
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 DXC Technologies 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 types of service found on this schedule.

08 - Ambulatory Surgical Centers (non-hospital) are paid from this file.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

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

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

COLUMN 7. 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 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|----------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | G0105 | COLORECTAL SCRIN, HI RISK. IND | 182.30 | | | | | | | | |
| 08 | G0121 | COLON CA SCRIN; NOT HIGH RISK IND | 182.30 | | | | | | | | |
| 08 | G0260 | INJ FOR SACROILIAC JT ANESTH | 182.30 | | | | | | | | |
| 08 | V2785 | CORNEAL TISSUE PROCESSING | 1,645.64 | | | | | | | | |
| 08 | 00170 | ANES;INTRAORAL,INC BIOPSY, NOS | 182.30 | | | | | | | | |
| 08 | 10005 | FINE NEEDLE ASPIRATION BIOPSY, INCLU | 182.30 | | | | | | | | |
| 08 | 10007 | FINE NEEDLE ASPIRATION BIOPSY,INCL | 182.30 | | | | | | | | |
| 08 | 10009 | FINE NEEDLE ASPIRATION BIOPSY,INCL | 182.30 | | | | | | | | |
| 08 | 10011 | FINE NEEDLE ASPIRATION BIOPSY,INCL | 182.30 | | | | | | | | |
| 08 | 10061 | DRAIN SKIN ABSCESS COMPLICATED | 217.00 | | | | | | | | |
| 08 | 10120 | SIMPLE REMOVAL FOREIGN BODY | 217.00 | | | | | | | | |
| 08 | 10121 | COMPLICATED REMOVAL FOREIGN BODY | 217.00 | | | | | | | | |
| 08 | 10180 | INCISE/DRAIN COMPLEX POSTOP WOUND | 182.30 | | | | | | | | |
| 08 | 11010 | DEBRIDE SKIN, FX | 182.30 | | | | | | | | |
| 08 | 11011 | DEBRIDE SKIN/MUSCLE, FX | 182.30 | | | | | | | | |
| 08 | 11012 | DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B | 182.30 | | | | | | | | |
| 08 | 11042 | DEBRIDE SKIN, SUBCUTANEOUS TISSUE | 182.30 | | | | | | | | |
| 08 | 11043 | DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE | 182.30 | | | | | | | | |
| 08 | 11044 | DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE | 182.30 | | | | | | | | |
| 08 | 11102 | TANGENTIAL BIOPSY OF SKIN (EG, SHAVE | 182.30 | | | | | | | | |
| 08 | 11104 | PUNCH BIOPSY OF SKIN (INCLUDING SIMP | 182.30 | | | | | | | | |
| 08 | 11106 | INCISIONAL BIOPSY OF SKIN (EG, WEDGE | 182.30 | | | | | | | | |
| 08 | 11400 | EXCISE BENIGN LESION TO 0.5 CM | 182.30 | | | | | | | | |
| 08 | 11401 | EXCISE BENIGN LESION 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11402 | EXCISE BENIGN LESION 1.1 TO 2CM | 182.30 | | | | | | | | |
| 08 | 11403 | EXCISE BENIGN LESION 2.1 TO 3CM | 182.30 | | | | | | | | |
| 08 | 11404 | EXCISE BENIGN LESION 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11406 | EXCISE BENIGN LESION OVER 4CM | 182.30 | | | | | | | | |
| 08 | 11420 | EXCISE BENIGN LESION TO 0.5CM | 182.30 | | | | | | | | |
| 08 | 11421 | EXCISE BENIGN LESION 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11424 | EXCISE BENIGN LESION 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11426 | EXCISE BENIGN LESION OVER 4.0CM | 182.30 | | | | | | | | |
| 08 | 11440 | EXCISE BENIGN LESION TO 0.5CM | 182.30 | | | | | | | | |
| 08 | 11441 | EXCISE BENIGN LESION 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11442 | EXCISE BENIGN LESION 1.1 TO 2CM | 182.30 | | | | | | | | |
| 08 | 11443 | EXCISE BENIGN LESION 2.1 TO 3CM | 182.30 | | | | | | | | |
| 08 | 11444 | EXCISE BENIGN LESION 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11446 | EXCISE BENIGN LESION OVER 4.0CM | 182.30 | | | | | | | | |
| 08 | 11450 | EXCISE/HIDRADENITIS/PRIMARY SUTURE | 182.30 | | | | | | | | |
| 08 | 11451 | EXCISE/HIDRADENITIS/W/OTHER CLOSURE | 182.30 | | | | | | | | |
| 08 | 11462 | EXCISE/HIDRADENITIS/PRIMARY SUTURE | 182.30 | | | | | | | | |
| 08 | 11463 | EXCISE/HIDRADENITS/OTHER CLOSURE | 182.30 | | | | | | | | |
| 08 | 11470 | EXCISE/HIDRADENITIS/PRIMARY SUTURE | 182.30 | | | | | | | | |
| 08 | 11471 | EXCISE/HIDRADENITIS/OTHER CLOSURE | 182.30 | | | | | | | | |
| 08 | 11600 | EXCISE MALIGNANCY TO 0.5CM | 182.30 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 11601 | EXCISE MALIGNANCY 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11602 | EXCISE MALIGNANCY 1.1 TO 2CM | 182.30 | | | | | | | | |
| 08 | 11603 | EXCISE MALIGNANCY 2.1 TO 3CM | 182.30 | | | | | | | | |
| 08 | 11604 | EXCISE MALIGNANCY 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11606 | EXCISE MALIGNANCY OVER 4CM | 182.30 | | | | | | | | |
| 08 | 11620 | EXCISE MALIGNANCY TO 0.5CM | 182.30 | | | | | | | | |
| 08 | 11621 | EXCISE MALIGNANCY 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11622 | EXCISE MALIGNANCY 1.1 TO 2CM | 182.30 | | | | | | | | |
| 08 | 11623 | EXCISE MALIGNANCY 2.1 TO 3CM | 182.30 | | | | | | | | |
| 08 | 11624 | EXCISE MALIGNANCY 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11626 | EXCISE MALIGNANCY OVER 4CM | 182.30 | | | | | | | | |
| 08 | 11640 | EXCISE MALIGNANCY TO 0.5CM | 182.30 | | | | | | | | |
| 08 | 11641 | EXCISE MALIGNANCY 0.6 TO 1CM | 182.30 | | | | | | | | |
| 08 | 11642 | EXCISE MALIGNANCY 1.1 TO 2CM | 182.30 | | | | | | | | |
| 08 | 11643 | EXCISE MALIGNANCY 2.1 TO 3CM | 182.30 | | | | | | | | |
| 08 | 11644 | EXCISE MALIGNANCY 3.1 TO 4CM | 182.30 | | | | | | | | |
| 08 | 11646 | EXCISE MALIGNANCY OVER 4CM | 182.30 | | | | | | | | |
| 08 | 11730 | SIMPLE REMOVAL OF NAIL PLATE | 182.30 | | | | | | | | |
| 08 | 11732 | REMOVE ADDITIONAL NAIL PLATES | 182.30 | | | | | | | | |
| 08 | 11740 | EVACUATE HEMATOMA UNDER NAIL | 182.30 | | | | | | | | |
| 08 | 11750 | EXCISION NAIL AND NAIL MATRIX | 182.30 | | | | | | | | |
| 08 | 11760 | SIMPLE RECONSTRUCTION NAIL BED | 182.30 | | | | | | | | |
| 08 | 11762 | NAIL RECONSTRUCTION COMPLICATED | 182.30 | | | | | | | | |
| 08 | 11770 | SIMPLE EXCISION PILONIDAL CYST | 233.58 | | | | | | | | |
| 08 | 11771 | EXCISE PILONIDAL CYST;EXTENSIVE | 233.58 | | | | | | | | |
| 08 | 11920 | TATOOING; 6 SQ CM OR LESS | 182.30 | | | | | | | | X |
| 08 | 11921 | TATOOING; 6.1 TO 20 SQ CM | 182.30 | | | | | | | | X |
| 08 | 11960 | INSERTION OF TISSUE EXPANDER | 182.30 | | | | | | | | |
| 08 | 11970 | REPLACEMENT OF TISSUE EXPANDER WITH | 217.00 | | | | | | | | X |
| 08 | 11971 | REMOVE TISS EXP-NO PROSTHETIC INSERT | 182.30 | | | | | | | | X |
| 08 | 12005 | SIMPLE WOUND REPAIR 12.6 TO 20 CM | 182.30 | | | | | | | | |
| 08 | 12006 | SIMPLE WOUND REPAIR 20.1 TO 30 CM | 182.30 | | | | | | | | |
| 08 | 12007 | SIMPLE WOUND REPAIR OVER 30 CM | 182.30 | | | | | | | | |
| 08 | 12016 | SIMPLE WOUND RPAIR 12.6 TO 20 CM | 182.30 | | | | | | | | |
| 08 | 12017 | SIMPLE WOUND REPAIR 20.1 TO 30CM | 182.30 | | | | | | | | |
| 08 | 12018 | SIMPLE WOUND REPAIR OVER 30CM | 182.30 | | | | | | | | |
| 08 | 12020 | TREAT SUPER DEHISCENCE; SIMPLE CLOSE | 182.30 | | | | | | | | |
| 08 | 12021 | TREAT SUPER DEHISCENCE; W/PACKING | 182.30 | | | | | | | | |
| 08 | 12034 | REPAIR OF WOUND (7.6 TO 12.5 CENTIME | 182.30 | | | | | | | | |
| 08 | 12035 | REPAIR OF WOUND (12.6 TO 20.0 CENTIM | 182.30 | | | | | | | | |
| 08 | 12036 | REPAIR OF WOUND (20.1 TO 30.0 CENTIM | 182.30 | | | | | | | | |
| 08 | 12037 | REPAIR OF WOUND (OVER 30.0 CENTIMETE | 182.30 | | | | | | | | |
| 08 | 12044 | LAYER CLOSURE 7.6 TO 12.5 CM | 182.30 | | | | | | | | |
| 08 | 12045 | LAYER CLOSURE 12.6 TO 20 CM | 182.30 | | | | | | | | |
| 08 | 12046 | LAYER CLOSURE 20.1 TO 30 CM | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 12047 | LAYERCLOSURE WOUND OVER 30 CM | 182.30 | | | | | | | | |
| 08 | 12054 | LAYER CLOSURE 7.6 TO 12.5 CM | 182.30 | | | | | | | | |
| 08 | 12055 | LAYER CLOSURE 12.6 TO 20 CM | 182.30 | | | | | | | | |
| 08 | 12056 | LAYER CLOSURE 20.1 TO 30 CM | 182.30 | | | | | | | | |
| 08 | 12057 | LAYER CLOSURE WOUND OVER 30 CM | 182.30 | | | | | | | | |
| 08 | 13100 | COMPLEX REPAIR 1.1 TO 2.5 CM | 182.30 | | | | | | | | |
| 08 | 13102 | REPAIR WOUND/LESION ADD-ON | 182.30 | | | | | | | | |
| 08 | 13120 | COMPLEX REPAIR 1.1 TO 2.5 CM | 182.30 | | | | | | | | |
| 08 | 13122 | REPAIR WOUND/LESION ADD-ON | 182.30 | | | | | | | | |
| 08 | 13131 | COMPLEX REPAIR 1.1 TO 2.5 CM | 182.30 | | | | | | | | |
| 08 | 13133 | REPAIR WOUND/LESION ADD-ON | 182.30 | | | | | | | | |
| 08 | 13153 | REPAIR WOUND/LESION ADD-ON | 217.00 | | | | | | | | |
| 08 | 13160 | EXT/COMP SECONDARY CLOSE /DEHISCENCE | 182.30 | | | | | | | | |
| 08 | 14000 | SKIN TISSUE REARRANGEMENT | 182.30 | | | | | | | | |
| 08 | 14040 | TISSUE TRANSFER; TO 10 SQ CM | 182.30 | | | | | | | | |
| 08 | 15002 | WOUND PREP, TRK/ARM/LEG | 182.30 | | | | | | | | |
| 08 | 15003 | SURGICAL PREPARATION OR CREATION + | 182.30 | | | | | | | | |
| 08 | 15004 | WOUND PREP, F/N/HF/G | 182.30 | | | | | | | | |
| 08 | 15005 | SURGICAL PREPARATION OR CREATION + | 182.30 | | | | | | | | |
| 08 | 15040 | HARVEST CULTURED SKIN GRAFT | 182.30 | | | | | | | | |
| 08 | 15050 | PINCH GRAFT;DEFECT UP TO 2CM | 233.58 | | | | | | | | |
| 08 | 15100 | SPLIT GRAFT; UP TO 100 SQ CM | 182.30 | | | | | | | | |
| 08 | 15110 | EPIDRM AUTOGRPT TRNK/ARM/LEG | 182.30 | | | | | | | | |
| 08 | 15111 | EPIDRM AUTOGRFT T/A/L ADD-ON | 182.30 | | | | | | | | |
| 08 | 15115 | EPIDERMAL AUTOGRAFT, FACE, SCALP | 182.30 | | | | | | | | |
| 08 | 15116 | EPIDRM A-GRFT F/N/HF/G ADDL | 182.30 | | | | | | | | |
| 08 | 15120 | SPLIT GRAFT; UP TO 100 SQ CM | 182.30 | | | | | | | | |
| 08 | 15130 | DERM AUTOGRAFT,TRNK/ARM/LEG | 182.30 | | | | | | | | |
| 08 | 15131 | DERM AUTOGRAFT T/A/L ADD-ON | 182.30 | | | | | | | | |
| 08 | 15135 | DERM AUTOGRAFT FACE/NCK/HF/G | 182.30 | | | | | | | | |
| 08 | 15136 | DERM AUTOGRAFT, F/N/HF/G | 182.30 | | | | | | | | |
| 08 | 15150 | TISSUE CULTURED SKIN AUTOGRAFT, TRUN | 182.30 | | | | | | | | |
| 08 | 15151 | TISSUE CULTURED SKIN AUTOGRAFT, TRUN | 182.30 | | | | | | | | |
| 08 | 15152 | TISSUE CULTURED SKIN AUTOGRAFT, TRUN | 182.30 | | | | | | | | |
| 08 | 15155 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 182.30 | | | | | | | | |
| 08 | 15156 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 182.30 | | | | | | | | |
| 08 | 15157 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 182.30 | | | | | | | | |
| 08 | 15201 | FULL THICK GRAFT EACH ADD 20 SQ CM | 182.30 | | | | | | | | |
| 08 | 15220 | FULL THICK GRAFT TO 20 SQ CM | 182.30 | | | | | | | | |
| 08 | 15221 | SKIN FULL GRAFT ADD - ON | 182.30 | | | | | | | | |
| 08 | 15260 | FULL THICK GRAFT TO 20 SQ CM | 182.30 | | | | | | | | |
| 08 | 15261 | FULL THICK GRAFT EACH ADD 20 SQ CM | 182.30 | | | | | | | | |
| 08 | 15620 | INTERM DELAY FLAP CHIN/NECK/FEET | 217.00 | | | | | | | | |
| 08 | 15650 | BLEPHAROPLASTY, UPPER; EXCESSIVE | 233.58 | | | | | | | | |
| 08 | 15730 | MIDFACE FLAP (IE, ZYGOMATICOFACIAL | 217.00 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 15731 | FOREHEAD FLAP WITH PRESERVATION OF V | 217.00 | | | | | | | | |
| 08 | 15733 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN | 217.00 | | | | | | | | |
| 08 | 15740 | ISLAND PEDICULE FLAP GRAFT | 182.30 | | | | | | | | |
| 08 | 15750 | NEUROVASCULAR PEDICLE GRAFT | 182.30 | | | | | | | | |
| 08 | 15760 | COMPOSITE SKIN GRAFT | 182.30 | | | | | | | | |
| 08 | 15823 | REVISION OF UPPER EYELID | 233.58 | | | | | | | | |
| 08 | 15830 | EXCISION, EXCESSIVE SKIN AND SUBCUTA | 217.00 | | | | | | | | |
| 08 | 15832 | EXCISE EXCESS SKIN THIGHS | 217.00 | | | | | | | | |
| 08 | 15833 | EXCISE EXCESS SKIN THIGHS | 217.00 | | | | | | | | |
| 08 | 15834 | EXCISE EXCESS SKIN THIGHS | 217.00 | | | | | | | | |
| 08 | 15835 | EXCISE EXCESS SKIN THIGHS | 217.00 | | | | | | | | |
| 08 | 15840 | GRAFT FACIAL NERVE PARALYSIS | 217.00 | | | | | | | | |
| 08 | 15841 | FACIAL NERVE PALSY MUSCLE GRAFT | 217.00 | | | | | | | | |
| 08 | 15845 | REANIMATION MUSCLE TRANS FACE | 217.00 | | | | | | | | |
| 08 | 15847 | EXCISION, EXCESSIVE SKIN AND SUBCUT+ | 217.00 | | | | | | | | |
| 08 | 15876 | SUCTION ASST LIPECTOMY HEAD & NECK | 217.00 | | | | | | | | |
| 08 | 15877 | SUCTION ASSISTED LIPECTOMY TRUNK | 217.00 | | | | | | | | |
| 08 | 15878 | SUCTION ASST LIPECTOMY UPPER EXTREM | 217.00 | | | | | | | | |
| 08 | 15879 | SUCTION ASST LIPECTOMY LOWER EXTREM | 217.00 | | | | | | | | |
| 08 | 15920 | COCCYGECTOMY PRIMARY SUTURE | 217.00 | | | | | | | | |
| 08 | 15922 | COCCYGECTOMY FLAP CLOSURE | 217.00 | | | | | | | | |
| 08 | 15931 | EXCISE SACRAL PRESSURE ULCER | 217.00 | | | | | | | | |
| 08 | 15933 | REMOVAL OF PRESSURE SORE | 217.00 | | | | | | | | |
| 08 | 15934 | EXCISE,WITH SKIN FLAP CLOSURE | 217.00 | | | | | | | | |
| 08 | 15935 | ESC SAC ULCER/FLAP/OSTECTOMY | 217.00 | | | | | | | | |
| 08 | 15936 | IXCISE ULCER W/OTHER FLAP CLO | 217.00 | | | | | | | | |
| 08 | 15937 | EXC SAC ULCER/FLAP/OSTECTOMY | 217.00 | | | | | | | | |
| 08 | 15940 | EXC ISCHIAL ULCER DIRECT SUTURE | 217.00 | | | | | | | | |
| 08 | 15941 | EXC ISCHIAL ULCER OSTECTOMY | 217.00 | | | | | | | | |
| 08 | 15944 | EXC ISCHIAL ULC/SKIN FLAP CLOS | 217.00 | | | | | | | | |
| 08 | 15945 | IXC ISCHIAL ULC/OSTECTOMY/FLAP | 217.00 | | | | | | | | |
| 08 | 15946 | EXC ISCHIAL ULC/OSTECTOMY/FLAP | 217.00 | | | | | | | | |
| 08 | 15950 | EXC TROCHANTERIC ULCER DIR SUTUR | 217.00 | | | | | | | | |
| 08 | 15951 | EXC TROCHAN ULCER OSTECTOMY | 217.00 | | | | | | | | |
| 08 | 15952 | EXC TROCHAN ULCER SKIN FLAP CLOS | 217.00 | | | | | | | | |
| 08 | 15953 | EXC TROCH ULC SKIN FL CLO/OSTECT | 217.00 | | | | | | | | |
| 08 | 15956 | EXC TROCH/ULC FLAP CLOSURE | 217.00 | | | | | | | | |
| 08 | 15958 | TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE | 217.00 | | | | | | | | |
| 08 | 16025 | DRESS/DEBRID BURN MED,NO ANESTH | 182.30 | | | | | | | | |
| 08 | 16030 | DRESS/DEBRID BURN LG, NO ANESTH | 182.30 | | | | | | | | |
| 08 | 19000 | PUNCTURE ASPIRATION BREAST CYSTS | 233.58 | | | | | | | | |
| 08 | 19020 | MASTOTOMY/DRAIN ABSCESS DEEP | 233.58 | | | | | | | | |
| 08 | 19030 | INJEC FOR MAMM DUCTOG OR GALACTOGRAM | 233.58 | | | | | | | | |
| 08 | 19100 | BREAST BIOPSY NEEDLE | 233.58 | | | | | | | | |
| 08 | 19101 | BREAST BIOPSY INCISIONAL | 233.58 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 19110 | NIPPLE EXPLORATION | 182.30 | | | | | | | | |
| 08 | 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | 217.00 | | | | | | | | |
| 08 | 19120 | EXCISE BREAST LESIONS,1 OR MORE | 233.58 | | | | | | | | |
| 08 | 19125 | EXCISION OF BREAST LESION IDENTIFIED | 217.00 | | | | | | | | |
| 08 | 19126 | EXCISION OF BREAST LESION IDENTIFIED | 217.00 | | | | | | | | |
| 08 | 19297 | PLACE BREAST CATH FOR RAD | 265.13 | | | | | | | | |
| 08 | 19300 | MASTECTOMY FOR GYNECOMASTIA | 217.00 | | | | M | | | | |
| 08 | 19316 | MASTOPEXY | 217.00 | | | | F | | | | |
| 08 | 19318 | REDUCTION MAMMAPLASTY | 217.00 | 18 99 | X | | | | | | |
| 08 | 19324 | MAMMAPLASTY, AUGMENTATION;W/O PROSTH | 217.00 | | X | | F | | | | X |
| 08 | 19325 | MAMMAPLASTY WITH PROSTHETIC | 217.00 | | X | | F | | | | |
| 08 | 19328 | REMOVE INTACT MAMMARY IMPLANT | 182.30 | | | | | | | | |
| 08 | 19330 | REMOVE IMPLANT MATERIAL | 182.30 | | | | | | | | |
| 08 | 19340 | IMMEDIATE INSERTION OF BREAST PROSTH | 182.30 | | X | | F | | | | |
| 08 | 19342 | EDLAYED INSERTION OF BREAST PROSTH | 217.00 | | X | | | | | | |
| 08 | 19350 | NIPPLE/AREOLA RECONSTRUCTION | 217.00 | | X | | | | | | |
| 08 | 19357 | BREAST RECONSTRUCTION,IMMEDIATE OR | 233.58 | | X | | | | | | |
| 08 | 19366 | RECONSTRUCTION BREAST-OTHER | 233.58 | | X | | | | | | |
| 08 | 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | 217.00 | | X | | | | | | |
| 08 | 19380 | REVISION OF RECONSTRUCTED BREAST | 217.00 | | X | | | | | | |
| 08 | 20200 | BIOPSY,MUSCLE,SUPERFICIAL | 217.00 | | | | | | | | |
| 08 | 20205 | BIOPSY,MUSCLE,DEEP | 217.00 | | | | | | | | |
| 08 | 20206 | BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE | 217.00 | | | | | | | | |
| 08 | 20220 | BIOPSY, BONE, SUPERFICIAL, NEEDLE | 182.30 | | | | | | | | |
| 08 | 20225 | BIOPSY,BONE;DEEP;TROCAR/NEEDLE | 182.30 | | | | | | | | |
| 08 | 20240 | BIOPSY, EXCISIONAL, SUPERFICIAL | 182.30 | | | | | | | | |
| 08 | 20245 | BIOPSY,EXCISIONAL,BONE,DEEP | 217.00 | | | | | | | | |
| 08 | 20250 | BIOPSY,OPEN,VERTEBRAL BODY | 217.00 | | | | | | | | |
| 08 | 20251 | BIOPSY,OPEN,VERTEBRAL BODY | 217.00 | | | | | | | | |
| 08 | 20520 | REMOVE FOREIGN BODY; SIMPLE | 217.00 | | | | | | | | |
| 08 | 20525 | REMOVE FOREIGN BODY; COMPLICATED | 217.00 | | | | | | | | |
| 08 | 20566 | BIOPSY FOREMAN SOFT TISSUES; DEEP | 182.30 | | | | | | | | |
| 08 | 20650 | SKELETAL TRACTION; WIRE OR PIN | 217.00 | | | | | | | | |
| 08 | 20670 | REMOVE IMPLANT, SUPERFICIAL | 182.30 | | | | | | | | |
| 08 | 20680 | REMOVE IMPLANT; DEEP | 217.00 | | | | | | | | |
| 08 | 20690 | APPLY ESTERNAL FIXATION SYS,STND CON | 182.30 | | | | | | | | |
| 08 | 20692 | APPLICAT MULT UNILAT EXTERN FIX SYST | 217.00 | | | | | | | | |
| 08 | 20693 | ADJ/REVIS EXTERN FIX SYST W/ANESTHES | 217.00 | | | | | | | | |
| 08 | 20694 | REMOVAL UNDER ANESTH EXT FIX SYSTEM | 182.30 | | | | | | | | |
| 08 | 20900 | BONE GRAFT; ANY DONOR AREA, SMALL | 217.00 | | | | | | | | |
| 08 | 20902 | BONE GRAFT, ANY DONOR AREA; LARGE | 217.00 | | | | | | | | |
| 08 | 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | 217.00 | | | | | | | | |
| 08 | 20912 | CARTILAGE GRAFT;NASAL SEPTUM | 217.00 | | | | | | | | |
| 08 | 20920 | FASCIA LATA GRAFT;BY STRIPPER | 217.00 | | | | | | | | |
| 08 | 20922 | FASCIA LATA GRAFT;BY INCISION | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 20924 | TENDON GRAFT; DISTANT | 217.00 | | | | | | | | |
| 08 | 20926 | TISSUE GRAFTS; OTHER | 217.00 | | | | | | | | |
| 08 | 20975 | BONES INVASIVE (OPERATIVE) | 182.30 | | | | | | | | |
| 08 | 21010 | ARTHROTOMY, JAW, UNILATERAL | 182.30 | | | | | | | | |
| 08 | 21015 | REMOVAL OF (LESS THAN 2 CENTIMETERS) | 217.00 | | | | | | | | |
| 08 | 21025 | EXCISE BONE; MANDIBLE | 182.30 | | | | | | | | |
| 08 | 21026 | EXCISE BONE (S); FACIAL | 182.30 | | | | | | | | |
| 08 | 21029 | REMOV BY CONTOUR BENIGN TUM FAC BONE | 182.30 | | | | | | | | |
| 08 | 21034 | EXCISE MALIGNANCY OF FACIAL BONE | 217.00 | | | | | | | | |
| 08 | 21040 | EXCISE BENIGN CYST; MANDIBLE | 233.58 | | | | | | | | |
| 08 | 21044 | EXCISE MALIGNANT TUMOR; MANDIBLE | 182.30 | | | | | | | | |
| 08 | 21046 | REMOVE MANDIBLE CYST COMPLEX | 182.30 | | | | | | | | |
| 08 | 21047 | EXCISE LWR JAW CYST W/REPAIR | 182.30 | | | | | | | | |
| 08 | 21050 | TEMPROMANDIBULAR ARTHRECTOMY | 217.00 | | | | | | | | |
| 08 | 21060 | TEMPROMANDIBULAR MENISCECTOMY | 182.30 | | | | | | | | |
| 08 | 21070 | CORONOIDECTOMY; UNILATERAL | 217.00 | | | | | | | | |
| 08 | 21100 | MAXILLOFACIAL FIXATION | 182.30 | | | | | | | | |
| 08 | 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE | 265.13 | | | | | | | | |
| 08 | 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, 2+ | 265.13 | | | | | | | | |
| 08 | 21123 | GENIOPLASTY; SLIDING, AUGMENT W/BONE | 265.13 | | | | | | | | |
| 08 | 21127 | AUGMENTATION, LOWER JAW BONE | 265.13 | | | | | | | | |
| 08 | 21181 | REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL | 265.13 | | | | | | | | |
| 08 | 21206 | OSTEOPLASTY; MAXILLA, SEGMENTAL | 233.58 | | | | | | | | |
| 08 | 21208 | OSTEOPLASTY; FACIAL, AUGMENTATION | 265.13 | | | | | | | | |
| 08 | 21209 | OSTEOPLASTY; FACIAL BONES, REDUCTION | 233.58 | | | | | | | | |
| 08 | 21210 | BONE GRAFT; NASAL, MAXILLARY, OR MAL | 265.13 | | | | | | | | |
| 08 | 21215 | BONE GRAFT; MANDIBLE | 265.13 | | | | | | | | |
| 08 | 21230 | RIB CARTILAGE GRAFT; AUTOGENOUS | 265.13 | | | | | | | | |
| 08 | 21235 | EAR CARTILAGE GRAFT; AUTOGENOUS | 265.13 | | | | | | | | |
| 08 | 21240 | TEMPROMANDIBULAR ARTHROPLASTY | 217.00 | | | | | | | | |
| 08 | 21242 | ARTHOPLASTY TEMPROMANDIBULAR JOINT | 233.58 | | | | | | | | |
| 08 | 21243 | ARTHPLASTY, TEMPROMAND, PROSTH REP | 233.58 | | | | | | | | |
| 08 | 21244 | RECONSTRUCT MANDIBLE, EXTRAORAL | 265.13 | | | | | | | | |
| 08 | 21245 | RECON.MAND/MAX, SUBPERI IMPLANT; PARTI | 265.13 | | | | | | | | |
| 08 | 21246 | RECON MAND/MAX, SUBPERI IMPLANT; COMPL | 265.13 | | | | | | | | |
| 08 | 21248 | RECON MAND/MAX, ENDO IMPLANT; PARTIAL | 265.13 | | | | | | | | |
| 08 | 21249 | RECON MAND/MAX, ENDO IMPLANT; COMPLETE | 265.13 | | | | | | | | |
| 08 | 21267 | REPOSITION ORBIT/ EXTRACRANIAL | 265.13 | | | | | | | | |
| 08 | 21270 | RECONSTRUCT ORBITOLFACIAL BONES | 233.58 | | | | | | | | |
| 08 | 21275 | ORBITOCRANIOFACIAL RECONSTRUCTION | 265.13 | | | | | | | | |
| 08 | 21310 | TREATMENT OF NASAL FRACTURE | 182.30 | | | | | | | | |
| 08 | 21315 | DIGITAL MANIPULATION OF NASAL FX | 182.30 | | | | | | | | |
| 08 | 21320 | MANIPULATE NASAL FX; INSTRUMENTAL | 182.30 | | | | | | | | |
| 08 | 21325 | OPEN TREATMENT NASAL FX; SIMPLE | 217.00 | | | | | | | | |
| 08 | 21330 | TREATMENT NASAL FX; COMPLICATED | 233.58 | | | | | | | | |

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|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 21335 | TREATMENT OF NOSE FRACTURE | 265.13 | | | | | | | | |
| 08 | 21336 | OPEN TREATMENT OF NASAL SEPTAL FRACT | 217.00 | | | | | | | | |
| 08 | 21337 | CLOSED TREATMENT FX NASAL SEPTUM | 182.30 | | | | | | | | |
| 08 | 21338 | OPEN TREATMENT NASOETHMOID FRACTURE | 217.00 | | | | | | | | |
| 08 | 21339 | OPEN TREATMENT NASOETHMOID FX,EX FIX | 233.58 | | | | | | | | |
| 08 | 21340 | TREAT NASOETHMOID COMPLEX FX | 217.00 | | | | | | | | |
| 08 | 21345 | TREAT NOSE/JAW FRACTURE | 265.13 | | | | | | | | |
| 08 | 21355 | TREAT CHEEK BONE FRACTURE | 217.00 | | | | | | | | |
| 08 | 21356 | OPEN TREATMENT OF DEPRESSED ZY GOMAT | 217.00 | | | | | | | | |
| 08 | 21360 | TREAT DEPRESSED MALAR FRACTURE | 217.00 | | | | | | | | |
| 08 | 21400 | TREAT FX OF ORBIT W/O MANIPULATION | 182.30 | | | | | | | | |
| 08 | 21401 | TREAT EYE SOCKET FRACTURE | 217.00 | | | | | | | | |
| 08 | 21421 | TREAT PALATAL/ALVEOLAR RIDGE FX | 217.00 | | | | | | | | |
| 08 | 21440 | TREAT DENTAL RIDGE FRACTURE | 217.00 | | | | | | | | |
| 08 | 21445 | OPEN TREATMENT ALVEOLAR RIDGE FX | 217.00 | | | | | | | | |
| 08 | 21450 | TREAT LOWER JAW FRACTURE | 217.00 | | | | | | | | |
| 08 | 21451 | CLOSED REDUCTION MANDIBULAR FRACTURE | 217.00 | | | | | | | | |
| 08 | 21452 | TREAT OPEN MANIBULAT FX W/O MANIPUL | 182.30 | | | | | | | | |
| 08 | 21453 | TREAT LOWER JAW FRACTURE | 217.00 | | | | | | | | |
| 08 | 21454 | OPEN TS CLOSED/OPEN MAND FX/EXT FIX | 233.58 | | | | | | | | |
| 08 | 21461 | TREAT MANDIBULAR FX W/O FIXATION | 217.00 | | | | | | | | |
| 08 | 21462 | TREAT MANDIBULAR FX WITH FIXATION | 233.58 | | | | | | | | |
| 08 | 21465 | OPEN TREAT.MANDIBULAR CONDYLAR FX | 217.00 | | | | | | | | |
| 08 | 21480 | TX TEMPOROMANDIBULAR DISLOCATION | 182.30 | | | | | | | | |
| 08 | 21485 | TEMPORMANDIBULAR MANIPULATION | 182.30 | | | | | | | | |
| 08 | 21490 | REPAIR DISLOCATED JAW | 217.00 | | | | | | | | |
| 08 | 21497 | INTERDENTAL WIRING OTHER THAB FRACTU | 182.30 | | | | | | | | |
| 08 | 21501 | I & D DEEP ABSCESS OR HEMATOMA | 217.00 | | | | | | | | |
| 08 | 21502 | I & D WITH PARTIAL RIB REMOVAL | 182.30 | | | | | | | | |
| 08 | 21555 | EXCISE BENIGN TUMOR; SUBCUTANEOUS | 182.30 | | | | | | | | |
| 08 | 21556 | EXCISE BENIGN TUMOR; DEEP | 182.30 | | | | | | | | |
| 08 | 21600 | EXCISION OF RIB; PARTIAL | 182.30 | | | | | | | | |
| 08 | 21610 | PARTIAL REMOVAL OF RIB | 182.30 | | | | | | | | |
| 08 | 21700 | DIVISION OF SCALENUS ANTIGICUS | 182.30 | | | | | | | | |
| 08 | 21720 | REVISION OF NECK MUSCLE | 217.00 | | | | | | | | |
| 08 | 21725 | REVISION OF NECK MUSCLE | 217.00 | | | | | | | | |
| 08 | 21820 | TREAT STERNUM FRACTURE; CLOSED | 182.30 | | | | | | | | |
| 08 | 21925 | BX, SFT TIS-BACK/FLANK;DEEP | 182.30 | | | | | | | | |
| 08 | 21930 | EXCISE TUMOR,SOFT TISS-BACK OR FLANK | 182.30 | | | | | | | | |
| 08 | 21935 | REMOVAL (LESS THAN 5 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 22310 | TREAT SPINE FRACTURE | 182.30 | | | | | | | | |
| 08 | 22315 | CLOSED TREATMENT OF BROKEN AND/OR DI | 182.30 | | | | | | | | |
| 08 | 22505 | MANIPULATION SPINE W/ANESTHESIA | 182.30 | | | | | | | | |
| 08 | 22867 | INSERTION OF INTERLAMINAR/INTERSPINO | 217.00 | | | | | | | | |
| 08 | 22869 | INSERTION OF INTERLAMINAR/INTERSPINO | 217.00 | | | | | | | | |

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|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 22900 | EXC TUMOR ABDOMEN WALL SUBFASCIAL | 217.00 | | | | | | | | |
| 08 | 23000 | REMOVE SUBDELTOID CAL DEPOSITS | 182.30 | | | | | | | | |
| 08 | 23015 | EXC BENIGN SHOULDER TUMOR SUBCU | 182.30 | | | | | | | | |
| 08 | 23020 | RELEASE SHOULDER MUSCLE | 182.30 | | | | | | | | |
| 08 | 23030 | I & D SHOULDER DEEP ABSK HEMATOMA | 182.30 | | | | | | | | |
| 08 | 23031 | DRAIN SHOULDER BURSA | 217.00 | | | | | | | | |
| 08 | 23035 | DRAIN SHOULDER BONE LESION | 217.00 | | | | | | | | |
| 08 | 23040 | EXPLORATORY SHOULDER SURGERY | 217.00 | | | | | | | | |
| 08 | 23044 | ARTHROTOMY DRAIN/REMOVE FOREIGN BODY | 217.00 | | | | | | | | |
| 08 | 23066 | BIOPSY OF SHOULDER DEEP | 182.30 | | | | | | | | |
| 08 | 23075 | REMOVAL OF SHOULDER LESION | 182.30 | | | | | | | | |
| 08 | 23076 | EXC BENIGN SHOULD TUMOR DEEP | 182.30 | | | | | | | | |
| 08 | 23077 | REMOVAL (LESS THAN 5 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 23100 | BIOPSY SHOULDER JOINT | 182.30 | | | | | | | | |
| 08 | 23101 | SHOULDER JOINT SURGERY | 265.13 | | | | | | | | |
| 08 | 23105 | ARTHROTOMY;GLENOHUMERAL JOINT | 217.00 | | | | | | | | |
| 08 | 23106 | ARTHROTOMY;STERNOCLAVICULAR JT | 217.00 | | | | | | | | |
| 08 | 23107 | ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA.. | 217.00 | | | | | | | | |
| 08 | 23120 | CLAVICULECTOMY PARTIAL | 233.58 | | | | | | | | |
| 08 | 23125 | CLAVICULECTOMY TOTAL | 233.58 | | | | | | | | |
| 08 | 23130 | ACROMIONECTOMY PARTIAL/TOTAL | 233.58 | | | | | | | | |
| 08 | 23140 | EXCISION CYST/TUMOR CLAVICLE/SCAPULA | 217.00 | | | | | | | | |
| 08 | 23145 | EXC CLAVICLE/SCAPULA GRAFR PRI | 233.58 | | | | | | | | |
| 08 | 23146 | EXCSION TUMOR CLAVICLE/SCAPULA GRAF | 233.58 | | | | | | | | |
| 08 | 23150 | EXCISION TUMOR PROXIMAL HUMEROUS | 217.00 | | | | | | | | |
| 08 | 23155 | EXCISION TUMOR PROX HUMEROUS AUTOGEN | 233.58 | | | | | | | | |
| 08 | 23156 | EXCSION TUMOR PROX HUMEROUS HOMOGEN | 233.58 | | | | | | | | |
| 08 | 23170 | SEQUESTRECTOMY CLAVICLE | 182.30 | | | | | | | | |
| 08 | 23172 | SEQUESTRECTOMY SCAPULA | 182.30 | | | | | | | | |
| 08 | 23174 | SEQUESTRECTOMY | 182.30 | | | | | | | | |
| 08 | 23180 | PARTIAL EXCISION CLAVICLE FOR OSTEOM | 217.00 | | | | | | | | |
| 08 | 23182 | PARTIAL EXCISION SCAPULA FOR OSTEOMY | 217.00 | | | | | | | | |
| 08 | 23184 | PARTIAL EXCISION PROXIMAL HUMERUS | 217.00 | | | | | | | | |
| 08 | 23190 | OSTECTOMY OF SCAPULA PATTIAL | 217.00 | | | | | | | | |
| 08 | 23195 | RESECTION HUMERAL HEAD | 233.58 | | | | | | | | |
| 08 | 23330 | REMOVE SHOULDER FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 23395 | MUSCLE TRANSFER, SHOULDER/ARM | 233.58 | | | | | | | | |
| 08 | 23397 | MUSCLE TRANFERS | 265.13 | | | | | | | | |
| 08 | 23400 | FIXATION OF SHOULDER BLADE | 265.13 | | | | | | | | |
| 08 | 23405 | INCISION OF TENDON & MUSCLE | 182.30 | | | | | | | | |
| 08 | 23406 | INCISE TENDON (S) & MUSCLES (S) | 182.30 | | | | | | | | |
| 08 | 23410 | REPIR OF TENDON (S) | 233.58 | | | | | | | | |
| 08 | 23412 | REPAIR OF TENDON(S) | 265.13 | | | | | | | | |
| 08 | 23415 | CORACOACROMIAL LIGAMENT RELEAS | 233.58 | | | | | | | | |
| 08 | 23420 | REPAIR OF SHOULDER | 265.13 | | | | | | | | |

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|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 23430 | REPAIR BICEPS TENDON RUPTURE | 217.00 | | | | | | | | |
| 08 | 23440 | REMOVAL/TRANSPLANT TENDON | 217.00 | | | | | | | | |
| 08 | 23450 | CAPSULORRAPHY, ANTERIOR | 233.58 | | | | | | | | |
| 08 | 23455 | REPAIR SHOULDER CAPSULE | 265.13 | | | | | | | | |
| 08 | 23460 | REPAIR SHOULDER CAPSULE WITH BONE BL | 233.58 | | | | | | | | |
| 08 | 23462 | REPAIR SHOULDER CAPSULE CORACOID PRO | 265.13 | | | | | | | | |
| 08 | 23465 | REPAIR SHOULDER CAPSULE | 233.58 | | | | | | | | |
| 08 | 23466 | CAPSULORRHAPHY/RECURRENT DISLOCATION | 265.13 | | | | | | | | |
| 08 | 23473 | REVISION OF TOTAL SHOULDER ARTHROPLA | 265.13 | | | | | | | | X |
| 08 | 23474 | REVISION OF TOTAL SHOULDER ARTHROPLA | 265.13 | | | | | | | | X |
| 08 | 23480 | OSTEOTOMY CLAVICLE W/NO INTERNAL FIX | 217.00 | | | | | | | | |
| 08 | 23485 | OSTEOTOMY CLAVICLE; BONES GRAFT NONU | 265.13 | | | | | | | | |
| 08 | 23490 | REINFORCE CLAVICLE | 217.00 | | | | | | | | |
| 08 | 23491 | REINFORCE SHOULDER BONES | 217.00 | | | | | | | | |
| 08 | 23500 | TREAT CLOSED CLAVICULAR FRACTURE W/O | 182.30 | | | | | | | | |
| 08 | 23515 | TREAT CLAVICLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 23520 | TREAT CLSD STERNOCLAVICLAR DISLOC | 182.30 | | | | | | | | |
| 08 | 23525 | TREAT CLSD STERNOCLAVICULAR DISLOC W | 182.30 | | | | | | | | |
| 08 | 23530 | TREAT CLAVICLE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 23532 | OPEN TREAT CLSD/OPEN CLAVICLE DISLOC | 217.00 | | | | | | | | |
| 08 | 23540 | TREAT CLAVICLE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 23545 | TREAT CLAVICLE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 23550 | TREAT CLAVICLE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 23552 | OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL | 217.00 | | | | | | | | |
| 08 | 23570 | TREAT CLSD SCAP FX W/O MANIPULATION | 182.30 | | | | | | | | |
| 08 | 23575 | TREAT SHOULDER BLADE FX | 182.30 | | | | | | | | |
| 08 | 23585 | TREAT SCAPULA FRACTURE | 217.00 | | | | | | | | |
| 08 | 23600 | TREAT CLSD HUMERAL FRAC W/O MANIPULA | 182.30 | | | | | | | | |
| 08 | 23605 | TREAT CLSD HUMERAL FRAC WITH MANIPUL | 182.30 | | | | | | | | |
| 08 | 23615 | OPEN TREAT CLSD/OPEN HUMERAL FRAC W/ | 217.00 | | | | | | | | |
| 08 | 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (| 217.00 | | | | | | | | |
| 08 | 23625 | TRT CLSD GRTR TUBEROS FX W/MANIPULAT | 182.30 | | | | | | | | |
| 08 | 23630 | OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX | 233.58 | | | | | | | | |
| 08 | 23650 | TRT CLSD SHLD DISLOC W/MANIP-NO ANES | 182.30 | | | | | | | | |
| 08 | 23655 | TRT CLSD SHLD DISLOC W/ MANIP,W/ANES | 182.30 | | | | | | | | |
| 08 | 23660 | TREAT SHOULDER DISLOCATION | 217.00 | | | | | | | | |
| 08 | 23665 | TREAT SHOULDER DISLOC FRAC W/MANIPUL | 182.30 | | | | | | | | |
| 08 | 23670 | TREAT DISLOCATION/FRACTURE | 217.00 | | | | | | | | |
| 08 | 23675 | TREAT CLSD SHOULDER DISLOC/SURG/ANAT | 182.30 | | | | | | | | |
| 08 | 23680 | TREAT DISLOCATION/FRACTURE | 217.00 | | | | | | | | |
| 08 | 23700 | FIXATION OF SHOULDER | 182.30 | | | | | | | | |
| 08 | 23800 | ARTHRODESIS SHOULDER JOINT W/NO LOCA | 217.00 | | | | | | | | |
| 08 | 23802 | ARTHRODESIS SHOULDER JOINT W/PRIMARY | 265.13 | | | | | | | | |
| 08 | 23921 | AMPUTATION FOLLOW-UP SURGERY | 217.00 | | | | | | | | |
| 08 | 23930 | DRAINAGE OF ARM LESION | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 23931 | DRAINAGE OF ARM BURSA | 217.00 | | | | | | | | |
| 08 | 23935 | DRAIN ARM/ELBOW BONE LESION | 182.30 | | | | | | | | |
| 08 | 24000 | EXPLORATORY ELBOW SURGERY | 217.00 | | | | | | | | |
| 08 | 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSUL | 217.00 | | | | | | | | |
| 08 | 24066 | BIOPSY ARM/ELBOW SOFT TISSUE;DEEP | 182.30 | | | | | | | | |
| 08 | 24075 | REMOVE ARM/ELBOW LESION | 182.30 | | | | | | | | |
| 08 | 24076 | REMOVE ARM/ELBOW LESION; DEEP SUBFAS | 182.30 | | | | | | | | |
| 08 | 24077 | REMOVAL (LESS THAN 5 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 24100 | ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP | 182.30 | | | | | | | | |
| 08 | 24101 | EXPLORE/TREAT ELBOW JOINT | 217.00 | | | | | | | | |
| 08 | 24102 | REMOVE ELBOW JOINT LINING | 217.00 | | | | | | | | |
| 08 | 24105 | REMOVAL OF ELBOW BURSA | 233.58 | | | | | | | | |
| 08 | 24110 | REMOVE HUMERUS LESION | 182.30 | | | | | | | | |
| 08 | 24115 | REMOVE/GRAFT BONE LESION | 217.00 | | | | | | | | |
| 08 | 24116 | REMOVE/GRAFT BONE LESION | 217.00 | | | | | | | | |
| 08 | 24120 | REMOVE ELBOW LESION | 217.00 | | | | | | | | |
| 08 | 24125 | REMOVE/GRAFT BONE LESION | 217.00 | | | | | | | | |
| 08 | 24126 | REMOVE/GRAFT BONE LESION | 217.00 | | | | | | | | |
| 08 | 24130 | REMOVAL OF HEAD OF RADIUS | 217.00 | | | | | | | | |
| 08 | 24134 | REMOVE BONE LESION,SHAFT OR DIST.HUM | 217.00 | | | | | | | | |
| 08 | 24136 | REMOVEAL LESION/RADIAL HEAD OR NECK | 182.30 | | | | | | | | X |
| 08 | 24138 | REMOVE BONE LESION/OLECRANON PROCESS | 217.00 | | | | | | | | |
| 08 | 24140 | PARTIAL REMOVAL OF ARM BONE | 217.00 | | | | | | | | |
| 08 | 24145 | PARTIAL REMOVAL OF RADIUS | 217.00 | | | | | | | | |
| 08 | 24147 | PART EXCIS BONE, OLECRANON PROCESS | 182.30 | | | | | | | | |
| 08 | 24155 | REMOVAL OF ELBOW JOINT | 217.00 | | | | | | | | |
| 08 | 24160 | REMOVAL OF ELBOW JOINT HARDWARE | 182.30 | | | | | | | | |
| 08 | 24164 | REMOVAL OF HARDWARE OF FOREARM BONE | 217.00 | | | | | | | | |
| 08 | 24201 | REMOVAL OF ARM FOREIGN BODY DEEP | 182.30 | | | | | | | | |
| 08 | 24301 | MUSCLE/TENDON TRANSFER | 217.00 | | | | | | | | |
| 08 | 24305 | LENGTHEN TENDON,UPPER ARM/ELBOW,EACH | 217.00 | | | | | | | | |
| 08 | 24310 | REVISION OF ARM TENDON | 217.00 | | | | | | | | |
| 08 | 24320 | REPAIR OF ARM TENDON | 217.00 | | | | | | | | |
| 08 | 24330 | REVISION OF ARM MUSCLES | 217.00 | | | | | | | | |
| 08 | 24331 | REVISION OF ARM MUSCLES | 217.00 | | | | | | | | |
| 08 | 24340 | REPAIR OF BICEPS TENDON | 217.00 | | | | | | | | |
| 08 | 24341 | REPAIR ARM TENDON/MUSCLE | 217.00 | | | | | | | | |
| 08 | 24342 | REPAIR OF RUPTURED TENDON | 217.00 | | | | | | | | |
| 08 | 24345 | REPR ELBW LIGMT W/TISS | 182.30 | | | | | | | | |
| 08 | 24360 | ARTHROPLASTY ELBOW WITH MEMBRANE | 233.58 | | | | | | | | |
| 08 | 24361 | ARTHROPLASTY W/DIST AL HUMERAL PROST | 233.58 | | | | | | | | |
| 08 | 24362 | ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON | 233.58 | | | | | | | | |
| 08 | 24363 | ARTHROPLASTY W/DISTAL HUMERUS/PROXIM | 265.13 | | | | | | | | |
| 08 | 24365 | ARTHROPLASTY RADIAL HEAD | 233.58 | | | | | | | | |
| 08 | 24366 | ARTHROPLASTY RADIAL HEAD WITH IMPLAN | 233.58 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 24370 | REVISION OF TOTAL ELBOW ARTHROPLASTY | 265.13 | | | | | | | | X |
| 08 | 24371 | REVISION OF TOTAL ELBOW ARTHROPLASTY | 265.13 | | | | | | | | X |
| 08 | 24400 | OSTEOTOMY HUMERUS W/VO INTERNAL FIXA | 217.00 | | | | | | | | |
| 08 | 24410 | MULT OSTEOTOMIES W/REALIGN ON INTRAM | 217.00 | | | | | | | | |
| 08 | 24420 | REVISION OF HUMEROUS | 217.00 | | | | | | | | |
| 08 | 24435 | REPAIR HUMERUS W/ILIAC OR OTHER AUTO | 217.00 | | | | | | | | |
| 08 | 24470 | REVISION OF ELBOW JOINT | 217.00 | | | | | | | | |
| 08 | 24495 | DECOMPRESSION FASCIOTOMY FOREARM W/B | 182.30 | | | | | | | | |
| 08 | 24498 | REINFORCE HUMERUS | 217.00 | | | | | | | | |
| 08 | 24500 | TREAT CLSD HUMERAL SHAFT W/MANI | 182.30 | | | | | | | | |
| 08 | 24505 | TREAT CLSD HUMERAL SHAFT FRAC W/O MA | 182.30 | | | | | | | | |
| 08 | 24515 | OPEN TREAT CLSD/OPEN HUMERAL SHAFT F | 217.00 | | | | | | | | |
| 08 | 24516 | OPEN TREATMENT OF HUMERAL SHAFT FRAC | 217.00 | | | | | | | | |
| 08 | 24530 | TRT CLSD HUM SUPRA/TRANS FX,W/O MANI | 182.30 | | | | | | | | |
| 08 | 24535 | TRT CLSD HUM SUPRA/TRANS FX,W/MANIP | 182.30 | | | | | | | | |
| 08 | 24538 | TREAT SUPRA/TRANS CONDYLAR FRAC/PERC | 182.30 | | | | | | | | |
| 08 | 24545 | OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/ | 217.00 | | | | | | | | |
| 08 | 24546 | OPEN TREATMENT OF HUMERAL | 233.58 | | | | | | | | |
| 08 | 24560 | TREAT CLSD EPICON FX, W/O MANIP | 182.30 | | | | | | | | |
| 08 | 24565 | TREAT CLSD EPICONDYLAR FRAC, MEDIAL/ | 182.30 | | | | | | | | |
| 08 | 24566 | PERCUTANEOUS SKELETAL FIXATION OF HU | 182.30 | | | | | | | | |
| 08 | 24575 | TREAT HUMERUS FRACTURE | 217.00 | | | | | | | | |
| 08 | 24576 | TRT CLSD CONDYLAR FX W/O MANIPULATIO | 182.30 | | | | | | | | |
| 08 | 24577 | TRT CLSD CONDYLAR FX W/MANIPULATION | 182.30 | | | | | | | | |
| 08 | 24579 | TREAT HUMERUS FRACTURE | 217.00 | | | | | | | | |
| 08 | 24582 | PERCUTANEOUS SKELETAL FIXATION OF HU | 182.30 | | | | | | | | |
| 08 | 24586 | OPEN TREATMENT OF BROKEN AND/OR DISL | 217.00 | | | | | | | | |
| 08 | 24587 | OPEN TREATMENT OF BROKEN AND/OR DISL | 233.58 | | | | | | | | |
| 08 | 24600 | TREAT CLSD/ELBOW DISLOCATION W/O ANE | 182.30 | | | | | | | | |
| 08 | 24605 | TREAT CLSD ELBOW DISLOCATION REQUIRI | 182.30 | | | | | | | | |
| 08 | 24615 | TREAT ELBOW DISLOCATION | 217.00 | | | | | | | | |
| 08 | 24620 | TREAT CLSD MONTEGGIA TYPE FRAC DISLO | 182.30 | | | | | | | | X |
| 08 | 24635 | TREAT ELBOW FRACTURE | 217.00 | | | | | | | | |
| 08 | 24665 | OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC | 217.00 | | | | | | | | |
| 08 | 24666 | OPEN TREAT RADIAL HEAD/NECK FRAC WIT | 217.00 | | | | | | | | |
| 08 | 24670 | TRT ULNAR FX,PROX END W/O MANIPULAT | 182.30 | | | | | | | | |
| 08 | 24675 | TREAT ULNAR FRAC,PROXIMAL END W/MANI | 182.30 | | | | | | | | |
| 08 | 24685 | TREAT ULNAR FACTURE | 217.00 | | | | | | | | |
| 08 | 24800 | FUSION OF ELBOW JOINT | 217.00 | | | | | | | | |
| 08 | 24802 | FUNSION/GRAFT OF ELBOW JOINT | 233.58 | | | | | | | | |
| 08 | 24925 | AMPUTATION FOLLOW-UP SURGERY | 217.00 | | | | | | | | |
| 08 | 25000 | TENDON SHEATH INCISION AT RADIAL | 217.00 | | | | | | | | |
| 08 | 25020 | DECOMPRESSION FASCIOTOMY FLEXOR/EXTE | 265.13 | | | | | | | | |
| 08 | 25023 | DECOMPRESSION FASCIOTOMY FOREARM W/D | 265.13 | | | | | | | | |
| 08 | 25024 | DECOMPRESS FOREARM 1 SPACE | 217.00 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 25025 | DECOMPRESS FOREARM 2 SPACES | 217.00 | | | | | | | | |
| 08 | 25028 | INCISION/DRAINAGE;DEEP ABSCESS/HEMAT | 182.30 | | | | | | | | |
| 08 | 25031 | INCISION/DRAINAGE INFECTED BURSA; FO | 182.30 | | | | | | | | |
| 08 | 25035 | INCISION;DEEP W/OPENING OF CORTEX/AB | 182.30 | | | | | | | | |
| 08 | 25040 | EXPLORE/TREAT WRIST JOINT | 233.58 | | | | | | | | |
| 08 | 25066 | BIOPSY FOREARM SOFT TISSUE | 182.30 | | | | | | | | |
| 08 | 25075 | EXCISE SUBCUTANEOUS | 182.30 | | | | | | | | |
| 08 | 25076 | REMOVE FOREARM LESION DEEP | 217.00 | | | | | | | | |
| 08 | 25077 | REMOVAL (LESS THAN 3 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 25085 | INCISION OF WRIST CAPSULE | 233.58 | | | | | | | | |
| 08 | 25100 | BIOPSY OF WRIST JOINT | 182.30 | | | | | | | | |
| 08 | 25101 | EXPLORE/TREAT WRIST JOINT | 217.00 | | | | | | | | |
| 08 | 25105 | REMOVE WRIST JOINT LINING | 217.00 | | | | | | | | |
| 08 | 25107 | REMOVE WRIST JOINT CARTILAGE | 217.00 | | | | | | | | |
| 08 | 25110 | EXCISION,LESION OF TENDON SHEATH | 233.58 | | | | | | | | |
| 08 | 25111 | EXCISION GANGLION;WRIST,PRIMARY | 233.58 | | | | | | | | |
| 08 | 25112 | EXCISION GANGLION;WRIST,RECURRENT | 217.00 | | | | | | | | |
| 08 | 25115 | RADICAL EXCISE BURSA,WRIST/FOREARM T | 217.00 | | | | | | | | |
| 08 | 25116 | RADICAL EXCISE BURSA,WRIST/FOREARM T | 265.13 | | | | | | | | |
| 08 | 25118 | SYNOVECTOMY TENDON,WRIST,SINGLE COMP | 182.30 | | | | | | | | |
| 08 | 25119 | PARTIAL REMOVAL OF ULNA | 217.00 | | | | | | | | |
| 08 | 25120 | REMOVAL OF FOREARM LESION | 217.00 | | | | | | | | |
| 08 | 25125 | REMOVE/GRAFT FOREARM LESION | 217.00 | | | | | | | | |
| 08 | 25126 | REMOVE/GRAFT FOREARM LESION | 217.00 | | | | | | | | |
| 08 | 25130 | REMOVAL OF WRIST LESION | 217.00 | | | | | | | | |
| 08 | 25135 | REMOVE & GRAFT WRIST LESION | 217.00 | | | | | | | | |
| 08 | 25136 | REMOVE & GRAFT WRIST LESION | 217.00 | | | | | | | | |
| 08 | 25145 | SEQESTRECTOMY FORE ARM BONE ABSCESS | 182.30 | | | | | | | | |
| 08 | 25150 | PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO | 182.30 | | | | | | | | |
| 08 | 25151 | PARTIAL REMOVAL OF RADIUS | 182.30 | | | | | | | | |
| 08 | 25210 | REMOVAL OF WRIST BONE | 217.00 | | | | | | | | |
| 08 | 25215 | CARPECTOMY; ALL BONES OR PROXIMAL RO | 217.00 | | | | | | | | |
| 08 | 25230 | RADIAL STYLOIDECTOMY | 217.00 | | | | | | | | |
| 08 | 25240 | EXCISION DISTAL ULNA | 217.00 | | | | | | | | |
| 08 | 25248 | REMOVE FOREARM FOREIGN BODY | 182.30 | | | | | | | | X |
| 08 | 25250 | REMOVAL OF WRIST PROSTHESIS | 182.30 | | | | | | | | |
| 08 | 25251 | REMOV WRIST PROSTH, COMPLICATED | 182.30 | | | | | | | | |
| 08 | 25260 | REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS | 233.58 | | | | | | | | |
| 08 | 25263 | REP,TEND/MUSC;SECOND,SING;EA TEN/MUS | 233.58 | | | | | | | | |
| 08 | 25265 | REPAIR FOREARM TENDON/MUSCLE | 217.00 | | | | | | | | |
| 08 | 25270 | REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM | 233.58 | | | | | | | | |
| 08 | 25272 | REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO | 233.58 | | | | | | | | |
| 08 | 25274 | REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH | 217.00 | | | | | | | | |
| 08 | 25275 | REPAIR FOREARM TENDON SHEATH | 217.00 | | | | | | | | |
| 08 | 25280 | LENGTHEN/SHORTEN FLEX,SING..EACH TEN | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 25290 | TENOTOMY, OPEN, FLEX, EXTEN; SING, EA TEN | 182.30 | | | | | | | | |
| 08 | 25295 | RELEASE WRIST/FOREARM TENDON | 217.00 | | | | | | | | |
| 08 | 25300 | FUSION OF TENDONS AT WRIST | 217.00 | | | | | | | | |
| 08 | 25301 | FUSION OF TENDONS AT WRIST | 217.00 | | | | | | | | |
| 08 | 25310 | TEND TRANSPLAT. .SING.; EACH TENDON | 217.00 | | | | | | | | |
| 08 | 25312 | TENDON TRANSPLANT, W/GRFT. .EACH TEND | 217.00 | | | | | | | | |
| 08 | 25315 | REVISE PALSY HAND TENDON (S) | 217.00 | | | | | | | | |
| 08 | 25316 | REVISE PALSY HAND TENDON W/TENDONS | 217.00 | | | | | | | | |
| 08 | 25320 | REPAIR/REVISE/RECONSTRUCT WRIST JOIN | 217.00 | | | | | | | | |
| 08 | 25332 | ARTHROPLASTY WRIST; W/INTERNAL FIXATI | 233.58 | | | | | | | | |
| 08 | 25335 | CENTRALIZATION-WRIST ON ULNA | 217.00 | | | | | | | | |
| 08 | 25337 | RECONSTRUCT ULNA/RADIOULNAR | 233.58 | | | | | | | | |
| 08 | 25350 | REVISION OF RADIUS; DISTAL THIRD | 265.13 | | | | | | | | |
| 08 | 25355 | REVISION OF RADIUS; MIDDLE OR P | 265.13 | | | | | | | | |
| 08 | 25360 | REVISION OF ULNA | 265.13 | | | | | | | | |
| 08 | 25365 | REVISE RADIUS & ULNA | 265.13 | | | | | | | | |
| 08 | 25370 | REVISION, MULTIPLE, RADIUS OR ULNA | 217.00 | | | | | | | | X |
| 08 | 25375 | REVISION, MULTIPLE, RADIUS AND ULNA | 217.00 | | | | | | | | |
| 08 | 25390 | SHORTEN RADIUS/ULNA | 217.00 | | | | | | | | |
| 08 | 25391 | LENGTHENING RADIUS/ULNA W/AUTOGENOUS | 217.00 | | | | | | | | |
| 08 | 25392 | SHORTEN RADIUS & ULNA | 217.00 | | | | | | | | |
| 08 | 25393 | LENGTHENING RADIUS & ULNA 2/AUTOGENO | 217.00 | | | | | | | | |
| 08 | 25400 | REPAIR RADIUS OR ULNA | 217.00 | | | | | | | | |
| 08 | 25405 | REPAIR/GRAFT RADIUS OR ULNA | 217.00 | | | | | | | | |
| 08 | 25415 | REPAIR RADIUS & ULNA | 217.00 | | | | | | | | |
| 08 | 25420 | REPAIR/GRAFT RADIUS & ULNA | 217.00 | | | | | | | | |
| 08 | 25425 | REPAIR OF DEFECT W/GRAFT; RADIUS OR U | 217.00 | | | | | | | | |
| 08 | 25426 | REPAIR OF DEFECT W/GRAFT; RADIUS AND | 217.00 | | | | | | | | |
| 08 | 25440 | REPAIR/GRAFT WRIST BONE | 217.00 | | | | | | | | |
| 08 | 25441 | RECONSTRUCT WRIST JOINT; DISTAL RADI | 233.58 | | | | | | | | |
| 08 | 25442 | RECONSTRUCT WRIST JOINT; DISTAL ULNA | 233.58 | | | | | | | | |
| 08 | 25443 | RECONSTRUCT WRIST JOINT; SCAPHOID | 233.58 | | | | | | | | |
| 08 | 25444 | RECONSTRUCT WRIST JOINT; LUNATE | 265.13 | | | | | | | | |
| 08 | 25445 | RECONSTRUCT WRIST JOINT TRAPEZ | 265.13 | | | | | | | | |
| 08 | 25446 | RECONSTRUCT WRIST JOINT; DISTAL RADI | 265.13 | | | | | | | | |
| 08 | 25449 | REVISE ARTHROPLASTY, REVDVE | 265.13 | | | | | | | | |
| 08 | 25450 | EPIPHYSEAL ARREST; DISTAL RADIUS OR | 217.00 | | | | | | | | |
| 08 | 25455 | EPIPHYSEAL ARREST; DISTAL RADIUS AND | 217.00 | | | | | | | | |
| 08 | 25490 | PROPHYLACTIC TREATMENT/RADIUS | 217.00 | | | | | | | | |
| 08 | 25491 | PROPHYLACTIC TREATMENT; ULNA | 217.00 | | | | | | | | |
| 08 | 25492 | PROHPYLACTIC TREATMENT; RADIUS & ULNA | 217.00 | | | | | | | | |
| 08 | 25505 | TREAT FRACTURE OF RADIUS W/MANIPULAT | 182.30 | | | | | | | | |
| 08 | 25515 | OPEN TREAT CLSD/OPEN RADIAL SHAFT FR | 217.00 | | | | | | | | |
| 08 | 25520 | CLOSED TREATMENT OF BROKEN FOREARM A | 182.30 | | | | | | | | |
| 08 | 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACT | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 25526 | TREAT FRACTURE OF RADIUS | 233.58 | | | | | | | | |
| 08 | 25535 | TREA CLOSED ULNAR SHAFT W/MANI | 182.30 | | | | | | | | |
| 08 | 25545 | OPEN TREAT CLSD/OPEN ULNAR FRAC W/VO | 217.00 | | | | | | | | |
| 08 | 25565 | TREAT CLSD RADIAL & ULNAR SHAFT FRAC | 182.30 | | | | | | | | |
| 08 | 25574 | OPEN TREATMENT OF RADIAL AND ULNAR S | 217.00 | | | | | | | | |
| 08 | 25575 | OPEN TREAT CLSD/OPEN RADIAL & ULNAR | 217.00 | | | | | | | | |
| 08 | 25605 | TREAT CLOSED DISTAL RADISL FRAC W/MA | 217.00 | | | | | | | | |
| 08 | 25606 | PERCUTANEOUS SKELETAL FIXATION OF DI | 217.00 | | | | | | | | |
| 08 | 25607 | OPEN TREATMENT OF DISTAL RADIAL EXTR | 233.58 | | | | | | | | |
| 08 | 25608 | OPEN TREATMENT OF DISTAL RADIAL INTR | 233.58 | | | | | | | | |
| 08 | 25609 | OPEN TREATMENT OF DISTAL RADIAL INTR | 233.58 | | | | | | | | |
| 08 | 25624 | TREAT CLOSED CARPAL SCAPHOID FRAC W/ | 182.30 | | | | | | | | |
| 08 | 25628 | OPEN TREAT CLSD/OPEN CARPAL SCAPHOID | 217.00 | | | | | | | | |
| 08 | 25635 | TREAT WRIST BONE FRACTURE | 182.30 | | | | | | | | |
| 08 | 25645 | OPEN TX, CLSD/OPEN FX... EACH BONE | 217.00 | | | | | | | | |
| 08 | 25660 | TREAT CLOSED RADIO/INTERCARPAL DISLO | 182.30 | | | | | | | | |
| 08 | 25670 | OPEN TREAT CLSD/OPEN RADIO/INTERCARP | 217.00 | | | | | | | | |
| 08 | 25671 | PIN RADIOULNAR DISLOCATION | 182.30 | | | | | | | | |
| 08 | 25675 | TREAT CLOSED DISTAL RADIOULNAR DISLO | 182.30 | | | | | | | | |
| 08 | 25676 | OPEN TREAT CLSD/OPEN DISTAL RADIOULN | 182.30 | | | | | | | | |
| 08 | 25680 | TREAT CLSD TRANS-SCAPHOPERILUNAR FRA | 182.30 | | | | | | | | |
| 08 | 25685 | OPEN TREAT CLSD/OPEN TRANS/SCRAPHOPE | 217.00 | | | | | | | | |
| 08 | 25690 | TREAT LUNATE DISLOCATION W/MANIPULAT | 182.30 | | | | | | | | |
| 08 | 25695 | OPEN TREATMENT LUNATE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 25800 | FUSION OF WRIST JOINT | 217.00 | | | | | | | | |
| 08 | 25805 | FUSION WRIST JOINT; W/SLIDING GRAFT | 233.58 | | | | | | | | |
| 08 | 25810 | FUSION/GRAFT OF WRIST JOINT | 233.58 | | | | | | | | |
| 08 | 25820 | INTERCARPAL FUSION;W/OUT BONE GRAFT | 217.00 | | | | | | | | |
| 08 | 25825 | INTERCARPAL FUSION;W/BONEGRAFT | 233.58 | | | | | | | | |
| 08 | 25830 | FUSION DADIOULNAR JNT/ULNA | 233.58 | | | | | | | | |
| 08 | 25907 | AMPUTATION, FOREARM, SECONDARY CLOSU | 217.00 | | | | | | | | |
| 08 | 25922 | DISARTICULATION WRIST; SECOND CLOSUR | 217.00 | | | | | | | | |
| 08 | 25929 | TRANSMETACARPAL AMPUTATION; SECONDA | 217.00 | | | | | | | | |
| 08 | 26010 | DRAINAGE OF FINGER ABSCESS | 217.00 | | | | | | | | |
| 08 | 26011 | DRAINAGE OF FINGER ABSCESS | 217.00 | | | | | | | | |
| 08 | 26020 | DRAIN HAND TENDON SHEATH | 182.30 | | | | | | | | |
| 08 | 26025 | DRAINAGE OF PALM BURSA | 182.30 | | | | | | | | |
| 08 | 26030 | DRAINAGE OF PALM BURSA MULTIPLE/COMP | 182.30 | | | | | | | | |
| 08 | 26034 | TREAT HAND BONE LESION | 182.30 | | | | | | | | |
| 08 | 26040 | RELEASE OF TISSUES OF PALM, ACCESSED | 217.00 | | | | | | | | |
| 08 | 26045 | PARTIAL RELEASE OF TISSUES OF PALM, | 265.13 | | | | | | | | |
| 08 | 26055 | INCISE FINGER TENDON SHEATH | 182.30 | | | | | | | | |
| 08 | 26060 | INCISION FINGER TENDON | 182.30 | | | | | | | | |
| 08 | 26070 | EXPLORE/TREAT HAND JOINT | 182.30 | | | | | | | | |
| 08 | 26075 | EXPLORE/TREAT METACARPOPHALANGEAL JO | 217.00 | | | | | | | | |

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 26080 | ARTHROTOMY, INTERPHALANGEAL,EACH JNT | 217.00 | | | | | | | | |
| 08 | 26100 | BIOPSY HAND JOINT LINING | 182.30 | | | | | | | | |
| 08 | 26105 | BIOPSY METACARPOPHALANGEAL JOINT LIN | 182.30 | | | | | | | | |
| 08 | 26110 | ARTHROTOMY,INTERPHALANGEAL, EACH JOI | 182.30 | | | | | | | | |
| 08 | 26115 | EXCISION BENIGN TUMOR,HAND SUBCUTANE | 182.30 | | | | | | | | |
| 08 | 26116 | EXCISION BENIGN TUMOR, HAND; DEEP | 182.30 | | | | | | | | |
| 08 | 26117 | REMOVAL (LESS THAN 3 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 26121 | FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE | 217.00 | | | | | | | | |
| 08 | 26123 | FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE | 217.00 | | | | | | | | |
| 08 | 26125 | FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE | 217.00 | | | | | | | | |
| 08 | 26130 | REMOVE WRIST JOINT LINING | 265.13 | | | | | | | | |
| 08 | 26135 | REVISE FINGER JOINT EACH DIGIT | 265.13 | | | | | | | | |
| 08 | 26140 | REVISE FINGER JOINT EACH INTER | 265.13 | | | | | | | | |
| 08 | 26145 | TENDON EXCISION PALM,FINGER | 265.13 | | | | | | | | |
| 08 | 26160 | REMOVE TENDON SHEATH LESION | 233.58 | | | | | | | | |
| 08 | 26170 | EXCISION OF TENDON PALM,FLEXOR | 233.58 | | | | | | | | |
| 08 | 26180 | EXCISION OF TENDON, FINGER, FLEXOR | 217.00 | | | | | | | | |
| 08 | 26185 | REMOVE FINGER BONE | 217.00 | | | | | | | | |
| 08 | 26200 | REMOVE BONE CYST/BENING TUMOR OF HAN | 182.30 | | | | | | | | |
| 08 | 26205 | REMOVE BONE CYST/BENIGN TUMOR HAND W | 217.00 | | | | | | | | |
| 08 | 26210 | REMOVE BONE CYST PROXIMAL MIDDLE/DIS | 182.30 | | | | | | | | |
| 08 | 26215 | REMOVE BONE CYST PROXIMAL W/AUTOGENO | 217.00 | | | | | | | | |
| 08 | 26230 | PARTIAL REMOVAL OF HAND BONE | 265.13 | | | | | | | | |
| 08 | 26235 | PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL | 217.00 | | | | | | | | |
| 08 | 26236 | PARTIAL REMOVAL DISTAL PHALANX(FLING | 217.00 | | | | | | | | |
| 08 | 26250 | RADICAL RESECTION FOR TUMOR, HAND | 217.00 | | | | | | | | |
| 08 | 26260 | RADICAL RESECT FOR TUMOR,PROXIMAL/MI | 217.00 | | | | | | | | |
| 08 | 26262 | RADICAL RESECTION FOR RUMOR,DISTAL P | 182.30 | | | | | | | | |
| 08 | 26320 | REMOVAL OF IMPLANT FROM FINGER OR HA | 182.30 | | | | | | | | |
| 08 | 26350 | REPAIR OF FINGER TENDON | 233.58 | | | | | | | | |
| 08 | 26352 | REPAIR OF FINGER TENDON WITH GRAFT | 217.00 | | | | | | | | |
| 08 | 26356 | REPAIR OF FINGER TENDON | 217.00 | | | | | | | | |
| 08 | 26357 | REPAIR OF FINGER TENDON | 217.00 | | | | | | | | |
| 08 | 26358 | REPAIR OF FINGER TENDON WITH GRAFT | 217.00 | | | | | | | | |
| 08 | 26370 | PROFUNDUS TENDON REPAIR W/INTACT SUB | 217.00 | | | | | | | | |
| 08 | 26372 | PROFUNDUS TENDON REPAIR;SECONDARY W/ | 217.00 | | | | | | | | |
| 08 | 26373 | PROFUNDUS TENDON REPAIR;SECONDARY W/ | 217.00 | | | | | | | | |
| 08 | 26390 | FLEXOR TENDON EXCISE IMPLANT P | 233.58 | | | | | | | | |
| 08 | 26392 | REMOVAL ROD AND INSERTION OF TENDON | 217.00 | | | | | | | | X |
| 08 | 26410 | EXTENSOR TENDON REPAIR,DORSUM | 233.58 | | | | | | | | |
| 08 | 26412 | EXT TEND REP,SING.;W/GRAFT,EACH TEND | 217.00 | | | | | | | | |
| 08 | 26415 | EXCISE EXTENSOR TENDON,IMPLANT TUBE- | 217.00 | | | | | | | | |
| 08 | 26416 | REMOVE TUB/ROD,INSERT GRAFT... | 217.00 | | | | | | | | |
| 08 | 26418 | EXTENSOR TENDON REPAIR,DORSUM F | 233.58 | | | | | | | | |
| 08 | 26420 | EXTENSOR TENDON REPAIR,DORSUM | 265.13 | | | | | | | | |

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|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 26426 | EXTENSOR TENDON,CENTRAL SLIP R | 265.13 | | | | | | | | |
| 08 | 26428 | EXTENSOR TENDON,CENTRAL SLIP R | 265.13 | | | | | | | | |
| 08 | 26432 | TENDON REPAIR,DISTAL INSERT CLOSED | 233.58 | | | | | | | | |
| 08 | 26433 | TENDON REPAIR,OPEN,PRIMARY/SEC | 233.58 | | | | | | | | |
| 08 | 26434 | TENDON REPAIR,OPEN,PRIMARY/SECONDARY | 265.13 | | | | | | | | |
| 08 | 26437 | REALIGN EXTENSOR TENDON-FOR ARTHRITI | 217.00 | | | | | | | | |
| 08 | 26440 | TENOLYSIS,SIMPLE,FLEXOR,TENDON P | 233.58 | | | | | | | | |
| 08 | 26442 | TENOLYSIS,SIMP...;PALM&FLING EACH TE | 217.00 | | | | | | | | |
| 08 | 26445 | TENOLYSIS,EXT TEND...;EACH TENDON | 217.00 | | | | | | | | |
| 08 | 26449 | TENOLYSIS,COMPLEX TENDON,HAND,F | 233.58 | | | | | | | | |
| 08 | 26450 | TENOTOMY,FLEXOR,SINGLE,PALM,OPEN | 182.30 | | | | | | | | |
| 08 | 26455 | TENOTOMY,FLEXOR,SINGLE,FINGER | 182.30 | | | | | | | | |
| 08 | 26460 | TENOTOMY,EXTENSOR,HAND OR FINGER | 182.30 | | | | | | | | |
| 08 | 26471 | TENODESIS;FOR PROXIMAL FINGER J | 233.58 | | | | | | | | |
| 08 | 26474 | TENODESIS,FOR DISTAL JOINT STA | 233.58 | | | | | | | | |
| 08 | 26476 | TEND LENGTHEN, EXT SINGLE, EACH | 182.30 | | | | | | | | |
| 08 | 26477 | TEND SHORTEN, EXT...SINGLE, EACH | 182.30 | | | | | | | | |
| 08 | 26478 | TENDON LENGTHENING,FLEXOE,HAND/FINGE | 182.30 | | | | | | | | |
| 08 | 26479 | SHORTEN FLEXOR,HAND/FINGER-EACH | 182.30 | | | | | | | | |
| 08 | 26480 | TRANSPLANT HAND TENDON | 217.00 | | | | | | | | |
| 08 | 26483 | TRANSPLANT/GRAFT HAND TENDON | 217.00 | | | | | | | | |
| 08 | 26485 | TEND TRANS/PLNT, EA TEND; W/GRAFT | 182.30 | | | | | | | | X |
| 08 | 26489 | TRANSPLANT/GRAFT HAND TENDON | 217.00 | | | | | | | | |
| 08 | 26490 | REVISE THUMB TENDON | 217.00 | | | | | | | | |
| 08 | 26492 | TENDON TRANSFER/MUSCLE TRANSFER | 217.00 | | | | | | | | |
| 08 | 26494 | HAND TENDON/MUSCLE TRANSFER | 217.00 | | | | | | | | |
| 08 | 26496 | REVISE THUMB TENDON | 217.00 | | | | | | | | |
| 08 | 26497 | FINGER TENDON TRANSFER | 217.00 | | | | | | | | |
| 08 | 26498 | SUBLIMIS TRANSFER TO CORRECT CLAW FI | 217.00 | | | | | | | | |
| 08 | 26499 | REVISION OF FINGER | 217.00 | | | | | | | | |
| 08 | 26500 | HAND TENDON RECONSTRUCTION; W/LOCAL | 217.00 | | | | | | | | |
| 08 | 26502 | HAND TENDON RECONSTRUCTION; W/GRAFT | 217.00 | | | | | | | | |
| 08 | 26508 | RELEASE THUMB CONTRACTURE | 217.00 | | | | | | | | |
| 08 | 26510 | THUMB TENDON TRANSFER | 217.00 | | | | | | | | |
| 08 | 26516 | FUSION OF KNUCKLE JOINT | 182.30 | | | | | | | | |
| 08 | 26517 | FUSION OF KNUCKLE JOINTS | 217.00 | | | | | | | | |
| 08 | 26518 | FUSION OF KNUCKLE JOINTS | 217.00 | | | | | | | | |
| 08 | 26520 | RELEASE KNUCKLE CONTRACTURE | 233.58 | | | | | | | | |
| 08 | 26525 | RELEASE FINGER CONTRACTURE | 233.58 | | | | | | | | |
| 08 | 26530 | REVISE KNUCKLE JOINT | 265.13 | | | | | | | | |
| 08 | 26531 | REVISE KNUCKLE WITH IMPLANT | 265.13 | | | | | | | | |
| 08 | 26535 | REVISE FINGER JOINT | 265.13 | | | | | | | | |
| 08 | 26536 | REVISE/IMPLANT FINGER JOINT | 265.13 | | | | | | | | |
| 08 | 26540 | REPAIR COLLATERAL LIGAMENT | 217.00 | | | | | | | | |
| 08 | 26542 | PRIM.REP.COLLATERAL LIGAMENT/LOC TIS | 217.00 | | | | | | | | |

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| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 26545 | RECONSTRUCT FINGER JOINT W/GRAFT | 217.00 | 00 00 | | | | | | | |
| 08 | 26546 | REPAIR NON-UNION HAND | 217.00 | | | | | | | | |
| 08 | 26548 | REPAIR/RECON,FINGER,INTERPHAL JOINT | 217.00 | | | | | | | | |
| 08 | 26550 | CONSTRUCT THUMB REPLACEMENT | 182.30 | | | | | | | | |
| 08 | 26555 | SITIONAL CHANGE OF FINGER | 217.00 | 00 00 | | | | | | | X |
| 08 | 26560 | REPAIR WEB FINGER; WITH SKIN FLAPS | 182.30 | | | | | | | | |
| 08 | 26561 | REPAIR OF WEB FINGER | 217.00 | | | | | | | | |
| 08 | 26562 | REPAIR WEB FINGER,COMPLEX,INVOLVING | 217.00 | | | | | | | | |
| 08 | 26565 | CORRECT METACARPAL FLAW | 265.13 | | | | | | | | |
| 08 | 26567 | CORRECT FINGER DEFORMITY | 265.13 | | | | | | | | |
| 08 | 26568 | LENTHEN METACARPAL/FINGER | 217.00 | | | | | | | | |
| 08 | 26580 | REPAIR HAND DEFORMITY | 233.58 | | | | | | | | |
| 08 | 26587 | REPAIR SUPERNUMERARY DIGIT | 233.58 | | | | | | | | |
| 08 | 26590 | REPAIR FINGER DEFORMITY;MACRODACTYLI | 233.58 | | | | | | | | |
| 08 | 26591 | REPAIR MUSCLES OF HAND | 217.00 | | | | | | | | |
| 08 | 26593 | RELEASE MUSCLES OF HAND | 217.00 | | | | | | | | |
| 08 | 26596 | EXCISE CONSTRICTING RING,Z-PLASTIES | 182.30 | | | | | | | | |
| 08 | 26605 | TREAT CLSD FX; W/MANIP,EACH BONE | 182.30 | | | | | | | | |
| 08 | 26607 | TREAT CLSD FX.,W/MANIP & FIX,EACH BO | 182.30 | | | | | | | | |
| 08 | 26608 | PERCUTANEOUS SKELETAL FIXATION OF ME | 217.00 | | | | | | | | |
| 08 | 26615 | OPEN TX,CLSD/OPEN FX...EACH BONE | 217.00 | | | | | | | | |
| 08 | 26645 | TREAT CLSD THUMB FRAC DISLOCATION W/ | 182.30 | | | | | | | | |
| 08 | 26650 | TREAT CLSD THUMB FRAC DISLOCATION W/ | 182.30 | | | | | | | | |
| 08 | 26665 | OPEN TREAT CLSD/OPEN THUMB FRAC DISL | 217.00 | | | | | | | | |
| 08 | 26675 | TREAT HAND DISLOCATION W/ANESTHESIA | 182.30 | | | | | | | | |
| 08 | 26676 | PERC. PINNING,CLOSED CARPOMETACARPAL | 182.30 | | | | | | | | |
| 08 | 26685 | TREAT HAND DISLOCATION | 217.00 | | | | | | | | |
| 08 | 26686 | TREAT HAND DISLOCATION | 217.00 | | | | | | | | |
| 08 | 26705 | TREAT KNUCKLE DISLOCATION W/ANETHES | 182.30 | | | | | | | | |
| 08 | 26706 | PERC PINNING,CLOSED METACARPOPHALANG | 182.30 | | | | | | | | |
| 08 | 26715 | OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA | 217.00 | | | | | | | | |
| 08 | 26727 | TREAT FX,MANIP,TRACT/FIX,EACH | 265.13 | | | | | | | | |
| 08 | 26735 | OPEN TREAT...W/W/O FIX, EACH | 217.00 | | | | | | | | |
| 08 | 26742 | TREAT CLSD ART FX..W/MANIP, EACH | 182.30 | | | | | | | | |
| 08 | 26746 | OPEN TX, CLSD/OPEN FX...EACH | 233.58 | | | | | | | | |
| 08 | 26756 | TREAT CLSD FX...;W/PERC PIN,EACH | 182.30 | | | | | | | | |
| 08 | 26765 | OPEN TX,CLSD/OPEN FX..;EACH | 217.00 | | | | | | | | |
| 08 | 26776 | PERC PINNING, CLOSED INTERPHALANGEAL | 182.30 | | | | | | | | |
| 08 | 26785 | OPEN TRMT OF CLOS OR OPEN INTERPHA J | 182.30 | | | | | | | | |
| 08 | 26820 | THUMB FUSION WITH GRAFT | 233.58 | | | | | | | | |
| 08 | 26841 | ARTHRODESIS, THUMB W/ OR W/O INTERNA | 217.00 | | | | | | | | |
| 08 | 26842 | ARTHRODESIS OF THUMB W/ GRAFT | 217.00 | | | | | | | | |
| 08 | 26844 | FUSION/GRAFT OF HAND JOINT | 217.00 | | | | | | | | |
| 08 | 26850 | ARTHRODESIS KNUCKLE W/ OR W/O INT FI | 217.00 | | | | | | | | |
| 08 | 26852 | ARTHRODESIS KNUCKLE W/ GRAFT | 217.00 | | | | | | | | |

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| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 26860 | ARTHRODESIS FINGER JOINT W/VO INTERN | 265.13 | | | | | | | | |
| 08 | 26861 | EACH ADDITIONAL JOINT | 265.13 | | | | | | | | |
| 08 | 26862 | FUSION/GRAFT OF FINGER JOINT | 217.00 | | | | | | | | |
| 08 | 26863 | FUSE/GRAFT ADDED JOINT | 217.00 | | | | | | | | |
| 08 | 26910 | AMPUTATE METACARPAL BONE | 217.00 | | | | | | | | |
| 08 | 26951 | AMPUTATION OF FINGER/THUMB | 182.30 | | | | | | | | |
| 08 | 26952 | WITH LOCAL ADVANCEMENT FLAPS | 217.00 | | | | | | | | |
| 08 | 26990 | DRAINAGE OF PELVIS LESION | 182.30 | | | | | | | | |
| 08 | 26991 | DRAINAGE OF PELVIS BURSA | 182.30 | | | | | | | | |
| 08 | 27000 | TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O | 182.30 | | | | | | | | |
| 08 | 27001 | INCISION OF HIP TENDON | 217.00 | | | | | | | | |
| 08 | 27003 | INCISION OF HIP TENDON | 217.00 | | | | | | | | |
| 08 | 27033 | EXPLORATION OF HIP JOINT | 217.00 | | | | | | | | |
| 08 | 27035 | DENERVATION OF HIP JOINT | 217.00 | | | | | | | | |
| 08 | 27040 | SUPERFICIAL BIOPSY OF SOFT TISSUES | 182.30 | | | | | | | | |
| 08 | 27041 | DEEP BIOPSY OF SOFT TISSUES | 182.30 | | | | | | | | |
| 08 | 27047 | EXCISION SUBCUTANEOUS TUMOR, HIP-PEL | 182.30 | | | | | | | | |
| 08 | 27048 | REMOVE HIP/PELVIS LESION | 217.00 | | | | | | | | |
| 08 | 27049 | REMOVAL OF (LESS THAN 5 CENTIMETERS) | 217.00 | | | | | | | | |
| 08 | 27050 | BIOPSY OF SACROILIAC JOINT | 217.00 | | | | | | | | |
| 08 | 27052 | BIOPSY OF HIP JOINT | 217.00 | | | | | | | | |
| 08 | 27060 | REMOVAL OF ISCHIAL BURSA | 233.58 | | | | | | | | |
| 08 | 27062 | EXCISION TROCHANTERIC BURSA | 233.58 | | | | | | | | |
| 08 | 27065 | EXC CYST OR TUMOR SUPERFICIAL | 233.58 | | | | | | | | |
| 08 | 27066 | DEEP W OR W/O BONE GRAFT | 233.58 | | | | | | | | |
| 08 | 27067 | W/BONE REQUIRING SEPARATE INC | 233.58 | | | | | | | | |
| 08 | 27080 | COCCYGECTOMY | 182.30 | | | | | | | | |
| 08 | 27086 | SUPERFICIAL BIOPSY OF SOFT TISSUES | 182.30 | | | | | | | | |
| 08 | 27087 | REMOVE HIP FOREIGN BODY | 217.00 | | | | | | | | |
| 08 | 27097 | REVISION OF HIP TENDON | 217.00 | | | | | | | | |
| 08 | 27100 | TRAN EXTERNAL OBLIQUE MUSCLE TO GREA | 217.00 | | | | | | | | |
| 08 | 27105 | TRANSFER PARASPINAL MUSCLE TO HIP | 217.00 | | | | | | | | |
| 08 | 27110 | TRANSFER ILIOPSOAS MUSCLE TO GREATER | 217.00 | | | | | | | | |
| 08 | 27111 | TO FEMORAL NECK S MUSCLE | 217.00 | | | | | | | | |
| 08 | 27197 | CLOSED TREATMENT OF POSTERIOR PELVIC | 182.30 | | | | | | | | |
| 08 | 27198 | CLOSED TREATMENT OF POSTERIOR PELVIC | 217.00 | | | | | | | | |
| 08 | 27202 | OPEN TRMT OF CLOSED OR OPEN COCCYGEA | 182.30 | | | | | | | | |
| 08 | 27230 | TRMT OF CLOSED FEMORAL FX | 182.30 | | | | | | | | |
| 08 | 27238 | TRMT CLOSED INTERTRO-PETROCHANTERIC | 182.30 | | | | | | | | |
| 08 | 27246 | TRMT PF CLOSED GREATER TROCHANTERIC | 182.30 | | | | | | | | |
| 08 | 27250 | TREAT HIP DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27252 | REQUIRING ANES | 182.30 | | | | | | | | |
| 08 | 27257 | TREAT HIP DISLOCATION | 217.00 | | | | | | | | |
| 08 | 27265 | TX A TRAUMA TIC DISLOCATI; NO ANESTH | 182.30 | | | | | | | | |
| 08 | 27266 | SEE 27265;REQUIRING GEN ANESTHESIA | 182.30 | | | | | | | | |

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| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 27275 | MANIPULATION OF HIP JOINT | 182.30 | | | | | | | | |
| 08 | 27301 | I&D DEEP ABSCESS,INFECTED BURSA | 217.00 | | | | | | | | |
| 08 | 27305 | FASCIOTOMY | 182.30 | | | | | | | | |
| 08 | 27306 | INCISION OF THIGH TENDON | 217.00 | | | | | | | | |
| 08 | 27307 | INCISION OF THIGH TENDONS | 217.00 | | | | | | | | |
| 08 | 27310 | ARTHROTOMY, KNEE JOINT | 217.00 | | | | | | | | |
| 08 | 27323 | BIOPSY THIGH SOFT TISSUES | 182.30 | | | | | | | | |
| 08 | 27324 | BIOPSY THIGH SOFT TISSUES | 182.30 | | | | | | | | |
| 08 | 27325 | NEURECTOMY,HAMSTRING MUSCLE | 182.30 | | | | | | | | |
| 08 | 27326 | NEURECTOMY,POPLITEAL (GASTROCNEMIUS) | 182.30 | | | | | | | | |
| 08 | 27327 | REMOVAL OF THIGH LESION | 182.30 | | | | | | | | |
| 08 | 27328 | REMOVAL OF THIGH LESION | 217.00 | | | | | | | | |
| 08 | 27329 | REMOVAL (LESS THAN 5 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 27330 | BIOPSY KNEE JOINT LINING | 217.00 | | | | | | | | |
| 08 | 27331 | EXPLORE/TREAT KNEE JOINT | 217.00 | | | | | | | | |
| 08 | 27332 | REMOVAL OF KNEE CARTILAGE | 217.00 | | | | | | | | |
| 08 | 27333 | REMOVAL OF KNEE CARTILAGE | 217.00 | | | | | | | | |
| 08 | 27334 | REMOVE KNEE JOINT LINING | 217.00 | | | | | | | | |
| 08 | 27335 | REMOVE KNEE JOINT LINING | 217.00 | | | | | | | | |
| 08 | 27340 | REMOVAL OF KNEECAP BURSA | 217.00 | | | | | | | | |
| 08 | 27345 | REMOVAL OF CYST OF MEMBRANE COVERING | 217.00 | | | | | | | | |
| 08 | 27347 | REMOVE KNEE CYST | 217.00 | | | | | | | | |
| 08 | 27350 | REMOVAL OF KNEECAP | 217.00 | | | | | | | | |
| 08 | 27355 | REMOVE FEMUR LESION | 217.00 | | | | | | | | |
| 08 | 27356 | REMOVE FEMUR LESION/GRAFT | 217.00 | | | | | | | | |
| 08 | 27357 | REMOVE FEMUR LESION/GRAFT | 233.58 | | | | | | | | |
| 08 | 27358 | REMOVE FEMUR LESION/FIXATION | 233.58 | | | | | | | | |
| 08 | 27360 | PARTIAL REMOVAL LEG BONE(S) | 233.58 | | | | | | | | |
| 08 | 27372 | REMOVAL OF FOREIGN BODY | 265.13 | | | | | | | | |
| 08 | 27380 | REPAIR OF KNEECAP TENDON | 182.30 | | | | | | | | |
| 08 | 27381 | REPAIR/GRAFT KNEECAP TENDON | 217.00 | | | | | | | | |
| 08 | 27385 | REPAIR OF THIGH MUSCLE | 217.00 | | | | | | | | |
| 08 | 27390 | INCISION OF THIGH TENDON | 182.30 | | | | | | | | |
| 08 | 27391 | INCISION OF THIGH TENDONS | 182.30 | | | | | | | | |
| 08 | 27392 | INCISION OF THIGH TENDONS | 217.00 | | | | | | | | |
| 08 | 27393 | LENGTHENING OF THIGH TENDON | 182.30 | | | | | | | | |
| 08 | 27394 | LENGTHENING OF THIGH TENDONS | 217.00 | | | | | | | | |
| 08 | 27395 | LENGTHENING OF THIGH TENDONS | 217.00 | | | | | | | | |
| 08 | 27396 | TRANSPLANTS OF THIGH TENDON | 217.00 | | | | | | | | |
| 08 | 27397 | TRANSPLANTS OF THIGH TENDON | 217.00 | | | | | | | | |
| 08 | 27400 | TRANSFER OF TENDON OR MUSCLE IN HAMS | 217.00 | | | | | | | | |
| 08 | 27403 | ARTHROTOMY WITH OPEN MENISCUS REPAIR | 217.00 | | | | | | | | |
| 08 | 27405 | REPAIR OF KNEE LIGAMENT | 217.00 | | | | | | | | |
| 08 | 27407 | REPAIR OF KNEE LIGAMENT | 217.00 | | | | | | | | |
| 08 | 27409 | REPAIR OF KNEE LIGAMENTS | 217.00 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 27418 | REPAIR OF DEGENERATED KNEECAP | 217.00 | | | | | | | | |
| 08 | 27420 | REVISION/REMOVAL OF KNEECAP | 217.00 | | | | | | | | |
| 08 | 27422 | REVISION OF UNSTABLE KNEECAP | 265.13 | | | | | | | | |
| 08 | 27424 | RECONSTRUCTION, KNEE | 217.00 | | | | | | | | |
| 08 | 27425 | LATERAL RETINACULAR RELEASE ANY METH | 265.13 | | | | | | | | |
| 08 | 27428 | RECONSTRUCT(AUGMENT)KNEE; INTRA-ARTIC | 217.00 | | | | | | | | |
| 08 | 27429 | RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC | 217.00 | | | | | | | | |
| 08 | 27430 | REVISION OF THIGH MUSCLES | 217.00 | | | | | | | | |
| 08 | 27435 | INCISION OF KNEE JOINT | 217.00 | | | | | | | | |
| 08 | 27437 | ARTHROPLASTY, PATELLA; W/O PROSTHESIS | 217.00 | | | | | | | | |
| 08 | 27438 | REVISE KNEECAP WITH IMPLANT | 233.58 | | | | | | | | |
| 08 | 27441 | REVISION OF KNEE JOINT | 233.58 | | | | | | | | |
| 08 | 27442 | REVISION OF KNEE JOINT | 233.58 | | | | | | | | |
| 08 | 27443 | REVISION OF KNEE JOINT | 233.58 | | | | | | | | |
| 08 | 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/ | 233.58 | | | | | | | | |
| 08 | 27497 | DECOMPRESSION OF THIGH/KNEE | 217.00 | | | | | | | | |
| 08 | 27499 | DECOMPRESSION OF THIGH/KNEE | 217.00 | | | | | | | | |
| 08 | 27500 | TREATMENT OF FEMUR FRACTURE | 182.30 | | | | | | | | |
| 08 | 27501 | CLOSED TREATMENT OF SUPRACONDYLAR OR | 182.30 | | | | | | | | |
| 08 | 27502 | TREATMENT OF FEMUR FRACTURE | 182.30 | | | | | | | | |
| 08 | 27503 | TREATMENT OF THIGH FRACTURE | 217.00 | | | | | | | | |
| 08 | 27508 | TREATMENT OF FEMUR FRACTURE | 182.30 | | | | | | | | |
| 08 | 27509 | TREATMENT OF THIGH FRACTURE | 217.00 | | | | | | | | |
| 08 | 27510 | TREATMENT OF FEMUR FRACTURE | 182.30 | | | | | | | | |
| 08 | 27516 | TREATMENT OF FEMUR EPIPHYSIS | 182.30 | | | | | | | | |
| 08 | 27517 | TREATMENT OF FEMUR EPIPHYSIS | 182.30 | | | | | | | | |
| 08 | 27530 | TREAT KNEE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27532 | TREATMENT OF KNEE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27538 | TREAT KNEE FRACTURE (S) | 182.30 | | | | | | | | X |
| 08 | 27550 | TREAT KNEE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27552 | TREAT KNEE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27560 | TREAT KNEECAP DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27562 | TREAT KNEECAP DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27566 | REPAIR KNEECAP DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27570 | FIXATION OF KNEE JOINT | 182.30 | | | | | | | | |
| 08 | 27594 | AMPUTATION FOLLOW-UP SURGERY | 217.00 | | | | | | | | |
| 08 | 27600 | DECOMPRESSION OF LOWER LEG | 217.00 | | | | | | | | |
| 08 | 27601 | DECOMPRESSION OF LOWER LEG | 217.00 | | | | | | | | |
| 08 | 27602 | DECOMPRESSION OF LOWER LEG | 217.00 | | | | | | | | |
| 08 | 27603 | DRAIN LOWER LEG LESION | 217.00 | | | | | | | | |
| 08 | 27604 | DRAIN LOWER LEG BURSA | 217.00 | | | | | | | | |
| 08 | 27605 | INCISION OF ACHILLES TENDON | 182.30 | | | | | | | | |
| 08 | 27606 | INCISION OF ACHILLES TENDON | 182.30 | | | | | | | | |
| 08 | 27607 | TREAT LOWER LEG BONE LESION | 182.30 | | | | | | | | |
| 08 | 27610 | EXPLORE/TREAT ANKLE JOINT | 182.30 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 27612 | EXPLORATION OF ANKLE JOINT | 217.00 | | | | | | | | |
| 08 | 27614 | BIOPSY LOWER LEG SOFT TISSUE DEEP | 182.30 | | | | | | | | |
| 08 | 27615 | REMOVAL (LESS THAN 5 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 27618 | REMOVE LOWER LEGLES ION | 182.30 | | | | | | | | |
| 08 | 27619 | REMOVE LOWER LEG LESION | 217.00 | | | | | | | | |
| 08 | 27620 | BIOPSY OF ANKLE JOINT | 217.00 | | | | | | | | |
| 08 | 27625 | REMOVE ANKLE JOINT LINING | 217.00 | | | | | | | | |
| 08 | 27626 | REMOVE ANKLE JOINT LINING | 217.00 | | | | | | | | |
| 08 | 27630 | REMOVAL OF TENDON LESION | 233.58 | | | | | | | | |
| 08 | 27635 | REMOVE LOWER LEG BONE LESION | 217.00 | | | | | | | | |
| 08 | 27637 | REMOVE/GRAFT LEG BONE LESION | 217.00 | | | | | | | | |
| 08 | 27638 | REMOVE/GRAFT LEG BONE LESION | 217.00 | | | | | | | | |
| 08 | 27640 | PARTIAL REMOVAL OF TIBIA | 182.30 | | | | | | | | |
| 08 | 27641 | PARTIAL REMOVAL OF FIBULA | 182.30 | | | | | | | | |
| 08 | 27647 | EXTENSIVE ANKLE/HEEL SURGERY | 217.00 | | | | | | | | |
| 08 | 27650 | REPAIR ACHILLES TENDON | 217.00 | | | | | | | | |
| 08 | 27652 | REPAIR/GRAFT ACHILLES TENDON | 217.00 | | | | | | | | |
| 08 | 27654 | REPAIR OF ACHILLES TENDON | 217.00 | | | | | | | | |
| 08 | 27656 | REPAIR FASCIAL DEFECT OF LEG\ | 182.30 | | | | | | | | |
| 08 | 27658 | REP/SUT LEG TENDON, W/O GRAFT, EACH | 233.58 | | | | | | | | |
| 08 | 27659 | REP/SUT TEND,LEG...W/W/O GRAFT EACH | 182.30 | | | | | | | | |
| 08 | 27664 | REP/SUT EXT TEND,PRIM,W/O GRAFT EACH | 182.30 | | | | | | | | |
| 08 | 27665 | REP/SUT TEND.;SECON.W/W/O GRAFT-EACH | 182.30 | | | | | | | | |
| 08 | 27675 | REPAIR LOWER LEG TENSIONS | 182.30 | | | | | | | | |
| 08 | 27676 | REPAIR LOWER LEG TENDONS | 217.00 | | | | | | | | |
| 08 | 27680 | RELEASE OF LOWER LEG TENDON | 217.00 | | | | | | | | |
| 08 | 27681 | TENOLYSIS...MULTIPLE, EACHS | 182.30 | | | | | | | | |
| 08 | 27685 | REVISION OF LOWER LEG TENDON | 217.00 | | | | | | | | |
| 08 | 27686 | LENGTHEN/SHORTEN TEND;MULTIPLE, EACH | 217.00 | | | | | | | | |
| 08 | 27687 | REVISION OF CALF TENDON | 217.00 | | | | | | | | |
| 08 | 27690 | REVISE LOWER LEG TENDON | 217.00 | | | | | | | | |
| 08 | 27691 | REVISE LOWER LEG TENDON | 217.00 | | | | | | | | |
| 08 | 27692 | EACH ADDITIONAL TENDON | 217.00 | | | | | | | | |
| 08 | 27695 | REPAIR OF ANKLE LIGAMENT | 182.30 | | | | | | | | |
| 08 | 27696 | REPAIR OF ANKLE LIGAMENTS | 182.30 | | | | | | | | |
| 08 | 27698 | REPAIR OF ANKLE LIGAMENT | 182.30 | | | | | | | | |
| 08 | 27700 | REVISION OF ANKLE JOINT | 233.58 | | | | | | | | |
| 08 | 27704 | REMOVAL OF ANKLE IMPLANT | 182.30 | | | | | | | | |
| 08 | 27705 | INCISION OF TIBIA | 182.30 | | | | | | | | |
| 08 | 27707 | INCISION OF FIBULA | 182.30 | | | | | | | | |
| 08 | 27709 | INCISION OF TIBIA & FIBULA | 182.30 | | | | | | | | |
| 08 | 27730 | REPAIR OF TIBIA EPIPHYSIS | 182.30 | | | | | | | | |
| 08 | 27732 | REPAIR OF FIBULA EPIPHYSIS | 182.30 | | | | | | | | |
| 08 | 27734 | REPAIR LOWER LEG EPIPHYSES | 182.30 | | | | | | | | |
| 08 | 27740 | REPAIR OF LEG EPIPHYSES | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 27742 | REPAIR OF LEG EPIPHYSES | 182.30 | | | | | | | | |
| 08 | 27750 | TREATMENT OF TIBIA FRACTURE | 182.30 | | | | | | | | |
| 08 | 27752 | TREATMENT OF TIBIA FRACTURE | 182.30 | | | | | | | | |
| 08 | 27756 | REPAIR OF TIBIA FRACTURE | 217.00 | | | | | | | | |
| 08 | 27758 | REPAIR OF TIBIA FRACTURE | 217.00 | | | | | | | | |
| 08 | 27759 | OPEN TREATMENT OF TIBIAL SHAFT FRACT | 217.00 | | | | | | | | |
| 08 | 27760 | CLTX MEDIAL ANKLE FX | 182.30 | | | | | | | | |
| 08 | 27762 | CLTX MED ANKLE FX W/MNPJ | 182.30 | | | | | | | | |
| 08 | 27766 | REPAIR OF ANKLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 27780 | TREATMENT OF FIBULA FRACTURE | 182.30 | | | | | | | | |
| 08 | 27781 | TREATMENT OF FIBULA FRACTURE | 182.30 | | | | | | | | |
| 08 | 27784 | REPAIR OF FIBULA FRACTURE | 217.00 | | | | | | | | |
| 08 | 27786 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27788 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27792 | REPAIR OF ANKLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 27808 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27810 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27814 | REPAIR OF ANKLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 27816 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27818 | TREATMENT OF ANKLE FRACTURE | 182.30 | | | | | | | | |
| 08 | 27822 | REPAIR OF ANKLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 27823 | REPAIR OF ANKLE FRACTURE | 217.00 | | | | | | | | |
| 08 | 27824 | CLOSED TREATMENT OF FRACTURE | 182.30 | | | | | | | | |
| 08 | 27825 | CLOSED TREATMENT OF FRACTURE OF WEIG | 182.30 | | | | | | | | |
| 08 | 27826 | OPEN TREATMENT OF FRACTURE OF LOWER | 217.00 | | | | | | | | |
| 08 | 27827 | OPEN TREATMENT OF FRACTURE OF LOWER | 217.00 | | | | | | | | |
| 08 | 27828 | OPEN TREATMENT OF FRACTURE OF LOWER | 217.00 | | | | | | | | |
| 08 | 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULA | 182.30 | | | | | | | | |
| 08 | 27830 | TREAT LOWER LEG DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27831 | TREAT LOWER LEG DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27832 | REPAIR LOWER LEG DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27840 | TREAT ANKLE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27842 | TREAT ANKLE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 27846 | REPAIR ANKLE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 27848 | REPAIR ANKLE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 27860 | FIXATION OF ANKLE JOINT | 182.30 | | | | | | | | |
| 08 | 27870 | FUSION OF ANKLE JOINT | 217.00 | | | | | | | | |
| 08 | 27871 | FUSION OF TIBIOFIBULAR JOINT | 217.00 | | | | | | | | |
| 08 | 27884 | AMPUTATION FOLLOW-UP SURGERY | 217.00 | | | | | | | | |
| 08 | 27889 | AMPUTATION OF FOOT AT ANKLE | 217.00 | | | | | | | | |
| 08 | 27892 | DECOMPRESSION FASCIOTOMY, LEG; | 217.00 | | | | | | | | |
| 08 | 27893 | DECOMPRESSION FASCIOTOMY, LEG; | 217.00 | | | | | | | | |
| 08 | 27894 | DECOMPRESSION FASCIOTOMY, LEG; | 217.00 | | | | | | | | |
| 08 | 28001 | DRAINAGE OF BURSA OF FOOT | 217.00 | | | | | | | | |
| 08 | 28002 | TREATMENT OF FOOT INFECTION | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 28003 | TREATMENT OF FOOT INFECTION | 217.00 | | | | | | | | |
| 08 | 28005 | TREAT FOOT BONE LESION | 217.00 | | | | | | | | |
| 08 | 28008 | INCISION OF FOOT FASCIA | 265.13 | | | | | | | | |
| 08 | 28011 | INCISION OF TOE TENDONS | 217.00 | | | | | | | | |
| 08 | 28020 | EXPLORATION OF A FOOT JOINT | 182.30 | | | | | | | | |
| 08 | 28022 | EXPLORATION OF A FOOT JOINT | 182.30 | | | | | | | | |
| 08 | 28024 | EXPLORATION OF A TOE JOINT | 182.30 | | | | | | | | |
| 08 | 28035 | DECOMPRESSION OF TIBIA NERVE | 217.00 | | | | | | | | |
| 08 | 28043 | EXCISION OF FOOT LESION | 182.30 | | | | | | | | |
| 08 | 28045 | EXCISION OF FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28046 | REMOVAL (LESS THAN 3 CENTIMETERS) TI | 217.00 | | | | | | | | |
| 08 | 28050 | BIOPSY OF FOOT JOINT LINING | 182.30 | | | | | | | | |
| 08 | 28052 | BIOPSY OF FOOT JOINT LINING | 182.30 | | | | | | | | |
| 08 | 28054 | BIOPSY OF TOE JOINT LINING | 182.30 | | | | | | | | |
| 08 | 28055 | NEURECTOMY,INTRINSIC MUSCULATURE | 217.00 | | | | | | | | |
| 08 | 28060 | PARTIAL REMOVAL FOOT FASCIA | 182.30 | | | | | | | | |
| 08 | 28062 | REMOVAL OF FOOT FASCIA | 217.00 | | | | | | | | |
| 08 | 28070 | REMOVAL OF FOOT JOINT LINING | 265.13 | | | | | | | | |
| 08 | 28072 | REMOVAL OF FOOT JOINT LINING | 265.13 | | | | | | | | |
| 08 | 28080 | REMOVAL OF FOOT LESION | 233.58 | | | | | | | | |
| 08 | 28086 | EXCISE FOOT TENDON SHEATH | 182.30 | | | | | | | | |
| 08 | 28088 | EXCISE FOOT TENDON SHEATH | 182.30 | | | | | | | | |
| 08 | 28090 | REMOVAL OF FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28092 | REMOVAL OF TOE LESIONS | 217.00 | | | | | | | | |
| 08 | 28100 | REMOVAL OF ANKLE/HEEL LESION | 182.30 | | | | | | | | |
| 08 | 28102 | REMOVE/GRAFT FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28103 | REMOVE/GRAFT FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28104 | REMOVAL OF FOOT LESION | 182.30 | | | | | | | | |
| 08 | 28106 | REMOVE/GRAFT FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28107 | REMOVE/GRAFT FOOT LESION | 217.00 | | | | | | | | |
| 08 | 28110 | PART REMOVAL OF METATARSAL | 233.58 | | | | | | | | |
| 08 | 28111 | PART REMOVAL OF METATARSAL | 233.58 | | | | | | | | |
| 08 | 28112 | PART REMOVAL OF METATARSAL | 233.58 | | | | | | | | |
| 08 | 28113 | PART REMOVAL OF METATARSAL | 233.58 | | | | | | | | |
| 08 | 28114 | REMOVAL OF METARSAL HEADS | 217.00 | | | | | | | | |
| 08 | 28116 | REVISION OF FOOT | 217.00 | | | | | | | | |
| 08 | 28118 | PARTIAL REMOVAL OF HEEL | 217.00 | | | | | | | | |
| 08 | 28119 | REMOVAL OF HEEL SPUR | 217.00 | | | | | | | | |
| 08 | 28120 | PART REMOVAL OF ANKLE/HEEL | 265.13 | | | | | | | | |
| 08 | 28122 | PARTIAL REMOVAL OF FOOT BONE | 217.00 | | | | | | | | |
| 08 | 28126 | CONDYLECTOMY...SING. TOE, EACH | 217.00 | | | | | | | | |
| 08 | 28130 | REMOVAL OF ANKLE BONE | 217.00 | | | | | | | | |
| 08 | 28140 | REMOVAL OF METATARSAL | 217.00 | | | | | | | | |
| 08 | 28150 | PHALANGECTOMY,TOE, SINGLE, EACH | 217.00 | | | | | | | | |
| 08 | 28153 | PARTIAL REMOVAL OF TOE | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 28160 | PARTIAL REMOVAL OF TOE | 217.00 | | | | | | | | |
| 08 | 28171 | RADICAL RESECTION FOR TUMOR,TARSAL | 217.00 | | | | | | | | |
| 08 | 28173 | RADICAL RESECTION FOR TUMOR,METATARS | 217.00 | | | | | | | | |
| 08 | 28175 | RADICAL RESECTION FOR TUMOR PHALANX | 217.00 | | | | | | | | |
| 08 | 28192 | REMOVAL OF FOOT FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 28193 | REMOVAL OF FOOT FOREIGN BODY | 217.00 | | | | | | | | |
| 08 | 28200 | REPAIR OF FOOT TENDON | 233.58 | | | | | | | | |
| 08 | 28202 | REP/SUT TEND,SECOND,W/GRFT, EACH TEN | 217.00 | | | | | | | | |
| 08 | 28208 | REPAIR OF FOOT TENDON | 233.58 | | | | | | | | |
| 08 | 28210 | REP/SUT TEND..W/GRAFT, EACH TENDON | 217.00 | | | | | | | | |
| 08 | 28222 | RELEASE OF FOOT TENDONS | 182.30 | | | | | | | | |
| 08 | 28225 | RELEASE OF FOOT TENDON | 182.30 | | | | | | | | |
| 08 | 28226 | RELEASE OF FOOT TENDONS | 182.30 | | | | | | | | |
| 08 | 28234 | INCISION OF FOOT TENDON | 182.30 | | | | | | | | |
| 08 | 28238 | REVISION OF FOOT TENDON | 217.00 | | | | | | | | |
| 08 | 28240 | RELEASE OF BIG TOE | 182.30 | | | | | | | | |
| 08 | 28250 | REVISION OF FOOT FASCIA | 217.00 | | | | | | | | |
| 08 | 28260 | RELEASE OF MIDFOOT JOINT | 217.00 | | | | | | | | |
| 08 | 28261 | REVISION OF FOOT TENDON | 217.00 | | | | | | | | |
| 08 | 28262 | REVISION OF FOOT AND ANKLE | 217.00 | | | | | | | | |
| 08 | 28264 | RELEASE OF MIDFOOT JOINT | 233.58 | | | | | | | | |
| 08 | 28270 | RELEASE OT FOOT CONTRACTURE | 233.58 | | | | | | | | |
| 08 | 28272 | RELEASE OF TOE JOINT,EACH | 233.58 | | | | | | | | |
| 08 | 28280 | FUSION OF TOES | 182.30 | | | | | | | | |
| 08 | 28285 | REVISION OF HAMMERTOES | 265.13 | | | | | | | | |
| 08 | 28286 | REVISION OF HAMMERTOES | 217.00 | | | | | | | | |
| 08 | 28288 | OSTECTOMY,PARTIAL..EACH METATAR HEAD | 217.00 | | | | | | | | |
| 08 | 28289 | REPAIR HALLUX RIGIDUS | 217.00 | | | | | | | | |
| 08 | 28291 | HALLUX RIGIDUS CORRECTION WITH CHEIL | 217.00 | | | | | | | | |
| 08 | 28292 | CORRECTION OF BUNION | 265.13 | | | | | | | | |
| 08 | 28295 | CORRECTION, HALLUX VALGUS (BUNIONECT | 217.00 | | | | | | | | |
| 08 | 28296 | CORRECTION OF BUNION | 217.00 | | | | | | | | |
| 08 | 28297 | BUNION CORREDTION-LAPIDUS TYPE PROC | 217.00 | | | | | | | | |
| 08 | 28298 | CORRECTION OF BUNION | 265.13 | | | | | | | | |
| 08 | 28299 | CORRECTION OF BUNION | 265.13 | | | | | | | | |
| 08 | 28300 | INCISION OF HEEL BONE | 265.13 | | | | | | | | |
| 08 | 28302 | INCISION OF ANKLE BONE | 265.13 | | | | | | | | |
| 08 | 28304 | INCISION OF MIDFOOT BONES | 182.30 | | | | | | | | |
| 08 | 28305 | INCISE/GRAFT MIDFOOT BONES | 217.00 | | | | | | | | |
| 08 | 28306 | INCISION OF METATARSAL | 217.00 | | | | | | | | |
| 08 | 28307 | SEE 28306; METATARSAL W/BONE GRFT | 217.00 | | | | | | | | |
| 08 | 28308 | INCISION OF METATARSAL | 265.13 | | | | | | | | |
| 08 | 28309 | INCISION OF METATARSALS | 217.00 | | | | | | | | |
| 08 | 28310 | REVISION OF BIG TOE | 265.13 | | | | | | | | |
| 08 | 28312 | REVISION OF TOE | 265.13 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 28313 | RECONSTRUCT TOE,SOFT TISSUR ONLY | 182.30 | | | | | | | | |
| 08 | 28315 | SESAMOIDECTOMY FIRST TOE | 217.00 | | | | | | | | |
| 08 | 28320 | REPAIR OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28322 | REPAIR OF METATARSALS | 217.00 | | | | | | | | |
| 08 | 28340 | RECONSTRUCT TOE,MACRODAC;SFT TISS RE | 217.00 | | | | | | | | |
| 08 | 28341 | SEE 28340; REQUIRING BONE RESECTION | 217.00 | | | | | | | | |
| 08 | 28344 | RECONSTRUCT TOE; POLYDATYLY | 217.00 | | | | | | | | |
| 08 | 28345 | SEE Z8344;SYNDACTYLY,W/VO GRFT,@ WEB | 217.00 | | | | | | | | |
| 08 | 28400 | TREAT CLSD CALC FX; W/O MANIP | 182.30 | | | | | | | | |
| 08 | 28405 | TREAT CLSD CALC FX W/MANIP...REDUCT | 182.30 | | | | | | | | |
| 08 | 28406 | TREAT CLSD CAC FX, MANIP/FIXATION | 182.30 | | | | | | | | |
| 08 | 28415 | REPAIR OF HEEL FRACTURE | 217.00 | | | | | | | | |
| 08 | 28420 | REPAIR/GRAFT HEEL FRACTURE | 217.00 | | | | | | | | |
| 08 | 28435 | TREAT CLSD TALUS FX, W/MANIP | 182.30 | | | | | | | | |
| 08 | 28436 | TREAT CLSD TA; FX,W/MANIP & PERC PIN | 182.30 | | | | | | | | |
| 08 | 28445 | OPEN TX,CLSD/OPEN FX,W/W/O FIXATION | 217.00 | | | | | | | | |
| 08 | 28456 | OPEN TX CLSD/OPEN FX W RED & PIN-EAC | 182.30 | | | | | | | | |
| 08 | 28465 | OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH | 217.00 | | | | | | | | |
| 08 | 28476 | TREAT CLSD FX,W/MANIP & PINNING,EACH | 182.30 | | | | | | | | |
| 08 | 28485 | OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH | 217.00 | | | | | | | | |
| 08 | 28496 | TREAT CLSD FX GREAT TOE...PINNING | 182.30 | | | | | | | | |
| 08 | 28505 | REPAIR BIG TOE FRACTURE | 217.00 | | | | | | | | |
| 08 | 28525 | OPEN TX,CLSD FX..W/W/O FIX, EACH | 217.00 | | | | | | | | |
| 08 | 28531 | OPEN TREATMENT OF SESAMOID FRACTURE, | 217.00 | | | | | | | | |
| 08 | 28545 | TREAT FOOT DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28546 | TREAT FOOT SLOCATION | 182.30 | | | | | | | | |
| 08 | 28555 | REPAIR FOOT DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28575 | TREAT FOOT DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28576 | PERCUTANEOUS SKELETAL FIXATION OF TA | 217.00 | | | | | | | | |
| 08 | 28585 | REPAIR FOOT DISLOCATION | 217.00 | | | | | | | | |
| 08 | 28605 | TREAT FOOT DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28606 | TREAT FOOT DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28615 | REPAIR FOOT DISLOCATION | 217.00 | | | | | | | | |
| 08 | 28635 | TREAT TOE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28636 | PERCUTANEOUS SKELETAL FIXATION OF ME | 217.00 | | | | | | | | |
| 08 | 28645 | REPAIR TOE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 28665 | TREAT TOE DISLOCATION | 182.30 | | | | | | | | |
| 08 | 28666 | PERCUTANEOUS SKELETAL FIXATION OF IN | 217.00 | | | | | | | | |
| 08 | 28675 | REPAIR OF TOE DISLOCATION | 217.00 | | | | | | | | |
| 08 | 28705 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28715 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28725 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28730 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28735 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28737 | REVISION FOOT BONES | 233.58 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 28740 | FUSION OF FOOT BONES | 217.00 | | | | | | | | |
| 08 | 28750 | FUSION OF BIG TOE JOINT | 265.13 | | | | | | | | |
| 08 | 28755 | FUSION OF BIG TOE JOINT | 265.13 | | | | | | | | |
| 08 | 28760 | FUSION OF BIG TOE JOINT | 265.13 | | | | | | | | |
| 08 | 28810 | AMPUTATION TOE & METATARSAL | 217.00 | | | | | | | | |
| 08 | 28820 | AMPUTATION OF TOE | 217.00 | | | | | | | | |
| 08 | 28825 | PARTIAL AMPUTATION OF TOE | 217.00 | | | | | | | | |
| 08 | 29800 | ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO | 217.00 | | | | | | | | |
| 08 | 29804 | ARTHROSCOPY TEMPOROMAND JOINT,SURGIC | 217.00 | | | | | | | | |
| 08 | 29805 | SHOULDER ARTHROSCOPY, DX | 217.00 | | | | | | | | |
| 08 | 29806 | SHOULDER ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29807 | SHOULDER ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29819 | ARTHROSCOPY/SURGICALLY REMOVE BODY | 265.13 | | | | | | | | |
| 08 | 29820 | ARTHROSCOPY-SYNOVECTOMY-PARTIAL | 265.13 | | | | | | | | |
| 08 | 29821 | ARTHROSCOPY-SYNOVECTOMY-COMPLETE | 265.13 | | | | | | | | |
| 08 | 29822 | ARTHROSCOPY-LIMITED DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29823 | ARTHROSCOPY EXT DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29824 | SHOULDER ARTHROSCOPY/SURGEON | 233.58 | | | | | | | | |
| 08 | 29825 | ARTHROSCOPY W/LYSIS & RESECTION | 265.13 | | | | | | | | |
| 08 | 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DEC | 217.00 | | | | | | | | |
| 08 | 29827 | ARTHROSCOP ROTATOR CUFF REPR | 233.58 | | | | | | | | |
| 08 | 29830 | ARTHROSCOPY ELBOW-DX | 265.13 | | | | | | | | |
| 08 | 29834 | ARTHROSCOPY-ELBOW-SURGICAL | 265.13 | | | | | | | | |
| 08 | 29835 | ARTHROSCOPY SYNOVECTOMY-PARTIAL | 265.13 | | | | | | | | |
| 08 | 29836 | ARTHROSCOPY SYNOVECTOMY COMPLETE | 265.13 | | | | | | | | |
| 08 | 29837 | ARTHROSCOPY-LIMITED DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29838 | ARTHROSCOPY EXT DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29840 | ARTHROSCOPY,WRIST,DIAGNOSTIC | 217.00 | | | | | | | | |
| 08 | 29843 | ARTHROSCOPY,WRIST,SURGICAL,LAVAGE... | 217.00 | | | | | | | | |
| 08 | 29844 | ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM | 217.00 | | | | | | | | |
| 08 | 29845 | ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO | 217.00 | | | | | | | | |
| 08 | 29846 | ANTHROSCOPY,WRIST,EXCISE FIBROCARD | 217.00 | | | | | | | | |
| 08 | 29847 | ARTHROSCOPY,WRIST,INT FIX-FX INSTABI | 217.00 | | | | | | | | |
| 08 | 29848 | WRIST ENDOSCOPY/SURGERY | 265.13 | | | | | | | | |
| 08 | 29850 | ARTHROSCOPICALLY AIDED TREATMENT OF | 217.00 | | | | | | | | |
| 08 | 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF | 217.00 | | | | | | | | |
| 08 | 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF | 217.00 | | | | | | | | |
| 08 | 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF | 217.00 | | | | | | | | |
| 08 | 29860 | HIP ARTHROSCOPY, DX | 217.00 | | | | | | | | |
| 08 | 29861 | HIP ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29862 | HIP ARTHROSCOPY/SURGERY | 265.13 | | | | | | | | |
| 08 | 29863 | HIP ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29870 | ARTHROSCOPY KNEE-DX | 265.13 | | | | | | | | |
| 08 | 29871 | ARTHROSCOPY-KNEE-SURGICAL | 265.13 | | | | | | | | |
| 08 | 29874 | ARTHROSCPOY REMOVE FOREIGN BODY | 265.13 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 29875 | ARTHROSCOPY LIMITED SYNOVECTOMY | 265.13 | | | | | | | | |
| 08 | 29876 | ARTHROSCOPY-MAJOR SYNOVECTOMY | 265.13 | | | | | | | | |
| 08 | 29877 | ARTHROSCOPY-DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29879 | ARTHROSCOPY-ABRASION ARTHOPLA | 265.13 | | | | | | | | |
| 08 | 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH ME | 217.00 | | | | | | | | |
| 08 | 29881 | ARTHROSCOPY, KNEE, SURGICAL; WITH ME | 265.13 | | | | | | | | |
| 08 | 29882 | ARTHROSCOPY W/ MENISCUS REPAIR | 265.13 | | | | | | | | |
| 08 | 29883 | ARTHROSCOPY, KNEE, MENISCUS REPAIR | 217.00 | | | | | | | | |
| 08 | 29884 | ARTHROSCOPY W/LYSIS ADHESIONS | 217.00 | | | | | | | | |
| 08 | 29885 | ARTHROSCOPY, KNEE, DRILL, OSTEOCHONDRIT | 217.00 | | | | | | | | |
| 08 | 29886 | ARTHROSCOPY-OSTEOCHONDRITIS | 182.30 | | | | | | | | |
| 08 | 29887 | ARTHROSCOPY-INTERNAL FIXATION | 217.00 | | | | | | | | |
| 08 | 29888 | ARTHROSCOPY-AIDED REP/AUGMENT/RECON | 217.00 | | | | | | | | |
| 08 | 29889 | REPAIR OF POSTERIOR CRUCIATE LIGAMEN | 217.00 | | | | | | | | |
| 08 | 29891 | ANKLE ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29892 | ANKLE ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29893 | SCOPE, PLANTAR FASCIOTOMY | 265.13 | | | | | | | | |
| 08 | 29894 | ARTHROSCOPY-ANKLE-SURGICAL | 265.13 | | | | | | | | |
| 08 | 29895 | ARTHROSCOPY-PARTIAL SYNOVECTOMY | 265.13 | | | | | | | | |
| 08 | 29897 | ARTHROSCOPY-LIMITED DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29898 | ARTHROSCOPY-EXT. DEBRIDEMENT | 265.13 | | | | | | | | |
| 08 | 29899 | ANKLE ARTHROSCOPY/SURGERY | 217.00 | | | | | | | | |
| 08 | 29900 | MCP JOINT ARTHROSCOPY, DX | 217.00 | | | | | | | | |
| 08 | 29901 | MCP JOINT ARTHROSCOPY, SURG | 217.00 | | | | | | | | |
| 08 | 29902 | MCP JOINT ARTHROSCOPY, SURG | 217.00 | | | | | | | | |
| 08 | 30110 | REMOVAL OF NOSE POLYP(S) | 217.00 | | | | | | | | |
| 08 | 30115 | REMOVAL OF NOSE POLYP(S) | 217.00 | | | | | | | | |
| 08 | 30117 | REMOVAL OF INTRANASAL LESION | 217.00 | | | | | | | | |
| 08 | 30118 | REMOVAL OF INTRANASAL LESION | 217.00 | | | | | | | | |
| 08 | 30120 | REVISION OF NOSE | 182.30 | | | | | | | | |
| 08 | 30125 | REMOVAL OF NOSE LESION | 182.30 | | | | | | | | |
| 08 | 30130 | REMOVAL OF TURBINATE BONES | 182.30 | | | | | | | | |
| 08 | 30140 | REMOVAL OF TURBINATE BONES | 182.30 | | | | | | | | |
| 08 | 30150 | PARTIAL REMOVAL OF NOSE | 217.00 | | | | | | | | |
| 08 | 30160 | REMOVAL OF NOSE | 217.00 | | | | | | | | |
| 08 | 30310 | REMOVE NASAL FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 30320 | REMOVE NASAL FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 30400 | RECONSTRUCTION OF NOSE | 217.00 | | | | | | | | |
| 08 | 30410 | RECONSTRUCTION OF NOSE | 233.58 | | | | | | | | |
| 08 | 30420 | RECONSTRUCTION OF NOSE | 233.58 | | | | | | | | |
| 08 | 30430 | REVISION OF NOSE | 217.00 | | | | | | | | |
| 08 | 30435 | REVISION WORK WITH OSTEOATOMIES | 233.58 | | | | | | | | |
| 08 | 30450 | REVISION OF NOSE | 265.13 | | | | | | | | |
| 08 | 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECO | 265.13 | | | | | | | | |
| 08 | 30462 | REVISION OF NOSE | 265.13 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 30465 | REPAIR NASAL STENOSIS | 265.13 | | | | | | | | |
| 08 | 30520 | REPAIR OF NASAL SEPTUM | 217.00 | | | | | | | | |
| 08 | 30540 | REPAIR NASAL DEFECT | 233.58 | | | | | | | | |
| 08 | 30545 | REPAIR NASAL DEFECT | 233.58 | | | | | | | | |
| 08 | 30560 | RELEASE OF NASAL ADHESIONS | 182.30 | | | | | | | | |
| 08 | 30580 | UPPER JAW FISTULA | 217.00 | | | | | | | | |
| 08 | 30600 | MOUTH/NOSE FISTULA | 217.00 | | | | | | | | |
| 08 | 30620 | RECONSTRUCTION INNER NOSE | 265.13 | | | | | | | | |
| 08 | 30630 | REPAIR NASAL SEPTUM DEFECT | 265.13 | | | | | | | | |
| 08 | 30801 | CAUTERIZATION AND/OR ABLATION,MUCOS | 182.30 | | | | | | | | |
| 08 | 30802 | CAUTERIZATION AND/OR ABLATION,MUCOS | 182.30 | | | | | | | | |
| 08 | 30903 | CAUER NASAL W LOC.ANESTH.UNILATER | 182.30 | | | | | | | | |
| 08 | 30905 | CONTROL OF NOSEBLEED | 182.30 | | | | | | | | |
| 08 | 30906 | REPEAT CONTROL OF NOSEBLEED | 182.30 | | | | | | | | |
| 08 | 30915 | LIGATION NASAL SINUS ARTERY | 182.30 | | | | | | | | |
| 08 | 30920 | LIGATION UPPER JAW ARTERY | 217.00 | | | | | | | | |
| 08 | 30930 | NASAL TURBINATES, THERAPEUTI | 217.00 | | | | | | | | |
| 08 | 31000 | IRRIGATION MAXILLARY SINUS | 217.00 | | | | | | | | |
| 08 | 31002 | IRRIGATION SPHENOID SINUS | 233.58 | | | | | | | | |
| 08 | 31020 | EXPLORATION MAXILLARY SINUS | 182.30 | | | | | | | | |
| 08 | 31030 | EXPLORATION MAXILLARY SINUS | 217.00 | | | | | | | | |
| 08 | 31032 | SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO | 217.00 | | | | | | | | |
| 08 | 31050 | EXPLORATION SPHENOID SINUS | 182.30 | | | | | | | | |
| 08 | 31051 | SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS | 217.00 | | | | | | | | |
| 08 | 31070 | EXPLORATION OF FRONTAL SINUS | 182.30 | | | | | | | | |
| 08 | 31075 | EXPLORATION OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31080 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31081 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31084 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31085 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31086 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31087 | REMOVAL OF FRONTAL SINUS | 217.00 | | | | | | | | |
| 08 | 31090 | EXPLORATION OF SINUSES | 233.58 | | | | | | | | |
| 08 | 31200 | REMOVAL OF ETHMOID SINUS | 233.58 | | | | | | | | |
| 08 | 31201 | REMOVAL OF ETHMOID SINUS | 233.58 | | | | | | | | |
| 08 | 31205 | REMOVAL OF ETHMOID SINUS | 217.00 | | | | | | | | |
| 08 | 31233 | NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI | 182.30 | | | | | | | | |
| 08 | 31235 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF | 182.30 | | | | | | | | |
| 08 | 31237 | NASAL/SINUS ENDOSCOPY,SURGICAL | 182.30 | | | | | | | | |
| 08 | 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL | 182.30 | | | | | | | | |
| 08 | 31239 | NASAL/SINUS ENDOSCOPY,SURGICAL; | 217.00 | | | | | | | | |
| 08 | 31240 | NASAL/SINUS ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 31253 | NASAL/SINUS ENDOSCOPY, SURGICAL; WI | 265.13 | | | | | | | | |
| 08 | 31254 | NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT | 265.13 | | | | | | | | |
| 08 | 31255 | NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY | 265.13 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 31256 | NASAL ENDOSCOPY, MAX ANTROSTOMY | 265.13 | | | | | | | | |
| 08 | 31257 | NASAL/SINUS ENDOSCOPY, SURGICAL; WI | 265.13 | | | | | | | | |
| 08 | 31259 | NASAL/SINUS ENDOSCOPY, SURGICAL; WI | 265.13 | | | | | | | | |
| 08 | 31267 | SURG MAX ENDO, REMOVE MEMBRANE/POLYP | 265.13 | | | | | | | | |
| 08 | 31276 | SINUS SURGICAL ENDOSCOPY | 217.00 | | | | | | | | |
| 08 | 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL, WIT | 217.00 | | | | | | | | |
| 08 | 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, WIT | 217.00 | | | | | | | | |
| 08 | 31298 | NASAL/SINUS ENDOSCOPY, SURGICAL; WI | 265.13 | | | | | | | | |
| 08 | 31300 | REMOVAL OF LARYNX LESION | 233.58 | | | | | | | | |
| 08 | 31400 | REVISION OF LARYNX | 182.30 | | | | | | | | |
| 08 | 31420 | REMOVAL OF EPIGLOTTIS | 182.30 | | | | | | | | |
| 08 | 31505 | DIAGNOSTIC LARYNGOSCOPY | 182.30 | | | | | | | | |
| 08 | 31510 | LARYNGOSCOPY WITH BIOPSY | 182.30 | | | | | | | | |
| 08 | 31511 | REMOVE FOREIGN BODY, LARYNX | 182.30 | | | | | | | | |
| 08 | 31512 | REMOVAL OF LARYNX LESION | 182.30 | | | | | | | | |
| 08 | 31513 | LARYNGOSCOPY, W/VOCAL CORD INJECTION | 182.30 | | | | | | | | |
| 08 | 31515 | LARYNGOSCOPY FOR ASPIRATION | 182.30 | | | | | | | | |
| 08 | 31525 | DIAGNOSTIC LARYNGOSCOPY | 182.30 | | | | | | | | |
| 08 | 31526 | DIAGNOSTIC LARYNGOSCOPY | 182.30 | | | | | | | | |
| 08 | 31527 | LARYNGOSCOPY, INSERT OBTURATOR | 182.30 | | | | | | | | |
| 08 | 31528 | LARYNGOSCOPY, W DILATATION INITIAL | 182.30 | | | | | | | | |
| 08 | 31529 | LARYNGOSCOPY, W DILATATION SUBSEQUEN | 182.30 | | | | | | | | |
| 08 | 31530 | OPERATIVE LARYNGOSCOPY | 182.30 | | | | | | | | |
| 08 | 31531 | OPERATIVE LARYNGOSCOPY | 217.00 | | | | | | | | |
| 08 | 31535 | OPERATIVE LARYNGOSCOPY | 182.30 | | | | | | | | |
| 08 | 31536 | OPERATIVE LARYNGOSCOPY | 217.00 | | | | | | | | |
| 08 | 31540 | REMOVAL OF GROWTH OF TONGUE AND/OR V | 217.00 | | | | | | | | |
| 08 | 31541 | REMOVAL OF GROWTH OF TONGUE AND/OR V | 217.00 | | | | | | | | |
| 08 | 31551 | LARYNGOPLASTY; FOR LARYNGEAL STENOSI | 233.58 | 00 | 11 | | | | | | |
| 08 | 31552 | LARYNGOPLASTY; FOR LARYNGEAL STENOSI | 233.58 | 12 | 99 | | | | | | |
| 08 | 31553 | LARYNGOPLASTY; FOR LARYNGEAL STENOSI | 233.58 | 00 | 11 | | | | | | |
| 08 | 31554 | LARYNGOPLASTY; FOR LARYNGEAL STENOSI | 233.58 | 12 | 99 | | | | | | |
| 08 | 31560 | OPERATIVE LARYNGOSCOPY | 233.58 | | | | | | | | |
| 08 | 31561 | OPERATIVE LARYNGOSCOPY | 233.58 | | | | | | | | |
| 08 | 31570 | LARYNGOSCOPY WITH INJECTIONS | 182.30 | | | | | | | | |
| 08 | 31571 | LARYNGOSCOPY WITH INJECTION | 182.30 | | | | | | | | |
| 08 | 31572 | LARYNGOSCOPY, FLEXIBLE; WITH ABLAT | 217.00 | | | | | | | | |
| 08 | 31573 | LARYNGOSCOPY, FLEXIBLE; WITH THERA | 217.00 | | | | | | | | |
| 08 | 31574 | LARYNGOSCOPY, FLEXIBLE; WITH INJEC | 217.00 | | | | | | | | |
| 08 | 31575 | LARYNGOSCOPY, FIBERSCOPIC; DIAGN | 182.30 | | | | | | | | |
| 08 | 31576 | LARYNGOSCOPY, FIBERSCOPIC; BIOPSY | 182.30 | | | | | | | | |
| 08 | 31577 | LARYNGOSCOPY, FIBERSCOPIC; FOREIGN | 182.30 | | | | | | | | |
| 08 | 31578 | LARYNGOSCOPY, FIBERSCOPIC; REMOVAL | 182.30 | | | | | | | | |
| 08 | 31580 | REVISION OF LARYNX | 233.58 | | | | | | | | |
| 08 | 31590 | LARYNGEAL REINNVATION REPAIR | 233.58 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 31591 | LARYNGOPLASTY, MEDIALIZATION, UNILAT | 233.58 | | | | | | | | |
| 08 | 31592 | CRICOTRACHEAL RESECTION | 233.58 | | | | | | | | |
| 08 | 31611 | CONSTRUCTION OF TRACHEOESOPH FISTULA | 217.00 | | | | | | | | |
| 08 | 31612 | PUNCTURE/CLEAR WINDPIPE | 182.30 | | | | | | | | |
| 08 | 31613 | TRACHEOSTOMA REVISION;W/O FLAP ROTAT | 182.30 | | | | | | | | |
| 08 | 31614 | REVISE TRACHEOSTOMA,COMP,W/FLAP ROT | 182.30 | | | | | | | | |
| 08 | 31615 | VISUALIZATION OF WINDPIPE | 182.30 | | | | | | | | |
| 08 | 31622 | DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH | 182.30 | | | | | | | | |
| 08 | 31623 | DX BRONCHOSCOPE/BRUSH | 182.30 | | | | | | | | |
| 08 | 31624 | DX BRONCHOSCOPELAVAGE | 182.30 | | | | | | | | |
| 08 | 31625 | BRONCHOSCOPY WITH BIOPSY | 182.30 | | | | | | | | |
| 08 | 31628 | TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI | 182.30 | | | | | | | | |
| 08 | 31629 | BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY | 182.30 | | | | | | | | |
| 08 | 31630 | BRONCHOSCOPY WITH REPAIR | 182.30 | | | | | | | | |
| 08 | 31631 | BRONCHOSCOPY-PLACE TRACH STENT | 182.30 | | | | | | | | |
| 08 | 31635 | REMOVE FOREIGN BODY, AIRWAY | 182.30 | | | | | | | | |
| 08 | 31640 | BRONCHOSCOPY & REMOVE LESION | 182.30 | | | | | | | | |
| 08 | 31641 | BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS | 182.30 | | | | | | | | |
| 08 | 31643 | DX BRONCHOSCOPE/CATHETER | 182.30 | | | | | | | | |
| 08 | 31645 | BRONCHOSCOPY, CLEAR AIRWAYS | 182.30 | | | | | | | | |
| 08 | 31646 | BRONCHOSCOPY,RECLEAR AIRWAYS | 182.30 | | | | | | | | |
| 08 | 31647 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | 182.30 | | | | | | | | |
| 08 | 31648 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | 182.30 | | | | | | | | |
| 08 | 31652 | BRONCHOSCOPY,RIGID OR FLEXIBLE,INC | 182.30 | | | | | | | | |
| 08 | 31653 | BRONCHOSCOPY,RIGID OR FLEXIBLE,INC | 182.30 | | | | | | | | |
| 08 | 31717 | BRONCHIAL BRUSH BIOPSY | 182.30 | | | | | | | | |
| 08 | 31720 | CLEARANCE OF AIRWAYS | 182.30 | | | | | | | | |
| 08 | 31730 | INSERTION INTO WINDPIPE OF NEEDLE WI | 182.30 | | | | | | | | |
| 08 | 31750 | REPAIR OF WINDPIPE | 233.58 | | | | | | | | |
| 08 | 31755 | REPAIR OF WINDPIPE | 182.30 | | | | | | | | |
| 08 | 31820 | CLOSURE OF WINDPIPE LESION | 182.30 | | | | | | | | |
| 08 | 31825 | REPAIR OF WINDPIPE DEFECT | 182.30 | | | | | | | | |
| 08 | 31830 | REVISE WINDPIPE SCAR | 182.30 | | | | | | | | |
| 08 | 32400 | NEEDLE BIOPSY CHEST LINING | 182.30 | | | | | | | | |
| 08 | 32405 | BIOPSY, LUNG OR MEDIASTINUM, PERCUTA | 182.30 | | | | | | | | |
| 08 | 32507 | REPAIR BLOOD VESSEL,DIRECT-HAND/FING | 217.00 | | | | | | | | |
| 08 | 32554 | THORACENTESIS, NEEDLE OR CATHETER, A | 182.30 | | | | | | | | |
| 08 | 32555 | THORACENTESIS, NEEDLE OR CATHETER, A | 182.30 | | | | | | | | |
| 08 | 32556 | PLEURAL DRAINAGE, PERCUTANEOUS, WITH | 182.30 | | | | | | | | |
| 08 | 32557 | PLEURAL DRAINAGE, PERCUTANEOUS, WITH | 182.30 | | | | | | | | |
| 08 | 32994 | ABLATION THERAPY FOR REDUCTION OR ER | 265.13 | | | | | | | | |
| 08 | 33010 | DRAINAGE OF HEART SAC | 182.30 | | | | | | | | |
| 08 | 33011 | REPEAT DRAINAGE OF HEART SAC | 182.30 | | | | | | | | |
| 08 | 33222 | RELOCATION OF PACEMAKER GENERATOR SK | 182.30 | | | | | | | | |
| 08 | 33223 | RELOCATION OF PACING DEFIBRILLATOR D | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|----------------|------------|----|-----|-----|----|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | PA | SEX | PSR | SL | X- OVERS | UVS >001 |
| 08 | 33274 | TRANSCATHETER INSERTION OR REPLACEME | 265.13 | | | | | | | | |
| 08 | 33275 | TRANSCATHETER REMOVAL OF PERMANENT | 217.00 | | | | | | | | |
| 08 | 33285 | INSERTION, SUBCUTANEOUS CARDIAC RHYT | 265.13 | | | | | | | | |
| 08 | 33286 | REMOVAL, SUBCUTANEOUS CARDIAC RHYTH | 182.30 | | | | | | | | |
| 08 | 35188 | REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT | 217.00 | | | | | | | | |
| 08 | 35207 | REPAIR BLOOD VESSEL,DIRECT-HAND/FING | 217.00 | | | | | | | | |
| 08 | 35875 | REMOVAL OF CLOT IN GRAFT | 265.13 | | | | | | | | |
| 08 | 35876 | REMOVAL OF CLOT IN GRAFT | 265.13 | | | | | | | | |
| 08 | 36260 | INSERT IMPLANTABLE FUSION PUMP | 217.00 | | | | | | | | |
| 08 | 36261 | REVISION OF IMPLANTED INFUSION PUMP | 182.30 | | | | | | | | |
| 08 | 36262 | REMOVAL OF IMPLANTED INFUSION PUMP | 182.30 | | | | | | | | |
| 08 | 36465 | INJECTION OF NON-COMPOUNDED FOAM SCL | 217.00 | | | | | | | | |
| 08 | 36466 | INJECTION OF NON-COMPOUNDED FOAM SCL | 217.00 | | | | | | | | |
| 08 | 36473 | ENDOVENOUS ABLATION THERAPY OF INCOM | 217.00 | | | | | | | | |
| 08 | 36482 | ENDOVENOUS ABLATION THERAPY OF INCOM | 265.13 | | | | | | | | |
| 08 | 36555 | INSERT NON-TUNNEL CV CATH | 182.30 | | | | | | | | |
| 08 | 36556 | INSERT NON-TUNNEL CV CATH | 182.30 | | | | | | | | |
| 08 | 36557 | INSERT TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36558 | INSERT TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36560 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36561 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36563 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36565 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36566 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36568 | INSERT TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36569 | INSERT TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36570 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36571 | INSERT TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36572 | INSERTION OF PERIPHERALLY INSERTED | 182.30 | 00 | 04 | | | | | | |
| 08 | 36573 | INSERTION OF PERIPHERALLY INSERTED | 182.30 | 05 | 99 | | | | | | |
| 08 | 36575 | REPAIR TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36576 | REPAIR TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36578 | REPLACE TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36580 | REPLACE TUNNELED DV CATH | 182.30 | | | | | | | | |
| 08 | 36581 | REPLACE TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36582 | REPLACE TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36583 | REPLACE TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36584 | REPLACE TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36585 | REPLACE TUNNELED CV CATH | 217.00 | | | | | | | | |
| 08 | 36589 | REMOVAL TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36590 | REMOVAL TUNNELED CV CATH | 182.30 | | | | | | | | |
| 08 | 36640 | INSERTION CATHETER, ARTERY | 182.30 | | | | | | | | |
| 08 | 36800 | INSERTION OF CANNULA | 217.00 | | | | | | | | |
| 08 | 36810 | INSERTION OF CANNULA | 217.00 | | | | | | | | |
| 08 | 36815 | INSERTION OF CANNULA | 217.00 | | | | | | | | |

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 36818 | AV FUSE, UPPER ARM, CEPHALIC | 217.00 | | | | | | | | |
| 08 | 36819 | AV FUSION BY BASILIC VEIN | 217.00 | | | | | | | | |
| 08 | 36820 | INSERTION OF CANNULA | 217.00 | | | | | | | | |
| 08 | 36821 | ARTERY-VEIN FUSION | 217.00 | | | | | | | | |
| 08 | 36825 | ARTERY - VEIN GRAFT | 217.00 | | | | | | | | |
| 08 | 36830 | ARTERY - VEIN GRAFT | 217.00 | | | | | | | | |
| 08 | 36831 | OPEN THROMBECT AV FISTULA | 265.13 | | | | | | | | |
| 08 | 36832 | REVISION O ARTERIO FISTULA WW THROMB | 217.00 | | | | | | | | |
| 08 | 36833 | AV FISTULA REVISION | 217.00 | | | | | | | | |
| 08 | 36835 | ARTERY TO VEIN SHUNT | 217.00 | | | | | | | | |
| 08 | 36860 | CANNULA DECLETTING | 182.30 | | | | | | | | |
| 08 | 36861 | CANNULA DECLETTING | 217.00 | | | | | | | | |
| 08 | 36901 | INTRODUCTION OF NEEDLE(S) AND/OR | 217.00 | | | | | | | | |
| 08 | 36902 | INTRODUCTION OF NEEDLE(S) AND/OR | 217.00 | | | | | | | | |
| 08 | 36903 | INTRODUCTION OF NEEDLE(S) AND/OR | 217.00 | | | | | | | | |
| 08 | 36904 | PERCUTANEOUS TRANSLUMINAL MECHANICAL | 233.58 | | | | | | | | |
| 08 | 36905 | PERCUTANEOUS TRANSLUMINAL MECHANICAL | 233.58 | | | | | | | | |
| 08 | 36906 | PERCUTANEOUS TRANSLUMINAL MECHANICAL | 233.58 | | | | | | | | |
| 08 | 37246 | TRANSLUMINAL BALLOON ANGIOPLASTY | 217.00 | | | | | | | | |
| 08 | 37248 | TRANSLUMINAL BALLOON ANGIOPLASTY | 217.00 | | | | | | | | |
| 08 | 37607 | LIGATION OR BANDING OF ANGIOACCESS | 217.00 | | | | | | | | |
| 08 | 37609 | TEMPORAL ARTERY PROCEDURE | 182.30 | | | | | | | | |
| 08 | 37650 | INTERRUPT FEMORAL VEIN; UNILATERAL | 182.30 | | | | | | | | |
| 08 | 37700 | REVISE LEG VEIN | 265.13 | | | | | | | | |
| 08 | 37718 | LIGATE/STRIP SHORT LEG VEIN | 217.00 | | | | | | | | |
| 08 | 37722 | LIGATE/STRIP LONG LEG VEIN | 217.00 | | | | | | | | |
| 08 | 37735 | REMOVAL OF LEG VEINS/LESION | 217.00 | | | | | | | | |
| 08 | 37760 | REVISION OF LEG VEINS | 217.00 | | | | | | | | |
| 08 | 37780 | REVISION OF LEG VEIN | 265.13 | | | | | | | | |
| 08 | 37785 | REVISION OF LEG VEIN | 265.13 | | | | | | | | |
| 08 | 37790 | PENILE VENOUS OCCLUSIVE PROCEDURE | 217.00 | | | | | | | | |
| 08 | 38222 | DIAGNOSTIC BONE MARROW; BIOPSY(IES) | 182.30 | | | | | | | | |
| 08 | 38300 | DRAINAGE LYMPH NODE LESION | 182.30 | | | | | | | | |
| 08 | 38305 | DRAINAGE LYMPH NODE LESION | 182.30 | | | | | | | | |
| 08 | 38308 | INCISION OF LYMPH CHANNELS | 182.30 | | | | | | | | |
| 08 | 38500 | BIOPSY/REMOVAL OF LYMPH NODE | 217.00 | | | | | | | | |
| 08 | 38505 | NEEDLE BX, LYMPHNODES(S), SUPERFICI | 182.30 | | | | | | | | |
| 08 | 38510 | BIOPSY/REMOVAL OF LYMPH NODE | 217.00 | | | | | | | | |
| 08 | 38520 | BIOPSY/REMOVAL OF LYMPH NODE | 217.00 | | | | | | | | |
| 08 | 38525 | BX,EXCISE-DEEP AXILLARY NODES | 182.30 | | | | | | | | |
| 08 | 38530 | BIOPSY/REMOVAL OF LYMPH NODE | 217.00 | | | | | | | | |
| 08 | 38542 | DISSECTION: DEEP JUGULAR NODE | 182.30 | | | | | | | | |
| 08 | 38550 | REMOVAL NECK/ARMPIT LESION | 217.00 | | | | | | | | |
| 08 | 38555 | REMOVAL NECK/ARMPIT LESION | 217.00 | | | | | | | | |
| 08 | 38570 | LAPAROSCOPY, LYMPH NODE BIOP | 265.13 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 38571 | LAPAROSCOPY, LYMPHADENECTOMY | 265.13 | | | | | | | | |
| 08 | 38572 | LAPAROSCOPY, LYMPHADENECTOMY | 265.13 | | | | | | | | |
| 08 | 38573 | LAPAROSCOPY, SURGICAL; WITH BILATER | 265.13 | | | | | | | | |
| 08 | 38740 | REMOVE ARMPIT LYMPH NODES | 182.30 | | | | | | | | |
| 08 | 38745 | REMOVE ARMPITS LYMPH NODES | 217.00 | | | | | | | | |
| 08 | 38760 | REMOVE GROIN LYMPH NODES | 182.30 | | | | | | | | |
| 08 | 40500 | VERMILIONECTOMY (LIP SHAVE) | 217.00 | | | | | | | | |
| 08 | 40510 | PARTIAL EXCISION OF LIP | 233.58 | | | | | | | | |
| 08 | 40520 | PARTIAL EXCISION OF LIP | 182.30 | | | | | | | | |
| 08 | 40525 | EXCISE LIP,FULL THICKNESS,W/LOC.FLAP | 182.30 | | | | | | | | |
| 08 | 40527 | EXCISE LIP,FULL THICKNESS-CROSS FLAP | 182.30 | | | | | | | | |
| 08 | 40530 | PARTIAL REMOVAL OF LIP | 233.58 | | | | | | | | |
| 08 | 40650 | REPAIR LIP | 217.00 | | | | | | | | |
| 08 | 40652 | REPAIR LIP | 217.00 | | | | | | | | |
| 08 | 40654 | REPAIR LIP | 217.00 | | | | | | | | |
| 08 | 40700 | REPAIR CLEFT LIP | 265.13 | | | | | | | | |
| 08 | 40701 | REPAIR CLEFT LIP | 265.13 | | | | | | | | |
| 08 | 40720 | REPAIR CLEFT LIP | 265.13 | | | | | | | | |
| 08 | 40761 | REPAIR CLEFT LIP | 217.00 | | | | | | | | |
| 08 | 40801 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 40804 | REMOVAL FOREIGN BODY; MOUTH | 217.00 | | | | | | | | |
| 08 | 40805 | REMOVAL FOREIGN BODY;MOUTH | 217.00 | | | | | | | | |
| 08 | 40814 | EXCISE/REPAIR MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 40816 | EXCISION OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 40818 | EXCISE ORAL MUCOSA FOR GRAFT | 182.30 | | | | | | | | |
| 08 | 40819 | EXCISE LIP OR CHEEK FOLD | 265.13 | | | | | | | | |
| 08 | 40831 | REPAIR MOUTH LACERATION | 182.30 | | | | | | | | |
| 08 | 40840 | RECONSTRUCTION OF MOUTH | 182.30 | | | | | | | | |
| 08 | 40842 | RECONSTRUCTION OF MOUTH | 217.00 | | | | | | | | |
| 08 | 40843 | RECONSTRUCTION OF MOUTH | 217.00 | | | | | | | | |
| 08 | 40844 | RECONSTRUCTION OF MOUTH | 233.58 | | | | | | | | |
| 08 | 40845 | RECONSTRUCTION OF MOUTH | 233.58 | | | | | | | | |
| 08 | 41000 | DRAINAGE OF MOUTH LESION | 217.00 | | | | | | | | |
| 08 | 41005 | DRAINAGE OF MOUTH LESION | 217.00 | | | | | | | | |
| 08 | 41006 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41007 | DRAINAGE OF MOUTH LESION | 217.00 | | | | | | | | |
| 08 | 41008 | DRAINAGE OF MOUTH LESION | 217.00 | | | | | | | | |
| 08 | 41009 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41015 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41016 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41017 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41018 | DRAINAGE OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41100 | BIOPSY OF TONGUE | 182.30 | | | | | | | | |
| 08 | 41105 | BIOPSY OF TONGUE | 182.30 | | | | | | | | |
| 08 | 41112 | EXCISION OF TONGUE LESION | 182.30 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 41113 | EXCISION OF TONGUE LESION | 182.30 | | | | | | | | |
| 08 | 41114 | EXCISE TONGUE LESION/LOCAL FLP | 182.30 | | | | | | | | |
| 08 | 41116 | EXCISION OF MOUTH LESION | 182.30 | | | | | | | | |
| 08 | 41120 | PARTIAL REMOVAL OF TONGUE | 233.58 | | | | | | | | |
| 08 | 41250 | REPAIR TONGUE LACERATION | 182.30 | | | | | | | | |
| 08 | 41251 | REPAIR TONGUE LACERATION | 182.30 | | | | | | | | |
| 08 | 41252 | REPAIR TONGUE LACERATION | 182.30 | | | | | | | | |
| 08 | 41520 | RECONSTRUCTION, TONGUE FOLD | 182.30 | | | | | | | | |
| 08 | 41800 | DRAINAGE OF GUM LESION | 182.30 | | | | | | | | |
| 08 | 41827 | EXCISION OF GUM LESION | 182.30 | | | | | | | | |
| 08 | 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIF | 182.30 | | | | | | | | X |
| 08 | 41899 | GUM SURGERY PROCEDURE | 182.30 | | | | | | | | |
| 08 | 42000 | DRAINAGE MOUTH ROOF LESION | 182.30 | | | | | | | | |
| 08 | 42107 | EXCISE UVULA LESION;LOCAL FLAP CLOSE | 182.30 | | | | | | | | |
| 08 | 42120 | REMOVE PALATE/LESION | 217.00 | | | | | | | | |
| 08 | 42140 | EXCISION OF UVULA | 182.30 | | | | | | | | |
| 08 | 42145 | PALATOPHARYNGOPLASTY | 233.58 | | | | | | | | |
| 08 | 42180 | REPAIR PALATE | 182.30 | | | | | | | | |
| 08 | 42182 | REPAIR PALATE | 182.30 | | | | | | | | |
| 08 | 42200 | RECONSTRUCT CLEFT PALATE | 233.58 | | | | | | | | |
| 08 | 42205 | RECONSTRUCT FLEFT PALATE | 233.58 | | | | | | | | |
| 08 | 42210 | RECONSTRUCT CLEFT PALATE | 233.58 | | | | | | | | |
| 08 | 42215 | RECONSTRUCT CLEFT PALATE | 265.13 | | | | | | | | |
| 08 | 42220 | RECONSTRUCT CLEFT PALATE | 233.58 | | | | | | | | |
| 08 | 42226 | LENGHTENING OF PALATE, AND PHARYNGEA | 233.58 | | | | | | | | |
| 08 | 42235 | REPAIR PALATE | 233.58 | | | | | | | | |
| 08 | 42260 | REPAIR NOSE TO LIP FISTULA | 217.00 | | | | | | | | |
| 08 | 42300 | DRAINAGE OF SALIVARY GLAND | 182.30 | | | | | | | | |
| 08 | 42305 | DRAINAGE OF SALIVARY GLAND | 182.30 | | | | | | | | |
| 08 | 42310 | DRAINAGE OF SALIVARY GLAND | 182.30 | | | | | | | | |
| 08 | 42340 | REMOVAL OF SALIVARY STONE | 182.30 | | | | | | | | |
| 08 | 42405 | BIOPSY OF SALIVARY GLAND | 182.30 | | | | | | | | |
| 08 | 42408 | EXCISION OF SALIVARY CYST | 217.00 | | | | | | | | |
| 08 | 42409 | DRAINAGE OF SALIVARY CYST | 217.00 | | | | | | | | |
| 08 | 42410 | EXCISE PAROTID GLAND/LESION | 217.00 | | | | | | | | |
| 08 | 42415 | EXCISE PAROTID GLAND/LESION | 265.13 | | | | | | | | |
| 08 | 42420 | EXCISE PAROTID GLAND/LESION | 265.13 | | | | | | | | |
| 08 | 42425 | EXCISE PAROTID GLAND/LESION | 265.13 | | | | | | | | |
| 08 | 42440 | EXCISION SUBMAXILLARY GLAND | 217.00 | | | | | | | | |
| 08 | 42450 | EXCISION SUBLINGUAL GLAND | 182.30 | | | | | | | | |
| 08 | 42500 | REPAIR SALVARY DUCT | 217.00 | | | | | | | | |
| 08 | 42505 | REPAIR SALIVARY DUCT | 217.00 | | | | | | | | |
| 08 | 42507 | PAROTID DUCT DIVERSION | 217.00 | | | | | | | | |
| 08 | 42509 | PAROTID DUCT DIVERSION | 217.00 | | | | | | | | |
| 08 | 42510 | CREATION OF NEW DRAINAGE TRACTS OF M | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|----------------|------------|----|-----|-----|----|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | PA | SEX | PSR | SL | X- OVERS | UVS >001 |
| 08 | 42600 | CLOSURE OF SALIVARY FISTULA | 182.30 | | | | | | | | |
| 08 | 42700 | DRAINAGE OF TONSIL ABSCESS | 217.00 | | | | | | | | |
| 08 | 42720 | DRAINAGE OF THROAT ABSCESS | 217.00 | | | | | | | | |
| 08 | 42725 | DRAINAGE OF THROAT ABSCESS | 182.30 | | | | | | | | |
| 08 | 42804 | BIOPSY OF UPPER NOSE/THROAT | 182.30 | | | | | | | | |
| 08 | 42806 | BIOPSY OF UPPER NOSE/THROAT | 182.30 | | | | | | | | |
| 08 | 42808 | EXCISE PHARYNX LESION | 182.30 | | | | | | | | |
| 08 | 42810 | EXCISION OF NECK CYST | 217.00 | | | | | | | | |
| 08 | 42815 | EXCISION OF NECK CYST | 217.00 | | | | | | | | |
| 08 | 42820 | TONSILLECTOMY AND ADENOIDECTOMY;<12 | 265.13 | 00 | 11 | | | | | | |
| 08 | 42821 | TONSILLECTOMY AND ADENOIDECTOMY;... | 265.13 | 12 | 99 | | | | | | |
| 08 | 42825 | TONSILLECTOMY,PRIMARY OR SECONDARY | 217.00 | 00 | 11 | | | | | | |
| 08 | 42826 | TONSILLECTOMY,PRIMARY OR SECONDARY;. | 265.13 | 12 | 99 | | | | | | |
| 08 | 42830 | ADENOIDECTOMY,PRIMARY;<12 | 265.13 | 00 | 11 | | | | | | |
| 08 | 42831 | ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER | 265.13 | 12 | 99 | | | | | | |
| 08 | 42835 | ADENOIDECTOMY,SECONDARY;<12 | 265.13 | 00 | 11 | | | | | | |
| 08 | 42836 | ADENOIDECTOMY,SECONDARY;AGE 12+ | 265.13 | 12 | 99 | | | | | | |
| 08 | 42860 | EXCISION OF TONSIL TAGS | 217.00 | | | | | | | | |
| 08 | 42870 | EXCISION OF LINGUAL TONSIL | 217.00 | | | | | | | | |
| 08 | 42890 | PARTIAL REMOVAL OF PHARYNX | 265.13 | | | | | | | | |
| 08 | 42892 | RESECTION OF LATERAL PHARYNGEAL WALL | 265.13 | | | | | | | | |
| 08 | 42900 | REPAIR THROAT WOUND | 182.30 | | | | | | | | |
| 08 | 42950 | RECONSTRUCTION OF THROAT | 182.30 | | | | | | | | |
| 08 | 42955 | SURGICAL OPENING OF THROAT | 182.30 | | | | | | | | |
| 08 | 42960 | CONTROL THROAT BLEEDING | 182.30 | | | | | | | | |
| 08 | 42962 | CONTROL THROAT BLEEDING | 182.30 | | | | | | | | |
| 08 | 42972 | CONTROL NOSE/THROAT BLEEDING | 217.00 | | | | | | | | |
| 08 | 43200 | DIAGNOSTIC EXAMINATION OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43201 | INJECTIONS INTO ESOPHAGUS USING AN E | 182.30 | | | | | | | | |
| 08 | 43202 | BIOPSY OF ESOPHAGUS USING AN ENDOSCO | 182.30 | | | | | | | | |
| 08 | 43204 | INJECTION OF DILATED ESOPHAGEAL VEIN | 182.30 | | | | | | | | |
| 08 | 43205 | TYING OF ESOPHAGEAL VEINS USING AN E | 182.30 | | | | | | | | |
| 08 | 43206 | MICROSCOPIC EXAMINATION OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43210 | ESOPHAGOGASTRODUODENOSCOPY,FLEXIBLE | 182.30 | | | | | | | | |
| 08 | 43215 | REMOVAL OF FOREIGN BODY IN ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43216 | REMOVAL OF ESOPHAGEAL POLYPS OR GROW | 182.30 | | | | | | | | |
| 08 | 43217 | REMOVAL OF ESOPHAGEAL POLYPS OR GROW | 182.30 | | | | | | | | |
| 08 | 43220 | BALLOON DILATION OF ESOPHAGUS USING | 182.30 | | | | | | | | |
| 08 | 43226 | INSERTION OF GUIDE WIRE FOR DILATION | 182.30 | | | | | | | | |
| 08 | 43227 | CONTROL OF ESOPHAGEAL BLEEDING USING | 182.30 | | | | | | | | |
| 08 | 43231 | ULTRASOUND EXAMINATION OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43232 | ULTRASOUND GUIDED FINE NEEDLE ASPIRA | 182.30 | | | | | | | | |
| 08 | 43235 | DIAGNOSTIC EXAMINATION OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43236 | INJECTIONS OF ESOPHAGUS, STOMACH, AN | 182.30 | | | | | | | | |
| 08 | 43239 | BIOPSY OF THE ESOPHAGUS, STOMACH, AN | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 43240 | DRAINAGE OF CYST OF THE ESOPHAGUE, S | 182.30 | | | | | | | | |
| 08 | 43241 | INSERTION OF CATHETER OR TUBE IN ESO | 182.30 | | | | | | | | |
| 08 | 43242 | ULTRASOUND GUIDED NEEDLE ASPIRATION | 182.30 | | | | | | | | |
| 08 | 43243 | INJECTION OF DILATED VEINS OF STOMAC | 182.30 | | | | | | | | |
| 08 | 43244 | TYING OF DILATED VEINS OF STOMACH AN | 182.30 | | | | | | | | |
| 08 | 43245 | DILATION OF STOMACH OUTLET USING AN | 182.30 | | | | | | | | |
| 08 | 43246 | INSERTION OF STOMACH TUBE USING AN E | 182.30 | | | | | | | | |
| 08 | 43247 | REMOVAL OF FOREIGN BODY OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43248 | INSERTION OF GUIDE WIRE WITH DILATIO | 182.30 | | | | | | | | |
| 08 | 43249 | BALLOON DILATION OF ESOPHAGUS USING | 182.30 | | | | | | | | |
| 08 | 43250 | REMOVAL OF POLYPS OR GROWTHS OF ESOP | 182.30 | | | | | | | | |
| 08 | 43251 | REMOVAL OF POLYPS OR GROWTHS OF ESOP | 182.30 | | | | | | | | |
| 08 | 43252 | MICROSCOPIC EXAMINATION OF ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43255 | CONTROL OF BLEEDING OF ESOPHAGUS, ST | 182.30 | | | | | | | | |
| 08 | 43257 | HEAT DELIVERY TO MUSCLE AT ESOPHAGUS | 217.00 | | | | | | | | |
| 08 | 43259 | ULTRASOUND EXAMINATION OF ESOPHAGUS, | 217.00 | | | | | | | | |
| 08 | 43260 | DIAGNOSTIC EXAMINATION OF GALLBLADDE | 182.30 | | | | | | | | |
| 08 | 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCR | 182.30 | | | | | | | | |
| 08 | 43262 | OPERATIVE UPPER GI ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 43263 | PRESSURE MEASUREMENT OF PANCREATIC O | 182.30 | | | | | | | | |
| 08 | 43264 | REMOVAL OF STONE FROM BILE OR PANCRE | 182.30 | | | | | | | | |
| 08 | 43265 | DESTRUCTION OF STONE IN BILE OR PANC | 182.30 | | | | | | | | |
| 08 | 43284 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL | 217.00 | | | | | | | | |
| 08 | 43285 | REMOVAL OF ESOPHAGEAL SPHINCTER AUGM | 217.00 | | | | | | | | |
| 08 | 43450 | DILATE ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43453 | DILATE ESOPHAGUS | 182.30 | | | | | | | | |
| 08 | 43653 | LAPAROSCOPY, GASTROSTOMY | 265.13 | | | | | | | | |
| 08 | 43761 | REPOSITIONING OF THE GASTRIC FEEDING | 182.30 | | | | | | | | |
| 08 | 43762 | REPLACEMENT OF GASTROSTOMY TUBE, PER | 182.30 | | | | | | | | |
| 08 | 43763 | REPLACEMENT OF GASTROSTOMY TUBE, PER | 182.30 | | | | | | | | |
| 08 | 43870 | REPAIR STOMACH OPENING | 182.30 | | | | | | | | |
| 08 | 44100 | BIOPSY OF BOWEL | 182.30 | | | | | | | | |
| 08 | 44312 | REVISION OF ILEOSTOMY | 182.30 | | | | | | | | |
| 08 | 44340 | REVISION OF COLOSTOMY | 233.58 | | | | | | | | |
| 08 | 44360 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44361 | SMALL BOWEL ENDOSCOPY, BIOPSY | 182.30 | | | | | | | | |
| 08 | 44363 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44364 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44365 | SMALL INTESTINAL ENDOSCOPY, ENTEROSC | 182.30 | | | | | | | | |
| 08 | 44366 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44369 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44370 | SMALL BOWEL ENDOSCOPY/STENT | 265.13 | | | | | | | | |
| 08 | 44372 | SEE 44360;PLACE PERCU.JEJUNOSTOMY TU | 182.30 | | | | | | | | |
| 08 | 44373 | SEE 44360;CONVERT GASTRO TO PERCUT.. | 182.30 | | | | | | | | |
| 08 | 44376 | SMALL INTESTINAL ENDOSCOPY,ENTEROSC | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|-------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 44377 | SMALL INTESTINAL ENDOSCOPY,ENTEROSC | 182.30 | | | | | | | | |
| 08 | 44378 | SMALL INTESTINAL ENDOSCOPY,ENTEROSC | 182.30 | | | | | | | | |
| 08 | 44379 | S BOWEL ENDOSCOPE W/STENT | 265.13 | | | | | | | | |
| 08 | 44380 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44382 | SMALL BOWEL ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44385 | ENDSCOPY OF BOWEL POUCH | 182.30 | | | | | | | | |
| 08 | 44386 | FIBEROPTIC EVAL/BX/SPEC COLL | 182.30 | | | | | | | | |
| 08 | 44388 | COLON ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44389 | COLON ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44390 | COLON ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44391 | COLON ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44392 | COLON ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 44394 | COLONOSCOPY THROUGH STOMACH | 182.30 | | | | | | | | |
| 08 | 45000 | DRAINAGE OF PELVIC ABSCESS | 182.30 | | | | | | | | |
| 08 | 45005 | DRAINAGE OF RECTAL ABSCESS | 182.30 | | | | | | | | |
| 08 | 45020 | DRAINAGE OF RECTAL ABSCESS | 182.30 | | | | | | | | |
| 08 | 45100 | BIOPSY OF RECTUM | 182.30 | | | | | | | | |
| 08 | 45108 | REMOVAL OF ANORECTAL LESION | 182.30 | | | | | | | | |
| 08 | 45150 | EXCISION OF RECTAL STRICTURE | 182.30 | | | | | | | | |
| 08 | 45160 | EXCISION OF RECTAL LESION | 182.30 | | | | | | | | |
| 08 | 45190 | DESTRUCTION, RECTAL TUMOR | 265.13 | | | | | | | | |
| 08 | 45300 | PROCTOSIGMOIDOSCOPY;DIAGNOSTIC | 182.30 | | | | | | | | |
| 08 | 45303 | PROCTOSIGMOIDOSCOPY W/DILATION | 182.30 | | | | | | | | |
| 08 | 45305 | PROCTOSIGMOIDOSCOPY W/BIOPSY | 182.30 | | | | | | | | |
| 08 | 45307 | PROCTOSIGMOIDOSCOPY;REMOVE FOR | 182.30 | | | | | | | | |
| 08 | 45308 | PROCTOSIGMOIDOSCOPY,RIGID; | 182.30 | | | | | | | | |
| 08 | 45309 | PROCTOSIGMOIDOSCOPY, RIGID; | 182.30 | | | | | | | | |
| 08 | 45315 | PROCTOSIGMOIDOSCOPY;REMOVE MUL | 182.30 | | | | | | | | |
| 08 | 45317 | PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT | 182.30 | | | | | | | | |
| 08 | 45320 | PROCTOSIGMOIDOSCOPY; ABLATE TUMOR | 182.30 | | | | | | | | |
| 08 | 45321 | PROCTOSIGMOIDOSCOPY/DECOM/VOLV | 182.30 | | | | | | | | |
| 08 | 45330 | SIGMOIDOSCOPY,FLEX FIBEROPTIC | 182.30 | | | | | | | | |
| 08 | 45331 | SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A | 182.30 | | | | | | | | |
| 08 | 45332 | SIGMOIDOSCOPY;DIAGNOSTIC | 182.30 | | | | | | | | |
| 08 | 45333 | SIGMOIDOSCOPY;DIAGNOSTIC | 182.30 | | | | | | | | |
| 08 | 45334 | SIGMOIDOSCOPY; DIAGNOSTIC | 182.30 | | | | | | | | |
| 08 | 45335 | SIGMOIDOSCOPY W/SUBMUC INJ | 182.30 | | | | | | | | |
| 08 | 45337 | SIGMOIDOSCOPY; DECOMPRESS | 182.30 | | | | | | | | |
| 08 | 45338 | SIGMOIDOSCOPY, FLEXIBLE; | 182.30 | | | | | | | | |
| 08 | 45340 | SIG W/BALLOON DILATION | 182.30 | | | | | | | | |
| 08 | 45378 | DIAGNOSTIC COLONOSCOPY | 182.30 | | | | | | | | |
| 08 | 45379 | COLONOSCOPY | 182.30 | | | | | | | | |
| 08 | 45380 | COLONOSCOPY AND BIOPSY | 182.30 | | | | | | | | |
| 08 | 45381 | COLONOSCOPY, SUBMUCOUS INJ | 182.30 | | | | | | | | |
| 08 | 45382 | COLONOSCOPY, CONTROL BLEEDING | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO S | 182.30 | | | | | | | | |
| 08 | 45385 | COLONOSCOPY, LESION REMOVAL | 182.30 | | | | | | | | |
| 08 | 45386 | COLONOSCOPY DILATE STRICTURE | 182.30 | | | | | | | | |
| 08 | 45500 | REPAIR OF RECTUM | 182.30 | | | | | | | | |
| 08 | 45505 | REPAIR OF RECTUM | 182.30 | | | | | | | | |
| 08 | 45560 | REPAIR OF RECTOCELE | 182.30 | | | | | | | | |
| 08 | 45900 | REDUCTION OF RECTAL PROLAPSE | 182.30 | | | | | | | | |
| 08 | 45905 | DILATION OF ANAL SPHINCTER | 182.30 | | | | | | | | |
| 08 | 45910 | DILATION OF RECTAL NARROWING | 182.30 | | | | | | | | |
| 08 | 45915 | REMOVE RECTAL OBSTRUCTION | 182.30 | | | | | | | | |
| 08 | 45990 | SURG DX EXAM ANORECTAL | 182.30 | | | | | | | | |
| 08 | 46020 | PLACEMENT OF SETION | 217.00 | | | | | | | | |
| 08 | 46030 | REMOVAL OF RECTAL MARKER | 182.30 | | | | | | | | |
| 08 | 46040 | INCISION OF RECTAL ABSCESS | 217.00 | | | | | | | | |
| 08 | 46045 | INCISION OF RECTAL ABSCESS | 182.30 | | | | | | | | |
| 08 | 46050 | INCISION OF ANAL ABSCESS | 182.30 | | | | | | | | |
| 08 | 46060 | INCISION OF RECTAL ABSCESS | 217.00 | | | | | | | | |
| 08 | 46080 | INCISION OF ANAL SPHINCTER | 217.00 | | | | | | | | |
| 08 | 46200 | REMOVAL OF ANAL FISSURE | 217.00 | | | | | | | | |
| 08 | 46220 | REMOVAL OF ANAL TAB | 182.30 | | | | | | | | |
| 08 | 46221 | LIGATION OF HEMORRHOIDS | 233.58 | | | | | | | | |
| 08 | 46250 | HEMORRHOIDECTOMY, EXTERNAL; COMPLETE | 217.00 | | | | | | | | |
| 08 | 46255 | HEMORRHOIDECTOMY | 217.00 | | | | | | | | |
| 08 | 46257 | HEMORRHOIDECTOMY, INTERNAL AND EXTER | 217.00 | | | | | | | | |
| 08 | 46258 | REMOVE HEMORRHOIDS & FISTULA | 217.00 | | | | | | | | |
| 08 | 46260 | HEMORRHOIDECTOMY | 217.00 | | | | | | | | |
| 08 | 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTER | 217.00 | | | | | | | | |
| 08 | 46262 | REMOVE HEMORRHOIDS & FISTULA | 217.00 | | | | | | | | |
| 08 | 46270 | SURGICAL TREATMENT OF ANAL FISTULA | 217.00 | | | | | | | | |
| 08 | 46275 | REMOVAL OF ANAL FISTULA | 217.00 | | | | | | | | |
| 08 | 46280 | REMOVAL PF ANAL FISTULA | 217.00 | | | | | | | | |
| 08 | 46285 | SURGICAL TREATMENT OF ANAL FISTULA | 182.30 | | | | | | | | |
| 08 | 46288 | REPAIR ANAL FISTULA | 217.00 | | | | | | | | |
| 08 | 46320 | REMOVAL OF HEMORRHOID CLOT | 233.58 | | | | | | | | |
| 08 | 46608 | ANOSCOPY, REMOVE FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 46610 | ANPSCOPY; REMOVE POLYP | 182.30 | | | | | | | | |
| 08 | 46611 | ANOSCOPY; | 182.30 | | | | | | | | |
| 08 | 46612 | ANOSCOPY; REMOVE MULTIPLE POLYPS | 182.30 | | | | | | | | |
| 08 | 46615 | ANOSCOPY | 182.30 | | | | | | | | |
| 08 | 46700 | REPAIR OF ANAL STRICTURE | 217.00 | | | | | | | | |
| 08 | 46750 | REPAIR OF ANAL SPHINCTER | 217.00 | | | | | | | | |
| 08 | 46753 | RECONSTRUCTION OF ANUS | 217.00 | | | | | | | | |
| 08 | 46754 | REMOVAL OF SUTURE FROM ANUS | 182.30 | | | | | | | | |
| 08 | 46760 | REPAIR OF ANAL SPHINCTER | 182.30 | | | | | | | | |
| 08 | 46761 | SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 46917 | DESTROY ANAL ESOPM (S); LASER SURG | 182.30 | | | | | | | | |
| 08 | 46922 | DESTROY ANAL LESION(S)-SURG EXCISION | 182.30 | | | | | | | | |
| 08 | 46924 | DESTRUCTION, ANAL LESION(S) | 182.30 | | | | | | | | |
| 08 | 46946 | LIGATION OF HEMORRHOIDS | 182.30 | | | | | | | | |
| 08 | 47000 | BIOPSY OF LIVER, NEEDLE; PERCUTANEOU | 217.00 | | | | | | | | |
| 08 | 47533 | PLACEMENT OF BILIARY DRAINAGE CATHET | 265.13 | | | | | | | | |
| 08 | 47534 | PLACEMENT OF BILIARY DRAINAGE CATHET | 265.13 | | | | | | | | |
| 08 | 47535 | CONVERSION OF EXTERNAL BILIARY DRAIN | 265.13 | | | | | | | | |
| 08 | 47536 | EXCHANGE OF BILIARY DRAINAGE CATHETE | 265.13 | | | | | | | | |
| 08 | 47537 | REMOVAL OF BILIARY DRAINAGE CATHETER | 233.58 | | | | | | | | |
| 08 | 47538 | PLACEMENT OF STENT(S) INTO A BILE DU | 265.13 | | | | | | | | |
| 08 | 47539 | PLACEMENT OF STENT(S) INTO A BILE DU | 265.13 | | | | | | | | |
| 08 | 47540 | PLACEMENT OF STENT(S) INTO A BILE DU | 265.13 | | | | | | | | |
| 08 | 47541 | PLACEMENT OF ACCESS THROUGH THE BILI | 265.13 | | | | | | | | |
| 08 | 47552 | DIAGNOSTIC EXAMINATION OF BILE DUCTS | 182.30 | | | | | | | | |
| 08 | 47553 | BILIARY ENDOSCOPY...; BX &SPEC. COLL | 217.00 | | | | | | | | |
| 08 | 47554 | BILIARY ENDOSCOPY...; REMOVE STONES | 217.00 | | | | | | | | |
| 08 | 47555 | BILIARY ENDOSCOPY;DILATE DUCT STRICT | 217.00 | | | | | | | | |
| 08 | 47556 | BILIARY ENDOSCOPY THRU SKIN | 265.13 | | | | | | | | |
| 08 | 48102 | BX PANCREAS; PERCUTANEOUS NEEDLE | 182.30 | | | | | | | | |
| 08 | 49180 | NEEDLE BX, ABDOMINAL/RETROPERI MASS | 182.30 | | | | | | | | |
| 08 | 49250 | EXCISION OF UMBILICUS | 217.00 | | | | | | | | |
| 08 | 49320 | DIAG LAPARO SEPARATE PROC | 217.00 | | | | | | | | |
| 08 | 49321 | LAPAROSCOPY, BIOPSY | 217.00 | | | | | | | | |
| 08 | 49322 | LAPAROSCOPY, ASPIRATION | 217.00 | | | | | | | | |
| 08 | 49402 | REMOVAL OF PERITONEAL FOREIGN BODY F | 182.30 | | | | | | | | |
| 08 | 49421 | INSERT PERM CANNULA/CATH-DRAIN/DIALY | 182.30 | | | | | | | | |
| 08 | 49422 | REMOVE PERM CANNULA/CATHETER | 182.30 | | | | | | | | |
| 08 | 49426 | REVISION OF PERITONEAL-VENOUS SHUNT | 182.30 | | | | | | | | |
| 08 | 49495 | REPAIR INITIAL INGUINAL HERNIA, UNDE | 217.00 | | | | | | | | |
| 08 | 49496 | REPAIR INITIAL INGUINAL HERVIA, UNDE | 217.00 | | | | | | | | |
| 08 | 49500 | REPAIR INITIAL INGUINAL HERNIA.. | 265.13 | 00 | 04 | | | | | | |
| 08 | 49501 | REPAIR INITIAL INGUINAL HERNIA.. | 265.13 | 00 | 04 | | | | | | |
| 08 | 49505 | REPAIR INGUINAL HERNIA | 265.13 | 05 | 99 | | | | | | |
| 08 | 49507 | RPR I/HERN INIT BLOCK>5 YR | 265.13 | 05 | 99 | | | | | | |
| 08 | 49520 | REPAIR INGUINAL HERNIA | 265.13 | | | | | | | | |
| 08 | 49521 | REREPAIRING HERNIA BLOCKED | 265.13 | | | | | | | | |
| 08 | 49525 | REPAIR INGUINAL HERNIA | 217.00 | | | | | | | | |
| 08 | 49540 | REPAIR LUMBAR HERNIA | 182.30 | | | | | | | | |
| 08 | 49550 | REPAIR FEMORAL HERNIA | 265.13 | | | | | | | | |
| 08 | 49553 | RPR FEM HERNIA, INIT BLOCKED | 265.13 | | | | | | | | |
| 08 | 49555 | REPAIR FEMORAL HERNIA | 233.58 | | | | | | | | |
| 08 | 49557 | REREPAIR FEM HERNIA, BLOCKED | 265.13 | | | | | | | | |
| 08 | 49560 | REPAIR ABDOMINAL HERNIA | 265.13 | | | | | | | | |
| 08 | 49561 | RPR VENTRAL HERN INIT, BLOC | 265.13 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|----------------|------------|----|-----|-----|----|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | PA | SEX | PSR | SL | X- OVERS | UVS >001 |
| 08 | 49565 | REREPAIR ABDOMINAL HERNIA | 217.00 | | | | | | | | |
| 08 | 49566 | REREPAIR VENTRAL HERN INIT, BLOC | 265.13 | | | | | | | | |
| 08 | 49568 | IMPLANTATION OF MESH OR OTHER PROSTH | 265.13 | | | | | | | | |
| 08 | 49570 | REPAIR EPIGASTRIC HERNIA | 217.00 | | | | | | | | |
| 08 | 49572 | RPR EPIGASTRIC HERN, BLOCKED | 265.13 | | | | | | | | |
| 08 | 49580 | REPAIR UMBILICAL HERNIA | 265.13 | 00 | 04 | | | | | | |
| 08 | 49582 | RPR UMBIL HERN, BLOCK<5 YR | 265.13 | 00 | 04 | | | | | | |
| 08 | 49585 | REPAIR UMBILICAL HERNIA | 217.00 | 05 | 99 | | | | | | |
| 08 | 49587 | RPR UMBIL HERN, BLOCK | 265.13 | 05 | 99 | | | | | | |
| 08 | 49590 | REPAIR ABDOMINAL HERNIA | 265.13 | | | | | | | | |
| 08 | 49600 | REPAIR UMBLICAL LESION | 217.00 | | | | | | | | |
| 08 | 49650 | LAP ING HERNIA REPAIR INIT | 217.00 | | | | | | | | |
| 08 | 49651 | LAP ING HERNIA REPAIR RECUR | 265.13 | | | | | | | | |
| 08 | 50200 | BIOPSY OF KIDNEY | 182.30 | | | | | | | | |
| 08 | 50390 | DTAINAGE OF KIDNEY LESION | 182.30 | | | | | | | | |
| 08 | 50396 | MEASURE KIDNEY PRESSURE | 182.30 | | | | | | | | |
| 08 | 50432 | PLACEMENT OF NEPHROSTOMY CATHETER, P | 265.13 | | | | | | | | |
| 08 | 50433 | PLACEMENT OF NEPHROSTOMY CATHETER, P | 265.13 | | | | | | | | |
| 08 | 50434 | CONVERT NEPHROSTOMY CATHETER TO NEPH | 233.58 | | | | | | | | |
| 08 | 50435 | EXCHANGE NEPHROSTOMY CATHETER PERCUT | 233.58 | | | | | | | | |
| 08 | 50436 | DILATION OF EXISTING TRACT,PERCUTAN | 217.00 | | | | | | | | |
| 08 | 50437 | DILATION OF EXISTING TRACT,PERCUTAN | 233.58 | | | | | | | | |
| 08 | 50551 | KIDNEY ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 50553 | KIDNEY ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 50555 | KIDNEY ENDOSCOPY & BIOPSY | 182.30 | | | | | | | | |
| 08 | 50557 | KIDNEY ENDOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 50561 | KIDNEY ENDOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 50688 | CHANGE OF URETER TUBE | 182.30 | | | | | | | | |
| 08 | 50693 | PLACEMENT OF URETERAL STENT, PERCUTA | 233.58 | | | | | | | | |
| 08 | 50694 | PLACEMENT OF URETERAL STENT, PERCUTA | 265.13 | | | | | | | | |
| 08 | 50695 | PLACEMENT OF URETERAL STENT, PERCUTA | 265.13 | | | | | | | | |
| 08 | 50947 | LAPARO NEW URETER/BLADDER | 265.13 | | | | | | | | |
| 08 | 50948 | LAPARO NEW URETER/BLADDER | 265.13 | | | | | | | | |
| 08 | 50951 | ENDOSCOPY OF URETER | 182.30 | | | | | | | | |
| 08 | 50953 | ENDOSCOPY OF URETER | 182.30 | | | | | | | | |
| 08 | 50955 | URETER ENDOSCOPY & BIOPSY | 182.30 | | | | | | | | |
| 08 | 50957 | URETER ENDOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 50961 | URETER ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 50970 | URETER ENDOSCOPY | 182.30 | | | | | | | | |
| 08 | 50972 | URETER ENDOSCOPY AND CATHETER | 182.30 | | | | | | | | |
| 08 | 50974 | URETER ENDOSCOPY AND BIOPSY | 182.30 | | | | | | | | |
| 08 | 50976 | URETER ENDOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 50980 | URETER ENDOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 51020 | INCISE & TREAT BLADDER | 217.00 | | | | | | | | |
| 08 | 51030 | INCISE & TREAT BLADDER | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 51040 | INCISE BLADDER, DRAIN URETER | 217.00 | | | | | | | | |
| 08 | 51045 | INCISE BLADDER,DRAIN URETER | 217.00 | | | | | | | | |
| 08 | 51050 | REMOVAL OF BLADDER STONE | 217.00 | | | | | | | | |
| 08 | 51065 | REMOVAL OF URETER STONE | 217.00 | | | | | | | | |
| 08 | 51080 | DRAINAGE OF BLADDER ABSCESS | 217.00 | | | | | | | | |
| 08 | 51500 | REMOVAL OF BLADDER CYST | 217.00 | | | | | | | | |
| 08 | 51520 | REMOVAL OF BLADDER LESION | 217.00 | | | | | | | | |
| 08 | 51710 | CHANGE OF BLADDER TUBE | 182.30 | | | | | | | | |
| 08 | 51715 | ENDOSCOPIC INJECTION OF IMPLANT MATE | 217.00 | | | | | | | | |
| 08 | 51726 | COMPLEX CYSTOMETROGRAM | 182.30 | | | | | | | | |
| 08 | 51785 | ELECTROMYOGRAPHY | 182.30 | | | | | | | | |
| 08 | 51880 | REPAIR OF BLADDER OPENING | 182.30 | | | | | | | | |
| 08 | 52000 | CYSTOSCOPY | 182.30 | | | | | | | | |
| 08 | 52001 | CYSTOSCOPY, REMOVAL OF CLOTS | 182.30 | | | | | | | | |
| 08 | 52005 | CYSTOURETHROSCOPY, EJAC. DUCT CATHET | 182.30 | | | | | | | | |
| 08 | 52007 | CYSTOURETHROSCOPY W/BRUSH BIOPSY | 182.30 | | | | | | | | |
| 08 | 52010 | CYSTOSCOPY & DUCT CATHETER | 182.30 | | | | | | | | |
| 08 | 52204 | CYSTOURETHROSCOPY WITH BIOPSY | 182.30 | | | | | | | | |
| 08 | 52214 | CYSTOURETHROSCOPY W/FULGURATIO | 182.30 | | | | | | | | |
| 08 | 52224 | CYSTOURETHROSCOPY W/ FULGURATION | 182.30 | | | | | | | | |
| 08 | 52234 | CYSTOURETHROSCOPY WITH FULGURATION | 233.58 | | | | | | | | |
| 08 | 52235 | CYSTOURETHROSCOPY WITH FULGURATION | 217.00 | | | | | | | | |
| 08 | 52240 | CYSTOURETHROSCOPY WITH FULGURATION | 233.58 | | | | | | | | |
| 08 | 52250 | CYSTOURETHROSCOPY, INSERT RADIOACTIV | 217.00 | | | | | | | | |
| 08 | 52260 | CYSTOSCOPY & TREATMENT | 182.30 | | | | | | | | |
| 08 | 52270 | CYSTOSCOPY & REVISE URETHRA | 182.30 | | | | | | | | |
| 08 | 52275 | CYSTOSCOPY & REVISE URETHRA | 182.30 | | | | | | | | |
| 08 | 52276 | CYSTOURETHROSCOPY W/DIRECT VISION | 217.00 | | | | | | | | |
| 08 | 52277 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52281 | CYSTOURETHROSCOPY FOR URETHRAL STRIC | 182.30 | | | | | | | | |
| 08 | 52282 | CYSTOSCOPY, IMPLANT STENT | 265.13 | | | | | | | | |
| 08 | 52283 | CYSTOURETHROSCOPY,STEROID INJECTION | 182.30 | | | | | | | | |
| 08 | 52285 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52287 | CYSTOURETHROSCOPY, WITH INJECTION(S) | 182.30 | | | | | | | | |
| 08 | 52290 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52300 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52305 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52310 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52315 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |
| 08 | 52317 | LITHOLAPAXY, SIMPLE; SMALL | 182.30 | | | | | | | | |
| 08 | 52318 | LITHOLAPAXY;COMPLICATED OR LARGE-2.5 | 182.30 | | | | | | | | |
| 08 | 52320 | CYSTOSCOPY AND TREATMENT | 233.58 | | | | | | | | |
| 08 | 52325 | CYSTOURETHROSCOPY, FRAGMENT CALCULUS | 217.00 | | | | | | | | |
| 08 | 52327 | CYSTOSCOPY, INJECT MATERIAL | 182.30 | | | | | | | | |
| 08 | 52330 | CYSTOSCOPY AND TREATMENT | 182.30 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 52332 | CYSTOURETHROSCOPY/INSERT STENT | 182.30 | | | | | | | | |
| 08 | 52334 | CYSTO TO EST PERC NEPHROSTOMY,RETRO | 217.00 | | | | | | | | |
| 08 | 52341 | CYSTO W/URETER STRICTURE TX | 217.00 | | | | | | | | |
| 08 | 52342 | CYSTO W/UP STRICTURE TX | 217.00 | | | | | | | | |
| 08 | 52343 | CYSTO W/RENAL STRICTURE TX | 217.00 | | | | | | | | |
| 08 | 52344 | CYSTO/URETERO, STONE REMOVE | 217.00 | | | | | | | | |
| 08 | 52345 | CYSTO/URETERO W/UP STRICTURE | 217.00 | | | | | | | | |
| 08 | 52346 | CYSTOURETERO W/RENAL STRICT | 217.00 | | | | | | | | |
| 08 | 52351 | CYSTOURETRO & OR PYELOSCOPE | 217.00 | | | | | | | | |
| 08 | 52352 | CYSTOURETRO W/STONE REMOVE | 217.00 | | | | | | | | |
| 08 | 52353 | CYTOURETERO W/LITHOTRIPSY | 217.00 | | | | | | | | |
| 08 | 52354 | CYSTOURETERO W/BIOPSY | 217.00 | | | | | | | | |
| 08 | 52355 | CYSTOURETERO W/EXCISE TUMOR | 217.00 | | | | | | | | |
| 08 | 52400 | CYSTOURETRO & OR PYELOSCOPE | 217.00 | | | | | | | | |
| 08 | 52450 | TRANSURETHRAL INCISION OF PROSTATE | 217.00 | | | | | | | M | |
| 08 | 52500 | REVISION OF BLADDER NECK | 217.00 | | | | | | | M | |
| 08 | 52601 | PROSTATECTOMY (TUR) | 217.00 | | | | | | | M | |
| 08 | 52630 | REMOVE PROSTATE REGROWTH | 182.30 | | | | | | | M | |
| 08 | 52640 | RELIEVE BLADDER CONTRAC | 182.30 | | | | | | | M | |
| 08 | 52647 | LASER SURGERY OF PROSTATE | 265.13 | | | | | | | M | |
| 08 | 52648 | LASER SURGERY OF PROSTATE | 265.13 | | | | | | | M | |
| 08 | 52700 | DRAINAGE OF PROSTATE ABSCESS | 182.30 | | | | | | | M | |
| 08 | 53000 | INCISION OF URETHRA | 182.30 | | | | | | | | |
| 08 | 53010 | INCISION OF URETHRA | 182.30 | | | | | | | | |
| 08 | 53020 | INCISION OF URETHRA | 182.30 | 01 | 99 | | | | | | |
| 08 | 53040 | DRAINAGE OF URETHRA ABSCESS | 182.30 | | | | | | | | |
| 08 | 53080 | DRAINAGE OF URINARY LEAKAGE | 217.00 | | | | | | | | |
| 08 | 53200 | BIOPSY OF URETHRA | 182.30 | | | | | | | | |
| 08 | 53210 | URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE | 233.58 | | | | | | | F | |
| 08 | 53215 | URETHRECTOMY,TOTO,W/CYSTOSTOMY;MALE | 233.58 | | | | | | | M | |
| 08 | 53220 | TREATMENT OF URETHRA LESION | 182.30 | | | | | | | | |
| 08 | 53230 | EXCISE URETHRAL DIVERTICULUM,FEMALE | 182.30 | | | | | | | F | |
| 08 | 53235 | EXCISE URETHRAL DIVERTICULUM;MALE | 217.00 | | | | | | | M | |
| 08 | 53240 | MARSUPIALIZE URETH.DIVERT,MALE/FEMAL | 182.30 | | | | | | | | |
| 08 | 53250 | REMOVAL OF SEMINAL FLUID GLAND | 182.30 | | | | | | | | |
| 08 | 53260 | TREATMENT OF URETHRA LESION | 182.30 | | | | | | | | |
| 08 | 53265 | TREATMENT OF URETHRA LESION | 182.30 | | | | | | | | |
| 08 | 53270 | REMOVAL OR DESTRUCTION OF BLADDER CA | 182.30 | | | | | | | F | |
| 08 | 53275 | REPAIR OF URETHRA DEFECT | 182.30 | | | | | | | | |
| 08 | 53400 | REVISE URETHRA, 1ST STAGE | 217.00 | | | | | | | | |
| 08 | 53405 | REVISE URETHRA, 2ND STAGE | 182.30 | | | | | | | | |
| 08 | 53410 | URETHROPLASTY...MALE ANTERIOR URETH. | 182.30 | | | | | | | M | |
| 08 | 53420 | RECONSTRUCT URETHRA, STAGE 1 | 217.00 | | | | | | | | |
| 08 | 53425 | RECONSTRUCT URETHRA, STAGE 2 | 182.30 | | | | | | | | |
| 08 | 53430 | URETHROPLASTY, RECON FEMALE URETHRA | 182.30 | | | | | | | F | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 53431 | REPAIR OF BLADDER CANAL (URETHRA) AN | 182.30 | | | | | | | | |
| 08 | 53440 | CORRECT MALE URIN.INCONT,WIWO PROSTH | 182.30 | | | | M | | | | |
| 08 | 53442 | PERINEAL PROSTHESIS REMOVAL | 182.30 | | | | M | | | | |
| 08 | 53444 | INSERT TANDEM CUFF | 182.30 | | | | | | | | |
| 08 | 53445 | PLMT INFLATABLE URETH/BLADDER SPHINC | 182.30 | | | | | | | | |
| 08 | 53446 | REMOVE URO SPHINCTER | 182.30 | | | | | | | | |
| 08 | 53447 | INFLATABLE SPHINCTER REMOVAL | 182.30 | | | | | | | | |
| 08 | 53449 | CORRECTION OF ABNORMAL SPHINCTER | 182.30 | | | | | | | | |
| 08 | 53450 | REVISION OF URETHRA | 182.30 | | | | | | | | |
| 08 | 53460 | REVISION OF URETHRA | 182.30 | | | | | | | | |
| 08 | 53502 | URETHORRHAPHY...SUTURE... ,FEMALE | 182.30 | | | | F | | | | |
| 08 | 53505 | URETHORRHAPHY...SUTURE... ;PENILE | 182.30 | | | | M | | | | |
| 08 | 53510 | REPAIR OF URETHRA INJURY | 182.30 | | | | | | | | |
| 08 | 53515 | REPAIR OF URETHRA INJURY | 182.30 | | | | | | | | |
| 08 | 53520 | CLOSE URETHROSTOMY...FISTYLE,MALE | 182.30 | | | | M | | | | |
| 08 | 53600 | DILATE URETHRA STRICTURE | 182.30 | | | | M | | | | |
| 08 | 53601 | DILATE URETHRA STRICTURE | 182.30 | | | | M | | | | |
| 08 | 53605 | DILATE URETHRA STRICTURE | 182.30 | | | | M | | | | |
| 08 | 53620 | DILATE URETHRA STRICTURE | 182.30 | | | | M | | | | |
| 08 | 53621 | DILATE URETHRA STRICTURE | 182.30 | | | | M | | | | |
| 08 | 53660 | DILATION OF URETHRA | 182.30 | | | | F | | | | |
| 08 | 53661 | DILATION OF URETHRA | 182.30 | | | | F | | | | |
| 08 | 53665 | DILATION OF URETHRA | 182.30 | | | | F | | | | |
| 08 | 53850 | PROSTATIC MICROWAVE THERMOTX | 265.13 | | | | | | | | |
| 08 | 53854 | TRANSURETHRAL DESTRUCTION OF PROSTAT | 217.00 | | | | M | | | | |
| 08 | 54000 | SLITTING OF PREPUCE | 182.30 | 00 | 00 | | M | | | | |
| 08 | 54001 | SLITTING OF PREPUCE | 182.30 | | | | M | | | | |
| 08 | 54015 | DRAIN PENIS LESION | 217.00 | | | | | | | | |
| 08 | 54057 | DESTROY PENILE LESION; LASER SURGERY | 182.30 | | | | M | | | | |
| 08 | 54060 | TREATMENT OF PENIS LESION | 182.30 | | | | M | | | | |
| 08 | 54065 | TREATMENT OF PENIS LESION | 182.30 | | | | M | | | | |
| 08 | 54100 | BIOPSY OF PENIS | 182.30 | | | | M | | | | |
| 08 | 54105 | BIOPSY OF PENIS | 182.30 | | | | M | | | | |
| 08 | 54110 | TREATMENT OF PENIS LESION | 182.30 | | | | M | | | | |
| 08 | 54111 | EXCISION OF PENILE PLAQUE/<5CM GRAFT | 182.30 | | | | M | | | | |
| 08 | 54112 | EXCISION OF PENILE PLAQUE/>5CM GRAFT | 182.30 | | | | M | | | | |
| 08 | 54115 | TREATMENT OF PENIS LESION | 182.30 | | | | M | | | | |
| 08 | 54120 | PARTIAL REMOVAL OF PENIS | 182.30 | | | | M | | | | |
| 08 | 54150 | CIRCUMCISION | 182.30 | | | | M | | | | |
| 08 | 54160 | CIRCU | 182.30 | | | | M | | | | |
| 08 | 54161 | CIRCUMCISION | 233.58 | | | | M | | | | |
| 08 | 54162 | LYSIS PENIL CIRCUMIS LESION | 182.30 | | | | M | | | | |
| 08 | 54163 | REPAIR OF CIRCUMCISION | 182.30 | | | | M | | | | |
| 08 | 54164 | FRENULOTOMY OF PENIS | 182.30 | | | | M | | | | |
| 08 | 54205 | TREATMENT OF PENIS LESION | 217.00 | | | | M | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| | | | | AGE | MED | | | | | X- | UVS |
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | OVERS | >001 |
| 08 | 54220 | TREATMENT OF PENIS LESION | 182.30 | | | | M | | | | |
| 08 | 54300 | REVISION OF PENIS | 217.00 | | | | M | | | | |
| 08 | 54304 | PLASTIC OPERATION ON PENIS FOR CORRE | 217.00 | | | | M | | | | |
| 08 | 54308 | URETHROPLASTY...;LESS THAN 3 CMYPOS | 217.00 | | | | M | | | | |
| 08 | 54312 | URETHROPLASTY...; MORE THAN 3 CM | 217.00 | | | | M | | | | |
| 08 | 54316 | URETHROPLASTY;SKIN GRAFT/OTHER SITE | 217.00 | | | | M | | | | |
| 08 | 54318 | URETHROPLASTY/RELEASE FROM SCROTUM | 217.00 | | | | M | | | | |
| 08 | 54322 | ONE STAGE REP,W/SIMP.MEATAL ADVANCE | 217.00 | | | | M | | | | |
| 08 | 54324 | 1 STAGE REP.URETHROPLASTY-SKIN FLAPS | 217.00 | | | | M | | | | |
| 08 | 54326 | 1 STAGE REP,URETHROPLASTY-MOB URETHR | 217.00 | | | | M | | | | |
| 08 | 54328 | 1 STAGE REP.CORRECT CHORDEE&URETHROP | 217.00 | | | | M | | | | |
| 08 | 54340 | REP.HYPOSPADIAS COMPLICATIONS.SIMPLE | 217.00 | | | | M | | | | |
| 08 | 54344 | REP.HYPOSPADIAS COMPLICATION/FLP/GFT | 217.00 | | | | M | | | | |
| 08 | 54348 | REP HYPOSPADIAS COMPLICATION/EXT DIS | 217.00 | | | | M | | | | |
| 08 | 54352 | REP HYPOSPADIAS CRIPPLE ..EXTENSIVE | 217.00 | | | | M | | | | |
| 08 | 54360 | PLASTIC PENILE REPAIR/ANGULATION | 217.00 | | | | M | | | | |
| 08 | 54380 | REPAIR PENIS | 217.00 | | | | M | | | | |
| 08 | 54385 | REPAIR PENIS | 217.00 | | | | M | | | | |
| 08 | 54406 | REMOVE MULTI-COMP PENIS PROS | 217.00 | | | | M | | | | |
| 08 | 54408 | REPAIR MULTI-COMP PENIS PROS | 217.00 | | | | M | | | | |
| 08 | 54410 | REMOVE/REPLACE PENIS PROSTH | 217.00 | | | | M | | | | |
| 08 | 54415 | REMOVE SELF-CONTD PENIS PROS | 217.00 | | | | M | | | | |
| 08 | 54416 | REMV/REPL PENIS CONTAIN PROS | 217.00 | | | | M | | | | |
| 08 | 54420 | REVISION OF PENIS | 217.00 | | | | M | | | | |
| 08 | 54435 | PENILE FISTULATION FOR PRIAPISM | 217.00 | | | | M | | | | |
| 08 | 54437 | REPAIR OF TRAMATIC CORPOREAL TEAR(S) | 217.00 | | | | M | | | | |
| 08 | 54440 | PLASTIC REPAIR - PENIS, FOR INJURY | 217.00 | | | | M | | | | |
| 08 | 54450 | PREPUTIAL STRECHING | 182.30 | | | | M | | | | |
| 08 | 54500 | BIOPSY OF TESTIS | 182.30 | | | | M | | | | |
| 08 | 54505 | BIOPSY OF TESTIS | 182.30 | | | | M | | | | |
| 08 | 54512 | EXCISE LESION TESTIS | 182.30 | | | | M | | | | |
| 08 | 54520 | REMOVAL OF TESTIS | 217.00 | | | | M | | | | |
| 08 | 54522 | ORCHIECTOMY, PARTIAL | 217.00 | | | | M | | | | |
| 08 | 54530 | REMOVAL TO TESTIS | 217.00 | | | | M | | | | |
| 08 | 54550 | EXPLORATION FOR TESTIS | 217.00 | | | | M | | | | |
| 08 | 54600 | REDUCE TESTIS TORSION | 217.00 | | | | M | | | | |
| 08 | 54620 | SUSPENSION OF TESTIS | 217.00 | | | | M | | | | |
| 08 | 54640 | SUSPENSION OF TESTIS | 217.00 | | | | M | | | | |
| 08 | 54660 | REVISION OF TESTIS | 217.00 | | | | M | | | | |
| 08 | 54670 | REPAIR TESTIS INJURY | 217.00 | | | | M | | | | |
| 08 | 54680 | RELOCATION OF TESTIS (ES) | 217.00 | | | | M | | | | |
| 08 | 54690 | LAPAROSCOPY, ORCHIECTOMY | 265.13 | | | | M | | | | |
| 08 | 54700 | DRAINAGE OF SCROTUM | 217.00 | | | | M | | | | |
| 08 | 54800 | BIOPSY OF EPIDIDYMIS | 182.30 | | | | M | | | | |
| 08 | 54830 | REMOVE EPIDIDYMIS LESION | 217.00 | | | | M | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| | | | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 54840 | REMOVE EPIDIDYMIS LESION | 217.00 | | | | M | | | | |
| 08 | 54860 | REMOVAL OF EPIDIDYMIS | 217.00 | | | | M | | | | |
| 08 | 54861 | REMOVAL OF EPIDIDYMES | 217.00 | | | | M | | | | |
| 08 | 54865 | EXPLORATION OF EPIDIDYMIS,WITH OR W | 182.30 | | | | M | | | | |
| 08 | 55000 | DRAINAGE OF HYDROCELE | 233.58 | | | | M | | | | |
| 08 | 55040 | REMOVAL OF HYDROCELE | 233.58 | | | | M | | | | |
| 08 | 55041 | REMOVAL OF HYDROCELE | 233.58 | | | | M | | | | |
| 08 | 55060 | REPAIR OF HYDROCELE | 217.00 | | | | M | | | | |
| 08 | 55100 | DRAINAGE OF SCROTUM ABSCESS | 182.30 | | | | M | | | | |
| 08 | 55110 | SCROTAL EXPLORATION | 182.30 | | | | M | | | | |
| 08 | 55120 | REMOVAL OF SCROTUM LESION | 182.30 | | | | M | | | | |
| 08 | 55150 | REMOVAL OF SCROTUM | 182.30 | | | | M | | | | |
| 08 | 55175 | SCROTOPLASTY | 182.30 | | | | M | | | | |
| 08 | 55180 | SCROTOPLASTY; | 182.30 | | | | M | | | | |
| 08 | 55200 | INCISION OF SPERM DUCT | 182.30 | | | | M | | | | |
| 08 | 55250 | VASECTOMY UNILATERAL OR BILATERAL | 265.13 | 21 | 99 | X | M | | | | |
| 08 | 55500 | REMOVAL OF HYDROCELE | 233.58 | | | | M | | | | |
| 08 | 55520 | REMOVAL OF SPERM CORD LESION | 217.00 | | | | M | | | | |
| 08 | 55530 | REVISE SPERMATIC CORD VEINS | 265.13 | | | | M | | | | |
| 08 | 55535 | REVISE SPERMATIC CORD VEINS | 217.00 | | | | M | | | | |
| 08 | 55540 | REVISE HERNIA & SPERM VEINS | 233.58 | | | | M | | | | |
| 08 | 55550 | LAPARO LIGATE SPERMATIC VEIN | 265.13 | | | | M | | | | |
| 08 | 55680 | REMOVE SPERM POUCH LESION | 182.30 | | | | M | | | | |
| 08 | 55700 | BIOPSY OF PROSTATE | 182.30 | | | | M | | | | |
| 08 | 55705 | BIOPSY OF PROSTATE | 182.30 | | | | M | | | | |
| 08 | 55720 | DRAINAGE OF PROSTATE ABSCESS | 182.30 | | | | M | | | | |
| 08 | 55725 | DRAINAGE OF PROSTATE ABSCESS | 182.30 | | | | M | | | | |
| 08 | 55874 | TRANSPERINEAL PLACEMENT OF BIODEGRAD | 265.13 | | | | M | | | | |
| 08 | 55875 | TRANSPERINEAL PLACEMENT OF NEEDLES O | 265.13 | | | | M | | | | |
| 08 | 56420 | INCISION AND DRAINAGE OF FEMALE GENI | 182.30 | | | | F | | | | |
| 08 | 56440 | CREATION OF DRAINAGE TRACT FOR FEMAL | 182.30 | | | | F | | | | |
| 08 | 56441 | LYSIS OF LABIAL ADHESIONS | 182.30 | | | | | | | | |
| 08 | 56442 | HYMENOTOMY, SIMPLE INCISION | 182.30 | | | | F | | | | |
| 08 | 56515 | TREATMENT OF VULVA LESIONS | 217.00 | | | | F | | | | |
| 08 | 56620 | PARTIAL REMOVAL OF VULVA | 233.58 | | | | F | | | | |
| 08 | 56625 | REMOVAL OF VULVAL | 265.13 | | | | F | | | | |
| 08 | 56700 | PARTIAL REMOVAL OF HYMEN | 265.13 | | | | F | | | | |
| 08 | 56740 | REMOVAL OF FEMALE GENITAL GLAND OR C | 217.00 | | | | F | | | | |
| 08 | 56800 | REPAIR OF VAGINA | 217.00 | | | | F | | | | |
| 08 | 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, N | 233.58 | | | | F | | | | |
| 08 | 57000 | EXPLORATION OF VAGINA | 233.58 | | | | F | | | | |
| 08 | 57010 | DRAINAGE OF PELVIC ABSCESS | 233.58 | | | | F | | | | |
| 08 | 57020 | DRAINAGE OF PELVIC FLUID | 182.30 | | | | F | | | | |
| 08 | 57023 | I & D VAG HEMOTOMA TRAUMA | 182.30 | | | | F | | | | |
| 08 | 57065 | DESTROY VAGINAL LESION(S);TEXTENSIVE | 182.30 | | | | F | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 57100 | BIOPSY OF VAGINA | 182.30 | | | | F | | | | |
| 08 | 57105 | BIOPSY OF VAGINA | 182.30 | | | | F | | | | |
| 08 | 57130 | REMOVE VAGINA LESION | 182.30 | | | | F | | | | |
| 08 | 57135 | REMOVE VAGINA LESION | 217.00 | | | | F | | | | |
| 08 | 57180 | TREAT NON-OBSTERTRICAL HEMORRHAGE | 182.30 | | | | F | | | | |
| 08 | 57200 | REPAIR OF VAGINA | 182.30 | | | | F | | | | |
| 08 | 57210 | REPAIR VAGINA/PERINEUM | 182.30 | | | | F | | | | |
| 08 | 57220 | REVISION OF URETHRA | 217.00 | | | | F | | | | |
| 08 | 57230 | REPAIR OF URETHRAL LESION | 217.00 | | | | F | | | | |
| 08 | 57240 | REPAIR BLADDER & VAGINA | 233.58 | | | | F | | | | |
| 08 | 57250 | REPAIR RECTUM & VAGINA | 233.58 | | | | F | | | | |
| 08 | 57260 | REPAIR OF VAGINA | 233.58 | | | | F | | | | |
| 08 | 57265 | EXTENSIVE REPAIR OF VAGINA | 265.13 | | | | F | | | | |
| 08 | 57267 | INSERT MESH/PELVIC FLR ADD-ON | 265.13 | | | | F | | | | |
| 08 | 57268 | REPAIR ENTEROCLELE,VAGINAL APPROACH | 217.00 | | | | F | | | | |
| 08 | 57289 | REPAIR BLADDER & VAGINA | 233.58 | | | | F | | | | |
| 08 | 57291 | CONSTRUCTION OF VAGINA | 233.58 | | | | F | | | | |
| 08 | 57300 | REPAIR RECTUM-VAGINA FISTULA | 217.00 | | | | F | | | | |
| 08 | 57400 | DILATION OF VAGINA | 182.30 | | | | F | | | | |
| 08 | 57410 | PELVIC EXAMINATION | 182.30 | | | | F | | | | |
| 08 | 57415 | REMOVAL OF IMPACTED VAGINAL FOREIGN | 182.30 | | | | F | | | | |
| 08 | 57500 | BIOPSY OF CERVIX | 182.30 | | | | F | | | | |
| 08 | 57505 | ENDOCERVICAL CURETTAGE | 182.30 | | | | F | | | | |
| 08 | 57510 | CAUTERIZATION OF CERVIX | 265.13 | | | | F | | | | |
| 08 | 57511 | CRYOCAUTERY OF CERVIX | 265.13 | | | | F | | | | |
| 08 | 57513 | LASER SURGERY | 265.13 | | | | F | | | | |
| 08 | 57520 | BIOPSY OF CERVIX | 182.30 | | | | F | | | | |
| 08 | 57522 | CONIZATION OF CERVIX | 182.30 | | | | F | | | | |
| 08 | 57530 | REMOVAL OF CERVIX | 217.00 | | | | F | | | | |
| 08 | 57550 | REMOVAL OF RESIDUAL CERVIX | 217.00 | | | | F | | | | |
| 08 | 57556 | REMOVE CERVIX, REPAIR BOWEL | 233.58 | | | | F | | | | |
| 08 | 57558 | DILATION AND CURETTAGE OF CERVICALS | 182.30 | | | | F | | | | |
| 08 | 57700 | REVISION OF CERVIX | 182.30 | | | | F | | | | |
| 08 | 57720 | REVISION OF CERVIX | 217.00 | | | | F | | | | |
| 08 | 57800 | DILATION OF CERVICAL CANAL | 233.58 | | | | F | | | | |
| 08 | 58120 | DILATION AND CURETTAGE | 233.58 | 12 | 99 | | F | | | | |
| 08 | 58145 | VAGINAL REMOVAL OF FIBROID TUMORS (2 | 233.58 | | | | F | | | | |
| 08 | 58350 | REOPEN FALLOPIAN TUBE | 217.00 | | | | F | | | | |
| 08 | 58353 | ENDOMETER ABILGATE, THERMAL | 217.00 | | | | F | | | | |
| 08 | 58545 | LAPAROSCOPIC MYOMECTIONY | 265.13 | | | | F | | | | |
| 08 | 58546 | LAPARO-MYMECTIONY, COMPLEX | 265.13 | | | | F | | | | |
| 08 | 58550 | LAPARO-ASST VAG HYSTERECTOMY | 265.13 | | | | F | | | | |
| 08 | 58555 | HYSTEROSCOPY | 182.30 | | | | F | | | | |
| 08 | 58558 | HYSTEROSCOPY, BIOPSY | 217.00 | | | | F | | | | |
| 08 | 58559 | HYSTEROSCOPY, LYSIS | 182.30 | | | | F | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 58560 | HYSTEROSCOPY, RESCT SEPTUM | 217.00 | | | | F | | | | |
| 08 | 58561 | HYSTEROSCOPY, REMOVE MYOMA | 217.00 | | | | F | | | | |
| 08 | 58562 | HYSTEROSCOPY, REMOVE FB | 217.00 | | | | F | | | | |
| 08 | 58563 | HYSTEROSCOPY, ABLATION | 217.00 | | | | F | | | | |
| 08 | 58575 | LAPAROSCOPY, SURGICAL, TOTAL HYSTERE | 265.13 | | X | | F | | | | |
| 08 | 58600 | DIVISION OF FALLOPIAN TUBE | 265.13 | 21 55 | X | | F | | | | |
| 08 | 58615 | OCCLUSION OF FALLOPIAN TUBES | 265.13 | 21 55 | X | | F | | | | |
| 08 | 58660 | LAPAROSCOPY LYSIS | 233.58 | | | | F | | | | |
| 08 | 58661 | LAPAROSCOPY, REMOVE ADNEXA | 233.58 | | | | F | | | | |
| 08 | 58662 | LAPAROSCOPY, EXCISE LESIONS | 233.58 | | | | F | | | | |
| 08 | 58670 | LAPAROSCOPY, TUBAL CAUTERY | 217.00 | | | | F | | | | |
| 08 | 58671 | LAPAROSCOPY, TUBAL BLOCK | 217.00 | | | | F | | | | |
| 08 | 58673 | LAPAROSCOPY, SALPINGOSTOMY | 233.58 | | | | F | | | | |
| 08 | 58674 | LAPAROSCOPY, SURGICAL, ABLATION OF U | 233.58 | | | | F | | | | |
| 08 | 58800 | DRAINAGE OF OVARIAN CYST (S) | 217.00 | | | | F | | | | |
| 08 | 58820 | DRAINAGE OF OVARIAN ABSCESS | 217.00 | | | | F | | | | |
| 08 | 58900 | BIOPSY OF OVARY (S) | 217.00 | | | | | | | | |
| 08 | 59160 | D&C AFTER DELIVERY | 217.00 | 10 60 | | | F | | | | |
| 08 | 59320 | CERLAGE OF CERVIX DURING PREG, VAGIN | 182.30 | 10 60 | | | F | | | | |
| 08 | 59812 | TREATMENT OF MISCARRIAGE | 233.58 | 10 60 | X | | F | | | | |
| 08 | 59820 | MISSED AB.ANY TRIMESTER,COMP MED/SUR | 233.58 | 10 60 | X | | F | | | | |
| 08 | 59821 | TREAT MISSED ABORTION; SECOND TRIMES | 233.58 | 10 60 | X | | F | | | | |
| 08 | 59840 | THERAPEUTIC ABORTION | 265.13 | 10 60 | X | | F | | | | |
| 08 | 59841 | ABORTION BY DILATION & EVACUATION | 265.13 | 10 60 | X | | F | | | | |
| 08 | 59870 | UTERINE EVACUATION & CURETTAGE HYDAI | 233.58 | 10 60 | X | | F | | | | |
| 08 | 59871 | REMOVE CERCLAGE SUTURE | 233.58 | 10 60 | | | F | | | | |
| 08 | 60000 | DRAIN THYROID/TONGE CYST | 182.30 | | | | | | | | |
| 08 | 60200 | REMOVE THYROID LESION | 233.58 | | | | | | | | |
| 08 | 60280 | REMOVE THYROID DUCT LESION | 233.58 | | | | | | | | |
| 08 | 60281 | EXC. RECURRENT THYRO.DUCT CYST/SINUS | 217.00 | | | | | | | | |
| 08 | 61020 | REMOVE BRAIN CAVITY FLUID | 182.30 | | | | | | | | |
| 08 | 61026 | PUNCTURE BURR HOLE FOR INJECTION | 182.30 | | | | | | | | |
| 08 | 61050 | REMOVE BRAIN CANL FLUID | 182.30 | | | | | | | | |
| 08 | 61055 | CERVICAL PUNCTURE FOR INJECTION | 182.30 | | | | | | | | |
| 08 | 61070 | BRAIN CANAL SHUNT PROCEDURE | 182.30 | | | | | | | | |
| 08 | 61215 | INSERT SYST.-CONNECT TO VENTRIC CATH | 217.00 | | | | | | | | |
| 08 | 61790 | TREAT TRIGEMINAL NERVE | 217.00 | | | | | | | | |
| 08 | 61791 | CREATE LESION-NEUROLYTIC AGENT/TRIGE | 217.00 | | | | | | | | |
| 08 | 61885 | IMPLANT NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 61886 | IMPLANT NEUROSTIM ARRAYS | 217.00 | | | | | | | | |
| 08 | 61888 | REVISE/REMOVE NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 62194 | REPLACE/IRRIGATE CATHETER | 182.30 | | | | | | | | |
| 08 | 62225 | REPLACE/IRRIGATE CATHETER | 182.30 | | | | | | | | |
| 08 | 62230 | REPLACE/REVISE BRAIN SHUNT | 182.30 | | | | | | | | |
| 08 | 62263 | LYSIS EPIDURAL ADHESIONS | 182.30 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 62268 | PERC ASPIRATE-SPINAL CORD OR SYRINX | 182.30 | | | | | | | | |
| 08 | 62269 | BX SPINAL CORD, PERCUTANEOUS | 182.30 | | | | | | | | |
| 08 | 62270 | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC | 182.30 | | | | | | | | |
| 08 | 62272 | REDUCE SPINAL FLUID PRESSURE | 182.30 | | | | | | | | |
| 08 | 62273 | INJECTION,EPIDURAL,OF BLOOD OR CLOT | 182.30 | | | | | | | | |
| 08 | 62280 | TREAT SPINAL CORD LESION | 182.30 | | | | | | | | |
| 08 | 62281 | TREAT SPINAL CORD LESION | 182.30 | | | | | | | | |
| 08 | 62282 | INJECTION/INFUSION OF NEUROLYTIC SUB | 182.30 | | | | | | | | |
| 08 | 62287 | DECOMPRESSION PROCEDURE, PERCUTANEOU | 265.13 | | | | | | | | |
| 08 | 62294 | INJECTION INTO SPINAL ARTERY | 217.00 | | | | | | | | |
| 08 | 62320 | INJECTION(S), OF DIAGNOSTIC OR THERA | 182.30 | | | | | | | | |
| 08 | 62321 | INJECTION(S), OF DIAGNOSTIC OR THERA | 182.30 | | | | | | | | |
| 08 | 62322 | INJECTION(S), OF DIAGNOSTIC OR THERA | 182.30 | | | | | | | | |
| 08 | 62323 | INJECTION(S), OF DIAGNOSTIC OR THERA | 182.30 | | | | | | | | |
| 08 | 62324 | INJECTION(S), INCLUDING INDWELLING C | 182.30 | | | | | | | | |
| 08 | 62325 | INJECTION(S), INCLUDING INDWELLING C | 182.30 | | | | | | | | |
| 08 | 62326 | INJECTION(S), INCLUDING INDWELLING C | 182.30 | | | | | | | | |
| 08 | 62327 | INJECTION(S), INCLUDING INDWELLING C | 182.30 | | | | | | | | |
| 08 | 62350 | IMPLANT SPINAL CATHETER | 182.30 | | | | | | | | |
| 08 | 62355 | REMOVE SPINAL CANAL CATHETER | 182.30 | 01 | 99 | | | | | | |
| 08 | 62360 | INSERT SPINE INFUSION DEVICE | 182.30 | | | | | | | | |
| 08 | 62361 | IMPLANT SPINE INFUSION PUMP | 182.30 | | | | | | | | |
| 08 | 62362 | IMPLANT SPINE INFUSION PUMP | 182.30 | | | | | | | | |
| 08 | 62365 | REMOVE SPINE INFUSION DEVICE | 182.30 | | | | | | | | |
| 08 | 62380 | ENDOSCOPIC DECOMPRESSION OF SPINAL C | 265.13 | | | | | | | | |
| 08 | 63600 | REMOVE SPINAL CORD LESION | 182.30 | | | | | | | | |
| 08 | 63610 | STIMULATION OF SPINAL CORD | 182.30 | | | | | | | | |
| 08 | 63650 | IMPLANT NEUROELECTRODES | 182.30 | | | | | | | | |
| 08 | 63685 | IMPLANT NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 63688 | REVISE/REMOVE NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 63744 | REVISION OF SPINAL SHUNT | 217.00 | | | | | | | | |
| 08 | 63746 | REMOVAL OF SPINAL SHUNT | 182.30 | | | | | | | | |
| 08 | 64410 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64415 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64417 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64420 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64421 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64430 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64461 | PARAVERTEBRAL BLOCK (PVB) (PARASPINO | 182.30 | | | | | | | | |
| 08 | 64463 | PARAVERTEBRAL BLOCK (PVB) (PARASPINO | 182.30 | | | | | | | | |
| 08 | 64479 | INJ FORAMEN EPIDURAL C/T | 182.30 | | | | | | | | |
| 08 | 64510 | INJECT SYMPATH NRV STELLATE GANGLION | 182.30 | | | | | | | | |
| 08 | 64520 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64530 | INJECTION FOR NERVE BLOCK | 182.30 | | | | | | | | |
| 08 | 64553 | PERCUTANEOUS IMPLANTATION OF NEUROST | 182.30 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 64575 | INCISION FOR IMPLANTATION OF NEUROST | 182.30 | | | | | | | | |
| 08 | 64585 | REVISION OR REMOVAL OF PERIPHERAL NE | 182.30 | | | | | | | | |
| 08 | 64590 | IMPLANT NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 64595 | REVISE/REMOVE NEURORECEIVER | 182.30 | | | | | | | | |
| 08 | 64600 | INJECTIVE TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64605 | INJECTION TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64610 | INJECTION TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64620 | INJECTION TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64630 | INJECTION TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64680 | INJECTION TREATMENT OF NERVE | 182.30 | | | | | | | | |
| 08 | 64702 | REVISE FINGER TOE NERVE | 182.30 | | | | | | | | |
| 08 | 64704 | REVISE HAND FOOT NERVE | 182.30 | | | | | | | | |
| 08 | 64708 | REVISE ARM LEG NERVE | 233.58 | | | | | | | | |
| 08 | 64712 | REVISION OF SCIATIC NERVE | 182.30 | | | | | | | | |
| 08 | 64713 | REVISION OF ARM NERVE(S) | 182.30 | | | | | | | | |
| 08 | 64714 | REVISE LOW BACK NERVE (S) | 182.30 | | | | | | | | |
| 08 | 64716 | REVISION OF CRANIAL NERVE | 217.00 | | | | | | | | |
| 08 | 64718 | REVISE ULNAR NERVE AT ELBOW | 233.58 | | | | | | | | |
| 08 | 64719 | REVISE ULNAR NERVE AT WRIST | 233.58 | | | | | | | | |
| 08 | 64721 | REVISE MEDIUM NERVE AT WRIST | 233.58 | | | | | | | | |
| 08 | 64722 | RELIEVE PRESSURE ON NERVE (S) | 182.30 | | | | | | | | |
| 08 | 64726 | RELEASE FOOT/TOE NERVE | 182.30 | | | | | | | | |
| 08 | 64727 | INTERNAL NEUROLYSIS, MICROSCOPE | 182.30 | | | | | | | | |
| 08 | 64732 | INCISION OF BROW NERVE | 182.30 | | | | | | | | |
| 08 | 64734 | INCISION OF CHEEK NERVE | 182.30 | | | | | | | | |
| 08 | 64736 | INCISION OF CHIN NERVE | 182.30 | | | | | | | | |
| 08 | 64738 | INCISION OF JAW NERVE | 182.30 | | | | | | | | |
| 08 | 64740 | INCISION OF TONGUE NERVE | 182.30 | | | | | | | | |
| 08 | 64742 | INCISION OF FACIAL NERVE | 182.30 | | | | | | | | |
| 08 | 64744 | INCISE NERVE, BACK OF HEAD | 182.30 | | | | | | | | |
| 08 | 64746 | INCISE DIAPHRAGM NERVE | 182.30 | | | | | | | | |
| 08 | 64762 | INCISION OF BROW NERVE | 182.30 | | | | | | | | |
| 08 | 64771 | INCISE CRANIAL NERVE, EXTRADURAL | 182.30 | | | | | | | | |
| 08 | 64772 | INCISION OF SPINAL NERVE | 182.30 | | | | | | | | |
| 08 | 64774 | REMOVE SKIN NERVE LESION | 233.58 | | | | | | | | |
| 08 | 64776 | REMOVE DIGIT NERVE LESION | 233.58 | | | | | | | | |
| 08 | 64778 | EXCISE NEUROMA; EACH ADD DIGIT | 182.30 | | | | | | | | |
| 08 | 64782 | REMOVE LIMB NERVE LESION | 217.00 | | | | | | | | |
| 08 | 64783 | EXCISE NEUROMA, HAND/FOOT, & ADD NERVE | 182.30 | | | | | | | | |
| 08 | 64784 | REMOVE NERVE LESION | 217.00 | | | | | | | | |
| 08 | 64786 | REMOVE SCIATIC NERVE LESION | 217.00 | | | | | | | | |
| 08 | 64787 | INSERT CAP ON NERVE END | 182.30 | | | | | | | | |
| 08 | 64788 | REMOVE SKIN NERVE LESION | 217.00 | | | | | | | | |
| 08 | 64790 | REMOVAL OF NERVE LESION | 217.00 | | | | | | | | |
| 08 | 64792 | REMOVAL OF NERVE LESION | 217.00 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 64795 | BIOPSY OF NERVE | 182.30 | | | | | | | | |
| 08 | 64802 | REMOVE SYMPATHETIC NERVES | 182.30 | | | | | | | | |
| 08 | 64821 | REMOVE SYMPATHETIC NERVES | 217.00 | | | | | | | | |
| 08 | 64831 | REPAIR OF DIGIT NERVE | 217.00 | | | | | | | | |
| 08 | 64832 | SUTURE DIGIT NERVE; ADD DIGIT NERVE | 182.30 | | | | | | | | |
| 08 | 64834 | REPAIR OF HAND OR FOOT NERVE | 182.30 | | | | | | | | |
| 08 | 64835 | REPAIR OF AND OR FOOT NERVE | 217.00 | | | | | | | | |
| 08 | 64836 | REPAIR OF HAND OR FOOT NERVE | 265.13 | | | | | | | | |
| 08 | 64837 | REPAIR ADDITIONAL NERVE | 265.13 | | | | | | | | |
| 08 | 64840 | REPAIR OF LEG NERVE | 182.30 | | | | | | | | |
| 08 | 64856 | REPAIR/TRANSPOSE NERVE | 182.30 | | | | | | | | |
| 08 | 64857 | REPAIR ARM/LEG NERVE | 182.30 | | | | | | | | |
| 08 | 64858 | REPAIR SCIATIC NERVE | 182.30 | | | | | | | | |
| 08 | 64859 | SUTRUE @ ADD MAJOR PERIPHERAL NERVE | 182.30 | | | | | | | | |
| 08 | 64861 | REPAIR OF ARM NERVES | 217.00 | | | | | | | | |
| 08 | 64862 | REPAIR OF LOW BACK NERVES | 217.00 | | | | | | | | |
| 08 | 64864 | REPAIR OF FACIAL NERVE | 217.00 | | | | | | | | |
| 08 | 64865 | REPAIR OF FACIAL NERVE | 217.00 | | | | | | | | |
| 08 | 64872 | SUBSEQUENT REPAIR OF NERVE | 182.30 | | | | | | | | |
| 08 | 64874 | REPAIR & REVISE NERVE | 217.00 | | | | | | | | |
| 08 | 64876 | REPAIR NERVE; SHORTEN BONE | 217.00 | | | | | | | | |
| 08 | 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAF | 182.30 | | | | | | | | |
| 08 | 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAF | 182.30 | | | | | | | | |
| 08 | 64890 | NERVE GRAFT,HAND OR FOOT | 182.30 | | | | | | | | |
| 08 | 64891 | NERVE GRAFT,HAND OR FOOT | 182.30 | | | | | | | | |
| 08 | 64892 | NERVE GRAFT, ARM OR LEG | 182.30 | | | | | | | | |
| 08 | 64893 | NERVE GRAFT,ARM OR LEG | 182.30 | | | | | | | | |
| 08 | 64895 | NERVE GRAFT, HAND OR FOOT | 217.00 | | | | | | | | |
| 08 | 64896 | NERVE GRAFT, HAND OR FOOT | 217.00 | | | | | | | | |
| 08 | 64897 | NERVE GRAFT, ARM OR LEG | 217.00 | | | | | | | | |
| 08 | 64898 | NERVE GRAFT, ARM OR LEG | 217.00 | | | | | | | | |
| 08 | 64901 | NERVE GRAFT, @ ADD NERVE;SING.STRAND | 182.30 | | | | | | | | |
| 08 | 64902 | NERVE GRAT, @ ADD NERVE;MULTI STRAND | 182.30 | | | | | | | | |
| 08 | 64905 | NERVE PEDICLE TRANSFER | 182.30 | | | | | | | | |
| 08 | 64907 | NERV PEDICLE TRANSFER | 182.30 | | | | | | | | |
| 08 | 64912 | NERVE REPAIR; WITH NERVE ALLOGRAFT, | 265.13 | | | | | | | | |
| 08 | 65091 | EVISCERATION EYE | 265.13 | | | | | | | | |
| 08 | 65093 | EVISCERATION EYE WITH IMPLANT | 265.13 | | | | | | | | |
| 08 | 65101 | REMOVAL OF EYE | 265.13 | | | | | | | | |
| 08 | 65103 | REMOVE EYE/INSERT IMPLANT | 265.13 | | | | | | | | |
| 08 | 65105 | REMOVE EYE/ATTACH IMPLANT | 217.00 | | | | | | | | |
| 08 | 65110 | REMOVAL OF EYE | 233.58 | | | | | | | | |
| 08 | 65112 | REMOVE EYE, REVISE SOCKET | 265.13 | | | | | | | | |
| 08 | 65114 | REMOVE EYE, REVISE SOCKET | 265.13 | | | | | | | | |
| 08 | 65130 | INSERT OCULAR IMPLANT | 265.13 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|---------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 65135 | INSERT OCULAR IMPLANT | 265.13 | | | | | | | | |
| 08 | 65140 | ATTACH OCULAR IMPLANT | 265.13 | | | | | | | | |
| 08 | 65150 | REVISE OCULAR IMPLANT | 265.13 | | | | | | | | |
| 08 | 65155 | REINSERT OCULAR IMPLANT | 265.13 | | | | | | | | |
| 08 | 65175 | REMOVAL OF OCULAR IMPLANT | 265.13 | | | | | | | | |
| 08 | 65205 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65210 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65220 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65222 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65235 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65260 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65265 | REMOVE FOREIGN BODY FROM EYE | 182.30 | | | | | | | | |
| 08 | 65270 | REPAIR OF EYE WOUND | 182.30 | | | | | | | | |
| 08 | 65272 | REPAIR OF EYE WOUND | 182.30 | | | | | | | | |
| 08 | 65275 | REPAIR OF EYE WOUND | 217.00 | | | | | | | | |
| 08 | 65280 | REPAIR OF EYE WOUND | 217.00 | | | | | | | | |
| 08 | 65285 | REPAIR OF EYE WOUND | 217.00 | | | | | | | | |
| 08 | 65290 | REPAIR OF INJURED EYE MUSCLE OR TEND | 217.00 | | | | | | | | |
| 08 | 65400 | REMOVE OF EYE LESION | 182.30 | | | | | | | | |
| 08 | 65410 | BIOPSY OF CORNEA | 182.30 | | | | | | | | |
| 08 | 65420 | REMOVAL OF EYE LESION | 182.30 | | | | | | | | |
| 08 | 65426 | REMOVAL OF EYE LESION | 182.30 | | | | | | | | |
| 08 | 65710 | CORNEAL TRANSPLANT | 265.13 | | | | | | | | |
| 08 | 65730 | CORNEAL TRANSPLANT | 265.13 | | | | | | | | |
| 08 | 65750 | CORNEAL TRANSPLANT | 265.13 | | | | | | | | |
| 08 | 65755 | KERATOPLASTY, PENETRATING | 265.13 | | | | | | | | |
| 08 | 65770 | KERATOPROSTHESIS | 265.13 | | | | | | | | |
| 08 | 65772 | CORNEAL RELAX INCISION,COR SURG AST | 217.00 | | | | | | | | |
| 08 | 65775 | CORN WEDGE RESECT,CORR SURG..ASTIGMAT | 217.00 | | | | | | | | |
| 08 | 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL | 217.00 | | | | | | | | X |
| 08 | 65800 | DRAINAGE OF EYE | 182.30 | | | | | | | | |
| 08 | 65810 | DRAINAGE OF EYE | 217.00 | | | | | | | | |
| 08 | 65815 | DRAINAGE OF EYE | 182.30 | | | | | | | | |
| 08 | 65850 | TRABECULOTOMY AB EXTERNO | 217.00 | | | | | | | | |
| 08 | 65865 | INCISE INNER EYE ADHESIONS | 182.30 | | | | | | | | |
| 08 | 65870 | INCISE INNER EYE ADHESIONS | 217.00 | | | | | | | | |
| 08 | 65875 | INCISE INNER EYE ADHESIONS | 217.00 | | | | | | | | |
| 08 | 65880 | INCISE INNER EYE ADHESIONS | 217.00 | | | | | | | | |
| 08 | 65900 | REMOVE EYE LESION | 233.58 | | | | | | | | |
| 08 | 65920 | REMOVE IMPLANT FROM EYE | 265.13 | | | | | | | | |
| 08 | 65930 | REMOVE BLOOD CLOT FROM EYE | 233.58 | | | | | | | | |
| 08 | 66020 | INJECTION TREATMENT OF EYE | 182.30 | | | | | | | | |
| 08 | 66030 | INJECTION TREATMENT OF EYE | 182.30 | | | | | | | | |
| 08 | 66130 | REMOVE EYE LESION | 265.13 | | | | | | | | |
| 08 | 66150 | INCISION OF EYE | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| | | | | AGE | MED | | | | | X- | UVS |
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | OVERS | >001 |
| 08 | 66155 | INCISION OF EYE | 217.00 | | | | | | | | |
| 08 | 66160 | INCISION OF EYE | 182.30 | | | | | | | | |
| 08 | 66170 | INCISION OF EYE | 217.00 | | | | | | | | |
| 08 | 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA | 217.00 | | | | | | | | |
| 08 | 66180 | AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR | 233.58 | | | | | | | | |
| 08 | 66185 | REVISION OF AQUEOUS SHUNT TO EXT RES | 182.30 | | | | | | | | |
| 08 | 66225 | REPAIR/GRAFT EYE LESION | 217.00 | | | | | | | | |
| 08 | 66250 | FOLLOW - UP SURGERY OF EYE | 182.30 | | | | | | | | |
| 08 | 66500 | INCISION OF IRIS | 265.13 | | | | | | | | |
| 08 | 66505 | INCISION OF THE IRIS | 265.13 | | | | | | | | |
| 08 | 66600 | REMOVE IRIS AND LESION | 265.13 | | | | | | | | |
| 08 | 66605 | REMOVAL OF IRIS | 265.13 | | | | | | | | |
| 08 | 66625 | REMOVAL OF IRIS | 265.13 | | | | | | | | |
| 08 | 66630 | REMOVAL OF IRIS | 265.13 | | | | | | | | |
| 08 | 66635 | REMOVAL OF IRIS | 265.13 | | | | | | | | |
| 08 | 66680 | REPAIR IRIS & CILIARY BODY | 217.00 | | | | | | | | |
| 08 | 66682 | SUTURE OF IRIS, CILLIARY BODY | 182.30 | | | | | | | | |
| 08 | 66700 | RELIVE INNER EYE PRESSURE | 182.30 | | | | | | | | |
| 08 | 66710 | CILIARY BODY DESTRUCTION; | 182.30 | | | | | | | | |
| 08 | 66740 | RELIEVE INNER EYE PRESSURE | 182.30 | | | | | | | | |
| 08 | 66821 | DISCISSION OF SECONDARY; LASER | 182.30 | | | | | | | | |
| 08 | 66825 | REPOSITIONING OF INTRAOCULAR LENS PR | 217.00 | | | | | | | | |
| 08 | 66830 | REMOVAL OF LENS LESION | 265.13 | | | | | | | | |
| 08 | 66840 | REMOVAL OF LENS MATERIAL | 265.13 | | | | | | | | |
| 08 | 66850 | REMOVAL OF LENS MATERIAL | 265.13 | | | | | | | | |
| 08 | 66852 | REMOVAL LENS MATERIAL,ASPIRATION | 217.00 | | | | | | | | |
| 08 | 66920 | EXTRACTION OF LENS | 265.13 | | | | | | | | |
| 08 | 66930 | EXTRACTION OF LENS | 265.13 | | | | | | | | |
| 08 | 66940 | EXTRACTION OF LENS | 265.13 | | | | | | | | |
| 08 | 66983 | INTRA CATARACT EXTRAC W LENS | 265.13 | | | | | | | | |
| 08 | 66984 | EXTRA CATARACT REMOVAL W LENS | 265.13 | | | | | | | | |
| 08 | 66985 | INSERT LENS PROSTHESIS | 233.58 | | | | | | | | |
| 08 | 66986 | EXHANGE OF INTRAOCULAR LENS | 233.58 | | | | | | | | |
| 08 | 67005 | PARTIAL REMOVAL OF EYE FLUID | 217.00 | | | | | | | | |
| 08 | 67010 | PARTIAL REMOVAL OF EYE FLUID | 217.00 | | | | | | | | |
| 08 | 67015 | RELEASE OF EYE FLUID | 182.30 | | | | | | | | |
| 08 | 67025 | REPLACE EYE FLUID | 182.30 | | | | | | | | |
| 08 | 67027 | IMPLANT EYE DRUG SYSTEM | 217.00 | | | | | | | | |
| 08 | 67030 | INCISE INNER EYE STRANDS | 182.30 | | | | | | | | |
| 08 | 67031 | SERVERING OF VITREOUS STRANDS,VITREO | 182.30 | | | | | | | | |
| 08 | 67036 | VITRECTOMY, MECHANICLA, PARS PLANA A | 217.00 | | | | | | | | |
| 08 | 67039 | LASER TREATMENT OF RETINA | 265.13 | | | | | | | | |
| 08 | 67040 | LASER TREATMENT OF RETINA | 265.13 | | | | | | | | |
| 08 | 67107 | REPAIR DETACHED RETINA | 233.58 | | | | | | | | |
| 08 | 67108 | REPAIR DETACHED RETINA | 265.13 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 67115 | RELEASES ENCIRCLING MATERIAL(POSTERI | 182.30 | | | | | | | | |
| 08 | 67120 | REMOVE EYE IMPLANT MATERIAL | 182.30 | | | | | | | | |
| 08 | 67121 | REMOVE IMPLANT POSTERIOR, INTRAOCULAR | 182.30 | | | | | | | | |
| 08 | 67141 | TREAT RETINAL DETACH, CRYOTHER/DIATHE | 182.30 | | | | | | | | |
| 08 | 67218 | RETINAL LESION; IMPLANT RADIATI | 233.58 | | | | | | | | |
| 08 | 67227 | DESTROY RETINOPATHY; CRYOTHER/DIATHER | 182.30 | | | | | | | | |
| 08 | 67250 | REINFORCE EYE WALL | 217.00 | | | | | | | | |
| 08 | 67255 | REINFORCE/GRAFT EYE WALL | 217.00 | | | | | | | | |
| 08 | 67311 | REVISE EYE MUSCLE | 265.13 | | | | | | | | |
| 08 | 67312 | REVISE TWO EYE MUSCLES | 265.13 | | | | | | | | |
| 08 | 67314 | STRABISMUS SURG, ONE VERTICAL MUSCLE | 217.00 | | | | | | | | |
| 08 | 67316 | STRABISMUS SURG, 2 OR MORE VERT MUSC | 217.00 | | | | | | | | |
| 08 | 67318 | STRABISMUS SURG, ANY PROC, SUP OBL MUS | 217.00 | | | | | | | | |
| 08 | 67320 | REVISE EYE MUSCLE (S) | 217.00 | | | | | | | | |
| 08 | 67331 | STRABISMUS SURG W/PREV EYE SURG | 217.00 | | | | | | | | |
| 08 | 67332 | STRABISMUS SURG W/SCAR EXTRAOC MUSC | 217.00 | | | | | | | | |
| 08 | 67334 | STRABISMUS SURG, POST FIX SUTURE TECH | 217.00 | | | | | | | | |
| 08 | 67335 | ADJUSTABLE SUTURES/STRABISMUS SURGER | 217.00 | | | | | | | | |
| 08 | 67340 | STRABISMUS SURG EXPLOR/REP DET EXTRA | 217.00 | | | | | | | | |
| 08 | 67346 | BIOPSY OF EXTRAOCULAR MUSCLE | 182.30 | | | | | | | | |
| 08 | 67400 | EXPLORE/BIOPSY EYE SOCKET | 217.00 | | | | | | | | |
| 08 | 67405 | EXPLORE/DRAIN EYE SOCKET | 217.00 | | | | | | | | |
| 08 | 67412 | EXPLORE/TREAT EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67413 | EXPLORE/TREAT EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67415 | BIOPSY OF EYE | 182.30 | | | | | | | | |
| 08 | 67420 | EXPLORE/TREAT EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67430 | EXPLORE/TREAT EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67440 | EXPLORE/DRAIN EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67450 | EXPLORE/BIOPSY EYE SOCKET | 233.58 | | | | | | | | |
| 08 | 67550 | INSERT EYE SOCKET IMPLANT | 217.00 | | | | | | | | |
| 08 | 67560 | REVISE EYE SOCKET IMPLANT | 182.30 | | | | | | | | |
| 08 | 67700 | DRAINAGE OF EYELID ABSCESS | 217.00 | | | | | | | | |
| 08 | 67710 | INCISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67715 | INCISION OF EYELID FOLD | 182.30 | | | | | | | | |
| 08 | 67800 | REMOVE EYELID LESION | 182.30 | | | | | | | | |
| 08 | 67801 | REMOVE EYELID LESIONS | 182.30 | | | | | | | | |
| 08 | 67805 | REMOVE EYELID LESIONS | 182.30 | | | | | | | | |
| 08 | 67808 | REMOVE EYELID LESION (S) | 182.30 | | | | | | | | |
| 08 | 67830 | REVISE EYELASHES | 182.30 | | | | | | | | |
| 08 | 67835 | REVISE EYELASHES | 182.30 | | | | | | | | |
| 08 | 67880 | REVISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67882 | REVISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67900 | REPAIR OF BROW PTOSIS (SUPRACILLIARY | 217.00 | | | | | | | | |
| 08 | 67901 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67902 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 67903 | REPAIR EYELID DEFECT | 217.00 | | | | | | | | |
| 08 | 67904 | REPAIR EYELID DEFECT | 217.00 | | | | | | | | |
| 08 | 67906 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67908 | REMOVAL OF TISSUE, MUSCLE, AND MEMBR | 217.00 | | | | | | | | |
| 08 | 67909 | REVISE EYELID DEFECT | 217.00 | | | | | | | | |
| 08 | 67911 | REVISE EYELID DEFECT | 217.00 | | | | | | | | |
| 08 | 67914 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67915 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67916 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67917 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67921 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67922 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67923 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67924 | REPAIR EYELID DEFECT | 233.58 | | | | | | | | |
| 08 | 67935 | REPAIR EYELID WOUND | 182.30 | | | | | | | | |
| 08 | 67938 | REMOVE EYELID FOREIGN BODY | 182.30 | | | | | | | | |
| 08 | 67950 | REVISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67961 | REVISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67966 | REVISION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67971 | RECONSTRUCTION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67973 | RECONSTRUCTION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67974 | RECONSTRUCTION OF EYELID | 217.00 | | | | | | | | |
| 08 | 67975 | RECONSTRUCTION OF EYELID | 217.00 | | | | | | | | |
| 08 | 68115 | REMOVE EYELID LINING LESION | 182.30 | | | | | | | | |
| 08 | 68130 | REMOVE EYELID LESION | 182.30 | | | | | | | | |
| 08 | 68320 | REVISE/GRAFT EYELID LINING | 217.00 | | | | | | | | |
| 08 | 68325 | REVISE/GRAFT EYELID LINIG | 217.00 | | | | | | | | |
| 08 | 68326 | REVISE/GRAFT EYELID LINING | 217.00 | | | | | | | | |
| 08 | 68328 | REVISE/GRAFT EYELID LINING | 182.30 | | | | | | | | |
| 08 | 68330 | REVISE EYELID LINING | 217.00 | | | | | | | | |
| 08 | 68335 | REVISE/GRAFT EYELID LINING | 217.00 | | | | | | | | |
| 08 | 68340 | SEPARATE EYELID ADHESIONS | 217.00 | | | | | | | | |
| 08 | 68360 | REVISE EYELID LINING | 182.30 | | | | | | | | |
| 08 | 68362 | REVISE EYELID LINING | 182.30 | | | | | | | | |
| 08 | 68500 | REMOVAL OF TEAR GLAND | 217.00 | | | | | | | | |
| 08 | 68505 | PARTIAL REMOVAL TEAR GLAND | 217.00 | | | | | | | | |
| 08 | 68510 | BIOPSY OF TEAR GLAND | 182.30 | | | | | | | | |
| 08 | 68520 | REMOVAL OF TEAR SAC | 217.00 | | | | | | | | |
| 08 | 68525 | BIOPSY OF TEAR SAC | 182.30 | | | | | | | | |
| 08 | 68540 | REMOVE TEAR GLAND LESION | 217.00 | | | | | | | | |
| 08 | 68550 | REMOVE TEAR GLAND LESION | 217.00 | | | | | | | | |
| 08 | 68700 | REPAIR TEAR DUCTS | 182.30 | | | | | | | | |
| 08 | 68720 | CREATE TEAR SAC DRAIN | 217.00 | | | | | | | | |
| 08 | 68745 | CREAT TEAR DUCT DRAIN | 217.00 | | | | | | | | |
| 08 | 68750 | CREATE TEAR DUCT DRAIN | 217.00 | | | | | | | | |

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COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|-------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 68770 | CLOSE TEAR SYSTEM FISTULA | 217.00 | | | | | | | | |
| 08 | 68810 | PROBE NASOLACRIMAL DUCT | 182.30 | | | | | | | | |
| 08 | 68811 | PROBE NASOLACRIMAL DUCT | 182.30 | | | | | | | | |
| 08 | 68815 | PROBE NASONLACRIMAL DUCT | 182.30 | | | | | | | | |
| 08 | 69000 | DRAIN EXTERNAL EAR LESION | 217.00 | | | | | | | | |
| 08 | 69005 | DRAIN EXTERNAL EAR LESION | 217.00 | | | | | | | | |
| 08 | 69020 | DRAIN OUTER EAR CANAL LESION | 217.00 | | | | | | | | |
| 08 | 69110 | PARTIAL REMOVAL EXTERNAL EAR | 182.30 | | | | | | | | |
| 08 | 69120 | REMOVAL OF EXTERNAL EAR | 182.30 | | | | | | | | |
| 08 | 69140 | REMOVE EAR CANAL LESION(S) | 182.30 | | | | | | | | |
| 08 | 69145 | REMOVE EAR CANAL LESION (S) | 182.30 | | | | | | | | |
| 08 | 69150 | EXTENSIVE EAR CANAL SURGERY | 217.00 | | | | | | | | |
| 08 | 69205 | CLEAR OUTER EAR CANAL | 182.30 | | | | | | | | |
| 08 | 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY | 217.00 | | | | | | | | |
| 08 | 69320 | REBUILD OUTER EAR CANAL | 265.13 | | | | | | | | |
| 08 | 69420 | INCISION OF EARDRUM | 182.30 | | | | | | | | |
| 08 | 69421 | MYRINGOTOMY..REQUIRING GEN ANESTH | 217.00 | | | | | | | | |
| 08 | 69424 | VENT TUBE REMOVAL;UNILATERAL | 182.30 | | | | | | | | |
| 08 | 69433 | OFFICE TYMPANOSTOMY UNILAT | 265.13 | | | | | | | | |
| 08 | 69436 | HOSPITAL TYMPANOSTOMY UNILAT | 265.13 | | | | | | | | |
| 08 | 69440 | EXPLORATION OF MIDDLE EAR | 217.00 | | | | | | | | |
| 08 | 69450 | TYMPANOLYSIS, TRANSCANAL | 182.30 | | | | | | | | |
| 08 | 69501 | MASTOIDECTOMY | 265.13 | | | | | | | | |
| 08 | 69502 | MASTOIDECTOMY | 265.13 | | | | | | | | |
| 08 | 69505 | REMOVE MASTOID STRUCTURES | 265.13 | | | | | | | | |
| 08 | 69511 | EXTENSIVE MASTOID SURGERY | 265.13 | | | | | | | | |
| 08 | 69530 | EXTENSIVE MASTOID SURGERY | 265.13 | | | | | | | | |
| 08 | 69550 | REMOVE EAR LESION | 233.58 | | | | | | | | |
| 08 | 69552 | REMOVE EAR LESION | 265.13 | | | | | | | | |
| 08 | 69601 | MASTOID SURGERY REVISION | 265.13 | | | | | | | | |
| 08 | 69602 | MASTOID SURGERY REVISION | 265.13 | | | | | | | | |
| 08 | 69603 | MASTOID SURGERY REVISION | 265.13 | | | | | | | | |
| 08 | 69604 | MASTOID SURGERY REVISION | 265.13 | | | | | | | | |
| 08 | 69605 | MASTOID SURGERY REVISION | 265.13 | | | | | | | | |
| 08 | 69610 | REPAIR OF EARDRUM | 265.13 | | | | | | | | |
| 08 | 69620 | REPAIR OF EARDRUM | 265.13 | | | | | | | | |
| 08 | 69631 | REPAIR EARDRUM STRUCTURES | 233.58 | | | | | | | | |
| 08 | 69633 | REBUILD EARDRUM STRUCTURES - TOTAL | 233.58 | | | | | | | | |
| 08 | 69635 | REPAIR EARDRUM STRUCTURES | 265.13 | | | | | | | | |
| 08 | 69636 | REBUILD EARDRUM STRUCTURES | 265.13 | | | | | | | | |
| 08 | 69637 | REBUILD EARDRUM STRUCTURES-TOTAL- | 265.13 | | | | | | | | |
| 08 | 69641 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69642 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69643 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69644 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----|-------|--------------------------------------|--------|---------|-----|----|-----|-----|----|-------|------|
| TS | CODE | DESCRIPTION | FEE | AGE | MED | PA | SEX | PSR | SL | X- | UVS |
| | | | | MIN-MAX | REV | | | | | OVERS | >001 |
| 08 | 69645 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69646 | REVISE MIDDLE EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69650 | RELEASE MIDDLE EAR BONE | 265.13 | | | | | | | | |
| 08 | 69660 | REVISE MIDDLE EAR BONE | 265.13 | | | | | | | | |
| 08 | 69661 | REVISE MIDDLE EAR BONE W/DRILL OUT | 233.58 | | | | | | | | |
| 08 | 69662 | REVISION OF STAPEDECTOMY OR STAPEDOT | 233.58 | | | | | | | | |
| 08 | 69666 | REPAIR MIDDLE EAR STRUCTURES | 217.00 | | | | | | | | |
| 08 | 69667 | REPAIR MIDDLE EAR STRUCTURES | 217.00 | | | | | | | | |
| 08 | 69670 | REMOVE MASTOID AIR CELLS | 217.00 | | | | | | | | |
| 08 | 69676 | TYMPANIC NEURECTOMY; UNILATERAL | 217.00 | | | | | | | | |
| 08 | 69700 | CLOSE MASTOID FISTULA | 217.00 | | | | | | | | |
| 08 | 69711 | REMOVAL/REPAIR OF ELCTROMAGNETIC BO | 182.30 | | | | | | | | |
| 08 | 69714 | IMPLANT TEMPLE BONE W/STIMUL | 265.13 | | | | | | | | |
| 08 | 69715 | TEMPLE BNE IMPLNT W/STIMUL | 265.13 | | | | | | | | |
| 08 | 69717 | TEMPLE BONE IMPLANT REVISION | 265.13 | | | | | | | | |
| 08 | 69718 | REVISE TEMPLE BONE IMPLANT | 265.13 | | | | | | | | |
| 08 | 69720 | RELEASE FACIAL NERVE | 233.58 | | | | | | | | |
| 08 | 69725 | RELEASE FACIAL NERVE | 233.58 | | | | | | | | |
| 08 | 69740 | REPAIR FACIAL NERVE | 233.58 | | | | | | | | |
| 08 | 69745 | REPAIR FACIAL NERVE | 233.58 | | | | | | | | |
| 08 | 69801 | INCISE INNER EAR | 233.58 | | | | | | | | |
| 08 | 69805 | EXPLORE INNER EAR | 265.13 | | | | | | | | |
| 08 | 69806 | EXPLORE INNER EAR | 265.13 | | | | | | | | |
| 08 | 69905 | REMOVE INNER EAR | 265.13 | | | | | | | | |
| 08 | 69910 | REMOVE INNER EAR & MASTOID | 265.13 | | | | | | | | |
| 08 | 69915 | INCISE INNER EAR NERVE | 265.13 | | | | | | | | |
| 08 | 69930 | IMPLANT COCHLEAR DEVICE | 265.13 | | | | | | | | |
| 08 | 91010 | MEASUREMENT OF ESOPHAGEAL SWALLOWING | 182.30 | | | | | | | | |
| 08 | 92502 | OTOLARYNGOLOGIC EXAM UNDER ANESTHESI | 182.30 | | | | | | | | |
| 08 | 92511 | NASOPHARYNGOSCOPY | 182.30 | | | | | | | | |

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