

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	G0105	COLORECTAL SCRNI; HI RISK IND	378.70				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	378.70				
15	G0260	INJ FOR SACROILIAC JT ANESTH	282.75				
15	03210	NASAL SINUS THERAPY	282.75				
15	10022	FNA W/IMAGE	282.75				
15	10060	DRAINAGE OF SKIN ABSCESS	282.75				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	282.75				
15	10080	INCISE/DRAIN SIMPLE CYST	282.75				
15	10081	INCISE/DRAIN COMPLICATED PILONIDAL CYST	282.75				
15	10120	SIMPLE REMOVAL FOREIGN BODY	282.75				
15	10121	REMOVE FOREIGN BODY	378.70				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	282.75				
15	10160	PUNCTURE DRAINAGE OF LESION	282.75				
15	10180	COMPLEX DRAINAGE, WOUND	378.70				
15	11004	DEBRIDE GENITALIA & PERINEUM	378.70				
15	11005	DEBRIDE ABDOM WALL	378.70				
15	11006	DEBRIDE GENIT/ABDOM WALL	378.70				
15	11008	REMOVE MESH FROM ABD WALL	378.70				
15	11010	DEBRIDE SKIN, FX	378.70				
15	11011	DEBRIDE SKIN/MUSCLE, FX	378.70				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	378.70				
15	11042	DEBRIDE SKIN/TISSUE	378.70				
15	11043	DEBRIDE TISSUE/MUSCLE	378.70				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	378.70				
15	11144	EXCISE BENIGN LESION TO 0.5 CM	282.75				
15	11175	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	282.75				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	282.75				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	282.75				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	282.75				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	282.75				
15	11404	REMOVAL OF SKIN LESION	282.75				
15	11406	REMOVAL OF SKIN LESION	378.70				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	378.70				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	378.70				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	378.70				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	378.70				
15	11424	REMOVAL OF SKIN LESION	378.70				
15	11426	REMOVAL OF SKIN LESION	378.70				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	282.75				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	282.75				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	282.75				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	282.75				
15	11444	REMOVAL OF SKIN LESION	282.75				
15	11446	REMOVAL OF SKIN LESION	378.70				
15	11450	REMOVAL, SWEAT GLAND LESION	378.70				
15	11451	REMOVAL, SWEAT GLAND LESION	378.70				
15	11462	REMOVAL, SWEAT GLAND LESION	378.70				
15	11463	REMOVAL, SWEAT GLAND LESION	378.70				

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1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	11470	REMOVAL, SWEAT GLAND LESION	378.70				
15	11471	REMOVAL, SWEAT GLAND LESION	378.70				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	378.70				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	378.70				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	378.70				
15	11604	REMOVAL OF SKIN LESION	378.70				
15	11606	REMOVAL OF SKIN LESION	378.70				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	378.70				
15	11624	REMOVAL OF SKIN LESION	378.70				
15	11626	REMOVAL OF SKIN LESION	378.70				
15	11640	EXC FACE MM MALIG + MAG 0.5<	378.70				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	378.70				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	378.70				
15	11644	REMOVAL OF SKIN LESION	378.70				
15	11646	REMOVAL OF SKIN LESION	378.70				
15	11750	EXCISION NAIL & NAIL MATRIX	282.75				
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	282.75				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	282.75				
15	11770	REMOVAL OF PILONIDAL LESION	433.03				
15	11771	REMOVAL OF PILONIDAL LESION	433.03				
15	11772	REMOVAL OF PILONIDAL LESION	433.03				
15	11960	INSERT TISSUE EXPANDER(S)	378.70				
15	11970	REPLACE TISSUE EXPANDER	433.03				
15	11971	REMOVE TISSUE EXPANDER(S)	282.75				
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	282.75				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	282.75				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	282.75				
15	12005	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12006	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12007	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	378.70				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	378.70				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	378.70				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	378.70				
15	12016	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12017	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12018	REPAIR SUPERFICIAL WOUND(S)	378.70				
15	12020	CLOSURE OF SPLIT WOUND	282.75				
15	12021	CLOSURE OF SPLIT WOUND	282.75				
15	12031	LAYER CLOSURE WOUND TO 2.5 CM	282.75				
15	12032	LAYER CLOSEURE 2.6 TO 7.5 CM	282.75				
15	12034	LAYER CLOSURE OF WOUND(S)	378.70				
15	12035	LAYER CLOSURE OF WOUND(S)	378.70				
15	12036	LAYER CLOSURE OF WOUND(S)	378.70				
15	12037	LAYER CLOSURE OF WOUND(S)	378.70				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	282.75				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	282.75				
15	12044	LAYER CLOSURE OF WOUND(S)	378.70				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	12045	LAYER CLOSURE OF WOUND(S)	378.70				
15	12046	LAYER CLOSURE OF WOUND(S)	378.70				
15	12047	LAYER CLOSURE OF WOUND(S)	378.70				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	282.75				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	282.75				
15	12053	LAYER CLOSURE 5.1 TO 7.5	282.75				
15	12054	LAYER CLOSURE OF WOUND(S)	378.70				
15	12055	LAYER CLOSURE OF WOUND(S)	378.70				
15	12056	LAYER CLOSURE OF WOUND(S)	378.70				
15	12057	LAYER CLOSURE OF WOUND(S)	378.70				
15	13100	REPAIR OF WOUND OR LESION	378.70				
15	13101	REPAIR OF WOUND OR LESION	433.03				
15	13102	REPAIR WOUND/LESION ADD-ON	433.03				
15	13120	REPAIR OF WOUND OR LESION	378.70				
15	13121	REPAIR OF WOUND OR LESION	433.03				
15	13122	REPAIR WOUND/LESION ADD-ON	433.03				
15	13131	REPAIR OF WOUND OR LESION	378.70				
15	13132	REPAIR OF WOUND OR LESION	433.03				
15	13133	REPAIR WOUND/LESION ADD-ON	433.03				
15	13150	REPAIR OF WOUND OR LESION	433.03				
15	13151	REPAIR OF WOUND OR LESION	433.03				
15	13152	REPAIR OF WOUND OR LESION	433.03				
15	13153	REPAIR WOUND/LESION ADD-ON	282.75				
15	13160	LATE CLOSURE OF WOUND	378.70				
15	14000	SKIN TISSUE REARRANGEMENT	378.70				
15	14001	SKIN TISSUE REARRANGEMENT	433.03				
15	14020	SKIN TISSUE REARRANGEMENT	433.03				
15	14021	SKIN TISSUE REARRANGEMENT	433.03				
15	14040	SKIN TISSUE REARRANGEMENT	378.70				
15	14041	SKIN TISSUE REARRANGEMENT	433.03				
15	14060	SKIN TISSUE REARRANGEMENT	433.03				
15	14061	SKIN TISSUE REARRANGEMENT	433.03				
15	14221	EXCISE BENIGN LESION 1.1 TO 2CM	378.70				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	534.93				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	534.93				
15	14350	SKIN TISSUE REARRANGEMENT	433.03				
15	15040	HARVEST CULTURED SKIN GRAFT	378.70				
15	15050	SKIN PINCH GRAFT	378.70				
15	15100	SKIN SPLIT GRAFT	378.70				
15	15101	SKIN SPLIT GRAFT ADD-ON	433.03				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	378.70				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	282.75				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	378.70				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	282.75				
15	15120	SKIN SPLIT GRAFT	378.70				
15	15121	SKIN SPLIT GRAFT ADD-ON	433.03				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	378.70				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	282.75				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	378.70				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	282.75				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	378.70				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	282.75				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	282.75				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	378.70				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	282.75				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	282.75				
15	15200	SKIN FULL GRAFT	433.03				
15	15201	SKIN FULL GRAFT ADD-ON	378.70				
15	15220	SKIN FULL GRAFT	378.70				
15	15221	SKIN FULL GRAFT ADD-ON	378.70				
15	15240	SKIN FULL GRAFT	433.03				
15	15241	SKIN FULL GRAFT ADD-ON	433.03				
15	15260	SKIN FULL GRAFT	378.70				
15	15261	SKIN FULL GRAFT ADD-ON	378.70				
15	15300	APPLY SKINALLOGRFT,T/ARM/LG	378.70				
15	15301	APPLY SKINALLOGRFT T/A/L ADDL	282.75				
15	15320	APPLYSKIN ALLOGRFT F/N/HG/G	378.70				
15	15321	APPLY SKINALLOGRFT F/N/HFG ADD	282.75				
15	15330	APLY ACELL ALOGRDT T/ARM/LEG	378.70				
15	15331	APLY ACELL GRFT T/A/L ADD-ON	282.75				
15	15335	APPLY ACELL FRAFT, F/N/HF/G	378.70				
15	15336	APLY ACELL GRFT F/N/HF/G ADD	282.75				
15	15400	SKIN HETEROGRAFT	378.70				
15	15401	SKIN HETEROGRAFT ADD-ON	378.70				
15	15420	APPLY SKIN XGRFT, F/N/HF/G	378.70				
15	15421	APPLY SKN F/N/HF/G ADD	282.75				
15	15430	APPLY ACELLULAR XENOGRAFT	378.70				
15	15431	APPLY ACELLULAR XGRAFT ADD	282.75				
15	15570	FORM SKIN PEDICLE FLAP	433.03				
15	15572	FORM SKIN PEDICLE FLAP	433.03				
15	15574	FORM SKIN PEDICLE FLAP	433.03				
15	15576	FORM SKIN PEDICLE FLAP	433.03				
15	15600	SKIN GRAFT	433.03				
15	15610	SKIN GRAFT	433.03				
15	15620	SKIN GRAFT	534.93				
15	15630	SKIN GRAFT	433.03				
15	15650	TRANSFER SKIN PEDICLE FLAP	608.81				
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	433.03				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	433.03				
15	15736	MUSCLE-SKIN GRAFT, ARM	433.03				
15	15738	MUSCLE-SKIN GRAFT, LEG	433.03				
15	15740	ISLAND PEDICLE FLAP GRAFT	378.70				
15	15750	NEUROVASCULAR PEDICLE GRAFT	378.70				
15	15760	COMPOSITE SKIN GRAFT	378.70				
15	15770	DERMA-FAT-FASCIA GRAFT	433.03				
15	15775	HAIR TRANSPLANT PUNCH GRAFTS	433.03				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15776	HAIR TRANSPLANT PUNCH GRAFTS	433.03				
15	15820	REVISION OF LOWER EYELID	433.03		X		
15	15821	REVISION OF LOWER EYELID	433.03		X		
15	15822	REVISION OF UPPER EYELID	433.03		X		
15	15823	REVISION OF UPPER EYELID	608.81		X		
15	15840	GRAFT FOR FACE NERVE PALSY	534.93				
15	15841	GRAFT FOR FACE NERVE PALSY	534.93				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	534.93				
15	15845	SKIN AND MUSCLE REPAIR, FACE	534.93				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	282.75				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	282.75				
15	15920	REMOVAL OF TAIL BONE ULCER	433.03				
15	15922	REMOVAL OF TAIL BONE ULCER	534.93				
15	15931	REMOVE SACRUM PRESSURE SORE	433.03				
15	15933	REMOVE SACRUM PRESSURE SORE	433.03				
15	15934	REMOVE SACRUM PRESSURE SORE	433.03				
15	15935	REMOVE SACRUM PRESSURE SORE	534.93				
15	15936	REMOVE SACRUM PRESSURE SORE	534.93				
15	15937	REMOVE SACRUM PRESSURE SORE	534.93				
15	15940	REMOVE HIP PRESSURE SORE	433.03				
15	15941	REMOVE HIP PRESSURE SORE	433.03				
15	15944	REMOVE HIP PRESSURE SORE	433.03				
15	15945	REMOVE HIP PRESSURE SORE	534.93				
15	15946	REMOVE HIP PRESSURE SORE	534.93				
15	15950	REMOVE THIGH PRESSURE SORE	433.03				
15	15951	REMOVE THIGH PRESSURE SORE	534.93				
15	15952	REMOVE THIGH PRESSURE SORE	433.03				
15	15953	REMOVE THIGH PRESSURE SORE	534.93				
15	15956	REMOVE THIGH PRESSURE SORE	433.03				
15	15958	REMOVE THIGH PRESSURE SORE	534.93				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	282.75				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	378.70				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	378.70				
15	16035	ESCHAROTOMY	378.70				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	378.70				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	378.70				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	378.70				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	282.75				
15	19020	INCISION OF BREAST LESION	378.70				
15	19100	BX BREAST PERCUT W/O IMAGE	282.75				
15	19101	BIOPSY OF BREAST, OPEN	378.70				
15	19102	BX BREAST PERCUT W/IMAGE	378.70				
15	19103	BX BREAST PERCUT W/DEVICE	378.70				
15	19110	NIPPLE EXPLORATION	378.70				
15	19112	EXCISE BREAST DUCT FISTULA	433.03				
15	19120	REMOVAL OF BREAST LESION	433.03				

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15	19125	EXCISION, BREAST LESION	433.03				
15	19126	EXCISION, ADDL BREAST LESION	433.03				
15	19290	PLACE NEEDLE WIRE, BREAST	282.75				
15	19291	PLACE NEEDLE WIRE, BREAST	282.75				
15	19295	PLACE BREAST CLIP, PERCUT	282.75				
15	19296	PLACE PO BREAST CATH FOR RAD	282.75				
15	19297	PLACE BREAST CATH FOR RAD	282.75				
15	19298	PLACE BREAST RAD TUBE/CATHS	282.75				
15	19300	MASTECTOMY FOR GYNECOMASTIA	534.93			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	433.03				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	844.85				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	534.93				
15	19304	MASTECTOMY, SUBCUTANEOUS	534.93				
15	19307	MAST, MOD RAD	844.85				
15	19316	SUSPENSION OF BREAST	534.93			F	
15	19318	REDUCTION OF LARGE BREAST	534.93				
15	19324	ENLARGE BREAST	534.93			F	
15	19325	ENLARGE BREAST WITH IMPLANT	1,136.94			F	
15	19328	REMOVAL OF BREAST IMPLANT	282.75		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	282.75				
15	19340	IMMEDIATE BREAST PROSTHESIS	378.70			F	
15	19342	DELAYED BREAST PROSTHESIS	433.03		X	F	
15	19350	BREAST RECONSTRUCTION	534.93		X		
15	19355	CORRECT INVERTED NIPPLE(S)	534.93				
15	19357	BREAST RECONSTRUCTION	608.81		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	608.81		X		
15	19366	BREAST RECONSTRUCTION	608.81		X	F	
15	19370	SURGERY OF BREAST CAPSULE	534.93				
15	19371	REMOVAL OF BREAST CAPSULE	534.93				
15	19380	REVISE BREAST RECONSTRUCTION	608.81				
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20005	INCISION OF DEEP ABSCESS	378.70				
15	20100	EXPLORE WOUND, NECK	433.03				
15	20101	EXPLORE WOUND, CHEST	433.03				
15	20102	EXPLORE WOUND, ABDOMEN	433.03				
15	20103	EXPLORE WOUND, EXTREMITY	433.03				
15	20200	MUSCLE BIOPSY	378.70				
15	20205	DEEP MUSCLE BIOPSY	433.03				
15	20206	NEEDLE BIOPSY, MUSCLE	282.75				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	282.75				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	378.70				
15	20240	BONE BIOPSY, EXCISIONAL	378.70				
15	20245	BONE BIOPSY, EXCISIONAL	433.03				
15	20250	OPEN BONE BIOPSY	433.03				
15	20251	OPEN BONE BIOPSY	433.03				
15	20500	INJECT SINUS TRACT, THERAPEUTICI	282.75				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	282.75				
15	20520	REMOVE FOREGIN BODY; SIMPLE	282.75				

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15	20525	REMOVAL OF FOREIGN BODY	433.03				
15	20612	ASPIRATE/INJ GANGLION CYST	282.75				
15	20615	ASPIRATE/INJECTION-BONE CYST	282.75				
15	20650	INSERT AND REMOVE BONE PIN	433.03				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	282.75	00 00			
15	20661	APPLY HALO;	282.75				
15	20662	APPLY HALO; PELVIC	282.75				
15	20663	APPLY HALO; FEMORAL	282.75				
15	20664	HALO BRACE APPLICATION	378.70				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	282.75				
15	20670	REMOVAL OF SUPPORT IMPLANT	282.75				
15	20680	REMOVAL OF SUPPORT IMPLANT	433.03				
15	20690	APPLY BONE FIXATION DEVICE	378.70				
15	20692	APPLY BONE FIXATION DEVICE	433.03				
15	20693	ADJUST BONE FIXATION DEVICE	433.03				
15	20694	REMOVE BONE FIXATION DEVICE	282.75				
15	20900	REMOVAL OF BONE FOR GRAFT	433.03				
15	20902	REMOVAL OF BONE FOR GRAFT	534.93				
15	20910	REMOVE CARTILAGE FOR GRAFT	433.03				
15	20912	REMOVE CARTILAGE FOR GRAFT	433.03				
15	20920	REMOVAL OF FASCIA FOR GRAFT	534.93				
15	20922	REMOVAL OF FASCIA FOR GRAFT	433.03				
15	20924	REMOVAL OF TENDON FOR GRAFT	534.93				
15	20926	REMOVAL OF TISSUE FOR GRAFT	534.93				
15	20930	SPINAL BONE ALLOGRAFT	282.75				
15	20931	SPINAL BONE ALLOGRAFT	282.75				
15	20936	SPINAL BONE AUTOGRAFT	282.75				
15	20937	SPINAL BONE AUTOGRAFT	282.75				
15	20938	SPINAL BONE AUTOGRAFT	282.75				
15	20950	MONITOR INTERSTITIAL FLUID	282.75				
15	20975	ELECTRICAL BONE STIMULATION	378.70				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP				X
15	21010	INCISION OF JAW JOINT	378.70				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	282.75				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	282.75				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	282.75				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	282.75				
15	21015	RESECTION OF FACIAL TUMOR	433.03				
15	21016	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	21025	EXCISION OF BONE, LOWER JAW	378.70				
15	21026	EXCISION OF FACIAL BONE(S)	378.70				
15	21029	CONTOUR OF FACE BONE LESION	378.70				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	378.70				
15	21031	EXCISION OF TORUS MANDIBULARIS	378.70				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	378.70				
15	21034	REMOVAL OF FACE BONE LESION	433.03				
15	21040	REMOVAL OF JAW BONE LESION	378.70				
15	21044	REMOVAL OF JAW BONE LESION	378.70				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21045	RADICAL RESECTION OF MANDIBLE	433.03				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	378.70				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	378.70				
15	21048	REMOVE MAXILLA CYST COMPLEX	378.70				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	433.03				
15	21050	REMOVAL OF JAW JOINT	433.03				
15	21060	REMOVE JAW JOINT CARTILAGE	378.70				
15	21070	REMOVE CORONOID PROCESS	433.03				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	378.70				
15	21110	INTERDENTAL FIXATION	282.75				
15	21120	GENIOPLASTY; AUGMENTATION	844.85				
15	21121	RECONSTRUCTION OF CHIN	844.85				
15	21122	RECONSTRUCTION OF CHIN	844.85				
15	21123	RECONSTRUCTION OF CHIN	844.85				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	844.85				
15	21127	AUGMENTATION, LOWER JAW BONE	1,136.94				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	844.85				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	844.85				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	844.85				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	844.85				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	844.85				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	844.85				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	844.85				
15	21181	CONTOUR CRANIAL BONE LESION	844.85				
15	21206	RECONSTRUCT UPPER JAW BONE	608.81				
15	21208	AUGMENTATION OF FACIAL BONES	844.85				
15	21209	REDUCTION OF FACIAL BONES	608.81				
15	21210	FACE BONE GRAFT	844.85				
15	21215	LOWER JAW BONE GRAFT	844.85				
15	21230	RIB CARTILAGE GRAFT	844.85				
15	21235	EAR CARTILAGE GRAFT	844.85				
15	21240	RECONSTRUCTION OF JAW JOINT	534.93				
15	21242	RECONSTRUCTION OF JAW JOINT	608.81				
15	21243	RECONSTRUCTION OF JAW JOINT	608.81				
15	21244	RECONSTRUCTION OF LOWER JAW	844.85				
15	21245	RECONSTRUCTION OF JAW	844.85				
15	21246	RECONSTRUCTION OF JAW	844.85				
15	21248	RECONSTRUCTION OF JAW	844.85				
15	21249	RECONSTRUCTION OF JAW	844.85				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	844.85				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	844.85				
15	21260	ORBITAL REVISION; EXTRACRANIAL	844.85				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	844.85				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	844.85				
15	21267	REVISE EYE SOCKETS	844.85				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	844.85				
15	21270	AUGMENTATION, CHEEK BONE	608.81				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21275	REVISION, ORBITOFACIAL BONES	844.85				
15	21280	REVISION OF EYELID	608.81				
15	21282	REVISION OF EYELID	608.81				
15	21295	RECONST LWR JAW W/O FIXATION	282.75				
15	21296	RECONST LWR JAW W/FIXATION	282.75				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	378.70				
15	21315	TREATMENT OF NOSE FRACTURE	378.70				
15	21320	TREATMENT OF NOSE FRACTURE	378.70				
15	21325	TREATMENT OF NOSE FRACTURE	534.93				
15	21330	TREATMENT OF NOSE FRACTURE	608.81				
15	21335	TREATMENT OF NOSE FRACTURE	844.85				
15	21336	TREAT NASAL SEPTAL FRACTURE	534.93				
15	21337	TREAT NASAL SEPTAL FRACTURE	378.70				
15	21338	TREAT NASOETHMOID FRACTURE	534.93				
15	21339	TREAT NASOETHMOID FRACTURE	608.81				
15	21340	TREATMENT OF NOSE FRACTURE	534.93				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	608.81				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	844.85				
15	21345	TREAT NOSE/JAW FRACTURE	844.85				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	608.81				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	844.85				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	844.85				
15	21355	TREAT CHEEK BONE FRACTURE	433.03				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	433.03				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	534.93				
15	21386	TREAT ORBITAL FX; PERIORBITAL	534.93				
15	21387	TREAT ORBITAL FX; COMBINATION	534.93				
15	21390	TREAT ORBITAL WITH IMPLANT	534.93				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	534.93				
15	21400	TREAT EYE SOCKET FRACTURE	378.70				
15	21401	TREAT EYE SOCKET FRACTURE	433.03				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	534.93				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	534.93				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	534.93				
15	21421	TREAT MOUTH ROOF FRACTURE	534.93				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	608.81				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	608.81				
15	21431	TREAT CRANIOFACIAL SEPARATION	534.93				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	534.93				
15	21433	COMPLICATED TX CRANIOFACIAL FX	608.81				
15	21435	COMPLICATED TX CRANIOFACIAL FX	608.81				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	608.81				
15	21440	TREAT DENTAL RIDGE FRACTURE	433.03				
15	21445	TREAT DENTAL RIDGE FRACTURE	534.93				
15	21450	TREAT LOWER JAW FRACTURE	433.03				
15	21451	TREAT LOWER JAW FRACTURE	534.93				
15	21452	TREAT LOWER JAW FRACTURE	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	TS	DESCRIPTION					
15	15	CODE					
15	15	21453	TREAT LOWER JAW FRACTURE	433.03			
15	15	21454	TREAT LOWER JAW FRACTURE	608.81			
15	15	21460	TREAT OPEN FX ORBIT W/O IMPLANT	534.93			
15	15	21461	TREAT LOWER JAW FRACTURE	534.93			
15	15	21462	TREAT LOWER JAW FRACTURE	608.81			
15	15	21465	TREAT LOWER JAW FRACTURE	534.93			
15	15	21470	TREAT COMPLICATED MANDIBULAR FX	608.81			
15	15	21480	RESET DISLOCATED JAW	282.75			
15	15	21485	RESET DISLOCATED JAW	378.70			
15	15	21490	REPAIR DISLOCATED JAW	433.03			
15	15	21497	INTERDENTAL WIRING	378.70			
15	15	21499	UNLISTED PROCEDURE; HEAD	MP		X	
15	15	21501	DRAIN NECK/CHEST LESION	378.70			
15	15	21502	DRAIN CHEST LESION	378.70			
15	15	21510	INCISION WITH OPENING OF BONE CORTEX	433.03			
15	15	21550	EXCISIONAL BIOPSY SOFT TISSUES	282.75			
15	15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	378.70			
15	15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	378.70			
15	15	21555	REMOVE LESION, NECK/CHEST	378.70			
15	15	21556	REMOVE LESION, NECK/CHEST	378.70			
15	15	21557	RAD RESECT TUMOR, SFT TISS NECK/THORA	378.70			
15	15	21558	RADICAL RESECTION OF TUMOR (EG, MALI	378.70			
15	15	21600	PARTIAL REMOVAL OF RIB	378.70			
15	15	21610	PARTIAL REMOVAL OF RIB	378.70			
15	15	21615	EXCISION CERVICAL RIB	378.70			
15	15	21616	EXCISE RIB WITH SYMPATHECTOMY	378.70			
15	15	21620	OSTECTOMY OF STERNUM; PARTIAL	378.70			
15	15	21627	STERNAL DEBRIDEMENT	378.70			
15	15	21630	RADICAL RESECTOPM PF STERNUM	608.81			
15	15	21632	MEDIASTINAL LYMPHADENECTOMY	608.81			
15	15	21700	REVISION OF NECK MUSCLE	378.70			
15	15	21705	DIVIDE SCALENUS AND RESECTION RIB	378.70			
15	15	21720	REVISION OF NECK MUSCLE	433.03			
15	15	21725	REVISION OF NECK MUSCLE	433.03			
15	15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	433.03			
15	15	21800	TREATMENT OF RIB FRACTURE	282.75			
15	15	21805	TREATMENT OF RIB FRACTURE	378.70			
15	15	21810	TREAT RIB FX W/EXTERNAL FIXATION	378.70			
15	15	21820	TREAT STERNUM FRACTURE	282.75			
15	15	21825	TREAT STERNUM FRACTURE; OPEN	378.70			
15	15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X	
15	15	21920	BX, SFT TISS-BACK/FLANK; SUPERFICIAL	282.75			
15	15	21925	BIOPSY SOFT TISSUE OF BACK	378.70			
15	15	21930	REMOVE LESION, BACK OR FLANK	378.70			
15	15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	378.70			
15	15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	378.70			
15	15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	378.70			
15	15	21935	REMOVE TUMOR, BACK	433.03			

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21936	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	22100	RESECT VERTEBRA,CERVICAL	378.70				
15	22101	RESECT VERTEBRA, THORACIC	378.70				
15	22305	TREAT SPINE PROCESS FRACTURE	282.75				
15	22310	TREAT SPINE FRACTURE	282.75				
15	22315	TREAT SPINE FRACTURE	378.70				
15	22505	MANIPULATION OF SPINE	378.70				
15	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,136.94				
15	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,136.94				
15	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,136.94				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,136.94				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	534.93				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	378.70				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	378.70				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	378.70				
15	22904	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	22905	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	22999	ABDOMEN SURGERY PROCEDURE	MP			X	
15	23000	REMOVAL OF CALCIUM DEPOSITS	378.70				
15	23020	RELEASE SHOULDER JOINT	378.70				
15	23030	DRAIN SHOULDER LESION	282.75				
15	23031	DRAIN SHOULDER BURSA	433.03				
15	23035	DRAIN SHOULDER BONE LESION	433.03				
15	23040	EXPLORATORY SHOULDER SURGERY	433.03				
15	23044	EXPLORATORY SHOULDER SURGERY	534.93				
15	23066	BIOPSY SHOULDER TISSUES	378.70				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHO	378.70				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	378.70				
15	23075	REMOVAL OF SHOULDER LESION	378.70				
15	23076	REMOVAL OF SHOULDER LESION	378.70				
15	23077	REMOVE TUMOR OF SHOULDER	433.03				
15	23078	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	23100	BIOPSY OF SHOULDER JOINT	378.70				
15	23101	SHOULDER JOINT SURGERY	844.85				
15	23105	REMOVE SHOULDER JOINT LINING	534.93				
15	23106	INCISION OF COLLARBONE JOINT	534.93				
15	23107	EXPLORE TREAT SHOULDER JOINT	534.93				
15	23120	PARTIAL REMOVAL, COLLAR BONE	608.81				
15	23125	REMOVAL OF COLLAR BONE	608.81				
15	23130	REMOVE SHOULDER BONE, PART	608.81				
15	23140	REMOVAL OF BONE LESION	534.93				
15	23145	REMOVAL OF BONE LESION	608.81				
15	23146	REMOVAL OF BONE LESION	608.81				
15	23150	REMOVAL OF HUMERUS LESION	534.93				
15	23155	REMOVAL OF HUMERUS LESION	608.81				
15	23156	REMOVAL OF HUMERUS LESION	608.81				
15	23170	REMOVE COLLAR BONE LESION	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	TS	CODE	DESCRIPTION				
15		23172	REMOVE SHOULDER BLADE LESION	378.70			
15		23174	REMOVE HUMERUS LESION	378.70			
15		23180	REMOVE COLLAR BONE LESION	534.93			
15		23182	REMOVE SHOULDER BLADE LESION	534.93			
15		23184	REMOVE HUMERUS LESION	534.93			
15		23190	PARTIAL REMOVAL OF SCAPULA	534.93			
15		23195	REMOVAL OF HEAD OF HUMERUS	608.81			
15		23330	REMOVE SHOULDER FOREIGN BODY	282.75			
15		23331	REMOVE SHOULDER FOREIGN BODY	282.75			
15		23395	MUSCLE TRANSFER, SHOULDER/ARM	608.81			
15		23397	MUSCLE TRANSFERS	844.85			
15		23400	FIXATION OF SHOULDER BLADE	844.85			
15		23405	INCISION OF TENDON & MUSCLE	378.70			
15		23406	INCISE TENDON(S) & MUSCLE(S)	378.70			
15		23410	REPAIR OF TENDON(S)	608.81			
15		23412	REPAIR OF TENDON(S)	844.85			
15		23415	RELEASE OF SHOULDER LIGAMENT	608.81			
15		23420	REPAIR OF SHOULDER	844.85			
15		23430	REPAIR BICEPS TENDON	534.93			
15		23440	REMOVE/TRANSPLANT TENDON	534.93			
15		23450	REPAIR SHOULDER CAPSULE	608.81			
15		23455	REPAIR SHOULDER CAPSULE	844.85			
15		23460	REPAIR SHOULDER CAPSULE	608.81			
15		23462	REPAIR SHOULDER CAPSULE	844.85			
15		23465	REPAIR SHOULDER CAPSULE	608.81			
15		23466	REPAIR SHOULDER CAPSULE	844.85			
15		23480	REVISION OF COLLAR BONE	534.93			
15		23485	REVISION OF COLLAR BONE	844.85			
15		23490	REINFORCE CLAVICLE	433.03			
15		23491	REINFORCE SHOULDER BONES	433.03			
15		23500	TREAT CLAVICLE FRACTURE	282.75			
15		23505	TREAT CLAVICLE FRACTURE	282.75			
15		23515	TREAT CLAVICLE FRACTURE	433.03			
15		23520	TREAT CLAVICLE DISLOCATION	282.75			
15		23525	TREAT CLAVICLE DISLOCATION	282.75			
15		23530	TREAT CLAVICLE DISLOCATION	433.03			
15		23532	TREAT CLAVICLE DISLOCATION	534.93			
15		23540	TREAT CLAVICLE DISLOCATION	282.75			
15		23545	TREAT CLAVICLE DISLOCATION	282.75			
15		23550	TREAT CLAVICLE DISLOCATION	433.03			
15		23552	TREAT CLAVICLE DISLOCATION	534.93			
15		23570	TREAT SHOULDER BLADE FX	282.75			
15		23575	TREAT SHOULDER BLADE FX	282.75			
15		23585	TREAT SCAPULA FRACTURE	433.03			
15		23600	TREAT HUMERUS FRACTURE	282.75			
15		23605	TREAT HUMERUS FRACTURE	378.70			
15		23615	TREAT HUMERUS FRACTURE	534.93			
15		23616	TREAT HUMERUS FRACTURE	534.93			

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23620	TREAT HUMERUS FRACTURE	282.75				
15	23625	TREAT HUMERUS FRACTURE	378.70				
15	23630	TREAT HUMERUS FRACTURE	608.81				
15	23650	TREAT SHOULDER DISLOCATION	282.75				
15	23655	TREAT SHOULDER DISLOCATION	282.75				
15	23660	TREAT SHOULDER DISLOCATION	433.03				
15	23665	TREAT DISLOCATION/FRACTURE	378.70				
15	23670	TREAT DISLOCATION/FRACTURE	433.03				
15	23675	TREAT DISLOCATION/FRACTURE	378.70				
15	23680	TREAT DISLOCATION/FRACTURE	433.03				
15	23700	FIXATION OF SHOULDER	282.75				
15	23800	FUSION OF SHOULDER JOINT	534.93				
15	23802	FUSION OF SHOULDER JOINT	844.85				
15	23921	AMPUTATION FOLLO-UP SURGERY	433.03				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	282.75				
15	23931	DRAINAGE OF ARM BURSA	378.70				
15	23935	DRAIN ARM/ELBOW BONE LESION	378.70				
15	24000	EXPLORATORY ELBOW SURGERY	534.93				
15	24006	RELEASE ELBOW JOINT	534.93				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	378.70				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	378.70				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	378.70				
15	24075	REMOVE ARM/ELBOW LESION	378.70				
15	24076	REMOVE ARM/ELBOW LESION	378.70				
15	24077	REMOVE TUMOR OF ARM/ELBOW	433.03				
15	24079	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	24100	BIOPSY ELBOW JOINT LINING	282.75				
15	24101	EXPLORE/TREAT ELBOW JOINT	534.93				
15	24102	REMOVE ELBOW JOINT LINING	534.93				
15	24105	REMOVAL OF ELBOW BURSA	433.03				
15	24110	REMOVE HUMERUS LESION	378.70				
15	24115	REMOVE/GRAFT BONE LESION	433.03				
15	24116	REMOVE/GRAFT BONE LESION	433.03				
15	24120	REMOVE ELBOW LESION	433.03				
15	24125	REMOVE/GRAFT BONE LESION	433.03				
15	24126	REMOVE/GRAFT BONE LESION	433.03				
15	24130	REMOVAL OF HEAD OF RADIUS	433.03				
15	24134	REMOVAL OF ARM BONE LESION	378.70				
15	24136	REMOVE RADIUS BONE LESION	378.70				
15	24138	REMOVE ELBOW BONE LESION	378.70				
15	24140	PARTIAL REMOVAL OF ARM BONE	433.03				
15	24145	PARTIAL REMOVAL OF RADIUS	433.03				
15	24147	PARTIAL REMOVAL OF ELBOW	378.70				
15	24155	REMOVAL OF ELBOW JOINT	433.03				
15	24160	REMOVE ELBOW JOINT IMPLANT	378.70				
15	24164	REMOVE RADIUS HEAD IMPLANT	433.03				
15	24200	REMOVAL OF ARM FOREIGN BODY	282.75				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	24201	REMOVAL OF ARM FOREIGN BODY	378.70				
15	24301	MUSCLE/TENDON TRANSFER	534.93				
15	24305	ARM TENDON LENGTHENING	534.93				
15	24310	REVISION OF ARM TENDON	433.03				
15	24320	REPAIR OF ARM TENDON	433.03				
15	24330	REVISION OF ARM MUSCLES	433.03				
15	24331	REVISION OF ARM MUSCLES	433.03				
15	24340	REPAIR OF BICEPS TENDON	433.03				
15	24341	REPAIR ARM TENDON/MUSCLE	433.03				
15	24342	REPAIR OF RUPTURED TENDON	433.03				
15	24345	REPR ELBW MED LIGMNT W/TISSU	378.70				
15	24360	RECONSTRUCT ELBOW JOINT	608.81				
15	24361	RECONSTRUCT ELBOW JOINT	608.81				
15	24362	RECONSTRUCT ELBOW JOINT	608.81				
15	24363	REPLACE ELBOW JOINT	844.85				
15	24365	RECONSTRUCT HEAD OF RADIUS	608.81				
15	24366	RECONSTRUCT HEAD OF RADIUS	608.81				
15	24400	REVISION OF HUMERUS	534.93				
15	24410	REVISION OF HUMERUS	534.93				
15	24420	REVISION OF HUMERUS	433.03				
15	24430	REPAIR OF HUMERUS	433.03				
15	24435	REPAIR HUMERUS WITH GRAFT	534.93				
15	24470	REVISION OF ELBOW JOINT	433.03				
15	24495	DECOMPRESSION OF FOREARM	378.70				
15	24498	REINFORCE HUMERUS	433.03				
15	24500	TREAT HUMERUS FRACTURE	282.75				
15	24505	TREAT HUMERUS FRACTURE	282.75				
15	24515	TREAT HUMERUS FRACTURE	534.93				
15	24516	TREAT HUMERUS FRACTURE	534.93				
15	24530	TREAT HUMERUS FRACTURE	282.75				
15	24535	TREAT HUMERUS FRACTURE	282.75				
15	24538	TREAT HUMERUS FRACTURE	378.70				
15	24545	TREAT HUMERUS FRACTURE	534.93				
15	24546	TREAT HUMERUS FRACTURE	608.81				
15	24560	TREAT HUMERUS FRACTURE	282.75				
15	24565	TREAT HUMERUS FRACTURE	378.70				
15	24566	TREAT HUMERUS FRACTURE	378.70				
15	24575	TREAT HUMERUS FRACTURE	433.03				
15	24576	TREAT HUMERUS FRACTURE	282.75				
15	24577	TREAT HUMERUS FRACTURE	282.75				
15	24579	TREAT HUMERUS FRACTURE	433.03				
15	24582	TREAT HUMERUS FRACTURE	378.70				
15	24586	TREAT ELBOW FRACTURE	534.93				
15	24587	TREAT ELBOW FRACTURE	608.81				
15	24600	TREAT ELBOW DISLOCATION	282.75				
15	24605	TREAT ELBOW DISLOCATION	378.70				
15	24615	TREAT ELBOW DISLOCATION	433.03				
15	24620	TREAT ELBOW FRACTURE	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24635	TREAT ELBOW FRACTURE	433.03				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	282.75				
15	24655	TREAT RADIUS FRACTURE	282.75				
15	24665	TREAT RADIUS FRACTURE	534.93				
15	24666	TREAT RADIUS FRACTURE	534.93				
15	24670	TREAT ULNAR FRACTURE	282.75				
15	24675	TREAT ULNAR FRACTURE	282.75				
15	24685	TREAT ULNAR FRACTURE	433.03				
15	24800	FUSION OF ELBOW JOINT	534.93				
15	24802	FUSION/GRAFT OF ELBOW JOINT	608.81				
15	24925	AMPUTATION FOLLOW-UP SURGERY	433.03				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	433.03				
15	25020	DECOMPRESS FOREARM 1 SPACE	433.03				
15	25023	DECOMPRESS FOREARM 1 SPACE	433.03				
15	25024	DECOMPRESS FOREARM 2 SPACES	433.03				
15	25025	DECOMPRESS FORARM 2 SPACES	433.03				
15	25028	DRAINAGE OF FOREARM LESION	282.75				
15	25031	DRAINAGE OF FOREARM BURSA	378.70				
15	25035	TREAT FOREARM BONE LESION	378.70				
15	25040	EXPLORE/TREAT WRIST JOINT	608.81				
15	25066	BIOPSY FOREARM SOFT TISSUES	378.70				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	378.70				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	378.70				
15	25075	REMOVE FOREARM LESION SUBCUT	378.70				
15	25076	REMOVE FOREARM LESION DEEP	433.03				
15	25077	REMOVE TUMOR, FOREARM/WRIST	433.03				
15	25078	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	25085	INCISION OF WRIST CAPSULE	433.03				
15	25100	BIOPSY OF WRIST JOINT	378.70				
15	25101	EXPLORE/TREAT WRIST JOINT	433.03				
15	25105	REMOVE WRIST JOINT LINING	534.93				
15	25107	REMOVE WRIST JOINT CARTILAGE	433.03				
15	25110	REMOVE WRIST TENDON LESION	433.03				
15	25111	REMOVE WRIST TENDON LESION	433.03				
15	25112	REREMOVE WRIST TENDON LESION	534.93				
15	25115	REMOVE WRIST/FOREARM LESION	534.93				
15	25116	REMOVE WRIST/FOREARM LESION	534.93				
15	25118	EXCISE WRIST TENDON SHEATH	378.70				
15	25119	PARTIAL REMOVAL OF ULNA	433.03				
15	25120	REMOVAL OF FOREARM LESION	433.03				
15	25125	REMOVE/GRAFT FOREARM LESION	433.03				
15	25126	REMOVE/GRAFT FOREARM LESION	433.03				
15	25130	REMOVAL OF WRIST LESION	433.03				
15	25135	REMOVE & GRAFT WRIST LESION	433.03				
15	25136	REMOVE & GRAFT WRIST LESION	433.03				
15	25145	REMOVE FOREARM BONE LESION	378.70				
15	25150	PARTIAL REMOVAL OF ULNA	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	25151	PARTIAL REMOVAL OF RADIUS	378.70				
15	25210	REMOVAL OF WRIST BONE	433.03				
15	25215	REMOVAL OF WRIST BONES	534.93				
15	25230	PARTIAL REMOVAL OF RADIUS	534.93				
15	25240	PARTIAL REMOVAL OF ULNA	534.93				
15	25248	REMOVE FOREARM FOREIGN BODY	378.70				
15	25250	REMOVAL OF WRIST PROSTHESIS	282.75				
15	25251	REMOVAL OF WRIST PROSTHESIS	282.75				
15	25260	REPAIR FOREARM TENDON/MUSCLE	534.93				
15	25263	REPAIR FOREARM TENDON/MUSCLE	378.70				
15	25265	REPAIR FOREARM TENDON/MUSCLE	433.03				
15	25270	REPAIR FOREARM TENDON/MUSCLE	534.93				
15	25272	REPAIR FOREARM TENDON/MUSCLE	433.03				
15	25274	REPAIR FOREARM TENDON/MUSCLE	534.93				
15	25275	REPAIR FOREARM TENDON SHEATH	534.93				
15	25280	REVISE WRIST/FOREARM TENDON	534.93				
15	25290	INCISE WRIST/FOREARM TENDON	433.03				
15	25295	RELEASE WRIST/FOREARM TENDON	433.03				
15	25300	FUSION OF TENDONS AT WRIST	433.03				
15	25301	FUSION OF TENDONS AT WRIST	433.03				
15	25310	TRANSPLANT FOREARM TENDON	433.03				
15	25312	TRANSPLANT FOREARM TENDON	534.93				
15	25315	REVISE PALSY HAND TENDON(S)	433.03				
15	25316	REVISE PALSY HAND TENDON(S)	433.03				
15	25320	REPAIR/REVISE WRIST JOINT	433.03				
15	25332	REVISE WRIST JOINT	608.81				
15	25335	REALIGNMENT OF HAND	433.03				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	608.81				
15	25350	REVISION OF RADIUS	433.03				
15	25355	REVISION OF RADIUS	433.03				
15	25360	REVISION OF ULNA	433.03				
15	25365	REVISE RADIUS & ULNA	433.03				
15	25370	REVISE RADIUS OR ULNA	433.03				
15	25375	REVISE RADIUS & ULNA	534.93				
15	25390	SHORTEN RADIUS OR ULNA	433.03				
15	25391	LENGTHEN RADIUS OR ULNA	534.93				
15	25392	SHORTEN RADIUS & ULNA	433.03				
15	25393	LENGTHEN RADIUS & ULNA	534.93				
15	25400	REPAIR RADIUS OR ULNA	433.03				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	534.93				
15	25415	REPAIR RADIUS & ULNA	433.03				
15	25420	REPAIR/GRAFT RADIUS & ULNA	534.93				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	433.03				
15	25426	REPAIR/GRAFT RADIUS & ULNA	534.93				
15	25431	REPAIR NONUNION CARPAL BONE	433.03				
15	25440	REPAIR/GRAFT WRIST BONE	534.93				
15	25441	RECONSTRUCT WRIST JOINT	608.81				
15	25442	RECONSTRUCT WRIST JOINT	608.81				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25443	RECONSTRUCT WRIST JOINT	608.81				
15	25444	RECONSTRUCT WRIST JOINT	608.81				
15	25445	RECONSTRUCT WRIST JOINT	608.81				
15	25446	WRIST REPLACEMENT	844.85				
15	25447	REPAIR WRIST JOINT(S)	608.81				
15	25449	REMOVE WRIST JOINT IMPLANT	608.81				
15	25450	REVISION OF WRIST JOINT	433.03				
15	25455	REVISION OF WRIST JOINT	433.03				
15	25490	REINFORCE RADIUS	433.03				
15	25491	REINFORCE ULNA	433.03				
15	25492	REINFORCE RADIUS AND ULNA	433.03				
15	25505	TREAT FRACTURE OF RADIUS	282.75				
15	25515	TREAT FRACTURE OF RADIUS	433.03				
15	25520	TREAT FRACTURE OF RADIUS	282.75				
15	25525	TREAT FRACTURE OF RADIUS	534.93				
15	25526	TREAT FRACTURE OF RADIUS	608.81				
15	25535	TREAT FRACTURE OF ULNA	282.75				
15	25545	TREAT FRACTURE OF ULNA	433.03				
15	25565	TREAT FRACTURE RADIUS & ULNA	378.70				
15	25574	TREAT FRACTURE RADIUS & ULNA	433.03				
15	25575	TREAT FRACTURE RADIUS/ULNA	433.03				
15	25599	UNLISTED PROCEDURE, FOREMAN OR WRIST	MP			X	
15	25605	TREAT FRACTURE RADIUS/ULNA	433.03				
15	25606	TREAT FX DISTAL RADIAL	433.03				
15	25607	TREAT FX RAD EXTRA-ARTICUL	608.81				
15	25608	TREAT FX RAD INTRA-ARTICUL	608.81				
15	25609	TREAT FX RADIAL 3 + FRAG	608.81				
15	25624	TREAT WRIST BONE FRACTURE	378.70				
15	25628	TREAT WRIST BONE FRACTURE	433.03				
15	25635	TREAT WRIST BONE FRACTURE	282.75				
15	25645	TREAT WRIST BONE FRACTURE	433.03				
15	25651	PIN ULAR STYLOID FRACTURE	433.03				
15	25660	TREAT WRIST DISLOCATION	282.75				
15	25670	TREAT WRIST DISLOCATION	433.03				
15	25671	PIN RADIOULNAR DISLOCATION	282.75				
15	25675	TREAT WRIST DISLOCATION	282.75				
15	25676	TREAT WRIST DISLOCATION	378.70				
15	25680	TREAT WRIST FRACTURE	378.70				
15	25685	TREAT WRIST FRACTURE	433.03				
15	25690	TREAT WRIST DISLOCATION	282.75				
15	25695	TREAT WRIST DISLOCATION	378.70				
15	25800	FUSION OF WRIST JOINT	534.93				
15	25805	FUSION/GRAFT OF WRIST JOINT	608.81				
15	25810	FUSION/GRAFT OF WRIST JOINT	608.81				
15	25820	FUSION OF HAND BONES	534.93				
15	25825	FUSE HAND BONES WITH GRAFT	608.81				
15	25830	FUSION, RADIOULNAR JNT/ULNA	608.81				
15	25907	AMPUTATION FOLLOW-UP SURGERY	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25922	AMPUTATE HAND AT WRIST	433.03				
15	25929	AMPUTATION FOLLOW-UP SURGERY	433.03				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		X		
15	26011	DRAINAGE OF FINGER ABSCESS	282.75				
15	26020	DRAIN HAND TENDON SHEATH	378.70				
15	26025	DRAINAGE OF PALM BURSA	282.75				
15	26030	DRAINAGE OF PALM BURSA(S)	378.70				
15	26034	TREAT HAND BONE LESION	378.70				
15	26040	RELEASE PALM CONTRACTURE	534.93				
15	26045	RELEASE PALM CONTRACTURE	433.03				
15	26055	INCISE FINGER TENDON SHEATH	378.70				
15	26060	INCISION OF FINGER TENDON	378.70				
15	26070	EXPLORE/TREAT HAND JOINT	378.70				
15	26075	EXPLORE/TREAT FINGER JOINT	534.93				
15	26080	EXPLORE/TREAT FINGER JOINT	534.93				
15	26100	BIOPSY HAND JOINT LINING	378.70				
15	26105	BIOPSY FINGER JOINT LINING	282.75				
15	26110	BIOPSY FINGER JOINT LINING	282.75				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	378.70				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	378.70				
15	26115	REMOVE HAND LESION SUBCUT	378.70				
15	26116	REMOVE HAND LESION, DEEP	378.70				
15	26117	REMOVE TUMOR, HAND/FINGER	433.03				
15	26118	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	26121	RELEASE PALM CONTRACTURE	534.93				
15	26123	RELEASE PALM CONTRACTURE	534.93				
15	26125	RELEASE PALM CONTRACTURE	534.93				
15	26130	REMOVE WRIST JOINT LINING	433.03				
15	26135	REVISE FINGER JOINT, EACH	534.93				
15	26140	REVISE FINGER JOINT, EACH	378.70				
15	26145	TENDON EXCISION, PALM/FINGER	433.03				
15	26160	REMOVE TENDON SHEATH LESION	433.03				
15	26170	REMOVAL OF PALM TENDON, EACH	433.03				
15	26180	REMOVAL OF FINGER TENDON	433.03				
15	26185	REMOVE FINGER BONE	534.93				
15	26200	REMOVE HAND BONE LESION	378.70				
15	26205	REMOVE/GRAFT BONE LESION	433.03				
15	26210	REMOVAL OF FINGER LESION	378.70				
15	26215	REMOVE/GRAFT FINGER LESION	433.03				
15	26230	PARTIAL REMOVAL OF HAND BONE	844.85				
15	26235	PARTIAL REMOVAL, FINGER BONE	433.03				
15	26236	PARTIAL REMOVAL, FINGER BONE	433.03				
15	26250	EXTENSIVE HAND SURGERY	433.03				
15	26260	EXTENSIVE FINGER SURGERY	433.03				
15	26262	PARTIAL REMOVAL OF FINGER	378.70				
15	26320	REMOVAL OF IMPLANT FROM HAND	378.70				
15	26340	MANIPULATE FINGER WITH ANESTH	282.75				
15	26350	REPAIR FINGER/HAND TENDON	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26352	REPAIR/GRAFT HAND TENDON	534.93				
15	26356	REPAIR FINGER/HAND TENDON	534.93				
15	26357	REPAIR FINGER/HAND TENDON	534.93				
15	26358	REPAIR/GRAFT HAND TENDON	534.93				
15	26370	REPAIR FINGER/HAND TENDON	534.93				
15	26372	REPAIR/GRAFT HAND TENDON	534.93				
15	26373	REPAIR FINGER/HAND TENDON	433.03				
15	26390	REVISE HAND/FINGER TENDON	534.93				
15	26392	REPAIR/GRAFT HAND TENDON	433.03				
15	26410	REPAIR HAND TENDON	433.03				
15	26412	REPAIR/GRAFT HAND TENDON	433.03				
15	26415	EXCISION, HAND/FINGER TENDON	534.93				
15	26416	GRAFT HAND OR FINGER TENDON	433.03				
15	26418	REPAIR FINGER TENDON	534.93				
15	26420	REPAIR/GRAFT FINGER TENDON	534.93				
15	26426	REPAIR FINGER/HAND TENDON	433.03				
15	26428	REPAIR/GRAFT FINGER TENDON	433.03				
15	26432	REPAIR FINGER TENDON	433.03				
15	26433	REPAIR FINGER TENDON	433.03				
15	26434	REPAIR/GRAFT FINGER TENDON	433.03				
15	26437	REALIGNMENT OF TENDONS	433.03				
15	26440	RELEASE PALM/FINGER TENDON	433.03				
15	26442	RELEASE PALM & FINGER TENDON	433.03				
15	26445	RELEASE HAND/FINGER TENDON	433.03				
15	26449	RELEASE FOREARM/HAND TENDON	433.03				
15	26450	INCISION OF PALM TENDON	433.03				
15	26455	INCISION OF FINGER TENDON	433.03				
15	26460	INCISE HAND/FINGER TENDON	433.03				
15	26471	FUSION OF FINGER TENDONS	378.70				
15	26474	FUSION OF FINGER TENDONS	378.70				
15	26476	TENDON LENGTHENING	282.75				
15	26477	TENDON SHORTENING	282.75				
15	26478	LENGTHENING OF HAND TENDON	282.75				
15	26479	SHORTENING OF HAND TENDON	282.75				
15	26480	TRANSPLANT HAND TENDON	433.03				
15	26483	TRANSPLANT/GRAFT HAND TENDON	433.03				
15	26485	TRANSPLANT PALM TENDON	378.70				
15	26489	TRANSPLANT/GRAFT PALM TENDON	433.03				
15	26490	REVISE THUMB TENDON	433.03				
15	26492	TENDON TRANSFER WITH GRAFT	433.03				
15	26494	HAND TENDON/MUSCLE TRANSFER	433.03				
15	26496	REVISE THUMB TENDON	433.03				
15	26497	FINGER TENDON TRANSFER	433.03				
15	26498	FINGER TENDON TRANSFER	534.93				
15	26499	REVISION OF FINGER	433.03				
15	26500	HAND TENDON RECONSTRUCTION	534.93				
15	26502	HAND TENDON RECONSTRUCTION	534.93				
15	26508	RELEASE THUMB CONTRACTURE	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26510	THUMB TENDON TRANSFER	433.03				
15	26516	FUSION OF KNUCKLE JOINT	282.75				
15	26517	FUSION OF KNUCKLE JOINTS	433.03				
15	26518	FUSION OF KNUCKLE JOINTS	433.03				
15	26520	RELEASE KNUCKLE CONTRACTURE	433.03				
15	26525	RELEASE FINGER CONTRACTURE	433.03				
15	26530	REVISE KNUCKLE JOINT	433.03				
15	26531	REVISE KNUCKLE WITH IMPLANT	844.85				
15	26535	REVISE FINGER JOINT	608.81				
15	26536	REVISE/IMPLANT FINGER JOINT	608.81				
15	26540	REPAIR HAND JOINT	534.93				
15	26541	REPAIR HAND JOINT WITH GRAFT	844.85				
15	26542	REPAIR HAND JOINT WITH GRAFT	534.93				
15	26545	RECONSTRUCT FINGER JOINT	534.93				
15	26546	REPAIR NONUNION HAND	534.93				
15	26548	RECONSTRUCT FINGER JOINT	534.93				
15	26550	CONSTRUCT THUMB REPLACEMENT	378.70				
15	26555	POSITIONAL CHANGE OF FINGER	433.03				
15	26560	REPAIR OF WEB FINGER	378.70				
15	26561	REPAIR OF WEB FINGER	433.03				
15	26562	REPAIR OF WEB FINGER	534.93				
15	26565	CORRECT METACARPAL FLAW	608.81				
15	26567	CORRECT FINGER DEFORMITY	608.81				
15	26568	LENGTHEN METACARPAL/FINGER	433.03				
15	26580	REPAIR HAND DEFORMITY	608.81				
15	26587	RECONSTRUCT EXTRA FINGER	608.81				
15	26590	REPAIR FINGER DEFORMITY	608.81				
15	26591	REPAIR MUSCLES OF HAND	433.03				
15	26593	RELEASE MUSCLES OF HAND	433.03				
15	26596	EXCISION CONSTRICTING TISSUE	378.70				
15	26605	TREAT METACARPAL FRACTURE	378.70				
15	26607	TREAT METACARPAL FRACTURE	378.70				
15	26608	TREAT METACARPAL FRACTURE	534.93				
15	26615	TREAT METACARPAL FRACTURE	534.93				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	282.75				
15	26645	TREAT THUMB FRACTURE	282.75				
15	26650	TREAT THUMB FRACTURE	378.70				
15	26665	TREAT THUMB FRACTURE	534.93				
15	26675	TREAT HAND DISLOCATION	378.70				
15	26676	PIN HAND DISLOCATION	378.70				
15	26685	TREAT HAND DISLOCATION	433.03				
15	26686	TREAT HAND DISLOCATION	433.03				
15	26705	TREAT KNUCKLE DISLOCATION	378.70				
15	26706	PIN KNUCKLE DISLOCATION	378.70				
15	26715	TREAT KNUCKLE DISLOCATION	534.93				
15	26727	TREAT FINGER FRACTURE, EACH	844.85				
15	26735	TREAT FINGER FRACTURE, EACH	534.93				
15	26742	TREAT FINGER FRACTURE, EACH	378.70				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26746	TREAT FINGER FRACTURE, EACH	608.81				
15	26756	PIN FINGER FRACTURE, EACH	378.70				
15	26765	TREAT FINGER FRACTURE, EACH	534.93				
15	26776	PIN FINGER DISLOCATION	378.70				
15	26785	TREAT FINGER DISLOCATION	378.70				
15	26820	THUMB FUSION WITH GRAFT	608.81				
15	26841	FUSION OF THUMB	534.93				
15	26842	THUMB FUSION WITH GRAFT	534.93				
15	26843	FUSION OF HAND JOINT	433.03				
15	26844	FUSION/GRAFT OF HAND JOINT	433.03				
15	26850	FUSION OF KNUCKLE	534.93				
15	26852	FUSION OF KNUCKLE WITH GRAFT	534.93				
15	26860	FUSION OF FINGER JOINT	433.03				
15	26861	FUSION OF FINGER JNT, ADD-ON	378.70				
15	26862	FUSION/GRAFT OF FINGER JOINT	534.93				
15	26863	FUSE/GRAFT ADDED JOINT	433.03				
15	26910	AMPUTATE METACARPAL BONE	433.03				
15	26951	AMPUTATION OF FINGER/THUMB	378.70				
15	26952	AMPUTATION OF FINGER/THUMB	534.93				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	282.75				
15	26991	DRAINAGE OF PELVIS BURSA	282.75				
15	27000	INCISION OF HIP TENDON	378.70				
15	27001	INCISION OF HIP TENDON	433.03				
15	27003	INCISION OF HIP TENDON	433.03				
15	27033	EXPLORATION OF HIP JOINT	433.03				
15	27035	DENERVATION OF HIP JOINT	534.93				
15	27040	BIOPSY OF SOFT TISSUES	282.75				
15	27041	BIOPSY OF SOFT TISSUES	378.70				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	378.70				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	378.70				
15	27047	REMOVE HIP/PELVIS LESION	378.70				
15	27048	REMOVE HIP/PELVIS LESION	433.03				
15	27049	REMOVE TUMOR, HIP/PELVIS	433.03				
15	27050	BIOPSY OF SACROILIAC JOINT	433.03				
15	27052	BIOPSY OF HIP JOINT	433.03				
15	27059	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	27060	REMOVAL OF ISCHIAL BURSA	608.81				
15	27062	REMOVE FEMUR LESION/BURSA	608.81				
15	27065	REMOVAL OF HIP BONE LESION	608.81				
15	27066	REMOVAL OF HIP BONE LESION	608.81				
15	27067	REMOVE/GRAFT HIP BONE LESION	608.81				
15	27080	REMOVAL OF TAIL BONE	378.70				
15	27086	REMOVE HIP FOREIGN BODY	282.75				
15	27087	REMOVE HIP FOREIGN BODY	433.03				
15	27095	WITH ANES	282.75				
15	27097	REVISION OF HIP TENDON	433.03				
15	27098	TRANSFER TENDON TO PELVIS	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27100	TRANSFER OF ABDOMINAL MUSCLE	534.93				
15	27105	TRANSFER OF SPINAL MUSCLE	534.93				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	534.93				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	534.93				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	433.03				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	378.70				
15	27193	TREAT PELVIC RING FRACTURE	282.75				
15	27194	TREAT PELVIC RING FRACTURE	378.70				
15	27202	TREAT TAIL BONE FRACTURE	378.70				
15	27230	TREAT THIGH FRACTURE	282.75				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	282.75				
15	27238	TREAT THIGH FRACTURE	282.75				
15	27246	TREAT THIGH FRACTURE	282.75				
15	27250	TREAT HIP DISLOCATION	282.75				
15	27252	TREAT HIP DISLOCATION	378.70				
15	27257	TREAT HIP DISLOCATION	433.03				
15	27265	TREAT HIP DISLOCATION	282.75				
15	27266	TREAT HIP DISLOCATION	378.70				
15	27275	MANIPULATION OF HIP JOINT	378.70				
15	27299	PELVIS/HIP JOINT SURGERY	MP			X	
15	27301	DRAIN THIGH/KNEE LESION	433.03				
15	27305	INCISE THIGH TENDON & FASCIA	378.70				
15	27306	INCISION OF THIGH TENDON	433.03				
15	27307	INCISION OF THIGH TENDONS	433.03				
15	27310	EXPLORATION OF KNEE JOINT	534.93				
15	27323	BIOPSY, THIGH SOFT TISSUES	282.75				
15	27324	BIOPSY, THIGH SOFT TISSUES	282.75				
15	27327	REMOVAL OF THIGH LESION	378.70				
15	27328	REMOVAL OF THIGH LESION	433.03				
15	27329	REMOVE TUMOR, THIGH/KNEE	534.93				
15	27330	BIOPSY, KNEE JOINT LINING	534.93				
15	27331	EXPLORE/TREAT KNEE JOINT	534.93				
15	27332	REMOVAL OF KNEE CARTILAGE	534.93				
15	27333	REMOVAL OF KNEE CARTILAGE	534.93				
15	27334	REMOVE KNEE JOINT LINING	534.93				
15	27335	REMOVE KNEE JOINT LINING	534.93				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	378.70				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	378.70				
15	27340	REMOVAL OF KNEECAP BURSA	433.03				
15	27345	REMOVAL OF KNEE CYST	534.93				
15	27347	REMOVE KNEE CYST	534.93				
15	27350	REMOVAL OF KNEECAP	534.93				
15	27355	REMOVE FEMUR LESION	433.03				
15	27356	REMOVE FEMUR LESION/GRAFT	534.93				
15	27357	REMOVE FEMUR LESION/GRAFT	608.81				
15	27358	REMOVE FEMUR LESION/FIXATION	608.81				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	608.81				
15	27364	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	27372	REMOVAL OF FOREIGN BODY	844.85				
15	27380	REPAIR OF KNEECAP TENDON	282.75				
15	27381	REPAIR/GRAFT KNEECAP TENDON	433.03				
15	27385	REPAIR OF THIGH MUSCLE	433.03				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	433.03				
15	27390	INCISION OF THIGH TENDON	282.75				
15	27391	INCISION OF THIGH TENDONS	378.70				
15	27392	INCISION OF THIGH TENDONS	433.03				
15	27393	LENGTHENING OF THIGH TENDON	378.70				
15	27394	LENGTHENING OF THIGH TENDONS	433.03				
15	27395	LENGTHENING OF THIGH TENDONS	433.03				
15	27396	TRANSPLANT OF THIGH TENDON	433.03				
15	27397	TRANSPLANTS OF THIGH TENDONS	433.03				
15	27400	REVISE THIGH MUSCLES/TENDONS	433.03				
15	27403	REPAIR OF KNEE CARTILAGE	534.93				
15	27405	REPAIR OF KNEE LIGAMENT	534.93				
15	27407	REPAIR OF KNEE LIGAMENT	534.93				
15	27409	REPAIR OF KNEE LIGAMENTS	534.93				
15	27418	REPAIR DEGENERATED KNEECAP	433.03				
15	27420	REVISION OF UNSTABLE KNEECAP	433.03				
15	27422	REVISION OF UNSTABLE KNEECAP	844.85				
15	27424	REVISION/REMOVAL OF KNEECAP	433.03				
15	27425	LATERAL RETINACULAR RELEASE	844.85				
15	27427	RECONSTRUCTION, KNEE	433.03				
15	27428	RECONSTRUCTION, KNEE	534.93				
15	27429	RECONSTRUCTION, KNEE	534.93				
15	27430	REVISION OF THIGH MUSCLES	534.93				
15	27435	INCISION OF KNEE JOINT	534.93				
15	27437	REVISE KNEECAP	534.93				
15	27438	REVISE KNEECAP WITH IMPLANT	608.81				
15	27441	REVISION OF KNEE JOINT	608.81				
15	27442	REVISION OF KNEE JOINT	608.81				
15	27443	REVISION OF KNEE JOINT	608.81				
15	27455	REALIGNMENT OF KNEE	534.93				
15	27465	SHORTENING OF FEMUR	608.81				
15	27477	REPAIR LOWER LEG EPIPHYSES	378.70				
15	27496	DECOMPRESSION OF THIGH/KNEE	608.81				
15	27497	DECOMPRESSION OF THIGH/KNEE	433.03				
15	27498	DECOMPRESSION OF THIGH/KNEE	433.03				
15	27499	DECOMPRESSION OF THIGH/KNEE	433.03				
15	27500	TREATMENT OF THIGH FRACTURE	282.75				
15	27501	TREATMENT OF THIGH FRACTURE	378.70				
15	27502	TREATMENT OF THIGH FRACTURE	378.70				
15	27503	TREATMENT OF THIGH FRACTURE	433.03				
15	27508	TREATMENT OF THIGH FRACTURE	282.75				
15	27509	TREATMENT OF THIGH FRACTURE	433.03				
15	27510	TREATMENT OF THIGH FRACTURE	282.75				
15	27514	REPAIR OF FEMUR FRACTURE	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27516	TREAT THIGH FX GROWTH PLATE	282.75				
15	27517	TREAT THIGH FX GROWTH PLATE	282.75				
15	27520	TREAT KNEECAP FRACTURE	282.75				
15	27530	TREAT KNEE FRACTURE	282.75				
15	27532	TREAT KNEE FRACTURE	282.75				
15	27538	TREAT KNEE FRACTURE(S)	282.75				
15	27540	REPAIR OF KNEE FRACTURE	282.75				
15	27550	TREAT KNEE DISLOCATION	282.75				
15	27552	TREAT KNEE DISLOCATION	282.75				
15	27560	TREAT KNEECAP DISLOCATION	282.75				
15	27562	TREAT KNEECAP DISLOCATION	282.75				
15	27566	TREAT KNEECAP DISLOCATION	378.70				
15	27570	FIXATION OF KNEE JOINT	282.75				
15	27594	AMPUTATION FOLLOW-UP SURGERY	433.03				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	433.03				
15	27601	DECOMPRESSION OF LOWER LEG	433.03				
15	27602	DECOMPRESSION OF LOWER LEG	433.03				
15	27603	DRAIN LOWER LEG LESION	378.70				
15	27604	DRAIN LOWER LEG BURSA	378.70				
15	27605	INCISION OF ACHILLES TENDON	282.75				
15	27606	INCISION OF ACHILLES TENDON	282.75				
15	27607	TREAT LOWER LEG BONE LESION	378.70				
15	27610	EXPLORE/TREAT ANKLE JOINT	378.70				
15	27612	EXPLORATION OF ANKLE JOINT	433.03				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	378.70				
15	27615	REMOVE TUMOR, LOWER LEG	433.03				
15	27616	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	27618	REMOVE LOWER LEG LESION	378.70				
15	27619	REMOVE LOWER LEG LESION	433.03				
15	27620	EXPLORE/TREAT ANKLE JOINT	534.93				
15	27625	REMOVE ANKLE JOINT LINING	534.93				
15	27626	REMOVE ANKLE JOINT LINING	534.93				
15	27630	REMOVAL OF TENDON LESION	433.03				
15	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	378.70				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	378.70				
15	27635	REMOVE LOWER LEG BONE LESION	433.03				
15	27637	REMOVE/GRAFT LEG BONE LESION	433.03				
15	27638	REMOVE/GRAFT LEG BONE LESION	433.03				
15	27640	PARTIAL REMOVAL OF TIBIA	378.70				
15	27641	PARTIAL REMOVAL OF FIBULA	378.70				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	433.03				
15	27650	REPAIR ACHILLES TENDON	433.03				
15	27652	REPAIR/GRAFT ACHILLES TENDON	433.03				
15	27654	REPAIR OF ACHILLES TENDON	433.03				
15	27656	REPAIR LEG FASCIA DEFECT	378.70				
15	27658	REPAIR OF LEG TENDON, EACH	282.75				
15	27659	REPAIR OF LEG TENDON, EACH	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27664	REPAIR OF LEG TENDON, EACH	378.70				
15	27665	REPAIR OF LEG TENDON, EACH	378.70				
15	27675	REPAIR LOWER LEG TENDONS	378.70				
15	27676	REPAIR LOWER LEG TENDONS	433.03				
15	27680	RELEASE OF LOWER LEG TENDON	433.03				
15	27681	RELEASE OF LOWER LEG TENDONS	378.70				
15	27685	REVISION OF LOWER LEG TENDON	433.03				
15	27686	REVISE LOWER LEG TENDONS	433.03				
15	27687	REVISION OF CALF TENDON	433.03				
15	27690	REVISE LOWER LEG TENDON	534.93				
15	27691	REVISE LOWER LEG TENDON	534.93				
15	27692	REVISE ADDITIONAL LEG TENDON	433.03				
15	27695	REPAIR OF ANKLE LIGAMENT	378.70				
15	27696	REPAIR OF ANKLE LIGAMENTS	378.70				
15	27698	REPAIR OF ANKLE LIGAMENT	378.70				
15	27700	REVISION OF ANKLE JOINT	608.81				
15	27704	REMOVAL OF ANKLE IMPLANT	378.70				
15	27705	INCISION OF TIBIA	378.70				
15	27707	INCISION OF FIBULA	378.70				
15	27709	INCISION OF TIBIA & FIBULA	378.70				
15	27715	REVISION OF LOWER LEG	608.81				
15	27720	REPAIR OF TIBIA	282.75				
15	27730	REPAIR OF TIBIA EPIPHYSIS	378.70				
15	27732	REPAIR OF FIBULA EPIPHYSIS	378.70				
15	27734	REPAIR LOWER LEG EPIPHYSES	378.70				
15	27740	REPAIR OF LEG EPIPHYSES	378.70				
15	27742	REPAIR OF LEG EPIPHYSES	378.70				
15	27745	REINFORCE TIBIA	433.03				
15	27750	TREATMENT OF TIBIA FRACTURE	282.75				
15	27752	TREATMENT OF TIBIA FRACTURE	282.75				
15	27756	TREATMENT OF TIBIA FRACTURE	433.03				
15	27758	TREATMENT OF TIBIA FRACTURE	534.93				
15	27759	TREATMENT OF TIBIA FRACTURE	534.93				
15	27760	CLTX MEDIAL ANKLE FX	282.75				
15	27762	CLTX MED ANKLE FX W/MNPJ	282.75				
15	27766	TREATMENT OF ANKLE FRACTURE	433.03				
15	27780	TREATMENT OF FIBULA FRACTURE	282.75				
15	27781	TREATMENT OF FIBULA FRACTURE	282.75				
15	27784	TREATMENT OF FIBULA FRACTURE	433.03				
15	27786	TREATMENT OF ANKLE FRACTURE	282.75				
15	27788	TREATMENT OF ANKLE FRACTURE	282.75				
15	27792	TREATMENT OF ANKLE FRACTURE	433.03				
15	27808	TREATMENT OF ANKLE FRACTURE	282.75				
15	27810	TREATMENT OF ANKLE FRACTURE	282.75				
15	27814	TREATMENT OF ANKLE FRACTURE	433.03				
15	27816	TREATMENT OF ANKLE FRACTURE	282.75				
15	27818	TREATMENT OF ANKLE FRACTURE	282.75				
15	27822	TREATMENT OF ANKLE FRACTURE	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27823	TREATMENT OF ANKLE FRACTURE	433.03				
15	27824	TREAT LOWER LEG FRACTURE	282.75				
15	27825	TREAT LOWER LEG FRACTURE	378.70				
15	27826	TREAT LOWER LEG FRACTURE	433.03				
15	27827	TREAT LOWER LEG FRACTURE	433.03				
15	27828	TREAT LOWER LEG FRACTURE	534.93				
15	27829	TREAT LOWER LEG JOINT	378.70				
15	27830	TREAT LOWER LEG DISLOCATION	282.75				
15	27831	TREAT LOWER LEG DISLOCATION	282.75				
15	27832	TREAT LOWER LEG DISLOCATION	378.70				
15	27840	TREAT ANKLE DISLOCATION	282.75				
15	27842	TREAT ANKLE DISLOCATION	282.75				
15	27846	TREAT ANKLE DISLOCATION	433.03				
15	27848	TREAT ANKLE DISLOCATION	433.03				
15	27860	FIXATION OF ANKLE JOINT	282.75				
15	27870	FUSION OF ANKLE JOINT	534.93				
15	27871	FUSION OF TIBIOFIBULAR JOINT	534.93				
15	27884	AMPUTATION FOLLOW-UP SURGERY	433.03				
15	27888	AMPUTATION OF FOOT AT ANKLE	433.03				
15	27889	AMPUTATION OF FOOT AT ANKLE	433.03				
15	27892	DECOMPRESSION OF LEG	433.03				
15	27893	DECOMPRESSION OF LEG	433.03				
15	27894	DECOMPRESSION OF LEG	433.03				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	433.03				
15	28003	TREATMENT OF FOOT INFECTION	433.03				
15	28005	TREAT FOOT BONE LESION	433.03				
15	28008	INCISION OF FOOT FASCIA	433.03				
15	28011	INCISION OF TOE TENDONS	433.03				
15	28020	EXPLORATION OF FOOT JOINT	378.70				
15	28022	EXPLORATION OF FOOT JOINT	378.70				
15	28024	EXPLORATION OF TOE JOINT	378.70				
15	28035	DECOMPRESSION OF TIBIA NERVE	534.93				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	282.75				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	378.70				
15	28043	EXCISION OF FOOT LESION	378.70				
15	28045	EXCISION OF FOOT LESION	433.03				
15	28046	RESECTION OF TUMOR, FOOT	433.03				
15	28047	RADICAL RESECTION OF TUMOR (EG, MALI	378.70				
15	28050	BIOPSY OF FOOT JOINT LINING	378.70				
15	28052	BIOPSY OF FOOT JOINT LINING	378.70				
15	28054	BIOPSY OF TOE JOINT LINING	378.70				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	378.70				
15	28062	REMOVAL OF FOOT FASCIA	433.03				
15	28070	REMOVAL OF FOOT JOINT LINING	433.03				
15	28072	REMOVAL OF FOOT JOINT LINING	433.03				
15	28080	REMOVAL OF FOOT LESION	433.03				
15	28086	EXCISE FOOT TENDON SHEATH	378.70				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	28088	EXCISE FOOT TENDON SHEATH	378.70				
15	28090	REMOVAL OF FOOT LESION	433.03				
15	28092	REMOVAL OF TOE LESIONS	433.03				
15	28100	REMOVAL OF ANKLE/HEEL LESION	378.70				
15	28102	REMOVE/GRAFT FOOT LESION	433.03				
15	28103	REMOVE/GRAFT FOOT LESION	433.03				
15	28104	REMOVAL OF FOOT LESION	378.70				
15	28106	REMOVE/GRAFT FOOT LESION	433.03				
15	28107	REMOVE/GRAFT FOOT LESION	433.03				
15	28108	REMOVAL OF TOE LESIONS	433.03				
15	28110	PART REMOVAL OF METATARSAL	433.03				
15	28111	PART REMOVAL OF METATARSAL	433.03				
15	28112	PART REMOVAL OF METATARSAL	433.03				
15	28113	PART REMOVAL OF METATARSAL	433.03				
15	28114	REMOVAL OF METATARSAL HEADS	433.03				
15	28116	REVISION OF FOOT	433.03				
15	28118	REMOVAL OF HEEL BONE	534.93				
15	28119	REMOVAL OF HEEL SPUR	534.93				
15	28120	PART REMOVAL OF ANKLE/HEEL	844.85				
15	28122	PARTIAL REMOVAL OF FOOT BONE	433.03				
15	28124	PARTIAL REMOVAL OF TOE	433.03				
15	28126	PARTIAL REMOVAL OF TOE	433.03				
15	28130	REMOVAL OF ANKLE BONE	433.03				
15	28140	REMOVAL OF METATARSAL	433.03				
15	28150	REMOVAL OF TOE	433.03				
15	28153	PARTIAL REMOVAL OF TOE	433.03				
15	28160	PARTIAL REMOVAL OF TOE	433.03				
15	28171	EXTENSIVE FOOT SURGERY	433.03				
15	28173	EXTENSIVE FOOT SURGERY	433.03				
15	28175	EXTENSIVE FOOT SURGERY	433.03				
15	28190	REMOVAL OF FOOT FOREIGN BODY	282.75				
15	28192	REMOVAL OF FOOT FOREIGN BODY	378.70				
15	28193	REMOVAL OF FOOT FOREIGN BODY	534.93				
15	28200	REPAIR OF FOOT TENDON	433.03				
15	28202	REPAIR/GRAFT OF FOOT TENDON	433.03				
15	28208	REPAIR OF FOOT TENDON	433.03				
15	28210	REPAIR/GRAFT OF FOOT TENDON	433.03				
15	28222	RELEASE OF FOOT TENDONS	282.75				
15	28225	RELEASE OF FOOT TENDON	282.75				
15	28226	RELEASE OF FOOT TENDONS	282.75				
15	28230	INCISION OF FOOT TENDON (S)	282.75				
15	28232	INCISION OF TOE TENDON	378.70				
15	28234	INCISION OF FOOT TENDON	378.70				
15	28238	REVISION OF FOOT TENDON	433.03				
15	28240	RELEASE OF BIG TOE	378.70				
15	28250	REVISION OF FOOT FASCIA	433.03				
15	28260	RELEASE OF MIDFOOT JOINT	433.03				
15	28261	REVISION OF FOOT TENDON	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28262	REVISION OF FOOT AND ANKLE	534.93				
15	28264	RELEASE OF MIDFOOT JOINT	282.75				
15	28270	RELEASE OF FOOT CONTRACTURE	433.03				
15	28280	FUSION OF TOES	378.70				
15	28285	REPAIR OF HAMMERTOES	433.03				
15	28286	REPAIR OF HAMMERTOES	534.93				
15	28288	PARTIAL REMOVAL OF FOOT BONE	433.03				
15	28289	REPAIR HALLUX RIGIDUS	433.03				
15	28290	CORRECTION OF BUNION	378.70				
15	28292	CORRECTION OF BUNION	378.70				
15	28293	CORRECTION OF BUNION	433.03				
15	28294	CORRECTION OF BUNION	433.03				
15	28296	CORRECTION OF BUNION	433.03				
15	28297	CORRECTION OF BUNION	433.03				
15	28298	CORRECTION OF BUNION	433.03				
15	28299	CORRECTION OF BUNION	608.81				
15	28300	INCISION OF HEEL BONE	378.70				
15	28302	INCISION OF ANKLE BONE	378.70				
15	28304	INCISION OF MIDFOOT BONES	378.70				
15	28305	INCISE/GRAFT MIDFOOT BONES	433.03				
15	28306	INCISION OF METATARSAL	534.93				
15	28307	INCISION OF METATARSAL	534.93				
15	28308	INCISION OF METATARSAL	378.70				
15	28309	INCISION OF METATARSALS	534.93				
15	28310	REVISION OF BIG TOE	433.03				
15	28312	REVISION OF TOE	433.03				
15	28313	REPAIR DEFORMITY OF TOE	378.70				
15	28315	REMOVAL OF SESAMOID BONE	534.93				
15	28320	REPAIR OF FOOT BONES	534.93				
15	28322	REPAIR OF METATARSALS	534.93				
15	28340	RESECT ENLARGED TOE TISSUE	534.93				
15	28341	RESECT ENLARGED TOE	534.93				
15	28344	REPAIR EXTRA TOE(S)	534.93				
15	28345	REPAIR WEBBED TOE(S)	534.93				
15	28400	TREATMENT OF HEEL FRACTURE	282.75				
15	28405	TREATMENT OF HEEL FRACTURE	378.70				
15	28406	TREATMENT OF HEEL FRACTURE	378.70				
15	28415	TREAT HEEL FRACTURE	433.03				
15	28420	TREAT/GRAFT HEEL FRACTURE	534.93				
15	28435	TREATMENT OF ANKLE FRACTURE	378.70				
15	28436	TREATMENT OF ANKLE FRACTURE	378.70				
15	28445	TREAT ANKLE FRACTURE	433.03				
15	28456	TREAT MIDFOOT FRACTURE	378.70				
15	28465	TREAT MIDFOOT FRACTURE, EACH	433.03				
15	28476	TREAT METATARSAL FRACTURE	378.70				
15	28485	TREAT METATARSAL FRACTURE	534.93				
15	28496	TREAT BIG TOE FRACTURE	378.70				
15	28505	TREAT BIG TOE FRACTURE	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28525	TREAT TOE FRACTURE	433.03				
15	28531	TREAT SESAMOID BONE FRACTURE	433.03				
15	28545	TREAT FOOT DISLOCATION	282.75				
15	28546	TREAT FOOT DISLOCATION	378.70				
15	28555	REPAIR FOOT DISLOCATION	378.70				
15	28575	TREAT FOOT DISLOCATION	282.75				
15	28576	TREAT FOOT DISLOCATION	433.03				
15	28585	REPAIR FOOT DISLOCATION	433.03				
15	28600	TREAT FOOT DISLOCATION	282.75				
15	28605	TREAT FOOT DISLOCATION	282.75				
15	28606	TREAT FOOT DISLOCATION	378.70				
15	28615	REPAIR FOOT DISLOCATION	433.03				
15	28635	TREAT TOE DISLOCATION	282.75				
15	28636	TREAT TOE DISLOCATION	433.03				
15	28645	REPAIR TOE DISLOCATION	433.03				
15	28660	TREAT TOE DISLOCATION	282.75				
15	28665	TREAT TOE DISLOCATION	282.75				
15	28666	TREAT TOE DISLOCATION	433.03				
15	28675	REPAIR OF TOE DISLOCATION	433.03				
15	28705	FUSION OF FOOT BONES	534.93				
15	28715	FUSION OF FOOT BONES	534.93				
15	28725	FUSION OF FOOT BONES	534.93				
15	28730	FUSION OF FOOT BONES	534.93				
15	28735	FUSION OF FOOT BONES	534.93				
15	28737	REVISION OF FOOT BONES	608.81				
15	28740	FUSION OF FOOT BONES	534.93				
15	28750	FUSION OF BIG TOE JOINT	534.93				
15	28755	FUSION OF BIG TOE JOINT	534.93				
15	28760	FUSION OF BIG TOE JOINT	534.93				
15	28810	AMPUTATION TOE & METATARSAL	378.70				
15	28820	AMPUTATION OF TOE	378.70				
15	28825	PARTIAL AMPUTATION OF TOE	378.70				
15	28899	FOOT/TOES SURGERY PROCEDURE					X
15	29030	SPINAL BONE ALLOGRAFT	282.75				
15	29031	SPINAL BONE ALLOGRAFT	282.75				
15	29800	JAW ARTHROSCOPY/SURGERY	433.03				
15	29804	JAW ARTHROSCOPY/SURGERY	433.03				
15	29805	SHOULDER ARTHROSCOPY, DX	433.03				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	608.81				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	433.03				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29827	ARTHROSCOP ROTATOR CUFF REPR	608.81				
15	29830	ELBOW ARTHROSCOPY	433.03				
15	29834	ELBOW ARTHROSCOPY/SURGERY	433.03				
15	29835	ELBOW ARTHROSCOPY/SURGERY	433.03				
15	29836	ELBOW ARTHROSCOPY/SURGERY	433.03				
15	29837	ELBOW ARTHROSCOPY/SURGERY	433.03				
15	29838	ELBOW ARTHROSCOPY/SURGERY	433.03				
15	29840	WRIST ARTHROSCOPY	433.03				
15	29843	WRIST ARTHROSCOPY/SURGERY	433.03				
15	29844	WRIST ARTHROSCOPY/SURGERY	433.03				
15	29845	WRIST ARTHROSCOPY/SURGERY	433.03				
15	29846	WRIST ARTHROSCOPY/SURGERY	433.03				
15	29847	WRIST ARTHROSCOPY/SURGERY	433.03				
15	29848	WRIST ENDOSCOPY/SURGERY	1,136.94				
15	29850	KNEE ARTHROSCOPY/SURGERY	534.93				
15	29851	KNEE ARTHROSCOPY/SURGERY	534.93				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	534.93				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	534.93				
15	29860	HIP ARTHROSCOPY, DX	534.93				
15	29861	HIP ARTHROSCOPY/SURGERY	534.93				
15	29862	HIP ARTHROSCOPY/SURGERY	1,136.94				
15	29863	HIP ARTHROSCOPY/SURGERY	534.93				
15	29870	KNEE ARTHROSCOPY, DX	433.03				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	433.03				
15	29873	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29874	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29875	KNEE ARTHROSCOPY/SURGERY	534.93				
15	29876	KNEE ARTHROSCOPY/SURGERY	534.93				
15	29877	KNEE ARTHROSCOPY/SURGERY	534.93				
15	29879	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	534.93				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	534.93				
15	29882	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29883	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29884	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29885	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29886	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29887	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29888	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29889	KNEE ARTHROSCOPY/SURGERY	433.03				
15	29891	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29892	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,136.94				
15	29894	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29895	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29897	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29898	ANKLE ARTHROSCOPY/SURGERY	433.03				
15	29899	ANKLE ARTHROSCOPY/SURGERY	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29900	MCP JOINT ARTHROSCOPY, DX	433.03				
15	29901	MCP JOINT ARTHROSCOPY, SURG	433.03				
15	29902	MCP JOINT ARTHROSCOPY, SURG	433.03				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	534.93				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	534.93				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	534.93				
15	29999	ARTHROSCOPY OF JOINT	MP				
15	30000	DRAINAGE OF NOSE LESION	282.75			X	
15	30100	INTRANASAL BIOPSY	282.75				
15	30110	REMOVAL OF NOSE POLY(S)	282.75				
15	30115	REMOVAL OF NOSE POLYP(S)	378.70				
15	30117	REMOVAL OF INTRANASAL LESION	433.03				
15	30118	REMOVAL OF INTRANASAL LESION	433.03				
15	30120	REVISION OF NOSE	282.75				
15	30125	REMOVAL OF NOSE LESION	378.70				
15	30130	REMOVAL OF TURBINATE BONES	433.03				
15	30140	REMOVAL OF TURBINATE BONES	378.70				
15	30150	PARTIAL REMOVAL OF NOSE	433.03				
15	30160	REMOVAL OF NOSE	534.93				
15	30210	NASAL SINUS THERAPY	282.75				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	433.03				
15	30300	REMOVE NASAL FOREIGN BODY	282.75				
15	30310	REMOVE NASAL FOREIGN BODY	282.75				
15	30320	REMOVE NASAL FOREIGN BODY	378.70				
15	30400	RECONSTRUCTION OF NOSE	534.93				
15	30410	RECONSTRUCTION OF NOSE	608.81				
15	30420	RECONSTRUCTION OF NOSE	608.81				
15	30430	REVISION OF NOSE	433.03				
15	30435	REVISION OF NOSE	608.81				
15	30450	REVISION OF NOSE	844.85				
15	30460	REVISION OF NOSE	844.85				
15	30462	REVISION OF NOSE	1,136.94				
15	30465	REPAIR NASAL STENOSIS	1,136.94				
15	30520	REPAIR OF NASAL SEPTUM	534.93				
15	30540	REPAIR NASAL DEFECT	608.81				
15	30545	REPAIR NASAL DEFECT	608.81				
15	30560	RELEASE OF NASAL ADHESIONS	378.70				
15	30580	REPAIR UPPER JAW FISTULA	534.93				
15	30600	REPAIR MOUTH/NOSE FISTULA	534.93				
15	30620	INTRANASAL RECONSTRUCTION	844.85				
15	30630	REPAIR NASAL SEPTUM DEFECT	844.85				
15	30801	CAUTERIZATION, INNER NOSE	282.75				
15	30802	CAUTERIZATION, INNER NOSE	282.75				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	282.75				
15	30903	CONTROL OF NOSEBLEED	282.75				
15	30905	CONTROL OF NOSEBLEED	282.75				
15	30906	REPEAT CONTROL OF NOSEBLEED	282.75				
15	30915	LIGATION, NASAL SINUS ARTERY	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	30920	LIGATION, UPPER JAW ARTERY	433.03				
15	30930	THERAPY, FRACTURE OF NOSE	534.93				
15	30999	NASAL SURGERY PROCEDURE	MP		X		
15	31000	IRRIGATION MAXILLARY SINUS	282.75				
15	31002	IRRIGATION SPHENOID SINUS	282.75				
15	31020	EXPLORATION, MAXILLARY SINUS	378.70				
15	31030	EXPLORATION, MAXILLARY SINUS	433.03				
15	31032	EXPLORE SINUS,REMOVE POLYPS	534.93				
15	31050	EXPLORATION, SPHENOID SINUS	378.70				
15	31051	SPHENOID SINUS SURGERY	534.93				
15	31070	EXPLORATION OF FRONTAL SINUS	378.70				
15	31075	EXPLORATION OF FRONTAL SINUS	534.93				
15	31080	REMOVAL OF FRONTAL SINUS	534.93				
15	31081	REMOVAL OF FRONTAL SINUS	534.93				
15	31084	REMOVAL OF FRONTAL SINUS	534.93				
15	31085	REMOVAL OF FRONTAL SINUS	534.93				
15	31086	REMOVAL OF FRONTAL SINUS	534.93				
15	31087	REMOVAL OF FRONTAL SINUS	534.93				
15	31090	EXPLORATION OF SINUSES	608.81				
15	31200	REMOVAL OF ETHMOID SINUS	378.70				
15	31201	REMOVAL OF ETHMOID SINUS	608.81				
15	31205	REMOVAL OF ETHMOID SINUS	433.03				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	378.70				
15	31233	NASAL/SINUS ENDOSCOPY, DX	378.70				
15	31235	NASAL/SINUS ENDOSCOPY, DX	282.75				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	378.70				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	282.75				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	534.93				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	378.70				
15	31254	REVISION OF ETHMOID SINUS	433.03				
15	31255	REMOVAL OF ETHMOID SINUS	608.81				
15	31256	EXPLORATION MAXILLARY SINUS	433.03				
15	31267	ENDOSCOPY, MAXILLARY SINUS	433.03				
15	31276	SINUS ENDOSCOPY, SURGICAL	433.03				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	433.03				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	433.03				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	433.03				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	433.03				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	433.03				
15	31299	SINUS SURGERY PROCEDURE	MP		X		
15	31300	REMOVAL OF LARYNX LESION	608.81				
15	31320	DIAGNOSTIC INCISION, LARYNX	378.70				
15	31400	REVISION OF LARYNX	378.70				
15	31420	REMOVAL OF EPIGLOTTIS	378.70				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	282.75				
15	31510	LARYNGOSCOPY WITH BIOPSY	378.70				
15	31511	REMOVE FOREIGN BODY, LARYNX	378.70				
15	31512	REMOVAL OF LARYNX LESION	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31513	INJECTION INTO VOCAL CORD	378.70				
15	31515	LARYNGOSCOPY FOR ASPIRATION	282.75				
15	31520	DIAGNOSTIC LARYNGOSCOPY	282.75				
15	31525	DIAGNOSTIC LARYNGOSCOPY	282.75				
15	31526	DIAGNOSTIC LARYNGOSCOPY	378.70				
15	31527	LARYNGOSCOPY FOR TREATMENT	282.75				
15	31528	LARYNGOSCOPY AND DILATION	378.70				
15	31529	LARYNGOSCOPY AND DILATION	378.70				
15	31530	OPERATIVE LARYNGOSCOPY	378.70				
15	31531	OPERATIVE LARYNGOSCOPY	433.03				
15	31535	OPERATIVE LARYNGOSCOPY	378.70				
15	31536	OPERATIVE LARYNGOSCOPY	433.03				
15	31540	OPERATIVE LARYNGOSCOPY	433.03				
15	31541	OPERATIVE LARYNGOSCOPY	534.93				
15	31545	REMOVE VC LESION W/SCOPE	534.93				
15	31546	REMOVE VC SCOPE/GRAFT	534.93				
15	31560	OPERATIVE LARYNGOSCOPY	608.81				
15	31561	OPERATIVE LARYNGOSCOPY	608.81				
15	31570	LARYNGOSCOPY WITH INJECTION	378.70				
15	31571	LARYNGOSCOPY WITH INJECTION	378.70				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	378.70				
15	31576	LARYNGOSCOPY WITH BIOPSY	378.70				
15	31577	REMOVE FOREIGN BODY, LARYNX	378.70				
15	31578	REMOVAL OF LARYNX LESION	378.70				
15	31580	REVISION OF LARYNX	608.81				
15	31582	REVISION OF LARYNX	608.81				
15	31588	REVISION OF LARYNX	608.81				
15	31590	REINNERVATE LARYNX	608.81				
15	31595	LARYNX NERVE SURGERY	378.70				
15	31599	LARYNX SURGERY PROCEDURE	MP				X
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	282.75	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	433.03				
15	31612	PUNCTURE/CLEAR WINDPIPE	282.75				
15	31613	REPAIR WINDPIPE OPENING	378.70				
15	31614	REPAIR WINDPIPE OPENING	378.70				
15	31615	VISUALIZATION OF WINDPIPE	282.75				
15	31620	ENDOBONCHIAL US ADD-ON	282.75				
15	31622	DX BRONCHOSCOPE/WASH	282.75				
15	31623	DX BRONCHOSCOPE/BRUSH	378.70				
15	31624	DX BRONCHOSCOPE/LAVAGE	378.70				
15	31625	BRONCHOSCOPY WITH BIOPSY	378.70				
15	31628	BRONCHOSCOPY WITH BIOPSY	378.70				
15	31629	BRONCHOSCOPY WITH BIOPSY	378.70				
15	31630	BRONCHOSCOPY WITH REPAIR	378.70				
15	31631	BRONCHOSCOPY WITH DILATION	378.70				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	378.70				
15	31635	REMOVE FOREIGN BODY, AIRWAY	378.70				
15	31636	BRONCHOSCOPY, BRONCH STENTS	378.70				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31637	BRONCHOSCOPY, STENT ADD-ON	282.75				
15	31638	BRONCHOSCOPY, REVISE STENT	378.70				
15	31640	BRONCHOSCOPY & REMOVE LESION	378.70				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	378.70				
15	31643	DIAG BRONCHOSCOPE/CATHETER	378.70				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	282.75				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	282.75				
15	31656	BRONCHOSCOPY, INJ FOR XRAY	282.75				
15	31717	BRONCHIAL BRUSH BIOPSY	282.75				
15	31720	CLEARANCE OF AIRWAYS	282.75				
15	31730	INTRO, WINDPIPE WIRE/TUBE	282.75				
15	31750	REPAIR OF WINDPIPE	608.81				
15	31755	REPAIR OF WINDPIPE	378.70				
15	31820	CLOSURE OF WINDPIPE LESION	282.75				
15	31825	REPAIR OF WINDPIPE DEFECT	378.70				
15	31830	REVISE WINDPIPE SCAR	378.70				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP				X
15	32400	NEEDLE BIOPSY CHEST LINING	282.75				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	282.75				
15	32420	PUNCTURE/CLEAR LUNG	282.75				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	282.75				
15	32999	CHEST SURGERY PROCEDURE	MP				X
15	33010	DRAINAGE OF HEART SAC	378.70				
15	33011	REPEAT DRAINAGE OF HEART SAC	378.70				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	433.03				
15	33222	REVISE POCKET, PACEMAKER	378.70				
15	33223	REVISE POCKET, PACING-DEFIB	378.70				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	378.70				
15	33999	CARDIAC SURGERY PROCEDURE	MP				X
15	35188	REPAIR BLOOD VESSEL LESION	534.93				
15	35190	REPAIR BLOOD VESSEL LESION	534.93				
15	35206	REPAIR BLOOD VESSEL LESION	534.93				
15	35207	REPAIR BLOOD VESSEL LESION	534.93				
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	282.75				
15	35875	REMOVAL OF CLOT IN GRAFT	1,136.94				
15	35876	REMOVAL OF CLOT IN GRAFT	1,136.94				
15	36260	INSERTION OF INFUSION PUMP	433.03				
15	36261	REVISION OF INFUSION PUMP	378.70				
15	36262	REMOVAL OF INFUSION PUMP	282.75				
15	36299	UNLISTED VASCULAR INJECTION	MP				X
15	36475	ENDOVENOUS RF, 1ST VEIN	433.03				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	433.03				
15	36478	ENDOVENOUS LASER, 1ST VEIN	433.03				
15	36479	ENDOVENOUS LASER VEIN ADDON	433.03				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,136.94				
15	36555	INSERT NON-TUNNEL CV CATH	282.75				
15	36556	INSERT NON-TUNNEL CV CATH	282.75				
15	36557	INSERT TUNNELED CV CATH	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	36558	INSERT TUNNELED CV CATH	378.70				
15	36560	INSERT TUNNELED CV CATH	433.03				
15	36561	INSERT TUNNELED CV CATH	433.03				
15	36563	INSERT TUNNELED CV CATH	433.03				
15	36565	INSERT TUNNELED CV CATH	433.03				
15	36566	INSERT TUNNELED CV CATH	433.03				
15	36568	INSERT PERIPHERALLY CV CATH	282.75				
15	36569	INSERT PERIPHERALLY CV CATH	282.75				
15	36570	INSERT PERIPHERALLY CV CATH	433.03				
15	36571	INSERT PERIPHERALLY CV CATH	433.03				
15	36575	REPAIR TUNNELED/NON-TUNNELED	378.70				
15	36576	REPAIR CV ACCESS	378.70				
15	36578	REPLACE CV ACCESS	378.70				
15	36580	REPLACE COMPLETE non-tunnel	282.75				
15	36581	REPLACE COMPLETE tunneled	378.70				
15	36582	REPLACE COMPLETE tunneled	433.03				
15	36583	REPLACE COMPLETE tunneled	433.03				
15	36584	REPLACE COMPLETE peripherally	282.75				
15	36585	REPLACE COMPLETE peripherally	433.03				
15	36589	REMOVE TUNNELED CV CATH	282.75				
15	36590	REMOVE TUNNELED CV ACCESS	282.75				
15	36640	INSERTION CATHETER, ARTERY	282.75				
15	36660	INSERTION CATHETER, ARTERY	1,136.94				
15	36800	INSERTION OF CANNULA	433.03				
15	36810	INSERTION OF CANNULA	433.03				
15	36815	INSERTION OF CANNULA	433.03				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	433.03				
15	36819	AV FUSION/UPPR ARM VEIN	433.03				
15	36820	AV FUSION/FOREARM VEIN	433.03				
15	36821	AV FUSION DIRECT ANY SITE	433.03				
15	36825	ARTERY-VEIN GRAFT	534.93				
15	36830	ARTERY-VEIN GRAFT	534.93				
15	36831	OPEN THROMBECT AV FISTULA	1,136.94				
15	36832	AV FISTULA REVISION, OPEN	534.93				
15	36833	AV FISTULA REVISION	534.93				
15	36835	ARTERY TO VEIN SHUNT	534.93				
15	36860	EXTERNAL CANNULA DECLOTTING	378.70				
15	36861	CANNULA DECLOTTING	433.03				
15	36870	PERCUT THROMBECT AV FISTULA	1,136.94				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	534.93				
15	37200	TRANSCATHETER BIOPSY	534.93				
15	37201	TRANSCATHETER THERAPY, INFUSION FOR	534.93				
15	37204	TRANSCATHETER OCCULUSION OR EMBOLIZA	608.81				
15	37205	TRANSCATHETER PLACEMENT OF AN INTRA	534.93				
15	37206	TRANSCATHETER PLACEMENT OF AN INTRA	534.93				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	282.75				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	282.75				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	282.75				
15	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	433.03				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X		
15	37607	LIGATION OF A-V FISTULA	433.03				
15	37609	TEMPORAL ARTERY PROCEDURE	378.70				
15	37620	REVISION OF MAJOR VEIN	378.70				
15	37650	REVISION OF MAJOR VEIN	378.70				
15	37700	REVISE LEG VEIN	378.70				
15	37718	LIGATE/STRIP SHORT LEG VEIN	433.03				
15	37722	LIGATE/STRIP LONG LEG VIEW	433.03				
15	37735	REMOVAL OF LEG VEINS/LESION	433.03				
15	37760	REVISION OF LEG VEINS	433.03				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	433.03				
15	37780	REVISION OF LEG VEIN	433.03				
15	37785	REVISE SECONDARY VARICOSITY	433.03				
15	37790	PENILE VENOUS OCCLUSION	433.03				
15	37799	VASCULAR SURGERY PROCEDURE	MP		X		
15	37813	REMOVE HEPATIC SHUNT (TIPS)	534.93				
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38205	HARVEST ALLOGENIC STEM CELLS	1,136.94				
15	38206	HARVEST AUTO STEM CELLS	1,136.94				
15	38300	DRAINAGE, LYMPH NODE LESION	282.75				
15	38305	DRAINAGE, LYMPH NODE LESION	378.70				
15	38308	INCISION OF LYMPH CHANNELS	378.70				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	378.70				
15	38505	NEEDLE BIOPSY, LYMPH NODES	282.75				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	378.70				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	378.70				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	378.70				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	378.70				
15	38542	EXPLORE DEEP NODE(S), NECK	378.70				
15	38550	REMOVAL, NECK/ARMPIT LESION	433.03				
15	38555	REMOVAL, NECK/ARMPIT LESION	534.93				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,136.94				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,136.94				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,136.94				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	433.03				
15	38740	REMOVE ARMPIT LYMPH NODES	378.70				
15	38745	REMOVE ARMPIT LYMPH NODES	534.93				
15	38760	REMOVE GROIN LYMPH NODES	378.70				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	433.03				
15	39499	MEDIASTINAL PROCEDURE	MP		X		
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	282.75				
15	40500	PARTIAL EXCISION OF LIP	378.70				
15	40510	PARTIAL EXCISION OF LIP	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	40520	PARTIAL EXCISION OF LIP	378.70				
15	40525	RECONSTRUCT LIP WITH FLAP	378.70				
15	40527	RECONSTRUCT LIP WITH FLAP	378.70				
15	40530	PARTIAL REMOVAL OF LIP	378.70				
15	40650	REPAIR LIP	433.03				
15	40652	REPAIR LIP	433.03				
15	40654	REPAIR LIP	433.03				
15	40700	REPAIR CLEFT LIP/NASAL	844.85				
15	40701	REPAIR CLEFT LIP/NASAL	844.85				
15	40702	REPAIR CLEFT LIP	844.85				
15	40720	REPAIR CLEFT LIP/NASAL	844.85				
15	40761	REPAIR CLEFT LIP/NASAL	433.03				
15	40799	LIP SURGERY PROCEDURE	MP			X	
15	40800	DRAINAGE OF MOUTH LESION	282.75				
15	40801	DRAINAGE OF MOUTH LESION	378.70				
15	40804	REMOVAL FOREIGN BODY, MOUTH	282.75				
15	40806	INCISION OF LIP FOLD	282.75				
15	40808	BIOPSY OF MOUTH LESION	282.75				
15	40810	EXCISION OF MOUTH LESION	282.75				
15	40812	EXCISE/REPAIR MOUTH LESION	378.70				
15	40814	EXCISE/REPAIR MOUTH LESION	378.70				
15	40816	EXCISION OF MOUTH LESION	378.70				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	282.75				
15	40819	EXCISE LIP OR CHEEK FOLD	282.75				
15	40820	TREATMENT OF MOUTH LESION	282.75				
15	40830	REPAIR MOUTH LACERATION	282.75				
15	40831	REPAIR MOUTH LACERATION	282.75				
15	40840	RECONSTRUCTION OF MOUTH	378.70				
15	40842	RECONSTRUCTION OF MOUTH	433.03				
15	40843	RECONSTRUCTION OF MOUTH	433.03				
15	40844	RECONSTRUCTION OF MOUTH	608.81				
15	40845	RECONSTRUCTION OF MOUTH	608.81				
15	40899	MOUTH SURGERY PROCEDURE	MP			X	
15	41005	DRAINAGE OF MOUTH LESION	282.75				
15	41006	DRAINAGE OF MOUTH LESION	282.75				
15	41007	DRAINAGE OF MOUTH LESION	282.75				
15	41008	DRAINAGE OF MOUTH LESION	282.75				
15	41009	DRAINAGE OF MOUTH LESION	282.75				
15	41010	INCISION OF TONGUE FOLD	282.75				
15	41015	DRAINAGE OF MOUTH LESION	282.75				
15	41016	DRAINAGE OF MOUTH LESION	282.75				
15	41017	DRAINAGE OF MOUTH LESION	282.75				
15	41018	DRAINAGE OF MOUTH LESION	282.75				
15	41100	BIOPSY OF TONGUE	282.75				
15	41108	BIOPSY OF FLOOR OF MOUTH	282.75				
15	41112	EXCISION OF TONGUE LESION	378.70				
15	41113	EXCISION OF TONGUE LESION	378.70				
15	41114	EXCISION OF TONGUE LESION	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41115	EXCISION OF TONGUE FOLD	282.75				
15	41116	EXCISION OF MOUTH LESION	282.75				
15	41120	PARTIAL REMOVAL OF TONGUE	608.81				
15	41250	REPAIR TONGUE LACERATION	378.70				
15	41251	REPAIR TONGUE LACERATION	378.70				
15	41252	REPAIR TONGUE LACERATION	378.70				
15	41500	FIXATION OF TONGUE	282.75				
15	41510	TONGUE TO LIP SURGERY	282.75				
15	41520	RECONSTRUCTION, TONGUE FOLD	378.70				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	282.75				
15	41820	GINGIVECTOMY, EXC. CING, EACH QUADRANT	282.75				
15	41821	EXCISION OF GUM FLAP	282.75				
15	41822	EXCISION OF GUM LESION	282.75				
15	41823	EXCISION OF GUM LESION	282.75				
15	41826	EXCISION OF GUM LESION	282.75				
15	41827	EXCISION OF GUM LESION	378.70				
15	41870	GUM GRAFT	282.75				
15	41874	REPAIR TOOTH SOCKET	282.75				
15	41899	GUM SURGERY PROCEDURE	282.75				
15	42000	DRAINAGE MOUTH ROOF LESION	378.70				
15	42100	BIOPSY ROOF OF MOUTH	282.75				
15	42104	EXCISION LESION, MOUTH ROOF	282.75				
15	42106	EXCISION LESION, MOUTH ROOF	282.75				
15	42107	EXCISION LESION, MOUTH ROOF	378.70				
15	42120	REMOVE PALATE/LESION	534.93				
15	42140	EXCISION OF UVULA	378.70				
15	42145	REPAIR PALATE, PHARYNX/UVULA	608.81				
15	42160	TREATMENT MOUTH ROOF LESION	282.75				
15	42180	REPAIR PALATE	282.75				
15	42182	REPAIR PALATE	378.70				
15	42200	RECONSTRUCT CLEFT PALATE	608.81				
15	42205	RECONSTRUCT CLEFT PALATE	608.81				
15	42210	RECONSTRUCT CLEFT PALATE	608.81				
15	42215	RECONSTRUCT CLEFT PALATE	844.85				
15	42220	RECONSTRUCT CLEFT PALATE	608.81				
15	42226	LENGTHENING OF PALATE	608.81				
15	42235	REPAIR PALATE	608.81				
15	42260	REPAIR NOSE TO LIP FISTULA	534.93				
15	42299	PALATE/UVULA SURGERY	MP			X	
15	42300	DRAINAGE OF SALIVARY GLAND	282.75				
15	42305	DRAINAGE OF SALIVARY GLAND	378.70				
15	42310	DRAINAGE OF SALIVARY GLAND	282.75				
15	42320	DRAINAGE OF SALIVARY GLAND	282.75				
15	42340	REMOVAL OF SALIVARY STONE	378.70				
15	42405	BIOPSY OF SALIVARY GLAND	378.70				
15	42408	EXCISION OF SALIVARY CYST	433.03				
15	42409	DRAINAGE OF SALIVARY CYST	433.03				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42410	EXCISE PAROTID GLAND/LESION	433.03				
15	42415	EXCISE PAROTID GLAND/LESION	844.85				
15	42420	EXCISE PAROTID GLAND/LESION	844.85				
15	42425	EXCISE PAROTID GLAND/LESION	844.85				
15	42440	EXCISE SUBMAXILLARY GLAND	433.03				
15	42450	EXCISE SUBLINGUAL GLAND	378.70				
15	42500	REPAIR SALIVARY DUCT	433.03				
15	42505	REPAIR SALIVARY DUCT	534.93				
15	42507	PAROTID DUCT DIVERSION	433.03				
15	42508	PAROTID DUCT DIVERSION	534.93				
15	42509	PAROTID DUCT DIVERSION	534.93				
15	42510	PAROTID DUCT DIVERSION	534.93				
15	42600	CLOSURE OF SALIVARY FISTULA	282.75				
15	42650	DILATION OF SALIVARY DUCT	282.75				
15	42665	LIGATION OF SALIVARY DUCT	844.85				
15	42699	SALIVARY SURGERY PROCEDURE	MP			X	
15	42700	DRAINAGE OF TONSIL ABSCESS	282.75				
15	42720	DRAINAGE OF THROAT ABSCESS	282.75				
15	42725	DRAINAGE OF THROAT ABSCESS	378.70				
15	42800	BIOPSY OF THROAT	282.75				
15	42802	BIOPSY OF THROAT	282.75				
15	42804	BIOPSY OF UPPER NOSE/THROAT	282.75				
15	42806	BIOPSY OF UPPER NOSE/THROAT	378.70				
15	42808	EXCISE PHARYNX LESION	378.70				
15	42810	EXCISION OF NECK CYST	433.03				
15	42815	EXCISION OF NECK CYST	608.81				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	433.03	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	608.81	12	99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	534.93	00	11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	534.93	12	99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	534.93	00	11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	534.93	12	99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	534.93	00	11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	534.93	12	99		
15	42860	EXCISION OF TONSIL TAGS	433.03				
15	42870	EXCISION OF LINGUAL TONSIL	433.03				
15	42890	PARTIAL REMOVAL OF PHARYNX	844.85				
15	42892	REVISION OF PHARYNGEAL WALLS	844.85				
15	42900	REPAIR THROAT WOUND	282.75				
15	42950	RECONSTRUCTION OF THROAT	378.70				
15	42955	SURGICAL OPENING OF THROAT	378.70				
15	42960	CONTROL THROAT BLEEDING	282.75				
15	42962	CONTROL THROAT BLEEDING	378.70				
15	42970	CONTROL NOSE/THROAT BLEEDING	378.70				
15	42972	CONTROL NOSE/THROAT BLEEDING	433.03				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43200	ESOPHAGUS ENDOSCOPY	282.75				
15	43201	ESOPH SCOPE W/SUBMUCOUS INJ	282.75				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	282.75				
15	43204	ESOPHAGUS ENDOSCOPY & INJECT	282.75				
15	43205	ESOPHAGUS ENDOSCOPY/LIGATION	282.75				
15	43215	ESOPHAGUS ENDOSCOPY	282.75				
15	43216	ESOPHAGUS ENDOSCOPY/LESION	282.75				
15	43217	ESOPHAGUS ENDOSCOPY	282.75				
15	43219	ESOPHAGUS ENDOSCOPY	282.75				
15	43220	ESOPH ENDOSCOPY, DILATION	282.75				
15	43226	ESOPH ENDOSCOPY, DILATION	282.75				
15	43227	ESOPH ENDOSCOPY, REPAIR	378.70				
15	43228	ESOPH ENDOSCOPY, ABLATION	378.70				
15	43231	ESOPH ENDOSCOPY W/US EXAM	378.70				
15	43232	ESOPH ENDOSCOPY W/US FN BX	378.70				
15	43234	UPPER GI ENDOSCOPY, EXAM	282.75				
15	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	282.75				
15	43236	UPPR GI SCOPE W/SUBMUC INJ	378.70				
15	43237	ENDOSCOPIC US EXAM, ESOPH	378.70				
15	43238	UPPR GI ENDOSCOPY W/US FN BX	378.70				
15	43239	UPPER GI ENDOSCOPY, BIOPSY	378.70				
15	43240	ESOPH ENDOSCOPE W/DRAIN CYST	378.70				
15	43241	UPPER GI ENDOSCOPY WITH TUBE	378.70				
15	43242	UPPR GI ENDOSCOPY W/US FN BX	378.70				
15	43243	UPPER GI ENDOSCOPY & INJECT	378.70				
15	43244	UPPER GI ENDOSCOPY/LIGATION	378.70				
15	43245	OPERATIVE UPPER GI ENDOSCOPY	378.70				
15	43246	PLACE GASTROSTOMY TUBE	378.70				
15	43247	OPERATIVE UPPER GI ENDOSCOPY	378.70				
15	43248	UPPR GI ENDOSCOPY/GUIDE WIRE	378.70				
15	43249	ESOPH ENDOSCOPY, DILATION	378.70				
15	43250	UPPER GI ENDOSCOPY/TUMOR	378.70				
15	43251	OPERATIVE UPPER GI ENDOSCOPY	378.70				
15	43255	OPERATIVE UPPER GI ENDOSCOPY	378.70				
15	43256	UPPR GI ENDOSCOPY W STENT	433.03				
15	43257	UPPR GI SCOPE W/THRML TXMNT	433.03				
15	43258	OPERATIVE UPPER GI ENDOSCOPY	433.03				
15	43259	ENDOSCOPIC ULTRASOUND EXAM	433.03				
15	43260	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43263	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43264	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43265	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43267	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43268	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43269	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43271	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43272	ENDO CHOLANGIOPANCREATOGRAPH	378.70				
15	43280	LAPAROSCOPY, FUNDOPLASTY	534.93				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	534.93				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	534.93				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	433.03				
15	43450	DILATE ESOPHAGUS	282.75				
15	43453	DILATE ESOPHAGUS	282.75				
15	43456	DILATE ESOPHAGUS	378.70				
15	43458	DILATE ESOPHAGUS	378.70				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43500	SURGICAL OPENING OF STOMACH	534.93				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,136.94				
15	43659	LAPAROSCOPE PROC, STOM	MP		X		
15	43760	CHANGE GASTROSTOMY TUBE	282.75				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	282.75				
15	43820	FUSION OF STOMACH AND BOWEL	534.93				
15	43830	SURGICAL OPENING OF STOMACH	378.70				
15	43840	REPAIR OF STOMACH LESION	433.03				
15	43870	REPAIR STOMACH OPENING	282.75				
15	43880	REPAIR STOMACH-BOWEL FISTULA	433.03				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	282.75				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	282.75				
15	44340	REVISION OF COLOSTOMY	433.03				
15	44360	SMALL BOWEL ENDOSCOPY	378.70				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	378.70				
15	44363	SMALL BOWEL ENDOSCOPY	378.70				
15	44364	SMALL BOWEL ENDOSCOPY	378.70				
15	44365	SMALL BOWEL ENDOSCOPY	378.70				
15	44366	SMALL BOWEL ENDOSCOPY	378.70				
15	44369	SMALL BOWEL ENDOSCOPY	378.70				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,136.94				
15	44372	SMALL BOWEL ENDOSCOPY	378.70				
15	44373	SMALL BOWEL ENDOSCOPY	378.70				
15	44376	SMALL BOWEL ENDOSCOPY	378.70				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	378.70				
15	44378	SMALL BOWEL ENDOSCOPY	378.70				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,136.94				
15	44380	SMALL BOWEL ENDOSCOPY	282.75				
15	44382	SMALL BOWEL ENDOSCOPY	282.75				
15	44383	ILEOSCOPY W/STENT	1,136.94				
15	44385	ENDOSCOPY OF BOWEL POUCH	282.75				
15	44386	ENDOSCOPY, BOWEL POUCH/Biop	282.75				
15	44388	COLON ENDOSCOPY	282.75				
15	44389	COLONOSCOPY WITH BIOPSY	282.75				
15	44390	COLONOSCOPY FOR FOREIGN BODY	282.75				
15	44391	COLONOSCOPY FOR BLEEDING	282.75				
15	44392	COLONOSCOPY & POLYPECTOMY	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	44393	COLONOSCOPY, LESION REMOVAL	282.75				
15	44394	COLONOSCOPY W/SNARE	282.75				
15	44397	COLONOSCOPY W STENT	282.75				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	534.93				
15	44620	REPAIR BOWEL OPENING	433.03				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44899	BOWEL SURGERY PROCEDURE	MP		X		
15	44950	APPENDECTOMY	1,136.94		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	608.81		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	282.75				
15	45005	DRAINAGE OF RECTAL ABSCESS	378.70				
15	45020	DRAINAGE OF RECTAL ABSCESS	378.70				
15	45100	BIOPSY OF RECTUM	282.75				
15	45108	REMOVAL OF ANORECTAL LESION	378.70				
15	45150	EXCISION OF RECTAL STRICTURE	378.70				
15	45160	EXCISION OF RECTAL LESION	378.70				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	378.70				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	378.70				
15	45190	DESTRUCTION, RECTAL TUMOR	1,136.94				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	282.75				
15	45305	PROTOSIGMOIDOSCOPY W/BX	282.75				
15	45307	PROTOSIGMOIDOSCOPY FB	282.75				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	282.75				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	282.75				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	282.75				
15	45317	PROTOSIGMOIDOSCOPY BLEED	282.75				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	282.75				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	282.75				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	282.75				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	282.75				
15	45331	SIGMOIDOSCOPY AND BIOPSY	282.75				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	282.75				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	282.75				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	282.75				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	282.75				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	282.75				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	282.75				
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	282.75				
15	45340	SIG W/BALLOON DILATION	282.75				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	282.75				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	282.75				
15	45345	SIGMODOSCOPY W/STENT	282.75				
15	45355	SURGICAL COLONOSCOPY	282.75				
15	45378	DIAGNOSTIC COLONOSCOPY	378.70				
15	45379	COLONOSCOPY W/FB REMOVAL	378.70				
15	45380	COLONOSCOPY AND BIOPSY	378.70				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45382	COLONOSCOPY/CONTROL BLEEDING	378.70				
15	45383	LESION REMOVAL COLONOSCOPY	378.70				
15	45384	LESION REMOVE COLONOSCOPY	378.70				
15	45385	LESION REMOVAL COLONOSCOPY	378.70				
15	45386	COLONOSCOPE DILATE STRICTURE	378.70				
15	45387	COLONOSCOPY W/STENT	282.75				
15	45391	COLONOSCOPY W/ENDOSCOPE US	378.70				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	378.70				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	378.70				
15	45505	REPAIR OF RECTUM	378.70				
15	45560	REPAIR OF RECTOCELE	378.70				
15	45900	REDUCTION OF RECTAL PROLAPSE	282.75				
15	45905	DILATION OF ANAL SPHINCTER	282.75				
15	45910	DILATION OF RECTAL NARROWING	282.75				
15	45915	REMOVE RECTAL OBSTRUCTION	282.75				
15	45990	SURG DX EXAM, ANORECTAL	378.70			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	433.03				
15	46030	REMOVAL OF RECTAL MARKER	282.75				
15	46040	INCISION OF RECTAL ABSCESS	433.03				
15	46045	INCISION OF RECTAL ABSCESS	378.70				
15	46050	INCISION OF ANAL ABSCESS	282.75				
15	46060	INCISION OF RECTAL ABSCESS	378.70				
15	46080	INCISION OF ANAL SPHINCTER	433.03				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	282.75				
15	46200	REMOVAL OF ANAL FISSURE	378.70				
15	46220	REMOVAL OF ANAL TAB	282.75				
15	46230	REMOVAL OF ANAL TABS	282.75				
15	46250	HEMORRHOIDECTOMY	433.03				
15	46255	HEMORRHOIDECTOMY	433.03				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	433.03				
15	46258	REMOVE HEMORRHOIDS & FISTULA	433.03				
15	46260	HEMORRHOIDECTOMY	433.03				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	534.93				
15	46262	REMOVE HEMORRHOIDS & FISTULA	534.93				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	433.03				
15	46275	REMOVAL OF ANAL FISTULA	433.03				
15	46280	REMOVAL OF ANAL FISTULA	534.93				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	282.75				
15	46288	REPAIR ANAL FISTULA	534.93				
15	46302	REMOVAL OF HEMORRHOID CLOT	282.75				
15	46320	REMOVAL OF HEMORRHOID CLOT	282.75				
15	46600	ANOSCOPY; DIAGNOSTIC	282.75				
15	46604	ANOSCOPY WITH DIRECT DILATION	282.75				
15	46608	ANOSCOPY/ REMOVE FOR BODY	282.75				
15	46610	ANOSCOPY/REMOVE LESION	282.75				
15	46611	ANOSCOPY	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46612	ANOSCOPY/ REMOVE LESIONS	282.75				
15	46615	ANOSCOPY	378.70				
15	46700	REPAIR OF ANAL STRICTURE	433.03				
15	46705	REPAIR OF NAL STRICTURE	433.03				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	433.03				
15	46750	REPAIR OF ANAL SPHINCTER	433.03				
15	46753	RECONSTRUCTION OF ANUS	433.03				
15	46754	REMOVAL OF SUTURE FROM ANUS	378.70				
15	46760	REPAIR OF ANAL SPHINCTER	378.70				
15	46761	REPAIR OF ANAL SPHINCTER	433.03				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	844.85				
15	46900	REMOVAL OF ANAL LESION	282.75				
15	46910	REMOVAL OF ANAL LESION	282.75				
15	46917	LASER SURGERY, ANAL LESIONS	282.75				
15	46922	EXCISION OF ANAL LESION(S)	282.75				
15	46924	DESTRUCTION, ANAL LESION(S)	282.75				
15	46940	TREATMENT OF ANAL FISSURE	282.75				
15	46945	LIGATION OF HEMORRHOIDS	282.75				
15	46946	LIGATION OF HEMORRHOIDS	282.75				
15	46947	HEMORRHOIDOPEXY BY STAPLING	433.03				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	282.75				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	282.75				
15	47100	WEDGE BIOPSY OF LIVER	378.70				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	433.03				
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	282.75				
15	47510	INSERT CATHETER, BILE DUCT	378.70				
15	47511	INSERT BILE DUCT DRAIN	1,136.94				
15	47525	CHANGE BILE DUCT CATHETER	282.75				
15	47530	REVISE/REINSERT BILE TUBE	282.75				
15	47549	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47552	BILIARY ENDOSCOPY THRU SKIN	378.70				
15	47553	BILIARY ENDOSCOPY THRU SKIN	433.03				
15	47554	BILIARY ENDOSCOPY THRU SKIN	433.03				
15	47555	BILIARY ENDOSCOPY THRU SKIN	433.03				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,136.94				
15	47560	LAPAROSCOPY W/CHOLANGIO	433.03				
15	47561	LAPARO W/CHOLANGIO/BIOPSY	433.03				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	433.03				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	433.03				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	433.03				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47605	REMOVAL OF GALLBLADDER	1,136.94				
15	47630	REMOVE BILE DUCT STONE	433.03				
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X	
15	48102	NEEDLE BIOPSY, PANCREAS	282.75				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	48511	DRAIN PANCREATIC PSEUDOCYST	282.75				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49000	EXPLORATION OF ABDOMEN	433.03		X		
15	49010	EXPLORE,RETROPERITONEAL AREA	1,136.94				
15	49021	DRAIN ABDOMINAL ABSCESS	282.75				
15	49041	PERCUT DRAIN ABDOM ABSCESS	282.75				
15	49061	PERCUTDRAIN RETROPER ABSCESS	282.75				
15	49080	PUNCTURE, PERITONEAL CAVITY	378.70				
15	49081	REMOVAL OF ABDOMINAL FLUID	378.70				
15	49180	BIOPSY, ABDOMINAL MASS	282.75				
15	49250	EXCISION OF UMBILICUS	534.93				
15	49320	DIAG LAPARO SEPARATE PROC	433.03		X		
15	49321	LAPAROSCOPY, BIOPSY	534.93		X		
15	49322	LAPAROSCOPY, ASPIRATION	534.93		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	534.93				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	282.75				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	282.75				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	282.75				
15	49421	INSERT ABDOMINAL DRAIN	282.75				
15	49422	REMOVE PERM CANNULA/CATHETER	282.75				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	378.70				
15	49491	REPARING HERN PREMIE REDUC	608.81				
15	49492	RPR HERN PREMIE, BLOCKED	608.81				
15	49495	RPR ING HERNIA BABY, REDUC	534.93				
15	49496	RPR ING HERNIA BABY, BLOCKED	534.93				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	534.93	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,136.94	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	534.93	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,136.94	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	844.85				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,136.94				
15	49525	REPAIR ING HERNIA, SLIDING	534.93				
15	49540	REPAIR LUMBAR HERNIA	378.70				
15	49550	RPR FEM HERNIA, INIT, REDUCE	608.81				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,136.94				
15	49555	REREPAIR FEM HERNIA, REDUCE	608.81				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,136.94				
15	49560	RPR VENTRAL HERN INIT, REDUC	534.93				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,136.94				
15	49565	REREPAIR VENTRL HERN, REDUCE	534.93				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,136.94				
15	49568	HERNIA REPAIR W/MESH	844.85				
15	49570	RPR EPIGASTRIC HERN, REDUCE	534.93				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,136.94				
15	49580	RPR UMBIL HERN, REDUC <5 YR	534.93	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,136.94	00 04			
15	49585	RPR UMBIL HERN, REDUC	534.93	05 99			

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49587	RPR UMBIL HERN, BLOCK	1,136.94	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	433.03				
15	49600	REPAIR UMBILICAL LESION	534.93				
15	49650	LAP ING HERNIA REPAIR INIT	534.93				
15	49651	LAP ING HERNIA REPAIR RECUR	844.85				
15	49652	LAP VENT/ABD HERNIA REPAIR	844.85				
15	49653	LAP VENT/ABD HERNIA PROC COMP	844.85				
15	49656	LAP INC HERN REPAIR RECUR	844.85				
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X	
15	49900	REPAIR OF ABDOMINAL WALL	534.93				
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	378.70				
15	50200	BIOPSY OF KIDNEY	282.75				
15	50390	DRAINAGE OF KIDNEY LESION	282.75				
15	50392	INTRO CATH RENAL PELVIS,PERC	282.75				
15	50393	INTR URETH CATH/STENT IN URETER	282.75				
15	50395	CREATE PASSAGE TO KIDNEY	282.75				
15	50396	MEASURE KIDNEY PRESSURE	282.75				
15	50398	CHANGE KIDNEY TUBE	282.75				
15	50549	LAPAROSCOPE PROC, RENAL	MP			X	
15	50551	KIDNEY ENDOSCOPY	282.75				
15	50553	KIDNEY ENDOSCOPY	282.75				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	282.75				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	282.75				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	282.75				
15	50590	LITHOTRIPSY, ESW	433.03				
15	50684	INJECTION FOR URETER X-RAY	282.75				
15	50688	CHANGE OF URETER TUBE	282.75				
15	50947	LAPARO NEW URETER/BLADDER	1,136.94				
15	50948	LAPARO NEW URETER/BLADDER	1,136.94				
15	50949	LAPAROSCOPE PROC, URETER	MP			X	
15	50951	ENDOSCOPY OF URETER	282.75				
15	50953	ENDOSCOPY OF URETER	282.75				
15	50955	URETER ENDOSCOPY & BIOPSY	282.75				
15	50957	URETER ENDOSCOPY & TREATMENT	282.75				
15	50961	URETER ENDOSCOPY & TREATMENT	282.75				
15	50970	URETER ENDOSCOPY	282.75				
15	50972	URETER ENDOSCOPY & CATHETER	282.75				
15	50974	URETER ENDOSCOPY & BIOPSY	282.75				
15	50976	URETER ENDOSCOPY & TREATMENT	282.75				
15	50980	URETER ENDOSCOPY & TREATMENT	282.75				
15	51020	INCISE & TREAT BLADDER	534.93				
15	51030	INCISE & TREAT BLADDER	534.93				
15	51040	INCISE & DRAIN BLADDER	534.93				
15	51045	INCISE BLADDER/DRAIN URETER	534.93				
15	51050	REMOVAL OF BLADDER STONE	534.93				
15	51065	REMOVE URETER CALCULUS	534.93				
15	51080	DRAINAGE OF BLADDER ABSCESS	282.75				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	51500	REMOVAL OF BLADDER CYST	534.93				
15	51520	REMOVAL OF BLADDER LESION	534.93				
15	51605	PREPARATION FOR BLADDER XRAY	282.75				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	282.75				
15	51705	CHANGE OF BLADDER TUBE	282.75				
15	51710	CHANGE OF BLADDER TUBE	282.75				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	433.03				
15	51720	TREATMENT OF BLADDER LESION	282.75				
15	51726	COMPLEX CYSTOMETROGRAM	282.75				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	282.75				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	282.75				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	282.75				
15	51784	ANAL/URINARY MUSCLE STUDY	282.75				
15	51785	ANAL/URINARY MUSCLE STUDY	282.75				
15	51840	ATTACH BLADDER/URETHRA	378.70				
15	51880	REPAIR OF BLADDER OPENING	282.75				
15	51992	LAPARO SLING OPERATION	378.70				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	282.75				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	378.70				
15	52005	CYSTOSCOPY & URETER CATHETER	378.70				
15	52007	CYSTOSCOPY AND BIOPSY	378.70				
15	52010	CYSTOSCOPY & DUCT CATHETER	378.70				
15	52204	CYSTOSCOPY	378.70				
15	52214	CYSTOSCOPY AND TREATMENT	378.70				
15	52224	CYSTOSCOPY AND TREATMENT	378.70				
15	52234	CYSTOSCOPY AND TREATMENT	378.70				
15	52235	CYSTOSCOPY AND TREATMENT	433.03				
15	52240	CYSTOSCOPY AND TREATMENT	433.03				
15	52250	CYSTOSCOPY AND RADIOTRACER	534.93				
15	52260	CYSTOSCOPY AND TREATMENT	378.70				
15	52265	CYSTOSCOPY & TREATMENT	378.70				
15	52270	CYSTOSCOPY & REVISE URETHRA	378.70				
15	52275	CYSTOSCOPY & REVISE URETHRA	378.70				
15	52276	CYSTOSCOPY AND TREATMENT	433.03				
15	52277	CYSTOSCOPY AND TREATMENT	378.70				
15	52281	CYSTOSCOPY AND TREATMENT	378.70				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,136.94				
15	52283	CYSTOSCOPY AND TREATMENT	378.70				
15	52285	CYSTOSCOPY AND TREATMENT	378.70				
15	52290	CYSTOSCOPY AND TREATMENT	378.70				
15	52300	CYSTOSCOPY AND TREATMENT	378.70				
15	52301	CYSTOSCOPY AND TREATMENT	378.70				
15	52305	CYSTOSCOPY AND TREATMENT	378.70				
15	52310	CYSTOSCOPY AND TREATMENT	378.70				
15	52315	CYSTOSCOPY AND TREATMENT	378.70				
15	52317	REMOVE BLADDER STONE	282.75				
15	52318	REMOVE BLADDER STONE	378.70				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	52320	CYSTOSCOPY AND TREATMENT	608.81				
15	52325	CYSTOSCOPY, STONE REMOVAL	534.93				
15	52327	CYSTOSCOPY, INJECT MATERIAL	378.70				
15	52330	CYSTOSCOPY AND TREATMENT	378.70				
15	52332	CYSTOSCOPY AND TREATMENT	378.70				
15	52334	CREATE PASSAGE TO KIDNEY	433.03				
15	52341	CYSTO W/URETER STRICTURE TX	433.03				
15	52342	CYSTO W/UP STRICTURE TX	433.03				
15	52343	CYSTO W/RENAL STRICTURE TX	433.03				
15	52344	CYSTO/URETERO, STONE REMOVE	433.03				
15	52345	CYSTO/URETERO W/UP STRICTURE	433.03				
15	52346	CYSTOURETERO W/RENAL STRICT	433.03				
15	52351	CYSTOURETRO & OR PYELOSCOPE	433.03				
15	52352	CYSTOURETRO W/STONE REMOVE	534.93				
15	52353	CYSTOURETERO W/LITHOTRIPSY	534.93				
15	52354	CYSTOURETERO W/BIOPSY	534.93				
15	52355	CYSTOURETERO W/EXCISE TUMOR	534.93				
15	52400	CYSTOURETERO W/CONGEN REPR	433.03				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	433.03				
15	52450	INCISION OF PROSTATE	433.03				
15	52500	REVISION OF BLADDER NECK	433.03				
15	52601	PROSTATECTOMY (TURP)	534.93				
15	52630	REMOVE PROSTATE REGROWTH	378.70				
15	52640	RELIEVE BLADDER CONTRACTURE	378.70				
15	52647	LASER SURGERY OF PROSTATE	1,136.94				
15	52648	LASER SURGERY OF PROSTATE	1,136.94				
15	52700	DRAINAGE OF PROSTATE ABSCESS	378.70				
15	53000	INCISION OF URETHRA	282.75				
15	53010	INCISION OF URETHRA	282.75				
15	53020	INCISION OF URETHRA	282.75				
15	53040	DRAINAGE OF URETHRA ABSCESS	378.70				
15	53080	DRAINAGE OF URINARY LEAKAGE	433.03				
15	53200	BIOPSY OF URETHRA	282.75				
15	53210	REMOVAL OF URETHRA	608.81			F	
15	53215	REMOVAL OF URETHRA	608.81			M	
15	53220	TREATMENT OF URETHRA LESION	378.70				
15	53230	REMOVAL OF URETHRA LESION	378.70			F	
15	53235	REMOVAL OF URETHRA LESION	433.03			M	
15	53240	SURGERY FOR URETHRA POUCH	378.70				
15	53250	REMOVAL OF URETHRA GLAND	378.70				
15	53260	TREATMENT OF URETHRA LESION	378.70				
15	53265	TREATMENT OF URETHRA LESION	378.70				
15	53270	REMOVAL OF URETHRA GLAND	378.70			F	
15	53275	REPAIR OF URETHRA DEFECT	378.70			F	
15	53400	REVISE URETHRA, STAGE 1	433.03				
15	53405	REVISE URETHRA, STAGE 2	378.70				
15	53410	RECONSTRUCTION OF URETHRA	378.70			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	433.03				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53425	RECONSTRUCT URETHRA, STAGE 2	378.70				
15	53430	RECONSTRUCTION OF URETHRA	378.70			F	
15	53431	RECONSTRUCT URETHRA/BLADDER	378.70				
15	53440	CORRECT BLADDER FUNCTION	378.70			M	
15	53442	REMOVE PERINEAL PROSTHESIS	282.75				
15	53444	INSERT TANDEM CUFF	378.70				
15	53445	INSERT URO/VES NCK SPHINCTER	282.75				
15	53446	REMOVE URO SPHINCTER	282.75				
15	53447	REMOVE/REPLACE UR SPHINCTER	282.75				
15	53449	REPAIR URO SPHINCTER	282.75				
15	53450	REVISION OF URETHRA	282.75				
15	53460	REVISION OF URETHRA	282.75				
15	53502	REPAIR OF URETHRA INJURY	378.70			F	
15	53505	REPAIR OF URETHRA INJURY	378.70			M	
15	53510	REPAIR OF URETHRA INJURY	378.70				
15	53515	REPAIR OF URETHRA INJURY	378.70				
15	53520	REPAIR OF URETHRA DEFECT	378.70			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	282.75			M	
15	53605	DILATE URETHRA STRICTURE	378.70			M	
15	53665	DILATION OF URETHRA	282.75			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,136.94			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	282.75			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	378.70	00 00		M	
15	54001	SLITTING OF PREPUCE	378.70			M	
15	54015	DRAIN PENIS LESION	534.93			M	
15	54057	LASER SURG, PENIS LESION(S)	282.75			M	
15	54060	EXCISION OF PENIS LESION(S)	282.75			M	
15	54065	DESTRUCTION, PENIS LESION(S)	282.75			M	
15	54100	BIOPSY OF PENIS	282.75			M	
15	54105	BIOPSY OF PENIS	282.75			M	
15	54110	TREATMENT OF PENIS LESION	378.70			M	
15	54111	TREAT PENIS LESION, GRAFT	378.70			M	
15	54112	TREAT PENIS LESION, GRAFT	378.70			M	
15	54115	TREATMENT OF PENIS LESION	282.75			M	
15	54120	PARTIAL REMOVAL OF PENIS	378.70			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	378.70			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	378.70	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	378.70			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	378.70			M	
15	54163	REPAIR OF CIRCUMCISION	378.70			M	
15	54164	FRENULOTOMY OF PENIS	378.70			M	
15	54205	TREATMENT OF PENIS LESION	534.93			M	
15	54220	TREATMENT OF PENIS LESION	282.75			M	
15	54300	REVISION OF PENIS	433.03			M	
15	54304	REVISION OF PENIS	433.03			M	
15	54308	RECONSTRUCTION OF URETHRA	433.03			M	
15	54312	RECONSTRUCTION OF URETHRA	433.03			M	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54316	RECONSTRUCTION OF URETHRA	433.03			M	
15	54318	RECONSTRUCTION OF URETHRA	433.03			M	
15	54322	RECONSTRUCTION OF URETHRA	433.03			M	
15	54324	RECONSTRUCTION OF URETHRA	433.03			M	
15	54326	RECONSTRUCTION OF URETHRA	433.03			M	
15	54328	REVISE PENIS/URETHRA	433.03			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	433.03			M	
15	54340	SECONDARY URETHRAL SURGERY	433.03			M	
15	54344	SECONDARY URETHRAL SURGERY	433.03			M	
15	54348	SECONDARY URETHRAL SURGERY	433.03			M	
15	54352	RECONSTRUCT URETHRA/PENIS	433.03			M	
15	54360	PENIS PLASTIC SURGERY	433.03			M	
15	54380	REPAIR PENIS	433.03			M	
15	54385	REPAIR PENIS	433.03			M	
15	54400	INSERT SEMI-RIGID PROSTHESIS	433.03			M	
15	54401	INSERT SELF-CONTD PROSTHESIS	433.03				
15	54405	INSERT MULTI-COMP PENIS PROS	433.03			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	433.03				
15	54408	REPAIR MULTI-COMP PENIS PROS	433.03				
15	54410	REMOVE/REPLACE PENIS PROSTH	433.03				
15	54415	REMOVE SELF-CONTD PENIS PROS	433.03				
15	54416	REMV/REPL PENIS CONTAIN PROS	433.03				
15	54420	REVISION OF PENIS	534.93			M	
15	54435	REVISION OF PENIS	534.93			M	
15	54440	REPAIR OF PENIS	534.93		X	M	
15	54450	PREPUTIAL STRETCHING	282.75			M	
15	54500	BIOPSY OF TESTIS	282.75			M	
15	54505	BIOPSY OF TESTIS	282.75			M	
15	54512	EXCISE LESION TESTIS	378.70			M	
15	54520	REMOVAL OF TESTIS	433.03			M	
15	54522	ORCHIECTOMY, PARTIAL	433.03			M	
15	54530	REMOVAL OF TESTIS	534.93			M	
15	54535	EXTENSIVE TESTIS SURGERY	433.03			M	
15	54550	EXPLORATION FOR TESTIS	534.93			M	
15	54600	REDUCE TESTIS TORSION	534.93			M	
15	54620	SUSPENSION OF TESTIS	433.03			M	
15	54640	SUSPENSION OF TESTIS	534.93			M	
15	54660	REVISION OF TESTIS	378.70			M	
15	54670	REPAIR TESTIS INJURY	433.03			M	
15	54680	RELOCATION OF TESTIS(ES)	433.03			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,136.94				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,136.94				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	378.70			M	
15	54800	BIOPSY OF EPIDIDYMIS	282.75			M	
15	54830	REMOVE EPIDIDYMIS LESION	433.03			M	
15	54840	REMOVE EPIDIDYMIS LESION	534.93			M	
15	54860	REMOVAL OF EPIDIDYMIS	433.03			M	

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54861	REMOVAL OF EPIDIDYMISS	534.93			M	
15	54900	FUSION OF SPERMATIC DUCTS	534.93			M	
15	54901	FUSION OF SPERMATIC DUCTS	534.93			M	
15	55000	DRAINAGE OF HYDROCELE	282.75			M	
15	55040	REMOVAL OF HYDROCELE	433.03			M	
15	55041	REMOVAL OF HYDROCELES	608.81			M	
15	55060	REPAIR OF HYDROCELE	534.93			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	282.75			M	
15	55110	EXPLORE SCROTUM	378.70				
15	55120	REMOVAL OF SCROTUM LESION	378.70			M	
15	55150	REMOVAL OF SCROTUM	282.75			M	
15	55175	REVISION OF SCROTUM	282.75				
15	55180	REVISION OF SCROTUM	378.70				
15	55200	INCISION OF SPERM DUCT	378.70				
15	55250	REMOVAL OF SPERM DUCT(S)	378.70	21 99	X	M	
15	55400	REPAIR OF SPERM DUCT	282.75			M	
15	55500	REMOVAL OF HYDROCELE	433.03			M	
15	55520	REMOVAL OF SPERM CORD LESION	534.93			M	
15	55530	REVISE SPERMATIC CORD VEINS	534.93			M	
15	55535	REVISE SPERMATIC CORD VEINS	534.93			M	
15	55540	REVISE HERNIA & SPERM VEINS	608.81			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,136.94				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	282.75			M	
15	55700	BIOPSY OF PROSTATE	378.70			M	
15	55705	BIOPSY OF PROSTATE	378.70			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	282.75			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	378.70			M	
15	55873	CRYOABLATE PROSTATE	1,136.94				
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	282.75			F	
15	56420	DRAINAGE OF VULVA ABSCESS	282.75	10 60		F	
15	56440	SURGERY FOR VULVA LESION	378.70			F	
15	56441	LYSIS OF LABIAL LESION(S)	282.75			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	282.75			F	
15	56515	DESTROY VULVA LESION/S COMPL	433.03			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	282.75			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	282.75	10 60		F	
15	56620	PARTIAL REMOVAL OF VULVA	608.81			F	
15	56625	COMPLETE REMOVAL OF VULVA	844.85			F	
15	56700	PARTIAL REMOVAL OF HYMEN	282.75			F	
15	56740	REMOVE VAGINA GLAND LESION	433.03			F	
15	56800	REPAIR OF VAGINA	433.03			F	
15	56810	REPAIR OF PERINEUM	608.81				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	282.75			F	
15	57000	EXPLORATION OF VAGINA	282.75				
15	57010	DRAINAGE OF PELVIC ABSCESS	378.70			F	
15	57020	DRAINAGE OF PELVIC FLUID	378.70			F	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57023	I & D VAG HEMATOMA, NON-OB	282.75			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	282.75			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	282.75			F	
15	57100	BIOPSY OF VAGINA	282.75	10 60		F	
15	57105	BIOPSY OF VAGINA	282.75			F	
15	57130	REMOVE VAGINA LESION	378.70			F	
15	57135	REMOVE VAGINA LESION	378.70			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	378.70			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	378.70			F	
15	57180	TREAT VAGINAL BLEEDING	282.75			F	
15	57200	REPAIR OF VAGINA	282.75			F	
15	57210	REPAIR VAGINA/PERINEUM	378.70			F	
15	57220	REVISION OF URETHRA	433.03			F	
15	57230	REPAIR OF URETHRAL LESION	433.03			F	
15	57240	REPAIR BLADDER & VAGINA	608.81			F	
15	57250	REPAIR RECTUM & VAGINA	608.81			F	
15	57260	REPAIR OF VAGINA	608.81			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	844.85			F	
15	57268	REPAIR OF BOWEL BULGE	433.03			F	
15	57288	REPAIR BLADDER DEFECT	608.81			F	
15	57289	REPAIR BLADDER & VAGINA	608.81			F	
15	57291	CONSTRUCTION OF VAGINA	608.81			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	433.03			F	
15	57400	DILATION OF VAGINA	378.70		X	F	
15	57410	PELVIC EXAMINATION	378.70		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	378.70			F	
15	57420	EXAM OF VAGINA W/SCOPE	282.75			F	
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	282.75			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	282.75			F	
15	57454	VAGINA EXAMINATION & BIOPSY	282.75			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	282.75			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	282.75	10 60		F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	282.75			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	282.75			F	
15	57500	BIOPSY OF CERVIX	282.75			F	
15	57505	ENDOCERVICAL CURETTAGE	378.70			F	
15	57510	CAUTHERUZATION OF CERVIX	433.03			F	
15	57511	CRYOCAUTERY OF CERVIX	433.03			F	
15	57513	LASER SURGERY OF CERVIX	378.70			F	
15	57520	CONIZATION OF CERVIX	378.70			F	
15	57522	CONIZATION OF CERVIX	378.70			F	
15	57530	REMOVAL OF CERVIX	433.03			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	433.03			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	608.81			F	
15	57700	REVISION OF CERVIX	282.75			F	
15	57720	REVISION OF CERVIX	433.03			F	
15	57800	DILATION OF CERVICAL CANAL	282.75			F	
15	58120	DILATION AND CURETTAGE	378.70	12 99		F	

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58145	REMOVAL OF UTERUS LESION	608.81			F	
15	58300	INSERT INTRAUTERINE DEVICE	282.75	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	282.75	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	378.70	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	378.70				
15	58353	ENDOMETR ABLATE, THERMAL	534.93		X	F	
15	58428	MICROSUR MUSCLE GRAFT FACE PALSY	534.93				
15	58528	CHANGE DRESSING UNDER ANESTHESIA	282.75				
15	58545	LAPAROSCOPIC MYOMECTOMY	1,136.94			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,136.94			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,136.94		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,136.94				
15	58555	HYSTEROSCOPY, DX, SEP PROC	282.75		X		
15	58558	HYSTEROSCOPY, BIOPSY	433.03		X		
15	58559	HYSTEROSCOPY, LYSIS	378.70		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	433.03		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	433.03		X		
15	58562	HYSTEROSCOPY, REMOVE FB	433.03		X		
15	58563	HYSTEROSCOPY, ABLATION	534.93		X		
15	58565	HYSTEROSCOPY, STERILIZATION	1,241.71	21 59	X	F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	433.03	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	534.93	21 55	X	F	
15	58621	EXAM/BIOPSY OF VULVA W/SCOPE	282.75				
15	58660	LAPAROSCOPY, LYSIS	608.81		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	608.81		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	608.81		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	433.03	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	433.03		X		
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	608.81				
15	58673	LAPAROSCOPY, SALPINGOSTOMY	608.81		X		
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	534.93		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	534.93		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	433.03			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	433.03			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	433.03			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	282.75	10 60		F	
15	58900	BIOPSY OF OVARY(S)	433.03			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	433.03			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	282.75	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	282.75				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	433.03		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	433.03	10 60	X	F	
15	59160	D & C AFTER DELIVERY	433.03	10 60		F	
15	59320	REVISION OF CERVIX	282.75	10 60		F	

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	59812	TREATMENT OF MISCARRIAGE	608.81	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	608.81	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	608.81	10 55	X	F	
15	59840	ABORTION	608.81	10 60	X	F	
15	59841	ABORTION	608.81	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	608.81	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	608.81			F	
15	59897	PETAL INVAS PX W/US	MP	10 59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP		X		
15	59899	MATERNITY CARE PROCEDURE	MP		X	F	
15	60000	DRAIN THYROID/TONGUE CYST	282.75				
15	60100	BIOPSY OF THYROID	282.75				
15	60200	REMOVE THYROID LESION	378.70				
15	60220	PARTIAL REMOVAL OF THYROID	534.93				
15	60240	REMOVAL OF THYROID	1,136.94				
15	60280	REMOVE THYROID DUCT LESION	534.93				
15	60281	REMOVE THYROID DUCT LESION	534.93				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	282.75				
15	61026	INJECTION INTO BRAIN CANAL	282.75				
15	61050	REMOVE BRAIN CANAL FLUID	282.75				
15	61055	INJECTION INTO BRAIN CANAL	282.75				
15	61070	BRAIN CANAL SHUNT PROCEDURE	282.75				
15	61215	INSERT BRAIN-FLUID DEVICE	433.03				
15	61790	TREAT TRIGEMINAL NERVE	433.03				
15	61791	TREAT TRIGEMINAL TRACT	433.03				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	378.70				
15	61886	IMPLANT NEUROSTIM ARRAYS	433.03				
15	61888	REVISE/REMOVE NEURORECEIVER	282.75				
15	62194	REPLACE/IRRIGATE CATHETER	282.75				
15	62225	REPLACE/IRRIGATE CATHETER	282.75				
15	62230	REPLACE/REVISE BRAIN SHUNT	378.70				
15	62263	LYSIS EPIDURAL ADHESIONS	282.75				
15	62268	DRAIN SPINAL CORD CYST	282.75				
15	62269	NEEDLE BIOPSY, SPINAL CORD	282.75				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	282.75				
15	62272	DRAIN CEREBRO SPINAL FLUID	282.75				
15	62273	TREAT EPIDURAL SPINE LESION	282.75				
15	62280	TREAT SPINAL CORD LESION	282.75				
15	62281	TREAT SPINAL CORD LESION	282.75				
15	62282	TREAT SPINAL CANAL LESION	282.75				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,136.94				
15	62294	INJECTION INTO SPINAL ARTERY	433.03				
15	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	282.75				
15	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	282.75				
15	62318	INJECTION(S), INCLUDING INDWELLING C	282.75				
15	62319	INJECTION(S), INCLUDING INDWELLING C	282.75				

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	62350	IMPLANT SPINAL CANAL CATH	378.70				
15	62355	REMOVE SPINAL CANAL CATHETER	378.70				
15	62360	INSERT SPINE INFUSION DEVICE	378.70				
15	62361	IMPLANT SPINE INFUSION PUMP	378.70				
15	62362	IMPLANT SPINE INFUSION PUMP	378.70				
15	62365	REMOVE SPINE INFUSION DEVICE	378.70				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	378.70				
15	62368	ANALYZE SPINE INFUSION PUMP	378.70				
15	63600	REMOVE SPINAL CORD LESION	378.70				
15	63610	STIMULATION OF SPINAL CORD	282.75				
15	63650	IMPLANT NEUROELECTRODES	378.70				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	282.75				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	282.75				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	282.75				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	282.75				
15	63685	IMPLANT NEURORECEIVER	378.70				
15	63688	REVISE/REMOVE NEURORECEIVER	282.75				
15	63744	REVISION OF SPINAL SHUNT	433.03				
15	63746	REMOVAL OF SPINAL SHUNT	378.70				
15	64402	INJECTION FOR NERVE BLOCK	282.75				
15	64410	INJECTION FOR NERVE BLOCK	282.75				
15	64415	INJECTION FOR NERVE BLOCK	282.75				
15	64417	INJECTION FOR NERVE BLOCK	282.75				
15	64420	INJECTION FOR NERVE BLOCK	282.75				
15	64421	INJECTION FOR NERVE BLOCK	282.75				
15	64430	INJECTION FOR NERVE BLOCK	282.75				
15	64450	INJECTION FOR NERVE BLOCK	282.75				
15	64479	INJ FORAMEN EPIDURAL C/T	282.75				
15	64480	INJ FORAMEN EPIDURAL ADD-ON	282.75				
15	64483	INJ FORAMEN EPIDURAL L/S	282.75				
15	64484	INJ FORAMEN EPIDURAL ADD-ON	282.75				
15	64505	INJECTION FOR NERVE BLOCK	282.75				
15	64510	INJECTION FOR NERVE BLOCK	282.75				
15	64517	N BLOCK INJ, HYPOGAS PLXS	378.70				
15	64520	INJECTION FOR NERVE BLOCK	282.75				
15	64530	INJECTION FOR NERVE BLOCK	282.75				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	282.75				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	433.03				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	433.03				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	282.75				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	282.75				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	282.75				
15	64577	IMPLANT NEUROELECTRODES	282.75				
15	64580	INCISION FOR IMPLANTATION OF NEUROST	282.75				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	433.03				X
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	282.75				
15	64590	IMPLANT NEURORECEIVER	378.70				
15	64595	REVISE/REMOVE NEURORECEIVER	282.75				

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	64600	INJECTION TREATMENT OF NERVE	282.75				
15	64605	INJECTION TREATMENT OF NERVE	282.75				
15	64610	INJECTION TREATMENT OF NERVE	282.75				
15	64614	DESTROY NERVE, EXTREM MUSIC	282.75				
15	64620	INJECTION TREATMENT OF NERVE	282.75				
15	64622	DESTR PARAVERTEBRL NERVE L/S	282.75				
15	64623	DESTR PARAVERTEBRAL N ADD-ON	282.75				
15	64626	DESTR PARAVERTEBRL NERVE C/T	282.75				
15	64627	DESTR PARAVERTEBRAL N ADD-ON	282.75				
15	64630	INJECTION TREATMENT OF NERVE	378.70				
15	64640	INJECTION TREATMENT OF NERVE	282.75				
15	64680	INJECTION TREATMENT OF NERVE	378.70				
15	64681	INJECTION TREATMENT OF NERVE	378.70				
15	64702	REVISE FINGER/TOE NERVE	282.75				
15	64704	REVISE HAND/FOOT NERVE	282.75				
15	64708	REVISE ARM/LEG NERVE	378.70				
15	64712	REVISION OF SCIATIC NERVE	378.70				
15	64713	REVISION OF ARM NERVE(S)	378.70				
15	64714	REVISE LOW BACK NERVE(S)	378.70				
15	64716	REVISION OF CRANIAL NERVE	433.03				
15	64718	REVISE ULNAR NERVE AT ELBOW	378.70				
15	64719	REVISE ULNAR NERVE AT WRIST	378.70				
15	64721	CARPAL TUNNEL SURGERY	378.70				
15	64722	RELIEVE PRESSURE ON NERVE(S)	282.75				
15	64726	RELEASE FOOT/TOE NERVE	282.75				
15	64727	INTERNAL NERVE REVISION	282.75				
15	64732	INCISION OF BROW NERVE	378.70				
15	64734	INCISION OF CHEEK NERVE	378.70				
15	64736	INCISION OF CHIN NERVE	378.70				
15	64738	INCISION OF JAW NERVE	378.70				
15	64740	INCISION OF TONGUE NERVE	378.70				
15	64742	INCISION OF FACIAL NERVE	378.70				
15	64744	INCISE NERVE, BACK OF HEAD	378.70				
15	64746	INCISE DIAPHRAGM NERVE	378.70				
15	64771	SEVER CRANIAL NERVE	378.70				
15	64772	INCISION OF SPINAL NERVE	378.70				
15	64774	REMOVE SKIN NERVE LESION	378.70				
15	64776	REMOVE DIGIT NERVE LESION	433.03				
15	64778	DIGIT NERVE SURGERY ADD-ON	378.70				
15	64782	REMOVE LIMB NERVE LESION	433.03				
15	64783	LIMB NERVE SURGERY ADD-ON	378.70				
15	64784	REMOVE NERVE LESION	433.03				
15	64786	REMOVE SCIATIC NERVE LESION	433.03				
15	64787	IMPLANT NERVE END	378.70				
15	64788	REMOVE SKIN NERVE LESION	433.03				
15	64790	REMOVAL OF NERVE LESION	433.03				
15	64792	REMOVAL OF NERVE LESION	433.03				
15	64795	BIOPSY OF NERVE	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	64802	REMOVE SYMPATHETIC NERVES	378.70				
15	64821	REMOVE SYMPATHETIC NERVES	534.93				
15	64831	REPAIR OF DIGIT NERVE	534.93				
15	64832	REPAIR NERVE ADD-ON	282.75				
15	64834	REPAIR OF HAND OR FOOT NERVE	378.70				
15	64835	REPAIR OF HAND OR FOOT NERVE	433.03				
15	64836	REPAIR OF HAND OR FOOT NERVE	433.03				
15	64837	REPAIR NERVE ADD-ON	282.75				
15	64840	REPAIR OF LEG NERVE	378.70				
15	64856	REPAIR/TRANSPOSE NERVE	378.70				
15	64857	REPAIR ARM/LEG NERVE	378.70				
15	64858	REPAIR SCIATIC NERVE	378.70				
15	64859	NERVE SURGERY	282.75				
15	64861	REPAIR OF ARM NERVES	433.03				
15	64862	REPAIR OF LOW BACK NERVES	433.03				
15	64864	REPAIR OF FACIAL NERVE	433.03				
15	64865	REPAIR OF FACIAL NERVE	534.93				
15	64870	FUSION OF FACIAL/OTHER NERVE	534.93				
15	64872	SUBSEQUENT REPAIR OF NERVE	378.70				
15	64874	REPAIR & REVISE NERVE ADD-ON	433.03				
15	64876	REPAIR NERVE/SHORTEN BONE	433.03				
15	64885	NERVE GRAFT, HEAD OR NECK	378.70				
15	64886	NERVE GRAFT, HEAD OR NECK	378.70				
15	64890	NERVE GRAFT, HAND OR FOOT	378.70				
15	64891	NERVE GRAFT, HAND OR FOOT	378.70				
15	64892	NERVE GRAFT, ARM OR LEG	378.70				
15	64893	NERVE GRAFT, ARM OR LEG	378.70				
15	64895	NERVE GRAFT, HAND OR FOOT	433.03				
15	64896	NERVE GRAFT, HAND OR FOOT	433.03				
15	64897	NERVE GRAFT, ARM OR LEG	433.03				
15	64898	NERVE GRAFT, ARM OR LEG	433.03				
15	64901	NERVE GRAFT ADD-ON	378.70				
15	64902	NERVE GRAFT ADD-ON	378.70				
15	64905	NERVE PEDICLE TRANSFER	378.70				
15	64907	NERVE PEDICLE TRANSFER	282.75				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	
15	65091	REVISE EYE	433.03				
15	65093	REVISE EYE WITH IMPLANT	433.03				
15	65101	REMOVAL OF EYE	433.03				
15	65103	REMOVE EYE/INSERT IMPLANT	433.03				
15	65105	REMOVE EYE/ATTACH IMPLANT	534.93				
15	65110	REMOVAL OF EYE	608.81				
15	65112	REMOVE EYE/REVISE SOCKET	844.85				
15	65114	REMOVE EYE/REVISE SOCKET	844.85				
15	65130	INSERT OCULAR IMPLANT	433.03				
15	65135	INSERT OCULAR IMPLANT	378.70				
15	65140	ATTACH OCULAR IMPLANT	433.03				
15	65150	REVISE OCULAR IMPLANT	378.70				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	65155	REINSERT OCULAR IMPLANT	433.03				
15	65175	REMOVAL OF OCULAR IMPLANT	282.75				
15	65205	REMOVE FOREIGN BODY FROM EYE	282.75				
15	65235	REMOVE FOREIGN BODY FROM EYE	378.70				
15	65260	REMOVE FOREIGN BODY FROM EYE	433.03				
15	65265	REMOVE FOREIGN BODY FROM EYE	534.93				
15	65270	REPAIR OF EYE WOUND	378.70				
15	65272	REPAIR OF EYE WOUND	378.70				
15	65275	REPAIR OF EYE WOUND	534.93				
15	65280	REPAIR OF EYE WOUND	534.93				
15	65285	REPAIR OF EYE WOUND	534.93				
15	65290	REPAIR OF EYE SOCKET WOUND	433.03				
15	65400	REMOVAL OF EYE LESION	282.75				
15	65410	BIOPSY OF CORNEA	378.70				
15	65420	REMOVAL OF EYE LESION	378.70				
15	65426	REMOVAL OF EYE LESION	608.81				
15	65710	CORNEAL TRANSPLANT	844.85				
15	65730	CORNEAL TRANSPLANT	844.85				
15	65750	CORNEAL TRANSPLANT	844.85				
15	65755	CORNEAL TRANSPLANT	844.85				
15	65770	REVISE CORNEA WITH IMPLANT	844.85				
15	65772	CORRECTION OF ASTIGMATISM	534.93				
15	65775	CORRECTION OF ASTIGMATISM	534.93				
15	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	378.70				
15	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	282.75				
15	65780	OCULAR RECONST, TRANSPLANT	608.81				
15	65781	OCULAR RECONST, TRANSPLANT	608.81				
15	65782	OCULAR RECONST, TRANSPLANT	608.81			X	
15	65800	DRAINAGE OF EYE	282.75				
15	65805	DRAINAGE OF EYE	282.75				
15	65810	DRAINAGE OF EYE	433.03				
15	65815	DRAINAGE OF EYE	378.70				
15	65820	RELIEVE INNER EYE PRESSURE	282.75				
15	65850	INCISION OF EYE	534.93				
15	65855	LASER TRABECULOPLASTY-1/MORE	534.93				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	378.70				
15	65865	INCISE INNER EYE ADHESIONS	282.75				
15	65870	INCISE INNER EYE ADHESIONS	534.93				
15	65875	INCISE INNER EYE ADHESIONS	534.93				
15	65880	INCISE INNER EYE ADHESIONS	534.93				
15	65900	REMOVE EYE LESION	608.81				
15	65920	REMOVE IMPLANT OF EYE	844.85				
15	65930	REMOVE BLOOD CLOT FROM EYE	608.81				
15	66020	INJECTION TREATMENT OF EYE	282.75				
15	66030	INJECTION TREATMENT OF EYE	282.75				
15	66130	REMOVE EYE LESION	844.85				
15	66150	GLAUCOMA SURGERY	534.93				
15	66155	GLAUCOMA SURGERY	534.93				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	66160	GLAUCOMA SURGERY	378.70				
15	66165	GLAUCOMA SURGERY	534.93				
15	66170	GLAUCOMA SURGERY	534.93				
15	66172	INCISION OF EYE	534.93				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	534.93				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	534.93				
15	66180	IMPLANT EYE SHUNT	608.81				
15	66185	REVISE EYE SHUNT	378.70				
15	66220	REPAIR EYE LESION	433.03				
15	66225	REPAIR/GRAFT EYE LESION	534.93				
15	66250	FOLLOW-UP SURGERY OF EYE	378.70				
15	66500	INCISION OF IRIS	282.75				
15	66505	INCISION OF IRIS	282.75				
15	66600	REMOVE IRIS AND LESION	433.03				
15	66605	REMOVAL OF IRIS	433.03				
15	66625	REMOVAL OF IRIS	433.03				
15	66630	REMOVAL OF IRIS	433.03				
15	66635	REMOVAL OF IRIS	433.03				
15	66680	REPAIR IRIS & CILIARY BODY	433.03				
15	66682	REPAIR IRIS & CILIARY BODY	378.70				
15	66700	DESTRUCTION, CILIARY BODY	378.70				
15	66710	DESTRUCTION, CILIARY BODY	378.70				
15	66711	CILIARY ENDOSCOPIC ABLATION	378.70				
15	66720	DESTRUCTION, CILIARY BODY	378.70				
15	66740	DESTRUCTION, CILIARY BODY	378.70				
15	66761	REVISION OF IRIS	378.70				
15	66820	INCISION OF LENS LESION	378.70				
15	66821	AFTER CATARACT LASER SURGERY	378.70				
15	66825	REPOSITION INTRAOCULAR LENS	534.93				
15	66830	REMOVAL OF LENS LESION	534.93				
15	66840	REMOVAL OF LENS MATERIAL	534.93				
15	66850	REMOVAL OF LENS MATERIAL	844.85				
15	66852	REMOVAL OF LENS MATERIAL	534.93				
15	66920	EXTRACTION OF LENS	534.93				
15	66930	EXTRACTION OF LENS	608.81				
15	66940	EXTRACTION OF LENS	608.81				
15	66982	CATARACT SURGERY, COMPLEX	698.80				
15	66983	CATARACT SURG W/IOL, 1 STAGE	698.80				
15	66984	CATARACT SURG W/IOL, I STAGE	698.80				
15	66985	INSERT LENS PROSTHESIS	574.00				
15	66986	EXCHANGE LENS PROSTHESIS	574.00				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	534.93				
15	67010	PARTIAL REMOVAL OF EYE FLUID	534.93				
15	67015	RELEASE OF EYE FLUID	282.75				
15	67025	REPLACE EYE FLUID	282.75				
15	67027	IMPLANT EYE DRUG SYSTEM	534.93				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	282.75				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67030	INCISE INNER EYE STRANDS	282.75				
15	67031	LASER SURGERY, EYE STRANDS	378.70				
15	67036	REMOVAL OF INNER EYE FLUID	534.93				
15	67039	LASER TREATMENT OF RETINA	844.85				
15	67040	LASER TREATMENT OF RETINA	844.85				
15	67042	VIT FOR MACULAR HOLE	608.81				
15	67101	REPAIR DETACHED RETINA	608.81				
15	67105	PHOTOCOAGULATION/DETACHED RET	608.81				
15	67107	REPAIR DETACHED RETINA	608.81				
15	67108	REPAIR DETACHED RETINA	844.85				
15	67112	REREPAIR DETACHED RETINA	844.85				
15	67113	REPAIR RETINAL DETACH,CPLX	844.85				
15	67115	RELEASE ENCIRCLING MATERIAL	378.70				
15	67120	REMOVE EYE IMPLANT MATERIAL	378.70				
15	67121	REMOVE EYE IMPLANT MATERIAL	378.70				
15	67141	TREATMENT OF RETINA	378.70				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	378.70				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	608.81				
15	67218	TREATMENT OF RETINAL LESION	608.81				
15	67220	TREAT CHOROID LESION	282.75				
15	67227	TREATMENT OF RETINAL LESION	282.75				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	282.75				
15	67250	REINFORCE EYE WALL	433.03				
15	67255	REINFORCE/GRAFT EYE WALL	433.03				
15	67299	EYE SURGERY PROCEDURE	MP				X
15	67311	REVISE EYE MUSCLE	433.03				
15	67312	REVISE TWO EYE MUSCLES	534.93				
15	67314	REVISE EYE MUSCLE	534.93				
15	67316	REVISE TWO EYE MUSCLES	534.93				
15	67318	REVISE EYE MUSCLE(S)	534.93				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	534.93				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	534.93				
15	67332	REREVISE EYE MUSCLES ADD-ON	534.93				
15	67334	REVISE EYE MUSCLE W/SUTURE	534.93				
15	67335	EYE SUTURE DURING SURGERY	534.93				
15	67340	REVISE EYE MUSCLE ADD-ON	534.93				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	844.85				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP				X
15	67400	EXPLORE/BIOPSY EYE SOCKET	433.03				
15	67405	EXPLORE/DRAIN EYE SOCKET	534.93				
15	67412	EXPLORE/TREAT EYE SOCKET	608.81				
15	67413	EXPLORE/TREAT EYE SOCKET	608.81				
15	67415	ASPIRATION, ORBITAL CONTENTS	282.75				
15	67420	EXPLORE/TREAT EYE SOCKET	608.81				
15	67430	EXPLORE/TREAT EYE SOCKET	608.81				
15	67440	EXPLORE/DRAIN EYE SOCKET	608.81				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	608.81				
15	67450	EXPLORE/BIOPSY EYE SOCKET	608.81				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67470	OPTIC NERVE DECOMPRESSION (EG, INCIS	282.75				
15	67500	INJECT/TREAT EYE SOCKET	282.75				
15	67550	INSERT EYE SOCKET IMPLANT	534.93				
15	67560	REVISE EYE SOCKET IMPLANT	378.70				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	282.75				
15	67599	ORBIT SURGERY PROCEDURE	MP			X	
15	67700	DRAINAGE OF EYELID ABSCESS	282.75				
15	67715	INCISION OF EYELID FOLD	282.75				
15	67800	REMOVE EYELID LESION	282.75				
15	67801	REMOVE EYELID LESIONS	282.75				
15	67805	REMOVE EYELID LESIONS	282.75				
15	67808	REMOVE EYELID LESION(S)	378.70				
15	67810	BIOPSY OF EYELID	282.75				
15	67820	REVISE EYELASHES	282.75				
15	67830	REVISE EYELASHES	378.70				
15	67835	REVISE EYELASHES	378.70				
15	67840	REMOVE EYELID LESION	282.75				
15	67880	REVISION OF EYELID	433.03				
15	67882	REVISION OF EYELID	433.03				
15	67900	REPAIR BROW DEFECT	534.93				
15	67901	REPAIR EYELID DEFECT	608.81				
15	67902	REPAIR EYELID DEFECT	608.81				
15	67903	REPAIR EYELID DEFECT	534.93				
15	67904	REPAIR EYELID DEFECT	534.93				
15	67906	REPAIR EYELID DEFECT	608.81				
15	67908	REPAIR EYELID DEFECT	534.93				
15	67909	REVISE EYELID DEFECT	534.93				
15	67911	REVISE EYELID DEFECT	433.03				
15	67912	CORRECTION EYELID W/IMPLANT	433.03				
15	67914	REPAIR EYELID DEFECT	433.03				
15	67916	REPAIR EYELID DEFECT	534.93				
15	67917	REPAIR EYELID DEFECT	534.93				
15	67921	REPAIR EYELID DEFECT	433.03				
15	67923	REPAIR EYELID DEFECT	534.93				
15	67924	REPAIR EYELID DEFECT	534.93				
15	67930	REPAIR EYELID WOUND	378.70				
15	67935	REPAIR EYELID WOUND	378.70				
15	67938	REMOVE EYELID FOREIGN BODY	282.75				
15	67950	REVISION OF EYELID	378.70				
15	67961	REVISION OF EYELID	433.03				
15	67966	REVISION OF EYELID	433.03				
15	67971	RECONSTRUCTION OF EYELID	433.03				
15	67973	RECONSTRUCTION OF EYELID	433.03				
15	67974	RECONSTRUCTION OF EYELID	433.03				
15	67975	RECONSTRUCTION OF EYELID	433.03				
15	67999	EYELID SURGERY PROCEDURE	MP			X	
15	68110	REMOVE EYELID LINING LESION	282.75				
15	68115	REMOVE EYELID LINING LESION	378.70				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68130	REMOVE EYELID LINING LESION	378.70				
15	68320	REVISE/GRAFT EYELID LINING	534.93				
15	68325	REVISE/GRAFT EYELID LINING	534.93				
15	68326	REVISE/GRAFT EYELID LINING	534.93				
15	68328	REVISE/GRAFT EYELID LINING	534.93				
15	68330	REVISE EYELID LINING	534.93				
15	68335	REVISE/GRAFT EYELID LINING	534.93				
15	68340	SEPARATE EYELID ADHESIONS	534.93				
15	68360	REVISE EYELID LINING	378.70				
15	68362	REVISE EYELID LINING	378.70				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	378.70				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	433.03				
15	68505	PARTIAL REMOVAL, TEAR GLAND	433.03				
15	68510	BIOPSY OF TEAR GLAND	282.75				
15	68520	REMOVAL OF TEAR SAC	433.03				
15	68525	BIOPSY OF TEAR SAC	282.75				
15	68540	REMOVE TEAR GLAND LESION	433.03				
15	68550	REMOVE TEAR GLAND LESION	433.03				
15	68700	REPAIR TEAR DUCTS	378.70				
15	68720	CREATE TEAR SAC DRAIN	534.93				
15	68745	CREATE TEAR DUCT DRAIN	534.93				
15	68750	CREATE TEAR DUCT DRAIN	534.93				
15	68770	CLOSE TEAR SYSTEM FISTULA	534.93				
15	68810	PROBE NASOLACRIMAL DUCT	282.75				
15	68811	PROBE NASOLACRIMAL DUCT	378.70				
15	68815	PROBE NASOLACRIMAL DUCT	378.70				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	282.75				
15	69005	DRAIN EXTERNAL EAR LESION	282.75				
15	69020	DRAIN OUTER EAR CANAL LESION	282.75				
15	69100	BIOPSY OF EXTERNAL EAR	282.75				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	282.75				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	282.75				
15	69120	REMOVAL OF EXTERNAL EAR	378.70				
15	69140	REMOVE EAR CANAL LESION(S)	378.70				
15	69145	REMOVE EAR CANAL LESION(S)	378.70				
15	69150	EXTENSIVE EAR CANAL SURGERY	433.03				
15	69205	CLEAR OUTER EAR CANAL	282.75				
15	69222	CLEAN OUT MASTOID CAVITY	378.70				
15	69300	REVISE EXTERNAL EAR	433.03				
15	69310	REBUILD OUTER EAR CANAL	433.03				
15	69320	REBUILD OUTER EAR CANAL	844.85				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	378.70				
15	69421	INCISION OF EARDRUM	433.03				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	282.75				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	433.03				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69436	CREATE EARDRUM OPENING	433.03				
15	69440	EXPLORATION OF MIDDLE EAR	433.03				
15	69449	INNER EAR SURGERY PROCEDURE	MP		X		
15	69450	EARDRUM REVISION	282.75				
15	69501	MASTOIDECTOMY	844.85				
15	69502	MASTOIDECTOMY	844.85				
15	69505	REMOVE MASTOID STRUCTURES	844.85				
15	69511	EXTENSIVE MASTOID SURGERY	844.85				
15	69530	EXTENSIVE MASTOID SURGERY	844.85				
15	69540	REMOVE EAR LESION	433.03				
15	69550	REMOVE EAR LESION	608.81				
15	69552	REMOVE EAR LESION	844.85				
15	69601	MASTOID SURGERY REVISION	844.85				
15	69602	MASTOID SURGERY REVISION	844.85				
15	69603	MASTOID SURGERY REVISION	844.85				
15	69604	MASTOID SURGERY REVISION	844.85				
15	69605	MASTOID SURGERY REVISION	844.85				
15	69610	REPAIR EARDRUM	378.70				
15	69620	REPAIR OF EARDRUM	378.70				
15	69631	REPAIR EARDRUM STRUCTURES	608.81				
15	69632	REBUILD EARDRUM STRUCTURES	608.81				
15	69633	REBUILD EARDRUM STRUCTURES	608.81				
15	69635	REPAIR EARDRUM STRUCTURES	844.85				
15	69636	REBUILD EARDRUM STRUCTURES	844.85				
15	69637	REBUILD EARDRUM STRUCTURES	844.85				
15	69641	REVISE MIDDLE EAR & MASTOID	844.85				
15	69642	REVISE MIDDLE EAR & MASTOID	844.85				
15	69643	REVISE MIDDLE EAR & MASTOID	844.85				
15	69644	REVISE MIDDLE EAR & MASTOID	844.85				
15	69645	REVISE MIDDLE EAR & MASTOID	844.85				
15	69646	REVISE MIDDLE EAR & MASTOID	844.85				
15	69650	RELEASE MIDDLE EAR BONE	844.85				
15	69660	REVISE MIDDLE EAR BONE	608.81				
15	69661	REVISE MIDDLE EAR BONE	608.81				
15	69662	REVISE MIDDLE EAR BONE	608.81				
15	69666	REPAIR MIDDLE EAR STRUCTURES	534.93				
15	69667	REPAIR MIDDLE EAR STRUCTURES	534.93				
15	69670	REMOVE MASTOID AIR CELLS	433.03				
15	69676	REMOVE MIDDLE EAR NERVE	433.03				
15	69700	CLOSE MASTOID FISTULA	433.03				
15	69711	REMOVE/REPAIR HEARING AID	282.75				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,136.94				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,136.94				
15	69717	TEMPLE BONE IMPLANT REVISION	1,136.94				
15	69718	REVISE TEMPLE BONE IMPLANT	1,136.94				
15	69720	RELEASE FACIAL NERVE	608.81				
15	69725	RELEASE FACIAL NERVE	608.81				
15	69740	REPAIR FACIAL NERVE	608.81				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2011

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69745	REPAIR FACIAL NERVE	608.81				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X		
15	69801	INCISE INNER EAR	608.81				
15	69802	INCISE INNER EAR	844.85				
15	69805	EXPLORE INNER EAR	844.85				
15	69806	EXPLORE INNER EAR	844.85				
15	69820	ESTABLISH INNER EAR WINDOW	608.81				
15	69840	REVISE INNER EAR WINDOW	608.81				
15	69905	REMOVE INNER EAR	844.85				
15	69910	REMOVE INNER EAR & MASTOID	844.85				
15	69915	INCISE INNER EAR NERVE	844.85				
15	69930	IMPLANT COCHLEAR DEVICE	844.85	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP		X		
15	69979	TEMPORAL BONE SURGERY	MP		X		
15	69990	MICROSURGERY ADD-ON	282.75				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	282.75				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	282.75				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the type of service found on this schedule.

15 - Outpatient Ambulatory Surgical Services.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with MP are manually priced after Medical Review.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. SEX (Restriction): Some procedure codes are indicated for only one sex.