

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 AUGUST 1, 2012

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	G0105	COLORECTAL SCRNI; HI RISK IND	364.69				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	364.69				
15	G0260	INJ FOR SACROILIAC JT ANESTH	272.29				
15	03210	NASAL SINUS THERAPY	272.29				
15	10022	FNA W/IMAGE	272.29				
15	10060	DRAINAGE OF SKIN ABSCESS	272.29				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	272.29				
15	10080	INCISE/DRAIN SIMPLE CYST	272.29				
15	10081	INCISE/DRAIN COMPLICATED PILONIDAL CYST	272.29				
15	10120	SIMPLE REMOVAL FOREIGN BODY	272.29				
15	10121	REMOVE FOREIGN BODY	364.69				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	272.29				
15	10160	PUNCTURE DRAINAGE OF LESION	272.29				
15	10180	COMPLEX DRAINAGE, WOUND	364.69				
15	11004	DEBRIDE GENITALIA & PERINEUM	364.69				
15	11005	DEBRIDE ABDOM WALL	364.69				
15	11006	DEBRIDE GENIT/ABDOM WALL	364.69				
15	11008	REMOVE MESH FROM ABD WALL	364.69				
15	11010	DEBRIDE SKIN, FX	364.69				
15	11011	DEBRIDE SKIN/MUSCLE, FX	364.69				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	364.69				
15	11042	DEBRIDE SKIN/TISSUE	364.69				
15	11043	DEBRIDE TISSUE/MUSCLE	364.69				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	364.69				
15	11144	EXCISE BENIGN LESION TO 0.5 CM	272.29				
15	11175	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	272.29				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	272.29				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	272.29				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	272.29				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	272.29				
15	11404	REMOVAL OF SKIN LESION	272.29				
15	11406	REMOVAL OF SKIN LESION	364.69				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	364.69				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	364.69				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	364.69				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	364.69				
15	11424	REMOVAL OF SKIN LESION	364.69				
15	11426	REMOVAL OF SKIN LESION	364.69				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	272.29				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	272.29				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	272.29				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	272.29				
15	11444	REMOVAL OF SKIN LESION	272.29				
15	11446	REMOVAL OF SKIN LESION	364.69				
15	11450	REMOVAL, SWEAT GLAND LESION	364.69				
15	11451	REMOVAL, SWEAT GLAND LESION	364.69				
15	11462	REMOVAL, SWEAT GLAND LESION	364.69				
15	11463	REMOVAL, SWEAT GLAND LESION	364.69				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11470	REMOVAL, SWEAT GLAND LESION	364.69				
15	11471	REMOVAL, SWEAT GLAND LESION	364.69				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	364.69				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	364.69				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	364.69				
15	11604	REMOVAL OF SKIN LESION	364.69				
15	11606	REMOVAL OF SKIN LESION	364.69				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	364.69				
15	11624	REMOVAL OF SKIN LESION	364.69				
15	11626	REMOVAL OF SKIN LESION	364.69				
15	11640	EXC FACE MM MALIG + MAG 0.5<	364.69				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	364.69				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	364.69				
15	11644	REMOVAL OF SKIN LESION	364.69				
15	11646	REMOVAL OF SKIN LESION	364.69				
15	11750	EXCISION NAIL & NAIL MATRIX	272.29				
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	272.29				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	272.29				
15	11770	REMOVAL OF PILONIDAL LESION	417.01				
15	11771	REMOVAL OF PILONIDAL LESION	417.01				
15	11772	REMOVAL OF PILONIDAL LESION	417.01				
15	11960	INSERT TISSUE EXPANDER(S)	364.69				
15	11970	REPLACE TISSUE EXPANDER	417.01				
15	11971	REMOVE TISSUE EXPANDER(S)	272.29				
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	272.29				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	272.29				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	272.29				
15	12005	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12006	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12007	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	364.69				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	364.69				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	364.69				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	364.69				
15	12016	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12017	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12018	REPAIR SUPERFICIAL WOUND(S)	364.69				
15	12020	CLOSURE OF SPLIT WOUND	272.29				
15	12021	CLOSURE OF SPLIT WOUND	272.29				
15	12031	LAYER CLOSURE WOUND TO 2.5 CM	272.29				
15	12032	LAYER CLOSEURE 2.6 TO 7.5 CM	272.29				
15	12034	LAYER CLOSURE OF WOUND(S)	364.69				
15	12035	LAYER CLOSURE OF WOUND(S)	364.69				
15	12036	LAYER CLOSURE OF WOUND(S)	364.69				
15	12037	LAYER CLOSURE OF WOUND(S)	364.69				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	272.29				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	272.29				
15	12044	LAYER CLOSURE OF WOUND(S)	364.69				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	12045	LAYER CLOSURE OF WOUND(S)	364.69				
15	12046	LAYER CLOSURE OF WOUND(S)	364.69				
15	12047	LAYER CLOSURE OF WOUND(S)	364.69				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	272.29				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	272.29				
15	12053	LAYER CLOSURE 5.1 TO 7.5	272.29				
15	12054	LAYER CLOSURE OF WOUND(S)	364.69				
15	12055	LAYER CLOSURE OF WOUND(S)	364.69				
15	12056	LAYER CLOSURE OF WOUND(S)	364.69				
15	12057	LAYER CLOSURE OF WOUND(S)	364.69				
15	13100	REPAIR OF WOUND OR LESION	364.69				
15	13101	REPAIR OF WOUND OR LESION	417.01				
15	13102	REPAIR WOUND/LESION ADD-ON	417.01				
15	13120	REPAIR OF WOUND OR LESION	364.69				
15	13121	REPAIR OF WOUND OR LESION	417.01				
15	13122	REPAIR WOUND/LESION ADD-ON	417.01				
15	13131	REPAIR OF WOUND OR LESION	364.69				
15	13132	REPAIR OF WOUND OR LESION	417.01				
15	13133	REPAIR WOUND/LESION ADD-ON	417.01				
15	13150	REPAIR OF WOUND OR LESION	417.01				
15	13151	REPAIR OF WOUND OR LESION	417.01				
15	13152	REPAIR OF WOUND OR LESION	417.01				
15	13153	REPAIR WOUND/LESION ADD-ON	272.29				
15	13160	LATE CLOSURE OF WOUND	364.69				
15	14000	SKIN TISSUE REARRANGEMENT	364.69				
15	14001	SKIN TISSUE REARRANGEMENT	417.01				
15	14020	SKIN TISSUE REARRANGEMENT	417.01				
15	14021	SKIN TISSUE REARRANGEMENT	417.01				
15	14040	SKIN TISSUE REARRANGEMENT	364.69				
15	14041	SKIN TISSUE REARRANGEMENT	417.01				
15	14060	SKIN TISSUE REARRANGEMENT	417.01				
15	14061	SKIN TISSUE REARRANGEMENT	417.01				
15	14221	EXCISE BENIGN LESION 1.1 TO 2CM	364.69				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	515.14				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	515.14				
15	14350	SKIN TISSUE REARRANGEMENT	417.01				
15	15040	HARVEST CULTURED SKIN GRAFT	364.69				
15	15050	SKIN PINCH GRAFT	364.69				
15	15100	SKIN SPLIT GRAFT	364.69				
15	15101	SKIN SPLIT GRAFT ADD-ON	417.01				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	364.69				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	272.29				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	364.69				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	272.29				
15	15120	SKIN SPLIT GRAFT	364.69				
15	15121	SKIN SPLIT GRAFT ADD-ON	417.01				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	364.69				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	272.29				

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15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	364.69				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	272.29				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	364.69				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	272.29				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	272.29				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	364.69				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	272.29				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	272.29				
15	15200	SKIN FULL GRAFT	417.01				
15	15201	SKIN FULL GRAFT ADD-ON	364.69				
15	15220	SKIN FULL GRAFT	364.69				
15	15221	SKIN FULL GRAFT ADD-ON	364.69				
15	15240	SKIN FULL GRAFT	417.01				
15	15241	SKIN FULL GRAFT ADD-ON	417.01				
15	15260	SKIN FULL GRAFT	364.69				
15	15261	SKIN FULL GRAFT ADD-ON	364.69				
15	15570	FORM SKIN PEDICLE FLAP	417.01				
15	15572	FORM SKIN PEDICLE FLAP	417.01				
15	15574	FORM SKIN PEDICLE FLAP	417.01				
15	15576	FORM SKIN PEDICLE FLAP	417.01				
15	15600	SKIN GRAFT	417.01				
15	15610	SKIN GRAFT	417.01				
15	15620	SKIN GRAFT	515.14				
15	15630	SKIN GRAFT	417.01				
15	15650	TRANSFER SKIN PEDICLE FLAP	586.28				
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	417.01				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	417.01				
15	15736	MUSCLE-SKIN GRAFT, ARM	417.01				
15	15738	MUSCLE-SKIN GRAFT, LEG	417.01				
15	15740	ISLAND PEDICLE FLAP GRAFT	364.69				
15	15750	NEUROVASCULAR PEDICLE GRAFT	364.69				
15	15760	COMPOSITE SKIN GRAFT	364.69				
15	15770	DERMA-FAT-FASCIA GRAFT	417.01				
15	15775	HAIR TRANSPLANT PUNCH GRAFTS	417.01				
15	15776	HAIR TRANSPLANT PUNCH GRAFTS	417.01				
15	15820	REVISION OF LOWER EYELID	417.01			X	
15	15821	REVISION OF LOWER EYELID	417.01			X	
15	15822	REVISION OF UPPER EYELID	417.01			X	
15	15823	REVISION OF UPPER EYELID	586.28			X	
15	15840	GRAFT FOR FACE NERVE PALSY	515.14				
15	15841	GRAFT FOR FACE NERVE PALSY	515.14				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	515.14				
15	15845	SKIN AND MUSCLE REPAIR, FACE	515.14				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	272.29				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	272.29				
15	15920	REMOVAL OF TAIL BONE ULCER	417.01				
15	15922	REMOVAL OF TAIL BONE ULCER	515.14				
15	15931	REMOVE SACRUM PRESSURE SORE	417.01				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15933	REMOVE SACRUM PRESSURE SORE	417.01				
15	15934	REMOVE SACRUM PRESSURE SORE	417.01				
15	15935	REMOVE SACRUM PRESSURE SORE	515.14				
15	15936	REMOVE SACRUM PRESSURE SORE	515.14				
15	15937	REMOVE SACRUM PRESSURE SORE	515.14				
15	15940	REMOVE HIP PRESSURE SORE	417.01				
15	15941	REMOVE HIP PRESSURE SORE	417.01				
15	15944	REMOVE HIP PRESSURE SORE	417.01				
15	15945	REMOVE HIP PRESSURE SORE	515.14				
15	15946	REMOVE HIP PRESSURE SORE	515.14				
15	15950	REMOVE THIGH PRESSURE SORE	417.01				
15	15951	REMOVE THIGH PRESSURE SORE	515.14				
15	15952	REMOVE THIGH PRESSURE SORE	417.01				
15	15953	REMOVE THIGH PRESSURE SORE	515.14				
15	15956	REMOVE THIGH PRESSURE SORE	417.01				
15	15958	REMOVE THIGH PRESSURE SORE	515.14				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	272.29				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	364.69				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	364.69				
15	16035	ESCHAROTOMY	364.69				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	364.69				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	364.69				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	364.69				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	272.29				
15	19020	INCISION OF BREAST LESION	364.69				
15	19100	BX BREAST PERCUT W/O IMAGE	272.29				
15	19101	BIOPSY OF BREAST, OPEN	364.69				
15	19102	BX BREAST PERCUT W/IMAGE	364.69				
15	19103	BX BREAST PERCUT W/DEVICE	364.69				
15	19110	NIPPLE EXPLORATION	364.69				
15	19112	EXCISE BREAST DUCT FISTULA	417.01				
15	19120	REMOVAL OF BREAST LESION	417.01				
15	19125	EXCISION, BREAST LESION	417.01				
15	19126	EXCISION, ADDL BREAST LESION	417.01				
15	19290	PLACE NEEDLE WIRE, BREAST	272.29				
15	19291	PLACE NEEDLE WIRE, BREAST	272.29				
15	19295	PLACE BREAST CLIP, PERCUT	272.29				
15	19296	PLACE PO BREAST CATH FOR RAD	272.29				
15	19297	PLACE BREAST CATH FOR RAD	272.29				
15	19298	PLACE BREAST RAD TUBE/CATHS	272.29				
15	19300	MASTECTOMY FOR GYNECOMASTIA	515.14				M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	417.01				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	813.59				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	515.14				
15	19304	MASTECTOMY, SUBCUTANEOUS	515.14				
15	19307	MAST, MOD RAD	813.59				

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15	19316	SUSPENSION OF BREAST	515.14			F	
15	19318	REDUCTION OF LARGE BREAST	515.14				
15	19324	ENLARGE BREAST	515.14			F	
15	19325	ENLARGE BREAST WITH IMPLANT	1,094.87			F	
15	19328	REMOVAL OF BREAST IMPLANT	272.29		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	272.29				
15	19340	IMMEDIATE BREAST PROSTHESIS	364.69			F	
15	19342	DELAYED BREAST PROSTHESIS	417.01		X	F	
15	19350	BREAST RECONSTRUCTION	515.14		X		
15	19355	CORRECT INVERTED NIPPLE(S)	515.14				
15	19357	BREAST RECONSTRUCTION	586.28		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	586.28		X		
15	19366	BREAST RECONSTRUCTION	586.28		X	F	
15	19370	SURGERY OF BREAST CAPSULE	515.14				
15	19371	REMOVAL OF BREAST CAPSULE	515.14				
15	19380	REVISE BREAST RECONSTRUCTION	586.28				
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20005	INCISION OF DEEP ABSCESS	364.69				
15	20100	EXPLORE WOUND, NECK	417.01				
15	20101	EXPLORE WOUND, CHEST	417.01				
15	20102	EXPLORE WOUND, ABDOMEN	417.01				
15	20103	EXPLORE WOUND, EXTREMITY	417.01				
15	20200	MUSCLE BIOPSY	364.69				
15	20205	DEEP MUSCLE BIOPSY	417.01				
15	20206	NEEDLE BIOPSY, MUSCLE	272.29				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	272.29				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	364.69				
15	20240	BONE BIOPSY, EXCISIONAL	364.69				
15	20245	BONE BIOPSY, EXCISIONAL	417.01				
15	20250	OPEN BONE BIOPSY	417.01				
15	20251	OPEN BONE BIOPSY	417.01				
15	20500	INJECT SINUS TRACT, THERAPEUTCI	272.29				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	272.29				
15	20520	REMOVE FOREGIN BODY; SIMPLE	272.29				
15	20525	REMOVAL OF FOREIGN BODY	417.01				
15	20612	ASPIRATE/INJ GANGLION CYST	272.29				
15	20615	ASPIRATE/INJECTION-BONE CYST	272.29				
15	20650	INSERT AND REMOVE BONE PIN	417.01				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	272.29	00 00			
15	20661	APPLY HALO;	272.29				
15	20662	APPLY HALO; PELVIC	272.29				
15	20663	APPLY HALO; FEMORAL	272.29				
15	20664	HALO BRACE APPLICATION	364.69				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	272.29				
15	20670	REMOVAL OF SUPPORT IMPLANT	272.29				
15	20680	REMOVAL OF SUPPORT IMPLANT	417.01				
15	20690	APPLY BONE FIXATION DEVICE	364.69				
15	20692	APPLY BONE FIXATION DEVICE	417.01				

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15	20693	ADJUST BONE FIXATION DEVICE	417.01				
15	20694	REMOVE BONE FIXATION DEVICE	272.29				
15	20900	REMOVAL OF BONE FOR GRAFT	417.01				
15	20902	REMOVAL OF BONE FOR GRAFT	515.14				
15	20910	REMOVE CARTILAGE FOR GRAFT	417.01				
15	20912	REMOVE CARTILAGE FOR GRAFT	417.01				
15	20920	REMOVAL OF FASCIA FOR GRAFT	515.14				
15	20922	REMOVAL OF FASCIA FOR GRAFT	417.01				
15	20924	REMOVAL OF TENDON FOR GRAFT	515.14				
15	20926	REMOVAL OF TISSUE FOR GRAFT	515.14				
15	20930	SPINAL BONE ALLOGRAFT	272.29				
15	20931	SPINAL BONE ALLOGRAFT	272.29				
15	20936	SPINAL BONE AUTOGRAFT	272.29				
15	20937	SPINAL BONE AUTOGRAFT	272.29				
15	20938	SPINAL BONE AUTOGRAFT	272.29				
15	20950	MONITOR INTERSTITIAL FLUID	272.29				
15	20975	ELECTRICAL BONE STIMULATION	364.69				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	364.69				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	272.29				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	272.29				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	272.29				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	272.29				
15	21015	RESECTION OF FACIAL TUMOR	417.01				
15	21016	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	21025	EXCISION OF BONE, LOWER JAW	364.69				
15	21026	EXCISION OF FACIAL BONE(S)	364.69				
15	21029	CONTOUR OF FACE BONE LESION	364.69				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	364.69				
15	21031	EXCISION OF TORUS MANDIBULARIS	364.69				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	364.69				
15	21034	REMOVAL OF FACE BONE LESION	417.01				
15	21040	REMOVAL OF JAW BONE LESION	364.69				
15	21044	REMOVAL OF JAW BONE LESION	364.69				
15	21045	RADICAL RESECTION OF MANDIBLE	417.01				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	364.69				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	364.69				
15	21048	REMOVE MAXILLA CYST COMPLEX	364.69				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	417.01				
15	21050	REMOVAL OF JAW JOINT	417.01				
15	21060	REMOVE JAW JOINT CARTILAGE	364.69				
15	21070	REMOVE CORONOID PROCESS	417.01				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	364.69				
15	21110	INTERDENTAL FIXATION	272.29				
15	21120	GENIOPLASTY; AUGMENTATION	813.59				
15	21121	RECONSTRUCTION OF CHIN	813.59				
15	21122	RECONSTRUCTION OF CHIN	813.59				

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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	21123	RECONSTRUCTION OF CHIN	813.59				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	813.59				
15	21127	AUGMENTATION, LOWER JAW BONE	1,094.87				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	813.59				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	813.59				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	813.59				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	813.59				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	813.59				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	813.59				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	813.59				
15	21181	CONTOUR CRANIAL BONE LESION	813.59				
15	21206	RECONSTRUCT UPPER JAW BONE	586.28				
15	21208	AUGMENTATION OF FACIAL BONES	813.59				
15	21209	REDUCTION OF FACIAL BONES	586.28				
15	21210	FACE BONE GRAFT	813.59				
15	21215	LOWER JAW BONE GRAFT	813.59				
15	21230	RIB CARTILAGE GRAFT	813.59				
15	21235	EAR CARTILAGE GRAFT	813.59				
15	21240	RECONSTRUCTION OF JAW JOINT	515.14				
15	21242	RECONSTRUCTION OF JAW JOINT	586.28				
15	21243	RECONSTRUCTION OF JAW JOINT	586.28				
15	21244	RECONSTRUCTION OF LOWER JAW	813.59				
15	21245	RECONSTRUCTION OF JAW	813.59				
15	21246	RECONSTRUCTION OF JAW	813.59				
15	21248	RECONSTRUCTION OF JAW	813.59				
15	21249	RECONSTRUCTION OF JAW	813.59				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	813.59				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	813.59				
15	21260	ORBITAL REVISION; EXTRACRANIAL	813.59				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	813.59				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	813.59				
15	21267	REVISE EYE SOCKETS	813.59				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	813.59				
15	21270	AUGMENTATION, CHEEK BONE	586.28				
15	21275	REVISION, ORBITOFACIAL BONES	813.59				
15	21280	REVISION OF EYELID	586.28				
15	21282	REVISION OF EYELID	586.28				
15	21295	RECONST LWR JAW W/O FIXATION	272.29				
15	21296	RECONST LWR JAW W/FIXATION	272.29				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	364.69				
15	21315	TREATMENT OF NOSE FRACTURE	364.69				
15	21320	TREATMENT OF NOSE FRACTURE	364.69				
15	21325	TREATMENT OF NOSE FRACTURE	515.14				
15	21330	TREATMENT OF NOSE FRACTURE	586.28				
15	21335	TREATMENT OF NOSE FRACTURE	813.59				
15	21336	TREAT NASAL SEPTAL FRACTURE	515.14				
15	21337	TREAT NASAL SEPTAL FRACTURE	364.69				



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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	21338	TREAT NASOETHMOID FRACTURE	515.14				
15	21339	TREAT NASOETHMOID FRACTURE	586.28				
15	21340	TREATMENT OF NOSE FRACTURE	515.14				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	586.28				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	813.59				
15	21345	TREAT NOSE/JAW FRACTURE	813.59				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	586.28				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	813.59				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	813.59				
15	21355	TREAT CHEEK BONE FRACTURE	417.01				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	417.01				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	515.14				
15	21386	TREAT ORBITAL FX; PERIORBITAL	515.14				
15	21387	TREAT ORBITAL FX; COMBINATION	515.14				
15	21390	TREAT ORBITAL WITH IMPLANT	515.14				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	515.14				
15	21400	TREAT EYE SOCKET FRACTURE	364.69				
15	21401	TREAT EYE SOCKET FRACTURE	417.01				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	515.14				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	515.14				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	515.14				
15	21421	TREAT MOUTH ROOF FRACTURE	515.14				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	586.28				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	586.28				
15	21431	TREAT CRANIOFACIAL SEPARATION	515.14				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	515.14				
15	21433	COMPLICATED TX CRANIOFACIAL FX	586.28				
15	21435	COMPLICATED TX CRANIOFACIAL FX	586.28				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	586.28				
15	21440	TREAT DENTAL RIDGE FRACTURE	417.01				
15	21445	TREAT DENTAL RIDGE FRACTURE	515.14				
15	21450	TREAT LOWER JAW FRACTURE	417.01				
15	21451	TREAT LOWER JAW FRACTURE	515.14				
15	21452	TREAT LOWER JAW FRACTURE	364.69				
15	21453	TREAT LOWER JAW FRACTURE	417.01				
15	21454	TREAT LOWER JAW FRACTURE	586.28				
15	21460	TREAT OPEN FX ORBIT W/O IMPLANT	515.14				
15	21461	TREAT LOWER JAW FRACTURE	515.14				
15	21462	TREAT LOWER JAW FRACTURE	586.28				
15	21465	TREAT LOWER JAW FRACTURE	515.14				
15	21470	TREAT COMPLICATED MANDIBULAR FX	586.28				
15	21480	RESET DISLOCATED JAW	272.29				
15	21485	RESET DISLOCATED JAW	364.69				
15	21490	REPAIR DISLOCATED JAW	417.01				
15	21497	INTERDENTAL WIRING	364.69				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	364.69				
15	21502	DRAIN CHEST LESION	364.69				

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1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21510	INCISION WITH OPENING OF BONE CORTEX	417.01				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	272.29				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	364.69				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	364.69				
15	21555	REMOVE LESION, NECK/CHEST	364.69				
15	21556	REMOVE LESION, NECK/CHEST	364.69				
15	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	364.69				
15	21558	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	21600	PARTIAL REMOVAL OF RIB	364.69				
15	21610	PARTIAL REMOVAL OF RIB	364.69				
15	21615	EXCISION CERVICAL RIB	364.69				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	364.69				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	364.69				
15	21627	STERNAL DEBRIDEMENT	364.69				
15	21630	RADICAL RESECTOPM PF STERNUM	586.28				
15	21632	MEDIASTINAL LYMPHADENECTOMY	586.28				
15	21700	REVISION OF NECK MUSCLE	364.69				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	364.69				
15	21720	REVISION OF NECK MUSCLE	417.01				
15	21725	REVISION OF NECK MUSCLE	417.01				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	417.01				
15	21800	TREATMENT OF RIB FRACTURE	272.29				
15	21805	TREATMENT OF RIB FRACTURE	364.69				
15	21810	TREAT RIB FX W/EXTERNAL FIXATION	364.69				
15	21820	TREAT STERNUM FRACTURE	272.29				
15	21825	TREAT STERNUM FRACTURE;OPEN	364.69				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	272.29				
15	21925	BIOPSY SOFT TISSUE OF BACK	364.69				
15	21930	REMOVE LESION, BACK OR FLANK	364.69				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	364.69				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	364.69				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	364.69				
15	21935	REMOVE TUMOR, BACK	417.01				
15	21936	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	22100	RESECT VERTEBRA,CERVICAL	364.69				
15	22101	RESECT VERTEBRA, THORACIC	364.69				
15	22305	TREAT SPINE PROCESS FRACTURE	272.29				
15	22310	TREAT SPINE FRACTURE	272.29				
15	22315	TREAT SPINE FRACTURE	364.69				
15	22505	MANIPULATION OF SPINE	364.69				
15	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,094.87				
15	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,094.87				
15	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,094.87				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,094.87				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	515.14				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	364.69				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	364.69				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	364.69				
15	22904	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	22905	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	364.69				
15	23020	RELEASE SHOULDER JOINT	364.69				
15	23030	DRAIN SHOULDER LESION	272.29				
15	23031	DRAIN SHOULDER BURSA	417.01				
15	23035	DRAIN SHOULDER BONE LESION	417.01				
15	23040	EXPLORATORY SHOULDER SURGERY	417.01				
15	23044	EXPLORATORY SHOULDER SURGERY	515.14				
15	23066	BIOPSY SHOULDER TISSUES	364.69				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHO	364.69				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	364.69				
15	23075	REMOVAL OF SHOULDER LESION	364.69				
15	23076	REMOVAL OF SHOULDER LESION	364.69				
15	23077	REMOVE TUMOR OF SHOULDER	417.01				
15	23078	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	23100	BIOPSY OF SHOULDER JOINT	364.69				
15	23101	SHOULDER JOINT SURGERY	813.59				
15	23105	REMOVE SHOULDER JOINT LINING	515.14				
15	23106	INCISION OF COLLARBONE JOINT	515.14				
15	23107	EXPLORE TREAT SHOULDER JOINT	515.14				
15	23120	PARTIAL REMOVAL, COLLAR BONE	586.28				
15	23125	REMOVAL OF COLLAR BONE	586.28				
15	23130	REMOVE SHOULDER BONE, PART	586.28				
15	23140	REMOVAL OF BONE LESION	515.14				
15	23145	REMOVAL OF BONE LESION	586.28				
15	23146	REMOVAL OF BONE LESION	586.28				
15	23150	REMOVAL OF HUMERUS LESION	515.14				
15	23155	REMOVAL OF HUMERUS LESION	586.28				
15	23156	REMOVAL OF HUMERUS LESION	586.28				
15	23170	REMOVE COLLAR BONE LESION	364.69				
15	23172	REMOVE SHOULDER BLADE LESION	364.69				
15	23174	REMOVE HUMERUS LESION	364.69				
15	23180	REMOVE COLLAR BONE LESION	515.14				
15	23182	REMOVE SHOULDER BLADE LESION	515.14				
15	23184	REMOVE HUMERUS LESION	515.14				
15	23190	PARTIAL REMOVAL OF SCAPULA	515.14				
15	23195	REMOVAL OF HEAD OF HUMERUS	586.28				
15	23330	REMOVE SHOULDER FOREIGN BODY	272.29				
15	23331	REMOVE SHOULDER FOREIGN BODY	272.29				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	586.28				
15	23397	MUSCLE TRANSFERS	813.59				
15	23400	FIXATION OF SHOULDER BLADE	813.59				
15	23405	INCISION OF TENDON & MUSCLE	364.69				
15	23406	INCISE TENDON(S) & MUSCLE(S)	364.69				

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			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	23410	REPAIR OF TENDON(S)	586.28				
15	23412	REPAIR OF TENDON(S)	813.59				
15	23415	RELEASE OF SHOULDER LIGAMENT	586.28				
15	23420	REPAIR OF SHOULDER	813.59				
15	23430	REPAIR BICEPS TENDON	515.14				
15	23440	REMOVE/TRANSPLANT TENDON	515.14				
15	23450	REPAIR SHOULDER CAPSULE	586.28				
15	23455	REPAIR SHOULDER CAPSULE	813.59				
15	23460	REPAIR SHOULDER CAPSULE	586.28				
15	23462	REPAIR SHOULDER CAPSULE	813.59				
15	23465	REPAIR SHOULDER CAPSULE	586.28				
15	23466	REPAIR SHOULDER CAPSULE	813.59				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	813.59				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	813.59				
15	23480	REVISION OF COLLAR BONE	515.14				
15	23485	REVISION OF COLLAR BONE	813.59				
15	23490	REINFORCE CLAVICLE	417.01				
15	23491	REINFORCE SHOULDER BONES	417.01				
15	23500	TREAT CLAVICLE FRACTURE	272.29				
15	23505	TREAT CLAVICLE FRACTURE	272.29				
15	23515	TREAT CLAVICLE FRACTURE	417.01				
15	23520	TREAT CLAVICLE DISLOCATION	272.29				
15	23525	TREAT CLAVICLE DISLOCATION	272.29				
15	23530	TREAT CLAVICLE DISLOCATION	417.01				
15	23532	TREAT CLAVICLE DISLOCATION	515.14				
15	23540	TREAT CLAVICLE DISLOCATION	272.29				
15	23545	TREAT CLAVICLE DISLOCATION	272.29				
15	23550	TREAT CLAVICLE DISLOCATION	417.01				
15	23552	TREAT CLAVICLE DISLOCATION	515.14				
15	23570	TREAT SHOULDER BLADE FX	272.29				
15	23575	TREAT SHOULDER BLADE FX	272.29				
15	23585	TREAT SCAPULA FRACTURE	417.01				
15	23600	TREAT HUMERUS FRACTURE	272.29				
15	23605	TREAT HUMERUS FRACTURE	364.69				
15	23615	TREAT HUMERUS FRACTURE	515.14				
15	23616	TREAT HUMERUS FRACTURE	515.14				
15	23620	TREAT HUMERUS FRACTURE	272.29				
15	23625	TREAT HUMERUS FRACTURE	364.69				
15	23630	TREAT HUMERUS FRACTURE	586.28				
15	23650	TREAT SHOULDER DISLOCATION	272.29				
15	23655	TREAT SHOULDER DISLOCATION	272.29				
15	23660	TREAT SHOULDER DISLOCATION	417.01				
15	23665	TREAT DISLOCATION/FRACTURE	364.69				
15	23670	TREAT DISLOCATION/FRACTURE	417.01				
15	23675	TREAT DISLOCATION/FRACTURE	364.69				
15	23680	TREAT DISLOCATION/FRACTURE	417.01				
15	23700	FIXATION OF SHOULDER	272.29				
15	23800	FUSION OF SHOULDER JOINT	515.14				

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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	23802	FUSION OF SHOULDER JOINT	813.59				
15	23921	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	23929	SHOULDER SURGERY PROCEDURE	MP		X		
15	23930	DRAINAGE OF ARM LESION	272.29				
15	23931	DRAINAGE OF ARM BURSA	364.69				
15	23935	DRAIN ARM/ELBOW BONE LESION	364.69				
15	24000	EXPLORATORY ELBOW SURGERY	515.14				
15	24006	RELEASE ELBOW JOINT	515.14				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	364.69				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	364.69				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	364.69				
15	24075	REMOVE ARM/ELBOW LESION	364.69				
15	24076	REMOVE ARM/ELBOW LESION	364.69				
15	24077	REMOVE TUMOR OF ARM/ELBOW	417.01				
15	24079	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	24100	BIOPSY ELBOW JOINT LINING	272.29				
15	24101	EXPLORE/TREAT ELBOW JOINT	515.14				
15	24102	REMOVE ELBOW JOINT LINING	515.14				
15	24105	REMOVAL OF ELBOW BURSA	417.01				
15	24110	REMOVE HUMERUS LESION	364.69				
15	24115	REMOVE/GRAFT BONE LESION	417.01				
15	24116	REMOVE/GRAFT BONE LESION	417.01				
15	24120	REMOVE ELBOW LESION	417.01				
15	24125	REMOVE/GRAFT BONE LESION	417.01				
15	24126	REMOVE/GRAFT BONE LESION	417.01				
15	24130	REMOVAL OF HEAD OF RADIUS	417.01				
15	24134	REMOVAL OF ARM BONE LESION	364.69				
15	24136	REMOVE RADIUS BONE LESION	364.69				
15	24138	REMOVE ELBOW BONE LESION	364.69				
15	24140	PARTIAL REMOVAL OF ARM BONE	417.01				
15	24145	PARTIAL REMOVAL OF RADIUS	417.01				
15	24147	PARTIAL REMOVAL OF ELBOW	364.69				
15	24155	REMOVAL OF ELBOW JOINT	417.01				
15	24160	REMOVE ELBOW JOINT IMPLANT	364.69				
15	24164	REMOVE RADIUS HEAD IMPLANT	417.01				
15	24200	REMOVAL OF ARM FOREIGN BODY	272.29				
15	24201	REMOVAL OF ARM FOREIGN BODY	364.69				
15	24301	MUSCLE/TENDON TRANSFER	515.14				
15	24305	ARM TENDON LENGTHENING	515.14				
15	24310	REVISION OF ARM TENDON	417.01				
15	24320	REPAIR OF ARM TENDON	417.01				
15	24330	REVISION OF ARM MUSCLES	417.01				
15	24331	REVISION OF ARM MUSCLES	417.01				
15	24340	REPAIR OF BICEPS TENDON	417.01				
15	24341	REPAIR ARM TENDON/MUSCLE	417.01				
15	24342	REPAIR OF RUPTURED TENDON	417.01				
15	24345	REPR ELBW MED LIGMNT W/TISSU	364.69				
15	24360	RECONSTRUCT ELBOW JOINT	586.28				

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 AUGUST 1, 2012

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	24361	RECONSTRUCT ELBOW JOINT	586.28				
15	24362	RECONSTRUCT ELBOW JOINT	586.28				
15	24363	REPLACE ELBOW JOINT	813.59				
15	24365	RECONSTRUCT HEAD OF RADIUS	586.28				
15	24366	RECONSTRUCT HEAD OF RADIUS	586.28				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	586.28				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	586.28				
15	24400	REVISION OF HUMERUS	515.14				
15	24410	REVISION OF HUMERUS	515.14				
15	24420	REVISION OF HUMERUS	417.01				
15	24430	REPAIR OF HUMERUS	417.01				
15	24435	REPAIR HUMERUS WITH GRAFT	515.14				
15	24470	REVISION OF ELBOW JOINT	417.01				
15	24495	DECOMPRESSION OF FOREARM	364.69				
15	24498	REINFORCE HUMERUS	417.01				
15	24500	TREAT HUMERUS FRACTURE	272.29				
15	24505	TREAT HUMERUS FRACTURE	272.29				
15	24515	TREAT HUMERUS FRACTURE	515.14				
15	24516	TREAT HUMERUS FRACTURE	515.14				
15	24530	TREAT HUMERUS FRACTURE	272.29				
15	24535	TREAT HUMERUS FRACTURE	272.29				
15	24538	TREAT HUMERUS FRACTURE	364.69				
15	24545	TREAT HUMERUS FRACTURE	515.14				
15	24546	TREAT HUMERUS FRACTURE	586.28				
15	24560	TREAT HUMERUS FRACTURE	272.29				
15	24565	TREAT HUMERUS FRACTURE	364.69				
15	24566	TREAT HUMERUS FRACTURE	364.69				
15	24575	TREAT HUMERUS FRACTURE	417.01				
15	24576	TREAT HUMERUS FRACTURE	272.29				
15	24577	TREAT HUMERUS FRACTURE	272.29				
15	24579	TREAT HUMERUS FRACTURE	417.01				
15	24582	TREAT HUMERUS FRACTURE	364.69				
15	24586	TREAT ELBOW FRACTURE	515.14				
15	24587	TREAT ELBOW FRACTURE	586.28				
15	24600	TREAT ELBOW DISLOCATION	272.29				
15	24605	TREAT ELBOW DISLOCATION	364.69				
15	24615	TREAT ELBOW DISLOCATION	417.01				
15	24620	TREAT ELBOW FRACTURE	364.69				
15	24635	TREAT ELBOW FRACTURE	417.01				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	272.29				
15	24655	TREAT RADIUS FRACTURE	272.29				
15	24665	TREAT RADIUS FRACTURE	515.14				
15	24666	TREAT RADIUS FRACTURE	515.14				
15	24670	TREAT ULNAR FRACTURE	272.29				
15	24675	TREAT ULNAR FRACTURE	272.29				
15	24685	TREAT ULNAR FRACTURE	417.01				
15	24800	FUSION OF ELBOW JOINT	515.14				
15	24802	FUSION/GRAFT OF ELBOW JOINT	586.28				

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2012

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24925	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X		
15	25000	INCISION OF TENDON SHEATH	417.01				
15	25020	DECOMPRESS FOREARM 1 SPACE	417.01				
15	25023	DECOMPRESS FOREARM 1 SPACE	417.01				
15	25024	DECOMPRESS FOREARM 2 SPACES	417.01				
15	25025	DECOMPRESS FORARM 2 SPACES	417.01				
15	25028	DRAINAGE OF FOREARM LESION	272.29				
15	25031	DRAINAGE OF FOREARM BURSA	364.69				
15	25035	TREAT FOREARM BONE LESION	364.69				
15	25040	EXPLORE/TREAT WRIST JOINT	586.28				
15	25066	BIOPSY FOREARM SOFT TISSUES	364.69				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	364.69				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	364.69				
15	25075	REMOVE FOREARM LESION SUBCUT	364.69				
15	25076	REMOVE FOREARM LESION DEEP	417.01				
15	25077	REMOVE TUMOR, FOREARM/WRIST	417.01				
15	25078	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	25085	INCISION OF WRIST CAPSULE	417.01				
15	25100	BIOPSY OF WRIST JOINT	364.69				
15	25101	EXPLORE/TREAT WRIST JOINT	417.01				
15	25105	REMOVE WRIST JOINT LINING	515.14				
15	25107	REMOVE WRIST JOINT CARTILAGE	417.01				
15	25110	REMOVE WRIST TENDON LESION	417.01				
15	25111	REMOVE WRIST TENDON LESION	417.01				
15	25112	REREMOVE WRIST TENDON LESION	515.14				
15	25115	REMOVE WRIST/FOREARM LESION	515.14				
15	25116	REMOVE WRIST/FOREARM LESION	515.14				
15	25118	EXCISE WRIST TENDON SHEATH	364.69				
15	25119	PARTIAL REMOVAL OF ULNA	417.01				
15	25120	REMOVAL OF FOREARM LESION	417.01				
15	25125	REMOVE/GRAFT FOREARM LESION	417.01				
15	25126	REMOVE/GRAFT FOREARM LESION	417.01				
15	25130	REMOVAL OF WRIST LESION	417.01				
15	25135	REMOVE & GRAFT WRIST LESION	417.01				
15	25136	REMOVE & GRAFT WRIST LESION	417.01				
15	25145	REMOVE FOREARM BONE LESION	364.69				
15	25150	PARTIAL REMOVAL OF ULNA	364.69				
15	25151	PARTIAL REMOVAL OF RADIUS	364.69				
15	25210	REMOVAL OF WRIST BONE	417.01				
15	25215	REMOVAL OF WRIST BONES	515.14				
15	25230	PARTIAL REMOVAL OF RADIUS	515.14				
15	25240	PARTIAL REMOVAL OF ULNA	515.14				
15	25248	REMOVE FOREARM FOREIGN BODY	364.69				
15	25250	REMOVAL OF WRIST PROSTHESIS	272.29				
15	25251	REMOVAL OF WRIST PROSTHESIS	272.29				
15	25260	REPAIR FOREARM TENDON/MUSCLE	515.14				
15	25263	REPAIR FOREARM TENDON/MUSCLE	364.69				

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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	25265	REPAIR FOREARM TENDON/MUSCLE	417.01				
15	25270	REPAIR FOREARM TENDON/MUSCLE	515.14				
15	25272	REPAIR FOREARM TENDON/MUSCLE	417.01				
15	25274	REPAIR FOREARM TENDON/MUSCLE	515.14				
15	25275	REPAIR FOREARM TENDON SHEATH	515.14				
15	25280	REVISE WRIST/FOREARM TENDON	515.14				
15	25290	INCISE WRIST/FOREARM TENDON	417.01				
15	25295	RELEASE WRIST/FOREARM TENDON	417.01				
15	25300	FUSION OF TENDONS AT WRIST	417.01				
15	25301	FUSION OF TENDONS AT WRIST	417.01				
15	25310	TRANSPLANT FOREARM TENDON	417.01				
15	25312	TRANSPLANT FOREARM TENDON	515.14				
15	25315	REVISE PALSY HAND TENDON(S)	417.01				
15	25316	REVISE PALSY HAND TENDON(S)	417.01				
15	25320	REPAIR/REVISE WRIST JOINT	417.01				
15	25332	REVISE WRIST JOINT	586.28				
15	25335	REALIGNMENT OF HAND	417.01				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	586.28				
15	25350	REVISION OF RADIUS	417.01				
15	25355	REVISION OF RADIUS	417.01				
15	25360	REVISION OF ULNA	417.01				
15	25365	REVISE RADIUS & ULNA	417.01				
15	25370	REVISE RADIUS OR ULNA	417.01				
15	25375	REVISE RADIUS & ULNA	515.14				
15	25390	SHORTEN RADIUS OR ULNA	417.01				
15	25391	LENGTHEN RADIUS OR ULNA	515.14				
15	25392	SHORTEN RADIUS & ULNA	417.01				
15	25393	LENGTHEN RADIUS & ULNA	515.14				
15	25400	REPAIR RADIUS OR ULNA	417.01				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	515.14				
15	25415	REPAIR RADIUS & ULNA	417.01				
15	25420	REPAIR/GRAFT RADIUS & ULNA	515.14				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	417.01				
15	25426	REPAIR/GRAFT RADIUS & ULNA	515.14				
15	25431	REPAIR NONUNION CARPAL BONE	417.01				
15	25440	REPAIR/GRAFT WRIST BONE	515.14				
15	25441	RECONSTRUCT WRIST JOINT	586.28				
15	25442	RECONSTRUCT WRIST JOINT	586.28				
15	25443	RECONSTRUCT WRIST JOINT	586.28				
15	25444	RECONSTRUCT WRIST JOINT	586.28				
15	25445	RECONSTRUCT WRIST JOINT	586.28				
15	25446	WRIST REPLACEMENT	813.59				
15	25447	REPAIR WRIST JOINT(S)	586.28				
15	25449	REMOVE WRIST JOINT IMPLANT	586.28				
15	25450	REVISION OF WRIST JOINT	417.01				
15	25455	REVISION OF WRIST JOINT	417.01				
15	25490	REINFORCE RADIUS	417.01				
15	25491	REINFORCE ULNA	417.01				



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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	25492	REINFORCE RADIUS AND ULNA	417.01				
15	25505	TREAT FRACTURE OF RADIUS	272.29				
15	25515	TREAT FRACTURE OF RADIUS	417.01				
15	25520	TREAT FRACTURE OF RADIUS	272.29				
15	25525	TREAT FRACTURE OF RADIUS	515.14				
15	25526	TREAT FRACTURE OF RADIUS	586.28				
15	25535	TREAT FRACTURE OF ULNA	272.29				
15	25545	TREAT FRACTURE OF ULNA	417.01				
15	25565	TREAT FRACTURE RADIUS & ULNA	364.69				
15	25574	TREAT FRACTURE RADIUS & ULNA	417.01				
15	25575	TREAT FRACTURE RADIUS/ULNA	417.01				
15	25599	UNLISTED PROCEDURE, FOREMAN OR WRIST	MP			X	
15	25605	TREAT FRACTURE RADIUS/ULNA	417.01				
15	25606	TREAT FX DISTAL RADIAL	417.01				
15	25607	TREAT FX RAD EXTRA-ARTICUL	586.28				
15	25608	TREAT FX RAD INTRA-ARTICUL	586.28				
15	25609	TREAT FX RADIAL 3 + FRAG	586.28				
15	25624	TREAT WRIST BONE FRACTURE	364.69				
15	25628	TREAT WRIST BONE FRACTURE	417.01				
15	25635	TREAT WRIST BONE FRACTURE	272.29				
15	25645	TREAT WRIST BONE FRACTURE	417.01				
15	25651	PIN ULAR STYLOID FRACTURE	417.01				
15	25660	TREAT WRIST DISLOCATION	272.29				
15	25670	TREAT WRIST DISLOCATION	417.01				
15	25671	PIN RADIOULNAR DISLOCATION	272.29				
15	25675	TREAT WRIST DISLOCATION	272.29				
15	25676	TREAT WRIST DISLOCATION	364.69				
15	25680	TREAT WRIST FRACTURE	364.69				
15	25685	TREAT WRIST FRACTURE	417.01				
15	25690	TREAT WRIST DISLOCATION	272.29				
15	25695	TREAT WRIST DISLOCATION	364.69				
15	25800	FUSION OF WRIST JOINT	515.14				
15	25805	FUSION/GRAFT OF WRIST JOINT	586.28				
15	25810	FUSION/GRAFT OF WRIST JOINT	586.28				
15	25820	FUSION OF HAND BONES	515.14				
15	25825	FUSE HAND BONES WITH GRAFT	586.28				
15	25830	FUSION, RADIOULNAR JNT/ULNA	586.28				
15	25907	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	25922	AMPUTATE HAND AT WRIST	417.01				
15	25929	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	272.29				
15	26020	DRAIN HAND TENDON SHEATH	364.69				
15	26025	DRAINAGE OF PALM BURSA	272.29				
15	26030	DRAINAGE OF PALM BURSA(S)	364.69				
15	26034	TREAT HAND BONE LESION	364.69				
15	26040	RELEASE PALM CONTRACTURE	515.14				
15	26045	RELEASE PALM CONTRACTURE	417.01				

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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	26055	INCISE FINGER TENDON SHEATH	364.69				
15	26060	INCISION OF FINGER TENDON	364.69				
15	26070	EXPLORE/TREAT HAND JOINT	364.69				
15	26075	EXPLORE/TREAT FINGER JOINT	515.14				
15	26080	EXPLORE/TREAT FINGER JOINT	515.14				
15	26100	BIOPSY HAND JOINT LINING	364.69				
15	26105	BIOPSY FINGER JOINT LINING	272.29				
15	26110	BIOPSY FINGER JOINT LINING	272.29				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	364.69				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	364.69				
15	26115	REMOVE HAND LESION SUBCUT	364.69				
15	26116	REMOVE HAND LESION, DEEP	364.69				
15	26117	REMOVE TUMOR, HAND/FINGER	417.01				
15	26118	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	26121	RELEASE PALM CONTRACTURE	515.14				
15	26123	RELEASE PALM CONTRACTURE	515.14				
15	26125	RELEASE PALM CONTRACTURE	515.14				
15	26130	REMOVE WRIST JOINT LINING	417.01				
15	26135	REVISE FINGER JOINT, EACH	515.14				
15	26140	REVISE FINGER JOINT, EACH	364.69				
15	26145	TENDON EXCISION, PALM/FINGER	417.01				
15	26160	REMOVE TENDON SHEATH LESION	417.01				
15	26170	REMOVAL OF PALM TENDON, EACH	417.01				
15	26180	REMOVAL OF FINGER TENDON	417.01				
15	26185	REMOVE FINGER BONE	515.14				
15	26200	REMOVE HAND BONE LESION	364.69				
15	26205	REMOVE/GRAFT BONE LESION	417.01				
15	26210	REMOVAL OF FINGER LESION	364.69				
15	26215	REMOVE/GRAFT FINGER LESION	417.01				
15	26230	PARTIAL REMOVAL OF HAND BONE	813.59				
15	26235	PARTIAL REMOVAL, FINGER BONE	417.01				
15	26236	PARTIAL REMOVAL, FINGER BONE	417.01				
15	26250	EXTENSIVE HAND SURGERY	417.01				
15	26260	EXTENSIVE FINGER SURGERY	417.01				
15	26262	PARTIAL REMOVAL OF FINGER	364.69				
15	26320	REMOVAL OF IMPLANT FROM HAND	364.69				
15	26340	MANIPULATE FINGER WITH ANESTH	272.29				
15	26350	REPAIR FINGER/HAND TENDON	272.29				
15	26352	REPAIR/GRAFT HAND TENDON	515.14				
15	26356	REPAIR FINGER/HAND TENDON	515.14				
15	26357	REPAIR FINGER/HAND TENDON	515.14				
15	26358	REPAIR/GRAFT HAND TENDON	515.14				
15	26370	REPAIR FINGER/HAND TENDON	515.14				
15	26372	REPAIR/GRAFT HAND TENDON	515.14				
15	26373	REPAIR FINGER/HAND TENDON	417.01				
15	26390	REVISE HAND/FINGER TENDON	515.14				
15	26392	REPAIR/GRAFT HAND TENDON	417.01				
15	26410	REPAIR HAND TENDON	417.01				

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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	26412	REPAIR/GRAFT HAND TENDON	417.01				
15	26415	EXCISION, HAND/FINGER TENDON	515.14				
15	26416	GRAFT HAND OR FINGER TENDON	417.01				
15	26418	REPAIR FINGER TENDON	515.14				
15	26420	REPAIR/GRAFT FINGER TENDON	515.14				
15	26426	REPAIR FINGER/HAND TENDON	417.01				
15	26428	REPAIR/GRAFT FINGER TENDON	417.01				
15	26432	REPAIR FINGER TENDON	417.01				
15	26433	REPAIR FINGER TENDON	417.01				
15	26434	REPAIR/GRAFT FINGER TENDON	417.01				
15	26437	REALIGNMENT OF TENDONS	417.01				
15	26440	RELEASE PALM/FINGER TENDON	417.01				
15	26442	RELEASE PALM & FINGER TENDON	417.01				
15	26445	RELEASE HAND/FINGER TENDON	417.01				
15	26449	RELEASE FOREARM/HAND TENDON	417.01				
15	26450	INCISION OF PALM TENDON	417.01				
15	26455	INCISION OF FINGER TENDON	417.01				
15	26460	INCISE HAND/FINGER TENDON	417.01				
15	26471	FUSION OF FINGER TENDONS	364.69				
15	26474	FUSION OF FINGER TENDONS	364.69				
15	26476	TENDON LENGTHENING	272.29				
15	26477	TENDON SHORTENING	272.29				
15	26478	LENGTHENING OF HAND TENDON	272.29				
15	26479	SHORTENING OF HAND TENDON	272.29				
15	26480	TRANSPLANT HAND TENDON	417.01				
15	26483	TRANSPLANT/GRAFT HAND TENDON	417.01				
15	26485	TRANSPLANT PALM TENDON	364.69				
15	26489	TRANSPLANT/GRAFT PALM TENDON	417.01				
15	26490	REVISE THUMB TENDON	417.01				
15	26492	TENDON TRANSFER WITH GRAFT	417.01				
15	26494	HAND TENDON/MUSCLE TRANSFER	417.01				
15	26496	REVISE THUMB TENDON	417.01				
15	26497	FINGER TENDON TRANSFER	417.01				
15	26498	FINGER TENDON TRANSFER	515.14				
15	26499	REVISION OF FINGER	417.01				
15	26500	HAND TENDON RECONSTRUCTION	515.14				
15	26502	HAND TENDON RECONSTRUCTION	515.14				
15	26508	RELEASE THUMB CONTRACTURE	417.01				
15	26510	THUMB TENDON TRANSFER	417.01				
15	26516	FUSION OF KNUCKLE JOINT	272.29				
15	26517	FUSION OF KNUCKLE JOINTS	417.01				
15	26518	FUSION OF KNUCKLE JOINTS	417.01				
15	26520	RELEASE KNUCKLE CONTRACTURE	417.01				
15	26525	RELEASE FINGER CONTRACTURE	417.01				
15	26530	REVISE KNUCKLE JOINT	417.01				
15	26531	REVISE KNUCKLE WITH IMPLANT	813.59				
15	26535	REVISE FINGER JOINT	586.28				
15	26536	REVISE/IMPLANT FINGER JOINT	586.28				

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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	26540	REPAIR HAND JOINT	515.14				
15	26541	REPAIR HAND JOINT WITH GRAFT	813.59				
15	26542	REPAIR HAND JOINT WITH GRAFT	515.14				
15	26545	RECONSTRUCT FINGER JOINT	515.14				
15	26546	REPAIR NONUNION HAND	515.14				
15	26548	RECONSTRUCT FINGER JOINT	515.14				
15	26550	CONSTRUCT THUMB REPLACEMENT	364.69				
15	26555	POSITIONAL CHANGE OF FINGER	417.01				
15	26560	REPAIR OF WEB FINGER	364.69				
15	26561	REPAIR OF WEB FINGER	417.01				
15	26562	REPAIR OF WEB FINGER	515.14				
15	26565	CORRECT METACARPAL FLAW	586.28				
15	26567	CORRECT FINGER DEFORMITY	586.28				
15	26568	LENGTHEN METACARPAL/FINGER	417.01				
15	26580	REPAIR HAND DEFORMITY	586.28				
15	26587	RECONSTRUCT EXTRA FINGER	586.28				
15	26590	REPAIR FINGER DEFORMITY	586.28				
15	26591	REPAIR MUSCLES OF HAND	417.01				
15	26593	RELEASE MUSCLES OF HAND	417.01				
15	26596	EXCISION CONSTRICTING TISSUE	364.69				
15	26605	TREAT METACARPAL FRACTURE	364.69				
15	26607	TREAT METACARPAL FRACTURE	364.69				
15	26608	TREAT METACARPAL FRACTURE	515.14				
15	26615	TREAT METACARPAL FRACTURE	515.14				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	272.29				
15	26645	TREAT THUMB FRACTURE	272.29				
15	26650	TREAT THUMB FRACTURE	364.69				
15	26665	TREAT THUMB FRACTURE	515.14				
15	26675	TREAT HAND DISLOCATION	364.69				
15	26676	PIN HAND DISLOCATION	364.69				
15	26685	TREAT HAND DISLOCATION	417.01				
15	26686	TREAT HAND DISLOCATION	417.01				
15	26705	TREAT KNUCKLE DISLOCATION	364.69				
15	26706	PIN KNUCKLE DISLOCATION	364.69				
15	26715	TREAT KNUCKLE DISLOCATION	515.14				
15	26727	TREAT FINGER FRACTURE, EACH	813.59				
15	26735	TREAT FINGER FRACTURE, EACH	515.14				
15	26742	TREAT FINGER FRACTURE, EACH	364.69				
15	26746	TREAT FINGER FRACTURE, EACH	586.28				
15	26756	PIN FINGER FRACTURE, EACH	364.69				
15	26765	TREAT FINGER FRACTURE, EACH	515.14				
15	26776	PIN FINGER DISLOCATION	364.69				
15	26785	TREAT FINGER DISLOCATION	364.69				
15	26820	THUMB FUSION WITH GRAFT	586.28				
15	26841	FUSION OF THUMB	515.14				
15	26842	THUMB FUSION WITH GRAFT	515.14				
15	26843	FUSION OF HAND JOINT	417.01				
15	26844	FUSION/GRAFT OF HAND JOINT	417.01				

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2012

## COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26850	FUSION OF KNUCKLE	515.14				
15	26852	FUSION OF KNUCKLE WITH GRAFT	515.14				
15	26860	FUSION OF FINGER JOINT	417.01				
15	26861	FUSION OF FINGER JNT, ADD-ON	364.69				
15	26862	FUSION/GRAFT OF FINGER JOINT	515.14				
15	26863	FUSE/GRAFT ADDED JOINT	417.01				
15	26910	AMPUTATE METACARPAL BONE	417.01				
15	26951	AMPUTATION OF FINGER/THUMB	364.69				
15	26952	AMPUTATION OF FINGER/THUMB	515.14				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	272.29				
15	26991	DRAINAGE OF PELVIS BURSA	272.29				
15	27000	INCISION OF HIP TENDON	364.69				
15	27001	INCISION OF HIP TENDON	417.01				
15	27003	INCISION OF HIP TENDON	417.01				
15	27033	EXPLORATION OF HIP JOINT	417.01				
15	27035	DENERVATION OF HIP JOINT	515.14				
15	27040	BIOPSY OF SOFT TISSUES	272.29				
15	27041	BIOPSY OF SOFT TISSUES	364.69				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	364.69				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	364.69				
15	27047	REMOVE HIP/PELVIS LESION	364.69				
15	27048	REMOVE HIP/PELVIS LESION	417.01				
15	27049	REMOVE TUMOR, HIP/PELVIS	417.01				
15	27050	BIOPSY OF SACROILIAC JOINT	417.01				
15	27052	BIOPSY OF HIP JOINT	417.01				
15	27059	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	27060	REMOVAL OF ISCHIAL BURSA	586.28				
15	27062	REMOVE FEMUR LESION/BURSA	586.28				
15	27065	REMOVAL OF HIP BONE LESION	586.28				
15	27066	REMOVAL OF HIP BONE LESION	586.28				
15	27067	REMOVE/GRAFT HIP BONE LESION	586.28				
15	27080	REMOVAL OF TAIL BONE	364.69				
15	27086	REMOVE HIP FOREIGN BODY	272.29				
15	27087	REMOVE HIP FOREIGN BODY	417.01				
15	27095	WITH ANES	272.29				
15	27097	REVISION OF HIP TENDON	417.01				
15	27098	TRANSFER TENDON TO PELVIS	417.01				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	515.14				
15	27105	TRANSFER OF SPINAL MUSCLE	515.14				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	515.14				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	515.14				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	417.01				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	364.69				
15	27193	TREAT PELVIC RING FRACTURE	272.29				
15	27194	TREAT PELVIC RING FRACTURE	364.69				
15	27202	TREAT TAIL BONE FRACTURE	364.69				
15	27230	TREAT THIGH FRACTURE	272.29				

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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	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	272.29				
15	27238	TREAT THIGH FRACTURE	272.29				
15	27246	TREAT THIGH FRACTURE	272.29				
15	27250	TREAT HIP DISLOCATION	272.29				
15	27252	TREAT HIP DISLOCATION	364.69				
15	27257	TREAT HIP DISLOCATION	417.01				
15	27265	TREAT HIP DISLOCATION	272.29				
15	27266	TREAT HIP DISLOCATION	364.69				
15	27275	MANIPULATION OF HIP JOINT	364.69				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	417.01				
15	27305	INCISE THIGH TENDON & FASCIA	364.69				
15	27306	INCISION OF THIGH TENDON	417.01				
15	27307	INCISION OF THIGH TENDONS	417.01				
15	27310	EXPLORATION OF KNEE JOINT	515.14				
15	27323	BIOPSY, THIGH SOFT TISSUES	272.29				
15	27324	BIOPSY, THIGH SOFT TISSUES	272.29				
15	27327	REMOVAL OF THIGH LESION	364.69				
15	27328	REMOVAL OF THIGH LESION	417.01				
15	27329	REMOVE TUMOR, THIGH/KNEE	515.14				
15	27330	BIOPSY, KNEE JOINT LINING	515.14				
15	27331	EXPLORE/TREAT KNEE JOINT	515.14				
15	27332	REMOVAL OF KNEE CARTILAGE	515.14				
15	27333	REMOVAL OF KNEE CARTILAGE	515.14				
15	27334	REMOVE KNEE JOINT LINING	515.14				
15	27335	REMOVE KNEE JOINT LINING	515.14				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	364.69				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	364.69				
15	27340	REMOVAL OF KNEECAP BURSA	417.01				
15	27345	REMOVAL OF KNEE CYST	515.14				
15	27347	REMOVE KNEE CYST	515.14				
15	27350	REMOVAL OF KNEECAP	515.14				
15	27355	REMOVE FEMUR LESION	417.01				
15	27356	REMOVE FEMUR LESION/GRAFT	515.14				
15	27357	REMOVE FEMUR LESION/GRAFT	586.28				
15	27358	REMOVE FEMUR LESION/FIXATION	586.28				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	586.28				
15	27364	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	27372	REMOVAL OF FOREIGN BODY	813.59				
15	27380	REPAIR OF KNEECAP TENDON	272.29				
15	27381	REPAIR/GRAFT KNEECAP TENDON	417.01				
15	27385	REPAIR OF THIGH MUSCLE	417.01				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	417.01				
15	27390	INCISION OF THIGH TENDON	272.29				
15	27391	INCISION OF THIGH TENDONS	364.69				
15	27392	INCISION OF THIGH TENDONS	417.01				
15	27393	LENGTHENING OF THIGH TENDON	364.69				
15	27394	LENGTHENING OF THIGH TENDONS	417.01				

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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	27395	LENGTHENING OF THIGH TENDONS	417.01				
15	27396	TRANSPLANT OF THIGH TENDON	417.01				
15	27397	TRANSPLANTS OF THIGH TENDONS	417.01				
15	27400	REVISE THIGH MUSCLES/TENDONS	417.01				
15	27403	REPAIR OF KNEE CARTILAGE	515.14				
15	27405	REPAIR OF KNEE LIGAMENT	515.14				
15	27407	REPAIR OF KNEE LIGAMENT	515.14				
15	27409	REPAIR OF KNEE LIGAMENTS	515.14				
15	27418	REPAIR DEGENERATED KNEECAP	417.01				
15	27420	REVISION OF UNSTABLE KNEECAP	417.01				
15	27422	REVISION OF UNSTABLE KNEECAP	813.59				
15	27424	REVISION/REMOVAL OF KNEECAP	417.01				
15	27425	LATERAL RETINACULAR RELEASE	813.59				
15	27427	RECONSTRUCTION, KNEE	417.01				
15	27428	RECONSTRUCTION, KNEE	515.14				
15	27429	RECONSTRUCTION, KNEE	515.14				
15	27430	REVISION OF THIGH MUSCLES	515.14				
15	27435	INCISION OF KNEE JOINT	515.14				
15	27437	REVISE KNEECAP	515.14				
15	27438	REVISE KNEECAP WITH IMPLANT	586.28				
15	27441	REVISION OF KNEE JOINT	586.28				
15	27442	REVISION OF KNEE JOINT	586.28				
15	27443	REVISION OF KNEE JOINT	586.28				
15	27455	REALIGNMENT OF KNEE	515.14				
15	27465	SHORTENING OF FEMUR	586.28				
15	27477	REPAIR LOWER LEG EPIPHYSES	364.69				
15	27496	DECOMPRESSION OF THIGH/KNEE	586.28				
15	27497	DECOMPRESSION OF THIGH/KNEE	417.01				
15	27498	DECOMPRESSION OF THIGH/KNEE	417.01				
15	27499	DECOMPRESSION OF THIGH/KNEE	417.01				
15	27500	TREATMENT OF THIGH FRACTURE	272.29				
15	27501	TREATMENT OF THIGH FRACTURE	364.69				
15	27502	TREATMENT OF THIGH FRACTURE	364.69				
15	27503	TREATMENT OF THIGH FRACTURE	417.01				
15	27508	TREATMENT OF THIGH FRACTURE	272.29				
15	27509	TREATMENT OF THIGH FRACTURE	417.01				
15	27510	TREATMENT OF THIGH FRACTURE	272.29				
15	27514	REPAIR OF FEMUR FRACTURE	272.29				
15	27516	TREAT THIGH FX GROWTH PLATE	272.29				
15	27517	TREAT THIGH FX GROWTH PLATE	272.29				
15	27520	TREAT KNEECAP FRACTURE	272.29				
15	27530	TREAT KNEE FRACTURE	272.29				
15	27532	TREAT KNEE FRACTURE	272.29				
15	27538	TREAT KNEE FRACTURE(S)	272.29				
15	27540	REPAIR OF KNEE FRACTURE	272.29				
15	27550	TREAT KNEE DISLOCATION	272.29				
15	27552	TREAT KNEE DISLOCATION	272.29				
15	27560	TREAT KNEECAP DISLOCATION	272.29				

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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	27562	TREAT KNEECAP DISLOCATION	272.29				
15	27566	TREAT KNEECAP DISLOCATION	364.69				
15	27570	FIXATION OF KNEE JOINT	272.29				
15	27594	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	27599	LEG SURGERY PROCEDURE	MP		X		
15	27600	DECOMPRESSION OF LOWER LEG	417.01				
15	27601	DECOMPRESSION OF LOWER LEG	417.01				
15	27602	DECOMPRESSION OF LOWER LEG	417.01				
15	27603	DRAIN LOWER LEG LESION	364.69				
15	27604	DRAIN LOWER LEG BURSA	364.69				
15	27605	INCISION OF ACHILLES TENDON	272.29				
15	27606	INCISION OF ACHILLES TENDON	272.29				
15	27607	TREAT LOWER LEG BONE LESION	364.69				
15	27610	EXPLORE/TREAT ANKLE JOINT	364.69				
15	27612	EXPLORATION OF ANKLE JOINT	417.01				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	364.69				
15	27615	REMOVE TUMOR, LOWER LEG	417.01				
15	27616	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	27618	REMOVE LOWER LEG LESION	364.69				
15	27619	REMOVE LOWER LEG LESION	417.01				
15	27620	EXPLORE/TREAT ANKLE JOINT	515.14				
15	27625	REMOVE ANKLE JOINT LINING	515.14				
15	27626	REMOVE ANKLE JOINT LINING	515.14				
15	27630	REMOVAL OF TENDON LESION	417.01				
15	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	364.69				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	364.69				
15	27635	REMOVE LOWER LEG BONE LESION	417.01				
15	27637	REMOVE/GRAFT LEG BONE LESION	417.01				
15	27638	REMOVE/GRAFT LEG BONE LESION	417.01				
15	27640	PARTIAL REMOVAL OF TIBIA	364.69				
15	27641	PARTIAL REMOVAL OF FIBULA	364.69				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	417.01				
15	27650	REPAIR ACHILLES TENDON	417.01				
15	27652	REPAIR/GRAFT ACHILLES TENDON	417.01				
15	27654	REPAIR OF ACHILLES TENDON	417.01				
15	27656	REPAIR LEG FASCIA DEFECT	364.69				
15	27658	REPAIR OF LEG TENDON, EACH	272.29				
15	27659	REPAIR OF LEG TENDON, EACH	364.69				
15	27664	REPAIR OF LEG TENDON, EACH	364.69				
15	27665	REPAIR OF LEG TENDON, EACH	364.69				
15	27675	REPAIR LOWER LEG TENDONS	364.69				
15	27676	REPAIR LOWER LEG TENDONS	417.01				
15	27680	RELEASE OF LOWER LEG TENDON	417.01				
15	27681	RELEASE OF LOWER LEG TENDONS	364.69				
15	27685	REVISION OF LOWER LEG TENDON	417.01				
15	27686	REVISE LOWER LEG TENDONS	417.01				
15	27687	REVISION OF CALF TENDON	417.01				
15	27690	REVISE LOWER LEG TENDON	515.14				



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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	27691	REVISE LOWER LEG TENDON	515.14				
15	27692	REVISE ADDITIONAL LEG TENDON	417.01				
15	27695	REPAIR OF ANKLE LIGAMENT	364.69				
15	27696	REPAIR OF ANKLE LIGAMENTS	364.69				
15	27698	REPAIR OF ANKLE LIGAMENT	364.69				
15	27700	REVISION OF ANKLE JOINT	586.28				
15	27704	REMOVAL OF ANKLE IMPLANT	364.69				
15	27705	INCISION OF TIBIA	364.69				
15	27707	INCISION OF FIBULA	364.69				
15	27709	INCISION OF TIBIA & FIBULA	364.69				
15	27715	REVISION OF LOWER LEG	586.28				
15	27720	REPAIR OF TIBIA	272.29				
15	27730	REPAIR OF TIBIA EPIPHYSIS	364.69				
15	27732	REPAIR OF FIBULA EPIPHYSIS	364.69				
15	27734	REPAIR LOWER LEG EPIPHYSES	364.69				
15	27740	REPAIR OF LEG EPIPHYSES	364.69				
15	27742	REPAIR OF LEG EPIPHYSES	364.69				
15	27745	REINFORCE TIBIA	417.01				
15	27750	TREATMENT OF TIBIA FRACTURE	272.29				
15	27752	TREATMENT OF TIBIA FRACTURE	272.29				
15	27756	TREATMENT OF TIBIA FRACTURE	417.01				
15	27758	TREATMENT OF TIBIA FRACTURE	515.14				
15	27759	TREATMENT OF TIBIA FRACTURE	515.14				
15	27760	CLTX MEDIAL ANKLE FX	272.29				
15	27762	CLTX MED ANKLE FX W/MNPJ	272.29				
15	27766	TREATMENT OF ANKLE FRACTURE	417.01				
15	27780	TREATMENT OF FIBULA FRACTURE	272.29				
15	27781	TREATMENT OF FIBULA FRACTURE	272.29				
15	27784	TREATMENT OF FIBULA FRACTURE	417.01				
15	27786	TREATMENT OF ANKLE FRACTURE	272.29				
15	27788	TREATMENT OF ANKLE FRACTURE	272.29				
15	27792	TREATMENT OF ANKLE FRACTURE	417.01				
15	27808	TREATMENT OF ANKLE FRACTURE	272.29				
15	27810	TREATMENT OF ANKLE FRACTURE	272.29				
15	27814	TREATMENT OF ANKLE FRACTURE	417.01				
15	27816	TREATMENT OF ANKLE FRACTURE	272.29				
15	27818	TREATMENT OF ANKLE FRACTURE	272.29				
15	27822	TREATMENT OF ANKLE FRACTURE	417.01				
15	27823	TREATMENT OF ANKLE FRACTURE	417.01				
15	27824	TREAT LOWER LEG FRACTURE	272.29				
15	27825	TREAT LOWER LEG FRACTURE	364.69				
15	27826	TREAT LOWER LEG FRACTURE	417.01				
15	27827	TREAT LOWER LEG FRACTURE	417.01				
15	27828	TREAT LOWER LEG FRACTURE	515.14				
15	27829	TREAT LOWER LEG JOINT	364.69				
15	27830	TREAT LOWER LEG DISLOCATION	272.29				
15	27831	TREAT LOWER LEG DISLOCATION	272.29				
15	27832	TREAT LOWER LEG DISLOCATION	364.69				

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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	27840	TREAT ANKLE DISLOCATION	272.29				
15	27842	TREAT ANKLE DISLOCATION	272.29				
15	27846	TREAT ANKLE DISLOCATION	417.01				
15	27848	TREAT ANKLE DISLOCATION	417.01				
15	27860	FIXATION OF ANKLE JOINT	272.29				
15	27870	FUSION OF ANKLE JOINT	515.14				
15	27871	FUSION OF TIBIOFIBULAR JOINT	515.14				
15	27884	AMPUTATION FOLLOW-UP SURGERY	417.01				
15	27888	AMPUTATION OF FOOT AT ANKLE	417.01				
15	27889	AMPUTATION OF FOOT AT ANKLE	417.01				
15	27892	DECOMPRESSION OF LEG	417.01				
15	27893	DECOMPRESSION OF LEG	417.01				
15	27894	DECOMPRESSION OF LEG	417.01				
15	27899	LEG ANKLE SURGERY PROCEDURE		MP		X	
15	28002	TREATMENT OF FOOT INFECTION	417.01				
15	28003	TREATMENT OF FOOT INFECTION	417.01				
15	28005	TREAT FOOT BONE LESION	417.01				
15	28008	INCISION OF FOOT FASCIA	417.01				
15	28011	INCISION OF TOE TENDONS	417.01				
15	28020	EXPLORATION OF FOOT JOINT	364.69				
15	28022	EXPLORATION OF FOOT JOINT	364.69				
15	28024	EXPLORATION OF TOE JOINT	364.69				
15	28035	DECOMPRESSION OF TIBIA NERVE	515.14				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	272.29				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	364.69				
15	28043	EXCISION OF FOOT LESION	364.69				
15	28045	EXCISION OF FOOT LESION	417.01				
15	28046	RESECTION OF TUMOR, FOOT	417.01				
15	28047	RADICAL RESECTION OF TUMOR (EG, MALI	364.69				
15	28050	BIOPSY OF FOOT JOINT LINING	364.69				
15	28052	BIOPSY OF FOOT JOINT LINING	364.69				
15	28054	BIOPSY OF TOE JOINT LINING	364.69				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	364.69				
15	28062	REMOVAL OF FOOT FASCIA	417.01				
15	28070	REMOVAL OF FOOT JOINT LINING	417.01				
15	28072	REMOVAL OF FOOT JOINT LINING	417.01				
15	28080	REMOVAL OF FOOT LESION	417.01				
15	28086	EXCISE FOOT TENDON SHEATH	364.69				
15	28088	EXCISE FOOT TENDON SHEATH	364.69				
15	28090	REMOVAL OF FOOT LESION	417.01				
15	28092	REMOVAL OF TOE LESIONS	417.01				
15	28100	REMOVAL OF ANKLE/HEEL LESION	364.69				
15	28102	REMOVE/GRAFT FOOT LESION	417.01				
15	28103	REMOVE/GRAFT FOOT LESION	417.01				
15	28104	REMOVAL OF FOOT LESION	364.69				
15	28106	REMOVE/GRAFT FOOT LESION	417.01				
15	28107	REMOVE/GRAFT FOOT LESION	417.01				
15	28108	REMOVAL OF TOE LESIONS	417.01				

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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	28110	PART REMOVAL OF METATARSAL	417.01				
15	28111	PART REMOVAL OF METATARSAL	417.01				
15	28112	PART REMOVAL OF METATARSAL	417.01				
15	28113	PART REMOVAL OF METATARSAL	417.01				
15	28114	REMOVAL OF METATARSAL HEADS	417.01				
15	28116	REVISION OF FOOT	417.01				
15	28118	REMOVAL OF HEEL BONE	515.14				
15	28119	REMOVAL OF HEEL SPUR	515.14				
15	28120	PART REMOVAL OF ANKLE/HEEL	813.59				
15	28122	PARTIAL REMOVAL OF FOOT BONE	417.01				
15	28124	PARTIAL REMOVAL OF TOE	417.01				
15	28126	PARTIAL REMOVAL OF TOE	417.01				
15	28130	REMOVAL OF ANKLE BONE	417.01				
15	28140	REMOVAL OF METATARSAL	417.01				
15	28150	REMOVAL OF TOE	417.01				
15	28153	PARTIAL REMOVAL OF TOE	417.01				
15	28160	PARTIAL REMOVAL OF TOE	417.01				
15	28171	EXTENSIVE FOOT SURGERY	417.01				
15	28173	EXTENSIVE FOOT SURGERY	417.01				
15	28175	EXTENSIVE FOOT SURGERY	417.01				
15	28190	REMOVAL OF FOOT FOREIGN BODY	272.29				
15	28192	REMOVAL OF FOOT FOREIGN BODY	364.69				
15	28193	REMOVAL OF FOOT FOREIGN BODY	515.14				
15	28200	REPAIR OF FOOT TENDON	417.01				
15	28202	REPAIR/GRAFT OF FOOT TENDON	417.01				
15	28208	REPAIR OF FOOT TENDON	417.01				
15	28210	REPAIR/GRAFT OF FOOT TENDON	417.01				
15	28222	RELEASE OF FOOT TENDONS	272.29				
15	28225	RELEASE OF FOOT TENDON	272.29				
15	28226	RELEASE OF FOOT TENDONS	272.29				
15	28230	INCISION OF FOOT TENDON (S)	272.29				
15	28232	INCISION OF TOE TENDON	364.69				
15	28234	INCISION OF FOOT TENDON	364.69				
15	28238	REVISION OF FOOT TENDON	417.01				
15	28240	RELEASE OF BIG TOE	364.69				
15	28250	REVISION OF FOOT FASCIA	417.01				
15	28260	RELEASE OF MIDFOOT JOINT	417.01				
15	28261	REVISION OF FOOT TENDON	417.01				
15	28262	REVISION OF FOOT AND ANKLE	515.14				
15	28264	RELEASE OF MIDFOOT JOINT	272.29				
15	28270	RELEASE OF FOOT CONTRACTURE	417.01				
15	28280	FUSION OF TOES	364.69				
15	28285	REPAIR OF HAMMERTOES	417.01				
15	28286	REPAIR OF HAMMERTOES	515.14				
15	28288	PARTIAL REMOVAL OF FOOT BONE	417.01				
15	28289	REPAIR HALLUX RIGIDUS	417.01				
15	28290	CORRECTION OF BUNION	364.69				
15	28292	CORRECTION OF BUNION	364.69				

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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	28293	CORRECTION OF BUNION	417.01				
15	28294	CORRECTION OF BUNION	417.01				
15	28296	CORRECTION OF BUNION	417.01				
15	28297	CORRECTION OF BUNION	417.01				
15	28298	CORRECTION OF BUNION	417.01				
15	28299	CORRECTION OF BUNION	586.28				
15	28300	INCISION OF HEEL BONE	364.69				
15	28302	INCISION OF ANKLE BONE	364.69				
15	28304	INCISION OF MIDFOOT BONES	364.69				
15	28305	INCISE/GRAFT MIDFOOT BONES	417.01				
15	28306	INCISION OF METATARSAL	515.14				
15	28307	INCISION OF METATARSAL	515.14				
15	28308	INCISION OF METATARSAL	364.69				
15	28309	INCISION OF METATARSALS	515.14				
15	28310	REVISION OF BIG TOE	417.01				
15	28312	REVISION OF TOE	417.01				
15	28313	REPAIR DEFORMITY OF TOE	364.69				
15	28315	REMOVAL OF SESAMOID BONE	515.14				
15	28320	REPAIR OF FOOT BONES	515.14				
15	28322	REPAIR OF METATARSALS	515.14				
15	28340	RESECT ENLARGED TOE TISSUE	515.14				
15	28341	RESECT ENLARGED TOE	515.14				
15	28344	REPAIR EXTRA TOE(S)	515.14				
15	28345	REPAIR WEBBED TOE(S)	515.14				
15	28400	TREATMENT OF HEEL FRACTURE	272.29				
15	28405	TREATMENT OF HEEL FRACTURE	364.69				
15	28406	TREATMENT OF HEEL FRACTURE	364.69				
15	28415	TREAT HEEL FRACTURE	417.01				
15	28420	TREAT/GRAFT HEEL FRACTURE	515.14				
15	28435	TREATMENT OF ANKLE FRACTURE	364.69				
15	28436	TREATMENT OF ANKLE FRACTURE	364.69				
15	28445	TREAT ANKLE FRACTURE	417.01				
15	28456	TREAT MIDFOOT FRACTURE	364.69				
15	28465	TREAT MIDFOOT FRACTURE, EACH	417.01				
15	28476	TREAT METATARSAL FRACTURE	364.69				
15	28485	TREAT METATARSAL FRACTURE	515.14				
15	28496	TREAT BIG TOE FRACTURE	364.69				
15	28505	TREAT BIG TOE FRACTURE	417.01				
15	28525	TREAT TOE FRACTURE	417.01				
15	28531	TREAT SESAMOID BONE FRACTURE	417.01				
15	28545	TREAT FOOT DISLOCATION	272.29				
15	28546	TREAT FOOT DISLOCATION	364.69				
15	28555	REPAIR FOOT DISLOCATION	364.69				
15	28575	TREAT FOOT DISLOCATION	272.29				
15	28576	TREAT FOOT DISLOCATION	417.01				
15	28585	REPAIR FOOT DISLOCATION	417.01				
15	28600	TREAT FOOT DISLOCATION	272.29				
15	28605	TREAT FOOT DISLOCATION	272.29				

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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	28606	TREAT FOOT DISLOCATION	364.69				
15	28615	REPAIR FOOT DISLOCATION	417.01				
15	28635	TREAT TOE DISLOCATION	272.29				
15	28636	TREAT TOE DISLOCATION	417.01				
15	28645	REPAIR TOE DISLOCATION	417.01				
15	28660	TREAT TOE DISLOCATION	272.29				
15	28665	TREAT TOE DISLOCATION	272.29				
15	28666	TREAT TOE DISLOCATION	417.01				
15	28675	REPAIR OF TOE DISLOCATION	417.01				
15	28705	FUSION OF FOOT BONES	515.14				
15	28715	FUSION OF FOOT BONES	515.14				
15	28725	FUSION OF FOOT BONES	515.14				
15	28730	FUSION OF FOOT BONES	515.14				
15	28735	FUSION OF FOOT BONES	515.14				
15	28737	REVISION OF FOOT BONES	586.28				
15	28740	FUSION OF FOOT BONES	515.14				
15	28750	FUSION OF BIG TOE JOINT	515.14				
15	28755	FUSION OF BIG TOE JOINT	515.14				
15	28760	FUSION OF BIG TOE JOINT	515.14				
15	28810	AMPUTATION TOE & METATARSAL	364.69				
15	28820	AMPUTATION OF TOE	364.69				
15	28825	PARTIAL AMPUTATION OF TOE	364.69				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29030	SPINAL BONE ALLOGRAFT	272.29				
15	29031	SPINAL BONE ALLOGRAFT	272.29				
15	29800	JAW ARTHROSCOPY/SURGERY	417.01				
15	29804	JAW ARTHROSCOPY/SURGERY	417.01				
15	29805	SHOULDER ARTHROSCOPY, DX	417.01				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	586.28				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	417.01				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	417.01				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	586.28				
15	29830	ELBOW ARTHROSCOPY	417.01				
15	29834	ELBOW ARTHROSCOPY/SURGERY	417.01				
15	29835	ELBOW ARTHROSCOPY/SURGERY	417.01				
15	29836	ELBOW ARTHROSCOPY/SURGERY	417.01				
15	29837	ELBOW ARTHROSCOPY/SURGERY	417.01				
15	29838	ELBOW ARTHROSCOPY/SURGERY	417.01				
15	29840	WRIST ARTHROSCOPY	417.01				
15	29843	WRIST ARTHROSCOPY/SURGERY	417.01				
15	29844	WRIST ARTHROSCOPY/SURGERY	417.01				

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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	29845	WRIST ARTHROSCOPY/SURGERY	417.01				
15	29846	WRIST ARTHROSCOPY/SURGERY	417.01				
15	29847	WRIST ARTHROSCOPY/SURGERY	417.01				
15	29848	WRIST ENDOSCOPY/SURGERY	1,094.87				
15	29850	KNEE ARTHROSCOPY/SURGERY	515.14				
15	29851	KNEE ARTHROSCOPY/SURGERY	515.14				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	515.14				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	515.14				
15	29860	HIP ARTHROSCOPY, DX	515.14				
15	29861	HIP ARTHROSCOPY/SURGERY	515.14				
15	29862	HIP ARTHROSCOPY/SURGERY	1,094.87				
15	29863	HIP ARTHROSCOPY/SURGERY	515.14				
15	29870	KNEE ARTHROSCOPY, DX	417.01				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	417.01				
15	29873	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29874	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29875	KNEE ARTHROSCOPY/SURGERY	515.14				
15	29876	KNEE ARTHROSCOPY/SURGERY	515.14				
15	29877	KNEE ARTHROSCOPY/SURGERY	515.14				
15	29879	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	515.14				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	515.14				
15	29882	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29883	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29884	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29885	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29886	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29887	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29888	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29889	KNEE ARTHROSCOPY/SURGERY	417.01				
15	29891	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29892	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,094.87				
15	29894	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29895	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29897	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29898	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29899	ANKLE ARTHROSCOPY/SURGERY	417.01				
15	29900	MCP JOINT ARTHROSCOPY, DX	417.01				
15	29901	MCP JOINT ARTHROSCOPY, SURG	417.01				
15	29902	MCP JOINT ARTHROSCOPY, SURG	417.01				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	515.14				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	515.14				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	515.14				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	272.29				
15	30100	INTRANASAL BIOPSY	272.29				
15	30110	REMOVAL OF NOSE POLY(S)	272.29				

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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	30115	REMOVAL OF NOSE POLYP(S)	364.69				
15	30117	REMOVAL OF INTRANASAL LESION	417.01				
15	30118	REMOVAL OF INTRANASAL LESION	417.01				
15	30120	REVISION OF NOSE	272.29				
15	30125	REMOVAL OF NOSE LESION	364.69				
15	30130	REMOVAL OF TURBINATE BONES	417.01				
15	30140	REMOVAL OF TURBINATE BONES	364.69				
15	30150	PARTIAL REMOVAL OF NOSE	417.01				
15	30160	REMOVAL OF NOSE	515.14				
15	30210	NASAL SINUS THERAPY	272.29				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	417.01				
15	30300	REMOVE NASAL FOREIGN BODY	272.29				
15	30310	REMOVE NASAL FOREIGN BODY	272.29				
15	30320	REMOVE NASAL FOREIGN BODY	364.69				
15	30400	RECONSTRUCTION OF NOSE	515.14				
15	30410	RECONSTRUCTION OF NOSE	586.28				
15	30420	RECONSTRUCTION OF NOSE	586.28				
15	30430	REVISION OF NOSE	417.01				
15	30435	REVISION OF NOSE	586.28				
15	30450	REVISION OF NOSE	813.59				
15	30460	REVISION OF NOSE	813.59				
15	30462	REVISION OF NOSE	1,094.87				
15	30465	REPAIR NASAL STENOSIS	1,094.87				
15	30520	REPAIR OF NASAL SEPTUM	515.14				
15	30540	REPAIR NASAL DEFECT	586.28				
15	30545	REPAIR NASAL DEFECT	586.28				
15	30560	RELEASE OF NASAL ADHESIONS	364.69				
15	30580	REPAIR UPPER JAW FISTULA	515.14				
15	30600	REPAIR MOUTH/NOSE FISTULA	515.14				
15	30620	INTRANASAL RECONSTRUCTION	813.59				
15	30630	REPAIR NASAL SEPTUM DEFECT	813.59				
15	30801	CAUTERIZATION, INNER NOSE	272.29				
15	30802	CAUTERIZATION, INNER NOSE	272.29				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	272.29				
15	30903	CONTROL OF NOSEBLEED	272.29				
15	30905	CONTROL OF NOSEBLEED	272.29				
15	30906	REPEAT CONTROL OF NOSEBLEED	272.29				
15	30915	LIGATION, NASAL SINUS ARTERY	364.69				
15	30920	LIGATION, UPPER JAW ARTERY	417.01				
15	30930	THERAPY, FRACTURE OF NOSE	515.14				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	272.29				
15	31002	IRRIGATION SPHENOID SINUS	272.29				
15	31020	EXPLORATION, MAXILLARY SINUS	364.69				
15	31030	EXPLORATION, MAXILLARY SINUS	417.01				
15	31032	EXPLORE SINUS,REMOVE POLYPS	515.14				
15	31050	EXPLORATION, SPHENOID SINUS	364.69				
15	31051	SPHENOID SINUS SURGERY	515.14				

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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	31070	EXPLORATION OF FRONTAL SINUS	364.69				
15	31075	EXPLORATION OF FRONTAL SINUS	515.14				
15	31080	REMOVAL OF FRONTAL SINUS	515.14				
15	31081	REMOVAL OF FRONTAL SINUS	515.14				
15	31084	REMOVAL OF FRONTAL SINUS	515.14				
15	31085	REMOVAL OF FRONTAL SINUS	515.14				
15	31086	REMOVAL OF FRONTAL SINUS	515.14				
15	31087	REMOVAL OF FRONTAL SINUS	515.14				
15	31090	EXPLORATION OF SINUSES	586.28				
15	31200	REMOVAL OF ETHMOID SINUS	364.69				
15	31201	REMOVAL OF ETHMOID SINUS	586.28				
15	31205	REMOVAL OF ETHMOID SINUS	417.01				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	364.69				
15	31233	NASAL/SINUS ENDOSCOPY, DX	364.69				
15	31235	NASAL/SINUS ENDOSCOPY, DX	272.29				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	364.69				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	272.29				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	515.14				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	364.69				
15	31254	REVISION OF ETHMOID SINUS	417.01				
15	31255	REMOVAL OF ETHMOID SINUS	586.28				
15	31256	EXPLORATION MAXILLARY SINUS	417.01				
15	31267	ENDOSCOPY, MAXILLARY SINUS	417.01				
15	31276	SINUS ENDOSCOPY, SURGICAL	417.01				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	417.01				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	417.01				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	417.01				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	417.01				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	417.01				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	586.28				
15	31320	DIAGNOSTIC INCISION, LARYNX	364.69				
15	31400	REVISION OF LARYNX	364.69				
15	31420	REMOVAL OF EPIGLOTTIS	364.69				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	272.29				
15	31510	LARYNGOSCOPY WITH BIOPSY	364.69				
15	31511	REMOVE FOREIGN BODY, LARYNX	364.69				
15	31512	REMOVAL OF LARYNX LESION	364.69				
15	31513	INJECTION INTO VOCAL CORD	364.69				
15	31515	LARYNGOSCOPY FOR ASPIRATION	272.29				
15	31520	DIAGNOSTIC LARYNGOSCOPY	272.29				
15	31525	DIAGNOSTIC LARYNGOSCOPY	272.29				
15	31526	DIAGNOSTIC LARYNGOSCOPY	364.69				
15	31527	LARYNGOSCOPY FOR TREATMENT	272.29				
15	31528	LARYNGOSCOPY AND DILATION	364.69				
15	31529	LARYNGOSCOPY AND DILATION	364.69				
15	31530	OPERATIVE LARYNGOSCOPY	364.69				
15	31531	OPERATIVE LARYNGOSCOPY	417.01				



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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	31535	OPERATIVE LARYNGOSCOPY	364.69				
15	31536	OPERATIVE LARYNGOSCOPY	417.01				
15	31540	OPERATIVE LARYNGOSCOPY	417.01				
15	31541	OPERATIVE LARYNGOSCOPY	515.14				
15	31545	REMOVE VC LESION W/SCOPE	515.14				
15	31546	REMOVE VC SCOPE/GRAFT	515.14				
15	31560	OPERATIVE LARYNGOSCOPY	586.28				
15	31561	OPERATIVE LARYNGOSCOPY	586.28				
15	31570	LARYNGOSCOPY WITH INJECTION	364.69				
15	31571	LARYNGOSCOPY WITH INJECTION	364.69				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	364.69				
15	31576	LARYNGOSCOPY WITH BIOPSY	364.69				
15	31577	REMOVE FOREIGN BODY, LARYNX	364.69				
15	31578	REMOVAL OF LARYNX LESION	364.69				
15	31580	REVISION OF LARYNX	586.28				
15	31582	REVISION OF LARYNX	586.28				
15	31588	REVISION OF LARYNX	586.28				
15	31590	REINNERVATE LARYNX	586.28				
15	31595	LARYNX NERVE SURGERY	364.69				
15	31599	LARYNX SURGERY PROCEDURE	MP				X
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	272.29	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	417.01				
15	31612	PUNCTURE/CLEAR WINDPIPE	272.29				
15	31613	REPAIR WINDPIPE OPENING	364.69				
15	31614	REPAIR WINDPIPE OPENING	364.69				
15	31615	VISUALIZATION OF WINDPIPE	272.29				
15	31620	ENDOBONCHIAL US ADD-ON	272.29				
15	31622	DX BRONCHOSCOPE/WASH	272.29				
15	31623	DX BRONCHOSCOPE/BRUSH	364.69				
15	31624	DX BRONCHOSCOPE/LAVAGE	364.69				
15	31625	BRONCHOSCOPY WITH BIOPSY	364.69				
15	31628	BRONCHOSCOPY WITH BIOPSY	364.69				
15	31629	BRONCHOSCOPY WITH BIOPSY	364.69				
15	31630	BRONCHOSCOPY WITH REPAIR	364.69				
15	31631	BRONCHOSCOPY WITH DILATION	364.69				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.69				
15	31635	REMOVE FOREIGN BODY, AIRWAY	364.69				
15	31636	BRONCHOSCOPY, BRONCH STENTS	364.69				
15	31637	BRONCHOSCOPY, STENT ADD-ON	272.29				
15	31638	BRONCHOSCOPY, REVISE STENT	364.69				
15	31640	BRONCHOSCOPY & REMOVE LESION	364.69				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	364.69				
15	31643	DIAG BRONCHOSCOPE/CATHETER	364.69				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	272.29				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	272.29				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.69				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.69				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.69				

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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	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.69				
15	31656	BRONCHOSCOPY, INJ FOR XRAY	272.29		X		
15	31717	BRONCHIAL BRUSH BIOPSY	272.29				
15	31720	CLEARANCE OF AIRWAYS	272.29				
15	31730	INTRO, WINDPIPE WIRE/TUBE	272.29				
15	31750	REPAIR OF WINDPIPE	586.28				
15	31755	REPAIR OF WINDPIPE	364.69				
15	31820	CLOSURE OF WINDPIPE LESION	272.29				
15	31825	REPAIR OF WINDPIPE DEFECT	364.69				
15	31830	REVISE WINDPIPE SCAR	364.69				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	272.29				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	272.29				
15	32420	PUNCTURE/CLEAR LUNG	272.29		X		
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	272.29				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	272.29				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	272.29				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	272.29				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	272.29				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33010	DRAINAGE OF HEART SAC	364.69				
15	33011	REPEAT DRAINAGE OF HEART SAC	364.69				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	417.01				
15	33222	REVISE POCKET, PACEMAKER	364.69				
15	33223	REVISE POCKET, PACING-DEFIB	364.69				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	364.69				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	515.14				
15	35190	REPAIR BLOOD VESSEL LESION	515.14				
15	35206	REPAIR BLOOD VESSEL LESION	515.14				
15	35207	REPAIR BLOOD VESSEL LESION	515.14				
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	272.29				
15	35875	REMOVAL OF CLOT IN GRAFT	1,094.87				
15	35876	REMOVAL OF CLOT IN GRAFT	1,094.87				
15	36260	INSERTION OF INFUSION PUMP	417.01				
15	36261	REVISION OF INFUSION PUMP	364.69				
15	36262	REMOVAL OF INFUSION PUMP	272.29				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36475	ENDOVENOUS RF, 1ST VEIN	417.01				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	417.01				
15	36478	ENDOVENOUS LASER, 1ST VEIN	417.01				
15	36479	ENDOVENOUS LASER VEIN ADDON	417.01				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,094.87				
15	36555	INSERT NON-TUNNEL CV CATH	272.29				
15	36556	INSERT NON-TUNNEL CV CATH	272.29				
15	36557	INSERT TUNNELED CV CATH	364.69				
15	36558	INSERT TUNNELED CV CATH	364.69				
15	36560	INSERT TUNNELED CV CATH	417.01				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	36561	INSERT TUNNELED CV CATH	417.01				
15	36563	INSERT TUNNELED CV CATH	417.01				
15	36565	INSERT TUNNELED CV CATH	417.01				
15	36566	INSERT TUNNELED CV CATH	417.01				
15	36568	INSERT PERIPHERALLY CV CATH	272.29				
15	36569	INSERT PERIPHERALLY CV CATH	272.29				
15	36570	INSERT PERIPHERALLY CV CATH	417.01				
15	36571	INSERT PERIPHERALLY CV CATH	417.01				
15	36575	REPAIR TUNNELED/NON-TUNNELED	364.69				
15	36576	REPAIR CV ACCESS	364.69				
15	36578	REPLACE CV ACCESS	364.69				
15	36580	REPLACE COMPLETE non-tunnel	272.29				
15	36581	REPLACE COMPLETE tunneled	364.69				
15	36582	REPLACE COMPLETE tunneled	417.01				
15	36583	REPLACE COMPLETE tunneled	417.01				
15	36584	REPLACE COMPLETE peripherally	272.29				
15	36585	REPLACE COMPLETE peripherally	417.01				
15	36589	REMOVE TUNNELED CV CATH	272.29				
15	36590	REMOVE TUNNELED CV ACCESS	272.29				
15	36640	INSERTION CATHETER, ARTERY	272.29				
15	36660	INSERTION CATHETER, ARTERY	1,094.87				
15	36800	INSERTION OF CANNULA	417.01				
15	36810	INSERTION OF CANNULA	417.01				
15	36815	INSERTION OF CANNULA	417.01				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	417.01				
15	36819	AV FUSION/UPPR ARM VEIN	417.01				
15	36820	AV FUSION/FOREARM VEIN	417.01				
15	36821	AV FUSION DIRECT ANY SITE	417.01				
15	36825	ARTERY-VEIN GRAFT	515.14				
15	36830	ARTERY-VEIN GRAFT	515.14				
15	36831	OPEN THROMBECT AV FISTULA	1,094.87				
15	36832	AV FISTULA REVISION, OPEN	515.14				
15	36833	AV FISTULA REVISION	515.14				
15	36835	ARTERY TO VEIN SHUNT	515.14				
15	36860	EXTERNAL CANNULA DECLOTTING	364.69				
15	36861	CANNULA DECLOTTING	417.01				
15	36870	PERCUT THROMBECT AV FISTULA	1,094.87				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	515.14				
15	37200	TRANSCATHETER BIOPSY	515.14				
15	37201	TRANSCATHETER THERAPY, INFUSION FOR	515.14			X	
15	37204	TRANSCATHETER OCCULUSION OR EMBOLIZA	586.28				
15	37205	TRANSCATHETER PLACEMENT OF AN INTRA	515.14				
15	37206	TRANSCATHETER PLACEMENT OF AN INTRA	515.14				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	272.29				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	272.29				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	272.29				
15	37223	REVASCLARIZATION, ENDOVASCULAR, OPE	272.29				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	417.01				

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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	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X		
15	37607	LIGATION OF A-V FISTULA	417.01				
15	37609	TEMPORAL ARTERY PROCEDURE	364.69				
15	37650	REVISION OF MAJOR VEIN	364.69				
15	37700	REVISE LEG VEIN	364.69				
15	37718	LIGATE/STRIP SHORT LEG VEIN	417.01				
15	37722	LIGATE/STRIP LONG LEG VIEW	417.01				
15	37735	REMOVAL OF LEG VEINS/LESION	417.01				
15	37760	REVISION OF LEG VEINS	417.01				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	417.01				
15	37780	REVISION OF LEG VEIN	417.01				
15	37785	REVISE SECONDARY VARICOSITY	417.01				
15	37790	PENILE VENOUS OCCLUSION	417.01				
15	37799	VASCULAR SURGERY PROCEDURE	MP		X		
15	37813	REMOVE HEPATIC SHUNT (TIPS)	515.14				
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38205	HARVEST ALLOGENIC STEM CELLS	1,094.87				
15	38206	HARVEST AUTO STEM CELLS	1,094.87				
15	38300	DRAINAGE, LYMPH NODE LESION	272.29				
15	38305	DRAINAGE, LYMPH NODE LESION	364.69				
15	38308	INCISION OF LYMPH CHANNELS	364.69				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	364.69				
15	38505	NEEDLE BIOPSY, LYMPH NODES	272.29				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	364.69				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	364.69				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	364.69				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	364.69				
15	38542	EXPLORE DEEP NODE(S), NECK	364.69				
15	38550	REMOVAL, NECK/ARMPIT LESION	417.01				
15	38555	REMOVAL, NECK/ARMPIT LESION	515.14				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,094.87				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,094.87				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,094.87				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	417.01				
15	38740	REMOVE ARMPIT LYMPH NODES	364.69				
15	38745	REMOVE ARMPIT LYMPH NODES	515.14				
15	38760	REMOVE GROIN LYMPH NODES	364.69				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	417.01				
15	39499	MEDIASTINAL PROCEDURE	MP		X		
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	272.29				
15	40500	PARTIAL EXCISION OF LIP	364.69				
15	40510	PARTIAL EXCISION OF LIP	364.69				
15	40520	PARTIAL EXCISION OF LIP	364.69				
15	40525	RECONSTRUCT LIP WITH FLAP	364.69				
15	40527	RECONSTRUCT LIP WITH FLAP	364.69				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	40530	PARTIAL REMOVAL OF LIP	364.69				
15	40650	REPAIR LIP	417.01				
15	40652	REPAIR LIP	417.01				
15	40654	REPAIR LIP	417.01				
15	40700	REPAIR CLEFT LIP/NASAL	813.59				
15	40701	REPAIR CLEFT LIP/NASAL	813.59				
15	40702	REPAIR CLEFT LIP	813.59				
15	40720	REPAIR CLEFT LIP/NASAL	813.59				
15	40761	REPAIR CLEFT LIP/NASAL	417.01				
15	40799	LIP SURGERY PROCEDURE	MP			X	
15	40800	DRAINAGE OF MOUTH LESION	272.29				
15	40801	DRAINAGE OF MOUTH LESION	364.69				
15	40804	REMOVAL FOREIGN BODY, MOUTH	272.29				
15	40806	INCISION OF LIP FOLD	272.29				
15	40808	BIOPSY OF MOUTH LESION	272.29				
15	40810	EXCISION OF MOUTH LESION	272.29				
15	40812	EXCISE/REPAIR MOUTH LESION	364.69				
15	40814	EXCISE/REPAIR MOUTH LESION	364.69				
15	40816	EXCISION OF MOUTH LESION	364.69				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	272.29				
15	40819	EXCISE LIP OR CHEEK FOLD	272.29				
15	40820	TREATMENT OF MOUTH LESION	272.29				
15	40830	REPAIR MOUTH LACERATION	272.29				
15	40831	REPAIR MOUTH LACERATION	272.29				
15	40840	RECONSTRUCTION OF MOUTH	364.69				
15	40842	RECONSTRUCTION OF MOUTH	417.01				
15	40843	RECONSTRUCTION OF MOUTH	417.01				
15	40844	RECONSTRUCTION OF MOUTH	586.28				
15	40845	RECONSTRUCTION OF MOUTH	586.28				
15	40899	MOUTH SURGERY PROCEDURE	MP			X	
15	41005	DRAINAGE OF MOUTH LESION	272.29				
15	41006	DRAINAGE OF MOUTH LESION	272.29				
15	41007	DRAINAGE OF MOUTH LESION	272.29				
15	41008	DRAINAGE OF MOUTH LESION	272.29				
15	41009	DRAINAGE OF MOUTH LESION	272.29				
15	41010	INCISION OF TONGUE FOLD	272.29				
15	41015	DRAINAGE OF MOUTH LESION	272.29				
15	41016	DRAINAGE OF MOUTH LESION	272.29				
15	41017	DRAINAGE OF MOUTH LESION	272.29				
15	41018	DRAINAGE OF MOUTH LESION	272.29				
15	41100	BIOPSY OF TONGUE	272.29				
15	41108	BIOPSY OF FLOOR OF MOUTH	272.29				
15	41112	EXCISION OF TONGUE LESION	364.69				
15	41113	EXCISION OF TONGUE LESION	364.69				
15	41114	EXCISION OF TONGUE LESION	364.69				
15	41115	EXCISION OF TONGUE FOLD	272.29				
15	41116	EXCISION OF MOUTH LESION	272.29				
15	41120	PARTIAL REMOVAL OF TONGUE	586.28				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41250	REPAIR TONGUE LACERATION	364.69				
15	41251	REPAIR TONGUE LACERATION	364.69				
15	41252	REPAIR TONGUE LACERATION	364.69				
15	41500	FIXATION OF TONGUE	272.29				
15	41510	TONGUE TO LIP SURGERY	272.29				
15	41520	RECONSTRUCTION, TONGUE FOLD	364.69				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	272.29				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	272.29				
15	41821	EXCISION OF GUM FLAP	272.29				
15	41822	EXCISION OF GUM LESION	272.29				
15	41823	EXCISION OF GUM LESION	272.29				
15	41826	EXCSION OF GUM LESION	272.29				
15	41827	EXCISION OF GUM LESION	364.69				
15	41870	GUM GRAFT	272.29				
15	41874	REPAIR TOOTH SOCKET	272.29				
15	41899	GUM SURGERY PROCEDURE	272.29				
15	42000	DRAINAGE MOUTH ROOF LESION	364.69				
15	42100	BIOPSY ROOF OF MOUTH	272.29				
15	42104	EXCISION LESION, MOUTH ROOF	272.29				
15	42106	EXCISION LESION, MOUTH ROOF	272.29				
15	42107	EXCISION LESION, MOUTH ROOF	364.69				
15	42120	REMOVE PALATE/LESION	515.14				
15	42140	EXCISION OF UVULA	364.69				
15	42145	REPAIR PALATE, PHARYNX/UVULA	586.28				
15	42160	TREATMENT MOUTH ROOF LESION	272.29				
15	42180	REPAIR PALATE	272.29				
15	42182	REPAIR PALATE	364.69				
15	42200	RECONSTRUCT CLEFT PALATE	586.28				
15	42205	RECONSTRUCT CLEFT PALATE	586.28				
15	42210	RECONSTRUCT CLEFT PALATE	586.28				
15	42215	RECONSTRUCT CLEFT PALATE	813.59				
15	42220	RECONSTRUCT CLEFT PALATE	586.28				
15	42226	LENGTHENING OF PALATE	586.28				
15	42235	REPAIR PALATE	586.28				
15	42260	REPAIR NOSE TO LIP FISTULA	515.14				
15	42299	PALATE/UVULA SURGERY	MP			X	
15	42300	DRAINAGE OF SALIVARY GLAND	272.29				
15	42305	DRAINAGE OF SALIVARY GLAND	364.69				
15	42310	DRAINAGE OF SALIVARY GLAND	272.29				
15	42320	DRAINAGE OF SALIVARY GLAND	272.29				
15	42340	REMOVAL OF SALIVARY STONE	364.69				
15	42405	BIOPSY OF SALIVARY GLAND	364.69				
15	42408	EXCISION OF SALIVARY CYST	417.01				
15	42409	DRAINAGE OF SALIVARY CYST	417.01				
15	42410	EXCISE PAROTID GLAND/LESION	417.01				
15	42415	EXCISE PAROTID GLAND/LESION	813.59				
15	42420	EXCISE PAROTID GLAND/LESION	813.59				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42425	EXCISE PAROTID GLAND/LESION	813.59				
15	42440	EXCISE SUBMAXILLARY GLAND	417.01				
15	42450	EXCISE SUBLINGUAL GLAND	364.69				
15	42500	REPAIR SALIVARY DUCT	417.01				
15	42505	REPAIR SALIVARY DUCT	515.14				
15	42507	PAROTID DUCT DIVERSION	417.01				
15	42508	PAROTID DUCT DIVERSION	515.14				
15	42509	PAROTID DUCT DIVERSION	515.14				
15	42510	PAROTID DUCT DIVERSION	515.14				
15	42600	CLOSURE OF SALIVARY FISTULA	272.29				
15	42650	DILATION OF SALIVARY DUCT	272.29				
15	42665	LIGATION OF SALIVARY DUCT	813.59				
15	42699	SALIVARY SURGERY PROCEDURE	MP			X	
15	42700	DRAINAGE OF TONSIL ABSCESS	272.29				
15	42720	DRAINAGE OF THROAT ABSCESS	272.29				
15	42725	DRAINAGE OF THROAT ABSCESS	364.69				
15	42800	BIOPSY OF THROAT	272.29				
15	42802	BIOPSY OF THROAT	272.29				
15	42804	BIOPSY OF UPPER NOSE/THROAT	272.29				
15	42806	BIOPSY OF UPPER NOSE/THROAT	364.69				
15	42808	EXCISE PHARYNX LESION	364.69				
15	42810	EXCISION OF NECK CYST	417.01				
15	42815	EXCISION OF NECK CYST	586.28				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	417.01	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	586.28	12	99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	515.14	00	11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	515.14	12	99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	515.14	00	11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	515.14	12	99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	515.14	00	11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	515.14	12	99		
15	42860	EXCISION OF TONSIL TAGS	417.01				
15	42870	EXCISION OF LINGUAL TONSIL	417.01				
15	42890	PARTIAL REMOVAL OF PHARYNX	813.59				
15	42892	REVISION OF PHARYNGEAL WALLS	813.59				
15	42900	REPAIR THROAT WOUND	272.29				
15	42950	RECONSTRUCTION OF THROAT	364.69				
15	42955	SURGICAL OPENING OF THROAT	364.69				
15	42960	CONTROL THROAT BLEEDING	272.29				
15	42962	CONTROL THROAT BLEEDING	364.69				
15	42970	CONTROL NOSE/THROAT BLEEDING	364.69				
15	42972	CONTROL NOSE/THROAT BLEEDING	417.01				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43200	ESOPHAGUS ENDOSCOPY	272.29				
15	43201	ESOPH SCOPE W/SUBMUCOUS INJ	272.29				
15	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	272.29				
15	43204	ESOPHAGUS ENDOSCOPY & INJECT	272.29				
15	43205	ESOPHAGUS ENDOSCOPY/LIGATION	272.29				

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15	43206	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WI	272.29		X		
15	43215	ESOPHAGUS ENDOSCOPY	272.29				
15	43216	ESOPHAGUS ENDOSCOPY/LESION	272.29				
15	43217	ESOPHAGUS ENDOSCOPY	272.29				
15	43219	ESOPHAGUS ENDOSCOPY	272.29				
15	43220	ESOPH ENDOSCOPY, DILATION	272.29				
15	43226	ESOPH ENDOSCOPY, DILATION	272.29				
15	43227	ESOPH ENDOSCOPY, REPAIR	364.69				
15	43228	ESOPH ENDOSCOPY, ABLATION	364.69				
15	43231	ESOPH ENDOSCOPY W/US EXAM	364.69				
15	43232	ESOPH ENDOSCOPY W/US FN BX	364.69				
15	43234	UPPER GI ENDOSCOPY, EXAM	272.29		X		
15	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	272.29				
15	43236	UPPR GI SCOPE W/SUBMUC INJ	364.69				
15	43237	ENDOSCOPIC US EXAM, ESOPH	364.69				
15	43238	UPPR GI ENDOSCOPY W/US FN BX	364.69				
15	43239	UPPER GI ENDOSCOPY, BIOPSY	364.69				
15	43240	ESOPH ENDOSCOPE W/DRAIN CYST	364.69				
15	43241	UPPER GI ENDOSCOPY WITH TUBE	364.69				
15	43242	UPPR GI ENDOSCOPY W/US FN BX	364.69				
15	43243	UPPER GI ENDOSCOPY & INJECT	364.69				
15	43244	UPPER GI ENDOSCOPY/LIGATION	364.69				
15	43245	OPERATIVE UPPER GI ENDOSCOPY	364.69				
15	43246	PLACE GASTROSTOMY TUBE	364.69				
15	43247	OPERATIVE UPPER GI ENDOSCOPY	364.69				
15	43248	UPPR GI ENDOSCOPY/GUIDE WIRE	364.69				
15	43249	ESOPH ENDOSCOPY, DILATION	364.69				
15	43250	UPPER GI ENDOSCOPY/TUMOR	364.69				
15	43251	OPERATIVE UPPER GI ENDOSCOPY	364.69				
15	43252	UPPER GASTROINTESTINAL ENDOSCOPY INC	364.69		X		
15	43255	OPERATIVE UPPER GI ENDOSCOPY	364.69				
15	43256	UPPR GI ENDOSCOPY W STENT	417.01				
15	43257	UPPR GI SCOPE W/THRML TXMNT	417.01				
15	43258	OPERATIVE UPPER GI ENDOSCOPY	417.01				
15	43259	ENDOSCOPIC ULTRASOUND EXAM	417.01				
15	43260	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43263	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43264	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43265	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43267	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43268	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43269	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43271	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43272	ENDO CHOLANGIOPANCREATOGRAPH	364.69				
15	43280	LAPAROSCOPY, FUNDOPLASTY	515.14				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	515.14				



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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	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	515.14				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	417.01				
15	43450	DILATE ESOPHAGUS	272.29				
15	43453	DILATE ESOPHAGUS	272.29				
15	43456	DILATE ESOPHAGUS	364.69				
15	43458	DILATE ESOPHAGUS	364.69				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43500	SURGICAL OPENING OF STOMACH	515.14				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,094.87				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43760	CHANGE GASTROSTOMY TUBE	272.29				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	272.29				
15	43820	FUSION OF STOMACH AND BOWEL	515.14				
15	43830	SURGICAL OPENING OF STOMACH	364.69				
15	43840	REPAIR OF STOMACH LESION	417.01				
15	43870	REPAIR STOMACH OPENING	272.29				
15	43880	REPAIR STOMACH-BOWEL FISTULA	417.01				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	272.29				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	272.29				
15	44340	REVISION OF COLOSTOMY	417.01				
15	44360	SMALL BOWEL ENDOSCOPY	364.69				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	364.69				
15	44363	SMALL BOWEL ENDOSCOPY	364.69				
15	44364	SMALL BOWEL ENDOSCOPY	364.69				
15	44365	SMALL BOWEL ENDOSCOPY	364.69				
15	44366	SMALL BOWEL ENDOSCOPY	364.69				
15	44369	SMALL BOWEL ENDOSCOPY	364.69				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,094.87				
15	44372	SMALL BOWEL ENDOSCOPY	364.69				
15	44373	SMALL BOWEL ENDOSCOPY	364.69				
15	44376	SMALL BOWEL ENDOSCOPY	364.69				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	364.69				
15	44378	SMALL BOWEL ENDOSCOPY	364.69				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,094.87				
15	44380	SMALL BOWEL ENDOSCOPY	272.29				
15	44382	SMALL BOWEL ENDOSCOPY	272.29				
15	44383	ILEOSCOPY W/STENT	1,094.87				
15	44385	ENDOSCOPY OF BOWEL POUCH	272.29				
15	44386	ENDOSCOPY, BOWEL POUCH/BIO	272.29				
15	44388	COLON ENDOSCOPY	272.29				
15	44389	COLONOSCOPY WITH BIOPSY	272.29				
15	44390	COLONOSCOPY FOR FOREIGN BODY	272.29				
15	44391	COLONOSCOPY FOR BLEEDING	272.29				
15	44392	COLONOSCOPY & POLYPECTOMY	272.29				
15	44393	COLONOSCOPY, LESION REMOVAL	272.29				

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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	44394	COLONOSCOPY W/SNARE	272.29				
15	44397	COLONOSCOPY W STENT	272.29				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	515.14				
15	44620	REPAIR BOWEL OPENING	417.01				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44899	BOWEL SURGERY PROCEDURE	MP		X		
15	44950	APPENDECTOMY	1,094.87		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	586.28		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	272.29				
15	45005	DRAINAGE OF RECTAL ABSCESS	364.69				
15	45020	DRAINAGE OF RECTAL ABSCESS	364.69				
15	45100	BIOPSY OF RECTUM	272.29				
15	45108	REMOVAL OF ANORECTAL LESION	364.69				
15	45150	EXCISION OF RECTAL STRICTURE	364.69				
15	45160	EXCISION OF RECTAL LESION	364.69				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	364.69				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	364.69				
15	45190	DESTRUCTION, RECTAL TUMOR	1,094.87				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	272.29				
15	45305	PROTOSIGMOIDOSCOPY W/BX	272.29				
15	45307	PROTOSIGMOIDOSCOPY FB	272.29				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	272.29				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	272.29				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	272.29				
15	45317	PROTOSIGMOIDOSCOPY BLEED	272.29				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	272.29				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	272.29				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	272.29				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	272.29				
15	45331	SIGMOIDOSCOPY AND BIOPSY	272.29				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	272.29				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	272.29				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	272.29				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	272.29				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	272.29				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	272.29				
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	272.29				
15	45340	SIG W/BALLOON DILATION	272.29				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	272.29				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	272.29				
15	45345	SIGMODOSCOPY W/STENT	272.29				
15	45355	SURGICAL COLONOSCOPY	272.29				
15	45378	DIAGNOSTIC COLONOSCOPY	364.69				
15	45379	COLONOSCOPY W/FB REMOVAL	364.69				
15	45380	COLONOSCOPY AND BIOPSY	364.69				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	364.69				
15	45382	COLONOSCOPY/CONTROL BLEEDING	364.69				

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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	45383	LESION REMOVAL COLONOSCOPY	364.69				
15	45384	LESION REMOVE COLONOSCOPY	364.69				
15	45385	LESION REMOVAL COLONOSCOPY	364.69				
15	45386	COLONOSCOPE DILATE STRICTURE	364.69				
15	45387	COLONOSCOPY W/STENT	272.29				
15	45391	COLONOSCOPY W/ENDOSCOPE US	364.69				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	364.69				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	364.69				
15	45505	REPAIR OF RECTUM	364.69				
15	45560	REPAIR OF RECTOCELE	364.69				
15	45900	REDUCTION OF RECTAL PROLAPSE	272.29				
15	45905	DILATION OF ANAL SPHINCTER	272.29				
15	45910	DILATION OF RECTAL NARROWING	272.29				
15	45915	REMOVE RECTAL OBSTRUCTION	272.29				
15	45990	SURG DX EXAM, ANORECTAL	364.69			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	417.01				
15	46030	REMOVAL OF RECTAL MARKER	272.29				
15	46040	INCISION OF RECTAL ABSCESS	417.01				
15	46045	INCISION OF RECTAL ABSCESS	364.69				
15	46050	INCISION OF ANAL ABSCESS	272.29				
15	46060	INCISION OF RECTAL ABSCESS	364.69				
15	46080	INCISION OF ANAL SPHINCTER	417.01				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	272.29				
15	46200	REMOVAL OF ANAL FISSURE	364.69				
15	46220	REMOVAL OF ANAL TAB	272.29				
15	46230	REMOVAL OF ANAL TABS	272.29				
15	46250	HEMORRHOIDECTOMY	417.01				
15	46255	HEMORRHOIDECTOMY	417.01				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	417.01				
15	46258	REMOVE HEMORRHOIDS & FISTULA	417.01				
15	46260	HEMORRHOIDECTOMY	417.01				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	515.14				
15	46262	REMOVE HEMORRHOIDS & FISTULA	515.14				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	417.01				
15	46275	REMOVAL OF ANAL FISTULA	417.01				
15	46280	REMOVAL OF ANAL FISTULA	515.14				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	272.29				
15	46288	REPAIR ANAL FISTULA	515.14				
15	46302	REMOVAL OF HEMORRHOID CLOT	272.29				
15	46320	REMOVAL OF HEMORRHOID CLOT	272.29				
15	46600	ANOSCOPY; DIAGNOSTIC	272.29				
15	46604	ANOSCOPY WITH DIRECT DILATION	272.29				
15	46608	ANOSCOPY/ REMOVE FOR BODY	272.29				
15	46610	ANOSCOPY/REMOVE LESION	272.29				
15	46611	ANOSCOPY	272.29				
15	46612	ANOSCOPY/ REMOVE LESIONS	272.29				

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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	46615	ANOSCOPY	364.69				
15	46700	REPAIR OF ANAL STRICTURE	417.01				
15	46705	REPAIR OF NAL STRICTURE	417.01				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	417.01				
15	46750	REPAIR OF ANAL SPHINCTER	417.01				
15	46753	RECONSTRUCTION OF ANUS	417.01				
15	46754	REMOVAL OF SUTURE FROM ANUS	364.69				
15	46760	REPAIR OF ANAL SPHINCTER	364.69				
15	46761	REPAIR OF ANAL SPHINCTER	417.01				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	813.59				
15	46900	REMOVAL OF ANAL LESION	272.29				
15	46910	REMOVAL OF ANAL LESION	272.29				
15	46917	LASER SURGERY, ANAL LESIONS	272.29				
15	46922	EXCISION OF ANAL LESION(S)	272.29				
15	46924	DESTRUCTION, ANAL LESION(S)	272.29				
15	46940	TREATMENT OF ANAL FISSURE	272.29				
15	46945	LIGATION OF HEMORRHOIDS	272.29				
15	46946	LIGATION OF HEMORRHOIDS	272.29				
15	46947	HEMORRHOIDOPEXY BY STAPLING	417.01				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	272.29				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	272.29				
15	47100	WEDGE BIOPSY OF LIVER	364.69				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	417.01				
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	272.29				
15	47510	INSERT CATHETER, BILE DUCT	364.69				
15	47511	INSERT BILE DUCT DRAIN	1,094.87				
15	47525	CHANGE BILE DUCT CATHETER	272.29				
15	47530	REVISE/REINSERT BILE TUBE	272.29				
15	47549	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47552	BILIARY ENDOSCOPY THRU SKIN	364.69				
15	47553	BILIARY ENDOSCOPY THRU SKIN	417.01				
15	47554	BILIARY ENDOSCOPY THRU SKIN	417.01				
15	47555	BILIARY ENDOSCOPY THRU SKIN	417.01				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,094.87				
15	47560	LAPAROSCOPY W/CHOLANGIO	417.01				
15	47561	LAPARO W/CHOLANGIO/BIOPSY	417.01				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	417.01				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	417.01				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	417.01				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47605	REMOVAL OF GALLBLADDER	1,094.87				
15	47630	REMOVE BILE DUCT STONE	417.01				
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X	
15	48102	NEEDLE BIOPSY, PANCREAS	272.29				
15	48511	DRAIN PANCREATIC PSEUDOCYST	272.29				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	48999	PANCREAS SURGERY PROCEDURE		MP	X		
15	49000	EXPLORATION OF ABDOMEN	417.01		X		
15	49010	EXPLORE,RETROPERITONEAL AREA	1,094.87				
15	49021	DRAIN ABDOMINAL ABSCESS	272.29				
15	49041	PERCUT DRAIN ABDOM ABSCESS	272.29				
15	49061	PERCUTDRAIN RETROPER ABSCESS	272.29				
15	49180	BIOPSY, ABDOMINAL MASS	272.29				
15	49250	EXCISION OF UMBILICUS	515.14				
15	49320	DIAG LAPARO SEPARATE PROC	417.01		X		
15	49321	LAPAROSCOPY, BIOPSY	515.14		X		
15	49322	LAPAROSCOPY, ASPIRATION	515.14		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	515.14				
15	49329	LAPARO PROC, ABDM/PER/OMENT		MP	X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	272.29				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	272.29				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	272.29				
15	49421	INSERT ABDOMINAL DRAIN	272.29				
15	49422	REMOVE PERM CANNULA/CATHETER	272.29				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	364.69				
15	49491	REPARING HERN PREMIE REDUC	586.28				
15	49492	RPR HERN PREMIE, BLOCKED	586.28				
15	49495	RPR ING HERNIA BABY, REDUC	515.14				
15	49496	RPR ING HERNIA BABY, BLOCKED	515.14				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	515.14	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,094.87	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	515.14	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,094.87	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	813.59				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,094.87				
15	49525	REPAIR ING HERNIA, SLIDING	515.14				
15	49540	REPAIR LUMBAR HERNIA	364.69				
15	49550	RPR FEM HERNIA, INIT, REDUCE	586.28				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,094.87				
15	49555	REREPAIR FEM HERNIA, REDUCE	586.28				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,094.87				
15	49560	RPR VENTRAL HERN INIT, REDUC	515.14				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,094.87				
15	49565	REREPAIR VENTRL HERN, REDUCE	515.14				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,094.87				
15	49568	HERNIA REPAIR W/MESH	813.59				
15	49570	RPR EPIGASTRIC HERN, REDUCE	515.14				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,094.87				
15	49580	RPR UMBIL HERN, REDUC <5 YR	515.14	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,094.87	00 04			
15	49585	RPR UMBIL HERN, REDUC	515.14	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,094.87	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	417.01				
15	49600	REPAIR UMBILICAL LESION	515.14				

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49650	LAP ING HERNIA REPAIR INIT	515.14				
15	49651	LAP ING HERNIA REPAIR RECUR	813.59				
15	49652	LAP VENT/ABD HERNIA REPAIR	813.59				
15	49653	LAP VENT/ABD HERNIA PROC COMP	813.59				
15	49656	LAP INC HERN REPAIR RECUR	813.59				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		
15	49900	REPAIR OF ABDOMINAL WALL	515.14				
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	364.69				
15	50200	BIOPSY OF KIDNEY	272.29				
15	50390	DRAINAGE OF KIDNEY LESION	272.29				
15	50392	INTRO CATH RENAL PELVIS,PERC	272.29				
15	50393	INTR URETH CATH/STENT IN URETER	272.29				
15	50395	CREATE PASSAGE TO KIDNEY	272.29				
15	50396	MEASURE KIDNEY PRESSURE	272.29				
15	50398	CHANGE KIDNEY TUBE	272.29				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	272.29				
15	50553	KIDNEY ENDOSCOPY	272.29				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	272.29				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	272.29				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	272.29				
15	50590	LITHOTRIPSY, ESW	417.01				
15	50684	INJECTION FOR URETER X-RAY	272.29				
15	50688	CHANGE OF URETER TUBE	272.29				
15	50947	LAPARO NEW URETER/BLADDER	1,094.87				
15	50948	LAPARO NEW URETER/BLADDER	1,094.87				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	272.29				
15	50953	ENDOSCOPY OF URETER	272.29				
15	50955	URETER ENDOSCOPY & BIOPSY	272.29				
15	50957	URETER ENDOSCOPY & TREATMENT	272.29				
15	50961	URETER ENDOSCOPY & TREATMENT	272.29				
15	50970	URETER ENDOSCOPY	272.29				
15	50972	URETER ENDOSCOPY & CATHETER	272.29				
15	50974	URETER ENDOSCOPY & BIOPSY	272.29				
15	50976	URETER ENDOSCOPY & TREATMENT	272.29				
15	50980	URETER ENDOSCOPY & TREATMENT	272.29				
15	51020	INCISE & TREAT BLADDER	515.14				
15	51030	INCISE & TREAT BLADDER	515.14				
15	51040	INCISE & DRAIN BLADDER	515.14				
15	51045	INCISE BLADDER/DRAIN URETER	515.14				
15	51050	REMOVAL OF BLADDER STONE	515.14				
15	51065	REMOVE URETER CALCULUS	515.14				
15	51080	DRAINAGE OF BLADDER ABSCESS	272.29				
15	51500	REMOVAL OF BLADDER CYST	515.14				
15	51520	REMOVAL OF BLADDER LESION	515.14				
15	51605	PREPARATION FOR BLADDER XRAY	272.29				

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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	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	272.29				
15	51705	CHANGE OF BLADDER TUBE	272.29				
15	51710	CHANGE OF BLADDER TUBE	272.29				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	417.01				
15	51720	TREATMENT OF BLADDER LESION	272.29				
15	51726	COMPLEX CYSTOMETROGRAM	272.29				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	272.29				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	272.29				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	272.29				
15	51784	ANAL/URINARY MUSCLE STUDY	272.29				
15	51785	ANAL/URINARY MUSCLE STUDY	272.29				
15	51840	ATTACH BLADDER/URETHRA	364.69				
15	51880	REPAIR OF BLADDER OPENING	272.29				
15	51992	LAPARO SLING OPERATION	364.69				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	272.29				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	364.69				
15	52005	CYSTOSCOPY & URETER CATHETER	364.69				
15	52007	CYSTOSCOPY AND BIOPSY	364.69				
15	52010	CYSTOSCOPY & DUCT CATHETER	364.69				
15	52204	CYSTOSCOPY	364.69				
15	52214	CYSTOSCOPY AND TREATMENT	364.69				
15	52224	CYSTOSCOPY AND TREATMENT	364.69				
15	52234	CYSTOSCOPY AND TREATMENT	364.69				
15	52235	CYSTOSCOPY AND TREATMENT	417.01				
15	52240	CYSTOSCOPY AND TREATMENT	417.01				
15	52250	CYSTOSCOPY AND RADIOTRACER	515.14				
15	52260	CYSTOSCOPY AND TREATMENT	364.69				
15	52265	CYSTOSCOPY & TREATMENT	364.69				
15	52270	CYSTOSCOPY & REVISE URETHRA	364.69				
15	52275	CYSTOSCOPY & REVISE URETHRA	364.69				
15	52276	CYSTOSCOPY AND TREATMENT	417.01				
15	52277	CYSTOSCOPY AND TREATMENT	364.69				
15	52281	CYSTOSCOPY AND TREATMENT	364.69				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,094.87				
15	52283	CYSTOSCOPY AND TREATMENT	364.69				
15	52285	CYSTOSCOPY AND TREATMENT	364.69				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	364.69				
15	52290	CYSTOSCOPY AND TREATMENT	364.69				
15	52300	CYSTOSCOPY AND TREATMENT	364.69				
15	52301	CYSTOSCOPY AND TREATMENT	364.69				
15	52305	CYSTOSCOPY AND TREATMENT	364.69				
15	52310	CYSTOSCOPY AND TREATMENT	364.69				
15	52315	CYSTOSCOPY AND TREATMENT	364.69				
15	52317	REMOVE BLADDER STONE	272.29				
15	52318	REMOVE BLADDER STONE	364.69				
15	52320	CYSTOSCOPY AND TREATMENT	586.28				
15	52325	CYSTOSCOPY, STONE REMOVAL	515.14				

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1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	52327	CYSTOSCOPY, INJECT MATERIAL	364.69				
15	52330	CYSTOSCOPY AND TREATMENT	364.69				
15	52332	CYSTOSCOPY AND TREATMENT	364.69				
15	52334	CREATE PASSAGE TO KIDNEY	417.01				
15	52341	CYSTO W/URETER STRICTURE TX	417.01				
15	52342	CYSTO W/UP STRICTURE TX	417.01				
15	52343	CYSTO W/RENAL STRICTURE TX	417.01				
15	52344	CYSTO/URETERO, STONE REMOVE	417.01				
15	52345	CYSTO/URETERO W/UP STRICTURE	417.01				
15	52346	CYSTOURETERO W/RENAL STRICT	417.01				
15	52351	CYSTOURETRO & OR PYELOSCOPE	417.01				
15	52352	CYSTOURETRO W/STONE REMOVE	515.14				
15	52353	CYSTOURETERO W/LITHOTRIPSY	515.14				
15	52354	CYSTOURETERO W/BIOPSY	515.14				
15	52355	CYSTOURETERO W/EXCISE TUMOR	515.14				
15	52400	CYSTOURETERO W/CONGEN REPR	417.01				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	417.01				
15	52450	INCISION OF PROSTATE	417.01				
15	52500	REVISION OF BLADDER NECK	417.01				
15	52601	PROSTATECTOMY (TURP)	515.14				
15	52630	REMOVE PROSTATE REGROWTH	364.69				
15	52640	RELIEVE BLADDER CONTRACTURE	364.69				
15	52647	LASER SURGERY OF PROSTATE	1,094.87				
15	52648	LASER SURGERY OF PROSTATE	1,094.87				
15	52700	DRAINAGE OF PROSTATE ABSCESS	364.69				
15	53000	INCISION OF URETHRA	272.29				
15	53010	INCISION OF URETHRA	272.29				
15	53020	INCISION OF URETHRA	272.29				
15	53040	DRAINAGE OF URETHRA ABSCESS	364.69				
15	53080	DRAINAGE OF URINARY LEAKAGE	417.01				
15	53200	BIOPSY OF URETHRA	272.29				
15	53210	REMOVAL OF URETHRA	586.28			F	
15	53215	REMOVAL OF URETHRA	586.28			M	
15	53220	TREATMENT OF URETHRA LESION	364.69				
15	53230	REMOVAL OF URETHRA LESION	364.69			F	
15	53235	REMOVAL OF URETHRA LESION	417.01			M	
15	53240	SURGERY FOR URETHRA POUCH	364.69				
15	53250	REMOVAL OF URETHRA GLAND	364.69				
15	53260	TREATMENT OF URETHRA LESION	364.69				
15	53265	TREATMENT OF URETHRA LESION	364.69				
15	53270	REMOVAL OF URETHRA GLAND	364.69			F	
15	53275	REPAIR OF URETHRA DEFECT	364.69			F	
15	53400	REVISE URETHRA, STAGE 1	417.01				
15	53405	REVISE URETHRA, STAGE 2	364.69				
15	53410	RECONSTRUCTION OF URETHRA	364.69			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	417.01				
15	53425	RECONSTRUCT URETHRA, STAGE 2	364.69				
15	53430	RECONSTRUCTION OF URETHRA	364.69			F	



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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53431	RECONSTRUCT URETHRA/BLADDER	364.69				
15	53440	CORRECT BLADDER FUNCTION	364.69			M	
15	53442	REMOVE PERINEAL PROSTHESIS	272.29				
15	53444	INSERT TANDEM CUFF	364.69				
15	53445	INSERT URO/VES NCK SPHINCTER	272.29				
15	53446	REMOVE URO SPHINCTER	272.29				
15	53447	REMOVE/REPLACE UR SPHINCTER	272.29				
15	53449	REPAIR URO SPHINCTER	272.29				
15	53450	REVISION OF URETHRA	272.29				
15	53460	REVISION OF URETHRA	272.29				
15	53502	REPAIR OF URETHRA INJURY	364.69			F	
15	53505	REPAIR OF URETHRA INJURY	364.69			M	
15	53510	REPAIR OF URETHRA INJURY	364.69				
15	53515	REPAIR OF URETHRA INJURY	364.69				
15	53520	REPAIR OF URETHRA DEFECT	364.69			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	272.29			M	
15	53605	DILATE URETHRA STRICTURE	364.69			M	
15	53665	DILATION OF URETHRA	272.29			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,094.87			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	272.29			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP			X	
15	54000	SLITTING OF PREPUCE	364.69	00 00		M	
15	54001	SLITTING OF PREPUCE	364.69			M	
15	54015	DRAIN PENIS LESION	515.14			M	
15	54057	LASER SURG, PENIS LESION(S)	272.29			M	
15	54060	EXCISION OF PENIS LESION(S)	272.29			M	
15	54065	DESTRUCTION, PENIS LESION(S)	272.29			M	
15	54100	BIOPSY OF PENIS	272.29			M	
15	54105	BIOPSY OF PENIS	272.29			M	
15	54110	TREATMENT OF PENIS LESION	364.69			M	
15	54111	TREAT PENIS LESION, GRAFT	364.69			M	
15	54112	TREAT PENIS LESION, GRAFT	364.69			M	
15	54115	TREATMENT OF PENIS LESION	272.29			M	
15	54120	PARTIAL REMOVAL OF PENIS	364.69			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	364.69			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	364.69	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	364.69			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	364.69			M	
15	54163	REPAIR OF CIRCUMCISION	364.69			M	
15	54164	FRENULOTOMY OF PENIS	364.69			M	
15	54205	TREATMENT OF PENIS LESION	515.14			M	
15	54220	TREATMENT OF PENIS LESION	272.29			M	
15	54300	REVISION OF PENIS	417.01			M	
15	54304	REVISION OF PENIS	417.01			M	
15	54308	RECONSTRUCTION OF URETHRA	417.01			M	
15	54312	RECONSTRUCTION OF URETHRA	417.01			M	
15	54316	RECONSTRUCTION OF URETHRA	417.01			M	
15	54318	RECONSTRUCTION OF URETHRA	417.01			M	

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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	54322	RECONSTRUCTION OF URETHRA	417.01			M	
15	54324	RECONSTRUCTION OF URETHRA	417.01			M	
15	54326	RECONSTRUCTION OF URETHRA	417.01			M	
15	54328	REVISE PENIS/URETHRA	417.01			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	417.01			M	
15	54340	SECONDARY URETHRAL SURGERY	417.01			M	
15	54344	SECONDARY URETHRAL SURGERY	417.01			M	
15	54348	SECONDARY URETHRAL SURGERY	417.01			M	
15	54352	RECONSTRUCT URETHRA/PENIS	417.01			M	
15	54360	PENIS PLASTIC SURGERY	417.01			M	
15	54380	REPAIR PENIS	417.01			M	
15	54385	REPAIR PENIS	417.01			M	
15	54400	INSERT SEMI-RIGID PROSTHESIS	417.01			M	
15	54401	INSERT SELF-CONTD PROSTHESIS	417.01				
15	54405	INSERT MULTI-COMP PENIS PROS	417.01			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	417.01				
15	54408	REPAIR MULTI-COMP PENIS PROS	417.01				
15	54410	REMOVE/REPLACE PENIS PROSTH	417.01				
15	54415	REMOVE SELF-CONTD PENIS PROS	417.01				
15	54416	REMOV/REPL PENIS CONTAIN PROS	417.01				
15	54420	REVISION OF PENIS	515.14			M	
15	54435	REVISION OF PENIS	515.14			M	
15	54440	REPAIR OF PENIS	515.14		X	M	
15	54450	PREPUTIAL STRETCHING	272.29			M	
15	54500	BIOPSY OF TESTIS	272.29			M	
15	54505	BIOPSY OF TESTIS	272.29			M	
15	54512	EXCISE LESION TESTIS	364.69			M	
15	54520	REMOVAL OF TESTIS	417.01			M	
15	54522	ORCHIECTOMY, PARTIAL	417.01			M	
15	54530	REMOVAL OF TESTIS	515.14			M	
15	54535	EXTENSIVE TESTIS SURGERY	417.01			M	
15	54550	EXPLORATION FOR TESTIS	515.14			M	
15	54600	REDUCE TESTIS TORSION	515.14			M	
15	54620	SUSPENSION OF TESTIS	417.01			M	
15	54640	SUSPENSION OF TESTIS	515.14			M	
15	54660	REVISION OF TESTIS	364.69			M	
15	54670	REPAIR TESTIS INJURY	417.01			M	
15	54680	RELOCATION OF TESTIS(ES)	417.01			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,094.87				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,094.87				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	364.69			M	
15	54800	BIOPSY OF EPIDIDYMIS	272.29			M	
15	54830	REMOVE EPIDIDYMIS LESION	417.01			M	
15	54840	REMOVE EPIDIDYMIS LESION	515.14			M	
15	54860	REMOVAL OF EPIDIDYMIS	417.01			M	
15	54861	REMOVAL OF EPIDIDYMIS	515.14			M	
15	54900	FUSION OF SPERMATIC DUCTS	515.14			M	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54901	FUSION OF SPERMATIC DUCTS	515.14			M	
15	55000	DRAINAGE OF HYDROCELE	272.29			M	
15	55040	REMOVAL OF HYDROCELE	417.01			M	
15	55041	REMOVAL OF HYDROCELES	586.28			M	
15	55060	REPAIR OF HYDROCELE	515.14			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	272.29			M	
15	55110	EXPLORE SCROTUM	364.69				
15	55120	REMOVAL OF SCROTUM LESION	364.69			M	
15	55150	REMOVAL OF SCROTUM	272.29			M	
15	55175	REVISION OF SCROTUM	272.29				
15	55180	REVISION OF SCROTUM	364.69				
15	55200	INCISION OF SPERM DUCT	364.69			M	
15	55250	REMOVAL OF SPERM DUCT(S)	364.69	21 99	X	M	
15	55400	REPAIR OF SPERM DUCT	272.29			M	
15	55500	REMOVAL OF HYDROCELE	417.01			M	
15	55520	REMOVAL OF SPERM CORD LESION	515.14			M	
15	55530	REVISE SPERMATIC CORD VEINS	515.14			M	
15	55535	REVISE SPERMATIC CORD VEINS	515.14			M	
15	55540	REVISE HERNIA & SPERM VEINS	586.28			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,094.87				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	272.29			M	
15	55700	BIOPSY OF PROSTATE	364.69			M	
15	55705	BIOPSY OF PROSTATE	364.69			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	272.29			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	364.69			M	
15	55873	CRYOABLATE PROSTATE	1,094.87				
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	272.29			F	
15	56420	DRAINAGE OF VULVA ABSCESS	272.29	10 60		F	
15	56440	SURGERY FOR VULVA LESION	364.69			F	
15	56441	LYSIS OF LABIAL LESION(S)	272.29			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	272.29			F	
15	56515	DESTROY VULVA LESION/S COMPL	417.01			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	272.29			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	272.29	10 60		F	
15	56620	PARTIAL REMOVAL OF VULVA	586.28			F	
15	56625	COMPLETE REMOVAL OF VULVA	813.59			F	
15	56700	PARTIAL REMOVAL OF HYMEN	272.29			F	
15	56740	REMOVE VAGINA GLAND LESION	417.01			F	
15	56800	REPAIR OF VAGINA	417.01			F	
15	56810	REPAIR OF PERINEUM	586.28				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	272.29			F	
15	57000	EXPLORATION OF VAGINA	272.29				
15	57010	DRAINAGE OF PELVIC ABSCESS	364.69			F	
15	57020	DRAINAGE OF PELVIC FLUID	364.69			F	
15	57023	I & D VAG HEMATOMA, NON-OB	272.29			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	272.29			F	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57065	DESTROY VAG LESIONS, COMPLEX	272.29			F	
15	57100	BIOPSY OF VAGINA	272.29	10 60		F	
15	57105	BIOPSY OF VAGINA	272.29			F	
15	57130	REMOVE VAGINA LESION	364.69			F	
15	57135	REMOVE VAGINA LESION	364.69			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	364.69			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	364.69			F	
15	57180	TREAT VAGINAL BLEEDING	272.29			F	
15	57200	REPAIR OF VAGINA	272.29			F	
15	57210	REPAIR VAGINA/PERINEUM	364.69			F	
15	57220	REVISION OF URETHRA	417.01			F	
15	57230	REPAIR OF URETHRAL LESION	417.01			F	
15	57240	REPAIR BLADDER & VAGINA	586.28			F	
15	57250	REPAIR RECTUM & VAGINA	586.28			F	
15	57260	REPAIR OF VAGINA	586.28			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	813.59			F	
15	57268	REPAIR OF BOWEL BULGE	417.01			F	
15	57288	REPAIR BLADDER DEFECT	586.28			F	
15	57289	REPAIR BLADDER & VAGINA	586.28			F	
15	57291	CONSTRUCTION OF VAGINA	586.28			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	417.01			F	
15	57400	DILATION OF VAGINA	364.69		X	F	
15	57410	PELVIC EXAMINATION	364.69		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	364.69				
15	57420	EXAM OF VAGINA W/SCOPE	272.29				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	272.29			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	272.29			F	
15	57454	VAGINA EXAMINATION & BIOPSY	272.29			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	272.29			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	272.29	10 60		F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	272.29			F	
15	57461	CONZ OF CERVIX W/SCOPE, LEEP	272.29				
15	57500	BIOPSY OF CERVIX	272.29			F	
15	57505	ENDOCERVICAL CURETTAGE	364.69			F	
15	57510	CAUTHERUZATION OF CERVIX	417.01			F	
15	57511	CRYOCAUTERY OF CERVIX	417.01			F	
15	57513	LASER SURGERY OF CERVIX	364.69			F	
15	57520	CONIZATION OF CERVIX	364.69			F	
15	57522	CONIZATION OF CERVIX	364.69				
15	57530	REMOVAL OF CERVIX	417.01			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	417.01			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	586.28				
15	57700	REVISION OF CERVIX	272.29			F	
15	57720	REVISION OF CERVIX	417.01			F	
15	57800	DILATION OF CERVICAL CANAL	272.29			F	
15	58120	DILATION AND CURETTAGE	364.69	12 99		F	
15	58145	REMOVAL OF UTERUS LESION	586.28			F	
15	58300	INSERT INTRAUTERINE DEVICE	272.29	10 60		F	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58301	REMOVE INTRAUTERINE DEVICE	272.29	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	364.69	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	364.69				
15	58353	ENDOMETR ABLATE, THERMAL	515.14		X	F	
15	58428	MICROSUR MUSCLE GRAFT FACE PALSY	515.14				
15	58528	CHANGE DRESSING UNDER ANESTHESIA	272.29				
15	58545	LAPAROSCOPIC MYOMECTOMY	1,094.87			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,094.87			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,094.87		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,094.87				
15	58555	HYSTEROSCOPY, DX, SEP PROC	272.29		X		
15	58558	HYSTEROSCOPY, BIOPSY	417.01		X		
15	58559	HYSTEROSCOPY, LYSIS	364.69		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	417.01		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	417.01		X		
15	58562	HYSTEROSCOPY, REMOVE FB	417.01		X		
15	58563	HYSTEROSCOPY, ABLATION	515.14		X		
15	58565	HYSTEROSCOPY, STERILIZATION	1,195.77	21 59	X	F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	417.01	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUBE, DEVICE	515.14	21 55	X	F	
15	58621	EXAM/BIOPSY OF VULVA W/SCOPE	272.29				
15	58660	LAPAROSCOPY, LYSIS	586.28		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	586.28		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	586.28		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	417.01	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	417.01		X		
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	586.28				
15	58673	LAPAROSCOPY, SALPINGOSTOMY	586.28		X		
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	515.14		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	515.14		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	417.01			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	417.01			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	417.01			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	272.29	10 60		F	
15	58900	BIOPSY OF OVARY(S)	417.01			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	417.01			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	272.29	10 60		F	
15	59001	AMNIOCENTESIS, THERAPEUTIC	272.29				
15	59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PRE	417.01		X		
15	59151	LAPAROSCOPIC TREAT OF ECTOPIC PREGNAN	417.01	10 60	X	F	
15	59160	D & C AFTER DELIVERY	417.01	10 60		F	
15	59320	REVISION OF CERVIX	272.29	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	586.28	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	586.28	10 60	X		

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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	59821	TREATMENT OF MISCARRIAGE	586.28	10 55	X	F	
15	59840	ABORTION	586.28	10 60	X	F	
15	59841	ABORTION	586.28	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	586.28	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	586.28			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	272.29				
15	60100	BIOPSY OF THYROID	272.29				
15	60200	REMOVE THYROID LESION	364.69				
15	60220	PARTIAL REMOVAL OF THYROID	515.14				
15	60240	REMOVAL OF THYROID	1,094.87				
15	60280	REMOVE THYROID DUCT LESION	515.14				
15	60281	REMOVE THYROID DUCT LESION	515.14				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	272.29				
15	61026	INJECTION INTO BRAIN CANAL	272.29				
15	61050	REMOVE BRAIN CANAL FLUID	272.29				
15	61055	INJECTION INTO BRAIN CANAL	272.29				
15	61070	BRAIN CANAL SHUNT PROCEDURE	272.29				
15	61215	INSERT BRAIN-FLUID DEVICE	417.01				
15	61790	TREAT TRIGEMINAL NERVE	417.01				
15	61791	TREAT TRIGEMINAL TRACT	417.01				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	364.69				
15	61886	IMPLANT NEUROSTIM ARRAYS	417.01				
15	61888	REVISE/REMOVE NEURORECEIVER	272.29				
15	62194	REPLACE/IRRIGATE CATHETER	272.29				
15	62225	REPLACE/IRRIGATE CATHETER	272.29				
15	62230	REPLACE/REVISE BRAIN SHUNT	364.69				
15	62263	LYSIS EPIDURAL ADHESIONS	272.29				
15	62268	DRAIN SPINAL CORD CYST	272.29				
15	62269	NEEDLE BIOPSY, SPINAL CORD	272.29				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	272.29				
15	62272	DRAIN CEREBRO SPINAL FLUID	272.29				
15	62273	TREAT EPIDURAL SPINE LESION	272.29				
15	62280	TREAT SPINAL CORD LESION	272.29				
15	62281	TREAT SPINAL CORD LESION	272.29				
15	62282	TREAT SPINAL CANAL LESION	272.29				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,094.87				
15	62294	INJECTION INTO SPINAL ARTERY	417.01				
15	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	272.29				
15	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	272.29				
15	62318	INJECTION(S), INCLUDING INDWELLING C	272.29				
15	62319	INJECTION(S), INCLUDING INDWELLING C	272.29				
15	62350	IMPLANT SPINAL CANAL CATH	364.69				
15	62355	REMOVE SPINAL CANAL CATHETER	364.69				

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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	62360	INSERT SPINE INFUSION DEVICE	364.69				
15	62361	IMPLANT SPINE INFUSION PUMP	364.69				
15	62362	IMPLANT SPINE INFUSION PUMP	364.69				
15	62365	REMOVE SPINE INFUSION DEVICE	364.69				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	364.69				
15	62368	ANALYZE SPINE INFUSION PUMP	364.69				
15	63600	REMOVE SPINAL CORD LESION	364.69				
15	63610	STIMULATION OF SPINAL CORD	272.29				
15	63650	IMPLANT NEUROELECTRODES	364.69				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	272.29				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	272.29				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	272.29				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	272.29				
15	63685	IMPLANT NEURORECEIVER	364.69				
15	63688	REVISE/REMOVE NEURORECEIVER	272.29				
15	63744	REVISION OF SPINAL SHUNT	417.01				
15	63746	REMOVAL OF SPINAL SHUNT	364.69				
15	64402	INJECTION FOR NERVE BLOCK	272.29				
15	64410	INJECTION FOR NERVE BLOCK	272.29				
15	64415	INJECTION FOR NERVE BLOCK	272.29				
15	64417	INJECTION FOR NERVE BLOCK	272.29				
15	64420	INJECTION FOR NERVE BLOCK	272.29				
15	64421	INJECTION FOR NERVE BLOCK	272.29				
15	64430	INJECTION FOR NERVE BLOCK	272.29				
15	64450	INJECTION FOR NERVE BLOCK	272.29				
15	64479	INJ FORAMEN EPIDURAL C/T	272.29				
15	64480	INJ FORAMEN EPIDURAL ADD-ON	272.29				
15	64483	INJ FORAMEN EPIDURAL L/S	272.29				
15	64484	INJ FORAMEN EPIDURAL ADD-ON	272.29				
15	64505	INJECTION FOR NERVE BLOCK	272.29				
15	64510	INJECTION FOR NERVE BLOCK	272.29				
15	64517	N BLOCK INJ, HYPOGAS PLXS	364.69				
15	64520	INJECTION FOR NERVE BLOCK	272.29				
15	64530	INJECTION FOR NERVE BLOCK	272.29				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	272.29				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	417.01				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	417.01				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	272.29				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	272.29				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	272.29				
15	64580	INCISION FOR IMPLANTATION OF NEUROST	272.29				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	417.01				X
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	272.29				
15	64590	IMPLANT NEURORECEIVER	364.69				
15	64595	REVISE/REMOVE NEURORECEIVER	272.29				
15	64600	INJECTION TREATMENT OF NERVE	272.29				
15	64605	INJECTION TREATMENT OF NERVE	272.29				
15	64610	INJECTION TREATMENT OF NERVE	272.29				

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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	64614	DESTROY NERVE, EXTREM MUSIC	272.29				
15	64620	INJECTION TREATMENT OF NERVE	272.29				
15	64630	INJECTION TREATMENT OF NERVE	364.69				
15	64640	INJECTION TREATMENT OF NERVE	272.29				
15	64680	INJECTION TREATMENT OF NERVE	364.69				
15	64681	INJECTION TREATMENT OF NERVE	364.69				
15	64702	REVISE FINGER/TOE NERVE	272.29				
15	64704	REVISE HAND/FOOT NERVE	272.29				
15	64708	REVISE ARM/LEG NERVE	364.69				
15	64712	REVISION OF SCIATIC NERVE	364.69				
15	64713	REVISION OF ARM NERVE(S)	364.69				
15	64714	REVISION OF LOW BACK NERVE(S)	364.69				
15	64716	REVISION OF CRANIAL NERVE	417.01				
15	64718	REVISE ULNAR NERVE AT ELBOW	364.69				
15	64719	REVISE ULNAR NERVE AT WRIST	364.69				
15	64721	CARPAL TUNNEL SURGERY	364.69				
15	64722	RELIEVE PRESSURE ON NERVE(S)	272.29				
15	64726	RELEASE FOOT/TOE NERVE	272.29				
15	64727	INTERNAL NERVE REVISION	272.29				
15	64732	INCISION OF BROW NERVE	364.69				
15	64734	INCISION OF CHEEK NERVE	364.69				
15	64736	INCISION OF CHIN NERVE	364.69				
15	64738	INCISION OF JAW NERVE	364.69				
15	64740	INCISION OF TONGUE NERVE	364.69				
15	64742	INCISION OF FACIAL NERVE	364.69				
15	64744	INCISE NERVE, BACK OF HEAD	364.69				
15	64746	INCISE DIAPHRAGM NERVE	364.69				
15	64771	SEVER CRANIAL NERVE	364.69				
15	64772	INCISION OF SPINAL NERVE	364.69				
15	64774	REMOVE SKIN NERVE LESION	364.69				
15	64776	REMOVE DIGIT NERVE LESION	417.01				
15	64778	DIGIT NERVE SURGERY ADD-ON	364.69				
15	64782	REMOVE LIMB NERVE LESION	417.01				
15	64783	LIMB NERVE SURGERY ADD-ON	364.69				
15	64784	REMOVE NERVE LESION	417.01				
15	64786	REMOVE SCIATIC NERVE LESION	417.01				
15	64787	IMPLANT NERVE END	364.69				
15	64788	REMOVE SKIN NERVE LESION	417.01				
15	64790	REMOVAL OF NERVE LESION	417.01				
15	64792	REMOVAL OF NERVE LESION	417.01				
15	64795	BIOPSY OF NERVE	364.69				
15	64802	REMOVE SYMPATHETIC NERVES	364.69				
15	64821	REMOVE SYMPATHETIC NERVES	515.14				
15	64831	REPAIR OF DIGIT NERVE	515.14				
15	64832	REPAIR NERVE ADD-ON	272.29				
15	64834	REPAIR OF HAND OR FOOT NERVE	364.69				
15	64835	REPAIR OF HAND OR FOOT NERVE	417.01				
15	64836	REPAIR OF HAND OR FOOT NERVE	417.01				



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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	64837	REPAIR NERVE ADD-ON	272.29				
15	64840	REPAIR OF LEG NERVE	364.69				
15	64856	REPAIR/TRANSPOSE NERVE	364.69				
15	64857	REPAIR ARM/LEG NERVE	364.69				
15	64858	REPAIR SCIATIC NERVE	364.69				
15	64859	NERVE SURGERY	272.29				
15	64861	REPAIR OF ARM NERVES	417.01				
15	64862	REPAIR OF LOW BACK NERVES	417.01				
15	64864	REPAIR OF FACIAL NERVE	417.01				
15	64865	REPAIR OF FACIAL NERVE	515.14				
15	64870	FUSION OF FACIAL/OTHER NERVE	515.14				
15	64872	SUBSEQUENT REPAIR OF NERVE	364.69				
15	64874	REPAIR & REVISE NERVE ADD-ON	417.01				
15	64876	REPAIR NERVE/SHORTEN BONE	417.01				
15	64885	NERVE GRAFT, HEAD OR NECK	364.69				
15	64886	NERVE GRAFT, HEAD OR NECK	364.69				
15	64890	NERVE GRAFT, HAND OR FOOT	364.69				
15	64891	NERVE GRAFT, HAND OR FOOT	364.69				
15	64892	NERVE GRAFT, ARM OR LEG	364.69				
15	64893	NERVE GRAFT, ARM OR LEG	364.69				
15	64895	NERVE GRAFT, HAND OR FOOT	417.01				
15	64896	NERVE GRAFT, HAND OR FOOT	417.01				
15	64897	NERVE GRAFT, ARM OR LEG	417.01				
15	64898	NERVE GRAFT, ARM OR LEG	417.01				
15	64901	NERVE GRAFT ADD-ON	364.69				
15	64902	NERVE GRAFT ADD-ON	364.69				
15	64905	NERVE PEDICLE TRANSFER	364.69				
15	64907	NERVE PEDICLE TRANSFER	272.29				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	
15	65091	REVISE EYE	417.01				
15	65093	REVISE EYE WITH IMPLANT	417.01				
15	65101	REMOVAL OF EYE	417.01				
15	65103	REMOVE EYE/INSERT IMPLANT	417.01				
15	65105	REMOVE EYE/ATTACH IMPLANT	515.14				
15	65110	REMOVAL OF EYE	586.28				
15	65112	REMOVE EYE/REVISE SOCKET	813.59				
15	65114	REMOVE EYE/REVISE SOCKET	813.59				
15	65130	INSERT OCULAR IMPLANT	417.01				
15	65135	INSERT OCULAR IMPLANT	364.69				
15	65140	ATTACH OCULAR IMPLANT	417.01				
15	65150	REVISE OCULAR IMPLANT	364.69				
15	65155	REINSERT OCULAR IMPLANT	417.01				
15	65175	REMOVAL OF OCULAR IMPLANT	272.29				
15	65205	REMOVE FOREIGN BODY FROM EYE	272.29				
15	65235	REMOVE FOREIGN BODY FROM EYE	364.69				
15	65260	REMOVE FOREIGN BODY FROM EYE	417.01				
15	65265	REMOVE FOREIGN BODY FROM EYE	515.14				
15	65270	REPAIR OF EYE WOUND	364.69				

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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	65272	REPAIR OF EYE WOUND	364.69				
15	65275	REPAIR OF EYE WOUND	515.14				
15	65280	REPAIR OF EYE WOUND	515.14				
15	65285	REPAIR OF EYE WOUND	515.14				
15	65290	REPAIR OF EYE SOCKET WOUND	417.01				
15	65400	REMOVAL OF EYE LESION	272.29				
15	65410	BIOPSY OF CORNEA	364.69				
15	65420	REMOVAL OF EYE LESION	364.69				
15	65426	REMOVAL OF EYE LESION	586.28				
15	65710	CORNEAL TRANSPLANT	813.59				
15	65730	CORNEAL TRANSPLANT	813.59				
15	65750	CORNEAL TRANSPLANT	813.59				
15	65755	CORNEAL TRANSPLANT	813.59				
15	65770	REVISE CORNEA WITH IMPLANT	813.59				
15	65772	CORRECTION OF ASTIGMATISM	515.14				
15	65775	CORRECTION OF ASTIGMATISM	515.14				
15	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	364.69				
15	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	272.29				
15	65780	OCULAR RECONST, TRANSPLANT	586.28				
15	65781	OCULAR RECONST, TRANSPLANT	586.28				
15	65782	OCULAR RECONST, TRANSPLANT	586.28			X	
15	65800	DRAINAGE OF EYE	272.29				
15	65805	DRAINAGE OF EYE	272.29			X	
15	65810	DRAINAGE OF EYE	417.01				
15	65815	DRAINAGE OF EYE	364.69				
15	65820	RELIEVE INNER EYE PRESSURE	272.29				
15	65850	INCISION OF EYE	515.14				
15	65855	LASER TRABECULOPLASTY-1/MORE	515.14				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	364.69				
15	65865	INCISE INNER EYE ADHESIONS	272.29				
15	65870	INCISE INNER EYE ADHESIONS	515.14				
15	65875	INCISE INNER EYE ADHESIONS	515.14				
15	65880	INCISE INNER EYE ADHESIONS	515.14				
15	65900	REMOVE EYE LESION	586.28				
15	65920	REMOVE IMPLANT OF EYE	813.59				
15	65930	REMOVE BLOOD CLOT FROM EYE	586.28				
15	66020	INJECTION TREATMENT OF EYE	272.29				
15	66030	INJECTION TREATMENT OF EYE	272.29				
15	66130	REMOVE EYE LESION	813.59				
15	66150	GLAUCOMA SURGERY	515.14				
15	66155	GLAUCOMA SURGERY	515.14				
15	66160	GLAUCOMA SURGERY	364.69				
15	66165	GLAUCOMA SURGERY	515.14				
15	66170	GLAUCOMA SURGERY	515.14				
15	66172	INCISION OF EYE	515.14				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	515.14				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	515.14				
15	66180	IMPLANT EYE SHUNT	586.28				

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1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	66185	REVISE EYE SHUNT	364.69				
15	66220	REPAIR EYE LESION	417.01				
15	66225	REPAIR/GRAFT EYE LESION	515.14				
15	66250	FOLLOW-UP SURGERY OF EYE	364.69				
15	66500	INCISION OF IRIS	272.29				
15	66505	INCISION OF IRIS	272.29				
15	66600	REMOVE IRIS AND LESION	417.01				
15	66605	REMOVAL OF IRIS	417.01				
15	66625	REMOVAL OF IRIS	417.01				
15	66630	REMOVAL OF IRIS	417.01				
15	66635	REMOVAL OF IRIS	417.01				
15	66680	REPAIR IRIS & CILIARY BODY	417.01				
15	66682	REPAIR IRIS & CILIARY BODY	364.69				
15	66700	DESTRUCTION, CILIARY BODY	364.69				
15	66710	DESTRUCTION, CILIARY BODY	364.69				
15	66711	CILIARY ENDOSCOPIC ABLATION	364.69				
15	66720	DESTRUCTION, CILIARY BODY	364.69				
15	66740	DESTRUCTION, CILIARY BODY	364.69				
15	66761	REVISION OF IRIS	364.69				
15	66820	INCISION OF LENS LESION	364.69				
15	66821	AFTER CATARACT LASER SURGERY	364.69				
15	66825	REPOSITION INTRAOCULAR LENS	515.14				
15	66830	REMOVAL OF LENS LESION	515.14				
15	66840	REMOVAL OF LENS MATERIAL	515.14				
15	66850	REMOVAL OF LENS MATERIAL	813.59				
15	66852	REMOVAL OF LENS MATERIAL	515.14				
15	66920	EXTRACTION OF LENS	515.14				
15	66930	EXTRACTION OF LENS	586.28				
15	66940	EXTRACTION OF LENS	586.28				
15	66982	CATARACT SURGERY, COMPLEX	672.94				
15	66983	CATARACT SURG W/IOL, 1 STAGE	672.94				
15	66984	CATARACT SURG W/IOL, I STAGE	672.94				
15	66985	INSERT LENS PROSTHESIS	552.76				
15	66986	EXCHANGE LENS PROSTHESIS	552.76				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	515.14				
15	67010	PARTIAL REMOVAL OF EYE FLUID	515.14				
15	67015	RELEASE OF EYE FLUID	272.29				
15	67025	REPLACE EYE FLUID	272.29				
15	67027	IMPLANT EYE DRUG SYSTEM	515.14				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	272.29				
15	67030	INCISE INNER EYE STRANDS	272.29				
15	67031	LASER SURGERY, EYE STRANDS	364.69				
15	67036	REMOVAL OF INNER EYE FLUID	515.14				
15	67039	LASER TREATMENT OF RETINA	813.59				
15	67040	LASER TREATMENT OF RETINA	813.59				
15	67042	VIT FOR MACULAR HOLE	586.28				
15	67101	REPAIR DETACHED RETINA	586.28				

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2012

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67105	PHOTOCOAGULATION/DETACHED RET	586.28				
15	67107	REPAIR DETACHED RETINA	586.28				
15	67108	REPAIR DETACHED RETINA	813.59				
15	67112	REREPAIR DETACHED RETINA	813.59				
15	67113	REPAIR RETINAL DETACH,CPLX	813.59				
15	67115	RELEASE ENCIRCLING MATERIAL	364.69				
15	67120	REMOVE EYE IMPLANT MATERIAL	364.69				
15	67121	REMOVE EYE IMPLANT MATERIAL	364.69				
15	67141	TREATMENT OF RETINA	364.69				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	364.69				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	586.28				
15	67218	TREATMENT OF RETINAL LESION	586.28				
15	67220	TREAT CHOROID LESION	272.29				
15	67227	TREATMENT OF RETINAL LESION	272.29				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	272.29				
15	67250	REINFORCE EYE WALL	417.01				
15	67255	REINFORCE/GRAFT EYE WALL	417.01				
15	67299	EYE SURGERY PROCEDURE	MP			X	
15	67311	REVISE EYE MUSCLE	417.01				
15	67312	REVISE TWO EYE MUSCLES	515.14				
15	67314	REVISE EYE MUSCLE	515.14				
15	67316	REVISE TWO EYE MUSCLES	515.14				
15	67318	REVISE EYE MUSCLE(S)	515.14				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	515.14				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	515.14				
15	67332	REREVISE EYE MUSCLES ADD-ON	515.14				
15	67334	REVISE EYE MUSCLE W/SUTURE	515.14				
15	67335	EYE SUTURE DURING SURGERY	515.14				
15	67340	REVISE EYE MUSCLE ADD-ON	515.14				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	813.59				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP			X	
15	67400	EXPLORE/BIOPSY EYE SOCKET	417.01				
15	67405	EXPLORE/DRAIN EYE SOCKET	515.14				
15	67412	EXPLORE/TREAT EYE SOCKET	586.28				
15	67413	EXPLORE/TREAT EYE SOCKET	586.28				
15	67415	ASPIRATION, ORBITAL CONTENTS	272.29				
15	67420	EXPLORE/TREAT EYE SOCKET	586.28				
15	67430	EXPLORE/TREAT EYE SOCKET	586.28				
15	67440	EXPLORE/DRAIN EYE SOCKET	586.28				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	586.28				
15	67450	EXPLORE/BIOPSY EYE SOCKET	586.28				
15	67470	OPTIC NERVE DECOMPRESSION (EG,INCIS	272.29				
15	67500	INJECT/TREAT EYE SOCKET	272.29				
15	67550	INSERT EYE SOCKET IMPLANT	515.14				
15	67560	REVISE EYE SOCKET IMPLANT	364.69				
15	67570	OPTIC NERVE DECOMPRESSION (EG,INICIS	272.29				
15	67599	ORBIT SURGERY PROCEDURE	MP			X	
15	67700	DRAINAGE OF EYELID ABSCESS	272.29				

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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	67715	INCISION OF EYELID FOLD	272.29				
15	67800	REMOVE EYELID LESION	272.29				
15	67801	REMOVE EYELID LESIONS	272.29				
15	67805	REMOVE EYELID LESIONS	272.29				
15	67808	REMOVE EYELID LESION(S)	364.69				
15	67810	BIOPSY OF EYELID	272.29				
15	67820	REVISE EYELASHES	272.29				
15	67830	REVISE EYELASHES	364.69				
15	67835	REVISE EYELASHES	364.69				
15	67840	REMOVE EYELID LESION	272.29				
15	67880	REVISION OF EYELID	417.01				
15	67882	REVISION OF EYELID	417.01				
15	67900	REPAIR BROW DEFECT	515.14				
15	67901	REPAIR EYELID DEFECT	586.28				
15	67902	REPAIR EYELID DEFECT	586.28				
15	67903	REPAIR EYELID DEFECT	515.14				
15	67904	REPAIR EYELID DEFECT	515.14				
15	67906	REPAIR EYELID DEFECT	586.28				
15	67908	REPAIR EYELID DEFECT	515.14				
15	67909	REVISE EYELID DEFECT	515.14				
15	67911	REVISE EYELID DEFECT	417.01				
15	67912	CORRECTION EYELID W/IMPLANT	417.01				
15	67914	REPAIR EYELID DEFECT	417.01				
15	67916	REPAIR EYELID DEFECT	515.14				
15	67917	REPAIR EYELID DEFECT	515.14				
15	67921	REPAIR EYELID DEFECT	417.01				
15	67923	REPAIR EYELID DEFECT	515.14				
15	67924	REPAIR EYELID DEFECT	515.14				
15	67930	REPAIR EYELID WOUND	364.69				
15	67935	REPAIR EYELID WOUND	364.69				
15	67938	REMOVE EYELID FOREIGN BODY	272.29				
15	67950	REVISION OF EYELID	364.69				
15	67961	REVISION OF EYELID	417.01				
15	67966	REVISION OF EYELID	417.01				
15	67971	RECONSTRUCTION OF EYELID	417.01				
15	67973	RECONSTRUCTION OF EYELID	417.01				
15	67974	RECONSTRUCTION OF EYELID	417.01				
15	67975	RECONSTRUCTION OF EYELID	417.01				
15	67999	EYELID SURGERY PROCEDURE	MP			X	
15	68110	REMOVE EYELID LINING LESION	272.29				
15	68115	REMOVE EYELID LINING LESION	364.69				
15	68130	REMOVE EYELID LINING LESION	364.69				
15	68320	REVISE/GRAFT EYELID LINING	515.14				
15	68325	REVISE/GRAFT EYELID LINING	515.14				
15	68326	REVISE/GRAFT EYELID LINING	515.14				
15	68328	REVISE/GRAFT EYELID LINING	515.14				
15	68330	REVISE EYELID LINING	515.14				
15	68335	REVISE/GRAFT EYELID LINING	515.14				

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2012

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68340	SEPARATE EYELID ADHESIONS	515.14				
15	68360	REVISE EYELID LINING	364.69				
15	68362	REVISE EYELID LINING	364.69				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	364.69				
15	68399	EYELID LINING SURGERY	MP		X		
15	68500	REMOVAL OF TEAR GLAND	417.01				
15	68505	PARTIAL REMOVAL, TEAR GLAND	417.01				
15	68510	BIOPSY OF TEAR GLAND	272.29				
15	68520	REMOVAL OF TEAR SAC	417.01				
15	68525	BIOPSY OF TEAR SAC	272.29				
15	68540	REMOVE TEAR GLAND LESION	417.01				
15	68550	REMOVE TEAR GLAND LESION	417.01				
15	68700	REPAIR TEAR DUCTS	364.69				
15	68720	CREATE TEAR SAC DRAIN	515.14				
15	68745	CREATE TEAR DUCT DRAIN	515.14				
15	68750	CREATE TEAR DUCT DRAIN	515.14				
15	68770	CLOSE TEAR SYSTEM FISTULA	515.14				
15	68810	PROBE NASOLACRIMAL DUCT	272.29				
15	68811	PROBE NASOLACRIMAL DUCT	364.69				
15	68815	PROBE NASOLACRIMAL DUCT	364.69				
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X		
15	69000	DRAIN EXTERNAL EAR LESION	272.29				
15	69005	DRAIN EXTERNAL EAR LESION	272.29				
15	69020	DRAIN OUTER EAR CANAL LESION	272.29				
15	69100	BIOPSY OF EXTERNAL EAR	272.29				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	272.29				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	272.29				
15	69120	REMOVE OF EXTERNAL EAR	364.69				
15	69140	REMOVE EAR CANAL LESION(S)	364.69				
15	69145	REMOVE EAR CANAL LESION(S)	364.69				
15	69150	EXTENSIVE EAR CANAL SURGERY	417.01				
15	69205	CLEAR OUTER EAR CANAL	272.29				
15	69222	CLEAN OUT MASTOID CAVITY	364.69				
15	69300	REVISE EXTERNAL EAR	417.01				
15	69310	REBUILD OUTER EAR CANAL	417.01				
15	69320	REBUILD OUTER EAR CANAL	813.59				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X		
15	69420	INCISION OF EARDRUM	364.69				
15	69421	INCISION OF EARDRUM	417.01				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	272.29				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	417.01				
15	69436	CREATE EARDRUM OPENING	417.01				
15	69440	EXPLORATION OF MIDDLE EAR	417.01				
15	69449	INNER EAR SURGERY PROCEDURE	MP		X		
15	69450	EARDRUM REVISION	272.29				
15	69501	MASTOIDECTOMY	813.59				
15	69502	MASTOIDECTOMY	813.59				
15	69505	REMOVE MASTOID STRUCTURES	813.59				

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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	69511	EXTENSIVE MASTOID SURGERY	813.59				
15	69530	EXTENSIVE MASTOID SURGERY	813.59				
15	69540	REMOVE EAR LESION	417.01				
15	69550	REMOVE EAR LESION	586.28				
15	69552	REMOVE EAR LESION	813.59				
15	69601	MASTOID SURGERY REVISION	813.59				
15	69602	MASTOID SURGERY REVISION	813.59				
15	69603	MASTOID SURGERY REVISION	813.59				
15	69604	MASTOID SURGERY REVISION	813.59				
15	69605	MASTOID SURGERY REVISION	813.59				
15	69610	REPAIR EARDRUM	364.69				
15	69620	REPAIR OF EARDRUM	364.69				
15	69631	REPAIR EARDRUM STRUCTURES	586.28				
15	69632	REBUILD EARDRUM STRUCTURES	586.28				
15	69633	REBUILD EARDRUM STRUCTURES	586.28				
15	69635	REPAIR EARDRUM STRUCTURES	813.59				
15	69636	REBUILD EARDRUM STRUCTURES	813.59				
15	69637	REBUILD EARDRUM STRUCTURES	813.59				
15	69641	REVISE MIDDLE EAR & MASTOID	813.59				
15	69642	REVISE MIDDLE EAR & MASTOID	813.59				
15	69643	REVISE MIDDLE EAR & MASTOID	813.59				
15	69644	REVISE MIDDLE EAR & MASTOID	813.59				
15	69645	REVISE MIDDLE EAR & MASTOID	813.59				
15	69646	REVISE MIDDLE EAR & MASTOID	813.59				
15	69650	RELEASE MIDDLE EAR BONE	813.59				
15	69660	REVISE MIDDLE EAR BONE	586.28				
15	69661	REVISE MIDDLE EAR BONE	586.28				
15	69662	REVISE MIDDLE EAR BONE	586.28				
15	69666	REPAIR MIDDLE EAR STRUCTURES	515.14				
15	69667	REPAIR MIDDLE EAR STRUCTURES	515.14				
15	69670	REMOVE MASTOID AIR CELLS	417.01				
15	69676	REMOVE MIDDLE EAR NERVE	417.01				
15	69700	CLOSE MASTOID FISTULA	417.01				
15	69711	REMOVE/REPAIR HEARING AID	272.29				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,094.87				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,094.87				
15	69717	TEMPLE BONE IMPLANT REVISION	1,094.87				
15	69718	REVISE TEMPLE BONE IMPLANT	1,094.87				
15	69720	RELEASE FACIAL NERVE	586.28				
15	69725	RELEASE FACIAL NERVE	586.28				
15	69740	REPAIR FACIAL NERVE	586.28				
15	69745	REPAIR FACIAL NERVE	586.28				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	586.28				
15	69805	EXPLORE INNER EAR	813.59				
15	69806	EXPLORE INNER EAR	813.59				
15	69820	ESTABLISH INNER EAR WINDOW	586.28				
15	69840	REVISE INNER EAR WINDOW	586.28				

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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	69905	REMOVE INNER EAR	813.59				
15	69910	REMOVE INNER EAR & MASTOID	813.59				
15	69915	INCISE INNER EAR NERVE	813.59				
15	69930	IMPLANT COCHLEAR DEVICE	813.59	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X	
15	69979	TEMPORAL BONE SURGERY	MP			X	
15	69990	MICROSURGERY ADD-ON	272.29				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	272.29				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	272.29				



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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
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LEGEND

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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.  
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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.