

-----  
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.

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, 2020 THRU DECEMBER 31, 2020

## 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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 TI 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 AUTPGRAFT 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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, SUPERFICAL	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	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								
08	20924	TENDON GRAFT; DISTANT	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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	ARTHROPLASTY TEMPROMANDIBULAR JOINT	233.58								
08	21243	ARTHROPLASTY, 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								
08	21335	TREATMENT OF NOSE FRACTURE	265.13								
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	217.00								
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	182.30								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



## 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	23020	RELEASE SHOULDER MUSCLE	182.30								
08	23030	I & D SHOULDER DEEP ABSC 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								
08	23430	REPAIR BICEPS TENDON RUPTURE	217.00								
08	23440	REMOVAL/TRANSPLANT TENDON	217.00								
08	23450	CAPSULORRAPHY, ANTERIOR	233.58								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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 STERNOCLAVICULAR 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								
08	23931	DRAINAGE OF ARM BURSA	217.00								
08	23935	DRAIN ARM/ELBOW BONE LESION	182.30								
08	24000	EXPLORATORY ELBOW SURGERY	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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/WO INTERNAL FIXA	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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	SEQUESTRECTOMY 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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; SECONDAR	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								
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	217.00								
08	26100	BIOPSY HAND JOINT LINING	182.30								
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	182.30								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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	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, FIINGER, 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 RESECT FOR TUMOR, HAND	217.00								
08	26260	RADICAL RESECT FOR TUMOR, PROXIMAL/MI	217.00								
08	26262	RADICAL RESECT 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	26860	ARTHRODESIS FINGER JOINT W/WO INTERN	265.13								
08	26861	EACH ADDITIONAL JOINT	265.13								
08	26862	FUSION/GRAFT OF FINGER JOINT	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	27275	MANIPULATION OF HIP JOINT	182.30								
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	217.00								
08	27305	FASCIOTOMY	182.30								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	27418	REPAIR OF DEGENERATED KNEECAP	217.00								
08	27420	REVISION/REMOVAL OF KNEECAP	217.00								
08	27422	REVISION OF UNSTABLE KNEECAP	265.13								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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	REVISIOSN OF KNEE JOINT	233.58								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	233.58								
08	27497	DECOMPTENSION 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
08	27742	REPAIR OF LEG EPIPHYSES	182.30								
08	27750	TREATMENT OF TIBIA FRACTURE	182.30								
08	27752	TREATMENT OF TIBIA FRACTURE	182.30								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	28003	TREATMENT OF FOOT INFECTION	217.00								
08	28005	TREAT FOOT BONE LESION	217.00								
08	28008	INCISION OF FOOT FASCIA	265.13								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



## 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	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 CORRECTION-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								
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	182.30								
08	28315	SESAMOIDECTOMY FIRST TOE	217.00								
08	28320	REPAIR OF FOOT BONES	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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 28344;SYNDACTYLY,W/WO 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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/VO	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 FIBROcart	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								
08	29875	ARTHROSCOPY LIMITED SYNOVECTOMY	265.13								
08	29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	265.13								
08	29877	ARTHROSCOPY-DEBRIDEMENT	265.13								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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 OSTEOTOMIES	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								
08	30465	REPAIR NASAL STENOSIS	265.13								
08	30520	REPAIR OF NASAL SEPTUM	217.00								
08	30540	REPAIR NASAL DEFECT	233.58								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	233.58								
08	31592	CRICOTRACHEAL RESECTION	233.58								
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	217.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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	33222	RELOCATION OF PACEMAKER GENERATOR SK	182.30								
08	33223	RELOCATION OF PACING DEFIBRILLATOR D	182.30								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



## 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	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 DECLEOTING	182.30								
08	36861	CANNULA DECLEOTING	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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	PROCTOSIGMOIDOSCIPY; 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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-VEIN 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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	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	
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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				
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				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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				
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 HYDROCELLE	233.58				M				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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				
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				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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 ENTEROCELE, 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 MYOMECTOMY	265.13				F				
08	58546	LAPARO-MYMECTOMY, 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				
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				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



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, 2020 THRU DECEMBER 31, 2020

## 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	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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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	EVISGERATION EYE	265.13								
08	65093	EVISGERATION 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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 WDGE 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	67115	RELEASSE 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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	STRABISMUD DURG 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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

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, 2020 THRU DECEMBER 31, 2020

## 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	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								
08	68770	CLOSE TEAR SYSTEM FISTULA	217.00								
08	68810	PROBE NASOLACRIMAL DUCT	182.30								
08	68811	PROVE 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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.

## 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	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								
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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.



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, 2020 THRU DECEMBER 31, 2020

## 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	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								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$248.14 TO AMBULATORY SURGICAL CENTERS.