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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	G0105	COLORECTAL SCRIN, HI RISK. IND	189.30								
08	G0121	COLON CA SCRIN; NOT HIGH RISK IND	189.30								
08	G0260	INJ FOR SACROILIAC JT ANESTH	189.30								
08	V2785	CORNEAL TISSUE PROCESSING	1,708.87								
08	00170	ANES;INTRAORAL,INC BIOPSY, NOS	189.30					X			
08	10061	DRAIN SKIN ABSCESS COMPLICATED	225.34					X			
08	10120	SIMPLE REMOVAL FOREIGN BODY	225.34					X			
08	10121	COMPLICATED REMOVAL FOREIGN BODY	225.34					X			
08	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	189.30								
08	11010	DEBRIDE SKIN, FX	189.30								
08	11011	DEBRIDE SKIN/MUSCLE, FX	189.30								
08	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	189.30								
08	11042	DEBRIDE SKIN, SUBCUTANEOUS TISSUE	189.30								
08	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	189.30								
08	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	189.30								
08	11100	BIOPSY OF SINGLE LESION	189.30						X		
08	11101	DEBRIDE SKIN/MUSCLE, FX	189.30								
08	11400	EXCISE BENIGN LESION TO 0.5 CM	189.30						X		
08	11401	EXCISE BENIGN LESION 0.6 TO 1CM	189.30						X		
08	11402	EXCISE BENIGN LESION 1.1 TO 2CM	189.30						X		
08	11403	EXCISE BENIGN LESION 2.1 TO 3CM	189.30						X		
08	11404	EXCISE BENIGN LESION 3.1 TO 4CM	189.30						X		
08	11406	EXCISE BENIGN LESION OVER 4CM	189.30								
08	11420	EXCISE BENIGN LESION TO 0.5CM	189.30						X		
08	11421	EXCISE BENIGN LESION 0.6 TO 1CM	189.30						X		
08	11424	EXCISE BENIGN LESION 3.1 TO 4CM	189.30								
08	11426	EXCISE BENIGN LESION OVER 4.0CM	189.30								
08	11440	EXCISE BENIGN LESION TO 0.5CM	189.30						X		
08	11441	EXCISE BENIGN LESION 0.6 TO 1CM	189.30						X		
08	11442	EXCISE BENIGN LESION 1.1 TO 2CM	189.30						X		
08	11443	EXCISE BENIGN LESION 2.1 TO 3CM	189.30						X		
08	11444	EXCISE BENIGN LESION 3.1 TO 4CM	189.30						X		
08	11446	EXCISE BENIGN LESION OVER 4.0CM	189.30								
08	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	189.30								
08	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	189.30								
08	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	189.30								
08	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	189.30								
08	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	189.30								
08	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	189.30								
08	11600	EXCISE MALIGNANCY TO 0.5CM	189.30						X		
08	11601	EXCISE MALIGNANCY 0.6 TO 1CM	189.30						X		
08	11602	EXCISE MALIGNANCY 1.1 TO 2CM	189.30						X		
08	11603	EXCISE MALIGNANCY 2.1 TO 3CM	189.30						X		
08	11604	EXCISE MALIGNANCY 3.1 TO 4CM	189.30						X		
08	11606	EXCISE MALIGNANCY OVER 4CM	189.30						X		

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 \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	11620	EXCISE MALIGNANCY TO 0.5CM	189.30					X			
08	11621	EXCISE MALIGNANCY 0.6 TO 1CM	189.30					X			
08	11622	EXCISE MALIGNANCY 1.1 TO 2CM	189.30					X			
08	11623	EXCISE MALIGNANCY 2.1 TO 3CM	189.30					X			
08	11624	EXCISE MALIGNANCY 3.1 TO 4CM	189.30					X			
08	11626	EXCISE MALIGNANCY OVER 4CM	189.30					X			
08	11640	EXCISE MALIGNANCY TO 0.5CM	189.30					X			
08	11641	EXCISE MALIGNANCY 0.6 TO 1CM	189.30					X			
08	11642	EXCISE MALIGNANCY 1.1 TO 2CM	189.30					X			
08	11643	EXCISE MALIGNANCY 2.1 TO 3CM	189.30					X			
08	11644	EXCISE MALIGNANCY 3.1 TO 4CM	189.30					X			
08	11646	EXCISE MALIGNANCY OVER 4CM	189.30					X			
08	11730	SIMPLE REMOVAL OF NAIL PLATE	189.30					X			
08	11732	REMOVE ADDITIONAL NAIL PLATES	189.30					X			
08	11740	EVACUATE HEMATOMA UNDER NAIL	189.30					X			
08	11750	EXCISION NAIL AND NAIL MATRIX	189.30					X			
08	11760	SIMPLE RECONSTRUCTION NAIL BED	189.30					X			
08	11762	NAIL RECONSTRUCTION COMPLICATED	189.30					X			
08	11770	SIMPLE EXCISION PILONIDAL CYST	242.55					X			
08	11771	EXCISE PILONIDAL CYST;EXTENSIVE	242.55					X			
08	11960	INSERTION OF TISSUE EXPANDER	189.30								
08	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	189.30								
08	12005	SIMPLE WOUND REPAIR 12.6 TO 20 CM	189.30								
08	12006	SIMPLE WOUND REPAIR 20.1 TO 30 CM	189.30								
08	12007	SIMPLE WOUND REPAIR OVER 30 CM	189.30								
08	12016	SIMPLE WOUND RPAIR 12.6 TO 20 CM	189.30								
08	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	189.30								
08	12018	SIMPLE WOUND REPAIR OVER 30CM	189.30								
08	12020	TREAT SUPER DEHISCENCE; SIMPLE CLOSE	189.30								
08	12021	TREAT SUPER DEHISCENCE; W/PACKING	189.30								
08	12034	LAYER CLOSURE 7.6 - 12.5 CM	189.30								
08	12035	LAYER CLOSURE 12.6 TO 20CM	189.30								
08	12036	LAYER CLOSURE 20.1 TO 30 CM	189.30								
08	12037	LAYER CLOSURE WOUND/OVER 30 CM	189.30								
08	12044	LAYER CLOSURE 7.6 TO 12.5 CM	189.30								
08	12045	LAYER CLOSURE 12.6 TO 20 CM	189.30								
08	12046	LAYER CLOSURE 20.1 TO 30 CM	189.30								
08	12047	LAYERCLOSURE WOUND OVER 30 CM	189.30								
08	12054	LAYER CLOSURE 7.6 TO 12.5 CM	189.30								
08	12055	LAYER CLOSURE 12.6 TO 20 CM	189.30								
08	12056	LAYER CLOSURE 20.1 TI 30 CM	189.30								
08	12057	LAYER CLOSURE WOUND OVER 30 CM	189.30								
08	13100	COMPLEX REPAIR 1.1 TO 2.5 CM	189.30								
08	13102	REPAIR WOUND/LESION ADD-ON	189.30								
08	13120	COMPLEX REPAIR 1.1 TO 2.5 CM	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	13122	REPAIR WOUND/LESION ADD-ON	189.30								
08	13131	COMPLEX REPAIR 1.1 TO 2.5 CM	189.30								
08	13133	REPAIR WOUND/LESION ADD-ON	189.30								
08	13153	REPAIR WOUND/LESION ADD-ON	225.34								
08	13160	EXT/COMP SECONDARY CLOSE /DEHISCENCE	189.30								
08	14000	SKIN TISSUE REARRANGEMENT	189.30								
08	14040	TISSUE TRANSFER; TO 10 SQ CM	189.30								
08	15002	WOUND PREP, TRK/ARM/LEG	189.30								
08	15003	SURGICAL PREPARATION OR CREATION +	189.30								
08	15004	WOUND PREP, F/N/HF/G	189.30								
08	15005	SURGICAL PREPARATION OR CREATION +	189.30								
08	15040	HARVEST CULTURED SKIN GRAFT	189.30								
08	15050	PINCH GRAFT;DEFECT UP TO 2CM	242.55						X		
08	15100	SPLIT GRAFT; UP TO 100 SQ CM	189.30								
08	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	189.30								
08	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	189.30								
08	15115	E>ODR, A-GRFT FACE/NCK/HF/G	189.30								
08	15116	EPIDRM A-GRFT F/N/HF/G ADDL	189.30								
08	15120	SPLIT GRAFT; UP TO 100 SQ CM	189.30								
08	15130	DERM AUTOGRAFT,TRNK/ARM/LEG	189.30								
08	15131	DERM AUTOGRAFT T/A/L ADD-ON	189.30								
08	15135	DERM AUTPGRAFT FACE/NCK/HF/G	189.30								
08	15136	DERM AUTOGRAFT, F/N/HF/G	189.30								
08	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	189.30								
08	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	189.30								
08	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	189.30								
08	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	189.30								
08	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	189.30								
08	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	189.30								
08	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	189.30								
08	15220	FULL THICK GRAFT TO 20 SQ CM	189.30								
08	15221	SKIN FULL GRAFT ADD - ON	189.30								
08	15260	FULL THICK GRAFT TO 20 SQ CM	189.30								
08	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	189.30								
08	15300	APPLY SKIN ALLOGRFT, T/ARM/LG	189.30								
08	15301	APPLY SKNALLOGRFT T/A/L	189.30								
08	15320	APPLY SKIN ALLOGRFT F/N/HF/G	189.30								
08	15321	APLY SKNALLOGRFT F/N/HFG ADD	189.30								
08	15330	APLY ACELL ALOGRFT T/ARM/LEG	189.30								
08	15331	APLY ACELL GRFT T/A/L ADD-ON	189.30								
08	15335	APPLY ACELL GRAFT, F/N/HF/G	189.30								
08	15336	APLY ACELL GRFT F/N/HF/G	189.30								
08	15400	APPLY XENOGRAFT, SKIN	189.30								
08	15401	SKIN HETEROGRAFT ADD - ON	189.30								
08	15420	APPLY SKIN XGRFT, F/N/HF/G	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	15421	APPLY SKN XGRFT F/N/HF/G ADD	189.30								
08	15430	APPLY ACELLULAR XENOGRAFT	189.30								
08	15431	APPLY ACELLULAR XGRAFT ADD	189.30								
08	15620	INTERM DELAY FLAP CHIN/NECK/FEET	225.34								
08	15650	BLEPHAROPLASTY, UPPER; EXCESSIVE	242.55								
08	15731	FOREHEAD FLAP WITH PRESERVATION OF V	225.34								
08	15740	ISLAND PEDICULE FLAP GRAFT	189.30								
08	15750	NEUROVASCULAR PEDICLE GRAFT	189.30								
08	15760	COMPOSITE SKIN GRAFT	189.30								
08	15823	REVISION OF UPPER EYELID	242.55								
08	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	225.34								
08	15832	EXCISE EXCESS SKIN THIGHS	225.34								
08	15833	EXCISE EXCESS SKIN THIGHS	225.34								
08	15834	EXCISE EXCESS SKIN THIGHS	225.34								
08	15835	EXCISE EXCESS SKIN THIGHS	225.34								
08	15840	GRAFT FACIAL NERVE PARALYSIS	225.34								
08	15841	FACIAL NERVE PALSY MUSCLE GRAFT	225.34								
08	15845	REANIMATION MUSCLE TRANS FACE	225.34								
08	15847	EXCISION, EXCESSIVE SKIN AND SUBCUT+	225.34								
08	15876	SUCTION ASST LIPECTOMY HEAD & NECK	225.34								
08	15877	SUCTION ASSISTED LIPECTOMY TRUNK	225.34								
08	15878	SUCTION ASST LIPECOMY UPPER EXTREM	225.34								
08	15879	SUCTION ASST LIPECTOMY LOWER EXTREM	225.34								
08	15920	COCCYGECTOMY PRIMARY SUTURE	225.34								
08	15922	COCCYGECTOMY FLAP CLOSURE	225.34								
08	15931	EXCISE SACRAL PRESSURE ULCER	225.34								
08	15933	REMOVAL OF PRESSURE SORE	225.34								
08	15934	EXCISE,WITH SKIN FLAP CLOSURE	225.34								
08	15935	ESC SAC ULCER/FLAP/OSTECTOMY	225.34								
08	15936	IXCISE ULCER W/OTHER FLAP CLO	225.34								
08	15937	EXC SAC ULCER/FLAP/OSTECTOMY	225.34								
08	15940	EXC ISCHIAL ULCER DIRECT SUTURE	225.34								
08	15941	EXC ISCHIAL ULCER OSTECTOMY	225.34								
08	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	225.34								
08	15945	IXC ISCHIAL ULC/OSTECTOMY/FLAP	225.34								
08	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	225.34								
08	15950	EXC TROCHANTERIC ULCER DIR SUTUR	225.34								
08	15951	EXC TROCHAN ULCER OSTECTOMY	225.34								
08	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	225.34								
08	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	225.34								
08	15956	EXC TROCH/ULC FLAP CLOSURE	225.34								
08	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	225.34								
08	16025	DRESS/DEBRID BURN MED,NO ANESTH	189.30								
08	16030	DRESS/DEBRID BURN LG, NO ANESTH	189.30								
08	19000	PUNCTURE ASPIRATION BREAST CYSTS	242.55							X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	19020	MASTOTOMY/DRAIN ABSCESS DEEP	242.55					X			
08	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	242.55					X			
08	19100	BREAST BIOPSY NEEDLE	242.55					X			
08	19101	BREAST BIOPSY INCISIONAL	242.55					X			
08	19102	BX BREAST PERCUT W/IMAGE	189.30								
08	19103	BX BREAST PERCUT W/DEVICE	189.30								
08	19110	NIPPLE EXPLORATION	189.30								
08	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	225.34								
08	19120	EXCISE BREAST LESIONS,1 OR MORE	242.55					X			
08	19125	EXCISION OF BREAST LESION IDENTIFIED	225.34								
08	19126	EXCISION OF BREAST LESION IDENTIFIED	225.34								
08	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	189.30								
08	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	189.30								
08	19295	PLACE BREAST CLIP, PERCUT	189.30								
08	19297	PLACE BREAST CATH FOR RAD	275.32								
08	19300	MASTECTOMY FOR GYNECOMASTIA	225.34				M				
08	19318	REDUCTION MAMMAPLASTY	225.34								
08	19325	CATARACT SURGERY, COMPLEX	275.32								
08	19328	REMOVE INTACT MAMMARY IMPLANT	189.30								
08	19330	REMOVE IMPLANT MATERIAL	189.30								
08	19340	IMMEDIATE INSERTION OF BREAST PROSTH	189.30								
08	19342	EDLAYED INSERTION OF BREAST PROSTH	225.34								
08	19350	NIPPLE/AREOLA RECONSTRUCTION	225.34								
08	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	242.55								
08	19366	RECONSTRUCTION BREAST-OTHER	242.55								
08	19440	NIPPLE EXPLORATION, W-W/O EXCISION	189.30								
08	20005	INCISION OF ABSCESS;DEEP	189.30								
08	20200	BIOPSY,MUSCLE,SUPERFICIAL	225.34					X			
08	20205	BIOPSY,MUSCLE,DEEP	225.34					X			
08	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	225.34					X			
08	20220	BIOPSY, BONE, SUPERFICIAL, NEEDLE	189.30								
08	20225	BIOPSY,BONE;DEEP;TROCER/NEEDLE	189.30								
08	20240	BIOPSY, EXCISIONAL, SUPERFICAL	189.30								
08	20245	BIOPSY,EXCISIONAL,BONE,DEEP	225.34								
08	20250	BIOPSY,OPEN,VERTEBRAL BODY	225.34								
08	20251	BIOPSY,OPEN,VERTEBRAL BODY	225.34								
08	20520	REMOVE FOREIGN BODY; SIMPLE	225.34					X			
08	20525	REMOVE FOREIGN BODY; COMPLICATED	225.34								
08	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	189.30								
08	20650	SKELETAL TRACTION; WIRE OR PIN	225.34								
08	20670	REMOVE IMPLANT, SUPERFICIAL	189.30								
08	20680	REMOVE IMPLANT; DEEP	225.34					X			
08	20690	APPLY ESTERNAL FIXATION SYS,STND CON	189.30								
08	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	225.34								
08	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	225.34								

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	189.30								
08	20900	BONE GRAFT; ANY DONOR AREA, SMALL	225.34								
08	20902	BONE GRAFT, ANY DONOR AREA; LARGE	225.34								
08	20910	CARTILAGE GRAFT; COSTOCHONDRAL	225.34								
08	20912	CARTILAGE GRAFT;NASAL SEPTUM	225.34								
08	20920	FASCIA LATA GRAFT;BY STRIPPER	225.34								
08	20922	FASCIA LATA GRAFT;BY INCISION	225.34								
08	20924	TENDON GRAFT; DISTANT	225.34								
08	20926	TISSUE GRAFTS; OTHER	225.34								
08	20975	BONES INVASIVE (OPERATIVE)	189.30								
08	21010	ARTHROTOMY, JAW,UNILATERAL	189.30								
08	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	225.34								
08	21025	EXCISE BONE;MANDIBLE	189.30								
08	21026	EXCISE BONE (S); FACIAL	189.30								
08	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	189.30								
08	21034	EXCISE MALIGNANCY OF FACIAL BONE	225.34								
08	21040	EXCISE BENIGN CYST;MANDIBLE	242.55						X		
08	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	189.30								
08	21046	REMOVE MANDIBLE CYST COMPLEX	189.30								
08	21047	EXCISE LWR JAW CYST W/REPAIR	189.30								
08	21050	TEMPROMANDIBULAR ARTHRECTOMY	225.34								
08	21060	TEMPOROMANDIBULAR MENISCECTOMY	189.30								
08	21070	CORONOIDECTOMY; UNILATERAL	225.34								
08	21100	MAXILLOFACIAL FIXATION	189.30								
08	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	275.32								
08	21122	GENIOPLASTY; SLIDING OSTEOTOMIES,2+	275.32								
08	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	275.32								
08	21127	AUGMENTATION,LOWER JAW BONE	275.32								
08	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	275.32								
08	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	242.55								
08	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	275.32								
08	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	242.55								
08	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	275.32								
08	21215	BONE GRAFT; MANDIBLE	275.32								
08	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	275.32								
08	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	275.32								
08	21240	TEMPOROMANDIBULAR ARTHROPLASTY	225.34								
08	21242	ARTHOPLASTY TEMPORMANDIBULAR JOINT	242.55								
08	21243	ARTHPLASTY,TEMPOROMAND,PROSTH REP	242.55								
08	21244	RECONSTRUCT MANDIBLE, EXTRAORAL	275.32								
08	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	275.32								
08	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	275.32								
08	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	275.32								
08	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	275.32								
08	21267	REPOSITION ORBIT/ EXTRACRANIAL	275.32								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	21270	RECONSTRUCT ORBITOLFACIAL BONES	242.55								
08	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	275.32								
08	21310	TREATMENT OF NASAL FRACTURE	189.30						X		
08	21315	DIGITAL MANIPULATION OF NASAL FX	189.30						X		
08	21320	MANIPULATE NASAL FX; INSTRUMENTAL	189.30								
08	21325	OPEN TREATMENT NASAL FX; SIMPLE	225.34								
08	21330	TREATMENT NASAL FX; COMPLICATED	242.55								
08	21335	TREATMENT OF NOSE FRACTURE	275.32								
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	225.34								
08	21337	CLOSED TREATMENT FX NASAL SEPTUM	189.30						X		
08	21338	OPEN TREATMENT NASOETHMOID FRACTURE	225.34								
08	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	242.55								
08	21340	TREAT NASOETHMOID COMPLEX FX	225.34								
08	21345	TREAT NOSE/JAW FRACTURE	275.32								
08	21355	TREAT CHEEK BONE FRACTURE	225.34								
08	21356	OPEN TREATMENT OF DEPRESSED ZY GOMAT	225.34								
08	21360	TREAT DEPRESSED MALAR FRACTURE	225.34						X		
08	21400	TREAT FX OF ORBIT W/O MANIPULATION	189.30								
08	21401	TREAT EYE SOCKET FRACTURE	225.34								
08	21421	TREAT PALATAL/ALVEOLAR RIDGE FX	225.34								
08	21440	TREAT DENTAL RIDGE FRACTURE	225.34								
08	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	225.34								
08	21450	TREAT LOWER JAW FRACTURE	225.34								
08	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	225.34								
08	21452	TREAT OPEN MANIBULAT FX W/O MANIPUL	189.30								
08	21453	TREAT LOWER JAW FRACTURE	225.34								
08	21454	OPEN TS CLOSED/OPEN MAND FX/EXT FIX	242.55								
08	21461	TREAT MANDIBULAR FX W/O FIXATION	225.34								
08	21462	TREAT MANDIBULAR FX WITH FIXATION	242.55								
08	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	225.34								
08	21480	TX TEMPOROMANDIBULAR DISLOCATION	189.30								
08	21485	TEMPORMANDIBULAR MANIPULATION	189.30								
08	21490	REPAIR DISLOCATED JAW	225.34								
08	21497	INTERDENTAL WIRING OTHER THAB FRACTU	189.30								
08	21501	I & D DEEP ABSCESS OR HEMATOMA	225.34						X		
08	21502	I & D WITH PARTIAL RIB REMOVAL	189.30								
08	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	189.30								
08	21556	EXCISE BENIGN TUMOR; DEEP	189.30								
08	21600	EXCISION OF RIB; PARTIAL	189.30								
08	21610	PARTIAL REMOVAL OF RIB	189.30								
08	21700	DIVISION OF SCALENUS ANTIGICUS	189.30								
08	21720	REVISION OF NECK MUSCLE	225.34								
08	21725	REVISION OF NECK MUSCLE	225.34								
08	21800	TREAT RIB BX, UNCOMPLICATED	189.30								
08	21805	TREAT RIB FX; OPEN, COMPLICATED	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	21820	TREAT STERNUM FRACTURE; CLOSED	189.30								
08	21925	BX, SFT TIS-BACK/FLANK;DEEP	189.30								
08	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	189.30								
08	21935	REMOVE TUMOR, BACK	225.34								
08	22305	TREAT VERTEBRAL PROCESS FRACTURE	189.30								
08	22310	TREAT SPINE FRACTURE	189.30								
08	22315	CLSD MANIP VERT FX/DISLOCAT EACH	189.30								
08	22505	MANIPULATION SPINE W/ANESTHESIA	189.30								
08	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	275.32								
08	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	275.32								
08	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	275.32								
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	225.34								
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	189.30								
08	23015	EXC BENIGN SHOULDER TUMOR SUBCU	189.30								
08	23020	RELEASE SHOULDER MUSCLE	189.30								
08	23030	I & D SHOULDER DEEP ABSC HEMATOMA	189.30								
08	23031	DRAIN SHOULDER BURSA	225.34								
08	23035	DRAIN SHOULDER BONE LESION	225.34								
08	23040	EXPLORATORY SHOULDER SURGERY	225.34								
08	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	225.34								
08	23066	BIOPSY OF SHOULDER DEEP	189.30								
08	23075	REMOVAL OF SHOULDER LESION	189.30								
08	23076	EXC BENIGN SHOULD TUMOR DEEP	189.30								
08	23077	REMOVE TUMOR OF SHULDER	225.34								
08	23100	BIOPSY SHOULDER JOINT	189.30								
08	23101	SHOULDER JOINT SURGERY	275.32								
08	23105	ARTHROTOMY;GLENOHUMERAL JOINT	225.34								
08	23106	ARTHROTOMY;STERNOCLAVICULAR JT	225.34								
08	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	225.34								
08	23120	CLAVICULECTOMY PARTIAL	242.55								
08	23125	CLAVICULECTOMY TOTAL	242.55								
08	23130	ACROMIONECTOMY PARTIAL/TOTAL	242.55								
08	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	225.34								
08	23145	EXC CLAVICLE/SCAPULA GRAFR PRI	242.55								
08	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	242.55								
08	23150	EXCISION TUMOR PROXIMAL HUMEROUS	225.34								
08	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	242.55								
08	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	242.55								
08	23170	SEQUESTRECTOMY CLAVICLE	189.30								
08	23172	SEQUESTRECTOMY SCAPULA	189.30								
08	23174	SEQUESTRECTOMY	189.30								
08	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	225.34								
08	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	225.34								
08	23184	PARTIAL EXCISION PROXIMAL HUMERUS	225.34								
08	23190	OSTECTOMY OF SCAPULA PATTIAL	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	23195	RESECTION HUMERAL HEAD	242.55								
08	23330	REMOVE SHOULDER FOREIGN BODY	189.30								
08	23395	MUSCLE TRANSFER, SHOULDER/ARM	242.55								
08	23397	MUSCLE TRANSFERS	275.32								
08	23400	FIXATION OF SHOULDER BLADE	275.32								
08	23405	INCISION OF TENDON & MUSCLE	189.30								
08	23406	INCISE TENDON (S) & MUSCLES (S)	189.30								
08	23410	REPAIR OF TENDON (S)	242.55								
08	23412	REPAIR OF TENDON(S)	275.32								
08	23415	CORACOACROMIAL LIGAMENT RELEAS	242.55								
08	23420	REPAIR OF SHOULDER	275.32								
08	23430	REPAIR BICEPS TENDON RUPTURE	225.34								
08	23440	REMOVAL/TRANSPLANT TENDON	225.34								
08	23450	CAPSULORRAPHY, ANTERIOR	242.55								
08	23455	REPAIR SHOULDER CAPSULE	275.32								
08	23456	REPAIR SHOULDER CAPSULE	242.55								
08	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	242.55								
08	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	275.32								
08	23465	REPAIR SHOULDER CAPSULE	242.55								
08	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	275.32								
08	23480	OSTEOTOMY CLAVICLE W/O INTERNAL FIX	225.34								
08	23485	OSTEOTOMY CLAVICLE; BONES GRAFT NONU	275.32								
08	23490	REINFORCE CLAVICLE	225.34								
08	23491	REINFORCE SHOULDER BONES	225.34								
08	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	189.30								
08	23515	TREAT CLAVICLE FRACTURE	225.34								
08	23520	TREAT CLSD STERNOCLAVICULAR DISLOC	189.30								
08	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	189.30								
08	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	189.30								
08	23530	TREAT CLAVICLE DISLOCATION	225.34								
08	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	225.34								
08	23540	TREAT CLAVICLE DISLOCATION	189.30								
08	23545	TREAT CLAVICLE DISLOCATION	189.30								
08	23550	TREAT CLAVICLE DISLOCATION	225.34								
08	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	225.34								
08	23570	TREAT CLSD SCAP FX W/O MANIPULATION	189.30								
08	23575	TREAT SHOULDER BLADE FX	189.30								
08	23585	TREAT SCAPULA FRACTURE	225.34								
08	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	189.30								
08	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	189.30								
08	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	225.34								
08	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	225.34								
08	23625	TRT CLSD GRTR TUBEROS FX W/MANIPULAT	189.30								
08	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX	242.55								
08	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	23655	TRT CLSD SHLD DISLOC W/ MANIP,W/ANES	189.30								
08	23660	TREAT SHOULDER DISLOCATION	225.34								
08	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	189.30								
08	23670	TREAT DISLOCATION/FRACTURE	225.34								
08	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	189.30								
08	23680	TREAT DISLOCATION/FRACTURE	225.34								
08	23700	FIXATION OF SHOULDER	189.30								
08	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	225.34								
08	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	275.32								
08	23921	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	23930	DRAINAGE OF ARM LESION	225.34						X		
08	23931	DRAINAGE OF ARM BURSA	225.34						X		
08	23935	DRAIN ARM/ELBOW BONE LESION	189.30								
08	24000	EXPLORATORY ELBOW SURGERY	225.34								
08	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	225.34								
08	24066	BIOPSY ARM/ELBOW SOFT TISSUE;DEEP	189.30								
08	24075	REMOVE ARM/ELBOW LESION	189.30								
08	24076	REMOVE ARM/ELBOW LESION; DEEP SUBFAS	189.30								
08	24077	REMOVE TUMOR OF ARM/ELBOW	225.34								
08	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP	189.30								
08	24101	EXPLORE/TREAT ELBOW JOINT	225.34								
08	24102	REMOVE ELBOW JOINT LINING	225.34								
08	24105	REMOVAL OF ELBOW BURSA	242.55						X		
08	24110	REMOVE HUMERUS LESION	189.30								
08	24115	REMOVE/GRAFT BONE LESION	225.34								
08	24116	REMOVE/GRAFT BONE LESION	225.34								
08	24120	REMOVE ELBOW LESION	225.34								
08	24125	REMOVE/GRAFT BONE LESION	225.34								
08	24126	REMOVE/GRAFT BONE LESION	225.34								
08	24130	REMOVAL OF HEAD OF RADIUS	225.34								
08	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	225.34						X		
08	24136	REMOVEAL LESION/RADIAL HEAD OR NECK	189.30								X
08	24138	REMOVE BONE LESION/OLECRANON PROCESS	225.34						X		
08	24140	PARTIAL REMOVAL OF ARM BONE	225.34								
08	24145	PARTIAL REMOVAL OF RADIUS	225.34								
08	24147	PART EXCIS BONE, OLECRANON PROCESS	189.30								
08	24155	REMOVAL OF ELBOW JOINT	225.34								
08	24160	REMOVE ELBOW JOINT IMPLANT	189.30								
08	24164	REMOVE RADIUS HEAD IMPLANT	225.34								
08	24165	REMOVE RADIUS HEAD IMPLANT	225.34								
08	24201	REMOVAL OF ARM FOREIGN BODY DEEP	189.30								
08	24301	MUSCLE/TENDON TRANSFER	225.34								
08	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	225.34								
08	24310	REVISION OF ARM TENDON	225.34								
08	24320	REPAIR OF ARM TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	24330	REVISION OF ARM MUSCLES	225.34								
08	24331	REVISION OF ARM MUSCLES	225.34								
08	24340	REPAIR OF BICEPS TENDON	225.34								
08	24341	REPAIR ARM TENDON/MUSCLE	225.34								
08	24342	REPAIR OF RUPTURED TENDON	225.34								
08	24345	REPR ELBW LIGMT W/TISS	189.30								
08	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	242.55								
08	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	242.55								
08	24362	ARTHROPLASTY, ELBOW/IMPLANT, LIG RECON	242.55								
08	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	275.32								
08	24365	ARTHROPLASTY RADIAL HEAD	242.55								
08	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	242.55								
08	24400	OSTEOTOMY HUMERUS W/VO INTERNAL FIXA	225.34								
08	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	225.34								
08	24420	REVISION OF HUMEROUS	225.34								
08	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	225.34								
08	24470	REVISION OF ELBOW JOINT	225.34								
08	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	189.30								
08	24498	REINFORCE HUMERUS	225.34								
08	24500	TREAT CLSD HUMERAL SHAFT W/MANI	189.30								
08	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	189.30								
08	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	225.34								
08	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	225.34								
08	24530	TRT CLSD HUM SUPRA/TRANS FX, W/O MANI	189.30								
08	24535	TRT CLSD HUM SUPRA/TRANS FX, W/MANIP	189.30								
08	24538	TREAT SUPRA/TRANS CONDYLAR FRAC/PERC	189.30								
08	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	225.34								
08	24546	OPEN TREATMENT OF HUMERAL	242.55								
08	24560	TREAT CLSD EPICON FX, W/O MANIP	189.30								
08	24565	TREAT CLSD EPICONDYLAR FRAC, MEDIAL/	189.30								
08	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	189.30								
08	24575	TREAT HUMERUS FRACTURE	225.34								
08	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	189.30								
08	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	189.30								
08	24579	TREAT HUMERUS FRACTURE	225.34								
08	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	189.30								
08	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	225.34								
08	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	242.55								
08	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	189.30								
08	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	189.30								
08	24615	TREAT ELBOW DISLOCATION	225.34								
08	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	189.30								X
08	24635	TREAT ELBOW FRACTURE	225.34								
08	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	225.34								
08	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	189.30								
08	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	189.30								
08	24685	TREAT ULNAR FRACTURE	225.34								
08	24800	FUSION OF ELBOW JOINT	225.34								
08	24802	FUNSION/GRAFT OF ELBOW JOINT	242.55								
08	24925	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	25000	TENDON SHEATH INCISION AT RADIAL	225.34						X		
08	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	275.32						X		
08	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	275.32						X		
08	25024	DECOMPRESS FOREARM 1 SPACE	225.34								
08	25025	DECOMPRESS FOREARM 2 SPACES	225.34								
08	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	189.30								
08	25031	INCISION/DRAINAGE INFECTED BURSA; FO	189.30								
08	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	189.30								
08	25040	EXPLORE/TREAT WRIST JOINT	242.55								
08	25066	BIOPSY FOREARM SOFT TISSUE	189.30								
08	25075	EXCISE SUBCUTANEOUS	189.30								
08	25076	REMOVE FOREARM LESION DEEP	225.34								
08	25077	REMOVE RUMOR, FOREARM/WRIST	225.34								
08	25085	INCISION OF WRIST CAPSULE	242.55						X		
08	25100	BIOPSY OF WRIST JOINT	189.30								
08	25101	EXPLORE/TREAT WRIST JOINT	225.34								
08	25105	REMOVE WRIST JOINT LINING	225.34								
08	25107	REMOVE WRIST JOINT CARTILAGE	225.34								
08	25110	EXCISION, LESION OF TENDON SHEATH	242.55						X		
08	25111	EXCISION GANGLION;WRIST,PRIMARY	242.55						X		
08	25112	EXCISION GANGLION;WRIST,RECURRENT	225.34						X		
08	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	225.34								
08	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	275.32						X		
08	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	189.30								
08	25119	PARTIAL REMOVAL OF ULNA	225.34								
08	25120	REMOVAL OF FOREARM LESION	225.34								
08	25125	REMOVE/GRAFT FOREARM LESION	225.34								
08	25126	REMOVE/GRAFT FOREARM LESION	225.34								
08	25130	REMOVAL OF WRIST LESION	225.34								
08	25135	REMOVE & GRAFT WRIST LESION	225.34								
08	25136	REMOVE & GRAFT WRIST LESION	225.34								
08	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	189.30								
08	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	189.30								
08	25151	PARTIAL REMOVAL OF RADIUS	189.30								
08	25210	REMOVAL OF WRIST BONE	225.34								
08	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	225.34								
08	25230	RADIAL STYLOIDECTOMY	225.34								
08	25240	EXCISION DISTAL ULNA	225.34								
08	25248	REMOVE FOREARM FOREIGN BODY	189.30								X

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	25250	REMOVAL OF WRIST PROSTHESIS	189.30								
08	25251	REMOV WRIST PROSTH, COMPLICATED	189.30								
08	25260	REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	242.55					X			
08	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	242.55					X			
08	25265	REPAIR FOREARM TENDON/MUSCLE	225.34								
08	25270	REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM	242.55						X		
08	25272	REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO	242.55						X		
08	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	225.34								
08	25275	REPAIR FOREARM TENDON SHEATH	225.34								
08	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	225.34								
08	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	189.30						X		
08	25295	RELEASE WRIST/FOREARM TENDON	225.34								
08	25300	FUSION OF TENDONS AT WRIST	225.34								
08	25301	FUSION OF TENDONS AT WRIST	225.34								
08	25310	TEND TRANSPLAT...SING.;EACH TENDON	225.34								
08	25312	TENDON TRANSPLANT,W/GRFT..EACH TEND	225.34								
08	25315	REVISE PALSY HAND TENDON (S)	225.34								
08	25316	REVISE PALSY HAND TENDON W/TENDONS	225.34								
08	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	225.34								
08	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	242.55								
08	25335	CENTRALIZATION-WRIST ON ULNA	225.34								
08	25337	RECONSTRUCT ULNA/RADIOULNAR	242.55								
08	25350	REVISION OF RADIUS;DISTAL THIRD	275.32						X		
08	25355	REVISION OF RADIUS;MIDDLE OR P	275.32						X		
08	25360	REVISION OF ULNA	275.32						X		
08	25365	REVISE RADIUS & ULNA	275.32						X		
08	25370	REVISION,MULTIPLE,RADIUS OR ULNA	225.34								X
08	25375	REVISION,MULTIPLE,RADIUS AND ULNA	225.34								
08	25390	SHORTEN RADIUS/ULNA	225.34								
08	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	225.34								
08	25392	SHORTEN RADIUS & ULNA	225.34								
08	25393	LENGTHENING RADIUS & ULNA 2/AUTOGENO	225.34								
08	25400	REPAIR RADIUS OR ULNA	225.34								
08	25405	REPAIR/GRAFT RADIUS OR ULNA	225.34								
08	25415	REPAIR RADIUS & ULNA	225.34								
08	25420	REPAIR/GRAFT RADIUS & ULNA	225.34								
08	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	225.34								
08	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	225.34								
08	25440	REPAIR/GRAFT WRIST BONE	225.34								
08	25441	RECONSTRUCT WRIST JOINT;DISTAL RADI	242.55								
08	25442	RECONSTRUCT WRIST JOINT;DISTAL ULNA	242.55						X		
08	25443	RECONSTRUCT WRIST JOINT;SCAPHOID	242.55								
08	25444	RECONSTRUCT WRIST JOINT;LUNATE	275.32						X		
08	25445	RECONSTRUCT WRIST JOINT TRAPEZ	275.32						X		
08	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	275.32								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	25449	REVISE ARTHROPLASTY, REVDVE	275.32					X			
08	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	225.34								
08	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	225.34								
08	25490	PROPHYLACTIC TREATMENT/RADIUS	225.34								
08	25491	PROPHYLACTIC TREATMENT; ULNA	225.34								
08	25492	PROPHYLACTIC TREATMENT; RADIUS & ULNA	225.34								
08	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	189.30								
08	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	225.34								
08	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	189.30								
08	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	225.34								
08	25526	TREAT FRACTURE OF RADIUS	242.55								
08	25535	TREA CLOSED ULNAR SHAFT W/MANI	189.30								
08	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/VO	225.34								
08	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	242.55								
08	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	189.30								
08	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	225.34								
08	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	225.34								
08	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	225.34								
08	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	225.34								
08	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	242.55								
08	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	242.55								
08	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	242.55								
08	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	189.30								
08	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	225.34								
08	25635	TREAT WRIST BONE FRACTURE	189.30								
08	25645	OPEN TX, CLSD/OPEN FX... EACH BONE	225.34								
08	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	189.30								
08	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	225.34								
08	25671	PIN RADIOULNAR DISLOCATION	189.30								
08	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	189.30								
08	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	189.30								
08	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	189.30								
08	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPE	225.34								
08	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	189.30								
08	25695	OPEN TREATMENT LUNATE DISLOCATION	189.30								
08	25800	FUSION OF WRIST JOINT	225.34								
08	25805	FUSION WRIST JOINT; W/SLIDING GRAFT	242.55								
08	25810	FUSION/GRAFT OF WRIST JOINT	242.55								
08	25820	INTERCARPAL FUSION; W/OUT BONE GRAFT	225.34								
08	25825	INTERCARPAL FUSION; W/BONEGRAFT	242.55								
08	25830	FUSION RADIOULNAR JNT/ULNA	242.55								
08	25907	AMPUTATION, FOREARM, SECONDARY CLOSU	225.34								
08	25922	DISARTICULATION WRIST; SECOND CLOSUR	225.34								
08	25929	TRANSMETACARPAL AMPUTATION; SECONDA	225.34								
08	26010	DRAINAGE OF FINGER ABSCESS	225.34							X	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	26011	DRAINAGE OF FINGER ABSCESS	225.34					X			
08	26020	DRAIN HAND TENDON SHEATH	189.30					X			
08	26025	DRAINAGE OF PALM BURSA	189.30					X			
08	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	189.30								
08	26034	TREAT HAND BONE LESION	189.30								
08	26040	RELEASE PALM CONTRACTURE,CLOSED	225.34					X			
08	26045	RELEASE PALM CONTRACTURE,OPEN	275.32					X			
08	26055	INCISE FINGER TENDON SHEATH	189.30					X			
08	26060	INCISION FINGER TENDON	189.30					X			
08	26070	EXPLORE/TREAT HAND JOINT	189.30								
08	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	225.34								
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	225.34								
08	26100	BIOPSY HAND JOINT LINING	189.30								
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	189.30								
08	26110	ARTHROTOMY,INTERPHALANGEAL, EACH JOI	189.30								
08	26115	EXCISION BENIGN TUMOR,HAND SUBCUTANE	189.30								
08	26116	EXCISION BENIGN TUMOR, HAND; DEEP	189.30								
08	26117	RAD TUMOR TESECT, SFT TISS/HAND-FING	225.34								
08	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	225.34								
08	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	225.34								
08	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	225.34								
08	26130	REMOVE WRIST JOINT LINING	275.32					X			
08	26135	REVISE FINGER JOINT EACH DIGIT	275.32					X			
08	26140	REVISE FINGER JOINT EACH INTER	275.32					X			
08	26145	TENDON EXCISION PALM,FINGER	275.32					X			
08	26160	REMOVE TENDON SHEATH LESION	242.55					X			
08	26170	EXCISION OF TENDON PALM,FLEXOR	242.55					X			
08	26180	EXCISION OF TENDON, FIINGER, FLEXOR	225.34								
08	26185	REMOVE FINGER BONE	225.34								
08	26200	REMOVE BONE CYST/BENING TUMOR OF HAN	189.30								
08	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	225.34								
08	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	189.30								
08	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	225.34								
08	26230	PARTIAL REMOVAL OF HAND BONE	275.32								
08	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	225.34								
08	26236	PARTIAL REMOVAL DISTAL PHALANX(FLING	225.34								
08	26250	RADICAL RESECTION FOR TUMOR, HAND	225.34								
08	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	225.34								
08	26262	RADICAL RESECTION FOR RUMOR,DISTAL P	189.30								
08	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	189.30								
08	26350	FLEXOR TENDON REPAIR,PRIMARY/S	242.55					X			
08	26352	FLEX TEND REP,SECONDARY..EACH TENDON	225.34								
08	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	225.34								
08	26357	FLEXOR REP,SECONDARY,EACH TENDON	225.34								
08	26358	FLEX TEND REP/ADV,SGN;...EACH TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	225.34								
08	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	225.34								
08	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	225.34								
08	26390	FLEXOR TENDON EXCISE IMPLANT P	242.55					X			
08	26392	REMOVAL ROD AND INSERTION OF TENDON	225.34								X
08	26410	EXTENSOR TENDON REPAIR,DORSUM	242.55					X			
08	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	225.34								
08	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	225.34								
08	26416	REMOVE TUB/ROD,INSERT GRAFT...	225.34								
08	26418	EXTENSOR TENDON REPAIR,DORSUM F	242.55					X			
08	26420	EXTENSOR TENDON REPAIR,DORSUM	275.32					X			
08	26426	EXTENSOR TENDON,CENTRAL SLIP R	275.32					X			
08	26428	EXTENSOR TENDON,CENTRAL SLIP R	275.32					X			
08	26432	TENDON REPAIR,DISTAL INSERT CLOSED	242.55					X			
08	26433	TENDON REPAIR,OPEN,PRIMARY/SEC	242.55					X			
08	26434	TENDON REPAIR,OPEN,PRIMARY/SECONDARY	275.32					X			
08	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	225.34								
08	26440	TENOLYSIS,SIMPLE,FLEXOR,TENDON P	242.55					X			
08	26441	RECONSTRUCT/GRAFT HAND JOINT	275.32								
08	26442	TENOLYSIS,SIMP...;PALM&FLING EACH TE	225.34								
08	26445	TENOLYSIS,EXT TEND...;EACH TENDON	225.34								
08	26449	TENOLYSIS,COMPLEX TENDON,HAND,F	242.55					X			
08	26450	TENOTOMY,FLEXOR,SINGLE,PALM,OPEN	189.30					X			
08	26455	TENOTOMY,FLEXOR,SINGLE,FINGER	189.30					X			
08	26460	TENOTOMY,EXTENSOR,HAND OR FINGER	189.30					X			
08	26471	TENODESIS;FOR PROXIMAL FINGER J	242.55					X			
08	26474	TENODESIS,FOR DISTAL JOINT STA	242.55					X			
08	26476	TEND LENGTHEN, EXT SINGLE, EACH	189.30								
08	26477	TEND SHORTEN, EXT...SINGLE, EACH	189.30								
08	26478	TENDON LENGTHENING,FLEXOE,HAND/FINGE	189.30								
08	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	189.30								
08	26480	TRANSPLANT HAND TENDON	225.34								
08	26483	TRANSPLANT/GRAFT HAND TENDON	225.34								
08	26485	TEND TRANS/PLNT, EA TEND; W/GRAFT	189.30								X
08	26489	TRANSPLANT/GRAFT HAND TENDON	225.34								
08	26490	REVISE THUMB TENDON	225.34								
08	26492	TENDON TRANSFER/MUSCLE TRANSFER	225.34								
08	26494	HAND TENDON/MUSCLE TRANSFER	225.34								
08	26496	REVISE THUMB TENDON	225.34								
08	26497	FINGER TENDON TRANSFER	225.34								
08	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	225.34								
08	26499	REVISION OF FINGER	225.34								
08	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	225.34								
08	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	225.34								
08	26508	RELEASE THUMB CONTRACTURE	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	26510	THUMB TENDON TRANSFER	225.34								
08	26516	FUSION OF KNUCKLE JOINT	189.30								
08	26517	FUSION OF KNUCKLE JOINTS	225.34								
08	26518	FUSION OF KNUCKLE JOINTS	225.34								
08	26520	RELEASE KNUCKLE CONTRACTURE	242.55						X		
08	26525	RELEASE FINGER CONTRACTURE	242.55						X		
08	26530	REVISE KNUCKLE JOINT	275.32						X		
08	26531	REVISE KNUCKLE WITH IMPLANT	275.32						X		
08	26535	REVISE FINGER JOINT	275.32						X		
08	26536	REVISE/IMPLANT FINGER JOINT	275.32						X		
08	26540	REPAIR COLLATERAL LIGAMENT	225.34								
08	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	225.34								
08	26545	RECONSTRUCT FINGER JOINT W/GRAFT	225.34	00	00				X		
08	26546	REPAIR NON-UNION HAND	225.34								
08	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	225.34								
08	26550	CONSTRUCT THUMB REPLACEMENT	189.30								
08	26555	SITIONAL CHANGE OF FINGER	225.34	00	00						X
08	26560	REPAIR WEB FINGER; WITH SKIN FLAPS	189.30								
08	26561	REPAIR OF WEB FINGER	225.34								
08	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	225.34								
08	26565	CORRECT METACARPAL FLAW	275.32						X		
08	26567	CORRECT FINGER DEFORMITY	275.32						X		
08	26568	LENTHEN METACARPAL/FINGER	225.34								
08	26580	REPAIR HAND DEFORMITY	242.55								
08	26587	REPAIR SUPERNUMERARY DIGIT	242.55								
08	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	242.55								
08	26591	REPAIR MUSCLES OF HAND	225.34								
08	26593	RELEASE MUSCLES OF HAND	225.34								
08	26596	EXCISE CONSTRICTING RING,Z-PLASTIES	189.30								
08	26605	TREAT CLSD FX; W/MANIP,EACH BONE	189.30								
08	26607	TREAT CLSD FX.,W/MANIP & FIX,EACH BO	189.30								
08	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	225.34								
08	26615	OPEN TX,CLSD/OPEN FX...EACH BONE	225.34								
08	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	189.30								
08	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	189.30								
08	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	225.34								
08	26675	TREAT HAND DISLOCATION W/ANESTHESIA	189.30								
08	26676	PERC. PINNING,CLOSED CARPOMETACARPAL	189.30								
08	26685	TREAT HAND DISLOCATION	225.34								
08	26686	TREAT HAND DISLOCATION	225.34								
08	26705	TREAT KNUCKLE DISLOCATION W/ANETHES	189.30								
08	26706	PERC PINNING,CLOSED METACARPOPHALANG	189.30								
08	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	225.34								
08	26727	TREAT FX,MANIP,TRACT/FIX,EACH	275.32								
08	26735	OPEN TREAT...W/W/O FIX, EACH	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	26742	TREAT CLSD ART FX..W/MANIP, EACH	189.30								
08	26746	OPEN TX, CLSD/OPEN FX...EACH	242.55								
08	26756	TREAT CLSD FX...;W/PERC PIN,EACH	189.30								
08	26765	OPEN TX,CLSD/OPEN FX...;EACH	225.34								
08	26776	PERC PINNING, CLOSED INTERPHALANGEAL	189.30								
08	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	189.30								
08	26820	THUMB FUSION WITH GRAFT	242.55								
08	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	225.34								
08	26842	ARTHRODESIS OF THUMB W/ GRAFT	225.34								
08	26844	FUSION/GRAFT OF HAND JOINT	225.34								
08	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	225.34								
08	26852	ARTHRODESIS KNUCKLE W/ GRAFT	225.34								
08	26860	ARTHRODESIS FINGER JOINT W/VO INTERN	275.32						X		
08	26861	EACH ADDITIONAL JOINT	275.32						X		
08	26862	FUSION/GRAFT OF FINGER JOINT	225.34								
08	26863	FUSE/GRAFT ADDED JOINT	225.34								
08	26910	AMPUTATE METACARPAL BONE	225.34								
08	26951	AMPUTATION OF FINGER/THUMB	189.30								
08	26952	WITH LOCAL ADVANCEMENT FLAPS	225.34								
08	26990	DRAINAGE OF PELVIS LESION	189.30								
08	26991	DRAINAGE OF PELVIS BURSA	189.30								
08	27000	TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O	189.30								
08	27001	INCISION OF HIP TENDON	225.34								
08	27003	INCISION OF HIP TENDON	225.34								
08	27033	EXPLORATION OF HIP JOINT	225.34								
08	27035	DENERVATION OF HIP JOINT	225.34								
08	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	189.30								
08	27041	DEEP BIOPSY OF SOFT TISSUES	189.30								
08	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	189.30								
08	27048	REMOVE HIP/PELVIS LESION	225.34								
08	27049	REMOVE TUMOR, HIP/PELVIS	225.34								
08	27050	BIOPSY OF SACROILIAC JOINT	225.34								
08	27052	BIOPSY OF HIP JOINT	225.34								
08	27060	REMOVAL OF ISCHIAL BURSA	242.55								
08	27062	EXCISION TROCHANTERIC BURSA	242.55								
08	27065	EXC CYST OR TUMOR SUPERFICIAL	242.55								
08	27066	DEEP W OR W/O BONE GRAFT	242.55								
08	27067	W/BONE REQUIRING SEPARATE INC	242.55								
08	27080	COCCYGECTOMY	189.30								
08	27086	SUPERFICIAL BIOPSY OF SOFT TISSUES	189.30								
08	27087	REMOVE HIP FOREIGN BODY	225.34								
08	27097	REVISION OF HIP TENDON	225.34								
08	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	225.34								
08	27105	TRANSFER PARASPINAL MUSCLE TO HIP	225.34								
08	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27111	TO FEMORAL NECK S MUSCLE	225.34								
08	27193	CLOSED TREATMENT OF PELVIC RING FRAC	189.30								
08	27194	CLOSED TREATMENT OF PELVIC RING FRAC	189.30								
08	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	189.30								
08	27230	TRMT OF CLOSED FEMORAL FX	189.30								
08	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	189.30								
08	27246	TRMT PF CLOSED GREATER TROCHANTERIC	189.30								
08	27250	TREAT HIP DISLOCATION	189.30								
08	27252	REQUIRING ANES	189.30								
08	27257	TREAT HIP DISLOCATION	225.34								
08	27265	TX A TRAUMA TIC DISLOCATI; NO ANESTH	189.30								
08	27266	SEE 27265;REQUIRING GEN ANESTHESIA	189.30								
08	27275	MANIPULATION OF HIP JOINT	189.30								
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	225.34							X	
08	27305	FASCIOTOMY	189.30								
08	27306	INCISION OF THIGH TENDON	225.34								
08	27307	INCISION OF THIGH TENDONS	225.34								
08	27310	ARTHROTOMY, KNEE JOINT	225.34								
08	27323	BIOPSY THIGH SOFT TISSUES	189.30								
08	27324	BIOPSY THIGH SOFT TISSUES	189.30								
08	27325	NEURECTOMY,HAMSTRING MUSCLE	189.30								
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	189.30								
08	27327	REMOVAL OF THIGH LESION	189.30								
08	27328	REMOVAL OF THIGH LESION	225.34								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	189.30								
08	27327	REMOVAL OF THIGH LESION	189.30								
08	27328	REMOVAL OF THIGH LESION	225.34								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								

08	27357	REMOVE FEMUR LESION/GRAFT	242.55
08	27358	REMOVE FEMUR LESION/FIXATION	242.55
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55
08	27372	REMOVAL OF FOREIGN BODY	275.32
08	27380	REPAIR OF KNEECAP TENDON	189.30
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34
08	27385	REPAIR OF THIGH MUSCLE	225.34
08	27390	INCISION OF THIGH TENDON	189.30

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	189.30								
08	27327	REMOVAL OF THIGH LESION	189.30								
08	27328	REMOVAL OF THIGH LESION	225.34								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27327	REMOVAL OF THIGH LESION	189.30								
08	27328	REMOVAL OF THIGH LESION	225.34								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27328	REMOVAL OF THIGH LESION	225.34								
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
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08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
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08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	225.34								
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27330	BIOPSY KNEE JOINT LINING	225.34								
08	27331	EXPLORE/TREAT KNEE JOINT	225.34								
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
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08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
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08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
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08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
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08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27604	DRAIN LOWER LEG BURSA	225.34						X		
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
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08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27332	REMOVAL OF KNEE CARTILAGE	225.34								
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27333	REMOVAL OF KNEE CARTILAGE	225.34								
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
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08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27334	REMOVE KNEE JOINT LINING	225.34								
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27335	REMOVE KNEE JOINT LINING	225.34								
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
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08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
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08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
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08	27424	RECONSTRUCTION, KNEE	225.34								
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08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
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08	27430	REVISION OF THIGH MUSCLES	225.34								
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08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
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08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
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08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
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08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27340	REMOVAL OF KNEECAP BURSA	225.34								
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
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08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
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08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
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08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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RUN: 12/26/11 12:00:55

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27345	REMOVAL OF KNEE CYST	225.34							X	
08	27347	REMOVE KNEE CYST	225.34								
08	27350	REMOVAL OF KNEECAP	225.34								
08	27355	REMOVE FEMUR LESION	225.34								
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

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COLUMN:

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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
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08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27356	REMOVE FEMUR LESION/GRAFT	225.34								
08	27357	REMOVE FEMUR LESION/GRAFT	242.55								
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
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08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
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08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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1	2	3	4	5	6	7	8	9	10	11	12
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08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
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08	27550	TREAT KNEE DISLOCATION	189.30								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
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08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27358	REMOVE FEMUR LESION/FIXATION	242.55								
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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RUN: 12/26/11 12:00:55

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27360	PARTIAL REMOVAL LEG BONE(S)	242.55								
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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RUN: 12/26/11 12:00:55

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

PAGE: 21

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27685	REVISION OF LOWER LEG TEN									
08											
08	27372	REMOVAL OF FOREIGN BODY	275.32								
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27380	REPAIR OF KNEECAP TENDON	189.30								
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27381	REPAIR/GRAFT KNEECAP TENDON	225.34								
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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TS	CODE	DESCRIPTION	FEE								
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08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
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08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
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08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
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08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
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08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27385	REPAIR OF THIGH MUSCLE	225.34								
08	27390	INCISION OF THIGH TENDON	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27390	INCISION OF THIGH TENDON	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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RUN: 12/26/11 12:00:55

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
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08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27685	REVISION OF LOWER LEG TEN									

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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TS	CODE	DESCRIPTION	FEE								
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08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
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08	27618	REMOVE LOWER LEGLES ION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									

SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
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08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
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08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
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08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27538	TREAT KNEE FRACTURE (S)	189.30								X
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08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27607	TREAT LOWER LEG BONE LESION	189.30								
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08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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FEE EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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 \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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08	27499	DECOMPRESSION OF THIGH/KNEE	225.34	
08	27500	TREATMENT OF FEMUR FRACTURE	189.30	
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30	
08	27502	TREATMENT OF FEMUR FRACTURE	189.30	
08	27503	TREATMENT OF THIGH FRACTURE	225.34	
08	27508	TREATMENT OF FEMUR FRACTURE	189.30	
08	27509	TREATMENT OF THIGH FRACTURE	225.34	
08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
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08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
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08	27500	TREATMENT OF FEMUR FRACTURE	189.30	
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30	
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08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27502	TREATMENT OF FEMUR FRACTURE	189.30	
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08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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08	27503	TREATMENT OF THIGH FRACTURE	225.34	
08	27508	TREATMENT OF FEMUR FRACTURE	189.30	
08	27509	TREATMENT OF THIGH FRACTURE	225.34	
08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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08	27508	TREATMENT OF FEMUR FRACTURE	189.30	
08	27509	TREATMENT OF THIGH FRACTURE	225.34	
08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27391	INCISION OF THIGH TENDONS	189.30								
08	27392	INCISION OF THIGH TENDONS	225.34								
08	27393	LENGTHENING OF THIGH TENDON	189.30								
08	27394	LENGTHENING OF THIGH TENDONS	225.34								
08	27395	LENGTHENING OF THIGH TENDONS	225.34								
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								

08	27509	TREATMENT OF THIGH FRACTURE	225.34	
08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
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08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
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08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
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08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

[illegible]

08	27510	TREATMENT OF FEMUR FRACTURE	189.30	
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

[illegible]

08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

[illegible]

08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30	
08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
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08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

[illegible]

08	27530	TREAT KNEE FRACTURE	189.30	
08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

[illegible]

08	27532	TREATMENT OF KNEE FRACTURE	189.30	
08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
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08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27396	TRANSPLANTS OF THIGH TENDON	225.34								
08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
08	27400	REVISE THIGH MUSCLES/TENDONS	225.34								
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	225.34								
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								

08	27538	TREAT KNEE FRACTURE (S)	189.30	X
08	27550	TREAT KNEE DISLOCATION	189.30	
08	27552	TREAT KNEE DISLOCATION	189.30	
08	27560	TREAT KNEECAP DISLOCATION	189.30	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27680	RELEASE OF LOWER LEG TENDON	225.34								
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08	27397	TRANSPLANTS OF THIGH TENDON	225.34								
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08	27538	TREAT KNEE FRACTURE (S)	189.30								

08	27550	TREAT KNEE DISLOCATION	189.30
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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TS	CODE	DESCRIPTION	FEE								
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08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
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08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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08	27560	TREAT KNEECAP DISLOCATION	189.30
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27405	REPAIR OF KNEE LIGAMENT	225.34								
08	27407	REPAIR OF KNEE LIGAMENT	225.34								
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

X

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
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08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
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08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
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08	27435	INCISION OF KNEE JOINT	225.34								
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08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27603	DRAIN LOWER LEG LESION	225.34						X		
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27409	REPAIR OF KNEE LIGAMENTS	225.34								
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
08	27420	REVISION/REMOVAL OF KNEECAP	225.34								
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27418	REPAIR OF DEGENERATED KNEECAP	225.34								
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08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISION OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
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08	27685	REVISION OF LOWER LEG TEN									
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08	27441	REVISION OF KNEE JOINT	242.55								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
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08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27422	REVISION OF UNSTABLE KNEECAP	275.32								
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27424	RECONSTRUCTION, KNEE	225.34								
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27425	LATERAL RETINACULAR RELEASE ANY METH	275.32								
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	225.34								
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08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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08	27675	REPAIR LOWER LEG TENSIONS	189.30								
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				AGE	MED					X-	UVS
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TS	CODE	DESCRIPTION	FEE								
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08	27685	REVISION OF LOWER LEG TEN									
08											
08	27428	RECONSTRUCT (AUGMENT) KNEE; INTRA-ARTIC	225.34								
08	27429	RECONSTRUCT KNEE; INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY, PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	225.34								
08	27430	REVISION OF THIGH MUSCLES	225.34								
08	27435	INCISION OF KNEE JOINT	225.34								
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
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08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

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				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
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08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
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08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	225.34								
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
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08											
08	27438	REVISE KNEECAP WITH IMPLANT	242.55								
08	27441	REVISION OF KNEE JOINT	242.55								
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPTENSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
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08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
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08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
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08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27442	REVISION OF KNEE JOINT	242.55								
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27443	REVISIOSN OF KNEE JOINT	242.55								
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPTENSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
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08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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08											
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08	27685	REVISION OF LOWER LEG TEN									
08											
08	27483	REVISE KNEECAP WITH IMPLANT	242.55								
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				AGE	MED					X-	UVS
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TS	CODE	DESCRIPTION	FEE								
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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	242.55								
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27497	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
08	27500	TREATMENT OF FEMUR FRACTURE	189.30								
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27680	RELEASE OF LOWER LEG TENDON	225.34								
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08											
08	27499	DECOMPRESSION OF THIGH/KNEE	225.34								
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08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
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08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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08	27630	REMOVAL OF TENDON LESION	242.55						X		
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
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DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
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08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	189.30								
08	27502	TREATMENT OF FEMUR FRACTURE	189.30								
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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RUN: 12/26/11 12:00:55

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

PAGE: 21

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27503	TREATMENT OF THIGH FRACTURE	225.34								
08	27508	TREATMENT OF FEMUR FRACTURE	189.30								
08	27509	TREATMENT OF THIGH FRACTURE	225.34								
08	27510	TREATMENT OF FEMUR FRACTURE	189.30								
08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
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08	27516	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
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08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

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08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27517	TREATMENT OF FEMUR EPIPHYSIS	189.30								
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								
08	27550	TREAT KNEE DISLOCATION	189.30								X
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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 \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27530	TREAT KNEE FRACTURE	189.30								
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
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08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27532	TREATMENT OF KNEE FRACTURE	189.30								
08	27538	TREAT KNEE FRACTURE (S)	189.30								X
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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TS	CODE	DESCRIPTION									
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

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08	27630	REMOVAL OF TENDON LESION	242.55						X		
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08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27550	TREAT KNEE DISLOCATION	189.30								
08	27552	TREAT KNEE DISLOCATION	189.30								
08	27560	TREAT KNEECAP DISLOCATION	189.30								

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
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08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
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08	27630	REMOVAL OF TENDON LESION	242.55						X		
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									

UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									

SURGICAL CENTERS.

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

PAGE: 21

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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PAGE: 21

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
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08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
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08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34
08	27654	REPAIR OF ACHILLES TENDON	225.34
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30
08	27675	REPAIR LOWER LEG TENSIONS	189.30
08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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08	27654	REPAIR OF ACHILLES TENDON	225.34
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30
08	27675	REPAIR LOWER LEG TENSIONS	189.30
08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
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08	27691	REVISE LOWER LEG TENDON	225.34

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08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30
08	27675	REPAIR LOWER LEG TENSIONS	189.30
08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
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08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30
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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30
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08	27675	REPAIR LOWER LEG TENSIONS	189.30
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COLUMN :

[illegible]

TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27566	REPAIR KNEECAP DISLOCATION	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30
08	27675	REPAIR LOWER LEG TENSIONS	189.30
08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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RUN: 12/26/11 12:00:55

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

PAGE: 22

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27562	TREAT KNEECAP DISLOCATION	189.30								
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								

08	27675	REPAIR LOWER LEG TENSIONS	189.30
08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27566	REPAIR KNEECAP DISLOCATION	189.30								
08	27570	FIXATION OF KNEE JOINT	189.30								
08	27594	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30				</				

08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TENDON	225.34
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34						X		
08	27604	DRAIN LOWER LEG BURSA	225.34						X		
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
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08	27615	REMOVE TUMOR, LOWER LEG	225.34								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
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08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27600	DECOMPRESSION OF LOWER LEG	225.34								
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
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08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27654	REPAIR OF ACHILLES TENDON	225.34								
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08	27691	REVISE LOWER LEG TENDON	225.34

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27630	REMOVAL OF TENDON LESION	242.55					X			
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27601	DECOMPRESSION OF LOWER LEG	225.34								
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34			</					

08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34
08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27602	DECOMPRESSION OF LOWER LEG	225.34								
08	27603	DRAIN LOWER LEG LESION	225.34					X			
08	27604	DRAIN LOWER LEG BURSA	225.34					X			
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55					X			
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEND									

08	27687	REVISION OF CALF TENDON	225.34
08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27603	DRAIN LOWER LEG LESION	225.34							X	
08	27604	DRAIN LOWER LEG BURSA	225.34							X	
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN									

08	27690	REVISE LOWER LEG TENDON	225.34
08	27691	REVISE LOWER LEG TENDON	225.34

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COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27604	DRAIN LOWER LEG BURSA	225.34					X			
08	27605	INCISION OF ACHILLES TENDON	189.30								
08	27606	INCISION OF ACHILLES TENDON	189.30								
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55					X			
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
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08	27675	REPAIR LOWER LEG TENSIONS	189.30								
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08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								

08

27691

REVISE LOWER LEG TENDON

225.34

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08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27630	REMOVAL OF TENDON LESION	242.55					X			
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55						X		
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS....MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27607	TREAT LOWER LEG BONE LESION	189.30								
08	27610	EXPLORE/TREAT ANKLE JOINT	189.30								
08	27612	EXPLORATION OF ANKLE JOINT	225.34								
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	189.30								
08	27615	REMOVE TUMOR, LOWER LEG	225.34								
08	27618	REMOVE LOWER LEGLES ION	189.30								
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
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08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
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08	27650	REPAIR ACHILLES TENDON	225.34								
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08	27691	REVISE LOWER LEG TENDON	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

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08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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RUN: 12/26/11 12:00:55

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27619	REMOVE LOWER LEG LESION	225.34								
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
08	27654	REPAIR OF ACHILLES TENDON	225.34								
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27620	BIOPSY OF ANKLE JOINT	225.34								
08	27625	REMOVE ANKLE JOINT LINING	225.34								
08	27626	REMOVE ANKLE JOINT LINING	225.34								
08	27630	REMOVAL OF TENDON LESION	242.55							X	
08	27635	REMOVE LOWER LEG BONE LESION	225.34								
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
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				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

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08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27637	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27638	REMOVE/GRAFT LEG BONE LESION	225.34								
08	27640	PARTIAL REMOVAL OF TIBIA	189.30								
08	27641	PARTIAL REMOVAL OF FIBULA	189.30								
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	225.34								
08	27650	REPAIR ACHILLES TENDON	225.34								
08	27652	REPAIR/GRAFT ACHILLES TENDON	225.34								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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RUN: 12/26/11 12:00:55

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

PAGE: 22

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
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DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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

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PAGE: 22

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
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LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TENDON	225.34								
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08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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

PAGE: 22

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

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PAGE: 22

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

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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 \$257.67 TO AMBULATORY SURGICAL CENTERS.

RUN: 12/26/11 12:00:55

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	225.34								
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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RUN: 12/26/11 12:00:55

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27687	REVISION OF CALF TENDON	225.34								
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	27692	EACH ADDITIONAL TENDON	225.34								
08	27695	REPAIR OF ANKLE LIGAMENT	189.30								
08	27696	REPAIR OF ANKLE LIGAMENTS	189.30								
08											
08	27656	REPAIR FASCIAL DEFECT OF LEG\	189.30								
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	242.55								
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	189.30								
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	189.30								
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
08	27675	REPAIR LOWER LEG TENSIONS	189.30								
08	27676	REPAIR LOWER LEG TENDONS	225.34								
08	27680	RELEASE OF LOWER LEG TENDON	225.34								
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									
08											
08	27690	REVISE LOWER LEG TENDON	225.34								
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27692	EACH ADDITIONAL TENDON	225.34								
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08											
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08	27685	REVISION OF LOWER LEG TEN									
08	27691	REVISE LOWER LEG TENDON	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
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08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	189.30								
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08	27676	REPAIR LOWER LEG TENDONS	225.34								
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08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30								
08	27685	REVISION OF LOWER LEG TEN									

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				AGE	MED					X-	UVS
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08	27692	EACH ADDITIONAL TENDON	225.34								
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				AGE	MED					X-	UVS
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08	27685	REVISION OF LOWER LEG TEN									

SURGICAL CENTERS.

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FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

[illegible]

08	27676	REPAIR LOWER LEG TENDONS	225.34
08	27680	RELEASE OF LOWER LEG TENDON	225.34
08	27681	TENOLYSIS...MULTIPLE, EACHS	189.30
08	27685	REVISION OF LOWER LEG TEN	

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08	27685	REVISION OF LOWER LEG TEN	

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08	27685	REVISION OF LOWER LEG TEN	
08	27685	REVISION OF LOWER LEG TEN	
08	27786	TREATMENT OF ANKLE FRACTURE	189.30
08	27788	TREATMENT OF ANKLE FRACTURE	189.30
08	27792	REPAIR OF ANKLE FRACTURE	225.34
08	27808	TREATMENT OF ANKLE FRACTURE	189.30
08	27810	TREATMENT OF ANKLE FRACTURE	189.30
08	27814	REPAIR OF ANKLE FRACTURE	225.34
08	27816	TREATMENT OF ANKLE FRACTURE	189.30
08	27818	TREATMENT OF ANKLE FRACTURE	189.30
08	27822	REPAIR OF ANKLE FRACTURE	225.34
08	27823	REPAIR OF ANKLE FRACTURE	225.34
08	27824	CLOSED TREATMENT OF FRACTURE	189.30
08	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	189.30
08	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	225.34
08	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	225.34
08	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	225.34
08	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	189.30
08	27830	TREAT LOWER LEG DISLOCATION	189.30
08	27831	TREAT LOWER LEG DISLOCATION	189.30

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RUN: 12/26/11 12:00:55

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	27832	REPAIR LOWER LEG DISLOCATION	189.30								
08	27840	TREAT ANKLE DISLOCATION	189.30								
08	27842	TREAT ANKLE DISLOCATION	189.30								
08	27846	REPAIR ANKLE DISLOCATION	225.34								
08	27848	REPAIR ANKLE DISLOCATION	225.34								
08	27860	FIXATION OF ANKLE JOINT	189.30								
08	27870	FUSION OF ANKLE JOINT	225.34								
08	27871	FUSION OF TIBIOFIBULAR JOINT	225.34								
08	27884	AMPUTATION FOLLOW-UP SURGERY	225.34								
08	27889	AMPUTATION OF FOOT AT ANKLE	225.34								
08	27892	DECOMPRESSION FASCIOTOMY, LEG;	225.34								
08	27893	DECOMPRESSION FASCIOTOMY, LEG;	225.34								
08	27894	DECOMPRESSION FASCIOTOMY, LEG;	225.34								
08	28001	DRAINAGE OF BURSA OF FOOT	225.34						X		
08	28002	TREATMENT OF FOOT INFECTION	225.34								
08	28003	TREATMENT OF FOOT INFECTION	225.34								
08	28005	TREAT FOOT BONE LESION	225.34								
08	28008	INCISION OF FOOT FASCIA	275.32						X		
08	28011	INCISION OF TOE TENDONS	225.34								
08	28020	EXPLORATION OF A FOOT JOINT	189.30								
08	28022	EXPLORATION OF A FOOT JOINT	189.30								
08	28024	EXPLORATION OF A TOE JOINT	189.30								
08	28035	DECOMPRESSION OF TIBIA NERVE	225.34								
08	28043	EXCISION OF FOOT LESION	189.30								
08	28045	EXCISION OF FOOT LESION	225.34								
08	28046	RAD RESECT TUMOR,SFT TISS-FOOT	225.34								
08	28050	BIOPSY OF FOOT JOINT LINING	189.30								
08	28052	BIOPSY OF FOOT JOINT LINING	189.30								
08	28054	BIOPSY OF TOE JOINT LINING	189.30								
08	28055	NEURECTOMY,INTRINSIC MUSCULATURE	225.34								
08	28060	PARTIAL REMOVAL FOOT FASCIA	189.30								
08	28062	REMOVAL OF FOOT FASCIA	225.34								
08	28070	REMOVAL OF FOOT JOINT LINING	275.32						X		
08	28072	REMOVAL OF FOOT JOINT LINING	275.32						X		
08	28080	REMOVAL OF FOOT LESION	242.55						X		
08	28086	EXCISE FOOT TENDON SHEATH	189.30								
08	28088	EXCISE FOOT TENDON SHEATH	189.30								
08	28090	REMOVAL OF FOOT LESION	225.34								
08	28092	REMOVAL OF TOE LESIONS	225.34								
08	28100	REMOVAL OF ANKLE/HEEL LESION	189.30								
08	28102	REMOVE/GRAFT FOOT LESION	225.34								
08	28103	REMOVE/GRAFT FOOT LESION	225.34								
08	28104	REMOVAL OF FOOT LESION	189.30								
08	28106	REMOVE/GRAFT FOOT LESION	225.34								
08	28107	REMOVE/GRAFT FOOT LESION	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	28110	PART REMOVAL OF METATARSAL	242.55					X			
08	28111	PART REMOVAL OF METATARSAL	242.55					X			
08	28112	PART REMOVAL OF METATARSAL	242.55					X			
08	28113	PART REMOVAL OF METATARSAL	242.55					X			
08	28114	REMOVAL OF METARSAL HEADS	225.34					X			
08	28116	REVISION OF FOOT	225.34								
08	28118	PARTIAL REMOVAL OF HEEL	225.34								
08	28119	REMOVAL OF HEEL SPUR	225.34								
08	28120	PART REMOVAL OF ANKLE/HEEL	275.32								
08	28122	PARTIAL REMOVAL OF FOOT BONE	225.34								
08	28126	CONDYLECTOMY...SING. TOE, EACH	225.34								
08	28130	REMOVAL OF ANKLE BONE	225.34								
08	28140	REMOVAL OF METATARSAL	225.34								
08	28150	PHALANGECTOMY,TOE, SINGLE, EACH	225.34								
08	28153	PARTIAL REMOVAL OF TOE	225.34								
08	28160	PARTIAL REMOVAL OF TOE	225.34						X		
08	28171	RADICAL RESECTION FOR TUMOR,TARSAL	225.34								
08	28173	RADICAL RESECTION FOR TUMOR,METATARS	225.34								
08	28175	RADICAL RESECTION FOR TUMOR PHALANX	225.34								
08	28192	REMOVAL OF FOOT FOREIGN BODY	189.30								
08	28193	REMOVAL OF FOOT FOREIGN BODY	225.34								
08	28200	REPAIR OF FOOT TENDON	242.55					X			
08	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	225.34								
08	28208	REPAIR OF FOOT TENDON	242.55					X			
08	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	225.34								
08	28222	RELEASE OF FOOT TENDONS	189.30								
08	28225	RELEASE OF FOOT TENDON	189.30								
08	28226	RELEASE OF FOOT TENDONS	189.30								
08	28234	INCISION OF FOOT TENDON	189.30								
08	28238	REVISION OF FOOT TENDON	225.34								
08	28240	RELEASE OF BIG TOE	189.30								
08	28250	REVISION OF FOOT FASCIA	225.34								
08	28260	RELEASE OF MIDFOOT JOINT	225.34								
08	28261	REVISION OF FOOT TENDON	225.34								
08	28262	REVISION OF FOOT AND ANKLE	225.34								
08	28264	RELEASE OF MIDFOOT JOINT	242.55					X			
08	28270	RELEASE OT FOOT CONTRACTURE	242.55					X			
08	28272	RELEASE OF TOE JOINT,EACH	242.55					X			
08	28280	FUSION OF TOES	189.30								
08	28285	REVISION OF HAMMERTOES	275.32					X			
08	28286	REVISION OF HAMMERTOES	225.34					X			
08	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	225.34								
08	28289	REPAIR HALLUX RIGIDUS	225.34								
08	28290	CORRECTION OF BUNION	275.32					X			
08	28292	CORRECTION OF BUNION	275.32					X			

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	28293	CORRECTION OF BUNION	275.32					X			
08	28294	CORRECTION OF BUNION	275.32					X			
08	28296	CORRECTION OF BUNION	225.34								
08	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	225.34								
08	28298	CORRECTION OF BUNION	275.32					X			
08	28299	CORRECTION OF BUNION	275.32					X			
08	28300	INCISION OF HEEL BONE	275.32					X			
08	28302	INCISION OF ANKLE BONE	275.32					X			
08	28304	INCISION OF MIDFOOT BONES	189.30								
08	28305	INCISE/GRAFT MIDFOOT BONES	225.34								
08	28306	INCISION OF METATARSAL	225.34					X			
08	28307	SEE 28306; METATARSAL W/BONE GRFT	225.34								
08	28308	INCISION OF METATARSAL	275.32					X			
08	28309	INCISION OF METATARSALS	225.34								
08	28310	REVISION OF BIG TOE	275.32					X			
08	28312	REVISION OF TOE	275.32					X			
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	189.30								
08	28315	SESAMOIDECTOMY FIRST TOE	225.34								
08	28320	REPAIR OF FOOT BONES	225.34								
08	28322	REPAIR OF METATARSALS	225.34								
08	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	225.34								
08	28341	SEE 28340; REQUIRING BONE RESECTION	225.34								
08	28344	RECONSTRUCT TOE; POLYDATYLY	225.34								
08	28345	SEE Z8344;SYNDACTYLY,W/VO GRFT,@ WEB	225.34								
08	28400	TREAT CLSD CALC FX; W/O MANIP	189.30								
08	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	189.30								
08	28406	TREAT CLSD CAC FX, MANIP/FIXATION	189.30								
08	28415	REPAIR OF HEEL FRACTURE	225.34								
08	28420	REPAIR/GRAFT HEEL FRACTURE	225.34								
08	28435	TREAT CLSD TALUS FX, W/MANIP	189.30								
08	28436	TREAT CLSD TA; FX,W/MANIP & PERC PIN	189.30								
08	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	225.34								
08	28456	OPEN TX CLSD/OPEN FX W RED & PIN-EAC	189.30								
08	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	225.34								
08	28476	TREAT CLSD FX,W/MANIP & PINNING,EACH	189.30								
08	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	225.34								
08	28496	TREAT CLSD FX GREAT TOE...PINNING	189.30								
08	28505	REPAIR BIG TOE FRACTURE	225.34								
08	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	225.34								
08	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	225.34								
08	28545	TREAT FOOT DISLOCATION	189.30								
08	28546	TREAT FOOT SLOCATION	189.30								
08	28555	REPAIR FOOT DISLOCATION	189.30								
08	28575	TREAT FOOT DISLOCATION	189.30								
08	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	28585	REPAIR FOOT DISLOCATION	225.34								
08	28605	TREAT FOOT DISLOCATION	189.30								
08	28606	TREAT FOOT DISLOCATION	189.30								
08	28615	REPAIR FOOT DISLOCATION	225.34								
08	28635	TREAT TOE DISLOCATION	189.30								
08	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	225.34								
08	28645	REPAIR TOE DISLOCATION	225.34								
08	28665	TREAT TOE DISLOCATION	189.30								
08	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	225.34								
08	28675	REPAIR OF TOE DISLOCATION	225.34								
08	28705	FUSION OF FOOT BONES	225.34								
08	28715	FUSION OF FOOT BONES	225.34								
08	28725	FUSION OF FOOT BONES	225.34								
08	28730	FUSION OF FOOT BONES	225.34								
08	28735	FUSION OF FOOT BONES	225.34								
08	28737	REVISION FOOT BONES	242.55								
08	28740	FUSION OF FOOT BONES	225.34								
08	28750	FUSION OF BIG TOE JOINT	275.32						X		
08	28755	FUSION OF BIG TOE JOINT	275.32						X		
08	28760	FUSION OF BIG TOE JOINT	275.32						X		
08	28810	AMPUTATION TOE & METATARSAL	225.34						X		
08	28819	REMOVAL OF HEEL SPUR	225.34								
08	28820	AMPUTATION OF TOE	225.34						X		
08	28825	PARTIAL AMPUTATION OF TOE	225.34						X		
08	29800	ARTHROSCOPY, TEMPOMAND JOINT, DX W/VO	225.34								
08	29804	ARTHROSCOPY TEMPOROMAND JOINT, SURGIC	225.34								
08	29805	SHOULDER ARTHROSCOPY, DX	225.34								
08	29806	SHOULDER ARTHROSCOPY/SURGERY	225.34								
08	29807	SHOULDER ARTHROSCOPY/SURGERY	225.34								
08	29819	ARTHROSCOPY/SURGICALLY REMOVE BODY	275.32						X		
08	29820	ARTHROSCOPY-SYNOVECTOMY-PARTIAL	275.32						X		
08	29821	ARTHROSCOPY-SYNOVECTOMY-COMPLETE	275.32						X		
08	29822	ARTHROSCOPY-LIMITED DEBRIDEMENT	275.32						X		
08	29823	ARTHROSCOPY EXT DEBRIDEMENT	275.32						X		
08	29824	SHOULDER ARTHROSCOPY/SURGEON	242.55								
08	29825	ARTHROSCOPY W/LYSIS & RESECTION	275.32						X		
08	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	225.34								
08	29827	ARTHROSCOP ROTATOR CUFF REPR	242.55								
08	29830	ARTHROSCOPY ELBOW-DX	275.32						X		
08	29834	ARTHROSCOPY-ELBOW-SURGICAL	275.32						X		
08	29835	ARTHROSCOPY SYNOVECTOMY-PARTIAL	275.32						X		
08	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	275.32						X		
08	29837	ARTHROSCOPY-LIMITED DEBRIDEMENT	275.32						X		
08	29838	ARTHROSCOPY EXT DEBRIDEMENT	275.32						X		
08	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC	225.34								

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COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	29UARY 1, 2011 THRU DECEMBER 31, 2011										

COLUMN :

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	225.34								
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	225.34								
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34								
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34								
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34								34

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	225.34								
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	225.34								
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34								
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34								
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34								34

		4	5	6	7	8	9	10	11	12						X-	UVS
TS	CODE	DESCRIPTION							FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	OVERS	>001
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...							225.34								
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM							225.34								
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO							225.34								
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART							225.34								
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI							225.34							34	

TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	225.34								
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	225.34								
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34								
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34								
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34							34	
		FEE MIN-MAX REV PA SEX PSR SL	OVERS	>001							

08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	225.34	
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	225.34	
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34	
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34	
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34	34
URGICAL,LAVAGE...		225.34		
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	225.34	
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34	
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34	
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34	34
ARTIAL SY OVECTOM		225.34		
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	225.34	
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34	
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34	34

COMPLETE SYNOVECTO	225.34		
08 29846	ANTHROSCOPY,WRIST,EXCISE FIBROCARD	225.34	
08 29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34	34
XCISE FIBROCARD	225.34		
08 29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	225.34	34
NT FIX-FX INSTABI	225.34	34	
08 29860	HIP ARTHROSCOPY, DX	225.34	
08 29861	HIP ARTHROSCOPY/SURGERY	225.34	
08 29862	HIP ARTHROSCOPY/SURGERY	275.32	
08 29863	HIP ARTHROSCOPY/SURGERY	225.34	
08 29870	ARTHROSCOPY KNEE-DX	275.32	X
08 29871	ARTHROSCOPY-KNEE-SURGICAL	275.32	X
08 29874	ARTHROSCOPY REMOVE FOREIGN BODY	275.32	X
08 29875	ARTHROSCOPY LIMITED SYNOVECTOMY	275.32	X
08 29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	275.32	X
08 29877	ARTHROSCOPY-DEBRIDEMENT	275.32	X
08 29879	ARTHROSCOPY-ABRASION ARTHROPLA	275.32	X
08 29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	225.34	
08 29881	ARTHROSCOPY W/ MENISCECTOMY	275.32	X
08 29882	ARTHROSCOPY W/ MENISCUS REPAIR	275.32	X
08 29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	225.34	
08 29884	ARTHROSCOPY W/LYSIS ADHESIONS	225.34	
08 29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRI	225.34	
08 29886	ARTHROSCOPY-OSTEOCHONDRI	189.30	
08 29887	ARTHROSCOPY-INTERNAL FIXATION	225.34	
08 29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	225.34	
08 29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	225.34	
08 29891	ANKLE ARTHROSCOPY/SURGERY	225.34	
08 29892	ANKLE ARTHROSCOPY/SURGERY	225.34	
08 29893	SCOPE, PLANTAR FASCIOTOMY	275.32	
08 29894	ARTHROSCOPY-ANKLE-SURGICAL	275.32	X
08 29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	275.32	X
08 29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	275.32	X
08 29898	ARTHROSCOPY-EXT. DEBRIDEMENT	275.32	X
08 29899	ANKLE ARTHROSCOPY/SURGERY	225.34	
08 29900	MCP JOINT ARTHROSCOPY, DX	225.34	
08 29901	MCP JOINT ARTHROSCOPY, SURG	225.34	
08 29902	MCP JOINT ARTHROSCOPY, SURG	225.34	
08 30110	REMOVAL OF NOSE POLYP(S)	225.34	X
08 30115	REMOVAL OF NOSE POLYP(S)	225.34	X
08 30117	REMOVAL OF INTRANASAL LESION	225.34	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	30118	REMOVAL OF INTRANASAL LESION	225.34								
08	30120	REVISION OF NOSE	189.30								
08	30125	REMOVAL OF NOSE LESION	189.30								
08	30130	REMOVAL OF TURBINATE BONES	189.30						X		
08	30140	REMOVAL OF TURBINATE BONES	189.30						X		
08	30150	PARTIAL REMOVAL OF NOSE	225.34								
08	30160	REMOVAL OF NOSE	225.34								
08	30310	REMOVE NASAL FOREIGN BODY	189.30								
08	30320	REMOVE NASAL FOREIGN BODY	189.30								
08	30400	RECONSTRUCTION OF NOSE	225.34								
08	30410	RECONSTRUCTION OF NOSE	242.55								
08	30420	RECONSTRUCTION OF NOSE	242.55								
08	30430	REVISION OF NOSE	225.34								
08	30435	REVISION WORK WITH OSTEOTOMIES	242.55								
08	30450	REVISION OF NOSE	275.32								
08	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	275.32								
08	30462	REVISION OF NOSE	275.32								
08	30465	REPAIR NASAL STENOSIS	275.32								
08	30520	REPAIR OF NASAL SEPTUM	225.34								
08	30540	REPAIR NASAL DEFECT	242.55								
08	30545	REPAIR NASAL DEFECT	242.55								
08	30560	RELEASE OF NASAL ADHESIONS	189.30								
08	30580	UPPER JAW FISTULA	225.34								
08	30600	MOUTH/NOSE FISTULA	225.34								
08	30620	RECONSTRUCTION INNER NOSE	275.32						X		
08	30630	REPAIR NASAL SEPTUM DEFECT	275.32								
08	30801	CAUTERIZATION AND/OR ABLATION,MUCOS	189.30								
08	30802	CAUTERIZATION AND/OR ABLATION,MUCOS	189.30								
08	30903	CAUER NASAL W LOC.ANESTH.UNILATER	189.30								
08	30905	CONTROL OF NOSEBLEED	189.30								
08	30906	REPEAT CONTROL OF NOSEBLEED	189.30								
08	30915	LIGATION NASAL SINUS ARTERY	189.30								
08	30920	LIGATION UPPER JAW ARTERY	225.34								
08	30930	NASAL TURBINATES, THERAPEUTI	225.34								
08	31000	IRRIGATION MAXILLARY SINUS	225.34						X		
08	31002	IRRIGATION SPHENOID SINUS	242.55						X		
08	31020	EXPLORATION MAXILLARY SINUS	189.30								
08	31030	EXPLORATION MAXILLARY SINUS	225.34								
08	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	225.34								
08	31050	EXPLORATION SPHENOID SINUS	189.30								
08	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	225.34								
08	31070	EXPLORATION OF FRONTAL SINUS	189.30								
08	31075	EXPLORATION OF FRONTAL SINUS	225.34								
08	31080	REMOVAL OF FRONTAL SINUS	225.34								
08	31081	REMOVAL OF FRONTAL SINUS	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	31084	REMOVAL OF FRONTAL SINUS	225.34								
08	31085	REMOVAL OF FRONTAL SINUS	225.34								
08	31086	REMOVAL OF FRONTAL SINUS	225.34								
08	31087	REMOVAL OF FRONTAL SINUS	225.34								
08	31090	EXPLORATION OF SINUSES	242.55								
08	31200	REMOVAL OF ETHMOID SINUS	242.55						X		
08	31201	REMOVAL OF ETHMOID SINUS	242.55								
08	31205	REMOVAL OF ETHMOID SINUS	225.34								
08	31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI	189.30								
08	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF	189.30								
08	31237	NASAL/SINUS ENDOSCOPY,SURGICAL	189.30								
08	31238	NASAL/SINUS ENDOSCOPY, SURGICAL	189.30								
08	31239	NASAL/SINUS ENDOSCOPY,SURGICAL;	225.34								
08	31240	NASAL/SINUS ENDOSCOPY	189.30								
08	31254	NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT	275.32						X	X	
08	31255	NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	275.32						X	X	
08	31256	NASAL ENDOSCOPY, MAX ANTROSTOMY	275.32						X	X	
08	31267	SURG MAX ENDO, REMOVE MEMBRANE/POLYP	275.32						X	X	
08	31276	SINUS SURGICAL ENDOSCOPY	225.34								
08	31287	NASAL/SINUS ENDOSCOPY,SURGICAL, WIT	225.34								
08	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	225.34								
08	31300	REMOVAL OF LARYNX LESION	242.55								
08	31320	DIAGNOSTIC INCISION LARYNX	189.30								
08	31400	REVISION OF LARYNX	189.30								
08	31420	REMOVAL OF EPIGLOTTIS	189.30								
08	31505	DIAGNOSTIC LARYNGOSCOPY	189.30						X		
08	31510	LARYNGOSCOPY WITH BIOPSY	189.30						X		
08	31511	REMOVE FOREIGN BODY,LARYNX	189.30						X		
08	31512	REMOVAL OF LARYNX LESION	189.30						X		
08	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	189.30								
08	31515	LARYNGOSCOPY FOR ASPIRATION	189.30								
08	31525	DIAGNOSTIC LARYNGOSCOPY	189.30						X		
08	31526	DIAGNOSTIC LARYNGOSCOPY	189.30								
08	31527	LARYNGOSCOPY, INSERT OBTURATOR	189.30								
08	31528	LARYNGOSCOPY,W DILATATION INITIAL	189.30								
08	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	189.30								
08	31530	OPERATIVE LARYNGOSCOPY	189.30						X		
08	31531	OPERATIVE LARYNGOSCOPY	225.34								
08	31535	OPERATIVE LARYNGOSCOPY	189.30								
08	31536	OPERATIVE LARYNGOSCOPY	225.34								
08	31540	OPERATIVE LARYINGOSCOPY	225.34								
08	31541	OPERATIVE LARYNGOSCOPY	225.34								
08	31560	OPERATIVE LARYNGOSCOPY	242.55								
08	31561	OPERATIVE LARYNGOSCOPY	242.55								
08	31570	LARYNGOSCOPY WITH INJECTIONS	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	31571	LARYNGOSCOPY WITH INJECTION	189.30								
08	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGN	189.30					X			
08	31576	LARYNGOSCOPY, FIBERSCOPIC; BIOPSY	189.30					X			
08	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN	189.30					X			
08	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVAL	189.30					X			
08	31580	REVISION OF LARYNX	242.55								
08	31582	REVISION OF LARYNX	242.55								
08	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	242.55								
08	31590	LARYNGEAL REINNVATION REPAIR	242.55								
08	31595	SECTION RECUR.LARYNGEAL NRV, UNILATER	189.30								
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	225.34								
08	31612	PUNCTURE/CLEAR WINDPIPE	189.30								
08	31613	TRACHEOSTOMA REVISION; W/O FLAP ROTAT	189.30								
08	31614	REVISE TRACHEOSTOMA, COMP, W/FLAP ROT	189.30								
08	31615	VISUALIZATION OF WINDPIPE	189.30								
08	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	189.30								
08	31623	DX BRONCHOSCOPE/BRUSH	189.30								
08	31624	DX BRONCHOSCOPE LAVAGE	189.30								
08	31625	BRONCHOSCOPY WITH BIOPSY	189.30					X			
08	31628	TRANSBRONCHIAL LUNG BIOPSY, FIBEROPTI	189.30								
08	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	189.30								
08	31630	BRONCHOSCOPY WITH REPAIR	189.30								
08	31631	BRONCHOSCOPY-PLACE TRACH STENT	189.30								
08	31635	REMOVE FOREIGN BODY, AIRWAY	189.30								
08	31640	BRONCHOSCOPY & REMOVE LESION	189.30								
08	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	189.30								
08	31643	DX BRONCHOSCOPE/CATHETER	189.30								
08	31645	BRONCHOSCOPY, CLEAR AIRWAYS	189.30								
08	31646	BRONCHOSCOPY, RECLEAR AIRWAYS	189.30								
08	31656	BRONCHOSCOPY, INJECT FOR XRAY	189.30								
08	31717	BRONCHIAL BRUSH BIOPSY	189.30								
08	31720	CLEARANCE OF AIRWAYS	189.30								
08	31730	TRANSTRACHEAL (PERUTANEOUS) INTRODU	189.30								
08	31750	REPAIR OF WINDPIPE	242.55								
08	31755	REPAIR OF WINDPIPE	189.30								
08	31820	CLOSURE OF WINDPIPE LESION	189.30								
08	31825	REPAIR OF WINDPIPE DEFECT	189.30								
08	31830	REVISE WINDPIPE SCAR	189.30								
08	32400	NEEDLE BIOPSY CHEST LINING	189.30								
08	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	189.30								
08	32420	PUNCTURE/CLEAR LUNG	189.30								
08	32507	REPAIR BLOOD VESSEL, DIRECT-HAND/FING	225.34								
08	33010	DRAINAGE OF HEART SAC	189.30								
08	33011	REPEAT DRAINAGE OF HEART SAC	189.30								
08	33222	REVISE/RELOCATE SKIN POCKET	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	33223	REVISION OR RELOCATION OF SKIN POCKI	189.30								
08	35188	REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT	225.34								
08	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	225.34								
08	35476	TRANSLUMINAL ANGIOPLASTY,PERCUTANEO	275.32								
08	35875	REMOVAL OF CLOT IN GRAFT	275.32								
08	35876	REMOVAL OF CLOT IN GRAFT	275.32								
08	36260	INSERT IMPLANTABLE FUSION PUMP	225.34								
08	36261	REVISION OF IMPLANTED INFUSION PUMP	189.30								
08	36262	REMOVAL OF IMPLANTED INFUSION PUMP	189.30								
08	36555	INSERT NON-TUNNEL CV CATH	189.30								
08	36556	INSERT NON-TUNNEL CV CATH	189.30								
08	36557	INSERT TUNNELED CV CATH	189.30								
08	36558	INSERT TUNNELED CV CATH	189.30								
08	36560	INSERT TUNNELED CV CATH	225.34								
08	36561	INSERT TUNNELED CV CATH	225.34								
08	36563	INSERT TUNNELED CV CATH	225.34								
08	36565	INSERT TUNNELED CV CATH	225.34								
08	36566	INSERT TUNNELED CV CATH	225.34								
08	36568	INSERT TUNNELED CV CATH	189.30								
08	36569	INSERT TUNNELED CV CATH	189.30								
08	36570	INSERT TUNNELED CV CATH	225.34								
08	36571	INSERT TUNNELED CV CATH	225.34								
08	36575	REPAIR TUNNELED CV CATH	189.30								
08	36576	REPAIR TUNNELED CV CATH	189.30								
08	36578	REPLACE TUNNELED CV CATH	189.30								
08	36580	REPLACE TUNNELED DV CATH	189.30								
08	36581	REPLACE TUNNELED CV CATH	189.30								
08	36582	REPLACE TUNNELED CV CATH	225.34								
08	36583	REPLACE TUNNELED CV CATH	225.34								
08	36584	REPLACE TUNNELED CV CATH	189.30								
08	36585	REPLACE TUNNELED CV CATH	225.34								
08	36589	REMOVAL TUNNELED CV CATH	189.30								
08	36590	REMOVAL TUNNELED CV CATH	189.30								
08	36640	INSERTION CATHETER, ARTERY	189.30								
08	36800	INSERTION OF CANNULA	225.34								
08	36810	INSERTION OF CANNULA	225.34								
08	36815	INSERTION OF CANNULA	225.34								
08	36818	AV FUSE, UPPER ARM, CEPHALIC	225.34								
08	36819	AV FUSION BY BASILIC VEIN	225.34								
08	36820	INSERTION OF CANNULA	225.34								
08	36821	ARTERY-VEIN FUSION	225.34								
08	36825	ARTERY - VEIN GRAFT	225.34								
08	36830	ARTERY - VEIN GRAFT	225.34								
08	36831	OPEN THROMBECT AV FISTULA	275.32								
08	36832	REVISION O ARTERIO FISTULA WW THROMB	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	36833	AV FISTULA REVISION	225.34								
08	36835	ARTERY TO VEIN SHUNT	225.34								
08	36860	CANNULA DECLOTTING	189.30								
08	36861	CANNULA DECLOTTING	225.34								
08	36870	PERCUT THROMBECT AV FISTULA	275.32								
08	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	189.30								
08	37607	LIGATION OR BANDING OF ANGIOACCESS	225.34								
08	37609	TEMPORAL ARTERY PROCEDURE	189.30						X		
08	37650	INTERRUPT FEMORAL VEIN; UNILATERAL	189.30								
08	37700	REVISE LEG VEIN	275.32						X		
08	37718	LIGATE/STRIP SHORT LEG VEIN	225.34								
08	37722	LIGATE/STRIP LONG LEG VEIN	225.34								
08	37735	REMOVAL OF LEG VEINS/LESION	225.34								
08	37760	REVISION OF LEG VEINS	225.34								
08	37780	REVISION OF LEG VEIN	275.32						X		
08	37785	REVISION OF LEG VEIN	275.32						X		
08	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	225.34								
08	38300	DRAINAGE LYMPH NODE LESION	189.30								
08	38305	DRAINAGE LYMPH NODE LESION	189.30								
08	38308	INCISION OF LYMPH CHANNELS	189.30								
08	38500	BIOPSY/REMOVAL OF LYMPH NODE	225.34						X		
08	38505	NEEDLE BX, LYMPHNODES(S), SUPERFICI	189.30								
08	38510	BIOPSY/REMOVAL OF LYMPH NODE	225.34						X		
08	38520	BIOPSY/REMOVAL OF LYMPH NODE	225.34						X		
08	38525	BX,EXCISE-DEEP AXILLARY NODES	189.30								
08	38530	BIOPSY/REMOVAL OF LYMPH NODE	225.34						X		
08	38542	DISSECTION: DEEP JUGULAR NODE	189.30								
08	38550	REMOVAL NECK/ARMPIT LESION	225.34								
08	38555	REMOVAL NECK/ARMPIT LESION	225.34								
08	38570	LAPAROSCOPY, LYMPH NODE BIOP	275.32								
08	38571	LAPAROSCOPY, LYMPHADENECTOMY	275.32								
08	38572	LAPAROSCOPY, LYMPHADENECTOMY	275.32								
08	38740	REMOVE ARMPIT LYMPH NODES	189.30								
08	38745	REMOVE ARMPITS LYMPH NODES	225.34								
08	38760	REMOVE GROIN LYMPH NODES	189.30								
08	40000	TISSUE TRANSFER; DEFECT TO 10 CM	189.30								
08	40500	VERMILIONECTOMY (LIP SHAVE)	225.34						X		
08	40510	PARTIAL EXCISION OF LIP	242.55						X		
08	40520	PARTIAL EXCISION OF LIP	189.30								
08	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	189.30								
08	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	189.30								
08	40530	PARTIAL REMOVAL OF LIP	242.55						X		
08	40650	REPAIR LIP	225.34								
08	40652	REPAIR LIP	225.34								
08	40654	REPAIR LIP	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	40700	REPAIR CLEFT LIP	275.32								
08	40701	REPAIR CLEFT LIP	275.32								
08	40720	REPAIR CLEFT LIP	275.32								
08	40761	REPAIR CLEFT LIP	225.34								
08	40801	DRAINAGE OF MOUTH LESION	189.30								
08	40804	REMOVAL FOREIGN BODY; MOUTH	225.34						X		
08	40805	REMOVAL FOREIGN BODY;MOUTH	225.34						X		
08	40814	EXCISE/REPAIR MOUTH LESION	189.30								
08	40816	EXCISION OF MOUTH LESION	189.30								
08	40818	EXCISE ORAL MUCOSA FOR GRAFT	189.30								
08	40819	EXCISE LIP OR CHEEK FOLD	275.32						X		
08	40831	REPAIR MOUTH LACERATION	189.30								
08	40840	RECONSTRUCTION OF MOUTH	189.30								
08	40842	RECONSTRUCTION OF MOUTH	225.34								
08	40843	RECONSTRUCTION OF MOUTH	225.34								
08	40844	RECONSTRUCTION OF MOUTH	242.55								
08	40845	RECONSTRUCTION OF MOUTH	242.55								
08	41000	DRAINAGE OF MOUTH LESION	225.34						X		
08	41005	DRAINAGE OF MOUTH LESION	225.34						X		
08	41006	DRAINAGE OF MOUTH LESION	189.30								
08	41007	DRAINAGE OF MOUTH LESION	225.34						X		
08	41008	DRAINAGE OF MOUTH LESION	225.34						X		
08	41009	DRAINAGE OF MOUTH LESION	189.30								
08	41015	DRAINAGE OF MOUTH LESION	189.30								
08	41016	DRAINAGE OF MOUTH LESION	189.30								
08	41017	DRAINAGE OF MOUTH LESION	189.30								
08	41018	DRAINAGE OF MOUTH LESION	189.30								
08	41100	BIOPSY OF TONGUE	189.30						X		
08	41105	BIOPSY OF TONGUE	189.30						X		
08	41112	EXCISION OF TONGUE LESION	189.30								
08	41113	EXCISION OF TONGUE LESION	189.30								
08	41114	EXCISE TONGUE LESION/LOCAL FLP	189.30								
08	41116	EXCISION OF MOUTH LESION	189.30								
08	41120	PARTIAL REMOVAL OF TONGUE	242.55								
08	41250	REPAIR TONGUE LACERATION	189.30								
08	41251	REPAIR TONGUE LACERATION	189.30								
08	41252	REPAIR TONGUE LACERATION	189.30								
08	41500	FIXATION OF TONGUE	189.30								
08	41520	RECONSTRUCTION, TONGUE FOLD	189.30								
08	41800	DRAINAGE OF GUM LESION	189.30								
08	41827	EXCISION OF GUM LESION	189.30								
08	41874	REPAIR TOOTH SOCKET	189.30						X		X
08	41899	FACILITY FEE--DENTAL RESTORATION	189.30						X		
08	42000	DRAINAGE MOUTH ROOF LESION	189.30								
08	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	42120	REMOVE PALATE/LESION	225.34								
08	42140	EXCISION OF UVULA	189.30								
08	42145	PALATOPHARYNGOPLASTY	242.55								
08	42180	REPAIR PALATE	189.30								
08	42182	REPAIR PALATE	189.30								
08	42200	RECONSTRUCT CLEFT PALATE	242.55								
08	42205	RECONSTRUCT FLEFT PALATE	242.55								
08	42210	RECONSTRUCT CLEFT PALATE	242.55								
08	42215	RECONSTRUCT CLEFT PALATE	275.32								
08	42220	RECONSTRUCT CLEFT PALATE	242.55								
08	42226	LENGHTENING OF PALATE, AND PHARYNGEA	242.55								
08	42235	REPAIR PALATE	242.55								
08	42260	REPAIR NOSE TO LIP FISTULA	225.34								
08	42300	DRAINAGE OF SALIVARY GLAND	189.30								
08	42305	DRAINAGE OF SALIVARY GLAND	189.30								
08	42310	DRAINAGE OF SALIVARY GLAND	189.30								
08	42340	REMOVAL OF SALIVARY STONE	189.30								
08	42405	BIOPSY OF SALIVARY GLAND	189.30								
08	42408	EXCISION OF SALIVARY CYST	225.34								
08	42409	DRAINAGE OF SALIVARY CYST	225.34								
08	42410	EXCISE PAROTID GLAND/LESION	225.34								
08	42415	EXCISE PAROTID GLAND/LESION	275.32								
08	42420	EXCISE PAROTID GLAND/LESION	275.32								
08	42425	EXCISE PAROTID GLAND/LESION	275.32								
08	42440	EXCISION SUBMAXILLARY GLAND	225.34								
08	42450	EXCISION SUBLINGUAL GLAND	189.30								
08	42500	REPAIR SALVARY DUCT	225.34								
08	42505	REPAIR SALIVARY DUCT	225.34								
08	42507	PAROTID DUCT DIVERSION	225.34								
08	42508	PAROTID DUCT DIVERSION	225.34								
08	42509	PAROTID DUCT DIVERSION	225.34								
08	42510	BILAT,PARTID DUCT DIV W/LIGAT	225.34								
08	42600	CLOSURE OF SALIVARY FISTULA	189.30								
08	42700	DRAINAGE OF TONSIL ABSCESS	225.34						X		
08	42720	DRAINAGE OF THROAT ABSCESS	225.34						X		
08	42725	DRAINAGE OF THROAT ABSCESS	189.30								
08	42802	BIOPSY OF THROAT	189.30								
08	42804	BIOPSY OF UPPER NOSE/THROAT	189.30								
08	42806	BIOPSY OF UPPER NOSE/THROAT	189.30								
08	42808	EXCISE PHARYNX LESION	189.30								
08	42810	EXCISION OF NECK CYST	225.34						X		
08	42815	EXCISION OF NECK CYST	225.34						X		
08	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	275.32	00	11				X		
08	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	275.32	12	99				X		
08	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	225.34	00	11						

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 \$257.67 TO AMBULATORY SURGICAL CENTERS.

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; .	275.32	12 99				X			
08	42830	ADENOIDECTOMY, PRIMARY; <12	275.32	00 11				X			
08	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	275.32	12 99				X			
08	42835	ADENOIDECTOMY, SECONDARY; <12	275.32	00 11				X			
08	42836	ADENOIDECTOMY, SECONDARY; AGE 12+	275.32	12 99				X			
08	42860	EXCISION OF TONSIL TAGS	225.34								
08	42870	EXCISION OF LINGUAL TONSIL	225.34								
08	42890	PARTIAL REMOVAL OF PHARYNX	275.32								
08	42892	RESECTION OF LATERAL PHARYNGEAL WALL	275.32								
08	42900	REPAIR THROAT WOUND	189.30								
08	42950	RECONSTRUCTION OF THROAT	189.30								
08	42955	SURGICAL OPENING OF THROAT	189.30								
08	42960	CONTROL THROAT BLEEDING	189.30								
08	42962	CONTROL THROAT BLEEDING	189.30								
08	42972	CONTROL NOSE/THROAT BLEEDING	225.34								
08	43200	ESOPHAGUS ENDOSCOPY	189.30						X		
08	43201	ESOP SCOPE W/SUBMUCOUS	189.30								
08	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	189.30						X		
08	43204	ESOPHAGUS ENDOSCOPY	189.30								
08	43205	ESOPHAGOSCOPY, RIDID OR FLEXIBLE	189.30								
08	43215	ESOPHAGUS ENDOSCOPY	189.30								
08	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	189.30								
08	43217	ESOPHAGUS ENDOSCOPY	189.30						X		
08	43219	ESOPHAGUS ENDOSCOPY	189.30								
08	43220	ESOPHAGUS ENDOSCOPY, DILATION	189.30						X		
08	43226	ESOPHAGUS/STOMACH ENDOSCOPY	189.30						X		
08	43227	ESOPHAGUS/STOMACH ENDOSCOPY	189.30								
08	43228	ESOPHAGUS/STOMACH ENDOSCOPY	189.30						X		
08	43231	ESOPH ENDOSCOPY 2/US EXAM	189.30								
08	43232	ESOPH ENDOSCOPY W/US FN BX	189.30								
08	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	189.30						X		
08	43235	UPPER GI ENDOSCOPY, DIAGNOSIS	189.30						X		
08	43236	UPPR GI SCOPE W/SUBMUC INJ	189.30								
08	43239	UPPER GI ENDOSCOPY, BIOPSY	189.30						X		
08	43240	ESOPH ENDOSCOPE W/DRAIN CYST	189.30								
08	43241	UPPER ENDOSCOPY W/TUBE/CATH.PLACE	189.30								
08	43242	UPPR GI ENDOSCOPY W/US FN BX	189.30								
08	43243	SEE 43235; INJECT SCLEROSIS ESOPH ...	189.30								
08	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	189.30								
08	43245	UPPER GI ENDOSCOPY FOR DILAT	189.30						X		
08	43246	UPPER GI ENDOSCOPY, TUBE PLCMNT	189.30						X		
08	43247	OPERATIVE UPPER GI ENDOSCOPY	189.30						X		
08	43248	UPPER GASTROINTESTINAL ENDOSCOPY	189.30								
08	43249	ESOPHAGUS ENDOSCOPY, DILATION	189.30								
08	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	189.30								

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

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	43251	OPERATIVE UPPER GI ENDOSCOPY	189.30					X			
08	43255	OPERATIVE UPPER GI ENDOSCOPY	189.30								
08	43256	UPPR GI ENDOSCOPY W STENT	225.34								
08	43257	UPPR GI SCOPE W/THRML TXMNT	225.34								
08	43258	OPERATIVE UPPER GI ENDOSCOPY	189.30					X			
08	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	225.34								
08	43260	UPPER GI ENDOSCOPY, DIAGNOSIS	189.30								
08	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	189.30								
08	43262	OPERATIVE UPPER GI ENDOSCOPY	189.30								
08	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	189.30								
08	43264	OPERATIVE UPPER GI ENDOSCOPY	189.30								
08	43265	SEE 43260; DISTRUCT LITHOTRIPSY-STON	189.30								
08	43267	ERCP-INSERT DRAINAGE TUBES	189.30								
08	43268	ERCP-INSERT TUBE/STENT	189.30								
08	43269	SEE 43260; REMOVE/CHANGE TUBE/STENT.	189.30								
08	43271	ERCP-BALLOON DILATION/AMPULLA	189.30								
08	43272	ERCP-ABLATION TUMOR OR LESION	189.30								
08	43450	DILATE ESOPHAGUS	189.30								
08	43453	DILATE ESOPHAGUS	189.30								
08	43456	DILATE ESOPHAGUS	189.30								
08	43458	DILATION OF ESOPHAGUS WITH BALLOON	189.30								
08	43653	LAPAROSCOPY, GASTROSTOMY	275.32								
08	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	189.30								
08	43761	REPOSITIONING OF THE GASTRIC FEEDING	189.30								
08	43870	REPAIR STOMACH OPENING	189.30								
08	44100	BIOPSY OF BOWEL	189.30								
08	44312	REVISION OF ILEOSTOMY	189.30								
08	44340	REVISION OF COLOSTOMY	242.55					X			
08	44360	SMALL BOWEL ENDOSCOPY	189.30								
08	44361	SMALL BOWEL ENDOSCOPY, BIOPSY	189.30								
08	44363	SMALL BOWEL ENDOSCOPY	189.30								
08	44364	SMALL BOWEL ENDOSCOPY	189.30								
08	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	189.30								
08	44366	SMALL BOWEL ENDOSCOPY	189.30								
08	44369	SMALL BOWEL ENDOSCOPY	189.30								
08	44370	SMALL BOWEL ENDOSCOPY/STENT	275.32								
08	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	189.30								
08	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	189.30								
08	44376	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	189.30								
08	44377	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	189.30								
08	44378	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	189.30								
08	44379	S BOWEL ENDOSCOPE W/STENT	275.32								
08	44380	SMALL BOWEL ENDOSCOPY	189.30								
08	44382	SMALL BOWEL ENDOSCOPY	189.30								
08	44383	LLEOSCOPY W/STENT	275.32								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	44385	ENDOSCOPY OF BOWEL POUCH	189.30								
08	44386	FIBEROPTIC EVAL/BX/SPEC COLL	189.30								
08	44388	COLON ENDOSCOPY	189.30								
08	44389	COLON ENDOSCOPY	189.30								
08	44390	COLON ENDOSCOPY	189.30								
08	44391	COLON ENDOSCOPY	189.30								
08	44392	COLON ENDOSCOPY	189.30								
08	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	189.30								
08	44394	COLONOSCOPY THROUGH STOMACH	189.30								
08	45000	DRAINAGE OF PELVIC ABSCESS	189.30								
08	45005	DRAINAGE OF RECTAL ABSCESS	189.30								
08	45020	DRAINAGE OF RECTAL ABSCESS	189.30						X		
08	45100	BIOPSY OF RECTUM	189.30								
08	45108	REMOVAL OF ANORECTAL LESION	189.30								
08	45150	EXCISION OF RECTAL STRICTURE	189.30								
08	45160	EXCISION OF RECTAL LESION	189.30								
08	45190	DESTRUCTION, RECTAL TUMOR	275.32								X
08	45300	PROCTOSIGMOIDOSCOPY;DIAGNOSTIC	189.30						X		
08	45303	PROCTOSIGMOIDOSCOPY W/DILATION	189.30						X		
08	45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	189.30						X		
08	45307	PROCTOSIGMOIDOSCOPY;REMOVE FOR	189.30						X		
08	45308	PROCTOSIGMOIDOSCOPY,RIGID;	189.30								
08	45309	PROCTOSIGMOIDOSCOPY, RIGID;	189.30								
08	45315	PROCTOSIGMOIDOSCOPY;REMOVE MUL	189.30						X		
08	45317	PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT	189.30								
08	45320	PROCTOSIGMOIDOSCOPY; ABLATE TUMOR	189.30								
08	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	189.30								
08	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC	189.30						X		
08	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A	189.30						X		
08	45332	SIGMOIDOSCOPY;DIAGNOSTIC	189.30						X		
08	45333	SIGMOIDOSCOPY;DIAGNOSTIC	189.30						X		
08	45334	SIGMOIDOSCOPY; DIAGNOSTIC	189.30								
08	45335	SIGMOIDOSCOPY W/SUBMUC INJ	189.30								
08	45337	SIGMOIDOSCOPY; DECOMPRESS	189.30								
08	45338	SIGMOIDOSCOPY, FLEXIBLE;	189.30								
08	45339	SIGMOIDOSCOPY, FLEXIBLE;	189.30								
08	45340	SIG W/BALLOON DILATION	189.30								
08	45355	COLON, TRANSABD VIA COLOT, SING/MULT	189.30								
08	45378	DIAGNOSTIC COLONOSCOPY	189.30								
08	45379	COLONOSCOPY	189.30								
08	45380	COLONOSCOPY AND BIOPSY	189.30								
08	45381	COLONOSCOPY, SUBMUCOUS INJ	189.30								
08	45382	COLONOSCOPY, CONTROL BLEEDING	189.30								
08	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	189.30								
08	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	45385	COLONOSCOPY, LESION REMOVAL	189.30								
08	45386	COLONOSCOPY DILATE STRICTURE	189.30								
08	45500	REPAIR OF RECTUM	189.30								
08	45505	REPAIR OF RECTUM	189.30								
08	45560	REPAIR OF RECTOCELE	189.30								
08	45900	REDUCTION OF RECTAL PROLAPSE	189.30						X		
08	45905	DILATION OF ANAL SPHINCTER	189.30						X		
08	45910	DILATION OF RECTAL NARROWING	189.30						X		
08	45915	REMOVE RECTAL OBSTRUCTION	189.30								
08	45990	SURG DX EXAM ANORECTAL	189.30								
08	46020	PLACEMENT OF SETION	225.34								
08	46030	REMOVAL OF RECTAL MARKER	189.30								
08	46040	INCISION OF RECTAL ABSCESS	225.34								
08	46045	INCISION OF RECTAL ABSCESS	189.30								
08	46050	INCISION OF ANAL ABSCESS	189.30								
08	46060	INCISION OF RECTAL ABSCESS	225.34						X		
08	46080	INCISION OF ANAL SPHINCTER	225.34								
08	46200	REMOVAL OF ANAL FISSURE	225.34						X		
08	46220	REMOVAL OF ANAL TAB	189.30								
08	46221	LIGATION OF HEMORRHOIDS	242.55						X		
08	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	225.34								
08	46255	HEMORRHOIDECTOMY	225.34								
08	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	225.34								
08	46258	REMOVE HEMORRHOIDS & FISTULA	225.34								
08	46260	HEMORRHOIDECTOMY	225.34								
08	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	225.34								
08	46262	REMOVE HEMORRHOIDS & FISTULA	225.34								
08	46270	SURGICAL TREATMENT OF ANAL FISTULA	225.34						X		
08	46275	REMOVAL OF ANAL FISTULA	225.34						X		
08	46280	REMOVAL PF ANAL FISTULA	225.34								
08	46285	SURGICAL TREATMENT OF ANAL FISTULA	189.30								
08	46288	REPAIR ANAL FISTULA	225.34								
08	46320	REMOVAL OF HEMORRHOID CLOT	242.55						X		
08	46608	ANOSCOPY, REMOVE FOREIGN BODY	189.30								
08	46610	ANPSCOPY; REMOVE POLYP	189.30								
08	46611	ANOSCOPY;	189.30								
08	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	189.30								
08	46615	ANOSCOPY	189.30								
08	46700	REPAIR OF ANAL STRICTURE	225.34								
08	46750	REPAIR OF ANAL SPHINCTER	225.34								
08	46753	RECONSTRUCTION OF ANUS	225.34								
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30								ANOSCOPY
189.30											
08	46700	REPAIR OF ANAL STRICTURE	225.34								
08	46750	REPAIR OF ANAL SPHINCTER	225.34								
08	46753	RECONSTRUCTION OF ANUS	225.34								
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30								
08	46760	REPAIR OF ANAL SPHINCTER	189.30								
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34								
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32								

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 2011

		189.30	
08	46700	REPAIR OF ANAL STRICTURE	225.34
08	46750	REPAIR OF ANAL SPHINCTER	225.34
08	46753	RECONSTRUCTION OF ANUS	225.34
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 2011

CTURE		225.34	
08	46750	REPAIR OF ANAL SPHINCTER	225.34
08	46753	RECONSTRUCTION OF ANUS	225.34
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 2011

NCTER		225.34	
08	46753	RECONSTRUCTION OF ANUS	225.34
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 2011

NUS		225.34	
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 2011

US		225.34	
08	46754	REMOVAL OF SUTURE FROM ANUS	189.30
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 2011

OM ANUS		189.30	
08	46760	REPAIR OF ANAL SPHINCTER	189.30
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	225.34
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	275.32

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 UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERV FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31,

2011
 CTER 189.30
 08 46761 SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI 225.34
 08 46762 SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH 275.32

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2011
 L;ARTIFICIAL SPH 275.32

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2011
 03 ON THE PROFESSIONAL SERV FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	46917	DESTROY ANAL ESOPM (S); LASER SURG	189.30								
08	46922	DESTROY ANAL LESION(S)-SURG EXCISION	189.30								
08	46924	DESTRUCTION, ANAL LESION(S)	189.30								
08	46946	LIGATION OF HEMORRHOIDS	189.30								
08	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	225.34					X			
08	47510	INSERT CATHETER FOR BILARY DRAINAGE	189.30								
08	47511	INSERT BILE DUCT DRAIN	275.32								
08	47525	CHANGE PERCU BILLIARY DRAIN CATHETER	189.30								
08	47530	T-TUBE REVISION AND/OR REINSERTION	189.30								
08	47552	BILIARY ENDOSCOPY...;DIAGNOSTIC	189.30								
08	47553	BILIARY ENDOSCOPY...; BX &SPEC. COLL	225.34								
08	47554	BILIARY ENDOSCOPY...; REMOVE STONES	225.34								
08	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	225.34								
08	47556	BILIARY ENDOSCOPY THRU SKIN	275.32								X
08	47560	LAPAROSCOPY W/CHOLANGIO	225.34								
08	47561	LAPARO W/CHOLANGIO/BIOPSY	225.34								
08	47630	REMOVE BILE DUCT STONE	225.34								
08	48102	BX PANCREAS; PERCUTANEOUS NEEDLE	189.30								
08	49080	REMOVAL OF ABDOMINAL FLUID	189.30								
08	49081	REMOVAL OF ABDOMINAL FLUID	189.30								
08	49180	NEEDLE BX, ABDOMINAL/RETROPERI MASS	189.30								
08	49250	EXCISION OF UMBILICUS	225.34								
08	49320	DIAG LAPARO SEPARATE PROC	225.34								
08	49321	LAPAROSCOPY, BIOPSY	225.34								
08	49322	LAPAROSCOPY, ASPIRATION	225.34								
08	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	189.30								
08	49421	INSERT PERM CANNULA/CATH-DRAIN/DIALY	189.30								
08	49422	REMOVE PERM CANNULA/CATHETER	189.30								
08	49426	REVISION OF PERITONEAL-VENOUS SHUNT	189.30								
08	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	225.34								
08	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	225.34								
08	49500	REPAIR INITIAL INGUINAL HERNIA..	275.32	00	04				X		
08	49501	REPAIR INITIAL INGUINAL HERNIA..	275.32	00	04						X
08	49505	REPAIR INGUINAL HERNIA	275.32	05	99				X		
08	49507	RPR I/HERN INIT BLOCK>5 YR	275.32	05	99						
08	49520	REPAIR INGUINAL HERNIA	275.32						X		

08	49521	REREPAIRING HERNIA BLOCKED	275.32	
08	49525	REPAIR INGUINAL HERNIA	225.34	
08	49540	REPAIR LUMBAR HERNIA	189.30	
08	49550	REPAIR FEMORAL HERNIA	275.32	X
08	49553	RPR FEM HERNIA, INIT BLOCKED	275.32	
08	49555	REPAIR FEMORAL HERNIA	242.55	
08	49557	REREPAIR FEM HERNIA, BLOCKED	275.32	
08	49560	REPAIR ABDOMINAL HERNIA	275.32	X
08	49561	RPR VENTRAL HERN INIT, BLOC	275.32	

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	49565	REREPAIR ABDOMINAL HERNIA	225.34								
08	49566	REREPAIR VENTRAL HERN INIT, BLOC	275.32								
08	49568	IMPLANTATION OF MESH OR OTHER PROSTH	275.32								
08	49570	REPAIR EPIGASTRIC HERNIA	225.34								
08	49572	RPR EPIGASTRIC HERN, BLOCKED	275.32								
08	49580	REPAIR UMBILICAL HERNIA	275.32	00	04				X		
08	49582	RPR UMBIL HERN, BLOCK<5 YR	275.32	00	04						
08	49585	REPAIR UMBILICAL HERNIA	225.34	05	99						
08	49587	RPR UMBIL HERN, BLOCK	275.32	05	99						
08	49590	REPAIR ABDOMINAL HERNIA	275.32						X		
08	49600	REPAIR UMBILICAL LESION	225.34								
08	49650	LAP ING HERNIA REPAIR INIT	225.34								
08	49651	LAP ING HERNIA REPAIR RECUR	275.32								
08	50200	BIOPSY OF KIDNEY	189.30								
08	50390	DTAINAGE OF KIDNEY LESION	189.30								
08	50392	INTROD CATH RENAL PELVIS, PERC	189.30								
08	50393	INTR URET CATH/STENT IN URETER	189.30								
08	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	189.30								
08	50396	MEASURE KIDNEY PRESSURE	189.30								
08	50398	CHANGE KIDNEY TUBE	189.30								
08	50551	KIDNEY ENDOSCOPY	189.30								
08	50553	KIDNEY ENDOSCOPY	189.30								
08	50555	KIDNEY ENDOSCOPY & BIOPSY	189.30								
08	50557	KIDNEY ENDOSCOPY AND TREATMENT	189.30								
08	50561	KIDNEY ENDOSCOPY AND TREATMENT	189.30								
08	50688	CHANGE OF URETER TUBE	189.30								
08	50947	LAPARO NEW URETER/BLADDER	275.32								
08	50948	LAPARO NEW URETER/BLADDER	275.32								
08	50951	ENDOSCOPY OF URETER	189.30								
08	50953	ENDOSCOPY OF URETER	189.30								
08	50955	URETER ENDOSCOPY & BIOPSY	189.30								
08	50957	URETER ENDOSCOPY AND TREATMENT	189.30								
08	50961	URETER ENDOSCOPY	189.30								
08	50970	URETER ENDOSCOPY	189.30								
08	50972	URETER ENDOSCOPY AND CATHETER	189.30								
08	50974	URETER ENDOSCOPY AND BIOPSY	189.30								
08	50976	URETER ENDOSCOPY AND TREATMENT	189.30								
08	50980	URETER ENDOSCOPY AND TREATMENT	189.30								
08	51020	INCISE & TREAT BLADDER	225.34								
08	51030	INCISE & TREAT BLADDER	225.34								
08	51040	INCISE BLADDER, DRAIN URETER	225.34								
08	51045	INCISE BLADDER,DRAIN URETER	225.34								
08	51050	REMOVAL OF BLADDER STONE	225.34								
08	51065	REMOVAL OF URETER STONE	225.34								
08	51080	DRAINAGE OF BLADDER ABSCESS	225.34						X		

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	51500	REMOVAL OF BLADDER CYST	225.34								
08	51520	REMOVAL OF BLADDER LESION	225.34								
08	51710	CHANGE OF BLADDER TUBE	189.30								
08	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	225.34								
08	51726	COMPLEX CYSTOMETROGRAM	189.30								
08	51785	ELECTROMYOGRAPHY	189.30								
08	51880	REPAIR OF BLADDER OPENING	189.30								
08	52000	CYSTOSCOPY	189.30							X	
08	52001	CYSTOSCOPY, REMOVAL OF CLOTS	189.30								
08	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	189.30								
08	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	189.30								
08	52010	CYSTOSCOPY & DUCT CATHETER	189.30								
08	52204	CYSTOURETHROSCOPY WITH BIOPSY	189.30							X	
08	52214	CYSTOURETHROSCOPY W/FULGURATIO	189.30							X	
08	52224	CYSTOURETHROSCOPY W/ FULGURATION	189.30							X	
08	52234	CYSTOURETHROSCOPY WITH FULGURATION	242.55							X	
08	52235	CYSTOURETHROSCOPY WITH FULGURATION	225.34							X	
08	52240	CYSTOURETHROSCOPY WITH FULGURATION	242.55							X	
08	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	225.34								
08	52260	CYSTOSCOPY & TREATMENT	189.30							X	
08	52270	CYSTOSCOPY & REVISE URETHRA	189.30								
08	52275	CYSTOSCOPY & REVISE URETHRA	189.30								
08	52276	CYSTOURETHROSCOPY W/DIRECT VISION	225.34								
08	52277	CYSTOSCOPY AND TREATMENT	189.30							X	
08	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	189.30								
08	52282	CYSTOSCOPY, IMPLANT STENT	275.32								
08	52283	CYSTOURETHROSCOPY, STERIOD INJECTION	189.30								
08	52285	CYSTOSCOPY AND TREATMENT	189.30							X	
08	52290	CYSTOSCOPY AND TREATMENT	189.30							X	
08	52300	CYSTOSCOPY AND TREATMENT	189.30								
08	52305	CYSTOSCOPY AND TREATMENT	189.30							X	
08	52310	CYSTOSCOPY AND TREATMENT	189.30							X	
08	52315	CYSTOSCOPY AND TREATMENT	189.30								
08	52317	LITHOLAPAXY, SIMPLE; SMALL	189.30								
08	52318	LITHOLAPAXY; COMPLICATED OR LARGE-2.5	189.30								
08	52320	CYSTOSCOPY AND TREATMENT	242.55								
08	52325	CYSTOURETHROSCOPY, FRAGMENT CALCULUS	225.34								
08	52327	CYSTOSCOPY, INJECT MATERIAL	189.30								
08	52330	CYSTOSCOPY AND TREATMENT	189.30								
08	52332	CYSTOURETHROSCOPY/INSERT STENT	189.30								
08	52334	CYSTO TO EST PERC NEPHROSTOMY, RETRO	225.34								
08	52341	CYSTO W/URETER STRICTURE TX	225.34								
08	52342	CYSTO W/UP STRICTURE TX	225.34								
08	52343	CYSTO W/RENAL STRICTURE TX	225.34								
08	52344	CYSTO/URETERO, STONE REMOVE	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	52345	CYSTO/URETERO W/UP STRICTURE	225.34								
08	52346	CYSTOURETERO W/RENAL STRICT	225.34								
08	52351	CYSTOURETRO & OR PYELOSCOPE	225.34								
08	52352	CYSTOURETRO W/STONE REMOVE	225.34								
08	52353	CYTOUTERETERO W/LITHOTRIPSY	225.34								
08	52354	CYSTOURETERO W/BIOPSY	225.34								
08	52355	CYSTOURETERO W/EXCISE TUMOR	225.34								
08	52400	CYSTOURETRO & OR PYELOSCOPE	225.34								
08	52450	TRANSURETHRAL INCISION OF PROSTATE	225.34							M	
08	52500	REVISION OF BLADDER NECK	225.34							M	
08	52601	PROSTATECTOMY (TUR)	225.34							M	
08	52630	REMOVE PROSTATE REGROWTH	189.30							M	
08	52640	RELIEVE BLADDER CONTRAC	189.30							M	
08	52647	LASER SURGERY OF PROSTATE	275.32							M	
08	52648	LASER SURGERY OF PROSTATE	275.32							M	
08	52700	DRAINAGE OF PROSTATE ABSCESS	189.30							M	
08	53000	INCISION OF URETHRA	189.30								
08	53010	INCISION OF URETHA	189.30								
08	53020	INCISION OF URETHRA	189.30	01	99						
08	53040	DRAINAGE OF URETHRA ABSCESS	189.30								
08	53080	DRAINAGE OF URINARY LEAKAGE	225.34								
08	53200	BIOPSY OF URETHRA	189.30								
08	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	242.55							F	
08	53215	URETHRECTOMY,TOTO,W/CYSTOSTOMY;MALE	242.55							M	
08	53220	TREATMENT OF URETHRA LESION	189.30								
08	53230	EXCISE URETHRAL DIVERTICULUM,FEMALE	189.30							F	
08	53235	EXCISE URETHRAL DIVERTICULUM;MALE	225.34							M	
08	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	189.30								
08	53250	REMOVAL OF URETHRA GLAND	189.30								
08	53260	TREATMENT OF URETHRA LESION	189.30								
08	53265	TREATMENT OF URETHRA LESION	189.30								
08	53270	REMOVAL OF URETHRA GLAND	189.30							F	
08	53275	REPAIR OF URETHRA DEFECT	189.30								
08	53400	REVISE URETHRA, 1ST STAGE	225.34								
08	53405	REVISE URETHRA, 2ND STAGE	189.30								
08	53410	URETHROPLASTY...MALE ANTERIOR URETH.	189.30							M	
08	53420	RECONSTRUCT URETHRA, STAGE 1	225.34								
08	53425	RECONSTRUCT URETHRA, STAGE 2	189.30								
08	53430	URETHROPLASTY, RECON FEMALE URETHRA	189.30							F	
08	53431	RECONSTRUCT URETHRA/BLADDER	189.30								
08	53440	CORRECT MALE URIN.INCONT,WIWO PROSTH	189.30							M	
08	53442	PERINEAL PROSTHESIS REMOVAL	189.30							M	
08	53444	INSERT TANDEM CUFF	189.30								
08	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	189.30								
08	53446	REMOVE URO SPHINCTER	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	53447	INFLATABLE SPHINCTER REMOVAL	189.30								
08	53449	CORRECTION OF ABNORMAL SPHINCTER	189.30								
08	53450	REVISION OF URETHRA	189.30								
08	53460	REVSION OF URETHRA	189.30								
08	53502	URETHRORRHAPHY...SUTURE...,FEMALE	189.30				F				
08	53505	URETHRORRHAPHY...SUTURE...;PENILE	189.30				M				
08	53510	REPAIR OF URETHRA INJURY	189.30								
08	53515	REPAIR OF URETHRA INJURY	189.30								
08	53520	CLOSE URETHROSTOMY...FISTYLE,MALE	189.30				M				
08	53600	DILATE URETHRA STRICTURE	189.30				M		X		
08	53601	DILATE URETHRA STRICTURE	189.30				M		X		
08	53605	DILATE URETHRA STRICTURE	189.30				M		X		
08	53620	DILATE URETHRA STRICTURE	189.30				M		X		
08	53621	DILATE URETHRA STRICTURE	189.30				M		X		
08	53660	DILATION OF URETHRA	189.30				F		X		
08	53661	DILATION OF URETHRA	189.30				F		X		
08	53665	DILATION OF URETHRA	189.30				F		X		
08	53850	PROSTATIC MICROWAVE THERMOTX	275.32								
08	54000	SLITTING OF PREPUCE	189.30	00	00		M		X		
08	54001	SLITTING OF PREPUCE	189.30				M		X		
08	54015	DRAIN PENIS LESION	225.34								
08	54057	DESTROY PENILE LESION; LASER SURGERY	189.30				M				
08	54060	TREATMENT OF PENIS LESION	189.30				M				
08	54065	TREATMENT OF PENIS LESION	189.30				M				
08	54100	BIOPSY OF PENIS	189.30				M				
08	54105	BIOPSY OF PENIS	189.30				M				
08	54110	TREATMENT OF PENIS LESION	189.30				M				
08	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	189.30				M				
08	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	189.30				M				
08	54115	TREATMENT OF PENIS LESION	189.30				M				
08	54120	PARTIAL REMOVAL OF PENIS	189.30				M				
08	54150	CIRCUMCISION	189.30				M				
08	54160	CIRCU	189.30				M				
08	54161	CIRCUMCISION	242.55				M		X		
08	54162	LYSIS PENIL CIRCUMIS LESION	189.30				M				
08	54163	REPAIR OF CIRCUMCISION	189.30				M				
08	54164	FRENULOTOMY OF PENIS	189.30				M				
08	54205	TREATMENT OF PENIS LESION	225.34				M				
08	54220	TREATMENT OF PENIS LESION	189.30				M				
08	54300	REVISION OF PENIS	225.34				M				
08	54304	PLASTIC OPERATION ON PENIS FOR CORRE	225.34				M				
08	54308	URETHROPLASTY...;LESS THAN 3 CMYPOS	225.34				M				
08	54312	URETHROPLASTY...; MORE THAN 3 CM	225.34				M				
08	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	225.34				M				
08	54318	URETHROPLASTY/RELEASE FROM SCROTUM	225.34				M				

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	54322	ONE STAGE REP,W/SIMP.MEATAL ADVANCE	225.34				M				
08	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	225.34				M				
08	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	225.34				M				
08	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	225.34				M				
08	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	225.34				M				
08	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	225.34				M				
08	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	225.34				M				
08	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	225.34				M				
08	54360	PLASTIC PENILE REPAIR/ANGULATION	225.34				M				
08	54380	REPAIR PENIS	225.34				M				
08	54385	REPAIR PENIS	225.34				M				
08	54400	INSERT PENILE PROSTH.,NON-INFLATABLE	225.34				M				
08	54401	SEE 54400; INFLATABLE (SELF-CONTAIN-	225.34				M				
08	54405	INSERT INFLATABLE PENILE PROSTH	225.34				M				
08	54406	REMOVE MULTI-COMP PENIS PROS	225.34				M				
08	54408	REPAIR MULTI-COMP PENIS PROS	225.34				M				
08	54410	REMOVE/REPLACE PENIS PROSTH	225.34				M				
08	54415	REMOVE SELF-CONTD PENIS PROS	225.34				M				
08	54416	REMV/REPL PENIS CONTAIN PROS	225.34				M				
08	54420	REVISION OF PENIS	225.34				M				
08	54435	PENILE FISTULATION FOR PRIAPISM	225.34				M				
08	54440	PLASTIC REPAIR - PENIS, FOR INJURY	225.34				M				
08	54450	PREPUTIAL STRECHING	189.30				M				
08	54500	BIOPSY OF TESTIS	189.30				M	X			
08	54505	BIOPSY OF TESTIS	189.30				M	X			
08	54512	EXCISE LESION TESTIS	189.30				M				
08	54520	REMOVAL OF TESTIS	225.34				M	X			
08	54522	ORCHIECTOMY, PARTIAL	225.34				M				
08	54530	REMOVAL TO TESTIS	225.34				M				
08	54550	EXPLORATION FOR TESTIS	225.34				M				
08	54600	REDUCE TESTIS TORSION	225.34				M				
08	54620	SUSPENSION OF TESTIS	225.34				M				
08	54640	SUSPENSION OF TESTIS	225.34				M				
08	54660	REVISION OF TESTIS	225.34				M				
08	54670	REPAIR TESTIS INJURY	225.34				M				
08	54680	RELOCATION OF TESTIS (ES)	225.34				M				
08	54690	LAPAROSCOPY, ORCHIECTOMY	275.32				M				
08	54700	DRAINAGE OF SCROTUM	225.34				M	X			
08	54800	BIOPSY OF EPIDIDYMIS	189.30				M				
08	54830	REMOVE EPIDIDYMIS LESION	225.34				M				
08	54840	REMOVE EPIDIDYMIS LESION	225.34				M				
08	54860	REMOVAL OF EPIDIDYMIS	225.34				M				
08	54861	REMOVAL OF EPIDIDYMES	225.34				M				
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	189.30				M				
08	55000	DRAINAGE OF HYDROCELLE	242.55				M	X			

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	55040	REMOVAL OF HYDROCELLE	242.55				M	X			
08	55041	REMOVAL OF HYDROCELLE	242.55				M	X			
08	55060	REPAIR OF HYDROCELE	225.34				M				
08	55100	DRAINAGE OF SCROTUM ABSCESS	189.30				M				
08	55110	SCROTAL EXPLORATION	189.30				M				
08	55120	REMOVAL OF SCROTUM LESION	189.30				M				
08	55150	REMOVAL OF SCROTUM	189.30				PIDIDYMIS	LESION			225.34
M											
08	54840	REMOVE EPIDIDYMIS LESION	225.34				M				
08	54860	REMOVAL OF EPIDIDYMIS	225.34				M				
08	54861	REMOVAL OF EPIDIDYMES	225.34				M				
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	189.30				M				
08	55000	DRAINAGE OF HYDROCELLE	242.55				M	X			

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LAM5M128
225.34

M

LOUISIANA MEDICAID MANAGEMENT INFORMATION

55535

REVISE SPERMATIC CORD VEINS

08	54840	REMOVE EPIDIDYMIS LESION	225.34	M	
08	54860	REMOVAL OF EPIDIDYMIS	225.34	M	
08	54861	REMOVAL OF EPIDIDYMES	225.34	M	
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	189.30	M	
08	55000	DRAINAGE OF HYDROCELLE	242.55	M	X

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LAM5M128	LOUISIANA MEDICAID MANAGEMENT INFORMATION	55535	REVISE SPERMATIC CORD VEINS
225.34	M		

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	M			
08	54861	REMOVAL OF EPIDIDYMES	225.34	M
08	54865	EXPLORATION OF EPIDIDYMISS,WITH OR W	189.30	M
08	55000	DRAINAGE OF HYDROCELLE	242.55	M X

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	M	
08	54865	EXPLORA
08	55000	DRAINAG

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REVISION SPERMATIC CORD VEINS

M	X
---	---

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LAM5M128
225.34

LOUISIANA MEDICAID MANAGEMENT INFORMATION

55535

REVISE SPERMATIC CORD VEINS

M X M

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LAM5M128

LOUISIANA MEDICAID MANAGEMENT INFORMATION

55535

REVISE SPERMATIC CORD VEINS

225.34

M

EE SCHEDULE ARE REIMBURSED AT \$257.67 TO AMBULATORY
SURGICAL CENTERS.

LAM5M128
225.34

M

LOUISIANA MEDICAID MANAGEMENT INFORMATION

55535

REVISE SPERMATIC CORD VEINS

LAM5M128		LOUISIANA MEDICAID MANAGEMENT INFORMATION	55535	REVISE SPERMATIC CORD VEINS
225.34		M		
ORMATION	55535	REVISE SPERMATIC CORD VEINS	225.34	M
08	55540	REVISE HERNIA & SPERM VEINS	242.55	M
08	55550	LAPARO LIGATE SPERMATIC VEIN	275.32	M
08	55680	REMOVE SPERM POUCH LESION	189.30	M
08	55700	BIOPSY OF PROSTATE	189.30	M X
08	55705	BIOPSY OF PROSTATE	189.30	M
08	55720	DRAINAGE OF PROSTATE ABSCESS	189.30	M
08	55725	DRAINAGE OF PROSTATE ABSCESS	189.30	M
08	55875	TRANSFERINEAL PLACEMENT OF NEEDLES O	275.32	M
08	56420	DRAINAGE OF VULVA ABSCESS	189.30	F X
08	56440	SURGERY FOR VULVA LESION	189.30	F X
08	56441	LYSIS OF LABIAL ADHESIONS	189.30	
08	56442	HYMENOTOMY, SIMPLE INCISION	189.30	F
08	56515	TREATMENT OF VULVA LESIONS	225.34	F
08	56620	PARTIAL REMOVAL OF VULVA	242.55	F
08	56625	REMOVAL OF VULVAL	275.32	F
08	56700	PARTIAL REMOVAL OF HYMEN	275.32	F X
08	56740	REMOVE VAGINA GLAND LESION	225.34	F
08	56800	REPAIR OF VAGINA	225.34	F
08	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	242.55	F
08	57000	EXPLORATION OF VAGINA	242.55	F X
08	57010	DRAINAGE OF PELVIC ABSCESS	242.55	F X
08	57020	DRAINAGE OF PELVIC FLUID	189.30	F X
08	57023	I & D VAG HEMOTOMA TRAUMA	189.30	F
08	57065	DESTROY VAGINAL LESION(S);TEXTENSIVE	189.30	F
08	57100	BIOPSY OF VAGINA	189.30	F X
08	57105	BIOPSY OF VAGINA	189.30	F X
08	57130	REMOVE VAGINA LESION	189.30	F
08	57135	REMOVE VAGINA LESION	225.34	F X

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	57180	TREAT NON-OBSTERTRICAL HEMORRHAGE	189.30				F				
08	57200	REPAIR OF VAGINA	189.30				F				
08	57210	REPAIR VAGINA/PERINEUM	189.30				F				
08	57220	REVISION OF URETHRA	225.34				F				
08	57230	REPAIR OF URETHRAL LESION	225.34				F				
08	57240	REPAIR BLADDER & VAGINA	242.55				F				
08	57250	REPAIR RECTUM & VAGINA	242.55				F				
08	57260	REPAIR OF VAGINA	242.55				F				
08	57265	EXTENSIVE REPAIR OF VAGINA	275.32				F				
08	57267	INSERT MESH/PELVIC FLR ADD-ON	275.32				F				
08	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	225.34				F				
08	57289	REPAIR BLADDER & VAGINA	242.55				F				
08	57291	CONSTRUCTION OF VAGINA	242.55				F				
08	57300	REPAIR RECTUM-VAGINA FISTULA	225.34				F				
08	57400	DILATION OF VAGINA	189.30				F	X			
08	57410	PELVIC EXAMINATION	189.30				F	X			
08	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	189.30				F				
08	57500	BIOPSY OF CERVIX	189.30				F	X			
08	57505	ENDOCERVICAL CURETTAGE	189.30				F	X			
08	57510	CAUTERIZATION OF CERVIX	275.32				F	X			
08	57511	CRYOCAUTERY OF CERVIX	275.32				F	X			
08	57513	LASER SURGERY	275.32				F	X			
08	57520	BIOPSY OF CERVIX	189.30				F				
08	57522	CONIZATION OF CERVIX	189.30				F				
08	57530	REMOVAL OF CERVIX	225.34				F				
08	57550	REMOVAL OF RESIDUAL CERVIX	225.34				F				
08	57556	REMOVE CERVIX, REPAIR BOWEL	242.55				F				
08	57558	DILATION AND CURETTAGE OF CERVICALS	189.30				F				
08	57700	REVISION OF CERVIX	189.30				F				
08	57720	REVISION OF CERVIX	225.34				F				
08	57800	DILATION OF CERVICAL CANAL	242.55				F	X			
08	58120	DILATION AND CURETTAGE	242.55	12	99		F	X			
08	58145	REMOVAL OF UTERUS LESION	242.55				F				
08	58350	REOPEN FALLOPIAN TUBE	225.34				F				
08	58353	ENDOMETER ABILGATE, THERMAL	225.34				F				
08	58545	LAPAROSCOPIC MYOMECTOMY	275.32				F				
08	58546	LAPARO-MYMECTOMY, COMPLEX	275.32				F				
08	58550	LAPARO-ASST VAG HYSTERECTOMY	275.32				F				
08	58555	HYSTEROSCOPY	189.30				F				
08	58558	HYSTEROSCOPY, BIOPSY	225.34				F				
08	58559	HYSTEROSCOPY, LYSIS	189.30				F				
08	58560	HYSTEROSCOPY, RESCT SEPTUM	225.34				F				
08	58561	HYSTEROSCOPY, REMOVE MYOMA	225.34				F				
08	58562	HYSTEROSCOPY, REMOVE FB	225.34				F				
08	58563	HYSTEROSCOPY, ABLATION	225.34				F				

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	58600	DIVISION OF FALLOPIAN TUBE	275.32	21 55	X		F	X			
08	58615	OCCLUSION OF FALLOPIAN TUBES	275.32	21 55	X		F	X			
08	58660	LAPAROSCOPY LYSIS	242.55				F				
08	58661	LAPAROSCOPY, REMOVE ADNEXA	242.55				F				
08	58662	LAPAROSCOPY, EXCISE LESIONS	242.55				F				
08	58670	LAPAROSCOPY, TUBAL CAUTERY	225.34				F				
08	58671	LAPAROSCOPY, TUBAL BLOCK	225.34				F				
08	58673	LAPAROSCOPY, SALPINGOSTOMY	242.55				F				
08	58800	DRAINAGE OF OVARIAN CYST (S)	225.34				F				
08	58820	DRAINAGE OF OVARIAN ABSCESS	225.34				F				
08	58900	BIOPSY OF OVARY (S)	225.34								
08	59160	D&C AFTER DELIVERY	225.34	10 60			F				
08	59320	CERCLAGE OF CERVIX DURING PREG, VAGIN	189.30	10 60			F				
08	59812	TREATMENT OF MISCARRIAGE	242.55	10 60	X		F				
08	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	242.55	10 60	X		F				
08	59821	TREAT MISSED ABORTION; SECOND TRIMES	242.55	10 60	X		F				
08	59840	THERAPEUTIC ABORTION	275.32	10 60	X		F	X			
08	59841	ABORTION BY DILATION & EVACUATION	275.32	10 60	X		F	X			
08	59870	UTERINE EVACUATION & CURETTAGE HYDAI	242.55	10 60	X		F				
08	59871	REMOVE CERCLAGE SUTURE	242.55	10 60			F				
08	60000	DRAIN THYROID/TONGE CYST	189.30								
08	60200	REMOVE THYROID LESION	242.55					X			
08	60280	REMOVE THYROID DUCT LESION	242.55					X			
08	60281	EXC. RECURRENT THYRO.DUCT CYST/SINUS	225.34								
08	61020	REMOVE BRAIN CAVITY FLUID	189.30								
08	61026	PUNCTURE BURR HOLE FOR INJECTION	189.30								
08	61050	REMOVE BRAIN CANL FLUID	189.30								
08	61055	CERVICAL PUNCTURE FOR INJECTION	189.30								
08	61070	BRAIN CANAL SHUNT PROCEDURE	189.30								
08	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	225.34								
08	61790	TREAT TRIGEMINAL NERVE	225.34								
08	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	225.34								
08	61885	IMPLANT NEURORECEIVER	189.30								
08	61886	IMPLANT NEUROSTIM ARRAYS	225.34								
08	61888	REVISE/REMOVE NEURORECEIVER	189.30								
08	62194	REPLACE/IRRIGATE CATHETER	189.30								
08	62225	REPLACE/IRRIGATE CATHETER	189.30								
08	62230	REPLACE/REVISE BRAIN SHUNT	189.30								
08	62263	LYSIS EPIDURAL ADHESIONS	189.30								
08	62268	PERC ASPIRATE-SPINAL CORD OR SYRING	189.30								
08	62269	BX SPINAL CORD, PERCUTANEOUS	189.30								
08	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	189.30								
08	62272	REDUCE SPINAL FLUID PRESSURE	189.30								
08	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	189.30								
08	62280	TREAT SPINAL CORD LESION	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	62281	TREAT SPINAL CORD LESION	189.30								
08	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	189.30								
08	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	275.32								
08	62294	INJECTION INTO SPINAL ARTERY	225.34								
08	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	189.30								
08	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	189.30								
08	62318	INJECTION(S), INCLUDING INDWELLING C	189.30								
08	62319	INJECTION(S), INCLUDING INDWELLING C	189.30								
08	62350	IMPLANT SPINAL CATHETER	189.30								
08	62355	REMOVE SPINAL CANAL CATHETER	189.30	01	99						
08	62360	INSERT SPINE INFUSION DEVICE	189.30								
08	62361	IMPLANT SPINE INFUSION PUMP	189.30								
08	62362	IMPLANT SPINE INFUSION PUMP	189.30								
08	62365	REMOVE SPINE INFUSION DEVICE	189.30								
08	62881	INJECTION OF NEUROLYTIC SUBSTANCE	189.30								
08	63600	REMOVE SPINAL CORD LESION	189.30								
08	63610	STIMULATION OF SPINAL CORD	189.30								
08	63650	IMPLANT NEUROELECTRODES	189.30								
08	63685	IMPLANT NEURORECEIVER	189.30								
08	63688	REVISE/REMOVE NEURORECEIVER	189.30								
08	63744	REVISION OF SPINAL SHUNT	225.34								
08	63746	REMOVAL OF SPINAL SHUNT	189.30								
08	64410	INJECTION FOR NERVE BLOCK	189.30								
08	64415	INJECTION FOR NERVE BLOCK	189.30								
08	64417	INJECTION FOR NERVE BLOCK	189.30								
08	64420	INJECTION FOR NERVE BLOCK	189.30								
08	64421	INJECTION FOR NERVE BLOCK	189.30								
08	64430	INJECTION FOR NERVE BLOCK	189.30								
08	64479	INJ FORAMEN EPIDURAL C/T	189.30								
08	64480	INJ FORAMN EPIDURAL ADD-ON	189.30								
08	64483	INJ FORAMEN EPIDURAL L/S	189.30								
08	64484	INJ FORAMEN EPIDURAL ADD-ON	189.30								
08	64510	INJECT SYMPATH NRV STELLATE GANGLION	189.30								
08	64520	INJECTION FOR NERVE BLOCK	189.30								
08	64530	INJECTION FOR NERVE BLOCK	189.30								
08	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	189.30								
08	64575	INCISION FOR IMPLANTATION OF NEUROST	189.30								
08	64577	IMPLANT NEUROELECTRODES	189.30								
08	64580	INCISION FOR IMPLANTATION OF NEUROST	189.30								
08	64585	REVISION OR REMOVAL OF PERIPHERAL NE	189.30								
08	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	189.30								
08	64590	IMPLANT NEURORECEIVER	189.30								
08	64595	REVISE/REMOVE NEURORECEIVER	189.30								
08	64600	INJECTIVE TREATMENT OF NERVE	189.30								
08	64605	INJECTION TREATMENT OF NERVE	189.30								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	64610	INJECTION TREATMENT OF NERVE	189.30								
08	64620	INJECTION TREATMENT OF NERVE	189.30								
08	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	189.30								
08	64623	DESTROY, EACH ADD LEVEL, LUMBAR	189.30								
08	64626	DESTR PARAVERTEBREL NERV C/T	189.30								
08	64627	DESTR PARAVERTEBRAL N ADD-ON	189.30								
08	64630	INJECTION TREATMENT OF NERVE	189.30								
08	64680	INJECTION TREATMENT OF NERVE	189.30								
08	64702	REVISE FINGER TOE NERVE	189.30						X		
08	64704	REVISE HAND FOOT NERVE	189.30						X		
08	64708	REVISE ARM LEG NERVE	242.55						X		
08	64712	REVISION OF SCIATIC NERVE	189.30								
08	64713	REVISION OF ARM NERVE(S)	189.30								
08	64714	REVISE LOW BACK NERVE (S)	189.30								
08	64716	REVISION OF CRANIAL NERVE	225.34								
08	64718	REVISE ULNAR NERVE AT ELBOW	242.55						X		
08	64719	REVISE ULNAR NERVE AT WRIST	242.55						X		
08	64721	REVISE MEDIUM NERVE AT WRIST	242.55						X		
08	64722	RELIEVE PRESSURE ON NERVE (S)	189.30								
08	64726	RELEASE FOOT/TOE NERVE	189.30								
08	64727	INTERNAL NEUROLYSIS, MICROSCOPE	189.30								
08	64732	INCISION OF BROW NERVE	189.30								
08	64734	INCISION OF CHEEK NERVE	189.30								
08	64736	INCISION OF CHIN NERVE	189.30								
08	64738	INCISION OF JAW NERVE	189.30								
08	64740	INCISION OF TONGUE NERVE	189.30								
08	64742	INCISION OF FACIAL NERVE	189.30								
08	64744	INCISE NERVE, BACK OF HEAD	189.30								
08	64746	INCISE DIAPHRAGM NERVE	189.30								
08	64762	INCISION OF BROW NERVE	189.30								
08	64771	INCISE CRANIAL NERVE, EXTRADURAL	189.30								
08	64772	INCISION OF SPINAL NERVE	189.30								
08	64774	REMOVE SKIN NERVE LESION	242.55						X		
08	64776	REMOVE DIGIT NERVE LESION	242.55						X		
08	64778	EXCISE NEUROMA; EACH ADD DIGIT	189.30								
08	64782	REMOVE LIMB NERVE LESION	225.34								
08	64783	EXCISE NEUROMA, HAND/FOOT, & ADD NERVE	189.30								
08	64784	REMOVE NERVE LESION	225.34								
08	64786	REMOVE SCIATIC NERVE LESION	225.34								
08	64787	INSERT CAP ON NERVE END	189.30								
08	64788	REMOVE SKIN NERVE LESION	225.34								
08	64790	REMOVAL OF NERVE LESION	225.34								
08	64792	REMOVAL OF NERVE LESION	225.34								
08	64795	BIOPSY OF NERVE	189.30								
08	64802	REMOVE SYMPATHETIC NERVES	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	64821	REMOVE SYMPATHETIC NERVES	225.34								
08	64831	REPAIR OF DIGIT NERVE	225.34								
08	64832	SUTURE DIGIT NERVE; ADD DIGIT NERVE	189.30								
08	64834	REPAIR OF HAND OR FOOT NERVE	189.30								
08	64835	REPAIR OF AND OR FOOT NERVE	225.34								
08	64836	REPAIR OF HAND OR FOOT NERVE	275.32						X		
08	64837	REPAIR ADDITIONAL NERVE	275.32						X		
08	64840	REPAIR OF LEG NERVE	189.30								
08	64856	REPAIR/TRANSPOSE NERVE	189.30								
08	64857	REPAIR ARM/LEG NERVE	189.30								
08	64858	REPAIR SCIATIC NERVE	189.30								
08	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	189.30								
08	64861	REPAIR OF ARM NERVES	225.34								
08	64862	REPAIR OF LOW BACK NERVES	225.34								
08	64864	REPAIR OF FACIAL NERVE	225.34								
08	64865	REPAIR OF FACIAL NERVE	225.34								
08	64870	FUSION OF FACIAL/OTHER NERVE	225.34								
08	64872	SUBSEQUENT REPAIR OF NERVE	189.30								
08	64874	REPAIR & REVISE NERVE	225.34								
08	64876	REPAIR NERVE; SHORTEN BONE	225.34								
08	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	189.30								
08	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	189.30								
08	64890	NERVE GRAFT,HAND OR FOOT	189.30								
08	64891	NERVE GRAFT,HAND OR FOOT	189.30								
08	64892	NERVE GRAFT, ARM OR LEG	189.30								
08	64893	NERVE GRAFT,ARM OR LEG	189.30								
08	64895	NERVE GRAFT, HAND OR FOOT	225.34								
08	64896	NERVE GRAFT, HAND OR FOOT	225.34								
08	64897	NERVE GRAFT, ARM OR LEG	225.34								
08	64898	NERVE GRAFT, ARM OR LEG	225.34								
08	64901	NERVE GRAFT, @ ADD NERVE;SING.STRAND	189.30								
08	64902	NERVE GRAT, @ ADD NERVE;MULTI STRAND	189.30								
08	64905	NERVE PEDICLE TRANSFER	189.30								
08	64907	NERV PEDICLE TRANSFER	189.30								
08	65091	EVISGERATION EYE	275.32						X		
08	65093	EVISGERATION EYE WITH IMPLANT	275.32						X		
08	65101	REMOVAL OF EYE	275.32						X		
08	65103	REMOVE EYE/INSERT IMPLANT	275.32						X		
08	65105	REMOVE EYE/ATTACH IMPLANT	225.34								
08	65110	REMOVAL OF EYE	242.55								
08	65112	REMOVE EYE, REVISE SOCKET	275.32								
08	65114	REMOVE EYE, REVISE SOCKET	275.32								
08	65130	INSERT OCULAR IMPLANT	275.32						X		
08	65135	INSERT OCULAR IMPLANT	275.32						X		
08	65140	ATTACH OCULAR IMPLANT	275.32						X		

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	65150	REVISE OCULAR IMPLANT	275.32					X			
08	65155	REINSERT OCULAR IMPLANT	275.32					X			
08	65175	REMOVAL OF OCULAR IMPLANT	275.32					X			
08	65205	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65210	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65220	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65222	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65235	REMOVE FOREIGN BODY FROM EYE	189.30								
08	65260	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65265	REMOVE FOREIGN BODY FROM EYE	189.30					X			
08	65270	REPAIR OF EYE WOUND	189.30								
08	65272	REPAIR OF EYE WOUND	189.30								
08	65275	REPAIR OF EYE WOUND	225.34								
08	65280	REPAIR OF EYE WOUND	225.34								
08	65285	REPAIR OF EYE WOUND	225.34								
08	65290	REPAIR OF EYE SOCKET WOUND	225.34								
08	65400	REMOVE OF EYE LESION	189.30								
08	65410	BIOPSY OF CORNEA	189.30								
08	65420	REMOVAL OF EYE LESION	189.30					X			
08	65426	REMOVAL OF EYE LESION	189.30					X			
08	65710	CORNEAL TRANSPLANT	275.32								
08	65730	CORNEAL TRANSPLANT	275.32								
08	65750	CORNEAL TRANSPLANT	275.32								
08	65755	KERATOPLASTY, PENETRATING	275.32								
08	65770	KERATOPROSTHESIS	275.32								
08	65772	CORNEAL RELAX INCISION,COR SURG AST	225.34								
08	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	225.34								
08	65800	DRAINAGE OF EYE	189.30								
08	65805	DRAINAGE OF EYE	189.30								
08	65810	DRAINAGE OF EYE	225.34								
08	65815	DRAINAGE OF EYE	189.30								
08	65850	TRABECULOTOMY AB EXTERNO	225.34								
08	65865	INCISE INNER EYE ADHESIONS	189.30								
08	65870	INCISE INNER EYE ADHESIONS	225.34								
08	65875	INCISE INNER EYE ADHESIONS	225.34								
08	65880	INCISE INNER EYE ADHESIONS	225.34								
08	65900	REMOVE EYE LESION	242.55								
08	65920	REMOVE IMPLANT FROM EYE	275.32								
08	65930	REMOVE BLOOD CLOT FROM EYE	242.55								
08	66020	INJECTION TREATMENT OF EYE	189.30								
08	66030	INJECTION TREATMENT OF EYE	189.30								
08	66130	REMOVE EYE LESION	275.32								
08	66150	INCISION OF EYE	225.34								
08	66155	INCISION OF EYE	225.34								
08	66160	INCISION OF EYE	189.30								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	66165	INCISION OF EYE	225.34								
08	66170	INCISION OF EYE	225.34								
08	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	225.34								
08	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	242.55								
08	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	189.30								
08	66220	REPAIR EYE LESION	225.34								
08	66225	REPAIR/GRAFT EYE LESION	225.34								
08	66250	FOLLOW - UP SURGERY OF EYE	189.30								
08	66500	INCISION OF IRIS	275.32						X		
08	66505	INCISION OF THE IRIS	275.32						X		
08	66600	REMOVE IRIS AND LESION	275.32						X		
08	66605	REMOVAL OF IRIS	275.32						X		
08	66625	REMOVAL OF IRIS	275.32						X		
08	66630	REMOVAL OF IRIS	275.32						X		
08	66635	REMOVAL OF IRIS	275.32						X		
08	66680	REPAIR IRIS & CILIARY BODY	225.34								
08	66682	SUTURE OF IRIS, CILLIARY BODY	189.30								
08	66700	RELIVE INNER EYE PRESSURE	189.30								
08	66710	CILIARY BODY DESTRUCTION;	189.30								
08	66740	RELIEVE INNER EYE PRESSURE	189.30								
08	66782	RELIEVE INNER EYE PRESSURE	189.30								
08	66821	DISCISSION OF SECONDARY; LASER	189.30								
08	66825	REPOSITIONING OF INTRAOCULAR LENS PR	225.34								
08	66830	REMOVAL OF LENS LESION	275.32						X		
08	66840	REMOVAL OF LENS MATERIAL	275.32						X		
08	66850	REMOVAL OF LENS MATERIAL	275.32						X		
08	66852	REMOVAL LENS MATERIAL,ASPIRATION	225.34								
08	66920	EXTRACTION OF LENS	275.32						X		
08	66930	EXTRACTION OF LENS	275.32						X		
08	66940	EXTRACTION OF LENS	275.32						X		
08	66983	INTRA CATARACT EXTRAC W LENS	275.32						X		
08	66984	EXTRA CATARACT REMOVAL W LENS	275.32						X		
08	66985	INSERT LENS PROSTHESIS	242.55								
08	66986	EXHANGE OF INTRAOCULAR LENS	242.55								
08	67005	PARTIAL REMOVAL OF EYE FLUID	225.34								
08	67010	PARTIAL REMOVAL OF EYE FLUID	225.34								
08	67015	RELEASE OF EYE FLUID	189.30								
08	67025	REPLACE EYE FLUID	189.30								
08	67027	IMPLANT EYE DRUG SYSTEM	225.34								
08	67030	INCISE INNER EYE STRANDS	189.30								
08	67031	SERVERING OF VITREOUS STRANDS,VITREO	189.30								
08	67036	VITRECTOMY, MECHANICLA, PARS PLANA A	225.34								
08	67039	LASER TREATMENT OF RETINA	275.32								
08	67040	LASER TREATMENT OF RETINA	275.32								
08	67107	REPAIR DETACHED RETINA	242.55								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	67108	REPAIR DETACHED RETINA	275.32								
08	67112	RE-REPAIR DETACHED RETINA	275.32								
08	67115	RELEASE ENCIRCLING MATERIAL (POSTERIOR)	189.30								
08	67120	REMOVE EYE IMPLANT MATERIAL	189.30								
08	67121	REMOVE IMPLANT POSTERIOR, INTRAOCULAR	189.30								
08	67141	TREAT RETINAL DETACH, CRYOTHER/DIATHERMY	189.30								
08	67218	RETINAL LESION; IMPLANT RADIATION	242.55								
08	67227	DESTROY RETINOPATHY; CRYOTHER/DIATHERMY	189.30								
08	67250	REINFORCE EYE WALL	225.34								
08	67255	REINFORCE/GRAFT EYE WALL	225.34								
08	67311	REVISE EYE MUSCLE	275.32							X	
08	67312	REVISE TWO EYE MUSCLES	275.32							X	
08	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	225.34								
08	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	225.34								
08	67318	STRABISMUS SURG, ANY PROC, SUP OBL MUS	225.34								
08	67320	REVISE EYE MUSCLE (S)	225.34								
08	67331	STRABISMUS SURG W/PREV EYE SURG	225.34								
08	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	225.34								
08	67334	STRABISMUS SURG, POST FIX SUTURE TECH	225.34								
08	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	225.34								
08	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	225.34								
08	67346	BIOPSY OF EXTRAOCULAR MUSCLE	189.30								
08	67400	EXPLORE/BIOPSY EYE SOCKET	225.34								
08	67405	EXPLORE/DRAIN EYE SOCKET	225.34								
08	67412	EXPLORE/TREAT EYE SOCKET	242.55								
08	67413	EXPLORE/TREAT EYE SOCKET	242.55								
08	67415	BIOPSY OF EYE	189.30								
08	67420	EXPLORE/TREAT EYE SOCKET	242.55								
08	67430	EXPLORE/TREAT EYE SOCKET	242.55								
08	67440	EXPLORE/DRAIN EYE SOCKET	242.55								
08	67450	EXPLORE/BIOPSY EYE SOCKET	242.55								
08	67550	INSERT EYE SOCKET IMPLANT	225.34								
08	67560	REVISE EYE SOCKET IMPLANT	189.30								
08	67700	DRAINAGE OF EYELID ABSCESS	225.34							X	
08	67710	INCISION OF EYELID	225.34							X	
08	67715	INCISION OF EYELID FOLD	189.30								
08	67800	REMOVE EYELID LESION	189.30							X	
08	67801	REMOVE EYELID LESIONS	189.30							X	
08	67805	REMOVE EYELID LESIONS	189.30							X	
08	67808	REMOVE EYELID LESION (S)	189.30							X	
08	67830	REVISE EYELASHES	189.30								
08	67835	REVISE EYELASHES	189.30								
08	67880	REVISION OF EYELID	225.34							X	
08	67882	REVISION OF EYELID	225.34							X	
08	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY)	225.34								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	67901	REPAIR EYELID DEFECT	242.55								
08	67902	REPAIR EYELID DEFECT	242.55								
08	67903	REPAIR EYELID DEFECT	225.34								
08	67904	REPAIR EYELID DEFECT	225.34								
08	67906	REPAIR EYELID DEFECT	242.55								
08	67908	REPAIR EYELID DEFECT	225.34								
08	67909	REVISE EYELID DEFECT	225.34								
08	67911	REVISE EYELID DEFECT	225.34								
08	67914	REPAIR EYELID DEFECT	242.55						X		
08	67915	REPAIR EYELID DEFECT	242.55						X		
08	67916	REPAIR EYELID DEFECT	242.55						X		
08	67917	REPAIR EYELID DEFECT	242.55						X		
08	67921	REPAIR EYELID DEFECT	242.55						X		
08	67922	REPAIR EYELID DEFECT	242.55						X		
08	67923	REPAIR EYELID DEFECT	242.55						X		
08	67924	REPAIR EYELID DEFECT	242.55						X		
08	67935	REPAIR EYELID WOUND	189.30								
08	67938	REMOVE EYELID FOREIGN BODY	189.30						X		
08	67950	REVISION OF EYELID	225.34						X		
08	67961	REVISION OF EYELID	225.34								
08	67966	REVISION OF EYELID	225.34								
08	67971	RECONSTRUCTION OF EYELID	225.34								
08	67973	RECONSTRUCTION OF EYELID	225.34								
08	67974	RECONSTRUCTION OF EYELID	225.34								
08	67975	RECONSTRUCTION OF EYELID	225.34								
08	68115	REMOVE EYELID LINING LESION	189.30								
08	68130	REMOVE EYELID LESION	189.30								
08	68320	REVISE/GRAFT EYELID LINING	225.34								
08	68325	REVISE/GRAFT EYELID LINIG	225.34								
08	68326	REVISE/GRAFT EYELID LINING	225.34								
08	68328	REVISE/GRAFT EYELID LINING	189.30								
08	68330	REVISE EYELID LINING	225.34								
08	68335	REVISE/GRAFT EYELID LINING	225.34								
08	68340	SEPARATE EYELID ADHESIONS	225.34								
08	68360	REVISE EYELID LINING	189.30								
08	68362	REVISE EYELID LINING	189.30								
08	68500	REMOVAL OF TEAR GLAND	225.34								
08	68505	PARTIAL REMOVAL TEAR GLAND	225.34								
08	68510	BIOPSY OF TEAR GLAND	189.30								
08	68520	REMOVAL OF TEAR SAC	225.34								
08	68525	BIOPSY OF TEAR SAC	189.30								
08	68540	REMOVE TEAR GLAND LESION	225.34								
08	68550	REMOVE TEAR GLAND LESION	225.34								
08	68700	REPAIR TEAR DUCTS	189.30								
08	68720	CREATE TEAR SAC DRAIN	225.34								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION									
08	68745	CREAT TEAR DUCT DRAIN	225.34								
08	68750	CREATE TEAR DUCT DRAIN	225.34								
08	68770	CLOSE TEAR SYSTEM FISTULA	225.34								
08	68810	PROBE NASOLACRIMAL DUCT	189.30								
08	68811	PROVE NASOLACRIMAL DUCT	189.30								
08	68815	PROBE NASONLACRIMAL DUCT	189.30								
08	69000	DRAIN EXTERNAL EAR LESION	225.34						X		
08	69005	DRAIN EXTERNAL EAR LESION	225.34						X		
08	69020	DRAIN OUTER EAR CANAL LESION	225.34						X		
08	69110	PARTIAL REMOVAL EXTERNAL EAR	189.30								
08	69120	REMOVAL OF EXTERNAL EAR	189.30								
08	69140	REMOVE EAR CANAL LESION(S)	189.30								
08	69145	REMOVE EAR CANAL LESION (S)	189.30								
08	69150	EXTENSIVE EAR CANAL SURGERY	225.34								
08	69205	CLEAR OUTER EAR CANAL	189.30								
08	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	225.34								
08	69320	REBUILD OUTER EAR CANAL	275.32								
08	69420	INCISION OF EARDRUM	189.30						X		
08	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	225.34								
08	69424	VENT TUBE REMOVAL;UNILATERAL	189.30						X		
08	69433	OFFICE TYMPANOSTOMY UNILAT	275.32						X		
08	69436	HOSPITAL TYMPANOSTOMY UNILAT	275.32						X		
08	69440	EXPLORATION OF MIDDLE EAR	225.34								
08	69450	TYMPANOLYSIS, TRANSCANAL	189.30								
08	69501	MASTOIDECTOMY	275.32						X		
08	69502	MASTOIDECTOMY	275.32								
08	69505	REMOVE MASTOID STRUCTURES	275.32								
08	69511	EXTENSIVE MASTOID SURGERY	275.32								
08	69530	EXTENSIVE MASTOID SURGERY	275.32								
08	69550	REMOVE EAR LESION	242.55								
08	69552	REMOVE EAR LESION	275.32								
08	69601	MASTOID SURGERY REVISION	275.32								
08	69602	MASTOID SURGERY REVISION	275.32								
08	69603	MASTOID SURGERY REVISION	275.32								
08	69604	MASTOID SURGERY REVISION	275.32								
08	69605	MASTOID SURGERY REVISION	275.32								
08	69610	REPAIR OF EARDRUM	275.32						X		
08	69620	REPAIR OF EARDRUM	275.32						X		
08	69631	REPAIR EARDRUM STRUCTURES	242.55						X		
08	69633	REBUILD EARDRUM STRUCTURES - TOTAL	242.55								
08	69635	REPAIR EARDRUM STRUCTURES	275.32								
08	69636	REBUILD EARDRUM STRUCTURES	275.32								
08	69637	REBUILD EARDRUM STRUCTURES-TOTAL-	275.32								
08	69641	REVISE MIDDLE EAR & MASTOID	275.32								
08	69642	REVISE MIDDLE EAR & MASTOID	275.32								

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

FEES EFFECTIVE FOR DOS JANUARY 1, 2011 THRU DECEMBER 31, 2011

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
				MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
08	69643	REVISE MIDDLE EAR & MASTOID	275.32								
08	69644	REVISE MIDDLE EAR & MASTOID	275.32								
08	69645	REVISE MIDDLE EAR & MASTOID	275.32								
08	69646	REVISE MIDDLE EAR & MASTOID	275.32								
08	69650	RELEASE MIDDLE EAR BONE	275.32								
08	69660	REVISE MIDDLE EAR BONE	275.32						X		
08	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	242.55								
08	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	242.55								
08	69666	REPAIR MIDDLE EAR STRUCTURES	225.34								
08	69667	REPAIR MIDDLE EAR STRUCTURES	225.34								
08	69670	REMOVE MASTOID AIR CELLS	225.34								
08	69676	TYMPANIC NEURECTOMY; UNILATERAL	225.34								
08	69700	CLOSE MASTOID FISTULA	225.34								
08	69711	REMOVAL/REPAIR OF ELCTROMAGNETIC BO	189.30								
08	69714	IMPLANT TEMPLE BONE W/STIMUL	275.32								
08	69715	TEMPLE BNE IMPLNT W/STIMUL	275.32								
08	69717	TEMPLE BONE IMPLANT REVISION	275.32								
08	69718	REVISE TEMPLE BONE IMPLANT	275.32								
08	69720	RELEASE FACIAL NERVE	242.55								
08	69725	RELEASE FACIAL NERVE	242.55								
08	69740	REPAIR FACIAL NERVE	242.55								
08	69745	REPAIR FACIAL NERVE	242.55								
08	69801	INCISE INNER EAR	242.55								
08	69802	INCISE INNER EAR	275.32								
08	69805	EXPLORE INNER EAR	275.32								
08	69806	EXPLORE INNER EAR	275.32								
08	69820	ESTABLISH INNER EAR WINDOW	242.55								
08	69840	REVISE INNER EAR WINDOW	242.55								
08	69905	REMOVE INNER EAR	275.32								
08	69910	REMOVE INNER EAR & MASTOID	275.32								
08	69915	INCISE INNER EAR NERVE	275.32								
08	69930	IMPLANT COCHLEAR DEVICE	275.32								
08	69982	CATARACT SURGERY, COMPLEX	275.32								
08	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUD	189.30						X		
08	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	189.30						X		
08	92511	NASOPHARYNGOSCOPY	189.30						X		
08	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	189.30								

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

REPORT NO: RF-0-76ASC

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

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys 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 or for manual pricing.

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.