

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.20				X	02/20/11	
37	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55				X	02/20/11	
37	G0202	SCREENING MAMMOGRAPHY,DIGITAL,BILATER	CCR	40 99		F			
37	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	CCR			F			
37	G0206	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,UNILA	CCR			F			
37	G0378	HOSPITAL OBSERVATION PER HR	CCR				X		
37	G0379	DIRECT REFER HOSPITAL OBSERV	CCR				X		
37	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR				X		
37	HR251	PHARMACY,GENERIC DRUGS	CCR				X		
37	HR252	PHARMACY,NON-GENERIC DRUGS	CCR				X		
37	HR258	PHARMACY,IV SOLUTIONS	CCR				X		
37	HR259	PHARMACY, OTHER PHARMACY	CCR				X		
37	HR260	IV THERAPY	CCR				X		
37	HR261	INFUSION PUMP	CCR				X		
37	HR269	OTHER IV THERAPY	CCR				X		
37	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR				X		
37	HR271	NON STERILE SUPPLY	CCR				X		
37	HR272	STERILE SUPPLY	CCR				X		
37	HR273	TAKE HOME SUPPLIES	CCR				X		
37	HR274	PROSTHETIC DEVICES	CCR				X		
37	HR275	PACEMAKER	CCR				X		
37	HR278	OTHER IMPLANTS	CCR				X		
37	HR279	OTHER SUPPLIES DEVICES	CCR				X		
37	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR				X		
37	HR289	OTHER ONCLOGY	CCR				X		
37	HR300	LABORATORY-GEN CLASSIFICATION	HCPC				X		
37	HR301	LAB/CHEMISTRY	HCPC				X		
37	HR302	LAB/IMMUNOLOGY	HCPC				X		
37	HR303	LAB/RENAL PATIENT (HOME)	HCPC				X		
37	HR304	LAB NON ROUTINE DIALYSIS	HCPC				X		
37	HR305	LAB HEMATOLOGY	HCPC				X		
37	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC				X		
37	HR307	LABORATORY-UROLOGY	HCPC				X		
37	HR309	LABORATORY-OTHER LABORATORY	HCPC				X		
37	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC				X		
37	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC				X		
37	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC				X		
37	HR314	LAB PATHOLOGY/BIOPSY	HCPC				X		
37	HR319	LAB PATHOLOGY OTHER	HCPC				X		
37	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR				X		
37	HR321	ANGIOCARDIOLOGY	CCR				X		
37	HR324	CHEST X-RAY	CCR				X		
37	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR				X		
37	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR				X		
37	HR331	CHEMOTHERAPY-INJECTED	CCR				X		
37	HR332	CHEMOTHERAPY-ORAL	CCR				X		
37	HR333	RADIATION THERAPY	CCR				X		
37	HR335	CHEMOTHERAPY IV	CCR				X		
37	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR				X		
37	HR340	NUCLEAR MEDICINE GENERAL	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR				X		
37	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR				X		
37	HR349	NUCLEAR MEDICINE OTHER	CCR				X		
37	HR350	CT SCAN GENERAL CLASSIFICATION	CCR				X		
37	HR351	CT SCAN-HEAD	CCR				X		
37	HR352	CT SCAN-BODY	CCR				X		
37	HR359	OTHER CT SCANS	CCR				X		
37	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR				X		
37	HR370	ANESTHESIA GENERAL	CCR				X		
37	HR379	OTHER ANESTHESIA	CCR				X		
37	HR380	BLOOD GENERAL CLASSIFICATION	CCR				X		
37	HR381	PACKED RED CELLS	CCR				X		
37	HR382	WHOLE BLOOD	CCR				X		
37	HR383	PLASMA	CCR				X		
37	HR384	PLATELETS	CCR				X		
37	HR385	BLOOD/LEUKOCYTES	CCR				X		
37	HR386	BLOOD OTHER COMPONENTS	CCR				X		
37	HR387	BLOOD-OTHER DERIVATIVES	CCR				X		
37	HR389	OTHER BLOOD	CCR				X		
37	HR390	BLOOD STORAGE-PROCESSING G C	CCR				X		
37	HR391	BLOOD ADMINISTRATRIION	CCR				X		
37	HR392	BLOOD PROCESSING STORAGE	CCR				X		
37	HR399	OTHER BLOOD HANDLING	CCR				X		
37	HR400	OTHER IMAGING SERVICES	CCR				X		
37	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR				X		
37	HR402	ULTRASOUND	CCR				X		
37	HR403	SCREENING MAMMOGRAPHY	CCR	40 99		F	X		
37	HR409	OTHER IMAGING SERVICES	CCR				X		
37	HR410	RESPIRATORY SERVICES GEN CLASS	CCR				X		
37	HR412	INHALATION SERVICES	CCR				X		
37	HR413	HYPERBARIC OXYGEN THERAPY	CCR				X		
37	HR419	OTHER RESPIRATORY SERVICES	CCR				X		
37	HR420	PHYSICAL THERAPY GENERAL	HCPC				X		
37	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC				X		
37	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC				X		
37	HR424	PT EVALUTION/RE-EVALUATION	HCPC				X		
37	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC				X		
37	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC				X		
37	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC				X		
37	HR434	OT EVALUATION/RE-EVALUATION	HCPC				X		
37	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC				X		
37	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC				X		
37	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC				X		
37	HR444	S/L EVALUATION/RE-EVALUATION	HCPC				X		
37	HR450	EMERGENCY ROOM-GENERAL	CCR				X		
37	HR459	OTHER EMERGENCY ROOM	CCR				X		
37	HR460	PULMONARY FUNCTION-GENERAL	CCR				X		
37	HR469	OTHER PULMONARY	CCR				X		
37	HR470	AUDIOLOGY-GENERAL	CCR				X		
37	HR471	AUDIOLGY-DIAGNOSTIC	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	HR472	AUDIOLOGY-TREATMENT	CCR				X		
37	HR479	OTHER AUDIOLOGY	CCR				X		
37	HR480	CARDIOLOGY-GENERAL	CCR				X		
37	HR481	CARDIAC CATH LAB	CCR				X		
37	HR482	STRESS TEST	CCR				X		
37	HR489	OTHER CARDIOLOGY	CCR				X		
37	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC				X		
37	HR510	CLINIC-GENERAL	HCPC				X		
37	HR514	OB-GYN CLINIC	HCPC				X		
37	HR515	PEDIATRIC CLINIC	HCPC				X		
37	HR517	FAMILY PRACTICE CLINIC	HCPC				X		
37	HR519	OTHER CLINIC	HCPC				X		
37	HR540	AMBULANCE-GENERAL	CCR				X		
37	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR				X		
37	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR				X		
37	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR				X		
37	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR				X		
37	HR636	DRUGS REQUIRING DETAILED CODING	CCR				X		
37	HR700	CAST ROOM	CCR				X		
37	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR				X		
37	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR				X		
37	HR731	HOLTER MONITOR	CCR				X		
37	HR732	TELEMETRY	CCR				X		
37	HR739	OTHER EKG/ECG	CCR				X		
37	HR740	EEG-GENERAL CLASSIFICATION	CCR				X		
37	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR				X		
37	HR761	TREATMENT RM	CCR				X		
37	HR762	OBSERVATION ROOM	CCR				X		
37	HR771	VACCINE ADMINISTRATION	CCR						
37	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR				X		
37	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR				X		
37	HR821	HEMODIALYSIS/COMPOSITE	CCR				X		
37	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR				X		
37	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR				X		
37	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR				X		
37	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR				X		
37	HR829	OTHER OP HEMODIALYSIS	CCR				X		
37	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR				X		
37	HR831	PERITONEAL/COMPOSITE RATE	CCR				X		
37	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR				X		
37	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR				X		
37	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR				X		
37	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR				X		
37	HR840	CAPD-HOME/OP GEN CLASS	CCR				X		
37	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR				X		
37	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR				X		
37	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR				X		
37	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR				X		
37	HR880	MISC DIALYSIS GEN CLASS	CCR				X		
37	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR				X		
37	HR921	PERIPHERAL VASCULAR LAB	CCR				X		
37	HR922	ELECTROMYELGRAM	CCR				X		
37	HR923	PAP SMEAR	CCR				X		
37	HR924	ALLERGY TEST	CCR				X		
37	HR925	PREGNANCY TEST	CCR				X		
37	HR929	OTHER DIAGNOSTIC SERVICE	CCR				X		
37	HR942	EDUCATION/TRAINING	HCP				X		
37	J0130	INJECTION ABCIXIMAB 10 MG	CCR				X		
37	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR				X		
37	J0207	AMIFOSTINE 500MG	CCR						
37	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR						
37	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00 20			X		
37	J0285	AMPHOTERICIN B 50MG	CCR	00 20			X		
37	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR						
37	J0288	AMPHO B CHOLESTERYL SULFATE	CCR						
37	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR						
37	J0290	AMPICILLIN SODIUM,500MG INJECTION	CCR	00 20			X		
37	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR	00 20			X		
37	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR	12 99			X		
37	J0475	BACLOFEN INJ 10MG	CCR	04 99			X		
37	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04 99					
37	J0485	INJECTION, BELATACEPT, 1MG	CCR				X		
37	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	CCR						
37	J0592	BUPRENORPHINE HYDROCHLORIDE	CCR						
37	J0594	INJECTION, BUSULFAN, 1 MG	CCR				X		
37	J0610	CALCIUM GLUCONATE INJ.10ML	CCR						
37	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR				X		
37	J0637	CASPOFUNGIN ACETATE	CCR						
37	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR				X		
37	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00 20			X		
37	J0692	CEFEPIME HCL 500 MG	CCR	00 20			X		
37	J0694	CEFOXITIN SODIUM, 1GM	CCR	00 20			X		
37	J0696	CEFTRIAZONE SODIUM 250MG ROCEPHIN	CCR	00 20			X		
37	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00 20			X		
37	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00 20			X		
37	J0706	CAFFEINE CITRATE INJECTION	CCR						
37	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR				X		
37	J0713	CEFTAZIDIME 500MG	CCR	00 20			X		
37	J0715	CEFTIZOXIME SODIUM, 500 MG	CCR	00 20			X		
37	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR				X		
37	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00 20			X		
37	J0744	CIPROFLOXACIN IV	CCR						
37	J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00 20			X		
37	J0780	COMPazine INJ, UP TO 10MG	CCR				X		
37	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR						
37	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10 99			X		
37	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR				X		
37	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10 55		F	X		
37	J1070	TETOST. CYP INJ, TO 100 MG	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	J1094	INJ DEXAMETHASONE ACETATE	CCR						
37	J1100	DEXAMETHOSONE INJ, 1MG	CCR				X		
37	J1190	DEXRAZOXANE HCL 250MG	CCR						
37	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR				X		
37	J1260	DOLASETRON MESYLATE INJ 10MG	CCR				X		
37	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00 20			X		
37	J1450	FLUCONAZOLE 200MG	CCR	00 20			X		
37	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR				X		
37	J1580	GENTAMYCIN, UP TO 80MG	CCR	00 20			X		
37	J1590	GATIFLOXACIN, 10MG	CCR	18 20			X		
37	J1626	GRANISETRON HCL INJECTION	CCR				X		
37	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR				X		
37	J1644	HEPARIN SODIUM INJ 1000U	CCR				X		
37	J1650	ENOXAPARIN SODIUM, 10MG	CCR				X		
37	J1652	FONDAPARINUX SODIUM	CCR						
37	J1655	TINZAPARIN SODIUM INJ 1000 IVS	CCR						
37	J1720	HYDROCORTISONE SODIUM 100MG	CCR				X		
37	J1744	INJECTION, ICATIBANT, 1MG	CCR				X		
37	J1756	INJECTION,IRON SUCROSE,1MG	CCR				X		
37	J1815	INSULIN INJECTION	CCR						
37	J1817	INSULIN FOR INSULIN PUMP USE	CCR						
37	J1835	INTRACONAZOLE INJ	CCR						
37	J1840	KANAMYCIN SULFATE, UP TO 500MG	CCR	00 20			X		
37	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR						
37	J1956	LEVOFLOXACIN, 250MG	CCR	18 20			X		
37	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00 20			X		
37	J2020	LINEZOLID INJ, 200MG	CCR	00 20			X		
37	J2175	INJECTION MEPERIDINE HCL	CCR						
37	J2212	INJECTION, METHYLNATREXONE, 0.1MG	CCR				X		
37	J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	CCR	12 99			X		
37	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR				X		
37	J2271	MORPHINE SO4 INJ 100MG	CCR						
37	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR						
37	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR				X		
37	J2355	OPRELVEKIN INJ 5MG	CCR						
37	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR				X		
37	J2425	PALIFERMIN INJECTION 50MCG	CCR				X		
37	J2430	PAMIDRONATE DISODIUM 30MG	CCR				X		
37	J2460	OXYTETRACYCLINE,UP TO 50MG	CCR	08 20			X		
37	J2469	PALONOSETRON HCL	CCR				X		
37	J2501	PARICALCITOL	CCR						
37	J2505	PEGFILGRASTIM 6MG	CCR						
37	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00 20			X		
37	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00 20			X		
37	J2550	PHENERGAN INJ, UP TO 50MG	CCR				X		
37	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00 20			X		
37	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR						
37	J2765	REGLAN INJ, UP TO 10MG	CCR				X		
37	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16 20					
37	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR				X		
37	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR						
37	J2820	SARGRAMOSTIM 50MCG	CCR				X		
37	J2910	GOLD THERAPY INJ-ARTHRITIS	CCR				X		
37	J2916	NA FERRIC GLUCONATE COMPLEX	CCR						
37	J2941	SOMATROPIN INJ	CCR						
37	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00 20			X		
37	J3070	INJECTION PENTAZOCINE 30 MG	CCR						
37	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00 20			X		
37	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR						
37	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00 20			X		
37	J3315	TRIPTORELIN PAMOATE	CCR						
37	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR						
37	J3370	VANCOMYCIN HCL, 500MG	CCR	00 20			X		
37	J3485	ZIDOVUDINE, 10MG	CCR	00 20			X		
37	J3490	UNCLASSIFIED DRUGS (17P 250MG IM)	CCR	10 60		F			
37	J3590	UNCLASSIFIED BIOLOGICS	CCR						
37	J7030	NORMAL SALINE SOL INFUSION, 1	CCR				X		
37	J7040	NORMAL SALINE, 500ML	CCR				X		
37	J7050	NORMAL SALINE SOL 250 ML	CCR				X		
37	J7060	DEXTROSE/WATER 5%, 500ML	CCR				X		
37	J7120	RINGERS INJ, UP TO 1000 CC	CCR				X		
37	J7178	INJECTION, HUMAN FIBRINOGEN CONCENTR	CCR						
37	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	CCR				X		
37	J7302	MIRENA-LEV-REL INTRA CONT SYS, 52MG	CCR	10 60		F			
37	J7513	DACLIZUMAB PARENTERAL 25MG	CCR						
37	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR				X		
37	J9000	DOXORUBICIN HCL 10MG	CCR				X		
37	J9010	ALEMTUZUMAB, 10MG	CCR				X		
37	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR						
37	J9017	ARSENIC TRIOXIDE 1MG	CCR				X		
37	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR				X		
37	J9020	ASPARAGINASE, 10,000 UNITS	CCR				X		
37	J9025	AZACITIDINE INJECTION 1MG	CCR				X		
37	J9027	CLOFARABINE INJECTION 1MG	CCR	01 21			X		
37	J9035	BEVACIZUMAB 10MG	CCR				X		
37	J9040	BLEOMYCIN INJ, 15 UNITS	CCR				X		
37	J9041	BORTEZOMIB INJECTION 0.1MG	CCR				X		
37	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR				X		
37	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR				X		
37	J9045	CARBOPLATIN INJ 50MG.	CCR				X		
37	J9050	CARMUSTINE, 100MG	CCR				X		
37	J9055	CETUXIMAB 10 MG	CCR				X		
37	J9060	CISPLATIN 10MG	CCR				X		
37	J9065	CLADRIBINE INJ 1MG	CCR				X		
37	J9098	CYTARABINE LIPSOME 10MG	CCR				X		
37	J9100	CYTARABINE 100 MG	CCR				X		
37	J9120	DACTINOMYCIN 0.5MG	CCR				X		
37	J9130	DTIC-DOME INJ 100MG/10ML	CCR				X		
37	J9150	DAUNORUBICIN 10 MG	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	J9151	DAUNORUBICIN CITRATE 10MG	CCR				X		
37	J9160	DENILEUKIN DIFTITOX, 300 MCG	CCR						
37	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR				X		
37	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR				X		
37	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR				X		
37	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR				X		
37	J9190	FLUOROURACIL INJ, 500MG	CCR				X		
37	J9200	FLOXURIDINE, FUDR, 500MG	CCR						
37	J9201	GEMCITABINE HCL, 200MG	CCR				X		
37	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR				X		
37	J9206	IRINOTECAN, 20MG	CCR				X		
37	J9208	IFOSFOMIDE, 1GM	CCR				X		
37	J9209	MESNA, 200MG	CCR				X		
37	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR				X		
37	J9212	INTERFERON ALFACON-1 1MCG	CCR				X		
37	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR				X		
37	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR			M	X		
37	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	CCR						
37	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR			M			
37	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50	CCR			M			
37	J9228	INJECTION, IPILIMUMAB	CCR				X		
37	J9230	MUSTARGEN INJ 10MG	CCR				X		
37	J9245	MELPHALAN HCL INJ 50MG	CCR						
37	J9250	METHOTREXATE SOD INJ, 5 MG	CCR				X		
37	J9260	METHOTREXATE SOD INJ 50MG	CCR				X		
37	J9261	INJECTION, NELARABINE, 50 MG	CCR				X		
37	J9263	OXALIPLATIN 0.5MG	CCR				X		
37	J9264	PACLITAXEL INJECTION 1MG	CCR	10 99			X		
37	J9265	PACLITAXEL, 30 MG	CCR				X		
37	J9268	PENTOSTATIN, PER 10 MG	CCR				X		
37	J9280	MITOMYCIN 5 MG	CCR				X		
37	J9293	MITOXANTRONE HCL 5MG	CCR				X		
37	J9300	GEMTUZUMAB OZOGAMICIN 5MG	CCR				X		
37	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR				X		
37	J9305	PEMETREXED 10 MG	CCR				X		
37	J9310	RITUXIMAB 100 MG	CCR				X		
37	J9320	STREPTOZOCIN, 1GM	CCR				X		
37	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR				X		
37	J9340	THIOTEPA, 15MG	CCR				X		
37	J9355	TRASTUZUMAB 10MG	CCR				X		
37	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR				X		
37	J9360	VINBLASTINE SULF 1MG	CCR				X		
37	J9370	ONCOVIN INJ 1MG	CCR				X		
37	J9390	VINORELDINE TARTRATE 10MG	CCR				X		
37	J9395	FULVESTRANT 25 MG	CCR				X		
37	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00					01/01/06	
37	10021	FNA W/O IMAGE	CCR						
37	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR						
37	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR				X		
37	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT	X-
				MIN-MAX			>001	DATE	OVERS
37	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR				X		
37	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR				X		
37	11055	TRIM SKIN LESION	CCR						
37	11056	TRIM 2 TO 4 SKIN LESIONS	CCR						
37	11057	TRIM OVER 4 SKIN LESIONS	CCR						
37	11100	BIOPSY OF SINGLE LESION	CCR						
37	11101	IOPSY OF SKIN,EACH ADD LESION	CCR				X		
37	11200	EXCISE UP TO 15 SKIN TAGS	CCR						
37	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR				X		
37	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR						
37	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR				X		
37	11620	EXCISE MALIGNANCY TO 0.5CM	CCR				X		
37	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR				X		
37	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR				X		
37	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR				X		
37	11719	TRIM NAIL(S)	CCR						
37	11720	DEBRIDE NAIL, 1-5	CCR						
37	11721	DEBRIDE NAIL, 6 OR MORE	CCR						
37	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR						
37	11732	REMOVE ADDITIONAL NAIL PLATES	CCR				X		
37	11740	EVACUATE HEMATOMA UNDER NAIL	CCR				X		
37	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR				X		
37	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR				X		
37	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR				X		
37	11900	INTRALESIONAL INJECTION; UP TO 7	CCR						
37	11901	INTRALESIONAL INJECTION; OVER 7	CCR						
37	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10	60	F			
37	11980	IMPLANT HORMONE PELLET(S)	CCR			F			
37	11981	INSERT DRUG IMPLANT DEVICE	CCR						
37	11982	REMOVE DRUG IMPLANT DEVICE	CCR						
37	11983	REMOVE/INSERT DRUG IMPLANT	CCR						
37	15002	WOUND PREP, TRK/ARM/LEG	CCR						
37	15003	SURGICAL PREPARATION OR CREATION +	CCR				X		
37	15004	WOUND PREP, F/N/HF/G	CCR						
37	15005	SURGICAL PREPARATION OR CREATION +	CCR				X		
37	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						
37	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR				X		
37	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						
37	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						
37	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR				X		
37	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						
37	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						
37	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR						
37	15756	FREE MUSCLE FLAP, MICROVASC	CCR						
37	15757	FREE SKIN FLAP, MICROVASC	CCR						
37	15758	FREE FASCIAL FLAP, MICROVASC	CCR						
37	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR						
37	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	CCR						
37	16000	INIT TREAT 1ST DEGREE BURN	CCR						
37	17000	DESTROY LESION,FACE-1 LESION	CCR						
37	17003	DESTROY 2-14 LESIONS	CCR				X		
37	17004	DESTROY 15 & MORE LESIONS	CCR						
37	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR						
37	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	CCR						
37	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	CCR						
37	17111	DESTRUCT LESION, 15 OR MORE	CCR						
37	17250	CHEMICAL CAUTERY OF WOUND	CCR						
37	17260	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17261	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17262	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR						
37	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR						
37	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR						
37	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR						
37	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR						
37	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR						
37	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR						
37	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR						
37	19260	EXCISE CHEST WALL TUMOR/RIBS	CCR						
37	19271	EXC CH TUMOR/RIBS PLAST RECONST	CCR						
37	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	CCR						
37	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	CCR						
37	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	CCR						
37	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR						F

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	19367	BREAST RECONSTRUCTION	CCR			F			
37	19368	BREAST RECONSTRUCTION	CCR			F			
37	19369	BREAST RECONSTRUCTION	CCR			F			
37	19440	NIPPLE EXPLORATION, W-W/O EXCISION	CCR						
37	20150	EXCISE EPIPHYSEAL BAR	CCR						
37	20526	THER INJECTION CARPAL TUNNEL	CCR						
37	20527	INJECTION OF ENZYME IN PALM TISSUE	CCR						
37	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	CCR				X		
37	20551	INJECT TENDON ORIGIN/INSERT	CCR						
37	20552	INJECT TRIGGER POINT, 1 OR 2	CCR						
37	20553	INJECT TRIGGER POINTS, > 3	CCR						
37	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR						
37	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR						
37	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR				X		
37	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR				X		
37	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR				X		
37	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR						
37	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR						
37	20802	REPLANTATION, ARM, COMPLETE	CCR						
37	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR						
37	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR						
37	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR						
37	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	CCR				X		
37	20824	REPLANT THUMB,COMPLETE AMPUTATION	CCR						
37	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	CCR						
37	20838	REPLANT FOOT; TOTAL AMPUTATION	CCR						
37	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	CCR						
37	20956	ILIAC BONE GRAFT, MICROVASC	CCR						
37	20957	MT BONE GRAFT, MICROVASC	CCR						
37	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	CCR						
37	20963	SPINAL BONE AUTOGRAFT	CCR				X		
37	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR						
37	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	CCR						
37	20972	FREE OSTEOCUTAN FLAP...;METATARSAL	CCR						
37	20973	FREE OSTEOCUTAN FLAP...;GREAT TOE/WEB	CCR						
37	20979	US BONE STIMULATION	CCR						
37	20982	ABLATE, BONE TUMOR(S) PERQ	CCR						
37	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	CCR						
37	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	CCR						
37	21076	PREPARE FACE/ORAL PROSTHESIS	CCR						
37	21077	PREPARE FACE/ORAL PROSTHESIS	CCR						
37	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR						
37	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR						
37	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR						
37	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR						
37	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR						
37	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR						
37	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR						
37	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR						
37	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR						
37	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR						
37	21141	RECONSTRUCT MIDFACE, LEFORT	CCR						
37	21142	RECONSTRUCT MIDFACE, LEFORT	CCR						
37	21143	RECONSTRUCT MIDFACE, LEFORT	CCR						
37	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	CCR						
37	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	CCR						
37	21147	RECONSTR MIDFACE,3 OR MORE PIECES	CCR						
37	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	CCR						
37	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	CCR						
37	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	CCR						
37	21155	RECONSTR MIDFACE III W/LEFORT I	CCR						
37	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	CCR						
37	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	CCR						
37	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	CCR						
37	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	CCR						
37	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	CCR						
37	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR						
37	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR						
37	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR						
37	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR						
37	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR						
37	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	CCR						
37	21199	RECONSTR LWR JAW W/ADVANCE	CCR						
37	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	CCR						
37	21360	TREAT DEPRESSED MALAR FRACTURE	CCR						
37	21365	TREAT COMPLICATED FX MALAR AREA	CCR						
37	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR						
37	21495	OPEN TREATMENT HYOIDFRACTURE	CCR						
37	21685	HYOID MYOTOMY & SUSPENSION	CCR						
37	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR						
37	21742	REPAIR STERN/NUSS W/O SCOPE	CCR						
37	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR						
37	22015	I&D, P-SPINE, L/S/Ls	CCR						
37	22102	RESECT VERTEBRA,LUMBAR	CCR						
37	22103	REMOVE EXTRA SPINE SEGMENT	CCR						
37	22110	EXCISE CERVICAL VERTEBRA	CCR						
37	22112	EXCISE THORACIC VERTEBRA	CCR						
37	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR						
37	22116	REMOVE EXTRA SPINE SEGMENT	CCR						
37	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR						
37	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	CCR						
37	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR						
37	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR						
37	22216	REVISE, EXTRA SPINE SEGMENT	CCR						
37	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	CCR						
37	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR						
37	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	CCR						
37	22226	REVISE, EXTRA SPINE SEGMENT	CCR						
37	22318	TREAT ODONTOID FX W/O GRAFT	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	22319	TREAT ODONTOID FX W/GRAFT	CCR						
37	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR						
37	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR						
37	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR						
37	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR						
37	22523	PERCUT KYPHOPLASTY, THOR	CCR						
37	22524	PERCUT KYPHOPLASTY, LUMBAR	CCR						
37	22525	PERCUT KYPHOPLASTY, ADD-ON	CCR				X		
37	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR						
37	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR						
37	22532	LAT THORAX SPINE FUSION	CCR						
37	22533	LAT LUMBAR SPINE FUSION	CCR						
37	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR				X		
37	22548	ANTHRODESIS,W/BONE GRAFT	CCR						
37	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	CCR						
37	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	CCR						
37	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR				X		
37	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR						
37	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	CCR						
37	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	CCR						
37	22600	ARTHRODESIS,POST.TECH.,BELOW C1	CCR						
37	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR						
37	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR						
37	22614	SPINE FUSION, EXTRA SEGMENT	CCR				X		
37	22630	ARTHRODESIS,LOC/BONE ALLO...LUMBAR	CCR						
37	22632	SPINE FUSION, EXTRA SEGMENT	CCR						
37	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR						
37	22802	FUSE PRIMARY 7/MORE VERTEBRAE	CCR						
37	22804	FUSION OF SPINE	CCR						
37	22808	FUSION OF SPINE	CCR						
37	22810	ARTHRODESIS...;4 TO 7 VERTEBRAE	CCR						
37	22812	ARTHRODESIS...;8 OR MORE VERTEBRAE	CCR						
37	22818	KYPHECTOMY, 1-2 SEGMENTS	CCR						
37	22819	KYPHECTOMY, 3 & MORE SEGMENT	CCR						
37	22830	EXPLORE SPINAL FUSION	CCR						
37	22840	POSTERIOR INSTRU(NO SEG FIX)	CCR						
37	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	CCR						
37	22843	INSERT SPINE FIXATION DEVICE	CCR						
37	22844	INSERT SPINE FIXATION DEVICE	CCR						
37	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	CCR						
37	22846	INSERT SPINE FIXATION DEVICE	CCR						
37	22847	INSERT SPINE FIXATION DEVICE	CCR						
37	22848	INSERT PELVIC FIXATIONDEVICE	CCR						
37	22849	REINSERT SPINAL FIXATION DEVICE	CCR						
37	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	CCR						
37	22851	APPLY SPINE PROSTH DEVICE	CCR						
37	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	CCR						
37	22855	REMOVE ANTERIOR INSTRUMENTATION	CCR						
37	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR						
37	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	22861	REVISION INCLUDING REPLACEMENT OF TO	CCR						
37	22862	REVISION INCLUDING REPLACEMENT OF TO	CCR						
37	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR						
37	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR						
37	23015	EXC BENIGN SHOULDER TUMOR SUBCU	CCR						
37	23065	BIOPSY SHOULDER SUPERFICIAL	CCR						
37	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	CCR						
37	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	CCR						
37	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	CCR						
37	23350	INJECTION FOR SHOULDER X-RAY	CCR						
37	23456	REPAIR SHOULDER CAPSULE	CCR						
37	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	CCR						
37	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	CCR						
37	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	CCR						
37	23900	AMPUTATION OF ARM & GIRDLE	CCR						
37	23920	AMPUTATION AT SHOULDER JOINT	CCR						
37	24065	BIOPSY ARM/ELBOW SOFT TISSUE	CCR						
37	24149	RADICAL RESECTION OF ELBOW	CCR						
37	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	CCR						
37	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	CCR						
37	24165	REMOVE RADIUS HEAD IMPLANT	CCR						
37	24220	INJECTION FOR ELBOW X-RAY	CCR						
37	24300	MANIPULATE ELBOW W/ANESTH	CCR						
37	24332	TENOLYSIS, TRICEPS	CCR						
37	24343	REPR ELBOW LAT LIGMNT W/TISS	CCR						
37	24344	RECONSTRUCT ELBOW LAT LIGMNT	CCR						
37	24346	RECONSTRUCT ELBOW MED LIGMNT	CCR						
37	24357	INCISION OF TENDON TO REPAIR ELBOW J	CCR						
37	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR						
37	24359	REMOVAL OF TISSUE AND/OR BOEN AT ELB	CCR						
37	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR						
37	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR						
37	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	CCR						
37	24930	REAMPUTATION UPPER ARM	CCR						
37	24931	AMPUTATE UPPER ARM & IMPLANT	CCR						
37	24935	STUMP ELONGATION/REVISION UPPER ARM	CCR						
37	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	CCR						
37	25001	INCISE FLEXOR CARPI RADIALIS	CCR						
37	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	CCR						
37	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR				X		
37	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR						
37	25246	INJECTION FOR WRIST X-RAY	CCR						
37	25259	MANIPULATE WRIST W/ANESTHES	CCR						
37	25394	REPAIR CARPAL BONE, SHORTEN	CCR						
37	25430	VASC GRAFT INTO CARPAL BONE	CCR						
37	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	CCR						
37	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	CCR						
37	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	CCR						
37	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	CCR						
37	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	CCR						
37	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	CCR				X		
37	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	CCR						
37	25652	TREAT FRACTURE ULNAR STYLOID	CCR						
37	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	CCR						
37	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	CCR						
37	25909	REAMPUTATION FOREARM SURGERY	CCR						
37	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR						
37	25920	DISARTICULATION THROUGH WRIST	CCR						
37	25924	REAMPUTATION WRIST SURGERY	CCR						
37	25927	TRANSMETACARPAL AMPUTATION	CCR						
37	25931	AMPUTATION FOLLOW-UP SURGERY	CCR						
37	26010	DRAINAGE OF FINGER ABSCESS	CCR						
37	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	CCR						
37	26037	DECOMPRESSIVE FASCIOTOMY, HAND	CCR						
37	26341	MANIPULATION OF PALM PRETENDINOUS CO	CCR						
37	26441	RECONSTRUCT/GRAFT HAND JOINT	CCR						
37	26551	GREAT TOE-HAND TRANSFER	CCR						
37	26553	SINGLE TOE-HAND TRANSFER	CCR						
37	26554	DOUBLE TOE-HAND TRANSFER	CCR						
37	26556	TOE JOINT TRANSFER	CCR						
37	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	CCR				X		
37	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	CCR						
37	26700	TREAT KNUCKLE DISLOCATION	CCR						
37	26720	TREAT CLSD FX;W/O MANIP, EACH	CCR				X		
37	26725	TREAT CLSD FX;W/ MANIP, EACH	CCR				X		
37	26740	TREAT CLSD ART FX...W/O MANIP,EACH	CCR				X		
37	26750	TREAT CLSD FX...W/O MANIP, EACH	CCR				X		
37	26755	TREAT CLSD FX...W/ MANIP, EACH	CCR				X		
37	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR						
37	26775	TRMT OF SAME W/ ANESTION	CCR						
37	26992	DRAINAGE OF BONE LESION	CCR						
37	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR						
37	27006	TENOTOMY, ABDUCTORS, OPEN	CCR						
37	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	CCR						
37	27027	INCISION OF TISSUE OF MUSCLE COMPART	CCR						
37	27030	ARTHROTOMY OF HIP FOR DRAINAGE	CCR						
37	27036	EXCISION OF HIP JOINT/MUSCLE	CCR						
37	27054	REMOVAL OF HIP JOINT LINING	CCR						
37	27057	INCISION OF TISSUE ON ONE SIDE OF PE	CCR						
37	27070	PARTIAL REMOVAL OF HIP BONE	CCR						
37	27071	DEEP IP BONE	CCR						
37	27075	RADICAL RESECTION FOR TUMOR-WING OF	CCR						
37	27076	RADICAL RESECTION FOR TUMOR-ILIUM	CCR						
37	27077	INNOMINATE BONE-TOTAL	CCR						
37	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	CCR						
37	27090	REMOVAL OF HIP PROSTHESIS	CCR						
37	27091	COMPLICATED HESIS	CCR						
37	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR						
37	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	27120	ACETABULOPLASTY P SOCKET	CCR						
37	27122	RESECTION FEMORAL HEAD	CCR						
37	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR						
37	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	CCR						
37	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR						
37	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	CCR						
37	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	CCR						
37	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	CCR						
37	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR						
37	27146	OSTEOTOMY, ILIAC	CCR						
37	27147	WITH OPEN REDUCTION OF HIP	CCR						
37	27151	WITH FEMORAL OSTEOTOMY	CCR						
37	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR						
37	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR						
37	27161	INCISION OF NECK OF FEMUR	CCR						
37	27165	INCISION/FIXATION OF FEMUR	CCR						
37	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR						
37	27175	TREAT SLIPPED EPIPHYSIS	CCR						
37	27177	REPAIR SLIPPED EPIPHYSIS	CCR						
37	27178	CLOSED MANIPULATION YSIS	CCR						
37	27179	OSTEOPLASTY OF FEMORAL NECK	CCR						
37	27181	OSTEOTOMY & INTERNAL FIXATION	CCR						
37	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	CCR						
37	27200	TRMT OF CLOSED COCCYGEAL FX	CCR						
37	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR						
37	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR						
37	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR						
37	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR						
37	27220	TREAT HIP SOCKET FRACTURE	CCR						
37	27222	WITH MANIPULATION CTURE	CCR						
37	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR						
37	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR						
37	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR						
37	27232	WITH MANIPULATION MUR	CCR						
37	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR						
37	27240	WITH MANIPULATION RACTURE	CCR						
37	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR						
37	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR						
37	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR						
37	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR						
37	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR						
37	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR						
37	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR						
37	27259	W/ FEMORAL SHAFT SHORTENING	CCR						
37	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR						
37	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR						
37	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR						
37	27280	FUSION OF SACROILLIAC JOINT	CCR						
37	27282	FUSION OF PUBIC BONES	CCR						
37	27284	FUSION OF HIP JOINT	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	27286	WITH SUBTROCHANTERIC OSTEOATOMY	CCR						
37	27290	AMPUTATION OF LEG AT HIP	CCR						
37	27295	DISARTICULATION OF HIP	CCR						
37	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR						
37	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR						
37	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR						
37	27365	EXTENSIVE LEG SURGERY	CCR						
37	27370	INJECTION FOR KNEE X-RAY	CCR						
37	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR						
37	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR						
37	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR						
37	27440	REVISION OF KNEE JOINT	CCR						
37	27445	REVISE KNEE JOINT, IMPLANT	CCR						
37	27446	TOTAL KNEE REPLACEMENT	CCR						
37	27447	TOTAL KNEE REPLACEMENT	CCR						
37	27448	INCISION OF FEMUR	CCR						
37	27450	INCISION OF FEMUR	CCR						
37	27454	REALIGNMENT OF FEMUR	CCR						
37	27457	REALIGNMENT OF KNEE	CCR						
37	27466	LENGTHENING OF FEMUR	CCR						
37	27468	REVISION OF FEMURS	CCR						
37	27470	REPAIR OF FEMUR	CCR						
37	27472	REPAIR/GRAFT OF FEMUR	CCR						
37	27475	REPAIR OF FEMUR EPIPHYSIS	CCR						
37	27479	REPAIR OF LEG EPIPHYSES	CCR						
37	27483	REVISE KNEECAP WITH IMPLANT	CCR						
37	27485	REPAIR OF LEG EPIPHYSIS	CCR						
37	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR						
37	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR						
37	27488	REMOVAL OF KNEE PROSTHESIS	CCR						
37	27495	PROPHYLACTIC TREAT. FEMUR	CCR						
37	27506	REPAIR OF FEMUR FRACTURE	CCR						
37	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR						
37	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR						
37	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR						
37	27519	REPAIR OF FEMUR EPIPHYSIS	CCR						
37	27524	REPAIR OF KNEECAP FRACTURE	CCR						
37	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR						
37	27536	REPAIR OF KNEE FRACTURE	CCR						
37	27556	REPAIR OF KNEE DISLOCATION	CCR						
37	27557	REPAIR OF KNEE DISLOCATION	CCR						
37	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR						
37	27580	FUSION OF KNEE	CCR						
37	27590	AMPUTATE LEG AT THIGH	CCR						
37	27591	AMPUTATE LEG AT THIGH	CCR						
37	27592	AMPUTATE LEG AT THIGH	CCR						
37	27596	AMPUTATION FOLLOW-UP SURGERY	CCR						
37	27598	AMPUTATE LOWER LEG AT KNEE	CCR						
37	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR						
37	27645	EXTENSIVE LOWER LEG SURGERY	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	27646	EXTENSIVE LOWER LEG SURGERY	CCR						
37	27648	INJECTION FOR ANKLE X-RAY	CCR						
37	27702	RECONSTRUCT ANKLE JOINT	CCR						
37	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	CCR						
37	27712	REALIGNMENT OF LOWER LEG	CCR						
37	27722	REPAIR/GRAFT OF TIBIA	CCR						
37	27724	REPAIR/GRAFT OF TIBIA	CCR						
37	27725	REPAIR OF LOWER LEG	CCR						
37	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR						
37	27727	REPAIR OF LOWER LEG	CCR						
37	27743	REVISION OF KNEE JOINT	CCR						
37	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR						
37	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR						
37	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR						
37	27880	AMPUTATION OF LOWER LEG	CCR						
37	27881	AMPUTATION OF LOWER LEG	CCR						
37	27882	AMPUTATION OF LOWER LEG	CCR						
37	27886	AMPUTATION FOLLOW-UP SURGERY	CCR						
37	28001	DRAINAGE OF BURSA OF FOOT	CCR						
37	28010	INCISION OF TOE TENDON	CCR						
37	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR						
37	28220	RELEASE OF FOOT TENDON	CCR						
37	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	CCR					X	
37	28360	RECONSTRUCT CLEFT FOOT	CCR						
37	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR						
37	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR						
37	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	CCR					X	
37	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR					X	
37	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					X	
37	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					X	
37	28490	TREAT BIG TOE FRACTURE	CCR						
37	28495	TREAT BIG TOE FRACTURE	CCR						
37	28510	TREAT CLSD FX...W/O MANIP,EACH	CCR					X	
37	28515	TREAT CLSD FX...W/ MANIP., EACH	CCR					X	
37	28530	TREAT CLOSED SESAMOID FRACTURE	CCR					X	
37	28540	TREAT FOOT DISLOCATION	CCR						
37	28570	TREAT FOOT DISLOCATION	CCR						
37	28630	TREAT TOE DISLOCATION	CCR						
37	28800	AMPUTATION OF MIDFOOT	CCR						
37	28805	AMPUTATION THRU METATARSAL	CCR						
37	28819	REMOVAL OF HEEL SPUR	CCR						
37	28890	HIGH ENERGY ESWT, PLANTAR F	CCR						
37	29000	APPLICATION OF BODY CAST	CCR						
37	29010	APPLICATION OF BODY CAST	CCR						
37	29015	APPLICATION OF BODY CAST	CCR						
37	29020	APPLICATION OF BODY CAST	CCR						
37	29025	APPLICATION OF BODY CAST	CCR						
37	29035	APPLICATION OF BODY CAST	CCR						
37	29040	APPLICATION OF BODY CAST	CCR						
37	29044	APPLICATION OF BODY CAST	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	29046	APPLICATION OF BODY CAST	CCR						
37	29049	APPLICATION OF SHOULDER CAST	CCR						
37	29055	APPLICATION OF SHOULDER CAST	CCR				X		
37	29058	APPLICATION OF SHOULDER CAST	CCR				X		
37	29065	APPLICATION OF LONG ARM CAST	CCR				X		
37	29075	APPLICATION OF FOREARM CAST	CCR				X		
37	29085	APPLY HAND/WRIST CAST	CCR				X		
37	29086	APPLY FINGER CAST	CCR				X		
37	29105	APPLY LONG ARM SPLINT	CCR				X		
37	29125	APPLY FOREARM SPLINT	CCR				X		
37	29126	APPLY FOREARM SPLINT	CCR				X		
37	29130	APPLICATION OF FINGER SPLINT	CCR				X		
37	29131	APPLICATION OF FINGER SPLINT	CCR				X		
37	29200	STRAPPING OF CHEST	CCR						
37	29240	STRAPPING OF SHOULDER	CCR				X		
37	29260	STRAPPING OF ELBOW OR WRIST	CCR				X		
37	29280	STRAPPING OF HAND OR FINGER	CCR				X		
37	29305	APPLICATION OF HIP CAST	CCR						
37	29325	APPLICATION OF HIP CASTS	CCR						
37	29345	APPLICATION OF LONG LEG CAST	CCR				X		
37	29355	APPLICATION OF LONG LEG CAST	CCR				X		
37	29358	APPLY LONG LEG CAST BRACE	CCR				X		
37	29365	APPLICATION OF LONG LEG CAST	CCR				X		
37	29405	APPLY SHORT LEG CAST	CCR				X		
37	29425	APPLY SHORT LEG CAST	CCR				X		
37	29435	APPLY SHORT LEG CAST	CCR				X		
37	29440	ADDITION OF WALKER TO CAST	CCR				X		
37	29445	APPLY RIGID LEG CAST	CCR						
37	29450	APPLICATION OF LEG CAST	CCR						
37	29505	APPLICATION LONG LEG SPLINT	CCR				X		
37	29515	APPLICATION LOWER LEG SPLINT	CCR				X		
37	29520	STRAPPING OF HIP	CCR				X		
37	29530	STRAPPING OF KNEE	CCR				X		
37	29540	STRAPPING OF ANKLE	CCR				X		
37	29550	STRAPPING OF TOES	CCR				X		
37	29580	APPLICATION OF PASTE BOOT	CCR				X		
37	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR				X		
37	29582	APPLICATION OF MULTI-LAYER COMPRESSI	CCR						
37	29583	APPLICATION OF MULTI-LAYER COMPRESSI	CCR						
37	29584	APPLICATION OF MULTI-LAYER COMPRESSI	CCR						
37	29700	REMOVAL/REVISION OF CAST	CCR						
37	29705	REMOVAL/REVISION OF CAST	CCR						
37	29710	REMOVAL/REVISION OF CAST	CCR						
37	29715	REMOVAL/REVISION OF CAST	CCR						
37	29720	REPAIR OF BODY CAST	CCR						
37	29730	WINDOWING OF CAST	CCR						
37	29740	WEDGING OF CAST	CCR						
37	29750	WEDGING OF CLUBFOOT CAST	CCR						
37	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR						
37	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR						
37	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR						
37	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR						
37	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR						
37	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR						
37	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR						
37	30020	DRAINAGE OF NOSE LESION	CCR						
37	30124	REMOVAL OF NOSE LESION	CCR						
37	30200	INJECTION TREATMENT OF NOSE	CCR						
37	31040	EXPLORATION BEHIND UPPER JAW	CCR						
37	31225	REMOVAL OF UPPER JAW	CCR						
37	31230	REMOVAL OF UPPER JAW	CCR						
37	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	CCR						
37	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	CCR						
37	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR						
37	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR						
37	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR						
37	31360	REMOVAL OF LARYNX	CCR						
37	31365	REMOVAL OF LARYNX	CCR						
37	31367	PARTIAL REMOVAL OF LARYNX	CCR						
37	31368	PARTIAL REMOVAL OF LARYNX	CCR						
37	31370	PARTIAL REMOVAL OF LARYNX	CCR						
37	31375	PARTIAL REMOVAL OF LARYNX	CCR						
37	31380	PARTIAL REMOVAL OF LARYNX	CCR						
37	31382	PARTIAL REMOVAL OF LARYNX	CCR						
37	31390	REMOVAL OF LARYNX & PHARYNX	CCR						
37	31395	RECONSTRUCT LARYNX & PHARYNX	CCR						
37	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	CCR					X	
37	31505	DIAGNOSTIC LARYNGOSCOPY	CCR						
37	31579	SEE 31575;WITH STROBOSCOPY	CCR						
37	31584	REPAIR OF LARYNX FRACTURE	CCR						
37	31587	LARYNGOPLASTY, CRICOID SPLIT	CCR						
37	31600	TRACHEOSTOMY, PLANNED	CCR	02	99				
37	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	CCR	00	01				
37	31605	INCISION OF NECK CARTILAGES	CCR						
37	31610	INCISION OF WINDPIPE	CCR						
37	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					X	
37	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						
37	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					X	
37	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					X	
37	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR						
37	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						
37	31725	CLEARANCE OF AIRWAYS	CCR					X	
37	31760	REPAIR OF WINDPIPE	CCR						
37	31766	CARINAL RECONSTRUCTION	CCR						
37	31770	REPAIR/GRAFT OF BRONCHUS	CCR						
37	31775	RECONSTRUCT BRONCHUS	CCR						
37	31780	RECONSTRUCT WINDPIPE	CCR						
37	31781	RECONSTRUCT WINDPIPE	CCR						
37	31785	REMOVE WINDPIPE LESION	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	31786	REMOVE WINDPIPE LESION	CCR						
37	31800	REPAIR OF WINDPIPE INJURY	CCR						
37	31805	REPAIR OF WINDPIPE INJURY	CCR						
37	32035	EXPLORATION OF CHEST	CCR						
37	32036	EXPLORATION OF CHEST	CCR						
37	32100	THORACOTOMY; WITH EXPLORATION	CCR						
37	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	CCR						
37	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	CCR						
37	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	CCR						
37	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	CCR						
37	32141	THORACOTOMY; WITH RESECTION-PLICATIO	CCR						
37	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	CCR						
37	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	CCR						
37	32160	THORACOTOMY; WITH CARDIAC MASSAGE	CCR						
37	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	CCR						
37	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	CCR						
37	32220	RELEASE OF LUNG	CCR						
37	32225	PARTIAL RELEASE OF LUNG	CCR						
37	32310	REMOVAL OF CHEST LINING	CCR						
37	32320	FREE/REMOVE CHEST LINING	CCR						
37	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	CCR						
37	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	CCR						
37	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	CCR						
37	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	CCR						
37	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	CCR						
37	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	CCR						
37	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	CCR						
37	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	CCR						
37	32501	REPAIR BRONCHUS (ADD-ON)	CCR						
37	32503	RESECT APICAL LUNG TUMOR	CCR						
37	32504	RESECT APICAL LUNG TUM/CHEST	CCR						
37	32507	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	CCR						
37	32540	REMOVAL OF LUNG LESION	CCR						
37	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR						
37	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR						
37	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR						
37	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR						
37	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR						
37	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR						
37	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR						
37	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR						
37	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR						
37	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR						
37	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR						
37	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	CCR						
37	32650	THORACOSCOPY, SURGICAL;	CCR						
37	32651	THORACOSCOPY, SURGICAL;	CCR						
37	32652	THORACOSCOPY, SURGICAL;	CCR						
37	32653	THORACOSCOPY, SURGICAL;	CCR						
37	32654	THORACOSCOPY, SURGICAL;	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	CCR						
37	32656	THORACOSCOPY, SURGICAL;	CCR						
37	32658	THORACOSCOPY, SURGICAL;	CCR						
37	32659	THORACOSCOPY, SURGICAL;	CCR						
37	32661	THORACOSCOPY, SURGICAL;	CCR						
37	32662	THORACOSCOPY, SURGICAL;	CCR						
37	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	CCR						
37	32664	THORACOSCOPY, SURGICAL;	CCR						
37	32665	THORACOSCOPY, SURGICAL;	CCR						
37	32701	THORACIC TARGET(S) DELINEATION FOR S	CCR						
37	32800	REPAIR LUNG HERNIA	CCR						
37	32810	CLOSE CHEST AFTER DRAINAGE	CCR						
37	32815	CLOSE BRONCHIAL FISTULA	CCR						
37	32820	RECONSTRUCT INJURED CHEST	CCR						
37	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	CCR						
37	32851	LUNG TRANSPLANT, SINGLE;	CCR						
37	32852	LUNG TRANSPLANT, SINGLE;	CCR						
37	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	CCR						
37	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	CCR						
37	32855	PREPARE DONOR LUNG, SINGLE	CCR						
37	32856	PREPARE DONOR LUNG, DOUBLE	CCR						
37	32900	REMOVAL OF RIB(S)	CCR						
37	32905	REVISE & REPAIR CHEST WALL	CCR						
37	32906	REVISE & REPAIR CHEST WALL	CCR						
37	32940	REVISION OF LUNG	CCR						
37	32960	THERAPEUTIC PNEUMOTHORAX	CCR						
37	32997	TOTAL LUNG LAVAGE	CCR						
37	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR						
37	33015	INCISION OF HEART SAC	CCR						
37	33020	INCISION OF HEART SAC	CCR						
37	33025	INCISION OF HEART SAC	CCR						
37	33030	PARTIAL REMOVAL OF HEART SAC	CCR						
37	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	CCR						
37	33050	RESECTION OF PERICARDIAL CYST OR TUM	CCR						
37	33120	REMOVAL OF HEART LESION	CCR						
37	33130	REMOVAL OF HEART LESION	CCR						
37	33140	HEART REVASCULARIZE (TMR)	CCR						
37	33141	HEART TMR W/OTHER PROCEDURE	CCR						
37	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	CCR						
37	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	CCR						
37	33206	INSERTION OF NEW OR REPLACEMENT OF P	CCR						
37	33207	INSERTION OF NEW OR REPLACEMENT OF P	CCR						
37	33208	INSERTION OF NEW OR REPLACEMENT OF P	CCR						
37	33210	INSERTION OF HEART ELECTRODE	CCR						
37	33211	INSERTION OR REPLACEMENT OF TEMPORAR	CCR						
37	33213	INSERTION OF PACEMAKER PULSE GENERAT	CCR						
37	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR						
37	33215	REPOSITION PACING-DEFIB LEAD	CCR						
37	33216	REVISION IMPLANTED ELECTRODE	CCR						
37	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	CCR						
37	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	CCR						
37	33221	INSERTION OF PACEMAKER PULSE GENERAT	CCR						
37	33224	INSERTION OF PACING ELECTRODE, CARDI	CCR						
37	33225	INSERTION OF PACING ELECTRODE, CARDI	CCR						
37	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	CCR						
37	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR						
37	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR						
37	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR						
37	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR						
37	33231	INSERTION OF PACING CARDIOVERTER-DEF	CCR						
37	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR						
37	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR						
37	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	CCR						
37	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	CCR						
37	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	CCR						
37	33240	INSERTION OF PACING CARDIOVERTER-DEF	CCR						
37	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR						
37	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR						
37	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR						
37	33249	INSERTION OR REPLACEMENT OF PERMANEN	CCR						
37	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	CCR						
37	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	CCR						
37	33254	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33255	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33256	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33257	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33258	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33259	OPERATIVE TISSUE ABLATION AND RECONS	CCR						
37	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	CCR						
37	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR						
37	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR						
37	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR						
37	33265	ABLATE ATRIA, LMTD, ENDO	CCR						
37	33266	ABLATE ATRIA, XI0SV, ENDO	CCR						
37	33282	IMPLANT PAT-ACTIVE HT RECORD	CCR						
37	33284	REMOVE PAT-ACTIVE HT RECORD	CCR						
37	33300	REPAIR OF HEART WOUND	CCR						
37	33305	REPAIR OF HEART WOUND	CCR						
37	33310	EXPLORATORY HEART SURGERY	CCR						
37	33315	EXPLORATORY HEART SURGERY	CCR						
37	33320	REPAIR MAJOR BLOOD VESSEL(S)	CCR						
37	33321	REPAIR MAJOR VESSEL	CCR						
37	33322	REPAIR MAJOR BLOOD VESSEL(S)	CCR						
37	33330	INSERT MAJOR VESSEL GRAFT	CCR						
37	33332	INSERT MAJOR VESSEL GRAFT	CCR						
37	33335	INSERT MAJOR VESSEL GRAFT	CCR						
37	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	CCR						
37	33362	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33363	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	33364	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33365	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33367	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33368	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33369	TRANSCATHETER AORTIC VALVE REPLACEME	CCR						
37	33400	REPAIR OF AORTIC VALVE	CCR						
37	33401	VALVULOPLASTY, AORTIC VALVE;	CCR						
37	33403	VALVULOPLASTY, AORTIC VALVE;	CCR						
37	33404	CONSTRUCT APICAL-AORTIC CONDUIT	CCR						
37	33405	REPLACEMENT OF AORTIC VALVE	CCR						
37	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	CCR						
37	33410	REPLACEMENT OF AORTIC VALVE	CCR						
37	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	CCR						
37	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	CCR						
37	33413	REPLACEMENT, AORTIC VALVE;	CCR						
37	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	CCR						
37	33415	REVISION OF AORTIC VALVE	CCR						
37	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	CCR						
37	33417	REPAIR OF AORTIC VALVE	CCR						
37	33420	REVISION OF MITRAL VALVE	CCR						
37	33422	REVISION OF MITRAL VALVE	CCR						
37	33425	REPAIR OF MITRAL VALVE	CCR						
37	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	CCR						
37	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	CCR						
37	33430	REPLACEMENT OF MITRAL VALVE	CCR						
37	33460	REVISION OF TRICUSPID VALVE	CCR						
37	33463	VALVULOPLASTY, TRICUSPID VALVE;	CCR						
37	33464	VALVULOPLASTY, TRICUSPID VALVE;	CCR						
37	33465	REPLACE TRICUSPID VALVE	CCR						
37	33468	REVISION OF TRICUSPID VALVE	CCR						
37	33470	REVISION OF PULMONARY VALVE	CCR						
37	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	CCR						
37	33472	REVISION OF PULMONARY VALVE	CCR						
37	33474	REVISION OF PULMONARY VALVE	CCR						
37	33475	REPLACEMENT, PULMONARY VALVE	CCR						
37	33476	REVISION OF HEART CHAMBER	CCR						
37	33478	REVISION OF HEART CHAMBER	CCR						
37	33496	REPAIR, PROSTH VALVE CLOT	CCR						
37	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	CCR						
37	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	CCR						
37	33502	CORONARY ARTERY CORRECTION	CCR						
37	33503	CORONARY ARTERY GRAFT	CCR						
37	33504	CORONARY ARTERY GRAFT	CCR						
37	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	CCR						
37	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	CCR						
37	33507	REPAIR ART, INTRAMURAL	CCR						
37	33508	ENDOSCOPIC VEIN HARVEST	CCR						
37	33510	CORONARY ARTERY BYPASS	CCR						
37	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	CCR						
37	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	CCR						

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	CCR						
37	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	CCR						
37	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	CCR						
37	33517	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33518	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33519	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33521	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33522	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33523	CORONARY ARTERY BYPASS, USING VENOUS	CCR						
37	33530	REOPERATION,CORON ART BYPASS >1MONTH	CCR						
37	33533	CORONARY ARTERY BYPASS, USING ARTERI	CCR						
37	33534	CORONARY ARTERY BYPASS, USING ARTERI	CCR						
37	33535	CORONARY ARTERY BYPASS, USING ARTERI	CCR						
37	33536	CORONARY ARTERY BYPASS, USING ARTERI	CCR						
37	33542	REMOVAL OF HEART LESION	CCR						
37	33545	REPAIR OF HEART DAMAGE	CCR						
37	33548	RESTORE/REMODEL, VENTRICLE	CCR						
37	33572	OPEN CORONARY ENDARTERECTOMY	CCR						
37	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	CCR						
37	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	CCR						
37	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	CCR						
37	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	CCR						
37	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR						
37	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	CCR						
37	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	CCR						
37	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR						
37	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR						
37	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	CCR						
37	33641	REPAIR HEART SEPTUM DEFECT	CCR						
37	33645	REVISION OF HEART VEINS	CCR						
37	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	CCR						
37	33660	REPAIR OF HEART DEFECTS	CCR						
37	33665	REPAIR OF HEART DEFECTS	CCR						
37	33670	REPAIR OF HEART CHAMBERS	CCR						
37	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR						
37	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR						
37	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR						
37	33681	REPAIR HEART SEPTUM DEFECT	CCR						
37	33684	REPAIR HEART SEPTUM DEFECT	CCR						
37	33688	REPAIR HEART SEPTUM DEFECT	CCR						
37	33690	REINFORCE PULMONARY ARTERY	CCR						
37	33692	REPAIR OF HEART DEFECTS	CCR						
37	33694	REPAIR OF HEART DEFECTS	CCR						
37	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	CCR						
37	33702	REPAIR OF HEART DEFECTS	CCR						
37	33710	REPAIR OF HEART DEFECTS	CCR						
37	33720	REPAIR OF HEART DEFECT	CCR						
37	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	CCR						
37	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	CCR						
37	33726	REPAIR OF PULMONARY VENOUS STENOSIS	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	33730	REPAIR HEART-VEIN DEFECT(S)	CCR						
37	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	CCR						
37	33735	REVISION OF HEART CHAMBER	CCR						
37	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	CCR						
37	33737	REVISION OF HEART CHAMBER	CCR						
37	33750	MAJOR VESSEL SHUNT	CCR						
37	33755	MAJOR VESSEL SHUNT	CCR						
37	33762	MAJOR VESSEL SHUNT	CCR						
37	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	CCR						
37	33766	MAJOR VESSEL SHUNT	CCR						
37	33767	SHUNT;	CCR						
37	33768	CAVOPULMONARY SHUNTING	CCR						
37	33770	REPAIR OF TRANSPOSITION OF THE GREAT	CCR						
37	33771	REPAIR OF TRANSPOSITION OF THE GREAT	CCR						
37	33774	REPAIR TRANSPO GREAT ARTERIES	CCR						
37	33775	REPAIR W REMOVAL PULMONARY BAND	CCR						
37	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	CCR						
37	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	CCR						
37	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	CCR						
37	33779	REPAIR W REMOVAL O PULMONARY BAND	CCR						
37	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	CCR						
37	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	CCR						
37	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	CCR						
37	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	CCR						
37	33786	REPAIR ARTERIAL TRUNK	CCR						
37	33788	REVISION OF PULMONARY ARTERY	CCR						
37	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	CCR						
37	33802	REPAIR VESSEL DEFECT	CCR						
37	33803	REPAIR VESSEL DEFECT	CCR						
37	33813	OBLITERATION O AORTOPULMON SEPTAL DE	CCR						
37	33814	OBLITERATION W CARDIOPULMONARY BYPAS	CCR						
37	33820	REVISE MAJOR VESSEL	CCR						
37	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	CCR	00	17				
37	33824	REPAIR PATENT DUCTUS ARTERIOSUS	CCR	18	99				
37	33840	REMOVE AORTA CONSTRICTION	CCR						
37	33845	REMOVE AORTA CONSTRICTION	CCR						
37	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	CCR						
37	33852	EXCISION O COARCTATION W REPAIR ARCH	CCR						
37	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	CCR						
37	33860	ASCENDING AORTA GRAFT	CCR						
37	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	CCR						
37	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	CCR						
37	33870	TRANSVERSE AORTIC ARCH GRAFT	CCR						
37	33875	THORACIC AORTA GRAFT	CCR						
37	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	CCR						
37	33880	ENDOVASC TAA REPR INCL SUBCL	CCR						
37	33881	ENDOVASC TAA REPR W/O SUBCL	CCR						
37	33883	INSERT ENDOVASC PROSTH, TAA	CCR						
37	33884	ENDOVASC PROSTH, TAA, ADD-ON	CCR						X
37	33886	ENDOVASC PROSTH, DELAYED	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	33889	ARTERY TRANSPHOSE/ENDOVAS TAA	CCR						
37	33891	CAR-CAR BP GRFT/ENDOVAS TAA	CCR						
37	33910	REMOVE LUNG ARTERY EMBOLI	CCR						
37	33915	REMOVE LUNG ARTERY EMBOLI	CCR						
37	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	CCR						
37	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR						
37	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	CCR						
37	33922	TRANSECTION OF PULMONARY ARTERY WITH	CCR						
37	33924	REMOVE PULMONARY SHUNT	CCR						
37	33925	RPR PUL ART UNIFOCAL W/O CPB	CCR						
37	33926	REPR PUL ART, UNIFOCAL W/CPB	CCR						
37	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	CCR						
37	33933	PREPARE DONOR HEART/LUNG	CCR						
37	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	CCR						
37	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	CCR						
37	33944	PREPARE DONOR HEART	CCR						
37	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	CCR						
37	33960	PROLONGED EXTRACORPOREAL CIRCULATION	CCR						
37	33961	PROLONGED EXTRACORPOREAL CIRCULATION	CCR						
37	33967	INSERT IA PERCUT DEVICE	CCR						
37	33968	REMOVE AORTIC ASSIST DEVICE	CCR						
37	33970	INTERNAL CIRCULATION ASSIST	CCR						
37	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	CCR						
37	33973	INSERTION OF INTRA-AORTIC BALLOON AS	CCR						
37	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	CCR						
37	33975	IMPLANTATION OF VENTRICULAR ASSIST D	CCR						
37	33976	IMPLANTATION OF VENTRICULAR ASSIST D	CCR						
37	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	CCR						
37	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	CCR						
37	33979	INSERT INTRACORPOREAL DEVICE	CCR						
37	33980	REMOVE INTRACORPOREAL DEVICE	CCR						
37	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	CCR						
37	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	CCR						
37	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	CCR						
37	33990	INSERTION OF VENTRICULAR ASSIST DEVI	CCR						
37	33991	INSERTION OF VENTRICULAR ASSIST DEVI	CCR						
37	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	CCR						
37	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	CCR						
37	34001	REMOVAL OF ARTERY CLOT	CCR						
37	34051	REMOVAL OF ARTERY CLOT	CCR						
37	34101	REMOVAL OF ARTERY CLOT	CCR						
37	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR						
37	34151	REMOVAL OF ARTERY CLOT	CCR						
37	34201	REMOVAL OF ARTERY CLOT	CCR						
37	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	CCR						
37	34401	REMOVAL OF VEIN CLOT	CCR						
37	34421	REMOVAL OF VEIN CLOT	CCR						
37	34451	REMOVAL OF VEIN CLOT	CCR						
37	34471	REMOVAL OF VEIN CLOT	CCR						
37	34490	REMOVAL OF VEIN CLOT	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	34501	VALVULOPLASTY, FEMORAL VEIN	CCR						
37	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	CCR						
37	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	CCR						
37	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	CCR						
37	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	CCR						
37	34800	ENDOVASC ABDO REPAIR W/TUBE	CCR						
37	34802	ENDOVASC ABDO REPR W/DEVICE	CCR						
37	34803	ENDOVAS AAA REPR W/3-P PART	CCR						
37	34804	ENDOVASC ABDO REPR W/DEVICE	CCR						
37	34805	ENDOVASC ABDO REPAIR W/PROS	CCR						
37	34806	TRANSCATHETER PLACEMENT OF WIRELESS	CCR						
37	34808	ENDOVASC ABDO OCCLUD DEVICE	CCR						
37	34812	XPOSE FOR ENDOPROSTH, AORTIC	CCR						
37	34813	XPOSE FOR ENDOPROSTH, FEMORL	CCR						
37	34820	XPOSE FOR ENDOPROSTH, ILIAC	CCR						
37	34825	ENDOVASC EXTEND PROSTH, INIT	CCR						
37	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	CCR				X		
37	34830	OPEN AORTIC TUBE PROSTH REPR	CCR						
37	34831	OPEN AORTOILIAC PROSTH REPR	CCR						
37	34832	OPEN AORTOFEMOR PROSTH REPR	CCR						
37	34833	XPOSE FOR ENDOPROSTH, ILIAC	CCR						
37	34834	XPOSE, ENDOPROSTH, BRACHIAL	CCR						
37	34900	ENDOVASC ILIAC REPR W/GRAFT	CCR						
37	35001	REPAIR DEFECT OF ARTERY	CCR						
37	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	CCR						
37	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	CCR						
37	35011	REPAIR DEFECT OF ARTERY	CCR						
37	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	CCR						
37	35021	REPAIR DEFECT OF ARTERY	CCR						
37	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	CCR						
37	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR						
37	35081	REPAIR DEFECT OF ARTERY	CCR						
37	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	CCR						
37	35091	REPAIR DEFECT OF ARTERY	CCR						
37	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	CCR						
37	35102	REPAIR DEFECT OF ARTERY	CCR						
37	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	CCR						
37	35111	REPAIR DEFECT OF ARTERY	CCR						
37	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	CCR						
37	35121	REPAIR DEFECT OF ARTERY	CCR						
37	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	CCR						
37	35131	REPAIR DEFECT OF ARTERY	CCR						
37	35132	RUPTURED ANEURYSM,ILIAC ARTERY	CCR						
37	35141	REPAIR DEFECT OF ARTERY	CCR						
37	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR						
37	35151	REPAIR DEFECT OF ARTERY	CCR						
37	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	CCR						
37	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR						
37	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	CCR						
37	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	CCR						
37	35201	REPAIR BLOOD VESSEL LESION	CCR						
37	35211	REPAIR BLOOD VESSEL LESION	CCR						
37	35216	REPAIR BLOOD VESSEL LESION	CCR						
37	35221	REPAIR BLOOD VESSEL LESION	CCR						
37	35226	REPAIR BLOOD VESSEL LESION	CCR						
37	35231	REPAIR BLOOD VESSEL LESION	CCR						
37	35236	REPAIR BLOOD VESSEL LESION	CCR						
37	35241	REPAIR BLOOD VESSEL LESION	CCR						
37	35246	REPAIR BLOOD VESSEL LESION	CCR						
37	35251	REPAIR BLOOD VESSEL LESION	CCR						
37	35256	REPAIR BLOOD VESSEL LESION	CCR						
37	35261	REPAIR BLOOD VESSEL LESION	CCR						
37	35266	REPAIR BLOOD VESSEL LESION	CCR						
37	35271	REPAIR BLOOD VESSEL LESION	CCR						
37	35276	REPAIR BLOOD VESSEL LESION	CCR						
37	35281	REPAIR BLOOD VESSEL LESION	CCR						
37	35286	REPAIR BLOOD VESSEL LESION	CCR						
37	35301	RECHANNELING OF ARTERY	CCR						
37	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR						
37	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR						
37	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR						
37	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR						
37	35306	THROMBOENDARTERECTOMY, INCLUDING P +	CCR					X	
37	35311	RECHANNELING OF ARTERY	CCR						
37	35321	RECHANNELING OF ARTERY	CCR						
37	35331	RECHANNELING OF ARTERY	CCR						
37	35341	RECHANNELING OF ARTERY	CCR						
37	35351	RECHANNELING OF ARTERY	CCR						
37	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	CCR						
37	35361	RECHANNELING OF ARTERY	CCR						
37	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	CCR						
37	35371	RECHANNELING OF ARTERY	CCR						
37	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	CCR						
37	35390	REOPERATION, CAROTID, THROMBOENDARTE	CCR						
37	35400	ANGIOSCOPY	CCR						
37	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	CCR						
37	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	CCR						
37	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	CCR						
37	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	CCR						
37	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR						
37	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR						
37	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR						
37	35500	HARVEST VEIN FOR BYPASS	CCR						
37	35501	ARTERY BYPASS GRAFT	CCR						
37	35506	ARTERY BYPASS GRAFT	CCR						
37	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	CCR						
37	35509	ARTERY BYPASS GRAFT	CCR						
37	35510	ARTERY BYPASS GRAFT	CCR						
37	35511	ARTERY BYPASS GRAFT	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	35512	ARTERY BYPASS GRAFT	CCR						
37	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	CCR						
37	35516	ARTERY BYPASS GRAFT	CCR						
37	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	CCR						
37	35521	ARTERY BYPASS GRAFT	CCR						
37	35522	ARTERY BYPASS GRAFT	CCR						
37	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	CCR						
37	35525	ARTERY BYPASS GRAFT	CCR						
37	35526	ARTERY BYPASS GRAFT	CCR						
37	35531	ARTERY BYPASS GRAFT	CCR						
37	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	CCR						
37	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	CCR						
37	35536	ARTERY BYPASS GRAFT	CCR						
37	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	CCR						
37	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	CCR						
37	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	CCR						
37	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	CCR						
37	35556	ARTERY BYPASS GRAFT	CCR						
37	35558	ARTERY BYPASS GRAFT	CCR						
37	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	CCR						
37	35563	ARTERY BYPASS GRAFT	CCR						
37	35565	ARTERY BYPASS GRAFT	CCR						
37	35566	ARTERY BYPASS GRAFT	CCR						
37	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	CCR						
37	35571	ARTERY BYPASS GRAFT	CCR						
37	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR						
37	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	CCR						
37	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	CCR						
37	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	CCR						
37	35600	HARVEST ARTERY FOR CABG	CCR						
37	35601	ARTERY BYPASS GRAFT	CCR						
37	35606	ARTERY BYPASS GRAFT	CCR						
37	35612	ARTERY BYPASS GRAFT	CCR						
37	35616	ARTERY BYPASS GRAFT	CCR						
37	35621	ARTERY BYPASS GRAFT	CCR						
37	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR						
37	35626	ARTERY BYPASS GRAFT	CCR						
37	35631	ARTERY BYPASS GRAFT	CCR						
37	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR						
37	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR						
37	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR						
37	35636	ARTERY BYPASS GRAFT	CCR						
37	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	CCR						
37	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	CCR						
37	35646	ARTERY BYPASS GRAFT	CCR						
37	35647	ARTERY BYPASS GRAFT	CCR						
37	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	CCR						
37	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	CCR						
37	35656	ARTERY BYPASS GRAFT	CCR						
37	35661	ARTERY BYPASS GRAFT	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	35663	ARTERY BYPASS GRAFT	CCR						
37	35665	ARTERY BYPASS GRAFT	CCR						
37	35666	ARTERY BYPASS GRAFT	CCR						
37	35671	ARTERY BYPASS GRAFT	CCR						
37	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	CCR						
37	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	CCR						
37	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	CCR						
37	35685	BYPASS GRAFT PATENCY/PATCH	CCR						
37	35686	BYPASS GRAFT/AV FIST PATENCY	CCR						
37	35691	TRANSPOSITION AND/OR REIMPLANTATION;	CCR						
37	35693	TRANSPOSITION AND/OR REIMPLANTATION;	CCR						
37	35694	TRANSPOSITION AND/OR REIMPLANTATION;	CCR						
37	35695	TRANSPOSITION AND/OR REIMPLANTATION;	CCR						
37	35697	REIMPLANT ARTERY EACH	CCR						
37	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	CCR						
37	35701	EXPLORATION, CAROTID ARTERY	CCR						
37	35721	EXPLORATION, FEMORAL ARTERY	CCR						
37	35741	EXPLORATION POPLITEAL ARTERY	CCR						
37	35761	EXPLORATION OF ARTERY/VEIN	CCR						
37	35800	EXPLORE NECK VESSELS	CCR						
37	35820	EXPLORE CHEST VESSELS	CCR						
37	35840	EXPLORE ABDOMINAL VESSELS	CCR						
37	35860	EXPLORE LIMB VESSELS	CCR						
37	35870	REPAIR OF GRAFT-ENTERIC FISTULA	CCR						
37	35879	REVISE GRAFT W/VEIN	CCR						
37	35881	REVISE GRAFT W/VEIN	CCR						
37	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR						
37	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR						
37	35901	EXCISION OF INFECTED GRAFT;	CCR						
37	35903	EXCISION OF INFECTED GRAFT;	CCR						
37	35905	EXCISION OF INFECTED GRAFT;	CCR						
37	35907	EXCISION OF INFECTED GRAFT;	CCR						
37	36000	ESTABLISH ACCESS TO VEIN	CCR					X	
37	36002	PSEUDOANEURYSM INJECTION TRT	CCR						
37	36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR						
37	36010	ESTABLISH ACCESS TO VEIN	CCR						
37	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR						
37	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR						
37	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR						
37	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR						
37	36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR						
37	36100	ESTABLISH ACCESS TO ARTERY	CCR					X	
37	36120	ESTABLISH ACCESS TO ARTERY	CCR					X	
37	36140	ESTABLISH ACCESS TO ARTERY	CCR					X	
37	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	CCR						
37	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	CCR					X	
37	36160	ESTABLISH ACCESS TO AORTA	CCR						
37	36200	INTRODUCTION OF CATHETER, AORTA	CCR						
37	36215	INTRODUCE CATHETER; EACH ADD...	CCR					X	
37	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						
37	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						
37	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR						
37	36222	SELECTIVE CATHETER PLACEMENT, COMMON	CCR				X		
37	36223	SELECTIVE CATHETER PLACEMENT, COMMON	CCR				X		
37	36224	SELECTIVE CATHETER PLACEMENT, INTERN	CCR				X		
37	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR				X		
37	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	CCR				X		
37	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	CCR				X		
37	36228	SELECTIVE CATHETER PLACEMENT, EACH I	CCR				X		
37	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR				X		
37	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						
37	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						
37	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						
37	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR						
37	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR						
37	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR						
37	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR						
37	36415	ROUTINE VENIPUNCTURE-COLLECTION	3.00				X	07/15/91	
37	36416	CAPILLARY BOOD DRAW	2.65					01/01/03	
37	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	CCR				X		
37	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	CCR	00	01		X		
37	36450	EXCHANGE TRANSFUSION SERVICE	CCR				X		
37	36455	EXCHANGE TRANSFUSION SERVICE	CCR				X		
37	36460	TRANSFUSION SERVICE, FETAL	CCR				X		
37	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR				X		
37	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	CCR				X		
37	36470	INJECTION THERAPY OF VEIN	CCR						
37	36471	INJECTION THERAPY OF VEINS	CCR						
37	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR						
37	36500	VEIN CATH/SELECT. ORGAN SAMPLE	CCR						
37	36511	APHERESIS WBC	CCR						
37	36512	APHERESIS RBC	CCR						
37	36513	APHERESIS PLATELETS	CCR						
37	36514	APHERESIS PLASMA	CCR						
37	36515	APHERESIS, ADSORP/REINFUSE	CCR						
37	36516	APHERESIS, SELECTIVE	CCR						
37	36522	PHOTOPHERESIS,EXTRACORPOREAL	CCR						
37	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR						
37	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR						
37	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR						
37	36595	MECH REMOV TUNNELED CV CATH	CCR						
37	36596	MECH REMOV TUNNELED CV CATH	CCR						
37	36597	REPOSITION VENOUS CATHETER	CCR						
37	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR				X		
37	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	24.78				X	10/15/07	
37	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR				X		
37	36625	ESTABLISH ACCESS TO ARTERY	CCR						
37	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR						
37	36822	INSERT CANNULA(S),PROLONGED ECMO	CCR				X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	36823	INSERTION CANNULA(S)	CCR						
37	36838	DIST REVAS LIGATION, HEMO	CCR						
37	37140	REVISION OF CIRCULATION	CCR						
37	37145	REVISION OF CIRCULATION	CCR						
37	37160	REVISION OF CIRCULATION	CCR						
37	37180	REVISION OF CIRCULATION	CCR						
37	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	CCR						
37	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR						
37	37184	PRIM ART MECH THROMBECTOMY	CCR						
37	37185	PRIM ART M-THROMBECT ADD-ON	CCR				X		
37	37186	SEC ART M-THROMBECT ADD-ON	CCR						
37	37187	VENOUS MECH THROMBECTOMY	CCR						
37	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR						
37	37191	INSERTION OF INTRAVASCULAR VENA CAVA	CCR						
37	37192	REPOSITIONING OF INTRAVASCULAR VENA	CCR						
37	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	CCR						
37	37195	THROMBOLYTIC THERAPY, STROKE	CCR						
37	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR						
37	37202	TRANSCATHETER THERAPY, INFUSION OTHE	CCR						
37	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	CCR				X		
37	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	CCR				X		
37	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	CCR				X		
37	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	CCR				X		
37	37215	TRANSCATH STENT, CCA W/EPS	CCR						
37	37216	TRANSCATH STENT, CCA W/O EPS	CCR						
37	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR						
37	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR						
37	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR				X		
37	37250	INTRAVASCULAR US	CCR						
37	37251	INTRAVASCULAR US	CCR				X		
37	37565	LIGATION OF NECK VEIN	CCR						
37	37600	LIGATION OF NECK ARTERY	CCR						
37	37605	LIGATION OF NECK ARTERY	CCR						
37	37606	LIGATION OF NECK ARTERY	CCR						
37	37615	LIGATION OF NECK ARTERY	CCR						
37	37616	LIGATE MAJOR ARTERY,CHEST	CCR						
37	37617	LIGATION OF ABDOMEN ARTERY	CCR						
37	37618	LIGATION OF EXTREMITY ARTERY	CCR						
37	37619	LIGATION OF INFERIOR VENA CAVA	CCR						
37	37660	REVISION OF MAJOR VEIN	CCR						
37	37765	PHLEB VEINS - EXTREM - TO 20	CCR						



COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	37766	PHLEB VEINS - EXTREM 20+	CCR						
37	37788	PENILE REVASCULARIZATION, ARTERY, WI	CCR						
37	38100	REMOVAL OF SPLEEN	CCR						
37	38101	SPLENECTOMY;PARTIAL	CCR						
37	38102	SPLENECTOMY;	CCR						
37	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	CCR						
37	38120	LAPAROSCOPY, SPLENECTOMY	CCR						
37	38200	INJECTION FOR SPLEEN X-RAY	CCR						
37	38207	CRYOPRESERVE STEM CELLS	CCR						
37	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR						
37	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR						
37	38210	T-CELL DEPLETION OF HARVEST	CCR						
37	38211	TUMOR CELL DEplete OF HARVST	CCR						
37	38212	RBC DEPLETION OF HARVEST	CCR						
37	38213	PLATELET DEplete OF HARVEST	CCR						
37	38214	VOLUME DEplete OF HARVEST	CCR						
37	38215	HARVEST STEM CELL CONCENTRTE	CCR						
37	38220	BONE MARROW ASPIRATION	CCR						
37	38221	BONE MARROW BIOPSY	CCR						
37	38230	BONE MARROW HARVESTING FOR TRANSPLAN	CCR						
37	38232	BONE MARROW HARVESTING FOR TRANSPLAN	CCR						
37	38240	BONE MARROW TRANSPLANTATION	CCR						
37	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	CCR						
37	38242	LYMPHOCYTE INFUSE TRANSPLANT	CCR						
37	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	CCR						
37	38380	THORACIC DUCT PROCEDURE	CCR						
37	38381	THORACIC DUCT PROCEDURE	CCR						
37	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	CCR						
37	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	CCR						
37	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	CCR						
37	38720	REMOVAL OF LYMPH NODES, NECK	CCR						
37	38724	CERVICAL LYMPHADENECTOMY	CCR						
37	38746	THORACIC LYMPHADENECTOMY BY THORACOT	CCR						
37	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	CCR						
37	38765	REMOVE GROIN LYMPH NODES	CCR						
37	38770	REMOVE PELVIS LYMPH NODES	CCR						
37	38780	REMOVE ABDOMEN LYMPH NODES	CCR						
37	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	CCR						
37	38794	ACCESS THORACIC LYMPH DUCT	CCR						
37	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	CCR						
37	39000	EXPLORATION OF MEDIASTINUM	CCR						
37	39010	EXPLORATION OF MEDIASTINUM	CCR						
37	39200	RESECTION OF MEDIASTINAL CYST	CCR						
37	39220	RESECTION OF MEDIASTINAL TUMOR	CCR						
37	39501	REPAIR, LACERATION OF DIAPHRAGM	CCR						
37	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	CCR	00	00				
37	39540	REPAIR OF DIAPHRAGM HERNIA	CCR						
37	39541	REPAIR OF DIAPHRAGM HERNIA	CCR						
37	39545	REVISION OF DIAPHRAGM	CCR						
37	39560	RESECT DIAPHRAGM, SIMPLE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	39561	RESECT DIAPHRAGM, COMPLEX	CCR						
37	40000	TISSUE TRANSFER; DEFECT TO 10 CM	CCR						
37	40805	REMOVAL FOREIGN BODY, MOUTH	CCR						
37	41000	DRAINAGE OF MOUTH LESION	CCR						
37	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR						
37	41105	BIOPSY OF TONGUE	CCR						
37	41110	EXCISION OF TONGUE LESION	CCR						
37	41130	PARTIAL REMOVAL OF TONGUE	CCR						
37	41135	TONGUE AND NECK SURGERY	CCR						
37	41140	REMOVAL OF TONGUE	CCR						
37	41145	TONGUE REMOVAL; NECK SURGERY	CCR						
37	41150	TONGUE, MOUTH, JAW SURGERY	CCR						
37	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	CCR						
37	41155	TONGUE, JAW, & NECK SURGERY	CCR						
37	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR						
37	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR						
37	41805	REMOVAL FOREIGN BODY, GUM	CCR						
37	41806	REMOVAL FOREIGN BODY,JAWBONE	CCR						
37	41825	EXCISION OF GUM LESION	CCR						
37	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR					X	
37	41830	REMOVAL OF GUM TISSUE	CCR						
37	41850	TREATMENT OF GUM LESION	CCR						
37	41872	REPAIR GUM	CCR						
37	42225	RECONSTRUCT CLEFT PALATE	CCR						
37	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR						
37	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR						
37	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR						
37	42330	REMOVAL OF SALIVARY STONE	CCR						
37	42335	REMOVAL OF SALIVARY STONE	CCR						
37	42400	BIOPSY OF SALIVARY GLAND	CCR					X	
37	42426	EXCISE PAROTID GLAND/LESION	CCR						
37	42550	INJECTION FOR SALIVARY X-RAY	CCR					X	
37	42660	DILATION OF SALIVARY DUCT	CCR						
37	42809	REMOVE PHARYNX FOREIGN BODY	CCR						
37	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	CCR						
37	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	CCR						
37	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	CCR						
37	42894	REMOVAL OF THROAT TISSUE	CCR						
37	42953	PHARYNGOESOPHAGEAL REPAIR	CCR						
37	42961	CONTROL THROAT BLEEDING	CCR					X	
37	42971	CONTROL NOSE/THROAT BLEEDING	CCR						
37	43020	INCISION OF ESOPHAGUS	CCR						
37	43030	THROAT MUSCLE SURGERY	CCR						
37	43045	INCISION OF ESOPHAGUS	CCR						
37	43100	EXCISION OF ESOPHAGUS LESION	CCR						
37	43101	EXCISION OF ESOPHAGUS LESION	CCR						
37	43107	REMOVAL OF ESOPHAGUS	CCR						
37	43108	REMOVAL OF ESOPHAGUS	CCR						
37	43112	REMOVAL OF ESOPHAGUS	CCR						
37	43113	REMOVAL OF ESOPHAGUS	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	43116	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43117	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43118	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43121	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43122	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43123	PARTIAL REMOVAL OF ESOPHAGUS	CCR						
37	43124	REMOVAL OF ESOPHAGUS	CCR						
37	43130	REMOVAL OF ESOPHAGUS POUCH	CCR						
37	43135	REMOVAL OF ESOPHAGUS POUCH	CCR						
37	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	CCR						
37	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	CCR						
37	43300	REPAIR OF ESOPHAGUS	CCR						
37	43305	REPAIR ESOPHAGUS AND FISTULA	CCR						
37	43310	REPAIR OF ESOPHAGUS	CCR						
37	43312	REPAIR ESOPHAGUS AND FISTULA	CCR						
37	43313	ESOPHAGOPLASTY CONGENITAL	CCR						
37	43314	TRACHEO-ESOPHAGOPLASTY CONG	CCR						
37	43320	FUSE ESOPHAGUS & STOMACH	CCR						
37	43325	REVISE ESOPHAGUS & STOMACH	CCR						
37	43330	REPAIR OF ESOPHAGUS	CCR						
37	43331	REPAIR OF ESOPHAGUS	CCR						
37	43340	FUSE ESOPHAGUS & INTESTINE	CCR						
37	43341	FUSE ESOPHAGUS & INTESTINE	CCR						
37	43350	SURGICAL OPENING, ESOPHAGUS	CCR						
37	43351	SURGICAL OPENING, ESOPHAGUS	CCR						
37	43352	SURGICAL OPENING, ESOPHAGUS	CCR						
37	43360	GASTROINTESTINAL REPAIR	CCR						
37	43361	GASTROINTESTINAL REPAIR	CCR						
37	43400	LIGATE ESOPHAGUS VEINS	CCR						
37	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	CCR						
37	43405	LIGATE/STAPLE ESOPHAGUS	CCR						
37	43410	REPAIR ESOPHAGUS WOUND	CCR						
37	43415	REPAIR ESOPHAGUS WOUND	CCR						
37	43425	REPAIR ESOPHAGUS OPENING	CCR						
37	43460	PRESSURE TREATMENT ESOPHAGUS	CCR						
37	43496	FREE JEJUNUM FLAP, MICROVASC	CCR						
37	43501	GASTROTOMY WITH SUTURE REPAIR	CCR						
37	43502	SURGICAL REPAIR OF STOMACH	CCR						
37	43510	SURGICAL OPENING OF STOMACH	CCR						
37	43520	INCISION OF PYLORIC MUSCLE	CCR						
37	43605	BIOPSY,STOMACH,BY LAPAROTOMY	CCR						
37	43610	EXCISION OF STOMACH LESION	CCR						
37	43611	EXCISION, LOCAL;	CCR						
37	43620	REMOVAL OF STOMACH	CCR						
37	43621	GASTRECTOMY, TOTAL;	CCR						
37	43622	GASTRECTOMY, TOTAL;	CCR						
37	43631	GASTRECTOMY, PARTIAL, DISTAL;	CCR						
37	43632	GASTRECTOMY, PARTIAL, DISTAL;	CCR						
37	43633	GASTRECTOMY, PARTIAL, DISTAL;	CCR						
37	43634	GASTRECTOMY, PARTIAL, DISTAL;	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR						
37	43640	VAGOTOMY & PYLORUS REPAIR	CCR						
37	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	CCR						
37	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	CCR	16 99					
37	43645	LAP GASTR BYPASS INCL SMLL I	CCR	16 99					
37	43651	LAPAROSCOPY, VAGUS NERVE	CCR						
37	43652	LAPAROSCOPY, VAGUS NERVE	CCR						
37	43752	INSERTION OF NASAL OR ORAL STOMACH T	CCR						
37	43753	INSERTION OF STOMACH TUBE AND ASPIRA	CCR						
37	43754	GASTRIC INTUBATION AND ASPIRATION, D	CCR						
37	43755	GASTRIC INTUBATION AND ASPIRATION, D	CCR						
37	43756	DUODENAL INTUBATION AND ASPIRATION,	CCR						
37	43757	DUODENAL INTUBATION AND ASPIRATION,	CCR						
37	43770	LAP, PLACE GASTR ADJUST BAND	CCR	16 99					
37	43771	LAP, REVISE ADJUST GAST BAND	CCR	16 99					
37	43772	LAP, REMOVE ADJUST GAST BAND	CCR	16 99					
37	43773	LAP, CHANGE ADJUST GAST BAND	CCR	16 99					
37	43774	LAP REMOV ADJ GAST BAND/PORT	CCR	16 99					
37	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	CCR	16 99					
37	43800	RECONSTRUCTION OF PYLORUS	CCR						
37	43810	FUSION OF STOMACH AND BOWEL	CCR						
37	43825	FUSION OF STOMACH AND BOWEL	CCR						
37	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00 00					
37	43832	SURGICAL OPENING OF STOMACH	CCR						
37	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	CCR	16 99					
37	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	CCR	16 99					
37	43845	GASTROPLASTY DUODENAL SWITCH	CCR	16 99					
37	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	CCR	16 99					
37	43847	GASTRIC BYPASS FOR OBESITY	CCR	16 99					
37	43848	REVISION GASTROPLASTY	CCR	16 99					
37	43850	REVISE STOMACH-BOWEL FUSION	CCR						
37	43855	REVISE STOMACH-BOWEL FUSION	CCR						
37	43860	REVISE STOMACH-BOWEL FUSION	CCR						
37	43865	REVISE STOMACH-BOWEL FUSION	CCR						
37	43886	REVISE GASTRIC PORT, OPEN	CCR	16 99					
37	43887	REMOVE GASTRIC PORT, OPEN	CCR	16 99					
37	43888	CHANGE GASTRIC PORT, OPEN	CCR	16 99					
37	44005	FREEING OF BOWEL ADHESION	CCR						
37	44010	INCISION OF SMALL BOWEL	CCR						
37	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	CCR						
37	44020	EXPLORATION OF SMALL BOWEL	CCR						
37	44021	ENTEROTOMY...;FOR DECOMPRESSION	CCR						
37	44025	EXPLORATION OF LARGE BOWEL	CCR						
37	44050	REDUCE BOWEL OBSTRUCTION	CCR						
37	44055	CORRECT MALROTATION-CG, LADD PROC.	CCR						
37	44110	EXCISION OF BOWEL LESION(S)	CCR						
37	44111	EXCISION OF BOWEL LESION(S)	CCR						
37	44120	REMOVAL OF SMALL INTESTINE	CCR						
37	44121	REMOVAL OF SMALL INTESTINE	CCR						
37	44125	REMOVAL OF SMALL INTESTINE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	44126	ENTERECTOMY W/TAPER, CONG	CCR						
37	44127	ENTERECTOMY W/O TAPER, CONG	CCR						
37	44128	ENTERECTOMY CONG, ADD-ON	CCR						
37	44130	BOWEL TO BOWEL FUSION	CCR						
37	44132	ENTERECTOMY, CADAVER DONOR	CCR						
37	44133	ENTERECTOMY, LIVE DONOR	CCR						
37	44135	INTESTINE TRANSPLNT, CADAVER	CCR						
37	44136	INTESTINE TRANSPLANT, LIVE	CCR						
37	44137	REMOVE INTESTINAL ALLOGRAFT	CCR						
37	44139	MOBILIZATION OF COLON	CCR						
37	44140	PARTIAL REMOVAL OF COLON	CCR						
37	44141	PARTIAL REMOVAL OF COLON	CCR						
37	44143	PARTIAL REMOVAL OF COLON	CCR						
37	44144	PARTIAL REMOVAL OF COLON	CCR						
37	44145	PARTIAL REMOVAL OF COLON	CCR						
37	44146	PARTIAL REMOVAL OF COLON	CCR						
37	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	CCR						
37	44150	REMOVAL OF COLON	CCR						
37	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	CCR						
37	44155	REMOVAL OF COLON	CCR						
37	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	CCR						
37	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	CCR						
37	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	CCR						
37	44160	REMOVAL OF COLON	CCR						
37	44186	LAP, JEJUNOSTOMY	CCR						
37	44187	LAP, ILEO/JEJUNO-STOMY	CCR						
37	44188	LAP, COLOSTOMY	CCR						
37	44202	LAPARO, RESECT INTESTINE	CCR						
37	44203	LAP RESECT S/INTESTINE, ADDL	CCR						
37	44204	LAPARO PARTIAL COLECTOMY	CCR						
37	44205	LAP COLECTOMY PART W/ILEUM	CCR						
37	44206	LAP PART COLECTOMY W/STOMA	CCR						
37	44207	L COLECTOMY/COLOPROCTOSTOMY	CCR						
37	44208	L COLECTOMY/COLOPROCTOSTOMY	CCR						
37	44210	LAPARO TOTAL PROCTOCOLECTOMY	CCR						
37	44211	LAPARO TOTAL PROCTOCOLECTOMY	CCR						
37	44212	LAPARO TOTAL PROCTOCOLECTOMY	CCR						
37	44213	LAP, MOBIL SPLENIC FL ADD-ON	CCR						
37	44227	LAP, CLOSE ENTEROSTOMY	CCR						
37	44300	OPEN BOWEL TO SKIN	CCR						
37	44310	ILEOSTOMY	CCR						
37	44314	REVISION OF ILEOSTOMY	CCR						
37	44316	DEVISE BOWEL POUCH	CCR						
37	44320	COLOSTOMY	CCR						
37	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	CCR						
37	44345	REVISION OF COLOSTOMY	CCR						
37	44346	REVISE COLOSTOMY;REPAIR HERNIA	CCR						
37	44500	INTRODUCTION OF LONG GASTROINTESTINA	CCR						
37	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR						
37	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	44605	REPAIR OF BOWEL LESION	CCR						
37	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	CCR						
37	44625	REPAIR BOWEL OPENING	CCR						
37	44626	REPAIR BOWEL OPENING	CCR						
37	44640	REPAIR BOWEL-SKIN FISTULA	CCR						
37	44650	REPAIR BOWEL FISTULA	CCR						
37	44660	REPAIR BOWEL-BLADDER FISTULA	CCR						
37	44661	REPAIR BOWEL-BLADDER FISTULA	CCR						
37	44680	SURGICAL REVISION, INTESTINE	CCR						
37	44700	SUSPEND BOWEL W/PROSTHESIS	CCR						
37	44701	INTRAOP COLON LAVAGE ADD-ON	CCR						
37	44715	PREPARE DONOR INTESTINE	CCR						
37	44720	PREP DONOR INTESTINE/VENOUS	CCR						
37	44721	PREP DONOR INTESTINE/ARTERY	CCR						
37	44800	REPAIR OF CONGENITAL BOWEL DEFECT	CCR						
37	44820	EXCISION OF MESENTERY LESION	CCR						
37	44850	REPAIR OF MESENTERY	CCR						
37	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	CCR						
37	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	CCR						
37	44960	APPENDECTOMY	CCR						
37	45110	REMOVAL OF RECTUM	CCR						
37	45111	PARTIAL REMOVAL OF RECTUM	CCR						
37	45112	REMOVAL OF RECTUM	CCR						
37	45113	PARTIAL PROCTECTOMY	CCR						
37	45114	PARTIAL REMOVAL OF RECTUM	CCR						
37	45116	PARTIAL REMOVAL OF RECTUM	CCR						
37	45119	REMOVE, RECTUM W/RESERVOIR	CCR						
37	45120	REMOVAL OF RECTUM	CCR						
37	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	CCR						
37	45123	PARTIAL PROCTECTOMY	CCR						
37	45126	PELVIC EXENTERATION	CCR						
37	45130	EXCISION OF RECTAL PROLAPSE	CCR						
37	45135	EXCISION OF RECTAL PROLAPSE	CCR						
37	45136	EXCISE ILEOANAL RESERVOIR	CCR						
37	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	CCR						
37	45395	LAP, REMOVAL OF RECTUM	CCR						
37	45397	LAP, REMOVE RECTUM W/POUCH	CCR						
37	45400	LAPAROSCOPIC PROCTOPEXY	CCR						
37	45402	LAP PROCTOPEXY W/SIG RESECT	CCR						
37	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	CCR						
37	45540	CORRECT RECTAL PROLAPSE	CCR						
37	45541	CORRECT RECTAL PROLAPSE	CCR						
37	45550	REPAIR RECTUM;REMOVE SIGMOID	CCR						
37	45562	EXPLORATION/REPAIR OF RECTUM	CCR						
37	45563	EXPLORATION/REPAIR OF RECTUM	CCR						
37	45800	REPAIR RECTUMBLADDER FISTULA	CCR						
37	45805	REPAIR FISTULA; COLOSTOMY	CCR						
37	45820	REPAIR RECTOURETHRAL FISTULA	CCR						
37	45825	REPAIR FISTULA; COLOSTOMY	CCR						
37	46070	INCISION OF ANAL SEPTUM	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	46221	LIGATION OF HEMORRHOID(S)	CCR						
37	46500	INJECTION TREATMENT OF ANUS	CCR						
37	46505	CHEMODENERVATION ANAL MUSC	CCR						
37	46606	ANOSCOPY WITH BIOPSY	CCR						
37	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR						
37	46710	REPR PER/VAG POUCH SNGL PROC	CCR						
37	46712	REPR PER/VAG POUCH DBL PROC	CCR						
37	46715	REPAIR OF ANOVAGINAL FISTULA	CCR						
37	46716	REPAIR OF ANOVAGINAL FISTULA	CCR						
37	46730	CONSTRUCTION OF ABSENT ANUS	CCR						
37	46735	CONSTRUCTION OF ABSENT ANUS	CCR						
37	46740	CONSTRUCTION OF ABSENT ANUS	CCR						
37	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	CCR						
37	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR						
37	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR						
37	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR						
37	46751	REPAIR OF ANAL SPHINCTER	CCR						
37	46916	CRYSOSURGERY-ANAL LESIONS	CCR				X		
37	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S)	CCR						
37	46942	TREATMENT OF ANAL FISSURE	CCR						
37	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	CCR						
37	47015	INJECT/ASPIRATE LIVER CYST	CCR						
37	47120	PARTIAL REMOVAL OF LIVER	CCR						
37	47122	HEPATECTOMY, RESECT LIVER; TRISEGMENT.	CCR						
37	47125	PARTIAL REMOVAL OF LIVER	CCR						
37	47130	PARTIAL REMOVAL OF LIVER	CCR						
37	47133	DONOR HEPATECTOMY, W/PREP-MAINT.HOMOG	CCR						
37	47135	LIVER TRANSPLANT, W/W/O RECI HEPATEC.	CCR						
37	47136	TRANSPLANTATION OF LIVER	CCR						
37	47140	PARTIAL REMOVAL, DONOR LIVER	CCR						
37	47141	PARTIAL REMOVAL, DONOR LIVER	CCR						
37	47142	PARTIAL REMOVAL, DONOR LIVER	CCR						
37	47143	PREP DONOR LIVER, WHOLE	CCR						
37	47144	PREP DONOR LIVER, 3-SEGMENT	CCR						
37	47145	PREP DONOR LIVER, LOBE SPLIT	CCR						
37	47146	PREP DONOR LIVER/VENOUS	CCR						
37	47147	PREP DONOR LIVER/ARTERIAL	CCR						
37	47300	SURGERY FOR LIVER LESION	CCR						
37	47350	REPAIR LIVER WOUND	CCR						
37	47360	REPAIR LIVER WOUND	CCR						
37	47361	REPAIR LIVER WOUND	CCR						
37	47362	REPAIR LIVER WOUND	CCR						
37	47370	LAPARO ABLATE LIVER TUMOR RF	CCR						
37	47371	LAPARO ABLATE LIVER CRYOSUG	CCR						
37	47380	OPEN ABLATE LIVER TUMOR RF	CCR						
37	47381	OPEN ABLATE LIVER TUMOR CRYO	CCR						
37	47400	INCISION OF LIVER DUCT	CCR						
37	47420	INCISION OF BILE DUCT	CCR						
37	47425	INCISION OF BILE DUCT	CCR						
37	47460	INCISE BILE DUCT SPHINCTER	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	47490	PERCUTANEOUS CHOLECYSTOSTOMY	CCR						
37	47500	INJECTION FOR LIVER X-RAYS	CCR						
37	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR						
37	47570	LAPARO CHOLECYSTOENTEROSTOMY	CCR						
37	47600	REMOVAL OF GALLBLADDER	CCR						
37	47610	REMOVAL OF GALLBLADDER	CCR						
37	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	CCR						
37	47620	REMOVAL OF GALLBLADDER	CCR						
37	47700	EXPLORATION OF BILE DUCTS	CCR						
37	47701	PORTENTEROSTOMY	CCR						
37	47711	EXCISION OF BILE DUCT TUMOR	CCR						
37	47712	EXCISION OF BILE DUCT TUMOR	CCR						
37	47715	EXCISE CHOLEDOCHAL CYST	CCR						
37	47720	FUSE GALLBLADDER & BOWEL	CCR						
37	47721	FUSE UPPER GI STRUCTURES	CCR						
37	47740	FUSE GALLBLADDER & BOWEL	CCR						
37	47741	FUSE GALLBLADDER & BOWEL	CCR						
37	47760	FUSE BILE DUCTS AND BOWEL	CCR						
37	47765	FUSE LIVER DUCTS & BOWEL	CCR						
37	47780	FUSE BILE DUCTS AND BOWEL	CCR						
37	47785	FUSE BILE DUCTS AND BOWEL	CCR						
37	47800	RECONSTRUCTION OF BILE DUCTS	CCR						
37	47801	PLACEMENT OF CHOLEDOCHAL STENT	CCR						
37	47802	U-TUBE HEPATICOENTEROSTOMY	CCR						
37	47900	SUTURE BILE DUCT INJURY	CCR						
37	48000	DRAINAGE OF ABDOMEN	CCR						
37	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	CCR						
37	48020	REMOVAL OF PANCREATIC STONE	CCR						
37	48100	BIOPSY OF PANCREAS	CCR						
37	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	CCR						
37	48120	REMOVAL OF PANCREAS LESION	CCR						
37	48140	PARTIAL REMOVAL OF PANCREAS	CCR						
37	48145	PARTIAL REMOVAL OF PANCREAS	CCR						
37	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	CCR						
37	48148	REMOVAL OF PANCREATIC DUCT	CCR						
37	48150	PARTIAL REMOVAL OF PANCREAS	CCR						
37	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR						
37	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR						
37	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR						
37	48155	REMOVAL OF PANCREAS	CCR						
37	48160	PANCREATECTOMY;WITH TRANSPLANTATION	CCR						
37	48500	SURGERY OF PANCREAS CYST	CCR						
37	48510	INSERTION OF DRAIN FROM PANCREATIC C	CCR						
37	48520	FUSE PANCREAS CYST AND BOWEL	CCR						
37	48540	FUSE PANCREAS CYST AND BOWEL	CCR						
37	48545	PANCREATORRHAPHY FOR TRAUMA	CCR						
37	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	CCR						
37	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	CCR						
37	48550	DONOR PANCREATECTOMY, WITH PREPARATI	CCR						
37	48551	PREP DONOR PANCREAS	CCR						



## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	48552	PREP DONOR PANCREAS/VENOUS	CCR						
37	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	CCR						
37	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	CCR						
37	49002	REEXPLORATION OF ABDOMEN	CCR						
37	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	CCR						
37	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	CCR						
37	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	CCR						
37	49062	DRAIN TO PERITONEAL CAVITY	CCR						
37	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR						
37	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR						
37	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	CCR						
37	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR						
37	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR						
37	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR						
37	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR						
37	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	CCR						
37	49255	OMENTECTOMY, . . . RESECT OMENTUM	CCR						
37	49323	LAPARO DRAIN LYMPHOCELE	CCR						
37	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR						
37	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR						
37	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR						
37	49400	AIR INJECTION INTO ABDOMEN	CCR						
37	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR						
37	49423	EXCHANGE DRAINAGE CATH	CCR						
37	49424	ASSESS CYST, CONTRAST INJ	CCR						
37	49425	PERITONEAL-VENOUS SHUNT	CCR						
37	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR						
37	49428	LIGATION OF SHUNT	CCR						
37	49429	REMOVAL OF SHUNT	CCR						
37	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR						
37	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR						
37	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR						
37	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR						
37	49442	INSERTION OF CECOSTOMY OR OTHER COLO	CCR						
37	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	CCR						
37	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR						
37	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	CCR						
37	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR						
37	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	CCR						
37	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	CCR						
37	49605	REPAIR UMBILICAL LESION	CCR						
37	49606	REPAIR UMBILICAL LESION	CCR						
37	49610	REPAIR UMBILICAL LESION	CCR						
37	49611	REPAIR UMBILICAL LESION	CCR						
37	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	CCR						
37	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	CCR						
37	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	CCR						
37	49904	OMENTAL FLAP, EXTRA-ABDOM	CCR						
37	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	CCR						
37	49906	FREE OMENTAL FLAP, MICROVASC	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	50010	EXPLORATION OF KIDNEY	CCR						
37	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	CCR						
37	50040	DRAINAGE OF KIDNEY	CCR						
37	50045	EXPLORATION OF KIDNEY	CCR						
37	50060	REMOVAL OF KIDNEY STONE	CCR						
37	50065	INCISION OF KIDNEY	CCR						
37	50070	INCISION OF KIDNEY	CCR						
37	50075	REMOVAL OF KIDNEY STONE	CCR						
37	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR						
37	50100	REVISE KIDNEY BLOOD VESSELS	CCR						
37	50120	EXPLORATION OF KIDNEY	CCR						
37	50125	EXPLORE AND DRAIN KIDNEY	CCR						
37	50130	REMOVAL OF KIDNEY STONE	CCR						
37	50135	EXPLORATION OF KIDNEY	CCR						
37	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	CCR						
37	50220	REMOVAL OF KIDNEY	CCR						
37	50225	REMOVAL OF KIDNEY	CCR						
37	50230	REMOVAL OF KIDNEY	CCR						
37	50234	REMOVAL OF KIDNEY & URETER	CCR						
37	50236	REMOVAL OF KIDNEY & URETER	CCR						
37	50240	PARTIAL REMOVAL OF KIDNEY	CCR						
37	50250	CRYOABLATE RENAL MASS OPEN	CCR						
37	50280	REMOVAL OF KIDNEY LESION	CCR						
37	50290	REMOVAL OF KIDNEY LESION	CCR						
37	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	CCR						
37	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	CCR						
37	50323	PREP CADAVER RENAL ALLOGRAFT	CCR						
37	50325	PREP DONOR RENAL GRAFT	CCR						
37	50327	PREP RENAL GRAFT/VENOUS	CCR						
37	50328	PREP RENAL GRAFT/ARTERIAL	CCR						
37	50329	PREP RENAL GRAFT/URETERAL	CCR						
37	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	CCR						
37	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	CCR						
37	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	CCR						
37	50370	REMOVE TRANSPLANTED KIDNEY	CCR						
37	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	CCR						
37	50382	CHANGE URETER STENT, PERCUT	CCR						
37	50384	REMOVE URETER STENT, PERCUT	CCR						
37	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR						
37	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR						
37	50387	CHANGE EXT/INT URETER STENT	CCR						
37	50389	REMOVE RENAL TUBE W/FLUORO	CCR						
37	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	CCR						
37	50394	INJECTION FOR KIDNEY X-RAY	CCR						
37	50400	REVISION OF KIDNEY/URETER	CCR						
37	50405	REVISION OF KIDNEY/URETER	CCR						
37	50500	REPAIR OF KIDNEY WOUND	CCR						
37	50520	CLOSE KIDNEY-SKIN FISTULA	CCR						
37	50525	REPAIR RENAL-ABDOMEN FISTULA	CCR						
37	50526	REPAIR RENAL-ABDOMEN FISTULA	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	50540	REVISION OF HORSESHOE KIDNEY	CCR						
37	50541	LAPARO ABLATE RENAL CYST	CCR						
37	50542	LAPARO ABLATE RENAL MASS	CCR						
37	50543	LAPARO PARTIAL NEPHRECTOMY	CCR						
37	50544	LAPAROSCOPY, PYELOPLASTY	CCR						
37	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	CCR						
37	50546	LAPAROSCOPIC NEPHRECTOMY	CCR						
37	50547	LAPARO REMOVAL DONOR KIDNEY	CCR						
37	50548	LAPARO-ASST REMOVE K/URETER	CCR						
37	50562	RENAL SCOPE W/TUMOR RESECT	CCR						
37	50570	KIDNEY ENDOSCOPY	CCR						
37	50572	KIDNEY ENDOSCOPY	CCR						
37	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR						
37	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR						
37	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR						
37	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR						
37	50592	PERC RF ABLATE RENAL TUMOR	CCR						
37	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR						
37	50600	EXPLORATION OF URETER	CCR						
37	50605	URETEROTOMY-INSERT STEAT	CCR						
37	50610	REMOVAL OF URETER STONE	CCR						
37	50620	REMOVAL OF URETER STONE	CCR						
37	50630	REMOVAL OF URETER STONE	CCR						
37	50650	REMOVAL OF URETER	CCR						
37	50660	REMOVAL OF URETER	CCR						
37	50686	MEASURE URETER PRESSURE	CCR						
37	50690	INJECTION OF BLADDER AND URINARY DUC	CCR						
37	50700	REVISION OF URETER	CCR						
37	50715	RELEASE OF URETER	CCR						
37	50722	RELEASE OF URETER	CCR						
37	50725	RELEASE/REVISE URETER	CCR						
37	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR						
37	50728	REVISION OF URINARY-CUTANEOUS ANASTO	CCR						
37	50740	FUSION OF URETER & KIDNEY	CCR						
37	50750	FUSION OF URETER & KIDNEY	CCR						
37	50760	FUSION OF URETERS	CCR						
37	50770	SPLICING OF URETERS	CCR						
37	50780	REIMPLANT URETER IN BLADDER	CCR						
37	50782	URETERONEOCYSTOSTOMY;	CCR						
37	50783	URETERONEOCYSTOSTOMY;	CCR						
37	50785	REIMPLANT URETER IN BLADDER	CCR						
37	50800	IMPLANT URETER IN BOWEL	CCR						
37	50810	FUSION OF URETER & BOWEL	CCR						
37	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	CCR						
37	50820	CONSTRUCT BOWEL BLADDER	CCR						
37	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	CCR						
37	50830	URINARY UNDIVERSION	CCR						
37	50840	REPLACE URETER BY BOWEL	CCR						
37	50845	CUTANEOUS APPENDICO-VESICOSTOMY	CCR						
37	50860	TRANSPLANT URETER TO SKIN	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	50900	REPAIR OF URETER	CCR						
37	50920	CLOSURE URETER/SKIN FISTULA	CCR						
37	50930	CLOSURE URETER/BOWEL FISTULA	CCR						
37	50940	RELEASE OF URETER	CCR						
37	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR						
37	51060	REMOVAL OF URETER STONE	CCR						
37	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR						
37	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR						
37	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR						
37	51525	REMOVAL OF BLADDER LESION	CCR						
37	51530	REMOVAL OF BLADDER LESION	CCR						
37	51535	REPAIR OF URETER LESION	CCR						
37	51550	PARTIAL REMOVAL OF BLADDER	CCR						
37	51555	PARTIAL REMOVAL OF BLADDER	CCR						
37	51565	REVISE BLADDER & URETER(S)	CCR						
37	51570	REMOVAL OF BLADDER	CCR						
37	51575	REMOVAL OF BLADDER & NODES	CCR						
37	51580	REMOVE BLADDER; REVISE TRACT	CCR						
37	51585	REMOVAL OF BLADDER & NODES	CCR						
37	51590	REMOVE BLADDER; REVISE TRACT	CCR						
37	51595	REMOVE BLADDER; REVISE TRACT	CCR						
37	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	CCR						
37	51597	PELVIC EXENTERATION	CCR						
37	51600	INJECTION FOR BLADDER X-RAY	CCR						
37	51610	INJECTION FOR BLADDER X-RAY	CCR						
37	51700	IRRIGATION OF BLADDER	CCR				X		
37	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR						
37	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR						
37	51725	SIMPLE CYSTOMETROGRAM	CCR						
37	51736	SIMPLE UROFLOWMETRY	CCR						
37	51741	COMPLEX UROFLOWMETRY	CCR						
37	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR						
37	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR						
37	51800	REVISION OF BLADDER/URETHRA	CCR						
37	51820	REVISION OF URINARY TRACT	CCR						
37	51841	ATTACH BLADDER/URETHRA	CCR						
37	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR			F			
37	51860	REPAIR OF BLADDER WOUND	CCR						
37	51865	REPAIR OF BLADDER WOUND	CCR						
37	51900	REPAIR BLADDER/VAGINA LESION	CCR						
37	51920	CLOSE BLADDER-UTERUS FISTULA	CCR						
37	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	CCR			F			
37	51940	CORRECTION OF BLADDER DEFECT	CCR						
37	51960	REVISION OF BLADDER & BOWEL	CCR						
37	51980	CONSTRUCT BLADDER OPENING	CCR						
37	51990	LAPARO URETHRAL SUSPENSION	CCR						
37	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR			M			
37	53025	INCISION OF URETHRA	CCR						
37	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	CCR			F			
37	53085	DRAINAGE OF URINARY LEAKAGE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	CCR						
37	53448	REMOV/REPLC UR SPHINCTR COMP	CCR						
37	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR			F			
37	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	CCR			M			
37	53620	DILATE URETH STRICT.,MALE;INITIAL	CCR			M			
37	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	CCR			M			
37	53660	DILATE FEMALE URETHRA...;INITIAL	CCR			F			
37	53661	DIALTE FEMALE URETHRA...;SUBSEQUENT	CCR			F			
37	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR			M			
37	54050	TREATMENT OF PENIS LESION	CCR			M			
37	54055	TREATMENT OF PENIS LESION	CCR			M			
37	54056	DESTROY PENILE LESION;CRYOSURGERY	CCR			M			
37	54125	REMOVAL OF PENIS	CCR			M			
37	54130	REMOVE PENIS & NODES	CCR			M			
37	54135	REMOVE PENIS & NODES	CCR			M			
37	54200	TREATMENT OF PENIS LESION	CCR			M			
37	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	CCR			M			
37	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR			M			
37	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR						
37	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR			M			
37	54390	REPAIR PENIS AND BLADDER	CCR			M			
37	54430	REVISION OF PENIS	CCR			M			
37	54560	EXPLORATION FOR TESTIS	CCR			M			
37	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR			M			
37	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR			M			
37	55450	LIGATION OF VAS DEFERENS	CCR	21 99		M			
37	55600	INCISE SPERM DUCT POUCH	CCR			M			
37	55605	INCISE SPERM DUCT POUCH	CCR			M			
37	55650	REMOVE SPERM DUCT POUCH	CCR			M			
37	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR			M			
37	55752	CONIZATION OF CERVIX	CCR						
37	55801	REMOVAL OF PROSTATE	CCR			M			
37	55810	EXTENSIVE PROSTATE SURGERY	CCR			M			
37	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	CCR			M			
37	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	CCR						
37	55821	REMOVAL OF PROSTATE	CCR			M			
37	55831	REMOVAL OF PROSTATE	CCR			M			
37	55840	EXTENSIVE PROSTATE SURGERY	CCR			M			
37	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	CCR						
37	55845	EXTENSIVE PROSTATE SURGERY	CCR			M			
37	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR			M			
37	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	CCR			M			
37	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	CCR			M			
37	55866	LAPARO RADICAL PROSTATECTOMY	CCR			M			
37	55870	ELECTROEJACULATION	CCR						
37	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR			M			
37	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR			M			
37	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR						
37	55970	INTERSEX SURGERY;MALE TO FEMALE	CCR						
37	55980	INTERSEX SURGERY; FEMALE TO MALE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	56442	HYMENOTOMY, SIMPLE INCISION	CCR			F			
37	56630	EXTENSIVE VULVA SURGERY	CCR			F			
37	56631	VULVECTOMY, RADICAL, PARTIAL;	CCR						
37	56632	VULVECTOMY, RADICAL, PARTIAL;	CCR			F			
37	56633	VULVECTOMY, RADICAL, COMPLETE;	CCR						
37	56634	VULVECTOMY, RADICAL, COMPLETE;	CCR						
37	56637	VULVECTOMY, RADICAL, COMPLETE;	CCR						
37	56640	EXTENSIVE VULVA SURGERY	CCR			F			
37	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	CCR						
37	56820	EXAM OF VULVA W/SCOPE	CCR			F			
37	57022	I &D VAGINAL HEMATOMA, OB	CCR			F			
37	57106	REMOVE VAGINA WALL, PARTIAL	CCR						
37	57107	REMOVE VAGINA TISSUE/PARTIAL	CCR						
37	57109	VAGINECTOMY PARTIAL W/NODES	CCR						
37	57110	REMOVAL OF VAGINA	CCR			F			
37	57111	REMOVE VAGINA TISSUE/COMPL	CCR						
37	57112	VAGINECTOMY COMPLETE W/NODES	CCR						
37	57120	CLOSURE OF VAGINA	CCR			F			
37	57150	TREAT VAGINA INFECTION	CCR			F	X		
37	57160	INSERTION OF PESSARY	CCR			F			
37	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10 60		F			
37	57267	INSERT MESH/PELVIC FLR ADDON	CCR			F			
37	57270	REPAIR OF BOWEL POUCH	CCR			F			
37	57280	SUSPENSION OF VAGINA	CCR			F			
37	57282	FIXATION FOR VAGINAL PROLAPSE	CCR			F			
37	57283	COLPOPEXY, INTRAPERITONEAL	CCR			F			
37	57284	REPAIR PARAVAGINAL DEFECT	CCR						
37	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR			F			
37	57287	REVISE/REMOVE SLING REPAIR	CCR			F			
37	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			F			
37	57295	CHANGE VAGINAL GRAFT	CCR			F			
37	57296	REVISION (INCLUDING REMOVAL) OF PROS	CCR			F			
37	57305	REPAIR RECTUM-VAGINA FISTULA	CCR			F			
37	57307	FISTULA REPAIR & COLOSTOMY	CCR			F			
37	57308	FISTULA REPAIR, TRANSPERINE	CCR			F			
37	57310	REPAIR URETHRA-VAGINA LESION	CCR			F			
37	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	CCR			F			
37	57320	REPAIR BLADDER-VAGINA LESION	CCR			F			
37	57330	REPAIR BLADDER-VAGINA LESION	CCR			F			
37	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	CCR						
37	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR			F			
37	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR			F			
37	57452	EXAMINATION OF VAGINA	CCR			F			
37	57531	REMOVAL OF CERVIX, RADICAL	CCR			F			
37	57540	REMOVAL OF RESIDUAL CERVIX	CCR			F			
37	57545	REMOVE CERVIX, REPAIR PELVIS	CCR			F			
37	57555	REMOVE CERVIX, REPAIR VAGINA	CCR			F			
37	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR			F			
37	58100	BIOPSY OF UTERUS LINING	CCR			F			
37	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR			F			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	CCR			F			
37	58146	MYOMECTOMY ABDOM COMPLEX	CCR			F			
37	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	CCR			F			
37	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	CCR			F			
37	58180	SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	CCR			F			
37	58200	TAH,W/PART.VAGINECTOMY,...BX	CCR			F			
37	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	CCR			F			
37	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	CCR			F			
37	58260	VAGINAL HYSTERECTOMY	CCR			F			
37	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR			F			
37	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			F			
37	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	CCR			F			
37	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			F			
37	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	CCR			F			
37	58280	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			F			
37	58285	VAGINAL HYSTERECTOMY;RADICAL	CCR			F			
37	58290	VAG HYST COMPLEX	CCR			F			
37	58291	VAG HYST INCL T/O, COMPLEX	CCR			F			
37	58292	VAG HYST T/O & REPAIR, COMPL	CCR			F			
37	58293	VAG HYST W/URO REPAIR, COMPL	CCR			F			
37	58294	VAG HYST W/ENTEROCELE, COMPL	CCR			F			
37	58356	ENDOMETRIAL CRYOABLATION	CCR			F			
37	58400	UTERINE SUSPENSION	CCR			F			
37	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	CCR			F			
37	58520	REPAIR OF RUPTURED UTERUS	CCR			F			
37	58540	REVISION OF UTERUS	CCR			F			
37	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F			
37	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F			
37	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F			
37	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F			
37	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	CCR			F			
37	58553	LAPARO-VAG HYST, COMPLEX	CCR			F			
37	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR			F			
37	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F			
37	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F			
37	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F			
37	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F			
37	58605	DIVISION OF FALLOPIAN TUBE	CCR	21 55		F			
37	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	CCR	21 55		F			
37	58825	TRANSPOSITION, OVARY(S)	CCR			F			
37	58920	PARTIAL REMOVAL OF OVARY(S)	CCR			F			
37	58940	REMOVAL OF OVARY(S)	CCR			F			
37	58943	OOPHORECTOMY, OVAR.MALIG.W/W/OUT SALP	CCR			F			
37	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	CCR			F			
37	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	CCR			F			
37	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	CCR			F			
37	58953	TAH, RAD DISSECT FOR DEBULK	CCR			F			
37	58954	TAH RAD DEBULK/LYMPH REMOVE	CCR			F			
37	58956	BSO, OMENTECTOMY W/TAH	CCR			F			
37	58957	RESECTION (TUMOR DEBULKING) OF RECUR	CCR			F			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	58958	RESECTION (TUMOR DEBULKING) OF RECUR	CCR			F			
37	58960	LAPAROTOMY-STAGE OVAR MALIG...LYMPH	CCR			F			
37	59012	CORDOCENTESIS,ANY METHOD	CCR	10 60		F			
37	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR				X		
37	59020	FETAL OXYTOCIN STRESS TEST	CCR	10 60		F			
37	59025	FETAL NON-STRESS TEST	CCR	10 60		F			
37	59030	FETAL SCALP BLOOD SAMPLE	CCR						
37	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10 60		F			
37	59051	FETAL MONITOR/INTERPRET ONL	CCR			F			
37	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10 59		F			
37	59074	FETAL FLUID DRAINAGE W/ US	CCR	10 59		F			
37	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10 59		F			
37	59100	REMOVE UTERUS LESION	CCR	00 60		F			
37	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	CCR	10 60		F			
37	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	CCR	10 60		F			
37	59130	SURG TX ECTOPIC PG; ABDOMINAL	CCR	10 60		F			
37	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	CCR	12 55		F			
37	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	CCR	10 60		F			
37	59140	SURG TX ECTOPIC PG, CERVICAL	CCR	10 60		F			
37	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10 60		F			
37	59325	CERCLAGE OF CERVIX;ABDOMINAL	CCR	10 60		F			
37	59350	REPAIR OF UTERUS	CCR						
37	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10 59					
37	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	CCR	10 60		F			
37	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	CCR						
37	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12 55		F			
37	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10 59		F			
37	59514	CESAREAN DELIVERY ONLY;	CCR						
37	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10 60		F			
37	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	CCR	10 60		F			
37	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	CCR	10 60		F			
37	59612	VBAC DELIVERY ONLY	CCR	10 60		F			
37	59614	VBAC DELIVERY INCL POSTPARTUM	CCR	10 60		F			
37	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	CCR	10 60		F			
37	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10 60		F			
37	59622	ATTEMPTED VBAC-INCL POSTPARTUM	CCR	10 60		F			
37	59830	TREATMENT OF SEPTIC ABORTION	CCR	10 60		F			
37	59850	SALINE ABORTION	CCR	10 60		F			
37	59851	SALINE ABORTION WITH D&C	CCR	10 60		F			
37	59852	SALINE ABORTION WITH HYSTEROTOMY	CCR	10 60		F			
37	59855	ABORTION	CCR						
37	59856	ABORTION	CCR						
37	59857	ABORTION	CCR						
37	60210	PARTIAL EXCISION THYROID	CCR						
37	60212	PARTIAL THYROID EXCISION	CCR						
37	60225	PARTIAL REMOVAL OF THYROID	CCR						
37	60252	REMOVAL OF THYROID	CCR						
37	60254	EXTENSIVE THYROID SURGERY	CCR						
37	60260	REPEAT THYROID SURGERY	CCR						
37	60270	REMOVAL OF THYROID	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	60271	REMOVAL OF THYROID	CCR						
37	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR						
37	60500	EXPLORE PARATHYROID GLANDS	CCR						
37	60502	RE-EXPLORE PARATHYROID(S)	CCR						
37	60505	EXPLORE PARATHYROID GLANDS	CCR						
37	60512	AUTOTRANSPLANT, PARATHYROID	CCR						
37	60520	REMOVAL OF THYMUS GLAND	CCR						
37	60521	REMOVAL THYMUS GLAND	CCR						
37	60522	REMOVAL OF THYMUS GLAND	CCR						
37	60540	EXPLORE ADRENAL GLAND	CCR						
37	60545	EXPLORE ADRENAL GLAND	CCR						
37	60600	REMOVE CAROTID BODY LESION	CCR						
37	60605	REMOVE CAROTID BODY LESION	CCR						
37	60650	LAPAROSCOPY ADRENALECTOMY	CCR						
37	61000	REMOVE CRANIAL CAVITY FLUID	CCR						
37	61001	SUBDURAL TAP...SUBSEQUENT TAPS	CCR				X		
37	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	CCR						
37	61107	TWIST DRILL HOLE/VENTRICULAR CATH	CCR						
37	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	CCR						
37	61120	PIERCE SKULL FOR EXAMINATION	CCR						
37	61140	PIERCE SKULL FOR BIOPSY	CCR						
37	61150	PIERCE SKULL FOR DRAINAGE	CCR						
37	61151	PIERCE SKULL FOR DRAINAGE	CCR				X		
37	61154	PIERCE SKULL FOR DRAINAGE	CCR				X		
37	61156	PIERCE SKULL FOR DRAINAGE	CCR						
37	61210	PIERCE SKULL; IMPLANT DEVICE	CCR						
37	61250	PIERCE SKULL & EXPLORE	CCR						
37	61253	PIERCE SKULL & EXPLORE	CCR						
37	61304	INCISE SKULL FOR EXPLORATION	CCR						
37	61305	INCISE SKULL FOR EXPLORATION	CCR						
37	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	CCR						
37	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	CCR						
37	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	CCR						
37	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	CCR						
37	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	CCR						
37	61320	INCISE SKULL FOR DRAINAGE	CCR						
37	61321	INCISE SKULL FOR DRAINAGE	CCR						
37	61322	DECOMPRESSIVE CRANIOTOMY	CCR						
37	61323	DECOMPRESSIVE LOBECTOMY	CCR						
37	61330	EXPLORATION OF EYE SOCKET	CCR						
37	61332	EXPLORE/BIOPSY EYE SOCKET	CCR						
37	61333	EXPLORE ORBIT; REMOVE LESION	CCR						
37	61334	EXPLORE & TREAT EYE SOCKET	CCR						
37	61340	RELIEVE CRANIAL PRESSURE	CCR						
37	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	CCR						
37	61345	RELIEVE CRANIAL PRESSURE	CCR						
37	61440	INCISE SKULL FOR SURGERY	CCR						
37	61450	INCISE SKULL FOR SURGERY	CCR						
37	61458	INCISE SKULL FOR SURGERY	CCR						
37	61460	INCISE SKULL FOR SURGERY	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	61470	INCISE SKULL FOR SURGERY	CCR						
37	61480	INCISE SKULL FOR SURGERY	CCR						
37	61490	INCISE SKULL FOR SURGERY	CCR						
37	61500	REMOVAL OF SKULL LESION	CCR						
37	61501	CRANIECTOMY FOR OSTEOMYELITIS	CCR						
37	61510	REMOVAL OF BRAIN LESION	CCR						
37	61512	REMOVE BRAIN LINING LESION	CCR						
37	61514	REMOVAL OF BRAIN ABSCESS	CCR						
37	61516	REMOVAL OF BRAIN LESION	CCR						
37	61517	IMPLT BRAIN CHEMOTX AGENT	CCR						
37	61518	REMOVAL OF BRAIN LESION	CCR						
37	61519	REMOVE BRAIN LINING LESION	CCR						
37	61520	REMOVAL OF BRAIN LESION	CCR						
37	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	CCR						
37	61522	REMOVAL OF BRAIN ABSCESS	CCR						
37	61524	REMOVAL OF BRAIN LESION	CCR						
37	61526	REMOVAL OF BRAIN LESION	CCR						
37	61530	REMOVAL OF BRAIN LESION	CCR						
37	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	CCR						
37	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	CCR						
37	61534	REMOVAL OF BRAIN LESION	CCR						
37	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	CCR						
37	61536	REMOVAL OF BRAIN LESION	CCR						
37	61537	REMOVAL OF BRAIN TISSUE	CCR						
37	61538	REMOVAL OF BRAIN TISSUE	CCR						
37	61539	REMOVAL OF BRAIN TISSUE	CCR						
37	61540	REMOVAL OF BRAIN TISSUE	CCR						
37	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	CCR						
37	61542	REMOVAL OF BRAIN TISSUE	CCR						
37	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	CCR						
37	61544	REMOVE & TREAT BRAIN LESION	CCR						
37	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	CCR						
37	61546	REMOVAL OF PITUITARY GLAND	CCR						
37	61548	REMOVAL OF PITUITARY GLAND	CCR						
37	61550	RELEASE OF SKULL SEAMS	CCR						
37	61552	RELEASE OF SKULL SEAMS	CCR						
37	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	CCR						
37	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	CCR						
37	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	CCR						
37	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	CCR						
37	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	CCR						
37	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	CCR						
37	61566	REMOVAL OF BRAIN TISSUE	CCR						
37	61567	INCISION OF BRAIN TISSUE	CCR						
37	61570	REMOVE BRAIN FOREIGN BODY	CCR						
37	61571	SURGERY FOR PENETRATING BRAIN WOUND	CCR						
37	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	CCR						
37	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	CCR						
37	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR						
37	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR						
37	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR						
37	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR						
37	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR						
37	61586	RESECT NASOPHARYNX, SKULL	CCR						
37	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	CCR						
37	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	CCR						
37	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	CCR						
37	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	CCR						
37	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	CCR						
37	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	CCR						
37	61598	TRANSPETROSAL APPROACH TO POSTERIOR	CCR						
37	61600	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61601	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61605	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61606	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61607	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61608	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61609	TRANSECTION OR LIGATION, CAROTID ART	CCR						
37	61610	TRANSECTION OR LIGATION, CAROTID ART	CCR						
37	61611	TRANSECTION OR LIGATION, CAROTID ART	CCR						
37	61612	TRANSECTION OR LIGATION, CAROTID ART	CCR						
37	61613	OBLITERATION OF CAROTID ANEURYSM, AR	CCR						
37	61615	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61616	RESECTION OR EXCISION OF NEOPLASTIC,	CCR						
37	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR						
37	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR						
37	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR						
37	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR						
37	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR						
37	61630	INTRACRANIAL ANGIOPLASTY	CCR						
37	61635	INTRACRAN ANGIOPLSTY W/STENT	CCR						
37	61640	DILATE IC VASOSPASM, INIT	CCR						
37	61641	DILATE IC VASOSPASM ADD-ON	CCR						
37	61642	DILATE IC VASOSPASM ADD-ON	CCR						
37	61680	SURG..MALFORM;SUPRATENTORIAL,SIMPLE	CCR						
37	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	CCR						
37	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	CCR						
37	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	CCR						
37	61690	SURG..MALFORM;DURAL,SIMPLE	CCR						
37	61692	SURG..MALFORM;DURAL,COMPLEX	CCR						
37	61697	BRAIN ANEURYSM REPR, COMPLX	CCR						
37	61698	BRAIN ANEURYSM REPR, COMPLX	CCR						
37	61700	INNER SKULL VESSEL SURGERY	CCR						
37	61702	INNER SKULL VESSEL SURGERY	CCR						
37	61703	CLAMP NECK ARTERY	CCR						
37	61705	REVISE CIRCULATION TO HEAD	CCR						
37	61708	REVISE CIRCULATION TO HEAD	CCR						
37	61710	REVISE CIRCULATION TO HEAD	CCR						
37	61711	FUSION OF SKULL ARTERIES	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	61720	INCISE SKULL/BRAIN SURGERY	CCR						
37	61735	INCISE SKULL/BRAIN SURGERY	CCR						
37	61750	STEREOTACTIC PROC/INTRACRAN. LESION	CCR						
37	61751	STEREOTACTIC BIOPSY W/CAT SCAN	CCR						
37	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	CCR						
37	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	CCR						
37	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR						
37	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR						
37	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR						
37	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR						
37	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X		
37	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR						
37	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X		
37	61800	APPLICATION OF STEREOTACTIC HEADFRAM	CCR						
37	61850	IMPLANT NEUROELECTRODES	CCR						
37	61860	IMPLANT NEUROELECTRODES	CCR						
37	61863	IMPLANT NEUROELECTRODE	CCR						
37	61864	IMPLANT NEUROELECTRDE, ADDÑL	CCR						
37	61867	IMPLANT NEUROELECTRODE	CCR						
37	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	CCR						
37	61870	IMPLANT NEUROELECTRODES	CCR						
37	61875	IMPLANT NEUROELECTRODES	CCR						
37	61880	REVISE/REMOVE NEUROELECTRODE	CCR						
37	62000	REPAIR OF SKULL FRACTURE	CCR						
37	62005	REPAIR OF SKULL FRACTURE	CCR						
37	62010	TREATMENT OF HEAD INJURY	CCR						
37	62100	REPAIR BRAIN FLUID LEAKAGE	CCR						
37	62120	REPAIR SKULL CAVITY LESION	CCR						
37	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	CCR						
37	62140	REPAIR OF SKULL DEFECT	CCR						
37	62141	REPAIR OF SKULL DEFECT	CCR						
37	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	CCR						
37	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	CCR						
37	62145	REPAIR OF SKULL & BRAIN	CCR						
37	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	CCR						
37	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	CCR						
37	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	CCR						
37	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	CCR						
37	62161	DISSECT BRAIN W/SCOPE	CCR						
37	62162	REMOVE COLLOID CYST W/SCOPE	CCR						
37	62163	NEUROENDOSCOPY W/FB REMOVAL	CCR						
37	62164	REMOVE BRAIN TUMOR W/SCOPE	CCR						
37	62165	REMOVE PITUIT TUMOR W/SCOPE	CCR						
37	62180	ESTABLISH BRAIN CAVITY SHUNT	CCR						
37	62190	ESTABLISH BRAIN CAVITY SHUNT	CCR						
37	62192	ESTABLISH BRAIN CAVITY SHUNT	CCR						
37	62200	ESTABLISH BRAIN CAVITY SHUNT	CCR						
37	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	CCR						
37	62220	ESTABLISH BRAIN CAVITY SHUNT	CCR						
37	62223	ESTABLISH BRAIN CAVITY SHUNT	CCR						

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	62252	CSF SHUNT REPROGRAM	CCR						
37	62256	REMOVE BRAIN CAVITY SHUNT	CCR						
37	62258	REPLACE BRAIN CAVITY SHUNT	CCR						
37	62264	EPIDURAL LYSIS ON SINGLE DAY	CCR						
37	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	CCR						
37	62284	INJECTION FOR MYELOGRAM	CCR						
37	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	CCR						
37	62291	INJECT FOR SPINE DISK X-RAY	CCR						
37	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	CCR						
37	62351	IMPLANT SPINAL CATHETER	CCR						
37	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR						
37	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR						
37	62881	INJECTION OF NEUROLYTIC SUBSTANCE	CCR						
37	63001	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63003	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63005	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63011	RELIEVE PSINAL CORD PRESSURE	CCR						
37	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	CCR						
37	63015	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63016	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63017	RELIEVE SPINAL CORD PRESSURE	CCR						
37	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR						
37	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR						
37	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR				X		
37	63040	NECK SPINE DISK SURGERY	CCR						
37	63042	LOW BACK DISK SURGERY	CCR						
37	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR				X		
37	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR				X		
37	63045	LAMINECTOMY...SING.SEG.;CERVICAL	CCR						
37	63046	LAMINECTOMY...SING.SEG.;THORACIC	CCR						
37	63047	LAMINECTOMY...SING.SEG.;LUMBAR	CCR						
37	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	CCR				X		
37	63050	CERVICAL LAMINOPLASTY	CCR						
37	63051	C-LAMINOPLASTY W/GRAFT/PLATE	CCR						
37	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	CCR						
37	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	CCR						
37	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	CCR				X		
37	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	CCR						
37	63066	DECOMPRESS...THORACIC;EACH ADD SEG	CCR				X		
37	63075	REMOVAL OF UPPER SPINE DISC AND RELE	CCR						
37	63076	REMOVAL OF UPPER SPINE DISC AND RELE	CCR				X		
37	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	CCR						
37	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	CCR				X		
37	63081	VERT CORPECTOMY.;CERVICAL,SING.SEG	CCR						
37	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	CCR				X		
37	63085	VERT CORPECTOMY..,THORACIC,SING SEG	CCR						
37	63086	VERT CORPECT..,THOR.,EACH ADD SEG	CCR				X		
37	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	CCR						
37	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	CCR				X		
37	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	63091	VERT CORPECTOMY;EACH ADD SEGMENT	CCR				X		
37	63101	REMOVAL OF VERTEBRAL BODY	CCR						
37	63102	REMOVAL OF VERTEBRAL BODY	CCR						
37	63103	REMOVE VERTEBRAL BODY ADD-ON	CCR						
37	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	CCR				X		
37	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	CCR						
37	63173	LAMINECTOMY...;TO PERITONEAL SPACE	CCR						
37	63180	REVISE SPINAL CORD LIGAMENTS	CCR						
37	63182	REVISE SPINAL CORD LIGAMENTS	CCR						
37	63185	INCISE SPINAL COLUMN/NERVES	CCR						
37	63190	INCISE SPINAL COLUMN/NERVES	CCR						
37	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	CCR						
37	63194	INCISE SPINAL COLUMN & CORD	CCR						
37	63195	INCISE SPINAL COLUMN & CORD	CCR						
37	63196	INCISE SPINAL COLUMN & CORD	CCR						
37	63197	INCISE SPINAL COLUMN & CORD	CCR						
37	63198	INCISE SPINAL COLUMN & CORD	CCR						
37	63199	INCISE SPINAL COLUMN & CORD	CCR						
37	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	CCR						
37	63250	REVISE SPINAL CORD VESSELS	CCR						
37	63251	REVISE SPINAL CORD VESSELS	CCR						
37	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	CCR						
37	63265	LAMINECTOMY,LESION...;CERVICAL	CCR						
37	63266	LAMINECTOMY,LESION...;THORACIC	CCR						
37	63267	LAMINECTOMY,LESION...;LUMBAR	CCR						
37	63268	LAMINECTOMY,LESION...;SACRAL	CCR						
37	63270	LAMINECTOMY,LESION...;CERVICAL	CCR						
37	63271	LAMINECTOMY,LESION...;THORACIC	CCR						
37	63272	LAMINECTOMY,LESION...;LUMBAR	CCR						
37	63273	LAMINECTOMY,LESION...;SACRAL	CCR						
37	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	CCR						
37	63276	LAMINECTOMY,BX/EXC...;THORACIC-EXTRA.	CCR						
37	63277	LAMINECTOMY,BX/EXC...;LUMBAR-EXTRADUR	CCR						
37	63278	LAMINECTOMY,BX/EXC...;SACRAL-EXTRADUR	CCR						
37	63280	LAMINECTOMY,BX/EXC...;CERVICAL,INTRA	CCR						
37	63281	LAMINECTOMY.B/EXC...;THORACIC-INTRA	CCR						
37	63282	LAMINECTOMY,BX/EXC...;LUMBAR-INTRADUR	CCR						
37	63283	LAMINECTOMY,BX/EXC...;SACRAL-INTRADUR	CCR						
37	63285	LAMINECTOMY,BX/EXC...;CERVICAL-INTRA	CCR						
37	63286	LAMINECTOMY.BX/EXC...;THORACIC-INTRA	CCR						
37	63287	LAMINECTOMY,BX/EXC...;THORACOLUMBAR..	CCR						
37	63290	LAMINECTOMY...;COMBINATION,ANY LEVEL	CCR						
37	63295	REPAIR OF LAMINECTOMY DEFECT	CCR						
37	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	CCR						
37	63301	SEE 63300;EXTRADUR,THOR-TRANSTHO APP	CCR						
37	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	CCR						
37	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	CCR						
37	63304	SEE 63300;INTRADURAL,CERVICAL	CCR						
37	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	CCR						
37	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	CCR						
37	63308	VERT CORPECTOMY, EA ADD SEGMENT	CCR				X		
37	63615	STEREOTACTIC BIOPSY, SPINAL CORD	CCR						
37	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR						
37	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X		
37	63655	IMPLANT NEUROELECTRODES	CCR						
37	63700	REPAIR OF SPINAL HERNIATION	CCR						
37	63702	REPAIR OF SPINAL HERNIATION	CCR						
37	63704	REPAIR OF SPINAL HERNIATION	CCR						
37	63706	REPAIR OF SPINAL HERNIATION	CCR						
37	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	CCR						
37	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	CCR						
37	63710	GRAFT REPAIR OF SPINE DEFECT	CCR						
37	63740	INSTALL SPINAL SHUNT	CCR						
37	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	CCR						
37	64400	INJECTION FOR NERVE BLOCK	CCR				X		
37	64405	INJECTION FOR NERVE BLOCK	CCR				X		
37	64408	INJECTION FOR NERVE BLOCK	CCR				X		
37	64412	INJECTION FOR NERVE BLOCK	CCR				X		
37	64413	INJECTION FOR NERVE BLOCK	CCR				X		
37	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	CCR						
37	64418	INJECTION FOR NERVE BLOCK	CCR				X		
37	64425	INJECTION FOR NERVE BLOCK	CCR				X		
37	64435	INJECTION FOR NERVE BLOCK	CCR				X		
37	64445	INJECTION FOR NERVE BLOCK	CCR				X		
37	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	CCR						
37	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	CCR						
37	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	CCR						
37	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR						
37	64455	INJECTIONS OF ANESTHETIC AND/OR STER	CCR						
37	64490	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR						
37	64491	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR						
37	64492	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR				X		
37	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR						
37	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR						
37	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR				X		
37	64508	INJECTION FOR NERVE BLOCK	CCR						
37	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	CCR						
37	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	CCR						
37	64611	CHEMODENERVATION OF PAROTID AND SUBM	CCR						
37	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR						
37	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	CCR						
37	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR						
37	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR						
37	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR						
37	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR						
37	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR						
37	64752	INCISION OF VAGUS NERVE	CCR						
37	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	CCR						
37	64760	INCISION OF VAGUS NERVE	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	64761	INCISION OF PELVIS NERVE	CCR						
37	64763	INCISE HIP/THIGH NERVE	CCR						
37	64766	INCISE HIP/THIGH NERVE	CCR						
37	64804	REMOVE SYMPATHETIC NERVES	CCR						
37	64809	REMOVE SYMPATHETIC NERVES	CCR						
37	64818	REMOVE SYMPATHETIC NERVES	CCR						
37	64820	REMOVE SYMPATHETIC NERVES	CCR						
37	64822	REMOVE SYMPATHETIC NERVES	CCR						
37	64823	REMOVE SYMPATHETIC NERVES	CCR						
37	64866	FUSION OF FACIAL/OTHER NERVE	CCR						
37	64868	FUSION OF FACIAL/OTHER NERVE	CCR						
37	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	CCR						
37	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	CCR						
37	65125	MODIFICATION OF OCULAR IMPLANT (EG,	CCR						
37	65210	REMOVE FOREIGN BODY FROM EYE	CCR				X		
37	65220	REMOVE FOREIGN BODY FROM EYE	CCR				X		
37	65222	REMOVE FOREIGN BODY FROM EYE	CCR				X		
37	65273	REPAIR OF EYE WOUND	CCR						
37	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	CCR						
37	65430	CORNEAL SMEAR	CCR				X		
37	65435	CURETTE/TREAT CORNEA	CCR						
37	65436	CURETTE/TREAT CORNEA	CCR						
37	65450	DESTROY CORNEAL LESION	CCR						
37	65600	REVISION OF CORNEA	CCR						
37	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	CCR						
37	65757	BACKBENCH PREPARATION OF CORNEAL END	CCR						
37	65765	KERATOPHAKIA	CCR						
37	65767	EPIKERATOPHAKIA	CCR						
37	66762	REVISION OF IRIS	CCR						
37	66770	REMOVAL OF INNER EYE LESION	CCR						
37	66782	RELIEVE INNER EYE PRESSURE	CCR						
37	66990	OPHTHALMIC ENDOSCOPE ADD-ON	CCR						
37	67041	VITRECTOMY,MECHANICAL,PARS PLANA	CCR						
37	67043	VITRECTOMY,MECHANICAL,PARS PLANA	CCR						
37	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR						
37	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	CCR						
37	67221	OCULAR PHOTODYNAMIC THER	CCR						
37	67225	EYE PHOTODYNAMIC THER ADD-ON	CCR						
37	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	CCR	00	00				
37	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	CCR						
37	67346	BIOPSY OF EXTRAOCULAR MUSCLE	CCR						
37	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	CCR						
37	67505	INJECT/TREAT EYE SOCKET	CCR						
37	67515	INJECTION OF MEDICATION OR SUBSTANCE	CCR						
37	67710	INCISION OF EYELID	CCR						
37	67825	REVISE EYELASHES	CCR						
37	67850	TREAT EYELID LESION	CCR						
37	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	CCR						
37	67915	REPAIR EYELID DEFECT	CCR						
37	67922	REPAIR EYELID DEFECT	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	68020	INCISE/DRAIN EYELID LINING	CCR						
37	68040	TREATMENT OF EYELID LESIONS	CCR						
37	68100	BIOPSY OF EYELID LINING	CCR						
37	68135	REMOVE EYELID LINING LESION	CCR						
37	68200	TREAT EYELID BY INJECTION	CCR						
37	68400	INCISE/DRAIN TEAR GLAND	CCR						
37	68420	INCISE/DRAIN TEAR SAC	CCR						
37	68440	INCISE TEAR DUCT OPENING	CCR						
37	68530	CLEARANCE OF TEAR DUCT	CCR						
37	68705	REVISE TEAR DUCT OPENING	CCR						
37	68760	CLOSE TEAR DUCT OPENING	CCR						
37	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	CCR					X	
37	68801	DILATE TEAR DUCT OPENING	CCR						
37	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	CCR						
37	68840	EXPLORE/IRRIGATE TEAR DUCTS	CCR						
37	68850	INJECTION FOR TEAR SAC X-RAY	CCR						
37	69155	EXTENSIVE EAR/NECK SURGERY	CCR						
37	69200	CLEAR OUTER EAR CANAL	CCR						
37	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	CCR						
37	69220	DEBRIDEMENT, MASTOIDECTOMY CAV/SIMPLE	CCR						
37	69400	INFLATE MIDDLE EAR CANAL	CCR					X	
37	69401	INFLATE MIDDLE EAR CANAL	CCR					X	
37	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	CCR						
37	69535	REMOVE PART OF TEMPORAL BONE	CCR						
37	69554	REMOVE EAR LESION	CCR						
37	69950	INCISE INNER EAR NERVE	CCR						
37	69955	RELEASE FACIAL NERVE	CCR						
37	69960	RELEASE INNER EAR CANAL	CCR						
37	69970	REMOVE INNER EAR LESION	CCR						
37	69982	CATARACT SURGERY, COMPLEX	CCR						
37	70010	MYELOGRAPHY; INTERPRETATION ONLY	CCR						
37	70015	CISTERNOGRAPHY; INTERPRET ONLY	CCR						
37	70030	X-RAY EYE; DETECT FOREIGN BODY	CCR					X	
37	70100	X-RAY MANDIBLE; PARTIAL	CCR						
37	70110	X-RAY MANDIBLE; COMPLETE	CCR						
37	70120	X-RAY MASTOIDS; L3 VIEWS PER SIDE	CCR					X	
37	70130	COMPLETE X-RAY, MASTOIDS-3 VIEWS/SIDE	CCR					X	
37	70134	X-RAY INTERNAL AUDITORY MEATI	CCR					X	
37	70140	X-RAY FACIAL BONES; L3 VIEWS	CCR						
37	70150	X-RAY FACIAL BONES; COMPLETE	CCR						
37	70160	X-RAY NASAL BONES; COMPLETE	CCR						
37	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	CCR						
37	70190	X-RAY OPTIC FORAMINA	CCR					X	
37	70200	X-RAY ORBITS, COMPLETE, 4+ VIEWS	CCR					X	
37	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR						
37	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR						
37	70240	X-RAY SELLA TURCICA	CCR						
37	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR						
37	70260	X-RAY SKULL; COMPLETE	CCR						
37	70300	X-RAY TEETH; SINGLE VIEW	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	70310	X-RAY TEETH; PARTIAL EXAM	CCR						
37	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR						
37	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	CCR						
37	70330	ARTHROTOMOGRAPHY; TEMPOROMAND.-COMPLT	CCR						
37	70332	TEMPOROMAND.ARTHROGRAPHY; SUPER/INTER	CCR						
37	70336	MRI, TEMPOROMANDIBULAR JOINT	CCR						
37	70350	CEPHALOGRAM; ORTHODONTIC	CCR						
37	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	CCR						
37	70360	X-RAY NECK; SOFT TISSUE	CCR						
37	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	CCR						
37	70373	LARYNGOGRAPHY; INTERPRET ONLY	CCR						
37	70380	X-RAY SALIVARY GLANDFOR CALCULUS	CCR						
37	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR						
37	70450	CAT, HEAD/BRAIN; W/OUT CONTRAST MATER	CCR						
37	70460	CAT, HEAD/BRAIN; W/ CONTRAST MATERIAL	CCR						
37	70470	CAT, HEAD/BRAIN; W/OUT-W/ CONTRAST	CCR						
37	70480	TOMOGRAPHY; ORBIT, SELLA, POSTERIOR FOS	CCR						
37	70481	TOMOGRAPHY; ORBIT, ETC, WITH/CONTRAST M	CCR						
37	70482	CAT, ORBIT, ETC. , W/OUT-W/ CONTRAST MAT	CCR						
37	70486	TOMOGRAPHY; MAXILLOFACIAL W/OUT CONTR	CCR						
37	70487	TOMOGRAPHY; MAXILLOFAC, WITH CONTRAST	CCR						
37	70488	CAT; MAXILL. ; W/OUT-W/ CONTRAST MATER.	CCR						
37	70490	CAT, SOFT TISSUE NECK; W/OUT CONTRAST	CCR						
37	70491	CAT. SOFT TISSUE NECK; W/ CONTRAST MAT	CCR						
37	70492	CAT, NECK; W/OUT-W/ CONTRAST MATERIAL	CCR						
37	70496	CT ANGIOGRAPHY HEAD	CCR					X	
37	70498	CT ANGIOGRAPHY NECK	CCR					X	
37	70540	MRI-ORBIT, FACE AND NECK	CCR						
37	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR					X	
37	70543	MR IMAGING ORBIT, FACE, AND NECK	CCR						
37	70544	MR ANGIOGRAPHY HEAD	CCR					X	
37	70545	MR ANGIOGRAPHY	CCR					X	
37	70546	MR ANGIOGRAPHY NECK	CCR					X	
37	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR					X	
37	70548	MR ANGIOGRAPHY NECK WITH CONSTRAS	CCR					X	
37	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR					X	
37	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR						
37	70552	MRI, BRAIN W CONTRAST MATERIAL	CCR						
37	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR						
37	71010	X-RAY CHEST; POSTEROANTERIOR	CCR					X	
37	71015	X-RAY CHEST; STEREO; POSTEROANTER	CCR						
37	71020	X-RAY CHEST; TWO VIEWS	CCR					X	
37	71021	X-RAY CHEST; APICAL LORDOTIC	CCR						
37	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	CCR					X	
37	71023	X-RAY CHEST, 2 VIEWS, FRONT, LAT. FLUORO	CCR					X	
37	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	CCR						
37	71034	X-RAY CHEST W/FLUOROSCOPY	CCR						
37	71035	X-RAY CHEST; SPECIAL VIEWS	CCR						
37	71100	X-RAY EXAM OF RIBS	CCR						
37	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR						

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	71110	X-RAY EXAM OF RIBS	CCR						
37	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	CCR						
37	71120	X-RAY EXAM OF BREASTBONE	CCR						
37	71130	X-RAY EXAM OF BREASTBONE	CCR						
37	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	CCR						
37	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR						
37	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	CCR						
37	71275	CT ANGIOGRAPHY, CHEST	CCR						
37	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR						
37	71551	MRI CHEST W/DYE	CCR						
37	71552	MRI CHEST W/O&W DYE	CCR						
37	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR						
37	72010	X-RAY EXAM OF SPINE	CCR						
37	72020	X-RAY SPINE,SINGLE VIEW	CCR						
37	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR						
37	72050	X-RAY EXAM OF NECK SPINE	CCR						
37	72052	X-RAY EXAM OF NECK SPINE	CCR						
37	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	CCR						
37	72070	X-RAY EXAM OF THORAX SPINE	CCR						
37	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	CCR						
37	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR						
37	72080	X-RAY EXAM OF TRUNK SPINE	CCR						
37	72090	X-RAY EXAM OF TRUNK SPINE	CCR						
37	72100	X-RAY EXAM OF LOWER SPINE	CCR						
37	72110	X-RAY EXAM OF LOWER SPINE	CCR						
37	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR						
37	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR						
37	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	CCR						
37	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR						
37	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	CCR						
37	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	CCR						
37	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	CCR						
37	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	CCR						
37	72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR						
37	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR						
37	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	CCR						
37	72141	MRI,SPINAL CANAL...;CERVICAL	CCR						
37	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	CCR						
37	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR						
37	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	CCR						
37	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	CCR						
37	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR						
37	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR						
37	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR						
37	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR						
37	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR						
37	72170	X-RAY EXAM OF PELVIS	CCR						
37	72190	X-RAY EXAM OF PELVIS	CCR						
37	72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR						
37	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	72193	CAT, PELVIS;W/ CONTRAST MATERIAL	CCR						
37	72194	CAT, PELVIS;W/OUT-W/ CONTRAST MATER.	CCR						
37	72195	MRI PELVIS W/O DYE	CCR						
37	72196	MRI, PELVIS	CCR						
37	72197	MRI PELVIS W/O & W DYE	CCR						
37	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR						
37	72200	X-RAY EXAM SACROILIAC JOINTS	CCR						
37	72202	X-RAY EXAM SACROILIAC JOINTS	CCR						
37	72220	X-RAY EXAM OF TAILBONE	CCR						
37	72240	CONTRAST X-RAY OF NECK SPINE	CCR						
37	72255	CONTRAST X-RAY THORAX SPINE	CCR						
37	72265	CONTRAST X-RAY LOWER SPINE	CCR						
37	72270	RADIOLOGICAL SUPERVISION AND INTERPR	CCR						
37	72275	EPIDUROGRAPHY	CCR						
37	72285	X-RAY OF NECK SPINE DISK	CCR						
37	72295	X-RAY OF LOWER SPINE DISK	CCR						
37	73000	X-RAY EXAM OF COLLARBONE	CCR					X	
37	73010	X-RAY EXAM OF SHOULDER BLADE	CCR					X	
37	73020	X-RAY EXAM OF SHOULDER	CCR					X	
37	73030	X-RAY EXAM OF SHOULDER	CCR					X	
37	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	CCR					X	
37	73050	X-RAY EXAM OF SHOULDERS	CCR						
37	73060	X-RAY EXAM OF HUMERUS	CCR					X	
37	73070	X-RAY EXAM OF ELBOW	CCR					X	
37	73080	X-RAY EXAM OF ELBOW	CCR					X	
37	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	CCR					X	
37	73090	X-RAY EXAM OF FOREARM	CCR					X	
37	73092	X-RAY EXAM OF ARM, INFANT	CCR					X	
37	73100	X-RAY EXAM OF WRIST	CCR					X	
37	73110	X-RAY EXAM OF WRIST	CCR					X	
37	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	CCR					X	
37	73120	X-RAY EXAM OF HAND	CCR					X	
37	73130	X-RAY EXAM OF HAND	CCR					X	
37	73140	X-RAY EXAM OF FINGER(S)	CCR					X	
37	73200	CAT, UPPER EXTREMITY;W/OUT CONTRAST	CCR					X	
37	73201	CAT, UPPER EXTREMITY;W/ CONTRAST MAT.	CCR					X	
37	73202	CAT, UPPER EXT.;W/OUT-W/ CONTRAST	CCR					X	
37	73206	CT ANGIO UPR EXTRM W/O&W DYE	CCR					X	
37	73218	MRI UPPER EXTREMITY W/O DYE	CCR					X	
37	73219	MRI UPPER EXTREMITY W/DYE	CCR					X	
37	73220	MRI-UPPER EXTREMITY	CCR					X	
37	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR					X	
37	73222	MRI JOINT UPR EXTREM W/ DYE	CCR					X	
37	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					X	
37	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					X	
37	73500	X-RAY EXAM OF HIP	CCR					X	
37	73510	X-RAY EXAM OF HIP	CCR					X	
37	73520	X-RAY EXAM OF HIPS	CCR						
37	73525	CONTRAST X-RAY OF HIP	CCR					X	
37	73530	X-RAY HIP, DURING OPERATIVE PROCEDURE	CCR					X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	73540	X-RAY EXAM OF PELVIS & HIPS	CCR						
37	73550	X-RAY EXAM OF THIGH	CCR				X		
37	73560	X-RAY EXAM OF KNEE	CCR				X		
37	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	CCR				X		
37	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	CCR				X		
37	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	CCR						
37	73580	CONTRAST X-RAY OF KNEE JOINT	CCR				X		
37	73590	X-RAY EXAM OF LOWER LEG	CCR				X		
37	73592	X-RAY EXAM OF LEG, INFANT	CCR				X		
37	73600	X-RAY EXAM OF ANKLE	CCR				X		
37	73610	X-RAY EXAM OF ANKLE	CCR				X		
37	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	CCR				X		
37	73620	X-RAY EXAM OF FOOT	CCR				X		
37	73630	X-RAY EXAM OF FOOT	CCR				X		
37	73650	X-RAY EXAM OF HEEL	CCR				X		
37	73660	X-RAY EXAM OF TOE(S)	CCR				X		
37	73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	CCR				X		
37	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	CCR				X		
37	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	CCR						
37	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR				X		
37	73718	MRI LOWER EXTREMITY W/O DYE	CCR				X		
37	73719	MRI LOWER EXTREMITY W/DYE	CCR				X		
37	73720	MRI-LIWER EXTREMITY	CCR				X		
37	73721	MRI,ANY JOINT,LOWER EXTREMITY	CCR				X		
37	73722	MRI JOINT OF LWR EXTR W/DYE	CCR				X		
37	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR				X		
37	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR				X		
37	74000	X-RAY EXAM OF ABDOMEN	CCR				X		
37	74010	X-RAY EXAM OF ABDOMEN	CCR				X		
37	74020	X-RAY EXAM OF ABDOMEN	CCR				X		
37	74022	IMAGING OF ABDOMEN AND CHEST	CCR						
37	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	CCR						
37	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	CCR						
37	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	CCR						
37	74174	COMPUTED TORNOGRAPHIC ANGIOGRAPHY,AB	376.25					01/01/12	
37	74175	CT ANGIO ABDOM W/O&W DYE	CCR						
37	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR				X		
37	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR				X		
37	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR				X		
37	74181	MRI-ABDOMEN	CCR						
37	74182	MRI ABDOMEN W/DYE	CCR						
37	74183	MRI ABDOMEN W/O&W DYE	CCR						
37	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	CCR						
37	74190	PERITONEOGRAM (EG, AFTER INJECTION O	CCR						
37	74210	CONTRAST XRAY EXAM OF THROAT	CCR						
37	74220	CONTRAST XRAY EXAM,ESOPHAGUS	CCR						
37	74230	CINEMA XRAY THROAT/ESOPHAGUS	CCR						
37	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	CCR						
37	74240	X-RAY EXAM UPPER GI TRACT	CCR						
37	74241	X-RAY EXAM UPPER GI TRACT	CCR						

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	74245	X-RAY EXAM UPPER GI TRACT	CCR						
37	74246	X-RAY GASTROINTESTINAL TRACT	CCR						
37	74247	X-RAY-GASTROINTESTINAL TRACT	CCR						
37	74249	X-RAY/GASTROINTESTINAL TRACT....	CCR						
37	74250	X-RAY EXAM OF SMALL BOWEL	CCR						
37	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR						
37	74260	X-RAY EXAM OF SMALL BOWEL	CCR						
37	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR						
37	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR						
37	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR						
37	74270	CONTRAST X-RAY EXAM OF COLON	CCR						
37	74280	CONTRAST X-RAY EXAM OF COLON	CCR						
37	74283	BARIUM ENEMA, THERAPEUTIC	CCR						
37	74290	CONTRAST X-RAY, GALLBLADDER	CCR						
37	74291	CONTRAST X-RAYS, GALLBLADDER	CCR						
37	74300	CONTRAST X-RAY OF BILE DUCTS	CCR						
37	74301	CHOLANGIOGRA; ADDITIONAL SET/SURGERY	CCR						
37	74305	CONTRAST X-RAY OF BILE DUCTS	CCR						
37	74320	CONTRAST X-RAY OF BILE DUCTS	CCR						
37	74327	X-RAY FOR BILE STONE REMOVAL	CCR						
37	74328	XRAY FOR BILE DUCT ENDOSCOPY	CCR						
37	74329	X-RAY FOR PANCREAS ENDOSCOPY	CCR						
37	74330	XRAY, BILE/PANCREAS ENDOSCOPY	CCR						
37	74340	X-RAY GUIDE FOR GI TUBE	CCR						
37	74355	PERC.PLACE ENTEROLYSIS TUBE; GUIDANCE	CCR						
37	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	CCR						
37	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	CCR						
37	74400	CONTRAST X-RAY URINARY TRACT	CCR						
37	74410	CONTRAST X-RAY URINARY TRACT	CCR						
37	74415	CONTRAST X-RAY URINARY TRACT	CCR						
37	74420	CONTRAST X-RAY URINARY TRACT	CCR						
37	74425	CONTRAST X-RAY URINARY TRACT	CCR						
37	74430	CONTRAST X-RAY OF BLADDER	CCR						
37	74440	XRAY EXAM MALE GENITAL TRACT	CCR						
37	74445	COPORA CAVERNOSOGRAPHY; SUPER/INTERP	CCR						
37	74450	X-RAY EXAM URETHRA/BLADDER	CCR						
37	74455	X-RAY EXAM URETHRA/BLADDER	CCR						
37	74470	X-RAY-RENAL CYST STUDY	CCR						
37	74475	CATH RENAL PELVIS; SUPER/INTERP	CCR						
37	74480	CATH/STENT RENAL PELVIS; SUPER/INTERP	CCR						
37	74485	DILATE NEPHROL./URETERS; SUPER/INTERP	CCR						
37	74710	X-RAY MEASUREMENT OF PELVIS	CCR						
37	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	CCR						
37	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR						
37	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR						
37	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR						
37	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR						
37	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR						
37	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	CCR						
37	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR						
37	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	CCR						
37	75600	CONTRAST X-RAY EXAM OF AORTA	CCR						
37	75605	CONTRAST X-RAY EXAM OF AORTA	CCR						
37	75625	CONTRAST X-RAY EXAM OF AORTA	CCR						
37	75630	AORTOGRAPH;ABDOMEN-BILAT	CCR						
37	75635	CT ANGIO ABDOMINAL ARTERIES	CCR						
37	75658	X-RAY EXAM OF ARM ARTERIES	CCR						
37	75705	ARTERY X-RAYS, SPINE	CCR						
37	75710	ARTERY X-RAYS, ARM/LEG	CCR						
37	75716	ARTERY X-RAYS, ARMS/LEGS	CCR						
37	75726	ARTERY X-RAYS, ABDOMEN	CCR						
37	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR						
37	75733	ARTERY X-RAYS,ADRENAL GLANDS	CCR						
37	75736	ARTERY X-RAYS, PELVIS	CCR						
37	75741	ARTERY X-RAYS, LUNG	CCR						
37	75743	ARTERY X-RAYS, LUNGS	CCR						
37	75746	ARTERY X-RAYS, LUNG	CCR						
37	75756	ARTERY X-RAYS, CHEST	CCR						
37	75791	RADIOLOGICAL SUPERVISION AND INTREPR	CCR						
37	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR						
37	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	CCR						
37	75805	LYMPH VESSEL X-RAY, TRUNK	CCR						
37	75807	LYMPH VESSEL X-RAY, TRUNK	CCR						
37	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR						
37	75810	VEIN X-RAY, SPLEEN/LIVER	CCR						
37	75820	VEIN X-RAY, ARM/LEG	CCR						
37	75822	VEIN X-RAY, ARMS/LEGS	CCR						
37	75825	VEIN X-RAY, TRUNK	CCR						
37	75827	VEIN X-RAY, CHEST	CCR						
37	75831	VEIN X-RAY, KIDNEY	CCR						
37	75833	VEIN X-RAY, KIDNEYS	CCR						
37	75840	VEIN X-RAY, ADRENAL GLAND	CCR						
37	75842	VEIN X-RAY, ADRENAL GLANDS	CCR						
37	75860	VEIN X-RAY, NECK	CCR						
37	75870	VEIN X-RAY, SKULL	CCR						
37	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	CCR						
37	75880	VEIN X-RAY, EYE SOCKET	CCR						
37	75885	VEIN X-RAY, LIVER	CCR						
37	75887	VEIN X-RAY, LIVER	CCR						
37	75889	VEIN X-RAY, LIVER	CCR						
37	75891	VEIN X-RAY, LIVER	CCR						
37	75893	VENOUS SAMPLING BY CATHETER	CCR						
37	75894	XRAYS, TRANSCATHETER THERAPY	CCR						
37	75896	XRAYS, TRANSCATHETER THERAPY	CCR						
37	75898	FOLLOW-UP ANGIOGRAM	CCR						
37	75901	REMOVE CVA DEVICE OBSTRUCT	CCR						
37	75902	REMOVE CVA LUMEN OBSTRUCT	CCR						
37	75945	INTRAVASCULAR US	CCR						
37	75946	INTRAVASCULAR US	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	75952	ENDOVASC REPAIR ABDOM AORTA	CCR						
37	75953	ABDOM ANEURYSM ENDOVAS RPR	CCR						
37	75954	ILIAC ANEURYSM ENDOVAS RPR	CCR						
37	75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	CCR						
37	75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EA	CCR				X		
37	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	CCR						
37	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	CCR				X		
37	75970	TRANSCATH BXX;SUPER/INTERP	CCR						
37	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	CCR						
37	75980	PERC TRANSHEPATIC BILIARY DRAIN	CCR						
37	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	CCR						
37	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR						
37	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	CCR						
37	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR						
37	76080	X-RAY EXAM OF FISTULA	CCR						
37	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR				X		
37	76100	X-RAY EXAM OF BODY SECTION	CCR						
37	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	CCR						
37	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	CCR						
37	76120	CINEMATIC X-RAYS	CCR						
37	76125	CINEMATIC X-RAYS	CCR						
37	76376	3D RENDER W/O POSTPROCESS	CCR						
37	76377	3D RENDERING W/POSTPROCESS	CCR						
37	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR						
37	76390	MR SPECTROSCOPY	CCR						
37	76496	FLUOROSCOPIC PROCEDURE	CCR						
37	76497	CT PROCEDURE	CCR						
37	76498	MRI PROCEDURE	CCR						
37	76499	RADIOGRAPHIC PROCEDURE	CCR						
37	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR						
37	76510	OPHTH US, B & QUANT A	CCR						
37	76511	ECHO EXAM OF EYE	CCR				X		
37	76512	ECHO EXAM OF EYE	CCR						
37	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR						
37	76514	ECHO EXAM OF EYE, THICKNESS	CCR						
37	76516	ECHO EXAM OF EYE	CCR						
37	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR						
37	76529	ECHO EXAM OF EYE	CCR						
37	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR						
37	76604	ECHO EXAM OF CHEST	CCR						
37	76645	ECHO EXAM OF BREAST	CCR						
37	76700	ECHO EXAM OF ABDOMEN	CCR						
37	76705	ECHO EXAM OF ABDOMEN	CCR						
37	76770	ECHO EXAM ABDOMEN BACK WALL	CCR						
37	76775	ECHO EXAM ABDOMEN BACK WALL	CCR						
37	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR						
37	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR						
37	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR			F			
37	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR			F	X		
37	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10 59		F			



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	76810	EACH ADDITIONAL GESTATION	CCR	10 59		F	X		
37	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR			F			
37	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR			F	X		
37	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10 60		F			
37	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10 60		F	X		
37	76815	ECHO EXAM FOR FETAL GROWTH	CCR			F			
37	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR			F	X		
37	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR			F			
37	76818	FETAL BIOPHYSICAL PROFILE	CCR						
37	76819	FETL BIOPHYS PROFIL W/O STRS	CCR						
37	76820	UMBILICAL ARTERY ECHO	CCR	10 59		F			
37	76821	MIDDLE CEREBRAL ARTERY ECHO	CCR	10 59		F			
37	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	CCR	00 60		F			
37	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR						
37	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR						
37	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR						
37	76830	ECHOGRAPHY, TRANSVAGINAL	CCR						
37	76831	ECHO EXAM, UTERUS	CCR			F			
37	76856	ECHOGRAPHY, PELVIC, REAL TIME	CCR						
37	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	CCR						
37	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	CCR			M			
37	76872	ECHOGRAPHY, TRANSRECTAL	CCR						
37	76873	ECHOGRAP TRANS R, PROS STUDY	CCR			M			
37	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR						
37	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR						
37	76885	ECHO EXAM, INFANT HIPS	CCR						
37	76886	ECHO EXAM, INFANT HIPS	CCR						
37	76930	ECHO GUIDE FOR HEART SAC TAP	CCR						
37	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR						
37	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR						
37	76937	US GUIDE, VASCULAR ACCESS	CCR						
37	76940	US GUIDE, TISSUE ABLATION	CCR						
37	76941	ECHO GUIDE FOR TRANSFUSION	CCR						
37	76942	ECHO GUIDE FOR BIOPSY	CCR				X		
37	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	CCR						
37	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR				X		
37	76950	ECHO GUIDANCE RADIOTHERAPY	CCR				X		
37	76965	ECHO GUIDANCE RADIOTHERAPY	CCR						
37	76970	ULTRASOUND EXAM FOLLOW-UP	CCR						
37	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR						
37	76977	US BONE DENSITY MEASURE	CCR						
37	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR						
37	76999	ECHO EXAMINATION PROCEDURE	CCR						
37	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR						
37	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR						
37	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR						
37	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR						
37	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR						
37	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR						
37	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR						
37	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR						
37	77051	COMPUTER-AIDED DETECTION (COMPUTER A	CCR						
37	77052	COMPUTER-AIDED DETECTION (COMPUTER A	CCR	40 99		F			
37	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR						
37	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR						
37	77055	MAMMOGRAPHY; UNILATERAL	CCR						
37	77056	MAMMOGRAPHY; BILATERAL	CCR						
37	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	40 99		F			
37	77058	MAGNETIC RESONANCE IMAGING, BREAST,	CCR						
37	77059	MAGNETIC RESONANCE IMAGING, BREAST,	CCR						
37	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR						
37	77072	BONE AGE STUDIES	CCR						
37	77073	BONE LENGTH STUDIES (ORTHOENOTGENOG	CCR						
37	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR						
37	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR						
37	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR						
37	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR						
37	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR						
37	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR						
37	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR						
37	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR						
37	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR						
37	77261	SIMPLE TREAT PLAN-THERA RADIOLO	CCR						
37	77262	INTER TREAT PLAN-THERA RADIOLO	CCR						
37	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR						
37	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	CCR						
37	77285	INTER,RAD SIMU-AIDED FIELD SET	CCR						
37	77290	COMP,RAD SIMU-AIDED FIELD SET	CCR						
37	77295	MANAGEMENT OF RADIATION THERAPY, 3D	CCR				X		
37	77299	UNLISTED CLINICAL TREAT.PLAN	CCR						
37	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR				X		
37	77301	RADIOLTHERAPY DOS PLAN, IMRT	CCR						
37	77305	TELETHRAPHY ISODOSE PLAN-SIMPLE	CCR						
37	77310	TELETHRAPHY ISODOSE PLAN-INTER	CCR						
37	77315	TELETHRAPHY ISODOSE PLAN-COMPL	CCR						
37	77321	SPEC TELETHRAPHY PLAN TOTALBOD	CCR						
37	77326	BRACHYTHERAPY RADIATION THERAPY PLAN	CCR						
37	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	CCR						
37	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	CCR						
37	77331	SPECIAL DOSIMETRY (SPECIFY)	CCR				X		
37	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	CCR						
37	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	CCR						
37	77334	TREATMENT DEVICES/DESIGN;COMPLEX	CCR				X		
37	77336	CONTINUING RADIATION PHYSICS CONSULT	CCR						
37	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	CCR						
37	77370	SPECIAL MED RAD PHYSICS CONSULTATION	CCR						
37	77371	RADIATION TREATMENT DELIVERY, STEREO	CCR						
37	77372	RADIATION TREATMENT DELIVERY, STEREO	CCR						
37	77373	STEREOTACTIC BODY RADIATION THERAPY,	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	77399	UNLISTED RAD THER/PHYSICS CONS	CCR						
37	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	CCR				X		
37	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR				X		
37	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	CCR				X		
37	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	CCR				X		
37	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	CCR				X		
37	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	CCR				X		
37	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	CCR				X		
37	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	CCR				X		
37	77411	RADIATION TREATMENT DELIVERY TWO SEP	CCR				X		
37	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	CCR				X		
37	77413	RADIAT TRTMNT DELIV 6-10 MEV	CCR				X		
37	77414	RADIAT TRTMNT DELIV 11-19 MEV	CCR				X		
37	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	CCR				X		
37	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR				X		
37	77418	RADIATION TX DELIVERY, IMRT	CCR				X		
37	77421	STEREOSCOPIC X-RAY GUIDANCE	CCR						
37	77422	NEUTRON BEAM TX, SIMPLE	CCR						
37	77423	NEUTRON BEAM TX, COMPLEX	CCR						
37	77424	INTRAOPERATIVE RADIATION TREATMENT D	CCR						
37	77425	INTRAOPERATIVE RADIATION TREATMENT D	CCR						
37	77427	RADIATION TX MANAGEMENT, X5	CCR						
37	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR				X		
37	77432	STEREOTACTIC RADIATION TREATMENT MAN	CCR						
37	77435	STEREOTACTIC BODY RADIATION THERAPY,	CCR						
37	77469	INTRAOPERATIVE RADIATION TREATMENT M	CCR						
37	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	CCR						
37	77499	UNLISTED,CLINICAL TREAT. MNGT	CCR				X		
37	77520	PROTON BEAM DELIVERY	CCR						
37	77522	PROTON TRMT, SIMPLE W/COMP	CCR						
37	77523	PROTON BEAM DELIVERY	CCR						
37	77525	PROTON TREATMENT, COMPLEX	CCR						
37	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	CCR						
37	77605	HYPERTHERMIA,EXT GEN/DEEP	CCR				X		
37	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	CCR				X		
37	77615	HYPERTHERMIA/INTERSTITIAL/>5	CCR				X		
37	77620	HYPERTHERMIA...INTRACACITARY PROBE	CCR						
37	77750	INFUSE/INSTILL RADIOELEMENT	CCR						
37	77761	SIMPLE INTRACAV RADIOELEMENT	CCR						
37	77762	INTERM,INTRACAV RADIOELEMENT	CCR						
37	77763	COMPLEX,INTRACAV RADIOELEMENT	CCR						
37	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	CCR						
37	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	CCR						
37	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	CCR						
37	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR						
37	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR						
37	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR						
37	77789	SURFACE APPLICATION OF RADIOELEMENT	CCR						
37	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	CCR						
37	77799	UNLISTED CLINICAL BRACHYTHERAPY	CCR						

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	CCR						
37	78013	THYROID IMAGING (INCLUDING VASCULAR	CCR						
37	78014	THYROID IMAGING (INCLUDING VASCULAR	CCR						
37	78015	NUCLEAR SCAN OF THYROID	CCR						
37	78016	EXTENSIVE THYROID SCAN	CCR						
37	78018	THYROID CA IMAGING;WHOLE BODY Y	CCR						
37	78020	THYROID MET UPTAKE	CCR						
37	78070	PARATHROID IMAGING	CCR						
37	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR						
37	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR						
37	78075	NUCLEAR SCAN OF ADRENALS	CCR						
37	78099	ENDOCRINE NUCLEAR PROCEDURE	CCR						
37	78102	NUCLEAR SCAN OF BONE MARROW	CCR						
37	78103	NUCLEAR SCAN OF BONE MARROW	CCR						
37	78104	NUCLEAR SCAN OF BONE MARROW	CCR						
37	78110	NUCLEAR EXAM, PLASMA VOLUME	CCR						
37	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR						
37	78120	NUCLEAR EXAM OF RBC MASS	CCR						
37	78121	NUCLEAR EXAM OF RBC MASS	CCR						
37	78122	WHOLE BLOOD VOLUME DETERMINATION	CCR						
37	78130	RED CELL SURVIVAL EXAM	CCR						
37	78135	RED CELL SURVIVAL EXAM	CCR						
37	78140	NUCLEAR EXAM,RED BLOOD CELLS	CCR						
37	78185	NUCLEAR SCAN OF SPLEEN	CCR						
37	78190	KINETICS STUDY F PLATELET SURVIVAL	CCR						
37	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR						
37	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR						
37	78201	NUCLEAR SCAN OF LIVER	CCR						
37	78202	NUCLEAR SCAN OF LIVER	CCR						
37	78205	LIVER IMAGING (SPECT)	CCR						
37	78206	LIVER IMAGE (3-D) W/FLOW	CCR						
37	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR						
37	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR						
37	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	CCR						
37	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	CCR						
37	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR						
37	78231	NUCLEAR SCANS,SALIVARY GLAND	CCR						
37	78267	BREATH TST ATTAIN/ANAL C-14	10.86					07/01/00	
37	78268	BREATH TEST ANALYSIS, C-14	40.00					07/01/00	
37	78270	VIT B-12 ABSORPTION EXAMS	CCR						
37	78271	VIT B-12 ABSORPTION EXAMS	CCR						
37	78272	VIT B-12 ABSORPTION EXAMS	CCR						
37	78278	ACUTE GI BLOOD LOSS IMAGING	CCR						
37	78290	INTESTINE IMAGING	CCR						
37	78299	G.I. NUCLEAR PROCEDURE	CCR						
37	78300	NUCLEAR SCAN OF BONE	CCR						
37	78305	NUCLEAR SCAN OF BONES	CCR						
37	78306	NUCLEAR SCAN OF SKELETON	CCR						
37	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	CCR						
37	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	CCR						

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	78399	MUSCULOSKELETAL NUCLEAR EXAM	CCR						
37	78414	DETERMINE VENTRIC.EJECT FRACTION	CCR						
37	78445	NUCLEAR SCAN OF BLOOD FLOW	CCR						
37	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR						
37	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR				X		
37	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR						
37	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR				X		
37	78456	ACUTE VENOUS THROMBUS IMAGE	CCR						
37	78466	MYOCARD IMAGING..;AT REST,QUAL.	CCR						
37	78468	MYOCARD IMAGING..AT REST;FIRST PASS	CCR						
37	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	CCR						
37	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	CCR						
37	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	CCR						
37	78481	CARD BLD POOL IMAG-FRST PASS TECH...	CCR						
37	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	CCR						
37	78494	HEART IMAGE, SPECT	CCR						
37	78496	HEART FIRST PASS ADD-ON	CCR						
37	78499	CARDIOVASCULAR NUCLEAR EXAM	CCR						
37	78579	PULMONARY VENTILATION IMAGING (EG, A	CCR						
37	78580	PULMONARY PERFUSION IMAGING (EG, PAR	CCR						
37	78582	PULMONARY VENTILATION (EG, AEROSOL O	CCR						
37	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR						
37	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR						
37	78599	RESPIRATORY NUCLEAR EXAM	CCR						
37	78600	NUCLEAR SCAN OF BRAIN	CCR						
37	78601	NUCLEAR SCAN OF BRAIN	CCR						
37	78605	NUCLEAR SCAN OF BRAIN	CCR						
37	78606	NUCLEAR SCAN OF BRAIN	CCR						
37	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	CCR						
37	78610	NUCLEAR SCAN OF BRAIN	CCR						
37	78630	CEREBROSPINAL FLUID SCAN	CCR						
37	78635	CEREBROSPINAL FLUID SCAN	CCR						
37	78645	CEREBROSPINAL FLUID SCAN	CCR						
37	78647	CEREBROSPINAL FLUID SCAN	CCR						
37	78650	CEREBROSPINAL FLUID SCAN	CCR						
37	78660	NUCLEAR EXAM OF TEAR FLOW	CCR						
37	78699	NERVOUS SYSTEM NUCLEAR EXAM	CCR						
37	78700	NUCLEAR SCAN OF KIDNEY	CCR						
37	78701	NUCLEAR SCAN OF KIDNEY	CCR						
37	78707	NUCLEAR SCAN OF KIDNEY	CCR						
37	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	CCR						
37	78709	KIDNEY FLOW & FUNCTION IMAGE	CCR						
37	78710	KIDNEY IMAGING (SPECT)	CCR						
37	78725	NUCLEAR EXAM OF KIDNEY	CCR						
37	78730	NUCLEAR EXAM OF BLADDER	CCR						
37	78740	NUCLEAR EXAM OF URETER	CCR						
37	78761	TESTICULAR IMAGING,W/VASCULAR	CCR				X		
37	78799	GENITOURINARY NUCLEAR EXAM	CCR						
37	78800	NUCLEAR EXAM OF LESION	CCR						
37	78801	NUCLEAR EXAM OF LESIONS	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	78802	NUCLEAR EXAM OF LESIONS	CCR						
37	78803	TUMOR LOCALIZATION (SPECT)	CCR						
37	78804	TUMOR IMAGING, WHOLE BODY	CCR						
37	78805	ABSCESS LOCALIZATION;LIMITED AREA	CCR						
37	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	CCR						
37	78999	NUCLEAR DIAGNOSTIC EXAM	CCR						
37	79005	NUCLEAR RX, ORAL ADMIN	CCR						
37	79101	NUCLEAR RX, IV ADMIN	CCR						
37	79200	RADIONUCLIDE THERAPY	CCR						
37	79300	RADIONUCLIDE THERAPY	CCR						
37	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR						
37	79440	RADIONUCLIDE THERAPY	CCR						
37	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR						
37	79999	NUCLEAR MEDICINE THERAPY	CCR						
37	80047	BLOOD TEST, BASIC GROUP OF BLOOD CHE	11.91					01/01/11	
37	80048	BLOOD TEST, BASIC GROUP OF BLOOD CHE	11.91					01/01/11	
37	80050	GENERAL HEALTH PANEL	45.73					01/01/09	
37	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	9.71					01/01/11	
37	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	14.87					01/01/11	
37	80055	OBSTETRIC BLOOD TEST PANEL	24.12	10 59		F		01/01/09	
37	80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND	16.82					01/01/11	
37	80069	KIDNEY FUNCTION BLOOD TEST PANEL	12.22					01/01/11	
37	80074	ACUTE HEPATITIS PANEL	67.01					01/01/11	
37	80076	LIVER FUNCTION BLOOD TEST PANEL	11.49					01/01/11	
37	80100	DRUG, SCREEN;	20.47				X	01/01/11	
37	80101	DRUG, SCREEN;	18.01				X	01/01/10	
37	80102	DRUG, CONFIRMATION, EACH PROCEDURE	17.46				X	01/01/11	
37	80104	DRUG SCREEN, QUALITATIVE; MULTIPLE D	18.63					01/01/11	
37	80150	AMIKACIN	16.38					01/01/11	
37	80152	AMITRIPTYLINE	25.19					01/01/11	
37	80154	BENZODIAZEPINES	26.03					01/01/11	
37	80156	CARBAMAZEPINE	16.38					01/01/11	
37	80157	ASSAY, CARBAMAZEPINE, FREE	18.66					01/01/11	
37	80158	CYCLOSPORINE	25.40					01/01/11	
37	80160	DESIPRAMINE	24.22					01/01/11	
37	80162	DIGOXIN	18.69					01/01/11	
37	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	19.06					01/01/11	
37	80166	DOXEPIN	17.94					01/01/11	
37	80168	ETHOSUXIMIDE	23.00					01/01/11	
37	80170	GENTAMICIN	16.38					01/01/11	
37	80172	GOLD	22.93					01/01/11	
37	80173	ASSAY OF HALOPERIDOL	16.38					01/01/11	
37	80174	IMIPRAMINE	24.22					01/01/11	
37	80176	LIDOCAINE	17.94					01/01/11	
37	80178	LITHIUM	9.30					01/01/11	
37	80182	NORTRIPTYLINE	19.06					01/01/11	
37	80184	PHENOBARBITAL	16.12					01/01/11	
37	80185	PHENYTOIN;	18.66					01/01/11	
37	80186	PHENYTOIN;	19.37					01/01/11	
37	80188	PRIMIDONE	23.35					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	80190	PROCAINAMIDE;	23.57					01/01/11	
37	80192	PROCAINAMIDE;	23.57					01/01/11	
37	80194	QUINIDINE	20.54					01/01/11	
37	80195	ASSAY OF SIROLIMUS	19.32					01/01/11	
37	80196	SALICYLATE	9.98					01/01/11	
37	80197	ASSAY FOR TACROLIMUS	19.32					01/01/11	
37	80198	THEOPHYLLINE	19.91					01/01/11	
37	80200	TOBRAMYCIN	16.38					01/01/11	
37	80201	ASSAY FOR TOPIRAMATE	16.78					01/01/11	
37	80202	VANCOMYCIN	19.06					01/01/11	
37	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	19.27					01/01/11	
37	80400	HORMONAL PANEL FOR ADRENAL GLAND ASS	45.90					01/01/11	
37	80402	HORMONE PANEL FOR ADRENAL GLAND ASSE	122.36					01/01/11	
37	80406	HORMONE PANEL ADRENAL GLAND ASSESSEM	110.14					01/01/11	
37	80408	ALDOSTERONE SUPPRESSION EVALUATION P	176.60					01/01/11	
37	80410	CALCITONIN STIMULATION PANEL	113.07					01/01/11	
37	80412	ADRENAL GLAND STIMULATION PANEL	463.80					01/01/11	
37	80414	REPRODUCTIVE HORMONE PANEL (TESTOSTE	72.66					01/01/11	
37	80415	REPRODUCTIVE HORMONE PANEL (ESTRADIO	78.64					01/01/11	
37	80416	RENAL VEIN RENIN (KIDNEY ENZYME) STI	185.70					01/01/11	
37	80417	PERIPHERAL VEIN RENIN (KIDNEY ENZYME	61.90					01/01/11	
37	80418	ANTERIOR PITUITARY GLAND EVALUATION	815.56					01/01/11	
37	80420	DEXAMETHASONE (STEROID) SUPPRESSION	101.38					01/01/11	
37	80422	GLUCAGON (HORMONE) TOLERANCE PANEL T	64.83					01/01/11	
37	80424	GLUCAGON (HORMONE) TOLERANCE PANEL T	71.06					01/01/11	
37	80426	GONADOTROPIN RELEASING HORMONE (REPR	208.84					01/01/11	
37	80428	GROWTH HORMONE STIMULATION PANEL	93.88					01/01/11	
37	80430	GROWTH HORMONE SUPPRESSION PANEL	110.44					01/01/11	
37	80432	INSULIN-INDUCED C-PEPTIDE (PROTEIN)	190.09					01/01/11	
37	80434	INSULIN TOLERANCE PANEL FOR ACTH (AD	142.35					01/01/11	
37	80435	INSULIN TOLERANCE PANEL FOR GROWTH H	144.95					01/01/11	
37	80436	METYRAPONE (HORMONE ANTIBODY) PANEL	128.30					01/01/11	
37	80438	THYROTROPIN RELEASING HORMONE (TRH)	70.92					01/01/11	
37	80439	THYROTROPIN RELEASING HORMONE (TRH)	94.56					01/01/11	
37	80440	THYROTROPIN RELEASING HORMONE (TRH)	81.81					01/01/11	
37	80500	CLINICAL PATHOLOGY CONSULTATION	19.68					01/01/09	
37	80502	COMPREHENSIVE, CLINICAL PATHOLOGY CO	62.24					01/01/09	
37	81000	URINALYSIS WITH MICROSCOPY	4.45				X	01/01/11	
37	81001	URINALYSIS, AUTO, W/SCOPE	4.45					01/01/11	
37	81002	ROUTINE URINE ANALYSIS	3.60				X	01/01/11	
37	81003	URINALYSIS, BY DIP STICK OR TABLET R	3.16					01/01/11	
37	81005	URINALYSIS	3.05				X	01/01/11	
37	81007	BACTERIA SCREEN B NON-CULT TECH COMM	3.61					01/01/11	
37	81015	MICROSCOPIC EXAM OF URINE	4.28				X	01/01/11	
37	81020	URINALYSIS, GLASS TEST	5.19					01/01/11	
37	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.90			F	X	01/01/11	
37	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	4.22				X	01/01/11	
37	81099	URINALYSIS TEST PROCEDURE	MP					06/01/08	
37	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01				01/01/12	
37	82000	ASSAY BLOOD ACETALDEHYDE	17.43				X	01/01/11	
37	82003	ASSAY URINE ACETAMINOPHEN	28.48				X	01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	82009	TEST FOR ACETONE	6.36				X	01/01/11	
37	82010	ACETONE ASSAY	11.50				X	01/01/11	
37	82013	ACETYLCHOLINESTERASE ASSAY	15.72				X	01/01/11	
37	82016	ACYLCARNITINES, QUAL	19.51				X	01/01/11	
37	82017	ACYLCARNITINES, QUANT	23.74				X	01/01/11	
37	82024	ACTH RADIOIMMUNE ASSAY	54.35					01/01/11	
37	82030	RIA ASSAY, BLOOD ADP & AMP	19.90					01/01/11	
37	82040	ASSAY SERUM ALBUMIN	6.96					01/01/11	
37	82042	ASSAY URINE ALBUMIN	7.28					01/01/11	
37	82043	ALBUMIN;	8.14					01/01/11	
37	82044	ALBUMIN;	4.28					01/01/11	
37	82045	ALBUMIN, ISCHEMIA MODIFIED	47.77					01/01/11	
37	82055	ASSAY BLOOD ETHANOL	15.21				X	01/01/11	
37	82075	ASSAY BREATH ETHANOL	16.96				X	01/01/11	
37	82085	ASSAY OF BLOOD ALDOLASE	13.66					01/01/11	
37	82088	RIA ASSAY, BLOOD ALDOSTERONE	57.35					01/01/11	
37	82101	ASSAY OF URINE ALKALOIDS	42.24					01/01/11	
37	82103	ALPHA-1-ANTITRYPSIN;	18.91					01/01/11	
37	82104	ALPHA-1-ANTITRYPSIN;	20.35					01/01/11	
37	82105	ALPHA-FETOPROTEIN;	23.61					01/01/11	
37	82106	ALPHA-FETOPROTEIN;	23.61					01/01/11	
37	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	90.64					01/01/11	
37	82108	ALUMINUM,BLOOD (SERUM)	11.92					01/01/11	
37	82120	AMINES, VAGINAL FLUID QUAL	5.29			F		01/01/11	
37	82127	AMINO ACID, SINGLE QUAL	19.51				X	01/01/11	
37	82128	TEST FOR AMINO ACIDS	19.51					01/01/11	
37	82131	AMINO ACIDS, FRACTIONATION AND QUANT	23.74				X	01/01/11	
37	82135	ASSAY, AMINOLEVULINIC ACID	23.16					01/01/11	
37	82136	AMINO ACIDS, 2-5 QUANT	23.74				X	01/01/11	
37	82139	AMINO ACIDS, 6+ QUANT	23.74				X	01/01/11	
37	82140	ASSAY OF BLOOD AMMONIA	20.51				X	01/01/11	
37	82143	AMNIOTIC FLUID SCAN	9.67					01/01/11	
37	82145	ASSAY OF AMPHETAMINES	21.87					01/01/11	
37	82150	ASSAY OF SERUM AMYLASE	9.12				X	01/01/11	
37	82154	ANDROSTANEDIOL GLUCURONIDE	40.57					01/01/11	
37	82157	RIA ASSAY OF ANDROSTENEDIONE	41.20					01/01/11	
37	82160	ANDROSTERONE; RIA	35.19					01/01/11	
37	82163	RIA ASSAY OF ANGIOTENSIN II	28.88					01/01/11	
37	82164	ANGIOTENSIN-CONVERTING ENZYME	20.54					01/01/11	
37	82175	ASSAY OF ARSENIC	26.70					01/01/11	
37	82180	ASSAY OF ASCORBIC ACID	11.92					01/01/11	
37	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.47				X	01/01/11	
37	82205	ASSAY OF BARBITURATES	16.12				X	01/01/11	
37	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	22.76					01/01/11	
37	82239	BILE ACIDS;	24.11					01/01/11	
37	82240	ASSAY BILE ACIDS IN BLOOD	37.40					01/01/11	
37	82247	BILIRUBIN TOTAL	4.90					01/01/11	
37	82248	BILIRUBIN DIRECT	4.90					01/01/11	
37	82252	FECAL BILIRUBIN TEST	6.40					01/01/11	
37	82261	ASSAY BIOTINIDASE	23.74				X	01/01/11	



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	82270	TEST FECES FOR BLOOD	4.58					01/01/11	
37	82271	OCCULT BLOOD, FECES, SINGLE	4.58					01/01/11	
37	82272	BLOOD OCCULT PEROXIDASE	4.58					01/01/11	
37	82274	ASSAY TEST FOR BLOOD, FECAL	22.38					01/01/11	
37	82286	ASSAY OF BRADYKININ	9.69					01/01/11	
37	82300	ASSAY CADMIUM IN URINE	32.57					01/01/11	
37	82306	CALCIFEDIOL, CHROMATOGRAPHIC TECHNIQU	41.66					01/01/11	
37	82308	RIA ASSAY OF CALCITONIN	37.69					01/01/11	
37	82310	ASSAY CALCIUM IN BLOOD	7.26				X	01/01/11	
37	82330	ASSAY CALCIUM IN BLOOD	19.23					01/01/11	
37	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	7.28					01/01/11	
37	82340	ASSAY CALCIUM IN URINE	8.49					01/01/11	
37	82355	CALCULUS (STONE) ANALYSIS	16.29					01/01/11	
37	82360	CALCULUS (STONE) ASSAY	18.12					01/01/11	
37	82365	CALCULUS (STONE) ASSAY	18.14					01/01/11	
37	82370	X-RAY ASSAY,CALCULUS (STONE)	17.63					01/01/11	
37	82373	ASSAY, C-D TRANSFER MEASURE	25.41					01/01/11	
37	82374	ASSAY BLOOD CARBON DIOXIDE	6.88				X	01/01/11	
37	82375	ASSAY BLOOD CARBON MONOXIDE	17.35				X	01/01/11	
37	82376	TEST FOR CARBON MONOXIDE	8.44				X	01/01/11	
37	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	26.70					01/01/11	
37	82379	ASSAY CARNITINE	23.74				X	01/01/11	
37	82380	ASSAY BLOOD CAROTENE	12.98					01/01/11	
37	82382	ASSAY URINE CATECHOLAMINES	24.20					01/01/11	
37	82383	ASSAY BLOOD CATECHOLAMINES	35.26					01/01/11	
37	82384	ASSAY THREE CATECHOLAMINES	35.53					01/01/11	
37	82387	CATHEPSIN-D	10.84					01/01/11	
37	82390	ASSAY BLOOD CERULOPLASMIN	15.12					01/01/11	
37	82397	CHEMILUMINESCENT ASSAY	6.53					01/01/11	
37	82415	ASSAY BLOOD CHLORAMPHENICOL	17.83					01/01/11	
37	82435	ASSAY BLOOD CHLORIDES	6.47				X	01/01/11	
37	82436	ASSAY URINE CHLORIDES	7.07					01/01/11	
37	82438	ASSAY SPINAL FLUID CHLORIDES	6.88					01/01/11	
37	82441	TEST FOR CHLOROHYDROCARBONS	8.45					01/01/11	
37	82465	ASSAY SERUM CHOLESTEROL	6.13					01/01/11	
37	82480	ASSAY SERUM CHOLINESTERASE	11.09					01/01/11	
37	82482	ASSAY RBC CHOLINESTERASE	10.81				X	01/01/11	
37	82485	ASSAY CHONDROITIN SULFATE	29.06					01/01/11	
37	82486	GAS/LIQUID CHROMATOGRAPHY	25.41					01/01/11	
37	82487	PAPER CHROMATOGRAPHY	22.47					01/01/11	
37	82488	PAPER CHROMATOGRAPHY	30.07					01/01/11	
37	82489	THIN LAYER CHROMATOGRAPHY	26.03					01/01/11	
37	82491	CHROMOTOGRAPHY, QUANTITATIVE;	25.41					01/01/11	
37	82492	CHROMOTOGRAPHY, QUANT, MULT	25.41					01/01/11	
37	82495	ASSAY URINE CHROMIUM	28.54					01/01/11	
37	82507	ASSAY CITRIC ACID	39.13					01/01/11	
37	82520	COCAINE, QUANTITATIVE	21.33					01/01/11	
37	82523	COLLAGEN CROSSLINKS	26.31					01/01/11	
37	82525	ASSAY BLOOD COPPER	17.46					01/01/11	
37	82528	RIA ASSAY CORTICOSTERONE	31.68					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	82530	CORTISOL;	23.52					01/01/11	
37	82533	RIA ASSAY PLASMA CORTISOL	22.95				X	01/01/11	
37	82540	CREATINE BLOOD	6.52					01/01/11	
37	82541	CHEMICAL ANALYSIS USING CHROMATOGRAP	25.41					01/01/11	
37	82542	CHEMICAL ANALYSIS USING CHROMATOGRAP	25.41					01/01/11	
37	82543	CHEMICAL ANALYSIS USING CHROMATOGRAP	25.41					01/01/11	
37	82544	CHEMICAL ANALYSIS USING CHROMATOGRAP	25.41					01/01/11	
37	82550	ASSAY CPK IN BLOOD	9.17				X	01/01/11	
37	82552	ASSAY CPK IN BLOOD	18.86				X	01/01/11	
37	82553	CREATINE KINASE (CK), (CPK);	16.25					01/01/11	
37	82554	CREATINE KINASE (CK), (CPK);	16.70					01/01/11	
37	82565	ASSAY BLOOD CREATININE	7.22				X	01/01/11	
37	82570	ASSAY URINE CREATININE	7.28					01/01/11	
37	82575	CREATININE CLEARANCE TEST	13.30					01/01/11	
37	82585	ASSAY BLOOD CRYOFIBRINOGEN	12.07				X	01/01/11	
37	82595	ASSAY BLOOD CRYOGLOBULIN	9.11					01/01/11	
37	82600	ASSAY BLOOD CYANIDE	27.30					01/01/11	
37	82607	RIA ASSAY FOR VITAMIN B-12	21.21					01/01/11	
37	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	20.15					01/01/11	
37	82610	CYSTATIN C	6.53					01/01/11	
37	82615	TEST FOR URINE CYSTINES	11.48					01/01/11	
37	82626	DEHYDROEPIANDROSTERONE, RIA	35.56					01/01/11	
37	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	31.29					01/01/11	
37	82633	DESOXYCORTICOSTERONE, RIA	43.59					01/01/11	
37	82634	DESOXYCORTISOL, RIA	41.20					01/01/11	
37	82638	ASSAY DIBUCAINE NUMBER	17.23					01/01/11	
37	82646	ASSAY OF DIHYDROCODINONE	29.06					01/01/11	
37	82649	ASSAY OF DIHYDROMORPHINONE	36.17					01/01/11	
37	82651	DIHYDROTESTOSTERONE ASSAY	36.33					01/01/11	
37	82652	DIHYDROXYVITAMIN D, 1,25-	54.18				X	01/01/11	
37	82656	ELASTASE PANCREATIC (EL-1) FECAL	16.24					01/01/11	
37	82657	ENZYME CELL ACTIVITY	25.41					01/01/11	
37	82658	ENZYME CELL ACTIVITY RA	25.41					01/01/11	
37	82664	ELECTROPHORETIC TEST	48.35					01/01/11	
37	82666	EPIANDROSTERONE ASSAY	30.23					01/01/11	
37	82668	ERYTHROPOIETIN BIOASSAY	26.46					01/01/11	
37	82670	RIA ASSAY OF ESTRADIOL	39.32					01/01/11	
37	82671	ESTROGENS ASSAY	45.45					01/01/11	
37	82672	ESTROGEN ASSAY	30.53					01/01/11	
37	82677	RIA ASSAY OF ESTRIOL	34.03					01/01/11	
37	82679	RIA ASSAY OF ESTRONE	35.12					01/01/11	
37	82690	ASSAY BLOOD ETHCHLORVYNOL	24.32					01/01/11	
37	82693	ETHYLENE GLYCOL	20.96					01/01/11	
37	82696	ASSAY OF ETIOCHOLANOLONE, RIA	33.19					01/01/11	
37	82705	FATS/LIPIDS,FECES,SCREENING	7.16					01/01/11	
37	82710	FATS/LIPIDS, FECES, ASSAY	23.64					01/01/11	
37	82715	FECAL FAT ASSAY	24.22					01/01/11	
37	82725	ASSAY BLOOD FATTY ACIDS	18.74					01/01/11	
37	82726	LONG CHAIN FATTY ACIDS	25.41					01/01/11	
37	82728	FERRITIN, SPECIFY METHOD	19.17					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	82731	FETAL FIBRONECTIN	90.64					01/01/11	
37	82735	ASSAY BLOOD FLUROIDE	26.09					01/01/11	
37	82742	ASSAY OF FLURAZEPAM	27.86					01/01/11	
37	82746	BLOOD FOLIC ACID RIA	20.69					01/01/11	
37	82747	FOLIC ACID;	24.22					01/01/11	
37	82757	ASSAY SEMEN FRUCTOSE	24.41					01/01/11	
37	82759	RBC GALACTOKINASE ASSAY	30.23					01/01/11	
37	82760	ASSAY BLOOD GALACTOSE	15.75				X	01/01/11	
37	82775	ASSAY GALACTOSE TRANSFERASE	29.64					01/01/11	
37	82776	GALACTOSE TRANSFERASE TEST	11.80					01/01/11	
37	82777	GALECTIN-3	17.80					01/01/13	
37	82784	GAMMAGLOB.A,D,G,M NEPHELOMETRIC,EACH	13.09				X	01/01/11	
37	82785	RIA ASSAY GAMMAGLOBULIN E	23.18					01/01/11	
37	82787	GAMMAGLOBULIN;	6.82					01/01/11	
37	82800	BLOOD PH	11.91				X	01/01/11	
37	82803	BLOOD GASES: PH, PO2 & PCO2	7.34				X	01/01/11	
37	82805	BLOOD GASES W/O2 SATURATION	12.73					01/01/11	
37	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.39					01/01/11	
37	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	14.07					01/01/11	
37	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.51					01/01/11	
37	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	24.90					01/01/11	
37	82941	RIA ASSAY OF GASTRIN	24.82				X	01/01/11	
37	82943	RIA ASSAY OF GLUCAGON	20.11					01/01/11	
37	82945	GLUCOSE OTHER FLUID	5.52					01/01/11	
37	82946	GLUCAGON TOLERANCE TEST	16.38					01/01/11	
37	82947	ASSAY BODY FLUID, GLUCOSE	5.52				X	01/01/11	
37	82948	STICK ASSAY OF BLOOD GLUCOSE	4.45				X	01/01/11	
37	82950	GLUCOSE TEST	6.68					01/01/11	
37	82951	GLUCOSE TOLERANCE TEST (GTT)	18.12					01/01/11	
37	82952	GTT-ADDED SAMPLES	5.51				X	01/01/11	
37	82953	GLUCOSE-TOLBUTAMIDE TEST	21.32					01/01/11	
37	82955	ASSAY G6PD ENZYME	13.65					01/01/11	
37	82960	TEST FOR G6PD ENZYME	8.52					01/01/11	
37	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.29				X	01/01/11	
37	82963	GLUCOSIDASE,BETA	30.23					01/01/11	
37	82965	ASSAY BLOOD GDH ENZYME	10.88					01/01/11	
37	82975	ASSAY SPINAL FLUID GLUTAMINE	22.29					01/01/11	
37	82977	ASSAY OF GGT ENZYME	10.13					01/01/11	
37	82978	GLUTATHIONE ASSAY	20.06					01/01/11	
37	82979	ASSAY RBC GLUTATHIONE ENZYME	9.69					01/01/11	
37	82980	ASSAY OF GLUTETHIMIDE	25.78					01/01/11	
37	82985	GLYCOPROTEIN ELECTROPHORESIS	21.21					01/01/11	
37	83001	PITUITARY GONADOTROPIN RIA	26.15					01/01/11	
37	83002	PITUITARY GONADOTROPINS RIA	26.06					01/01/11	
37	83003	RIA ASSAY GROWTH HORMONE	23.47					01/01/11	
37	83008	RIA ASSAY GUANOSINE	23.62					01/01/11	
37	83009	H PYLORI (C-13), BLOOD	40.73					01/01/11	
37	83010	CHEM ASSAY HAPTOGLOBIN	17.70					01/01/11	
37	83012	ELP ASSAY HAPTOGLOBINS	24.20					01/01/11	
37	83013	H PYLORI BREATH TEST ANAL	40.73					01/01/11	

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	83014	H PYLORI DRUG ADMIN/COLLECT	11.06					01/01/11	
37	83015	HEAVY METAL SCREENING	15.98					01/01/11	
37	83018	CHROMATOGRAPH SCREEN, METALS	11.95					01/01/11	
37	83020	ASSAY HEMOGLOBIN	18.12				X	01/01/11	
37	83021	HEMOGLOBIN CHROMOTOGRAPHY	25.41					01/01/11	
37	83026	HEMOGLOBIN;	3.32					01/01/11	
37	83030	FETAL HEMOGLOBIN ASSAY	4.86					01/01/11	
37	83033	FETAL FECAL HEMOGLOBIN ASSAY	8.39					01/01/11	
37	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	13.66					01/01/11	
37	83045	BLOOD METHEMOGLOBIN TEST	6.97					01/01/11	
37	83050	BLOOD METHEMOGLOBIN ASSAY	10.31					01/01/11	
37	83051	ASSAY PLASMA HEMOGLOBIN	10.29					01/01/11	
37	83055	BLOOD SULFHEMOGLOBIN TEST	6.93					01/01/11	
37	83060	BLOOD SULFHEMOGLOBIN ASSAY	11.64					01/01/11	
37	83065	HEMOGLOBIN HEAT ASSAY	9.69					01/01/11	
37	83068	HEMOGLOBIN STABILITY SCREEN	11.91					01/01/11	
37	83069	ASSAY URINE HEMOGLOBIN	5.56					01/01/11	
37	83070	ASSAY URINE HEMOSIDERIN	6.68					01/01/11	
37	83071	HEMOSIDERIN,RIA	9.67					01/01/11	
37	83080	B HEXOSAMINIDASE ASSAY	23.74				X	01/01/11	
37	83088	ASSAY HISTAMINE	41.56					01/01/11	
37	83090	ASSAY OF HOMOCYSTINE	23.74					01/01/11	
37	83150	ASSAY URINE FOR HVA	27.22					01/01/11	
37	83491	HYDROXYCORTICOSTEROIDS,17-RIA	24.65					01/01/11	
37	83497	ASSAY URINE 5-HIAA	18.14					01/01/11	
37	83498	RIA ASSAY OF PROGESTERONE	38.23					01/01/11	
37	83499	ASSAY OF PROGESTERONE	35.48					01/01/11	
37	83500	ASSAY URINE HYDROXYPROLINE	31.87					01/01/11	
37	83505	ASSAY URINE HYDROXYPROLINE	34.21					01/01/11	
37	83516	IMMUNOASSAY, NON ANTIBODY	16.24					01/01/11	
37	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.53					01/01/11	
37	83519	IMMUNOASSAY, ANALYTE;	6.55					01/01/11	
37	83520	IMMUNOASSAY, ANALYTE;	18.22					01/01/11	
37	83525	RIA ASSAY OF INSULIN	16.09				X	01/01/11	
37	83527	INSULIN;	18.23					01/01/11	
37	83528	INTRINSIC FACTOR LEVEL	22.38					01/01/11	
37	83540	ASSAY SERUM IRON	7.55					01/01/11	
37	83550	SERUM IRON BINDING TEST	12.30					01/01/11	
37	83570	UV-ASSAY BLOOD IDH ENZYME	12.45					01/01/11	
37	83582	ASSAY URINE 17-KGS	19.94					01/01/11	
37	83586	ASSAY BLOOD 17-KETOSTEROIDS	18.02					01/01/11	
37	83593	CHROMATOGRAPH KETOSTEROIDS	11.96					01/01/11	
37	83605	LACTIC ACID ASSAY	15.03				X	01/01/11	
37	83615	UV-ASSAY BLOOD LDH ENZYME	8.50				X	01/01/11	
37	83625	ASSAY BLOOD LDH ENZYMES	13.02				X	01/01/11	
37	83630	LACTOFERRIN, FECAL (QUAL)	27.62					01/01/11	
37	83632	RIA PLACENTAL LACTOGEN	28.45					01/01/11	
37	83633	TEST URINE FOR LACTOSE	7.74					01/01/11	
37	83634	ASSAY URINE FOR LACTOSE	11.40					01/01/11	
37	83655	ASSAY BLOOD FOR LEAD	17.03					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	83661	ASSAY AMNIOTIC L/S RATIO	30.94					01/01/11	
37	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	26.63					01/01/11	
37	83663	FLUORO POLARIZE, FETAL LUNG	26.63					01/01/11	
37	83664	LAMELLAR BDY, FETAL LUNG	26.63					01/01/11	
37	83670	UV-ASSAY BLOOD LAP ENZYME	12.90					01/01/11	
37	83690	ASSAY BLOOD LIPASE	9.69					01/01/11	
37	83695	ASSAY OF LIPOPROTEIN(A)	18.22					01/01/11	
37	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	47.77					01/01/11	
37	83701	LIPOPROTEIN BLD, HR FRACTION	34.93					01/01/11	
37	83704	LIPOPROTEIN, BLD, BY NMR	44.40					01/01/11	
37	83718	BLOOD LIPOPROTEIN ASSAY	11.52					01/01/11	
37	83719	LIPOPROTEIN,VLDL CHOLESTEROL	16.38					01/01/11	
37	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	12.03					01/01/11	
37	83727	LUTEINIZING RELEASING FACTOR, RIA	24.20					01/01/11	
37	83735	ASSAY BLOOD MAGNESIUM	9.43				X	01/01/11	
37	83775	UV-ASSAY OF MD ENZYME	10.37					01/01/11	
37	83785	ASSAY OF MANGANESE	30.00					01/01/11	
37	83788	MASS SPECTROMETRY QUAL	25.41				X	01/01/11	
37	83789	MASS SPECTROMETRY QUANT	25.41				X	01/01/11	
37	83805	ASSAY OF MEPROBAMATE	24.80					01/01/11	
37	83825	ASSAY BLOOD MERCURY	22.88					01/01/11	
37	83835	ASSAY URINE METANEPHRINES	23.84					01/01/11	
37	83840	ASSAY METHADONE	22.98					01/01/11	
37	83857	ASSAY METHHEMALBUMIN	15.12					01/01/11	
37	83858	ASSAY SERUM METHSUXIMIDE	20.85					01/01/11	
37	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	23.58					01/01/11	
37	83864	BLOOD MUCOPOLYSACCHARIDES	28.02					01/01/11	
37	83866	MUCOPOLYSACCHARIDES SCREEN	13.87					01/01/11	
37	83872	ASSAY SYNOVIAL FLUID MUCIN	6.93					01/01/11	
37	83873	MYELIN BASIC PROTEIN,CSF,RIA	24.21					01/01/11	
37	83874	MYOGLOBIN ELECTROPHORESIS	18.17					01/01/11	
37	83876	MYELOPEROXIDASE (MPO)	18.91					01/01/09	
37	83880	NATRIURETIC PEPTIDE	47.77					01/01/11	
37	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.53				X	01/01/11	
37	83885	ASSAY URINE FOR NICKEL	34.48					01/01/11	
37	83887	ASSAY NICOTINE	33.33					01/01/11	
37	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	15.70					01/01/11	
37	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	28.30					01/01/11	
37	83918	ASSAY ORGANIC ACIDS	23.16					01/01/11	
37	83919	ASSAY ORGANIC ACIDS QUAL	23.16					01/01/11	
37	83921	ORGANIC ACID, SINGLE, QUANT	23.16					01/01/11	
37	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	27.38					01/01/11	
37	83930	ASSAY BLOOD OSMOLALITY	9.30				X	01/01/11	
37	83935	ASSAY URINE OSMOLALITY	9.59				X	01/01/11	
37	83937	OSTEOCALCIN (BONE G1A PROTEIN)	42.01					01/01/11	
37	83945	ASSAY URINE OXALATE	18.12					01/01/11	
37	83950	ONCORPROTEIN, HER-2/NEU	90.64					01/01/11	
37	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	90.64					01/01/11	
37	83970	RIA ASSAY OF PARATHORMONE	58.08					01/01/11	
37	83986	ASSAY BODY FLUID ACIDITY	5.04				X	01/01/11	

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	83987	PH; EXHALED BREATH CONDENSATE	22.35					01/01/11	
37	83992	ASSAY FOR PHENCYCLIDINE	20.68					01/01/11	
37	83993	CALPROTECTIN, FECAL	27.62					01/01/11	
37	84022	ASSAY URINE PHENOTHIAZINE	21.92					01/01/11	
37	84030	ASSAY BLOOD PKU	7.74				X	01/01/11	
37	84035	ASSAY BLOOD PHENYLKETONES	5.15				X	01/01/11	
37	84060	ASSAY BLOOD ACID PHOSPHATASE	10.39					01/01/11	
37	84061	PHOSPHATASE, ACID;	11.13					01/01/11	
37	84066	ASSAY PROSTATE PHOSPHATASE, RIA	13.59					01/01/11	
37	84075	ASSAY ALKALINE PHOSPHATASE	7.28					01/01/11	
37	84078	ASSAY ALKALINE PHOSPHATASE	8.12					01/01/11	
37	84080	ASSAY ALKALINE PHOSPHATASES	20.82					01/01/11	
37	84081	PHOSPHATYDYLGLYCEROL	23.25					01/01/11	
37	84085	ASSAY RBC PG6D ENZYME	9.49				X	01/01/11	
37	84087	ASSAY PHOSPHOHEXOSE ENZYMES	14.53					01/01/11	
37	84100	ASSAY BLOOD PHOSPHORUS	6.67					01/01/11	
37	84105	ASSAY URINE PHOSPHORUS	7.28					01/01/11	
37	84106	TEST FOR PORPHOBILINOGEN	6.02					01/01/11	
37	84110	ASSAY PORPHOBILINOGEN	6.93					01/01/11	
37	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.64					01/01/11	
37	84119	TEST URINE FOR PORPHYRINS	12.12					01/01/11	
37	84120	ASSAY URINE PORPHYRINS	20.70					01/01/11	
37	84126	ASSAY FECES PORPHYRINS	35.85					01/01/11	
37	84127	PORPHYRINS, FECES;	14.04					01/01/11	
37	84132	ASSAY BLOOD POTASSIUM	6.47				X	01/01/11	
37	84133	ASSAY URINE POTASSIUM	6.05				X	01/01/11	
37	84134	PREALBUMIN	7.85					01/01/11	
37	84135	PREGNANEDIOL; RIA	26.92					01/01/11	
37	84138	PREGNANETRIOL;RIA	26.65					01/01/11	
37	84140	PREGNENOLONE	29.10					01/01/11	
37	84143	17-HYDROXYPREGNENOLONE	32.12					01/01/11	
37	84144	ASSAY PROGESTERONE	29.36					01/01/11	
37	84145	PROCALCITONIN (PCT)	27.76					01/01/10	
37	84146	RIA ASSAY FOR PROLACTIN	27.27					01/01/11	
37	84150	RIA ASSAY OF PROSTAGLANDIN	35.12					01/01/11	
37	84152	ASSAY OF PSA, COMPLEXED	25.89					01/01/11	
37	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	25.89					01/01/11	
37	84154	PSA FREE	25.89					01/01/11	
37	84155	ASSAY SERUM PROTEIN	5.16					01/01/11	
37	84156	ASSAY OF PROTEIN, URINE	5.16					01/01/11	
37	84157	ASSAY OF PROTEIN, OTHER	5.16					01/01/11	
37	84160	ASSAY SERUM PROTEIN	6.93					01/01/11	
37	84163	PAPPA, SERUM	21.19	10 59		F		01/01/11	
37	84165	ASSAY SERUM PROTEINS	15.12					01/01/11	
37	84166	PROTEIN E-PHORESIS/URINE/CSF	25.09					01/01/11	
37	84182	PROTEIN;	25.33				X	01/01/11	
37	84202	ASSAY RBC PROTOPORPHYRIN	20.19					01/01/11	
37	84203	TEST RBC PROTOPORPHYRIN	12.11					01/01/11	
37	84206	RIA ASSAY OF PROINSULIN	25.07					01/01/11	
37	84207	ASSAY VITAMIN B-6	19.90					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	84210	ASSAY BLOOD PYRUVATE	15.27					01/01/11	
37	84220	ASSAY RBC PYRUVIC KINASE	13.28					01/01/11	
37	84228	ASSAY QUININE	16.38					01/01/11	
37	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	90.64					01/01/11	
37	84234	RECEPTOR ASSAY; PROGESTERONE	91.29					01/01/11	
37	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	73.65					01/01/11	
37	84238	RECEPTOR ASSAY;	51.46					01/01/11	
37	84244	RIA ASSAY OF RENIN	30.95				X	01/01/11	
37	84252	ASSAY VITAMIN B-2	28.48					01/01/11	
37	84255	ASSAY SELENIUM	35.93					01/01/11	
37	84260	ASSAY BLOOD SEROTONIN	43.59					01/01/11	
37	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	30.58					01/01/11	
37	84275	ASSAY BLOOD SIALIC ACID	18.91					01/01/11	
37	84285	ASSAY SILICA	33.14					01/01/11	
37	84295	ASSAY BLOOD SODIUM	6.77				X	01/01/11	
37	84300	ASSAY URINE SODIUM	6.85				X	01/01/11	
37	84302	ASSAY OF SWEAT SODIUM	6.85					01/01/11	
37	84305	SOMATOMEDIN	27.63					01/01/11	
37	84307	SOMATOSTATIN	25.73					01/01/11	
37	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	9.83					01/01/11	
37	84315	BODY FLUID SPECIFIC GRAVITY	3.53					01/01/11	
37	84375	CHROMATOGRAM ASSAY, SUGARS	27.59					01/01/11	
37	84376	SUGARS SINGLE QUAL	7.74				X	01/01/11	
37	84377	SUGARS MULTIPLE QUAL	7.74				X	01/01/11	
37	84378	SUGARS SINGLE QUANT	11.40				X	01/01/11	
37	84379	SUGARS MULTIPLE QUANT	11.40				X	01/01/11	
37	84392	SULFATE, URINE	6.68				X	01/01/11	
37	84402	TESTOSTERONE;	35.84					01/01/11	
37	84403	RIA ASSAY BLOOD TESTOSTERONE	36.33					01/01/11	
37	84425	ASSAY VITAMIN B-1	29.88					01/01/11	
37	84430	ASSAY BLOOD THIOCYANATE	14.94					01/01/11	
37	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.54					01/01/10	
37	84432	THYROGLOBULIN	22.61					01/01/11	
37	84436	THYROXINE, TRUE, RIA	6.81					01/01/11	
37	84437	THYROXINE, NEONATAL	9.11					01/01/11	
37	84439	THYROID PANEL	12.69					01/01/11	
37	84442	THYROID ACTIVITY (TBG) ASSAY	18.46					01/01/11	
37	84443	RIA ASSAY OF TS HORMONE	23.64					01/01/11	
37	84445	RIA THYROTROPIN FACTOR	25.90					01/01/11	
37	84446	ASSAY VITAMIN E	19.95					01/01/11	
37	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	25.33					01/01/11	
37	84450	UV-ASSAY TRANSAMINASE (SGOT)	7.28				X	01/01/11	
37	84460	UV-ASSAY TRANSAMINASE (SGPT)	7.44				X	01/01/11	
37	84466	TRANSFERRIN	17.97					01/01/11	
37	84478	ASSAY BLOOD TRIGLYCERIDES	8.10					01/01/11	
37	84479	TRIIODOTHYRONINE, RESIN UPTAKE	6.54					01/01/11	
37	84480	RIA ASSAY, T-3	9.03					01/01/11	
37	84481	TRIIODOTHYRONINE, FREE RIA	13.88					01/01/11	
37	84482	TRIDOTHYRONINE (T-3);	6.54					01/01/11	
37	84484	TROPONIN	13.85					01/01/11	

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	84485	ASSAY DUODENAL FLUID TRYPSIN	10.57					01/01/11	
37	84488	TEST FECES FOR TRYPSIN	10.27					01/01/11	
37	84490	ASSAY FECES FOR TRYPSIN	9.94					01/01/11	
37	84510	ASSAY BLOOD TYROSINE	14.64					01/01/11	
37	84512	TROPONIN, QUAL	10.83					01/01/11	
37	84520	ASSAY BUN	5.56				X	01/01/11	
37	84525	STICK-ASSAY BUN	5.29				X	01/01/11	
37	84540	ASSAY URINE UREA-N	6.54				X	01/01/11	
37	84545	UREA-N CLEARANCE TEST	9.29					01/01/11	
37	84550	ASSAY BLOOD URIC ACID	6.36					01/01/11	
37	84560	ASSAY URINE URIC ACID	6.68					01/01/11	
37	84577	ASSAY FECES UROBILINOGEN	17.56					01/01/11	
37	84578	TEST URINE UROBILINOGEN	4.57					01/01/11	
37	84580	ASSAY URINE UROBILINOGEN	9.98					01/01/11	
37	84583	ASSAY URINE UROBILINOGEN	7.07					01/01/11	
37	84585	ASSAY URINE VMA	21.82					01/01/11	
37	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	49.72					01/01/11	
37	84588	RIA ASSAY VASOPRESSIN	47.77					01/01/11	
37	84590	ASSAY BLOOD VITAMIN-A	16.32					01/01/11	
37	84591	ASSAY OF NOS VITAMIN	16.32					01/01/11	
37	84597	ASSAY VITAMIN-K	19.29					01/01/11	
37	84600	ASSAY FOR VOLATILES	22.62					01/01/11	
37	84620	XYLOSE TOLERANCE TEST, BLOOD	16.67					01/01/11	
37	84630	ASSAY BLOOD ZINC	16.02					01/01/11	
37	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	21.19					01/01/11	
37	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	10.57					01/01/11	
37	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	21.19					01/01/11	
37	84830	OVULATION TESTS, BY VISUAL COLOR COM	14.12					01/01/11	
37	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP					06/01/08	
37	85002	BLEEDING TIME TEST	6.33				X	01/01/11	
37	85004	AUTOMATED DIFF WBC COUNT	9.11					01/01/11	
37	85007	DIFFERENTIAL WBC COUNT	3.53				X	01/01/11	
37	85008	BLOOD COUNT;	4.84					01/01/11	
37	85009	DIFFERENTIAL WBC COUNT	5.23				X	01/01/11	
37	85013	BLOOD COUNT;	3.33					01/01/11	
37	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	3.33				X	01/01/11	
37	85018	HEMOGLOBIN, COLORIMETRIC	3.33				X	01/01/11	
37	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	10.94					01/01/11	
37	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	9.11				X	01/01/11	
37	85032	MANUAL CELL COUNT, EACH	6.05					01/01/11	
37	85041	RED BLOOD CELL (RBC) COUNT	4.24				X	01/01/11	
37	85044	RETICULOCYTE COUNT	6.05					01/01/11	
37	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	5.63					01/01/11	
37	85046	RETICULOCYTE, HGB CONCENTRATE	7.85					01/01/11	
37	85048	WHITE BLOOD CELL (WBC) COUNT	3.57					01/01/11	
37	85049	AUTOMATED PLATELET COUNT	5.78					01/01/11	
37	85055	RETICULATED PLATELET ASSAY	28.34					01/01/11	
37	85097	BONE MARROW SMEAR INTERPRET	79.52				X	01/01/09	
37	85130	CHROMOGENIC SUBSTRATE ASSAY	16.74					01/01/11	
37	85170	BLOOD CLOT RETRACTION SCREEN	5.09				X	01/01/11	



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	85175	BLOOD CLOT LYSIS TIME	6.40				X	01/01/11	
37	85210	BLOOD CLOT FACTOR II TEST	8.12				X	01/01/11	
37	85220	BLOOD CLOT FACTOR V TEST	19.90				X	01/01/11	
37	85230	BLOOD CLOT FACTOR VII TEST	19.90				X	01/01/11	
37	85240	BLOOD CLOT FACTOR VIII TEST	25.20				X	01/01/11	
37	85244	FACTOR VIII RELATED ANTIGEN QUAN	28.73				X	01/01/11	
37	85245	CLOTTING;	32.29					01/01/11	
37	85246	CLOTTING;	32.29					01/01/11	
37	85247	CLOTTING;	32.29					01/01/11	
37	85250	BLOOD CLOT FACTOR IX TEST	26.80				X	01/01/11	
37	85260	BLOOD CLOT FACTOR X TEST	19.90				X	01/01/11	
37	85270	BLOOD CLOT FACTOR XI TEST	19.90				X	01/01/11	
37	85280	BLOOD CLOT FACTOR XII TEST	19.90				X	01/01/11	
37	85290	BLOOD CLOT FACTOR XIII TEST	19.90				X	01/01/11	
37	85291	BLOOD CLOT FACTOR XIII TEST	12.51				X	01/01/11	
37	85292	CLOTTING; PREKALLIKRIEW ASSAY	26.65					01/01/11	
37	85293	CLOTTING;H-M-W KINNINGOGEN ASSA	26.65					01/01/11	
37	85300	ANTITHROMBIN III TEST	16.68				X	01/01/11	
37	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	15.21				X	01/01/11	
37	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	16.92				X	01/01/11	
37	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	17.95					01/01/11	
37	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	16.32					01/01/11	
37	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	21.56					01/01/11	
37	85307	ASSAY ACTIVATED PROTEIN C	21.56					01/01/11	
37	85335	FACTOR INHIBITOR TEST	18.12					01/01/11	
37	85337	THROMBOMODULIN	14.67					01/01/11	
37	85345	COAGULATION TIME	6.05				X	01/01/11	
37	85347	COAGULATION TIME	4.05				X	01/01/11	
37	85348	COAGULATION TIME	5.24				X	01/01/11	
37	85360	EUGLOBULIN LYSIS	11.83					01/01/11	
37	85362	FIBRIN DEGRADATION PRODUCTS	8.00				X	01/01/11	
37	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.12					01/01/11	
37	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	14.38					01/01/11	
37	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.98					01/01/11	
37	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	14.32					01/01/11	
37	85380	FIBRIN DEGRADATION, VTE	14.32					01/01/11	
37	85384	FIBRINOGEN;	11.95					01/01/11	
37	85385	FIBRINOGEN;	11.95					01/01/11	
37	85390	FIBRINOLYSINS SCREEN	7.27					01/01/11	
37	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	32.29					01/01/11	
37	85400	FIBRINOLYTIC PLASMIN	12.45					01/01/11	
37	85410	FIBRINOLYTIC ANTIPLASMIN	10.86					01/01/11	
37	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	24.20					01/01/11	
37	85420	FIBRINOLYTIC PLASMINOGEN	9.20					01/01/11	
37	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	14.33					01/01/11	
37	85441	HEINZ BODIES; DIRECT	5.92					01/01/11	
37	85445	HEINZ BODIES; INDUCED	9.59					01/01/11	
37	85460	HEMOGLOBIN, FETAL	6.54					01/01/11	
37	85461	HEMOGLOBIN, FETAL	4.35					01/01/11	
37	85475	HEMOLYSIS, ACID	12.48					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	85520	HEPARIN ASSAY	11.92					01/01/11	
37	85525	HEPARIN NEUTRALIZATION	11.92					01/01/11	
37	85530	HEPARIN-PROTAMINE TOLERANCE	19.95					01/01/11	
37	85536	IRON STAIN PERIPHERAL BLOOD	9.11					01/01/11	
37	85540	WBC ALKALINE PHOSPHATASE	12.11					01/01/11	
37	85547	RBC MECHANICAL FRAGILITY	12.11					01/01/11	
37	85549	SERUM MURAMIDASE	26.40					01/01/11	
37	85555	RBC OSMOTIC FRAGILITY	6.54					01/01/11	
37	85557	RBC OSMOTIC FRAGILITY	18.80					01/01/11	
37	85576	PLATELET;AGGREGATION (IN VITRO)	30.23				X	01/01/11	
37	85590	PLATELET PHASE MICROSCOPY	5.56				X	01/01/09	
37	85597	PLATELET NEUTRALIZATION	18.86					01/01/11	
37	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	18.86					01/01/11	
37	85610	PROTHROMBIN TIME	5.53				X	01/01/11	
37	85611	PROTHROMBIN TIME;	5.54				X	01/01/11	
37	85612	VIPER VENOM PROTHROMBIN TIME	13.47					01/01/11	
37	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	13.47					01/01/11	
37	85635	REPTILASE TEST	13.86					01/01/11	
37	85651	RBC SEDIMENTATION RATE	5.00					01/01/11	
37	85652	RBC SED RATE, AUTO	3.80					01/01/11	
37	85660	RBC SICKLE CELL TEST	7.76				X	01/01/11	
37	85670	THROMBIN TIME; PLASMA	8.13					01/01/11	
37	85675	THROMBIN TIME; TITER	9.64					01/01/11	
37	85705	THROMBOPLASTIN INHIBITION;	9.67					01/01/11	
37	85730	THROMBOPLASTIN TIME, PARTIAL	8.45				X	01/01/11	
37	85732	THROMBOPLASTIN TIME, PARTIAL	9.11				X	01/01/11	
37	85810	BLOOD VISCOSITY EXAMINATION	16.43				X	01/01/11	
37	85999	HEMATOLOGY PROCEDURE	MP					06/01/08	
37	86000	AGGLUTININS; FEBRILE	9.82					01/01/11	
37	86001	ALLERGEN SPECIFIC IGG	7.34				X	01/01/11	
37	86003	ALLERGEN SPECIFIC IGE;	7.34				X	01/01/11	
37	86005	ALLERGEN SPECIFIC IGE;	11.22					01/01/11	
37	86021	WBC ANTIBODY IDENTIFICATION	21.19					01/01/11	
37	86022	PLATELET ANTIBODIES	25.85					01/01/11	
37	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	17.53					01/01/11	
37	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	17.01					01/01/11	
37	86039	ANTINUCLEAR ANTIBODIES (ANA);	15.71					01/01/11	
37	86060	ANTISTREPTOLYSIN O TITER	10.27					01/01/11	
37	86063	ANTISTREPTOLYSIN O SCREEN	8.13					01/01/11	
37	86140	C-REACTIVE PROTEIN	7.28					01/01/11	
37	86141	C-REACTIVE PROTEIN, HS	18.22					01/01/11	
37	86146	GLYCOPROTEIN ANTIBODY	16.36					01/01/11	
37	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.36					01/01/11	
37	86148	PHOSPHOLIPID ANTIBODY	16.36					01/01/11	
37	86155	CHEMOTAXIS ASSAY	22.49					01/01/11	
37	86156	COLD AGGLUTININ;	9.43					01/01/11	
37	86157	COLD AGGLUTININ;	11.35					01/01/11	
37	86160	COMPLEMENT;	16.89				X	01/01/11	
37	86161	COMPLEMENT;	16.89				X	01/01/11	
37	86162	COMPLEMENT; TOTAL (CH 50)	26.84					01/01/11	

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	86171	COMPLEMENT FIXATION, EACH	14.10					01/01/11	
37	86185	COUNTERELECTROPHORESIS, EACH	12.59					01/01/11	
37	86200	CCP ANTIBODY	18.22					01/01/11	
37	86215	DEOXYRIBONUCLEASE, ANTIBODY	18.65					01/01/11	
37	86225	DNA ANTIBODY	19.33					01/01/11	
37	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	17.04					01/01/11	
37	86235	ENA ANTIBODY	16.38					01/01/11	
37	86243	FC RECEPTOR ASSAY	28.87					01/01/11	
37	86255	FLUORESCENT ANTIBODY; SCREEN	15.98					01/01/11	
37	86256	FLUORESCENT ANTIBODY; TITER	16.96					01/01/11	
37	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	22.15					01/01/11	
37	86280	HEMAGGLUTINATION INHIBITION	11.52					01/01/11	
37	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	29.29					01/01/11	
37	86301	IMMUNOASSAY, TUMOR, CA 19-9	29.29					01/01/11	
37	86304	IMMUNOASSAY, TUMOR CA 125	29.29					01/01/11	
37	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	29.29			F		01/01/11	
37	86308	HETEROPHILE ANTIBODIES;	7.28					01/01/11	
37	86309	HETEROPHILE ANTIBODIES;	9.11					01/01/11	
37	86310	HETEROPHILE ANTIBODIES	10.37					01/01/11	
37	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	29.29				X	01/01/11	
37	86317	IMMUNOASSAY/INFECTIOUS AGENT	21.10					01/01/11	
37	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	18.22					01/01/11	
37	86320	SERUM IMMUNOELECTROPHORESIS	31.54					01/01/11	
37	86325	OTHER IMMUNOELECTROPHORESIS	31.46					01/01/11	
37	86327	IMMUNOELECTROPHORESIS;	31.93					01/01/11	
37	86329	IMMUNODIFFUSION, EACH	19.77				X	01/01/11	
37	86331	IMMUNODIFFUSION OUCHTERLONY	16.86					01/01/11	
37	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	34.30					01/01/11	
37	86334	IMMUNOFIXATION ELECTROPHORESIS	31.44					01/01/11	
37	86336	INHIBIN A	21.93					01/01/11	
37	86337	INSULIN ANTIBODIES, RIA	14.72					01/01/11	
37	86340	INTRINSIC FACTOR ANTIBODIES, RIA	21.21					01/01/11	
37	86341	ISLET CELL ANTIBODY	27.85					01/01/11	
37	86344	LEUKOCYTE PHAGOCYTOSIS	11.24					01/01/11	
37	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.30					01/01/10	
37	86353	LYMPHOCYTE TRANSFORMATION	68.99					01/01/11	
37	86355	B CELLS, TOTAL COUNT	53.08					01/01/11	
37	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	28.34				X	01/01/11	
37	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	53.08				X	01/01/11	
37	86359	T CELLS;	53.08					01/01/11	
37	86360	T CELLS;	56.65					01/01/11	
37	86361	T CELL ABSOLUTE COUNT	28.34					01/01/11	
37	86367	STEM CELLS, TOTAL COUNT	53.08					01/01/11	
37	86376	MICROSOMAL ANTIBODY (THYROID); RIA	20.48					01/01/11	
37	86378	MIGRATION INHIBITORY FACTOR	27.71					01/01/11	
37	86382	NEUTRALIZATION TEST, VIRAL	23.80					01/01/11	
37	86384	NITROBLUE TETRAZOLIUM DYE	16.02					01/01/11	
37	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	22.61					01/01/12	
37	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	14.34					01/01/11	
37	86406	PARTICLE AGGLUTINATION TEST	14.97					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	86430	RHEUMATOID FACTOR LATEX FIXATION	7.98					01/01/11	
37	86431	RHEUMATOID FACTOR;	7.98					01/01/11	
37	86480	TB TEST, CELL IMMUN MEASURE	87.22					01/01/11	
37	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.22					01/01/11	
37	86485	SKIN TEST;	8.06					01/01/09	
37	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP					06/01/08	
37	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.03					01/01/09	
37	86510	HISTOPLASMOSIS SKIN TEST	6.03					01/01/09	
37	86580	TB PATCH OR INTRADERMAL TEST	6.34					01/01/09	
37	86590	STREPTOKINASE, ANTIBODY	8.00					01/01/11	
37	86592	SYPHILIS TEST(S),QUALITATIVE	6.01					01/01/11	
37	86593	SYPHILIS TEST, QUANTITATIVE	6.19					01/01/11	
37	86602	ANTIBODY;	14.32					01/01/11	
37	86603	ANTIBODY;	18.11					01/01/11	
37	86606	ANTIBODY;	21.19					01/01/11	
37	86609	ANTIBODY;	18.13					01/01/11	
37	86611	BARTONELLA ANTIBODY	14.32					01/01/11	
37	86612	ANTIBODY;	18.16					01/01/11	
37	86615	ANTIBODY;	18.56					01/01/11	
37	86617	LYME DISEASE ANTIBODY	21.80					01/01/11	
37	86618	ANTIBODY;	23.97					01/01/11	
37	86619	ANTIBODY;	18.83					01/01/11	
37	86622	ANTIBODY;	12.57					01/01/11	
37	86625	ANTIBODY;	18.46					01/01/11	
37	86628	ANTIBODY;	16.90					01/01/11	
37	86631	ANTIBODY;	16.64					01/01/11	
37	86632	ANTIBODY;	17.86					01/01/11	
37	86635	ANTIBODY;	16.15					01/01/11	
37	86638	ANTIBODY;	17.06					01/01/11	
37	86641	ANTIBODY;	20.28					01/01/11	
37	86644	ANTIBODY;	20.25					01/01/11	
37	86645	ANTIBODY;	23.70					01/01/11	
37	86648	ANTIBODY;	21.41					01/01/11	
37	86651	ANTIBODY;	18.56					01/01/11	
37	86652	ANTIBODY;	18.56					01/01/11	
37	86653	ANTIBODY;	18.56					01/01/11	
37	86654	ANTIBODY;	18.56					01/01/11	
37	86658	ANTIBODY;	18.34					01/01/11	
37	86663	ANTIBODY;	18.46					01/01/11	
37	86664	ANTIBODY;	21.53					01/01/11	
37	86665	ANTIBODY;	25.08					01/01/11	
37	86666	EHRlichia ANTIBODY	14.32					01/01/11	
37	86668	ANTIBODY;	14.64					01/01/11	
37	86671	ANTIBODY;	17.25					01/01/11	
37	86674	ANTIBODY;	16.36					01/01/11	
37	86677	ANTIBODY;	16.36					01/01/11	
37	86682	ANTIBODY;	18.31					01/01/11	
37	86684	ANTIBODY;	22.30					01/01/11	
37	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	11.81					01/01/11	
37	86688	ANTIBODY;	14.86					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	86689	CONFIRMATORY TEST	27.23					01/01/11	
37	86692	ANTIBODY;	17.95					01/01/11	
37	86694	ANTIBODY;	20.25					01/01/11	
37	86695	ANTIBODY;	18.56					01/01/11	
37	86696	HERPES SIMPLEX TYPE 2	27.23					01/01/11	
37	86698	ANTIBODY;	17.59					01/01/11	
37	86701	ANTIBODY;	12.50					01/01/11	
37	86702	ANTIBODY;	14.86					01/01/11	
37	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	14.86					01/01/11	
37	86704	HEP B CORE AB TEST, IGG & M	16.96					01/01/11	
37	86705	HEP B CORE AB TEST, IGM	16.56					01/01/11	
37	86706	HEPATITIS B SURFACE AB TEST	15.12					01/01/11	
37	86707	HEPATITIS BE AB TEST	16.28					01/01/11	
37	86708	HEP A AB TEST, IGG & M	16.38					01/01/11	
37	86709	HEP A AB TEST, IGM	15.84					01/01/11	
37	86710	ANTIBODY;	19.08					01/01/11	
37	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	19.79					01/01/13	
37	86713	ANTIBODY;	21.53					01/01/11	
37	86717	ANTIBODY;	17.24					01/01/11	
37	86720	ANTIBODY;	18.56					01/01/11	
37	86723	ANTIBODY;	18.56					01/01/11	
37	86727	ANTIBODY;	18.11					01/01/11	
37	86729	ANTIBODY;	16.81					01/01/11	
37	86732	ANTIBODY;	18.56					01/01/11	
37	86735	ANTIBODY;	18.37					01/01/11	
37	86738	ANTIBODY;	18.64					01/01/11	
37	86741	ANTIBODY;	18.56					01/01/11	
37	86744	ANTIBODY;	18.56					01/01/11	
37	86747	ANTIBODY;	21.16					01/01/11	
37	86750	ANTIBODY;	18.56					01/01/11	
37	86753	ANTIBODY;	17.43					01/01/11	
37	86756	ANTIBODY;	18.14					01/01/11	
37	86757	RICKETTSIA ANTIBODY	27.23					01/01/11	
37	86759	ANTIBODY;	18.56					01/01/11	
37	86762	ANTIBODY;	20.25					01/01/11	
37	86765	ANTIBODY;	18.13					01/01/11	
37	86768	ANTIBODY;	18.56					01/01/11	
37	86771	ANTIBODY;	18.56					01/01/11	
37	86774	ANTIBODY;	13.77					01/01/11	
37	86777	ANTIBODY;	20.25					01/01/11	
37	86778	ANTIBODY;	20.27					01/01/11	
37	86780	ANTIBODY; TREPONEMA PALLIDUM	18.63					01/01/11	
37	86784	ANTIBODY;	6.54					01/01/11	
37	86787	ANTIBODY;	15.79					01/01/11	
37	86788	ANTIBODY; WEST NILE VIRUS, IGM	23.70					01/01/11	
37	86789	ANTIBODY; WEST NILE VIRUS	20.25					01/01/11	
37	86790	ANTIBODY;	15.79					01/01/11	
37	86793	ANTIBODY;	15.79					01/01/11	
37	86800	THYROGLOBULIN ANTIBODY, RIA	22.38					01/01/11	
37	86803	HEPATITIS C AB TEST	20.08					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	86804	HEP C AB TEST, CONFIRM	21.80					01/01/11	
37	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.58					01/01/11	
37	86806	SEE 86805; WITHOUT TITRATION	66.97					01/01/11	
37	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.87					01/01/11	
37	86808	SERUM SCREEN.-PRA; QUICK METHOD	41.77					01/01/11	
37	86812	TISSUE TYPING;	36.32					01/01/11	
37	86813	TISSUE TYPING;	81.61					01/01/11	
37	86816	TISSUE TYPING;	39.21					01/01/11	
37	86817	TISSUE TYPING;	90.61					01/01/11	
37	86821	TISSUE TYPING;	79.45					01/01/11	
37	86822	TISSUE TYPING;	51.44					01/01/11	
37	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	85.01					01/01/11	
37	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.34					01/01/11	
37	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	48.71				X	01/01/13	
37	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	40.80				X	01/01/13	
37	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	110.99				X	01/01/13	
37	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.13				X	01/01/13	
37	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	174.40				X	01/01/13	
37	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	158.55				X	01/01/13	
37	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	491.49					01/01/13	
37	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	443.93					01/01/13	
37	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP					06/01/08	
37	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	16.47				X	01/01/09	
37	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.60				X	01/01/09	
37	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.04				X	01/01/09	
37	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	7.56				X	01/01/11	
37	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	8.06				X	01/01/11	
37	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	7.28				X	01/01/11	
37	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.94					01/01/09	
37	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.50					01/01/09	
37	86900	BLOOD TYPING;	4.20					01/01/11	
37	86901	BLOOD TYPING;	4.20					01/01/11	
37	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.38					01/01/11	
37	86904	BLOOD TYPING;	13.38				X	01/01/11	
37	86905	BLOOD TYPING;	5.38				X	01/01/11	
37	86906	BLOOD TYPING;	10.91					01/01/11	
37	86910	BLOOD TYPING;	21.76				X	01/01/09	
37	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.77					01/01/09	
37	86920	COMPATIBILITY TEST EACH UNIT;	51.59					01/01/09	
37	86921	COMPATIBILITY TEST EACH UNIT;	51.59					01/01/09	
37	86922	COMPATIBILITY TEST EACH UNIT;	49.15					01/01/09	
37	86923	COMPATIBILITY TEST, ELECTRIC	MP					06/01/08	
37	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.10				X	01/01/09	
37	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06				X	01/01/09	
37	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06				X	01/01/09	
37	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06				X	01/01/09	
37	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	11.54				X	01/01/11	
37	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	17.04				X	01/01/11	
37	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.52				X	01/01/09	
37	86950	LEUKOCYTE TRANSFUSION	43.60					01/01/09	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	86960	VOL REDUCTION OF BLOOD/PROD		MP				06/01/08	
37	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.19					01/01/09	
37	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77				X	01/01/09	
37	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.29				X	01/01/09	
37	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77					01/01/09	
37	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.77				X	01/01/09	
37	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.77					01/01/09	
37	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.29				X	01/01/09	
37	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.60				X	01/01/09	
37	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.24				X	01/01/09	
37	86999	IMMUNOLOGY PROCEDURE	50.49					06/01/08	
37	87001	SMALL ANIMAL INOCULATION	18.60					01/01/11	
37	87003	SMALL ANIMAL INOCULATION	23.69					01/01/11	
37	87015	SPECIMEN CONCENTRATION	9.40				X	01/01/11	
37	87040	BLOOD CULTURE FOR BACTERIA	14.53				X	01/01/11	
37	87045	STOOL CULTURE FOR BACTERIA	13.28				X	01/01/11	
37	87046	STOOL CULTR, BACTERIA, EACH	13.28				X	01/01/11	
37	87070	CULTURE SPECIMEN, BACTERIA	12.12				X	01/01/11	
37	87071	CULTURE BACTERI AEROBIC OTHR	13.28					01/01/11	
37	87073	CULTURE BACTERIA ANAEROBIC	13.28					01/01/11	
37	87075	CULTURE SPECIMEN, BACTERIA	13.31				X	01/01/11	
37	87076	BACTERIA IDENTIFICATION	11.37					01/01/11	
37	87077	CULTURE AEROBIC IDENTIFY	11.37				X	01/01/11	
37	87081	BACTERIA CULTURE SCREEN	9.33					01/01/11	
37	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.12					01/01/11	
37	87086	URINE CULTURE, COLONY COUNT	11.36					01/01/11	
37	87088	URINE BACTERIA CULTURE	11.40					01/01/11	
37	87101	SKIN FUNGUS CULTURE	9.94					01/01/11	
37	87102	FUNGUS ISOLATION CULTURE	11.83					01/01/11	
37	87103	CULTURE, FUNGI, ISOLATION BLOOD	11.92					01/01/11	
37	87106	FUNGUS IDENTIFICATION	14.53					01/01/11	
37	87107	FUNGI IDENTIFICATION, MOLD	14.53					01/01/11	
37	87109	MYCOPLASMA CULTURE	21.65					01/01/11	
37	87110	CULTURE CHLAMYDIA	27.57					01/01/11	
37	87116	MYCOBACTERIA CULTURE	15.21					01/01/11	
37	87118	MYCOBACTERIA IDENTIFICATION	5.78					01/01/11	
37	87140	CULTURE TYPING, FLUORESCENT	7.84					01/01/11	
37	87143	CULTURE TYPING, GLC METHOD	17.63					01/01/11	
37	87147	CULTURE TYPING, SEROLOGIC	6.04					01/01/11	
37	87149	CULTURE TYPE, NUCLEIC ACID	28.22					01/01/11	
37	87150	CULTURE, TYPING; IDENTIFICATION BY N	49.39					01/01/11	
37	87152	CULTURE TYPE PULSE FIELD GEL	7.36					01/01/11	
37	87153	CULTURE, TYPING; IDENTIFICATION BY N	162.33					01/01/11	
37	87158	CULTURE TYPING, ADDED METHOD	7.36					01/01/11	
37	87164	DARK FIELD EXAMINATION	15.12					01/01/11	
37	87166	DARK FIELD EXAMINATION	12.31					01/01/11	
37	87168	MACROSCOPIC EXAM ARTHROPOD	6.01					01/01/11	
37	87169	MACACROSCOPIC EXAM PARASITE	6.01					01/01/11	
37	87172	PINWORM EXAM	6.01					01/01/11	
37	87176	ENDOTOXIN, BACTERIAL	8.28					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	87177	OVA AND PARASITES SMEARS	12.31				X	01/01/11	
37	87181	ANTIBIOTIC SENSITIVITY, EACH	6.68					01/01/11	
37	87184	ANTIBIOTIC SENSITIVITY, EACH	9.71				X	01/01/11	
37	87185	MICROBE SUSCEPTIBLE, ENZYME	6.68				X	01/01/11	
37	87186	ANTIBIOTIC SENSITIVITY, MIC	12.17					01/01/11	
37	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.59					01/01/11	
37	87188	ANTIBIOTIC SENSITIVITY, EACH	9.34					01/01/11	
37	87190	TB ANTIBIOTIC SENSITIVITY	7.96					01/01/11	
37	87197	SERUM BACTERICIDAL TITER	20.42					01/01/11	
37	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.24					01/01/09	
37	87205	SMEAR, STAIN & INTERPRET	6.01				X	01/01/11	
37	87206	SMEAR, STAIN & INTERPRET	7.56				X	01/01/11	
37	87207	SMEAR, STAIN & INTERPRET	8.44				X	01/01/11	
37	87209	SMEAR, COMPLEX STAIN	25.29					01/01/11	
37	87210	SMEAR, STAIN & INTERPRET	6.01				X	01/01/11	
37	87220	TISSUE EXAMINATION FOR FUNGI	6.01					01/01/11	
37	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	27.79				X	01/01/11	
37	87250	VIRUS INOCULATION FOR TEST	27.52				X	01/01/11	
37	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	36.68					01/01/11	
37	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	28.42				X	01/01/11	
37	87254	VIRUS INOCULATION, SHELL VIA	27.52				X	01/01/11	
37	87255	GENET VIRUS ISOLATE, HSV	47.66					01/01/11	
37	87260	ADENOVIRUS AG, DFA	16.88					01/01/11	
37	87265	PERTUSSIS AG, DFA	16.88					01/01/11	
37	87267	ENTEROVIRUS ANTIBODY, DFA	16.88					01/01/11	
37	87269	GIARDIA AG, IF	16.88					01/01/11	
37	87270	CHYLMD TRACH AG, DFA	16.88					01/01/11	
37	87271	CYTOMEGALOVIRUS DFA	16.88					01/01/11	
37	87272	CRYPTOSPORIDIUM AG, DFA	16.88					01/01/11	
37	87273	HERPES SIMPLEX 2, AG, IF	16.88					01/01/11	
37	87274	HERPES SIMPLEX AG, DFA	16.88					01/01/11	
37	87275	INFLUENZA B, AG, IF	16.88					01/01/11	
37	87276	INFLUENZA AG, DFA	16.88					01/01/11	
37	87277	LEGIONELLA MICDADEI, AG, IF	16.88					01/01/11	
37	87278	LEGION PNEUMO AG, DFA	16.88					01/01/11	
37	87279	PARAINFLUENZA, AG, IF	16.88					01/01/11	
37	87280	RESP SYNCYTIAL AG, DFA	16.88					01/01/11	
37	87281	PNEUMOCYSTIS CARINII, AG, IF	16.88					01/01/11	
37	87283	RUBEOLA, AG, IF	16.88					01/01/11	
37	87285	TREPON PALLIDUM AG, DFA	16.88					01/01/11	
37	87290	VARICELLA AG, DFA	16.88					01/01/11	
37	87299	AG DETECTION NOS, DFA	16.88					01/01/11	
37	87300	AG DETECTION, POLYVAL, IF	16.88				X	01/01/11	
37	87301	ADENOVIRUS AG, EIA	16.88					01/01/11	
37	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	16.88					01/01/11	
37	87320	CHYLMD TRACH AG, EIA	16.88					01/01/11	
37	87324	CLOSTRIDIUM AG, EIA	16.88					01/01/11	
37	87327	CRYPTOCOCCUS NEOFORM AG, EIA	16.88					01/01/11	
37	87328	CRYPTOSPOR AG, EIA	16.88					01/01/11	
37	87329	GIARDIA AG, EIA	16.88					01/01/11	



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	87332	CYTOMEGALOVIRUS AG, EIA	16.88					01/01/11	
37	87335	E COLI 0157 AG, EIA	16.88					01/01/11	
37	87336	ENTAMOEB HIST DISPR, AG, EIA	16.88					01/01/11	
37	87337	ENTAMOEB HIST GROUP, AG, EIA	16.88					01/01/11	
37	87338	HPYLORI, STOOL, EIA	6.53					01/01/11	
37	87339	HPYLORI AG, EIA	16.88					01/01/11	
37	87340	HEPATITIS B SURFACE AG, EIA	14.53					01/01/11	
37	87341	HEPATITIS B SURFACE, AG, EIA	14.53					01/01/11	
37	87350	HEPATITIS B AG, EIA	16.22					01/01/11	
37	87380	HEPATITIS DELTA AG, EIA	17.40					01/01/11	
37	87385	HISTOPLASMA CAPSUL AG, EIA	16.88					01/01/11	
37	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	31.84					01/01/12	
37	87390	HIV-1 AG, EIA	24.83					01/01/11	
37	87391	HIV-2 AG, EIA	24.83					01/01/11	
37	87400	INFLUENZA A/B, AG, EIA	16.88				X	01/01/11	
37	87420	RESP SYNCYTIAL AG, EIA	16.88					01/01/11	
37	87425	ROTAVIRUS AG, EIA	16.88					01/01/11	
37	87427	SHIGA-LIKE TOXIN AG, EIA	16.88					01/01/11	
37	87430	STREP A AG, EIA	16.88					01/01/11	
37	87449	AG DETECT NOS, EIA, MULT	16.88					01/01/11	
37	87450	AG DETECT NOS, EIA, SINGLE	6.53					01/01/11	
37	87451	AG DETECT POLYVAL, EIA, MULT	6.53					01/01/11	
37	87470	BARTONELLA, DNA, DIR PROBE	28.22					01/01/11	
37	87471	BARTONELLA, DNA, AMP PROBE	49.39					01/01/11	
37	87472	BARTONELLA, DNA, QUANT	60.28					01/01/11	
37	87475	LYME DIS, DNA, DIR PROBE	28.22					01/01/11	
37	87476	LYME DIS, DNA, AMP PROBE	49.39					01/01/11	
37	87477	LYME DIS, DNA, QUANT	60.28					01/01/11	
37	87480	CANDIDA, DNA, DIR PROBE	28.22					01/01/11	
37	87481	CANDIDA, DNA, AMP PROBE	49.39					01/01/11	
37	87482	CANDIDA, DNA, QUANT	58.75					01/01/11	
37	87485	CHYLM D PNEUM, DNA, DIR PROBE	28.22					01/01/11	
37	87486	CHYLM D PNEUM, DNA, AMP PROBE	49.39					01/01/11	
37	87487	CHYLM D PNEUM, DNA, QUANT	60.28					01/01/11	
37	87490	CHYLM D TRACH, DNA, DIR PROBE	28.22					01/01/11	
37	87491	CHYLM D TRACH, DNA, AMP PROBE	49.39				X	01/01/11	
37	87492	CHYLM D TRACH, DNA, QUANT	49.20					01/01/11	
37	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	49.39					01/01/11	
37	87495	CYTOMEG, DNA, DIR PROBE	28.22					01/01/11	
37	87496	CYTOMEG, DNA, AMP PROBE	49.39					01/01/11	
37	87497	CYTOMEG, DNA, QUANT	60.28					01/01/11	
37	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	49.39					01/01/11	
37	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	49.39					01/01/11	
37	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	72.22					01/01/11	
37	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	119.75					01/01/11	
37	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.22					01/01/11	
37	87510	GARDNER VAG, DNA, DIR PROBE	28.22					01/01/11	
37	87511	GARDNER VAG, DNA, AMP PROBE	49.39					01/01/11	
37	87512	GARDNER VAG, DNA, QUANT	58.75					01/01/11	
37	87515	HEPATITIS B, DNA, DIR PROBE	28.22					01/01/11	

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	87516	HEPATITIS B , DNA, AMP PROBE	49.39					01/01/11	
37	87517	HEPATITIS B , DNA, QUANT	60.28					01/01/11	
37	87520	HEPATITIS C , RNA, DIR PROBE	28.22					01/01/11	
37	87521	DETECTION TEST FOR HEPATITIS C VIRUS	49.39					01/01/11	
37	87522	DETECTION TEST FOR HEPATITIS C VIRUS	60.28					01/01/11	
37	87525	HEPATITIS G , DNA, DIR PROBE	28.22					01/01/11	
37	87526	HEPATITIS G, DNA, AMP PROBE	49.39					01/01/11	
37	87527	HEPATITIS G, DNA, QUANT	58.75					01/01/11	
37	87528	HSV, DNA, DIR PROBE	28.22					01/01/11	
37	87529	HSV, DNA, AMP PROBE	49.39					01/01/11	
37	87530	HSV, DNA, QUANT	60.28					01/01/11	
37	87531	HHV-6, DNA, DIR PROBE	28.22					01/01/11	
37	87532	HHV-6, DNA, AMP PROBE	49.39					01/01/11	
37	87533	HHV-6, DNA, QUANT	58.75					01/01/11	
37	87534	HIV-1, DNA, DIR PROBE	28.22					01/01/11	
37	87535	DETECTION TEST FOR HIV-1 VIRUS	49.39					01/01/11	
37	87536	DETECTION TEST FOR HIV-1 VIRUS	119.75					01/01/11	
37	87537	HIV-2, DNA, DIR PROBE	28.22					01/01/11	
37	87538	DETECTION TEST FOR HIV-2 VIRUS	49.39					01/01/11	
37	87539	DETECTION TEST FOR HIV-2 VIRUS	60.28					01/01/11	
37	87540	LEGION PNEUMO, DNA, DIR PROB	28.22					01/01/11	
37	87541	LEGION PNEUMO, DNA, AMP PROB	49.39					01/01/11	
37	87542	LEGION PNEUMO, DNA, QUANT	58.75					01/01/11	
37	87550	MYCOBACTERIA, DNA, DIR PROBE	28.22					01/01/11	
37	87551	MYCOBACTERIA, DNA, AMP PROBE	49.39					01/01/11	
37	87552	MYCOBACTERIA, DNA, QUANT	60.28					01/01/11	
37	87555	M.TUBERCULO, DNA, DIR PROBE	28.22					01/01/11	
37	87556	M.TUBERCULO, DNA, AMP PROBE	49.39					01/01/11	
37	87557	M.TUBERCULO, DNA, QUANT	60.28					01/01/11	
37	87560	M.AVIUM-INTRA, DNA, DIR PROB	28.22					01/01/11	
37	87561	M.AVIUM-INTRA, DNA, AMP PROB	49.39					01/01/11	
37	87562	M.AVIUM-INTRA, DNA, QUANT	60.28					01/01/11	
37	87580	M.PNEUMON, DNA, DIR PROBE	28.22					01/01/11	
37	87581	M.PNEUMON, DNA, AMP PROBE	49.39					01/01/11	
37	87582	M.PNEUMON, DNA, QUANT	58.75					01/01/11	
37	87590	N.GONORRHOEAE, DNA, DIR PROB	28.22					01/01/11	
37	87591	N.GONORRHOEAE, DNA, AMP PROB	49.39				X	01/01/11	
37	87592	N.GONORRHOEAE, DNA, QUANT	60.28					01/01/11	
37	87620	HPV, DNA, DIR PROBE	28.22					01/01/11	
37	87621	HPV, DNA, AMP PROBE	49.39					01/01/11	
37	87622	HPV, DNA, QUANT	58.75					01/01/11	
37	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	176.34					01/01/13	
37	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	293.37					01/01/13	
37	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	572.91					01/01/13	
37	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	49.39					01/01/11	
37	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	49.39					01/01/11	
37	87650	STREP A, DNA, DIR PROBE	28.22					01/01/11	
37	87651	STREP A, DNA, AMP PROBE	49.39					01/01/11	
37	87652	STREP A, DNA, QUANT	58.75					01/01/11	
37	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	49.39					01/01/11	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	87660	TRICHOMONAS VAGIN, DIR PROBE	28.22			F		01/01/11	
37	87797	DETECT AGENT NOS, DNA, DIR	28.22					01/01/11	
37	87798	DETECT AGENT NOS, DNA, AMP	49.39					01/01/11	
37	87799	DETECT AGENT NOS, DNA, QUANT	13.55					02/01/12	
37	87800	DETECT AGNT MULT, DNA, DIREC	56.44					01/01/11	
37	87801	DETECT AGNT MULT, DNA, AMPLI	98.78					01/01/11	
37	87802	STREP B ASSAY W/OPTIC	16.88					01/01/11	
37	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.88					01/01/11	
37	87804	AGENT NOS ASSAY W/OPTIC	16.88					01/01/11	
37	87807	RSV ASSAY W/OPTIC	16.88					01/01/11	
37	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	16.88			F		01/01/11	
37	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.88					01/01/11	
37	87810	CHYLM D TRACH ASSAY W/OPTIC	16.88					01/01/11	
37	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.88					01/01/11	
37	87880	STREP A ASSAY W/OPTIC	16.88					01/01/11	
37	87899	AGENT NOS ASSAY W/OPTIC	16.88					01/01/11	
37	87900	PHENOTYPE, INFECT AGENT DRUG	183.42					01/01/11	
37	87901	GENOTYPE, DNA, HIV REVERSE T	362.28					01/01/11	
37	87902	GENOTYPE, DNA, HEPATITIS C	362.28					01/01/11	
37	87903	PHENOTYPE, DNA HIV W/CULTURE	687.63					01/01/11	
37	87904	PHENOTYPE, DNA HIV W/CLT ADD	36.68					01/01/11	
37	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	17.20					01/01/11	
37	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	181.14					01/01/11	
37	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	353.88					01/01/13	
37	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	353.88					01/01/13	
37	87999	MICROBIOLOGY PROCEDURE	MP					06/01/08	
37	88104	CYTOPATHOLOGY	55.68					01/01/09	
37	88106	CYTOPATHOLOGY	68.67					01/01/09	
37	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	65.18					01/01/09	
37	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	93.56	10 59		F		01/01/09	
37	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.97					01/01/11	
37	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.27					01/01/11	
37	88125	FORENSIC CYTOPATHOLOGY	19.84					01/01/09	
37	88130	SEX CHROMATIN IDENTIFICATION	21.18					01/01/11	
37	88140	SEX CHROMATIN IDENTIFICATION	11.25					01/01/11	
37	88141	CYTOPATH CERV/VAG INTERPRET	25.61					01/01/09	
37	88142	CYTOPATH CERV/VAG THIN LAYER	21.25					01/01/11	
37	88143	CYTPATH C/VAG T/LAYER REDO	19.35					01/01/11	
37	88147	CYTPATH C/VAG AUTOMATED	14.87					01/01/11	
37	88148	CYTPATH C/VAG AUTO RESCREEN	14.87					01/01/11	
37	88150	CYTOPATHOLOGY, PAP SMEAR	14.87	10 99		F		01/01/11	
37	88152	CYTOPATH CERV/VAG AUTO	14.87					01/01/11	
37	88153	CYTPATH C/VAG REDO	14.87					01/01/11	
37	88154	CYTPATH C/VAG SELECT	14.87					01/01/11	
37	88155	CYTOPATH, (PAP); W/ DEF. HORMONAL EVAL	8.44			F		01/01/11	
37	88160	CYTOPATHOLOGY	47.19					01/01/09	
37	88161	CYTOPATH. . . ; PREP, SCREEN, INTERP.	49.09					01/01/09	
37	88162	CYTOPATH. . . ; EXT. STUDY, +5 SLIDES, MULTI	71.14					01/01/09	
37	88164	CYTPATH TBS C/VAG MANUAL	14.87					01/01/11	
37	88165	CYTPATH TBS C/VAG REDO	14.87					01/01/11	

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	88166	CYTPATH TBS C/VAG AUTO REDO	14.87					01/01/11	
37	88167	CYTPATH TBS C/VAG SELECT	14.87					01/01/11	
37	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	48.26					01/01/09	
37	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	121.73					01/01/09	
37	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.54	10 59		F		01/01/11	
37	88175	CYTOPATHOLOGY, WITH SCREENING	25.89	10 59		F		01/01/11	
37	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.91					01/01/11	
37	88182	FLOW CYTOMETRY;	92.09					01/01/09	
37	88184	FLOWCYTOMETRY/ TC, 1 MARKER	68.73					01/01/09	
37	88185	FLOWCYTOMETRY/TC, ADD-ON	40.86				X	01/01/09	
37	88187	FLOWCYTOMETRY/READ, 2-8	MP					06/01/08	
37	88188	FLOWCYTOMETRY/READ, 9-15	MP					06/01/08	
37	88189	FLOWCYTOMETRY/READ, 16 & >	MP					06/01/08	
37	88199	CYTOPATHOLOGY PROCEDURE	MP					06/01/08	
37	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.94					01/01/11	
37	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	89.94					01/01/11	
37	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.94					01/01/11	
37	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.94					01/01/11	
37	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	89.94					01/01/11	
37	88240	CELL CRYOPRESERVE/STORAGE	14.22					01/01/11	
37	88241	FROZEN CELL PREPARATION	14.22					01/01/11	
37	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.94					01/01/11	
37	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	243.70					01/01/11	
37	88249	CHROMOSOME ANALYSIS, 100	243.70					01/01/11	
37	88261	CHROMOSOME COUNT: 1-4 CELLS	248.71					01/01/11	
37	88262	CHROMOSOME COUNT: 1-20 CELLS	175.40					01/01/11	
37	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	89.94					01/01/11	
37	88264	CHROMOSOME ANALYSIS, 20-25	175.40					01/01/11	
37	88267	CHROMOSOME COUNT: AMNIOTIC	252.98					01/01/11	
37	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	234.05					01/01/11	
37	88271	CYTOGENETICS, DNA PROBE	30.14					01/01/11	
37	88272	CYTOGENETICS, 3-5	37.67					01/01/11	
37	88273	CYTOGENETICS, 10-30	45.21					01/01/11	
37	88274	CYTOGENETICS, 25-99	48.99					01/01/11	
37	88275	CYTOGENETICS, 100-300	56.51					01/01/11	
37	88280	CHROMOSOME COUNT: ADDITIONAL	35.32					01/01/11	
37	88283	CHROM ANAL;ADD SPEC BANDING TECH.	39.27					01/01/11	
37	88285	CHROMOSOME COUNT: ADDITIONAL	26.74					01/01/11	
37	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	48.46					01/01/11	
37	88291	CYTO/MOLECULAR REPORT	27.31					01/01/09	
37	88299	CYTOGENETIC STUDY	5.81					06/01/08	
37	88300	SURGICAL PATHOLOGY, GROSS	20.63				X	01/01/09	
37	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	43.02				X	01/01/09	
37	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	54.82				X	01/01/09	
37	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	94.53				X	01/01/09	
37	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.46					01/01/09	
37	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.62					01/01/09	
37	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.90					01/01/09	
37	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.21					01/01/09	
37	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.77					01/01/09	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	88314	SPECIAL STAIN INCLUDING INTERPRETATI	78.63					01/01/09	
37	88321	MICROSLIDE CONSULTATION	83.83					01/01/09	
37	88323	MICROSLIDE CONSULTATION	132.22					01/01/09	
37	88325	COMPREHENSIVE REVIEW OF DATA	176.02					01/01/09	
37	88329	CONSULTATION DURING SURGERY	45.71				X	01/01/09	
37	88331	CONSULTATION DURING SURGERY	83.18				X	01/01/09	
37	88332	PATHOLOGY CONSULTATION DURING SURGER	37.45					01/01/09	
37	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	89.90					01/01/09	
37	88346	AUTO-ANTIBODY PROFILE	90.26				X	01/01/09	
37	88347	INDIRECT METHOD	72.21					01/01/09	
37	88348	ELECTRON MICROSCOPY	548.84					01/01/09	
37	88349	SCANNING ELECTRON MICROSCOPY	261.47					01/01/09	
37	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP					06/01/08	
37	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	137.33					01/01/09	
37	88363	EXAMINATION AND SELECTION OF RETRIEV	20.23					01/01/11	
37	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.84				X	01/01/09	
37	88367	INSITU HYBRIDIZATION, AUTO	144.60					07/01/12	
37	88368	INSITU HYBRIDIZATION, MANUAL	128.01					07/01/12	
37	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	31.27					01/01/11	
37	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	32.01				X	01/01/11	
37	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28					01/01/10	
37	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.68					01/01/10	
37	88399	SURGICAL PATHOLOGY PROCEDURE	MP					06/01/08	
37	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.90					01/01/11	
37	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.90					01/01/11	
37	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90					01/01/11	
37	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90					01/01/11	
37	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP					01/01/11	
37	89050	BODY FLUID CELL COUNT	6.65				X	01/01/11	
37	89051	BODY FLUID CELL COUNT	7.75				X	01/01/11	
37	89055	LEUKOCYTE ASSESSMENT, FECAL	6.01					01/01/11	
37	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	10.06					01/01/11	
37	89125	SPECIMEN FAT STAIN	6.08				X	01/01/11	
37	89160	EXAM FECES FOR MEAT FIBERS	5.19					01/01/11	
37	89190	NASAL SMEAR FOR EOSINOPHILS	6.68					01/01/11	
37	89220	SPUTUM SPECIMEN COLLECTION	12.99					01/01/09	
37	89230	COLLECT SWEAT FOR TEST	3.49					01/01/09	
37	89240	PATHOLOGY LAB PROCEDURE	MP					06/01/08	
37	89300	SEMEN ANALYSIS	12.55					01/01/11	
37	89310	SEMEN ANALYSIS	12.11					01/01/11	
37	89320	SEMEN ANALYSIS	16.96					01/01/11	
37	89321	SEMEN ANALYSIS	16.96					01/01/11	
37	89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTIL	21.82			M		01/01/11	
37	89398	UNLISTED REPRODUCTIVE MEDICINE LABOR	MP					01/01/10	
37	90281	HUMAN IG, IM	CCR						
37	90283	HUMAN IG, IV	CCR						
37	90287	BOTULINUM ANTITOXIN	CCR						
37	90288	BOTULISM IG, IV	CCR						
37	90291	CMV IG, IV	CCR						
37	90296	DIPHThERIA ANTITOXIN	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	90371	HEPB IG, IM	CCR						
37	90375	RABIES IMMUNE GLOBULIN FOR INJECTION	CCR						
37	90376	RABIES IG, HEAT TREATED	CCR						
37	90378	RSV IG, IM	CCR						
37	90384	RH IG, FULL-DOSE, IM	CCR						
37	90385	RH IG, MINIDOSE, IM	CCR						
37	90386	RH IG, IV	CCR						
37	90389	TETANUS IG, IM	CCR						
37	90393	VACCINA IG, IM	CCR						
37	90396	VARICELLA-ZOSTER IG, IM	CCR						
37	90399	IMMUNE GLOBULIN	CCR						
37	90460	IMMUNIZATION ADMINISTRATION THROUGH	CCR						
37	90461	IMMUNIZATION ADMINISTRATION THROUGH	CCR						
37	90471	IMMUNIZATION ADMIN, SINGLE	CCR						
37	90476	ADENOVIRUS VACCINE, TYPE 4	CCR						
37	90477	ADENOVIRUS VACCINE, TYPE 7	CCR						
37	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR						
37	90585	BCG TICE VACCINE, 50 MG	CCR						
37	90586	BCG LIVE (INTRAVESICAL)	CCR						
37	90632	HEPA VACCINE ADULT IM	CCR	00	21				
37	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	00	21				
37	90634	HEPA VACCINE PED/ADOL-3 DOSE	CCR	00	21				
37	90645	HIB VACCINE, HBOC, IM	CCR	00	21				
37	90646	HIB VACCINE, PRP-D, IM	CCR	00	21				
37	90647	HIB VACCINE, PRP-OMP, IM	CCR	00	21				
37	90648	HIB VACCINE, PRP-T, IM	CCR	00	21				
37	90649	HPV VACCINE 4 VALENT, IM	CCR	00	20	F			
37	90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS	CCR						
37	90655	FLU VACCINE, 6-35 MO, IM	CCR	00	02				
37	90656	FLU VACCINE NO PRESERV 3 & >	CCR	03	20				
37	90657	FLU VACCINE, 6-35 MO, IM	CCR	00	21				
37	90658	FLU VACCINE, 3 YRS, IM	CCR	00	21				
37	90660	FLU VACCINE, NASAL	CCR	00	18				
37	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR						
37	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR						
37	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR						
37	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FO	CCR						
37	90669	PNEUMOCOCCAL VACCINE, PED	CCR	00	20				
37	90672	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	02	49				
37	90675	RABIES VACCINE, IM	CCR						
37	90676	RABIES VACCINE, ID	CCR						
37	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00	18				
37	90685	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	00	02				
37	90686	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	03	18				
37	90687	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR						
37	90688	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	04	99				
37	90690	TYPHOID VACCINE, ORAL	CCR						
37	90691	TYPHOID VACCINE, IM	CCR						
37	90692	TYPHOID VACCINE, H-P, SC/ID	CCR						
37	90693	TYPHOID VACCINE, AKD, SC	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00 20					
37	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSSIS	CCR	00 21					
37	90702	IMMUNIZATION,DT	CCR	00 21					
37	90703	TETANUS TOXOID FOR TRAUMA	CCR						
37	90704	IMMUNIZATION,MUMPS	CCR	00 21					
37	90705	IMMUNIZATION,MEASLES	CCR	00 21					
37	90706	IMMUNIZATION,RUBELLA	CCR	00 21					
37	90707	IMMUNIZATION,MEASLES-MUMPS-RUBELLA	CCR	00 21					
37	90708	IMMUNIZATION,MEASLES-RUBELLA	CCR	00 21					
37	90710	MEAS, MUMPS, RUB, VARICELLA VAC-MMRV	CCR	00 18					
37	90712	IMMUNIZATION,POLIOVIRUS, LIVE, ORAL	CCR	00 21					
37	90713	IMMUNIZATION,POLIO INJECTION	CCR	00 21					
37	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07 18					
37	90715	TDAP VACCINE >7 IM	CCR						
37	90716	IMMUNIZATION,VARICELLA (CHICKEN POX)	CCR	00 20					
37	90717	IMMUNIZATION,YELLOW FEVER	CCR	00 21					
37	90719	IMMUNIZATION,DIPHTHERIA TOXOID	CCR	00 21					
37	90720	IMMUNIZATION, ACTIVE;	CCR	00 21					
37	90721	DTAP/HIB VACCINE	CCR	00 21					
37	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00 20					
37	90725	IMMUNIZATION,CHOLERA VACCINE	CCR	00 21					
37	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02 99					
37	90734	MENINGOCOCCAL CONJUGATE VACCINE, IMC	CCR	00 18					
37	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR						
37	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00 21					
37	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00 20					
37	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	00 20					
37	90748	HEPATITIS B/HIB VACCINE	CCR	00 21					
37	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR						
37	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	CCR						
37	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	CCR						
37	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	CCR						
37	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	CCR						
37	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	CCR						
37	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	CCR						
37	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	CCR						
37	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	CCR						
37	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	CCR						
37	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	CCR						
37	90863	MANAGEMENT OF PRESCRIPTIONS AND REVI	CCR						
37	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL	CCR						
37	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL	CCR						
37	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL	CCR						
37	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR						
37	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR						
37	90940	HEMODIALYSIS ACCESS STUDY	CCR						
37	90945	DIAL.PROC(EG,PERITONEAL.),SINGLE	CCR						
37	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	CCR						
37	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01					
37	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01					

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01					
37	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11					
37	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11					
37	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11					
37	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19					
37	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19					
37	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19					
37	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99					
37	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99					
37	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99					
37	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01					
37	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11					
37	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19					
37	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99					
37	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01					
37	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11					
37	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19					
37	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99					
37	90989	DIALYSIS TRAIN-PATIENT-COMplete	CCR						
37	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR						
37	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	CCR						
37	90999	UNLISTED DIALYSIS PROCEDURE	CCR						
37	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR						
37	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR						
37	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR						
37	91022	DUODENAL MOTILITY STUDY	CCR						
37	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR						
37	91034	GASTROESOPHAGEAL REFLUX TEST	CCR						
37	91035	G-ESOPH REFLX TST W/ELECTROD	CCR						
37	91037	ESOPH IMPED FUNCTION TEST	CCR						
37	91038	ESOPH IMPED FUNCT TEST > 1H	CCR						
37	91040	ESOPH BALLOON DISTENSION TST	CCR						
37	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	CCR						
37	91120	RECTAL SENSATION TEST	CCR						
37	91122	ANORECTAL MANOMETRY	CCR						
37	91132	ELECTROGASTROGRAPHY	CCR						
37	91133	ELECTROGASTROGRAPHY W/TEST	CCR						
37	91299	UNLISTED DX GASTRO. PROC	CCR						
37	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR						
37	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR						
37	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR						
37	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR						
37	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR						
37	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR						
37	92060	SENSORIMOTOR EXAM EYE	CCR						
37	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00 21					
37	92081	TANGENT SCREEN; AUTOPLT	CCR						
37	92082	QUANTITATIVE PERIMETRY	CCR						
37	92083	MEASUREMENT OF FIELD OF VISION DURIN	CCR						
37	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR						
37	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR						
37	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR						
37	92136	OPHTHALMIC BIOMETRY	CCR						
37	92140	PROVOCATIVE TESTS FOR GLAUCOMA	CCR						
37	92225	OPHTHALMOSCOPY; INITIAL	CCR				X		
37	92226	OPHTHALMOSCOPY; SUBSEQUENT	CCR				X		
37	92227	REMOTE IMAGING FOR DETECTION OF RETI	CCR						
37	92228	REMOTE IMAGING FOR MONITORING AND MA	CCR						
37	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR						
37	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR				X		
37	92240	ICG ANGIOGRAPHY	CCR						
37	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR						
37	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR						
37	92265	OCULOELECTROMYOGRAPHY	CCR						
37	92270	ELECTRO-OCULOGRAPHY	CCR						
37	92275	ELECTRORETINOGRAPHY	CCR						
37	92283	COLOR VISION EXAMINATION	CCR						
37	92284	DARK ADAPTATION EXAMINATION	CCR						
37	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR						
37	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR						
37	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR						
37	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR						
37	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR						
20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56	00 02	X			03/01/13	
37	92507	TREATMENT OF SPEECH, LANGUAGE, AUDITOR	33.00		X			03/01/13	
37	92511	NASOPHARYNGOSCOPY	CCR						
37	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR						
37	92532	POSITIONAL NYSTAGMUS STUDY	CCR						
37	92533	CALORIC VESTIBULAR TEST; EACH	CCR				X		
37	92534	OPTOKINETIC NYSTAGMUS	CCR						
37	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR						
37	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR						
37	92542	POSITIONAL NYSTAGMUS W/RECORDING	CCR						
37	92543	CALORIC VESTIBULAR TEST W/RECORDING	CCR				X		
37	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	CCR						
37	92545	OSCILLATING TRACKING W/RECORDING	CCR						
37	92546	TORSION SWING TEST W/RECORDING	CCR						
37	92547	ADDED USE OF VERTICAL ELECTRODES	CCR						
37	92548	POSTUROGRAPHY	CCR						
37	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	CCR						
37	92551	SCREENING; PURE TONE; AIR ONLY	CCR						
37	92552	PURE TONE AUDIOMETRY; AIR ONLY	CCR						
37	92553	PURE TONE AUDIOMETRY; AIR AND BONE	CCR						
37	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	CCR						
37	92556	SPEECH AUDIOMETRY, COMPLETE	CCR						
37	92557	BASIC COMPREHENSIVE AUDIOMETRY	CCR						
37	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	CCR						
37	92563	tone DECAY HEARING TEST	CCR						
37	92564	SHORT INCREMENT SENSITIVITY INDEX	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	92565	STENGER TEST, PURE TONE	CCR						
37	92567	TYMPANOMETRY	CCR						
37	92568	ACOUSTIC REFLEX TESTING	CCR						
37	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDE	CCR						
37	92571	FILTERED SPEECH TEST	CCR						
37	92572	STAGGERED SPONDAIC WORD TEST	CCR						
37	92575	SENSORINEURAL ACUITY LEVEL TEST	CCR						
37	92576	SYNTHETIC SENTENCE ID TEST	CCR						
37	92577	STENGER TEST, SPEECH	CCR						
37	92579	VISUAL AUDIOMETRY (VRA)	CCR						
37	92582	CONDITIONING PLAY AUDIOMETRY	CCR						
37	92583	SELECT PICTURE AUDIOMETRY	CCR						
37	92584	ELECTROCOCHLEOGRAPHY	CCR						
37	92585	BRAINSTEM EVOKED RESPONSE RECORDING	CCR						
37	92586	AUDITOR EVOKE POTENT, LIMIT	CCR	00	20				
37	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR						
37	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR						
37	92590	HEARING AID EXAM/SELECTION;MONAURAL	CCR						
37	92591	HEARING AID EXAM/SELECTION;BINAURAL	CCR						
37	92592	HEARING AID CHECK; MONAURAL	CCR						
37	92593	HEARING AID CHECK; BINAURAL	CCR						
37	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	CCR						
37	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	CCR						
37	92610	EVALUATE SWALLOWING FUNCTION	37.33					01/01/03	
37	92611	MOTION FLUOROSCOPY/SWALLOW	40.53					01/01/03	
37	92612	ENDOSCOPY SWALLOW TST	155.52					01/01/03	
37	92618	EVALUATION FOR PRESCRIPTION OF NON-S	CCR						
37	92620	AUDITORY FUNCTION, 60 MIN	CCR						
37	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR					X	
37	92625	TINNITUS ASSESSMENT	CCR						
37	92626	EVAL AUD REHAB STATUS	CCR	02	99				
37	92627	EVAL AUD STATUS REHAB ADD-ON	CCR	02	99			X	
37	92630	AUD REHAB PRE-LING HEAR LOSS	CCR						
37	92633	AUD REHAB POSTLING HEAR LOSS	CCR	02	99				
37	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR						
37	92700	ENT PROCEDURE/SERVICE	CCR						
37	92920	BALLOON DILATION OF NARROWED OR BLOC	CCR						
37	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR						
37	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR						
37	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR						
37	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR						
37	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR						
37	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR						
37	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR						
37	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR						
37	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR						
37	92941	INSERTION OF STENT, REMOVAL OF PLAQU	CCR						
37	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR						
37	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR						
37	92950	CARDIOPULMONARY RESUSCITATION	CCR					X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	92960	ELECTRICAL CARADIOVERSION	CCR				X		
37	92961	CARADIOVERSION, ELECTRIC, INT	CCR						
37	92970	CARDIOASSIST, INTERNAL	CCR						
37	92971	CARDIOASSIST, EXTERNAL	CCR						
37	92973	PERCUT CORONARY THROMBECTOMY	CCR						
37	92974	CATH PLACE, RADIO BRACHYT	CCR						
37	92978	INTRAVASCULAR US, HEART	CCR						
37	92979	INTRAVASCULAR US, HEART	CCR				X		
37	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR						
37	92987	REVISION OF MITRAL VALVE	CCR						
37	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR						
37	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	CCR						
37	92997	PUL ART BALLOON REPAIR, PERC	CCR						
37	92998	PUL ART BALLOON REPAIR, PERC	CCR				X		
37	93000	ROUTINE ECG W/AT LEAST 12 LEADS	CCR				X		
37	93005	ECG; TRACING ONLY	CCR				X		
37	93010	ECG; INTERPRETATION AND REPORT	CCR				X		
37	93015	CARDIOVASCULAR STRESS TEST	CCR						
37	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR						
37	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR						
37	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR						
37	93025	MICROVOLT T-WAVE ASSESS	CCR						
37	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR				X		
37	93041	RHYTHM ECG; TRACING ONLY	CCR				X		
37	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR				X		
37	93224	ECG MONITORING 24 HR BY CONT ORIG	CCR						
37	93227	PHYSICIAN REVIEW & INTERPRETATION	CCR						
37	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR						
37	93268	ECG,PT DEMAND;PRE-SYMP TOM MEM LOOP	CCR						
37	93272	ECG MONITORING; SCANNING ANALYSIS	CCR						
37	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR						
37	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR						
37	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR						
37	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR						
37	93288	INTERROGATION DEVICE EVALUATION (IN	CCR						
37	93289	INTERROGATION DEVICE EVALUATION (IN	CCR						
37	93290	INTERROGATION DEVICE EVALUATION (IN	CCR						
37	93291	INTERROGATION DEVICE EVALUATION (IN	CCR						
37	93292	INTERROGATION DEVICE EVALUATION (IN	CCR						
37	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR						
37	93294	INTERROGATION DEVICE EVALUATION(S) (	CCR						
37	93295	INTERROGATION DEVICE EVALUATION(S) (	CCR						
37	93296	INTERROGATION DEVICE EVALUATION(S) (	CCR						
37	93297	INTERROGATION DEVICE EVALUATION(S) ,	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	93298	INTERROGATION DEVICE EVALUATION(S),	CCR						
37	93303	ECHO TRANSTHORACIC	CCR						
37	93304	ECHO TRANSTHORACIC	CCR						
37	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR						
37	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR						
37	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR						
37	93312	ECHOCARDIOGRAPHY, ...TRANSESOPHAGEAL	CCR						
37	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR						
37	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR						
37	93315	ECHO TRANSESOPHAGEAL	CCR						
37	93316	ECHO TRANSESOPHAGEAL	CCR						
37	93317	ECHO TRANSESOPHAGEAL	CCR						
37	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR						
37	93320	DOPPLER ECHOCARDIOGRAPHY	CCR						
37	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR						
37	93325	DOPPLER COLOR FLOW VELOCITY	CCR						
37	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR						
37	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR						
37	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR						
37	93452	LEFT HEART CATHETERIZATION INCLUDING	CCR						
37	93453	COMBINED RIGHT AND LEFT HEART CATHET	CCR						
37	93454	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93455	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93456	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93457	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93458	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93459	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93460	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93461	CATHETER PLACEMENT IN CORONARY ARTER	CCR						
37	93462	LEFT HEART CATHETERIZATION BY TRANSS	CCR						
37	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	CCR						
37	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR						
37	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR						
37	93505	ENDOCARDIAL BIOPSY 000	CCR						
37	93530	RT HEART CATH, CONGENITAL	CCR						
37	93531	R & L HEART CATH, CONGENITAL	CCR						
37	93532	R & L HEART CATH, CONGENITAL	CCR						
37	93533	R & L HEART CATH, CONGENITAL	CCR						
37	93561	INDICATOR DILUTION STUDIES SUCH AS D	CCR						
37	93562	INDICATOR DILUTION STUDIES SUCH AS D	CCR						
37	93563	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93564	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93565	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93566	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93567	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93568	INJECTION PROCEDURE DURING CARDIAC C	CCR						
37	93571	HEART FLOW RESERVE MEASURE	CCR						
37	93572	HEART FLOW RESERVE MEASURE	CCR						
37	93580	TRANSCATH CLOSURE OF ASD	CCR						
37	93581	TRANSCATH CLOSURE OF VSD	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	93600	BUNDLE OF HIS RECORDING	CCR						
37	93602	INTRA-ATRIAL RECORDING	CCR						
37	93603	RIGHT VENTRICULAR RECORDING;	CCR						
37	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR						
37	93610	INTRA-ATRIAL PACING	CCR						
37	93612	INTRAVENTRICULAR PACING	CCR						
37	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR						
37	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR						
37	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR						
37	93619	ELECTROPHYSIOLOGY EVALUATION	CCR						
37	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR						
37	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR						
37	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR						
37	93623	PROGRAMMED ST IMULATION & PACING	CCR						
37	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR						
37	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR						
37	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR						
37	93641	ELECTROPHYSIOLOGY EVALUATION	CCR						
37	93642	ELECTROPHYSIOLOGY EVALUATION	CCR						
37	93650	INTRACARDIAC CATHETER ABLATION OF	CCR						
37	93653	EVALUATION AND INSERTION OF CATHETER	CCR						
37	93654	EVALUATION AND INSERTION OF CATHETER	CCR						
37	93655	INTRACARDIAC CATHETER ABLATION OF A	CCR						
37	93656	EVALUATION AND INSERTION OF CATHETER	CCR						
37	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	CCR						
37	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR						
37	93662	INTRACARDIAC ECHO DURING TX/DX	CCR						
37	93668	PERIPHERAL VASCULAR REHAB	CCR					X	
37	93701	BIOIMPEDANCE, THORACIC	CCR						
37	93724	ANALYZE PACEMAKER SYSTEM	CCR						
37	93740	TEMPERATURE GRADIENT STUDIES	CCR						
37	93770	DETERMINATION OF VENOUS PRESSURE	CCR					X	
37	93799	CARDIOVASCULAR PROCEDURE	CCR						
37	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR						
37	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR						
37	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR						
37	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR						
37	93892	TCD, EMBOLI DETECT W/O INJ	CCR						
37	93893	TCD, EMBOLI DETECT W/INJ	CCR						
37	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR						
37	93923	EXTREMITY STUDY	CCR						
37	93924	EXTREMITY STUDY	CCR						
37	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR						
37	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR						
37	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR						
37	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR						
37	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	CCR						
37	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR						
37	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR						
37	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR						
37	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR						
37	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR						
37	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR						
37	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR						
37	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	CCR						
37	93990	DOPPLER FLOW TESTING	CCR						
37	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR						
37	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR						
37	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR						
37	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR						
37	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02				
37	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02				
37	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02				
37	94014	PATIENT RECORDED SPIROMETRY	CCR						
37	94015	PATIENT RECORDED SPIROMETRY	CCR						
37	94016	REVIEW PATIENT SPIROMETRY	CCR						
37	94060	BRONCHOSPASM EVALUATION	CCR						
37	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR						
37	94150	VITAL CAPACITY; TOTAL	CCR						
37	94200	MAXIMUM BREATHING CAPACITY	CCR						
37	94250	EXPIRED GAS COLLECTION	CCR						
37	94375	RESPIRATORY FLOW VOLUME LOOP	CCR						
37	94400	CO2 BREATHING RESPONSE CURVE	CCR						
37	94450	HYPOXIA RESPONSE CURVE	CCR						
37	94452	HAST W/REPORT	CCR						
37	94453	HAST W/OXYGEN TITRATE	CCR						
37	94620	PULMONARY STRESS TESTING	CCR						
37	94621	PULM STRESS TEST/COMPLEX	CCR						
37	94640	NONPRESSURIZED INHALATION	CCR					X	
37	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR						
37	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR						
37	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR						
37	94652	IPPB; NEWBORN INFANTS	CCR					X	
37	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR						
37	94662	CONTINUOUS NEGATIVE PRESSURE	CCR						
37	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR						
37	94667	MANIPULATION CHEST WALL; INITIAL	CCR						
37	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR					X	
37	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR					X	
37	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR					X	
37	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR					X	
37	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR						
37	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	CCR						
37	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR						
37	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	CCR						
37	94750	PULMONARY COMPLIANCE STUDY	CCR						
37	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR						
37	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR						
37	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	94770	EXPIRED CARBON DIOXIDE ANALYSIS	CCR						
37	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR						
37	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR						
37	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR						
37	94799	PULMONARY SERVICE/PROCEDURE	CCR						
37	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR				X		
37	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR						
37	95017	ALLERGY TESTING, ANY COMBINATION OF	CCR				X		
37	95018	ALLERGY TESTING, ANY COMBINATION OF	CCR						
37	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR				X		
37	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR				X		
37	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR				X		
37	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR				X		
37	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR				X		
37	95065	NASAL MUCOUS MEMBRANE TEST	CCR						
37	95070	INHALATION BRONCH CHALLENGE TESTING	CCR						
37	95071	BRONCHIAL INHALATIONS W/ANTIGENS	CCR						
37	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR						
37	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	CCR						
37	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR						
37	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	CCR						
37	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	CCR						
37	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR						
37	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR						
37	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR						
37	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR				X		
37	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	CCR				X		
37	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	CCR				X		
37	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	CCR				X		
37	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR				X		
37	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR						
37	95180	RAPID DESENSITIZATION; EACH HOUR	CCR				X		
37	95199	ALLERGY IMMUNOLOGY SERVICES	CCR						
37	95250	GLUCOSE MONITORING, CONT	CCR						
37	95251	GLUC MONITOR, CONT, PHYS I&R	CCR						
37	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00	06				
37	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00	06				
37	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR						
37	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR						
37	95806	SLEEP STUDY, UNATTENDED	CCR						
37	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR						
37	95808	POLYSOMNOGRAPHY, 1-3	CCR						
37	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR						
37	95811	POLYSOMNOGRAPHY W/CPAP	CCR						
37	95812	ELECTROENCEPHALOGRAM (EEG)	CCR						
37	95813	ELECTROENCEPHALOGRAM (EEG)	CCR						
37	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR						
37	95819	EEG-STD/PORT; SAME FACILITY	CCR						
37	95822	EEG; SLEEP ONLY	CCR						
37	95824	EEG; CEREBRAL DEATH RECORDING	CCR				X		

## COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	95827	EEG; ALL NIGHT SLEEP RECORDING	CCR						
37	95829	ELECTROCORTICOGRAM AT SURGERY	CCR						
37	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR						
37	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	CCR						
37	95832	MUSCLE TESTING; MANUAL; HAND	CCR						
37	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	CCR						
37	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	CCR						
37	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR				X		
37	95852	RANGE OF MOTION; HAND	CCR						
37	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	CCR						
37	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	CCR						
37	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	CCR						
37	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	CCR						
37	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	CCR						
37	95865	MUSCLE TEST, LARYNX	CCR						
37	95866	MUSCLE TEST, HEMIDIAPHRAGM	CCR						
37	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	CCR						
37	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	CCR						
37	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	CCR						
37	95870	MUSCLE TEST, NON-PARASPINAL	CCR						
37	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	CCR						
37	95873	GUIDE NERV DESTR, ELEC STIM	CCR						
37	95874	GUIDE NERV DESTR, NEEDLE EMG	CCR						
37	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	CCR						
37	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR				X		
37	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR				X		
37	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	CCR						
37	95905	NEEDLE MEASUREMENT AND RECORDING OF	CCR				X		
37	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	CCR						
37	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	CCR						
37	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	CCR						
37	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	CCR						
37	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	CCR						
37	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	CCR						
37	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	CCR						
37	95925	SOMATOSENSORY TESTING,ONE > NERVES	CCR						
37	95926	SOMATOSENSORY TESTING	CCR						
37	95927	SOMATOSENSORY TESTING	CCR						
37	95928	C MOTOR EVOKED, UPPR LIMBS	CCR						
37	95929	C MOTOR EVOKED, LWR LIMBS	CCR						
37	95930	VISUAL EVOKED POTENTIAL TEST	CCR						
37	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	CCR						
37	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	CCR				X		
37	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	CCR						
37	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	CCR						
37	95940	CONTINUOUS MONITORING OF NERVOUS SYS	CCR						
37	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSI	CCR						
37	95950	AMBULATORY 24 HOUR EEG MONITORING	CCR						
37	95951	MONITORING FOR LOCALIZATION OF CEREB	CCR						
37	95953	MONITORING FOR LOCALIZATION OF CEREB	CCR						



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	95956	MONITORING FOR LOCALIZATION OF CEREB	CCR						
37	95957	EEG DIGITAL ANALYSIS	CCR						
37	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR						
37	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR						
37	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR						
37	95965	MEG, SPONTANEOUS	CCR						
37	95966	MEG, EVOKED, SINGLE	CCR						
37	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR				X		
37	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95973	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95974	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95975	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR						
37	95990	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99				
37	95991	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99				
37	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR						
37	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	CCR						
37	96000	MOTION ANALYSIS, VIDEO/3D	CCR						
37	96001	MOTION TEST W/FT PRESS MEAS	CCR						
37	96002	DYNAMIC SURFACE EMG	CCR						
37	96003	DYNAMIC FINE WIRE EMG	CCR						
37	96004	PHYS REVIEW OF MOTION TESTS	CCR						
37	96105	ASSESSMENT OF APHASIA	CCR				X		
37	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	CCR				X		
37	96118	NEUROPSYCHOLOGICAL TESTING, INTERPRE	CCR				X		
37	96401	CHEMO, ANTI-NEOPL, SQ/IM	CCR						
37	96402	CHEMO HORMON ANTINEOPL SQ/IM	CCR						
37	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR						
37	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR						
37	96409	CHEMO, IV PUSH, SNGL DRUG	CCR						
37	96411	CHEMO, IV PUSH, ADDL DRUG	CCR				X		
37	96413	CHEMO, IV INFUSION, 1 HR	CCR						
37	96415	CHEMO, IV INFUSION, ADDL HR	CCR				X		
37	96416	CHEMO PROLONG INFUSE W/PUMP	CCR						
37	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR						
37	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR						
37	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR						
37	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR						
37	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR						
37	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR						
37	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR						
37	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR						
37	96521	REFILL/MAINT, PORTABLE PUMP	CCR						
37	96522	REFILL/MAINT PUMP/RESVR SYST	CCR						
37	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR						
37	96567	PHOTODYNAMIC TX, SKIN	CCR						
37	96570	PHOTODYNAMIC TX, 30 MIN	CCR						
37	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR				X		
37	96900	ACTINOTHERAPY	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR						
37	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR						
37	96912	PHOTOCHEMOTHERAPY/PUVA	CCR						
37	96913	PHOTOCHEMOTHERAPY	CCR						
37	96920	LASER TX, SKIN < 250 SQ CM	CCR						
37	96921	LASER TX, SKIN 250-500 SQ CM	CCR						
37	96922	LASER TX, SKIN > 500 SQ CM	CCR						
37	96999	DERMATOLOGICAL PROCEDURE	CCR						
20	97001	PHYSICAL THERAPY EVALUATION	71.51	00 02				02/01/13	
37	97001	PHYSICAL THERAPY EVALUATION	59.40					05/01/03	
20	97003	OCCUPATIONAL THERAPY EVALUATION	66.74	00 02				02/01/13	
37	97003	OCCUPATIONAL THERAPY EVALUATION	56.10					05/01/03	
20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00 02			X	02/01/13	
37	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	11.00			X	X	05/01/03	
20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00 02			X	02/01/13	
37	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.80			X	X	05/01/03	
37	97799	UNLISTED PHYSICAL MED SER/PROC	CCR						
37	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	CCR						
37	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	CCR	00 20					
37	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00 20					
37	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00 01			X		
37	99143	MODERATE SEDATION SERVICES BY PHYSIC	CCR	00 04					
37	99144	MODERATE SEDATION SERVICES BY PHYSIC	CCR	05 20					
37	99145	MODERATE SEDATION SERVICES BY PHYSIC	CCR	00 20			X		
37	99148	MOD CS DIFF PHYS<5 YRS	CCR	00 04					
37	99149	MOD CS DIFF PHYS 5 YRS +	CCR	05 20					
37	99150	MOD CS DIFF PHYS ADD-ON	CCR	00 20			X		
37	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR				X		
37	99172	VISUAL FUNCTION SCREENING	CCR						
37	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR						
37	99175	EMESIS INDUCTION WITH MEDICATION	CCR						
37	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X		
37	99190	SPECIAL PUMP SERVICES; EACH HOUR	CCR				X		
37	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	CCR						
37	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	CCR						
37	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	CCR						
37	99201	NEW PATIENT OFFICE OR OTHER OUTPATIE	33.00					10/21/02	
37	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	33.00					10/21/02	
37	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	38.00					10/21/02	
37	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00					10/21/02	
37	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00					10/21/02	
37	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	33.00				X	10/21/02	
37	99212	ESTABLISHED PATIENT OFFICE OR OTHER	33.00				X	10/21/02	
37	99213	ESTABLISHED PATIENT OFFICE OR OTHER	38.00					10/21/02	
37	99214	ESTABLISHED PATIENT OFFICE OR OTHER	57.00					10/21/02	
37	99215	ESTABLISHED PATIENT OFFICE OR OTHER	57.00					10/21/02	
37	99218	HOSPITAL OBSERVATION CARE TYPICALLY	CCR						
37	99219	HOSPITAL OBSERVATION CARE TYPICALLY	CCR						
37	99220	HOSPITAL OBSERVATION CARE TYPICALLY	CCR						
37	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR						

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR						
37	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	CCR						
37	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR						
37	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR						
37	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	CCR						
37	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR						
37	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR						
37	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	CCR						
37	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	CCR						
37	99239	HOSPITAL DISCHARGE DAY	CCR						
37	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR						
37	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR						
37	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR						
37	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR						
37	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR						
37	99291	CRITICAL CARE, FIRST HOUR	CCR						
37	99292	CRITICAL CARE, EVALUATION AND MANAGE	CCR					X	
37	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR						
37	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR						
37	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR						
37	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR						
37	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR						
37	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR						
37	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR						
37	99315	NURSING FAC DISCHARGE DAY	CCR						
37	99316	NURSING FAC DISCHARGE DAY	CCR						
37	99324	NEW PATIENT ASSISTED LIVING VISIT, T	CCR						
37	99325	NEW PATIENT ASSISTED LIVING VISIT, T	CCR						
37	99326	NEW PATIENT ASSISTED LIVING VISIT, T	CCR						
37	99327	NEW PATIENT ASSISTED LIVING VISIT, T	CCR						
37	99328	NEW PATIENT ASSISTED LIVING VISIT, T	CCR						
37	99334	ESTABLISHED PATIENT ASSISTED LIVING	CCR						
37	99335	ESTABLISHED PATIENT ASSISTED LIVING	CCR						
37	99336	ESTABLISHED PATIENT ASSISTED LIVING	CCR						
37	99337	ESTABLISHED PATIENT ASSISTED LIVING	CCR						
37	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR						
37	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR						
37	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	CCR						
37	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR						
37	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR						
37	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR						
37	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR						
37	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR						
37	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR						
37	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR					X	
37	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01				
37	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04				
37	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11				
37	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17				
37	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FEBRUARY 20, 2009 THRU DECEMBER 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE	X- OVERS
37	99386	INIT COMP PREV MED 40-64 YRS	CCR	40 64					
37	99387	INIT COMP PREV MED 65+	CCR	65 99					
37	99391	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	00 00					
37	99392	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	01 04					
37	99393	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	05 11					
37	99394	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	12 17					
37	99395	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	18 39					
37	99396	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	40 64					
37	99397	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	65 99					
37	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR						
37	99460	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00 00					
37	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	CCR	00 00					
37	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	CCR	00 00					
37	99463	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00 00					
37	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	CCR	00 00					
37	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	CCR	00 00					
37	99466	CRITICAL CARE SERVICES DELIVERED BY	CCR	00 01					
37	99467	CRITICAL CARE SERVICES DELIVERED BY	CCR	00 01			X		
37	99468	INITIAL INPATIENT NEONATAL CRITICAL	CCR	00 00					
37	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	CCR	00 00					
37	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	CCR	00 01					
37	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	CCR	00 01					
37	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	CCR	02 05					
37	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	CCR	02 05					
37	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	CCR	00 01					
37	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00					
37	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00					
37	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00					
37	99488	COMPLEX CHRONIC CARE COORDINATION SE	CCR						
37	99489	COMPLEX CHRONIC CARE COORDINATION SE	CCR						
37	99495	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR						
37	99496	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR						
37	99499	UNLISTED EVALUATION AND MANAGEMENT S	CCR						

LAM5M122

RUN: 12/29/13 13:00:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

REPORT NO: RF-0-76SR  
PAGE: 109

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
LEGEND

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

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

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

37 - Small Rural Hospital Services

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.

NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.

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. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 7. SEX (Restriction): Some procedure codes are restricted to a particular sex.

COLUMN 8. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 9. Effective date: Type of Service (TOS) 37 was created 7/1/08 specifically for Small Rural Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.

LEGEND

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

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

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

37 - Small Rural Hospital Services

20 - Enhanced Outpatient Rehab Services (under age 3)

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.

NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.

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. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is

approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 7. SEX (Restriction): Some procedure codes are restricted to a particular sex.

COLUMN 8. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 9. Effective date: Type of Service (TOS) 37 was created 7/1/08 specifically for Small Rural Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.

COLUMN 10. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.