XXX	N	49.09	
	92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	66.08			XXX	N	49.09	
	92577	STENGER TEST SPEECH	26.46			XXX	N	707.91	
	92579	VISUAL REINFORCEMENT AUDIOMETRY	80.24			XXX	N	202.48	
	92582	CONDITIONING PLAY AUDIOMETRY	134.52			XXX	N	202.48	
	92583	SELECT PICTURE AUDIOMETRY	87.91			XXX	N	80.73	
	92584	ELECTROCOCHLEOGRAPHY	141.81			XXX	N	202.48	
★	92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	38.35	31.27	7.08	XXX	N		
★	92588	DISTR PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	59.00	49.56	9.44	XXX	N		
	92590	HEARING AID EXAMINATION & SELECTION MONAURAL	89.09			XXX	N	116.12	
	92591	HEARING AID EXAMINATION & SELECTION BINAURAL	94.40			XXX	N	145.26	
	92592	HEARING AID CHECK MONAURAL	37.17			XXX	N	52.96	
	92593	HEARING AID CHECK BINAURAL	53.60			XXX	N	84.11	
	92594	ELECTROACOUS EVAL HEARING AID MONAURAL	37.32			XXX	N	43.53	
	92595	ELECTROACOUS EVAL HEARING AID BINAURAL	63.13			XXX	N	96.14	
	92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	119.18			XXX	N	49.09	
	92597	EVAL&FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	125.67			XXX	N		
★	92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	284.38			XXX	N	202.48	
★	92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	179.95			XXX	N	202.48	
★	92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	266.09			XXX	N	202.48	
★	92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	160.48			XXX	N	202.48	
	92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	161.07			XXX	N		
	92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	142.19			XXX	N		
★	92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	217.71			XXX	N		
+	★	92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	86.73			ZZZ	N	
	★	92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	181.72			XXX	N	
	★	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	148.68			XXX	N	
		92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	159.89			XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

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90281-96999, 97597-97610, 97802-97804
98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	92612	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	338.66			XXX	N	
	92613	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	63.13			XXX	N	
	92614	FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	254.88			XXX	N	
	92615	FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	56.64			XXX	N	
	92616	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	377.01			XXX	N	
	92617	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R	70.80			XXX	N	
+	92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	56.64			ZZZ	N	
	92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	158.71			XXX	N	202.48
+	92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	38.35			ZZZ	N	
★	92625	ASSESSMENT TINNITUS	119.18			XXX	N	202.48
★	92626	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	153.40			XXX	N	202.48
+	★	92627	EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV EA ADDL 15	37.76		ZZZ	N	
	92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	112.10			XXX	N	196.26
	92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	84.96			XXX	N	220.14
	92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	193.52			XXX	N	202.48
	92650	AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	50.15			XXX	N	
	92651	AEP HEARING STATUS DETER BROADBAND STIMULI I&R	153.99			XXX	N	202.48
	92652	AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	201.78			XXX	N	383.81
	92653	AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	149.86			XXX	N	383.81
	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE/PX	BR			XXX	N	35.83
J1	92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	916.27			000	N	9348.81
+	92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	424.21			ZZZ	N	
J1	92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	1092.09			000	N	17816.95
+	92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	459.02			ZZZ	N	
J1	92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	1019.52			000	N	18674.56
+	92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	516.84			ZZZ	N	
J1	92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	1143.42			000	N	28322.69
+	92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	477.66			ZZZ	N	
J1	92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	1018.34			000	N	18723.80
+	92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	497.96			ZZZ	N	
	92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	1145.78			000	N	20366.01
J1	92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	1145.78			000	N	18330.39
+	92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	500.73			ZZZ	N	
	92950	CARDIOPULMONARY RESUSCITATION	580.56			000	N	383.81
	92953	TEMPORARY TRANSCUTANEOUS PACING	1.77			000	N	814.70
	92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	271.40			000	N	814.70
	92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	426.57			000	N	814.70
	92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	328.04			000	N	
	92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	172.87			000	N	495.26
+	92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	305.62			ZZZ	N	
+	92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	279.07			ZZZ	N	
	92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	651.36			000	N	
	92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	92.04			XXX	N	462.41
+	92978	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	470.23	164.61	305.62	ZZZ	N	
+	92979	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	284.97	130.98	153.99	ZZZ	N	
J1	92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	2290.97			090	N	9173.92
J1	92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	2370.03			090	N	18803.30
J1	92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	1888.00			090	N	19631.67

+ Add-on Procedure ☉ Modifier 51 Exempt Procedure ★ Telemedicine

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98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
J1	92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	1126.31			000	N	19346.49
+	92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	556.96			ZZZ	N	
	93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	28.32			XXX	N	
	93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	14.16			XXX	N	80.73
	93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	14.16			XXX	N	
	93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	123.31			XXX	N	
	93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	37.17			XXX	N	
	93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	61.36			XXX	N	383.81
	93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	24.78			XXX	N	
	93024	ERGONOVINE PROVOCATION TST	189.98	95.58	94.40	XXX	N	
	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	249.57	63.72	185.85	XXX	N	
	93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	21.83			XXX	N	
	93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	10.03			XXX	N	80.73
	93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPT ON	11.80			XXX	N	
	93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	27.73	14.16	13.57	XXX	N	
	93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	148.09			XXX	N	
	93225	XTRNL ECG & 48 HR RECORDING	43.07			XXX	N	163.53
	93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	66.08			XXX	N	163.53
	93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	44.25			XXX	N	
	93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	44.25			XXX	N	
	93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	1353.61			XXX	N	202.48
	93241	EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	473.18			XXX	N	
	93242	EXTERNAL ECG REC>48HR<7D RECORDING	24.78			XXX	N	80.73
	93243	EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	628.35			XXX	N	163.53
	93244	EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	41.89			XXX	N	
	93245	EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	441.91			XXX	N	
	93246	EXTERNAL ECG REC>7D<15D RECORDING	24.78			XXX	N	80.73
	93247	EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	628.35			XXX	N	163.53
	93248	EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	46.02			XXX	N	
	93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	130.95	73.16	57.79	XXX	N	
	93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	120.09	63.72	56.37	XXX	N	
	93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	86.14			XXX	N	
	93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	336.30			XXX	N	
	93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	15.34			XXX	N	54.00
	93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	278.48			XXX	N	145.59
	93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	42.48			XXX	N	
	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	51.33	21.24	30.09	XXX	N	
	93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	105.85	54.28	51.57	XXX	N	
	93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	124.17	65.49	58.68	XXX	N	
	93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	133.66	72.57	61.09	XXX	N	
	93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	128.92	72.57	56.35	XXX	N	
	93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	162.16	97.35	64.81	XXX	N	
	93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	175.73	105.61	70.12	XXX	N	
	93285	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	92.95	44.25	48.70	XXX	N	
	93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	67.17	25.96	41.21	XXX	N	
	93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	82.78	38.94	43.84	XXX	N	
	93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	84.81	35.99	48.82	XXX	N	

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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	115.35	63.72	51.63	XXX	N	
	93290	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	80.74	36.58	44.16	XXX	N	
	93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	72.60	31.27	41.33	XXX	N	
	93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	77.35	35.99	41.36	XXX	N	
	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	87.32	25.37	61.95	XXX	N	
	93294	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	51.92			XXX	N	
	93295	INTERROGATION EVAL REMOTE <90 D 1/2/MLT LD DFB	74.34			XXX	N	
	93296	REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	42.48			XXX	N	54.00
	93297	REM INTERROG ICPMS <30 D PHYS/QHP	45.43			XXX	N	
	93298	REM INTERROG SCRMS <30 D PHYS/QHP	45.43			XXX	N	
	93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	394.12	106.79	287.33	XXX	N	
	93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	277.89	62.54	215.35	XXX	N	
	93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	349.28	122.72	226.56	XXX	N	
	93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	244.85	76.11	168.74	XXX	N	
	93308	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC F-UP/LMTD	173.46	43.07	130.39	XXX	N	
	93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	421.26	185.26	236.00	XXX	N	
	93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	19.47			XXX	N	700.74
	93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	404.74	155.17	249.57	XXX	N	
	93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	483.80	217.71	266.09	XXX	N	
	93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	46.61			XXX	N	700.74
	93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	377.77	155.76	222.01	XXX	N	
	93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	416.81	177.00	239.81	XXX	N	
+	93319	3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL	105.61			ZZZ	N	
+	93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	90.27	30.68	59.59	ZZZ	N	
+	93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	44.84	12.39	32.45	ZZZ	N	
+	93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	41.89	5.31	36.58	ZZZ	N	
	93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	331.58	119.77	211.81	XXX	N	
	93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	411.82	143.96	267.86	XXX	N	
+	93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	58.41			ZZZ	N	
	93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	390.58			XXX	N	
+	93356	MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	66.67			ZZZ	N	
J1	93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	1502.20	225.38	1276.82	000	N	
J1	93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	1649.64	408.87	1240.77	000	N	
J1	93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	2090.96	547.52	1543.44	000	N	
J1	93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	1653.18	413.59	1239.59	000	N	
J1	93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	1837.85	482.03	1355.82	000	N	
J1	93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	2053.79	537.49	1516.30	000	N	
J1	93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	2240.23	604.16	1636.07	000	N	
J1	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	1895.08	510.35	1384.73	000	N	
J1	93459	CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	2037.86	577.61	1460.25	000	N	
J1	93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	2264.42	646.05	1618.37	000	N	
J1	93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	2496.29	715.08	1781.21	000	N	
+	93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	364.03			ZZZ	N	
+	93463	MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT	169.92			ZZZ	N	
+	93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	415.36	152.81	262.55	ZZZ	N	
J1	93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	152.22			000	N	2755.85
J1	93505	ENDOMYOCARDIAL BIOPSY	1177.05	391.76	785.29	000	N	
+	93563	NJX DRG CGEN C-CATHJ SLCTV CORONARY ANGRPH S&I	100.30			ZZZ	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Medicine Services

90281-96999, 97597-97610, 97802-97804

Effective November 15, 2022

98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	93564	NJX DRG CGEN C-CATHJ SLCTV OPACIFICATION S&I	105.61			ZZZ	N	
+	93565	NJX DRG C-CATHJ SLCTV L VNTRC/R ATRIAL ANGRPHS&I	80.24			ZZZ	N	
+	93566	NJX DRG C-CATHJ SLCTV R VNTRC/R ATRIAL ANGRPHS&I	258.42			ZZZ	N	
+	93567	NJX DRG C-CATHJ SUPRAVALVULAR AORTOGRAPHY S&I	218.89			ZZZ	N	
+	93568	NJX DRG C-CATHJ NSLCTV P-ART ANGIOGRAPHY	234.23			ZZZ	N	
+	93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	377.60	132.16	245.44	ZZZ	N	
+	93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	227.15	106.79	120.36	ZZZ	N	
	J1 93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	1683.86			000	N	27193.39
	J1 93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	2293.33			000	N	28593.33
	J1 93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	1147.55			000	N	29285.51
	93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	1281.48			000	N	
	J1 93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	1848.47			000	Y	29329.79
	J1 93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	1526.92			000	N	29927.66
+	93592	PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	673.78			ZZZ	Y	
	J1 93593	R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	BR	326.27	BR	000	N	
	J1 93594	R HRT CATH CHD W/IMG CATH TRGT ZON ABNL NT CONNJ	BR	514.48	BR	000	N	
	J1 93595	L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	BR	464.33	BR	000	N	
	J1 93596	R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	BR	561.09	BR	000	N	
	J1 93597	R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	BR	749.30	BR	000	N	
+	93598	CAR OUTP MEAS DRG CAR CATH EVAL CGEN HRT DEFECT	BR	122.72	BR	ZZZ	N	
⊖	J1 93600	BUNDLE OF HIS RECORDING	339.25	203.55	135.70	000	N	
⊖	J1 93602	INTRA-ATRIAL RECORDING	293.39	200.60	92.79	000	N	
⊖	J1 93603	RIGHT VENTRICULAR RECORDING	318.60	200.60	118.00	000	N	
+	93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	663.75	477.90	185.85	ZZZ	N	
⊖	J1 93610	INTRA-ATRIAL PACING	377.60	283.20	94.40	000	N	
⊖	J1 93612	INTRAVENTRICULAR PACING	410.32	280.84	129.48	000	N	
+	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	512.12			ZZZ	N	
⊖	J1 93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	119.00	64.31	54.69	000	N	
⊖	J1 93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	153.63	100.89	52.74	000	N	
⊖	J1 93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	717.76	379.37	338.39	000	N	
	J1 93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	1178.82	672.01	506.81	000	N	
	J1 93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	1714.54	1080.29	634.25	000	N	
+	93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	283.96	200.01	83.95	ZZZ	N	
+	93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	414.92	296.18	118.74	ZZZ	N	
+	93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	385.32	271.99	113.33	ZZZ	N	
	J1 93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	532.77	415.36	117.41	000	N	
	93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG	967.72	683.22	284.50	000	N	
	93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	769.95	307.98	461.97	000	N	
	93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	1013.03	536.90	476.13	000	N	
	J1 93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	582.33	440.14	142.19	000	N	
	93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	337.48	247.21	90.27	000	N	
	J1 93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	1021.88			000	N	11011.16
	J1 93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	1444.91			000	N	39718.70
	J1 93654	COMPRE EP EVAL ABLTJ 3D MAPG TX VT	1932.84			000	N	38977.96
+	93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	731.60			ZZZ	N	
	J1 93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	1938.74			000	N	38664.56
+	93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	730.42			ZZZ	N	

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	276.71	158.71	118.00	000	N	
+	93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	339.99	240.13	99.86	ZZZ	N	
	93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	29.50			XXX	N	80.73
	93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	47.79			XXX	N	163.53
	93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	242.22			XXX	N	202.48
	93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	495.01	413.59	81.42	000	N	
	93740	TEMPRATURE GRADIENT STUDY	13.57			XXX	N	202.48
	93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	164.50	106.96	57.54	XXX	N	
★	93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93.22			XXX	N	145.59
	93770	DERMINATION OF VENOUS PRESSUE	13.57			XXX	N	
	93784	AMBULATORY BP MNTR W/SW 24 HR+ REC SCAN ALYS I&R	89.09			XXX	N	
	93786	AMBULATORY BP MNTR W/SW 24 HR+ RECORDING ONLY	48.97			XXX	N	163.53
	93788	AMBULATORY BP MNTR W/SW 24 HR+ SCANNING A/R	8.85			XXX	N	163.53
	93790	AMBULATORY BP MNTR W/SW 24 HR+ REVIEW W/I&R	31.27			XXX	N	
	93792	PT/CAREGIVER TRAIING FOR INITIATION HOME INR MNTR	100.42			XXX	N	
	93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	20.06			XXX	N	
★	93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	28.91			000	N	168.34
★	93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	44.84			000	N	168.34
	93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	BR	BR	BR	XXX	N	
	93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	339.84	67.26	272.58	XXX	N	
	93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	222.43	42.48	179.95	XXX	N	
	93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	477.31	79.65	397.66	XXX	N	
	93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	284.38	43.66	240.72	XXX	N	
	93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	486.75	86.73	400.02	XXX	N	
	93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	556.37	102.07	454.30	XXX	N	
	93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	665.61	103.84	561.77	XXX	N	
	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	249.57	BR	BR	XXX	N	
	93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	144.55	21.24	123.31	XXX	N	
	93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	226.56	38.35	188.21	XXX	N	
	93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	279.66	42.48	237.18	XXX	N	
	93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	430.11	66.08	364.03	XXX	N	
	93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	254.29	40.71	213.58	XXX	N	
	93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	348.69	66.67	282.02	XXX	N	
	93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	220.66	41.30	179.36	XXX	N	
	93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	333.94	58.41	275.53	XXX	N	
	93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	211.81	37.76	174.05	XXX	N	
	93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&RPR ORGN COM	472.00	96.76	375.24	XXX	N	
	93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&RPR ORGN LMT	280.25	66.67	213.58	XXX	N	
	93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	321.55	66.67	254.88	XXX	N	
	93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	208.27	41.30	166.97	XXX	N	
	93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	208.27	103.84	104.43	XXX	N	
	93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	126.85	36.58	90.27	XXX	N	
	93985	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	445.45	66.08	379.37	XXX	N	
	93986	DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	264.91	41.89	223.02	XXX	N	
	93990	DUPLEX SCAN HEMODIALYSIS ACCESS	261.96	41.30	220.66	XXX	N	
	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	BR			XXX	N	35.83
★	94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	159.30			XXX	N	706.51
★	94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	112.10			XXX	N	706.51

+ Add-on Procedure ⊙ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Medicine Services

90281-96999, 97597-97610, 97802-97804

Effective November 15, 2022

98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	83.19			XXX	N	
★	94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	156.94			XXX	N	
	94010	SPMTRY WVC EXPIRATORY FLO WWO MXML VOL VNTJ	59.00	14.16	44.84	XXX	N	
	94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&2 Y	148.09			XXX	N	202.48
	94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	242.49			XXX	N	383.81
	94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	33.63			XXX	N	707.91
	94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	95.58			XXX	N	393.60
	94015	PATIENT-INITIATED SPIROMETRIC RECORDING	53.10			XXX	N	383.81
	94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	42.48			XXX	N	
	94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	99.12	21.83	77.29	XXX	N	
	94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	107.38	48.38	59.00	XXX	N	
	94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	43.07	6.49	36.58	XXX	N	
	94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	46.02	9.44	36.58	XXX	N	
	94375	RESPIRATORY FLOW VOLUME LOOP	66.67	24.78	41.89	XXX	N	
	94450	BREATHING RESPONSE TO HYPOXIA	121.54	33.63	87.91	XXX	N	
	94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	91.45	24.78	66.67	XXX	N	
	94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	126.26	32.45	93.81	XXX	N	
⊖	94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	95.58			XXX	N	272.60
	94617	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX W/ECG	156.94	56.05	100.89	XXX	N	
	94618	PULMONARY STRESS TESTING	57.82	38.35	19.47	XXX	N	
	94619	XERS TST BRNCSPSM PRE&POST SPMTRY&PLS OX WO /ECG	119.77	38.94	80.83	XXX	N	
	94621	CARDIOPULMONARY EXERCISE TESTING	270.22	119.18	151.04	XXX	N	
★	94625	PHYS/QHP SVCS OP PULM REHAB WO CONT OXIMTRY MNTR	112.69			XXX	N	80.73
★	94626	PHYS/QHP SVCS OP PULM REHAB W/CONT OXIMTRY MNTR	128.03			XXX	N	80.73
	94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	30.09			XXX	N	272.60
	94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	63.78			XXX	N	272.60
	94644	CONTINUOUS INHALATION TREATMENT 1ST HR	94.99			XXX	N	163.53
+	94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	27.73			XXX	N	
	94660	CPAP VENTILATION CPAP INITIATION&MGMT	110.92			XXX	N	272.60
	94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	61.95			XXX	N	706.51
★	94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	29.50			XXX	N	272.60
	94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	41.89			XXX	N	163.53
	94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	61.36			XXX	N	163.53
	94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	53.10			XXX	N	272.60
	94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	92.63	22.42	70.21	XXX	N	
	94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	91.45	17.11	74.34	XXX	N	
	94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	87.91	6.49	81.42	XXX	N	
	94726	PLETHYSMOGRAPHY LUNG VOLUMES WWO AIRWAY RESIST	94.99	20.65	74.34	XXX	N	
	94727	GAS DILUT/WASHOUT LUNG VOL WWO DISTRIB VENT&V	76.11	20.65	55.46	XXX	N	
	94728	AIRWAY RESISTANCE BY OSCILLOMETRY	69.03	21.24	47.79	XXX	N	
+	94729	CO DIFFUSING CAPACITY	102.07	15.34	86.73	ZZZ	N	
	94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	4.13			XXX	N	
	94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	7.08			XXX	N	
	94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	46.02			XXX	N	202.48
	94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	380.64	151.98	228.65	XXX	N	
	94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	565.22			YYY	N	
	94775	PEDIATRIC APNEA MONITOR ATTACHMENT	BR			YYY	N	202.48

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Medicine Services
Effective November 15, 2022

Mississippi Workers' Compensation Medical Fee Schedule

90281-96999, 97597-97610, 97802-97804

98960-99082, 99151-99199, 99500-99607

	Code	Description	PC			Assist	APC	
			Amount	Amount	Amount			
	94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	308.36			YYY	N	202.48
	94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	160.48			YYY	N	
	94780	CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	89.68			XXX	N	49.09
+	94781	CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	35.40			ZZZ	N	
	94799	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	BR	BR	XXX	N	
	95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	7.08			XXX	N	1334.25
	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	33.63			XXX	N	49.09
	95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	15.34			XXX	N	35.83
	95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	35.99			XXX	N	49.09
	95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	14.75			XXX	N	80.73
	95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	8.82			XXX	N	35.83
	95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	22.42			XXX	N	49.09
	95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	9.44			XXX	N	1334.25
	95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	11.21			XXX	N	80.73
	95056	PHOTO TESTS	85.55			XXX	N	163.53
	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	63.72			XXX	N	163.53
	95065	DIRECT NASAL MUCOUS MEMBRANE TEST	47.20			XXX	N	49.09
	95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	61.07			XXX	N	707.91
	95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	207.09			XXX	N	707.91
+	95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	145.73			ZZZ	N	
	95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	16.52			XXX	N	58.04
	95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	20.06			XXX	N	58.04
	95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	31.27			XXX	N	
	95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	34.22			XXX	N	
	95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	30.53			XXX	N	
	95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	50.74			XXX	N	
	95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	65.81			XXX	N	
	95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	90.27			XXX	N	
	95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	128.03			XXX	N	
	95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	27.82			XXX	N	58.04
	95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	54.96			XXX	N	58.04
	95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	101.78			XXX	N	58.04
	95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	105.17			XXX	N	89.91
	95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	151.31			XXX	N	89.91
	95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	201.51			XXX	N	89.91
	95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	27.14			XXX	N	58.04
	95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	20.06			XXX	N	58.04
	95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	235.41			XXX	N	393.60
	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SVC/PX	BR			XXX	N	35.83
	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	102.07			XXX	N	80.73
	95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	258.42			XXX	N	172.32
	95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	60.18			XXX	N	
	95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	477.31			XXX	N	383.81
	95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	746.35			XXX	N	383.81
	95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	315.65			XXX	N	383.81
	95707	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	1362.31			XXX	N	383.81
	95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	566.40			XXX	N	707.91
	95709	EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	1515.12			XXX	N	707.91

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90281-96999, 97597-97610, 97802-97804

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98960-99082, 99151-99199, 99500-99607

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	766.41			XXX	N	707.91
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	883.82			XXX	N	383.81
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	1136.34			XXX	N	383.81
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	919.81			XXX	N	707.91
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	757.56			XXX	N	707.91
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	1893.90			XXX	N	707.91
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	3800.19			XXX	N	1334.25
95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	175.23			XXX	N	
95718	EEG PHYS/QHP 2-12 HR WITH VEEG	234.82			XXX	N	
95719	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	271.99			XXX	N	
95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	361.67			XXX	N	
95721	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	361.08			XXX	N	
95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	440.14			XXX	N	
95723	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	443.68			XXX	N	
95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	558.73			XXX	N	
95725	EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	509.76			XXX	N	
95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	709.77			XXX	N	
95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	1649.64	215.35	1434.29	XXX	N	
95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	1746.99	234.23	1512.76	XXX	N	
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	282.61	70.80	211.81	XXX	N	
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	158.12	70.80	87.32	XXX	N	
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	255.47	73.75	181.72	XXX	N	
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	728.06	99.12	628.94	XXX	N	
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	230.10	83.19	146.91	XXX	N	
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	716.85	103.84	613.01	XXX	N	
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	1168.79	151.04	1017.75	XXX	N	
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	1060.23	205.32	854.91	XXX	N	
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	1106.84	212.99	893.85	XXX	N	
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	606.52	97.94	508.58	XXX	N	
95813	EEG EXTENDED MONITORING 61-119 MINUTES	750.48	149.27	601.21	XXX	N	
95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	669.06	97.94	571.12	XXX	N	
95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	785.29	98.53	686.76	XXX	N	
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	729.24	98.53	630.71	XXX	N	
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	172.28	67.26	105.02	XXX	N	
95829	ELECTROCORTICOGRAM SURGERY SPX	3197.21	572.30	2624.91	XXX	N	
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	744.31			XXX	N	
95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	185.26			XXX	N	54.00
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	35.99			XXX	N	
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	31.27			XXX	N	
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	104.49			XXX	N	383.81
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	202.37	87.91	114.46	XXX	N	
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	289.10	141.01	148.09	XXX	N	
95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	377.60	171.10	206.50	XXX	N	
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	421.85	182.90	238.95	XXX	N	
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	269.04	142.78	126.26	XXX	N	
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	230.10	114.46	115.64	XXX	N	
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	190.57	71.98	118.59	XXX	N	

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	95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	252.52	107.97	144.55	XXX	N	
	95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	175.23	34.22	141.01	XXX	N	
	95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	152.22	33.63	118.59	XXX	N	
	95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	370.52	261.96	108.56	XXX	N	
+	95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	133.93	33.63	100.30	ZZZ	N	
+	95874	NEEDLE EMG GUID W/CHEMODENERVATION	141.01	33.63	107.38	ZZZ	N	
	95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	241.31	100.89	140.42	XXX	N	
+	95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	113.28	31.86	81.42	ZZZ	N	
+	95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	175.82	78.47	97.35	ZZZ	N	
+	95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	151.63	64.90	86.73	ZZZ	N	
⊖	95905	MOTOR &SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	106.20	4.72	101.48	XXX	N	
	95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	160.48	91.45	69.03	XXX	N	
	95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	207.68	114.46	93.22	XXX	N	
	95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	247.80	137.47	110.33	XXX	N	
	95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	325.09	183.49	141.60	XXX	N	
	95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	390.58	227.74	162.84	XXX	N	
	95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	439.55	271.40	168.15	XXX	N	
	95913	NERVE CONDUCTION STUDIES 13/> STUDIES	508.58	322.14	186.44	XXX	N	
	95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	155.76	77.29	78.47	XXX	N	
	95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	177.59	80.83	96.76	XXX	N	
	95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	221.25	77.29	143.96	XXX	N	
	95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	263.14	149.86	113.28	XXX	N	
	95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	253.08	49.56	203.52	XXX	N	
	95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	244.94	47.79	197.15	XXX	N	
	95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	253.76	46.02	207.74	XXX	N	
	95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	415.95	136.88	279.07	XXX	N	
	95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	427.75	136.88	290.87	XXX	N	
	95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	114.46	31.86	82.60	XXX	N	
	95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	149.27	54.28	94.99	XXX	N	
	95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	168.27	59.59	108.68	XXX	N	
	95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	636.02	78.47	557.55	XXX	N	
	95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	961.11	204.73	756.38	XXX	N	
+	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	56.05			XXX	N	
+	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	842.70			XXX	N	
	95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	710.36	194.70	515.66	XXX	N	
	95955	EEG NONINTRACRANIAL SURGERY	358.13	92.04	266.09	XXX	N	
	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	455.48	175.82	279.66	XXX	N	
	95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	1100.94	392.94	708.00	XXX	N	
	95961	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	568.17	279.07	289.10	XXX	N	
+	95962	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	466.69	298.54	168.15	ZZZ	N	
	95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	2865.04	716.26	2148.78	XXX	N	
	95966	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY	1823.10	364.62	1458.48	XXX	N	
+	95967	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL	1662.17	319.19	1342.98	ZZZ	N	
★	95970	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	33.04			XXX	N	163.53
★	95971	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	84.96			XXX	N	145.59
★	95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	97.35			XXX	N	145.59
	95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	70.21			XXX	N	54.00
	95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	92.63			XXX	N	145.59

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	95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	79.06			XXX	N	
	95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	65.81			XXX	N	163.53
	95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	102.07			XXX	N	54.00
★	95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	88.50			XXX	N	145.59
+	★	95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	77.29		ZZZ	N	
	95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	158.71			XXX	N	462.41
	95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	194.70			XXX	N	378.90
	95992	CANALITH REPOSITIONING PROCEDURE	75.52			XXX	N	
	95999	UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	BR			XXX	N	202.48
	96000	COMPRES CPTN MTN ALYS VIDEO TAPING 3D KINEMATICS	160.48			XXX	N	707.91
	96001	COMPRES CPTN MTN ALYS W/DYN PLNTR PRES MEAS WALKG	215.35			XXX	N	1334.25
	96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	37.76			XXX	N	202.48
	96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	28.91			XXX	N	383.81
	96004	PHYS/QHP R&I CPTN MTN ALYS WALK/FUNCJAL ACTV REPR	192.93			XXX	N	
	96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	0.00	275.53	BR	XXX	N	
	96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	82.01			XXX	N	
★	96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	174.64			XXX	N	
★	96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	18.29			XXX	N	136.24
★	96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	225.97			XXX	N	383.81
+	★	96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	103.84		ZZZ	N	
★	96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	163.43			XXX	N	383.81
+	★	96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	136.88		ZZZ	N	
★	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	184.08			XXX	N	
★	96127	BEHAV ASSMT W/SCORE & DOC/STAND INSTRUMENT	8.85			XXX	N	49.09
★	96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	207.09			XXX	N	383.81
+	★	96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	153.99		ZZZ	N	
★	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	225.97			XXX	N	383.81
+	★	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	175.23		ZZZ	N	
★	96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	78.47			XXX	N	163.53
+	★	96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	72.57		ZZZ	N	
★	96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	63.72			XXX	N	393.60
+	★	96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	63.72		ZZZ	N	
	96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	3.54			XXX	N	35.83
★	96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	166.38			XXX	N	108.52
★	96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	114.46			XXX	N	108.52
+	★	96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	38.94		ZZZ	N	
★	96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	5.31			ZZZ	N	38.11
★	96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	5.31			ZZZ	N	38.11
★	96164	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	17.11			XXX	N	38.11
+	★	96165	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	7.67		ZZZ	N	
★	96167	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	121.54			XXX	N	38.11
+	★	96168	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F EA ADD 15 MIN	43.07		ZZZ	N	
★	96170	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	136.88			XXX	N	
+	★	96171	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	49.56		ZZZ	N	
	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	63.13			XXX	N	296.68
+	96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	22.42			ZZZ	N	58.04
	96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	119.18			XXX	N	296.68

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+	96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	36.58			ZZZ	N	58.04
+	96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	52.51			ZZZ	N	89.91
+	96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	35.40			ZZZ	N	
	96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	276.71			XXX	N	296.68
+	96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	26.55			ZZZ	N	58.04
+	96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	108.56			ZZZ	N	89.91
	96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	27.73			XXX	N	89.91
	96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	31.27			XXX	N	296.68
	96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	68.44			XXX	N	296.68
+	96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	27.73			ZZZ	N	58.04
+	96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	63.72			ZZZ	N	
	96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	33.63			XXX	N	58.04
	96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	BR			XXX	N	58.04
	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	132.75			XXX	N	89.91
	96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	57.82			XXX	N	89.91
	96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <7	148.09			000	N	89.91
	96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	234.23			000	N	296.68
	96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	184.08			XXX	N	296.68
+	96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	100.30			ZZZ	N	89.91
	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	238.95			XXX	N	462.41
+	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	50.74			ZZZ	N	89.91
	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	234.82			XXX	N	462.41
+	96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	116.23			ZZZ	N	89.91
	96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	188.80			XXX	N	462.41
	96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	287.33			XXX	N	296.68
+	96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	132.75			ZZZ	N	58.04
	96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	309.16			XXX	N	462.41
	96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	1397.71			000	N	462.41
	96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH	347.51			XXX	N	462.41
	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	302.67			000	N	462.41
	96521	REFILLING & MAINTENANCE PORTABLE PUMP	243.67			XXX	N	296.68
	96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	213.58			XXX	N	296.68
	96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	46.61			XXX	N	80.73
	96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	231.87			XXX	N	296.68
	96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR			XXX	N	58.04
	96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	237.48			XXX	N	260.43
+	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	89.09			ZZZ	N	
+	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	48.97			ZZZ	N	
	96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	386.75			000	N	260.43
	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	491.91			000	N	260.43
	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	41.39			XXX	N	49.09
	96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	40.12			XXX	N	
	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	123.49			XXX	N	
	96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	206.50			XXX	N	80.73
	96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	177.00			XXX	N	80.73
	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	265.29			XXX	N	501.26
	96920	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ CM	275.53			000	N	260.43
	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	300.90			000	N	260.43

+ Add-on Procedure ◉ Modifier 51 Exempt Procedure ★ Telemedicine

Mississippi Workers' Compensation Medical Fee Schedule

Medicine Services

90281-96999, 97597-97610, 97802-97804

Effective November 15, 2022

98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	96922	LASER SKIN DISEASE PSORIASIS >500 SQ CM	409.46			000	N	501.26
	96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	301.49			XXX	N	
	96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	225.38			XXX	N	25.85
	96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	77.88			XXX	N	
+	96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	185.91			ZZZ	N	
+	96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	85.49			ZZZ	N	
+	96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	74.34			ZZZ	N	
	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PX	BR			XXX	N	260.43
	970XX	For codes 97010-97546, please see the Therapeutic Services section.						
	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	156.49			000	N	260.43
+	97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	49.06			ZZZ	N	
	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	56.51			XXX	N	260.43
	97605	NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	73.75			XXX	N	260.43
	97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	87.32			XXX	N	501.26
	97607	NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	114.26			XXX	N	501.26
	97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	120.47			XXX	N	501.26
	97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	396.82			XXX	N	260.43
	977XX	For codes 97750-97799, please see the Therapeutic Services section.						
★	97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	63.72			XXX	N	
★	97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	55.46			XXX	N	
★	97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	29.50			XXX	N	
	9781X	For codes 97810-98943, please see the Therapeutic Services section.						
	98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	50.15			XXX	N	71.60
	98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	23.60			XXX	N	41.80
	98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	17.70			XXX	N	37.20
	98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	23.01			XXX	N	
	98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	44.84			XXX	N	
	98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	66.08			XXX	N	
	98970	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 5-10 MIN	20.06			XXX	N	
	98971	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 11-20 MIN	35.40			XXX	N	
	98972	QNHP OL DIGITAL ASSMT&MGMT EST PT <7 D 21+ MIN	54.87			XXX	N	
	98975	REMOTE THERAPEUTIC MNTR 1ST SETUP&PT EDUCAJ EQP	33.04			XXX	N	172.32
	98976	REM THER MNTR DEV SUPPLY W/REC RESPIR SYS EA 30D	94.99			XXX	N	54.00
	98977	REM THER MNTR DEV SPLY W/REC MUSCSKEL SYS EA 30D	94.99			XXX	N	54.00
	98980	REMOTE THER MNTR TX MGMT PHYS/QHP 1ST 20 MIN	85.55			XXX	N	
+	98981	REMOTE THER MNTR TX MGMT PHYS/QHP EA ADDL 20 MIN	69.62			ZZZ	N	
	99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	12.39			XXX	N	21.81
	99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	20.06			XXX	N	25.67
	99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	15.93			XXX	N	
	99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	50.89			XXX	N	
	99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	21.71			XXX	N	
	99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	25.37			XXX	N	
	99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	31.27			XXX	N	
	99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	31.27			XXX	N	
	99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	37.76			XXX	N	
	99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	18.88			XXX	N	
	99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	46.61			XXX	N	

+ Add-on Procedure ⊕ Modifier 51 Exempt Procedure ★ Telemedicine

Medicine Services
Effective November 15, 2022

Mississippi Workers' Compensation Medical Fee Schedule

90281-96999, 97597-97610, 97802-97804
98960-99082, 99151-99199, 99500-99607

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	157.53			XXX	N	
	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR			XXX	N	
	99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	0.00			XXX	N	
	99072	ADDL SUPL MATRL&STAF TM DRG PHE RES-TR NFCT DS	12.39			XXX	N	
	99075	MEDICAL TESTIMONY	BR			XXX	N	
	99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	0.00			XXX	N	
	99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	100.11			XXX	N	
	99082	UNUSUAL TRAVEL	BR			XXX	N	
	99100	For codes 99100-99140, please see the Anesthesia section.						
⊖	99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	125.08			XXX	N	
⊖	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	89.09			XXX	N	
+	99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	18.88			ZZZ	N	
	99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	149.86			XXX	N	
	99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	132.16			XXX	N	
+	99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	107.38			ZZZ	N	
	99170	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	282.61			000	N	247.07
	99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	25.96			XXX	N	60.05
	99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	5.31			XXX	N	46.35
	99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	10.03			XXX	N	
	99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	49.53			XXX	N	
	99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	8.26			XXX	N	
	99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	185.26			XXX	N	
	99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	375.24			XXX	N	
	99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	20.65			XXX	N	1319.39
	99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	530.41			XXX	N	
	99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	410.05			XXX	N	
	99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	271.40			XXX	N	
	99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	177.59			XXX	N	163.53
	99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	BR			XXX	N	
	992XX	For codes 99201-99499, please see the Evaluation and Management section.						
	99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	74.64			XXX	N	
	99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	143.84			XXX	N	
	99502	HOME VISIT NEWBORN CARE & ASSESSMENT	114.67			XXX	N	
	99503	HOME VISIT RESPIRATORY THERAPY CARE	75.52			XXX	N	
	99504	HOME VISIT MECHANICAL VENTILATION CARE	160.80			XXX	N	
	99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	30.09			XXX	N	
	99506	HOME VISIT INTRAMUSCULAR INJECTIONS	86.17			XXX	N	
	99507	HOME VISIT CARE&MAINT CATH	114.67			XXX	N	
	99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	2.04			XXX	N	
	99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	126.26			XXX	N	
	99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	75.99			XXX	N	
	99512	HOME VISIT HEMODIALYSIS	488.52			XXX	N	
	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	BR			XXX	N	
	99601	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR	111.95			XXX	N	
+	99602	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR	71.92			XXX	N	
	99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	47.20			XXX	N	97.48
	99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	20.35			XXX	N	44.76
+	99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	33.25			XXX	N	55.19

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

THERAPEUTIC SERVICES

All services performed by healthcare professionals must meet the standards of practice and requirements as established by the applicable state licensing and regulatory agency that governs licensure of the provider in the state of Mississippi.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I SCOPE

A Therapeutic Services. Therapeutic services are an integral part of the healing process for a variety of injured workers. Recognizing this, the Fee Schedule includes codes for physical medicine, modalities, procedures, tests, and measurements in the Therapeutic Services section representing specific therapeutic procedures performed by licensed physicians, chiropractors, licensed physical therapists, licensed occupational therapists, and speech pathologists.

B Selection of Providers. Physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be provided upon referral from a physician. In the absence of specific direction from the treating or prescribing physician, the selection of a provider for these services shall be made by the payer in consultation with the treating or prescribing physician.

No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the MWCC determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the MWCC may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law.

C Physical Medicine Assessment

1. An assessment must be performed to determine if a patient will benefit from therapeutic services.
2. When a physician examines a patient and an assessment for therapeutic services is performed, the billing for the office visit includes the therapeutic assessment.

3. Procedure codes 97161–97163 are used for an initial assessment by physical therapists. Code 97164 is used for re-evaluation of a patient by physical therapists. Procedure codes 97165–97167 are used for an initial assessment by occupational therapists. Code 97168 is used for re-evaluation of a patient by occupational therapists. Procedure codes from 92521–92523 are used for an initial assessment by a speech-language pathologist.

D Plan of Care

1. An initial plan of care must be developed and filed with the payer regardless of whether therapy is provided by a physician or eligible practicing therapist. The content of the plan of care, at a minimum, should contain:
 - a. The specific therapies to be provided, including the frequency and duration of each;
 - b. The estimated duration of the therapeutic regimen; and
 - c. The potential degree of restoration; and measurable goals (e.g., potential restoration is good, poor, low, guarded).
2. The initial plan of care must be signed by the treating physician and submitted to the payer within fourteen (14) days of approval. Physicians are required to sign the plan of care for physical and/or occupational therapy or speech-language pathology. The physician's signature indicates approval of the therapy the patient is receiving and for the length of time established for the therapy.
3. The physician has the responsibility of providing documentation of medical necessity to the payer whenever there are questions regarding the extent of therapy being provided or the appropriateness of the therapy regimen.
4. A plan of care must be updated at least every thirty (30) days and submitted to the payer.
5. Preparation of a care plan for therapy services does not warrant a separate fee.

E Qualifications for Reimbursement

1. The patient's condition must have the potential for restoration of function.
2. The treatment must be prescribed by the authorized attending or treating physician.
3. The treatment must be specific to the injury and have the potential to improve the patient's condition.
4. The physician or therapist must be on-site during the provision of services or providing the services via telemedicine.

II. REIMBURSEMENT**A Guidelines**

1. Visits for therapy may not exceed one visit per day without prior approval from the payer.
2. Therapy exceeding fifteen (15) visits or thirty (30) days, whichever comes first, must have prior authorization from the payer for continuing care. It must meet the following guidelines:
 - a. The treatment must be medically necessary.
 - b. Prior authorization may be made by telephone. Documentation should be made in the patient's medical record indicating the date and name of the payer representative giving authorization for the continued therapy.
3. Reimbursement is limited to no more than four (4) therapy units concurrently at the same visit. In the event of multiple treatment areas, an additional four (4) therapy units per treatment day may be allowed at the payer's discretion and with pre-authorization. In the event of multiple treatment areas, the second and subsequent areas are subject to the multiple procedure rule.
4. Payment for 97010, which reports application of hot or cold packs, is bundled into payment for other services. Separate reimbursement for hot and cold packs will not be allowed in the treatment of work-related injury/illness.
5. Only one (1) work hardening or work conditioning program is reimbursed per injury.
6. The Physical Therapist Assistant or Occupational Therapist Assistant shall be reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure. Mississippi modifier "M3" should be attached to the appropriate CPT code(s) when billing services rendered by a Physical Therapist Assistant or an Occupational Therapist Assistant.
7. NCCI edits or other bundle/unbundle edits do not apply to the CPT codes in the Therapeutic Services section, other than the stated rules provided in this section.

B Treatment Areas

1. Spinal areas are recognized as the following five distinct regions:
 - Cranial;
 - Cervical;
 - Thoracic;
 - Lumbar; and
 - Sacral.

Transitional areas of the spine are not recognized as distinctly different areas (e.g., cervicothoracic, lumbosacral).

2. Pelvis

3. Upper extremity (either left or right) is recognized as the following six distinct regions:
 - Shoulder;
 - Upper arm;
 - Elbow;
 - Forearm;
 - Wrist; and
 - Hand
4. Lower extremity (either left or right) is recognized as the following eight distinct regions:
 - Hip;
 - Thigh;
 - Knee;
 - Calf;
 - Ankle; and
 - Foot
5. Rib cage
6. Anterior trunk

C Tests and Measurements

1. Functional capacity evaluation (FCE) must have pre-authorization from the payer before scheduling the tests.

D. Fabrication of Orthotics

1. Procedure code 97760 must be billed for the professional services of a physician or therapist to fabricate orthotics.
2. Orthotics, prosthetics, and related supplies used may be billed under the appropriate HCPCS code. The maximum reimbursement allowance is listed in the HCPCS section of the Fee Schedule. For orthotics and supplies not listed in the DME section, use CPT code 99070. Reimbursement may not exceed a twenty percent (20%) mark-up of the provider's cost and an invoice may be required by the payer before reimbursement is made for items without an allowable amount in the Fee Schedule.

E Re-evaluation of an Established Patient

A physician, physical therapist, occupational therapist, or speech therapist may charge and be reimbursed for a re-evaluation for therapeutic services only if new symptoms present the need for re-examination and evaluation as follows:

1. There is a definitive change in the patient's condition;
2. The patient fails to respond to treatment and there is a need to change the treatment plan; and
3. The patient has completed the therapy regimen and is ready to receive discharge instructions.

III. WORK HARDENING RULES**A Work Hardening Program Guidelines**

1. Work hardening is an interdisciplinary, individualized, job or goal-specific program of activity with the goal of returning an injured patient to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the bio-mechanical, neuromuscular, and cardiovascular functioning of the worker. Approval or certification must be based on whether the proposed work hardening program appears reasonably tailored to accomplish the stated goals.
 - a. A work hardening program must, at a minimum, have the following components:
 - Development of strength and endurance of the individual in relation to the return to work goal;
 - Equipment and methods that quantify and measure strength and conditioning levels, i.e., ergometers, dynamometers, treadmills, measured walking tolerances;
 - Commercial strength and exercise devices, free weights, and circuit training. Goals for each worker are dependent on the demands of their respective jobs;
 - Simulation of the critical work demands, the tasks, and the environment of the job to which the worker will return. Job simulation tasks that provide for progression in frequency, load, and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical;
 - Education that stresses body mechanics, work pacing, safety and injury prevention, and that promotes worker responsibility and self-management. The education component requires direct therapist and worker interaction;
 - Assessment of the need for job modifications. Focus on whether the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics, changes at the work site;
 - An individualized written plan that identifies observable and measurable goals, the methodology being used to reach these goals, the projected time necessary to accomplish the goal, and the expected outcomes. This plan must be signed by both the provider and the patient;
2. Criteria for admission:
 - a. The worker must have reached a point in his or her recovery where no further active or invasive treatment intervention is being anticipated;
 - b. Physical recovery sufficient to allow participation for a minimum of four (4) hours a day for three to five days a week;
 - c. Worker's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place; and
 - d. A defined return to work goal which includes:
 - A documented specific job to which the patient can return, along with a specific job analysis;
 - A return to work goal agreed to by the employer and the patient/employee;
 - The facts must show how the worker must be able to benefit from the program; and
 - The facts must show the worker is motivated to return to work. A worker whose primary limitation is psychological or clouded by significant illness behavior (i.e., significant self-limitation on F.C.E.) is typically not going to be motivated and will not likely benefit.
3. Criteria for discharge from a work hardening program:
 - The worker has reached the goal stated in the plan;
 - The worker has not progressed according to the program plan;

- The worker has not reached interim goals and is not benefitting from the program; or,
 - Number of absences exceeds those allowed by the program (a maximum of two (2) absences is recommended);
 - Worker does not adhere to the schedule;
 - Completion of the program (the program should take two (2) to four (4) weeks to complete);
 - The previously identified job is no longer available.
- B. Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.
- C. Fees:
1. In all cases, for both voluntary and non-voluntary discharge, payment is for the actual duration of treatment provided.
 2. CPT code 97545 (initial two (2) hours) and code 97546 (each additional hour) are to be used to bill work hardening. CPT code 97545 is to be billed for the initial two (2) hours of the work hardening program and is a one-time charge. CPT code 97546 is to be used for billing each additional hour of the work hardening program after the initial two (2) hours (indicated by code 97545).

IV. FUNCTIONAL CAPACITY EVALUATIONS

- A. The functional capacity evaluation (FCE) is utilized for the following purposes:
1. To determine the highest level of safe functionality and of maximal medical improvement;
 2. To provide a pre-vocational baseline of functional capabilities to assist in the vocational rehabilitation process;
 3. To objectively set restrictions and guidelines for return to work;
 4. To determine whether specific job tasks can be safely performed by modification of technique, equipment, or by further training;
 5. To determine whether additional treatment or referral to a work hardening program is indicated; and
 6. To assess outcome at the conclusion of a work hardening program.
- B. **General Requirements**
1. The FCE may be prescribed only by a licensed physician, or may be required by the payer when indicated.
 2. The FCE requires prior authorization by the payer.

- C. The FCE should be billed using code 97750 - Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each fifteen (15) minutes. Reimbursement of an FCE is limited to a maximum of twenty (20) units. Documentation must include start and stop times for testing. The report is included in the reimbursement for code 97750.

V. TENS UNITS

- A. TENS (transcutaneous electrical nerve stimulation) must be provided under the attending or treating physician's prescription.
- B. Authorization from the payer must be sought before purchase or rental arrangements are made for a TENS unit. The payer has sole right of selection of vendors for rental or purchase of equipment, supplies, etc.

VI. SUPPLIES, EQUIPMENT, ORTHOTICS, AND PROSTHETICS

- A. Physicians and therapists must obtain authorization from the payer before purchase/rental of supplies, equipment, orthotics, and prosthetics costing more than three hundred dollars (\$300.00) per item for workers' compensation patients. When submitting bills, include the appropriate HCPCS code. If there is not an appropriate HCPCS code, use CPT code 99070.
- B. The payer has sole right of selection of vendors.

VII. OTHER INSTRUCTIONS

- A. Charges will not be reimbursed for publications, books, or digital media unless prior approval of the payer is obtained.
- B. All charges for services must be clearly itemized by CPT code, and the state professional license number must be on the bill.
- C. The treating physician must approve and sign all physical capability/restriction forms for the work-related injury/illness. This form must be submitted to the payer within fourteen (14) working days of the release to work.
- D. Documentation may be required by the payer to substantiate the necessity for treatment rendered. Documentation to substantiate charges and reports of tests and measurements are included in the fee for the service and do not warrant additional reimbursement.
- E. When patients do not show measurable progress, the payer may request the physician discontinue the treatment or provide documentation to substantiate medical necessity.
- F. When physical medicine therapies are provided to more than one body area, modifier 51 must be added to the procedure code or codes billed for the additional body area and will be reimbursed according to the multiple procedure rule.

- G. Non-surgical debridement of active wounds should be billed as CPT code 97597, 97598, or 97602.

conditions do not prohibit participation in this program.

VIII. BACK SCHOOLS

Back schools are not covered services under this Fee Schedule.

IX. MASSAGE THERAPY

Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

X. CHIROPRACTIC MANIPULATIVE TREATMENT

Chiropractic manipulative treatments are allowed for up to fifteen (15) visits or thirty (30) days, whichever first occurs, without any need to seek pre-certification or authorization. However, chiropractic manipulative treatments which are proposed beyond the first fifteen (15) visits or thirty (30) days, under any circumstance, must be pre-certified or pre-approved.

Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the separate additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

XI. CHRONIC PAIN—INTER-DISCIPLINARY PAIN REHABILITATION PROGRAM

- A. The Inter-Disciplinary Pain Rehabilitation (IDPR) program is based on the bio-psychosocial approach to managing chronic pain, and uses both physical medicine treatments as well as psychological treatments and therapy to manage the chronic pain patient. A goal oriented, team approach is used in an effort to reduce pain, improve functioning, and decrease the dependence on the health care system of persons with chronic pain. This is an outpatient program.
- B. Authorization/pre-certification is required in order to utilize an interdisciplinary pain rehabilitation program to treat the chronic pain patient. A specific IDPR program plan must be submitted to the payer as part of the authorization/pre-certification process.
- C. The following guidelines shall be used to assist in pre-authorization and concurrent review:
1. Persons considered suitable candidates for an inter-disciplinary pain rehabilitation program are those:
 - a. Who are likely to benefit from the program design;
 - b. Whose symptoms are deemed by a pain management provider to constitute chronic pain syndrome; and
 - c. Whose medical, psychological, or other
2. Mental Health Evaluation: an initial evaluation to determine the injured worker's readiness or suitability for this type of treatment may be performed prior to initiation of treatment. This evaluation is not considered part of the IDPR program and shall be billed separately.
3. Due to the nature of intensity of the program, both group and individual therapy may be part of the IDPR program. If the program plan for a particular patient includes individual psychotherapy, it shall be billed as part of the program, and not separately. If the program does not include psychotherapy services, such services may be billed separately, if used, subject to applicable pre-authorization requirements.
4. Psychological treatments which are part of the IDPR program may be rendered by a psychiatrist, psychologist, licensed counselor, or licensed social worker.
5. The IDPR program shall always include a component designed to reduce the patient's dependence on and/or addiction to pain medications.
6. An individual plan of treatment shall be supervised by a medical doctor within a therapeutic environment. Although some time is spent with a doctor on a one-to-one basis, more than fifty percent (50%) of the time may be spent in direct care under the supervision of the physical therapist, occupational therapist, mental health provider, or other licensed member of the IDPR team.
7. Program supervision shall be provided by a medical doctor who is trained and experienced in the treatment of patients with chronic pain syndrome. The program supervisor shall:
 - a. Provide direct, on-site supervision of the daily pain management activities;
 - b. Participate in the initial and final evaluation of the patient;
 - c. Write the treatment plan for the patient, and write changes to the plan based on the patient's documented response to the treatment and/or based on documented changes in the patient's condition; and
 - d. Direct the members of the IDPR team and review the patient's progress on a regular and consistent basis, at least bi-weekly.
8. Participation in an IDPR program requires a minimum attendance of four (4) hours per day during the first week. The program shall not exceed eight (8) hours per day, except that workers who actually have experience working in a job for more than eight (8) hours per day may be allowed to participate for up to ten (10) hours per day, at the discretion of the program supervisor

9. Daily treatment and patient response shall be documented and provided to the payer at least every two (2) weeks.
 10. Discharge/exit criteria shall include but not be limited to:
 - a. The appropriate use of medications;
 - b. Decreased intensity of subjective pain;
 - c. Increased ability of the injured worker to manage pain;
 - d. Reduced health care use related to the chronic pain;
 - e. Return to work; and/or
 - f. Non-compliance with the program, or failure to obtain meaningful benefit after a reasonable period of time.
- D. **Billing.** The IDPR program shall be billed using CPT 97799 - Unlisted physical medicine/rehabilitation service or procedure, and appended with modifier M5 to indicate chronic pain treatment. The total number of hours shall be indicated in the units column of the bill, or in some other conspicuous place on the bill. CARF accredited providers shall also add M4 as an additional modifier.

- E. **Reimbursement.** Reimbursement shall be as agreed to by the parties, or a maximum of one hundred dollars (\$100.00) per hour for CARF accredited providers. Providers without CARF accreditation shall be paid eighty percent (80%) of the maximum reimbursement allowance for CARF accredited providers. Units of less than one hour shall be prorated in fifteen (15) minute increments. A single fifteen (15) minute increment shall be reimbursed if the time is equal to or greater than eight (8) minutes and less than twenty-three (23) minutes.

XII. EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

See the General Rules section for information about procedures that are considered investigational or experimental for purposes of this Fee Schedule and are not approved for reimbursement.

Mississippi Workers' Compensation Medical Fee Schedule

Therapeutic Services

92507—92523, 95831—95852, 97010—97602

Effective November 15, 2022

97750—97799, 97810—98943, 99070

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
★	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	133.34			XXX	N
★	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	41.30			XXX	N
	92520	LARYNGEAL FUNCTION STUDIES	143.37			XXX	N
★	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	217.80			XXX	N
★	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	176.41			XXX	N
★	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	375.89			XXX	N
★	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	170.30			XXX	N
★	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	148.09			XXX	N
	92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	125.67			XXX	N
	92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	161.07			XXX	N
	92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	142.19			XXX	N
★	92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	217.71			XXX	N
+	★	92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	86.73		ZZZ	N
★	92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	181.72			XXX	N
★	92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	148.68			XXX	N
+	★	92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	56.64		ZZZ	N
	95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	185.26			XXX	N
	95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	35.99			XXX	N
	95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	31.27			XXX	N
★	96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	174.64			XXX	N
	97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	0.00			XXX	N
	97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	22.68			XXX	N
	97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	22.68			XXX	N
	97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	19.44			XXX	N
	97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	10.80			XXX	N
	97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	27.54			XXX	N
	97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	11.34			XXX	N
	97026	APPLICATION MODALITY 1/> AREAS INFRARED	10.26			XXX	N
	97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	12.96			XXX	N
	97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	23.22			XXX	N
	97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	31.86			XXX	N
	97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	23.22			XXX	N
	97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	22.68			XXX	N
	97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	54.54			XXX	N
	97039	UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	BR			XXX	N
★	97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	46.98			XXX	N
★	97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	54.54			XXX	N
	97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	59.40			XXX	N
★	97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAIING W/STAIR	46.98			XXX	N
	97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	47.52			XXX	N
★	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	36.18			XXX	N
+	★	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	35.10		ZZZ	N
	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	BR			XXX	N
	97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	43.20			XXX	N
★	97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	28.08			XXX	N
★	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	23.22			XXX	N

+ Add-on Procedure ⊖ Modifier 51 Exempt Procedure ★ Telemedicine

Therapeutic Services
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	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
★	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	17.82			XXX	N
★	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	14.58			XXX	N
★	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	12.96			XXX	N
★	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	21.06			XXX	N
★	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	17.82			XXX	N
★	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	17.28			XXX	N
★	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	13.50			XXX	N
★	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	149.04			XXX	N
★	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	149.04			XXX	N
★	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	149.04			XXX	N
★	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	101.22			XXX	N
★	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	160.22			XXX	N
★	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	160.22			XXX	N
★	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	160.22			XXX	N
★	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	109.92			XXX	N
	97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	0.00			XXX	N
	97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	0.00			XXX	N
	97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	0.00			XXX	N
	97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	0.00			XXX	N
★	97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EACH 15 MIN	61.02			XXX	N
	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	75.14			XXX	N
★	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	52.38			XXX	N
	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	50.76			XXX	N
★	97542	WHEELCHAIR MGMT EA 15 MIN	50.76			XXX	N
	97545	WORK HARDENING/CONDITIONING 1ST 2 HR	141.48			XXX	N
+	97546	WORK HARDENING/CONDITIONING EACH HOUR	66.42			ZZZ	N
	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM<	156.49			000	N
+	97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	49.06			ZZZ	N
	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	56.51			XXX	N
★	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPT EA 15 MIN	53.46			XXX	N
★	97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPT EA 15 MIN	60.48			XXX	N
★	97760	ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	77.76			XXX	N
★	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	66.42			XXX	N
	97763	ORTHOTICS/PROSTH MGMT & TRAING SBSQ ENCTR 15 MIN	86.40			XXX	N
	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PX	BR			XXX	N
	97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	62.64			XXX	N
+	97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	46.98			ZZZ	N
	97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	70.17			XXX	N
+	97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	56.51			ZZZ	N
	98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	54.87			000	N
	98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	77.29			000	N
	98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	100.89			000	N
	98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	123.90			000	N
	98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	146.91			000	N
	98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	47.79			000	N
	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	68.44			000	N
	98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	89.68			000	N

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Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	46.02			XXX	N
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR			XXX	N

DENTAL

I SCOPE

The dental procedure codes included in the 2022 Mississippi Workers' Compensation Medical Fee Schedule are obtained from the *Code on Dental Procedures and Nomenclature 2022* which is published in *Current Dental Terminology* (CDT), American Dental Association (ADA). All Rights Reserved. CDT codes are five-character codes beginning with "D" and followed by four numeric digits. Billing for dental services should be submitted on the ADA Dental Claim Form.

II. GUIDELINES

- A Treatments provided for work-related dental injuries not specifically contained in the Fee Schedule should be billed using CDT code D9999 "Unspecified Adjunctive Procedure, By Report."
- B **Billing:** Dental services should be itemized on the bill by CDT code.
- C **By Report (BR):** "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation.
- D. **Dental Providers:** The following dental providers, licensed in the state where they practice, may be paid for dental services:
1. Dentists
 2. Oral and maxillofacial surgeons
 3. Orthodontists
 4. Hospitals
 5. Dental clinics
- Services provided by other dental practitioners, including hygienists and dental assistants, must be billed by the licensed dentist, orthodontist or oral surgeon overseeing these practitioners.
- E **Laboratory Procedures:** Reimbursement for laboratory procedures is included in the maximum allowable reimbursement for the associated dental procedure.
- F **Modifiers:** Dental codes do not contain modifiers.

Code	Description	Amount
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	52.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	78.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	74.75
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	87.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	BR
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	79.35
D0171	RE-EVALUATION POST-OPERATIVE OFFICE VISIT	64.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	109.00
D0190	SCREENING OF A PATIENT	40.00
D0191	ASSESSMENT OF A PATIENT	34.50
D0210	INTRAORAL COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES	144.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	30.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	25.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	40.00
D0250	EXTRA-ORAL 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	49.00
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	40.25
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	30.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	45.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	55.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	65.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	92.00
D0310	SIALOGRAPHY	446.67
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	789.11
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	BR
D0322	TOMOGRAPHIC SURVEY	640.22
D0330	PANORAMIC RADIOGRAPHIC IMAGE	115.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE ACQUISITION, MEASUREMENT AND ANALYSIS	100.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	57.50
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW LESS THAN ONE WHOLE JAW	224.25
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH MANDIBLE	212.75
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH MAXILLA, WITH OR WITHOUT CRANIUM	318.50
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	300.00
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	367.76
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	208.44
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	119.11
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW LESS THAN ONE WHOLE JAW	97.75
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH MANDIBLE	207.00
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH MAXILLA, WITH OR WITHOUT CRANIUM	321.02
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	230.00
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	372.22
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2285.45
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	571.73
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	BR
D0393	VIRTUAL TREATMENT SIMULATION USING 3D IMAGE VOLUME OR SURFACE SCAN	BR
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	BR

Code	Description	Amount
D0395	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	BR
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	BR
D0412	BLOOD GLUCOSE LEVEL TEST IN-OFFICE USING A GLUCOSE METER	BR
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	59.56
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	69.00
D0416	VIRAL CULTURE	64.02
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	74.75
D0418	ANALYSIS OF SALIVA SAMPLE	69.00
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	BR
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	43.18
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES SPECIMEN ANALYSIS	BR
D0425	CARIES SUSCEPTIBILITY TESTS	37.22
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES	35.65
D0460	PULP VITALITY TESTS	60.00
D0470	DIAGNOSTIC CASTS	106.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	81.89
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	172.71
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	193.56
D0475	DECALCIFICATION PROCEDURE	104.22
D0476	SPECIAL STAINS FOR MICROORGANISMS	101.24
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	138.47
D0478	IMMUNOHISTOCHEMICAL STAINS	126.56
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	193.56
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	119.11
D0481	ELECTRON MICROSCOPY	446.67
D0482	DIRECT IMMUNOFLUORESCENCE	148.89
D0483	INDIRECT IMMUNOFLUORESCENCE	148.89
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	223.33
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	308.20
D0486	LABORATORY ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	142.93
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	BR
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN, AND CEMENTUM	26.50
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	10.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	82.67
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	82.67
D0604	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	58.07
D0605	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	43.18
D0606	MOLECULAR TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR
D0701	PANORAMIC RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	138.47
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	156.33
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY IMAGE CAPTURE ONLY	74.44
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	52.11
D0706	INTRAORAL OCCLUSAL RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	46.16
D0707	INTRAORAL PERIAPICAL RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	29.78
D0708	INTRAORAL BITEWING RADIOGRAPHIC IMAGE IMAGE CAPTURE ONLY	29.78

Code	Description	Amount
D0709	INTRAORAL COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES IMAGE CAPTURE ONLY	169.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR
D1110	PROPHYLAXIS - ADULT	91.00
D1120	PROPHYLAXIS - CHILD	70.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	48.00
D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	37.00
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	72.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	49.24
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE	62.20
D1330	ORAL HYGIENE INSTRUCTIONS	65.00
D1351	SEALANT - PER TOOTH	58.00
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT PERMANENT TOOTH	78.20
D1353	SEALANT REPAIR PER TOOTH	61.00
D1354	APPLICATION OF CARIES ARRESTING MEDICAMENT PER TOOTH	35.65
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION PER TOOTH	30.00
D1510	SPACE MAINTAINER - FIXED, UNILATERAL PER QUADRANT	330.00
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	478.00
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	487.53
D1520	SPACE MAINTAINER - REMOVABLE, UNILATERAL - PER QUADRANT	356.34
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	550.70
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	550.70
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MAXILLARY	69.97
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	69.97
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	46.65
D1556	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER - PER QUADRANT	83.50
D1557	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MAXILLARY	67.38
D1558	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER - MANDIBULAR	67.38
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED, UNILATERAL - PER QUADRANT	356.34
D1701	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION FIRST DOSE	BR
D1702	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION SECOND DOSE	BR
D1703	MODERNA COVID-19 VACCINE ADMINISTRATION FIRST DOSE	BR
D1704	MODERNA COVID-19 VACCINE ADMINISTRATION SECOND DOSE	BR
D1705	ASTRAZENECA COVID-19 VACCINE ADMINISTRATION FIRST DOSE	BR
D1706	ASTRAZENECA COVID-19 VACCINE ADMINISTRATION SECOND DOSE	BR
D1707	JANSSEN COVID-19 VACCINE ADMINISTRATION	BR
D1708	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION THIRD DOSE	BR
D1709	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION BOOSTER DOSE	BR
D1710	MODERNA COVID-19 VACCINE ADMINISTRATION THIRD DOSE	BR
D1711	MODERNA COVID-19 VACCINE ADMINISTRATION BOOSTER DOSE	BR
D1712	JANSSEN COVID-19 VACCINE ADMINISTRATION - BOOSTER DOSE	BR
D1713	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC FIRST DOSE	BR
D1714	PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION TRIS-SUCROSE PEDIATRIC SECOND DOSE	BR
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	145.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	175.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	214.00
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	245.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	166.00

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Code	Description	Amount
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	200.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	241.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	298.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	396.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	180.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	230.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	280.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	325.00
D2410	GOLD FOIL - ONE SURFACE	323.63
D2420	GOLD FOIL - TWO SURFACES	539.39
D2430	GOLD FOIL - THREE SURFACES	934.93
D2510	INLAY - METALLIC - ONE SURFACE	855.82
D2520	INLAY - METALLIC - TWO SURFACES	970.89
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	1119.04
D2542	ONLAY - METALLIC - TWO SURFACES	1097.47
D2543	ONLAY - METALLIC - THREE SURFACES	1147.81
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1193.84
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	1006.85
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	1062.95
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	1131.99
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	1100.35
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	1140.80
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	1092.50
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	661.65
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	788.22
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	828.50
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	719.18
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	845.76
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	906.17
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	510.62
D2712	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	510.62
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1258.57
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1179.46
D2722	CROWN - RESIN WITH NOBLE METAL	1205.35
D2740	CROWN - PORCELAIN/CERAMIC	1136.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1095.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	1000.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	1103.00
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1186.65
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1222.61
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1150.69
D2782	CROWN - 3/4 CAST NOBLE METAL	299.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1198.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1178.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	975.00
D2792	CROWN - FULL CAST NOBLE METAL	995.00
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS	1258.57
D2799	INTERIM CROWN FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	389.00

Code	Description	Amount
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	110.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	125.00
D2920	RE-CEMENT OR RE-BOND CROWN	105.00
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	162.02
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN PERMANENT TOOTH	355.00
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN PRIMARY TOOTH	500.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	274.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	321.00
D2932	PREFABRICATED RESIN CROWN	370.35
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	488.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	311.00
D2940	PROTECTIVE RESTORATION	117.00
D2941	INTERIM THERAPEUTIC RESTORATION PRIMARY DENTITION	101.98
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	109.32
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	278.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	64.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	413.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	215.75
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	370.00
D2955	POST REMOVAL	175.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	156.40
D2960	LABIAL VENEER (RESIN LAMINATE) - DIRECT	575.00
D2961	LABIAL VENEER (RESIN LAMINATE) - INDIRECT	1015.36
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT	1240.00
D2971	ADDITIONAL PROCEDURES TO CUSTOMIZE A CROWN TO FIT UNDER AN EXISTING PARTIAL DENTURE FRAMEWORK	178.00
D2975	COPING	46.00
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	253.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	201.37
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	201.37
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	201.37
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	150.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	75.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	73.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	194.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	207.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	195.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	300.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	260.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	850.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	975.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	1178.75
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	225.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	475.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	273.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	1100.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	1260.00

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D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	1400.00
D3351	APEXIFICATION/RECALCIFICATION INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	287.50
D3352	APEXIFICATION/RECALCIFICATION INTERIM MEDICATION REPLACEMENT	202.80
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	624.00
D3355	PULPAL REGENERATION - INITIAL VISIT	452.40
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	202.80
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	BR
D3410	APICOECTOMY - ANTERIOR	960.25
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	985.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	977.50
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	382.20
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY PER TOOTH, SINGLE SITE	1182.48
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	1127.88
D3430	RETROGRADE FILLING - PER ROOT	262.20
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	1388.40
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	1193.40
D3450	ROOT AMPUTATION - PER ROOT	585.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	2184.00
D3470	INTENTIONAL RE-IMPLANTATION (INCLUDING NECESSARY SPLINTING)	1115.40
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	1388.40
D3472	SURGICAL REPAIR OF ROOT RESORPTION PREMOLAR	1388.40
D3473	SURGICAL REPAIR OF ROOT RESORPTION MOLAR	1388.40
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION ANTERIOR	811.20
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION PREMOLAR	811.20
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTION MOLAR	811.20
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	149.27
D3911	INTRAORIFICE BARRIER	118.56
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	444.60
D3921	DECORONATION OR SUBMERGENCE OF AN ERUPTED TOOTH	444.60
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	202.80
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	950.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	270.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	158.70
D4230	ANATOMICAL CROWN EXPOSURE FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	859.09
D4231	ANATOMICAL CROWN EXPOSURE ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	402.50
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1200.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	600.00
D4245	APICALLY POSITIONED FLAP	572.73
D4249	CLINICAL CROWN LENGTHENING HARD TISSUE	673.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1300.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	915.00
D4263	BONE REPLACEMENT GRAFT RETAINED NATURAL TOOTH FIRST SITE IN QUADRANT	454.00

Code	Description	Amount
D4264	BONE REPLACEMENT GRAFT RETAINED NATURAL TOOTH EACH ADDITIONAL SITE IN QUADRANT	581.90
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION, PER SITE	397.55
D4266	GUIDED TISSUE REGENERATION, NATURAL TEETH RESORBABLE BARRIER, PER SITE	425.00
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH NON-RESORBABLE BARRIER, PER SITE	402.50
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	BR
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	506.00
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1200.00
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	638.18
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1295.00
D4276	COMBINED CONNECTIVE TISSUE AND PEDICLE GRAFT, PER TOOTH	1261.37
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	1014.90
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	625.00
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	806.00
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	400.00
D4322	SPLINT INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	450.00
D4323	SPLINT EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	409.09
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	267.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	192.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION FULL MOUTH, AFTER ORAL EVALUATION	150.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	176.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	82.69
D4910	PERIODONTAL MAINTENANCE	147.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	115.91
D4921	GINGIVAL IRRIGATION WITH A MEDICINAL AGENT PER QUADRANT	18.02
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	BR
D5110	COMPLETE DENTURE - MAXILLARY	1378.00
D5120	COMPLETE DENTURE - MANDIBULAR	1335.00
D5130	IMMEDIATE DENTURE - MAXILLARY	1600.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	1527.50
D5211	MAXILLARY PARTIAL DENTURE RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1092.50
D5212	MANDIBULAR PARTIAL DENTURE RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1200.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	1600.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	1570.99
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	969.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	969.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	1380.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)	1495.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1398.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1400.00
D5227	IMMEDIATE MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1367.05

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D5228	IMMEDIATE MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1583.61
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	889.56
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE ONE PIECE CAST METAL (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	889.56
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE ONE PIECE FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) PER QUADRANT	800.00
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE ONE PIECE RESIN (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) PER QUADRANT	729.54
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	93.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	89.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	92.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	93.32
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	178.25
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	178.25
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	173.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	210.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	184.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	202.86
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	202.86
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS PER TOOTH	250.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	181.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	222.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	249.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	595.54
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	595.54
D5710	REBASE COMPLETE MAXILLARY DENTURE	550.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	460.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	575.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	525.00
D5725	REBASE HYBRID PROSTHESIS	602.31
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)	340.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (DIRECT)	326.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	300.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)	323.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	453.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	453.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (INDIRECT)	426.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (INDIRECT)	435.00
D5765	SOFT LINER FOR COMPLETE OR PARTIAL REMOVABLE DENTURE INDIRECT	453.43
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	765.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	771.50
D5820	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MAXILLARY	633.00
D5821	INTERIM PARTIAL DENTURE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH), MANDIBULAR	632.50
D5850	TISSUE CONDITIONING, MAXILLARY	145.00
D5851	TISSUE CONDITIONING, MANDIBULAR	149.50
D5862	PRECISION ATTACHMENT, BY REPORT	BR
D5863	OVERDENTURE COMPLETE MAXILLARY	1570.07
D5864	OVERDENTURE PARTIAL MAXILLARY	2070.87
D5865	OVERDENTURE COMPLETE MANDIBULAR	1680.84
D5866	OVERDENTURE PARTIAL MANDIBULAR	2152.08

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D0120—D9999

Code	Description	Amount
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT, PER ATTACHMENT	185.52
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	BR
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR
D5911	FACIAL MOULAGE (SECTIONAL)	296.71
D5912	FACIAL MOULAGE (COMPLETE)	296.71
D5913	NASAL PROSTHESIS	6248.00
D5914	AURICULAR PROSTHESIS	6248.00
D5915	ORBITAL PROSTHESIS	8455.18
D5916	OCULAR PROSTHESIS	2255.21
D5919	FACIAL PROSTHESIS	BR
D5922	NASAL SEPTAL PROSTHESIS	BR
D5923	OCULAR PROSTHESIS, INTERIM	BR
D5924	CRANIAL PROSTHESIS	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR
D5926	NASAL PROSTHESIS, REPLACEMENT	BR
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR
D5931	OBTURATOR PROSTHESIS, SURGICAL	3364.14
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	6291.75
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	5734.62
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	4989.64
D5936	OBTURATOR PROSTHESIS, INTERIM	5604.41
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	704.42
D5951	FEEDING AID	915.75
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	2973.51
D5953	SPEECH AID PROSTHESIS, ADULT	5647.10
D5954	PALATAL AUGMENTATION PROSTHESIS	5232.99
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	4840.22
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR
D5982	SURGICAL STENT	413.00
D5983	RADIATION CARRIER	1067.30
D5984	RADIATION SHIELD	1067.30
D5985	RADIATION CONE LOCATOR	1067.30
D5986	FLUORIDE GEL CARRIER	51.75
D5987	COMMISSURE SPLINT	1600.96
D5988	SURGICAL SPLINT	320.19
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	122.74
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	BR
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	BR
D5995	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL LABORATORY PROCESSED MAXILLARY	617.98
D5996	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL LABORATORY PROCESSED MANDIBULAR	617.98
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	1989.00

Mississippi Workers' Compensation Medical Fee Schedule

Dental

D0120—D9999

Effective November 15, 2022

Code	Description	Amount
D6011	SURGICAL ACCESS TO AN IMPLANT BODY (SECOND STAGE IMPLANT SURGERY)	201.43
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	2440.41
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	1380.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	8887.03
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5910.02
D6051	INTERIM IMPLANT ABUTMENT PLACEMENT	84.81
D6055	CONNECTING BAR IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	775.85
D6056	PREFABRICATED ABUTMENT INCLUDES MODIFICATION AND PLACEMENT	575.00
D6057	CUSTOM FABRICATED ABUTMENT INCLUDES PLACEMENT	767.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1345.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	1350.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	1290.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	1456.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	1164.95
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	1227.26
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	1283.68
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1560.00
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	1480.00
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	1382.43
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	1309.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	1106.30
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	1236.07
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	1550.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	1431.80
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	1307.66
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	1389.48
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1500.00
D6076	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	1800.00
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	1382.43
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	158.00
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	63.63
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	1424.75
D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	1424.75
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1424.75
D6085	INTERIM IMPLANT CROWN	426.01
D6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS	1382.43
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	1382.43
D6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	1382.43
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	BR
D6091	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	95.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	148.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	179.15
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	1163.78
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	BR
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	BR
D6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1424.75
D6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	1386.66

Code	Description	Amount
D6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS	1414.87
D6100	SURGICAL REMOVAL OF IMPLANT BODY	BR
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	429.48
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	575.54
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	491.66
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	420.00
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH MAXILLARY	2993.01
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH MANDIBULAR	3000.00
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH MAXILLARY	1976.77
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH MANDIBULAR	1928.34
D6114	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH MAXILLARY	3461.89
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH MANDIBULAR	3461.89
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH MAXILLARY	2589.94
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH MANDIBULAR	2589.94
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH MANDIBULAR	1756.25
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH MAXILLARY	1756.25
D6120	IMPLANT SUPPORTED RETAINER PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1386.66
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD PREDOMINANTLY BASE ALLOYS	1307.66
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD NOBLE ALLOYS	1389.48
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD TITANIUM AND TITANIUM ALLOYS	1307.66
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	BR
D6191	SEMI-PRECISION ABUTMENT PLACEMENT	578.00
D6192	SEMI-PRECISION ATTACHMENT PLACEMENT	200.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD TITANIUM AND TITANIUM ALLOYS	1199.04
D6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1412.05
D6198	REMOVE INTERIM IMPLANT COMPONENT	260.97
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	BR
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	677.13
D6210	PONTIC - CAST HIGH NOBLE METAL	1099.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	970.12
D6212	PONTIC - CAST NOBLE METAL	952.01
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS	1041.74
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	1095.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	982.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1091.00
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	944.07
D6245	PONTIC - PORCELAIN/CERAMIC	1132.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	1094.81
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	931.05
D6252	PONTIC - RESIN WITH NOBLE METAL	961.00
D6253	INTERIM PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	415.00
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	732.00
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	990.00
D6549	RETAINER FOR RESIN BONDED FIXED PROSTHESIS	336.21
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	852.92
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	894.59

Code	Description	Amount
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	911.52
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	1002.67
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	893.29
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	946.68
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	878.96
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	975.33
D6608	RETAINER ONLY - PORCELAIN/CERAMIC, TWO SURFACES	927.15
D6609	RETAINER ONLY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	967.51
D6610	RETAINER ONLY - CAST HIGH NOBLE METAL, TWO SURFACES	983.14
D6611	RETAINER ONLY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	1075.59
D6612	RETAINER ONLY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	977.93
D6613	RETAINER ONLY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	1022.20
D6614	RETAINER ONLY - CAST NOBLE METAL, TWO SURFACES	957.09
D6615	RETAINER ONLY - CAST NOBLE METAL, THREE OR MORE SURFACES	994.86
D6624	RETAINER INLAY - TITANIUM	911.52
D6634	RETAINER ONLY - TITANIUM	957.09
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	132.25
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1099.40
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1080.80
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1302.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1150.00
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1101.00
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	995.00
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1076.00
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	1088.61
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1100.33
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1100.33
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	1022.20
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1132.89
D6784	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	1100.33
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1300.00
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	1067.78
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1044.14
D6793	INTERIM RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	478.00
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS	1106.84
D6920	CONNECTOR BAR	234.39
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	155.00
D6940	STRESS BREAKER	309.92
D6950	PRECISION ATTACHMENT	573.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	263.98
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	520.87
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR
D7111	EXTRACTION, CORONAL REMNANTS PRIMARY TOOTH	124.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	175.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	278.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	350.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	432.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	510.00

Code	Description	Amount
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	575.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	293.25
D7251	CORONECTOMY INTENTIONAL PARTIAL TOOTH REMOVAL, IMPACTED TEETH ONLY	517.50
D7260	OROANTRAL FISTULA CLOSURE	1861.09
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	740.00
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	565.00
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	733.95
D7280	EXPOSURE OF AN UNERUPTED TOOTH	638.25
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	230.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	293.25
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	900.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	417.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	176.15
D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	176.15
D7290	SURGICAL REPOSITIONING OF TEETH	440.37
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	BR
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP	704.59
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP	440.37
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	366.97
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	BR
D7296	CORTICOTOMY ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7297	CORTICOTOMY FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE], REQUIRING FLAP	BR
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	BR
D7300	REMOVAL OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	253.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	201.25
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	423.20
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	376.05
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	2018.35
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	5871.56
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	488.75
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	705.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	1541.28
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	1027.52
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	1541.28
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	1724.77
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	1394.50
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	2055.05
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	1060.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	975.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	809.17
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	1203.67
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	BR
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	747.50
D7472	REMOVAL OF TORUS PALATINUS	1190.83

Code	Description	Amount
D7473	REMOVAL OF TORUS MANDIBULARIS	799.25
D7485	REDUCTION OF OSSEOUS TUBEROSITY	488.75
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	8807.34
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	253.00
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	339.25
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	1503.12
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	1651.38
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	523.00
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	575.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	1092.50
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	2972.48
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	4807.34
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3605.14
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	6250.28
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3966.24
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	3004.77
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1771.74
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1382.75
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	2605.50
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	9014.31
D7710	MAXILLA - OPEN REDUCTION	5649.91
D7720	MAXILLA - CLOSED REDUCTION	3966.24
D7730	MANDIBLE - OPEN REDUCTION	8173.21
D7740	MANDIBLE - CLOSED REDUCTION	4044.04
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	5143.49
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	2063.85
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2796.33
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	2157.80
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	12019.08
D7810	OPEN REDUCTION OF DISLOCATION	5287.34
D7820	CLOSED REDUCTION OF DISLOCATION	866.06
D7830	MANIPULATION UNDER ANESTHESIA	496.15
D7840	CONDYLECTOMY	7207.34
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	6223.85
D7852	DISC REPAIR	7126.61
D7854	SYNOVECTOMY	7354.13
D7856	MYOTOMY	5218.35
D7858	JOINT RECONSTRUCTION	14874.13
D7860	ARTHROTOMY	6339.82
D7865	ARTHROPLASTY	10216.51
D7870	ARTHROCENTESIS	337.61
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	675.23
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	3603.67
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	4339.08
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	6223.85
D7875	ARTHROSCOPY: SYNOVECTOMY	6818.35
D7876	ARTHROSCOPY: DISCECTOMY	7351.19
D7877	ARTHROSCOPY: DEBRIDEMENT	6488.07

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D0120—D9999

Code	Description	Amount
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	BR
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	80.92
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	BR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	80.00
D7911	COMPLICATED SUTURE - UP TO 5 CM	1104.52
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	2163.67
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	3544.95
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	343.85
D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	BR
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR
D7941	OSTEOTOMY - MANDIBULAR RAMI	9027.52
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	8293.58
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	7390.83
D7945	OSTEOTOMY - BODY OF MANDIBLE	9834.86
D7946	LEFORT I (MAXILLA - TOTAL)	12183.49
D7947	LEFORT I (MAXILLA - SEGMENTED)	10245.87
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	13299.08
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	17321.10
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	BR
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	1696.23
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	901.12
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	460.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	BR
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	472.00
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	472.00
D7963	FRENULOPLASTY	660.55
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	226.55
D7971	EXCISION OF PERICORONAL GINGIVA	240.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	350.75
D7979	NON SURGICAL SIALOLITHOTOMY	BR
D7980	SURGICAL SIALOLITHOTOMY	332.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	BR
D7982	SIALODOCHOPLASTY	2187.16
D7983	CLOSURE OF SALIVARY FISTULA	2099.08
D7990	EMERGENCY TRACHEOTOMY	1805.50
D7991	CORONOIDECTOMY	4403.67
D7993	SURGICAL PLACEMENT OF CRANIOFACIAL IMPLANT EXTRA ORAL	BR
D7994	SURGICAL PLACEMENT: ZYGOMATIC IMPLANT	BR
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	BR
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	337.61
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	1467.89
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR
D9110	PALLIATIVE TREATMENT OF DENTAL PAIN PER VISIT	108.00
D9120	FIXED PARTIAL DENTURE SECTIONING	200.00
D9130	TEMPOROMANDIBULAR JOINT DYSFUNCTION NON-INVASIVE PHYSICAL THERAPIES	BR
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	79.00

Mississippi Workers' Compensation Medical Fee Schedule

Dental

D0120—D9999

Effective November 15, 2022

Code	Description	Amount
D9211	REGIONAL BLOCK ANESTHESIA	44.31
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	79.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	64.40
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	78.92
D9222	DEEP SEDATION/GENERAL ANESTHESIA FIRST 15 MINUTES	225.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA EACH SUBSEQUENT 15 MINUTE INCREMENT	215.00
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	55.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	195.50
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA EACH SUBSEQUENT 15 MINUTE INCREMENT	188.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	195.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	115.00
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	211.76
D9410	HOUSE/EXTENDED CARE FACILITY CALL	253.39
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	325.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	79.51
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	155.00
D9450	CASE PRESENTATION, SUBSEQUENT TO DETAILED AND EXTENSIVE TREATMENT PLANNING	51.75
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	31.80
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	190.83
D9613	INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG, PER QUADRANT	40.69
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	29.68
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	55.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	28.75
D9912	PRE-VISIT PATIENT SCREENING	BR
D9920	BEHAVIOR MANAGEMENT, BY REPORT	BR
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	BR
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	113.82
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	119.08
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	113.82
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	113.82
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	145.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	90.85
D9943	OCCLUSAL GUARD ADJUSTMENT	91.32
D9944	OCCLUSAL GUARD HARD APPLIANCE, FULL ARCH	441.39
D9945	OCCLUSAL GUARD SOFT APPLIANCE, FULL ARCH	383.82
D9946	OCCLUSAL GUARD HARD APPLIANCE, PARTIAL ARCH	383.82
D9947	CUSTOM SLEEP APNEA APPLIANCE FABRICATION AND PLACEMENT	BR
D9948	ADJUSTMENT OF CUSTOM SLEEP APNEA APPLIANCE	BR
D9949	REPAIR OF CUSTOM SLEEP APNEA APPLIANCE	BR
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	375.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	135.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	803.00
D9961	DUPLICATE/COPY PATIENT'S RECORDS	BR
D9970	ENAMEL MICROABRASION	156.00
D9971	ODONTOPLASTY - PER TOOTH	115.00
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	253.00
D9973	EXTERNAL BLEACHING - PER TOOTH	50.00
D9974	INTERNAL BLEACHING - PER TOOTH	277.00

Code	Description	Amount
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	99.00
D9985	SALES TAX	BR
D9986	MISSED APPOINTMENT	BR
D9987	CANCELLED APPOINTMENT	BR
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES PER VISIT	BR
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	49.11
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	48.46
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	49.11
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	67.35
D9995	TELEDENTISTRY SYNCHRONOUS; REAL-TIME ENCOUNTER	211.76
D9996	TELEDENTISTRY ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	215.00
D9997	DENTAL CASE MANAGEMENT - PATIENTS WITH SPECIAL HEALTH CARE NEEDS	BR
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR

INPATIENT HOSPITAL AND OUTPATIENT FACILITY PAYMENT SCHEDULE AND RULES

Note: Rules used by providers in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers. **This section of the fee schedule applies to all acute care facilities including long term acute care (LTAC) hospitals.**

I INPATIENT AND OUTPATIENT CARE RULES

A **Definition.** For purposes of this schedule, a patient is considered an “inpatient” if *formally admitted as an inpatient* with the expectation that he or she will require hospital care that is expected to span at least two (2) midnights.

B. Health care facilities providing services to workers' compensation claimants must meet requirements of the state of Mississippi.

C. Billing and Reimbursement Rules for Inpatient Care.

1. Facilities must submit the bill for inpatient services within thirty (30) days after discharge. For those cases involving extended hospitalization, interim bills must be submitted every thirty (30) days.
2. Reimbursement for acute inpatient hospital services shall be the lesser of the amount billed or the MAR for the diagnosis-related group (DRG) as fixed by the rules set forth in this section of the Fee Schedule.
3. Non-covered charges include but are not necessarily limited to:
 - a. Convenience items;
 - b. Charges for services not related to the work injury/illness; and
 - c. Services that were not certified by the payer or their representative as medically necessary.
4. When reviewing surgical claims, including for outlier consideration, the following apply:
 - a. Most operative procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesiologist/anesthetist. Because these services are integral to the operating room environment, they are considered as part of the OR fee and are not separately reimbursed, nor are they included separately in the total charge for outlier consideration:
 - Cardiac monitors;
 - Oximetry;
 - Blood pressure monitor;
 - Lasers;

- Microscopes;
 - Video equipment;
 - Set up fees;
 - Additional OR staff;
 - Gowns;
 - Gloves;
 - Drapes;
 - Towels;
 - Mayo stand covers;
 - On-call or call-back fees; and
 - After-hours fees.
- b. Billing for surgery packs as well as individual items in the packs is not allowed and shall not be included in the total charge for outlier consideration.
 - c. A majority of invasive procedures requires availability of vascular and/or airway access; therefore, the work associated with obtaining this access is included in the cost of the service, i.e., anesthesia—airway access is associated with general anesthesia and is included in the anesthesia charges.
 - d. Recovery room and ICU rates include the charge for cardiac monitoring and oximeter. It is assumed the patient is placed in these special areas for monitoring and specialized care which is bundled into the special care rate. Call-back fees are not reimbursed for recovery room.
 - e. Separate reimbursement is not allowed for setting up portable equipment at the patient's bedside.
 - f. The following items do not qualify for separate reimbursement regardless of inpatient or outpatient status, and are not included in the total charge for outlier consideration:
 - Applicators, cotton balls, band-aides;
 - Syringes;
 - Aspirin;
 - Thermometers, blood pressure apparatus;
 - Water pitchers;
 - Alcohol preps; and
 - Ice bags.

- g. Separate reimbursement is not allowed for equipment such as compressive devices, or other equipment used during the operative or immediate postoperative period.
- 5. Maximum reimbursement is set for the following line item charges.
 - a. IV pump/daily – \$50.00
 - b. Venipuncture reimbursement is limited to \$4.25 per collection. A collection fee is not appropriate for finger stick, throat culture, or stool specimen collection
 - c. Pharmacy add-mixture/dispensing fee is limited to \$4.50 per mixture

D. Implants, Durable Medical Equipment, and Supplies.

Generally, durable medical equipment and supplies provided or administered in a hospital setting are not separately reimbursed since they are included in the payment reimbursement.

Unless otherwise specifically provided herein, implantables used in the inpatient setting are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables.

Implantables used in the outpatient setting, are included in the applicable APC payment for CPT codes with a status indicator of J1. Therefore, the provider of outpatient services is not required to furnish the payer with an invoice for implantables.

E. Reimbursement Methodology. The maximum allowable reimbursement (MAR) for inpatient facility services is provided by MS-DRG in this Fee Schedule. As of the effective date of this publication, reimbursement is the lesser of the total billed charge or the MS-DRG MAR. This methodology includes inpatient psychiatric admissions and Long Term Acute Care (LTAC). Any MS-DRGs outside of this Fee Schedule shall be reimbursed at seventy-five percent (75%) of charges. The lesser of the billed charges or the MS-DRG MAR represent payment in full, unless the outlier payment is applicable, or unless a contract between the payer and provider governs reimbursement, or unless otherwise specifically stated in this Fee Schedule.

- 1. MS-DRG MAR is calculated by multiplying the Base Rate times the Relative Weight in effect on the date of discharge for the MS-DRG.
- 2. The Base Rate for Mississippi is the current National Medicare Base Rate in effect as of the date of discharge, multiplied by two (2). This is posted annually on the MWCC website, Fee Schedule section.
- 3. Common Medicare add-ons, such as for teaching hospitals (GME), DSH and Capital PPS, will not be allowed, and shall be considered as already included in the enhanced MS-DRG Payment under this Fee Schedule.
- 4. All implantables shall be included in the applicable MS-DRG reimbursement for inpatient

treatment, and shall not be reimbursed separately in addition to the MS-DRG payment.

- 5. Outlier Payments. To provide additional reimbursement for cases where the MS-DRG payment is deemed inadequate by the MWCC to cover the costs incurred by the facility, the MWCC has established an outlier payment for high-cost cases.

The amount eligible for outlier reimbursement is equal to Total Charges minus MS-DRG Payment minus Implantable Charges minus Non-Covered or Non-Qualified charges (as provided in Part I.B. above) minus the Outlier Threshold. The Outlier Threshold amount shall be specific to each facility and shall be equal to one-half (1/2) of the Medicare MS-DRG outlier threshold in effect for each facility. Once the annual inpatient hospital amounts are posted on the MWCC website each year, the Medicare threshold and Mississippi hospital outlier thresholds do not change, regardless of any other updates or corrections subsequently posted by CMS.

- 6. Any amount determined to be eligible for additional outlier reimbursement shall be reimbursed at fifteen percent (15%) above the facility's cost for the outlier eligible charges. Cost is determined using the facility's cost-to-charge ratio, as determined by Medicare (CMS), which is in effect at the time of discharge. These cost-to-charge ratios are posted annually on the MWCC website, Fee Schedule section. Outlier payment is figured by multiplying the eligible outlier amount by the cost-to-charge ratio, and then adding fifteen percent (15%) to compute the additional outlier payment due.

F. Emergency Room Services. Emergency room facility fees, supplies, and treatment are reimbursed according to the Ambulatory Payment Classification system, as set forth herein under the heading "Ambulatory Surgery Center/Outpatient Facility Reimbursement." Laboratory and radiology services are reimbursed at the technical amount listed in the corresponding section of this Fee Schedule. Physician services are to be billed on an appropriate CMS claim form or electronic submission and paid according to the proper section.

G. Observation Services

- 1. **Definition.** Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Observation services may be ordered for patients who present to the emergency department and who then require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge. In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours.

2. **General Guidelines**
- a. Observation begins when the patient monitoring begins and ends when the order for discharge is written or given verbally by the physician.
 - b. On rare occasions, an observation stay may be extended to forty-eight (48) hours. In such cases, medical necessity must be established and pre-authorization must be given for payment by the payer.
 - c. Services which are NOT considered necessary for observation are as follows:
 - (1) Services that are not reasonable and necessary for the diagnosis and treatment of the work related injury, but are provided for convenience of the patient, family, or physician;
 - (2) Any substitution of an outpatient observation for a medically appropriate inpatient admission;
 - (3) Services ordered as inpatient by the physician but billed as outpatient by the facility;
 - (4) Standing orders for observation following outpatient surgery;
 - (5) Test preparation for a surgical procedure; and
 - (6) Continued care of a patient who has had a significant procedure as identified with OPPI indicator S or T.
 - d. Observation is not reimbursable for routine preparation furnished prior to an outpatient service or recovery after an outpatient service. Please refer to the criteria for observation services.
3. **Billing and Reimbursement**
- a. Observation status is billed at an hourly monitoring rate. The hourly rate is all inclusive with the exception of non-significant ancillary services.
 - b. Observation is billed at the rate of \$300.00 for the first three (3) hours and \$80.00 per hour thereafter. Laboratory and radiology are reimbursed according to the Fee Schedule payment limits.
 - c. Revenue code 762 is used to bill observation charges.
 - d. Observation services provided to a patient who is subsequently admitted as an inpatient should be included on the inpatient claim.
- H. **Stand-alone Services.** When services are provided as an outpatient service, and are not performed as a surgical procedure, medical procedure, or emergency room service, then reimbursement equals the technical amount listed in the corresponding section of this Fee Schedule.
- I. **Disputed Medical Charges; Abusive or Unfair Billing**
1. Disputes over charges, fees, services, or other issues related to treatment under the terms of the Workers' Compensation Law shall be resolved in accordance with the Dispute Resolution Rules set forth elsewhere in this Fee Schedule.
 2. If the MWCC determines that the charge amount for items substantially and consistently exceeds the facility's mark-up ratio, or if a facility's charges for other services or MS-DRGs is substantially and consistently higher than the average charges made for the same services or MS-DRGs by other facilities in the State, then the MWCC may consider this to be an indication of abusive or unfair billing practices, and may order the facility in question to appear and show cause why penalties and other sanctions as allowed by Law should not be imposed on said facility for such abusive billing practices.
- For purposes of this provision, the mark-up ratio shall be the inverse of the facility's cost-to-charge ratio. The average charges by facilities for service or MS-DRGs may be determined by reference to the publicly available MedPAR file for Medicare inpatient admissions, with due consideration being given to the differences between the Medicare inpatient population and the workers' compensation inpatient population.
- II. **INPATIENT REHABILITATION FACILITIES (IRFS)**
- A. **Inpatient Rehabilitation Facility Reimbursement Methodology.** Reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).
1. The Fee Schedule MAR for IRFs will be 1.8 times the IRF CMS pricer calculation, unless the payer and provider have a separate contract governing the reimbursement of services provided by an IRF, or unless total billed charges are less.
 2. The IRF reimbursement due under this Fee Schedule will be calculated using the CMS IRF pricer calculation in effect on the date of discharge.
 3. The CMS IRF pricer is used only for facilities that have met the CMS qualifications for IRF.
 4. Reimbursement for IRFs is not calculated using the MS-DRG methodology.
 5. The CMS IRF pricer is available at: <http://www.cms.hhs.gov/PCPricer>.
- B. **CMS Inpatient Rehabilitation Facility Reimbursement.** Medicare regulations define inpatient rehabilitation facilities (IRFs) in the Code of Federal Regulations, Part 412, and subpart B. Medicare payments to IRFs are based on the IRF prospective payment system (PPS) under subpart P of part 412. The IRF must be currently accredited by the MWCC on Accreditation of Rehabilitation Facilities (CARF), licensed by the State, and certified by

Medicare as an IRF at the time the patient is treated.

The IRF must possess a Medicare/Medicaid provider number, or CMS Certification Number. The provider number consists of six digits. The first two digits indicate the state, 25 is for Mississippi, and the remaining four digits identify the facility as an IRF. The four digit suffix must be in the range of 3025–3099 for rehabilitation facilities, exempt units must have a T in the third position, e.g., 25TXXX.

Unless governed by contract between payer and provider, or unless total billed charges are less, the reimbursement for an IRF under this Fee Schedule shall be the IRF PPS calculated rate multiplied by 1.8. Other inpatient MS-DRG or PPS calculations are not appropriate to use for IRF services. The IRF PPS rate is calculated using the formula for the current fiscal year, including outlier. The final calculation is published in the Federal Register, prior to October 1 of each year.

IRF reimbursement is based upon the case mix group (CMG) to which the patient is assigned and the CMG assigned by the Medicare CMG grouper. The CMG must be reported on the claim with revenue code 0024. This code indicates that this claim is being paid under the PPS and the revenue code can appear on a claim only once.

The *Federal Register* explains the formula for calculating the IRF PPS rate. The rates are calculated on CMG assignment from the combinations of ICD-10-CM codes with additional factors of labor share, wage index, rural adjustment (if applicable) and low income percentage (LIP) for a final adjusted IRF PPS reimbursement.

This calculated IRF PPS reimbursement is multiplied by 1.8 to determine the reimbursement rate.

Reimbursement rates are based on the date of discharge, using the Medicare Pricer for the appropriate year, which is available as a free download from: <http://www.cms.hhs.gov/PCPricer>. The Medicare pricer returns the payment rate specific to the facility.

C. Neuro Rehabilitation Facilities.

Reimbursement for stays in neuro rehabilitation facilities shall be negotiated.

III. AMBULATORY SURGERY

CENTER/OUTPATIENT FACILITY REIMBURSEMENT

- A. Reimbursement for all hospital-based outpatient and freestanding ambulatory surgery center services shall be based on the Ambulatory Payment Classification (APC) system as developed by the Centers for Medicare and Medicaid Services (CMS) using the relative weights effective January 2022.
- B. For implantables used in the outpatient setting, reimbursement is included in the Fee Schedule APC Amount as listed.
- C. Coding and Billing Rules
 - 1. Facility fees for ambulatory surgery must be billed on the UB-04 form.

- 2. The CPT/HCPCS code(s) of the procedure(s) performed determines the reimbursement for the facility fee. Report all procedures performed.
- 3. If a procedure code is assigned a status indicator of J1, then other charges/procedure codes on the bill are considered packaged in the J1 payment and no additional reimbursement is due. If there are multiple codes with status indicator J1 on the bill, only the J1 code with the highest value will be reimbursed.

For purposes of this fee schedule, certain procedure codes have been assigned a Mississippi state-specific status indicator of J1*. Outpatient Facility and Ambulatory Surgery Center reimbursement for these procedure codes will follow the guidelines set forth for reimbursement of codes with a status indicator of J1.

- 4. Do not separately reimburse non-implantable orthotic and prosthetic devices when associated with a procedure code that has a status code of J1. Payment is packaged into the allowable for the procedure code.
- 5. If more than one surgical procedure is furnished in a single operative encounter and none of the codes have a status indicator of J1, the multiple procedure rule applies. The primary procedure is reimbursed at the lesser of the billed charges or one hundred percent (100%) of the MAR. The second and subsequent procedures are reimbursed at the lesser of the billed charges or fifty percent (50%) of the MAR listed in the Fee Schedule. The primary procedure is the procedure with the highest relative weight.
- 6. Other than the multiple procedure surgical discounts as listed in Section III C. 3. and the J1 status indicators described in the previous paragraph, no other Medicare status indicator discounts apply. This means no discounts apply to Medicare's Q status indicator codes.
- 7. If the total billed charge for an outpatient surgical encounter is less than the APC MAR, the billed charge is paid to the facility.
- 8. The payment rate for an APC surgical procedure includes all facility services directly related to the procedure performed on the day of surgery. Facility services include:
 - Nursing and technician services;
 - Use of the facility;
 - Drugs, biologicals, surgical dressings, splints, casts and equipment directly related to the provision of the surgical procedure;
 - Implantables;
 - Materials for anesthesia; and
 - Administration, record keeping and housekeeping items and services.

9. Separate payment is not made for the following services that are directly related to the surgery:

- Pharmacy;
- Medical/surgical supplies;
- Sterile supplies;
- Laboratory and radiology services with no APC Amount;
- Operating room services;
- Anesthesia;
- Ambulatory surgical care;
- Recovery room; and
- Treatment or observation room.

10. Pre-op workup services are included in the APC Amount and do not warrant separate reimbursement regardless of the date of service or place of service. Pre-op workup includes: Metabolic Panel, CBC, UA, PT, PTT, EKG, CXR (or any of the components). Note: If a surgical procedure is cancelled after the pre-op has been completed, then the pre-op services should be paid according to this Fee Schedule.

11. The ASC payment rate (APC Amount) is included in the CPT code listing of fees in the Fee Schedule. The column lists the total approved facility fee for that particular CPT code.

12. The facility fees will be paid for medically necessary services only. All ambulatory elective procedures must be pre-certified according to the rules and guidelines of the Fee Schedule.

13. Procedures not assigned an APC Amount are not reimbursable in an outpatient hospital or ASC setting. If a provider receives pre-authorization to perform a surgery that does not have an APC Amount listed in the fee schedule in an outpatient hospital or ASC, reimbursement shall be according to the lesser of total billed charges or the usual and customary rate.

14. Charges for outpatient surgical codes are all inclusive and are reimbursed in total regardless of the amount billed on that line as long as the total reimbursement does not exceed the total billed charges.

IV. CRITICAL ACCESS HOSPITALS

- A. A critical access hospital (CAH) is a small, generally geographically remote facility that is certified to provide outpatient and inpatient services.
- B. A CAH may also be granted "swing bed" approval to provide post-hospital skilled nursing facility level care in its inpatient beds.
- C. Reimbursement
1. Critical access hospitals are reimbursed at ninety percent (90%) of billed charges for inpatient services.
 2. Swing bed services are reimbursed according to the Skilled Nursing Facility rules below.

3. Outpatient services are reimbursed according to the rules in Inpatient Hospital and Outpatient Facility Payment Schedule and Rules.

V. SKILLED NURSING FACILITY RULES

A. Reimbursement

The MAR for medical care provided within the confines of a freestanding skilled nursing facility, a hospital-based skilled nursing facility, or a swing bed facility, shall be four hundred dollars (\$400.00) per day. This rate covers and includes all routine and ancillary health care services provided to a claimant during each day of a covered skilled nursing facility stay.

B. Excluded Services

The following services are excluded from the daily skilled nursing facility rate, and shall be reimbursed separately and in addition to the above daily rate:

- Cardiac catheterization;
- Angiography;
- Magnetic resonance imaging (MRI) and computerized axial tomography (CT) scans;
- Radiation therapy and chemotherapy;
- Emergency services, which are defined as an admission or services necessitated by a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to provide services could reasonably result in:
 - serious impairment of bodily function(s);
 - serious or permanent dysfunction of any bodily organ or part or system;
 - permanently placing the person's health in jeopardy; or
 - other serious medical consequence.
- Outpatient services when provided in a hospital or other free standing outpatient facility separate from the skilled nursing facility;
- Customized prosthetic services;
- Ambulance transportation related to any of the above services; and
- Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

C. Exclusions

As in other cases, the above provisions shall not apply to any mutual agreement or contract entered into by the payer and provider which sets forth the terms for the provision of skilled nursing facility services and reimbursement therefor.

VI. DRUG AND ALCOHOL TREATMENT

- A. Any admission for drug and alcohol treatment will be reimbursed by DRG according to the facility inpatient rules.

- B Outpatient partial day treatment will be reimbursed at two hundred fifty dollars (\$250.00) per diem.
- C Outpatient lab and radiology charges will be reimbursed according to the outpatient stand-alone rules in the facility section.

HCPCS

I DEFINITION

HCPCS is an acronym for Healthcare Common Procedure Coding System. It is divided into two subsets. HCPCS Level I codes are CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in CPT. This section of the Fee Schedule contains HCPCS Level II codes. HCPCS Level II codes for Alcohol/Drug Abuse Treatment Services (H0001–H2037) and National Codes for State Medicaid Agencies (T1000–T5999) are not included in the Fee Schedule.

Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A2001–A9286
Administrative, Misc., and Investigational	A9150–A9999
Enteral and Parenteral Therapy	B4034–B9999
Outpatient PPS	C1052–C9899
Durable Medical Equipment (DME)	E0100–E8002
Procedures/Professional Services (Temporary)	G0008–G6017
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–K1009
Orthotic Procedures	L0112–L4631
Prosthetic Procedures	L5000–L9900
Medical Services	M0075–M1149
Pathology and Laboratory Services	P2028–P9615
Q Codes (Temporary)	Q0035–Q9992
Diagnostic Radiology Services	R0070–R0076
Temporary National Codes (Non-Medicare)	S0012–S9999
COVID-19 Testing	U0001–U0005
Vision Services	V2020–V2799
Hearing Services	V5008–V5364

II. GUIDELINES

- A. Rental or purchase of supplies or equipment over the amount of \$300.00 per item requires Prior Authorization.
- B. **Transportation Services Including Ambulance (A0021–A0999)**
 1. Transportation service codes include ground and air ambulance, non-emergency transportation (taxi, bus, automobile, wheelchair van), and ancillary transportation-related fees.
 2. Modifiers are required when reporting transportation services. Modifiers are single digits used to identify origin and destination. The first modifier identifies the transport place of origin and the second modifier the destination.

Origin and destination modifiers are as follows:

- D Diagnostic or therapeutic site other than “P” or “H” when these are used as origin codes;
- B Residential, domiciliary, custodial facility (other than 1819 facility);
- G Hospital-based ESRD facility;
- H Hospital;
- I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport;
- J Free-standing ESRD facility;
- N Skilled nursing facility (SNF);
- P Physician’s office;
- R Residence;
- S Scene of accident or acute event; and
- X Intermediate stop at physician’s office on way to hospital (includes HMO non-hospital facility, clinic, etc. destination code only).

Note: Modifier X can only be used as a destination code in the second position of a modifier.

3. Transportation codes can also be found in the S codes. See S0207, S0208, S0209, and S0215.
- C. **Medical and Surgical Supplies (A2001–A9286)**
1. These A codes include a wide variety of medical, surgical, and some DME related supplies and services.
 2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment below.
- D. **Administrative, Miscellaneous, and Investigational (A9150–A9999)**
1. These A codes include non-prescription drugs, exercise equipment, radiopharmaceutical diagnostic imaging agents, as well as other miscellaneous supplies.
- E. **Enteral and Parenteral Therapy (B4034–B9999)**
1. B codes include supplies, formulae, nutrition solutions and infusion pumps.
- F. **Outpatient PPS (C1052–C9899)**
1. C codes include drugs, biologicals, and devices used by hospitals.
 2. These codes are only used for facility (technical) services.
- G. **Durable Medical Equipment (DME) (E0100–E8002)**
1. E codes include durable medical equipment such as canes, crutches, walkers, commodes, decubitus care, bath and toilet aids, hospital beds, oxygen and related respiratory equipment,

monitoring equipment, pacemakers, patient lifts, safety equipment, restraints, traction equipment, fracture frames, wheelchairs, and artificial kidney machines.

2. All durable medical equipment shall have prior authorization from the payer before obtaining the equipment. The payer has the choice of vendor for purchase or rental of DME over \$400.
 3. If an injured/ill employee is receiving DME items for both compensable and non-compensable medical conditions, only those items that apply to the work related injury should be listed on claims and invoices submitted to the employer.
 4. If the rental price for DME exceeds or equals the total purchase price, the employer shall purchase instead of renting equipment. The vendor shall make the payer aware of the price options.
 5. When rental payments total the purchase price, the equipment is considered purchased and no additional reimbursement is made.
 6. The return of rented equipment is the dual responsibility of the injured worker and the DME supplier. The employer is not responsible for additional rental periods solely due to delay in equipment return.
 7. For codes E0676, E0935, and E0936 the MAR listed is per day.
 8. Codes reported with modifier RR are reimbursed at ten (10) percent of the maximum allowed amount when reported with the NU modifier. Codes in the Fee Schedule with the RR modifier are reimbursed at the listed fee and should not be billed with the NU or UE modifier.
- H. Procedures/Professional Services (Temporary) (G0008– G6017)**
1. G codes identify professional health care procedures and services that would otherwise be reported using CPT codes.
 2. Procedures and professional services identified by G codes may have a corresponding CPT code. When both a G code and CPT code describe the same procedure, except for G0480, G0481, G0482, G0483 and G0659, the CPT code is required for reporting purposes.
 3. G codes also include procedures and professional services that do not currently have a valid CPT code. In such cases, the applicable G code should be used for reporting purposes.
- I. Drugs and Biologicals (J0120–J9999)**
1. J codes include drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs and solutions.
 2. These codes report only the costs associated with provision of the drug. Administration including injection, infusion, or inhalation is reported separately using the applicable CPT code(s).
 3. Additional codes for drugs and biologicals may

be found in the Q codes and S codes.

- J. Temporary Codes (K0001–K1009)**
1. K codes are temporary codes used to report durable medical equipment that do not yet have a permanent national code.
 2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment above.
- K. Orthotic Procedures and Devices (L0112–L4631) and Prosthetic Procedures (L5000–L9900)**
1. L codes include orthotic and prosthetic procedures and devices as well as scoliosis equipment, orthopedic shoes, and prosthetic implants.
 2. The payer shall only pay for orthotics and prosthetics prescribed by the treating physician for a compensable injury/illness. Prior authorization must be obtained from the payer.
 3. For orthotics, prosthetics and supplies that are not listed in the Fee Schedule, use CPT code 99070. Reimbursement may not exceed a twenty percent (20%) mark-up of the provider's cost and an invoice may be required by the payer before reimbursement is made for items without an allowable amount in the Fee Schedule.
- L. Medical Services (M0075–M1149)**
1. M codes include office services, cellular therapy, prolotherapy, intragastric hypothermia, IV chelation therapy, and fabric wrapping of an abdominal aneurysm.
 2. These codes are not reimbursed as they represent services for which the therapeutic efficacy has not been established, the procedure is considered experimental, or the procedure has been replaced with a more effective treatment modality.
- M. Pathology and Laboratory Services (P2028–P9615)**
1. P codes include chemistry, toxicology, and microbiology tests, screening Papanicolaou procedures, and various blood products.
 2. Blood and blood product codes report the supply of the blood or blood product only.
 3. The administration of blood or blood product is reported separately.
 4. Code 36430 for transfusion of blood or blood components is reported only once per encounter regardless of the number of units provided.
- N. Temporary Codes (Q0035–Q9992)**
1. Q codes include temporary codes developed for reporting services and supplies that do not have a permanent national HCPCS code or CPT code. Included in this section are codes for:
 - a. Oral anti-emetic drugs;
 - b. Casting supplies;
 - c. Splint supplies;

- d. Low osmolar contrast;
 - e. High osmolar contrast;
 - f. Skin substitutes; and
 - g. Other supplies/services.
2. Cast supplies and splints should be reported with the appropriate code from Q4001–Q4051. These codes report the cost of the supply only.
 3. Cast supplies and splints are reported in addition to the CPT code for fracture management.
 4. Cast supplies and splints are reported in addition to CPT codes for application of the cast or splint.
 5. Refer to CPT for rules related to reporting fracture management and cast application.
- O. Diagnostic Radiology Services (R0070–R0076)**
1. R codes are used for the transportation of portable x-ray and/or EKG equipment. These codes are not reimbursable under the Fee Schedule.
- P. Temporary National Codes (Non-Medicare) (S0012–S9999)**
1. Mississippi uses S codes with modified descriptions to report home health services.
 2. See J codes for reporting rules related to drugs and biologicals.
- Q. COVID-19 Testing (U0001–U0005)**
1. U codes are used for different types of COVID-19 testing.
- R. Vision Services (V2020–V2799)**
1. These V codes include vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.
- S. Hearing Services (V5008–V5364)**
1. These V codes include hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.
- T. Facility Fee**
1. The facility fee for outpatient services is the APC Amount.

Code	Mod	Description	Amount	APC Amount
A0021		OUTSIDE STATE AMBULANCE SERV	15.26	
A0080		NONINTEREST ESCORT IN NON ER	0.59	
A0090		INTEREST ESCORT IN NON ER	0.14	
A0100		NONEMERGENCY TRANSPORT TAXI	0.62	
A0110		NONEMERGENCY TRANSPORT BUS	7.20	
A0120		NONER TRANSPORT MINI-BUS	0.75	
A0130		NONER TRANSPORT WHEELCH VAN	8.80	
A0140		NONEMERGENCY TRANSPORT AIR	6.00	
A0160		NONER TRANSPORT CASE WORKER	0.15	
A0170		TRANSPORT PARKING FEES/TOLLS	4.80	
A0180		NONER TRANSPORT LODGNG RECIP	12.00	
A0190		NONER TRANSPORT MEALS RECIP	2.40	
A0200		NONER TRANSPORT LODGNG ESCRT	19.20	
A0210		NONER TRANSPORT MEALS ESCORT	3.20	
A0225		NEONATAL EMERGENCY TRANSPORT	1361.49	
A0380		BASIC LIFE SUPPORT MILEAGE	0.49	
A0382		BASIC SUPPORT ROUTINE SUPPLS	27.60	
A0384		BLS DEFIBRILLATION SUPPLIES	7.62	
A0390		ADVANCED LIFE SUPPORT MILEAG	5.20	
A0392		ALS DEFIBRILLATION SUPPLIES	19.81	
A0394		ALS IV DRUG THERAPY SUPPLIES	24.80	
A0396		ALS ESOPHAGEAL INTUB SUPPLS	19.81	
A0398		ALS ROUTINE DISPOSBLE SUPPLS	28.80	
A0420		AMBULANCE WAITING 1/2 HR	11.60	
A0422		AMBULANCE 02 LIFE SUSTAINING	46.00	
A0424		EXTRA AMBULANCE ATTENDANT	25.60	
A0425		GROUND MILEAGE	8.91	
A0426		ALS 1	362.16	
A0427		ALS1-EMERGENCY	573.43	
A0428		BLS	301.81	
A0429		BLS-EMERGENCY	482.88	
A0430		FIXED WING AIR TRANSPORT	10277.89	
A0431		ROTARY WING AIR TRANSPORT	11827.21	
A0432		PI VOLUNTEER AMBULANCE CO	430.79	
A0433		ALS 2	829.95	
A0434		SPECIALTY CARE TRANSPORT	980.86	
A0435		FIXED WING AIR MILEAGE	30.91	
A0436		ROTARY WING AIR MILEAGE	82.54	
A0888		NONCOVERED AMBULANCE MILEAGE	4.00	
A0998		AMBULANCE RESPONSE/TREATMENT	50.80	
A0999		UNLISTED AMBULANCE SERVICE	BR	
A2001		INNOVAMATRIX AC, PER SQ CM	BR	
A2002		MIRRAGEN ADV WND MAT PER SQ	BR	
A2003		BIO-CONNKT WOUND MATRIX	BR	
A2004		XCELLISTEM, PER SQ CM	BR	
A2005		MICROLYTE MATRIX, PER SQ CM	BR	
A2006		NOVOSORB SYNPATH PER SQ CM	BR	
A2007		RESTRATA, PER SQ CM	BR	
A2008		THERAGENESIS, PER SQ CM	BR	
A2009		SYMPHONY, PER SQ CM	BR	

Code	Mod	Description	Amount	APC Amount
A2010		APIS, PER SQUARE CENTIMETER	BR	
A2011		SUPRA SDRM, PER SQ CM	BR	
A2012		SUPRATHEL, PER SQ CM	BR	
A2013		INNOVAMATRIX FS, PER SQ CM	BR	
A2014		OMEZA COLLAG PER 100 MG	BR	
A2015		PHOENIX WND MTRX, PER SQ CM	BR	
A2016		PERMEADERM B, PER SQ CM	BR	
A2017		PERMEADERM GLOVE, EACH	BR	
A2018		PERMEADERM C, PER SQ CM	BR	
A4100		SKIN SUB FDA CLRD AS DEV NOS	BR	
A4206		1 CC STERILE SYRINGE&NEEDLE	0.62	
A4207		2 CC STERILE SYRINGE&NEEDLE	0.80	
A4208		3 CC STERILE SYRINGE&NEEDLE	3.20	
A4209		5+ CC STERILE SYRINGE&NEEDLE	3.20	
A4210		NONNEEDLE INJECTION DEVICE	0.00	
A4211		SUPP FOR SELF-ADM INJECTIONS	22.00	
A4212		NON CORING NEEDLE OR STYLET	9.20	
A4213		20+ CC SYRINGE ONLY	4.00	
A4215		STERILE NEEDLE	0.77	
A4216		STERILE WATER/SALINE, 10 ML	0.59	
A4217		STERILE WATER/SALINE, 500 ML	3.81	
A4218		STERILE SALINE OR WATER	0.80	
A4220		INFUSION PUMP REFILL KIT	46.00	
A4221		SUPP NON-INSULIN INF CATH/WK	27.25	
A4222		INFUSION SUPPLIES WITH PUMP	54.24	
A4223		INFUSION SUPPLIES W/O PUMP	74.00	
A4224		SUPPLY INSULIN INF CATH/WK	27.25	
A4225		SUP/EXT INSULIN INF PUMP SYR	3.40	
A4226		WEEKLY SUPPLY MAINT CGS PUMP	30.80	
A4230		INFUS INSULIN PUMP NON NEEDL	10.00	
A4231		INFUSION INSULIN PUMP NEEDLE	6.40	
A4232		SYRINGE W/NEEDLE INSULIN 3CC	2.80	
A4233	NU	ALKALIN BATT FOR GLUCOSE MON	0.56	
A4234	NU	J-CELL BATT FOR GLUCOSE MON	2.60	
A4235	NU	LITHIUM BATT FOR GLUCOSE MON	1.10	
A4236	NU	SILVR OXIDE BATT GLUCOSE MON	1.28	
A4238		ADJU CGM SUPPLY ALLOWANCE	BR	
A4244		ALCOHOL OR PEROXIDE PER PINT	1.60	
A4245		ALCOHOL WIPES PER BOX	5.20	
A4246		BETADINE/PHISOHEX SOLUTION	6.00	
A4247		BETADINE/IODINE SWABS/WIPES	9.20	
A4248		CHLORHEXIDINE ANTISEPT	0.06	
A4250		URINE REAGENT STRIPS/TABLETS	16.30	
A4252		BLOOD KETONE TEST OR STRIP	8.00	
A4253	NU	BLOOD GLUCOSE/REAGENT STRIPS	9.15	
A4255		GLUCOSE MONITOR PLATFORMS	5.53	
A4256		CALIBRATOR SOLUTION/CHIPS	3.72	
A4257		REPLACE LENS SHIELD CARTRIDGE	17.17	
A4258		LANCET DEVICE EACH	2.33	
A4259		LANCETS PER BOX	1.56	

Code	Mod	Description	Amount	APC Amount
A4261		CERVICAL CAP CONTRACEPTIVE	0.00	
A4262		TEMPORARY TEAR DUCT PLUG	29.27	
A4263		PERMANENT TEAR DUCT PLUG	71.82	
A4264		INTRATUBAL OCCLUSION DEVICE	0.00	
A4265		PARAFFIN	4.59	
A4266		DIAPHRAGM	54.00	
A4267		MALE CONDOM	0.50	
A4268		FEMALE CONDOM	0.77	
A4269		SPERMICIDE	6.80	
A4270		DISPOSABLE ENDOSCOPE SHEATH	10.80	
A4280		BRST PRSTHS ADHSV ATTCHMNT	7.19	
A4281		REPLACEMENT BREASTPUMP TUBE	12.40	
A4282		REPLACEMENT BREASTPUMP ADPT	12.40	
A4283		REPLACEMENT BREASTPUMP CAP	2.40	
A4284		REPLCMNT BREAST PUMP SHIELD	6.80	
A4285		REPLCMNT BREAST PUMP BOTTLE	4.80	
A4286		REPLCMNT BREASTPUMP LOK RING	5.20	
A4290		SACRAL NERVE STIM TEST LEAD	215.60	
A4300		CATH IMPL VASC ACCESS PORTAL	18.40	
A4301		IMPLANTABLE ACCESS SYST PERC	230.80	
A4305		DRUG DELIVERY SYSTEM >=50 ML	85.14	
A4306		DRUG DELIVERY SYSTEM <=50 ML	76.62	
A4310		INSERT TRAY W/O BAG/CATH	8.83	
A4311		CATHETER W/O BAG 2-WAY LATEX	19.93	
A4312		CATH W/O BAG 2-WAY SILICONE	24.28	
A4313		CATHETER W/BAG 3-WAY	24.93	
A4314		CATH W/DRAINAGE 2-WAY LATEX	28.92	
A4315		CATH W/DRAINAGE 2-WAY SILCNE	35.50	
A4316		CATH W/DRAINAGE 3-WAY	38.23	
A4320		IRRIGATION TRAY	6.12	
A4321		CATH THERAPEUTIC IRRIG AGENT	21.60	
A4322		IRRIGATION SYRINGE	4.08	
A4326		MALE EXTERNAL CATHETER	14.52	
A4327		FEM URINARY COLLECT DEV CUP	60.03	
A4328		FEM URINARY COLLECT POUCH	14.05	
A4330		STOOL COLLECTION POUCH	8.20	
A4331		EXTENSION DRAINAGE TUBING	4.28	
A4332		LUBE STERILE PACKET	0.15	
A4333		URINARY CATH ANCHOR DEVICE	2.98	
A4334		URINARY CATH LEG STRAP	6.62	
A4335		INCONTINENCE SUPPLY	BR	
A4336		URETHRAL INSERT	1.94	
A4337		INCONTINENT RECTAL INSERT	6.40	
A4338		INDWELLING CATHETER LATEX	16.51	
A4340		INDWELLING CATHETER SPECIAL	36.31	
A4344		CATH INDW FOLEY 2 WAY SILICN	19.70	
A4346		CATH INDW FOLEY 3 WAY	23.35	
A4349		DISPOSABLE MALE EXTERNAL CAT	2.71	
A4351		STRAIGHT TIP URINE CATHETER	2.26	
A4352		COUDE TIP URINARY CATHETER	8.65	

Code	Mod	Description	Amount	APC Amount
A4353		INTERMITTENT URINARY CATH	9.43	
A4354		CATH INSERTION TRAY W/BAG	15.88	
A4355		BLADDER IRRIGATION TUBING	12.00	
A4356		EXT URETH CLMP OR COMPR DVC	56.00	
A4357		BEDSIDE DRAINAGE BAG	11.11	
A4358		URINARY LEG OR ABDOMEN BAG	7.96	
A4360		DISPOSABLE EXT URETHRAL DEV	0.59	
A4361		OSTOMY FACE PLATE	24.72	
A4362		SOLID SKIN BARRIER	3.97	
A4363		OSTOMY CLAMP, REPLACEMENT	2.72	
A4364		ADHESIVE, LIQUID OR EQUAL	3.96	
A4366		OSTOMY VENT	1.74	
A4367		OSTOMY BELT	8.43	
A4368		OSTOMY FILTER	0.33	
A4369		SKIN BARRIER LIQUID PER OZ	3.27	
A4371		SKIN BARRIER POWDER PER OZ	4.91	
A4372		SKIN BARRIER SOLID 4X4 EQUIV	5.64	
A4373		SKIN BARRIER WITH FLANGE	8.43	
A4375		DRAINABLE PLASTIC PCH W FCPL	23.11	
A4376		DRAINABLE RUBBER PCH W FCPLT	64.03	
A4377		DRAINABLE PLSTIC PCH W/O FP	5.76	
A4378		DRAINABLE RUBBER PCH W/O FP	41.38	
A4379		URINARY PLASTIC POUCH W FCPL	20.21	
A4380		URINARY RUBBER POUCH W FCPLT	50.25	
A4381		URINARY PLASTIC POUCH W/O FP	6.23	
A4382		URINARY HVY PLSTC PCH W/O FP	33.13	
A4383		URINARY RUBBER POUCH W/O FP	37.94	
A4384		OSTOMY FACEPLT/SILICONE RING	12.94	
A4385		OST SKN BARRIER SLD EXT WEAR	6.85	
A4387		OST CLSD POUCH W ATT ST BARR	3.03	
A4388		DRAINABLE PCH W EX WEAR BARR	5.87	
A4389		DRAINABLE PCH W ST WEAR BARR	8.36	
A4390		DRAINABLE PCH EX WEAR CONVEX	12.93	
A4391		URINARY POUCH W EX WEAR BARR	9.52	
A4392		URINARY POUCH W ST WEAR BARR	11.00	
A4393		URINE PCH W EX WEAR BAR CONV	12.17	
A4394		OSTOMY POUCH LIQ DEODORANT	3.49	
A4395		OSTOMY POUCH SOLID DEODORANT	0.06	
A4396		PERISTOMAL HERNIA SUPPRT BLT	54.47	
A4398		OSTOMY IRRIGATION BAG	18.60	
A4399		OSTOMY IRRIG CONE/CATH W BRS	14.52	
A4400		OSTOMY IRRIGATION SET	55.90	
A4402		LUBRICANT PER OUNCE	1.83	
A4404		OSTOMY RING EACH	1.97	
A4405		NONPECTIN BASED OSTOMY PASTE	4.60	
A4406		PECTIN BASED OSTOMY PASTE	7.70	
A4407		EXT WEAR OST SKN BARR <=4SQ"	11.79	
A4408		EXT WEAR OST SKN BARR >4SQ"	13.29	
A4409		OST SKN BARR CONVEX <=4 SQ I	8.36	
A4410		OST SKN BARR EXTND >4 SQ	12.17	

Code	Mod	Description	Amount	APC Amount
A4411		OST SKN BARR EXTND =4SQ	6.85	
A4412		OST POUCH DRAIN HIGH OUTPUT	3.64	
A4413		2 PC DRAINABLE OST POUCH	7.41	
A4414		OST SKNBAR W/O CONV<=4 SQ IN	6.62	
A4415		OST SKN BARR W/O CONV >4 SQI	8.06	
A4416		OST PCH CLSD W BARRIER/FILTR	3.71	
A4417		OST PCH W BAR/BLTINCONV/FLTR	5.02	
A4418		OST PCH CLSD W/O BAR W FILTR	2.44	
A4419		OST PCH FOR BAR W FLANGE/FLT	2.32	
A4420		OST PCH CLSD FOR BAR W LK FL	1.60	
A4421		OSTOMY SUPPLY MISC	BR	
A4422		OST POUCH ABSORBENT MATERIAL	0.15	
A4423		OST PCH FOR BAR W LK FL/FLTR	2.50	
A4424		OST PCH DRAIN W BAR & FILTER	6.40	
A4425		OST PCH DRAIN FOR BARRIER FL	4.82	
A4426		OST PCH DRAIN 2 PIECE SYSTEM	3.67	
A4427		OST PCH DRAIN/BARR LK FLNG/F	3.75	
A4428		URINE OST POUCH W FAUCET/TAP	8.78	
A4429		URINE OST POUCH W BLTINCONV	11.10	
A4430		OST URINE PCH W B/BLTIN CONV	11.46	
A4431		OST PCH URINE W BARRIER/TAPV	8.36	
A4432		OS PCH URINE W BAR/FANGE/TAP	4.83	
A4433		URINE OST PCH BAR W LOCK FLN	4.51	
A4434		OST PCH URINE W LOCK FLNG/FT	5.06	
A4435		1PC OST PCH DRAIN HGH OUTPUT	7.76	
A4436		IRR SUPPLY SLEEV REUS PER MO	23.51	
A4437		IRR SUPPLY SLEEV DISP PER MO	23.51	
A4450		NON-WATERPROOF TAPE	0.12	
A4452		WATERPROOF TAPE	0.36	
A4453		REC CATH MAN PUMP ENEMA REPL	BR	
A4455		ADHESIVE REMOVER PER OUNCE	1.91	
A4456		ADHESIVE REMOVER, WIPES	0.32	
A4458		REUSABLE ENEMA BAG	4.80	
A4459		MANUAL PUMP ENEMA, REUSABLE	3768.40	
A4461		SURGICL DRESS HOLD NON-REUSE	4.44	
A4463		SURGICAL DRESS HOLDER REUSE	17.91	
A4465		NON-ELASTIC EXTREMITY BINDER	22.34	
A4467		BELT STRAP SLEEV GRMNT COVER	42.56	
A4470		GRAVLEE JET WASHER	5.54	
A4480		VABRA ASPIRATOR	42.56	
A4481		TRACHEOSTOMA FILTER	0.50	
A4483		MOISTURE EXCHANGER	4.40	
A4490		ABOVE KNEE SURGICAL STOCKING	26.27	
A4495		THIGH LENGTH SURG STOCKING	24.00	
A4500		BELOW KNEE SURGICAL STOCKING	22.84	
A4510		FULL LENGTH SURG STOCKING	81.57	
A4520		INCONTINENCE GARMENT ANYTYPE	0.69	
A4550		SURGICAL TRAYS	32.63	
A4553		NONDISP UNDERPADS, ALL SIZES	8.80	
A4554		DISPOSABLE UNDERPADS	0.45	

Code	Mod	Description	Amount	APC Amount
A4555		CA TX E-STIM ELECTR/TRANSDUC	12.40	
A4556		ELECTRODES, PAIR	13.89	
A4557		LEAD WIRES, PAIR	18.58	
A4558		CONDUCTIVE GEL OR PASTE	6.62	
A4559		COUPLING GEL OR PASTE	0.13	
A4561		PESSARY RUBBER, ANY TYPE	27.71	
A4562		PESSARY, NON RUBBER, ANY TYPE	68.89	
A4563		VAG INSER RECTAL CONTROL SYS	162.35	
A4565		SLINGS	10.36	
A4566		SHOULD SLING/VEST/ABRESTRAIN	27.60	
A4570		SPLINT	37.25	
A4575		HYPERBARIC O2 CHAMBER DISPS	444.80	
A4580		CAST SUPPLIES (PLASTER)	90.45	
A4590		SPECIAL CASTING MATERIAL	79.82	
A4595		TENS SUPPL 2 LEAD PER MONTH	25.88	
A4596		CES SYSTEM MONTHLY SUPP	BR	
A4600		SLEEVE, INTER LIMB COMP DEV	26.00	
A4601		LITH ION NON PROSTH RECHARGE	60.80	
A4602	NU	REPLACE LITHIUM BATTERY 1.5V	5.02	
A4604	NU	TUBING WITH HEATING ELEMENT	64.39	
A4605	NU	TRACH SUCTION CATH CLOSE SYS	22.07	
A4606		OXYGEN PROBE USED W OXIMETER	57.20	
A4608		TRANSTRACHEAL OXYGEN CATH	67.46	
A4611	NU	HEAVY DUTY BATTERY	684.87	
A4611	RR	HEAVY DUTY BATTERY	68.90	
A4611	UE	HEAVY DUTY BATTERY	513.31	
A4612	NU	BATTERY CABLES	243.72	
A4612	RR	BATTERY CABLES	26.57	
A4612	UE	BATTERY CABLES	197.98	
A4613	NU	BATTERY CHARGER	576.47	
A4613	RR	BATTERY CHARGER	39.37	
A4613	UE	BATTERY CHARGER	293.30	
A4614		HAND-HELD PEFR METER	32.01	
A4615		CANNULA NASAL	0.98	
A4616		TUBING (OXYGEN) PER FOOT	0.08	
A4617		MOUTH PIECE	4.17	
A4618	NU	BREATHING CIRCUITS	10.18	
A4618	RR	BREATHING CIRCUITS	1.18	
A4618	UE	BREATHING CIRCUITS	7.63	
A4619	NU	FACE TENT	2.44	
A4620		VARIABLE CONCENTRATION MASK	0.86	
A4623		TRACHEOSTOMY INNER CANNULA	7.50	
A4624	NU	TRACHEAL SUCTION TUBE	3.03	
A4625		TRACH CARE KIT FOR NEW TRACH	7.92	
A4626		TRACHEOSTOMY CLEANING BRUSH	4.28	
A4627		SPACER BAG/RESERVOIR	42.56	
A4628	NU	OROPHARYNGEAL SUCTION CATH	5.04	
A4629		TRACHEOSTOMY CARE KIT	6.26	
A4630	NU	REPL BAT T.E.N.S. OWN BY PT	8.39	
A4633	NU	UVL REPLACEMENT BULB	55.23	

Code	Mod	Description	Amount	APC Amount
A4634		REPLACEMENT BULB TH LIGHTBOX	BR	
A4635	NU	UNDERARM CRUTCH PAD	6.88	
A4635	RR	UNDERARM CRUTCH PAD	0.95	
A4635	UE	UNDERARM CRUTCH PAD	4.59	
A4636	NU	HANDGRIP FOR CANE ETC	4.63	
A4636	RR	HANDGRIP FOR CANE ETC	0.47	
A4636	UE	HANDGRIP FOR CANE ETC	3.42	
A4637	NU	REPL TIP CANE/CRUTCH/WALKER	2.44	
A4637	RR	REPL TIP CANE/CRUTCH/WALKER	0.29	
A4637	UE	REPL TIP CANE/CRUTCH/WALKER	1.84	
A4638	NU	REPL BATT PULSE GEN SYS	0.00	
A4638	RR	REPL BATT PULSE GEN SYS	0.00	
A4638	UE	REPL BATT PULSE GEN SYS	0.00	
A4639	RR	INFRARED HT SYS REPLCMNT PAD	38.67	
A4640	NU	ALTERNATING PRESSURE PAD	69.75	
A4640	RR	ALTERNATING PRESSURE PAD	7.04	
A4640	UE	ALTERNATING PRESSURE PAD	50.81	
A4641		RADIOPHARM DX AGENT NOC	BR	
A4642		IN111 SATUMOMAB	BR	
A4648		IMPLANTABLE TISSUE MARKER	164.80	
A4649		SURGICAL SUPPLIES	BR	
A4650		IMPLANT RADIATION DOSIMETER	12.80	
A4651		CALIBRATED MICROCAP TUBE	6.00	
A4652		MICROCAPILLARY TUBE SEALANT	6.00	
A4653		PD CATHETER ANCHOR BELT	BR	
A4657		SYRINGE W/WO NEEDLE	0.61	
A4660		SPHYG/BP APP W CUFF AND STET	42.84	
A4663		DIALYSIS BLOOD PRESSURE CUFF	57.46	
A4670		AUTOMATIC BP MONITOR, DIAL	119.46	
A4671		DISPOSABLE CYCLER SET	28.80	
A4672		DRAINAGE EXT LINE, DIALYSIS	107.60	
A4673		EXT LINE W EASY LOCK CONNECT	BR	
A4674		CHEM/ANTISEPT SOLUTION, 8OZ	74.40	
A4680		ACTIVATED CARBON FILTER, EA	282.02	
A4690		DIALYZER, EACH	200.27	
A4706		BICARBONATE CONC SOL PER GAL	38.00	
A4707		BICARBONATE CONC POW PER PAC	BR	
A4708		ACETATE CONC SOL PER GALLON	BR	
A4709		ACID CONC SOL PER GALLON	37.20	
A4714		TREATED WATER PER GALLON	23.20	
A4719		"Y SET" TUBING	7.61	
A4720		DIALYSAT SOL FLD VOL > 249CC	BR	
A4721		DIALYSAT SOL FLD VOL > 999CC	BR	
A4722		DIALYS SOL FLD VOL > 1999CC	BR	
A4723		DIALYS SOL FLD VOL > 2999CC	BR	
A4724		DIALYS SOL FLD VOL > 3999CC	BR	
A4725		DIALYS SOL FLD VOL > 4999CC	7.20	
A4726		DIALYS SOL FLD VOL > 5999CC	8.00	
A4728		DIALYSATE SOLUTION, NON-DEX	BR	
A4730		FISTULA CANNULATION SET, EA	BR	

Code	Mod	Description	Amount	APC Amount
A4736		TOPICAL ANESTHETIC, PER GRAM	25.20	
A4737		INJ ANESTHETIC PER 10 ML	BR	
A4740		SHUNT ACCESSORY	BR	
A4750		ART OR VENOUS BLOOD TUBING	69.17	
A4755		COMB ART/VENOUS BLOOD TUBING	84.40	
A4760		DIALYSATE SOL TEST KIT, EACH	BR	
A4765		DIALYSATE CONC POW PER PACK	BR	
A4766		DIALYSATE CONC SOL ADD 10 ML	21.60	
A4770		BLOOD COLLECTION TUBE/VACUUM	6.00	
A4771		SERUM CLOTTING TIME TUBE	BR	
A4772		BLOOD GLUCOSE TEST STRIPS	21.34	
A4773		OCCULT BLOOD TEST STRIPS	156.62	
A4774		AMMONIA TEST STRIPS	BR	
A4802		PROTAMINE SULFATE PER 50 MG	4.27	
A4860		DISPOSABLE CATHETER TIPS	5.20	
A4870		PLUMB/ELEC WK HM HEMO EQUIP	738.80	
A4890		REPAIR/MAINT CONT HEMO EQUIP	406.40	
A4911		DRAIN BAG/BOTTLE	10.00	
A4913		MISC DIALYSIS SUPPLIES NOC	BR	
A4918		VENOUS PRESSURE CLAMP	9.20	
A4927		NON-STERILE GLOVES	8.72	
A4928		SURGICAL MASK	10.40	
A4929		TOURNIQUET FOR DIALYSIS, EA	0.42	
A4930		STERILE, GLOVES PER PAIR	0.40	
A4931		REUSABLE ORAL THERMOMETER	9.61	
A4932		REUSABLE RECTAL THERMOMETER	0.00	
A5051		POUCH CLSD W BARR ATTACHED	2.77	
A5052		CLSD OSTOMY POUCH W/O BARR	2.00	
A5053		CLSD OSTOMY POUCH FACEPLATE	1.99	
A5054		CLSD OSTOMY POUCH W/FLANGE	2.42	
A5055		STOMA CAP	1.76	
A5056		1 PC OST POUCH W FILTER	6.29	
A5057		1 PC OST POU W BUILT-IN CONV	12.93	
A5061		POUCH DRAINABLE W BARRIER AT	4.75	
A5062		DRNBLE OSTOMY POUCH W/O BARR	3.00	
A5063		DRAIN OSTOMY POUCH W/FLANGE	3.64	
A5071		URINARY POUCH W/BARRIER	8.09	
A5072		URINARY POUCH W/O BARRIER	4.25	
A5073		URINARY POUCH ON BARR W/FLNG	3.64	
A5081		STOMA PLUG OR SEAL, ANY TYPE	3.80	
A5082		CONTINENT STOMA CATHETER	13.62	
A5083		STOMA ABSORPTIVE COVER	0.87	
A5093		OSTOMY ACCESSORY CONVEX INSE	2.52	
A5102		BEDSIDE DRAIN BTL W/WO TUBE	30.37	
A5105		URINARY SUSPENSORY	54.87	
A5112		URINARY LEG BAG	46.60	
A5113		LATEX LEG STRAP	6.35	
A5114		FOAM/FABRIC LEG STRAP	10.24	
A5120		SKIN BARRIER, WIPE OR SWAB	0.52	
A5121		SOLID SKIN BARRIER 6X6	10.03	

Code	Mod	Description	Amount	APC Amount
A5122		SOLID SKIN BARRIER 8X8	17.28	
A5126		DISK/FOAM PAD +OR- ADHESIVE	1.76	
A5131		APPLIANCE CLEANER	21.33	
A5200		PERCUTANEOUS CATHETER ANCHOR	15.22	
A5500		DIAB SHOE FOR DENSITY INSERT	85.58	
A5501		DIABETIC CUSTOM MOLDED SHOE	256.66	
A5503		DIABETIC SHOE W/ROLLER/ROCKR	43.53	
A5504		DIABETIC SHOE WITH WEDGE	43.53	
A5505		DIAB SHOE W/METATARSAL BAR	43.53	
A5506		DIABETIC SHOE W/OFF SET HEEL	43.53	
A5507		MODIFICATION DIABETIC SHOE	43.53	
A5508		DIABETIC DELUXE SHOE	36.01	
A5510		COMPRESSION FORM SHOE INSERT	80.79	
A5512		MULTI DEN INSERT DIRECT FORM	34.90	
A5513		MULTI DEN INSERT CUSTOM MOLD	52.09	
A5514		MULT DEN INSERT DIR CARV/CAM	52.09	
A6000		WOUND WARMING WOUND COVER	0.00	
A6010		COLLAGEN BASED WOUND FILLER	41.68	
A6011		COLLAGEN GEL/PASTE WOUND FIL	3.08	
A6021		COLLAGEN DRESSING <=16 SQ IN	28.29	
A6022		COLLAGEN DRSG>16<=48 SQ IN	28.29	
A6023		COLLAGEN DRESSING >48 SQ IN	256.11	
A6024		COLLAGEN DSG WOUND FILLER	8.33	
A6025		SILICONE GEL SHEET, EACH	31.60	
A6154		WOUND POUCH EACH	19.35	
A6196		ALGINATE DRESSING <=16 SQ IN	9.91	
A6197		ALGINATE DRSG >16 <=48 SQ IN	22.13	
A6198		ALGINATE DRESSING > 48 SQ IN	30.80	
A6199		ALGINATE DRSG WOUND FILLER	7.11	
A6203		COMPOSITE DRSG <= 16 SQ IN	4.53	
A6204		COMPOSITE DRSG >16<=48 SQ IN	8.37	
A6205		COMPOSITE DRSG > 48 SQ IN	0.25	
A6206		CONTACT LAYER <= 16 SQ IN	14.63	
A6207		CONTACT LAYER >16<= 48 SQ IN	9.89	
A6208		CONTACT LAYER > 48 SQ IN	62.80	
A6209		FOAM DRSG <=16 SQ IN W/O BDR	10.05	
A6210		FOAM DRG >16<=48 SQ IN W/O B	26.82	
A6211		FOAM DRG > 48 SQ IN W/O BRDR	39.52	
A6212		FOAM DRG <=16 SQ IN W/BORDER	13.07	
A6213		FOAM DRG >16<=48 SQ IN W/BDR	24.63	
A6214		FOAM DRG > 48 SQ IN W/BORDER	13.85	
A6215		FOAM DRESSING WOUND FILLER	4.00	
A6216		NON-STERILE GAUZE<=16 SQ IN	0.06	
A6217		NON-STERILE GAUZE>16<=48 SQ	0.25	
A6218		NON-STERILE GAUZE > 48 SQ IN	0.97	
A6219		GAUZE <= 16 SQ IN W/BORDER	1.29	
A6220		GAUZE >16 <=48 SQ IN W/BORDR	3.49	
A6221		GAUZE > 48 SQ IN W/BORDER	5.59	
A6222		GAUZE <=16 IN NO W/SAL W/O B	2.87	
A6223		GAUZE >16<=48 NO W/SAL W/O B	3.27	

Code	Mod	Description	Amount	APC Amount
A6224		GAUZE > 48 IN NO W/SAL W/O B	4.85	
A6228		GAUZE <= 16 SQ IN WATER/SAL	5.32	
A6229		GAUZE >16<=48 SQ IN WATR/SAL	4.85	
A6230		GAUZE > 48 SQ IN WATER/SALNE	2.08	
A6231		HYDROGEL DSG<=16 SQ IN	6.31	
A6232		HYDROGEL DSG>16<=48 SQ IN	9.24	
A6233		HYDROGEL DRESSING >48 SQ IN	25.81	
A6234		HYDROCOLLD DRG <=16 W/O BDR	8.81	
A6235		HYDROCOLLD DRG >16<=48 W/O B	22.64	
A6236		HYDROCOLLD DRG > 48 IN W/O B	36.67	
A6237		HYDROCOLLD DRG <=16 IN W/BDR	10.65	
A6238		HYDROCOLLD DRG >16<=48 W/BDR	30.68	
A6239		HYDROCOLLD DRG > 48 IN W/BDR	BR	
A6240		HYDROCOLLD DRG FILLER PASTE	16.49	
A6241		HYDROCOLLOID DRG FILLER DRY	3.47	
A6242		HYDROGEL DRG <=16 IN W/O BDR	8.15	
A6243		HYDROGEL DRG >16<=48 W/O BDR	16.59	
A6244		HYDROGEL DRG >48 IN W/O BDR	52.87	
A6245		HYDROGEL DRG <= 16 IN W/BDR	9.79	
A6246		HYDROGEL DRG >16<=48 IN W/B	13.37	
A6247		HYDROGEL DRG > 48 SQ IN W/B	32.01	
A6248		HYDROGEL DRSG GEL FILLER	21.87	
A6250		SKIN SEAL PROTECT MOISTURIZR	BR	
A6251		ABSORPT DRG <=16 SQ IN W/O B	2.67	
A6252		ABSORPT DRG >16 <=48 W/O BDR	4.38	
A6253		ABSORPT DRG > 48 SQ IN W/O B	8.53	
A6254		ABSORPT DRG <=16 SQ IN W/BDR	1.61	
A6255		ABSORPT DRG >16<=48 IN W/BDR	4.09	
A6256		ABSORPT DRG > 48 SQ IN W/BDR	5.20	
A6257		TRANSPARENT FILM <= 16 SQ IN	2.07	
A6258		TRANSPARENT FILM >16<=48 IN	5.80	
A6259		TRANSPARENT FILM > 48 SQ IN	14.72	
A6260		WOUND CLEANSER ANY TYPE/SIZE	0.42	
A6261		WOUND FILLER GEL/PASTE /OZ	6.12	
A6262		WOUND FILLER DRY FORM / GRAM	6.03	
A6266		IMPREG GAUZE NO H20/SAL/YARD	2.57	
A6402		STERILE GAUZE <= 16 SQ IN	0.15	
A6403		STERILE GAUZE>16 <= 48 SQ IN	0.56	
A6404		STERILE GAUZE > 48 SQ IN	0.61	
A6407		PACKING STRIPS, NON-IMPREG	2.52	
A6410		STERILE EYE PAD	0.51	
A6411		NON-STERILE EYE PAD	6.00	
A6412		OCCLUSIVE EYE PATCH	0.39	
A6413		ADHESIVE BANDAGE, FIRST-AID	0.20	
A6441		PAD BAND W>=3" <5"/YD	0.92	
A6442		CONFORM BAND N/S W<3"/YD	0.21	
A6443		CONFORM BAND N/S W>=3"<5"/YD	0.37	
A6444		CONFORM BAND N/S W>=5"/YD	0.75	
A6445		CONFORM BAND S W <3"/YD	0.43	
A6446		CONFORM BAND S W>=3" <5"/YD	0.53	

Code	Mod	Description	Amount	APC Amount
A6447		CONFORM BAND S W >=5"/YD	0.92	
A6448		LT COMPRES BAND <3"/YD	1.55	
A6449		LT COMPRES BAND >=3" <5"/YD	2.35	
A6450		LT COMPRES BAND >=5"/YD	2.35	
A6451		MOD COMPRES BAND W>=3" <5"/YD	2.35	
A6452		HIGH COMPRES BAND W>=3" <5"/YD	7.94	
A6453		SELF-ADHER BAND W <3"/YD	0.85	
A6454		SELF-ADHER BAND W>=3" <5"/YD	1.06	
A6455		SELF-ADHER BAND >=5"/YD	1.87	
A6456		ZINC PASTE BAND W >=3" <5"/YD	1.69	
A6457		TUBULAR DRESSING	1.53	
A6460		SYNTHETIC DRSG <= 16 SQ IN	BR	
A6461		SYNTHETIC DRSG >16<=48 SQ IN	4.80	
A6501		COMPRES BURNGARMENT BODYSUIT	BR	
A6502		COMPRES BURNGARMENT CHINSTRP	125.60	
A6503		COMPRES BURNGARMENT FACEHOOD	BR	
A6504		CMPRSBURNGARMENT GLOVE-WRIST	190.80	
A6505		CMPRSBURNGARMENT GLOVE-ELBOW	162.80	
A6506		CMPRSBURNGRMNT GLOVE-AXILLA	243.20	
A6507		CMPRS BURNGARMENT FOOT-KNEE	131.20	
A6508		CMPRS BURNGARMENT FOOT-THIGH	284.00	
A6509		COMPRES BURN GARMENT JACKET	351.60	
A6510		COMPRES BURN GARMENT LEOTARD	BR	
A6511		COMPRES BURN GARMENT PANTY	326.40	
A6512		COMPRES BURN GARMENT, NOC	BR	
A6513		COMPRESS BURN MASK FACE/NECK	BR	
A6530		COMPRESSION STOCKING BK18-30	52.72	
A6531		COMPRESSION STOCKING BK30-40	64.98	
A6532		COMPRESSION STOCKING BK40-50	91.56	
A6533		GC STOCKING THIGHLNGTH 18-30	45.78	
A6534		GC STOCKING THIGHLNGTH 30-40	61.04	
A6535		GC STOCKING THIGHLNGTH 40-50	97.11	
A6536		GC STOCKING FULL LNGTH 18-30	97.11	
A6537		GC STOCKING FULL LNGTH 30-40	110.99	
A6538		GC STOCKING FULL LNGTH 40-50	152.60	
A6539		GC STOCKING WAISTLNGTH 18-30	212.25	
A6540		GC STOCKING WAISTLNGTH 30-40	115.14	
A6541		GC STOCKING WAISTLNGTH 40-50	155.37	
A6544		GC STOCKING GARTER BELT	55.49	
A6545		GRAD COMP NON-ELASTIC BK	127.95	
A6549		G COMPRESSION STOCKING	0.00	
A6550		NEG PRES WOUND THER DRSG SET	31.82	
A7000	NU	DISPOSABLE CANISTER FOR PUMP	11.63	
A7001	NU	NONDISPOSABLE PUMP CANISTER	39.72	
A7002	NU	TUBING USED W SUCTION PUMP	4.39	
A7003	NU	NEBULIZER ADMINISTRATION SET	2.82	
A7004	NU	DISPOSABLE NEBULIZER SML VOL	1.84	
A7005	NU	NONDISPOSABLE NEBULIZER SET	25.19	
A7006	NU	FILTERED NEBULIZER ADMIN SET	11.01	
A7007	NU	LG VOL NEBULIZER DISPOSABLE	4.98	

Code	Mod	Description	Amount	APC Amount
A7008	NU	DISPOSABLE NEBULIZER PREFILL	12.57	
A7009	NU	NEBULIZER RESERVOIR BOTTLE	55.74	
A7010	NU	DISPOSABLE CORRUGATED TUBING	23.28	
A7012	NU	NEBULIZER WATER COLLEC DEVIC	4.33	
A7013	NU	DISPOSABLE COMPRESSOR FILTER	0.83	
A7014	NU	COMPRESSOR NONDISPOS FILTER	5.09	
A7015	NU	AEROSOL MASK USED W NEBULIZE	2.07	
A7016	NU	NEBULIZER DOME & MOUTHPIECE	9.28	
A7017	NU	NEBULIZER NOT USED W OXYGEN	164.20	
A7017	RR	NEBULIZER NOT USED W OXYGEN	16.42	
A7017	UE	NEBULIZER NOT USED W OXYGEN	123.15	
A7018		WATER DISTILLED W/NEBULIZER	0.43	
A7020	NU	INTERFACE, COUGH STIM DEVICE	19.48	
A7025	RR	REPLACE CHEST COMPRESS VEST	58.54	
A7026	NU	REPLACE CHST CMPRSS SYS HOSE	38.69	
A7027	NU	COMBINATION ORAL/NASAL MASK	202.48	
A7028	NU	REPL ORAL CUSHION COMBO MASK	54.93	
A7029	NU	REPL NASAL PILLOW COMB MASK	23.52	
A7030	NU	CPAP FULL FACE MASK	166.78	
A7031	NU	REPLACEMENT FACEMASK INTERFA	62.27	
A7032	NU	REPLACEMENT NASAL CUSHION	35.71	
A7033	NU	REPLACEMENT NASAL PILLOWS	26.48	
A7034	NU	NASAL APPLICATION DEVICE	104.12	
A7035	NU	POS AIRWAY PRESS HEADGEAR	33.20	
A7036	NU	POS AIRWAY PRESS CHINSTRAP	15.93	
A7037	NU	POS AIRWAY PRESSURE TUBING	31.26	
A7038	NU	POS AIRWAY PRESSURE FILTER	4.49	
A7039	NU	FILTER, NON DISPOSABLE W PAP	11.46	
A7040		ONE WAY CHEST DRAIN VALVE	54.73	
A7041		WATER SEAL DRAIN CONTAINER	102.86	
A7044	NU	PAP ORAL INTERFACE	123.50	
A7045	NU	REPL EXHALATION PORT FOR PAP	19.05	
A7045	RR	REPL EXHALATION PORT FOR PAP	1.90	
A7045	UE	REPL EXHALATION PORT FOR PAP	14.30	
A7046	NU	REPL WATER CHAMBER, PAP DEV	19.88	
A7047	NU	RESP SUCTION ORAL INTERFACE	162.71	
A7048		VACUUM DRAIN BOTTLE/TUBE KIT	57.26	
A7501		TRACHEOSTOMA VALVE W DIAPHRA	141.33	
A7502		REPLACEMENT DIAPHRAGM/FPLATE	67.19	
A7503		HMES FILTER HOLDER OR CAP	15.27	
A7504		TRACHEOSTOMA HMES FILTER	0.92	
A7505		HMES OR TRACH VALVE HOUSING	6.31	
A7506		HMES/TRACHVALVE ADHESIVEDISK	0.44	
A7507		INTEGRATED FILTER & HOLDER	3.36	
A7508		HOUSING & INTEGRATED ADHESIV	3.86	
A7509		HEAT & MOISTURE EXCHANGE SYS	1.89	
A7520		TRACH/LARYN TUBE NON-CUFFED	63.90	
A7521		TRACH/LARYN TUBE CUFFED	63.31	
A7522		TRACH/LARYN TUBE STAINLESS	60.78	
A7523		TRACHEOSTOMY SHOWER PROTECT	24.80	

Code	Mod	Description	Amount	APC Amount
A7524		TRACHEOSTOMA STENT/STUD/BTTN	104.18	
A7525		TRACHEOSTOMY MASK	2.77	
A7526		TRACHEOSTOMY TUBE COLLAR	4.57	
A7527		TRACH/LARYN TUBE PLUG/STOP	4.82	
A8000	NU	SOFT PROTECT HELMET PREFAB	206.40	
A8000	RR	SOFT PROTECT HELMET PREFAB	20.65	
A8000	UE	SOFT PROTECT HELMET PREFAB	154.83	
A8001	NU	HARD PROTECT HELMET PREFAB	206.40	
A8001	RR	HARD PROTECT HELMET PREFAB	20.65	
A8001	UE	HARD PROTECT HELMET PREFAB	154.83	
A8002	NU	SOFT PROTECT HELMET CUSTOM	BR	
A8002	RR	SOFT PROTECT HELMET CUSTOM	BR	
A8002	UE	SOFT PROTECT HELMET CUSTOM	BR	
A8003	NU	HARD PROTECT HELMET CUSTOM	BR	
A8003	RR	HARD PROTECT HELMET CUSTOM	BR	
A8003	UE	HARD PROTECT HELMET CUSTOM	BR	
A8004	NU	REPL SOFT INTERFACE, HELMET	BR	
A8004	RR	REPL SOFT INTERFACE, HELMET	BR	
A8004	UE	REPL SOFT INTERFACE, HELMET	BR	
A9150		MISC/EXPER NON-PRESCRIPT DRU	BR	
A9152		SINGLE VITAMIN NOS	0.18	
A9153		MULTI-VITAMIN NOS	29.99	
A9155		ARTIFICIAL SALIVA	BR	
A9180		LICE TREATMENT, TOPICAL	107.60	
A9270		NON-COVERED ITEM OR SERVICE	BR	
A9272		DISP WOUND SUCT, DRSG/ACCESS	1.60	
A9273		HOT/COLD BOTLE/CAP/COL/WRAP	4.40	
A9274		EXT AMB INSULIN DELIVERY SYS	29.20	
A9275		DISP HOME GLUCOSE MONITOR	12.40	
A9276		DISPOSABLE SENSOR, CGM SYS	15.20	
A9277		EXTERNAL TRANSMITTER, CGM	1085.20	
A9278		EXTERNAL RECEIVER, CGM SYS	1039.20	
A9279		MONITORING FEATURE/DEVICENOC	BR	
A9280		ALERT DEVICE, NOC	BR	
A9281		REACHING/GRABBING DEVICE	50.80	
A9282		WIG ANY TYPE	492.00	
A9283		FOOT PRESS OFF LOAD SUPP DEV	22.81	
A9284		NON-ELECTRONIC SPIROMETER	15.60	
A9285		INVERSION EVERSION COR DEVIC	BR	
A9286		ANY HYGIENIC ITEM, DEVICE	0.34	
A9291		PRES DIGITAL BEHAV THERA FDA	BR	
A9300		EXERCISE EQUIPMENT	BR	
A9500		TC99M SESTAMIBI	208.40	
A9501		TECHNETIUM TC-99M TEBOROXIME	BR	
A9502		TC99M TETROFOSMIN	200.40	
A9503		TC99M MEDRONATE	48.40	
A9504		TC99M APCITIDE	BR	
A9505		TL201 THALLIUM	208.40	
A9507		IN111 CAPROMAB	BR	
A9508		I131 IODOBENGUATE, DX	BR	

Code	Mod	Description	Amount	APC Amount
A9509		IODINE I-123 SOD IODIDE MIL	495.60	
A9510		TC99M DISOFENIN	133.59	
A9512		TC99M PERTECHNETATE	25.60	
A9513		LUTETIUM LU 177 DOTATAT THER	486.01	389.55
A9515		CHOLINE C-11	5298.10	
A9516		IODINE I-123 SOD IODIDE MIC	250.39	
A9517		I131 IODIDE CAP, RX	62.41	28.57
A9520		TC99 TILMANOCEPT DIAG 0.5MCI	834.41	
A9521		TC99M EXAMETAZIME	1663.60	
A9524		I131 SERUM ALBUMIN, DX	BR	
A9526		NITROGEN N-13 AMMONIA	479.60	
A9527		IODINE I-125 SODIUM IODIDE	BR	57.33
A9528		IODINE I-131 IODIDE CAP, DX	146.49	
A9529		I131 IODIDE SOL, DX	1.20	
A9530		I131 IODIDE SOL, RX	26.80	18.94
A9531		I131 MAX 100UCI	10.80	
A9532		I125 SERUM ALBUMIN, DX	270.62	
A9536		TC99M DEPREOTIDE	BR	
A9537		TC99M MEBROFENIN	105.20	
A9538		TC99M PYROPHOSPHATE	95.99	
A9539		TC99M PENTETATE	105.20	
A9540		TC99M MAA	250.39	
A9541		TC99M SULFUR COLLOID	187.60	
A9542		IN111 IBRITUMOMAB, DX	BR	
A9543		Y90 IBRITUMOMAB, RX	BR	84907.27
A9546		CO57/58	16.79	
A9547		IN111 OXYQUINOLINE	1094.31	
A9548		IN111 PENTETATE	1643.99	
A9550		TC99M GLUCEPTATE	183.60	
A9551		TC99M SUCCIMER	BR	
A9552		F18 FDG	576.00	
A9553		CR51 CHROMATE	BR	
A9554		I125 IOTHALAMATE, DX	813.60	
A9555		RB82 RUBIDIUM	667.60	
A9556		GA67 GALLIUM	39.22	
A9557		TC99M BICISATE	BR	
A9558		XE133 XENON 10MCI	410.40	
A9559		CO57 CYANO	BR	
A9560		TC99M LABELED RBC	208.40	
A9561		TC99M OXIDRONATE	83.60	
A9562		TC99M MERTIATIDE	1084.80	
A9563		P32 NA PHOSPHATE	BR	650.84
A9564		P32 CHROMIC PHOSPHATE	199.77	
A9566		TC99M FANOLESOMAB	BR	
A9567		TECHNETIUM TC-99M AEROSOL	166.80	
A9568		TECHNETIUM TC99M ARCITUMOMAB	BR	
A9569		TECHNETIUM TC-99M AUTO WBC	2359.60	
A9570		INDIUM IN-111 AUTO WBC	6804.40	
A9571		INDIUM IN-111 AUTO PLATELET	BR	
A9572		INDIUM IN-111 PENTETREOTIDE	5682.40	

Code	Mod	Description	Amount	APC Amount
A9574		AIR POLY INTRAUTERINE FOAM	BR	
A9575		INJ GADOTERATE MEGLUMI 0.1ML	0.14	
A9576		INJ PROHANCE MULTIPACK	1.82	
A9577		INJ MULTIHANCE	2.37	
A9578		INJ MULTIHANCE MULTIPACK	2.22	
A9579		GAD-BASE MR CONTRAST NOS,1ML	2.09	
A9580		SODIUM FLUORIDE F-18	443.20	
A9581		GADOXETATE DISODIUM INJ	16.21	
A9582		IODINE I-123 IOBENGUANE	7508.80	
A9583		GADOFOSVESET TRISODIUM INJ	37.78	
A9584		IODINE I-123 IOFLUPANE	4697.20	
A9585		GADOBUTROL INJECTION	0.43	
A9586		FLORBETAPIR F18	BR	4559.62
A9587		GALLIUM GA-68	142.80	100.47
A9588		FLUCICLOVINE F-18	529.83	586.43
A9589		INSTI HEXAMINOLEVULINATE HCL	1348.00	
A9590		IODINE I-131 IOBENGUANE 1MCI	BR	454.57
A9591		FLUOROESTRADIOL F 18	1168.00	915.66
A9592		COPPER CU 64 DOTATATE DIAG	BR	1304.30
A9593		GALLIUM GA-68 PSMA-11 UCSF	BR	1040.66
A9594		GALLIUM GA-68 PSMA-11, UCLA	BR	1018.92
A9595		PIFLU F-18, DIA 1 MILLICURIE	BR	769.33
A9596		GALLIUM ILLUCCIX 1 MILLICURE	BR	
A9597		PET, DX, FOR TUMOR ID, NOC	3837.99	
A9598		PET DX FOR NON-TUMOR ID, NOC	BR	
A9600		SR89 STRONTIUM	504.54	5644.50
A9601		FLORTAUCIPIR INJ 1 MILLICURI	BR	
A9602		FLUORODOPA F-18 DIAG PER MCI	BR	
A9604		SM 153 LEXIDRONAM	4725.28	24508.99
A9606		RADIUM RA223 DICHLORIDE THER	299.60	211.48
A9607		LUTETIUM LU 177 VIPIVOTIDE	BR	
A9698		NON-RAD CONTRAST MATERIALNOC	BR	
A9699		RADIOPHARM RX AGENT NOC	BR	
A9700		ECHOCARDIOGRAPHY CONTRAST	199.59	
A9800		GALLIUM LOCAMETZ 1 MILLICURI	BR	
A9900		SUPPLY/ACCESSORY/SERVICE	BR	
A9901		DELIVERY/SET UP/DISPENSING	34.40	
A9999		DME SUPPLY OR ACCESSORY, NOS	BR	
B4034		ENTER FEED SUPKIT SYR BY DAY	5.79	
B4035		ENTERAL FEED SUPP PUMP PER D	10.68	
B4036		ENTERAL FEED SUP KIT GRAV BY	7.69	
B4081		ENTERAL NG TUBING W/ STYLET	23.40	
B4082		ENTERAL NG TUBING W/O STYLET	17.12	
B4083		ENTERAL STOMACH TUBE LEVINE	2.60	
B4087		GASTRO/JEJUNO TUBE, STD	39.59	
B4088		GASTRO/JEJUNO TUBE, LOW-PRO	42.55	
B4100		FOOD THICKENER ORAL	1.29	
B4102		EF ADULT FLUIDS AND ELECTRO	3.42	
B4103		EF PED FLUID AND ELECTROLYTE	7.03	
B4104		ADDITIVE FOR ENTERAL FORMULA	0.94	

Code	Mod	Description	Amount	APC Amount
B4105		ENZYME CARTRIDGE ENTERAL NUT	250.37	
B4149		EF BLENDERIZED FOODS	1.63	
B4150		EF COMPLET W/INTACT NUTRIENT	0.67	
B4152		EF CALORIE DENSE>=1.5KCAL	0.55	
B4153		EF HYDROLYZED/AMINO ACIDS	1.97	
B4154		EF SPEC METABOLIC NONINHERIT	1.19	
B4155		EF INCOMPLETE/MODULAR	1.06	
B4157		EF SPECIAL METABOLIC INHERIT	5.34	
B4158		EF PED COMPLETE INTACT NUT	2.98	
B4159		EF PED COMPLETE SOY BASED	2.52	
B4160		EF PED CALORIC DENSE>=0.7KC	1.85	
B4161		EF PED HYDROLYZED/AMINO ACID	4.42	
B4162		EF PED SPECMETABOLIC INHERIT	8.35	
B4164		PARENTERAL 50% DEXTROSE SOLU	23.75	
B4168		PARENTERAL SOL AMINO ACID 3.	34.64	
B4172		PARENTERAL SOL AMINO ACID 5.	131.78	
B4176		PARENTERAL SOL AMINO ACID 7-	67.01	
B4178		PARENTERAL SOL AMINO ACID >	80.41	
B4180		PARENTERAL SOL CARB > 50%	34.09	
B4185		PN SOLN NOS 10 GRAMS LIPIDS	15.70	
B4187		OMEGAVEN, 10 GRAMS LIPIDS	15.70	
B4189		PARENTERAL SOL AMINO ACID &	248.41	
B4193		PARENTERAL SOL 52-73 GM PROT	320.97	
B4197		PARENTERAL SOL 74-100 GM PRO	390.79	
B4199		PARENTERAL SOL > 100GM PROTE	446.53	
B4216		PARENTERAL NUTRITION ADDITIV	10.79	
B4220		PARENTERAL SUPPLY KIT PREMIX	11.19	
B4222		PARENTERAL SUPPLY KIT HOMEMI	13.81	
B4224		PARENTERAL ADMINISTRATION KI	34.94	
B5000		PARENTERAL SOL RENAL-AMIROSY	16.62	
B5100		PARENTERAL SOLUTION HEPATIC	6.49	
B5200		PARENTERAL SOL HEPATIC FREAM	5.57	
B9002	NU	ENTER NUTR INF PUMP ANY TYPE	1163.16	
B9002	RR	ENTER NUTR INF PUMP ANY TYPE	113.92	
B9002	UE	ENTER NUTR INF PUMP ANY TYPE	872.38	
B9004	NU	PARENTERAL INFUS PUMP PORTAB	3526.09	
B9004	RR	PARENTERAL INFUS PUMP PORTAB	558.18	
B9004	UE	PARENTERAL INFUS PUMP PORTAB	2644.55	
B9006	NU	PARENTERAL INFUS PUMP STATIO	3526.09	
B9006	RR	PARENTERAL INFUS PUMP STATIO	558.18	
B9006	UE	PARENTERAL INFUS PUMP STATIO	2644.55	
B9998		ENTERAL SUPP NOT OTHERWISE C	BR	
B9999		PARENTERAL SUPP NOT OTHRWS C	BR	
C1052		HEMOSTATIC AGENT, GI, TOPIC	BR	
C1062		INTRAVERTEBRAL FX AUG IMPL	BR	
C1713		ANCHOR/SCREW BN/BN,TIS/BN	0.00	
C1714		CATH, TRANS ATHERECTOMY, DIR	0.00	
C1715		BRACHYTHERAPY NEEDLE	0.00	
C1716		BRACHYTX, NON-STR, GOLD-198	0.00	875.59
C1717		BRACHYTX, NON-STR,HDR IR-192	0.00	485.24

Code	Mod	Description	Amount	APC Amount
C1719		BRACHYTX, NS, NON-HDRIR-192	0.00	292.26
C1721		AICD, DUAL CHAMBER	0.00	
C1722		AICD, SINGLE CHAMBER	0.00	
C1724		CATH, TRANS ATHEREC,ROTATION	0.00	
C1725		CATH, TRANSLUMIN NON-LASER	0.00	
C1726		CATH, BAL DIL, NON-VASCULAR	0.00	
C1727		CATH, BAL TIS DIS, NON-VAS	0.00	
C1728		CATH, BRACHYTX SEED ADM	0.00	
C1729		CATH, DRAINAGE	0.00	
C1730		CATH, EP, 19 OR FEW ELECT	0.00	
C1731		CATH, EP, 20 OR MORE ELEC	0.00	
C1732		CATH, EP, DIAG/ABL, 3D/VECT	0.00	
C1733		CATH, EP, OTHR THAN COOL-TIP	0.00	
C1734		ORTH/DEVIC/DRUG BN/BN,TIS/BN	BR	
C1748		ENDOSCOPE, SINGLE, UGI	BR	
C1749		ENDO, COLON, RETRO IMAGING	0.00	
C1750		CATH, HEMODIALYSIS, LONG-TERM	0.00	
C1751		CATH, INF, PER/CENT/MIDLINE	0.00	
C1752		CATH,HEMODIALYSIS,SHORT-TERM	0.00	
C1753		CATH, INTRAVAS ULTRASOUND	0.00	
C1754		CATHETER, INTRADISCAL	0.00	
C1755		CATHETER, INTRASPINAL	0.00	
C1756		CATH, PACING, TRANSESOPH	0.00	
C1757		CATH, THROMBECTOMY/EMBOLECT	0.00	
C1758		CATHETER, URETERAL	0.00	
C1759		CATH, INTRA ECHOCARDIOGRAPHY	0.00	
C1760		CLOSURE DEV, VASC	0.00	
C1761		CATH, TRANS INTRA LITHO/CORO	BR	
C1762		CONN TISS, HUMAN(INC FASCIA)	0.00	
C1763		CONN TISS, NON-HUMAN	0.00	
C1764		EVENT RECORDER, CARDIAC	0.00	
C1765		ADHESION BARRIER	0.00	
C1766		INTRO/SHEATH,STRBLE,NON-PEEL	0.00	
C1767		GENERATOR, NEURO NON-RECHARG	0.00	
C1768		GRAFT, VASCULAR	0.00	
C1769		GUIDE WIRE	0.00	
C1770		IMAGING COIL, MR, INSERTABLE	0.00	
C1771		REP DEV, URINARY, W/SLING	0.00	
C1772		INFUSION PUMP, PROGRAMMABLE	0.00	
C1773		RET DEV, INSERTABLE	0.00	
C1776		JOINT DEVICE (IMPLANTABLE)	0.00	
C1777		LEAD, AICD, ENDO SINGLE COIL	0.00	
C1778		LEAD, NEUROSTIMULATOR	0.00	
C1779		LEAD, PMKR, TRANSVENOUS VDD	0.00	
C1780		LENS, INTRAOCULAR (NEW TECH)	0.00	
C1781		MESH (IMPLANTABLE)	0.00	
C1782		MORCELLATOR	0.00	
C1783		OCULAR IMP, AQUEOUS DRAIN DE	0.00	
C1784		OCULAR DEV, INTRAOP, DET RET	0.00	
C1785		PMKR, DUAL, RATE-RESP	0.00	

Code	Mod	Description	Amount	APC Amount
C1786		PMKR, SINGLE, RATE-RESP	0.00	
C1787		PATIENT PROGR, NEUROSTIM	0.00	
C1788		PORT, INDWELLING, IMP	0.00	
C1789		PROSTHESIS, BREAST, IMP	0.00	
C1813		PROSTHESIS, PENILE, INFLATAB	0.00	
C1814		RETINAL TAMP, SILICONE OIL	0.00	
C1815		PROS, URINARY SPH, IMP	0.00	
C1816		RECEIVER/TRANSMITTER, NEURO	0.00	
C1817		SEPTAL DEFECT IMP SYS	0.00	
C1818		INTEGRATED KERATOPROSTHESIS	0.00	
C1819		TISSUE LOCALIZATION-EXCISION	0.00	
C1820		GENERATOR NEURO RECHG BAT SY	0.00	
C1821		INTERSPINOUS IMPLANT	0.00	
C1822		GEN, NEURO, HF, RECHG BAT	BR	
C1823		GEN, NEURO, TRANS SEN/STIM	BR	
C1824		GENERATOR, CCM, IMPLANT	BR	
C1825		GEN, NEURO, CAROT SINUS BARO	BR	
C1830		POWER BONE MARROW BX NEEDLE	0.00	
C1831		PERSONALIZED INTERBODY CAGE	BR	
C1832		AUTO CELL PROCESS SYS	BR	
C1833		CARDIAC MONITOR SYS	BR	
C1834		PRESSURE SENSOR SYSTEM, IM	BR	
C1839		IRIS PROSTHESIS	BR	
C1840		TELESCOPIC INTRAOCULAR LENS	0.00	
C1841		RETINAL PROSTH INT/EXT COMP	BR	
C1842		RETINAL PROSTH, ADD-ON	BR	
C1849		SKIN SUBSTITUTE, SYNTHETIC	BR	
C1874		STENT, COATED/COV W/DEL SYS	0.00	
C1875		STENT, COATED/COV W/O DEL SY	0.00	
C1876		STENT, NON-COA/NON-COV W/DEL	0.00	
C1877		STENT, NON-COAT/COV W/O DEL	0.00	
C1878		MATRL FOR VOCAL CORD	0.00	
C1880		VENA CAVA FILTER	0.00	
C1881		DIALYSIS ACCESS SYSTEM	0.00	
C1882		AICD, OTHER THAN SING/DUAL	0.00	
C1883		ADAPT/EXT, PACING/NEURO LEAD	0.00	
C1884		EMBOLIZATION PROTECT SYST	0.00	
C1885		CATH, TRANSLUMIN ANGIO LASER	0.00	
C1886		CATHETER, ABLATION	0.00	
C1887		CATHETER, GUIDING	0.00	
C1888		ENDOVAS NON-CARDIAC ABL CATH	0.00	
C1889		IMPLANT/INSERT DEVICE, NOC	BR	
C1890		NO DEVICE W/DEV-INTENSIVE PX	BR	
C1891		INFUSION PUMP, NON-PROG, PERM	0.00	
C1892		INTRO/SHEATH, FIXED, PEEL-AWAY	0.00	
C1893		INTRO/SHEATH, FIXED, NON-PEEL	0.00	
C1894		INTRO/SHEATH, NON-LASER	0.00	
C1895		LEAD, AICD, ENDO DUAL COIL	0.00	
C1896		LEAD, AICD, NON SING/DUAL	0.00	
C1897		LEAD, NEUROSTIM TEST KIT	0.00	

Code	Mod	Description	Amount	APC Amount
C1898		LEAD, PMKR, OTHER THAN TRANS	0.00	
C1899		LEAD, PMKR/AICD COMBINATION	0.00	
C1900		LEAD, CORONARY VENOUS	0.00	
C1982		CATH, PRESSURE,VALVE-OCCLU	BR	
C2596		PROBE, ROBOTIC, WATER-JET	BR	
C2613		LUNG BX PLUG W/DEL SYS	BR	
C2614		PROBE, PERC LUMB DISC	0.00	
C2615		SEALANT, PULMONARY, LIQUID	0.00	
C2616		BRACHYTX, NON-STR,YTTRIUM-90	0.00	25223.76
C2617		STENT, NON-COR, TEM W/O DEL	0.00	
C2618		PROBE/NEEDLE, CRYO	0.00	
C2619		PMKR, DUAL, NON RATE-RESP	0.00	
C2620		PMKR, SINGLE, NON RATE-RESP	0.00	
C2621		PMKR, OTHER THAN SING/DUAL	0.00	
C2622		PROSTHESIS, PENILE, NON-INF	0.00	
C2623		CATH, TRANSLUMIN, DRUG-COAT	BR	
C2624		WIRELESS PRESSURE SENSOR	BR	
C2625		STENT, NON-COR, TEM W/DEL SY	0.00	
C2626		INFUSION PUMP, NON-PROG,TEMP	0.00	
C2627		CATH, SUPRAPUBIC/CYSTOSCOPIC	0.00	
C2628		CATHETER, OCCLUSION	0.00	
C2629		INTRO/SHEATH, LASER	0.00	
C2630		CATH, EP, COOL-TIP	0.00	
C2631		REP DEV, URINARY, W/O SLING	0.00	
C2634		BRACHYTX, NON-STR, HA, I-125	0.00	214.70
C2635		BRACHYTX, NON-STR, HA, P-103	0.00	64.78
C2636		BRACHY LINEAR, NON-STR,P-103	0.00	74.65
C2637		BRACHY,NON-STR,YTTERBIUM-169	0.00	
C2638		BRACHYTX, STRANDED, I-125	0.00	54.23
C2639		BRACHYTX, NON-STRANDED,I-125	0.00	49.44
C2640		BRACHYTX, STRANDED, P-103	0.00	127.22
C2641		BRACHYTX, NON-STRANDED,P-103	0.00	100.75
C2642		BRACHYTX, STRANDED, C-131	0.00	104.19
C2643		BRACHYTX, NON-STRANDED,C-131	0.00	116.48
C2644		BRACHYTX CESIUM-131 CHLORIDE	BR	18.86
C2645		BRACHYTX PLANAR, P-103	BR	6.66
C2698		BRACHYTX, STRANDED, NOS	0.00	54.23
C2699		BRACHYTX, NON-STRANDED, NOS	0.00	49.44
C5271		LOW COST SKIN SUBSTITUTE APP	BR	759.54
C5272		LOW COST SKIN SUBSTITUTE APP	BR	
C5273		LOW COST SKIN SUBSTITUTE APP	BR	2483.95
C5274		LOW COST SKIN SUBSTITUTE APP	BR	
C5275		LOW COST SKIN SUBSTITUTE APP	BR	759.54
C5276		LOW COST SKIN SUBSTITUTE APP	BR	
C5277		LOW COST SKIN SUBSTITUTE APP	BR	759.54
C5278		LOW COST SKIN SUBSTITUTE APP	BR	
C8900		MRA W/CONT, ABD	0.00	534.05
C8901		MRA W/O CONT, ABD	0.00	333.70
C8902		MRA W/O FOL W/CONT, ABD	0.00	534.05
C8903		MRI W/CONT, BREAST, UNI	0.00	259.05

Code	Mod	Description	Amount	APC Amount
C8905		MRI W/O FOL W/CONT, BRST, UN	0.00	534.05
C8906		MRI W/CONT, BREAST, BI	0.00	534.05
C8908		MRI W/O FOL W/CONT, BREAST,	0.00	534.05
C8909		MRA W/CONT, CHEST	0.00	534.05
C8910		MRA W/O CONT, CHEST	0.00	333.70
C8911		MRA W/O FOL W/CONT, CHEST	0.00	534.05
C8912		MRA W/CONT, LWR EXT	0.00	534.05
C8913		MRA W/O CONT, LWR EXT	0.00	333.70
C8914		MRA W/O FOL W/CONT, LWR EXT	0.00	534.05
C8918		MRA W/CONT, PELVIS	0.00	534.05
C8919		MRA W/O CONT, PELVIS	0.00	333.70
C8920		MRA W/O FOL W/CONT, PELVIS	0.00	534.05
C8921		TTE W OR W/O FOL W/CONT, COM	0.00	1037.55
C8922		TTE W OR W/O FOL W/CONT, F/U	0.00	1037.55
C8923		2D TTE W OR W/O FOL W/CON,CO	0.00	1037.55
C8924		2D TTE W OR W/O FOL W/CON,FU	0.00	534.05
C8925		2D TEE W OR W/O FOL W/CON,IN	0.00	1037.55
C8926		TEE W OR W/O FOL W/CONT,CONG	0.00	1037.55
C8927		TEE W OR W/O FOL W/CONT, MON	0.00	1037.55
C8928		TTE W OR W/O FOL W/CON,STRES	0.00	1037.55
C8929		TTE W OR WO FOL WCON,DOPPLER	0.00	1037.55
C8930		TTE W OR W/O CONTR, CONT ECG	0.00	1037.55
C8931		MRA, W/DYE, SPINAL CANAL	0.00	534.05
C8932		MRA, W/O DYE, SPINAL CANAL	0.00	333.70
C8933		MRA, W/O&W/DYE, SPINAL CANAL	0.00	534.05
C8934		MRA, W/DYE, UPPER EXTREMITY	0.00	534.05
C8935		MRA, W/O DYE, UPPER EXTR	0.00	333.70
C8936		MRA, W/O&W/DYE, UPPER EXTR	0.00	534.05
C8937		CAD BREAST MRI	BR	
C8957		PROLONGED IV INF, REQ PUMP	0.00	462.41
C9046		COCAINE HCL NASAL SOLUTION	BR	1.85
C9047		INJECTION, CAPLACIZUMAB-YHDP	BR	981.83
C9067		GALLIUM GA-68 DOTATOC	BR	12.27
C9081		IDECABTAGENE CAR POS T	BR	
C9084		LONCASTUXIMAB-LPYL, 0.1 MG	BR	353.72
C9085		INJ AVALGLUCOSID ALFA-NGPT	BR	100.32
C9086		INJ, ANIFROLUMAB-FNIA	BR	22.44
C9087		INJ CYCLOPHOSPHAMD AUROMEDIC	BR	10.68
C9088		INSTILL, BUPIVAC AND MELOXIC	BR	
C9089		BUPIVACAINE IMPLANT, 1 MG	BR	
C9090		PLASMINOGEN, HUMAN-TVMH 1 MG	BR	
C9091		SIROLIMUS, PROTEIN-BOUND,1MG	BR	
C9092		INJ., XIPERE, 1 MG	BR	
C9093		INJ., SUSVIMO, 0.1 MG	BR	
C9094		INJ, SUTIMLIMAB-JOME, 10 MG	BR	
C9095		INJ, TEBENTAFUSP-TEBN, 1 MCG	BR	
C9096		INJ, RELEUKO, 1 MCG	BR	
C9097		INJ, FARICIMAB-SVOA, 0.1 MG	BR	
C9098		CILTACABTAGENE CAR POS T	BR	
C9101		INJ, OLICERIDINE 0.1 MG	BR	

	Code	Mod	Description	Amount	APC Amount
	C9113		INJ PANTOPRAZOLE SODIUM, VIA	0.00	
	C9142		INJ, ALYMSYS, 10 MG	BR	
	C9248		INJ, CLEVIDIPINE BUTYRATE	0.00	4.19
	C9250		ARTISS FIBRIN SEALANT	0.00	222.71
	C9254		INJECTION, LACOSAMIDE	0.00	
	C9257		BEVACIZUMAB INJECTION	0.00	2.41
	C9285		PATCH, LIDOCAINE/TETRACAINE	0.00	
	C9290		INJ, BUPIVACAINE LIPOSOME	0.00	
	C9293		INJECTION, GLUCARPIDASE	0.00	471.49
	C9352		NEURAGEN NERVE GUIDE, PER CM	0.00	
	C9353		NEURAWRAP NERVE PROTECTOR,CM	0.00	
	C9354		VERITAS COLLAGEN MATRIX, CM2	0.00	
	C9355		NEUROMATRIX NERVE CUFF, CM	0.00	
	C9356		TENOGLIDE TENDON PROT, CM2	0.00	
	C9358		SURGIMEND, FETAL	0.00	
	C9359		IMPLNT,BON VOID FILLER-PUTTY	0.00	
	C9360		SURGIMEND, NEONATAL	0.00	
	C9361		NEUROMEND NERVE WRAP	0.00	
	C9362		IMPLNT,BON VOID FILLER-STRIP	0.00	
	C9363		INTEGRA MESHED BIL WOUND MAT	0.00	
	C9364		PORCINE IMPLANT, PERMACOL	0.00	
	C9399		UNCLASSIFIED DRUGS OR BIOLOG	0.00	
	C9460		INJECTION, CANGRELOR	0.00	23.06
	C9462		INJECTION, DELAFLOXACIN	BR	0.68
	C9482		SOTALOL HYDROCHLORIDE IV	BR	24.96
	C9488		CONIVAPTAN HCL	BR	62.04
	C9507		COVID-19 CONVALESCENT PLASMA	BR	
J1	C9600		PERC DRUG-EL COR STENT SING	0.00	18510.42
	C9601		PERC DRUG-EL COR STENT BRAN	0.00	
J1	C9602		PERC D-E COR STENT ATHER S	0.00	28143.91
	C9603		PERC D-E COR STENT ATHER BR	0.00	
J1	C9604		PERC D-E COR REVASC T CABG S	0.00	18435.53
	C9605		PERC D-E COR REVASC T CABG B	0.00	
	C9606		PERC D-E COR REVASC W AMI S	0.00	22208.02
J1	C9607		PERC D-E COR REVASC CHRO SIN	0.00	28374.36
	C9608		PERC D-E COR REVASC CHRO ADD	0.00	
	C9725		PLACE ENDORECTAL APP	0.00	1150.88
	C9726		RXT BREAST APPL PLACE/REMOV	0.00	
J1	C9727		INSERT PALATE IMPLANTS	0.00	2746.02
	C9728		PLACE DEVICE/MARKER, NON PRO	0.00	1831.33
	C9733		NON-OPHTHALMIC FVA	0.00	534.05
J1	C9734		U/S TRTMT, NOT LEIOMYOMATA	0.00	25186.58
	C9738		BLUE LIGHT CYSTO IMAG AGENT	BR	
J1	C9739		CYSTOSCOPY PROSTATIC IMP 1-3	BR	7544.44
J1	C9740		CYSTO IMPL 4 OR MORE	BR	13734.34
	C9751		MICROWAVE BRONCH, 3D, EBUS	BR	5325.71
	C9756		FLUORESCENCE LYMPH MAP W/ICG	BR	
J1	C9757		SPINE/LUMBAR DISK SURGERY	BR	23574.01
	C9758		BLIND INTERATRIAL SHUNT IDE	BR	24850.71
	C9759		TRANSCATH INTRAOP MICROINF	BR	

	Code	Mod	Description	Amount	APC Amount
	C9760		NON-BLIND INTERATRIAL SHUNT	BR	39050.71
J1	C9761		CYSTO, LITHO, VACUUM KIDNEY	BR	15551.18
	C9762		CARDIAC MRI SEG DYS STRAIN	BR	700.74
	C9763		CARDIAC MRI SEG DYS STRESS	BR	700.74
J1	C9764		REVASC INTRAVASC LITHOTRIPSY	BR	18519.65
J1	C9765		REVASC INTRA LITHOTRIP-STENT	BR	28271.84
J1	C9766		REVASC INTRA LITHOTRIP-ATHER	BR	28649.09
J1	C9767		REVASC LITHOTRIP-STENT-ATHER	BR	27942.16
	C9768		ENDO US-GUIDE HEP PORTO GRAD	BR	
J1	C9769		CYSTO W/TEMP PROS IMPLANT	BR	8313.37
	C9770		VITREC/MECH PARS, SUBRET INJ	BR	4615.71
J1	C9771		NSL/SINS CRYO POST NASAL TIS	BR	5154.90
J1	C9772		REVASC LITHOTRIP TIBI/PERONE	BR	18825.87
J1	C9773		REVASC LITHOTR-STENT TIB/PER	BR	29183.81
J1	C9774		REVASC LITHOTR-ATHER TIB/PER	BR	28913.99
J1	C9775		REVASC LITH-STEN-ATH TIB/PER	BR	28711.43
	C9776		FLUO BILE DUCT IMAGING W/ICG	BR	
J1	C9777		ESOPHAG MUC INTEG W/ESO EGD	BR	5785.74
J1	C9778		COLPOPEXY, MIN/INV, EX-PERIT	BR	8308.94
J1	C9779		ESD ENDOSCOPY OR COLONOSCOPY	BR	4603.35
	C9780		INSERT CV CATH INF & SUP APP	BR	11715.71
	C9781		ARTHRO/SHOUL SURG; W/SPACER	BR	
	C9782		BLIND MYOCAR TRPL BON MARROW	BR	
	C9783		BLIND COR SINUS REDUCER IMPL	BR	
	C9803		HOPD COVID-19 SPEC COLLECT	BR	35.83
	C9898		INPNT STAY RADIOLABELED ITEM	0.00	
	C9899		INPT IMPLANT PROS DEV,NO COV	0.00	
	E0100	NU	CANE ADJUST/FIXED WITH TIP	21.92	
	E0100	RR	CANE ADJUST/FIXED WITH TIP	6.16	
	E0100	UE	CANE ADJUST/FIXED WITH TIP	19.56	
	E0105	NU	CANE ADJUST/FIXED QUAD/3 PRO	60.09	
	E0105	RR	CANE ADJUST/FIXED QUAD/3 PRO	9.22	
	E0105	UE	CANE ADJUST/FIXED QUAD/3 PRO	46.31	
	E0110	NU	CRUTCH FOREARM PAIR	89.98	
	E0110	RR	CRUTCH FOREARM PAIR	16.63	
	E0110	UE	CRUTCH FOREARM PAIR	67.50	
	E0111	NU	CRUTCH FOREARM EACH	55.37	
	E0111	RR	CRUTCH FOREARM EACH	8.76	
	E0111	UE	CRUTCH FOREARM EACH	42.75	
	E0112	NU	CRUTCH UNDERARM PAIR WOOD	45.28	
	E0112	RR	CRUTCH UNDERARM PAIR WOOD	10.34	
	E0112	UE	CRUTCH UNDERARM PAIR WOOD	34.54	
	E0113	NU	CRUTCH UNDERARM EACH WOOD	25.87	
	E0113	RR	CRUTCH UNDERARM EACH WOOD	5.34	
	E0113	UE	CRUTCH UNDERARM EACH WOOD	19.39	
	E0114	NU	CRUTCH UNDERARM PAIR NO WOOD	57.74	
	E0114	RR	CRUTCH UNDERARM PAIR NO WOOD	8.91	
	E0114	UE	CRUTCH UNDERARM PAIR NO WOOD	43.65	
	E0116	NU	CRUTCH UNDERARM EACH NO WOOD	32.20	
	E0116	RR	CRUTCH UNDERARM EACH NO WOOD	5.63	

Code	Mod	Description	Amount	APC Amount
E0116	UE	CRUTCH UNDERARM EACH NO WOOD	25.56	
E0117	NU	UNDERARM SPRINGASSIST CRUTCH	303.28	
E0117	RR	UNDERARM SPRINGASSIST CRUTCH	23.56	
E0117	UE	UNDERARM SPRINGASSIST CRUTCH	209.34	
E0118		CRUTCH SUBSTITUTE	1206.93	
E0130	NU	WALKER RIGID ADJUST/FIXED HT	57.70	
E0130	RR	WALKER RIGID ADJUST/FIXED HT	10.88	
E0130	UE	WALKER RIGID ADJUST/FIXED HT	45.41	
E0135	NU	WALKER FOLDING ADJUST/FIXED	63.74	
E0135	RR	WALKER FOLDING ADJUST/FIXED	10.81	
E0135	UE	WALKER FOLDING ADJUST/FIXED	48.45	
E0140	NU	WALKER W TRUNK SUPPORT	365.25	
E0140	RR	WALKER W TRUNK SUPPORT	35.12	
E0140	UE	WALKER W TRUNK SUPPORT	293.30	
E0141	NU	RIGID WHEELED WALKER ADJ/FIX	88.03	
E0141	RR	RIGID WHEELED WALKER ADJ/FIX	14.53	
E0141	UE	RIGID WHEELED WALKER ADJ/FIX	66.03	
E0143	NU	WALKER FOLDING WHEELED W/O S	85.01	
E0143	RR	WALKER FOLDING WHEELED W/O S	12.40	
E0143	UE	WALKER FOLDING WHEELED W/O S	63.77	
E0144	NU	ENCLOSED WALKER W REAR SEAT	956.71	
E0144	RR	ENCLOSED WALKER W REAR SEAT	31.25	
E0144	UE	ENCLOSED WALKER W REAR SEAT	293.30	
E0147	NU	WALKER VARIABLE WHEEL RESIST	537.39	
E0147	RR	WALKER VARIABLE WHEEL RESIST	53.75	
E0147	UE	WALKER VARIABLE WHEEL RESIST	403.06	
E0148	NU	HEAVYDUTY WALKER NO WHEELS	114.49	
E0148	RR	HEAVYDUTY WALKER NO WHEELS	11.46	
E0148	UE	HEAVYDUTY WALKER NO WHEELS	85.86	
E0149	NU	HEAVY DUTY WHEELED WALKER	275.31	
E0149	RR	HEAVY DUTY WHEELED WALKER	18.50	
E0149	UE	HEAVY DUTY WHEELED WALKER	183.33	
E0153	NU	FOREARM CRUTCH PLATFORM ATTA	84.90	
E0153	RR	FOREARM CRUTCH PLATFORM ATTA	8.97	
E0153	UE	FOREARM CRUTCH PLATFORM ATTA	63.66	
E0154	NU	WALKER PLATFORM ATTACHMENT	65.30	
E0154	RR	WALKER PLATFORM ATTACHMENT	7.33	
E0154	UE	WALKER PLATFORM ATTACHMENT	49.34	
E0155	NU	WALKER WHEEL ATTACHMENT,PAIR	26.13	
E0155	RR	WALKER WHEEL ATTACHMENT,PAIR	2.92	
E0155	UE	WALKER WHEEL ATTACHMENT,PAIR	19.78	
E0156	NU	WALKER SEAT ATTACHMENT	22.97	
E0156	RR	WALKER SEAT ATTACHMENT	2.69	
E0156	UE	WALKER SEAT ATTACHMENT	17.24	
E0157	NU	WALKER CRUTCH ATTACHMENT	68.92	
E0157	RR	WALKER CRUTCH ATTACHMENT	7.25	
E0157	UE	WALKER CRUTCH ATTACHMENT	51.69	
E0158	NU	WALKER LEG EXTENDERS SET OF4	26.83	
E0158	RR	WALKER LEG EXTENDERS SET OF4	3.12	
E0158	UE	WALKER LEG EXTENDERS SET OF4	20.20	

Code	Mod	Description	Amount	APC Amount
E0159	NU	BRAKE FOR WHEELED WALKER	17.85	
E0159	RR	BRAKE FOR WHEELED WALKER	1.82	
E0159	UE	BRAKE FOR WHEELED WALKER	13.39	
E0160	NU	SITZ TYPE BATH OR EQUIPMENT	36.81	
E0160	RR	SITZ TYPE BATH OR EQUIPMENT	3.92	
E0160	UE	SITZ TYPE BATH OR EQUIPMENT	27.59	
E0161	NU	SITZ BATH/EQUIPMENT W/FAUCET	30.25	
E0161	RR	SITZ BATH/EQUIPMENT W/FAUCET	3.61	
E0161	UE	SITZ BATH/EQUIPMENT W/FAUCET	22.66	
E0162	NU	SITZ BATH CHAIR	178.26	
E0162	RR	SITZ BATH CHAIR	18.69	
E0162	UE	SITZ BATH CHAIR	138.22	
E0163	NU	COMMODE CHAIR WITH FIXED ARM	91.23	
E0163	RR	COMMODE CHAIR WITH FIXED ARM	15.73	
E0163	UE	COMMODE CHAIR WITH FIXED ARM	71.91	
E0165	NU	COMMODE CHAIR WITH DETACHARM	256.99	
E0165	RR	COMMODE CHAIR WITH DETACHARM	16.70	
E0167	NU	COMMODE CHAIR PAIL OR PAN	13.57	
E0167	RR	COMMODE CHAIR PAIL OR PAN	1.36	
E0167	UE	COMMODE CHAIR PAIL OR PAN	10.19	
E0168	NU	HEAVYDUTY/WIDE COMMODE CHAIR	159.57	
E0168	RR	HEAVYDUTY/WIDE COMMODE CHAIR	16.00	
E0168	UE	HEAVYDUTY/WIDE COMMODE CHAIR	119.67	
E0170	RR	COMMODE CHAIR ELECTRIC	192.11	
E0171	RR	COMMODE CHAIR NON-ELECTRIC	35.29	
E0172		SEAT LIFT MECHANISM TOILET	0.00	
E0175	NU	COMMODE CHAIR FOOT REST	81.03	
E0175	RR	COMMODE CHAIR FOOT REST	8.10	
E0175	UE	COMMODE CHAIR FOOT REST	59.64	
E0181	NU	PRESS PAD ALTERNATING W/ PUM	370.73	
E0181	RR	PRESS PAD ALTERNATING W/ PUM	24.87	
E0181	UE	PRESS PAD ALTERNATING W/ PUM	256.61	
E0182	NU	REPLACE PUMP, ALT PRESS PAD	426.34	
E0182	RR	REPLACE PUMP, ALT PRESS PAD	25.57	
E0182	UE	REPLACE PUMP, ALT PRESS PAD	322.66	
E0183		PRESS UNDERLAY ALTER W/PUMP	BR	
E0184	NU	DRY PRESSURE MATTRESS	211.55	
E0184	RR	DRY PRESSURE MATTRESS	24.27	
E0184	UE	DRY PRESSURE MATTRESS	160.68	
E0185	NU	GEL PRESSURE MATTRESS PAD	263.69	
E0185	RR	GEL PRESSURE MATTRESS PAD	33.11	
E0185	UE	GEL PRESSURE MATTRESS PAD	200.67	
E0186	NU	AIR PRESSURE MATTRESS	226.07	
E0186	RR	AIR PRESSURE MATTRESS	21.11	
E0186	UE	AIR PRESSURE MATTRESS	422.55	
E0187	NU	WATER PRESSURE MATTRESS	227.94	
E0187	RR	WATER PRESSURE MATTRESS	24.14	
E0187	UE	WATER PRESSURE MATTRESS	BR	
E0188	NU	SYNTHETIC SHEEPSKIN PAD	30.33	
E0188	RR	SYNTHETIC SHEEPSKIN PAD	3.32	

Code	Mod	Description	Amount	APC Amount
E0188	UE	SYNTHETIC SHEEPSKIN PAD	22.76	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD	54.04	
E0189	RR	LAMBSWOOL SHEEPSKIN PAD	5.78	
E0189	UE	LAMBSWOOL SHEEPSKIN PAD	40.53	
E0190	NU	POSITIONING CUSHION	79.80	
E0190	RR	POSITIONING CUSHION	7.43	
E0190	UE	POSITIONING CUSHION	55.09	
E0191	NU	PROTECTOR HEEL OR ELBOW	11.75	
E0191	RR	PROTECTOR HEEL OR ELBOW	1.17	
E0191	UE	PROTECTOR HEEL OR ELBOW	8.84	
E0193	RR	POWERED AIR FLOTATION BED	803.79	
E0194	NU	AIR FLUIDIZED BED	42347.42	
E0194	RR	AIR FLUIDIZED BED	3981.45	
E0194	UE	AIR FLUIDIZED BED	29331.38	
E0196	NU	GEL PRESSURE MATTRESS	529.54	
E0196	RR	GEL PRESSURE MATTRESS	33.78	
E0196	UE	GEL PRESSURE MATTRESS	176.28	
E0197	NU	AIR PRESSURE PAD FOR MATTRES	431.14	
E0197	RR	AIR PRESSURE PAD FOR MATTRES	26.32	
E0197	UE	AIR PRESSURE PAD FOR MATTRES	262.30	
E0198	NU	WATER PRESSURE PAD FOR MATTR	248.43	
E0198	RR	WATER PRESSURE PAD FOR MATTR	23.04	
E0198	UE	WATER PRESSURE PAD FOR MATTR	BR	
E0199	NU	DRY PRESSURE PAD FOR MATTRES	33.34	
E0199	RR	DRY PRESSURE PAD FOR MATTRES	3.32	
E0199	UE	DRY PRESSURE PAD FOR MATTRES	25.00	
E0200	NU	HEAT LAMP WITHOUT STAND	82.44	
E0200	RR	HEAT LAMP WITHOUT STAND	11.19	
E0200	UE	HEAT LAMP WITHOUT STAND	61.87	
E0202	RR	PHOTOTHERAPY LIGHT W/ PHOTOM	76.61	
E0203		THERAPEUTIC LIGHTBOX TABLET	290.24	
E0205	NU	HEAT LAMP WITH STAND	201.81	
E0205	RR	HEAT LAMP WITH STAND	22.20	
E0205	UE	HEAT LAMP WITH STAND	151.36	
E0210	NU	ELECTRIC HEAT PAD STANDARD	34.23	
E0210	RR	ELECTRIC HEAT PAD STANDARD	3.42	
E0210	UE	ELECTRIC HEAT PAD STANDARD	25.69	
E0215	NU	ELECTRIC HEAT PAD MOIST	73.67	
E0215	RR	ELECTRIC HEAT PAD MOIST	7.71	
E0215	UE	ELECTRIC HEAT PAD MOIST	55.26	
E0217	NU	WATER CIRC HEAT PAD W PUMP	604.09	
E0217	RR	WATER CIRC HEAT PAD W PUMP	58.95	
E0217	UE	WATER CIRC HEAT PAD W PUMP	453.05	
E0218	NU	FLUID CIRC COLD PAD W PUMP	1895.41	
E0218	RR	FLUID CIRC COLD PAD W PUMP	39.61	
E0218	UE	FLUID CIRC COLD PAD W PUMP	293.81	
E0221		INFRARED HEATING PAD SYSTEM	2705.90	
E0225	NU	HYDROCOLLATOR UNIT	475.48	
E0225	RR	HYDROCOLLATOR UNIT	46.87	
E0225	UE	HYDROCOLLATOR UNIT	356.61	

Code	Mod	Description	Amount	APC Amount
E0231		WOUND WARMING DEVICE		BR
E0232		WARMING CARD FOR NWT		BR
E0235	NU	PARAFFIN BATH UNIT PORTABLE	937.02	
E0235	RR	PARAFFIN BATH UNIT PORTABLE	21.10	
E0235	UE	PARAFFIN BATH UNIT PORTABLE	736.77	
E0236	NU	PUMP FOR WATER CIRCULATING P	4298.82	
E0236	RR	PUMP FOR WATER CIRCULATING P	54.13	
E0236	UE	PUMP FOR WATER CIRCULATING P	659.96	
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	550.34	
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	55.04	
E0239	UE	HYDROCOLLATOR UNIT PORTABLE	412.76	
E0240	NU	BATH/SHOWER CHAIR	119.28	
E0240	RR	BATH/SHOWER CHAIR	13.37	
E0240	UE	BATH/SHOWER CHAIR	99.16	
E0241		BATH TUB WALL RAIL	73.00	
E0242		BATH TUB RAIL FLOOR	58.48	
E0243		TOILET RAIL	74.19	
E0244		TOILET SEAT RAISED	71.28	
E0245		TUB STOOL OR BENCH	76.97	
E0246		TRANSFER TUB RAIL ATTACHMENT	86.18	
E0247	NU	TRANS BENCH W/WO COMM OPEN	129.81	
E0247	RR	TRANS BENCH W/WO COMM OPEN	11.88	
E0247	UE	TRANS BENCH W/WO COMM OPEN	88.15	
E0248	NU	HDTRANS BENCH W/WO COMM OPEN	186.01	
E0248	RR	HDTRANS BENCH W/WO COMM OPEN	17.23	
E0248	UE	HDTRANS BENCH W/WO COMM OPEN	127.80	
E0249	NU	PAD WATER CIRCULATING HEAT U	103.58	
E0249	RR	PAD WATER CIRCULATING HEAT U	11.38	
E0249	UE	PAD WATER CIRCULATING HEAT U	77.67	
E0250	NU	HOSP BED FIXED HT W/ MATTRES	1849.69	
E0250	RR	HOSP BED FIXED HT W/ MATTRES	78.75	
E0250	UE	HOSP BED FIXED HT W/ MATTRES	1173.27	
E0251	NU	HOSP BED FIXD HT W/O MATTRES	1852.78	
E0251	RR	HOSP BED FIXD HT W/O MATTRES	71.61	
E0251	UE	HOSP BED FIXD HT W/O MATTRES	1099.91	
E0255	NU	HOSPITAL BED VAR HT W/ MATTR	1606.51	
E0255	RR	HOSPITAL BED VAR HT W/ MATTR	87.85	
E0255	UE	HOSPITAL BED VAR HT W/ MATTR	1121.95	
E0256	NU	HOSPITAL BED VAR HT W/O MATT	905.64	
E0256	RR	HOSPITAL BED VAR HT W/O MATT	71.52	
E0256	UE	HOSPITAL BED VAR HT W/O MATT	985.89	
E0260	NU	HOSP BED SEMI-ELECTR W/ MATT	1852.89	
E0260	RR	HOSP BED SEMI-ELECTR W/ MATT	109.28	
E0260	UE	HOSP BED SEMI-ELECTR W/ MATT	1224.59	
E0261	NU	HOSP BED SEMI-ELECTR W/O MAT	1694.19	
E0261	RR	HOSP BED SEMI-ELECTR W/O MAT	96.56	
E0261	UE	HOSP BED SEMI-ELECTR W/O MAT	1026.63	
E0265	NU	HOSP BED TOTAL ELECTR W/ MAT	2065.00	
E0265	RR	HOSP BED TOTAL ELECTR W/ MAT	175.49	
E0265	UE	HOSP BED TOTAL ELECTR W/ MAT	1466.57	

Code	Mod	Description	Amount	APC Amount
E0266	NU	HOSP BED TOTAL ELEC W/O MATT	2109.87	
E0266	RR	HOSP BED TOTAL ELEC W/O MATT	146.94	
E0266	UE	HOSP BED TOTAL ELEC W/O MATT	1503.26	
E0270	NU	HOSPITAL BED INSTITUTIONAL T	0.00	
E0270	RR	HOSPITAL BED INSTITUTIONAL T	0.00	
E0270	UE	HOSPITAL BED INSTITUTIONAL T	0.00	
E0271	NU	MATTRESS INNERSPRING	170.57	
E0271	RR	MATTRESS INNERSPRING	17.44	
E0271	UE	MATTRESS INNERSPRING	138.05	
E0272	NU	MATTRESS FOAM RUBBER	171.31	
E0272	RR	MATTRESS FOAM RUBBER	17.54	
E0272	UE	MATTRESS FOAM RUBBER	128.16	
E0273	NU	BED BOARD	30.56	
E0273	RR	BED BOARD	10.00	
E0273	UE	BED BOARD	74.19	
E0274	NU	OVER-BED TABLE	426.09	
E0274	RR	OVER-BED TABLE	55.20	
E0274	UE	OVER-BED TABLE	411.27	
E0275	NU	BED PAN STANDARD	17.39	
E0275	RR	BED PAN STANDARD	1.78	
E0275	UE	BED PAN STANDARD	13.04	
E0276	NU	BED PAN FRACTURE	15.04	
E0276	RR	BED PAN FRACTURE	1.65	
E0276	UE	BED PAN FRACTURE	11.61	
E0277	NU	POWERED PRES-REDU AIR MATTRS	7846.78	
E0277	RR	POWERED PRES-REDU AIR MATTRS	481.53	
E0277	UE	POWERED PRES-REDU AIR MATTRS	4766.37	
E0280	NU	BED CRADLE	34.25	
E0280	RR	BED CRADLE	3.65	
E0280	UE	BED CRADLE	25.68	
E0290	NU	HOSP BED FX HT W/O RAILS W/M	838.97	
E0290	RR	HOSP BED FX HT W/O RAILS W/M	66.26	
E0290	UE	HOSP BED FX HT W/O RAILS W/M	BR	
E0291	NU	HOSP BED FX HT W/O RAIL W/O	635.11	
E0291	RR	HOSP BED FX HT W/O RAIL W/O	53.10	
E0291	UE	HOSP BED FX HT W/O RAIL W/O	439.94	
E0292	NU	HOSP BED VAR HT NO SR W/MATT	772.34	
E0292	RR	HOSP BED VAR HT NO SR W/MATT	72.24	
E0292	UE	HOSP BED VAR HT NO SR W/MATT	837.53	
E0293	NU	HOSP BED VAR HT NO SR NO MAT	657.05	
E0293	RR	HOSP BED VAR HT NO SR NO MAT	66.79	
E0293	UE	HOSP BED VAR HT NO SR NO MAT	733.67	
E0294	NU	HOSP BED SEMI-ELECT W/ MATTR	1429.04	
E0294	RR	HOSP BED SEMI-ELECT W/ MATTR	93.76	
E0294	UE	HOSP BED SEMI-ELECT W/ MATTR	989.94	
E0295	NU	HOSP BED SEMI-ELECT W/O MATT	1146.21	
E0295	RR	HOSP BED SEMI-ELECT W/O MATT	92.26	
E0295	UE	HOSP BED SEMI-ELECT W/O MATT	793.78	
E0296	NU	HOSP BED TOTAL ELECT W/ MATT	1591.83	
E0296	RR	HOSP BED TOTAL ELECT W/ MATT	133.97	

Code	Mod	Description	Amount	APC Amount
E0296	UE	HOSP BED TOTAL ELECT W/ MATT	1393.21	
E0297	NU	HOSP BED TOTAL ELECT W/O MAT	5006.93	
E0297	RR	HOSP BED TOTAL ELECT W/O MAT	116.33	
E0297	UE	HOSP BED TOTAL ELECT W/O MAT	1466.57	
E0300	NU	ENCLOSED PED CRIB HOSP GRADE	2608.74	
E0300	RR	ENCLOSED PED CRIB HOSP GRADE	284.22	
E0300	UE	ENCLOSED PED CRIB HOSP GRADE	2955.01	
E0301	NU	HD HOSP BED, 350-600 LBS	3177.45	
E0301	RR	HD HOSP BED, 350-600 LBS	218.86	
E0301	UE	HD HOSP BED, 350-600 LBS	2258.54	
E0302	NU	EX HD HOSP BED > 600 LBS	21286.79	
E0302	RR	EX HD HOSP BED > 600 LBS	647.60	
E0302	UE	EX HD HOSP BED > 600 LBS	12084.49	
E0303	NU	HOSP BED HVY DTY XTRA WIDE	3473.75	
E0303	RR	HOSP BED HVY DTY XTRA WIDE	237.65	
E0303	UE	HOSP BED HVY DTY XTRA WIDE	2419.82	
E0304	NU	HOSP BED XTRA HVY DTY X WIDE	8938.55	
E0304	RR	HOSP BED XTRA HVY DTY X WIDE	684.15	
E0304	UE	HOSP BED XTRA HVY DTY X WIDE	6239.48	
E0305	NU	RAILS BED SIDE HALF LENGTH	201.21	
E0305	RR	RAILS BED SIDE HALF LENGTH	15.57	
E0305	UE	RAILS BED SIDE HALF LENGTH	146.64	
E0310	NU	RAILS BED SIDE FULL LENGTH	156.60	
E0310	RR	RAILS BED SIDE FULL LENGTH	17.17	
E0310	UE	RAILS BED SIDE FULL LENGTH	117.45	
E0315		BED ACCESSORY BRD/TBL/SUPPRT	198.53	
E0316	NU	BED SAFETY ENCLOSURE	4107.67	
E0316	RR	BED SAFETY ENCLOSURE	217.15	
E0316	UE	BED SAFETY ENCLOSURE	1775.36	
E0325	NU	URINAL MALE JUG-TYPE	11.43	
E0325	RR	URINAL MALE JUG-TYPE	1.31	
E0325	UE	URINAL MALE JUG-TYPE	8.02	
E0326	NU	URINAL FEMALE JUG-TYPE	12.03	
E0326	RR	URINAL FEMALE JUG-TYPE	1.21	
E0326	UE	URINAL FEMALE JUG-TYPE	9.03	
E0328		PED HOSPITAL BED, MANUAL	11447.10	
E0329		PED HOSPITAL BED SEMI/ELECT	16092.87	
E0350	NU	CONTROL UNIT BOWEL SYSTEM	BR	
E0350	RR	CONTROL UNIT BOWEL SYSTEM	BR	
E0350	UE	CONTROL UNIT BOWEL SYSTEM	BR	
E0352		DISPOSABLE PACK W/BOWEL SYST	62.01	
E0370		AIR ELEVATOR FOR HEEL	164.38	
E0371	RR	NONPOWER MATTRESS OVERLAY	320.51	
E0372	RR	POWERED AIR MATTRESS OVERLAY	365.46	
E0373	RR	NONPOWERED PRESSURE MATTRESS	402.52	
E0424	RR	STATIONARY COMPRESSED GAS O2	151.15	
E0425		GAS SYSTEM STATIONARY COMPRE	30.46	
E0430		OXYGEN SYSTEM GAS PORTABLE	3.52	
E0431	RR	PORTABLE GASEOUS O2	75.58	
E0433	RR	PORTABLE LIQUID OXYGEN SYS	75.58	

Code	Mod	Description	Amount	APC Amount
E0434	RR	PORTABLE LIQUID O2	75.58	
E0435		OXYGEN SYSTEM LIQUID PORTABL	BR	
E0439	RR	STATIONARY LIQUID O2	151.15	
E0440		OXYGEN SYSTEM LIQUID STATION	15.87	
E0441		STATIONARY O2 CONTENTS, GAS	69.95	
E0442		STATIONARY O2 CONTENTS, LIQ	69.95	
E0443		PORTABLE O2 CONTENTS, GAS	67.06	
E0444		PORTABLE O2 CONTENTS, LIQUID	67.06	
E0445		OXIMETER NON-INVASIVE	14.76	
E0446		TOPICAL OX DELIVER SYS, NOS	14.78	
E0447		PORT O2 CONT, LIQ OVER 4 LPM	101.87	
E0455	NU	OXYGEN TENT EXCL CROUP/PED T	1795.96	
E0455	RR	OXYGEN TENT EXCL CROUP/PED T	BR	
E0455	UE	OXYGEN TENT EXCL CROUP/PED T	BR	
E0457	NU	CHEST SHELL	604.00	
E0457	RR	CHEST SHELL	BR	
E0457	UE	CHEST SHELL	BR	
E0459	NU	CHEST WRAP	500.27	
E0459	RR	CHEST WRAP	BR	
E0459	UE	CHEST WRAP	BR	
E0462	NU	ROCKING BED W/ OR W/O SIDE R	3264.59	
E0462	RR	ROCKING BED W/ OR W/O SIDE R	356.52	
E0462	UE	ROCKING BED W/ OR W/O SIDE R	BR	
E0465	RR	HOME VENT INVASIVE INTERFACE	992.63	
E0466	RR	HOME VENT NON-INVASIVE INTER	992.63	
E0467	RR	HOME VENT MULTI-FUNCTION	1193.23	
E0470	NU	RAD W/O BACKUP NON-INV INTFC	3229.03	
E0470	RR	RAD W/O BACKUP NON-INV INTFC	185.02	
E0470	UE	RAD W/O BACKUP NON-INV INTFC	2199.81	
E0471	NU	RAD W/BACKUP NON INV INTRFC	7516.14	
E0471	RR	RAD W/BACKUP NON INV INTRFC	460.88	
E0471	UE	RAD W/BACKUP NON INV INTRFC	5132.95	
E0472	NU	RAD W BACKUP INVASIVE INTRFC	6799.63	
E0472	RR	RAD W BACKUP INVASIVE INTRFC	538.25	
E0472	UE	RAD W BACKUP INVASIVE INTRFC	4708.94	
E0480	NU	PERCUSSOR ELECT/PNEUM HOME M	734.18	
E0480	RR	PERCUSSOR ELECT/PNEUM HOME M	45.70	
E0480	UE	PERCUSSOR ELECT/PNEUM HOME M	135.15	
E0481		INTRPULMNRY PERCUSS VENT SYS	BR	
E0482	RR	COUGH STIMULATING DEVICE	471.45	
E0483	NU	HI FREQ CHEST WALL OSCIL SYS	15763.14	
E0483	RR	HI FREQ CHEST WALL OSCIL SYS	1300.68	
E0483	UE	HI FREQ CHEST WALL OSCIL SYS	10999.22	
E0484	NU	NON-ELEC OSCILLATORY PEP DVC	45.19	
E0484	RR	NON-ELEC OSCILLATORY PEP DVC	4.52	
E0484	UE	NON-ELEC OSCILLATORY PEP DVC	33.89	
E0485	NU	ORAL DEVICE/APPLIANCE PREFAB	212.65	
E0485	RR	ORAL DEVICE/APPLIANCE PREFAB	19.80	
E0485	UE	ORAL DEVICE/APPLIANCE PREFAB	146.91	
E0486	NU	ORAL DEVICE/APPLIANCE CUSFAB	6917.19	

Code	Mod	Description	Amount	APC Amount
E0486	RR	ORAL DEVICE/APPLIANCE CUSFAB	643.64	
E0486	UE	ORAL DEVICE/APPLIANCE CUSFAB	4774.46	
E0487	NU	ELECTRONIC SPIROMETER	0.00	
E0487	RR	ELECTRONIC SPIROMETER	0.00	
E0487	UE	ELECTRONIC SPIROMETER	0.00	
E0500	NU	IPPB ALL TYPES	1829.56	
E0500	RR	IPPB ALL TYPES	114.15	
E0500	UE	IPPB ALL TYPES	1371.25	
E0550	NU	HUMIDIF EXTENS SUPPLE W IPPB	847.05	
E0550	RR	HUMIDIF EXTENS SUPPLE W IPPB	61.34	
E0550	UE	HUMIDIF EXTENS SUPPLE W IPPB	615.96	
E0555	NU	HUMIDIFIER FOR USE W/ REGULA	6.58	
E0555	RR	HUMIDIFIER FOR USE W/ REGULA	0.50	
E0555	UE	HUMIDIFIER FOR USE W/ REGULA	3.68	
E0560	NU	HUMIDIFIER SUPPLEMENTAL W/ I	179.14	
E0560	RR	HUMIDIFIER SUPPLEMENTAL W/ I	18.01	
E0560	UE	HUMIDIFIER SUPPLEMENTAL W/ I	134.34	
E0561	NU	HUMIDIFIER NONHEATED W PAP	98.38	
E0561	RR	HUMIDIFIER NONHEATED W PAP	9.83	
E0561	UE	HUMIDIFIER NONHEATED W PAP	73.78	
E0562	NU	HUMIDIFIER HEATED USED W PAP	238.99	
E0562	RR	HUMIDIFIER HEATED USED W PAP	23.89	
E0562	UE	HUMIDIFIER HEATED USED W PAP	179.24	
E0565	NU	COMPRESSOR AIR POWER SOURCE	899.94	
E0565	RR	COMPRESSOR AIR POWER SOURCE	56.01	
E0565	UE	COMPRESSOR AIR POWER SOURCE	623.28	
E0570	NU	NEBULIZER WITH COMPRESSION	341.14	
E0570	RR	NEBULIZER WITH COMPRESSION	13.18	
E0570	UE	NEBULIZER WITH COMPRESSION	220.02	
E0572	NU	AEROSOL COMPRESSOR ADJUST PR	360.25	
E0572	RR	AEROSOL COMPRESSOR ADJUST PR	37.57	
E0572	UE	AEROSOL COMPRESSOR ADJUST PR	268.84	
E0574	NU	ULTRASONIC GENERATOR W SVNEB	1373.38	
E0574	RR	ULTRASONIC GENERATOR W SVNEB	44.34	
E0574	UE	ULTRASONIC GENERATOR W SVNEB	945.93	
E0575	NU	NEBULIZER ULTRASONIC	492.13	
E0575	RR	NEBULIZER ULTRASONIC	106.89	
E0575	UE	NEBULIZER ULTRASONIC	367.26	
E0580	NU	NEBULIZER FOR USE W/ REGULAT	140.91	
E0580	RR	NEBULIZER FOR USE W/ REGULAT	14.10	
E0580	UE	NEBULIZER FOR USE W/ REGULAT	105.67	
E0585	NU	NEBULIZER W/ COMPRESSOR & HE	1070.13	
E0585	RR	NEBULIZER W/ COMPRESSOR & HE	34.60	
E0585	UE	NEBULIZER W/ COMPRESSOR & HE	637.92	
E0600	NU	SUCTION PUMP PORTAB HOM MODL	794.14	
E0600	RR	SUCTION PUMP PORTAB HOM MODL	47.62	
E0600	UE	SUCTION PUMP PORTAB HOM MODL	549.99	
E0601	NU	CONT AIRWAY PRESSURE DEVICE	1482.38	
E0601	RR	CONT AIRWAY PRESSURE DEVICE	76.81	
E0601	UE	CONT AIRWAY PRESSURE DEVICE	989.94	

Code	Mod	Description	Amount	APC Amount
E0602	NU	MANUAL BREAST PUMP	36.11	
E0602	RR	MANUAL BREAST PUMP	3.64	
E0602	UE	MANUAL BREAST PUMP	27.08	
E0603	NU	ELECTRIC BREAST PUMP	319.24	
E0603	RR	ELECTRIC BREAST PUMP	29.71	
E0603	UE	ELECTRIC BREAST PUMP	220.35	
E0604	NU	HOSP GRADE ELEC BREAST PUMP	952.62	
E0604	RR	HOSP GRADE ELEC BREAST PUMP	88.59	
E0604	UE	HOSP GRADE ELEC BREAST PUMP	659.96	
E0605	NU	VAPORIZER ROOM TYPE	32.32	
E0605	RR	VAPORIZER ROOM TYPE	3.74	
E0605	UE	VAPORIZER ROOM TYPE	26.65	
E0606	NU	DRAINAGE BOARD POSTURAL	256.97	
E0606	RR	DRAINAGE BOARD POSTURAL	28.08	
E0606	UE	DRAINAGE BOARD POSTURAL	BR	
E0607	NU	BLOOD GLUCOSE MONITOR HOME	81.75	
E0607	RR	BLOOD GLUCOSE MONITOR HOME	8.17	
E0607	UE	BLOOD GLUCOSE MONITOR HOME	61.30	
E0610	NU	PACEMAKER MONITR AUDIBLE/VIS	290.99	
E0610	RR	PACEMAKER MONITR AUDIBLE/VIS	30.69	
E0610	UE	PACEMAKER MONITR AUDIBLE/VIS	218.27	
E0615	NU	PACEMAKER MONITR DIGITAL/VIS	585.77	
E0615	RR	PACEMAKER MONITR DIGITAL/VIS	71.57	
E0615	UE	PACEMAKER MONITR DIGITAL/VIS	439.37	
E0616		CARDIAC EVENT RECORDER	7702.04	
E0617	RR	AUTOMATIC EXT DEFIBRILLATOR	413.00	
E0618	RR	APNEA MONITOR	343.01	
E0619	RR	APNEA MONITOR W RECORDER	397.35	
E0620	NU	CAP BLD SKIN PIERCING LASER	979.21	
E0620	RR	CAP BLD SKIN PIERCING LASER	106.96	
E0620	UE	CAP BLD SKIN PIERCING LASER	BR	
E0621	NU	PATIENT LIFT SLING OR SEAT	106.79	
E0621	RR	PATIENT LIFT SLING OR SEAT	10.46	
E0621	UE	PATIENT LIFT SLING OR SEAT	80.32	
E0625	NU	PATIENT LIFT BATHROOM OR TOI	0.00	
E0625	RR	PATIENT LIFT BATHROOM OR TOI	0.00	
E0625	UE	PATIENT LIFT BATHROOM OR TOI	0.00	
E0627	NU	SEAT LIFT MECH, ELECTRIC ANY	353.21	
E0627	RR	SEAT LIFT MECH, ELECTRIC ANY	35.32	
E0627	UE	SEAT LIFT MECH, ELECTRIC ANY	264.90	
E0629	NU	SEAT LIFT MECH, NON-ELECTRIC	351.51	
E0629	RR	SEAT LIFT MECH, NON-ELECTRIC	35.15	
E0629	UE	SEAT LIFT MECH, NON-ELECTRIC	263.62	
E0630	NU	PATIENT LIFT HYDRAULIC	1324.78	
E0630	RR	PATIENT LIFT HYDRAULIC	86.76	
E0630	UE	PATIENT LIFT HYDRAULIC	879.98	
E0635	NU	PATIENT LIFT ELECTRIC	2309.00	
E0635	RR	PATIENT LIFT ELECTRIC	142.29	
E0635	UE	PATIENT LIFT ELECTRIC	1730.59	
E0636	NU	PT SUPPORT & POSITIONING SYS	9842.73	

Code	Mod	Description	Amount	APC Amount
E0636	RR	PT SUPPORT & POSITIONING SYS	1212.82	
E0636	UE	PT SUPPORT & POSITIONING SYS	7345.32	
E0637	NU	COMBINATION SIT TO STAND SYS	4384.85	
E0637	RR	COMBINATION SIT TO STAND SYS	411.73	
E0637	UE	COMBINATION SIT TO STAND SYS	3054.18	
E0638	NU	STANDING FRAME SYS	3462.47	
E0638	RR	STANDING FRAME SYS	444.31	
E0638	UE	STANDING FRAME SYS	3295.85	
E0639	RR	MOVEABLE PATIENT LIFT SYSTEM	136.48	
E0640	RR	FIXED PATIENT LIFT SYSTEM	136.48	
E0641		MULTI-POSITION STND FRAM SYS	7836.79	
E0642		DYNAMIC STANDING FRAME	6241.39	
E0650	NU	PNEUMA COMPRESOR NON-SEGMENT	748.95	
E0650	RR	PNEUMA COMPRESOR NON-SEGMENT	92.43	
E0650	UE	PNEUMA COMPRESOR NON-SEGMENT	561.72	
E0651	NU	PNEUM COMPRESSOR SEGMENTAL	1123.61	
E0651	RR	PNEUM COMPRESSOR SEGMENTAL	114.79	
E0651	UE	PNEUM COMPRESSOR SEGMENTAL	842.73	
E0652	NU	PNEUM COMPRES W/CAL PRESSURE	5513.07	
E0652	RR	PNEUM COMPRES W/CAL PRESSURE	544.85	
E0652	UE	PNEUM COMPRES W/CAL PRESSURE	4131.11	
E0655	NU	PNEUMATIC APPLIANCE HALF ARM	112.24	
E0655	RR	PNEUMATIC APPLIANCE HALF ARM	13.19	
E0655	UE	PNEUMATIC APPLIANCE HALF ARM	84.29	
E0656	NU	SEGMENTAL PNEUMATIC TRUNK	670.49	
E0656	RR	SEGMENTAL PNEUMATIC TRUNK	70.70	
E0656	UE	SEGMENTAL PNEUMATIC TRUNK	462.76	
E0657	NU	SEGMENTAL PNEUMATIC CHEST	868.05	
E0657	RR	SEGMENTAL PNEUMATIC CHEST	66.41	
E0657	UE	SEGMENTAL PNEUMATIC CHEST	576.61	
E0660	NU	PNEUMATIC APPLIANCE FULL LEG	195.45	
E0660	RR	PNEUMATIC APPLIANCE FULL LEG	19.73	
E0660	UE	PNEUMATIC APPLIANCE FULL LEG	146.58	
E0665	NU	PNEUMATIC APPLIANCE FULL ARM	142.47	
E0665	RR	PNEUMATIC APPLIANCE FULL ARM	14.62	
E0665	UE	PNEUMATIC APPLIANCE FULL ARM	106.98	
E0666	NU	PNEUMATIC APPLIANCE HALF LEG	143.61	
E0666	RR	PNEUMATIC APPLIANCE HALF LEG	14.79	
E0666	UE	PNEUMATIC APPLIANCE HALF LEG	107.72	
E0667	NU	SEG PNEUMATIC APPL FULL LEG	336.69	
E0667	RR	SEG PNEUMATIC APPL FULL LEG	38.02	
E0667	UE	SEG PNEUMATIC APPL FULL LEG	252.53	
E0668	NU	SEG PNEUMATIC APPL FULL ARM	459.52	
E0668	RR	SEG PNEUMATIC APPL FULL ARM	45.35	
E0668	UE	SEG PNEUMATIC APPL FULL ARM	344.65	
E0669	NU	SEG PNEUMATIC APPLI HALF LEG	224.28	
E0669	RR	SEG PNEUMATIC APPLI HALF LEG	22.43	
E0669	UE	SEG PNEUMATIC APPLI HALF LEG	168.23	
E0670	NU	SEG PNEUM INT LEGS/TRUNK	1355.87	
E0670	RR	SEG PNEUM INT LEGS/TRUNK	139.94	

Code	Mod	Description	Amount	APC Amount
E0670	UE	SEG PNEUM INT LEGS/TRUNK	1016.92	
E0671	NU	PRESSURE PNEUM APPL FULL LEG	508.16	
E0671	RR	PRESSURE PNEUM APPL FULL LEG	50.85	
E0671	UE	PRESSURE PNEUM APPL FULL LEG	381.09	
E0672	NU	PRESSURE PNEUM APPL FULL ARM	394.82	
E0672	RR	PRESSURE PNEUM APPL FULL ARM	39.51	
E0672	UE	PRESSURE PNEUM APPL FULL ARM	296.14	
E0673	NU	PRESSURE PNEUM APPL HALF LEG	328.08	
E0673	RR	PRESSURE PNEUM APPL HALF LEG	32.81	
E0673	UE	PRESSURE PNEUM APPL HALF LEG	246.10	
E0675	NU	PNEUMATIC COMPRESSION DEVICE	7867.54	
E0675	RR	PNEUMATIC COMPRESSION DEVICE	470.46	
E0675	UE	PNEUMATIC COMPRESSION DEVICE	5256.78	
E0676	NU	INTER LIMB COMPRESS DEV NOS	2826.59	
E0676	RR	INTER LIMB COMPRESS DEV NOS	284.37	
E0676	UE	INTER LIMB COMPRESS DEV NOS	2118.52	
E0691	NU	UVL PNL 2 SQ FT OR LESS	1099.36	
E0691	RR	UVL PNL 2 SQ FT OR LESS	109.93	
E0691	UE	UVL PNL 2 SQ FT OR LESS	824.53	
E0692	NU	UVL SYS PANEL 4 FT	1380.50	
E0692	RR	UVL SYS PANEL 4 FT	138.03	
E0692	UE	UVL SYS PANEL 4 FT	1035.37	
E0693	NU	UVL SYS PANEL 6 FT	1701.76	
E0693	RR	UVL SYS PANEL 6 FT	170.18	
E0693	UE	UVL SYS PANEL 6 FT	1276.32	
E0694	NU	UVL MD CABINET SYS 6 FT	5416.56	
E0694	RR	UVL MD CABINET SYS 6 FT	541.65	
E0694	UE	UVL MD CABINET SYS 6 FT	4062.45	
E0700		SAFETY EQUIPMENT		BR
E0705	NU	TRANSFER DEVICE	67.45	
E0705	RR	TRANSFER DEVICE	6.86	
E0705	UE	TRANSFER DEVICE	49.38	
E0710		RESTRAINTS ANY TYPE	49.24	
E0720	NU	TENS TWO LEAD	263.29	
E0720	RR	TENS TWO LEAD	48.42	
E0720	UE	TENS TWO LEAD	359.18	
E0730	NU	TENS FOUR LEAD	265.51	
E0730	RR	TENS FOUR LEAD	64.37	
E0730	UE	TENS FOUR LEAD	477.45	
E0731	NU	CONDUCTIVE GARMENT FOR TENS/	266.34	
E0740	NU	NON-IMPLANT PELV FLR E-STIM	733.82	
E0740	RR	NON-IMPLANT PELV FLR E-STIM	63.97	
E0740	UE	NON-IMPLANT PELV FLR E-STIM	549.99	
E0744	NU	NEUROMUSCULAR STIM FOR SCOLI	2022.09	
E0744	RR	NEUROMUSCULAR STIM FOR SCOLI	95.23	
E0744	UE	NEUROMUSCULAR STIM FOR SCOLI	1395.61	
E0745	NU	NEUROMUSCULAR STIM FOR SHOCK	1266.37	
E0745	RR	NEUROMUSCULAR STIM FOR SHOCK	93.09	
E0745	UE	NEUROMUSCULAR STIM FOR SHOCK	894.61	
E0746	NU	ELECTROMYOGRAPH BIOFEEDBACK	729.62	

Code	Mod	Description	Amount	APC Amount
E0746	RR	ELECTROMYOGRAPH BIOFEEDBACK		BR
E0746	UE	ELECTROMYOGRAPH BIOFEEDBACK		BR
E0747	NU	ELEC OSTEOGEN STIM NOT SPINE	4791.05	
E0747	RR	ELEC OSTEOGEN STIM NOT SPINE	476.08	
E0747	UE	ELEC OSTEOGEN STIM NOT SPINE	3559.66	
E0748	NU	ELEC OSTEOGEN STIM SPINAL	4760.02	
E0748	RR	ELEC OSTEOGEN STIM SPINAL	475.97	
E0748	UE	ELEC OSTEOGEN STIM SPINAL	3570.02	
E0749	RR	ELEC OSTEOGEN STIM IMPLANTED	347.90	
E0755		ELECTRONIC SALIVARY REFLEX S		BR
E0760	NU	OSTEOGEN ULTRASOUND STIML TOR	3955.48	
E0760	RR	OSTEOGEN ULTRASOUND STIML TOR	395.55	
E0760	UE	OSTEOGEN ULTRASOUND STIML TOR	2966.58	
E0761		NONTHERM ELECTROMGNTC DEVICE	2151.96	
E0762	NU	TRANS ELEC JT STIM DEV SYS	1841.11	
E0762	RR	TRANS ELEC JT STIM DEV SYS	134.53	
E0762	UE	TRANS ELEC JT STIM DEV SYS	1270.74	
E0764	NU	FUNCTIONAL NEUROMUSCULARSTIM	1873.52	
E0764	RR	FUNCTIONAL NEUROMUSCULARSTIM	1353.93	
E0764	UE	FUNCTIONAL NEUROMUSCULARSTIM	13706.57	
E0765	NU	NERVE STIMULATOR FOR TX N&V	102.93	
E0765	RR	NERVE STIMULATOR FOR TX N&V	10.31	
E0765	UE	NERVE STIMULATOR FOR TX N&V	77.22	
E0766	RR	ELEC STIM CANCER TREATMENT	14065.72	
E0769		ELECTRIC WOUND TREATMENT DEV		BR
E0770	NU	FUNCTIONAL ELECTRIC STIM NOS	8406.69	
E0770	RR	FUNCTIONAL ELECTRIC STIM NOS	782.26	
E0770	UE	FUNCTIONAL ELECTRIC STIM NOS	5802.81	
E0776	NU	IV POLE	165.15	
E0776	RR	IV POLE	19.67	
E0776	UE	IV POLE	122.62	
E0779	RR	AMB INFUSION PUMP MECHANICAL	18.44	
E0780	NU	MECH AMB INFUSION PUMP <8HRS	12.69	
E0781	RR	EXTERNAL AMBULATORY INFUS PU	276.74	
E0782	NU	NON-PROGRAMBLE INFUSION PUMP	5252.71	
E0782	RR	NON-PROGRAMBLE INFUSION PUMP	525.29	
E0782	UE	NON-PROGRAMBLE INFUSION PUMP	3939.53	
E0783	NU	PROGRAMMABLE INFUSION PUMP	10016.11	
E0783	RR	PROGRAMMABLE INFUSION PUMP	1001.63	
E0783	UE	PROGRAMMABLE INFUSION PUMP	7512.12	
E0784	NU	EXT AMB INFUSN PUMP INSULIN	8407.56	
E0784	RR	EXT AMB INFUSN PUMP INSULIN	490.95	
E0784	UE	EXT AMB INFUSN PUMP INSULIN	5802.07	
E0785		REPLACEMENT IMPL PUMP CATHET	529.30	
E0786	NU	IMPLANTABLE PUMP REPLACEMENT	9770.10	
E0786	RR	IMPLANTABLE PUMP REPLACEMENT	977.00	
E0786	UE	IMPLANTABLE PUMP REPLACEMENT	7327.58	
E0787	NU	CGS DOSE ADJ INSULIN INF PMP		BR
E0787	RR	CGS DOSE ADJ INSULIN INF PMP		BR
E0787	UE	CGS DOSE ADJ INSULIN INF PMP		BR

Code	Mod	Description	Amount	APC Amount
E0791	NU	PARENTERAL INFUSION PUMP STA	3176.35	
E0791	RR	PARENTERAL INFUSION PUMP STA	319.58	
E0791	UE	PARENTERAL INFUSION PUMP STA	2199.81	
E0830		AMBULATORY TRACTION DEVICE	616.26	
E0840	NU	TRACT FRAME ATTACH HEADBOARD	89.64	
E0840	RR	TRACT FRAME ATTACH HEADBOARD	19.98	
E0840	UE	TRACT FRAME ATTACH HEADBOARD	67.20	
E0849	NU	CERVICAL PNEUM TRAC EQUIP	789.83	
E0849	RR	CERVICAL PNEUM TRAC EQUIP	63.05	
E0849	UE	CERVICAL PNEUM TRAC EQUIP	586.59	
E0850	NU	TRACTION STAND FREE STANDING	128.52	
E0850	RR	TRACTION STAND FREE STANDING	17.65	
E0850	UE	TRACTION STAND FREE STANDING	96.40	
E0855	NU	CERVICAL TRACTION EQUIPMENT	743.75	
E0855	RR	CERVICAL TRACTION EQUIPMENT	61.49	
E0855	UE	CERVICAL TRACTION EQUIPMENT	513.43	
E0856	NU	CERVIC COLLAR W AIR BLADDERS	739.63	
E0856	RR	CERVIC COLLAR W AIR BLADDERS	18.83	
E0856	UE	CERVIC COLLAR W AIR BLADDERS	483.32	
E0860	NU	TRACT EQUIP CERVICAL TRACT	47.15	
E0860	RR	TRACT EQUIP CERVICAL TRACT	7.60	
E0860	UE	TRACT EQUIP CERVICAL TRACT	36.10	
E0870	NU	TRACT FRAME ATTACH FOOTBOARD	120.96	
E0870	RR	TRACT FRAME ATTACH FOOTBOARD	16.41	
E0870	UE	TRACT FRAME ATTACH FOOTBOARD	91.12	
E0880	NU	TRAC STAND FREE STAND EXTREM	130.55	
E0880	RR	TRAC STAND FREE STAND EXTREM	20.49	
E0880	UE	TRAC STAND FREE STAND EXTREM	98.81	
E0890	NU	TRACTION FRAME ATTACH PELVIC	125.21	
E0890	RR	TRACTION FRAME ATTACH PELVIC	34.14	
E0890	UE	TRACTION FRAME ATTACH PELVIC	100.87	
E0900	NU	TRAC STAND FREE STAND PELVIC	133.25	
E0900	RR	TRAC STAND FREE STAND PELVIC	28.73	
E0900	UE	TRAC STAND FREE STAND PELVIC	99.97	
E0910	NU	TRAPEZE BAR ATTACHED TO BED	264.60	
E0910	RR	TRAPEZE BAR ATTACHED TO BED	15.68	
E0910	UE	TRAPEZE BAR ATTACHED TO BED	175.07	
E0911	RR	HD TRAPEZE BAR ATTACH TO BED	50.46	
E0912	RR	HD TRAPEZE BAR FREE STANDING	107.29	
E0920	NU	FRACTURE FRAME ATTACHED TO B	516.92	
E0920	RR	FRACTURE FRAME ATTACHED TO B	48.00	
E0920	UE	FRACTURE FRAME ATTACHED TO B	BR	
E0930	RR	FRACTURE FRAME FREE STANDING	47.50	
E0935	RR	CONT PAS MOTION EXERCISE DEV	23.66	
E0936	RR	CPM DEVICE, OTHER THAN KNEE	25.61	
E0940	NU	TRAPEZE BAR FREE STANDING	370.51	
E0940	RR	TRAPEZE BAR FREE STANDING	27.67	
E0940	UE	TRAPEZE BAR FREE STANDING	256.61	
E0941	RR	GRAVITY ASSISTED TRACTION DE	45.14	
E0942	NU	CERVICAL HEAD HARNESS/HALTER	20.64	

Code	Mod	Description	Amount	APC Amount
E0942	RR	CERVICAL HEAD HARNESS/HALTER	2.45	
E0942	UE	CERVICAL HEAD HARNESS/HALTER	15.44	
E0944	NU	PELVIC BELT/HARNESS/BOOT	48.00	
E0944	RR	PELVIC BELT/HARNESS/BOOT	4.83	
E0944	UE	PELVIC BELT/HARNESS/BOOT	39.41	
E0945	NU	BELT/HARNESS EXTREMITY	46.09	
E0945	RR	BELT/HARNESS EXTREMITY	4.61	
E0945	UE	BELT/HARNESS EXTREMITY	35.68	
E0946	RR	FRACTURE FRAME DUAL W CROSS	61.52	
E0947	NU	FRACTURE FRAME ATTACHMNTS PE	630.67	
E0947	RR	FRACTURE FRAME ATTACHMNTS PE	65.39	
E0947	UE	FRACTURE FRAME ATTACHMNTS PE	472.98	
E0948	NU	FRACTURE FRAME ATTACHMNTS CE	626.48	
E0948	RR	FRACTURE FRAME ATTACHMNTS CE	63.05	
E0948	UE	FRACTURE FRAME ATTACHMNTS CE	469.86	
E0950	NU	TRAY	109.62	
E0950	RR	TRAY	10.98	
E0950	UE	TRAY	82.22	
E0951	NU	LOOP HEEL	17.17	
E0951	RR	LOOP HEEL	1.75	
E0951	UE	LOOP HEEL	12.87	
E0952	NU	TOE LOOP/HOLDER, EACH	20.10	
E0952	RR	TOE LOOP/HOLDER, EACH	2.05	
E0952	UE	TOE LOOP/HOLDER, EACH	15.08	
E0953	NU	W/C LATERAL THIGH/KNEE SUP	103.94	
E0953	RR	W/C LATERAL THIGH/KNEE SUP	10.39	
E0953	UE	W/C LATERAL THIGH/KNEE SUP	77.96	
E0954	NU	FOOT BOX, ANY TYPE EACH FOOT	64.33	
E0954	RR	FOOT BOX, ANY TYPE EACH FOOT	6.51	
E0954	UE	FOOT BOX, ANY TYPE EACH FOOT	48.23	
E0955	NU	CUSHIONED HEADREST	271.41	
E0955	RR	CUSHIONED HEADREST	21.32	
E0955	UE	CUSHIONED HEADREST	183.63	
E0956	NU	W/C LATERAL TRUNK/HIP SUPPOR	103.94	
E0956	RR	W/C LATERAL TRUNK/HIP SUPPOR	10.39	
E0956	UE	W/C LATERAL TRUNK/HIP SUPPOR	77.96	
E0957	NU	W/C MEDIAL THIGH SUPPORT	151.33	
E0957	RR	W/C MEDIAL THIGH SUPPORT	15.14	
E0957	UE	W/C MEDIAL THIGH SUPPORT	113.50	
E0958	NU	WHLCHR ATT- CONV 1 ARM DRIVE	635.44	
E0958	RR	WHLCHR ATT- CONV 1 ARM DRIVE	48.23	
E0958	UE	WHLCHR ATT- CONV 1 ARM DRIVE	439.94	
E0959	NU	AMPUTEE ADAPTER	53.10	
E0959	RR	AMPUTEE ADAPTER	5.32	
E0959	UE	AMPUTEE ADAPTER	39.86	
E0960	NU	W/C SHOULDER HARNESS/STRAPS	95.95	
E0960	RR	W/C SHOULDER HARNESS/STRAPS	9.62	
E0960	UE	W/C SHOULDER HARNESS/STRAPS	71.97	
E0961	NU	WHEELCHAIR BRAKE EXTENSION	29.11	
E0961	RR	WHEELCHAIR BRAKE EXTENSION	3.23	

Code	Mod	Description	Amount	APC Amount
E0961	UE	WHEELCHAIR BRAKE EXTENSION	15.44	
E0966	NU	WHEELCHAIR HEAD REST EXTENSI	74.22	
E0966	RR	WHEELCHAIR HEAD REST EXTENSI	7.33	
E0966	UE	WHEELCHAIR HEAD REST EXTENSI	55.66	
E0967	NU	MAN WC RIM/PROJECTION REP EA	80.35	
E0967	RR	MAN WC RIM/PROJECTION REP EA	8.05	
E0967	UE	MAN WC RIM/PROJECTION REP EA	60.25	
E0968	NU	WHEELCHAIR COMMODE SEAT	200.62	
E0968	RR	WHEELCHAIR COMMODE SEAT	21.92	
E0968	UE	WHEELCHAIR COMMODE SEAT	BR	
E0969	NU	WHEELCHAIR NARROWING DEVICE	191.62	
E0969	RR	WHEELCHAIR NARROWING DEVICE	18.97	
E0969	UE	WHEELCHAIR NARROWING DEVICE	143.73	
E0970	NU	WHEELCHAIR NO. 2 FOOTPLATES	55.49	
E0970	RR	WHEELCHAIR NO. 2 FOOTPLATES	BR	
E0970	UE	WHEELCHAIR NO. 2 FOOTPLATES	BR	
E0971	NU	WHEELCHAIR ANTI-TIPPING DEVI	46.98	
E0971	RR	WHEELCHAIR ANTI-TIPPING DEVI	5.32	
E0971	UE	WHEELCHAIR ANTI-TIPPING DEVI	39.84	
E0973	NU	W/CH ACCESS DET ADJ ARMREST	103.05	
E0973	RR	W/CH ACCESS DET ADJ ARMREST	9.81	
E0973	UE	W/CH ACCESS DET ADJ ARMREST	77.28	
E0974	NU	W/CH ACCESS ANTI-ROLLBACK	95.92	
E0974	RR	W/CH ACCESS ANTI-ROLLBACK	10.17	
E0974	UE	W/CH ACCESS ANTI-ROLLBACK	72.49	
E0978	NU	W/C ACC,SAF BELT PELV STRAP	45.02	
E0978	RR	W/C ACC,SAF BELT PELV STRAP	4.52	
E0978	UE	W/C ACC,SAF BELT PELV STRAP	33.38	
E0980	NU	WHEELCHAIR SAFETY VEST	39.86	
E0980	RR	WHEELCHAIR SAFETY VEST	3.98	
E0980	UE	WHEELCHAIR SAFETY VEST	29.90	
E0981	NU	SEAT UPHOLSTERY, REPLACEMENT	45.32	
E0981	RR	SEAT UPHOLSTERY, REPLACEMENT	4.61	
E0981	UE	SEAT UPHOLSTERY, REPLACEMENT	34.31	
E0982	NU	BACK UPHOLSTERY, REPLACEMENT	49.53	
E0982	RR	BACK UPHOLSTERY, REPLACEMENT	4.95	
E0982	UE	BACK UPHOLSTERY, REPLACEMENT	37.15	
E0983	NU	ADD PWR JOYSTICK	9772.82	
E0983	RR	ADD PWR JOYSTICK	274.55	
E0983	UE	ADD PWR JOYSTICK	2938.13	
E0984	NU	ADD PWR TILLER	2140.26	
E0984	RR	ADD PWR TILLER	233.73	
E0984	UE	ADD PWR TILLER	BR	
E0985	NU	W/C SEAT LIFT MECHANISM	205.49	
E0985	RR	W/C SEAT LIFT MECHANISM	24.85	
E0985	UE	W/C SEAT LIFT MECHANISM	BR	
E0986	NU	MAN W/C PUSH-RIM POWR SYSTEM	7590.29	
E0986	RR	MAN W/C PUSH-RIM POWR SYSTEM	595.12	
E0986	UE	MAN W/C PUSH-RIM POWR SYSTEM	4888.31	
E0988	RR	LEVER-ACTIVATED WHEEL DRIVE	366.24	

Code	Mod	Description	Amount	APC Amount
E0990	NU	WHEELCHAIR ELEVATING LEG RES	105.26	
E0990	RR	WHEELCHAIR ELEVATING LEG RES	11.87	
E0990	UE	WHEELCHAIR ELEVATING LEG RES	82.25	
E0992	NU	WHEELCHAIR SOLID SEAT INSERT	110.46	
E0992	RR	WHEELCHAIR SOLID SEAT INSERT	11.31	
E0992	UE	WHEELCHAIR SOLID SEAT INSERT	86.10	
E0994	NU	WHEELCHAIR ARM REST	18.33	
E0994	RR	WHEELCHAIR ARM REST	1.85	
E0994	UE	WHEELCHAIR ARM REST	13.74	
E0995	NU	WC CALF REST, PAD REPLACEMNT	29.22	
E0995	RR	WC CALF REST, PAD REPLACEMNT	2.93	
E0995	UE	WC CALF REST, PAD REPLACEMNT	21.89	
E1002	NU	PWR SEAT TILT	7442.08	
E1002	RR	PWR SEAT TILT	439.61	
E1002	UE	PWR SEAT TILT	5141.74	
E1003	NU	PWR SEAT RECLINE	3720.05	
E1003	RR	PWR SEAT RECLINE	493.27	
E1003	UE	PWR SEAT RECLINE	BR	
E1004	NU	PWR SEAT RECLINE MECH	5763.40	
E1004	RR	PWR SEAT RECLINE MECH	544.71	
E1004	UE	PWR SEAT RECLINE MECH	3819.57	
E1005	NU	PWR SEAT RECLINE PWR	4464.90	
E1005	RR	PWR SEAT RECLINE PWR	592.50	
E1005	UE	PWR SEAT RECLINE PWR	BR	
E1006	NU	PWR SEAT COMBO W/O SHEAR	5932.41	
E1006	RR	PWR SEAT COMBO W/O SHEAR	727.97	
E1006	UE	PWR SEAT COMBO W/O SHEAR	7017.76	
E1007	NU	PWR SEAT COMBO W/SHEAR	12765.40	
E1007	RR	PWR SEAT COMBO W/SHEAR	947.58	
E1007	UE	PWR SEAT COMBO W/SHEAR	8810.71	
E1008	NU	PWR SEAT COMBO PWR SHEAR	11355.56	
E1008	RR	PWR SEAT COMBO PWR SHEAR	958.42	
E1008	UE	PWR SEAT COMBO PWR SHEAR	8474.30	
E1009	NU	ADD MECH LEG ELEVATION	0.00	
E1009	RR	ADD MECH LEG ELEVATION	0.00	
E1009	UE	ADD MECH LEG ELEVATION	0.00	
E1010	NU	ADD PWR LEG ELEVATION	2548.59	
E1010	RR	ADD PWR LEG ELEVATION	127.58	
E1010	UE	ADD PWR LEG ELEVATION	1759.21	
E1011	NU	PED WC MODIFY WIDTH ADJUSTM	0.00	
E1011	RR	PED WC MODIFY WIDTH ADJUSTM	0.00	
E1011	UE	PED WC MODIFY WIDTH ADJUSTM	0.00	
E1012	RR	CTR MOUNT PWR ELEV LEG REST	120.61	
E1014	NU	RECLINING BACK ADD PED W/C	425.52	
E1014	RR	RECLINING BACK ADD PED W/C	44.69	
E1014	UE	RECLINING BACK ADD PED W/C	296.76	
E1015	NU	SHOCK ABSORBER FOR MAN W/C	140.34	
E1015	RR	SHOCK ABSORBER FOR MAN W/C	14.03	
E1015	UE	SHOCK ABSORBER FOR MAN W/C	105.25	
E1016	NU	SHOCK ABSORBER FOR POWER W/C	142.52	

Code	Mod	Description	Amount	APC Amount
E1016	RR	SHOCK ABSORBER FOR POWER W/C	14.26	
E1016	UE	SHOCK ABSORBER FOR POWER W/C	106.89	
E1017	NU	HD SHCK ABSRBR FOR HD MAN WC	0.00	
E1017	RR	HD SHCK ABSRBR FOR HD MAN WC	0.00	
E1017	UE	HD SHCK ABSRBR FOR HD MAN WC	0.00	
E1018	NU	HD SHCK ABSRBER FOR HD POWWC	0.00	
E1018	RR	HD SHCK ABSRBER FOR HD POWWC	0.00	
E1018	UE	HD SHCK ABSRBER FOR HD POWWC	0.00	
E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM	295.63	
E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM	25.65	
E1020	UE	RESIDUAL LIMB SUPPORT SYSTEM	212.61	
E1028	NU	W/C MANUAL SWINGAWAY	279.82	
E1028	RR	W/C MANUAL SWINGAWAY	21.77	
E1028	UE	W/C MANUAL SWINGAWAY	192.81	
E1029	NU	W/C VENT TRAY FIXED	494.90	
E1029	RR	W/C VENT TRAY FIXED	41.78	
E1029	UE	W/C VENT TRAY FIXED	368.73	
E1030	NU	W/C VENT TRAY GIMBALED	953.25	
E1030	RR	W/C VENT TRAY GIMBALED	131.79	
E1030	UE	W/C VENT TRAY GIMBALED	807.98	
E1031	NU	ROLLABOUT CHAIR WITH CASTERS	588.07	
E1031	RR	ROLLABOUT CHAIR WITH CASTERS	50.49	
E1031	UE	ROLLABOUT CHAIR WITH CASTERS	407.40	
E1035	RR	PATIENT TRANSFER SYSTEM <300	709.04	
E1036	RR	PATIENT TRANSFER SYSTEM >300	1011.72	
E1037	NU	TRANSPORT CHAIR, PED SIZE	1562.87	
E1037	RR	TRANSPORT CHAIR, PED SIZE	127.07	
E1037	UE	TRANSPORT CHAIR, PED SIZE	BR	
E1038	NU	TRANSPORT CHAIR PT WT<=300LB	336.56	
E1038	RR	TRANSPORT CHAIR PT WT<=300LB	19.33	
E1038	UE	TRANSPORT CHAIR PT WT<=300LB	265.65	
E1039	NU	TRANSPORT CHAIR PT WT >300LB	484.37	
E1039	RR	TRANSPORT CHAIR PT WT >300LB	39.58	
E1039	UE	TRANSPORT CHAIR PT WT >300LB	337.30	
E1050	NU	WHELCHR FXD FULL LENGTH ARMS	1219.59	
E1050	RR	WHELCHR FXD FULL LENGTH ARMS	105.92	
E1050	UE	WHELCHR FXD FULL LENGTH ARMS	1254.48	
E1060	NU	WHEELCHAIR DETACHABLE ARMS	3175.91	
E1060	RR	WHEELCHAIR DETACHABLE ARMS	131.09	
E1060	UE	WHEELCHAIR DETACHABLE ARMS	1833.23	
E1070	NU	WHEELCHAIR DETACHABLE FOOT R	3131.18	
E1070	RR	WHEELCHAIR DETACHABLE FOOT R	113.91	
E1070	UE	WHEELCHAIR DETACHABLE FOOT R	2168.21	
E1083	NU	HEMI-WHEELCHAIR FIXED ARMS	2702.73	
E1083	RR	HEMI-WHEELCHAIR FIXED ARMS	81.88	
E1083	UE	HEMI-WHEELCHAIR FIXED ARMS	BR	
E1084	NU	HEMI-WHEELCHAIR DETACHABLE A	2644.05	
E1084	RR	HEMI-WHEELCHAIR DETACHABLE A	102.02	
E1084	UE	HEMI-WHEELCHAIR DETACHABLE A	1211.25	
E1085	NU	HEMI-WHEELCHAIR FIXED ARMS	355.44	

Code	Mod	Description	Amount	APC Amount
E1085	RR	HEMI-WHEELCHAIR FIXED ARMS		BR
E1085	UE	HEMI-WHEELCHAIR FIXED ARMS		BR
E1086	NU	HEMI-WHEELCHAIR DETACHABLE A	2205.40	
E1086	RR	HEMI-WHEELCHAIR DETACHABLE A	196.85	
E1086	UE	HEMI-WHEELCHAIR DETACHABLE A	1466.57	
E1087	NU	WHEELCHAIR LIGHTWT FIXED ARM	1497.22	
E1087	RR	WHEELCHAIR LIGHTWT FIXED ARM	131.58	
E1087	UE	WHEELCHAIR LIGHTWT FIXED ARM	1537.96	
E1088	NU	WHEELCHAIR LIGHTWEIGHT DET A	3913.84	
E1088	RR	WHEELCHAIR LIGHTWEIGHT DET A	156.79	
E1088	UE	WHEELCHAIR LIGHTWEIGHT DET A	1466.57	
E1089	NU	WHEELCHAIR LIGHTWT FIXED ARM	575.67	
E1089	RR	WHEELCHAIR LIGHTWT FIXED ARM		BR
E1089	UE	WHEELCHAIR LIGHTWT FIXED ARM		BR
E1090	NU	WHEELCHAIR LIGHTWEIGHT DET A	3599.42	
E1090	RR	WHEELCHAIR LIGHTWEIGHT DET A	334.66	
E1090	UE	WHEELCHAIR LIGHTWEIGHT DET A	2493.19	
E1092	NU	WHEELCHAIR WIDE W/ LEG RESTS	3474.64	
E1092	RR	WHEELCHAIR WIDE W/ LEG RESTS	153.88	
E1092	UE	WHEELCHAIR WIDE W/ LEG RESTS	2346.55	
E1093	NU	WHEELCHAIR WIDE W/ FOOT REST	4327.98	
E1093	RR	WHEELCHAIR WIDE W/ FOOT REST	131.92	
E1093	UE	WHEELCHAIR WIDE W/ FOOT REST	2988.16	
E1100	NU	WHCHR S-RECL FXD ARM LEG RES	1261.31	
E1100	RR	WHCHR S-RECL FXD ARM LEG RES	107.94	
E1100	UE	WHCHR S-RECL FXD ARM LEG RES	1027.75	
E1110	NU	WHEELCHAIR SEMI-RECL DETACH	1011.95	
E1110	RR	WHEELCHAIR SEMI-RECL DETACH	105.71	
E1110	UE	WHEELCHAIR SEMI-RECL DETACH	881.36	
E1130	NU	WHLCHR STAND FXD ARM FT REST	278.89	
E1130	RR	WHLCHR STAND FXD ARM FT REST	68.90	
E1130	UE	WHLCHR STAND FXD ARM FT REST	513.31	
E1140	NU	WHEELCHAIR STANDARD DETACH A	2034.78	
E1140	RR	WHEELCHAIR STANDARD DETACH A	64.22	
E1140	UE	WHEELCHAIR STANDARD DETACH A	478.43	
E1150	NU	WHEELCHAIR STANDARD W/ LEG R	2122.35	
E1150	RR	WHEELCHAIR STANDARD W/ LEG R	84.83	
E1150	UE	WHEELCHAIR STANDARD W/ LEG R	1363.32	
E1160	NU	WHEELCHAIR FIXED ARMS	1281.28	
E1160	RR	WHEELCHAIR FIXED ARMS	65.01	
E1160	UE	WHEELCHAIR FIXED ARMS	887.30	
E1161	NU	MANUAL ADULT WC W TILTINSPAC	4447.25	
E1161	RR	MANUAL ADULT WC W TILTINSPAC	289.47	
E1161	UE	MANUAL ADULT WC W TILTINSPAC	2566.48	
E1170	NU	WHLCHR AMPU FXD ARM LEG REST	1000.55	
E1170	RR	WHLCHR AMPU FXD ARM LEG REST	92.89	
E1170	UE	WHLCHR AMPU FXD ARM LEG REST		BR
E1171	NU	WHEELCHAIR AMPUTEE W/O LEG R	898.10	
E1171	RR	WHEELCHAIR AMPUTEE W/O LEG R	83.35	
E1171	UE	WHEELCHAIR AMPUTEE W/O LEG R		BR

Code	Mod	Description	Amount	APC Amount
E1172	NU	WHEELCHAIR AMPUTEE DETACH AR	1097.45	
E1172	RR	WHEELCHAIR AMPUTEE DETACH AR	101.89	
E1172	UE	WHEELCHAIR AMPUTEE DETACH AR	BR	
E1180	NU	WHEELCHAIR AMPUTEE W/ FOOT R	1135.43	
E1180	RR	WHEELCHAIR AMPUTEE W/ FOOT R	105.38	
E1180	UE	WHEELCHAIR AMPUTEE W/ FOOT R	BR	
E1190	NU	WHEELCHAIR AMPUTEE W/ LEG RE	1171.71	
E1190	RR	WHEELCHAIR AMPUTEE W/ LEG RE	121.75	
E1190	UE	WHEELCHAIR AMPUTEE W/ LEG RE	BR	
E1195	NU	WHEELCHAIR AMPUTEE HEAVY DUT	1417.08	
E1195	RR	WHEELCHAIR AMPUTEE HEAVY DUT	130.64	
E1195	UE	WHEELCHAIR AMPUTEE HEAVY DUT	1237.08	
E1200	NU	WHEELCHAIR AMPUTEE FIXED ARM	974.94	
E1200	RR	WHEELCHAIR AMPUTEE FIXED ARM	90.48	
E1200	UE	WHEELCHAIR AMPUTEE FIXED ARM	BR	
E1220		WHLCHR SPECIAL SIZE/CONSTRC	8270.85	
E1221	NU	WHEELCHAIR SPEC SIZE W FOOT	532.29	
E1221	RR	WHEELCHAIR SPEC SIZE W FOOT	58.13	
E1221	UE	WHEELCHAIR SPEC SIZE W FOOT	BR	
E1222	NU	WHEELCHAIR SPEC SIZE W/ LEG	823.75	
E1222	RR	WHEELCHAIR SPEC SIZE W/ LEG	82.92	
E1222	UE	WHEELCHAIR SPEC SIZE W/ LEG	733.24	
E1223	NU	WHEELCHAIR SPEC SIZE W FOOT	635.11	
E1223	RR	WHEELCHAIR SPEC SIZE W FOOT	90.55	
E1223	UE	WHEELCHAIR SPEC SIZE W FOOT	440.72	
E1224	NU	WHEELCHAIR SPEC SIZE W/ LEG	986.26	
E1224	RR	WHEELCHAIR SPEC SIZE W/ LEG	99.28	
E1224	UE	WHEELCHAIR SPEC SIZE W/ LEG	961.43	
E1225	NU	MANUAL SEMI-RECLINING BACK	558.84	
E1225	RR	MANUAL SEMI-RECLINING BACK	49.61	
E1225	UE	MANUAL SEMI-RECLINING BACK	418.85	
E1226	NU	MANUAL FULLY RECLINING BACK	590.04	
E1226	RR	MANUAL FULLY RECLINING BACK	68.69	
E1226	UE	MANUAL FULLY RECLINING BACK	500.62	
E1227	NU	WHEELCHAIR SPEC SZ SPEC HT A	339.50	
E1227	RR	WHEELCHAIR SPEC SZ SPEC HT A	33.96	
E1227	UE	WHEELCHAIR SPEC SZ SPEC HT A	254.66	
E1228	NU	WHEELCHAIR SPEC SZ SPEC HT B	268.12	
E1228	RR	WHEELCHAIR SPEC SZ SPEC HT B	29.15	
E1228	UE	WHEELCHAIR SPEC SZ SPEC HT B	216.69	
E1229		PEDIATRIC WHEELCHAIR NOS	BR	
E1230	NU	POWER OPERATED VEHICLE	2352.09	
E1230	RR	POWER OPERATED VEHICLE	231.34	
E1230	UE	POWER OPERATED VEHICLE	1860.23	
E1231	NU	RIGID PED W/C TILT-IN-SPACE	0.00	
E1231	RR	RIGID PED W/C TILT-IN-SPACE	0.00	
E1231	UE	RIGID PED W/C TILT-IN-SPACE	0.00	
E1232	NU	FOLDING PED WC TILT-IN-SPACE	2952.82	
E1232	RR	FOLDING PED WC TILT-IN-SPACE	261.65	
E1232	UE	FOLDING PED WC TILT-IN-SPACE	2203.61	

Code	Mod	Description	Amount	APC Amount
E1233	NU	RIG PED WC TLTNPC W/O SEAT	3924.66	
E1233	RR	RIG PED WC TLTNPC W/O SEAT	271.07	
E1233	UE	RIG PED WC TLTNPC W/O SEAT	2042.00	
E1234	NU	FLD PED WC TLTNPC W/O SEAT	2978.85	
E1234	RR	FLD PED WC TLTNPC W/O SEAT	236.00	
E1234	UE	FLD PED WC TLTNPC W/O SEAT	1994.26	
E1235	NU	RIGID PED WC ADJUSTABLE	3291.78	
E1235	RR	RIGID PED WC ADJUSTABLE	227.26	
E1235	UE	RIGID PED WC ADJUSTABLE	1759.87	
E1236	NU	FOLDING PED WC ADJUSTABLE	2166.48	
E1236	RR	FOLDING PED WC ADJUSTABLE	200.49	
E1236	UE	FOLDING PED WC ADJUSTABLE	1429.41	
E1237	NU	RGD PED WC ADJSTABL W/O SEAT	3015.82	
E1237	RR	RGD PED WC ADJSTABL W/O SEAT	202.23	
E1237	UE	RGD PED WC ADJSTABL W/O SEAT	2250.61	
E1238	NU	FLD PED WC ADJSTABL W/O SEAT	5170.48	
E1238	RR	FLD PED WC ADJSTABL W/O SEAT	200.49	
E1238	UE	FLD PED WC ADJSTABL W/O SEAT	2087.52	
E1239		PED POWER WHEELCHAIR NOS		BR
E1240	NU	WHCHR LITWT DET ARM LEG REST	3237.75	
E1240	RR	WHCHR LITWT DET ARM LEG REST	107.14	
E1240	UE	WHCHR LITWT DET ARM LEG REST	2242.10	
E1250	NU	WHEELCHAIR LIGHTWT FIXED ARM	848.17	
E1250	RR	WHEELCHAIR LIGHTWT FIXED ARM		BR
E1250	UE	WHEELCHAIR LIGHTWT FIXED ARM		BR
E1260	NU	WHEELCHAIR LIGHTWT FOOT REST	2712.96	
E1260	RR	WHEELCHAIR LIGHTWT FOOT REST	252.23	
E1260	UE	WHEELCHAIR LIGHTWT FOOT REST	1879.13	
E1270	NU	WHEELCHAIR LIGHTWEIGHT LEG R	884.44	
E1270	RR	WHEELCHAIR LIGHTWEIGHT LEG R	82.09	
E1270	UE	WHEELCHAIR LIGHTWEIGHT LEG R		BR
E1280	NU	WHCHR H-DUTY DET ARM LEG RES	3640.62	
E1280	RR	WHCHR H-DUTY DET ARM LEG RES	136.49	
E1280	UE	WHCHR H-DUTY DET ARM LEG RES	1421.96	
E1285	NU	WHEELCHAIR HEAVY DUTY FIXED	1277.58	
E1285	RR	WHEELCHAIR HEAVY DUTY FIXED		BR
E1285	UE	WHEELCHAIR HEAVY DUTY FIXED		BR
E1290	NU	WHEELCHAIR HVY DUTY DETACH A	583.21	
E1290	RR	WHEELCHAIR HVY DUTY DETACH A	53.74	
E1290	UE	WHEELCHAIR HVY DUTY DETACH A	400.33	
E1295	NU	WHEELCHAIR HEAVY DUTY FIXED	1476.16	
E1295	RR	WHEELCHAIR HEAVY DUTY FIXED	126.31	
E1295	UE	WHEELCHAIR HEAVY DUTY FIXED	1480.09	
E1296	NU	WHEELCHAIR SPECIAL SEAT HEIG	601.50	
E1296	RR	WHEELCHAIR SPECIAL SEAT HEIG	60.16	
E1296	UE	WHEELCHAIR SPECIAL SEAT HEIG	451.14	
E1297	NU	WHEELCHAIR SPECIAL SEAT DEPT	127.98	
E1297	RR	WHEELCHAIR SPECIAL SEAT DEPT	12.78	
E1297	UE	WHEELCHAIR SPECIAL SEAT DEPT	95.97	
E1298	NU	WHEELCHAIR SPEC SEAT DEPTH/W	518.32	

Code	Mod	Description	Amount	APC Amount
E1298	RR	WHEELCHAIR SPEC SEAT DEPTH/W	53.03	
E1298	UE	WHEELCHAIR SPEC SEAT DEPTH/W	388.73	
E1300	NU	WHIRLPOOL PORTABLE	BR	
E1300	RR	WHIRLPOOL PORTABLE	BR	
E1300	UE	WHIRLPOOL PORTABLE	BR	
E1310	NU	WHIRLPOOL NON-PORTABLE	2627.21	
E1310	RR	WHIRLPOOL NON-PORTABLE	224.69	
E1310	UE	WHIRLPOOL NON-PORTABLE	1970.40	
E1352		O2 FLOW REG POS INSPIR PRESS	59.05	
E1353		OXYGEN SUPPLIES REGULATOR	34.65	
E1353	NU	OXYGEN SUPPLIES REGULATOR	237.95	
E1353	UE	OXYGEN SUPPLIES REGULATOR	178.34	
E1354		WHEELED CART, PORT CYL/CONC	24.60	
E1355		OXYGEN SUPPLIES STAND/RACK	26.11	
E1355	NU	OXYGEN SUPPLIES STAND/RACK	239.67	
E1355	UE	OXYGEN SUPPLIES STAND/RACK	179.63	
E1356		BATT PACK/CART, PORT CONC	39.17	
E1357		BATTERY CHARGER, PORT CONC	280.52	
E1358		DC POWER ADAPTER, PORT CONC	44.79	
E1372	NU	OXY SUPPL HEATER FOR NEBULIZ	155.85	
E1372	RR	OXY SUPPL HEATER FOR NEBULIZ	19.43	
E1372	UE	OXY SUPPL HEATER FOR NEBULIZ	116.06	
E1390	NU	OXYGEN CONCENTRATOR	3705.89	
E1390	RR	OXYGEN CONCENTRATOR	151.15	
E1390	UE	OXYGEN CONCENTRATOR	2493.19	
E1391	RR	OXYGEN CONCENTRATOR, DUAL	151.15	
E1392	RR	PORTABLE OXYGEN CONCENTRATOR	75.58	
E1399		DURABLE MEDICAL EQUIPMENT MI	BR	
E1405	NU	O2/WATER VAPOR ENRICH W/HEAT	3017.66	
E1405	RR	O2/WATER VAPOR ENRICH W/HEAT	185.75	
E1405	UE	O2/WATER VAPOR ENRICH W/HEAT	2089.85	
E1406	NU	O2/WATER VAPOR ENRICH W/O HE	BR	
E1406	RR	O2/WATER VAPOR ENRICH W/O HE	164.33	
E1406	UE	O2/WATER VAPOR ENRICH W/O HE	BR	
E1500		CENTRIFUGE	BR	
E1510	NU	KIDNEY DIALYSATE DELIVRY SYS	929.65	
E1510	RR	KIDNEY DIALYSATE DELIVRY SYS	86.46	
E1510	UE	KIDNEY DIALYSATE DELIVRY SYS	644.12	
E1520	NU	HEPARIN INFUSION PUMP	0.00	
E1520	RR	HEPARIN INFUSION PUMP	0.00	
E1520	UE	HEPARIN INFUSION PUMP	0.00	
E1530	NU	REPLACEMENT AIR BUBBLE DETEC	0.00	
E1530	RR	REPLACEMENT AIR BUBBLE DETEC	0.00	
E1530	UE	REPLACEMENT AIR BUBBLE DETEC	0.00	
E1540	NU	REPLACEMENT PRESSURE ALARM	0.00	
E1540	RR	REPLACEMENT PRESSURE ALARM	0.00	
E1540	UE	REPLACEMENT PRESSURE ALARM	0.00	
E1550	NU	BATH CONDUCTIVITY METER	0.00	
E1550	RR	BATH CONDUCTIVITY METER	0.00	
E1550	UE	BATH CONDUCTIVITY METER	0.00	

Code	Mod	Description	Amount	APC Amount
E1560	NU	REPLACE BLOOD LEAK DETECTOR		BR
E1560	RR	REPLACE BLOOD LEAK DETECTOR		BR
E1560	UE	REPLACE BLOOD LEAK DETECTOR		BR
E1570	NU	ADJUSTABLE CHAIR FOR ESRD PT		BR
E1570	RR	ADJUSTABLE CHAIR FOR ESRD PT		BR
E1570	UE	ADJUSTABLE CHAIR FOR ESRD PT		BR
E1575	NU	TRANSDUCER PROTECT/FLD BAR		BR
E1575	RR	TRANSDUCER PROTECT/FLD BAR		BR
E1575	UE	TRANSDUCER PROTECT/FLD BAR		BR
E1580	NU	UNIPUNCTURE CONTROL SYSTEM		BR
E1580	RR	UNIPUNCTURE CONTROL SYSTEM		BR
E1580	UE	UNIPUNCTURE CONTROL SYSTEM		BR
E1590	NU	HEMODIALYSIS MACHINE		BR
E1590	RR	HEMODIALYSIS MACHINE		BR
E1590	UE	HEMODIALYSIS MACHINE		BR
E1592		AUTO INTERM PERITONEAL DIALY		BR
E1594	NU	CYCLER DIALYSIS MACHINE	8400.62	
E1594	RR	CYCLER DIALYSIS MACHINE	780.84	
E1594	UE	CYCLER DIALYSIS MACHINE	5817.28	
E1600		DEL/INSTALL CHRG HEMO EQUIP	5334.77	
E1610	NU	REVERSE OSMOSIS H2O PURI SYS	346.21	
E1610	RR	REVERSE OSMOSIS H2O PURI SYS	32.21	
E1610	UE	REVERSE OSMOSIS H2O PURI SYS	239.99	
E1615		DEIONIZER H2O PURI SYSTEM		BR
E1620		REPLACEMENT BLOOD PUMP		BR
E1625		WATER SOFTENING SYSTEM		BR
E1629		TABLO FOR DIALYSIS SERVICE		BR
E1630		RECIPROCATING PERITONEAL DIA		BR
E1632		WEARABLE ARTIFICIAL KIDNEY		BR
E1634		PERITONEAL DIALYSIS CLAMP	13.69	
E1635	NU	COMPACT TRAVEL HEMODIALYZER	0.00	
E1635	RR	COMPACT TRAVEL HEMODIALYZER	0.00	
E1635	UE	COMPACT TRAVEL HEMODIALYZER	0.00	
E1636		SORBENT CARTRIDGES PER 10	0.00	
E1637		HEMOSTATS FOR DIALYSIS, EACH	61.57	
E1639		SCALE, EACH	49.22	
E1699		DIALYSIS EQUIPMENT NOC		BR
E1700	NU	JAW MOTION REHAB SYSTEM	514.19	
E1700	RR	JAW MOTION REHAB SYSTEM	42.20	
E1700	UE	JAW MOTION REHAB SYSTEM	355.98	
E1701		REPL CUSHIONS FOR JAW MOTION	11.02	
E1702		REPL MEASR SCALES JAW MOTION	23.46	
E1800	RR	ADJUST ELBOW EXT/FLEX DEVICE	127.39	
E1801	RR	SPS ELBOW DEVICE	141.44	
E1802	RR	ADJST FOREARM PRO/SUP DEVICE	399.83	
E1805	RR	ADJUST WRIST EXT/FLEX DEVICE	131.39	
E1806	RR	SPS WRIST DEVICE	116.07	
E1810	RR	ADJUST KNEE EXT/FLEX DEVICE	129.57	
E1811	RR	SPS KNEE DEVICE	147.06	
E1812	NU	KNEE EXT/FLEX W ACT RES CTRL	20646.82	

Code	Mod	Description	Amount	APC Amount
E1812	RR	KNEE EXT/FLEX W ACT RES CTRL	105.21	
E1812	UE	KNEE EXT/FLEX W ACT RES CTRL	1510.57	
E1815	RR	ADJUST ANKLE EXT/FLEX DEVICE	131.39	
E1816	RR	SPS ANKLE DEVICE	149.32	
E1818	RR	SPS FOREARM DEVICE	152.49	
E1820	NU	SOFT INTERFACE MATERIAL	100.01	
E1820	RR	SOFT INTERFACE MATERIAL	9.98	
E1820	UE	SOFT INTERFACE MATERIAL	75.02	
E1821	NU	REPLACEMENT INTERFACE SPSD	128.75	
E1821	RR	REPLACEMENT INTERFACE SPSD	12.84	
E1821	UE	REPLACEMENT INTERFACE SPSD	96.60	
E1825	RR	ADJUST FINGER EXT/FLEX DEVC	131.39	
E1830	RR	ADJUST TOE EXT/FLEX DEVICE	131.39	
E1831	RR	STATIC STR TOE DEV EXT/FLEX	80.83	
E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	410.36	
E1841	RR	STATIC STR SHLDR DEV ROM ADJ	554.20	
E1902		AAC NON-ELECTRONIC BOARD	0.00	
E2000	RR	GASTRIC SUCTION PUMP HME MDL	56.81	
E2100	NU	BLD GLUCOSE MONITOR W VOICE	786.88	
E2100	RR	BLD GLUCOSE MONITOR W VOICE	78.71	
E2100	UE	BLD GLUCOSE MONITOR W VOICE	590.18	
E2101	NU	BLD GLUCOSE MONITOR W LANCE	230.68	
E2101	RR	BLD GLUCOSE MONITOR W LANCE	23.07	
E2101	UE	BLD GLUCOSE MONITOR W LANCE	173.02	
E2102		ADJU CGM RECEIVER/MONITOR	BR	
E2120	RR	PULSE GEN SYS TX ENDOLYMP FL	346.87	
E2201	NU	MAN W/CH ACC SEAT W>=20"<24"	432.03	
E2201	RR	MAN W/CH ACC SEAT W>=20"<24"	45.66	
E2201	UE	MAN W/CH ACC SEAT W>=20"<24"	342.35	
E2202	NU	SEAT WIDTH 24-27 IN	579.87	
E2202	RR	SEAT WIDTH 24-27 IN	57.99	
E2202	UE	SEAT WIDTH 24-27 IN	434.92	
E2203	NU	FRAME DEPTH LESS THAN 22 IN	569.30	
E2203	RR	FRAME DEPTH LESS THAN 22 IN	58.60	
E2203	UE	FRAME DEPTH LESS THAN 22 IN	439.53	
E2204	NU	FRAME DEPTH 22 TO 25 IN	979.77	
E2204	RR	FRAME DEPTH 22 TO 25 IN	99.53	
E2204	UE	FRAME DEPTH 22 TO 25 IN	746.36	
E2205	NU	MANUAL WC ACCESSORY, HANDRIM	39.97	
E2205	RR	MANUAL WC ACCESSORY, HANDRIM	3.98	
E2205	UE	MANUAL WC ACCESSORY, HANDRIM	30.00	
E2206	NU	MAN WC WHL LOCK COMP REPL EA	49.75	
E2206	RR	MAN WC WHL LOCK COMP REPL EA	4.95	
E2206	UE	MAN WC WHL LOCK COMP REPL EA	37.32	
E2207	NU	CRUTCH AND CANE HOLDER	53.03	
E2207	RR	CRUTCH AND CANE HOLDER	5.32	
E2207	UE	CRUTCH AND CANE HOLDER	39.79	
E2208	NU	CYLINDER TANK CARRIER	125.26	
E2208	RR	CYLINDER TANK CARRIER	12.52	
E2208	UE	CYLINDER TANK CARRIER	93.95	

Code	Mod	Description	Amount	APC Amount
E2209	NU	ARM TROUGH EACH	112.99	
E2209	RR	ARM TROUGH EACH	11.32	
E2209	UE	ARM TROUGH EACH	84.76	
E2210	NU	WHEELCHAIR BEARINGS	6.95	
E2210	RR	WHEELCHAIR BEARINGS	0.70	
E2210	UE	WHEELCHAIR BEARINGS	5.23	
E2211	NU	PNEUMATIC PROPULSION TIRE	42.55	
E2211	RR	PNEUMATIC PROPULSION TIRE	4.17	
E2211	UE	PNEUMATIC PROPULSION TIRE	30.48	
E2212	NU	PNEUMATIC PROP TIRE TUBE	7.18	
E2212	RR	PNEUMATIC PROP TIRE TUBE	0.77	
E2212	UE	PNEUMATIC PROP TIRE TUBE	5.40	
E2213	NU	PNEUMATIC PROP TIRE INSERT	37.22	
E2213	RR	PNEUMATIC PROP TIRE INSERT	3.74	
E2213	UE	PNEUMATIC PROP TIRE INSERT	27.89	
E2214	NU	PNEUMATIC CASTER TIRE EACH	37.43	
E2214	RR	PNEUMATIC CASTER TIRE EACH	4.11	
E2214	UE	PNEUMATIC CASTER TIRE EACH	28.06	
E2215	NU	PNEUMATIC CASTER TIRE TUBE	11.74	
E2215	RR	PNEUMATIC CASTER TIRE TUBE	1.17	
E2215	UE	PNEUMATIC CASTER TIRE TUBE	8.80	
E2216	NU	FOAM FILLED PROPULSION TIRE	49.18	
E2216	RR	FOAM FILLED PROPULSION TIRE	5.58	
E2216	UE	FOAM FILLED PROPULSION TIRE	36.88	
E2217	NU	FOAM FILLED CASTER TIRE EACH	43.52	
E2217	RR	FOAM FILLED CASTER TIRE EACH	4.92	
E2217	UE	FOAM FILLED CASTER TIRE EACH	32.64	
E2218	NU	FOAM PROPULSION TIRE EACH	49.18	
E2218	RR	FOAM PROPULSION TIRE EACH	5.58	
E2218	UE	FOAM PROPULSION TIRE EACH	36.88	
E2219	NU	FOAM CASTER TIRE ANY SIZE EA	43.52	
E2219	RR	FOAM CASTER TIRE ANY SIZE EA	4.92	
E2219	UE	FOAM CASTER TIRE ANY SIZE EA	32.64	
E2220	NU	SOLID PROPULSION TIRE, REPL, EA	34.91	
E2220	RR	SOLID PROPULSION TIRE, REPL, EA	3.37	
E2220	UE	SOLID PROPULSION TIRE, REPL, EA	26.70	
E2221	NU	SOLID CASTER TIRE REPL, EACH	31.26	
E2221	RR	SOLID CASTER TIRE REPL, EACH	3.17	
E2221	UE	SOLID CASTER TIRE REPL, EACH	23.45	
E2222	NU	SOLID CASTER INTEG WHL, REPL	25.78	
E2222	RR	SOLID CASTER INTEG WHL, REPL	2.54	
E2222	UE	SOLID CASTER INTEG WHL, REPL	19.34	
E2224	NU	PROPULSION WHL EXCL TIRE REP	108.76	
E2224	RR	PROPULSION WHL EXCL TIRE REP	10.88	
E2224	UE	PROPULSION WHL EXCL TIRE REP	81.57	
E2225	NU	CASTER WHEEL EXCLUDES TIRE	21.28	
E2225	RR	CASTER WHEEL EXCLUDES TIRE	2.12	
E2225	UE	CASTER WHEEL EXCLUDES TIRE	15.95	
E2226	NU	CASTER FORK REPLACEMENT ONLY	46.41	
E2226	RR	CASTER FORK REPLACEMENT ONLY	4.65	

Code	Mod	Description	Amount	APC Amount
E2226	UE	CASTER FORK REPLACEMENT ONLY	34.82	
E2227	NU	GEAR REDUCTION DRIVE WHEEL	2095.86	
E2227	RR	GEAR REDUCTION DRIVE WHEEL	228.88	
E2227	UE	GEAR REDUCTION DRIVE WHEEL	BR	
E2228	NU	MWC ACC, WHEELCHAIR BRAKE	1048.47	
E2228	RR	MWC ACC, WHEELCHAIR BRAKE	114.53	
E2228	UE	MWC ACC, WHEELCHAIR BRAKE	726.36	
E2230		MANUAL STANDING SYSTEM	BR	
E2231	NU	SOLID SEAT SUPPORT BASE	185.05	
E2231	RR	SOLID SEAT SUPPORT BASE	18.81	
E2231	UE	SOLID SEAT SUPPORT BASE	140.99	
E2291		PLANAR BACK FOR PED SIZE WC	502.57	
E2292		PLANAR SEAT FOR PED SIZE WC	514.64	
E2293		CONTOUR BACK FOR PED SIZE WC	930.05	
E2294		CONTOUR SEAT FOR PED SIZE WC	589.58	
E2295		PED DYNAMIC SEATING FRAME	1501.01	
E2300		PWR SEAT ELEVATION SYS	5118.10	
E2301		PWR STANDING	13016.04	
E2310	NU	ELECTRO CONNECT BTW CONTROL	2016.48	
E2310	RR	ELECTRO CONNECT BTW CONTROL	127.72	
E2310	UE	ELECTRO CONNECT BTW CONTROL	1391.95	
E2311	NU	ELECTRO CONNECT BTW 2 SYS	3760.50	
E2311	RR	ELECTRO CONNECT BTW 2 SYS	258.22	
E2311	UE	ELECTRO CONNECT BTW 2 SYS	2595.10	
E2312	NU	MINI-PROP REMOTE JOYSTICK	3436.17	
E2312	RR	MINI-PROP REMOTE JOYSTICK	314.67	
E2312	UE	MINI-PROP REMOTE JOYSTICK	2445.26	
E2313	NU	PWC HARNESS, EXPAND CONTROL	597.06	
E2313	RR	PWC HARNESS, EXPAND CONTROL	39.20	
E2313	UE	PWC HARNESS, EXPAND CONTROL	376.81	
E2321	NU	HAND INTERFACE JOYSTICK	1714.48	
E2321	RR	HAND INTERFACE JOYSTICK	272.98	
E2321	UE	HAND INTERFACE JOYSTICK	1265.11	
E2322	NU	MULT MECH SWITCHES	1181.13	
E2322	RR	MULT MECH SWITCHES	289.06	
E2322	UE	MULT MECH SWITCHES	881.44	
E2323	NU	SPECIAL JOYSTICK HANDLE	77.47	
E2323	RR	SPECIAL JOYSTICK HANDLE	7.74	
E2323	UE	SPECIAL JOYSTICK HANDLE	58.09	
E2324	NU	CHIN CUP INTERFACE	49.56	
E2324	RR	CHIN CUP INTERFACE	4.93	
E2324	UE	CHIN CUP INTERFACE	37.17	
E2325	NU	SIP AND PUFF INTERFACE	1835.88	
E2325	RR	SIP AND PUFF INTERFACE	151.35	
E2325	UE	SIP AND PUFF INTERFACE	1371.37	
E2326	NU	BREATH TUBE KIT	519.70	
E2326	RR	BREATH TUBE KIT	39.27	
E2326	UE	BREATH TUBE KIT	387.84	
E2327	NU	HEAD CONTROL INTERFACE MECH	2213.25	
E2327	RR	HEAD CONTROL INTERFACE MECH	418.50	

Code	Mod	Description	Amount	APC Amount
E2327	UE	HEAD CONTROL INTERFACE MECH		BR
E2328	NU	HEAD/EXTREMITY CONTROL INTER	6998.19	
E2328	RR	HEAD/EXTREMITY CONTROL INTER	557.70	
E2328	UE	HEAD/EXTREMITY CONTROL INTER	5222.53	
E2329	NU	HEAD CONTROL NONPROPORTIONAL	1496.12	
E2329	RR	HEAD CONTROL NONPROPORTIONAL	199.74	
E2329	UE	HEAD CONTROL NONPROPORTIONAL		BR
E2330	NU	HEAD CONTROL PROXIMITY SWITC	5117.94	
E2330	RR	HEAD CONTROL PROXIMITY SWITC	385.85	
E2330	UE	HEAD CONTROL PROXIMITY SWITC	3244.42	
E2331		ATTENDANT CONTROL	1350.04	
E2340	NU	W/C WIDTH 20-23 IN SEAT FRAME	438.42	
E2340	RR	W/C WIDTH 20-23 IN SEAT FRAME	43.86	
E2340	UE	W/C WIDTH 20-23 IN SEAT FRAME	328.86	
E2341	NU	W/C WIDTH 24-27 IN SEAT FRAME	657.69	
E2341	RR	W/C WIDTH 24-27 IN SEAT FRAME	65.76	
E2341	UE	W/C WIDTH 24-27 IN SEAT FRAME	493.29	
E2342	NU	W/C DPTH 20-21 IN SEAT FRAME	548.09	
E2342	RR	W/C DPTH 20-21 IN SEAT FRAME	54.80	
E2342	UE	W/C DPTH 20-21 IN SEAT FRAME	411.07	
E2343	NU	W/C DPTH 22-25 IN SEAT FRAME	876.95	
E2343	RR	W/C DPTH 22-25 IN SEAT FRAME	87.68	
E2343	UE	W/C DPTH 22-25 IN SEAT FRAME	657.69	
E2351	NU	ELECTRONIC SGD INTERFACE	790.38	
E2351	RR	ELECTRONIC SGD INTERFACE	79.04	
E2351	UE	ELECTRONIC SGD INTERFACE	592.79	
E2358		GR 34 NONSEALED LEADACID		BR
E2359	NU	GR34 SEALED LEADACID BATTERY	213.05	
E2359	RR	GR34 SEALED LEADACID BATTERY	21.30	
E2359	UE	GR34 SEALED LEADACID BATTERY	159.76	
E2360	NU	22NF NONSEALED LEADACID	117.44	
E2360	RR	22NF NONSEALED LEADACID	11.80	
E2360	UE	22NF NONSEALED LEADACID	88.06	
E2361	NU	22NF SEALED LEADACID BATTERY	149.03	
E2361	RR	22NF SEALED LEADACID BATTERY	14.90	
E2361	UE	22NF SEALED LEADACID BATTERY	111.79	
E2362	NU	GR24 NONSEALED LEADACID	113.12	
E2362	RR	GR24 NONSEALED LEADACID	11.31	
E2362	UE	GR24 NONSEALED LEADACID	84.83	
E2363	NU	GR24 SEALED LEADACID BATTERY	196.14	
E2363	RR	GR24 SEALED LEADACID BATTERY	19.61	
E2363	UE	GR24 SEALED LEADACID BATTERY	147.10	
E2364	NU	U1NONSEALED LEADACID BATTERY	117.44	
E2364	RR	U1NONSEALED LEADACID BATTERY	11.80	
E2364	UE	U1NONSEALED LEADACID BATTERY	88.06	
E2365	NU	U1 SEALED LEADACID BATTERY	118.27	
E2365	RR	U1 SEALED LEADACID BATTERY	11.81	
E2365	UE	U1 SEALED LEADACID BATTERY	88.75	
E2366	NU	BATTERY CHARGER, SINGLE MODE	277.98	
E2366	RR	BATTERY CHARGER, SINGLE MODE	27.88	

Code	Mod	Description	Amount	APC Amount
E2366	UE	BATTERY CHARGER, SINGLE MODE	208.51	
E2367	NU	BATTERY CHARGER, DUAL MODE	465.01	
E2367	RR	BATTERY CHARGER, DUAL MODE	46.50	
E2367	UE	BATTERY CHARGER, DUAL MODE	348.76	
E2368	NU	PWR WC DRIVEWHEEL MOTOR REPL	704.16	
E2368	RR	PWR WC DRIVEWHEEL MOTOR REPL	54.46	
E2368	UE	PWR WC DRIVEWHEEL MOTOR REPL	533.18	
E2369	NU	PWR WC DRIVEWHEEL GEAR REPL	558.37	
E2369	RR	PWR WC DRIVEWHEEL GEAR REPL	48.97	
E2369	UE	PWR WC DRIVEWHEEL GEAR REPL	BR	
E2370	NU	PWR WC DR WH MOTOR/GEAR COMB	998.93	
E2370	RR	PWR WC DR WH MOTOR/GEAR COMB	84.67	
E2370	UE	PWR WC DR WH MOTOR/GEAR COMB	677.92	
E2371	NU	GR27 SEALED LEADACID BATTERY	169.68	
E2371	RR	GR27 SEALED LEADACID BATTERY	16.97	
E2371	UE	GR27 SEALED LEADACID BATTERY	127.27	
E2372	NU	GR27 NON-SEALED LEADACID	0.00	
E2372	RR	GR27 NON-SEALED LEADACID	0.00	
E2372	UE	GR27 NON-SEALED LEADACID	0.00	
E2373	NU	HAND/CHIN CTRL SPEC JOYSTICK	1255.85	
E2373	RR	HAND/CHIN CTRL SPEC JOYSTICK	132.69	
E2373	UE	HAND/CHIN CTRL SPEC JOYSTICK	866.69	
E2374	NU	HAND/CHIN CTRL STD JOYSTICK	831.02	
E2374	RR	HAND/CHIN CTRL STD JOYSTICK	58.55	
E2374	UE	HAND/CHIN CTRL STD JOYSTICK	563.39	
E2375	NU	NON-EXPANDABLE CONTROLLER	1002.68	
E2375	RR	NON-EXPANDABLE CONTROLLER	90.29	
E2375	UE	NON-EXPANDABLE CONTROLLER	692.20	
E2376	NU	EXPANDABLE CONTROLLER, REPL	1530.58	
E2376	RR	EXPANDABLE CONTROLLER, REPL	146.37	
E2376	UE	EXPANDABLE CONTROLLER, REPL	1041.93	
E2377	NU	EXPANDABLE CONTROLLER, INITL	739.52	
E2377	RR	EXPANDABLE CONTROLLER, INITL	53.52	
E2377	UE	EXPANDABLE CONTROLLER, INITL	510.50	
E2378	RR	PW ACTUATOR REPLACEMENT	62.61	
E2381	NU	PNEUM DRIVE WHEEL TIRE	80.32	
E2381	RR	PNEUM DRIVE WHEEL TIRE	8.06	
E2381	UE	PNEUM DRIVE WHEEL TIRE	60.23	
E2382	NU	TUBE, PNEUM WHEEL DRIVE TIRE	22.12	
E2382	RR	TUBE, PNEUM WHEEL DRIVE TIRE	2.21	
E2382	UE	TUBE, PNEUM WHEEL DRIVE TIRE	16.60	
E2383	NU	INSERT, PNEUM WHEEL DRIVE	163.62	
E2383	RR	INSERT, PNEUM WHEEL DRIVE	16.36	
E2383	UE	INSERT, PNEUM WHEEL DRIVE	122.71	
E2384	NU	PNEUMATIC CASTER TIRE	85.32	
E2384	RR	PNEUMATIC CASTER TIRE	8.56	
E2384	UE	PNEUMATIC CASTER TIRE	64.00	
E2385	NU	TUBE, PNEUMATIC CASTER TIRE	52.89	
E2385	RR	TUBE, PNEUMATIC CASTER TIRE	5.30	
E2385	UE	TUBE, PNEUMATIC CASTER TIRE	39.66	

Code	Mod	Description	Amount	APC Amount
E2386	NU	FOAM FILLED DRIVE WHEEL TIRE	158.69	
E2386	RR	FOAM FILLED DRIVE WHEEL TIRE	15.87	
E2386	UE	FOAM FILLED DRIVE WHEEL TIRE	119.04	
E2387	NU	FOAM FILLED CASTER TIRE	71.16	
E2387	RR	FOAM FILLED CASTER TIRE	7.12	
E2387	UE	FOAM FILLED CASTER TIRE	53.41	
E2388	NU	FOAM DRIVE WHEEL TIRE	55.44	
E2388	RR	FOAM DRIVE WHEEL TIRE	5.55	
E2388	UE	FOAM DRIVE WHEEL TIRE	41.60	
E2389	NU	FOAM CASTER TIRE	30.51	
E2389	RR	FOAM CASTER TIRE	3.06	
E2389	UE	FOAM CASTER TIRE	22.87	
E2390	NU	SOLID DRIVE WHEEL TIRE	47.49	
E2390	RR	SOLID DRIVE WHEEL TIRE	4.75	
E2390	UE	SOLID DRIVE WHEEL TIRE	35.61	
E2391	NU	SOLID CASTER TIRE	22.30	
E2391	RR	SOLID CASTER TIRE	2.24	
E2391	UE	SOLID CASTER TIRE	16.73	
E2392	NU	SOLID CASTER TIRE, INTEGRATE	56.81	
E2392	RR	SOLID CASTER TIRE, INTEGRATE	5.72	
E2392	UE	SOLID CASTER TIRE, INTEGRATE	42.62	
E2394	NU	DRIVE WHEEL EXCLUDES TIRE	80.95	
E2394	RR	DRIVE WHEEL EXCLUDES TIRE	8.11	
E2394	UE	DRIVE WHEEL EXCLUDES TIRE	60.71	
E2395	NU	CASTER WHEEL EXCLUDES TIRE	57.52	
E2395	RR	CASTER WHEEL EXCLUDES TIRE	5.77	
E2395	UE	CASTER WHEEL EXCLUDES TIRE	43.14	
E2396	NU	CASTER FORK	70.11	
E2396	RR	CASTER FORK	7.50	
E2396	UE	CASTER FORK	52.61	
E2397	NU	PWC ACC, LITH-BASED BATTERY	506.66	
E2397	RR	PWC ACC, LITH-BASED BATTERY	50.68	
E2397	UE	PWC ACC, LITH-BASED BATTERY	379.97	
E2398	NU	WC DYNAMIC POS BACK HARDWARE	BR	
E2398	RR	WC DYNAMIC POS BACK HARDWARE	BR	
E2398	UE	WC DYNAMIC POS BACK HARDWARE	BR	
E2402	RR	NEG PRESS WOUND THERAPY PUMP	1283.74	
E2500	NU	SGD DIGITIZED PRE-REC <=8MIN	478.42	
E2500	RR	SGD DIGITIZED PRE-REC <=8MIN	47.85	
E2500	UE	SGD DIGITIZED PRE-REC <=8MIN	358.81	
E2502	NU	SGD PREREC MSG >8MIN <=20MIN	1462.96	
E2502	RR	SGD PREREC MSG >8MIN <=20MIN	146.31	
E2502	UE	SGD PREREC MSG >8MIN <=20MIN	1097.24	
E2504	NU	SGD PREREC MSG>20MIN <=40MIN	1929.87	
E2504	RR	SGD PREREC MSG>20MIN <=40MIN	193.01	
E2504	UE	SGD PREREC MSG>20MIN <=40MIN	1447.41	
E2506	NU	SGD PREREC MSG > 40 MIN	2829.74	
E2506	RR	SGD PREREC MSG > 40 MIN	282.96	
E2506	UE	SGD PREREC MSG > 40 MIN	2122.26	
E2508	NU	SGD SPELLING PHYS CONTACT	4375.73	

Code	Mod	Description	Amount	APC Amount
E2508	RR	SGD SPELLING PHYS CONTACT	437.57	
E2508	UE	SGD SPELLING PHYS CONTACT	3281.81	
E2510	NU	SGD W MULTI METHODS MSG/ACCS	8280.50	
E2510	RR	SGD W MULTI METHODS MSG/ACCS	828.05	
E2510	UE	SGD W MULTI METHODS MSG/ACCS	6210.35	
E2511	NU	SGD SFTWRE PRGRM FOR PC/PDA	41.35	
E2511	RR	SGD SFTWRE PRGRM FOR PC/PDA	4.16	
E2511	UE	SGD SFTWRE PRGRM FOR PC/PDA	30.85	
E2512	NU	SGD ACCESSORY, MOUNTING SYS	1171.28	
E2512	RR	SGD ACCESSORY, MOUNTING SYS	117.84	
E2512	UE	SGD ACCESSORY, MOUNTING SYS	874.09	
E2599		SGD ACCESSORY NOC	BR	
E2601	NU	GEN W/C CUSHION WDTN < 22 IN	64.49	
E2601	RR	GEN W/C CUSHION WDTN < 22 IN	6.46	
E2601	UE	GEN W/C CUSHION WDTN < 22 IN	48.37	
E2602	NU	GEN W/C CUSHION WDTN >=22 IN	125.90	
E2602	RR	GEN W/C CUSHION WDTN >=22 IN	12.60	
E2602	UE	GEN W/C CUSHION WDTN >=22 IN	94.44	
E2603	NU	SKIN PROTECT WC CUS WD <22IN	159.83	
E2603	RR	SKIN PROTECT WC CUS WD <22IN	16.00	
E2603	UE	SKIN PROTECT WC CUS WD <22IN	119.90	
E2604	NU	SKIN PROTECT WC CUS WD>=22IN	198.68	
E2604	RR	SKIN PROTECT WC CUS WD>=22IN	19.87	
E2604	UE	SKIN PROTECT WC CUS WD>=22IN	149.02	
E2605	NU	POSITION WC CUSH WDTN <22 IN	283.84	
E2605	RR	POSITION WC CUSH WDTN <22 IN	28.39	
E2605	UE	POSITION WC CUSH WDTN <22 IN	212.91	
E2606	NU	POSITION WC CUSH WDTN>=22 IN	443.17	
E2606	RR	POSITION WC CUSH WDTN>=22 IN	44.32	
E2606	UE	POSITION WC CUSH WDTN>=22 IN	332.36	
E2607	NU	SKIN PRO/POS WC CUS WD <22IN	305.64	
E2607	RR	SKIN PRO/POS WC CUS WD <22IN	30.57	
E2607	UE	SKIN PRO/POS WC CUS WD <22IN	229.23	
E2608	NU	SKIN PRO/POS WC CUS WD>=22IN	367.05	
E2608	RR	SKIN PRO/POS WC CUS WD>=22IN	36.70	
E2608	UE	SKIN PRO/POS WC CUS WD>=22IN	275.28	
E2609		CUSTOM FABRICATE W/C CUSHION	2414.64	
E2610		POWERED W/C CUSHION	BR	
E2611	NU	GEN USE BACK CUSH WDTN <22IN	329.37	
E2611	RR	GEN USE BACK CUSH WDTN <22IN	32.93	
E2611	UE	GEN USE BACK CUSH WDTN <22IN	247.05	
E2612	NU	GEN USE BACK CUSH WDTN>=22IN	445.56	
E2612	RR	GEN USE BACK CUSH WDTN>=22IN	44.55	
E2612	UE	GEN USE BACK CUSH WDTN>=22IN	334.15	
E2613	NU	POSITION BACK CUSH WD <22IN	414.46	
E2613	RR	POSITION BACK CUSH WD <22IN	41.45	
E2613	UE	POSITION BACK CUSH WD <22IN	310.84	
E2614	NU	POSITION BACK CUSH WD>=22IN	585.22	
E2614	RR	POSITION BACK CUSH WD>=22IN	58.52	
E2614	UE	POSITION BACK CUSH WD>=22IN	438.92	

Code	Mod	Description	Amount	APC Amount
E2615	NU	POS BACK POST/LAT WIDTH <22IN	476.95	
E2615	RR	POS BACK POST/LAT WIDTH <22IN	47.70	
E2615	UE	POS BACK POST/LAT WIDTH <22IN	357.71	
E2616	NU	POS BACK POST/LAT WIDTH>=22IN	641.74	
E2616	RR	POS BACK POST/LAT WIDTH>=22IN	64.17	
E2616	UE	POS BACK POST/LAT WIDTH>=22IN	481.31	
E2617		CUSTOM FAB W/C BACK CUSHION	2730.85	
E2619	NU	REPLACE COVER W/C SEAT CUSH	56.75	
E2619	RR	REPLACE COVER W/C SEAT CUSH	5.68	
E2619	UE	REPLACE COVER W/C SEAT CUSH	42.59	
E2620	NU	WC PLANAR BACK CUSH WD <22IN	577.52	
E2620	RR	WC PLANAR BACK CUSH WD <22IN	57.76	
E2620	UE	WC PLANAR BACK CUSH WD <22IN	433.17	
E2621	NU	WC PLANAR BACK CUSH WD>=22IN	606.07	
E2621	RR	WC PLANAR BACK CUSH WD>=22IN	60.61	
E2621	UE	WC PLANAR BACK CUSH WD>=22IN	454.56	
E2622	NU	ADJ SKIN PRO W/C CUS WD<22IN	363.62	
E2622	RR	ADJ SKIN PRO W/C CUS WD<22IN	36.37	
E2622	UE	ADJ SKIN PRO W/C CUS WD<22IN	272.71	
E2623	NU	ADJ SKIN PRO WC CUS WD>=22IN	461.40	
E2623	RR	ADJ SKIN PRO WC CUS WD>=22IN	46.15	
E2623	UE	ADJ SKIN PRO WC CUS WD>=22IN	346.04	
E2624	NU	ADJ SKIN PRO/POS CUS<22IN	367.91	
E2624	RR	ADJ SKIN PRO/POS CUS<22IN	36.80	
E2624	UE	ADJ SKIN PRO/POS CUS<22IN	275.94	
E2625	NU	ADJ SKIN PRO/POS WC CUS>=22	461.04	
E2625	RR	ADJ SKIN PRO/POS WC CUS>=22	46.10	
E2625	UE	ADJ SKIN PRO/POS WC CUS>=22	345.78	
E2626	NU	SEO MOBILE ARM SUP ATT TO WC	759.92	
E2626	RR	SEO MOBILE ARM SUP ATT TO WC	75.96	
E2626	UE	SEO MOBILE ARM SUP ATT TO WC	569.86	
E2627	NU	ARM SUPP ATT TO WC RANCHO TY	1030.68	
E2627	RR	ARM SUPP ATT TO WC RANCHO TY	103.11	
E2627	UE	ARM SUPP ATT TO WC RANCHO TY	773.00	
E2628	NU	MOBILE ARM SUPPORTS RECLININ	913.48	
E2628	RR	MOBILE ARM SUPPORTS RECLININ	91.33	
E2628	UE	MOBILE ARM SUPPORTS RECLININ	685.09	
E2629	NU	FRICTION DAMPENING ARM SUPP	1155.98	
E2629	RR	FRICTION DAMPENING ARM SUPP	115.59	
E2629	UE	FRICTION DAMPENING ARM SUPP	866.97	
E2630	NU	MONOSUSPENSION ARM/HAND SUPP	808.38	
E2630	RR	MONOSUSPENSION ARM/HAND SUPP	80.83	
E2630	UE	MONOSUSPENSION ARM/HAND SUPP	606.28	
E2631	NU	ELEVAT PROXIMAL ARM SUPPORT	274.86	
E2631	RR	ELEVAT PROXIMAL ARM SUPPORT	27.49	
E2631	UE	ELEVAT PROXIMAL ARM SUPPORT	206.14	
E2632	NU	OFFSET/LAT ROCKER ARM W/ELA	188.87	
E2632	RR	OFFSET/LAT ROCKER ARM W/ELA	18.91	
E2632	UE	OFFSET/LAT ROCKER ARM W/ELA	141.65	
E2633	NU	MOBILE ARM SUPPORT SUPINATOR	148.24	

Code	Mod	Description	Amount	APC Amount
E2633	RR	MOBILE ARM SUPPORT SUPINATOR	14.84	
E2633	UE	MOBILE ARM SUPPORT SUPINATOR	111.20	
E8000		POSTERIOR GAIT TRAINER	3472.52	
E8001		UPRIGHT GAIT TRAINER	4681.21	
E8002		ANTERIOR GAIT TRAINER	5077.86	
G0008		ADMIN INFLUENZA VIRUS VAC	39.13	58.04
G0009		ADMIN PNEUMOCOCCAL VACCINE	41.11	58.04
G0010		ADMIN HEPATITIS B VACCINE	43.98	58.04
G0027		SEMEN ANALYSIS	7.95	
G0028		DOC MED RSN NO SCR TOB	BR	
G0029		NO TOB SCR/CESS INT	BR	
G0030		PT SCR TOB & CESS INT	BR	
G0031		PALL SERV DURING MEAS	BR	
G0032		2+ ANTIPSY SCHIZ	BR	
G0033		2+ BENZO SEIZ	BR	
G0034		PALL SERV DURING MEAS	BR	
G0035		PT ED POS 23	BR	
G0036		PT/PTN DECLN ASSESS	BR	
G0037		PT NOT ABLE TO PARTICIPATE	BR	
G0038		CLIN PT NO REF	BR	
G0039		PT NO REF, RN SPEC	BR	
G0040		PT PHYS/OCC THERAPY	BR	
G0041		PT/PTN DECLN REFERRAL	BR	
G0042		REF TO THERAPY	BR	
G0043		PT MECH PROS HT VALV	BR	
G0044		PT MITRAL STENOSIS	BR	
G0045		MRS 90 DAYS POST STK	BR	
G0046		NO MRS 90 DAYS POST STK	BR	
G0047		PED BLUNT HD TRAUM	BR	
G0048		PALL SERV DURING MEAS	BR	
G0049		MAIN HEMO IN-CNTR	BR	
G0050		PT W/ LMTED LIFE EXPEC	BR	
G0051		PT HOSPICE MNTH	BR	
G0052		PT PERI DIALYSIS DUR MO	BR	
G0053		ADV RHEUM PT CARE MVP	BR	
G0054		STRK CR PREV POS OUTCME MVP	BR	
G0055		ADV CARE HEART DX MVP	BR	
G0056		OPT CHRONIC DX MANG MVP	BR	
G0057		BEST PCT PT SAFETY EM MVP	BR	
G0058		IMPRV CARE LE JNT REPR MVP	BR	
G0059		PT SFTY POS EXP W ANETH MVP	BR	
G0060		ALLERGY/IMMUNOLOGY SS	BR	
G0061		ANESTHESIOLOGY SS	BR	
G0062		AUDIOLOGY SS	BR	
G0063		CARDIOLOGY SS	BR	
G0064		CERT NURSE MIDWIFE SS	BR	
G0065		CHIROPRACTIC SS	BR	
G0066		CLINICAL SOCIAL WORK SS	BR	
G0067		DENTISTRY SS	BR	
G0068		ADM IV INFUSION DRUG IN HOME	167.68	

Code	Mod	Description	Amount	APC Amount
G0069		ADM SQ INFUSION DRUG IN HOME	238.25	
G0070		ADM OF CHEMO DRUG IN HOME	259.67	
G0071		COMM SVCS BY RHC/FQHC 5 MIN	17.95	
G0076		CARE MANAG H VST NEW PT 20 M	64.12	
G0077		CARE MANAG H VST NEW PT 30 M	91.66	
G0078		CARE MANAG H VST NEW PT 45 M	149.60	
G0079		CARE MANAG H VST NEW PT 60 M	213.72	
G0080		CARE MANAG H VST NEW PT 75 M	258.93	
G0081		CARE MAN H V EXT PT 20 MI	64.94	
G0082		CARE MAN H V EXT PT 30 M	98.63	
G0083		CARE MAN H V EXT PT 45 M	152.07	
G0084		CARE MAN H V EXT PT 60 M	210.84	
G0085		CARE MAN H V EXT PT 75 M	258.93	
G0086		CARE MAN HOME CARE PLAN 30 M	91.25	
G0087		CARE MAN HOME CARE PLAN 60 M	127.83	
G0088		ADM IV DRUG 1ST HOME VISIT	109.32	
G0089		ADM SUBQ DRUG 1ST HOME VISIT	51.38	
G0090		ADM IV CHEMO 1ST HOME VISIT	183.72	
G0101		CA SCREEN;PELVIC/BREAST EXAM	47.67	108.52
G0102		PROSTATE CA SCREENING; DRE	27.95	
G0103		PSA SCREENING	22.48	
G0104		CA SCREEN;FLEXI SIGMOIDSCOPE	230.66	1150.88
G0105		COLORECTAL SCRNI; HI RISK IND	424.16	1150.88
G0106		COLON CA SCREEN;BARIUM ENEMA	280.30	259.05
★		G0108 DIAB MANAGE TRN PER INDIV	66.58	
★		G0109 DIAB MANAGE TRN IND/GROUP	18.91	
G0117		GLAUCOMA SCRNI HGH RISK DIREC	74.68	35.83
G0118		GLAUCOMA SCRNI HGH RISK DIREC	50.96	49.09
G0120		COLON CA SCRNI; BARIUM ENEMA	280.30	534.05
G0121		COLON CA SCRNI NOT HI RSK IND	424.56	1150.88
G0122		COLON CA SCRNI; BARIUM ENEMA	387.10	
G0123		SCREEN CERV/VAG THIN LAYER	24.76	
G0124		SCREEN C/V THIN LAYER BY MD	37.00	
G0127		TRIM NAIL(S)	28.36	80.73
G0128		CORF SKILLED NURSING SERVICE	10.40	
G0129		PARTIAL HOSP PROG SERVICE	BR	
G0130		SINGLE ENERGY X-RAY STUDY	43.98	157.89
G0141		SCR C/V CYTO,AUTOSYS AND MD	37.00	
G0143		SCR C/V CYTO,THINLAYER,RESCR	29.76	
G0144		SCR C/V CYTO,THINLAYER,RESCR	48.37	
G0145		SCR C/V CYTO,THINLAYER,RESCR	32.38	
G0147		SCR C/V CYTO, AUTOMATED SYS	17.51	
G0148		SCR C/V CYTO, AUTOSYS, RESCR	35.13	
G0151		HHCP-SERV OF PT,EA 15 MIN	See Rules	
G0152		HHCP-SERV OF OT,EA 15 MIN	See Rules	
G0153		HHCP-SVS OF S/L PATH,EA 15MIN	See Rules	
G0155		HHCP-SVS OF CSW,EA 15 MIN	See Rules	
G0156		HHCP-SVS OF AIDE,EA 15 MIN	See Rules	
G0157		HHC PT ASSISTANT EA 15	115.49	
G0158		HHC OT ASSISTANT EA 15	115.49	

Code	Mod	Description	Amount	APC Amount
G0159		HHC PT MAINT EA 15 MIN	63.29	
G0160		HHC OCCUP THERAPY EA 15	406.07	
G0161		HHC SLP EA 15 MIN	1110.94	
G0162		HHC RN E&M PLAN SVS, 15 MIN	See Rules	
G0166		EXTRNL COUNTERPULSE, PER TX	132.35	163.53
G0168		WOUND CLOSURE BY ADHESIVE	127.63	
G0175		OPPS SERVICE,SCHED TEAM CONF	212.48	527.56
G0176		OPPS/PHP;ACTIVITY THERAPY	64.94	
G0177		OPPS/PHP; TRAIN & EDUC SERV	85.49	
G0179		MD RECERTIFICATION HHA PT	49.32	
G0180		MD CERTIFICATION HHA PATIENT	63.71	
G0181		HOME HEALTH CARE SUPERVISION	125.76	
G0182		HOSPICE CARE SUPERVISION	127.41	
G0186		DSTRY EYE LESN,FDR VSSL TECH	BR	729.85
G0219		PET IMG WHOLBOD MELANO NONCO	BR	
G0235		PET NOT OTHERWISE SPECIFIED	BR	546.69
G0237		THERAPEUTIC PROCD STRG ENDUR	12.33	35.83
G0238		OTH RESP PROC, INDIV	12.33	35.83
G0239		OTH RESP PROC, GROUP	15.62	49.09
G0245		INITIAL FOOT EXAM PT LOPS	78.91	172.32
G0246		FOLLOWUP EVAL OF FOOT PT LOP	46.45	172.32
G0247		ROUTINE FOOTCARE PT W LOPS	102.34	260.43
G0248		DEMONSTRATE USE HOME INR MON	83.02	172.32
G0249		PROVIDE INR TEST MATER/EQUIP	83.43	172.32
G0250		MD INR TEST REVIE INTER MGMT	10.69	
G0252		PET IMAGING INITIAL DX	92.54	
G0255		CURRENT PERCEP THRESHOLD TST	42.74	
G0257		UNSCHED DIALYSIS ESRD PT HOS	BR	949.85
G0259		INJECT FOR SACROILIAC JOINT	190.30	
G0260		INJ FOR SACROILIAC JT ANESTH	586.08	920.90
G0268		REMOVAL OF IMPACTED WAX MD	63.29	
G0269		OCCLUSIVE DEVICE IN VEIN ART	322.22	
★		G0270 MNT SUBS TX FOR CHANGE DX	38.63	
		G0271 GROUP MNT 2 OR MORE 30 MINS	20.55	
	J1	G0276 PILD/PLACEBO CONTROL CLIN TR	451.28	12671.60
		G0277 HBOT, FULL BODY CHAMBER, 30M	146.52	172.96
		G0278 ILIAC ART ANGIO,CARDIAC CATH	16.85	
		G0279 TOMOSYNTHESIS, MAMMO	64.12	
		G0281 ELEC STIM UNATTEND FOR PRESS	22.68	
		G0282 ELECT STIM WOUND CARE NOT PD	22.68	64.32
		G0283 ELEC STIM OTHER THAN WOUND	22.68	
		G0288 RECON, CTA FOR SURG PLAN	44.80	
		G0289 ARTHRO, LOOSE BODY + CHONDRO	103.16	
		G0293 NON-COV SURG PROC,CLIN TRIAL	BR	49.09
		G0294 NON-COV PROC, CLINICAL TRIAL	BR	49.09
		G0295 ELECTROMAGNETIC THERAPY ONC	25.49	
★		G0296 VISIT TO DETERM LDCT ELIG	34.52	108.52
		G0299 HHS/HOSPICE OF RN EA 15 MIN	128.23	
		G0300 HHS/HOSPICE OF LPN EA 15 MIN	60.01	
		G0302 PRE-OP SERVICE LVRS COMPLETE	BR	707.91

	Code	Mod	Description	Amount	APC Amount
	G0303		PRE-OP SERVICE LVRS 10-15DOS	BR	383.81
	G0304		PRE-OP SERVICE LVRS 1-9 DOS	BR	707.91
	G0305		POST OP SERVICE LVRS MIN 6	BR	707.91
	G0306		CBC/DIFFWBC W/O PLATELET	9.49	
	G0307		CBC WITHOUT PLATELET	7.90	
	G0308		180 D IMPLANT GLUCOSE SENSOR	BR	
	G0309		REM/INSER GLU SENSOR DIF SIT	BR	
	G0310		IMMUNIZE COUNSEL 5-15 MIN	BR	
	G0311		IMMUNIZE COUNSEL 16-30 MINS	BR	
	G0312		IMMUNIZE COUNS < 21YR 5-15 M	BR	
	G0313		IMMUNIZE COUNS < 21YR 6-30 M	BR	
	G0314		COUNSEL IMMUNE <21 16-30 M	BR	
	G0315		COUNSEL IMMUNE <21 5-15 M	BR	
	G0327		COLON CA SCRNB;BLD-BSD BIOMRK	BR	
	G0328		FECAL BLOOD SCRNB IMMUNOASSAY	19.86	
	G0329		ELECTROMAGNTIC TX FOR ULCERS	13.15	
	G0333		DISPENSE FEE INITIAL 30 DAY	48.91	
	G0337		HOSPICE EVALUATION PREELECTI	85.49	
	G0339		ROBOT LIN-RADSURG COM, FIRST	9627.67	
	G0340		ROBT LIN-RADSURG FRACTX 2-5	7264.43	
	G0341		PERCUTANEOUS ISLET CELLTRANS	2447.92	
	G0342		LAPAROSCOPY ISLET CELL TRANS	925.99	
	G0343		LAPAROTOMY ISLET CELL TRANSP	1521.12	
	G0372		MD SERVICE REQUIRED FOR PMD	10.69	
	G0378		HOSPITAL OBSERVATION PER HR	69.05	
	G0379		DIRECT REFER HOSPITAL OBSERV	BR	757.24
	G0380		LEV 1 HOSP TYPE B ED VISIT	BR	102.44
	G0381		LEV 2 HOSP TYPE B ED VISIT	BR	138.81
	G0382		LEV 3 HOSP TYPE B ED VISIT	BR	262.50
	G0383		LEV 4 HOSP TYPE B ED VISIT	BR	331.64
	G0384		LEV 5 HOSP TYPE B ED VISIT	BR	462.17
	G0390		TRAUMA RESPONS W/HOSP CRITI	BR	1381.57
★	G0396		ALCOHOL/SUBS INTERV 15-30MN	42.74	38.11
★	G0397		ALCOHOL/SUBS INTERV >30 MIN	82.20	194.04
	G0398		HOME SLEEP TEST/TYPE 2 PORTA	427.43	202.48
	G0399		HOME SLEEP TEST/TYPE 3 PORTA	402.78	202.48
	G0400		HOME SLEEP TEST/TYPE 4 PORTA	459.90	383.81
	G0402		INITIAL PREVENTIVE EXAM	201.39	172.32
	G0403		EKG FOR INITIAL PREVENT EXAM	19.73	
	G0404		EKG TRACING FOR INITIAL PREV	9.86	35.83
	G0405		EKG INTERPRET & REPORT PREVE	9.87	
★	G0406		INPT/TELE FOLLOW UP 15	46.03	
★	G0407		INPT/TELE FOLLOW UP 25	84.67	
★	G0408		INPT/TELE FOLLOW UP 35	121.65	
	G0409		CORF RELATED SERV 15 MINS EA	18.91	
★	G0410		GRP PSYCH PARTIAL HOSP 45-50	195.64	
	G0411		INTER ACTIVE GRP PSYCH PARTI	BR	
J1*	G0412		OPEN TX ILIAC SPINE UNI/BIL	885.70	12031.89
J1	G0413		PELVIC RING FRACTURE UNI/BIL	1297.53	12187.02
J1*	G0414		PELVIC RING FX TREAT INT FIX	1223.95	22251.08

	Code	Mod	Description	Amount	APC Amount
	J1*	G0415	OPEN TX POST PELVIC FXCTURE	1671.13	22251.08
		G0416	PROSTATE BIOPSY, ANY MTHD	440.59	422.38
★		G0420	ED SVC CKD IND PER SESSION	134.81	
★		G0421	ED SVC CKD GRP PER SESSION	32.47	
★		G0422	INTENS CARDIAC REHAB W/EXERC	140.97	168.34
★		G0423	INTENS CARDIAC REHAB NO EXER	140.97	168.34
★		G0425	INPT/ED TELECONSULT30	119.60	
★		G0426	INPT/ED TELECONSULT50	160.70	
★		G0427	INPT/ED TELECONSULT70	235.50	
		G0428	COLLAGEN MENISCUS IMPLANT	BR	
		G0429	DERMAL FILLER INJECTION(S)	117.54	2483.95
		G0432	EIA HIV-1/HIV-2 SCREEN	21.53	
		G0433	ELISA HIV-1/HIV-2 SCREEN	20.12	
		G0435	ORAL HIV-1/HIV-2 SCREEN	14.65	
★		G0438	PPPS, INITIAL VISIT	201.39	
★		G0439	PPPS, SUBSEQ VISIT	155.03	
★		G0442	ANNUAL ALCOHOL SCREEN 15 MIN	22.60	38.11
★		G0443	BRIEF ALCOHOL MISUSE COUNSEL	31.65	108.52
★		G0444	DEPRESSION SCREEN ANNUAL	22.20	38.11
★		G0445	HIGH INTEN BEH COUNS STD 30M	32.87	108.52
★		G0446	INTENS BEHAVE THER CARDIO DX	31.65	38.11
★		G0447	BEHAVIOR COUNSEL OBESITY 15M	31.65	108.52
		G0448	PLACE PERM PACING CARDIOVERT	1517.00	
		G0451	DEVLOPMENT TEST INTERPT&REP	12.74	108.52
		G0452	MOLECULAR PATHOLOGY INTERPR	85.12	
		G0453	CONT INTRAOP NEURO MONITOR	39.05	
		G0454	MD DOCUMENT VISIT BY NPP	10.69	
		G0455	FECAL MICROBIOTA PREP INSTIL	157.83	1173.47
		G0458	LDR PROSTATE BRACHY COMP RAT	BR	
★		G0459	TELEHEALTH INPT PHARM MGMT	50.14	
		G0460	AUTOLOG PRP NOT DIAB ULCER	BR	2483.95
		G0463	HOSPITAL OUTPT CLINIC VISIT	122.48	172.32
		G0465	AUTOLOG PRP DIAB WOUND ULCER	BR	
		G0466	FQHC VISIT NEW PATIENT	128.65	
		G0467	FQHC VISIT, ESTAB PT	101.10	
		G0468	FQHC VISIT, IPPE OR AWV	132.76	
		G0469	FQHC VISIT, MH NEW PT	143.44	
		G0470	FQHC VISIT, MH ESTAB PT	105.21	
		G0471	VEN BLOOD COLL SNF/HHA	5.50	
		G0472	HEP C SCREEN HIGH RISK/OTHER	50.99	
		G0473	GROUP BEHAVE COUNS 2-10	15.20	38.11
		G0475	HIV COMBINATION ASSAY	26.49	
		G0476	HPV COMBO ASSAY CA SCREEN	38.60	
		G0480	DRUG TEST DEF 1-7 CLASSES	196.74	
		G0481	DRUG TEST DEF 8-14 CLASSES	269.23	
		G0482	DRUG TEST DEF 15-21 CLASSES	341.70	
		G0483	DRUG TEST DEF 22+ CLASSES	424.54	
		G0490	HOME VISIT RN, LPN BY RHC/FQ	85.49	
		G0491	DIALYSIS ACU KIDNEY NO ESRD	138.21	
		G0492	MD/OTH EVAL ACUT KID NO ESRD	BR	

	Code	Mod	Description	Amount	APC Amount
	G0493		RN CARE EA 15 MIN HH/HOSPICE	41.66	
	G0494		LPN CARE EA 15MIN HH/HOSPICE	8.25	
	G0495		RN CARE TRAIN/EDU IN HH	64.87	
	G0496		LPN CARE TRAIN/EDU IN HH	11.95	
	G0498		CHEMO EXTEND IV INFUS W/PUMP	176.99	462.41
	G0499		HEPB SCREEN HIGH RISK INDIV	34.55	
	G0500		MOD SEDAT ENDO SERVICE >5YRS	68.63	
	G0501		RESOURCE-INTEN SVC DURING OV	BR	
★	G0506		COMP ASSES CARE PLAN CCM SVC	74.39	
★	G0508		CRIT CARE TELEHEA CONSULT 60	249.89	
★	G0509		CRIT CARE TELEHEA CONSULT 50	229.33	
	G0511		CCM/BHI BY RHC/FQHC 20MIN MO	87.91	
	G0512		COCM BY RHC/FQHC 60 MIN MO	179.61	
★	G0513		PROLONG PREV SVCS, FIRST 30M	78.09	
★	G0514		PROLONG PREV SVCS, ADDL 30M	78.09	
	G0516		INSERT DRUG DEL IMPLANT, >=4	280.31	393.60
	G0517		REMOVE DRUG IMPLANT	302.50	393.60
	G0518		REMOVE W INSERT DRUG IMPLANT	528.54	393.60
	G0659		DRUG TEST DEF SIMPLE ALL CL	106.84	
	G0913		IMPROVE VISUAL FUNCT	BR	
	G0914		SURVEY NOT COMPLETE	BR	
	G0915		NO IMPROVE VISUAL FUNCT	BR	
	G0916		SATISFY WITH CARE	BR	
	G0917		SATISFY SURVEY NOT COMPLETE	BR	
	G0918		NO SATISFY WITH CARE	BR	
	G1001		CDSM EVICORE	BR	
	G1002		CDSM MEDCURRENT	BR	
	G1003		CDSM MEDICALIS	BR	
	G1004		CDSM NDSC	BR	
	G1007		CDSM AIM	BR	
	G1008		CDSM CRANBERRY PK	BR	
	G1009		CDSM SAGE HEALTH	BR	
	G1010		CDSM STANSON	BR	
	G1011		CDSM QUALIFIED NOS	BR	
	G1012		CDSM AGILEMD	BR	
	G1013		CDSM EVIDENCECARE	BR	
	G1014		CDSM INVENIQA	BR	
	G1015		CDSM RELIANT	BR	
	G1016		CDSM SPEED OF CARE	BR	
	G1017		CDSM HEALTHHELP	BR	
	G1018		CDSM INFINX	BR	
	G1019		CDSM LOGICNETS	BR	
	G1020		CDSM CURBSIDE	BR	
	G1021		CDSM EHEALTHLINE	BR	
	G1022		CDSM INTERMOUNTAIN	BR	
	G1023		CDSM PERSIVIA	BR	
	G1024		CDSM RADRITE	BR	
	G1025		PT MNTH 1 MCP PROV	BR	
	G1026		PT HEMO > 3MO	BR	
	G1027		PT HEMO < 3MO	BR	

Code	Mod	Description	Amount	APC Amount
G1028		TAKE HOME SUPPLY 8MG PER 0.1	BR	
G2000		BLINDED CONV. TX MDD CLIN TR	BR	707.91
G2001		POST-D/C H VST NEW PT 20 M	64.12	
G2002		POST-D/C H VST NEW PT 30 M	91.25	
G2003		POST-D/C H VST NEW PT 45 M	148.37	
G2004		POST-D/C H VST NEW PT 60 M	213.72	
G2005		POST-D/C H VST NEW PT 75 M	258.93	
G2006		POST-D/C H VST EXT PT 20 M	64.94	
G2007		POST-D/C H VST EXT PT 30 M	98.63	
G2008		POST-D/C H VST EXT PT 45 M	152.07	
G2009		POST-D/C H VST EXT PT 60 M	210.84	
G2010		REMOT IMAGE SUBMIT BY PT	14.38	
G2011		ALCOHOL/SUB MISUSE ASSESS	20.14	35.83
G2012		BRIEF CHECK IN BY MD/QHP	17.26	
G2013		POST-D/C H VST EXT PT 75 M	258.93	
G2014		POST-D/C CARE PLAN OVERS 30M	91.25	
G2015		POST-D/C CARE PLAN OVERS 60M	127.83	
G2020		HI INTEN SERV FOR SIP MODEL	BR	
G2021		HEA CARE PRACT TX IN PLACE	26.71	
G2022		BENEF REFUSES SERVICE, MOD	BR	
G2023		SPECIMEN COLLECT COVID-19	25.81	
G2024		SPEC COLL SNF/LAB COVID-19	28.01	
G2025		DIS SITE TELE SVCS RHC/FQHC	115.49	
G2066		INTER DEVC REMOTE 30D	127.83	54.00
G2067		MED ASSIST TX METH WK	120.83	
G2068		MED ASSIST TX BUPRE ORAL	137.27	
G2069		MED ASSIST TX INJECT	BR	
G2070		MED ASSIST TX IMPLANT	BR	
G2071		MED TX REMOVE IMPLANT	BR	
G2072		MED TX INSERT/REMOVE IMP	BR	
G2073		MED TX NALTREXONE	BR	
G2074		MED ASSIST TX NO DRUG	127.00	
G2075		MED TX MEDS NOS	BR	
G2076		INTAKE ACT W/MED EXAM	96.18	
G2077		PERIODIC ASSESSMENT	58.78	
G2078		TAKE-HOME METH	19.73	
G2079		TAKE-HOM BUPRENORPHINE	45.62	
G2080		ADD 30 MINS COUNSEL	BR	
G2081		PT 66+ SNP OR LTC POS > 90D	BR	
G2082		VISIT ESKETAMINE 56M OR LESS	956.40	923.71
G2083		VISIT ESKETAMINE, > 56M	1359.58	1349.71
★	G2086	OFF BASE OPIOID TX 70MIN	472.65	194.04
★	G2087	OFF BASE OPIOID TX, 60 M	411.41	194.04
★	G2088	OFF BASE OPIOID TX, ADD30	73.57	
	G2090	PT 66+ FRAILTY AND MED DEM	BR	
	G2091	PT 66+ FRAILTY AND ADV ILL	BR	
	G2092	ACE ARB ARNI	BR	
	G2093	MED DOC RSN NO ACE ARN ARNI	BR	
	G2094	PT RSN NO ACE ARN ARNI	BR	
	G2095	SYS RSN NO ACE ARN ARNI	BR	

Code	Mod	Description	Amount	APC Amount
G2096		NO RSN ACE ARB ARNI	BR	
G2097		DX URI 3D AFTER OTHER DX	BR	
G2098		PT 66+ FRAILITY AND MED DEM	BR	
G2099		PT 66+ FRAILITY AND ADV ILL	BR	
G2100		PT 66+ FRAILITY AND MED DEM	BR	
G2101		PT 66+ FRAILITY AND ADV ILL	BR	
G2105		PT 66+ SNP OR LTC POS > 90D	BR	
G2106		PT 66+ FRAILITY AND MED DEM	BR	
G2107		PT 66+ FRAILITY AND ADV ILL	BR	
G2108		PT 66+ SNP OR LTC POS > 90D	BR	
G2109		PT 66+ FRAILITY AND MED DEM	BR	
G2110		PT 66+ FRAILITY AND ADV ILL	BR	
G2112		PRED<=5 MG RA GLU <6M	BR	
G2113		PRED>5 MG >6M, NO CHG DA	BR	
G2115		PT 66-80 FRAILITY AND MED DEM	BR	
G2116		PT 66-80 FRAILITY AND ADV ILL	BR	
G2118		PT 81+ FRAILITY	BR	
G2121		PSY DEP ANX AP AND ICD ASSE	BR	
G2122		PSY/DEP/ANX/APANDICD NOASSE	BR	
G2125		PT 81+ FRAILITY	BR	
G2126		PT 66-80 FRAILITY AND ADV ILL	BR	
G2127		PT 66-80 FRAILITY AND MED DEM	BR	
G2128		NO ASPIRIN MED RSN	BR	
G2129		NO BP OUTPT	BR	
G2136		BK PAIN VAS 6-20WK <= 3	BR	
G2137		BK PAIN VAS 6-20WK > 3	BR	
G2138		BK PAIN VAS 9-15MO <= 3	BR	
G2139		BK PAIN VAS 9-20MO > 3	BR	
G2140		LEG PAIN VAS 6-20WK <= 3	BR	
G2141		LEG PAIN VAS 6-20WK > 3	BR	
G2142		FS ODI 9-15MO POSTOP<= 22	BR	
G2143		FS ODI 9-15MO > 22	BR	
G2144		FS ODI 6-20WK POSTOP <= 22	BR	
G2145		FSODI 6-20WK >22 OR CHG 30PT	BR	
G2146		LEG PAIN VAS 9-15MO <= 3	BR	
G2147		LEG PAIN VAS 9-15MO > 3	BR	
G2148		MPM USED	BR	
G2149		NO MPM MED RSN	BR	
G2150		NO MPM	BR	
G2151		DX DEGEN NEURO	BR	
G2152		RES CHANGE SC >=0	BR	
G2167		RES CHANGE SC < 0	BR	
G2168		SVS BY PT IN HOME HEALTH	128.23	
G2169		SVS BY OT IN HOME HEALTH	BR	
J1	G2170	AVF BY TISSUE W THERMAL E	26791.85	29720.17
J1	G2171	AVF USE MAGNETIC/ART/VEN	13301.19	29766.91
	G2172	TX FOR OPIOID USE DEMO PROJ	BR	
	G2173	URI W COMORB 12M OTH DX	BR	
	G2174	URI NEW RX ANTIBIOTIC 30D	BR	
	G2175	PT COMORB DX 12M OF EPI	BR	

Code	Mod	Description	Amount	APC Amount
G2176		OUTPT ED OBS W INPT ADMIT	BR	
G2177		BRONCH W RX ANTIBX 30D	BR	
G2178		PT NOT ELIG LOW NEURO EX	BR	
G2179		MED DOC RSN NO LOW EX	BR	
G2180		INELIG FOOTWR EVAL	BR	
G2181		BMI NOT DOC MEDRSN PTREF	BR	
G2182		PT 1ST BIOLOG ANTIRHEUM	BR	
G2183		DOC PT UNABLE COMM	BR	
G2184		NO CAREGIVER	BR	
G2185		CAREGIVER DEM TRAINED	BR	
G2186		PT REF APP RSRCS	BR	
G2187		CLIN IND IMG HD TRAUMA	BR	
G2188		PT 50 YRS W/CLIN IND HD	BR	
G2189		IMG HD ABNML NEURO EXAM	BR	
G2190		IND IMG HD RAD NECK	BR	
G2191		IND IMG HD POS HD ACHE	BR	
G2192		>55 YRS TEMP HD ACHE	BR	
G2193		<6YR NEW ONSET HD ACHE	BR	
G2194		NEW HDACHE PED PT DIS	BR	
G2195		OCCIP HDACHE CHILD	BR	
G2196		SCREEN UNHLTTHY ETOH USE	BR	
G2197		SCREEN HLTHY ETOH USE	BR	
G2198		MED RSN NO UNHLTTHY ETOH	BR	
G2199		NOT SCR N ETOH NO RSN	BR	
G2200		UNHLTTHY ETOH RCVD COUNS	BR	
G2201		MED RSN NO BRIEF COUNS	BR	
G2202		NO RSN NO BRIEF COUNS	BR	
G2203		MED RSN NO ETOH COUNS	BR	
G2204		PT 50-85 W/ SCOPE	BR	
G2205		PREG DRNG ADJV TRTMT	BR	
G2206		ADJV TRTMT CHEMO HER2	BR	
G2207		RSN NO TRTMT CHEM HER2	BR	
G2208		NO TRTMT CHEMO AND HER2	BR	
G2209		REFUSED TO PARTICIPATE	BR	
G2210		NO NECK FS PROM NO RSN	BR	
★	G2211	COMPLEX E/M VISIT ADD ON	30.00	
★	G2212	PROLONG OUTPT/OFFICE VIS	39.45	
	G2213	INITIAT MED ASSIST TX IN ER	82.20	
	G2214	INIT/SUB PSYCH CARE M 1ST 30	73.57	108.52
	G2215	HOME SUPPLY NASAL NALOXONE	85.49	
	G2216	HOME SUPPLY INJECT NALOXON	BR	
	G2250	REMOT IMG SUB BY PT, NON E/M	14.38	
	G2251	BRIEF CHKIN, 5-10, NON-E/M	17.26	
	G2252	BRIEF CHKIN BY MD/QHP, 11-20	33.29	
	G4000	DERMATOLOGY SS	BR	
	G4001	DIAGNOSTIC RAD SS	BR	
	G4002	EP CARDIO SS	BR	
	G4003	EMERGENCY MED SS	BR	
	G4004	ENDOCRINOLOGY SS	BR	
	G4005	FAMILY MEDICINE SS	BR	

Code	Mod	Description	Amount	APC Amount
G4006		GASTROENTEROLOGY SS		BR
G4007		GENERAL SURGERY SS		BR
G4008		GERIATRICS SS		BR
G4009		HOSPITALISTS SS		BR
G4010		INFECTIOUS DISEASE SS		BR
G4011		INTERNAL MEDICINE SS		BR
G4012		INTERVENTIONAL RAD SS		BR
G4013		MENTL/BEHAV HEALTH SS		BR
G4014		NEPHROLOGY SS		BR
G4015		NEUROLOGY SS		BR
G4016		NEUROSURGICAL SS		BR
G4017		NUTRITION/DIETICIAN SS		BR
G4018		OB/GYN SS		BR
G4019		ONCOLOGY/HEMA SS		BR
G4020		OPHTHALMOLOGY SS		BR
G4021		ORTHOPEDIC SURGERY SS		BR
G4022		OTOLARYNGOLOGY SS		BR
G4023		PATHOLOGY SS		BR
G4024		PEDIATRICS SS		BR
G4025		PHYSICAL MEDICINE SS		BR
G4026		PHYS/OCC THERAPY SS		BR
G4027		PLASTIC SURGERY SS		BR
G4028		PODIATRY SS		BR
G4029		PREVENTIVE MEDICINE SS		BR
G4030		PULMONOLOGY SS		BR
G4031		RADIATION ONCOLOGY SS		BR
G4032		RHEUMATOLOGY SS		BR
G4033		SKILLED NURSING FACILITY SS		BR
G4034		SPEECH LANGUAGE PATH SS		BR
G4035		THORACIC SURGERY SS		BR
G4036		URGENT CARE SS		BR
G4037		UROLOGY SS		BR
G4038		VASCULAR SURGERY SS		BR
G6001		ECHO GUIDANCE RADIOTHERAPY	217.83	
G6002		STEREOSCOPIC X-RAY GUIDANCE	89.19	
G6003		RADIATION TREATMENT DELIVERY	178.79	
G6004		RADIATION TREATMENT DELIVERY	160.70	
G6005		RADIATION TREATMENT DELIVERY	160.70	
G6006		RADIATION TREATMENT DELIVERY	160.70	
G6007		RADIATION TREATMENT DELIVERY	295.91	
G6008		RADIATION TREATMENT DELIVERY	221.12	
G6009		RADIATION TREATMENT DELIVERY	220.71	
G6010		RADIATION TREATMENT DELIVERY	219.48	
G6011		RADIATION TREATMENT DELIVERY	293.04	
G6012		RADIATION TREATMENT DELIVERY	292.64	
G6013		RADIATION TREATMENT DELIVERY	293.46	
G6014		RADIATION TREATMENT DELIVERY	291.81	
G6015		RADIATION TX DELIVERY IMRT	445.52	
G6016		DELIVERY COMP IMRT	443.88	
G6017		INTRAFACTION TRACK MOTION	130.29	

Code	Mod	Description	Amount	APC Amount
G9988		PALL SERV DURING MEAS	BR	
G9989		MED RSN NO PNEUM VAX	BR	
G9990		NO PNEUM VAX ADMIN 60+	BR	
G9991		PNEUM VAX ADMIN 60+	BR	
G9992		PALL SERV DURING MEAS	BR	
G9993		PALL SERV DURING MEAS	BR	
G9994		PALL SERV DURING MEAS	BR	
G9995		PALL SERV DURING MEAS	BR	
G9996		DOC PT PAL OR HOSPICE	BR	
G9997		DOC PT PREG DUR MSRMT PD	BR	
G9998		DOC MED RSN <3 COLON	BR	
G9999		DOC SYS RSN <3 COLON	BR	
J0120		TETRACYCLIN INJECTION	57.60	
J0121		INJ., OMADACYCLINE, 1 MG	4.16	4.73
J0122		INJ., ERAVACYCLINE, 1 MG	1.28	
J0129		ABATACEPT INJECTION	53.06	63.22
J0130		ABCIXIMAB INJECTION	1226.69	
J0131		ACETAMINOPHEN INJECTION	3.59	
J0132		ACETYLCYSTEINE INJECTION	2.07	
J0133		ACYCLOVIR INJECTION	0.09	
J0135		ADALIMUMAB INJECTION	1549.12	2245.83
J0153		ADENOSINE INJ 1MG	1.16	
J0171		ADRENALIN EPINEPHRINE INJECT	0.17	
J0172		INJ, ADUCANUMAB-AVWA, 2 MG	7.18	16.86
J0178		AFLIBERCEPT INJECTION	1184.37	1300.37
J0179		INJ, BROLUCIZUMAB-DBLL, 1 MG	374.35	442.94
J0180		AGALSIDASE BETA INJECTION	220.14	282.23
J0185		INJ., APREPITANT, 1 MG	2.06	2.44
J0190		INJ BIPERIDEN LACTATE/5 MG	BR	
J0200		ALATROFLOXACIN MESYLATE	BR	
J0202		INJECTION, ALEMTUZUMAB	2422.35	3023.39
J0205		ALGLUCERASE INJECTION	39.70	
J0207		AMIFOSTINE	483.90	1612.68
J0210		METHYLDOPATE HCL INJECTION	50.37	
J0215		ALEFACEPT	33.30	
J0219		INJ AVAL ALFA-NQPT 4MG	87.22	
J0220		ALGLUCOSIDASE ALFA INJECTION	264.70	166.24
J0221		LUMIZYME INJECTION	213.37	257.62
J0222		INJ., PATISIRAN, 0.1 MG	118.76	138.85
J0223		INJ GIVOSIRAN 0.5 MG	129.55	151.47
J0224		INJ. LUMASIRAN, 0.5 MG	BR	429.22
J0248		INJ, REMDESIVIR, 1 MG	6.61	7.82
J0256		ALPHA 1 PROTEINASE INHIBITOR	5.55	6.46
J0257		GLASSIA INJECTION	5.93	7.07
J0270		ALPROSTADIL FOR INJECTION	10.59	
J0275		ALPROSTADIL URETHRAL SUPPOS	BR	
J0278		AMIKACIN SULFATE INJECTION	1.40	
J0280		AMINOPHYLLIN 250 MG INJ	12.33	
J0282		AMIODARONE HCL	8.50	
J0285		AMPHOTERICIN B	27.12	

Code	Mod	Description	Amount	APC Amount
J0287		AMPHOTERICIN B LIPID COMPLEX	15.73	13.63
J0288		AMPHO B CHOLESTERYL SULFATE	47.69	
J0289		AMPHOTERICIN B LIPOSOME INJ	25.25	41.85
J0290		AMPICILLIN 500 MG INJ	1.72	
J0291		INJ., PLAZOMICIN, 5 MG	3.76	4.40
J0295		AMPICILLIN SULBACTAM 1.5 GM	2.75	
J0300		AMOBARBITAL 125 MG INJ	14.94	177.81
J0330		SUCCINYCHOLINE CHLORIDE INJ	18.79	
J0348		ANIDULAFUNGIN INJECTION	0.70	
J0350		INJECTION ANISTREPLASE 30 U	BR	
J0360		HYDRALAZINE HCL INJECTION	12.68	
J0364		APOMORPHINE HYDROCHLORIDE	3.84	
J0365		APROTONIN, 10,000 KIU	33.21	
J0380		INJ METARAMINOL BITARTRATE	1.28	
J0390		CHLOROQUINE INJECTION	BR	234.61
J0395		ARBUTAMINE HCL INJECTION	150.00	
J0400		ARIPIRAZOLE INJECTION	2.12	
J0401		INJ ARIPIRAZOLE EXT REL 1MG	5.90	8.51
J0456		AZITHROMYCIN	4.30	
J0461		ATROPINE SULFATE INJECTION	0.07	
J0470		DIMECAPROL INJECTION	53.77	
J0475		BACLOFEN 10 MG INJECTION	218.42	257.83
J0476		BACLOFEN INTRATHECAL TRIAL	92.28	
J0480		BASILIXIMAB	4178.39	5733.46
J0485		BELATACEPT INJECTION	4.59	5.38
J0490		BELIMUMAB INJECTION	57.59	68.49
J0491		INJ ANIFROLUMAB-FNIA 1MG	19.42	
J0500		DICYCLOMINE INJECTION	69.76	
J0515		INJ BENZTROPINE MESYLATE	24.55	
J0517		INJ., BENRALIZUMAB, 1 MG	202.63	237.76
J0520		BETHANECHOL CHLORIDE INJECT	BR	
J0558		PENG BENZATHINE/PROCAINE INJ	9.15	16.73
J0561		PENICILLIN G BENZATHINE INJ	11.57	21.36
J0565		INJ, BEZLOTOXUMAB, 10 MG	47.84	56.50
J0567		INJ., CERLIPONASE ALFA 1 MG	28123.20	140.94
J0570		BUPRENORPHINE IMPLANT 74.2MG	1485.20	1862.69
J0571		BUPRENORPHINE ORAL 1MG	0.62	
J0572		BUPREN/NAL UP TO 3MG BUPRENO	10.00	
J0573		BUPREN/NAL 3.1 TO 6MG BUPREN	12.40	
J0574		BUPREN/NAL 6.1 TO 10MG BUPRE	29.20	
J0575		BUPREN/NAL OVER 10MG BUPRENO	21.20	
J0583		BIVALIRUDIN	3.63	
J0584		INJECTION, BUROSUMAB-TWZA 1M	481.80	539.81
J0585		INJECTION, ONABOTULINUMTOXINA	7.45	8.79
J0586		ABOBOTULINUMTOXINA	10.22	11.80
J0587		INJ, RIMABOTULINUMTOXINB	14.60	17.21
J0588		INCOBOTULINUMTOXIN A	6.07	7.19
J0591		INJ DEOXYCHOLIC ACID, 1 MG	BR	
J0592		BUPRENORPHINE HYDROCHLORIDE	4.15	
J0593		INJ., LANADELUMAB-FLYO, 1 MG	246.40	

Code	Mod	Description	Amount	APC Amount
J0594		BUSULFAN INJECTION	40.07	2.06
J0595		BUTORPHANOL TARTRATE 1 MG	3.32	
J0596		INJECTION, RUCONEST	37.92	42.63
J0597		C-1 ESTERASE, BERINERT	64.35	81.51
J0598		C-1 ESTERASE, CINRYZE	72.80	83.72
J0599		INJ., HAEGARDA 10 UNITS	BR	14.56
J0600		EDETATE CALCIUM DISODIUM INJ	6850.31	8106.20
J0604		CINACALCET, ESRD ON DIALYSIS	3.91	
J0606		INJ, ETELCALCETIDE, 0.1 MG	12.70	4.34
J0610		CALCIUM GLUCONATE INJECTION	4.30	
J0620		CALCIUM GLYCER & LACT/10 ML	9.21	
J0630		CALCITONIN SALMON INJECTION	2677.67	4035.06
J0636		INJ CALCITRIOL PER 0.1 MCG	0.48	
J0637		CASPOFUNGIN ACETATE	15.63	15.09
J0638		CANAKINUMAB INJECTION	127.96	164.56
J0640		LEUCOVORIN CALCIUM INJECTION	5.24	
J0641		INJ LEVOLEUCOVORIN NOS 0.5MG	1.95	0.18
J0642		INJECTION, KHAPZORY, 0.5 MG	1.75	2.60
J0670		INJ MEPIVACAINE HCL/10 ML	2.74	
J0690		CEFAZOLIN SODIUM INJECTION	1.08	
J0691		INJ LEFAMULIN 1 MG	0.86	1.02
J0692		CEFEPIME HCL FOR INJECTION	3.03	
J0694		CEFOXITIN SODIUM INJECTION	5.91	
J0695		INJ CEFTOLOZANE TAZOBACTAM	7.68	9.43
J0696		CEFTRIAZONE SODIUM INJECTION	0.94	
J0697		STERILE CEFUROXIME INJECTION	2.92	
J0698		CEFOTAXIME SODIUM INJECTION	28.80	
J0699		INJ, CEFIDEROCOL, 10 MG	BR	2.85
J0702		BETAMETHASONE ACET&SOD PHOSP	7.86	
J0706		CAFFEINE CITRATE INJECTION	1.74	
J0710		CEPHAPIRIN SODIUM INJECTION	BR	
J0712		CEFTAROLINE FOSAMIL INJ	3.15	5.07
J0713		INJ CEFTAZIDIME PER 500 MG	2.90	
J0714		CEFTAZIDIME AND AVIBACTAM	110.15	131.17
J0715		CEFTIZOXIME SODIUM / 500 MG	16.79	
J0716		CENTRUROIDES IMMUNE F(AB)	5591.60	7370.01
J0717		CERTOLIZUMAB PEGOL INJ 1MG	7.81	8.92
J0720		CHLORAMPHENICOL SODIUM INJEC	42.11	
J0725		CHORIONIC GONADOTROPIN/1000U	28.07	34.02
J0735		CLONIDINE HYDROCHLORIDE	16.03	
J0739		INJECTION, CABOTEGRAVIR 1 MG	BR	
J0740		CIDOFOVIR INJECTION	699.61	806.45
J0741		INJ, CABOTE RILPIVIR 2MG 3MG	25.26	29.20
J0742		INJ IMIP 4 CILAS 4 RELEB 2MG	2.86	3.28
J0743		CILASTATIN SODIUM INJECTION	6.31	
J0744		CIPROFLOXACIN IV	1.32	
J0745		INJ CODEINE PHOSPHATE /30 MG	1.28	192.61
J0770		COLISTIMETHATE SODIUM INJ	14.44	
J0775		COLLAGENASE, CLOST HIST INJ	53.42	80.37
J0780		PROCHLORPERAZINE INJECTION	15.81	

Code	Mod	Description	Amount	APC Amount
J0791		INJ CRIZANLIZUMAB-TMCA 5MG	150.07	176.25
J0795		CORTICORELIN OVINE TRIFLUTAL	9.89	13.73
J0800		CORTICOTROPIN INJECTION	4655.70	
J0834		INJ., COSYNTROPIN, 0.25 MG	53.74	
J0840		CROTALIDAE POLY IMMUNE FAB	3126.47	3744.10
J0841		INJ CROTALIDAE IM F(AB')2 EQ	1286.65	1451.88
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	1479.07	2166.15
J0875		INJECTION, DALBAVANCIN	17.89	22.56
J0878		DAPTOMYCIN INJECTION	0.97	0.63
J0879		DIFELIKEFALIN, ESRD ON DIALY	BR	
J0881		DARBEPOETIN ALFA, NON-ESRD	5.01	4.39
J0882		DARBEPOETIN ALFA, ESRD USE	5.01	4.39
J0883		ARGATROBAN NONESRD USE 1MG	BR	1.76
J0884		ARGATROBAN ESRD DIALYSIS 1MG	BR	1.76
J0885		EPOETIN ALFA, NON-ESRD	14.90	11.67
J0887		EPOETIN BETA ESRD USE	1.94	
J0888		EPOETIN BETA NON ESRD	1.94	2.14
J0890		PEGINESATIDE INJECTION	50.40	
J0894		DECITABINE INJECTION	26.30	4.09
J0895		DEFEROXAMINE MESYLATE INJ	18.13	
J0896		INJ LUSPATERCEPT-AAMT 0.25MG	45.53	53.11
J0897		DENOSUMAB INJECTION	21.52	30.12
J0945		BROMPHENIRAMINE MALEATE INJ	4.61	
J1000		DEPO-ESTRADIOL CYPIONATE INJ	19.17	
J1020		METHYLPREDNISOLONE 20 MG INJ	5.53	
J1030		METHYLPREDNISOLONE 40 MG INJ	5.98	
J1040		METHYLPREDNISOLONE 80 MG INJ	11.58	
J1050		MEDROXYPROGESTERONE ACETATE	0.49	
J1071		INJ TESTOSTERONE CYPIONATE	0.04	
J1094		INJ DEXAMETHASONE ACETATE	1.84	
J1095		INJECTION, DEXAMETHASONE 9%	2.40	1.36
J1096		DEXAMETHA OPTH INSERT 0.1 MG	250.39	190.56
J1097		PHENYLEP KETOROLAC OPTH SOLN	141.60	
J1100		DEXAMETHASONE SODIUM PHOS	0.17	
J1110		INJ DIHYDROERGOTAMINE MESYLT	92.70	
J1120		ACETAZOLAMID SODIUM INJECTIO	25.88	
J1130		INJ DICLOFENAC SODIUM 0.5MG	0.08	
J1160		DIGOXIN INJECTION	6.36	
J1162		DIGOXIN IMMUNE FAB (OVINE)	3671.01	5862.03
J1165		PHENYTOIN SODIUM INJECTION	0.80	
J1170		HYDROMORPHONE INJECTION	2.86	
J1180		DYPHYLLINE INJECTION	BR	
J1190		DEXRAZOXANE HCL INJECTION	202.54	269.57
J1200		DIPHENHYDRAMINE HCL INJECTIO	0.68	
J1201		INJ. CETIRIZINE HCL 0.5MG	18.11	21.71
J1205		CHLOROTHIAZIDE SODIUM INJ	139.93	
J1212		DIMETHYL SULFOXIDE 50% 50 ML	302.19	903.92
J1230		METHADONE INJECTION	14.25	
J1240		DIMENHYDRINATE INJECTION	8.36	
J1245		DIPYRIDAMOLE INJECTION	1.14	

Code	Mod	Description	Amount	APC Amount
J1250		INJ DOBUTAMINE HCL/250 MG	7.62	
J1260		DOLASETRON MESYLATE	21.21	
J1265		DOPAMINE INJECTION	0.73	
J1267		DORIPENEM INJECTION	1.03	
J1270		INJECTION, DOXERCALCIFEROL	1.12	
J1290		ECALLANTIDE INJECTION	562.15	715.86
J1300		ECULIZUMAB INJECTION	273.62	325.09
J1301		INJECTION, EDARAVONE, 1 MG	25.19	29.10
J1302		INJ, SUTIMLIMAB-JOME, 10 MG	BR	
J1303		INJ., RAVULIZUMAB-CWVZ 10 MG	268.91	318.97
J1305		INJ, EVINACUMAB-DGNB, 5MG	BR	235.19
J1306		INJECTION, INCLISIRAN, 1 MG	BR	
J1320		AMITRIPTYLINE INJECTION	0.34	
J1322		ELOSULFASE ALFA, INJECTION	314.77	355.43
J1324		ENFUVIRTIDE INJECTION	390.81	
J1325		EPOPROSTENOL INJECTION	18.92	
J1327		EPTIFIBATIDE INJECTION	26.90	3.00
J1330		ERGONOVINE MALEATE INJECTION	BR	
J1335		ERTAPENEM INJECTION	50.29	
J1364		ERYTHRO LACTOBIONATE /500 MG	67.23	118.73
J1380		ESTRADIOL VALERATE 10 MG INJ	12.41	
J1410		INJ ESTROGEN CONJUGATE 25 MG	317.23	484.93
J1426		INJECTION, CASIMERSEN, 10 MG	BR	236.42
J1427		INJ. VILTOLARSEN	BR	83.71
J1428		INJ, ETEPLIRSEN, 10 MG	176.93	252.92
J1429		INJ GOLODIRSEN 10 MG	347.60	235.99
J1430		ETHANOLAMINE OLEATE 100 MG	545.00	630.62
J1435		INJECTION ESTRONE PER 1 MG	0.42	
J1436		ETIDRONATE DISODIUM INJ	BR	
J1437		INJ. FE DERISOMALTOSE 10 MG	27.64	34.65
J1438		ETANERCEPT INJECTION	6140.60	1122.91
J1439		INJ FERRIC CARBOXYMALTOS 1MG	1.33	1.59
J1442		INJ FILGRASTIM EXCL BIOSIMIL	1.22	1.39
J1443		INJ FERRIC PYROPHOSPHATE CIT	BR	
J1444		FE PYRO CIT POW 0.1 MG IRON	BR	
J1445		INJ TRIFERIC AVNU 0.1MG IRON	BR	
J1447		INJ TBO FILGRASTIM 1 MICROG	0.93	0.64
J1448		INJECTION, TRILACICLIB, 1MG	5.93	7.03
J1450		FLUCONAZOLE	5.83	
J1451		FOMEPIZOLE, 15 MG	8.97	7.64
J1452		INTRAOCULAR FOMIVIRSEN NA	5.20	
J1453		FOSAPREPITANT INJECTION	2.08	3.17
J1454		INJ FOSNETUPITANT, PALONOSET	559.28	715.65
J1455		FOSCARNET SODIUM INJECTION	95.42	101.80
J1457		GALLIUM NITRATE INJECTION	1.71	
J1458		GALSULFASE INJECTION	506.18	584.91
J1459		INJ IVIG PRIVIGEN 500 MG	53.14	63.91
J1460		GAMMA GLOBULIN 1 CC INJ	46.46	64.50
J1551		INJ CUTAQUIG 100 MG	14.44	
J1554		INJ. ASCENIV	578.12	684.11

Code	Mod	Description	Amount	APC Amount
J1555		INJ CUVITRU, 100 MG	17.96	20.95
J1556		INJ, IMM GLOB BIVIGAM, 500MG	53.98	100.10
J1557		GAMMAPLEX INJECTION	51.83	72.14
J1558		INJ. XEMBIFY, 100 MG	16.28	18.89
J1559		HIZENTRA INJECTION	11.76	16.74
J1560		GAMMA GLOBULIN > 10 CC INJ	464.67	644.95
J1561		GAMUNEX-C/GAMMAKED	52.07	66.04
J1562		VIVAGLOBIN, INJ	12.96	
J1566		IMMUNE GLOBULIN, POWDER	48.47	98.82
J1568		OCTAGAM INJECTION	51.27	59.09
J1569		GAMMAGARD LIQUID INJECTION	52.95	66.27
J1570		GANCICLOVIR SODIUM INJECTION	79.94	
J1571		HEPAGAM B IM INJECTION	77.52	104.51
J1572		FLEBOGAMMA INJECTION	48.62	50.96
J1573		HEPAGAM B INTRAVENOUS, INJ	75.60	104.51
J1575		HYQVIA 100MG IMMUNEGLOBULIN	15.05	21.90
J1580		GARAMYCIN GENTAMICIN INJ	1.75	
J1595		INJECTION GLATIRAMER ACETATE	289.87	200.28
J1599		IVIG NON-LYOPHILIZED, NOS	249.20	
J1600		GOLD SODIUM THIOMALEATE INJ	39.08	
J1602		GOLIMUMAB FOR IV USE 1MG	29.42	22.86
J1610		GLUCAGON HYDROCHLORIDE/1 MG	239.11	236.81
J1620		GONADORELIN HYDROCH/ 100 MCG	41.60	
J1626		GRANISETRON HCL INJECTION	0.52	
J1627		INJ, GRANISETRON, XR, 0.1 MG	7.74	9.53
J1628		INJ., GUSELKUMAB, 1 MG	228.01	112.86
J1630		HALOPERIDOL INJECTION	1.84	
J1631		HALOPERIDOL DECANOATE INJ	24.50	
J1632		INJ., BREXANOLONE, 1 MG	83.20	103.60
J1640		HEMIN, 1 MG	30.23	37.81
J1642		INJ HEPARIN SODIUM PER 10 U	0.22	
J1644		INJ HEPARIN SODIUM PER 1000U	0.29	
J1645		DALTEPARIN SODIUM	18.84	
J1650		INJ ENOXAPARIN SODIUM	1.38	
J1652		FONDAPARINUX SODIUM	3.06	
J1655		TINZAPARIN SODIUM INJECTION	4.70	
J1670		TETANUS IMMUNE GLOBULIN INJ	559.57	684.55
J1675		HISTRELIN ACETATE	1.28	
J1700		HYDROCORTISONE ACETATE INJ	12.40	
J1710		HYDROCORTISONE SODIUM PH INJ	8.40	
J1720		HYDROCORTISONE SODIUM SUCC I	10.42	
J1726		MAKENA, 10 MG	40.00	20.96
J1729		INJ HYDROXYPROGST CAPOAT NOS	1.90	30.59
J1730		DIAZOXIDE INJECTION	129.76	
J1738		INJ. MELOXICAM 1 MG	6.80	4.35
J1740		IBANDRONATE SODIUM INJECTION	130.88	83.46
J1741		IBUPROFEN INJECTION	4.40	
J1742		IBUTILIDE FUMARATE INJECTION	120.70	449.00
J1743		IDURSULFASE INJECTION	651.38	817.31
J1744		ICATIBANT INJECTION	530.40	284.67

Code	Mod	Description	Amount	APC Amount
J1745		INFLIXIMAB NOT BIOSIMIL 10MG	96.52	53.79
J1746		INJ., IBALIZUMAB-UIYK, 10 MG	83.71	94.08
J1750		INJ IRON DEXTRAN	16.94	22.48
J1756		IRON SUCROSE INJECTION	0.32	
J1786		IMUGLUCERASE INJECTION	52.98	62.44
J1790		DROPERIDOL INJECTION	8.48	
J1800		PROPRANOLOL INJECTION	3.70	
J1810		DROPERIDOL/FENTANYL INJ	25.20	
J1815		INSULIN INJECTION	1.10	
J1817		INSULIN FOR INSULIN PUMP USE	10.10	
J1823		INJ. INEBILIZUMAB-CDON, 1 MG	555.44	656.92
J1826		INTERFERON BETA-1A INJ	1998.70	3257.27
J1830		INTERFERON BETA-1B / .25 MG	349.20	565.16
J1833		INJECTION, ISAVUCONAZONIUM	0.80	1.18
J1835		ITRACONAZOLE INJECTION	23.38	
J1840		KANAMYCIN SULFATE 500 MG INJ	46.90	
J1850		KANAMYCIN SULFATE 75 MG INJ	1.39	
J1885		KETOROLAC TROMETHAMINE INJ	0.84	
J1890		CEPHALOTHIN SODIUM INJECTION	BR	
J1930		LANREOTIDE INJECTION	66.91	93.98
J1931		LARONIDASE INJECTION	40.89	49.39
J1932		INJ, LANREOTIDE, (CIPLA) 1MG	BR	
J1940		FUROSEMIDE INJECTION	3.49	
J1943		INJ., ARISTADA INITIO, 1 MG	3.53	4.26
J1944		ARIPRAZOLE LAUROXIL 1 MG	3.50	4.19
J1945		LEPIRUDIN	191.66	
J1950		LEUPROLIDE ACETATE /3.75 MG	1290.42	1939.73
J1951		INJ FENSOLVI 0.25 MG	160.15	180.41
J1952		LEUPROLIDE INJ, CAMCEVI, 1MG	BR	
J1953		LEVETIRACETAM INJECTION	0.24	
J1955		INJ LEVOCARNITINE PER 1 GM	24.22	
J1956		LEVOFLOXACIN INJECTION	2.89	
J1960		LEVORPHANOL TARTRATE INJ	3.84	
J1980		HYOSCYAMINE SULFATE INJ	33.87	
J1990		CHLORDIAZEPOXIDE INJECTION	26.46	
J2001		LIDOCAINE INJECTION	0.02	
J2010		LINCOMYCIN INJECTION	13.54	
J2020		LINEZOLID INJECTION	28.64	
J2060		LORAZEPAM INJECTION	0.92	
J2062		LOXAPINE FOR INHALATION 1 MG	BR	22.15
J2150		MANNITOL INJECTION	2.23	
J2170		MECASERMIN INJECTION	8.97	
J2175		MEPERIDINE HYDROCHL /100 MG	6.29	
J2180		MEPERIDINE/PROMETHAZINE INJ	71.89	
J2182		INJECTION, MEPOLIZUMAB, 1MG	34.93	40.74
J2185		MEROPENEM	1.59	
J2186		INJ., MEROPENEM, VABORBACTAM	14.80	2.61
J2210		METHYLERGONOVIN MALEATE INJ	6.83	
J2212		METHYLNALTREXONE INJECTION	6.00	
J2248		MICAFUNGIN SODIUM INJECTION	1.17	

Code	Mod	Description	Amount	APC Amount
J2250		INJ MIDAZOLAM HYDROCHLORIDE	0.18	
J2260		INJ MILRINONE LACTATE / 5 MG	4.03	
J2265		MINOCYCLINE HYDROCHLORIDE	3.59	3.04
J2270		MORPHINE SULFATE INJECTION	1.69	
J2274		INJ MORPHINE PF EPID ITHC	11.90	
J2278		ZICONOTIDE INJECTION	9.97	12.85
J2280		INJ, MOXIFLOXACIN 100 MG	11.60	
J2300		INJ NALBUPHINE HYDROCHLORIDE	3.30	
J2310		INJ NALOXONE HYDROCHLORIDE	33.81	
J2315		NALTREXONE, DEPOT FORM	4.25	5.00
J2320		NANDROLONE DECANOATE 50 MG	55.30	32.65
J2323		NATALIZUMAB INJECTION	23.63	33.02
J2325		NESIRITIDE INJECTION	41.68	112.61
J2326		INJ, NUSINERSEN, 0.1MG	1152.03	1593.62
J2350		INJECTION, OCRELIZUMAB, 1 MG	72.59	83.65
J2353		OCTREOTIDE INJECTION, DEPOT	220.47	293.32
J2354		OCTREOTIDE INJ, NON-DEPOT	1.48	
J2355		OPRELVEKIN INJECTION	562.25	246.85
J2356		INJ TEZEPELUMAB-EKKO, 1MG	BR	
J2357		OMALIZUMAB INJECTION	41.63	53.26
J2358		OLANZAPINE LONG-ACTING INJ	3.52	4.15
J2360		ORPHENADRINE INJECTION	6.89	
J2370		PHENYLEPHRINE HCL INJECTION	9.21	
J2400		CHLOROPROCAINE HCL INJECTION	31.69	
J2405		ONDANSETRON HCL INJECTION	0.12	
J2406		INJECTION, ORITAVANCIN 10 MG	50.72	59.53
J2407		INJECTION, ORITAVANCIN	30.94	34.65
J2410		OXYMORPHONE HCL INJECTION	3.64	
J2425		PALIFERMIN INJECTION	22.79	33.98
J2426		PALIPERIDONE PALMITATE INJ	12.06	17.96
J2430		PAMIDRONATE DISODIUM /30 MG	13.98	
J2440		PAPAVERIN HCL INJECTION	2.76	
J2460		OXYTETRACYCLINE INJECTION	29.60	
J2469		PALONOSETRON HCL	25.93	22.50
J2501		PARICALCITOL	1.15	
J2502		INJ, PASIREOTIDE LONG ACTING	348.00	453.48
J2503		PEGAPTANIB SODIUM INJECTION	1326.86	
J2504		PEGADEMASE BOVINE, 25 IU	360.35	553.92
J2506		INJ PEGFILGRAST EX BIO 0.5MG	187.00	258.48
J2507		PEGLOTICASE INJECTION	1893.91	4215.43
J2510		PENICILLIN G PROCAINE INJ	31.29	
J2513		PENTASTARCH 10% SOLUTION	BR	
J2515		PENTOBARBITAL SODIUM INJ	50.34	72.69
J2540		PENICILLIN G POTASSIUM INJ	1.15	
J2543		PIPERACILLIN/TAZOBACTAM	3.13	
J2545		PENTAMIDINE NON-COMP UNIT	145.45	
J2547		INJECTION, PERAMIVIR	BR	2.39
J2550		PROMETHAZINE HCL INJECTION	2.28	
J2560		PHENOBARBITAL SODIUM INJ	40.56	59.98
J2562		PLERIXAFOR INJECTION	427.67	543.55

Code	Mod	Description	Amount	APC Amount
J2590		OXYTOCIN INJECTION	15.90	
J2597		INJ DESMOPRESSIN ACETATE	16.33	13.19
J2650		PREDNISOLONE ACETATE INJ	0.83	
J2670		TOTAZOLINE HCL INJECTION	BR	
J2675		INJ PROGESTERONE PER 50 MG	1.31	
J2680		FLUPHENAZINE DECANOATE 25 MG	26.90	
J2690		PROCAINAMIDE HCL INJECTION	64.10	
J2700		OXACILLIN SODIUM INJECTON	2.18	
J2704		INJ, PROPOFOL, 10 MG	0.15	
J2710		NEOSTIGMINE METHYLSLFTE INJ	12.40	
J2720		INJ PROTAMINE SULFATE/10 MG	1.62	
J2724		PROTEIN C CONCENTRATE	18.28	21.43
J2725		INJ PROTIRELIN PER 250 MCG	54.39	
J2730		PRALIDOXIME CHLORIDE INJ	109.70	
J2760		PHENTOLAIN MESYLATE INJ	471.22	588.05
J2765		METOCLOPRAMIDE HCL INJECTION	0.98	
J2770		QUINUPRISTIN/DALFOPRISTIN	404.96	608.03
J2777		INJ, FARICIMAB-SVOA, 0.1MG	BR	
J2778		RANIBIZUMAB INJECTION	468.26	436.22
J2779		INJ, SUSVIMO 0.1 MG	99.88	
J2780		RANITIDINE HYDROCHLORIDE INJ	1.47	
J2783		RASBURICASE	322.10	456.77
J2785		REGADENOSON INJECTION	73.78	
J2786		INJECTION, RESLIZUMAB, 1MG	11.94	14.38
J2787		RIBOFLAVIN 5'PHOS OPTH<=3ML	3336.40	
J2788		RHO D IMMUNE GLOBULIN 50 MCG	29.46	
J2790		RHO D IMMUNE GLOBULIN INJ	101.14	
J2791		RHOPHYLAC INJECTION	5.77	
J2792		RHO(D) IMMUNE GLOBULIN H, SD	28.08	44.76
J2793		RILONACEPT INJECTION	29.42	
J2794		INJ RISPERDAL CONSTA, 0.5 MG	10.12	15.68
J2795		ROIIVACAINE HCL INJECTION	0.09	
J2796		ROMIPLOSTIM INJECTION	82.11	118.74
J2797		INJ., ROLAPITANT, 0.5 MG	BR	1.41
J2798		INJ., PERSERIS, 0.5 MG	13.10	15.17
J2800		METHOCARBAMOL INJECTION	52.21	
J2805		SINCALIDE INJECTION	127.91	
J2810		INJ THEOPHYLLINE PER 40 MG	0.37	
J2820		SARGRAMOSTIM INJECTION	47.61	76.06
J2840		INJ SEBELIPASE ALFA 1 MG	494.12	766.62
J2850		INJ SECRETIN SYNTHETIC HUMAN	45.57	49.39
J2860		INJECTION, SILTUXIMAB	154.19	177.73
J2910		AUROTHIOGLUCOSE INJECTON	37.60	
J2916		NA FERRIC GLUCONATE COMPLEX	3.10	
J2920		METHYLPREDNISOLONE INJECTION	4.03	
J2930		METHYLPREDNISOLONE INJECTION	5.70	
J2940		SOMATREM INJECTION	16.79	
J2941		SOMATROPIN INJECTION	799.55	
J2950		PROMAZINE HCL INJECTION	12.40	
J2993		RETEPLASE INJECTION	2744.25	2629.60

Code	Mod	Description	Amount	APC Amount
J2995		INJ STREPTOKINASE /250000 IU	93.91	
J2997		ALTEPLASE RECOMBINANT	102.98	124.49
J2998		INJ PLASMINOGEN TVMH 1MG	BR	
J3000		STREPTOMYCIN INJECTION	16.46	
J3010		FENTANYL CITRATE INJECTION	0.68	
J3030		SUMATRIPTAN SUCCINATE / 6 MG	101.35	
J3031		INJ., FREMANEZUMAB-VFRM 1 MG	4.80	3.28
J3032		INJ. EPTINEZUMAB-JJMR 1 MG	19.70	22.73
J3060		INJ, TALIGLUCERASE ALFA 10 U	50.03	58.55
J3070		PENTAZOCINE INJECTION	158.76	
J3090		INJ TEDIZOLID PHOSPHATE	1.69	2.36
J3095		TELAVANCIN INJECTION	7.35	9.09
J3101		TENECTEPLASE INJECTION	130.47	191.16
J3105		TERBUTALINE SULFATE INJ	1.18	
J3110		TERIPARATIDE INJECTION	11.11	
J3111		INJ. ROMOSUZUMAB-AQQG 1 MG	11.64	13.25
J3121		INJ TESTOSTERO ENANTHATE 1MG	0.06	
J3145		TESTOSTERONE UNDECANOATE 1MG	1.98	2.29
J3230		CHLORPROMAZINE HCL INJECTION	26.68	
J3240		THYROTROPIN INJECTION	1989.16	2638.42
J3241		INJ. TEPROTUMUMAB-TRBW 10 MG	385.64	448.55
J3243		TIGECYCLINE INJECTION	2.93	2.82
J3245		INJ., TILDRAKIZUMAB, 1 MG	166.37	189.70
J3246		TIROFIBAN HCL	10.68	5.13
J3250		TRIMETHOBENZAMIDE HCL INJ	32.96	
J3260		TOBRAMYCIN SULFATE INJECTION	3.24	
J3262		TOCILIZUMAB INJECTION	5.55	8.14
J3265		INJECTION TORSEMIDE 10 MG/ML	BR	
J3280		THIETHYLPERAZINE MALEATE INJ	5.98	
J3285		TREPROSTINIL INJECTION	73.96	81.61
J3299		INJ XIPERE 1 MG	BR	
J3300		TRIAMCINOLONE A INJ PRS-FREE	4.68	5.80
J3301		TRIAMCINOLONE ACET INJ NOS	2.18	
J3302		TRIAMCINOLONE DIACETATE INJ	1.99	
J3303		TRIAMCINOLONE HEXACETONL INJ	9.21	
J3304		INJ TRIAMCINOLONE ACE XR 1MG	20.39	25.03
J3305		INJ TRIMETREXATE GLUCORONATE	BR	
J3310		PERPHENAZINE INJECITON	13.20	
J3315		TRIPTORELIN PAMOATE	331.96	478.55
J3316		INJ., TRIPTORELIN XR 3.75 MG	2505.60	4355.50
J3320		SPECTINOMYCN DI-HCL INJ	BR	
J3350		UREA INJECTION	BR	
J3355		UROFOLLITROPIN, 75 IU	78.11	
J3357		USTEKINUMAB SUB CU INJ, 1 MG	209.63	242.56
J3358		USTEKINUMAB, IV INJECT, 1 MG	14.75	16.50
J3360		DIAZEPAM INJECTION	8.02	
J3364		UROKINASE 5000 IU INJECTION	BR	
J3365		UROKINASE 250,000 IU INJ	BR	
J3370		VANCOMYCIN HCL INJECTION	4.67	
J3380		INJECTION, VEDOLIZUMAB	23.64	30.23

Code	Mod	Description	Amount	APC Amount
J3385		VELAGLUCERASE ALFA	431.68	510.92
J3396		VERTEPORFIN INJECTION	13.66	15.96
J3397		INJ., VESTRONIDASE ALFA-VJBK	221.20	329.33
J3398		INJ LUXTURNA 1 BILLION VEC G	2363.60	4163.44
J3399		INJ ONASE ABEPAR-XIOI TREAT	BR	
J3400		TRIFLUPROMAZINE HCL INJ	BR	
J3410		HYDROXYZINE HCL INJECTION	3.04	
J3411		THIAMINE HCL 100 MG	3.89	
J3415		PYRIDOXINE HCL 100 MG	12.38	
J3420		VITAMIN B12 INJECTION	3.18	
J3430		VITAMIN K PHYTONADIONE INJ	3.81	
J3465		INJECTION, VORICONAZOLE	4.69	
J3470		HYALURONIDASE INJECTION	31.80	
J3471		OVINE, UP TO 999 USP UNITS	0.44	
J3472		OVINE, 1000 USP UNITS	140.44	
J3473		HYALURONIDASE RECOMBINANT	0.43	
J3475		INJ MAGNESIUM SULFATE	0.31	
J3480		INJ POTASSIUM CHLORIDE	0.20	
J3485		ZIDOVDINE	1.81	
J3486		ZIPRASIDONE MESYLATE	18.81	
J3489		ZOLEDRONIC ACID 1MG	33.25	
J3490		DRUGS UNCLASSIFIED INJECTION	BR	
J3520		EDETATE DISODIUM PER 150 MG	3.71	
J3530		NASAL VACCINE INHALATION	BR	
J3535		METERED DOSE INHALER DRUG	3.20	
J3570		LAETRILE AMYGDALIN VIT B17	BR	
J3590		UNCLASSIFIED BIOLOGICS	BR	
J3591		ESRD ON DIALYSI DRUG/BIO NOC	BR	
J7030		NORMAL SALINE SOLUTION INFUS	2.60	
J7040		NORMAL SALINE SOLUTION INFUS	1.31	
J7042		5% DEXTROSE/NORMAL SALINE	0.82	
J7050		NORMAL SALINE SOLUTION INFUS	0.63	
J7060		5% DEXTROSE/WATER	2.24	
J7070		D5W INFUSION	4.48	
J7100		DEXTRAN 40 INFUSION	21.18	
J7110		DEXTRAN 75 INFUSION	125.20	
J7120		RINGERS LACTATE INFUSION	2.53	
J7121		5% DEXTROSE IN LAC RINGERS	21.21	
J7131		HYPERTONIC SALINE SOL	0.20	
J7168		PROTHROMBIN COMPLEX KCENTRA	BR	2.83
J7169		INJ ANDEXXA, 10 MG	BR	409.63
J7170		INJ., EMICIZUMAB-KXWH 0.5 MG	59.88	69.23
J7175		INJ, FACTOR X, (HUMAN), 1IU	10.26	11.64
J7177		INJ., FIBRYGA, 1 MG	1.31	1.61
J7178		INJ HUMAN FIBRINOGEN CON NOS	1.61	1.85
J7179		VONVENDI INJ 1 IU VWF:RCO	24.10	2.61
J7180		FACTOR XIII ANTI-HEM FACTOR	10.80	12.98
J7181		FACTOR XIII RECOMB A-SUBUNIT	19.62	22.89
J7182		FACTOR VIII RECOMB NOVOEIGHT	1.75	2.17
J7183		WILATE INJECTION	1.38	1.62

Code	Mod	Description	Amount	APC Amount
J7185		XYNTHA INJ	1.50	1.80
J7186		ANTIHEMOPHILIC VIII/VWF COMP	1.35	1.60
J7187		HUMATE-P, INJ	1.39	1.79
J7188		FACTOR VIII RECOMB OBIZUR	3.84	4.54
J7189		FACTOR VIIA RECOMB NOVOSEVEN	2.74	3.28
J7190		FACTOR VIII	1.33	1.58
J7191		FACTOR VIII (PORCINE)	BR	
J7192		FACTOR VIII RECOMBINANT NOS	1.63	2.03
J7193		FACTOR IX NON-RECOMBINANT	1.39	1.66
J7194		FACTOR IX COMPLEX	1.69	2.17
J7195		FACTOR IX RECOMBINANT NOS	1.96	2.26
J7196		ANTITHROMBIN RECOMBINANT	BR	155.59
J7197		ANTITHROMBIN III INJECTION	4.37	5.04
J7198		ANTI-INHIBITOR	2.65	3.12
J7199		HEMOPHILIA CLOT FACTOR NOC	BR	
J7200		FACTOR IX RECOMBINAN RIXUBIS	1.73	2.06
J7201		FACTOR IX ALPROLIX RECOMB	3.90	4.47
J7202		FACTOR IX IDELVION INJ	5.65	6.55
J7203		FACTOR IX RECOMB GLY REBINYN	5.04	6.06
J7204		INJ RECOMBIN ESPEROCT PER IU	2.52	3.10
J7205		FACTOR VIII FC FUSION RECOMB	2.60	3.01
J7207		FACTOR VIII PEGYLATED RECOMB	2.39	2.75
J7208		INJ. JIVI 1 IU	2.59	3.00
J7209		FACTOR VIII NUWIQ RECOMB 1IU	2.26	1.85
J7210		INJ, AFSTYLA, 1 I.U.	5.13	1.92
J7211		INJ, KOVALTRY, 1 I.U.	2.63	1.75
J7212		FACTOR VIIA RECOMB SEVENFACT	2.36	3.12
J7294		SEG ACET AND ETH ESTR YEARLY	BR	
J7295		ETH ESTR AND ETON MONTHLY	BR	
J7296		KYLEENA, 19.5 MG	1331.75	
J7297		LILETTA, 52 MG	1001.20	
J7298		MIRENA, 52 MG	1209.60	
J7300		INTRAUT COPPER CONTRACEPTIVE	1001.60	
J7301		SKYLA, 13.5 MG	1001.20	
J7304		CONTRACEPTIVE HORMONE PATCH	50.00	
J7306		LEVONORGESTREL IMPLANT SYS	875.33	
J7307		ETONOGESTREL IMPLANT SYSTEM	1118.00	
J7308		AMINOLEVULINIC ACID HCL TOP	406.40	555.83
J7309		METHYL AMINOLEVULINATE, TOP	2.80	
J7310		GANCICLOVIR LONG ACT IMPLANT	20219.70	
J7311		INJ., RETISERT, 0.01 MG	24340.23	460.21
J7312		DEXAMETHASONE INTRA IMPLANT	242.93	284.00
J7313		INJ., ILUVIEN, 0.01 MG	593.03	697.15
J7314		INJ., YUTIQ, 0.01 MG	621.77	736.23
J7315		OPHTHALMIC MITOMYCIN	BR	
J7316		INJ, OCRIPLASMIN, 0.125 MG	1340.43	1486.64
J7318		INJ, DUROLANE 1 MG	390.00	25.19
J7320		GENVISC 850, INJ, 1MG	14.81	24.03
J7321		HYALGAN SUPARTZ VISCO-3 DOSE	106.44	120.30
J7322		HYMOVIS INJECTION 1 MG	28.80	44.97

Code	Mod	Description	Amount	APC Amount
J7323		EUFLEXXA INJ PER DOSE	180.10	192.04
J7324		ORTHOVISC INJ PER DOSE	203.58	209.81
J7325		SYNVISC OR SYNVISC-ONE	15.85	14.81
J7326		GEL-ONE	1013.74	1730.98
J7327		MONOVISC INJ PER DOSE	1129.41	1122.91
J7328		GELSYN-3 INJECTION 0.1 MG	1.54	3.18
J7329		INJ, TRIVISC 1 MG	15.97	27.15
J7330		CULTURED CHONDROCYTES IMPLNT	45256.40	
J7331		SYNOJOYNT, INJ., 1 MG	BR	25.59
J7332		INJ., TRILURON, 1 MG	11.77	
J7336		CAPSAICIN 8% PATCH	3.89	4.60
J7340		CARBIDOPA LEVODOPA ENT 100ML	253.80	299.99
J7342		CIPROFLOXACIN OTIC SUSP 6 MG	35.98	42.59
J7345		AMINOLEVULINIC ACID, 10% GEL	1.90	2.26
J7351		INJ BIMATOPROST ITC IMP1MCG	247.68	292.12
J7352		AFAMELANOTIDE IMPLANT, 1 MG	5215.60	4570.84
J7402		MOMETASONE SINUS SINUVA	13.12	15.00
J7500		AZATHIOPRINE ORAL 50MG	0.49	
J7501		AZATHIOPRINE PARENTERAL	81.96	329.92
J7502		CYCLOSPORINE ORAL 100 MG	4.06	
J7503		TACROL ENVARUSUS EX REL ORAL	1.87	
J7504		LYMPHOCYTE IMMUNE GLOBULIN	1579.32	3344.61
J7505		MONOCLONAL ANTIBODIES	1146.11	
J7507		TACROLIMUS IMME REL ORAL 1MG	1.03	
J7508		TACROL ASTAGRAF EX REL ORAL	0.54	
J7509		METHYLPREDNISOLONE ORAL	0.39	
J7510		PREDNISOLONE ORAL PER 5 MG	0.17	
J7511		ANTITHYMOCYTE GLOBULN RABBIT	893.19	1190.43
J7512		PREDNISONE IR OR DR ORAL 1MG	0.02	
J7513		DACLIZUMAB, PARENTERAL	494.73	
J7515		CYCLOSPORINE ORAL 25 MG	1.18	
J7516		CYCLOSPORIN PARENTERAL 250MG	59.31	
J7517		MYCOPHENOLATE MOFETIL ORAL	1.22	
J7518		MYCOPHENOLIC ACID	3.69	
J7520		SIROLIMUS, ORAL	11.68	
J7525		TACROLIMUS INJECTION	228.42	311.93
J7527		ORAL EVEROLIMUS	9.05	
J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR	
J7604		ACETYLCYSTEINE COMP UNIT	BR	
J7605		ARFORMOTEROL NON-COMP UNIT	9.98	
J7606		FORMOTEROL FUMARATE, INH	11.36	
J7607		LEVALBUTEROL COMP CON	17.20	
J7608		ACETYLCYSTEINE NON-COMP UNIT	5.59	
J7609		ALBUTEROL COMP UNIT	8.40	
J7610		ALBUTEROL COMP CON	8.40	
J7611		ALBUTEROL NON-COMP CON	0.16	
J7612		LEVALBUTEROL NON-COMP CON	0.34	
J7613		ALBUTEROL NON-COMP UNIT	0.06	
J7614		LEVALBUTEROL NON-COMP UNIT	0.09	
J7615		LEVALBUTEROL COMP UNIT	13.83	

Code	Mod	Description	Amount	APC Amount
J7620		ALBUTEROL IPRATROP NON-COMP	0.18	
J7622		BECLOMETHASONE COMP UNIT	BR	
J7624		BETAMETHASONE COMP UNIT	12.40	
J7626		BUDESONIDE NON-COMP UNIT	6.42	
J7627		BUDESONIDE COMP UNIT	8.48	
J7628		BITOLTEROL MESYLATE COMP CON	BR	
J7629		BITOLTEROL MESYLATE COMP UNT	BR	
J7631		CROMOLYN SODIUM NONCOMP UNIT	1.12	
J7632		CROMOLYN SODIUM COMP UNIT	0.42	
J7633		BUDESONIDE NON-COMP CON	16.00	
J7634		BUDESONIDE COMP CON	8.40	
J7635		ATROPINE COMP CON	20.00	
J7636		ATROPINE COMP UNIT	12.40	
J7637		DEXAMETHASONE COMP CON	12.40	
J7638		DEXAMETHASONE COMP UNIT	8.40	
J7639		DORNASE ALFA NON-COMP UNIT	54.15	
J7640		FORMOTEROL COMP UNIT	16.79	
J7641		FLUNISOLIDE COMP UNIT	13.23	
J7642		GLYCOPYRROLATE COMP CON	28.80	
J7643		GLYCOPYRROLATE COMP UNIT	16.79	
J7644		IPRATROPIUM BROMIDE NON-COMP	0.25	
J7645		IPRATROPIUM BROMIDE COMP	8.40	
J7647		ISOETHARINE COMP CON	BR	
J7648		ISOETHARINE NON-COMP CON	BR	
J7649		ISOETHARINE NON-COMP UNIT	BR	
J7650		ISOETHARINE COMP UNIT	BR	
J7657		ISOPROTERENOL COMP CON	BR	
J7658		ISOPROTERENOL NON-COMP CON	BR	
J7659		ISOPROTERENOL NON-COMP UNIT	BR	
J7660		ISOPROTERENOL COMP UNIT	BR	
J7665		MANNITOL FOR INHALER	0.93	
J7667		METAPROTERENOL COMP CON	BR	
J7668		METAPROTERENOL NON-COMP CON	BR	
J7669		METAPROTERENOL NON-COMP UNIT	BR	
J7670		METAPROTERENOL COMP UNIT	BR	
J7674		METHACHOLINE CHLORIDE, NEB	0.71	
J7676		PENTAMIDINE COMP UNIT DOSE	292.01	
J7677		REVEFENACIN INH NON-COM 1MCG	0.23	
J7680		TERBUTALINE SULF COMP CON	16.64	
J7681		TERBUTALINE SULF COMP UNIT	16.64	
J7682		TOBRAMYCIN NON-COMP UNIT	67.17	
J7683		TRIAMCINOLONE COMP CON	38.10	
J7684		TRIAMCINOLONE COMP UNIT	4.00	
J7685		TOBRAMYCIN COMP UNIT	178.21	
J7686		TREPROSTINIL, NON-COMP UNIT	703.49	
J7699		INHALATION SOLUTION FOR DME	BR	
J7799		NON-INHALATION DRUG FOR DME	BR	
J7999		COMPOUNDED DRUG, NOC	BR	
J8498		ANTIEMETIC RECTAL/SUPP NOS	BR	
J8499		ORAL PRESCRIP DRUG NON CHEMO	BR	

Code	Mod	Description	Amount	APC Amount
J8501		ORAL APREPITANT	12.32	
J8510		ORAL BUSULFAN	15.81	
J8515		CABERGOLINE, ORAL 0.25MG	17.93	
J8520		CAPECITABINE, ORAL, 150 MG	6.33	
J8521		CAPECITABINE, ORAL, 500 MG	20.11	
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	4.44	
J8540		ORAL DEXAMETHASONE	0.15	
J8560		ETOPOSIDE ORAL 50 MG	91.31	107.22
J8562		ORAL FLUDARABINE PHOSPHATE	BR	122.57
J8565		GEFITINIB ORAL	68.29	
J8597		ANTIEMETIC DRUG ORAL NOS	BR	
J8600		MELPHALAN ORAL 2 MG	14.36	18.06
J8610		METHOTREXATE ORAL 2.5 MG	1.67	
J8650		NABILONE ORAL	20.06	
J8655		ORAL NETUPITANT, PALONOSETRO	596.80	458.25
J8670		ROLAPITANT, ORAL, 1MG	2.11	2.51
J8700		TEMOZOLOMIDE	4.37	
J8705		TOPOTECAN ORAL	125.23	
J8999		ORAL PRESCRIPTION DRUG CHEMO	BR	
J9000		DOXORUBICIN HCL INJECTION	3.74	
J9015		ALDESLEUKIN INJECTION	4690.40	5389.27
J9017		ARSENIC TRIOXIDE INJECTION	71.58	18.19
J9019		ERWINAZE INJECTION	512.72	606.72
J9020		ASPARAGINASE, NOS	76.84	
J9021		INJ, ASPARA, RYLAZE, 0.1 MG	55.84	64.21
J9022		INJ, ATEZOLIZUMAB,10 MG	98.72	113.00
J9023		INJECTION, AVELUMAB, 10 MG	106.06	124.41
J9025		AZACITIDINE INJECTION	3.61	1.26
J9027		CLOFARABINE INJECTION	167.09	87.54
J9030		BCG LIVE INTRAVESICAL 1MG	3.40	
J9032		INJECTION, BELINOSTAT, 10MG	45.15	61.66
J9033		INJ., TREANDA 1 MG	29.69	29.38
J9034		INJ., BENDEKA 1 MG	21.41	27.09
J9035		BEVACIZUMAB INJECTION	85.57	96.36
J9036		INJ. BELRAPZO/BENDAMUSTINE	23.24	32.49
J9037		INJ BELANTAMAB MAFODOT BLMF	52.96	61.47
J9039		INJECTION, BLINATUMOMAB	155.78	176.24
J9040		BLEOMYCIN SULFATE INJECTION	28.94	
J9041		INJ., VELCADE 0.1 MG	56.48	63.60
J9042		BRENTUXIMAB VEDOTIN INJ	172.85	279.10
J9043		CABAZITAXEL INJECTION	205.19	271.66
J9044		INJ, BORTEZOMIB, NOS, 0.1 MG	17.84	23.81
J9045		CARBOPLATIN INJECTION	4.39	
J9047		INJECTION, CARFILZOMIB, 1 MG	42.90	58.38
J9050		CARMUSTINE INJECTION	3886.50	1561.74
J9055		CETUXIMAB INJECTION	74.75	96.02
J9057		INJ., COPANLISIB, 1 MG	208.79	115.08
J9060		CISPLATIN 10 MG INJECTION	2.15	
J9061		INJ, AMIVANTAMAB-VMJW	22.39	25.43
J9065		INJ CLADRIBINE PER 1 MG	24.36	21.41

Code	Mod	Description	Amount	APC Amount
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	58.80	39.01
J9071		INJ CYCLOPHOSPHAMID AUROMEDIC	BR	
J9098		CYTARABINE LIPOSOME INJ	744.45	945.94
J9100		CYTARABINE HCL 100 MG INJ	1.10	
J9118		INJ. CALASPARGASE PEGOL-MKNL	BR	
J9119		INJ., CEMIPIMAB-RWLC, 1 MG	32.70	39.29
J9120		DACTINOMYCIN INJECTION	1401.60	1191.21
J9130		DACARBAZINE 100 MG INJ	4.81	
J9144		DARATUMUMAB, HYALURONIDASE	55.90	63.94
J9145		INJECTION, DARATUMUMAB 10 MG	70.50	81.25
J9150		DAUNORUBICIN INJECTION	36.77	58.56
J9151		DAUNORUBICIN CITRATE INJ	7.58	0.48
J9153		INJ DAUNORUBICIN, CYTARABINE	258.49	294.83
J9155		DEGARELIX INJECTION	4.84	5.77
J9160		DENILEUKIN DIFTITOX INJ	1661.32	
J9165		DIETHYLSTILBESTROL INJECTION	BR	
J9171		DOCETAXEL INJECTION	3.13	2.02
J9173		INJ., DURVALUMAB, 10 MG	93.84	109.14
J9175		ELLIOTTS B SOLUTION PER ML	7.73	
J9176		INJECTION, ELOTUZUMAB, 1MG	8.34	9.74
J9177		INJ ENFORT VEDO-EJFV 0.25MG	37.63	42.87
J9178		INJ, EPIRUBICIN HCL, 2 MG	1.94	
J9179		ERIBULIN MESYLATE INJECTION	145.06	180.96
J9181		ETOPOSIDE INJECTION	0.89	
J9185		FLUDARABINE PHOSPHATE INJ	81.40	
J9190		FLUOROURACIL INJECTION	2.51	
J9198		INJ. INFUGEM, 100 MG	30.94	35.61
J9200		FLOXURIDINE INJECTION	96.67	
J9201		IN GEMCITABINE HCL NOS 200MG	10.53	
J9202		GOSERELIN ACETATE IMPLANT	384.32	771.29
J9203		GEMTUZUMAB OZOGAMICIN 0.1 MG	460.79	299.78
J9204		INJ MOGAMULIZUMAB-KPKC, 1 MG	259.50	301.95
J9205		INJ IRINOTECAN LIPOSOME 1 MG	72.17	81.47
J9206		IRINOTECAN INJECTION	5.04	
J9207		IXABEPILONE INJECTION	102.06	162.15
J9208		IFOSFAMIDE INJECTION	37.36	
J9209		MESNA INJECTION	5.01	
J9210		INJ., EMAPALUMAB-LZSG, 1 MG	456.47	514.48
J9211		IDARUBICIN HCL INJECTION	49.52	
J9212		INTERFERON ALFACON-1 INJ	8.11	
J9213		INTERFERON ALFA-2A INJ	48.62	254.91
J9214		INTERFERON ALFA-2B INJ	33.20	46.49
J9215		INTERFERON ALFA-N3 INJ	21.76	
J9216		INTERFERON GAMMA 1-B INJ	382.03	
J9217		LEUPROLIDE ACETATE SUSPNSION	305.11	285.04
J9218		LEUPROLIDE ACETATE INJECITON	19.52	
J9219		LEUPROLIDE ACETATE IMPLANT	BR	
J9223		INJ. LURBINCTEDIN, 0.1 MG	220.78	255.93
J9225		VANTAS IMPLANT	4177.61	7336.13
J9226		SUPPRELIN LA IMPLANT	33044.64	61688.11

Code	Mod	Description	Amount	APC Amount
J9227		INJ. ISATUXIMAB-IRFC 10 MG	84.60	98.01
J9228		IPILIMUMAB INJECTION	193.44	228.19
J9229		INJ INOTUZUMAB OZOGAM 0.1 MG	2931.97	3418.22
J9230		MECHLORETHAMINE HCL INJ	309.53	16.67
J9245		INJ MELPHA HYDROCH NOS 50 MG	1937.56	280.39
J9246		INJ., EVOMELA, 1 MG	BR	25.84
J9247		INJ, MELPHALAN FLUFENAMI 1MG	604.20	706.36
J9250		METHOTREXATE SODIUM INJ	0.28	
J9260		METHOTREXATE SODIUM INJ	2.79	
J9261		NELARABINE INJECTION	178.91	221.38
J9262		INJ, OMACETAXINE MEP, 0.01MG	4.33	4.69
J9263		OXALIPLATIN	0.46	
J9264		PACLITAXEL PROTEIN BOUND	13.94	19.94
J9266		PEGASPARGASE INJECTION	12442.48	30616.69
J9267		PACLITAXEL INJECTION	0.18	
J9268		PENTOSTATIN INJECTION	2251.38	2746.92
J9269		INJ. TAGRAXOFUSP-ERZS 10 MCG	371.29	420.80
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	297.20	163.87
J9271		INJ PEMBROLIZUMAB	63.47	74.27
J9272		INJ, DOSTARLIMAB-GXLY, 10 MG	264.52	305.47
J9273		INJ TISOTU VEDOTIN-TFTV, 1MG	187.09	
J9274		INJ, TEBENTAFUSP-TEBN, 1 MCG	BR	
J9280		MITOMYCIN INJECTION	129.97	71.94
J9281		MITOMYCIN INSTILLATION	342.43	400.14
J9285		INJ, OLARATUMAB, 10 MG	BR	73.94
J9293		MITOXANTRONE HYDROCHL / 5 MG	38.02	41.75
J9295		INJECTION, NECITUMUMAB, 1 MG	6.89	8.15
J9298		INJ NIVOL RELATLIMAB 3MG/1MG	BR	
J9299		INJECTION, NIVOLUMAB	35.24	41.54
J9301		OBINUTUZUMAB INJ	76.90	91.04
J9302		OFATUMUMAB INJECTION	70.18	90.82
J9303		PANITUMUMAB INJECTION	143.62	185.18
J9304		INJ. PEMETREXED, 10 MG	141.20	
J9305		INJ. PEMETREXED NOS 10MG	85.79	107.98
J9306		INJECTION, PERTUZUMAB, 1 MG	14.54	19.26
J9307		PRALATREXATE INJECTION	308.04	454.02
J9308		INJECTION, RAMUCIRUMAB	75.04	90.26
J9309		INJ, POLATUZUMAB VEDOTIN 1MG	141.37	161.27
J9311		INJ RITUXIMAB, HYALURONIDASE	45.48	54.26
J9312		INJ., RITUXIMAB, 10 MG	101.00	121.59
J9313		INJ., LUMOXITI, 0.01 MG	28.07	33.21
J9316		PERTUZU, TRASTUZU, 10 MG	84.44	101.74
J9317		SACITUZUMAB GOVITECAN-HZIY	38.44	44.39
J9318		INJ ROMIDEPSIN NON-LYO 0.1MG	BR	48.15
J9319		INJ ROMIDEPSIN LYOPHIL 0.1MG	39.88	47.19
J9320		STREPTOZOCIN INJECTION	419.26	493.99
J9325		INJ TALIMOGENE LAHERPAREPVEC	71.62	81.25
J9328		TEMOZOLOMIDE INJECTION	9.36	14.78
J9330		TEMSIROLIMUS INJECTION	76.98	49.35
J9331		INJ SIROLIMUS PROT PART 1 MG	BR	

Code	Mod	Description	Amount	APC Amount
J9332		INJ EFGARTIGIMOD 2MG	37.84	
J9340		THIOTEPA INJECTION	1645.11	433.74
J9348		INJ. NAXITAMAB-GQGK, 1 MG	BR	765.21
J9349		INJ., TAFASITAMAB-CXIX	15.56	18.18
J9351		TOPOTECAN INJECTION	2.42	
J9352		INJECTION TRABECTEDIN 0.1MG	396.22	461.54
J9353		INJ. MARGETUXIMAB-CMKB, 5 MG	52.84	62.14
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	40.57	48.49
J9355		INJ TRASTUZUMAB EXCL BIOSIMI	108.12	122.70
J9356		INJ. HERCEPTIN HYLECTA, 10MG	82.48	101.52
J9357		VALRUBICIN INJECTION	1547.69	2038.64
J9358		INJ FAM-TRASTU DERU-NXKI 1MG	30.20	34.93
J9359		INJ LON TESIRIN-LPYL 0.075MG	225.96	
J9360		VINBLASTINE SULFATE INJ	4.14	
J9370		VINCRISTINE SULFATE 1 MG INJ	7.84	
J9371		INJ, VINCRISTINE SUL LIP 1MG	3223.00	4857.51
J9390		VINORELBINE TARTRATE INJ	13.68	
J9395		INJECTION, FULVESTRANT	113.04	22.22
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	9.92	10.88
J9600		PORFIMER SODIUM INJECTION	2903.04	31036.02
J9999		CHEMOTHERAPY DRUG	BR	
K0001	NU	STANDARD WHEELCHAIR	740.14	
K0001	RR	STANDARD WHEELCHAIR	37.44	
K0001	UE	STANDARD WHEELCHAIR	507.46	
K0002	NU	STND HEMI (LOW SEAT) WHLCHR	961.90	
K0002	RR	STND HEMI (LOW SEAT) WHLCHR	58.79	
K0002	UE	STND HEMI (LOW SEAT) WHLCHR	659.96	
K0003	NU	LIGHTWEIGHT WHEELCHAIR	1186.08	
K0003	RR	LIGHTWEIGHT WHEELCHAIR	59.73	
K0003	UE	LIGHTWEIGHT WHEELCHAIR	755.29	
K0004	NU	HIGH STRENGTH LTWT WHLCHR	1570.95	
K0004	RR	HIGH STRENGTH LTWT WHLCHR	84.47	
K0004	UE	HIGH STRENGTH LTWT WHLCHR	1042.30	
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	2035.67	
K0005	RR	ULTRALIGHTWEIGHT WHEELCHAIR	203.54	
K0005	UE	ULTRALIGHTWEIGHT WHEELCHAIR	1526.71	
K0006	NU	HEAVY DUTY WHEELCHAIR	1534.72	
K0006	RR	HEAVY DUTY WHEELCHAIR	91.25	
K0006	UE	HEAVY DUTY WHEELCHAIR	1063.22	
K0007	NU	EXTRA HEAVY DUTY WHEELCHAIR	2117.06	
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR	134.99	
K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	1466.57	
K0008		CSTM MANUAL WHEELCHAIR/BASE	BR	
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	81.86	
K0010	NU	STND WT FRAME POWER WHLCHR	4772.25	
K0010	RR	STND WT FRAME POWER WHLCHR	398.69	
K0010	UE	STND WT FRAME POWER WHLCHR	BR	
K0011	NU	STND WT PWR WHLCHR W CONTROL	BR	
K0011	RR	STND WT PWR WHLCHR W CONTROL	580.21	
K0011	UE	STND WT PWR WHLCHR W CONTROL	BR	

Code	Mod	Description	Amount	APC Amount
K0012	NU	LTWT PORTBL POWER WHLCHR	3640.22	
K0012	RR	LTWT PORTBL POWER WHLCHR	320.61	
K0012	UE	LTWT PORTBL POWER WHLCHR	BR	
K0013		CUSTOM POWER WHLCHR BASE	1234.28	
K0014		OTHER POWER WHLCHR BASE	BR	
K0015	NU	DETACH NON-ADJ HT ARMST REP	186.21	
K0015	RR	DETACH NON-ADJ HT ARMST REP	17.24	
K0015	UE	DETACH NON-ADJ HT ARMST REP	110.55	
K0017	NU	DETACH ADJUST ARMREST BASE	50.10	
K0017	RR	DETACH ADJUST ARMREST BASE	5.01	
K0017	UE	DETACH ADJUST ARMREST BASE	37.58	
K0018	NU	DETACH ADJUST ARMST UPPER	28.13	
K0018	RR	DETACH ADJUST ARMST UPPER	2.81	
K0018	UE	DETACH ADJUST ARMST UPPER	21.11	
K0019	NU	ARM PAD REPL, EACH	16.33	
K0019	RR	ARM PAD REPL, EACH	1.64	
K0019	UE	ARM PAD REPL, EACH	12.29	
K0020	NU	FIXED ADJUST ARMREST PAIR	47.12	
K0020	RR	FIXED ADJUST ARMREST PAIR	4.72	
K0020	UE	FIXED ADJUST ARMREST PAIR	35.34	
K0037	NU	HI MOUNT FLIP-UP FOOTREST EA	41.66	
K0037	RR	HI MOUNT FLIP-UP FOOTREST EA	3.72	
K0037	UE	HI MOUNT FLIP-UP FOOTREST EA	31.26	
K0038	NU	LEG STRAP EACH	24.35	
K0038	RR	LEG STRAP EACH	2.44	
K0038	UE	LEG STRAP EACH	18.25	
K0039	NU	LEG STRAP H STYLE EACH	53.24	
K0039	RR	LEG STRAP H STYLE EACH	5.34	
K0039	UE	LEG STRAP H STYLE EACH	39.93	
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE	70.88	
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE	7.07	
K0040	UE	ADJUSTABLE ANGLE FOOTPLATE	53.12	
K0041	NU	LARGE SIZE FOOTPLATE EACH	51.65	
K0041	RR	LARGE SIZE FOOTPLATE EACH	5.18	
K0041	UE	LARGE SIZE FOOTPLATE EACH	38.74	
K0042	NU	STANDARD SIZE FTPLATE REP EA	31.53	
K0042	RR	STANDARD SIZE FTPLATE REP EA	3.15	
K0042	UE	STANDARD SIZE FTPLATE REP EA	23.63	
K0043	NU	FTRST LOWR EXTEN TUBE REP EA	19.68	
K0043	RR	FTRST LOWR EXTEN TUBE REP EA	1.96	
K0043	UE	FTRST LOWR EXTEN TUBE REP EA	14.79	
K0044	NU	FTRST UPR HANGER BRAC REP EA	16.94	
K0044	RR	FTRST UPR HANGER BRAC REP EA	1.70	
K0044	UE	FTRST UPR HANGER BRAC REP EA	12.70	
K0045	NU	FTRST COMPL ASSEMBLY REPL EA	56.75	
K0045	RR	FTRST COMPL ASSEMBLY REPL EA	5.77	
K0045	UE	FTRST COMPL ASSEMBLY REPL EA	42.57	
K0046	NU	ELEV LGRST LWR EXTEN REPL EA	19.75	
K0046	RR	ELEV LGRST LWR EXTEN REPL EA	1.97	
K0046	UE	ELEV LGRST LWR EXTEN REPL EA	14.83	

Code	Mod	Description	Amount	APC Amount
K0047	NU	ELEV LEGRST UPR HANGR REP EA	73.85	
K0047	RR	ELEV LEGRST UPR HANGR REP EA	7.40	
K0047	UE	ELEV LEGRST UPR HANGR REP EA	55.38	
K0050	NU	RATCHET ASSEMBLY REPLACEMENT	32.64	
K0050	RR	RATCHET ASSEMBLY REPLACEMENT	3.26	
K0050	UE	RATCHET ASSEMBLY REPLACEMENT	24.49	
K0051	NU	CAM REL ASM FT/LEGRST REP EA	52.29	
K0051	RR	CAM REL ASM FT/LEGRST REP EA	5.25	
K0051	UE	CAM REL ASM FT/LEGRST REP EA	39.21	
K0052	NU	SWINGAWAY DETACH FTREST REPL	87.75	
K0052	RR	SWINGAWAY DETACH FTREST REPL	8.77	
K0052	UE	SWINGAWAY DETACH FTREST REPL	65.78	
K0053	NU	ELEVATE FOOTREST ARTICULATE	98.33	
K0053	RR	ELEVATE FOOTREST ARTICULATE	9.83	
K0053	UE	ELEVATE FOOTREST ARTICULATE	73.75	
K0056	NU	SEAT HT <17 OR >=21 LTWT WC	104.72	
K0056	RR	SEAT HT <17 OR >=21 LTWT WC	10.49	
K0056	UE	SEAT HT <17 OR >=21 LTWT WC	78.56	
K0065	NU	SPOKE PROTECTORS	48.93	
K0065	RR	SPOKE PROTECTORS	4.90	
K0065	UE	SPOKE PROTECTORS	36.72	
K0069	NU	RR WHL COMPL SOL TIRE REP EA	110.03	
K0069	RR	RR WHL COMPL SOL TIRE REP EA	11.46	
K0069	UE	RR WHL COMPL SOL TIRE REP EA	82.52	
K0070	NU	RR WHL COMPL PNE TIRE REP EA	246.32	
K0070	RR	RR WHL COMPL PNE TIRE REP EA	20.18	
K0070	UE	RR WHL COMPL PNE TIRE REP EA	170.07	
K0071	NU	FR CSTR COMP PNE TIRE REP EA	120.29	
K0071	RR	FR CSTR COMP PNE TIRE REP EA	12.03	
K0071	UE	FR CSTR COMP PNE TIRE REP EA	90.19	
K0072	NU	FR CSTR SEMI-PNE TIRE REP EA	72.41	
K0072	RR	FR CSTR SEMI-PNE TIRE REP EA	7.25	
K0072	UE	FR CSTR SEMI-PNE TIRE REP EA	54.30	
K0073	NU	CASTER PIN LOCK EACH	38.33	
K0073	RR	CASTER PIN LOCK EACH	3.84	
K0073	UE	CASTER PIN LOCK EACH	28.74	
K0077	NU	FR CSTR ASMB SOL TIRE REP EA	64.81	
K0077	RR	FR CSTR ASMB SOL TIRE REP EA	6.46	
K0077	UE	FR CSTR ASMB SOL TIRE REP EA	48.58	
K0098	NU	DRIVE BELT FOR PWC, REPL	26.99	
K0098	RR	DRIVE BELT FOR PWC, REPL	2.70	
K0098	UE	DRIVE BELT FOR PWC, REPL	20.23	
K0105	NU	IV HANGER	109.48	
K0105	RR	IV HANGER	10.94	
K0105	UE	IV HANGER	82.11	
K0108		W/C COMPONENT-ACCESSORY NOS	BR	
K0195	RR	ELEVATING WHLCHAIR LEG RESTS	17.27	
K0455	RR	PUMP UNINTERRUPTED INFUSION	263.03	
K0462		TEMPORARY REPLACEMENT EQPMNT	BR	
K0552		SUP/EXT NON-INS INF PUMP SYR	2.78	

Code	Mod	Description	Amount	APC Amount
K0553		THER CGM SUPPLY ALLOWANCE	231.20	
K0554	NU	THER CGM RECEIVER/MONITOR	258.40	
K0554	RR	THER CGM RECEIVER/MONITOR	25.83	
K0554	UE	THER CGM RECEIVER/MONITOR	193.80	
K0601	NU	REPL BATT SILVER OXIDE 1.5 V	1.21	
K0602	NU	REPL BATT SILVER OXIDE 3 V	6.87	
K0603	NU	REPL BATT ALKALINE 1.5 V	0.61	
K0604	NU	REPL BATT LITHIUM 3.6 V	6.60	
K0605	NU	REPL BATT LITHIUM 4.5 V	15.81	
K0606	RR	AED GARMENT W ELEC ANALYSIS	2772.86	
K0607	NU	REPL BATT FOR AED	217.70	
K0607	RR	REPL BATT FOR AED	23.74	
K0607	UE	REPL BATT FOR AED	BR	
K0608	NU	REPL GARMENT FOR AED	148.19	
K0608	RR	REPL GARMENT FOR AED	14.84	
K0608	UE	REPL GARMENT FOR AED	111.13	
K0609		REPL ELECTRODE FOR AED	887.56	
K0669		SEAT/BACK CUS NO DMEPDAC VER	261.32	
K0672		REMOVABLE SOFT INTERFACE LE	80.95	
K0730	NU	CTRL DOSE INH DRUG DELIV SYS	1931.52	
K0730	RR	CTRL DOSE INH DRUG DELIV SYS	189.82	
K0730	UE	CTRL DOSE INH DRUG DELIV SYS	BR	
K0733	NU	12-24HR SEALED LEAD ACID	30.74	
K0733	RR	12-24HR SEALED LEAD ACID	3.10	
K0733	UE	12-24HR SEALED LEAD ACID	23.08	
K0738	RR	PORTABLE GAS OXYGEN SYSTEM	68.02	
K0739		REPAIR/SVC DME NON-OXYGEN EQ	36.18	
K0740		REPAIR/SVC OXYGEN EQUIPMENT	19.68	
K0743		PORTABLE HOME SUCTION PUMP	BR	
K0744		ABSORP DRG <= 16 SUC PUMP	BR	
K0745		ABSORP DRG >16<=48 SUC PUMP	BR	
K0746		ABSORP DRG >48 SUC PUMP	BR	
K0800	NU	POV GROUP 1 STD UP TO 300LBS	1041.43	
K0800	RR	POV GROUP 1 STD UP TO 300LBS	104.15	
K0800	UE	POV GROUP 1 STD UP TO 300LBS	781.07	
K0801	NU	POV GROUP 1 HD 301-450 LBS	1771.68	
K0801	RR	POV GROUP 1 HD 301-450 LBS	177.16	
K0801	UE	POV GROUP 1 HD 301-450 LBS	1328.76	
K0802	NU	POV GROUP 1 VHD 451-600 LBS	2162.23	
K0802	RR	POV GROUP 1 VHD 451-600 LBS	216.22	
K0802	UE	POV GROUP 1 VHD 451-600 LBS	1621.67	
K0806	NU	POV GROUP 2 STD UP TO 300LBS	1404.14	
K0806	RR	POV GROUP 2 STD UP TO 300LBS	140.41	
K0806	UE	POV GROUP 2 STD UP TO 300LBS	1053.11	
K0807	NU	POV GROUP 2 HD 301-450 LBS	2152.06	
K0807	RR	POV GROUP 2 HD 301-450 LBS	215.21	
K0807	UE	POV GROUP 2 HD 301-450 LBS	1614.05	
K0808	NU	POV GROUP 2 VHD 451-600 LBS	3328.27	
K0808	RR	POV GROUP 2 VHD 451-600 LBS	332.83	
K0808	UE	POV GROUP 2 VHD 451-600 LBS	2496.20	

Code	Mod	Description	Amount	APC Amount
K0812		POWER OPERATED VEHICLE NOC		BR
K0813	RR	PWC GP 1 STD PORT SEAT/BACK	306.37	
K0814	RR	PWC GP 1 STD PORT CAP CHAIR	359.08	
K0815	RR	PWC GP 1 STD SEAT/BACK	403.96	
K0816	RR	PWC GP 1 STD CAP CHAIR	382.19	
K0820	RR	PWC GP 2 STD PORT SEAT/BACK	321.74	
K0821	RR	PWC GP 2 STD PORT CAP CHAIR	378.20	
K0822	RR	PWC GP 2 STD SEAT/BACK	438.06	
K0823	RR	PWC GP 2 STD CAP CHAIR	429.27	
K0824	RR	PWC GP 2 HD SEAT/BACK	564.89	
K0825	RR	PWC GP 2 HD CAP CHAIR	519.58	
K0826	RR	PWC GP 2 VHD SEAT/BACK	819.06	
K0827	RR	PWC GP VHD CAP CHAIR	705.18	
K0828	RR	PWC GP 2 XTRA HD SEAT/BACK	953.75	
K0829	RR	PWC GP 2 XTRA HD CAP CHAIR	900.68	
K0830		PWC GP2 STD SEAT ELEVATE S/B		BR
K0831		PWC GP2 STD SEAT ELEVATE CAP		BR
K0835	RR	PWC GP2 STD SING POW OPT S/B	458.90	
K0836	RR	PWC GP2 STD SING POW OPT CAP	475.93	
K0837	RR	PWC GP 2 HD SING POW OPT S/B	562.87	
K0838	RR	PWC GP 2 HD SING POW OPT CAP	501.73	
K0839	RR	PWC GP2 VHD SING POW OPT S/B	736.07	
K0840	RR	PWC GP2 XHD SING POW OPT S/B	1121.01	
K0841	RR	PWC GP2 STD MULT POW OPT S/B	499.10	
K0842	RR	PWC GP2 STD MULT POW OPT CAP	498.82	
K0843	RR	PWC GP2 HD MULT POW OPT S/B	597.33	
K0848	RR	PWC GP 3 STD SEAT/BACK	752.27	
K0849	RR	PWC GP 3 STD CAP CHAIR	723.26	
K0850	RR	PWC GP 3 HD SEAT/BACK	872.59	
K0851	RR	PWC GP 3 HD CAP CHAIR	839.01	
K0852	RR	PWC GP 3 VHD SEAT/BACK	1008.23	
K0853	RR	PWC GP 3 VHD CAP CHAIR	1035.71	
K0854	RR	PWC GP 3 XHD SEAT/BACK	1372.09	
K0855	RR	PWC GP 3 XHD CAP CHAIR	1296.14	
K0856	RR	PWC GP3 STD SING POW OPT S/B	807.46	
K0857	RR	PWC GP3 STD SING POW OPT CAP	823.65	
K0858	RR	PWC GP3 HD SING POW OPT S/B	1001.84	
K0859	RR	PWC GP3 HD SING POW OPT CAP	955.44	
K0860	RR	PWC GP3 VHD SING POW OPT S/B	1431.25	
K0861	RR	PWC GP3 STD MULT POW OPT S/B	808.76	
K0862	RR	PWC GP3 HD MULT POW OPT S/B	1001.84	
K0863	RR	PWC GP3 VHD MULT POW OPT S/B	1431.25	
K0864	RR	PWC GP3 XHD MULT POW OPT S/B	1703.19	
K0868		PWC GP 4 STD SEAT/BACK		BR
K0869		PWC GP 4 STD CAP CHAIR		BR
K0870		PWC GP 4 HD SEAT/BACK		BR
K0871		PWC GP 4 VHD SEAT/BACK		BR
K0877		PWC GP4 STD SING POW OPT S/B		BR
K0878		PWC GP4 STD SING POW OPT CAP		BR
K0879		PWC GP4 HD SING POW OPT S/B		BR

Code	Mod	Description	Amount	APC Amount
K0880		PWC GP4 VHD SING POW OPT S/B		BR
K0884		PWC GP4 STD MULT POW OPT S/B	17951.84	
K0885		PWC GP4 STD MULT POW OPT CAP		BR
K0886		PWC GP4 HD MULT POW S/B		BR
K0890		PWC GP5 PED SING POW OPT S/B	12133.14	
K0891		PWC GP5 PED MULT POW OPT S/B		BR
K0898		POWER WHEELCHAIR NOC		BR
K0899		POW MOBIL DEV NO DMEPDAC	3808.44	
K0900		CSTM DME OTHER THAN WHEELCHR	501.98	
K1001	NU	ELECTRONIC POSA TREATMENT		BR
K1001	RR	ELECTRONIC POSA TREATMENT		BR
K1001	UE	ELECTRONIC POSA TREATMENT		BR
K1002	NU	CES SYSTEM W/SUPPLIES ACCESS		BR
K1002	RR	CES SYSTEM W/SUPPLIES ACCESS		BR
K1002	UE	CES SYSTEM W/SUPPLIES ACCESS		BR
K1003	NU	WHIRLPOOL TUB WALKIN PORTABL		BR
K1003	RR	WHIRLPOOL TUB WALKIN PORTABL		BR
K1003	UE	WHIRLPOOL TUB WALKIN PORTABL		BR
K1004	NU	LO FREQ US DIATHERMY DEVICE		BR
K1004	RR	LO FREQ US DIATHERMY DEVICE		BR
K1004	UE	LO FREQ US DIATHERMY DEVICE		BR
K1005		DISP COL STO BAG BREAST MILK	0.50	
K1006		SUCT PUM EXT URINE MGMT SYS	6.40	
K1007		BIL HKAF PC S/D MICRO SENSOR		BR
K1009		SPEECH VOLUME MODULATION SYS		BR
K1013		ENEMA TUBE ANY TYPE REPL		BR
K1014		AK 4 BAR LINK HYDL SWG/STANC		BR
K1015		FOOT, ADDUCTUS POSITION, ADJ		BR
K1016		TRANS ELEC NERV FOR TRIGEMIN		BR
K1017		MONTHLY SUPP USE WITH K1016		BR
K1018		EXT UP LIMB TREMOR STIM WRIS		BR
K1019		MONTHLY SUPP USE WITH K1018		BR
K1020		NON-INVASIVE VAGUS NERV STIM		BR
K1021		EXSUFF BELT INCL ALL SUP ACC		BR
K1022		ENDOSKEL POSIT ROTAT UNIT		BR
K1023		TRANS ELEC NERV PERIPH NERV		BR
K1024		NON PNEUM COMP CONTROL CAL		BR
K1025		NON PNEUM COMPRESS FULL ARM		BR
K1026		MECH ALLERGEN PARTI BARRIER		BR
K1027		ORAL DEV WITHOUT FIX MECH		BR
K1028		CONTROL UNIT NEUROMUSCUL OSA		BR
K1029		ORAL DV/APP NEUROMUS MOUTHPI		BR
K1030		EXT RECHARGE BAT REPLACEMENT		BR
K1031		NON PNEU COMP CONTROL W/O CA		BR
K1032		NON PNEUM SEQ COMP FULL LEG		BR
K1033		NON PNEUM SEQ COMP HALF LEG		BR
L0112		CRANIAL CERVICAL ORTHOSIS	1484.62	
L0113		CRANIAL CERVICAL TORTICOLLIS	302.50	
L0120		CERV FLEX N/ADJ FOAM PRE OTS	29.68	
L0130		FLEX THERMOPLASTIC COLLAR MO	214.59	

Code	Mod	Description	Amount	APC Amount
L0140		CERVICAL SEMI-RIGID ADJUSTAB	74.05	
L0150		CERV SEMI-RIG ADJ MOLDED CHN	123.48	
L0160		CERV SR WIRE OCC/MAN PRE OTS	175.81	
L0170		CERVICAL COLLAR MOLDED TO PT	743.99	
L0172		CERV COL SR FOAM 2PC PRE OTS	150.85	
L0174		CERV SR 2PC THOR EXT PRE OTS	270.99	
L0180		CER POST COL OCC/MAN SUP ADJ	368.54	
L0190		CERV COLLAR SUPP ADJ CERV BA	554.79	
L0200		CERV COL SUPP ADJ BAR & THOR	509.43	
L0220		THOR RIB BELT CUSTOM FABRICA	120.82	
L0450		TLSO FLEX TRUNK/THOR PRE OTS	187.71	
L0452		TLSO FLEX CUSTOM FAB THORACI	384.75	
L0454		TLSO TRNK SJ-T9 PRE CST	367.88	
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	346.21	
L0456		TLSO FLEX TRNK SJ-SS PRE CST	1054.98	
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	992.85	
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	946.01	
L0460		TLSO 2 SHL SYMPHYS-STERN CST	1064.82	
L0462		TLSO 3MOD SACRO-SCAP PRE	1324.44	
L0464		TLSO 4MOD SACRO-SCAP PRE	1576.70	
L0466		TLSO R FRAM SOFT ANT PRE CST	405.43	
L0467		TLSO R FRAM SOFT PRE OTS	381.56	
L0468		TLSO RIG FRAM PELVIC PRE CST	508.34	
L0469		TLSO RIG FRAM PELVIC PRE OTS	478.39	
L0470		TLSO RIGID FRAME PRE SUBCLAV	723.69	
L0472		TLSO RIGID FRAME HYPEREX PRE	454.26	
L0480		TLSO RIGID PLASTIC CUSTOM FA	1404.69	
L0482		TLSO RIGID LINED CUSTOM FAB	1610.30	
L0484		TLSO RIGID PLASTIC CUST FAB	1877.57	
L0486		TLSO RIGIDLINED CUST FAB TWO	1859.96	
L0488		TLSO RIGID LINED PRE ONE PIE	1064.82	
L0490		TLSO RIGID PLASTIC PRE ONE	300.05	
L0491		TLSO 2 PIECE RIGID SHELL	814.62	
L0492		TLSO 3 PIECE RIGID SHELL	527.95	
L0621		SIO FLEX PELVIC/SACR PRE OTS	89.02	
L0622		SIO FLEX PELVISACRAL CUSTOM	256.48	
L0623		SIO RIG PNL PELV/SAC PRE OTS	158.69	
L0624		SIO PANEL CUSTOM	BR	
L0625		LO FLEX L1-BELOW L5 PRE OTS	55.02	
L0626		LO SAG RIG PNL STAYS PRE CST	82.69	
L0627		LO SAG RI AN/POS PNL PRE CST	436.04	
L0628		LSO FLEX NO RI STAYS PRE OTS	83.72	
L0629		LSO FLEX W/RIGID STAYS CUST	227.20	
L0630		LSO R POST PNL SJ-T9 PRE CST	171.76	
L0631		LSO SAG R AN/POS PNL PRE CST	1088.93	
L0632		LSO SAG RIGID FRAME CUST	1131.91	
L0633		LSO SC R POS/LAT PNL PRE CST	304.18	
L0634		LSO FLEXION CONTROL CUSTOM	747.97	
L0635		LSO SAGIT RIGID PANEL PREFAB	1127.94	
L0636		LSO SAGITTAL RIGID PANEL CUS	1664.36	

Code	Mod	Description	Amount	APC Amount
L0637		LSO SC R ANT/POS PNL PRE CST	1444.03	
L0638		LSO SAG-CORONAL PANEL CUSTOM	1399.02	
L0639		LSO S/C SHELL/PANEL PREFAB	1444.03	
L0640		LSO S/C SHELL/PANEL CUSTOM	1109.96	
L0641		LO RIG POS PNL L1-L5 PRE OTS	77.82	
L0642		LO SAG RI AN/POS PNL PRE OTS	410.36	
L0643		LSO SAG CTR RIGI POS PRE OTS	161.65	
L0648		LSO SAG R AN/POS PNL PRE OTS	1024.80	
L0649		LSO SC R POS/LAT PNL PRE OTS	286.26	
L0650		LSO SC R ANT/POS PNL PRE OTS	1358.99	
L0651		LSO SAG-CO SHELL PNL PRE OTS	1358.99	
L0700		CTL SO A-P-L CONTROL MOLDED	2283.79	
L0710		CTL SO A-P-L CONTROL W/ INTER	2492.90	
L0810		HALO CERVICAL INTO JCKT VEST	2648.35	
L0820		HALO CERVICAL INTO BODY JACK	2142.40	
L0830		HALO CERV INTO MILWAUKEE TYP	3093.39	
L0859		MRI COMPATIBLE SYSTEM	1201.76	
L0861		HALO REPL LINER/INTERFACE	228.63	
L0970		TL SO CORSET FRONT	112.75	
L0972		LSO CORSET FRONT	115.25	
L0974		TL SO FULL CORSET	235.49	
L0976		LSO FULL CORSET	210.32	
L0978		AXILLARY CRUTCH EXTENSION	189.89	
L0980		PERONEAL STRAPS PAIR PRE OTS	17.23	
L0982		STOCKING SUP GRIPS 4 PRE OTS	18.78	
L0984		PROTECT BODY SOCK EA PRE OTS	59.90	
L0999		ADD TO SPINAL ORTHOSIS NOS	BR	
L1000		CTL SO MILWAUKEE INITIAL MODEL	2002.78	
L1001		CTL SO INFANT IMMOBILIZER	BR	
L1005		TENSION BASED SCOLIOSIS ORTH	3395.07	
L1010		CTL SO AXILLA SLING	80.65	
L1020		KYPHOSIS PAD	110.20	
L1025		KYPHOSIS PAD FLOATING	125.25	
L1030		LUMBAR BOLSTER PAD	83.67	
L1040		LUMBAR OR LUMBAR RIB PAD	100.71	
L1050		STERNAL PAD	87.19	
L1060		THORACIC PAD	98.35	
L1070		TRAPEZIUS SLING	100.57	
L1080		OUTRIGGER	69.68	
L1085		OUTRIGGER BIL W/ VERT EXTENS	193.58	
L1090		LUMBAR SLING	90.42	
L1100		RING FLANGE PLASTIC/LEATHER	159.62	
L1110		RING FLANGE PLAS/LEATHER MOL	270.36	
L1120		COVERS FOR UPRIGHT EACH	43.06	
L1200		FURNISH INITIAL ORTHOSIS ONLY	1714.38	
L1210		LATERAL THORACIC EXTENSION	258.12	
L1220		ANTERIOR THORACIC EXTENSION	218.55	
L1230		MILWAUKEE TYPE SUPERSTRUCTUR	560.76	
L1240		LUMBAR DEROTATION PAD	96.50	
L1250		ANTERIOR ASIS PAD	95.03	

Code	Mod	Description	Amount	APC Amount
L1260		ANTERIOR THORACIC DEROTATION	97.67	
L1270		ABDOMINAL PAD	97.55	
L1280		RIB GUSSET (ELASTIC) EACH	86.95	
L1290		LATERAL TROCHANTERIC PAD	98.57	
L1300		BODY JACKET MOLD TO PATIENT	1647.85	
L1310		POST-OPERATIVE BODY JACKET	1695.63	
L1499		SPINAL ORTHOSIS NOS	BR	
L1600		HO FLEX FREJKA W/COV PRE CST	127.12	
L1610		HO FREJKA COV ONLY PRE CST	43.31	
L1620		HO FLEX PAVLIK HARNS PRE CST	142.61	
L1630		ABDUCT CONTROL HIP SEMI-FLEX	170.18	
L1640		PELV BAND/SPREAD BAR THIGH C	455.19	
L1650		HO ABDUCTION HIP ADJUSTABLE	241.40	
L1652		HO BI THIGHCUFFS W SPRDR BAR	378.13	
L1660		HO ABDUCTION STATIC PLASTIC	168.82	
L1680		PELVIC & HIP CONTROL THIGH C	1387.97	
L1685		POST-OP HIP ABDUCT CUSTOM FA	1464.54	
L1686		HO POST-OP HIP ABDUCTION	982.51	
L1690		COMBINATION BILATERAL HO	2051.21	
L1700		LEG PERTHES ORTH TORONTO TYP	1706.47	
L1710		LEGG PERTHES ORTH NEWINGTON	2005.85	
L1720		LEGG PERTHES ORTHOSIS TRILAT	1481.72	
L1730		LEGG PERTHES ORTH SCOTTISH R	1117.92	
L1755		LEGG PERTHES PATTEN BOTTOM T	1627.17	
L1810		KO ELASTIC WITH JOINTS	128.42	
L1812		KO ELASTIC W/JOINTS PRE OTS	120.86	
L1820		KO ELAS W/ CONDYLE PADS & JO	127.91	
L1830		KO IMMOB CANVAS LONG PRE OTS	100.69	
L1831		KNEE ORTH POS LOCKING JOINT	312.17	
L1832		KO ADJ JNT POS R SUP PRE CST	799.66	
L1833		KO ADJ JNT POS R SUP PRE OTS	752.57	
L1834		KO W/O JOINT RIGID MOLDED TO	940.80	
L1836		KO RIGID W/O JOINTS PRE OTS	133.19	
L1840		KO DEROT ANT CRUCIATE CUSTOM	988.94	
L1843		KO SINGLE UPRIGHT PRE CST	951.75	
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1649.17	
L1845		KO DOUBLE UPRIGHT PRE CST	993.54	
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1260.63	
L1847		KO DBL UPRIGHT W/AIR PRE CST	610.13	
L1848		KO DBL UPRIGHT W/AIR PRE OTS	610.13	
L1850		KO SWEDISH TYPE PRE OTS	267.23	
L1851		KO SINGLE UPRIGHT PREFAB OTS	895.70	
L1852		KO DOUBLE UPRIGHT PREFAB OTS	935.02	
L1860		KO SUPRACONDYLAR SOCKET MOLD	1101.33	
L1900		AFO SPRNG WIR DRSFLX CALF BD	298.37	
L1902		AFO ANKLE GAUNTLET PRE OTS	81.03	
L1904		AFO MOLDED ANKLE GAUNTLET	463.88	
L1906		AFO MULTILIG ANK SUP PRE OTS	135.57	
L1907		AFO SUPRAMALLEOLAR CUSTOM	596.86	
L1910		AFO SING BAR CLASP ATTACH SH	263.81	

Code	Mod	Description	Amount	APC Amount
L1920		AFO SING UPRIGHT W/ ADJUST S	344.87	
L1930		AFO PLASTIC	233.36	
L1932		AFO RIG ANT TIB PREFAB TCF/=	946.56	
L1940		AFO MOLDED TO PATIENT PLASTI	527.38	
L1945		AFO MOLDED PLAS RIG ANT TIB	968.48	
L1950		AFO SPIRAL MOLDED TO PT PLAS	734.78	
L1951		AFO SPIRAL PREFABRICATED	890.84	
L1960		AFO POS SOLID ANK PLASTIC MO	546.80	
L1970		AFO PLASTIC MOLDED W/ANKLE J	808.76	
L1971		AFO W/ANKLE JOINT, PREFAB	497.19	
L1980		AFO SING SOLID STIRRUP CALF	362.04	
L1990		AFO DOUB SOLID STIRRUP CALF	465.17	
L2000		KAFO SING FRE STIRR THI/CALF	1000.58	
L2005		KAFO SNG/DBL MECHANICAL ACT	4346.62	
L2006		KAF SNG/DBL SWG/STN MCPR CUS	88584.64	
L2010		KAFO SNG SOLID STIRRUP W/O J	912.12	
L2020		KAFO DBL SOLID STIRRUP BAND/	1151.87	
L2030		KAFO DBL SOLID STIRRUP W/O J	999.35	
L2034		KAFO PLA SIN UP W/WO K/A CUS	2178.03	
L2035		KAFO PLASTIC PEDIATRIC SIZE	183.76	
L2036		KAFO PLAS DOUB FREE KNEE MOL	1830.24	
L2037		KAFO PLAS SING FREE KNEE MOL	1686.68	
L2038		KAFO W/O JOINT MULTI-AXIS AN	1410.41	
L2040		HKAFO TORSION BIL ROT STRAPS	180.16	
L2050		HKAFO TORSION CABLE HIP PELV	479.77	
L2060		HKAFO TORSION BALL BEARING J	615.77	
L2070		HKAFO TORSION UNILAT ROT STR	176.89	
L2080		HKAFO UNILAT TORSION CABLE	377.25	
L2090		HKAFO UNILAT TORSION BALL BR	464.97	
L2106		AFO TIB FX CAST PLASTER MOLD	670.73	
L2108		AFO TIB FX CAST MOLDED TO PT	1054.01	
L2112		AFO TIBIAL FRACTURE SOFT	500.47	
L2114		AFO TIB FX SEMI-RIGID	572.59	
L2116		AFO TIBIAL FRACTURE RIGID	754.39	
L2126		KAFO FEM FX CAST THERMOPLAS	1342.27	
L2128		KAFO FEM FX CAST MOLDED TO P	1691.55	
L2132		KAFO FEMORAL FX CAST SOFT	795.78	
L2134		KAFO FEM FX CAST SEMI-RIGID	954.10	
L2136		KAFO FEMORAL FX CAST RIGID	1166.61	
L2180		PLAS SHOE INSERT W ANK JOINT	115.53	
L2182		DROP LOCK KNEE	90.42	
L2184		LIMITED MOTION KNEE JOINT	162.93	
L2186		ADJ MOTION KNEE JNT LERMAN T	180.55	
L2188		QUADRILATERAL BRIM	393.92	
L2190		WAIST BELT	102.31	
L2192		PELVIC BAND & BELT THIGH FLA	351.74	
L2200		LIMITED ANKLE MOTION EA JNT	46.90	
L2210		DORSIFLEXION ASSIST EACH JOI	76.09	
L2220		DORSI & PLANTAR FLEX ASS/RES	87.38	
L2230		SPLIT FLAT CALIPER STIRR & P	75.69	

Code	Mod	Description	Amount	APC Amount
L2232		ROCKER BOTTOM, CONTACT AFO	102.48	
L2240		ROUND CALIPER AND PLATE ATTA	82.51	
L2250		FOOT PLATE MOLDED STIRRUP AT	350.52	
L2260		REINFORCED SOLID STIRRUP	197.75	
L2265		LONG TONGUE STIRRUP	116.18	
L2270		VARUS/VALGUS STRAP PADDED/LI	52.98	
L2275		PLASTIC MOD LOW EXT PAD/LINE	128.91	
L2280		MOLDED INNER BOOT	478.88	
L2300		ABDUCTION BAR JOINTED ADJUST	270.32	
L2310		ABDUCTION BAR-STRAIGHT	121.36	
L2320		NON-MOLDED LACER	202.97	
L2330		LACER MOLDED TO PATIENT MODE	387.35	
L2335		ANTERIOR SWING BAND	227.87	
L2340		PRE-TIBIAL SHELL MOLDED TO P	537.71	
L2350		PROSTHETIC TYPE SOCKET MOLDE	879.01	
L2360		EXTENDED STEEL SHANK	51.04	
L2370		PATTEN BOTTOM	253.23	
L2375		TORSION ANK & HALF SOLID STI	111.46	
L2380		TORSION STRAIGHT KNEE JOINT	121.45	
L2385		STRAIGHT KNEE JOINT HEAVY DU	132.13	
L2387		ADD LE POLY KNEE CUSTOM KAFO	179.31	
L2390		OFFSET KNEE JOINT EACH	107.99	
L2395		OFFSET KNEE JOINT HEAVY DUTY	164.87	
L2397		SUSPENSION SLEEVE LOWER EXT	115.62	
L2405		KNEE JOINT DROP LOCK EA JNT	92.49	
L2415		KNEE JOINT CAM LOCK EACH JOI	128.86	
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	152.05	
L2430		KNEE JNT RATCHET LOCK EA JNT	152.05	
L2492		KNEE LIFT LOOP DROP LOCK RIN	100.59	
L2500		THI/GLUT/ISCHIA WGT BEARING	311.21	
L2510		TH/WGHT BEAR QUAD-LAT BRIM M	833.23	
L2520		TH/WGHT BEAR QUAD-LAT BRIM C	454.45	
L2525		TH/WGHT BEAR NAR M-L BRIM MO	1559.13	
L2526		TH/WGHT BEAR NAR M-L BRIM CU	840.39	
L2530		THIGH/WGHT BEAR LACER NON-MO	231.78	
L2540		THIGH/WGHT BEAR LACER MOLDED	417.07	
L2550		THIGH/WGHT BEAR HIGH ROLL CU	283.32	
L2570		HIP CLEVIS TYPE 2 POSIT JNT	626.49	
L2580		PELVIC CONTROL PELVIC SLING	593.88	
L2600		HIP CLEVIS/THRUST BEARING FR	202.60	
L2610		HIP CLEVIS/THRUST BEARING LO	239.57	
L2620		PELVIC CONTROL HIP HEAVY DUT	263.76	
L2622		HIP JOINT ADJUSTABLE FLEXION	302.51	
L2624		HIP ADJ FLEX EXT ABDUCT CONT	411.26	
L2627		PLASTIC MOLD RECIPRO HIP & C	1694.37	
L2628		METAL FRAME RECIPRO HIP & CA	1990.34	
L2630		PELVIC CONTROL BAND & BELT U	244.28	
L2640		PELVIC CONTROL BAND & BELT B	331.51	
L2650		PELV & THOR CONTROL GLUTEAL	118.38	
L2660		THORACIC CONTROL THORACIC BA	183.86	

Code	Mod	Description	Amount	APC Amount
L2670		THORAC CONT PARASPINAL UPRIG	168.27	
L2680		THORAC CONT LAT SUPPORT UPRI	154.37	
L2750		PLATING CHROME/NICKEL PR BAR	82.45	
L2755		CARBON GRAPHITE LAMINATION	138.63	
L2760		EXTENSION PER EXTENSION PER	59.94	
L2768		ORTHO SIDEBAR DISCONNECT	138.21	
L2780		NON-CORROSIVE FINISH	70.90	
L2785		DROP LOCK RETAINER EACH	41.68	
L2795		KNEE CONTROL FULL KNEECAP	83.82	
L2800		KNEE CAP MEDIAL OR LATERAL P	105.23	
L2810		KNEE CONTROL CONDYLAR PAD	77.05	
L2820		SOFT INTERFACE BELOW KNEE SE	85.67	
L2830		SOFT INTERFACE ABOVE KNEE SE	96.33	
L2840		TIBIAL LENGTH SOCK FX OR EQU	53.77	
L2850		FEMORAL LGTH SOCK FX OR EQUA	61.08	
L2861		TORSION MECHANISM KNEE/ANKLE	446.73	
L2999		LOWER EXTREMITY ORTHOSIS NOS	BR	
L3000		FT INSERT UCB BERKELEY SHELL	333.22	
L3001		FOOT INSERT REMOV MOLDED SPE	140.29	
L3002		FOOT INSERT PLASTAZOTE OR EQ	171.31	
L3003		FOOT INSERT SILICONE GEL EAC	184.82	
L3010		FOOT LONGITUDINAL ARCH SUPPO	184.82	
L3020		FOOT LONGITUD/METATARSAL SUP	210.45	
L3030		FOOT ARCH SUPPORT REMOV PREM	80.96	
L3031		FOOT LAMIN/PREPREG COMPOSITE	129.90	
L3040		FT ARCH SUPRT PREMOLD LONGIT	49.92	
L3050		FOOT ARCH SUPP PREMOLD METAT	49.92	
L3060		FOOT ARCH SUPP LONGITUD/META	78.24	
L3070		ARCH SUPRT ATT TO SHO LONGIT	33.73	
L3080		ARCH SUPP ATT TO SHOE METATA	33.73	
L3090		ARCH SUPP ATT TO SHOE LONG/M	43.18	
L3100		HALLUS-VALGUS NT DYN PRE OTS	45.84	
L3140		ABDUCTION ROTATION BAR SHOE	94.45	
L3150		ABDUCT ROTATION BAR W/O SHOE	86.35	
L3160		SHOE STYLED POSITIONING DEV	127.95	
L3170		FOOT PLAS HEEL STABI PRE OTS	53.97	
L3201		OXFORD W SUPINAT/PRONAT INF	52.13	
L3202		OXFORD W/ SUPINAT/PRONATOR C	58.49	
L3203		OXFORD W/ SUPINATOR/PRONATOR	60.02	
L3204		HIGHTOP W/ SUPP/PRONATOR INF	57.47	
L3206		HIGHTOP W/ SUPP/PRONATOR CHI	63.55	
L3207		HIGHTOP W/ SUPP/PRONATOR JUN	74.51	
L3208		SURGICAL BOOT EACH INFANT	45.40	
L3209		SURGICAL BOOT EACH CHILD	35.51	
L3211		SURGICAL BOOT EACH JUNIOR	48.98	
L3212		BENESCH BOOT PAIR INFANT	50.37	
L3213		BENESCH BOOT PAIR CHILD	66.22	
L3214		BENESCH BOOT PAIR JUNIOR	64.88	
L3215		ORTHOPEDIC FTWEAR LADIES OXF	101.12	
L3216		ORTHOPED LADIES SHOES DPTH I	116.56	

Code	Mod	Description	Amount	APC Amount
L3217		LADIES SHOES HIGHTOP DEPTH I	266.06	
L3219		ORTHOPEDIC MENS SHOES OXFORD	108.32	
L3221		ORTHOPEDIC MENS SHOES DPTH I	134.56	
L3222		MENS SHOES HIGHTOP DEPTH INL	170.26	
L3224		WOMAN'S SHOE OXFORD BRACE	58.01	
L3225		MAN'S SHOE OXFORD BRACE	66.73	
L3230		CUSTOM SHOES DEPTH INLAY	184.86	
L3250		CUSTOM MOLD SHOE REMOV PROST	367.13	
L3251		SHOE MOLDED TO PT SILICONE S	38.84	
L3252		SHOE MOLDED PLASTAZOTE CUST	319.33	
L3253		SHOE MOLDED PLASTAZOTE CUST	71.96	
L3254		ORTH FOOT NON-STANDARD SIZE/W	34.44	
L3255		ORTH FOOT NON-STANDARD SIZE/	17.48	
L3257		ORTH FOOT ADD CHARGE SPLIT S	63.85	
L3260		AMBULATORY SURGICAL BOOT EAC	42.42	
L3265		PLASTAZOTE SANDAL EACH	29.53	
L3300		SHO LIFT TAPER TO METATARSAL	55.30	
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	86.35	
L3320		SHOE LIFT ELEV HEEL/SOLE COR	154.25	
L3330		LIFTS ELEVATION METAL EXTENS	600.30	
L3332		SHOE LIFTS TAPERED TO ONE-HA	78.24	
L3334		SHOE LIFTS ELEVATION HEEL /I	40.47	
L3340		SHOE WEDGE SACH	90.41	
L3350		SHOE HEEL WEDGE	24.26	
L3360		SHOE SOLE WEDGE OUTSIDE SOLE	37.77	
L3370		SHOE SOLE WEDGE BETWEEN SOLE	52.62	
L3380		SHOE CLUBFOOT WEDGE	52.62	
L3390		SHOE OUTFLARE WEDGE	52.62	
L3400		SHOE METATARSAL BAR WEDGE RO	43.18	
L3410		SHOE METATARSAL BAR BETWEEN	98.50	
L3420		FULL SOLE/HEEL WEDGE BTWEEN	57.99	
L3430		SHO HEEL COUNT PLAST REINFOR	169.98	
L3440		HEEL LEATHER REINFORCED	80.96	
L3450		SHOE HEEL SACH CUSHION TYPE	111.94	
L3455		SHOE HEEL NEW LEATHER STANDA	43.18	
L3460		SHOE HEEL NEW RUBBER STANDAR	36.41	
L3465		SHOE HEEL THOMAS WITH WEDGE	62.05	
L3470		SHOE HEEL THOMAS EXTEND TO B	66.09	
L3480		SHOE HEEL PAD & DEPRESS FOR	66.09	
L3485		SHOE HEEL PAD REMOVABLE FOR	35.12	
L3500		ORTHO SHOE ADD LEATHER INSL	31.06	
L3510		ORTHOPEDIC SHOE ADD RUB INSL	31.06	
L3520		O SHOE ADD FELT W LEATH INSL	33.73	
L3530		ORTHO SHOE ADD HALF SOLE	33.73	
L3540		ORTHO SHOE ADD FULL SOLE	53.97	
L3550		O SHOE ADD STANDARD TOE TAP	9.46	
L3560		O SHOE ADD HORSESHOE TOE TAP	24.26	
L3570		O SHOE ADD INSTEP EXTENSION	90.41	
L3580		O SHOE ADD INSTEP VELCRO CLO	68.80	
L3590		O SHOE CONVERT TO SOF COUNT	56.67	

Code	Mod	Description	Amount	APC Amount
L3595		ORTHO SHOE ADD MARCH BAR	44.51	
L3600		TRANS SHOE CALIP PLATE EXIST	80.96	
L3610		TRANS SHOE CALIPER PLATE NEW	106.56	
L3620		TRANS SHOE SOLID STIRRUP EXI	80.96	
L3630		TRANS SHOE SOLID STIRRUP NEW	106.56	
L3640		SHOE DENNIS BROWNE SPLINT BO	45.84	
L3649		ORTHOPEDIC SHOE MODIFICA NOS	BR	
L3650		SO 8 ABD RESTRAINT PRE OTS	57.78	
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	99.21	
L3670		SO ACRO/CLAV CAN WEB PRE OTS	138.28	
L3671		SO CAP DESIGN W/O JNTS CF	869.83	
L3674		SO AIRPLANE W/WO JOINT CF	1141.10	
L3675		SO VEST CANVAS/WEB PRE OTS	169.41	
L3677		SO HARD PLAS STABILI PRE CST	159.55	
L3678		SO HARD PLAS STABILI PRE OTS	98.42	
L3702		EO W/O JOINTS CF	278.76	
L3710		EO ELAS W/METAL JNTS PRE OTS	139.97	
L3720		FOREARM/ARM CUFFS FREE MOTIO	698.28	
L3730		FOREARM/ARM CUFFS EXT/FLEX A	919.20	
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	1033.04	
L3760		EO ADJ JT PREFAB CUSTOM FIT	482.76	
L3761		EO, ADJ LOCK JOINT PREFAB OT	908.66	
L3762		EO RIGID W/O JOINTS PRE OTS	103.82	
L3763		EWHO RIGID W/O JNTS CF	766.45	
L3764		EWHO W/JOINT(S) CF	764.36	
L3765		EWHFO RIGID W/O JNTS CF	1237.83	
L3766		EWHFO W/JOINT(S) CF	1310.78	
L3806		WHFO W/JOINT(S) CUSTOM FAB	438.50	
L3807		WHFO W/O JOINTS PRE CST	241.40	
L3808		WHFO, RIGID W/O JOINTS	322.44	
L3809		WHFO W/O JOINTS PRE OTS	241.40	
L3891		TORSION MECHANISM WRIST/ELBO	221.46	
L3900		HINGE EXTENSION/FLEX WRIST/F	1508.06	
L3901		HINGE EXT/FLEX WRIST FINGER	1690.94	
L3904		WHFO ELECTRIC CUSTOM FITTED	3442.28	
L3905		WHO W/NONTORSION JNT(S) CF	957.36	
L3906		WHO W/O JOINTS CF	407.24	
L3908		WHO COCK-UP NONMOLDE PRE OTS	57.83	
L3912		HFO FLEXION GLOVE PRE OTS	92.78	
L3913		HFO W/O JOINTS CF	261.47	
L3915		WHO NONTORSION JNTS PRE CST	513.17	
L3916		WHO NONTORSION JNTS PRE OTS	513.17	
L3917		METACARP FX ORTHOSIS PRE CST	101.98	
L3918		METACARP FX ORTHOSIS PRE OTS	101.98	
L3919		HO W/O JOINTS CF	261.47	
L3921		HFO W/JOINT(S) CF	310.06	
L3923		HFO WITHOUT JOINTS PRE CST	83.97	
L3924		HFO WITHOUT JOINTS PRE OTS	83.97	
L3925		FO PIP DIP JNT/SPRNG PRE OTS	50.99	
L3927		FO PIP DIP NO JT SPR PRE OTS	33.78	

Code	Mod	Description	Amount	APC Amount
L3929		HFO NONTORSION JNTS PRE CST	81.26	
L3930		HFO NONTORSION JNTS PRE OTS	81.26	
L3931		WHFO NONTORSION JOINT PREFAB	196.60	
L3933		FO W/O JOINTS CF	205.97	
L3935		FO NONTORSION JOINT CF	213.30	
L3956		ADD JOINT UPPER EXT ORTHOSIS	113.48	
L3960		SEWHO AIRPLAN DESIG ABDU POS	795.72	
L3961		SEWHO CAP DESIGN W/O JNTS CF	1621.92	
L3962		SEWHO ERBS PALSEY DESIGN ABD	828.52	
L3967		SEWHO AIRPLANE W/O JNTS CF	1914.94	
L3971		SEWHO CAP DESIGN W/JNT(S) CF	1817.69	
L3973		SEWHO AIRPLANE W/JNT(S) CF	1914.94	
L3975		SEWHFO CAP DESIGN W/O JNT CF	1621.92	
L3976		SEWHFO AIRPLANE W/O JNTS CF	1621.92	
L3977		SEWHFO CAP DESGN W/JNT(S) CF	1817.69	
L3978		SEWHFO AIRPLANE W/JNT(S) CF	1914.94	
L3980		UP EXT FX ORTHOS HUMERAL NOS	298.43	
L3981		UE FX ORTH SHOUL CAP FOREARM	971.70	
L3982		UPPER EXT FX ORTHOSIS RAD/UL	368.69	
L3984		UPPER EXT FX ORTHOSIS WRIST	393.56	
L3995		SOCK FRACTURE OR EQUAL EACH	33.02	
L3999		UPPER LIMB ORTHOSIS NOS	BR	
L4000		REPL GIRDLE MILWAUKEE ORTH	1286.90	
L4002		REPLACE STRAP, ANY ORTHOSIS	29.53	
L4010		REPLACE TRILATERAL SOCKET BR	724.19	
L4020		REPLACE QUADLAT SOCKET BRIM	904.57	
L4030		REPLACE SOCKET BRIM CUST FIT	498.06	
L4040		REPLACE MOLDED THIGH LACER	402.68	
L4045		REPLACE NON-MOLDED THIGH LAC	323.60	
L4050		REPLACE MOLDED CALF LACER	407.26	
L4055		REPLACE NON-MOLDED CALF LACE	263.72	
L4060		REPLACE HIGH ROLL CUFF	313.50	
L4070		REPLACE PROX & DIST UPRIGHT	299.09	
L4080		REPL MET BAND KAFO-AFO PROX	105.45	
L4090		REPL MET BAND KAFO-AFO CALF/	93.33	
L4100		REPL LEATH CUFF KAFO PROX TH	105.27	
L4110		REPL LEATH CUFF KAFO-AFO CAL	83.66	
L4130		REPLACE PRETIBIAL SHELL	575.76	
L4205		ORTHO DVC REPAIR PER 15 MIN	35.72	
L4210		ORTH DEV REPAIR/REPL MINOR P	63.98	
L4350		ANKLE CONTROL ORTHO PRE OTS	103.73	
L4360		PNEUMAT WALKING BOOT PRE CST	290.21	
L4361		PNEUMA/VAC WALK BOOT PRE OTS	290.21	
L4370		PNEUM FULL LEG SPLNT PRE OTS	186.23	
L4386		NON-PNEUM WALK BOOT PRE CST	168.17	
L4387		NON-PNEUM WALK BOOT PRE OTS	168.17	
L4392		REPLACE AFO SOFT INTERFACE	24.98	
L4394		REPLACE FOOT DROP SPINT	18.22	
L4396		STATIC OR DYNAMI AFO PRE CST	178.05	
L4397		STATIC OR DYNAMI AFO PRE OTS	178.05	

Code	Mod	Description	Amount	APC Amount
L4398		FOOT DROP SPLINT PRE OTS	81.94	
L4631		AFO, WALK BOOT TYPE, CUS FAB	1582.95	
L5000		SHO INSERT W ARCH TOE FILLER	556.20	
L5010		MOLD SOCKET ANK HGT W/ TOE F	1343.35	
L5020		TIBIAL TUBERCLE HGT W/ TOE F	2281.29	
L5050		ANK SYMES MOLD SCKT SACH FT	2523.51	
L5060		SYMES MET FR LEATH SOCKET AR	2902.80	
L5100		MOLDED SOCKET SHIN SACH FOOT	2529.09	
L5105		PLAST SOCKET JTS/THGH LACER	3651.03	
L5150		MOLD SCKT EXT KNEE SHIN SACH	3690.69	
L5160		MOLD SOCKET BENT KNEE SHIN S	4014.29	
L5200		KNE SING AXIS FRIC SHIN SACH	3844.25	
L5210		NO KNEE/ANKLE JOINTS W/ FT B	2550.27	
L5220		NO KNEE JOINT WITH ARTIC ALI	2898.85	
L5230		FEM FOCAL DEFIC CONSTANT FRI	3998.08	
L5250		HIP CANAD SING AXI CONS FRIC	5453.03	
L5270		TILT TABLE LOCKING HIP SING	5428.84	
L5280		HEMIPELVECT CANAD SING AXIS	5387.27	
L5301		BK MOLD SOCKET SACH FT ENDO	2890.93	
L5312		KNEE DISART, SACH FT, ENDO	4138.17	
L5321		AK OPEN END SACH	4190.47	
L5331		HIP DISART CANADIAN SACH FT	5339.50	
L5341		HEMIPELVECTOMY CANADIAN SACH	5558.46	
L5400		POSTOP DRESS & 1 CAST CHG BK	1431.25	
L5410		POSTOP DSG BK EA ADD CAST CH	439.11	
L5420		POSTOP DSG & 1 CAST CHG AK/D	1753.95	
L5430		POSTOP DSG AK EA ADD CAST CH	528.87	
L5450		POSTOP APP NON-WGT BEAR DSG	430.25	
L5460		POSTOP APP NON-WGT BEAR DSG	573.25	
L5500		INIT BK PTB PLASTER DIRECT	1349.79	
L5505		INIT AK ISCHAL PLSTR DIRECT	1866.82	
L5510		PREP BK PTB PLASTER MOLDED	1530.08	
L5520		PERP BK PTB THERMOPLS DIRECT	1511.35	
L5530		PREP BK PTB THERMOPLS MOLDED	1815.28	
L5535		PREP BK PTB OPEN END SOCKET	1782.25	
L5540		PREP BK PTB LAMINATED SOCKET	1902.22	
L5560		PREP AK ISCHIAL PLAST MOLDED	2042.65	
L5570		PREP AK ISCHIAL DIRECT FORM	2123.64	
L5580		PREP AK ISCHIAL THERMO MOLD	2479.20	
L5585		PREP AK ISCHIAL OPEN END	3051.05	
L5590		PREP AK ISCHIAL LAMINATED	2526.47	
L5595		HIP DISARTIC SACH THERMOPLS	4463.36	
L5600		HIP DISART SACH LAMINAT MOLD	4797.90	
L5610		ABOVE KNEE HYDRACADENCE	2175.92	
L5611		AK 4 BAR LINK W/FRIC SWING	1693.30	
L5613		AK 4 BAR LING W/HYDRAUL SWIG	2647.43	
L5614		4-BAR LINK ABOVE KNEE W/SWNG	1793.45	
L5616		AK UNIV MULTIPLEX SYS FRICT	1430.65	
L5617		AK/BK SELF-ALIGNING UNIT EA	594.65	
L5618		TEST SOCKET SYMES	314.59	

Code	Mod	Description	Amount	APC Amount
L5620		TEST SOCKET BELOW KNEE	292.19	
L5622		TEST SOCKET KNEE DISARTICULA	381.01	
L5624		TEST SOCKET ABOVE KNEE	382.09	
L5626		TEST SOCKET HIP DISARTICULAT	501.09	
L5628		TEST SOCKET HEMIPELVECTOMY	535.80	
L5629		BELOW KNEE ACRYLIC SOCKET	333.99	
L5630		SYME TYP EXPANDABL WALL SCKT	471.67	
L5631		AK/KNEE DISARTIC ACRYLIC SOC	461.77	
L5632		SYMES TYPE PTB BRIM DESIGN S	257.72	
L5634		SYMES TYPE POSTER OPENING SO	319.69	
L5636		SYMES TYPE MEDIAL OPENING SO	267.79	
L5637		BELOW KNEE TOTAL CONTACT	303.61	
L5638		BELOW KNEE LEATHER SOCKET	528.88	
L5639		BELOW KNEE WOOD SOCKET	1178.33	
L5640		KNEE DISARTICULAT LEATHER SO	672.03	
L5642		ABOVE KNEE LEATHER SOCKET	651.15	
L5643		HIP FLEX INNER SOCKET EXT FR	1635.78	
L5644		ABOVE KNEE WOOD SOCKET	620.75	
L5645		BK FLEX INNER SOCKET EXT FRA	838.56	
L5646		BELOW KNEE CUSHION SOCKET	575.84	
L5647		BELOW KNEE SUCTION SOCKET	836.01	
L5648		ABOVE KNEE CUSHION SOCKET	691.93	
L5649		ISCH CONTAINMT/NARROW M-L SO	2507.28	
L5650		TOT CONTACT AK/KNEE DISART S	513.07	
L5651		AK FLEX INNER SOCKET EXT FRA	1262.13	
L5652		SUCTION SUSP AK/KNEE DISART	458.20	
L5653		KNEE DISART EXPAND WALL SOCK	611.66	
L5654		SOCKET INSERT SYMES	348.55	
L5655		SOCKET INSERT BELOW KNEE	295.37	
L5656		SOCKET INSERT KNEE ARTICULAT	396.24	
L5658		SOCKET INSERT ABOVE KNEE	382.13	
L5661		MULTI-DUROMETER SYMES	639.57	
L5665		MULTI-DUROMETER BELOW KNEE	538.12	
L5666		BELOW KNEE CUFF SUSPENSION	73.57	
L5668		BK MOLDED DISTAL CUSHION	118.67	
L5670		BK MOLDED SUPRACONDYLAR SUSP	285.18	
L5671		BK/AK LOCKING MECHANISM	604.34	
L5672		BK REMOVABLE MEDIAL BRIM SUS	313.39	
L5673		SOCKET INSERT W LOCK MECH	747.30	
L5676		BK KNEE JOINTS SINGLE AXIS P	380.85	
L5677		BK KNEE JOINTS POLYCENTRIC P	518.19	
L5678		BK JOINT COVERS PAIR	41.73	
L5679		SOCKET INSERT W/O LOCK MECH	622.72	
L5680		BK THIGH LACER NON-MOLDED	348.34	
L5681		INTL CUSTM CONG/LATYP INSERT	1398.02	
L5682		BK THIGH LACER GLUT/ISCHIA M	657.26	
L5683		INITIAL CUSTOM SOCKET INSERT	1398.02	
L5684		BK FORK STRAP	50.59	
L5685		BELOW KNEE SUS/SEAL SLEEVE	136.13	
L5686		BK BACK CHECK	53.69	

Code	Mod	Description	Amount	APC Amount
L5688		BK WAIST BELT WEBBING	64.20	
L5690		BK WAIST BELT PADDED AND LIN	102.84	
L5692		AK PELVIC CONTROL BELT LIGHT	139.65	
L5694		AK PELVIC CONTROL BELT PAD/L	190.66	
L5695		AK SLEEVE SUSP NEOPRENE/EQUA	176.00	
L5696		AK/KNEE DISARTIC PELVIC JOIN	194.45	
L5697		AK/KNEE DISARTIC PELVIC BAND	84.37	
L5698		AK/KNEE DISARTIC SILESIA BA	137.96	
L5699		SHOULDER HARNESS	248.54	
L5700		REPLACE SOCKET BELOW KNEE	3011.24	
L5701		REPLACE SOCKET ABOVE KNEE	3616.28	
L5702		REPLACE SOCKET HIP	4575.11	
L5703		SYMES ANKLE W/O (SACH) FOOT	2367.67	
L5704		CUSTOM SHAPE COVER BK	563.34	
L5705		CUSTOM SHAPE COVER AK	1006.60	
L5706		CUSTOM SHAPE CVR KNEE DISART	986.71	
L5707		CUSTOM SHAPE CVR HIP DISART	1300.82	
L5710		KNEE-SHIN EXO SNG AXI MNL LOC	393.05	
L5711		KNEE-SHIN EXO MNL LOCK ULTRA	549.32	
L5712		KNEE-SHIN EXO FRICT SWG & ST	460.27	
L5714		KNEE-SHIN EXO VARIABLE FRICT	472.77	
L5716		KNEE-SHIN EXO MECH STANCE PH	765.98	
L5718		KNEE-SHIN EXO FRCT SWG & STA	957.41	
L5722		KNEE-SHIN PNEUM SWG FRCT EXO	1011.46	
L5724		KNEE-SHIN EXO FLUID SWING PH	1586.36	
L5726		KNEE-SHIN EXT JNTS FLD SWG E	1828.24	
L5728		KNEE-SHIN FLUID SWG & STANCE	2500.79	
L5780		KNEE-SHIN PNEUM/HYDRA PNEUM	1203.27	
L5781		LOWER LIMB PROS VACUUM PUMP	4252.48	
L5782		HD LOW LIMB PROS VACUUM PUMP	4483.08	
L5785		EXOSKELETAL BK ULTRALT MATER	676.38	
L5790		EXOSKELETAL AK ULTRA-LIGHT M	755.67	
L5795		EXOSKEL HIP ULTRA-LIGHT MATE	1504.56	
L5810		ENDOSKEL KNEE-SHIN MNL LOCK	511.68	
L5811		ENDO KNEE-SHIN MNL LCK ULTRA	766.49	
L5812		ENDO KNEE-SHIN FRCT SWG & ST	594.12	
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	3947.14	
L5816		ENDO KNEE-SHIN POLYC MCH STA	899.19	
L5818		ENDO KNEE-SHIN FRCT SWG & ST	1009.27	
L5822		ENDO KNEE-SHIN PNEUM SWG FRC	1789.70	
L5824		ENDO KNEE-SHIN FLUID SWING P	1611.73	
L5826		MINIATURE KNEE JOINT	3319.02	
L5828		ENDO KNEE-SHIN FLUID SWG/STA	2967.88	
L5830		ENDO KNEE-SHIN PNEUM/SWG PHA	1994.26	
L5840		MULTI-AXIAL KNEE/SHIN SYSTEM	3687.39	
L5845		KNEE-SHIN SYS STANCE FLEXION	1904.98	
L5848		KNEE-SHIN SYS HYDRAUL STANCE	1142.84	
L5850		ENDO AK/HIP KNEE EXTENS ASSI	134.44	
L5855		MECH HIP EXTENSION ASSIST	361.27	
L5856		ELEC KNEE-SHIN SWING/STANCE	25513.58	

Code	Mod	Description	Amount	APC Amount
L5857		ELEC KNEE-SHIN SWING ONLY	9053.15	
L5858		STANCE PHASE ONLY	19752.48	
L5859		KNEE-SHIN PRO FLEX/EXT CONT	15420.61	
L5910		ENDO BELOW KNEE ALIGNABLE SY	380.64	
L5920		ENDO AK/HIP ALIGNABLE SYSTEM	557.64	
L5925		ABOVE KNEE MANUAL LOCK	470.85	
L5930		HIGH ACTIVITY KNEE FRAME	3577.29	
L5940		ENDO BK ULTRA-LIGHT MATERIAL	527.18	
L5950		ENDO AK ULTRA-LIGHT MATERIAL	824.28	
L5960		ENDO HIP ULTRA-LIGHT MATERIA	1013.18	
L5961		ENDO POLY HIP, PNEU/HYD/ROT	4831.27	
L5962		BELOW KNEE FLEX COVER SYSTEM	666.79	
L5964		ABOVE KNEE FLEX COVER SYSTEM	984.26	
L5966		HIP FLEXIBLE COVER SYSTEM	1254.19	
L5968		MULTIAXIAL ANKLE W DORSIFLEX	3862.16	
L5969		AK/FT POWER ASST INCL MOTORS	BR	
L5970		FOOT EXTERNAL KEEL SACH FOOT	213.44	
L5971		SACH FOOT, REPLACEMENT	213.44	
L5972		FLEXIBLE KEEL FOOT	398.70	
L5973		ANK-FOOT SYS DORS-PLANT FLEX	18285.26	
L5974		FOOT SINGLE AXIS ANKLE/FOOT	244.91	
L5975		COMBO ANKLE/FOOT PROSTHESIS	492.74	
L5976		ENERGY STORING FOOT	588.57	
L5978		FT PROSTH MULTIAXIAL ANKL/FT	306.70	
L5979		MULTI-AXIAL ANKLE/FT PROSTH	2398.07	
L5980		FLEX FOOT SYSTEM	3896.70	
L5981		FLEX-WALK SYS LOW EXT PROSTH	3148.01	
L5982		EXOSKELETAL AXIAL ROTATION U	607.58	
L5984		ENDOSKELETAL AXIAL ROTATION	598.71	
L5985		LWR EXT DYNAMIC PROSTH PYLON	300.11	
L5986		MULTI-AXIAL ROTATION UNIT	665.99	
L5987		SHANK FT W VERT LOAD PYLON	7645.56	
L5988		VERTICAL SHOCK REDUCING PYLO	2123.16	
L5990		USER ADJUSTABLE HEEL HEIGHT	1928.15	
L5999		LOWR EXTREMITY PROSTHES NOS	BR	
L6000		PART HAND THUMB REM	1396.42	
L6010		PART HAND LITTLE/RING	1553.99	
L6020		PART HAND NO FINGERS	1448.84	
L6026		PART HAND MYO EXCLU TERM DEV	5253.74	
L6050		WRST MLD SCK FLX HNG TRI PAD	1996.45	
L6055		WRST MOLD SOCK W/EXP INTERFA	2782.54	
L6100		ELB MOLD SOCK FLEX HINGE PAD	2022.71	
L6110		ELBOW MOLD SOCK SUSPENSION T	2145.42	
L6120		ELBOW MOLD DOUB SPLT SOC STE	2500.19	
L6130		ELBOW STUMP ACTIVATED LOCK H	2720.67	
L6200		ELBOW MOLD OUTSID LOCK HINGE	2867.14	
L6205		ELBOW MOLDED W/ EXPAND INTER	3827.19	
L6250		ELBOW INTER LOC ELBOW FORARM	3004.10	
L6300		SHLDER DISART INT LOCK ELBOW	3915.54	
L6310		SHOULDER PASSIVE RESTOR COMP	3380.90	

Code	Mod	Description	Amount	APC Amount
L6320		SHOULDER PASSIVE RESTOR CAP	1846.90	
L6350		THORACIC INTERN LOCK ELBOW	4116.59	
L6360		THORACIC PASSIVE RESTOR COMP	3702.22	
L6370		THORACIC PASSIVE RESTOR CAP	2215.29	
L6380		POSTOP DSG CAST CHG WRST/ELB	1283.71	
L6382		POSTOP DSG CAST CHG ELB DIS/	1931.29	
L6384		POSTOP DSG CAST CHG SHLDER/T	2671.73	
L6386		POSTOP EA CAST CHG & REALIGN	422.06	
L6388		POSTOP APPLICAT RIGID DSG ON	462.03	
L6400		BELOW ELBOW PROSTH TISS SHAP	2438.68	
L6450		ELB DISART PROSTH TISS SHAP	3258.02	
L6500		ABOVE ELBOW PROSTH TISS SHAP	3408.55	
L6550		SHLDR DISAR PROSTH TISS SHAP	4097.13	
L6570		SCAP THORAC PROSTH TISS SHAP	4599.98	
L6580		WRIST/ELBOW BOWDEN CABLE MOL	1756.18	
L6582		WRIST/ELBOW BOWDEN CBL DIR F	1590.63	
L6584		ELBOW FAIR LEAD CABLE MOLDED	2494.52	
L6586		ELBOW FAIR LEAD CABLE DIR FO	2334.46	
L6588		SHDR FAIR LEAD CABLE MOLDED	3067.43	
L6590		SHDR FAIR LEAD CABLE DIRECT	2913.57	
L6600		POLYCENTRIC HINGE PAIR	197.14	
L6605		SINGLE PIVOT HINGE PAIR	194.65	
L6610		FLEXIBLE METAL HINGE PAIR	186.93	
L6611		ADDITIONAL SWITCH, EXT POWER	437.56	
L6615		DISCONNECT LOCKING WRIST UNI	201.41	
L6616		DISCONNECT INSERT LOCKING WR	74.63	
L6620		FLEXION/EXTENSION WRIST UNIT	322.25	
L6621		FLEX/EXT WRIST W/WO FRICTION	2430.93	
L6623		SPRING-ASS ROT WRST W/ LATCH	898.88	
L6624		FLEX/EXT/ROTATION WRIST UNIT	4002.59	
L6625		ROTATION WRST W/ CABLE LOCK	638.66	
L6628		QUICK DISCONN HOOK ADAPTER O	503.47	
L6629		LAMINATION COLLAR W/ COUPLIN	153.76	
L6630		STAINLESS STEEL ANY WRIST	226.51	
L6632		LATEX SUSPENSION SLEEVE EACH	78.67	
L6635		LIFT ASSIST FOR ELBOW	185.11	
L6637		NUDGE CONTROL ELBOW LOCK	394.82	
L6638		ELEC LOCK ON MANUAL PW ELBOW	2657.79	
L6640		SHOULDER ABDUCTION JOINT PAI	350.76	
L6641		EXCURSION AMPLIFIER PULLEY T	168.60	
L6642		EXCURSION AMPLIFIER LEVER TY	228.53	
L6645		SHOULDER FLEXION-ABDUCTION J	421.83	
L6646		MULTIPO LOCKING SHOULDER JNT	3352.09	
L6647		SHOULDER LOCK ACTUATOR	551.85	
L6648		EXT PWRD SHLDER LOCK/UNLOCK	3457.18	
L6650		SHOULDER UNIVERSAL JOINT	437.96	
L6655		STANDARD CONTROL CABLE EXTRA	86.07	
L6660		HEAVY DUTY CONTROL CABLE	96.47	
L6665		TEFLON OR EQUAL CABLE LINING	48.40	
L6670		HOOK TO HAND CABLE ADAPTER	53.52	

Code	Mod	Description	Amount	APC Amount
L6672		HARNESS CHEST/SHLDER SADDLE	212.38	
L6675		HARNESS FIGURE OF 8 SING CON	126.22	
L6676		HARNESS FIGURE OF 8 DUAL CON	145.90	
L6677		UE TRIPLE CONTROL HARNESS	315.32	
L6680		TEST SOCK WRIST DISART/BEL E	243.83	
L6682		TEST SOCK ELBW DISART/ABOVE	269.59	
L6684		TEST SOCKET SHLDR DISART/THO	366.34	
L6686		SUCTION SOCKET	827.28	
L6687		FRAME TYP SOCKET BEL ELBOW/W	606.21	
L6688		FRAME TYP SOCK ABOVE ELB/DIS	602.55	
L6689		FRAME TYP SOCKET SHOULDER DI	721.94	
L6690		FRAME TYP SOCK INTERSCAP-THO	786.71	
L6691		REMOVABLE INSERT EACH	364.11	
L6692		SILICONE GEL INSERT OR EQUAL	587.73	
L6693		LOCKINGELBOW FOREARM CNTRBAL	3017.28	
L6694		ELBOW SOCKET INS USE W/LOCK	747.30	
L6695		ELBOW SOCKET INS USE W/O LCK	622.72	
L6696		CUS ELBO SKT IN FOR CON/ATYP	1398.02	
L6697		CUS ELBO SKT IN NOT CON/ATYP	1398.02	
L6698		BELOW/ABOVE ELBOW LOCK MECH	604.34	
L6703		TERM DEV, PASSIVE HAND MITT	382.07	
L6704		TERM DEV, SPORT/REC/WORK ATT	615.49	
L6706		TERM DEV MECH HOOK VOL OPEN	366.70	
L6707		TERM DEV MECH HOOK VOL CLOSE	1351.62	
L6708		TERM DEV MECH HAND VOL OPEN	883.60	
L6709		TERM DEV MECH HAND VOL CLOSE	1273.29	
L6711		PED TERM DEV, HOOK, VOL OPEN	714.53	
L6712		PED TERM DEV, HOOK, VOL CLOS	1315.62	
L6713		PED TERM DEV, HAND, VOL OPEN	1660.39	
L6714		PED TERM DEV, HAND, VOL CLOS	1406.40	
L6715		TERM DEVICE, MULTI ART DIGIT	3355.44	
L6721		HOOK/HAND, HVY DTY, VOL OPEN	2499.70	
L6722		HOOK/HAND, HVY DTY, VOL CLOS	2154.91	
L6805		TERM DEV MODIFIER WRIST UNIT	357.58	
L6810		TERM DEV PRECISION PINCH DEV	202.67	
L6880		ELEC HAND IND ART DIGITS	25393.14	
L6881		TERM DEV AUTO GRASP FEATURE	4344.98	
L6882		MICROPROCESSOR CONTROL UPLMB	3295.93	
L6883		REPLC SOCKT BELOW E/W DISA	1667.77	
L6884		REPLC SOCKT ABOVE ELBOW DISA	2475.33	
L6885		REPLC SOCKT SHLDR DIS/INTERC	3702.22	
L6890		PREFAB GLOVE FOR TERM DEVICE	178.76	
L6895		CUSTOM GLOVE FOR TERM DEVICE	657.60	
L6900		HAND RESTORAT THUMB/1 FINGER	1876.62	
L6905		HAND RESTORATION MULTIPLE FI	1865.96	
L6910		HAND RESTORATION NO FINGERS	1595.58	
L6915		HAND RESTORATION REPLACMNT G	804.47	
L6920		WRIST DISARTICUL SWITCH CTRL	7013.91	
L6925		WRIST DISART MYOELECTRONIC C	9441.94	
L6930		BELOW ELBOW SWITCH CONTROL	7057.41	

Code	Mod	Description	Amount	APC Amount
L6935		BELOW ELBOW MYOELECTRONIC CT	9588.46	
L6940		ELBOW DISARTICULATION SWITCH	9220.96	
L6945		ELBOW DISART MYOELECTRONIC C	11266.91	
L6950		ABOVE ELBOW SWITCH CONTROL	10480.92	
L6955		ABOVE ELBOW MYOELECTRONIC CT	12552.33	
L6960		SHLDR DISARTIC SWITCH CONTRO	14218.66	
L6965		SHLDR DISARTIC MYOELECTRONIC	15164.72	
L6970		INTERSCAPULAR-THOR SWITCH CT	15801.89	
L6975		INTERSCAP-THOR MYOELECTRONIC	17282.16	
L7007		ADULT ELECTRIC HAND	3616.47	
L7008		PEDIATRIC ELECTRIC HAND	5691.94	
L7009		ADULT ELECTRIC HOOK	3689.94	
L7040		PREHENSILE ACTUATOR	2962.88	
L7045		PEDIATRIC ELECTRIC HOOK	1698.72	
L7170		ELECTRONIC ELBOW HOSMER SWIT	7821.55	
L7180		ELECTRONIC ELBOW SEQUENTIAL	34332.27	
L7181		ELECTRONIC ELBO SIMULTANEOUS	42584.57	
L7185		ELECTRON ELBOW ADOLESCENT SW	7723.89	
L7186		ELECTRON ELBOW CHILD SWITCH	9296.45	
L7190		ELBOW ADOLESCENT MYOELECTRON	8112.72	
L7191		ELBOW CHILD MYOELECTRONIC CT	9714.24	
L7259		ELECTRONIC WRIST ROTATOR ANY	3358.82	
L7360		SIX VOLT BAT OTTO BOCK/EQ EA	250.78	
L7362		BATTERY CHRGR SIX VOLT OTTO	263.32	
L7364		TWELVE VOLT BATTERY UTAH/EQU	418.79	
L7366		BATTERY CHRGR 12 VOLT UTAH/E	564.12	
L7367		REPLACEMNT LITHIUM IONBATTER	413.76	
L7368		LITHIUM ION BATTERY CHARGER	536.39	
L7400		ADD UE PROST BE/WD, ULTLITE	325.75	
L7401		ADD UE PROST A/E ULTLITE MAT	364.68	
L7402		ADD UE PROST S/D ULTLITE MAT	393.78	
L7403		ADD UE PROST B/E ACRYLIC	391.41	
L7404		ADD UE PROST A/E ACRYLIC	590.69	
L7405		ADD UE PROST S/D ACRYLIC	772.57	
L7499		UPPER EXTREMITY PROSTHES NOS	BR	
L7510		PROSTHETIC DEVICE REPAIR REP	123.03	
L7520		REPAIR PROSTHESIS PER 15 MIN	53.15	
L7600		PROSTHETIC DONNING SLEEVE	114.19	
L7700		PROS SOC INSERT GASKET/SEAL	118.61	
L7900		MALE VACUUM ERECTION SYSTEM	555.95	
L7902		TENSION RING, VAC ERECT DEV	BR	
L8000		MASTECTOMY BRA	46.22	
L8001		BREAST PROSTHESIS BRA & FORM	133.30	
L8002		BRST PRSTH BRA & BILAT FORM	175.36	
L8010		MASTECTOMY SLEEVE	88.30	
L8015		EXT BREASTPROSTHESIS GARMENT	63.70	
L8020		MASTECTOMY FORM	239.61	
L8030		BREAST PROSTHES W/O ADHESIVE	346.58	
L8031		BREAST PROSTHESIS W ADHESIVE	346.58	
L8032		REUSABLE NIPPLE PROSTHESIS	41.63	

Code	Mod	Description	Amount	APC Amount
L8033		NIPPLE PROSTHESIS CUSTOM, EA		BR
L8035		CUSTOM BREAST PROSTHESIS	3893.72	
L8039		BREAST PROSTHESIS NOS	0.00	
L8040		NASAL PROSTHESIS	2568.99	
L8041		MIDFACIAL PROSTHESIS	3096.44	
L8042		ORBITAL PROSTHESIS	3479.11	
L8043		UPPER FACIAL PROSTHESIS	3896.61	
L8044		HEMI-FACIAL PROSTHESIS	4314.09	
L8045		AURICULAR PROSTHESIS	2701.61	
L8046		PARTIAL FACIAL PROSTHESIS	2783.30	
L8047		NASAL SEPTAL PROSTHESIS	1426.42	
L8048		UNSPEC MAXILLOFACIAL PROSTH		BR
L8049		REPAIR MAXILLOFACIAL PROSTH		BR
L8300		TRUSS SINGLE W/ STANDARD PAD	102.36	
L8310		TRUSS DOUBLE W/ STANDARD PAD	157.39	
L8320		TRUSS ADDITION TO STD PAD WA	68.74	
L8330		TRUSS ADD TO STD PAD SCROTAL	68.14	
L8400		SHEATH BELOW KNEE	19.93	
L8410		SHEATH ABOVE KNEE	22.66	
L8415		SHEATH UPPER LIMB	22.53	
L8417		PROS SHEATH/SOCK W GEL CUSHN	79.92	
L8420		PROSTHETIC SOCK MULTI PLY BK	26.34	
L8430		PROSTHETIC SOCK MULTI PLY AK	28.97	
L8435		PROS SOCK MULTI PLY UPPER LM	25.99	
L8440		SHRINKER BELOW KNEE	55.10	
L8460		SHRINKER ABOVE KNEE	76.69	
L8465		SHRINKER UPPER LIMB	68.35	
L8470		PROS SOCK SINGLE PLY BK	7.01	
L8480		PROS SOCK SINGLE PLY AK	9.67	
L8485		PROS SOCK SINGLE PLY UPPER L	11.69	
L8499		UNLISTED MISC PROSTHETIC SER		BR
L8500		ARTIFICIAL LARYNX	693.60	
L8501		TRACHEOSTOMY SPEAKING VALVE	154.03	
L8505		ARTIFICIAL LARYNX, ACCESSORY	45.28	
L8507		TRACH-ESOPH VOICE PROS PT IN	44.52	
L8509		TRACH-ESOPH VOICE PROS MD IN	116.08	
L8510		VOICE AMPLIFIER	268.58	
L8511		INDWELLING TRACH INSERT	77.30	
L8512		GEL CAP FOR TRACH VOICE PROS	2.32	
L8513		TRACH PROS CLEANING DEVICE	5.55	
L8514		REPL TRACH PUNCTURE DILATOR	100.22	
L8515		GEL CAP APP DEVICE FOR TRACH	67.07	
L8600		IMPLANT BREAST SILICONE/EQ	656.28	
L8603		COLLAGEN IMP URINARY 2.5 ML	460.91	
L8604		DEXTRANOMER/HYALURONIC ACID		BR
L8605		INJ BULKING AGENT ANAL CANAL	761.23	
L8606		SYNTHETIC IMPLNT URINARY 1ML	241.94	
L8607		INJ VOCAL CORD BULKING AGENT	45.60	
L8608		ARG II EXT COM/SUP/ACC MISC		BR
L8609		ARTIFICIAL CORNEA	6924.66	

Code	Mod	Description	Amount	APC Amount
L8610		OCULAR IMPLANT	673.19	
L8612		AQUEOUS SHUNT PROSTHESIS	710.00	
L8613		OSSICULAR IMPLANT	317.87	
L8614		COCHLEAR DEVICE	20120.61	
L8615		COCH IMPLANT HEADSET REPLACE	479.34	
L8616		COCH IMPLANT MICROPHONE REPL	111.65	
L8617		COCH IMPLANT TRANS COIL REPL	97.55	
L8618		COCH IMPLANT TRAN CABLE REPL	27.86	
L8619		COCH IMP EXT PROC/CONTR RPLC	8630.98	
L8621		REPL ZINC AIR BATTERY	0.65	
L8622		REPL ALKALINE BATTERY	0.34	
L8623		LITH ION BATT CID, NON-EARLVL	68.74	
L8624		LITH ION BATT CID, EAR LEVEL	171.37	
L8625		CHARGER COCH IMPL/AOI BATTERY	200.73	
L8627		CID EXT SPEECH PROCESS REPL	7316.21	
L8628		CID EXT CONTROLLER REPL	1314.80	
L8629		CID TRANSMIT COIL AND CABLE	190.29	
L8630		METACARPOPHALANGEAL IMPLANT	354.08	
L8631		MCP JOINT REPL 2 PC OR MORE	2376.25	
L8641		METATARSAL JOINT IMPLANT	384.31	
L8642		HALLUX IMPLANT	315.46	
L8658		INTERPHALANGEAL JOINT SPACER	329.69	
L8659		INTERPHALANGEAL JOINT REPL	2050.86	
L8670		VASCULAR GRAFT, SYNTHETIC	585.04	
L8679		IMP NEUROSTI PLS GN ANY TYPE	8868.12	
L8680		IMPLT NEUROSTIM ELCTR EACH	837.82	
L8681		PT PRGRM FOR IMPLT NEUROSTIM	1200.41	
L8682		IMPLT NEUROSTIM RADIOFQ REC	6336.10	
L8683		RADIOFQ TRSMTR FOR IMPLT NEU	5577.19	
L8684		RADIOF TRSMTR IMPLT SCRL NEU	732.39	
L8685		IMPLT NROSTM PLS GEN SNG REC	8420.15	
L8686		IMPLT NROSTM PLS GEN SNG NON	13312.28	
L8687		IMPLT NROSTM PLS GEN DUA REC	10958.22	
L8688		IMPLT NROSTM PLS GEN DUA NON	6992.32	
L8689		EXTERNAL RECHARG SYS INTERN	1833.27	
L8690		AUD OSSEO DEV, INT/EXT COMP	5055.94	
L8691		AOI SND PROC REPL EXCL ACTUA	1830.32	
L8692		NON-OSSEOINTEGRATED SND PROC	5994.23	
L8693		AUD OSSEO DEV, ABUTMENT	1611.56	
L8694		AOI TRANSDUCER/ACTUATOR REPL	1003.72	
L8695		EXTERNAL RECHARG SYS EXTERN	17.70	
L8696		EXT ANTENNA PHREN NERVE STIM	230.38	
L8698		MISC USED WITH TOT ART HEART	BR	
L8699		PROSTHETIC IMPLANT NOS	BR	
L8701		EWB S/D UPRT MICRO SENSOR	BR	
L8702		EWBF S/D UPRT MICRO SENSOR	70421.05	
L9900		O&P SUPPLY/ACCESSORY/SERVICE	BR	
M0075		CELLULAR THERAPY	0.00	
M0076		PROLOTHERAPY	0.00	
M0100		INTRAGASTRIC HYPOTHERMIA	0.00	

Code	Mod	Description	Amount	APC Amount
M0201		COVID-19 VACCINE HOME ADMIN	0.00	
M0220		TIXAGEV AND CILGAV INJ	0.00	
M0221		TIXAGEV AND CILGAV INJ HM	0.00	
M0222		BEBTELOVIMAB INJECTION	0.00	
M0223		BEBTELOVIMAB INJECTION HOME	0.00	
M0240		CASIRI AND IMDEV REPEAT	0.00	
M0241		CASIRI AND IMDEV REPEAT HM	0.00	
M0243		CASIRIVI AND IMDEVI INJ	0.00	
M0244		CASIRIVI AND IMDEVI INJ HM	0.00	
M0245		BAMLAN AND ETESEV INFUSION	0.00	
M0246		BAMLAN AND ETESEV INFUS HOME	0.00	
M0247		SOTROVIMAB INFUSION	0.00	
M0248		SOTROVIMAB INF, HOME ADMIN	0.00	
M0249		ADM TOCILIZU COVID-19 1ST	0.00	
M0250		ADM TOCILIZU COVID-19 2ND	0.00	
M0300		IV CHELATIONTHERAPY	0.00	
M0301		FABRIC WRAPPING OF ANEURYSM	0.00	
M1003		TB SCR 12 MO PRI FST BIO DZ	0.00	
M1004		DOC MED RSN NO SRN TB	0.00	
M1005		TB SCR NO PERF	0.00	
M1006		DZ NOT ASES, NO RSN	0.00	
M1007		>=50% TOTAL PT OUTPT RA ENCT	0.00	
M1008		<50% TOTAL PT OUTPT RA ENCTS	0.00	
M1009		DC EOC DOC MED REC	0.00	
M1010		DC EOC DOC MED REC	0.00	
M1011		DC EOC DOC MED REC	0.00	
M1012		DC EOC DOC MED REC	0.00	
M1013		DC EOC DOC MED REC	0.00	
M1014		DC EPI CARE DOC MEDREC	0.00	
M1016		PT DX MEOP OR SUR STERI	0.00	
M1017		PT ADMT TO PALITVE SERV	0.00	
M1018		PT DX HST CR PT SK LG CR SCR	0.00	
M1019		ADL PT MJ DEP DS RS 12 PHQ<5	0.00	
M1020		ADL PT MJ DEP DS NO RS 12 MO	0.00	
M1021		PT UC IN PP	0.00	
M1027		IMG HEAD (CT OR MRI) OBTND	0.00	
M1028		DOC OF PT PRM HDA DX AND OTR	0.00	
M1029		DOC SYSM RSN IMG HD	0.00	
M1032		ADT TKNG PHARMTHRY FOR OUD	0.00	
M1034		ADT 180 DYS PHARMTHRY OUD	0.00	
M1035		ADT PD OUT MAT PR 180 DYS TX	0.00	
M1036		ADT NO 180 DYS PHARMTHRY OUD	0.00	
M1037		PT DX LUM SP REG CACR	0.00	
M1038		PT DX LUM SP REG FRACT	0.00	
M1039		PT DX LUM SP REG INF	0.00	
M1040		PT DX LUM IDI OR CONG SCOL	0.00	
M1041		PT CR FT INF LM OR PT ID SL	0.00	
M1043		FS NO ODI 9-15MO	0.00	
M1045		FS OKS 9-15MO >= 37 >= 71	0.00	
M1046		FS OKS 9-15MO < 37 < 71	0.00	

Code	Mod	Description	Amount	APC Amount
M1049		FS WTH SCR NO ODI PRE AND P	0.00	
M1051		PT W/CANCER SCOLIOSIS	0.00	
M1052		LG PN NOT MEAS W/ VAS 1YR PO	0.00	
M1054		PT UC IN PP	0.00	
M1055		ASPIRIN USED	0.00	
M1056		PRESC ANTICO MED IN PP	0.00	
M1057		ASPIRIN NOT USED, NO RSN	0.00	
M1058		PT PRM NURS HM RES IN PP	0.00	
M1059		PT NO PRM NURS HM RES IN PP	0.00	
M1060		PT DIED IN PP	0.00	
M1067		HSPC PT PRV TIME MEAM PER	0.00	
M1068		PT NOT AMBULATORY	0.00	
M1069		PT SCR FT FALL RSK	0.00	
M1070		PT NOT SCRIN FUT FALL NO RSN	0.00	
M1071		PT HAD ADD'L SP PCR PERF	0.00	
M1072		ROM RAD THERAPY ANAL, PC	0.00	
M1073		ROM RAD THERAPY ANAL, TC	0.00	
M1074		ROM RAD THERAPY BLADDER, PC	0.00	
M1075		ROM RAD THERAPY BLADDER, TC	0.00	
M1076		ROM RAD THER BONE METS, PC	0.00	
M1077		ROM RAD THER BONE METS, TC	0.00	
M1078		ROM RAD THER BRAIN METS, PC	0.00	
M1079		ROM RAD THER BRAIN METS, TC	0.00	
M1080		ROM RAD THERAPY BREAST, PC	0.00	
M1081		ROM RAD THERAPY BREAST, TC	0.00	
M1082		ROM RAD THERAPY CERVICAL, PC	0.00	
M1083		ROM RAD THERAPY CERVICAL, TC	0.00	
M1084		ROM RAD THERAPY CNS, PC	0.00	
M1085		ROM RAD THERAPY CNS, TC	0.00	
M1086		ROM RAD THER COLORECTAL, PC	0.00	
M1087		ROM RAD THER COLORECTAL, TC	0.00	
M1088		ROM RAD THER HEAD/NECK, PC	0.00	
M1089		ROM RAD THER HEAD/NECK, TC	0.00	
M1094		ROM RAD THERAPY LUNG, PC	0.00	
M1095		ROM RAD THERAPY LUNG, TC	0.00	
M1096		ROM RAD THERAPY LYMPHOMA, PC	0.00	
M1097		ROM RAD THERAPY LYMPHOMA, TC	0.00	
M1098		ROM RAD THERAPY PANCREAS, PC	0.00	
M1099		ROM RAD THERAPY PANCREAS, PC	0.00	
M1100		ROM RAD THERAPY PROSTATE, PC	0.00	
M1101		ROM RAD THERAPY PROSTATE, TC	0.00	
M1102		ROM RAD THERAPY GI, PC	0.00	
M1103		ROM RAD THERAPY GI, TC	0.00	
M1104		ROM RAD THERAPY UTERUS, PC	0.00	
M1105		ROM RAD THERAPY UTERUS, TC	0.00	
M1106		START EOC DOC MED REC	0.00	
M1107		DOCU DX DEGEN NEURO	0.00	
M1108		OC NI PT HOME PROG	0.00	
M1109		OC NI PT DC	0.00	
M1110		OC NOT P PT SELFDC	0.00	

Code	Mod	Description	Amount	APC Amount
M1111		START EOC DOC MED REC	0.00	
M1112		DOCU DX DEGEN NEURO	0.00	
M1113		OC NI PT HOME PROG	0.00	
M1114		OC NI PT DC	0.00	
M1115		OC NI PT SELFDC	0.00	
M1116		START EOC DOC MED REC	0.00	
M1117		DOCU DX DEGEN NEURO	0.00	
M1118		OC NI PT HOME PROG	0.00	
M1119		OC NI PT DC	0.00	
M1120		OC NI PT SELFDC	0.00	
M1121		START EOC DOC MED REC	0.00	
M1122		DOCU DX DEGEN NEURO	0.00	
M1123		OC NI PT HOME PROG	0.00	
M1124		OC NI PT DC 1-2 VIS	0.00	
M1125		OC NI PT SELFDC 1-2 VIS	0.00	
M1126		START EOC DOC MED REC	0.00	
M1127		DOCU DX DEGEN NEURO	0.00	
M1128		OC NI PT HOME PROG	0.00	
M1129		OC NI PT DC	0.00	
M1130		OC NI PT SELFDC	0.00	
M1131		DOCU DX DEGEN NEURO	0.00	
M1132		OC NI PT HOME PROG	0.00	
M1133		OC NI PT DC	0.00	
M1134		OC NI PT SELFDC	0.00	
M1135		START EOC DOC MED REC	0.00	
M1141		FS NO OKS	0.00	
M1142		EMERGE CASES	0.00	
M1143		NI REHAB MED CHIRO	0.00	
M1145		MFN DRUG ADD-ON, PER DOSE	0.00	
M1146		ONGOING CARE NOT IND	0.00	
M1147		CARE NOT POSS MED RSN	0.00	
M1148		PT SELF DSCHG	0.00	
M1149		NO NECK FS PROM INCAP	0.00	
P2028		CEPHALIN FLOCCULATION TEST	BR	
P2029		CONGO RED BLOOD TEST	BR	
P2031		HAIR ANALYSIS	BR	
P2033		BLOOD THYMOL TURBIDITY	BR	
P2038		BLOOD MUCOPROTEIN	8.11	
P3000		SCREEN PAP BY TECH W MD SUPV	17.08	
P3001		SCREENING PAP SMEAR BY PHYS	36.01	
P7001		CULTURE BACTERIAL URINE	16.58	
P9010		WHOLE BLOOD FOR TRANSFUSION	59.27	217.50
P9011		BLOOD SPLIT UNIT	78.11	213.98
P9012		CRYOPRECIPITATE EACH UNIT	49.60	115.77
P9016		RBC LEUKOCYTES REDUCED	274.00	273.19
P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	76.80	119.85
P9019		PLATELETS, EACH UNIT	BR	103.36
P9020		PLALET RICH PLASMA UNIT	146.00	289.96
P9021		RED BLOOD CELLS UNIT	291.60	199.55
P9022		WASHED RED BLOOD CELLS UNIT	157.99	550.75

Code	Mod	Description	Amount	APC Amount
P9023		FROZEN PLASMA, POOLED, SD	BR	129.23
P9025		PLASMA CRYO REDU PATH EACH	BR	95.25
P9026		CRYO FIB COMP PATH REDU EACH	BR	115.77
P9031		PLATELETS LEUKOCYTES REDUCED	BR	217.36
P9032		PLATELETS, IRRADIATED	BR	205.45
P9033		PLATELETS LEUKOREDUCED IRRAD	BR	309.08
P9034		PLATELETS, PHERESIS	BR	469.74
P9035		PLATELET PHERES LEUKOREDUCED	361.60	705.61
P9036		PLATELET PHERESIS IRRADIATED	BR	877.01
P9037		PLATE PHERES LEUKOREDU IRRAD	490.00	895.05
P9038		RBC IRRADIATED	BR	245.48
P9039		RBC DEGLYCEROLIZED	BR	633.08
P9040		RBC LEUKOREDUCED IRRADIATED	228.80	377.76
P9041		ALBUMIN (HUMAN),5%, 50ML	11.64	14.90
P9043		PLASMA PROTEIN FRACT,5%,50ML	17.93	11.60
P9044		CRYOPRECIPITATEREDUCEDPLASMA	40.80	95.25
P9045		ALBUMIN (HUMAN), 5%, 250 ML	58.20	74.48
P9046		ALBUMIN (HUMAN), 25%, 20 ML	24.00	29.79
P9047		ALBUMIN (HUMAN), 25%, 50ML	57.02	74.48
P9048		PLASMAPROTEIN FRACT,5%,250ML	36.28	232.48
P9050		GRANULOCYTES, PHERESIS UNIT	BR	2307.82
P9051		BLOOD, L/R, CMV-NEG	BR	307.69
P9052		PLATELETS, HLA-M, L/R, UNIT	BR	1167.40
P9053		PLT, PHER, L/R CMV-NEG, IRR	BR	648.53
P9054		BLOOD, L/R, FROZ/DEGLY/WASH	BR	450.45
P9055		PLT, APH/PHER, L/R, CMV-NEG	BR	695.98
P9056		BLOOD, L/R, IRRADIATED	BR	223.49
P9057		RBC, FRZ/DEG/WSH, L/R, IRRAD	BR	377.81
P9058		RBC, L/R, CMV-NEG, IRRAD	544.00	353.57
P9059		PLASMA, FRZ BETWEEN 8-24HOUR	44.40	103.15
P9060		FR FRZ PLASMA DONOR RETESTED	BR	94.36
P9070		PATHOGEN REDUCED PLASMA POOL	BR	76.99
P9071		PATHOGEN REDUCED PLASMA SING	BR	178.07
P9073		PLATELETS PHERESIS PATH REDU	1084.00	846.50
P9099		BLOOD COMPONENT/PRODUCT NOC	BR	11.60
P9100		PATHOGEN TEST FOR PLATELETS	BR	80.73
P9603		ONE-WAY ALLOW PRORATED MILES	0.50	
P9604		ONE-WAY ALLOW PRORATED TRIP	12.19	
P9612		CATHETERIZE FOR URINE SPEC	28.17	
P9615		URINE SPECIMEN COLLECT MULT	BR	
Q0035		CARDIOKYMOGRAPHY	22.80	49.09
Q0081		INFUSION THER OTHER THAN CHE	249.60	
Q0083		CHEMO BY OTHER THAN INFUSION	BR	
Q0084		CHEMOTHERAPY BY INFUSION	414.28	
Q0085		CHEMO BY BOTH INFUSION AND O	BR	
Q0091		OBTAINING SCREEN PAP SMEAR	50.80	35.83
Q0092		SET UP PORT XRAY EQUIPMENT	27.60	
Q0111		WET MOUNTS/ W PREPARATIONS	17.51	
Q0112		POTASSIUM HYDROXIDE PREPS	6.41	
Q0113		PINWORM EXAMINATIONS	5.23	

Code	Mod	Description	Amount	APC Amount
Q0114		FERN TEST	10.71	
Q0115		POST-COITAL MUCOUS EXAM	27.50	
Q0138		FERUMOXYTOL, NON-ESRD	0.92	1.55
Q0139		FERUMOXYTOL, ESRD USE	0.92	1.42
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	33.16	
Q0161		CHLORPROMAZINE HCL 5MG ORAL	0.00	
Q0162		ONDANSETRON ORAL	0.03	
Q0163		DIPHENHYDRAMINE HCL 50MG	0.32	
Q0164		PROCHLORPERAZINE MALEATE 5MG	0.06	
Q0166		GRANISETRON HCL 1 MG ORAL	1.66	
Q0167		DRONABINOL 2.5MG ORAL	1.81	
Q0169		PROMETHAZINE HCL 12.5MG ORAL	0.03	
Q0173		TRIMETHOBENZAMIDE HCL 250MG	0.86	
Q0174		THIETHYLPERAZINE MALEATE10MG	0.86	
Q0175		PERPHENAZINE 4MG ORAL	0.86	
Q0177		HYDROXYZINE PAMOATE 25MG	2.12	
Q0180		DOLASETRON MESYLATE ORAL	130.91	
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	BR	
Q0220		TIXAGEV AND CILGAV, 300MG	BR	
Q0221		TIXAGEV AND CILGAV, 600MG	BR	
Q0222		BEBTELOVIMAB 175 MG	BR	
Q0240		CASIRIVI AND IMDEVI 600 MG	BR	
Q0243		CASIRIVIMAB AND IMDEVIMAB	BR	
Q0244		CASIRIVI AND IMDEVI 1200 MG	BR	
Q0245		BAMLANIVIMAB AND ETESEVIMA	BR	
Q0247		SOTROVIMAB	BR	
Q0249		TOCILIZUMAB FOR COVID-19	BR	
Q0477		PWR MODULE PT CABLE LVAD RPL	907.06	
Q0478		POWER ADAPTER, COMBO VAD	214.83	
Q0479		POWER MODULE COMBO VAD, REP	14008.91	
Q0480		DRIVER PNEUMATIC VAD, REP	105293.29	
Q0481		MICROPRCSR CU ELEC VAD, REP	16987.87	
Q0482		MICROPRCSR CU COMBO VAD, REP	5320.93	
Q0483		MONITOR ELEC VAD, REP	21919.76	
Q0484		MONITOR ELEC OR COMB VAD REP	4256.76	
Q0485		MONITOR CABLE ELEC VAD, REP	410.98	
Q0486		MON CABLE ELEC/PNEUM VAD REP	342.05	
Q0487		LEADS ANY TYPE VAD, REP ONLY	399.07	
Q0488		PWR PACK BASE ELEC VAD, REP	BR	
Q0489		PWR PCK BASE COMBO VAD, REP	19003.24	
Q0490		EMR PWR SOURCE ELEC VAD, REP	822.00	
Q0491		EMR PWR SOURCE COMBO VAD REP	1292.24	
Q0492		EMR PWR CBL ELEC VAD, REP	104.14	
Q0493		EMR PWR CBL COMBO VAD, REP	296.38	
Q0494		EMR HD PMP ELEC/COMBO, REP	250.81	
Q0495		CHARGER ELEC/COMBO VAD, REP	4883.40	
Q0496		BATTERY ELEC/COMBO VAD, REP	1752.74	
Q0497		BAT CLPS ELEC/COMB VAD, REP	547.27	
Q0498		HOLSTER ELEC/COMBO VAD, REP	600.49	
Q0499		BELT/VEST ELEC/COMBO VAD REP	195.12	

Code	Mod	Description	Amount	APC Amount
Q0500		FILTERS ELEC/COMBO VAD, REP	35.70	
Q0501		SHWR COV ELEC/COMBO VAD, REP	597.04	
Q0502		MOBILITY CART PNEUM VAD, REP	760.10	
Q0503		BATTERY PNEUM VAD REPLACEMNT	1520.23	
Q0504		PWR ADPT PNEUM VAD, REP VEH	802.18	
Q0506		LITH-ION BATT ELEC/PNEUM VAD	998.55	
Q0507		MISC SUP/ACC EXT VAD	BR	
Q0508		MIS SUP/ACC IMP VAD	BR	
Q0509		MIS SUP/AC IMP VAD NOPAY MED	BR	
Q0510		DISPENS FEE IMMUNOSUPPRESSIVE	41.60	
Q0511		SUP FEE ANTIEM,ANTICA,IMMUNO	20.00	
Q0512		PX SUP FEE ANTI-CAN SUB PRES	13.20	
Q0513		DISP FEE INHAL DRUGS/30 DAYS	27.60	
Q0514		DISP FEE INHAL DRUGS/90 DAYS	55.20	
Q0515		SERMORELIN ACETATE INJECTION	1.61	
Q1004		NTIOL CATEGORY 4	BR	
Q1005		NTIOL CATEGORY 5	BR	
Q2004		BLADDER CALCULI IRRIG SOL	19.91	
Q2009		FOSPHENYTOIN INJ PE	26.38	
Q2017		TENIPOSIDE, 50 MG	282.58	3756.91
Q2026		RADIESSE INJECTION	228.80	365.47
Q2028		INJ, SCULPTRA, 0.5MG	2.80	3.54
Q2034		AGRIFLU VACCINE	20.81	
Q2035		AFLURIA VACC, 3 YRS & >, IM	16.58	
Q2036		FLULAVAL VACC, 3 YRS & >, IM	24.80	
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	28.58	
Q2038		FLUZONE VACC, 3 YRS & >, IM	28.58	
Q2039		INFLUENZA VIRUS VACCINE, NOS	33.20	
Q2041		AXICABTAGENE CILOLEUCEL CAR+	BR	584920.72
Q2042		TISAGENLECLEUCEL CAR-POS T	BR	609711.97
Q2043		SIPULEUCEL-T AUTO CD54+	46367.06	74438.64
Q2049		IMPORTED LIPODOX INJ	759.99	441.68
Q2050		DOXORUBICIN INJ 10MG	477.80	284.74
Q2052		IVIG DEMO, SERVICES/SUPPLIES	0.00	
Q2053		BREXUCABTAGENE CAR POS T	BR	581007.20
Q2054		LISOCABTAGENE MARA CAR POS T	BR	617583.56
Q2055		IDECABTAGENE VICLEUCEL CAR	BR	631431.40
Q2056		CILTACABTAGENE CAR-POS T	BR	
Q3001		BRACHYTHERAPY RADIOELEMENTS	98.01	
Q3014		TELEHEALTH FACILITY FEE	26.40	
Q3027		INJ BETA INTERFERON IM 1 MCG	53.21	77.87
Q3028		INJ BETA INTERFERON SQ 1 MCG	29.60	
Q3031		COLLAGEN SKIN TEST	BR	
Q4001		CAST SUP BODY CAST PLASTER	58.89	
Q4002		CAST SUP BODY CAST FIBERGLAS	222.52	
Q4003		CAST SUP SHOULDER CAST PLSTR	42.28	
Q4004		CAST SUP SHOULDER CAST FBRGL	146.40	
Q4005		CAST SUP LONG ARM ADULT PLST	15.60	
Q4006		CAST SUP LONG ARM ADULT FBRG	35.13	
Q4007		CAST SUP LONG ARM PED PLSTER	7.79	

Code	Mod	Description	Amount	APC Amount
Q4008		CAST SUP LONG ARM PED FBRGLS	17.56	
Q4009		CAST SUP SHT ARM ADULT PLSTR	10.42	
Q4010		CAST SUP SHT ARM ADULT FBRGL	23.42	
Q4011		CAST SUP SHT ARM PED PLASTER	5.19	
Q4012		CAST SUP SHT ARM PED FBRGLAS	11.74	
Q4013		CAST SUP GAUNTLET PLASTER	18.95	
Q4014		CAST SUP GAUNTLET FIBERGLASS	31.96	
Q4015		CAST SUP GAUNTLET PED PLSTER	9.49	
Q4016		CAST SUP GAUNTLET PED FBRGLS	15.97	
Q4017		CAST SUP LNG ARM SPLINT PLST	10.95	
Q4018		CAST SUP LNG ARM SPLINT FBRG	17.46	
Q4019		CAST SUP LNG ARM SPLNT PED P	5.49	
Q4020		CAST SUP LNG ARM SPLNT PED F	8.77	
Q4021		CAST SUP SHT ARM SPLINT PLST	8.11	
Q4022		CAST SUP SHT ARM SPLINT FBRG	14.63	
Q4023		CAST SUP SHT ARM SPLNT PED P	4.08	
Q4024		CAST SUP SHT ARM SPLNT PED F	7.33	
Q4025		CAST SUP HIP SPICA PLASTER	45.44	
Q4026		CAST SUP HIP SPICA FIBERGLAS	141.94	
Q4027		CAST SUP HIP SPICA PED PLSTR	22.75	
Q4028		CAST SUP HIP SPICA PED FBRGL	71.02	
Q4029		CAST SUP LONG LEG PLASTER	34.77	
Q4030		CAST SUP LONG LEG FIBERGLASS	91.52	
Q4031		CAST SUP LNG LEG PED PLASTER	17.37	
Q4032		CAST SUP LNG LEG PED FBRGLS	45.76	
Q4033		CAST SUP LNG LEG CYLINDER PL	32.44	
Q4034		CAST SUP LNG LEG CYLINDER FB	80.64	
Q4035		CAST SUP LNGLEG CYLNR PED P	16.21	
Q4036		CAST SUP LNGLEG CYLNR PED F	40.35	
Q4037		CAST SUP SHRT LEG PLASTER	19.76	
Q4038		CAST SUP SHRT LEG FIBERGLASS	49.56	
Q4039		CAST SUP SHRT LEG PED PLSTER	9.92	
Q4040		CAST SUP SHRT LEG PED FBRGLS	24.77	
Q4041		CAST SUP LNG LEG SPLNT PLSTR	24.06	
Q4042		CAST SUP LNG LEG SPLNT FBRGL	41.06	
Q4043		CAST SUP LNG LEG SPLNT PED P	12.03	
Q4044		CAST SUP LNG LEG SPLNT PED F	20.56	
Q4045		CAST SUP SHT LEG SPLNT PLSTR	13.97	
Q4046		CAST SUP SHT LEG SPLNT FBRGL	22.45	
Q4047		CAST SUP SHT LEG SPLNT PED P	6.95	
Q4048		CAST SUP SHT LEG SPLNT PED F	11.24	
Q4049		FINGER SPLINT, STATIC	2.53	
Q4050		CAST SUPPLIES UNLISTED	BR	
Q4051		SPLINT SUPPLIES MISC	BR	
Q4074		ILOPROST NON-COMP UNIT DOSE	142.08	
Q4081		EPOETIN ALFA, 100 UNITS ESRD	1.37	
Q4082		DRUG/BIO NOC PART B DRUG CAP	BR	
Q4100		SKIN SUBSTITUTE, NOS	BR	
Q4101		APLIGRAF	34.56	
Q4102		OASIS WOUND MATRIX	12.78	

Code	Mod	Description	Amount	APC Amount
Q4103		OASIS BURN MATRIX		BR
Q4104		INTEGRA BMWD	35.25	
Q4105		INTEGRA DRT OR OMNIGRAFT	140.29	
Q4106		DERMAGRAFT	36.38	
Q4107		GRAFTJACKET	116.18	
Q4108		INTEGRA MATRIX	45.37	
Q4110		PRIMATRIX	61.53	
Q4111		GAMMAGRAFT	7.91	
Q4112		CYMETRA INJECTABLE	262.63	
Q4113		GRAFTJACKET XPRESS	262.63	
Q4114		INTEGRA FLOWABLE WOUND MATRI	1851.98	
Q4115		ALLOSKIN	11.23	
Q4116		ALLODERM	38.23	
Q4117		HYALOMATRIX	31.60	
Q4118		MATRISTEM MICROMATRIX	8.80	
Q4121		THERASKIN	47.54	
Q4122		DERMACELL, AWM, POROUS SQ CM	61.60	
Q4123		ALLOSKIN	26.11	
Q4124		OASIS TRI-LAYER WOUND MATRIX	30.80	
Q4125		ARTHROFLEX		BR
Q4126		MEMODERM/DERMA/TRANZ/INTEGUP	386.80	
Q4127		TALYMED	43.19	
Q4128		FLEXHD/ALLOPATCHHD/MATRIXHD	63.20	
Q4130		STRATTICE TM		BR
Q4132		GRAFIX CORE, GRAFIXPL CORE	248.80	
Q4133		GRAFIX STRAVIX PRIME PL SQCM	149.02	
Q4134		HMATRIX		BR
Q4135		MEDISKIN		BR
Q4136		EZDERM	61.60	
Q4137		AMNIOEXCEL BIODEXCEL 1SQ CM	108.33	
Q4138		BIODFENCE DRYFLEX, 1CM	0.00	
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	923.60	
Q4140		BIODFENCE 1CM	0.00	
Q4141		ALLOSKIN AC, 1 CM	0.00	
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	50.00	
Q4143		REPRIZA, 1CM	0.00	
Q4145		EPIFIX, INJ, 1MG	15.20	
Q4146		TENSIX, 1CM	0.00	
Q4147		ARCHITECT ECM PX FX 1 SQ CM	0.00	
Q4148		NEOX NEOX RT OR CLARIX CORD	184.80	
Q4149		EXCELLAGEN, 0.1 CC	769.60	
Q4150		ALLOWRAP DS OR DRY 1 SQ CM	0.00	
Q4151		AMNIOBAND, GUARDIAN 1 SQ CM	148.27	
Q4152		DERMAPURE 1 SQUARE CM	0.00	
Q4153		DERMAVEST, PLURIVEST SQ CM	283.20	
Q4154		BIOVANCE 1 SQUARE CM	230.80	
Q4155		NEOXFLO OR CLARIXFLO 1 MG	146.00	
Q4156		NEOX 100 OR CLARIX 100	0.00	
Q4157		REVITALON 1 SQUARE CM	0.00	
Q4158		KERECIS OMEGA3, PER SQ CM	67.20	

Code	Mod	Description	Amount	APC Amount
Q4159		AFFINITY1 SQUARE CM	588.60	
Q4160		NUSHIELD 1 SQUARE CM	101.57	
Q4161		BIO-CONNEKT PER SQUARE CM	123.20	
Q4162		WNDEX FLW, BIOSKN FLW, 0.5CC	1354.80	
Q4163		WOUNDEX, BIOSKIN, PER SQ CM	99.46	
Q4164		HELICOLL, PER SQUARE CM	123.20	
Q4165		KERAMATRIX, KERASORB SQ CM	0.00	
Q4166		CYTAL, PER SQUARE CENTIMETER	29.37	
Q4167		TRUSKIN, PER SQ CENTIMETER	BR	
Q4168		AMNIOBAND, 1 MG	42.80	
Q4169		ARTACENT WOUND, PER SQ CM	217.63	
Q4170		CYGNUS, PER SQ CM	553.44	
Q4171		INTERFYL, 1 MG	97.88	
Q4173		PALINGEN OR PALINGEN XPLUS	262.66	
Q4174		PALINGEN OR PROMATRX	746.68	
Q4175		MIRODERM	BR	
Q4176		NEOPATCH OR THERION, 1 SQ CM	114.00	
Q4177		FLOWERAMNIOFLO, 0.1 CC	110.80	
Q4178		FLOWERAMNIOPATCH, PER SQ CM	178.97	
Q4179		FLOWERDERM, PER SQ CM	BR	
Q4180		REVITA, PER SQ CM	184.80	
Q4181		AMNIO WOUND, PER SQUARE CM	BR	
Q4182		TRANSCYTE, PER SQ CENTIMETER	BR	
Q4183		SURGIGRAFT, 1 SQ CM	BR	
Q4184		CELLESTA OR DUO PER SQ CM	BR	
Q4185		CELLESTA FLOWAB AMNION 0.5CC	891.20	
Q4186		EPIFIX 1 SQ CM	171.84	
Q4187		EPICORD 1 SQ CM	260.77	
Q4188		AMNIOARMOR 1 SQ CM	292.40	
Q4189		ARTACENT AC, 1 MG	BR	
Q4190		ARTACENT AC 1 SQ CM	BR	
Q4191		RESTORIGIN 1 SQ CM	BR	
Q4192		RESTORIGIN, 1 CC	1526.80	
Q4193		COLL-E-DERM 1 SQ CM	BR	
Q4194		NOVACHOR 1 SQ CM	800.40	
Q4195		PURAPLY 1 SQ CM	78.35	181.82
Q4196		PURAPLY AM 1 SQ CM	120.40	181.82
Q4197		PURAPLY XT 1 SQ CM	230.80	
Q4198		GENESIS AMNIO MEMBRANE 1SQCM	BR	
Q4199		CYGNUS MATRIX, PER SQ CM	BR	
Q4200		SKIN TE 1 SQ CM	BR	
Q4201		MATRION 1 SQ CM	138.40	
Q4202		KEROXX (2.5G/CC), 1CC	BR	
Q4203		DERMA-GIDE, 1 SQ CM	BR	
Q4204		XWRAP 1 SQ CM	246.40	
Q4205		MEMBRANE GRAFT OR WRAP SQ CM	215.20	
Q4206		FLUID FLOW OR FLUID GF 1 CC	1539.60	
Q4208		NOVAFIX PER SQ CM	277.20	
Q4209		SURGRAFT PER SQ CM	215.60	
Q4210		AXOLOTL GRAF DUALGRAF SQ CM	523.61	

Code	Mod	Description	Amount	APC Amount
Q4211		AMNION BIO OR AXOBIO SQ CM	BR	
Q4212		ALLOGEN, PER CC	BR	
Q4213		ASCENT, 0.5 MG	61.60	
Q4214		CELLESTA CORD PER SQ CM	BR	
Q4215		AXOLOTL AMBIENT, CRYO 0.1 MG	308.00	
Q4216		ARTACENT CORD PER SQ CM	BR	
Q4217		WOUNDFIX BIOWOUND PLUS XPLUS	317.20	
Q4218		SURGICORD PER SQ CM	BR	
Q4219		SURGIGRAFT DUAL PER SQ CM	BR	
Q4220		BELLACELL HD, SUREDERM SQ CM	BR	
Q4221		AMNIOWRAP2 PER SQ CM	461.61	
Q4222		PROGENAMATRIX, PER SQ CM	110.80	
Q4224		HHF10-P PER SQ CM	BR	
Q4225		AMNIOBIND, PER SQ CM	BR	
Q4226		MYOWN HARV PREP PROC SQ CM	308.00	
Q4227		AMNIOCORE PER SQ CM	285.20	
Q4229		COGENEX AMNIO MEMB PER SQ CM	BR	
Q4230		COGENEX FLOW AMNION 0.5 CC	BR	
Q4231		CORPLEX P, PER CC	863.60	
Q4232		CORPLEX, PER SQ CM	299.60	
Q4233		SURFACTOR /NUDYN PER 0.5 CC	4616.80	
Q4234		XCELLERATE, PER SQ CM	338.40	
Q4235		AMNIOREPAIR OR ALTIPLY SQ CM	BR	
Q4237		CRYO-CORD, PER SQ CM	BR	
Q4238		DERM-MAXX, PER SQ CM	615.60	
Q4239		AMNIO-MAXX OR LITE PER SQ CM	584.80	
Q4240		CORECYTE TOPICAL ONLY 0.5 CC	277.20	
Q4241		POLYCYTE, TOPICAL ONLY 0.5CC	BR	
Q4242		AMNIOCYTE PLUS, PER 0.5 CC	BR	
Q4244		PROCENTA, PER 200 MG	3681.20	
Q4245		AMNIOTEXT, PER CC	BR	
Q4246		CORETEXT OR PROTEXT, PER CC	1846.80	
Q4247		AMNIOTEXT PATCH, PER SQ CM	308.00	
Q4248		DERMACYTE AMN MEM ALLO SQ CM	277.20	
Q4249		AMNIPLY, PER SQ CM	308.00	
Q4250		AMNIOAMP-MP PER SQ CM	BR	
Q4251		VIM, PER SQUARE CENTIMETER	BR	
Q4252		VENDAJE, PER SQUARE CENTIMET	BR	
Q4253		ZENITH AMNIOTIC MEMBRANE PSC	BR	
Q4254		NOVAFIX DL PER SQ CM	507.20	
Q4255		REGUARD, TOPICAL USE PER SQ	BR	
Q4256		MLG COMPLET, PER SQ CM	BR	
Q4257		RELESE, PER SQ CM	BR	
Q4258		ENVERSE, PER SQ CM	BR	
Q4259		CELERA PER SQ CM	BR	
Q4260		SIGNATURE APATCH, PER SQ CM	BR	
Q4261		TAG, PER SQUARE CENTIMETER	BR	
Q5001		HOSPICE OR HOME HLTH IN HOME	See Home Health Rules	
Q5002		HOSPICE/HOME HLTH IN ASST LV	See Home Health Rules	

Code	Mod	Description	Amount	APC Amount
Q5003		HOSPICE IN LT/NON-SKILLED NF	See Home Health Rules	
Q5004		HOSPICE IN SNF	See Home Health Rules	
Q5005		HOSPICE, INPATIENT HOSPITAL	See Home Health Rules	
Q5006		HOSPICE IN HOSPICE FACILITY	See Home Health Rules	
Q5007		HOSPICE IN LTCH	See Home Health Rules	
Q5008		HOSPICE IN INPATIENT PSYCH	See Home Health Rules	
Q5009		HOSPICE/HOME HLTH, PLACE NOS	See Home Health Rules	
Q5010		HOSPICE HOME CARE IN HOSPICE	See Home Health Rules	
Q5101		INJECTION, ZARXIO	1.08	0.44
Q5103		INJECTION, INFLECTRA	36.59	57.61
Q5104		INJECTION, RENFLEXIS	56.38	56.20
Q5105		INJ RETACRIT ESRD ON DIALYSI	0.92	1.71
Q5106		INJ RETACRIT NON-ESRD USE	9.24	11.54
Q5107		INJ MVASI 10 MG	35.46	56.47
Q5108		INJECTION, FULPHILA	181.80	289.88
Q5109		INJECTION, IXIFI, 10 MG	BR	
Q5110		NIVESTYM	0.37	0.48
Q5111		INJECTION, UDENYCA 0.5 MG	189.06	286.98
Q5112		INJ ONTRUZANT 10 MG	75.35	86.78
Q5113		INJ HERZUMA 10 MG	47.26	68.87
Q5114		INJ OGIVRI 10 MG	52.58	79.12
Q5115		INJ TRUXIMA 10 MG	53.17	81.44
Q5116		INJ., TRAZIMERA, 10 MG	50.03	79.22
Q5117		INJ., KANJINTI, 10 MG	42.34	67.32
Q5118		INJ., ZIRABEV, 10 MG	46.05	71.84
Q5119		INJ RUXIENCE, 10 MG	48.43	80.05
Q5120		INJ PEGFILGRASTIM-BMEZ 0.5MG	168.66	316.46
Q5121		INJ. AVSOLA, 10 MG	42.52	64.33
Q5122		INJ, NYVEPRIA	239.46	382.18
Q5123		INJ. RIABNI, 10 MG	54.82	91.35
Q5124		INJ. BYOOVIZ, 0.1 MG	BR	
Q5125		INJ, RELEUKO 1 MCG	BR	
Q9001		VA CHAPLAIN ASSESSMENT	BR	
Q9002		VA CHAPLAIN COUNSEL INDIVIDU	BR	
Q9003		VA CHAPLAIN COUNSEL GROUP	BR	
Q9004		VA WHOLE HEALTH PARTNER SERV	BR	
Q9950		INJ SULF HEXA LIPID MICROSPH	36.61	31.98
Q9951		LOCM >= 400 MG/ML IODINE,1ML	1.60	
Q9953		INJ FE-BASED MR CONTRAST,1ML	BR	
Q9954		ORAL MR CONTRAST, 100 ML	18.40	
Q9955		INJ PERFLEXANE LIP MICROS,ML	BR	
Q9956		INJ OCTAFLUOROPROPANE MIC,ML	38.65	
Q9957		INJ PERFLUTREN LIP MICROS,ML	57.99	
Q9958		HOCM <=149 MG/ML IODINE, 1ML	0.09	
Q9959		HOCM 150-199MG/ML IODINE,1ML	0.83	
Q9960		HOCM 200-249MG/ML IODINE,1ML	0.24	
Q9961		HOCM 250-299MG/ML IODINE,1ML	0.25	

Code	Mod	Description	Amount	APC Amount
Q9962		HOCM 300-349MG/ML IODINE,1ML	0.83	
Q9963		HOCM 350-399MG/ML IODINE,1ML	0.21	
Q9964		HOCM>= 400MG/ML IODINE, 1ML	BR	
Q9965		LOCM 100-199MG/ML IODINE,1ML	0.98	
Q9966		LOCM 200-299MG/ML IODINE,1ML	0.22	
Q9967		LOCM 300-399MG/ML IODINE,1ML	0.14	
Q9968		VISUALIZATION ADJUNCT	40.00	11.02
Q9969		NON-HEU TC-99M ADD-ON/DOSE	14.00	14.20
Q9982		FLUTEMETAMOL F18 DIAGNOSTIC	2857.31	
Q9983		FLORBETABEN F18 DIAGNOSTIC	2967.93	
Q9991		BUPRENORPH XR 100 MG OR LESS	2044.47	2537.58
Q9992		BUPRENORPHINE XR OVER 100 MG	2044.47	2537.58
R0070		TRANSPORT PORTABLE X-RAY	0.00	
R0075		TRANSPORT PORT X-RAY MULTIPL	0.00	
R0076		TRANSPORT PORTABLE EKG	0.00	
S0012		BUTORPHANOL TARTRATE, NASAL	69.70	
S0013		ESKETAMINE, NASAL SPRAY	19.10	
S0014		TACRINE HYDROCHLORIDE, 10 MG	2.45	
S0017		INJECTION, AMINOCAPROIC ACID	46.66	
S0020		INJECTION, BUPIVICAINE HYDRO	8.02	
S0021		INJECTION, CEFOPERAZONE SOD	BR	
S0023		INJECTION, CIMETIDINE HYDROC	10.56	
S0028		INJECTION, FAMOTIDINE, 20 MG	7.04	
S0030		INJECTION, METRONIDAZOLE	14.52	
S0032		INJECTION, NAFCILLIN SODIUM	87.10	
S0034		INJECTION, OFLOXACIN, 400 MG	BR	
S0039		INJECTION, SULFAMETHOXAZOLE	1.15	
S0040		INJECTION, TICARCILLIN DISOD	13.04	
S0073		INJECTION, AZTREONAM, 500 MG	52.81	
S0074		INJECTION, CEFOTETAN DISODIU	BR	
S0077		INJECTION, CLINDAMYCIN PHOSP	13.21	
S0078		INJECTION, FOSPHENYTOIN SODI	160.21	
S0080		INJECTION, PENTAMIDINE ISETH	163.99	
S0081		INJECTION, PIPERACILLIN SODI	1.63	
S0088		IMATINIB 100 MG	70.29	
S0090		SILDENAFIL CITRATE, 25 MG	100.77	
S0091		GRANISETRON 1MG	69.99	
S0092		HYDROMORPHONE 250 MG	189.25	
S0093		MORPHINE 500 MG	4.97	
S0104		ZIDOVUDINE, ORAL, 100 MG	1.63	
S0106		BUPROPION HCL SR 60 TABLETS	99.47	
S0108		MERCAPTOPYRINE 50 MG	3.27	
S0109		METHADONE ORAL 5MG	0.54	
S0117		TRETINOIN TOPICAL 5 G	1.91	
S0119		ONDANSETRON 4 MG	24.06	
S0122		INJ MENOTROPINS 75 IU	185.84	
S0126		INJ FOLLITROPIN ALFA 75 IU	1291.94	
S0128		INJ FOLLITROPIN BETA 75 IU	1973.34	
S0132		INJ GANIRELIX ACETAT 250 MCG	131.56	
S0136		CLOZAPINE, 25 MG	1.23	

Code	Mod	Description	Amount	APC Amount
S0137		DIDANOSINE, 25 MG		BR
S0138		FINASTERIDE, 5 MG	2.45	
S0139		MINOXIDIL, 10 MG	0.82	
S0140		SAQUINAVIR, 200 MG	1.63	
S0142		COLISTIMETHATE INH SOL MG		BR
S0145		PEG INTERFERON ALFA-2A/180	2441.36	
S0148		PEG INTERFERON ALFA-2B/10		BR
S0155		EPOPROSTENOL DILUTANT	0.50	
S0156		EXEMESTANE, 25 MG	7.75	
S0157		BECAPLERMIN GEL 1%, 0.5 GM	15.90	
S0160		DEXTROAMPHETAMINE	35.20	
S0164		INJECTION PANTOPRAZOLE	18.23	
S0166		INJ OLANZAPINE 2.5MG	5.30	
S0169		CALCITROL	1.16	
S0170		ANASTROZOLE 1 MG	11.44	
S0171		BUMETANIDE 0.5 MG	4.58	
S0172		CHLORAMBUCIL 2 MG	2.04	
S0174		DOLASETRON 50 MG	47.28	
S0175		FLUTAMIDE 125 MG	2.04	
S0176		HYDROXYUREA 500 MG	1.23	
S0177		LEVAMISOLE 50 MG	4.48	
S0178		LOMUSTINE 10 MG	23.23	
S0179		MEGESTROL 20 MG	0.40	
S0182		PROCARBAZINE, ORAL	46.88	
S0183		PROCHLORPERAZINE 5 MG	0.40	
S0187		TAMOXIFEN 10 MG	2.04	
S0189		TESTOSTERONE PELLET 75 MG	150.51	
S0190		MIFEPRISTONE, ORAL, 200 MG	132.05	
S0191		MISOPROSTOL, ORAL, 200 MCG	7.04	
S0194		VITAMIN SUPPL 100 CAPS	25.97	
S0197		PRENATAL VITAMINS 30 DAY	8.02	
S0199		MED ABORTION INC ALL EX DRUG	794.17	
S0201		PARTIAL HOSPITALIZATION SERV	337.69	
S0207		PARAMEDICINTERCEP NONHOSPALS	242.96	
S0208		PARAMED INTRCEPT NONVOL	226.15	
S0209		WC VAN MILEAGE PER MI	1.15	
S0215		NONEMERG TRANSP MILEAGE	0.45	
S0220		MEDICAL CONFERENCE BY PHYSIC	29.42	
S0221		MEDICAL CONFERENCE, 60 MIN	95.12	
S0250		COMP GERIATR ASSMT TEAM	132.55	
S0255		HOSPICE REFER VISIT NONMD		BR
S0257		END OF LIFE COUNSELING	49.28	
S0260		H&P FOR SURGERY	222.33	
S0265		GENETIC COUNSEL 15 MINS	54.24	
S0270		HOME STD CASE RATE 30 DAYS	49.28	
S0271		HOME HOSPICE CASE 30 DAYS		BR
S0272		HOME EPISODIC CASE 30 DAYS		BR
S0273		MD HOME VISIT OUTSIDE CAP		BR
S0274		NURSE PRACTR VISIT OUTS CAP		BR
S0280		MEDICAL HOME, INITIAL PLAN	140.19	

Code	Mod	Description	Amount	APC Amount
S0281		MEDICAL HOME, MAINTENANCE	0.79	
S0285		CNSLT BEFORE SCREEN COLONOSC	196.54	
S0302		COMPLETED EPSDT	13.37	
S0310		HOSPITALIST VISIT	97.03	
S0311		COMP MGMT CARE COORD ADV ILL	216.97	
S0315		DISEASE MANAGEMENT PROGRAM	212.01	
S0316		FOLLOW-UP/REASSESSMENT	111.16	
S0317		DISEASE MGMT PER DIEM	62.64	
S0320		RN TELEPHONE CALLS TO DMP	BR	
S0340		LIFESTYLE MOD 1ST STAGE	8.02	
S0341		LIFESTYLE MOD 2 OR 3 STAGE	BR	
S0342		LIFESTYLE MOD 4TH STAGE	BR	
S0353		CANCER TREATMENTPLAN INITIAL	244.09	
S0354		CANCER TREATMENT PLAN CHANGE	197.49	
S0390		ROUT FOOT CARE PER VISIT	71.43	
S0395		IMPRESSION CASTING FT	93.97	
S0400		GLOBAL ESWL KIDNEY	BR	
S0500		DISPOS CONT LENS	122.24	
S0504		SINGL PRSCRIP LENS	69.91	
S0506		BIFOC PRSCP LENS	155.09	
S0508		TRIFOC PRSCRIP LENS	140.96	
S0510		NON-PRSCRIP LENS	BR	
S0512		DAILY CONT LENS	67.61	
S0514		COLOR CONT LENS	BR	
S0515		SCLERAL LENS LIQUID BANDAGE	1058.14	
S0516		SAFETY FRAMES	84.42	
S0518		SUNGLASS FRAMES	113.07	
S0580		POLYCARB LENS	23.69	
S0581		NONSTND LENS	93.97	
S0590		MISC INTEGRAL LENS SERV	BR	
S0592		COMP CONT LENS EVAL	39.73	
S0595		NEW LENSES IN PTS OLD FRAME	9.55	
S0596		PHAKIC IOL REFRACTIVE ERROR	BR	
S0601		SCREENING PROCTOSCOPY	105.81	
S0610		ANNUAL GYNECOLOGICAL EXAMINA	176.87	
S0612		ANNUAL GYNECOLOGICAL EXAMINA	135.61	
S0613		ANN BREAST EXAM	61.51	
S0618		AUDIOMETRY FOR HEARING AID	79.46	
S0620		ROUTINE OPHTHALMOLOGICAL EXA	37.06	
S0621		ROUTINE OPHTHALMOLOGICAL EXA	37.06	
S0622		PHYS EXAM FOR COLLEGE	19.87	
S0630		REMOVAL OF SUTURES	77.93	
S0800		LASER IN SITU KERATOMILEUSIS	1588.74	
S0810		PHOTOREFRACTIVE KERATECTOMY	1587.97	
S0812		PHOTOTHERAP KERATECT	1827.10	
S1001		DELUXE ITEM	BR	
S1002		CUSTOM ITEM	BR	
S1015		IV TUBING EXTENSION SET	42.02	
S1016		NON-PVC INTRAVENOUS ADMINIST	17.57	
S1030		GLUC MONITOR PURCHASE	BR	

Code	Mod	Description	Amount	APC Amount
S1031		GLUC MONITOR RENTAL		BR
S1034		ART PANCREAS SYSTEM	9358.61	
S1035		ART PANCREAS INV DISP SENSOR		BR
S1036		ART PANCREAS EXT TRANSMITTER	801.05	
S1037		ART PANCREAS EXT RECEIVER		BR
S1040		CRANIAL REMOLDING ORTHOSIS	3760.03	
S1091		STENT NON-CORONARY PROPEL		BR
S2053		TRANSPLANTATION OF SMALL INT		BR
S2054		TRANSPLANTATION OF MULTIVISC		BR
S2055		HARVESTING OF DONOR MULTIVIS		BR
S2060		LOBAR LUNG TRANSPLANTATION		BR
S2061		DONOR LOBECTOMY (LUNG)		BR
S2065		SIMULT PANC KIDN TRANS		BR
S2066		BREAST GAP FLAP RECONST	25420.19	
S2067		BREAST "STACKED" DIEP/GAP	50838.85	
S2068		BREAST DIEP OR SIEA FLAP	41107.78	
S2070		CYSTO LASER TX URETERAL CALC		BR
S2079		LAP ESOPHAGOMYOTOMY		BR
S2080		LAUP		BR
S2083		ADJUSTMENT GASTRIC BAND	289.94	
S2095		TRANSCATH EMBOLIZ MICROSPHER	32774.84	
S2102		ISLET CELL TISSUE TRANSPLANT		BR
S2103		ADRENAL TISSUE TRANSPLANT		BR
S2107		ADOPTIVE IMMUNOTHERAPY		BR
S2112		KNEE ARTHROSCP HARV	2382.91	
S2115		PERIACETABULAR OSTEOTOMY	15884.32	
S2117		ARTHROEREISIS, SUBTALAR	2502.10	
S2118		TOTAL HIP RESURFACING	9475.13	
S2120		LOW DENSITY LIPOPROTEIN(LDL)	9300.18	
S2140		CORD BLOOD HARVESTING	238.37	
S2142		CORD BLOOD-DERIVED STEM-CELL		BR
S2150		BMT HARV/TRANSPL 28D PKG		BR
S2152		SOLID ORGAN TRANSPL PKG		BR
S2202		ECHOSCLEROTHERAPY		BR
S2205		MINIMALLY INVASIVE DIRECT CO		BR
S2206		MINIMALLY INVASIVE DIRECT CO		BR
S2207		MINIMALLY INVASIVE DIRECT CO		BR
S2208		MINIMALLY INVASIVE DIRECT CO		BR
S2209		MINIMALLY INVASIVE DIRECT CO		BR
S2225		MYRINGOTOMY LASER-ASSIST		BR
S2230		IMPLANT SEMI-IMP HEAR		BR
S2235		IMPLANT AUDITORY BRAIN IMP		BR
S2260		INDUCED ABORTION 17-24 WEEKS	476.74	
S2265		INDUCED ABORTION 25-28 WKS		BR
S2266		INDUCED ABORTION 29-31 WKS		BR
S2267		INDUCED ABORTION 32 OR MORE		BR
S2300		ARTHROSCOPY, SHOULDER, SURGI		BR
S2325		HIP CORE DECOMPRESSION	2780.96	
S2340		CHEMODENERVATION OF ABDUCTOR		BR
S2341		CHEMODENERV ADDUCT VOCAL		BR

Code	Mod	Description	Amount	APC Amount
S2342		NASAL ENDOSCOPO DEBRID	1112.38	
S2348		DECOMPRESS DISC RF LUMBAR	BR	
S2350		DISKECTOMY, ANTERIOR, WITH D	4499.96	
S2351		DISKECTOMY, ANTERIOR, WITH D	3971.66	
S2400		FETAL SURG CONGEN HERNIA	BR	
S2401		FETAL SURG URIN TRAC OBSTR	BR	
S2402		FETAL SURG CONG CYST MALF	BR	
S2403		FETAL SURG PULMON SEQUEST	BR	
S2404		FETAL SURG MYELOMENINGO	11310.64	
S2405		FETAL SURG SACROCOC TERATOMA	BR	
S2409		FETAL SURG NOC	BR	
S2411		FETOSCOPO LASER THER TTTS	7942.93	
S2900		ROBOTIC SURGICAL SYSTEM	1309.88	
S3000		BILAT DIL RETINAL EXAM	BR	
S3005		EVAL SELF-ASSESS DEPRESSION	BR	
S3600		STAT LAB	22.15	
S3601		STAT LAB HOME/NF	17.57	
S3620		NEWBORN METABOLIC SCREENING	37.06	
S3630		EOSINOPHIL BLOOD COUNT	24.45	
S3645		HIV-1 ANTIBODY TESTING OF OR	16.43	
S3650		SALIVA TEST, HORMONE LEVEL;	120.72	
S3652		SALIVA TEST, HORMONE LEVEL;	BR	
S3655		ANTISPERM ANTIBODIES TEST	BR	
S3708		GASTROINTESTINAL FAT ABSORPT	BR	
S3722		DOSE OPTIMIZATION AUC - 5FU	BR	
S3800		GENETIC TESTING ALS	BR	
S3840		DNA ANALYSIS RET-ONCOGENE	BR	
S3841		GENE TEST RETINOBLASTOMA	BR	
S3842		GENE TEST HIPPEL-LINDAU	BR	
S3844		DNA ANALYSIS DEAFNESS	BR	
S3845		GENE TEST ALPHA-THALASSEMIA	BR	
S3846		GENE TEST BETA-THALASSEMIA	BR	
S3849		GENE TEST NIEMANN-PICK	BR	
S3850		GENE TEST SICKLE CELL	BR	
S3852		DNA ANALYSIS APOE ALZHEIMER	BR	
S3853		GENE TEST MYO MUSCLR DYST	BR	
S3854		GENE PROFILE PANEL BREAST	3522.86	
S3861		GENETIC TEST BRUGADA	BR	
S3865		COMP GENET TEST HYP CARDIOMY	BR	
S3866		SPEC GENE TEST HYP CARDIOMY	BR	
S3870		CGH TEST DEVELOPMENTAL DELAY	BR	
S3900		SURFACE EMG	178.78	
S3902		BALLISTOCARDIOGRAM	BR	
S3904		MASTERS TWO STEP	BR	
S4005		INTERIM LABOR FACILITY GLOBA	2382.91	
S4011		IVF PACKAGE	4156.15	
S4013		COMPL GIFT CASE RATE	BR	
S4014		COMPL ZIFT CASE RATE	1636.49	
S4015		COMPLETE IVF NOS CASE RATE	BR	
S4016		FROZEN IVF CASE RATE	5574.91	

Code	Mod	Description	Amount	APC Amount
S4017		IVF CANC A STIM CASE RATE	840.40	
S4018		F EMB TRNS CANC CASE RATE	937.43	
S4020		IVF CANC A ASPIR CASE RATE	1454.65	
S4021		IVF CANC P ASPIR CASE RATE	6044.39	
S4022		ASST OOCYTE FERT CASE RATE	1227.74	
S4023		INCOMPL DONOR EGG CASE RATE	10051.18	
S4025		DONOR SERV IVF CASE RATE	7946.75	
S4026		PROCURE DONOR SPERM	810.22	
S4027		STORE PREV FROZ EMBRYOS	25.60	
S4028		MICROSURG EPI SPERM ASP	2184.66	
S4030		SPERM PROCURE INIT VISIT	BR	
S4031		SPERM PROCURE SUBS VISIT	BR	
S4035		STIMULATED IUI CASE RATE	1807.24	
S4037		CRYO EMBRYO TRANSF CASE RATE	3336.39	
S4040		MONIT STORE CRYO EMBRYO 30 D	46.60	
S4042		OVULATION MGMT PER CYCLE	397.28	
S4981		INSERT LEVONORGESTREL IUS	357.17	
S4989		CONTRACEPT IUD	716.63	
S4990		NICOTINE PATCH LEGEND	BR	
S4991		NICOTINE PATCH NONLEGEND	BR	
S4993		CONTRACEPTIVE PILLS FOR BC	29.42	
S4995		SMOKING CESSATION GUM	BR	
S5000		PRESCRIPTION DRUG, GENERIC	BR	
S5001		PRESCRIPTION DRUG, BRAND NAME	BR	
S5010		5% DEXTROSE AND 0.45% SALINE	13.37	
S5012		5% DEXTROSE WITH POTASSIUM	14.52	
S5013		5% DEXTROSE/0.45% SALINE 1000ML	7.26	
S5014		D5W/0.45NS W KCL AND MGS04	BR	
S5035		HIT ROUTINE DEVICE MAINT	BR	
S5036		HIT DEVICE REPAIR	BR	
S5100		ADULT DAYCARE SERVICES 15MIN	BR	
S5101		ADULT DAY CARE PER HALF DAY	51.19	
S5102		ADULT DAY CARE PER DIEM	102.00	
S5105		CENTERBASED DAY CARE PERDIEM	63.42	
S5108		HOMECARE TRAIN PT 15 MIN	9.93	
S5109		HOMECARE TRAIN PT SESSION	169.99	
S5110		FAMILY HOMECARE TRAINING 15M	8.79	
S5111		FAMILY HOMECARE TRAIN/SESSIO	63.42	
S5115		NONFAMILY HOMECARE TRAIN/15M	BR	
S5116		NONFAMILY HC TRAIN/SESSION	22.15	
S5120		CHORE SERVICES PER 15 MIN	3.06	
S5121		CHORE SERVICES PER DIEM	178.01	
S5125		ATTENDANT CARE SERVICE /15M	4.21	
S5126		ATTENDANT CARE SERVICE /DIEM	BR	
S5130		HOMAKER SERVICE NOS PER 15M	BR	
S5131		HOMEMAKER SERVICE NOS /DIEM	BR	
S5135		ADULT COMPANIONCARE PER 15M	3.43	
S5136		ADULT COMPANIONCARE PER DIEM	BR	
S5140		ADULT FOSTER CARE PER DIEM	BR	
S5141		ADULT FOSTER CARE PER MONTH	BR	

Code	Mod	Description	Amount	APC Amount
S5145		CHILD FOSTERCARE TH PER DIEM	62.27	
S5146		THER FOSTERCARE CHILD /MONTH	BR	
S5150		UNSKILLED RESPITE CARE /15M	See Home Health Rules	
S5151		UNSKILLED RESPITECARE /DIEM	See Home Health Rules	
S5160		EMER RESPONSE SYS INSTAL&TST	23.30	
S5161		EMER RSPNS SYS SERV PERMONTH	34.38	
S5162		EMER RSPNS SYSTEM PURCHASE	BR	
S5165		HOME MODIFICATIONS PER SERV	3914.73	
S5170		HOMEDELIVERED PREPARED MEAL	6.12	
S5175		LAUNDRY SERV,EXT,PROF,/ORDER	19.87	
S5180		HH RESPIRATORY THRPY IN EVAL	60.73	
S5181		HH RESPIRATORY THRPY NOS/DAY	BR	
S5185		MED REMINDER SERV PER MONTH	39.73	
S5190		WELLNESS ASSESSMENT BY NONPH	16.81	
S5199		PERSONAL CARE ITEM NOS EACH	BR	
S5497		HIT CATH CARE NOC	BR	
S5498		HIT SIMPLE CATH CARE	16.04	
S5501		HIT COMPLEX CATH CARE	23.69	
S5502		HIT INTERIM CATH CARE	19.87	
S5517		HIT DECLOTTING KIT	102.76	
S5518		HIT CATH REPAIR KIT	299.11	
S5520		HIT PICC INSERT KIT	176.48	
S5521		HIT MIDLINE CATH INSERT KIT	221.56	
S5522		HIT PICC INSERT NO SUPP	595.54	
S5523		HIP MIDLINE CATH INSERT KIT	238.37	
S5550		INSULIN RAPID 5 U	11.84	
S5551		INSULIN MOST RAPID 5 U	BR	
S5552		INSULIN INTERMED 5 U	16.04	
S5553		INSULIN LONG ACTING 5 U	21.39	
S5560		INSULIN REUSE PEN 1.5 ML	BR	
S5561		INSULIN REUSE PEN 3 ML	BR	
S5565		INSULIN CARTRIDGE 150 U	BR	
S5566		INSULIN CARTRIDGE 300 U	BR	
S5570		INSULIN DISPOS PEN 1.5 ML	BR	
S5571		INSULIN DISPOS PEN 3 ML	BR	
S8030		TANTALUM RING APPLICATION	BR	
S8035		MAGNETIC SOURCE IMAGING	BR	
S8037		MRCP	448.47	
S8040		TOPOGRAPHIC BRAIN MAPPING	516.08	
S8042		MRI LOW FIELD	BR	
S8055		US GUIDANCE FETAL REDUCT	BR	
S8080		SCINTIMAMMOGRAPHY	BR	
S8085		FLUORINE-18 FLUORODEOXYGLUCO	BR	
S8092		ELECTRON BEAM COMPUTED TOMOG	BR	
S8096		PORTABLE PEAK FLOW METER	14.52	
S8097		ASTHMA KIT	BR	
S8100		SPACER WITHOUT MASK	29.42	
S8101		SPACER WITH MASK	27.12	
S8110		PEAK EXPIRATORY FLOW RATE (P	35.91	
S8120		O2 CONTENTS GAS CUBIC FT	1.52	

Code	Mod	Description	Amount	APC Amount
S8121		O2 CONTENTS LIQUID LB	2.30	
S8130		INTERFERENTIAL STIM 2 CHAN	2020.78	
S8131		INTERFERENTIAL STIM 4 CHAN	43.93	
S8185		FLUTTER DEVICE	131.79	
S8186		SWIVEL ADAPTOR	12.22	
S8189		TRACH SUPPLY NOC	BR	
S8210		MUCUS TRAP	4.21	
S8265		HABERMAN FEEDER	BR	
S8270		ENURESIS ALARM	272.36	
S8301		INFECT CONTROL SUPPLIES NOS	BR	
S8415		SUPPLIES FOR HOME DELIVERY	294.14	
S8420		CUSTOM GRADIENT SLEEV/GLOV	293.76	
S8421		READY GRADIENT SLEEV/GLOV	117.66	
S8422		CUSTOM GRAD SLEEVE MED	168.08	
S8423		CUSTOM GRAD SLEEVE HEAVY	168.84	
S8424		READY GRADIENT SLEEVE	56.91	
S8425		CUSTOM GRAD GLOVE MED	176.48	
S8426		CUSTOM GRAD GLOVE HEAVY	163.88	
S8427		READY GRADIENT GLOVE	95.50	
S8428		READY GRADIENT GAUNTLET	40.49	
S8429		GRADIENT PRESSURE WRAP	144.78	
S8430		PADDING FOR COMPRSSN BDG	8.79	
S8431		COMPRESSION BANDAGE	8.79	
S8450		SPLINT DIGIT	11.46	
S8451		SPLINT WRIST OR ANKLE	14.13	
S8452		SPLINT ELBOW	19.48	
S8460		CAMISOLE POST-MAST	152.03	
S8490		100 INSULIN SYRINGES	BR	
S8930		AURICULAR ELECTROSTIMULATION	31.70	
S8940		HIPPOTHERAPY PER SESSION	67.61	
S8948		LOW-LEVEL LASER TRMT 15 MIN	59.60	
S8950		COMPLEX LYMPHEDEMA THERAPY,	71.43	
S8990		PT OR MANIP FOR MAINT	39.73	
S8999		RESUSCITATION BAG	144.78	
S9001		HOME UTERINE MONITOR WITH OR	BR	
S9007		ULTRAFILTRATION MONITOR	BR	
S9024		PARANASAL SINUS ULTRASOUND	145.54	
S9025		OMNICARDIOGRAM/CARDIOINTEGRA	BR	
S9034		ESWL FOR GALLSTONES	1898.54	
S9055		PROCUREN OR OTHER GROWTH FAC	278.87	
S9056		COMA STIMULATION PER DIEM	BR	
S9061		MEDICAL SUPPLIES AND EQUIPME	39.73	
S9083		URGENT CARE CENTER GLOBAL	198.64	
S9088		SERVICES PROVIDED IN URGENT	59.60	
S9090		VERTEBRAL AXIAL DECOMPRESSIO	119.18	
S9097		HOME VISIT WOUND CARE	198.64	
S9098		HOME PHOTOTHERAPY VISIT	635.65	
S9110		TELEMONITORING/HOME PER MNTH	BR	
S9117		BACK SCHOOL VISIT	437.00	
S9122		HOME HEALTH AIDE OR CERTIFIE	60.00	

Code	Mod	Description	Amount	APC Amount
S9123		NURSING CARE IN HOME RN	140.00	
S9124		NURSING CARE, IN THE HOME; B	115.00	
S9125		RESPIRE CARE, IN THE HOME, P	See Home Health Rules	
S9126		HOSPICE CARE, IN THE HOME, P	See Home Health Rules	
S9127		SOCIAL WORK VISIT, IN THE HO	135.00	
S9128		SPEECH THERAPY, IN THE HOME,	135.00	
S9129		OCCUPATIONAL THERAPY, IN THE	135.00	
S9131		PT IN THE HOME PER DIEM	135.00	
S9140		DIABETIC MANAGEMENT PROGRAM,	53.10	
S9141		DIABETIC MANAGEMENT PROGRAM,	53.10	
S9145		INSULIN PUMP INITIATION	119.18	
S9150		EVALUATION BY OCULARIST	158.91	
★ S9152		SPEECH THERAPY, RE-EVAL	201.70	
S9208		HOME MGMT PRETERM LABOR	BR	
S9209		HOME MGMT PPROM	BR	
S9211		HOME MGMT GEST HYPERTENSION	79.46	
S9212		HM POSTPAR HYPER PER DIEM	86.72	
S9213		HM PREECLAMP PER DIEM	86.72	
S9214		HM GEST DM PER DIEM	206.66	
S9325		HIT PAIN MGMT PER DIEM	164.26	
S9326		HIT CONT PAIN PER DIEM	370.93	
S9327		HIT INT PAIN PER DIEM	158.91	
S9328		HIT PAIN IMP PUMP DIEM	95.50	
S9329		HIT CHEMO PER DIEM	198.64	
S9330		HIT CONT CHEM DIEM	152.03	
S9331		HIT INTERMIT CHEMO DIEM	151.66	
S9335		HT HEMODIALYSIS DIEM	742.99	
S9336		HIT CONT ANTICOAG DIEM	198.64	
S9338		HIT IMMUNOTHERAPY DIEM	87.48	
S9339		HIT PERITON DIALYSIS DIEM	BR	
S9340		HIT ENTERAL PER DIEM	32.85	
S9341		HIT ENTERAL GRAV DIEM	48.51	
S9342		HIT ENTERAL PUMP DIEM	47.75	
S9343		HIT ENTERAL BOLUS NURS	55.78	
S9345		HIT ANTI-HEMOPHIL DIEM	79.46	
S9346		HIT ALPHA-1-PROTEINAS DIEM	31.70	
S9347		HIT LONGTERM INFUSION DIEM	51.57	
S9348		HIT SYMPATHOMIM DIEM	480.94	
S9349		HIT TOCOLYSIS DIEM	67.61	
S9351		HIT CONT ANTIEMETIC DIEM	198.64	
S9353		HIT CONT INSULIN DIEM	158.91	
S9355		HIT CHELATION DIEM	244.87	
S9357		HIT ENZYME REPLACE DIEM	59.60	
S9359		HIT ANTI-TNF PER DIEM	198.64	
S9361		HIT DIURETIC INFUS DIEM	442.74	
S9363		HIT ANTI-SPASMOTIC DIEM	97.79	
S9364		HIT TPN TOTAL DIEM	1374.06	
S9365		HIT TPN 1 LITER DIEM	306.75	
S9366		HIT TPN 2 LITER DIEM	670.41	
S9367		HIT TPN 3 LITER DIEM	577.20	

Code	Mod	Description	Amount	APC Amount
S9368		HIT TPN OVER 3L DIEM	436.63	
S9370		HT INJ ANTIEMETIC DIEM	171.14	
S9372		HT INJ ANTICOAG DIEM	54.63	
S9373		HIT HYDRA TOTAL DIEM	428.23	
S9374		HIT HYDRA 1 LITER DIEM	103.14	
S9375		HIT HYDRA 2 LITER DIEM	79.46	
S9376		HIT HYDRA 3 LITER DIEM	142.87	
S9377		HIT HYDRA OVER 3L DIEM	93.60	
S9379		HIT NOC PER DIEM	BR	
S9381		HIT HIGH RISK/ESCORT	BR	
S9401		ANTICOAG CLINIC PER SESSION	23.69	
S9430		PHARMACY COMP/DISP SERV	see page 85	
S9432		MED FOOD NON INBORN ERR META	BR	
S9433		MEDICAL FOOD ORAL 100% NUTR	17.19	
S9434		MOD SOLID FOOD SUPPL	2.67	
S9435		MEDICAL FOODS FOR INBORN ERR	15.66	
S9436		LAMAZE CLASS	79.46	
S9437		CHILDBIRTH REFRESHER CLASS	BR	
S9438		CESAREAN BIRTH CLASS	BR	
S9439		VBAC CLASS	BR	
S9441		ASTHMA EDUCATION	39.73	
S9442		BIRTHING CLASS	79.46	
S9443		LACTATION CLASS	238.37	
S9444		PARENTING CLASS	71.43	
S9445		PT EDUCATION NOC INDIVID	BR	
S9446		PT EDUCATION NOC GROUP	BR	
S9447		INFANT SAFETY CLASS	158.91	
S9449		WEIGHT MGMT CLASS	46.99	
S9451		EXERCISE CLASS	31.70	
S9452		NUTRITION CLASS	94.36	
S9453		SMOKING CESSATION CLASS	108.11	
S9454		STRESS MGMT CLASS	220.79	
S9455		DIABETIC MANAGEMENT PROGRAM,	BR	
S9460		DIABETIC MANAGEMENT PROGRAM,	111.16	
S9465		DIABETIC MANAGEMENT PROGRAM,	248.30	
S9470		NUTRITIONAL COUNSELING, DIET	79.46	
S9472		CARDIAC REHABILITATION PROGR	59.60	
S9473		PULMONARY REHABILITATION PRO	31.70	
S9474		ENTEROSTOMAL THERAPY BY A RE	BR	
S9475		AMBULATORY SETTING SUBSTANCE	2649.17	
S9476		VESTIBULAR REHAB PER DIEM	317.82	
S9480		INTENSIVE OUTPATIENT PSYCHIA	317.82	
S9482		FAMILY STABILIZATION 15 MIN	7.26	
S9484		CRISIS INTERVENTION PER HOUR	18.72	
S9485		CRISIS INTERVENTION MENTAL H	699.06	
S9490		HIT CORTICOSTEROID/DIEM	198.64	
S9494		HIT ANTIBIOTIC TOTAL DIEM	198.64	
S9497		HIT ANTIBIOTIC Q3H DIEM	142.87	
S9500		HIT ANTIBIOTIC Q24H DIEM	286.50	
S9501		HIT ANTIBIOTIC Q12H DIEM	258.23	

Code	Mod	Description	Amount	APC Amount
S9502		HIT ANTIBIOTIC Q8H DIEM	286.12	
S9503		HIT ANTIBIOTIC Q6H DIEM	297.96	
S9504		HIT ANTIBIOTIC Q4H DIEM	283.06	
S9529		VENIPUNCTURE HOME/SNF	87.48	
S9537		HT HEM HORM INJ DIEM	77.16	
S9538		HIT BLOOD PRODUCTS DIEM	79.46	
S9542		HT INJ NOC PER DIEM	BR	
S9558		HT INJ GROWTH HORM DIEM	BR	
S9559		HIT INJ INTERFERON DIEM	BR	
S9560		HT INJ HORMONE DIEM	293.76	
S9562		HT INJ PALIVIZUMAB DIEM	63.42	
S9590		HT IRRIGATION DIEM	79.46	
S9810		HT PHARM PER HOUR	BR	
S9900		CHRISTIAN SCI PRACT VISIT	238.37	
S9901		CHRISTIAN SCI NURSE VISIT	BR	
S9960		AIR AMBULANC NONEMERG FIXED	BR	
S9961		AIR AMBULAN NONEMERG ROTARY	BR	
S9970		HEALTH CLUB MEMBERSHIP YR	108.87	
S9975		TRANSPLANT RELATED PER DIEM	36.29	
S9976		LODGING PER DIEM	BR	
S9977		MEALS PER DIEM	BR	
S9981		MED RECORD COPY ADMIN	3.06	
S9982		MED RECORD COPY PER PAGE	0.30	
S9986		NOT MEDICALLY NECESSARY SVC	BR	
S9988		SERV PART OF PHASE I TRIAL	BR	
S9989		SERVICES OUTSIDE US	BR	
S9990		SERVICES PROVIDED AS PART OF	BR	
S9991		SERVICES PROVIDED AS PART OF	BR	
S9992		TRANSPORTATION COSTS TO AND	BR	
S9994		LODGING COSTS (E.G. HOTEL CH	BR	
S9996		MEALS FOR CLINICAL TRIAL PAR	BR	
S9999		SALES TAX	5.73	
U0001		2019-NCOV DIAGNOSTIC P	59.22	
U0002		COVID-19 LAB TEST NON-CDC	84.59	
U0003		COV-19 AMP PRB HGH THRUPUT	164.87	
U0004		COV-19 TEST NON-CDC HGH THRU	164.87	
U0005		INFEC AGEN DETEC AMPLI PROBE	54.96	
V2020		VISION SVCS FRAMES PURCHASES	93.18	
V2025		EYEGLASSES DELUX FRAMES	132.00	
V2100		LENS SPHER SINGLE PLANO 4.00	45.29	
V2101		SINGLE VISN SPHERE 4.12-7.00	47.72	
V2102		SINGL VISN SPHERE 7.12-20.00	67.68	
V2103		SPHEROCYLINDR 4.00D/12-2.00D	39.31	
V2104		SPHEROCYLINDR 4.00D/2.12-4D	43.55	
V2105		SPHEROCYLINDER 4.00D/4.25-6D	53.32	
V2106		SPHEROCYLINDER 4.00D/>6.00D	54.11	
V2107		SPHEROCYLINDER 4.25D/12-2D	56.87	
V2108		SPHEROCYLINDER 4.25D/2.12-4D	55.15	
V2109		SPHEROCYLINDER 4.25D/4.25-6D	63.40	
V2110		SPHEROCYLINDER 4.25D/OVER 6D	74.00	

Code	Mod	Description	Amount	APC Amount
V2111		SPHEROCYLINDR 7.25D/.25-2.25	65.22	
V2112		SPHEROCYLINDR 7.25D/2.25-4D	64.37	
V2113		SPHEROCYLINDR 7.25D/4.25-6D	88.91	
V2114		SPHEROCYLINDER OVER 12.00D	78.66	
V2115		LENS LENTICULAR BIFOCAL	85.51	
V2118		LENS ANISEIKONIC SINGLE	84.78	
V2121		LENTICULAR LENS, SINGLE	87.53	
V2199		LENS SINGLE VISION NOT OTH C	BR	
V2200		LENS SPHER BIFOC PLANO 4.00D	59.27	
V2201		LENS SPHERE BIFOCAL 4.12-7.0	64.59	
V2202		LENS SPHERE BIFOCAL 7.12-20.	76.02	
V2203		LENS SPHCYL BIFOCAL 4.00D/.1	59.80	
V2204		LENS SPHCY BIFOCAL 4.00D/2.1	64.83	
V2205		LENS SPHCY BIFOCAL 4.00D/4.2	71.14	
V2206		LENS SPHCY BIFOCAL 4.00D/OVE	86.61	
V2207		LENS SPHCY BIFOCAL 4.25-7D/.	72.29	
V2208		LENS SPHCY BIFOCAL 4.25-7/2.	73.18	
V2209		LENS SPHCY BIFOCAL 4.25-7/4.	80.49	
V2210		LENS SPHCY BIFOCAL 4.25-7/OV	103.57	
V2211		LENS SPHCY BIFO 7.25-12/.25-	88.31	
V2212		LENS SPHCYL BIFO 7.25-12/2.2	96.10	
V2213		LENS SPHCYL BIFO 7.25-12/4.2	98.55	
V2214		LENS SPHCYL BIFOCAL OVER 12.	105.62	
V2215		LENS LENTICULAR BIFOCAL	114.30	
V2218		LENS ANISEIKONIC BIFOCAL	116.94	
V2219		LENS BIFOCAL SEG WIDTH OVER	51.47	
V2220		LENS BIFOCAL ADD OVER 3.25D	41.75	
V2221		LENTICULAR LENS, BIFOCAL	111.53	
V2299		LENS BIFOCAL SPECIALITY	98.40	
V2300		LENS SPHERE TRIFOCAL 4.00D	76.97	
V2301		LENS SPHERE TRIFOCAL 4.12-7.	89.27	
V2302		LENS SPHERE TRIFOCAL 7.12-20	97.78	
V2303		LENS SPHCY TRIFOCAL 4.0/.12-	81.02	
V2304		LENS SPHCY TRIFOCAL 4.0/2.25	84.78	
V2305		LENS SPHCY TRIFOCAL 4.0/4.25	103.97	
V2306		LENS SPHCYL TRIFOCAL 4.00/>6	96.94	
V2307		LENS SPHCY TRIFOCAL 4.25-7/.	96.12	
V2308		LENS SPHC TRIFOCAL 4.25-7/2.	102.56	
V2309		LENS SPHC TRIFOCAL 4.25-7/4.	119.99	
V2310		LENS SPHC TRIFOCAL 4.25-7/>6	131.99	
V2311		LENS SPHC TRIFO 7.25-12/.25-	125.71	
V2312		LENS SPHC TRIFO 7.25-12/2.25	110.80	
V2313		LENS SPHC TRIFO 7.25-12/4.25	151.24	
V2314		LENS SPHCYL TRIFOCAL OVER 12	165.67	
V2315		LENS LENTICULAR TRIFOCAL	183.92	
V2318		LENS ANISEIKONIC TRIFOCAL	169.58	
V2319		LENS TRIFOCAL SEG WIDTH > 28	57.41	
V2320		LENS TRIFOCAL ADD OVER 3.25D	60.57	
V2321		LENTICULAR LENS, TRIFOCAL	181.29	
V2399		LENS TRIFOCAL SPECIALITY	254.80	

Code	Mod	Description	Amount	APC Amount
V2410		LENS VARIAB ASPHERICITY SING	103.66	
V2430		LENS VARIABLE ASPHERICITY BI	134.95	
V2499		VARIABLE ASPHERICITY LENS	36.40	
V2500		CONTACT LENS PMMA SPHERICAL	93.96	
V2501		CNTCT LENS PMMA-TORIC/PRISM	143.13	
V2502		CONTACT LENS PMMA BIFOCAL	176.33	
V2503		CNTCT LENS PMMA COLOR VISION	168.72	
V2510		CNTCT GAS PERMEABLE SPHERICL	128.27	
V2511		CNTCT TORIC PRISM BALLAST	184.31	
V2512		CNTCT LENS GAS PERMBL BIFOCL	217.78	
V2513		CONTACT LENS EXTENDED WEAR	182.83	
V2520		CONTACT LENS HYDROPHILIC	120.56	
V2521		CNTCT LENS HYDROPHILIC TORIC	209.91	
V2522		CNTCT LENS HYDROPHIL BIFOCL	204.28	
V2523		CNTCT LENS HYDROPHIL EXTEND	174.09	
V2524		CNTCT LENS HYDROPHIL PHOTOCH	101.20	
V2525		CL, HYDROPHILIC, DUAL FOCUS	BR	
V2530		CONTACT LENS GAS IMPERMEABLE	257.84	
V2531		CONTACT LENS GAS PERMEABLE	633.00	
V2599		CONTACT LENS/ES OTHER TYPE	BR	
V2600		HAND HELD LOW VISION AIDS	96.40	
V2610		SINGLE LENS SPECTACLE MOUNT	27.20	
V2615		TELESCOP/OTHR COMPOUND LENS	1023.60	
V2623		PLASTIC EYE PROSTH CUSTOM	1037.73	
V2624		POLISHING ARTIFICIAL EYE	70.38	
V2625		ENLARGEMNT OF EYE PROSTHESIS	455.87	
V2626		REDUCTION OF EYE PROSTHESIS	289.22	
V2627		SCLERAL COVER SHELL	1655.80	
V2628		FABRICATION & FITTING	378.58	
V2629		PROSTHETIC EYE OTHER TYPE	2066.80	
V2630		ANTER CHAMBER INTRAOCUL LENS	137.61	
V2631		IRIS SUPPORT INTRAOCLR LENS	137.61	
V2632		POST CHMBR INTRAOCULAR LENS	137.61	
V2700		BALANCE LENS	50.64	
V2702		DELUXE LENS FEATURE	27.99	
V2710		GLASS/PLASTIC SLAB OFF PRISM	74.13	
V2715		PRISM LENS/ES	13.44	
V2718		FRESNELL PRISM PRESS-ON LENS	33.01	
V2730		SPECIAL BASE CURVE	24.38	
V2744		TINT PHOTOCHROMATIC LENS/ES	25.29	
V2745		TINT, ANY COLOR/SOLID/GRAD	14.33	
V2750		ANTI-REFLECTIVE COATING	29.41	
V2755		UV LENS/ES	21.26	
V2756		EYE GLASS CASE	4.00	
V2760		SCRATCH RESISTANT COATING	18.51	
V2761		MIRROR COATING	47.89	
V2762		POLARIZATION, ANY LENS	69.70	
V2770		OCCLUDER LENS/ES	23.90	
V2780		OVERSIZE LENS/ES	19.32	
V2781		PROGRESSIVE LENS PER LENS	123.20	

Code	Mod	Description	Amount	APC Amount
V2782		LENS, 1.54-1.65 P/1.60-1.79G	75.25	
V2783		LENS, >= 1.66 P/>=1.80 G	84.85	
V2784		LENS POLYCARB OR EQUAL	55.18	
V2785		CORNEAL TISSUE PROCESSING	1181.20	
V2786		OCCUPATIONAL MULTIFOCAL LENS	62.41	
V2787		ASTIGMATISM-CORRECT FUNCTION	735.60	
V2788		PRESBYOPIA-CORRECT FUNCTION	886.80	
V2790		AMNIOTIC MEMBRANE	592.80	
V2797		VIS ITEM/SVC IN OTHER CODE	24.80	
V2799		MISC VISION ITEM OR SERVICE	BR	
V5008		HEARING SCREENING	57.16	
V5010		ASSESSMENT FOR HEARING AID	105.73	
V5011		HEARING AID FITTING/CHECKING	190.56	
V5014		HEARING AID REPAIR/MODIFYING	162.40	
V5020		CONFORMITY EVALUATION	116.40	
V5030		BODY-WORN HEARING AID AIR	1468.72	
V5040		BODY-WORN HEARING AID BONE	721.88	
V5050		HEARING AID MONAURAL IN EAR	1596.10	
V5060		BEHIND EAR HEARING AID	2559.19	
V5070		GLASSES AIR CONDUCTION	357.28	
V5080		GLASSES BONE CONDUCTION	897.67	
V5090		HEARING AID DISPENSING FEE	336.59	
V5095		IMPLANT MID EAR HEARING PROS	BR	
V5100		BODY-WORN BILAT HEARING AID	1651.63	
V5110		HEARING AID DISPENSING FEE	532.01	
V5120		BODY-WORN BINAURAL HEARING AID	1754.26	
V5130		IN EAR BINAURAL HEARING AID	3192.41	
V5140		BEHIND EAR BINAURAL HEARING AI	4363.17	
V5150		GLASSES BINAURAL HEARING AID	1487.17	
V5160		DISPENSING FEE BINAURAL	708.80	
V5171		HEARING AID MONAURAL ITE	2460.80	
V5172		HEARING AID MONAURAL ITC	2581.60	
V5181		HEARING AID MONAURAL BTE	1525.19	
V5190		HEARING AID MONAURAL GLASSES	1023.17	
V5200		DISP FEE CONTRALATERAL MONAU	425.63	
V5211		HEARING AID BINAURAL ITE/ITE	3493.20	
V5212		HEARING AID BINAURAL ITE/ITC	4429.19	
V5213		HEARING AID BINAURAL ITE/BTE	3888.00	
V5214		HEARING AID BINAURAL ITC/ITC	3149.60	
V5215		HEARING AID BINAURAL ITC/BTE	3242.00	
V5221		HEARING AID BINAURAL BTE/BTE	3491.61	
V5230		HEARING AID BINAURAL GLASSES	1116.22	
V5240		DISP FEE CONTRALATERAL BINAU	691.68	
V5241		DISPENSING FEE, MONAURAL	344.40	
V5242		HEARING AID, MONAURAL, CIC	1771.60	
V5243		HEARING AID, MONAURAL, ITC	BR	
V5244		HEARING AID, PROG, MON, CIC	1721.60	
V5245		HEARING AID, PROG, MON, ITC	BR	
V5246		HEARING AID, PROG, MON, ITE	1476.39	
V5247		HEARING AID, PROG, MON, BTE	1969.60	

Code	Mod	Description	Amount	APC Amount
V5248		HEARING AID, BINAURAL, CIC	3444.80	
V5249		HEARING AID, BINAURAL, ITC	18701.20	
V5250		HEARING AID, PROG, BIN, CIC	3445.60	
V5251		HEARING AID, PROG, BIN, ITC	3039.20	
V5252		HEARING AID, PROG, BIN, ITE	3353.20	
V5253		HEARING AID, PROG, BIN, BTE	4028.40	
V5254		HEARING ID, DIGIT, MON, CIC	2460.40	
V5255		HEARING AID, DIGIT, MON, ITC	2126.00	
V5256		HEARING AID, DIGIT, MON, ITE	2165.60	
V5257		HEARING AID, DIGIT, MON, BTE	2460.80	
V5258		HEARING AID, DIGIT, BIN, CIC	3536.80	
V5259		HEARING AID, DIGIT, BIN, ITC	3732.39	
V5260		HEARING AID, DIGIT, BIN, ITE	4519.20	
V5261		HEARING AID, DIGIT, BIN, BTE	5305.20	
V5262		HEARING AID, DISP, MONAURAL	1619.20	
V5263		HEARING AID, DISP, BINAURAL	3544.80	
V5264		EAR MOLD/INSERT	93.60	
V5265		EAR MOLD/INSERT, DISP	24.80	
V5266		BATTERY FOR HEARING DEVICE	1.20	
V5267		HEARING AID SUP/ACCESS/DEV	BR	
V5268		ALD TELEPHONE AMPLIFIER	246.00	
V5269		ALERTING DEVICE, ANY TYPE	BR	
V5270		ALD, TV AMPLIFIER, ANY TYPE	344.40	
V5271		ALD, TV CAPTION DECODER	BR	
V5272		TDD	BR	
V5273		ALD FOR COCHLEAR IMPLANT	BR	
V5274		ALD UNSPECIFIED	BR	
V5275		EAR IMPRESSION	74.00	
V5281		ALD FM/DM SYSTEM, MONAURAL	49.21	
V5282		ALD FM/DM SYSTEM BINAURAL	2516.00	
V5283		ALD NECK, LOOP IND RECEIVER	BR	
V5284		ALD FM/DM EAR LEVEL RECEIVER	74.00	
V5285		ALD FM/DM AUD INPUT RECEIVER	4919.20	
V5286		ALD BLU TOOTH FM/DM RECEIVER	4921.20	
V5287		ALD FM/DM RECEIVER, NOS	BR	
V5288		ALD FM/DM TRANSMITTER ALD	984.40	
V5289		ALD FM/DM ADAPT/BOOT COUPLIN	784.80	
V5290		ALD TRANSMITTER MICROPHONE	442.80	
V5298		HEARING AID NOC	BR	
V5299		HEARING SERVICE	BR	
V5336		REPAIR COMMUNICATION DEVICE	146.00	
V5362		SPEECH SCREENING	112.40	
V5363		LANGUAGE SCREENING	108.80	
V5364		DYSPHAGIA SCREENING	157.20	

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