

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	G0105	COLORECTAL SCRIN; HI RISK IND	468.30				
15	G0121	COLON CA SCRIN; NOT HIGH RSK IND	468.30				
15	G0260	INJ FOR SACROILIAC JT ANESTH	349.65				
15	03210	NASAL SINUS THERAPY	349.65				
15	10022	FNA W/IMAGE	349.65				
15	10060	DRAINAGE OF SKIN ABSCESS	349.65				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	349.65				
15	10080	INCISE/DRAIN SIMPLE CYST	349.65				
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	349.65				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	349.65				
15	10121	REMOVE FOREIGN BODY	468.30				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	349.65				
15	10160	PUNCTURE DRAINAGE OF LESION	349.65				
15	10180	COMPLEX DRAINAGE, WOUND	468.30				
15	11004	DEBRIDE GENITALIA & PERINEUN	468.30				
15	11005	DEBRIDE ABDOM WALL	468.30				
15	11006	DEBRIDE GENIT/ABDOM WALL	468.30				
15	11008	REMOVE MESH FROM ABD WALL	468.30				
15	11010	DEBRIDE SKIN, FX	468.30				
15	11011	DEBRIDE SKIN/MUSCLE, FX	468.30				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	468.30				
15	11042	DEBRIDE SKIN/TISSUE	468.30				
15	11043	DEBRIDE TISSUE/MUSCLE	468.30				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	468.30				
15	11144	EXCISE BENIGN LESION TO 0.5 CM	349.65				
15	11175	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	349.65				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	349.65				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	349.65				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	349.65				
15	11404	REMOVAL OF SKIN LESION	349.65				
15	11406	REMOVAL OF SKIN LESION	468.30				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	468.30				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	468.30				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	468.30				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	468.30				
15	11424	REMOVAL OF SKIN LESION	468.30				
15	11426	REMOVAL OF SKIN LESION	468.30				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	349.65				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	349.65				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	349.65				
15	11444	REMOVAL OF SKIN LESION	349.65				
15	11446	REMOVAL OF SKIN LESION	468.30				
15	11450	REMOVAL, SWEAT GLAND LESION	468.30				
15	11451	REMOVAL, SWEAT GLAND LESION	468.30				
15	11462	REMOVAL, SWEAT GLAND LESION	468.30				
15	11463	REMOVAL, SWEAT GLAND LESION	468.30				
15	11470	REMOVAL, SWEAT GLAND LESION	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	11471	REMOVAL, SWEAT GLAND LESION	468.30				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	468.30				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	468.30				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	468.30				
15	11604	REMOVAL OF SKIN LESION	468.30				
15	11606	REMOVAL OF SKIN LESION	468.30				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	468.30				
15	11624	REMOVAL OF SKIN LESION	468.30				
15	11626	REMOVAL OF SKIN LESION	468.30				
15	11640	EXC FACE MM MALIG + MAG 0.5<	468.30				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	468.30				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	468.30				
15	11644	REMOVAL OF SKIN LESION	468.30				
15	11646	REMOVAL OF SKIN LESION	468.30				
15	11750	EXCISION NAIL & NAIL MATRIX	349.65				
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	349.65				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	349.65				
15	11770	REMOVAL OF PILONIDAL LESION	535.50				
15	11771	REMOVAL OF PILONIDAL LESION	535.50				
15	11772	REMOVAL OF PILONIDAL LESION	535.50				
15	11960	INSERT TISSUE EXPANDER(S)	468.30				
15	11970	REPLACE TISSUE EXPANDER	535.50				
15	11971	REMOVE TISSUE EXPANDER(S)	349.65				
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	349.65				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	349.65				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	349.65				
15	12005	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12006	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12007	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	468.30				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	468.30				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	468.30				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	468.30				
15	12016	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12017	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12018	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12020	CLOSURE OF SPLIT WOUND	349.65				
15	12021	CLOSURE OF SPLIT WOUND	349.65				
15	12031	LAYER CLOSURE WOUND TO 2.5 CM	349.65				
15	12032	LAYER CLOSEURE 2.6 TO 7.5 CM	349.65				
15	12034	LAYER CLOSURE OF WOUND(S)	468.30				
15	12035	LAYER CLOSURE OF WOUND(S)	468.30				
15	12036	LAYER CLOSURE OF WOUND(S)	468.30				
15	12037	LAYER CLOSURE OF WOUND(S)	468.30				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	349.65				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	349.65				
15	12044	LAYER CLOSURE OF WOUND(S)	468.30				
15	12045	LAYER CLOSURE OF WOUND(S)	468.30				
15	12046	LAYER CLOSURE OF WOUND(S)	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	12047	LAYER CLOSURE OF WOUND(S)	468.30				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	349.65				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	349.65				
15	12053	LAYER CLOSURE 5.1 TO 7.5	349.65				
15	12054	LAYER CLOSURE OF WOUND(S)	468.30				
15	12055	LAYER CLOSURE OF WOUND(S)	468.30				
15	12056	LAYER CLOSURE OF WOUND(S)	468.30				
15	12057	LAYER CLOSURE OF WOUND(S)	468.30				
15	13100	REPAIR OF WOUND OR LESION	468.30				
15	13101	REPAIR OF WOUND OR LESION	535.50				
15	13102	REPAIR WOUND/LESION ADD-ON	535.50				
15	13120	REPAIR OF WOUND OR LESION	468.30				
15	13121	REPAIR OF WOUND OR LESION	535.50				
15	13122	REPAIR WOUND/LESION ADD-ON	535.50				
15	13131	REPAIR OF WOUND OR LESION	468.30				
15	13132	REPAIR OF WOUND OR LESION	535.50				
15	13133	REPAIR WOUND/LESION ADD-ON	535.50				
15	13150	REPAIR OF WOUND OR LESION	535.50				
15	13151	REPAIR OF WOUND OR LESION	535.50				
15	13152	REPAIR OF WOUND OR LESION	535.50				
15	13153	REPAIR WOUND/LESION ADD-ON	349.65				
15	13160	LATE CLOSURE OF WOUND	468.30				
15	14000	SKIN TISSUE REARRANGEMENT	468.30				
15	14001	SKIN TISSUE REARRANGEMENT	535.50				
15	14020	SKIN TISSUE REARRANGEMENT	535.50				
15	14021	SKIN TISSUE REARRANGEMENT	535.50				
15	14040	SKIN TISSUE REARRANGEMENT	468.30				
15	14041	SKIN TISSUE REARRANGEMENT	535.50				
15	14060	SKIN TISSUE REARRANGEMENT	535.50				
15	14061	SKIN TISSUE REARRANGEMENT	535.50				
15	14221	EXCISE BENIGN LESION 1.1 TO 2CM	468.30				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	661.50				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	661.50				
15	14350	SKIN TISSUE REARRANGEMENT	535.50				
15	15040	HARVEST CULTURED SKIN GRAFT	468.30				
15	15050	SKIN PINCH GRAFT	468.30				
15	15100	SKIN SPLIT GRAFT	468.30				
15	15101	SKIN SPLIT GRAFT ADD-ON	535.50				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	468.30				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	349.65				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	468.30				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	349.65				
15	15120	SKIN SPLIT GRAFT	468.30				
15	15121	SKIN SPLIT GRAFT ADD-ON	535.50				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	468.30				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	349.65				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	468.30				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	349.65				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	349.65				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	349.65				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	468.30				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15200	SKIN FULL GRAFT	535.50				
15	15201	SKIN FULL GRAFT ADD-ON	468.30				
15	15220	SKIN FULL GRAFT	468.30				
15	15221	SKIN FULL GRAFT ADD-ON	468.30				
15	15240	SKIN FULL GRAFT	535.50				
15	15241	SKIN FULL GRAFT ADD-ON	535.50				
15	15260	SKIN FULL GRAFT	468.30				
15	15261	SKIN FULL GRAFT ADD-ON	468.30				
15	15570	FORM SKIN PEDICLE FLAP	535.50				
15	15572	FORM SKIN PEDICLE FLAP	535.50				
15	15574	FORM SKIN PEDICLE FLAP	535.50				
15	15576	FORM SKIN PEDICLE FLAP	535.50				
15	15600	SKIN GRAFT	535.50				
15	15610	SKIN GRAFT	535.50				
15	15620	SKIN GRAFT	661.50				
15	15630	SKIN GRAFT	535.50				
15	15650	TRANSFER SKIN PEDICLE FLAP	752.85				
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	535.50				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	535.50				
15	15736	MUSCLE-SKIN GRAFT, ARM	535.50				
15	15738	MUSCLE-SKIN GRAFT, LEG	535.50				
15	15740	ISLAND PEDICLE FLAP GRAFT	468.30				
15	15750	NEUROVASCULAR PEDICLE GRAFT	468.30				
15	15760	COMPOSITE SKIN GRAFT	468.30				
15	15770	DERMA-FAT-FASCIA GRAFT	535.50				
15	15775	HAIR TRANSPLANT PUNCH GRAFTS	535.50				
15	15776	HAIR TRANSPLANT PUNCH GRAFTS	535.50				
15	15820	REVISION OF LOWER EYELID	535.50			X	
15	15821	REVISION OF LOWER EYELID	535.50			X	
15	15822	REVISION OF UPPER EYELID	535.50			X	
15	15823	REVISION OF UPPER EYELID	752.85			X	
15	15840	GRAFT FOR FACE NERVE PALSY	661.50				
15	15841	GRAFT FOR FACE NERVE PALSY	661.50				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	661.50				
15	15845	SKIN AND MUSCLE REPAIR, FACE	661.50				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	349.65				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	349.65				
15	15920	REMOVAL OF TAIL BONE ULCER	535.50				
15	15922	REMOVAL OF TAIL BONE ULCER	661.50				
15	15931	REMOVE SACRUM PRESSURE SORE	535.50				
15	15933	REMOVE SACRUM PRESSURE SORE	535.50				
15	15934	REMOVE SACRUM PRESSURE SORE	535.50				
15	15935	REMOVE SACRUM PRESSURE SORE	661.50				
15	15936	REMOVE SACRUM PRESSURE SORE	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15937	REMOVE SACRUM PRESSURE SORE	661.50				
15	15940	REMOVE HIP PRESSURE SORE	535.50				
15	15941	REMOVE HIP PRESSURE SORE	535.50				
15	15944	REMOVE HIP PRESSURE SORE	535.50				
15	15945	REMOVE HIP PRESSURE SORE	661.50				
15	15946	REMOVE HIP PRESSURE SORE	661.50				
15	15950	REMOVE THIGH PRESSURE SORE	535.50				
15	15951	REMOVE THIGH PRESSURE SORE	661.50				
15	15952	REMOVE THIGH PRESSURE SORE	535.50				
15	15953	REMOVE THIGH PRESSURE SORE	661.50				
15	15956	REMOVE THIGH PRESSURE SORE	535.50				
15	15958	REMOVE THIGH PRESSURE SORE	661.50				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	349.65				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	468.30				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	468.30				
15	16035	ESCHAROTOMY	468.30				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	468.30				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	468.30				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	468.30				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	349.65				
15	19020	INCISION OF BREAST LESION	468.30				
15	19100	BX BREAST PERCUT W/O IMAGE	349.65				
15	19101	BIOPSY OF BREAST, OPEN	468.30				
15	19102	BX BREAST PERCUT W/IMAGE	468.30				
15	19103	BX BREAST PERCUT W/DEVICE	468.30				
15	19110	NIPPLE EXPLORATION	468.30				
15	19112	EXCISE BREAST DUCT FISTULA	535.50				
15	19120	REMOVAL OF BREAST LESION	535.50				
15	19125	EXCISION, BREAST LESION	535.50				
15	19126	EXCISION, ADDL BREAST LESION	535.50				
15	19290	PLACE NEEDLE WIRE, BREAST	349.65				
15	19291	PLACE NEEDLE WIRE, BREAST	349.65				
15	19295	PLACE BREAST CLIP, PERCUT	349.65				
15	19296	PLACE PO BREAST CATH FOR RAD	349.65				
15	19297	PLACE BREAST CATH FOR RAD	349.65				
15	19298	PLACE BREAST RAD TUBE/CATHS	349.65				
15	19300	MASTECTOMY FOR GYNECOMASTIA	661.50				M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	535.50				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,044.75				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	661.50				
15	19304	MASTECTOMY, SUBCUTANEOUS	661.50				
15	19307	MAST, MOD RAD	1,044.75				
15	19316	SUSPENSION OF BREAST	661.50				F
15	19318	REDUCTION OF LARGE BREAST	661.50				
15	19324	ENLARGE BREAST	661.50				F
15	19325	ENLARGE BREAST WITH IMPLANT	1,405.95				F
15	19328	REMOVAL OF BREAST IMPLANT	349.65			X	F

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	19330	REMOVAL OF IMPLANT MATERIAL	349.65				
15	19340	IMMEDIATE BREAST PROSTHESIS	468.30			F	
15	19342	DELAYED BREAST PROSTHESIS	535.50		X	F	
15	19350	BREAST RECONSTRUCTION	661.50		X		
15	19355	CORRECT INVERTED NIPPLE(S)	661.50				
15	19357	BREAST RECONSTRUCTION	752.85		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	752.85		X		
15	19366	BREAST RECONSTRUCTION	752.85		X	F	
15	19370	SURGERY OF BREAST CAPSULE	661.50				
15	19371	REMOVAL OF BREAST CAPSULE	661.50				
15	19380	REVISE BREAST RECONSTRUCTION	752.85				
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20005	INCISION OF DEEP ABSCESS	468.30				
15	20100	EXPLORE WOUND, NECK	535.50				
15	20101	EXPLORE WOUND, CHEST	535.50				
15	20102	EXPLORE WOUND, ABDOMEN	535.50				
15	20103	EXPLORE WOUND, EXTREMITY	535.50				
15	20200	MUSCLE BIOPSY	468.30				
15	20205	DEEP MUSCLE BIOPSY	535.50				
15	20206	NEEDLE BIOPSY, MUSCLE	349.65				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	349.65				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	468.30				
15	20240	BONE BIOPSY, EXCISIONAL	468.30				
15	20245	BONE BIOPSY, EXCISIONAL	535.50				
15	20250	OPEN BONE BIOPSY	535.50				
15	20251	OPEN BONE BIOPSY	535.50				
15	20500	INJECT SINUS TRACT, THERAPEUTICI	349.65				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	349.65				
15	20520	REMOVE FOREGIN BODY; SIMPLE	349.65				
15	20525	REMOVAL OF FOREIGN BODY	535.50				
15	20612	ASPIRATE/INJ GANGLION CYST	349.65				
15	20615	ASPIRATE/INJECTION-BONE CYST	349.65				
15	20650	INSERT AND REMOVE BONE PIN	535.50				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	349.65	00 00			
15	20661	APPLY HALO;	349.65				
15	20662	APPLY HALO; PELVIC	349.65				
15	20663	APPLY HALO; FEMORAL	349.65				
15	20664	HALO BRACE APPLICATION	468.30				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	349.65				
15	20670	REMOVAL OF SUPPORT IMPLANT	349.65				
15	20680	REMOVAL OF SUPPORT IMPLANT	535.50				
15	20690	APPLY BONE FIXATION DEVICE	468.30				
15	20692	APPLY BONE FIXATION DEVICE	535.50				
15	20693	ADJUST BONE FIXATION DEVICE	535.50				
15	20694	REMOVE BONE FIXATION DEVICE	349.65				
15	20900	REMOVAL OF BONE FOR GRAFT	535.50				
15	20902	REMOVAL OF BONE FOR GRAFT	661.50				
15	20910	REMOVE CARTILAGE FOR GRAFT	535.50				
15	20912	REMOVE CARTILAGE FOR GRAFT	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	20920	REMOVAL OF FASCIA FOR GRAFT	661.50				
15	20922	REMOVAL OF FASCIA FOR GRAFT	535.50				
15	20924	REMOVAL OF TENDON FOR GRAFT	661.50				
15	20926	REMOVAL OF TISSUE FOR GRAFT	661.50				
15	20930	SPINAL BONE ALLOGRAFT	349.65				
15	20931	SPINAL BONE ALLOGRAFT	349.65				
15	20936	SPINAL BONE AUTOGRAFT	349.65				
15	20937	SPINAL BONE AUTOGRAFT	349.65				
15	20938	SPINAL BONE AUTOGRAFT	349.65				
15	20950	MONITOR INTERSTITIAL FLUID	349.65				
15	20975	ELECTRICAL BONE STIMULATION	468.30				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	468.30				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21015	RESECTION OF FACIAL TUMOR	535.50				
15	21016	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	21025	EXCISION OF BONE, LOWER JAW	468.30				
15	21026	EXCISION OF FACIAL BONE(S)	468.30				
15	21029	CONTOUR OF FACE BONE LESION	468.30				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	468.30				
15	21031	EXCISION OF TORUS MANDIBULARIS	468.30				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	468.30				
15	21034	REMOVAL OF FACE BONE LESION	535.50				
15	21040	REMOVAL OF JAW BONE LESION	468.30				
15	21044	REMOVAL OF JAW BONE LESION	468.30				
15	21045	RADICAL RESECTION OF MANDIBLE	535.50				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21048	REMOVE MAXILLA CYST COMPLEX	468.30				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	535.50				
15	21050	REMOVAL OF JAW JOINT	535.50				
15	21060	REMOVE JAW JOINT CARTILAGE	468.30				
15	21070	REMOVE CORONOID PROCESS	535.50				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	468.30				
15	21110	INTERDENTAL FIXATION	349.65				
15	21120	GENIOPLASTY; AUGMENTATION	1,044.75				
15	21121	RECONSTRUCTION OF CHIN	1,044.75				
15	21122	RECONSTRUCTION OF CHIN	1,044.75				
15	21123	RECONSTRUCTION OF CHIN	1,044.75				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,044.75				
15	21127	AUGMENTATION, LOWER JAW BONE	1,405.95				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,044.75				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,044.75				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,044.75				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,044.75				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,044.75				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	1,044.75				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	1,044.75				
15	21181	CONTOUR CRANIAL BONE LESION	1,044.75				
15	21206	RECONSTRUCT UPPER JAW BONE	752.85				
15	21208	AUGMENTATION OF FACIAL BONES	1,044.75				
15	21209	REDUCTION OF FACIAL BONES	752.85				
15	21210	FACE BONE GRAFT	1,044.75				
15	21215	LOWER JAW BONE GRAFT	1,044.75				
15	21230	RIB CARTILAGE GRAFT	1,044.75				
15	21235	EAR CARTILAGE GRAFT	1,044.75				
15	21240	RECONSTRUCTION OF JAW JOINT	661.50				
15	21242	RECONSTRUCTION OF JAW JOINT	752.85				
15	21243	RECONSTRUCTION OF JAW JOINT	752.85				
15	21244	RECONSTRUCTION OF LOWER JAW	1,044.75				
15	21245	RECONSTRUCTION OF JAW	1,044.75				
15	21246	RECONSTRUCTION OF JAW	1,044.75				
15	21248	RECONSTRUCTION OF JAW	1,044.75				
15	21249	RECONSTRUCTION OF JAW	1,044.75				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,044.75				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,044.75				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,044.75				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,044.75				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,044.75				
15	21267	REVISE EYE SOCKETS	1,044.75				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,044.75				
15	21270	AUGMENTATION, CHEEK BONE	752.85				
15	21275	REVISION, ORBITOFACIAL BONES	1,044.75				
15	21280	REVISION OF EYELID	752.85				
15	21282	REVISION OF EYELID	752.85				
15	21295	RECONST LWR JAW W/O FIXATION	349.65				
15	21296	RECONST LWR JAW W/FIXATION	349.65				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	468.30				
15	21315	TREATMENT OF NOSE FRACTURE	468.30				
15	21320	TREATMENT OF NOSE FRACTURE	468.30				
15	21325	TREATMENT OF NOSE FRACTURE	661.50				
15	21330	TREATMENT OF NOSE FRACTURE	752.85				
15	21335	TREATMENT OF NOSE FRACTURE	1,044.75				
15	21336	TREAT NASAL SEPTAL FRACTURE	661.50				
15	21337	TREAT NASAL SEPTAL FRACTURE	468.30				
15	21338	TREAT NASOETHMOID FRACTURE	661.50				
15	21339	TREAT NASOETHMOID FRACTURE	752.85				
15	21340	TREATMENT OF NOSE FRACTURE	661.50				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	752.85				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	1,044.75				
15	21345	TREAT NOSE/JAW FRACTURE	1,044.75				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	752.85				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	1,044.75				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	1,044.75				
15	21355	TREAT CHEEK BONE FRACTURE	535.50				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	535.50				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	661.50				
15	21386	TREAT ORBITAL FX; PERIORBITAL	661.50				
15	21387	TREAT ORBITAL FX; COMBINATION	661.50				
15	21390	TREAT ORBITAL WITH IMPLANT	661.50				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	661.50				
15	21400	TREAT EYE SOCKET FRACTURE	468.30				
15	21401	TREAT EYE SOCKET FRACTURE	535.50				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	661.50				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	661.50				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	661.50				
15	21421	TREAT MOUTH ROOF FRACTURE	661.50				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	752.85				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	752.85				
15	21431	TREAT CRANIOFACIAL SEPARATION	661.50				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	661.50				
15	21433	COMPLICATED TX CRANIOFACIAL FX	752.85				
15	21435	COMPLICATED TX CRANIOFACIAL FX	752.85				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	752.85				
15	21440	TREAT DENTAL RIDGE FRACTURE	535.50				
15	21445	TREAT DENTAL RIDGE FRACTURE	661.50				
15	21450	TREAT LOWER JAW FRACTURE	535.50				
15	21451	TREAT LOWER JAW FRACTURE	661.50				
15	21452	TREAT LOWER JAW FRACTURE	468.30				
15	21453	TREAT LOWER JAW FRACTURE	535.50				
15	21454	TREAT LOWER JAW FRACTURE	752.85				
15	21460	TREAT OPEN FX ORBIT W/O IMPLANT	661.50				
15	21461	TREAT LOWER JAW FRACTURE	661.50				
15	21462	TREAT LOWER JAW FRACTURE	752.85				
15	21465	TREAT LOWER JAW FRACTURE	661.50				
15	21470	TREAT COMPLICATED MANDIBULAR FX	752.85				
15	21480	RESET DISLOCATED JAW	349.65				
15	21485	RESET DISLOCATED JAW	468.30				
15	21490	REPAIR DISLOCATED JAW	535.50				
15	21497	INTERDENTAL WIRING	468.30				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	468.30				
15	21502	DRAIN CHEST LESION	468.30				
15	21510	INCISION WITH OPENING OF BONE CORTEX	535.50				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	349.65				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	468.30				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	468.30				
15	21555	REMOVE LESION, NECK/CHEST	468.30				
15	21556	REMOVE LESION, NECK/CHEST	468.30				
15	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	468.30				
15	21558	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	21600	PARTIAL REMOVAL OF RIB	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21610	PARTIAL REMOVAL OF RIB	468.30				
15	21615	EXCISION CERVICAL RIB	468.30				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	468.30				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	468.30				
15	21627	STERNAL DEBRIDEMENT	468.30				
15	21630	RADICAL RESECTOPM PF STERNUM	752.85				
15	21632	MEDIASTINAL LYMPHADENECTOMY	752.85				
15	21700	REVISION OF NECK MUSCLE	468.30				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	468.30				
15	21720	REVISION OF NECK MUSCLE	535.50				
15	21725	REVISION OF NECK MUSCLE	535.50				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	535.50				
15	21800	TREATMENT OF RIB FRACTURE	349.65				
15	21805	TREATMENT OF RIB FRACTURE	468.30				
15	21810	TREAT RIB FX W/EXTERNAL FIXATION	468.30				
15	21820	TREAT STERNUM FRACTURE	349.65				
15	21825	TREAT STERNUM FRACTURE;OPEN	468.30				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	349.65				
15	21925	BIOPSY SOFT TISSUE OF BACK	468.30				
15	21930	REMOVE LESION, BACK OR FLANK	468.30				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21935	REMOVE TUMOR, BACK	535.50				
15	21936	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	22100	RESECT VERTEBRA,CERVICAL	468.30				
15	22101	RESECT VERTEBRA, THORACIC	468.30				
15	22305	TREAT SPINE PROCESS FRACTURE	349.65				
15	22310	TREAT SPINE FRACTURE	349.65				
15	22315	TREAT SPINE FRACTURE	468.30				
15	22505	MANIPULATION OF SPINE	468.30				
15	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,405.95				
15	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,405.95				
15	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,405.95				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,405.95				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	661.50				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22904	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	22905	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	22999	ABDOMEN SURGERY PROCEDURE	MP			X	
15	23000	REMOVAL OF CALCIUM DEPOSITS	468.30				
15	23020	RELEASE SHOULDER JOINT	468.30				
15	23030	DRAIN SHOULDER LESION	349.65				
15	23031	DRAIN SHOULDER BURSA	535.50				
15	23035	DRAIN SHOULDER BONE LESION	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23040	EXPLORATORY SHOULDER SURGERY	535.50				
15	23044	EXPLORATORY SHOULDER SURGERY	661.50				
15	23066	BIOPSY SHOULDER TISSUES	468.30				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHO	468.30				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	468.30				
15	23075	REMOVAL OF SHOULDER LESION	468.30				
15	23076	REMOVAL OF SHOULDER LESION	468.30				
15	23077	REMOVE TUMOR OF SHOULDER	535.50				
15	23078	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	23100	BIOPSY OF SHOULDER JOINT	468.30				
15	23101	SHOULDER JOINT SURGERY	1,044.75				
15	23105	REMOVE SHOULDER JOINT LINING	661.50				
15	23106	INCISION OF COLLARBONE JOINT	661.50				
15	23107	EXPLORE TREAT SHOULDER JOINT	661.50				
15	23120	PARTIAL REMOVAL, COLLAR BONE	752.85				
15	23125	REMOVAL OF COLLAR BONE	752.85				
15	23130	REMOVE SHOULDER BONE, PART	752.85				
15	23140	REMOVAL OF BONE LESION	661.50				
15	23145	REMOVAL OF BONE LESION	752.85				
15	23146	REMOVAL OF BONE LESION	752.85				
15	23150	REMOVAL OF HUMERUS LESION	661.50				
15	23155	REMOVAL OF HUMERUS LESION	752.85				
15	23156	REMOVAL OF HUMERUS LESION	752.85				
15	23170	REMOVE COLLAR BONE LESION	468.30				
15	23172	REMOVE SHOULDER BLADE LESION	468.30				
15	23174	REMOVE HUMERUS LESION	468.30				
15	23180	REMOVE COLLAR BONE LESION	661.50				
15	23182	REMOVE SHOULDER BLADE LESION	661.50				
15	23184	REMOVE HUMERUS LESION	661.50				
15	23190	PARTIAL REMOVAL OF SCAPULA	661.50				
15	23195	REMOVAL OF HEAD OF HUMERUS	752.85				
15	23330	REMOVE SHOULDER FOREIGN BODY	349.65				
15	23331	REMOVE SHOULDER FOREIGN BODY	349.65				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	752.85				
15	23397	MUSCLE TRANSFERS	1,044.75				
15	23400	FIXATION OF SHOULDER BLADE	1,044.75				
15	23405	INCISION OF TENDON & MUSCLE	468.30				
15	23406	INCISE TENDON(S) & MUSCLE(S)	468.30				
15	23410	REPAIR OF TENDON(S)	752.85				
15	23412	REPAIR OF TENDON(S)	1,044.75				
15	23415	RELEASE OF SHOULDER LIGAMENT	752.85				
15	23420	REPAIR OF SHOULDER	1,044.75				
15	23430	REPAIR BICEPS TENDON	661.50				
15	23440	REMOVE/TRANSPLANT TENDON	661.50				
15	23450	REPAIR SHOULDER CAPSULE	752.85				
15	23455	REPAIR SHOULDER CAPSULE	1,044.75				
15	23460	REPAIR SHOULDER CAPSULE	752.85				
15	23462	REPAIR SHOULDER CAPSULE	1,044.75				
15	23465	REPAIR SHOULDER CAPSULE	752.85				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23466	REPAIR SHOULDER CAPSULE	1,044.75				
15	23480	REVISION OF COLLAR BONE	661.50				
15	23485	REVISION OF COLLAR BONE	1,044.75				
15	23490	REINFORCE CLAVICLE	535.50				
15	23491	REINFORCE SHOULDER BONES	535.50				
15	23500	TREAT CLAVICLE FRACTURE	349.65				
15	23505	TREAT CLAVICLE FRACTURE	349.65				
15	23515	TREAT CLAVICLE FRACTURE	535.50				
15	23520	TREAT CLAVICLE DISLOCATION	349.65				
15	23525	TREAT CLAVICLE DISLOCATION	349.65				
15	23530	TREAT CLAVICLE DISLOCATION	535.50				
15	23532	TREAT CLAVICLE DISLOCATION	661.50				
15	23540	TREAT CLAVICLE DISLOCATION	349.65				
15	23545	TREAT CLAVICLE DISLOCATION	349.65				
15	23550	TREAT CLAVICLE DISLOCATION	535.50				
15	23552	TREAT CLAVICLE DISLOCATION	661.50				
15	23570	TREAT SHOULDER BLADE FX	349.65				
15	23575	TREAT SHOULDER BLADE FX	349.65				
15	23585	TREAT SCAPULA FRACTURE	535.50				
15	23600	TREAT HUMERUS FRACTURE	349.65				
15	23605	TREAT HUMERUS FRACTURE	468.30				
15	23615	TREAT HUMERUS FRACTURE	661.50				
15	23616	TREAT HUMERUS FRACTURE	661.50				
15	23620	TREAT HUMERUS FRACTURE	349.65				
15	23625	TREAT HUMERUS FRACTURE	468.30				
15	23630	TREAT HUMERUS FRACTURE	752.85				
15	23650	TREAT SHOULDER DISLOCATION	349.65				
15	23655	TREAT SHOULDER DISLOCATION	349.65				
15	23660	TREAT SHOULDER DISLOCATION	535.50				
15	23665	TREAT DISLOCATION/FRACTURE	468.30				
15	23670	TREAT DISLOCATION/FRACTURE	535.50				
15	23675	TREAT DISLOCATION/FRACTURE	468.30				
15	23680	TREAT DISLOCATION/FRACTURE	535.50				
15	23700	FIXATION OF SHOULDER	349.65				
15	23800	FUSION OF SHOULDER JOINT	661.50				
15	23802	FUSION OF SHOULDER JOINT	1,044.75				
15	23921	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	349.65				
15	23931	DRAINAGE OF ARM BURSA	468.30				
15	23935	DRAIN ARM/ELBOW BONE LESION	468.30				
15	24000	EXPLORATORY ELBOW SURGERY	661.50				
15	24006	RELEASE ELBOW JOINT	661.50				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	468.30				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24075	REMOVE ARM/ELBOW LESION	468.30				
15	24076	REMOVE ARM/ELBOW LESION	468.30				
15	24077	REMOVE TUMOR OF ARM/ELBOW	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24079	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	24100	BIOPSY ELBOW JOINT LINING	349.65				
15	24101	EXPLORE/TREAT ELBOW JOINT	661.50				
15	24102	REMOVE ELBOW JOINT LINING	661.50				
15	24105	REMOVAL OF ELBOW BURSA	535.50				
15	24110	REMOVE HUMERUS LESION	468.30				
15	24115	REMOVE/GRAFT BONE LESION	535.50				
15	24116	REMOVE/GRAFT BONE LESION	535.50				
15	24120	REMOVE ELBOW LESION	535.50				
15	24125	REMOVE/GRAFT BONE LESION	535.50				
15	24126	REMOVE/GRAFT BONE LESION	535.50				
15	24130	REMOVAL OF HEAD OF RADIUS	535.50				
15	24134	REMOVAL OF ARM BONE LESION	468.30				
15	24136	REMOVE RADIUS BONE LESION	468.30				
15	24138	REMOVE ELBOW BONE LESION	468.30				
15	24140	PARTIAL REMOVAL OF ARM BONE	535.50				
15	24145	PARTIAL REMOVAL OF RADIUS	535.50				
15	24147	PARTIAL REMOVAL OF ELBOW	468.30				
15	24155	REMOVAL OF ELBOW JOINT	535.50				
15	24160	REMOVE ELBOW JOINT IMPLANT	468.30				
15	24164	REMOVE RADIUS HEAD IMPLANT	535.50				
15	24200	REMOVAL OF ARM FOREIGN BODY	349.65				
15	24201	REMOVAL OF ARM FOREIGN BODY	468.30				
15	24301	MUSCLE/TENDON TRANSFER	661.50				
15	24305	ARM TENDON LENGTHENING	661.50				
15	24310	REVISION OF ARM TENDON	535.50				
15	24320	REPAIR OF ARM TENDON	535.50				
15	24330	REVISION OF ARM MUSCLES	535.50				
15	24331	REVISION OF ARM MUSCLES	535.50				
15	24340	REPAIR OF BICEPS TENDON	535.50				
15	24341	REPAIR ARM TENDON/MUSCLE	535.50				
15	24342	REPAIR OF RUPTURED TENDON	535.50				
15	24345	REPR ELBW MED LIGMNT W/TISSU	468.30				
15	24360	RECONSTRUCT ELBOW JOINT	752.85				
15	24361	RECONSTRUCT ELBOW JOINT	752.85				
15	24362	RECONSTRUCT ELBOW JOINT	752.85				
15	24363	REPLACE ELBOW JOINT	1,044.75				
15	24365	RECONSTRUCT HEAD OF RADIUS	752.85				
15	24366	RECONSTRUCT HEAD OF RADIUS	752.85				
15	24400	REVISION OF HUMERUS	661.50				
15	24410	REVISION OF HUMERUS	661.50				
15	24420	REVISION OF HUMERUS	535.50				
15	24430	REPAIR OF HUMERUS	535.50				
15	24435	REPAIR HUMERUS WITH GRAFT	661.50				
15	24470	REVISION OF ELBOW JOINT	535.50				
15	24495	DECOMPRESSION OF FOREARM	468.30				
15	24498	REINFORCE HUMERUS	535.50				
15	24500	TREAT HUMERUS FRACTURE	349.65				
15	24505	TREAT HUMERUS FRACTURE	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24515	TREAT HUMERUS FRACTURE	661.50				
15	24516	TREAT HUMERUS FRACTURE	661.50				
15	24530	TREAT HUMERUS FRACTURE	349.65				
15	24535	TREAT HUMERUS FRACTURE	349.65				
15	24538	TREAT HUMERUS FRACTURE	468.30				
15	24545	TREAT HUMERUS FRACTURE	661.50				
15	24546	TREAT HUMERUS FRACTURE	752.85				
15	24560	TREAT HUMERUS FRACTURE	349.65				
15	24565	TREAT HUMERUS FRACTURE	468.30				
15	24566	TREAT HUMERUS FRACTURE	468.30				
15	24575	TREAT HUMERUS FRACTURE	535.50				
15	24576	TREAT HUMERUS FRACTURE	349.65				
15	24577	TREAT HUMERUS FRACTURE	349.65				
15	24579	TREAT HUMERUS FRACTURE	535.50				
15	24582	TREAT HUMERUS FRACTURE	468.30				
15	24586	TREAT ELBOW FRACTURE	661.50				
15	24587	TREAT ELBOW FRACTURE	752.85				
15	24600	TREAT ELBOW DISLOCATION	349.65				
15	24605	TREAT ELBOW DISLOCATION	468.30				
15	24615	TREAT ELBOW DISLOCATION	535.50				
15	24620	TREAT ELBOW FRACTURE	468.30				
15	24635	TREAT ELBOW FRACTURE	535.50				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	349.65				
15	24655	TREAT RADIUS FRACTURE	349.65				
15	24665	TREAT RADIUS FRACTURE	661.50				
15	24666	TREAT RADIUS FRACTURE	661.50				
15	24670	TREAT ULNAR FRACTURE	349.65				
15	24675	TREAT ULNAR FRACTURE	349.65				
15	24685	TREAT ULNAR FRACTURE	535.50				
15	24800	FUSION OF ELBOW JOINT	661.50				
15	24802	FUSION/GRAFT OF ELBOW JOINT	752.85				
15	24925	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	535.50				
15	25020	DECOMPRESS FOREARM 1 SPACE	535.50				
15	25023	DECOMPRESS FOREARM 1 SPACE	535.50				
15	25024	DECOMPRESS FOREARM 2 SPACES	535.50				
15	25025	DECOMPRESS FORARM 2 SPACES	535.50				
15	25028	DRAINAGE OF FOREARM LESION	349.65				
15	25031	DRAINAGE OF FOREARM BURSA	468.30				
15	25035	TREAT FOREARM BONE LESION	468.30				
15	25040	EXPLORE/TREAT WRIST JOINT	752.85				
15	25066	BIOPSY FOREARM SOFT TISSUES	468.30				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	468.30				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	468.30				
15	25075	REMOVE FOREARM LESION SUBCUT	468.30				
15	25076	REMOVE FOREARM LESION DEEP	535.50				
15	25077	REMOVE TUMOR, FOREARM/WRIST	535.50				
15	25078	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25085	INCISION OF WRIST CAPSULE	535.50				
15	25100	BIOPSY OF WRIST JOINT	468.30				
15	25101	EXPLORE/TREAT WRIST JOINT	535.50				
15	25105	REMOVE WRIST JOINT LINING	661.50				
15	25107	REMOVE WRIST JOINT CARTILAGE	535.50				
15	25110	REMOVE WRIST TENDON LESION	535.50				
15	25111	REMOVE WRIST TENDON LESION	535.50				
15	25112	REREMOVE WRIST TENDON LESION	661.50				
15	25115	REMOVE WRIST/FOREARM LESION	661.50				
15	25116	REMOVE WRIST/FOREARM LESION	661.50				
15	25118	EXCISE WRIST TENDON SHEATH	468.30				
15	25119	PARTIAL REMOVAL OF ULNA	535.50				
15	25120	REMOVAL OF FOREARM LESION	535.50				
15	25125	REMOVE/GRAFT FOREARM LESION	535.50				
15	25126	REMOVE/GRAFT FOREARM LESION	535.50				
15	25130	REMOVAL OF WRIST LESION	535.50				
15	25135	REMOVE & GRAFT WRIST LESION	535.50				
15	25136	REMOVE & GRAFT WRIST LESION	535.50				
15	25145	REMOVE FOREARM BONE LESION	468.30				
15	25150	PARTIAL REMOVAL OF ULNA	468.30				
15	25151	PARTIAL REMOVAL OF RADIUS	468.30				
15	25210	REMOVAL OF WRIST BONE	535.50				
15	25215	REMOVAL OF WRIST BONES	661.50				
15	25230	PARTIAL REMOVAL OF RADIUS	661.50				
15	25240	PARTIAL REMOVAL OF ULNA	661.50				
15	25248	REMOVE FOREARM FOREIGN BODY	468.30				
15	25250	REMOVAL OF WRIST PROSTHESIS	349.65				
15	25251	REMOVAL OF WRIST PROSTHESIS	349.65				
15	25260	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25263	REPAIR FOREARM TENDON/MUSCLE	468.30				
15	25265	REPAIR FOREARM TENDON/MUSCLE	535.50				
15	25270	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25272	REPAIR FOREARM TENDON/MUSCLE	535.50				
15	25274	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25275	REPAIR FOREARM TENDON SHEATH	661.50				
15	25280	REVISE WRIST/FOREARM TENDON	661.50				
15	25290	INCISE WRIST/FOREARM TENDON	535.50				
15	25295	RELEASE WRIST/FOREARM TENDON	535.50				
15	25300	FUSION OF TENDONS AT WRIST	535.50				
15	25301	FUSION OF TENDONS AT WRIST	535.50				
15	25310	TRANSPLANT FOREARM TENDON	535.50				
15	25312	TRANSPLANT FOREARM TENDON	661.50				
15	25315	REVISE PALSY HAND TENDON(S)	535.50				
15	25316	REVISE PALSY HAND TENDON(S)	535.50				
15	25320	REPAIR/REVISE WRIST JOINT	535.50				
15	25332	REVISE WRIST JOINT	752.85				
15	25335	REALIGNMENT OF HAND	535.50				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	752.85				
15	25350	REVISION OF RADIUS	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25355	REVISION OF RADIUS	535.50				
15	25360	REVISION OF ULNA	535.50				
15	25365	REVISE RADIUS & ULNA	535.50				
15	25370	REVISE RADIUS OR ULNA	535.50				
15	25375	REVISE RADIUS & ULNA	661.50				
15	25390	SHORTEN RADIUS OR ULNA	535.50				
15	25391	LENGTHEN RADIUS OR ULNA	661.50				
15	25392	SHORTEN RADIUS & ULNA	535.50				
15	25393	LENGTHEN RADIUS & ULNA	661.50				
15	25400	REPAIR RADIUS OR ULNA	535.50				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	661.50				
15	25415	REPAIR RADIUS & ULNA	535.50				
15	25420	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	535.50				
15	25426	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25431	REPAIR NONUNION CARPAL BONE	535.50				
15	25440	REPAIR/GRAFT WRIST BONE	661.50				
15	25441	RECONSTRUCT WRIST JOINT	752.85				
15	25442	RECONSTRUCT WRIST JOINT	752.85				
15	25443	RECONSTRUCT WRIST JOINT	752.85				
15	25444	RECONSTRUCT WRIST JOINT	752.85				
15	25445	RECONSTRUCT WRIST JOINT	752.85				
15	25446	WRIST REPLACEMENT	1,044.75				
15	25447	REPAIR WRIST JOINT(S)	752.85				
15	25449	REMOVE WRIST JOINT IMPLANT	752.85				
15	25450	REVISION OF WRIST JOINT	535.50				
15	25455	REVISION OF WRIST JOINT	535.50				
15	25490	REINFORCE RADIUS	535.50				
15	25491	REINFORCE ULNA	535.50				
15	25492	REINFORCE RADIUS AND ULNA	535.50				
15	25505	TREAT FRACTURE OF RADIUS	349.65				
15	25515	TREAT FRACTURE OF RADIUS	535.50				
15	25520	TREAT FRACTURE OF RADIUS	349.65				
15	25525	TREAT FRACTURE OF RADIUS	661.50				
15	25526	TREAT FRACTURE OF RADIUS	752.85				
15	25535	TREAT FRACTURE OF ULNA	349.65				
15	25545	TREAT FRACTURE OF ULNA	535.50				
15	25565	TREAT FRACTURE RADIUS & ULNA	468.30				
15	25574	TREAT FRACTURE RADIUS & ULNA	535.50				
15	25575	TREAT FRACTURE RADIUS/ULNA	535.50				
15	25599	UNLISTED PROCEDURE, FOREMAN OR WRIST	MP			X	
15	25605	TREAT FRACTURE RADIUS/ULNA	535.50				
15	25606	TREAT FX DISTAL RADIAL	535.50				
15	25607	TREAT FX RAD EXTRA-ARTICUL	752.85				
15	25608	TREAT FX RAD INTRA-ARTICUL	752.85				
15	25609	TREAT FX RADIAL 3 + FRAG	752.85				
15	25624	TREAT WRIST BONE FRACTURE	468.30				
15	25628	TREAT WRIST BONE FRACTURE	535.50				
15	25635	TREAT WRIST BONE FRACTURE	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25645	TREAT WRIST BONE FRACTURE	535.50				
15	25651	PIN ULAR STYLOID FRACTURE	535.50				
15	25660	TREAT WRIST DISLOCATION	349.65				
15	25670	TREAT WRIST DISLOCATION	535.50				
15	25671	PIN RADIOULNAR DISLOCATION	349.65				
15	25675	TREAT WRIST DISLOCATION	349.65				
15	25676	TREAT WRIST DISLOCATION	468.30				
15	25680	TREAT WRIST FRACTURE	468.30				
15	25685	TREAT WRIST FRACTURE	535.50				
15	25690	TREAT WRIST DISLOCATION	349.65				
15	25695	TREAT WRIST DISLOCATION	468.30				
15	25800	FUSION OF WRIST JOINT	661.50				
15	25805	FUSION/GRAFT OF WRIST JOINT	752.85				
15	25810	FUSION/GRAFT OF WRIST JOINT	752.85				
15	25820	FUSION OF HAND BONES	661.50				
15	25825	FUSE HAND BONES WITH GRAFT	752.85				
15	25830	FUSION, RADIOULNAR JNT/ULNA	752.85				
15	25907	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	25922	AMPUTATE HAND AT WRIST	535.50				
15	25929	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	349.65				
15	26020	DRAIN HAND TENDON SHEATH	468.30				
15	26025	DRAINAGE OF PALM BURSA	349.65				
15	26030	DRAINAGE OF PALM BURSA(S)	468.30				
15	26034	TREAT HAND BONE LESION	468.30				
15	26040	RELEASE PALM CONTRACTURE	661.50				
15	26045	RELEASE PALM CONTRACTURE	535.50				
15	26055	INCISE FINGER TENDON SHEATH	468.30				
15	26060	INCISION OF FINGER TENDON	468.30				
15	26070	EXPLORE/TREAT HAND JOINT	468.30				
15	26075	EXPLORE/TREAT FINGER JOINT	661.50				
15	26080	EXPLORE/TREAT FINGER JOINT	661.50				
15	26100	BIOPSY HAND JOINT LINING	468.30				
15	26105	BIOPSY FINGER JOINT LINING	349.65				
15	26110	BIOPSY FINGER JOINT LINING	349.65				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	468.30				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	468.30				
15	26115	REMOVE HAND LESION SUBCUT	468.30				
15	26116	REMOVE HAND LESION, DEEP	468.30				
15	26117	REMOVE TUMOR, HAND/FINGER	535.50				
15	26118	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	26121	RELEASE PALM CONTRACTURE	661.50				
15	26123	RELEASE PALM CONTRACTURE	661.50				
15	26125	RELEASE PALM CONTRACTURE	661.50				
15	26130	REMOVE WRIST JOINT LINING	535.50				
15	26135	REVISE FINGER JOINT, EACH	661.50				
15	26140	REVISE FINGER JOINT, EACH	468.30				
15	26145	TENDON EXCISION, PALM/FINGER	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26160	REMOVE TENDON SHEATH LESION	535.50				
15	26170	REMOVAL OF PALM TENDON, EACH	535.50				
15	26180	REMOVAL OF FINGER TENDON	535.50				
15	26185	REMOVE FINGER BONE	661.50				
15	26200	REMOVE HAND BONE LESION	468.30				
15	26205	REMOVE/GRAFT BONE LESION	535.50				
15	26210	REMOVAL OF FINGER LESION	468.30				
15	26215	REMOVE/GRAFT FINGER LESION	535.50				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,044.75				
15	26235	PARTIAL REMOVAL, FINGER BONE	535.50				
15	26236	PARTIAL REMOVAL, FINGER BONE	535.50				
15	26250	EXTENSIVE HAND SURGERY	535.50				
15	26260	EXTENSIVE FINGER SURGERY	535.50				
15	26262	PARTIAL REMOVAL OF FINGER	468.30				
15	26320	REMOVAL OF IMPLANT FROM HAND	468.30				
15	26340	MANIPULATE FINGER WITH ANESTH	349.65				
15	26350	REPAIR FINGER/HAND TENDON	349.65				
15	26352	REPAIR/GRAFT HAND TENDON	661.50				
15	26356	REPAIR FINGER/HAND TENDON	661.50				
15	26357	REPAIR FINGER/HAND TENDON	661.50				
15	26358	REPAIR/GRAFT HAND TENDON	661.50				
15	26370	REPAIR FINGER/HAND TENDON	661.50				
15	26372	REPAIR/GRAFT HAND TENDON	661.50				
15	26373	REPAIR FINGER/HAND TENDON	535.50				
15	26390	REVISE HAND/FINGER TENDON	661.50				
15	26392	REPAIR/GRAFT HAND TENDON	535.50				
15	26410	REPAIR HAND TENDON	535.50				
15	26412	REPAIR/GRAFT HAND TENDON	535.50				
15	26415	EXCISION, HAND/FINGER TENDON	661.50				
15	26416	GRAFT HAND OR FINGER TENDON	535.50				
15	26418	REPAIR FINGER TENDON	661.50				
15	26420	REPAIR/GRAFT FINGER TENDON	661.50				
15	26426	REPAIR FINGER/HAND TENDON	535.50				
15	26428	REPAIR/GRAFT FINGER TENDON	535.50				
15	26432	REPAIR FINGER TENDON	535.50				
15	26433	REPAIR FINGER TENDON	535.50				
15	26434	REPAIR/GRAFT FINGER TENDON	535.50				
15	26437	REALIGNMENT OF TENDONS	535.50				
15	26440	RELEASE PALM/FINGER TENDON	535.50				
15	26442	RELEASE PALM & FINGER TENDON	535.50				
15	26445	RELEASE HAND/FINGER TENDON	535.50				
15	26449	RELEASE FOREARM/HAND TENDON	535.50				
15	26450	INCISION OF PALM TENDON	535.50				
15	26455	INCISION OF FINGER TENDON	535.50				
15	26460	INCISE HAND/FINGER TENDON	535.50				
15	26471	FUSION OF FINGER TENDONS	468.30				
15	26474	FUSION OF FINGER TENDONS	468.30				
15	26476	TENDON LENGTHENING	349.65				
15	26477	TENDON SHORTENING	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26478	LENGTHENING OF HAND TENDON	349.65				
15	26479	SHORTENING OF HAND TENDON	349.65				
15	26480	TRANSPLANT HAND TENDON	535.50				
15	26483	TRANSPLANT/GRAFT HAND TENDON	535.50				
15	26485	TRANSPLANT PALM TENDON	468.30				
15	26489	TRANSPLANT/GRAFT PALM TENDON	535.50				
15	26490	REVISE THUMB TENDON	535.50				
15	26492	TENDON TRANSFER WITH GRAFT	535.50				
15	26494	HAND TENDON/MUSCLE TRANSFER	535.50				
15	26496	REVISE THUMB TENDON	535.50				
15	26497	FINGER TENDON TRANSFER	535.50				
15	26498	FINGER TENDON TRANSFER	661.50				
15	26499	REVISION OF FINGER	535.50				
15	26500	HAND TENDON RECONSTRUCTION	661.50				
15	26502	HAND TENDON RECONSTRUCTION	661.50				
15	26508	RELEASE THUMB CONTRACTURE	535.50				
15	26510	THUMB TENDON TRANSFER	535.50				
15	26516	FUSION OF KNUCKLE JOINT	349.65				
15	26517	FUSION OF KNUCKLE JOINTS	535.50				
15	26518	FUSION OF KNUCKLE JOINTS	535.50				
15	26520	RELEASE KNUCKLE CONTRACTURE	535.50				
15	26525	RELEASE FINGER CONTRACTURE	535.50				
15	26530	REVISE KNUCKLE JOINT	535.50				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,044.75				
15	26535	REVISE FINGER JOINT	752.85				
15	26536	REVISE/IMPLANT FINGER JOINT	752.85				
15	26540	REPAIR HAND JOINT	661.50				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,044.75				
15	26542	REPAIR HAND JOINT WITH GRAFT	661.50				
15	26545	RECONSTRUCT FINGER JOINT	661.50				
15	26546	REPAIR NONUNION HAND	661.50				
15	26548	RECONSTRUCT FINGER JOINT	661.50				
15	26550	CONSTRUCT THUMB REPLACEMENT	468.30				
15	26555	POSITIONAL CHANGE OF FINGER	535.50				
15	26560	REPAIR OF WEB FINGER	468.30				
15	26561	REPAIR OF WEB FINGER	535.50				
15	26562	REPAIR OF WEB FINGER	661.50				
15	26565	CORRECT METACARPAL FLAW	752.85				
15	26567	CORRECT FINGER DEFORMITY	752.85				
15	26568	LENGTHEN METACARPAL/FINGER	535.50				
15	26580	REPAIR HAND DEFORMITY	752.85				
15	26587	RECONSTRUCT EXTRA FINGER	752.85				
15	26590	REPAIR FINGER DEFORMITY	752.85				
15	26591	REPAIR MUSCLES OF HAND	535.50				
15	26593	RELEASE MUSCLES OF HAND	535.50				
15	26596	EXCISION CONSTRICTING TISSUE	468.30				
15	26605	TREAT METACARPAL FRACTURE	468.30				
15	26607	TREAT METACARPAL FRACTURE	468.30				
15	26608	TREAT METACARPAL FRACTURE	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26615	TREAT METACARPAL FRACTURE	661.50				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	349.65				
15	26645	TREAT THUMB FRACTURE	349.65				
15	26650	TREAT THUMB FRACTURE	468.30				
15	26665	TREAT THUMB FRACTURE	661.50				
15	26675	TREAT HAND DISLOCATION	468.30				
15	26676	PIN HAND DISLOCATION	468.30				
15	26685	TREAT HAND DISLOCATION	535.50				
15	26686	TREAT HAND DISLOCATION	535.50				
15	26705	TREAT KNUCKLE DISLOCATION	468.30				
15	26706	PIN KNUCKLE DISLOCATION	468.30				
15	26715	TREAT KNUCKLE DISLOCATION	661.50				
15	26727	TREAT FINGER FRACTURE, EACH	1,044.75				
15	26735	TREAT FINGER FRACTURE, EACH	661.50				
15	26742	TREAT FINGER FRACTURE, EACH	468.30				
15	26746	TREAT FINGER FRACTURE, EACH	752.85				
15	26756	PIN FINGER FRACTURE, EACH	468.30				
15	26765	TREAT FINGER FRACTURE, EACH	661.50				
15	26776	PIN FINGER DISLOCATION	468.30				
15	26785	TREAT FINGER DISLOCATION	468.30				
15	26820	THUMB FUSION WITH GRAFT	752.85				
15	26841	FUSION OF THUMB	661.50				
15	26842	THUMB FUSION WITH GRAFT	661.50				
15	26843	FUSION OF HAND JOINT	535.50				
15	26844	FUSION/GRAFT OF HAND JOINT	535.50				
15	26850	FUSION OF KNUCKLE	661.50				
15	26852	FUSION OF KNUCKLE WITH GRAFT	661.50				
15	26860	FUSION OF FINGER JOINT	535.50				
15	26861	FUSION OF FINGER JNT, ADD-ON	468.30				
15	26862	FUSION/GRAFT OF FINGER JOINT	661.50				
15	26863	FUSE/GRAFT ADDED JOINT	535.50				
15	26910	AMPUTATE METACARPAL BONE	535.50				
15	26951	AMPUTATION OF FINGER/THUMB	468.30				
15	26952	AMPUTATION OF FINGER/THUMB	661.50				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	349.65				
15	26991	DRAINAGE OF PELVIS BURSA	349.65				
15	27000	INCISION OF HIP TENDON	468.30				
15	27001	INCISION OF HIP TENDON	535.50				
15	27003	INCISION OF HIP TENDON	535.50				
15	27033	EXPLORATION OF HIP JOINT	535.50				
15	27035	DENERVATION OF HIP JOINT	661.50				
15	27040	BIOPSY OF SOFT TISSUES	349.65				
15	27041	BIOPSY OF SOFT TISSUES	468.30				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	468.30				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	468.30				
15	27047	REMOVE HIP/PELVIS LESION	468.30				
15	27048	REMOVE HIP/PELVIS LESION	535.50				
15	27049	REMOVE TUMOR, HIP/PELVIS	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	27050	BIOPSY OF SACROILIAC JOINT	535.50				
15	27052	BIOPSY OF HIP JOINT	535.50				
15	27059	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	27060	REMOVAL OF ISCHIAL BURSA	752.85				
15	27062	REMOVE FEMUR LESION/BURSA	752.85				
15	27065	REMOVAL OF HIP BONE LESION	752.85				
15	27066	REMOVAL OF HIP BONE LESION	752.85				
15	27067	REMOVE/GRAFT HIP BONE LESION	752.85				
15	27080	REMOVAL OF TAIL BONE	468.30				
15	27086	REMOVE HIP FOREIGN BODY	349.65				
15	27087	REMOVE HIP FOREIGN BODY	535.50				
15	27095	WITH ANES	349.65				
15	27097	REVISION OF HIP TENDON	535.50				
15	27098	TRANSFER TENDON TO PELVIS	535.50				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	661.50				
15	27105	TRANSFER OF SPINAL MUSCLE	661.50				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	661.50				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	661.50				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	535.50				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	468.30				
15	27193	TREAT PELVIC RING FRACTURE	349.65				
15	27194	TREAT PELVIC RING FRACTURE	468.30				
15	27202	TREAT TAIL BONE FRACTURE	468.30				
15	27230	TREAT THIGH FRACTURE	349.65				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	349.65				
15	27238	TREAT THIGH FRACTURE	349.65				
15	27246	TREAT THIGH FRACTURE	349.65				
15	27250	TREAT HIP DISLOCATION	349.65				
15	27252	TREAT HIP DISLOCATION	468.30				
15	27257	TREAT HIP DISLOCATION	535.50				
15	27265	TREAT HIP DISLOCATION	349.65				
15	27266	TREAT HIP DISLOCATION	468.30				
15	27275	MANIPULATION OF HIP JOINT	468.30				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	535.50				
15	27305	INCISE THIGH TENDON & FASCIA	468.30				
15	27306	INCISION OF THIGH TENDON	535.50				
15	27307	INCISION OF THIGH TENDONS	535.50				
15	27310	EXPLORATION OF KNEE JOINT	661.50				
15	27323	BIOPSY, THIGH SOFT TISSUES	349.65				
15	27324	BIOPSY, THIGH SOFT TISSUES	349.65				
15	27327	REMOVAL OF THIGH LESION	468.30				
15	27328	REMOVAL OF THIGH LESION	535.50				
15	27329	REMOVE TUMOR, THIGH/KNEE	661.50				
15	27330	BIOPSY, KNEE JOINT LINING	661.50				
15	27331	EXPLORE/TREAT KNEE JOINT	661.50				
15	27332	REMOVAL OF KNEE CARTILAGE	661.50				
15	27333	REMOVAL OF KNEE CARTILAGE	661.50				
15	27334	REMOVE KNEE JOINT LINING	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	27335	REMOVE KNEE JOINT LINING	661.50				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	468.30				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	468.30				
15	27340	REMOVAL OF KNEECAP BURSA	535.50				
15	27345	REMOVAL OF KNEE CYST	661.50				
15	27347	REMOVE KNEE CYST	661.50				
15	27350	REMOVAL OF KNEECAP	661.50				
15	27355	REMOVE FEMUR LESION	535.50				
15	27356	REMOVE FEMUR LESION/GRAFT	661.50				
15	27357	REMOVE FEMUR LESION/GRAFT	752.85				
15	27358	REMOVE FEMUR LESION/FIXATION	752.85				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	752.85				
15	27364	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	27372	REMOVAL OF FOREIGN BODY	1,044.75				
15	27380	REPAIR OF KNEECAP TENDON	349.65				
15	27381	REPAIR/GRAFT KNEECAP TENDON	535.50				
15	27385	REPAIR OF THIGH MUSCLE	535.50				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	535.50				
15	27390	INCISION OF THIGH TENDON	349.65				
15	27391	INCISION OF THIGH TENDONS	468.30				
15	27392	INCISION OF THIGH TENDONS	535.50				
15	27393	LENGTHENING OF THIGH TENDON	468.30				
15	27394	LENGTHENING OF THIGH TENDONS	535.50				
15	27395	LENGTHENING OF THIGH TENDONS	535.50				
15	27396	TRANSPLANT OF THIGH TENDON	535.50				
15	27397	TRANSPLANTS OF THIGH TENDONS	535.50				
15	27400	REVISE THIGH MUSCLES/TENDONS	535.50				
15	27403	REPAIR OF KNEE CARTILAGE	661.50				
15	27405	REPAIR OF KNEE LIGAMENT	661.50				
15	27407	REPAIR OF KNEE LIGAMENT	661.50				
15	27409	REPAIR OF KNEE LIGAMENTS	661.50				
15	27418	REPAIR DEGENERATED KNEECAP	535.50				
15	27420	REVISION OF UNSTABLE KNEECAP	535.50				
15	27422	REVISION OF UNSTABLE KNEECAP	1,044.75				
15	27424	REVISION/REMOVAL OF KNEECAP	535.50				
15	27425	LATERAL RETINACULAR RELEASE	1,044.75				
15	27427	RECONSTRUCTION, KNEE	535.50				
15	27428	RECONSTRUCTION, KNEE	661.50				
15	27429	RECONSTRUCTION, KNEE	661.50				
15	27430	REVISION OF THIGH MUSCLES	661.50				
15	27435	INCISION OF KNEE JOINT	661.50				
15	27437	REVISE KNEECAP	661.50				
15	27438	REVISE KNEECAP WITH IMPLANT	752.85				
15	27441	REVISION OF KNEE JOINT	752.85				
15	27442	REVISION OF KNEE JOINT	752.85				
15	27443	REVISION OF KNEE JOINT	752.85				
15	27455	REALIGNMENT OF KNEE	661.50				
15	27465	SHORTENING OF FEMUR	752.85				
15	27477	REPAIR LOWER LEG EPIPHYSES	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27496	DECOMPRESSION OF THIGH/KNEE	752.85				
15	27497	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27498	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27499	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27500	TREATMENT OF THIGH FRACTURE	349.65				
15	27501	TREATMENT OF THIGH FRACTURE	468.30				
15	27502	TREATMENT OF THIGH FRACTURE	468.30				
15	27503	TREATMENT OF THIGH FRACTURE	535.50				
15	27508	TREATMENT OF THIGH FRACTURE	349.65				
15	27509	TREATMENT OF THIGH FRACTURE	535.50				
15	27510	TREATMENT OF THIGH FRACTURE	349.65				
15	27514	REPAIR OF FEMUR FRACTURE	349.65				
15	27516	TREAT THIGH FX GROWTH PLATE	349.65				
15	27517	TREAT THIGH FX GROWTH PLATE	349.65				
15	27520	TREAT KNEECAP FRACTURE	349.65				
15	27530	TREAT KNEE FRACTURE	349.65				
15	27532	TREAT KNEE FRACTURE	349.65				
15	27538	TREAT KNEE FRACTURE (S)	349.65				
15	27540	REPAIR OF KNEE FRACTURE	349.65				
15	27550	TREAT KNEE DISLOCATION	349.65				
15	27552	TREAT KNEE DISLOCATION	349.65				
15	27560	TREAT KNEECAP DISLOCATION	349.65				
15	27562	TREAT KNEECAP DISLOCATION	349.65				
15	27566	TREAT KNEECAP DISLOCATION	468.30				
15	27570	FIXATION OF KNEE JOINT	349.65				
15	27594	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	535.50				
15	27601	DECOMPRESSION OF LOWER LEG	535.50				
15	27602	DECOMPRESSION OF LOWER LEG	535.50				
15	27603	DRAIN LOWER LEG LESION	468.30				
15	27604	DRAIN LOWER LEG BURSA	468.30				
15	27605	INCISION OF ACHILLES TENDON	349.65				
15	27606	INCISION OF ACHILLES TENDON	349.65				
15	27607	TREAT LOWER LEG BONE LESION	468.30				
15	27610	EXPLORE/TREAT ANKLE JOINT	468.30				
15	27612	EXPLORATION OF ANKLE JOINT	535.50				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	468.30				
15	27615	REMOVE TUMOR, LOWER LEG	535.50				
15	27616	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				
15	27618	REMOVE LOWER LEG LESION	468.30				
15	27619	REMOVE LOWER LEG LESION	535.50				
15	27620	EXPLORE/TREAT ANKLE JOINT	661.50				
15	27625	REMOVE ANKLE JOINT LINING	661.50				
15	27626	REMOVE ANKLE JOINT LINING	661.50				
15	27630	REMOVAL OF TENDON LESION	535.50				
15	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	468.30				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	468.30				
15	27635	REMOVE LOWER LEG BONE LESION	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	27637	REMOVE/GRAFT LEG BONE LESION	535.50				
15	27638	REMOVE/GRAFT LEG BONE LESION	535.50				
15	27640	PARTIAL REMOVAL OF TIBIA	468.30				
15	27641	PARTIAL REMOVAL OF FIBULA	468.30				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	535.50				
15	27650	REPAIR ACHILLES TENDON	535.50				
15	27652	REPAIR/GRAFT ACHILLES TENDON	535.50				
15	27654	REPAIR OF ACHILLES TENDON	535.50				
15	27656	REPAIR LEG FASCIA DEFECT	468.30				
15	27658	REPAIR OF LEG TENDON, EACH	349.65				
15	27659	REPAIR OF LEG TENDON, EACH	468.30				
15	27664	REPAIR OF LEG TENDON, EACH	468.30				
15	27665	REPAIR OF LEG TENDON, EACH	468.30				
15	27675	REPAIR LOWER LEG TENDONS	468.30				
15	27676	REPAIR LOWER LEG TENDONS	535.50				
15	27680	RELEASE OF LOWER LEG TENDON	535.50				
15	27681	RELEASE OF LOWER LEG TENDONS	468.30				
15	27685	REVISION OF LOWER LEG TENDON	535.50				
15	27686	REVISE LOWER LEG TENDONS	535.50				
15	27687	REVISION OF CALF TENDON	535.50				
15	27690	REVISE LOWER LEG TENDON	661.50				
15	27691	REVISE LOWER LEG TENDON	661.50				
15	27692	REVISE ADDITIONAL LEG TENDON	535.50				
15	27695	REPAIR OF ANKLE LIGAMENT	468.30				
15	27696	REPAIR OF ANKLE LIGAMENTS	468.30				
15	27698	REPAIR OF ANKLE LIGAMENT	468.30				
15	27700	REVISION OF ANKLE JOINT	752.85				
15	27704	REMOVAL OF ANKLE IMPLANT	468.30				
15	27705	INCISION OF TIBIA	468.30				
15	27707	INCISION OF FIBULA	468.30				
15	27709	INCISION OF TIBIA & FIBULA	468.30				
15	27715	REVISION OF LOWER LEG	752.85				
15	27720	REPAIR OF TIBIA	349.65				
15	27730	REPAIR OF TIBIA EPIPHYSIS	468.30				
15	27732	REPAIR OF FIBULA EPIPHYSIS	468.30				
15	27734	REPAIR LOWER LEG EPIPHYSES	468.30				
15	27740	REPAIR OF LEG EPIPHYSES	468.30				
15	27742	REPAIR OF LEG EPIPHYSES	468.30				
15	27745	REINFORCE TIBIA	535.50				
15	27750	TREATMENT OF TIBIA FRACTURE	349.65				
15	27752	TREATMENT OF TIBIA FRACTURE	349.65				
15	27756	TREATMENT OF TIBIA FRACTURE	535.50				
15	27758	TREATMENT OF TIBIA FRACTURE	661.50				
15	27759	TREATMENT OF TIBIA FRACTURE	661.50				
15	27760	CLTX MEDIAL ANKLE FX	349.65				
15	27762	CLTX MED ANKLE FX W/MNPJ	349.65				
15	27766	TREATMENT OF ANKLE FRACTURE	535.50				
15	27780	TREATMENT OF FIBULA FRACTURE	349.65				
15	27781	TREATMENT OF FIBULA FRACTURE	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27784	TREATMENT OF FIBULA FRACTURE	535.50				
15	27786	TREATMENT OF ANKLE FRACTURE	349.65				
15	27788	TREATMENT OF ANKLE FRACTURE	349.65				
15	27792	TREATMENT OF ANKLE FRACTURE	535.50				
15	27808	TREATMENT OF ANKLE FRACTURE	349.65				
15	27810	TREATMENT OF ANKLE FRACTURE	349.65				
15	27814	TREATMENT OF ANKLE FRACTURE	535.50				
15	27816	TREATMENT OF ANKLE FRACTURE	349.65				
15	27818	TREATMENT OF ANKLE FRACTURE	349.65				
15	27822	TREATMENT OF ANKLE FRACTURE	535.50				
15	27823	TREATMENT OF ANKLE FRACTURE	535.50				
15	27824	TREAT LOWER LEG FRACTURE	349.65				
15	27825	TREAT LOWER LEG FRACTURE	468.30				
15	27826	TREAT LOWER LEG FRACTURE	535.50				
15	27827	TREAT LOWER LEG FRACTURE	535.50				
15	27828	TREAT LOWER LEG FRACTURE	661.50				
15	27829	TREAT LOWER LEG JOINT	468.30				
15	27830	TREAT LOWER LEG DISLOCATION	349.65				
15	27831	TREAT LOWER LEG DISLOCATION	349.65				
15	27832	TREAT LOWER LEG DISLOCATION	468.30				
15	27840	TREAT ANKLE DISLOCATION	349.65				
15	27842	TREAT ANKLE DISLOCATION	349.65				
15	27846	TREAT ANKLE DISLOCATION	535.50				
15	27848	TREAT ANKLE DISLOCATION	535.50				
15	27860	FIXATION OF ANKLE JOINT	349.65				
15	27870	FUSION OF ANKLE JOINT	661.50				
15	27871	FUSION OF TIBIOFIBULAR JOINT	661.50				
15	27884	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27888	AMPUTATION OF FOOT AT ANKLE	535.50				
15	27889	AMPUTATION OF FOOT AT ANKLE	535.50				
15	27892	DECOMPRESSION OF LEG	535.50				
15	27893	DECOMPRESSION OF LEG	535.50				
15	27894	DECOMPRESSION OF LEG	535.50				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	535.50				
15	28003	TREATMENT OF FOOT INFECTION	535.50				
15	28005	TREAT FOOT BONE LESION	535.50				
15	28008	INCISION OF FOOT FASCIA	535.50				
15	28011	INCISION OF TOE TENDONS	535.50				
15	28020	EXPLORATION OF FOOT JOINT	468.30				
15	28022	EXPLORATION OF FOOT JOINT	468.30				
15	28024	EXPLORATION OF TOE JOINT	468.30				
15	28035	DECOMPRESSION OF TIBIA NERVE	661.50				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	349.65				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	468.30				
15	28043	EXCISION OF FOOT LESION	468.30				
15	28045	EXCISION OF FOOT LESION	535.50				
15	28046	RESECTION OF TUMOR, FOOT	535.50				
15	28047	RADICAL RESECTION OF TUMOR (EG, MALI	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28050	BIOPSY OF FOOT JOINT LINING	468.30				
15	28052	BIOPSY OF FOOT JOINT LINING	468.30				
15	28054	BIOPSY OF TOE JOINT LINING	468.30				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	468.30				
15	28062	REMOVAL OF FOOT FASCIA	535.50				
15	28070	REMOVAL OF FOOT JOINT LINING	535.50				
15	28072	REMOVAL OF FOOT JOINT LINING	535.50				
15	28080	REMOVAL OF FOOT LESION	535.50				
15	28086	EXCISE FOOT TENDON SHEATH	468.30				
15	28088	EXCISE FOOT TENDON SHEATH	468.30				
15	28090	REMOVAL OF FOOT LESION	535.50				
15	28092	REMOVAL OF TOE LESIONS	535.50				
15	28100	REMOVAL OF ANKLE/HEEL LESION	468.30				
15	28102	REMOVE/GRAFT FOOT LESION	535.50				
15	28103	REMOVE/GRAFT FOOT LESION	535.50				
15	28104	REMOVAL OF FOOT LESION	468.30				
15	28106	REMOVE/GRAFT FOOT LESION	535.50				
15	28107	REMOVE/GRAFT FOOT LESION	535.50				
15	28108	REMOVAL OF TOE LESIONS	535.50				
15	28110	PART REMOVAL OF METATARSAL	535.50				
15	28111	PART REMOVAL OF METATARSAL	535.50				
15	28112	PART REMOVAL OF METATARSAL	535.50				
15	28113	PART REMOVAL OF METATARSAL	535.50				
15	28114	REMOVAL OF METATARSAL HEADS	535.50				
15	28116	REVISION OF FOOT	535.50				
15	28118	REMOVAL OF HEEL BONE	661.50				
15	28119	REMOVAL OF HEEL SPUR	661.50				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,044.75				
15	28122	PARTIAL REMOVAL OF FOOT BONE	535.50				
15	28124	PARTIAL REMOVAL OF TOE	535.50				
15	28126	PARTIAL REMOVAL OF TOE	535.50				
15	28130	REMOVAL OF ANKLE BONE	535.50				
15	28140	REMOVAL OF METATARSAL	535.50				
15	28150	REMOVAL OF TOE	535.50				
15	28153	PARTIAL REMOVAL OF TOE	535.50				
15	28160	PARTIAL REMOVAL OF TOE	535.50				
15	28171	EXTENSIVE FOOT SURGERY	535.50				
15	28173	EXTENSIVE FOOT SURGERY	535.50				
15	28175	EXTENSIVE FOOT SURGERY	535.50				
15	28190	REMOVAL OF FOOT FOREIGN BODY	349.65				
15	28192	REMOVAL OF FOOT FOREIGN BODY	468.30				
15	28193	REMOVAL OF FOOT FOREIGN BODY	661.50				
15	28200	REPAIR OF FOOT TENDON	535.50				
15	28202	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28208	REPAIR OF FOOT TENDON	535.50				
15	28210	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28222	RELEASE OF FOOT TENDONS	349.65				
15	28225	RELEASE OF FOOT TENDON	349.65				
15	28226	RELEASE OF FOOT TENDONS	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28230	INCISION OF FOOT TENDON (S)	349.65				
15	28232	INCISION OF TOE TENDON	468.30				
15	28234	INCISION OF FOOT TENDON	468.30				
15	28238	REVISION OF FOOT TENDON	535.50				
15	28240	RELEASE OF BIG TOE	468.30				
15	28250	REVISION OF FOOT FASCIA	535.50				
15	28260	RELEASE OF MIDFOOT JOINT	535.50				
15	28261	REVISION OF FOOT TENDON	535.50				
15	28262	REVISION OF FOOT AND ANKLE	661.50				
15	28264	RELEASE OF MIDFOOT JOINT	349.65				
15	28270	RELEASE OF FOOT CONTRACTURE	535.50				
15	28280	FUSION OF TOES	468.30				
15	28285	REPAIR OF HAMMERTOES	535.50				
15	28286	REPAIR OF HAMMERTOES	661.50				
15	28288	PARTIAL REMOVAL OF FOOT BONE	535.50				
15	28289	REPAIR HALLUX RIGIDUS	535.50				
15	28290	CORRECTION OF BUNION	468.30				
15	28292	CORRECTION OF BUNION	468.30				
15	28293	CORRECTION OF BUNION	535.50				
15	28294	CORRECTION OF BUNION	535.50				
15	28296	CORRECTION OF BUNION	535.50				
15	28297	CORRECTION OF BUNION	535.50				
15	28298	CORRECTION OF BUNION	535.50				
15	28299	CORRECTION OF BUNION	752.85				
15	28300	INCISION OF HEEL BONE	468.30				
15	28302	INCISION OF ANKLE BONE	468.30				
15	28304	INCISION OF MIDFOOT BONES	468.30				
15	28305	INCISE/GRAFT MIDFOOT BONES	535.50				
15	28306	INCISION OF METATARSAL	661.50				
15	28307	INCISION OF METATARSAL	661.50				
15	28308	INCISION OF METATARSAL	468.30				
15	28309	INCISION OF METATARSALS	661.50				
15	28310	REVISION OF BIG TOE	535.50				
15	28312	REVISION OF TOE	535.50				
15	28313	REPAIR DEFORMITY OF TOE	468.30				
15	28315	REMOVAL OF SESAMOID BONE	661.50				
15	28320	REPAIR OF FOOT BONES	661.50				
15	28322	REPAIR OF METATARSALS	661.50				
15	28340	RESECT ENLARGED TOE TISSUE	661.50				
15	28341	RESECT ENLARGED TOE	661.50				
15	28344	REPAIR EXTRA TOE(S)	661.50				
15	28345	REPAIR WEBBED TOE(S)	661.50				
15	28400	TREATMENT OF HEEL FRACTURE	349.65				
15	28405	TREATMENT OF HEEL FRACTURE	468.30				
15	28406	TREATMENT OF HEEL FRACTURE	468.30				
15	28415	TREAT HEEL FRACTURE	535.50				
15	28420	TREAT/GRAFT HEEL FRACTURE	661.50				
15	28435	TREATMENT OF ANKLE FRACTURE	468.30				
15	28436	TREATMENT OF ANKLE FRACTURE	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28445	TREAT ANKLE FRACTURE	535.50				
15	28456	TREAT MIDFOOT FRACTURE	468.30				
15	28465	TREAT MIDFOOT FRACTURE, EACH	535.50				
15	28476	TREAT METATARSAL FRACTURE	468.30				
15	28485	TREAT METATARSAL FRACTURE	661.50				
15	28496	TREAT BIG TOE FRACTURE	468.30				
15	28505	TREAT BIG TOE FRACTURE	535.50				
15	28525	TREAT TOE FRACTURE	535.50				
15	28531	TREAT SESAMOID BONE FRACTURE	535.50				
15	28545	TREAT FOOT DISLOCATION	349.65				
15	28546	TREAT FOOT DISLOCATION	468.30				
15	28555	REPAIR FOOT DISLOCATION	468.30				
15	28575	TREAT FOOT DISLOCATION	349.65				
15	28576	TREAT FOOT DISLOCATION	535.50				
15	28585	REPAIR FOOT DISLOCATION	535.50				
15	28600	TREAT FOOT DISLOCATION	349.65				
15	28605	TREAT FOOT DISLOCATION	349.65				
15	28606	TREAT FOOT DISLOCATION	468.30				
15	28615	REPAIR FOOT DISLOCATION	535.50				
15	28635	TREAT TOE DISLOCATION	349.65				
15	28636	TREAT TOE DISLOCATION	535.50				
15	28645	REPAIR TOE DISLOCATION	535.50				
15	28660	TREAT TOE DISLOCATION	349.65				
15	28665	TREAT TOE DISLOCATION	349.65				
15	28666	TREAT TOE DISLOCATION	535.50				
15	28675	REPAIR OF TOE DISLOCATION	535.50				
15	28705	FUSION OF FOOT BONES	661.50				
15	28715	FUSION OF FOOT BONES	661.50				
15	28725	FUSION OF FOOT BONES	661.50				
15	28730	FUSION OF FOOT BONES	661.50				
15	28735	FUSION OF FOOT BONES	661.50				
15	28737	REVISION OF FOOT BONES	752.85				
15	28740	FUSION OF FOOT BONES	661.50				
15	28750	FUSION OF BIG TOE JOINT	661.50				
15	28755	FUSION OF BIG TOE JOINT	661.50				
15	28760	FUSION OF BIG TOE JOINT	661.50				
15	28810	AMPUTATION TOE & METATARSAL	468.30				
15	28820	AMPUTATION OF TOE	468.30				
15	28825	PARTIAL AMPUTATION OF TOE	468.30				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29030	SPINAL BONE ALLOGRAFT	349.65				
15	29031	SPINAL BONE ALLOGRAFT	349.65				
15	29800	JAW ARTHROSCOPY/SURGERY	535.50				
15	29804	JAW ARTHROSCOPY/SURGERY	535.50				
15	29805	SHOULDER ARTHROSCOPY, DX	535.50				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29821	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	752.85				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	535.50				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	752.85				
15	29830	ELBOW ARTHROSCOPY	535.50				
15	29834	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29835	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29836	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29837	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29838	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29840	WRIST ARTHROSCOPY	535.50				
15	29843	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29844	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29845	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29846	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29847	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29848	WRIST ENDOSCOPY/SURGERY	1,405.95				
15	29850	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29851	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	661.50				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	661.50				
15	29860	HIP ARTHROSCOPY, DX	661.50				
15	29861	HIP ARTHROSCOPY/SURGERY	661.50				
15	29862	HIP ARTHROSCOPY/SURGERY	1,405.95				
15	29863	HIP ARTHROSCOPY/SURGERY	661.50				
15	29870	KNEE ARTHROSCOPY, DX	535.50				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	535.50				
15	29873	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29874	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29875	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29876	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29877	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29879	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	661.50				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	661.50				
15	29882	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29883	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29884	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29885	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29886	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29887	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29888	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29889	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29891	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29892	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,405.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29894	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29895	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29897	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29898	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29899	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29900	MCP JOINT ARTHROSCOPY, DX	535.50				
15	29901	MCP JOINT ARTHROSCOPY, SURG	535.50				
15	29902	MCP JOINT ARTHROSCOPY, SURG	535.50				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	661.50				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	661.50				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	661.50				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	349.65				
15	30100	INTRANASAL BIOPSY	349.65				
15	30110	REMOVAL OF NOSE POLY(S)	349.65				
15	30115	REMOVAL OF NOSE POLYP(S)	468.30				
15	30117	REMOVAL OF INTRANASAL LESION	535.50				
15	30118	REMOVAL OF INTRANASAL LESION	535.50				
15	30120	REVISION OF NOSE	349.65				
15	30125	REMOVAL OF NOSE LESION	468.30				
15	30130	REMOVAL OF TURBINATE BONES	535.50				
15	30140	REMOVAL OF TURBINATE BONES	468.30				
15	30150	PARTIAL REMOVAL OF NOSE	535.50				
15	30160	REMOVAL OF NOSE	661.50				
15	30210	NASAL SINUS THERAPY	349.65				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	535.50				
15	30300	REMOVE NASAL FOREIGN BODY	349.65				
15	30310	REMOVE NASAL FOREIGN BODY	349.65				
15	30320	REMOVE NASAL FOREIGN BODY	468.30				
15	30400	RECONSTRUCTION OF NOSE	661.50				
15	30410	RECONSTRUCTION OF NOSE	752.85				
15	30420	RECONSTRUCTION OF NOSE	752.85				
15	30430	REVISION OF NOSE	535.50				
15	30435	REVISION OF NOSE	752.85				
15	30450	REVISION OF NOSE	1,044.75				
15	30460	REVISION OF NOSE	1,044.75				
15	30462	REVISION OF NOSE	1,405.95				
15	30465	REPAIR NASAL STENOSIS	1,405.95				
15	30520	REPAIR OF NASAL SEPTUM	661.50				
15	30540	REPAIR NASAL DEFECT	752.85				
15	30545	REPAIR NASAL DEFECT	752.85				
15	30560	RELEASE OF NASAL ADHESIONS	468.30				
15	30580	REPAIR UPPER JAW FISTULA	661.50				
15	30600	REPAIR MOUTH/NOSE FISTULA	661.50				
15	30620	INTRANASAL RECONSTRUCTION	1,044.75				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,044.75				
15	30801	CAUTERIZATION, INNER NOSE	349.65				
15	30802	CAUTERIZATION, INNER NOSE	349.65				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	30903	CONTROL OF NOSEBLEED	349.65				
15	30905	CONTROL OF NOSEBLEED	349.65				
15	30906	REPEAT CONTROL OF NOSEBLEED	349.65				
15	30915	LIGATION, NASAL SINUS ARTERY	468.30				
15	30920	LIGATION, UPPER JAW ARTERY	535.50				
15	30930	THERAPY, FRACTURE OF NOSE	661.50				
15	30999	NASAL SURGERY PROCEDURE	MP				X
15	31000	IRRIGATION MAXILLARY SINUS	349.65				
15	31002	IRRIGATION SPHENOID SINUS	349.65				
15	31020	EXPLORATION, MAXILLARY SINUS	468.30				
15	31030	EXPLORATION, MAXILLARY SINUS	535.50				
15	31032	EXPLORE SINUS,REMOVE POLYPS	661.50				
15	31050	EXPLORATION, SPHENOID SINUS	468.30				
15	31051	SPHENOID SINUS SURGERY	661.50				
15	31070	EXPLORATION OF FRONTAL SINUS	468.30				
15	31075	EXPLORATION OF FRONTAL SINUS	661.50				
15	31080	REMOVAL OF FRONTAL SINUS	661.50				
15	31081	REMOVAL OF FRONTAL SINUS	661.50				
15	31084	REMOVAL OF FRONTAL SINUS	661.50				
15	31085	REMOVAL OF FRONTAL SINUS	661.50				
15	31086	REMOVAL OF FRONTAL SINUS	661.50				
15	31087	REMOVAL OF FRONTAL SINUS	661.50				
15	31090	EXPLORATION OF SINUSES	752.85				
15	31200	REMOVAL OF ETHMOID SINUS	468.30				
15	31201	REMOVAL OF ETHMOID SINUS	752.85				
15	31205	REMOVAL OF ETHMOID SINUS	535.50				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	468.30				
15	31233	NASAL/SINUS ENDOSCOPY, DX	468.30				
15	31235	NASAL/SINUS ENDOSCOPY, DX	349.65				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	468.30				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	349.65				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	661.50				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	468.30				
15	31254	REVISION OF ETHMOID SINUS	535.50				
15	31255	REMOVAL OF ETHMOID SINUS	752.85				
15	31256	EXPLORATION MAXILLARY SINUS	535.50				
15	31267	ENDOSCOPY, MAXILLARY SINUS	535.50				
15	31276	SINUS ENDOSCOPY, SURGICAL	535.50				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	535.50				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	535.50				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31299	SINUS SURGERY PROCEDURE	MP				X
15	31300	REMOVAL OF LARYNX LESION	752.85				
15	31320	DIAGNOSTIC INCISION, LARYNX	468.30				
15	31400	REVISION OF LARYNX	468.30				
15	31420	REMOVAL OF EPIGLOTTIS	468.30				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31510	LARYNGOSCOPY WITH BIOPSY	468.30				
15	31511	REMOVE FOREIGN BODY, LARYNX	468.30				
15	31512	REMOVAL OF LARYNX LESION	468.30				
15	31513	INJECTION INTO VOCAL CORD	468.30				
15	31515	LARYNGOSCOPY FOR ASPIRATION	349.65				
15	31520	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31525	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31526	DIAGNOSTIC LARYNGOSCOPY	468.30				
15	31527	LARYNGOSCOPY FOR TREATMENT	349.65				
15	31528	LARYNGOSCOPY AND DILATION	468.30				
15	31529	LARYNGOSCOPY AND DILATION	468.30				
15	31530	OPERATIVE LARYNGOSCOPY	468.30				
15	31531	OPERATIVE LARYNGOSCOPY	535.50				
15	31535	OPERATIVE LARYNGOSCOPY	468.30				
15	31536	OPERATIVE LARYNGOSCOPY	535.50				
15	31540	OPERATIVE LARYNGOSCOPY	535.50				
15	31541	OPERATIVE LARYNGOSCOPY	661.50				
15	31545	REMOVE VC LESION W/SCOPE	661.50				
15	31546	REMOVE VC SCOPE/GRAFT	661.50				
15	31560	OPERATIVE LARYNGOSCOPY	752.85				
15	31561	OPERATIVE LARYNGOSCOPY	752.85				
15	31570	LARYNGOSCOPY WITH INJECTION	468.30				
15	31571	LARYNGOSCOPY WITH INJECTION	468.30				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	468.30				
15	31576	LARYNGOSCOPY WITH BIOPSY	468.30				
15	31577	REMOVE FOREIGN BODY, LARYNX	468.30				
15	31578	REMOVAL OF LARYNX LESION	468.30				
15	31580	REVISION OF LARYNX	752.85				
15	31582	REVISION OF LARYNX	752.85				
15	31588	REVISION OF LARYNX	752.85				
15	31590	REINNERVATE LARYNX	752.85				
15	31595	LARYNX NERVE SURGERY	468.30				
15	31599	LARYNX SURGERY PROCEDURE					
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	349.65	15 99		X	
15	31611	SURGERY/SPEECH PROSTHESIS	535.50				
15	31612	PUNCTURE/CLEAR WINDPIPE	349.65				
15	31613	REPAIR WINDPIPE OPENING	468.30				
15	31614	REPAIR WINDPIPE OPENING	468.30				
15	31615	VISUALIZATION OF WINDPIPE	349.65				
15	31620	ENDOBONCHIAL US ADD-ON	349.65				
15	31622	DX BRONCHOSCOPE/WASH	349.65				
15	31623	DX BRONCHOSCOPE/BRUSH	468.30				
15	31624	DX BRONCHOSCOPE/LAVAGE	468.30				
15	31625	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31628	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31629	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31630	BRONCHOSCOPY WITH REPAIR	468.30				
15	31631	BRONCHOSCOPY WITH DILATION	468.30				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	31635	REMOVE FOREIGN BODY, AIRWAY	468.30				
15	31636	BRONCHOSCOPY, BRONCH STENTS	468.30				
15	31637	BRONCHOSCOPY, STENT ADD-ON	349.65				
15	31638	BRONCHOSCOPY, REVISE STENT	468.30				
15	31640	BRONCHOSCOPY & REMOVE LESION	468.30				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	468.30				
15	31643	DIAG BRONCHOSCOPE/CATHETER	468.30				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	349.65				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	349.65				
15	31656	BRONCHOSCOPY, INJ FOR XRAY	349.65				
15	31717	BRONCHIAL BRUSH BIOPSY	349.65				
15	31720	CLEARANCE OF AIRWAYS	349.65				
15	31730	INTRO, WINDPIPE WIRE/TUBE	349.65				
15	31750	REPAIR OF WINDPIPE	752.85				
15	31755	REPAIR OF WINDPIPE	468.30				
15	31820	CLOSURE OF WINDPIPE LESION	349.65				
15	31825	REPAIR OF WINDPIPE DEFECT	468.30				
15	31830	REVISE WINDPIPE SCAR	468.30				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP			X	
15	32400	NEEDLE BIOPSY CHEST LINING	349.65				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	349.65				
15	32420	PUNCTURE/CLEAR LUNG	349.65				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	349.65				
15	32999	CHEST SURGERY PROCEDURE	MP			X	
15	33010	DRAINAGE OF HEART SAC	468.30				
15	33011	REPEAT DRAINAGE OF HEART SAC	468.30				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	535.50				
15	33222	REVISE POCKET, PACEMAKER	468.30				
15	33223	REVISE POCKET, PACING-DEFIB	468.30				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	468.30				
15	33999	CARDIAC SURGERY PROCEDURE	MP			X	
15	35188	REPAIR BLOOD VESSEL LESION	661.50				
15	35190	REPAIR BLOOD VESSEL LESION	661.50				
15	35206	REPAIR BLOOD VESSEL LESION	661.50				
15	35207	REPAIR BLOOD VESSEL LESION	661.50				
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	349.65				
15	35875	REMOVAL OF CLOT IN GRAFT	1,405.95				
15	35876	REMOVAL OF CLOT IN GRAFT	1,405.95				
15	36260	INSERTION OF INFUSION PUMP	535.50				
15	36261	REVISION OF INFUSION PUMP	468.30				
15	36262	REMOVAL OF INFUSION PUMP	349.65				
15	36299	UNLISTED VASCULAR INJECTION	MP			X	
15	36475	ENDOVENOUS RF, 1ST VEIN	535.50				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	535.50				
15	36478	ENDOVENOUS LASER, 1ST VEIN	535.50				
15	36479	ENDOVENOUS LASER VEIN ADDON	535.50				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,405.95				
15	36555	INSERT NON-TUNNEL CV CATH	349.65				
15	36556	INSERT NON-TUNNEL CV CATH	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	36557	INSERT TUNNELED CV CATH	468.30				
15	36558	INSERT TUNNELED CV CATH	468.30				
15	36560	INSERT TUNNELED CV CATH	535.50				
15	36561	INSERT TUNNELED CV CATH	535.50				
15	36563	INSERT TUNNELED CV CATH	535.50				
15	36565	INSERT TUNNELED CV CATH	535.50				
15	36566	INSERT TUNNELED CV CATH	535.50				
15	36568	INSERT PERIPHERALLY CV CATH	349.65				
15	36569	INSERT PERIPHERALLY CV CATH	349.65				
15	36570	INSERT PERIPHERALLY CV CATH	535.50				
15	36571	INSERT PERIPHERALLY CV CATH	535.50				
15	36575	REPAIR TUNNELED/NON-TUNNELED	468.30				
15	36576	REPAIR CV ACCESS	468.30				
15	36578	REPLACE CV ACCESS	468.30				
15	36580	REPLACE COMPLETE non-tunnel	349.65				
15	36581	REPLACE COMPLETE tunneled	468.30				
15	36582	REPLACE COMPLETE tunneled	535.50				
15	36583	REPLACE COMPLETE tunneled	535.50				
15	36584	REPLACE COMPLETE peripherally	349.65				
15	36585	REPLACE COMPLETE peripherally	535.50				
15	36589	REMOVE TUNNELED CV CATH	349.65				
15	36590	REMOVE TUNNELED CV ACCESS	349.65				
15	36640	INSERTION CATHETER, ARTERY	349.65				
15	36660	INSERTION CATHETER, ARTERY	1,405.95				
15	36800	INSERTION OF CANNULA	535.50				
15	36810	INSERTION OF CANNULA	535.50				
15	36815	INSERTION OF CANNULA	535.50				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	535.50				
15	36819	AV FUSION/UPPR ARM VEIN	535.50				
15	36820	AV FUSION/FOREARM VEIN	535.50				
15	36821	AV FUSION DIRECT ANY SITE	535.50				
15	36825	ARTERY-VEIN GRAFT	661.50				
15	36830	ARTERY-VEIN GRAFT	661.50				
15	36831	OPEN THROMBECT AV FISTULA	1,405.95				
15	36832	AV FISTULA REVISION, OPEN	661.50				
15	36833	AV FISTULA REVISION	661.50				
15	36835	ARTERY TO VEIN SHUNT	661.50				
15	36860	EXTERNAL CANNULA DECLOTTING	468.30				
15	36861	CANNULA DECLOTTING	535.50				
15	36870	PERCUT THROMBECT AV FISTULA	1,405.95				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	661.50				
15	37200	TRANSCATHETER BIOPSY	661.50				
15	37201	TRANSCATHETER THERAPY, INFUSION FOR	661.50				
15	37204	TRANSCATHETER OCCULUSION OR EMBOLIZA	752.85				
15	37205	TRANSCATHETER PLACEMENT OF AN INTRA	661.50				
15	37206	TRANSCATHETER PLACEMENT OF AN INTRA	661.50				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	349.65				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	349.65				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	349.65				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	535.50				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X		
15	37607	LIGATION OF A-V FISTULA	535.50				
15	37609	TEMPORAL ARTERY PROCEDURE	468.30				
15	37650	REVISION OF MAJOR VEIN	468.30				
15	37700	REVISE LEG VEIN	468.30				
15	37718	LIGATE/STRIP SHORT LEG VEIN	535.50				
15	37722	LIGATE/STRIP LONG LEG VIEW	535.50				
15	37735	REMOVAL OF LEG VEINS/LESION	535.50				
15	37760	REVISION OF LEG VEINS	535.50				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	535.50				
15	37780	REVISION OF LEG VEIN	535.50				
15	37785	REVISE SECONDARY VARICOSITY	535.50				
15	37790	PENILE VENOUS OCCLUSION	535.50				
15	37799	VASCULAR SURGERY PROCEDURE	MP		X		
15	37813	REMOVE HEPATIC SHUNT (TIPS)	661.50				
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38205	HARVEST ALLOGENIC STEM CELLS	1,405.95				
15	38206	HARVEST AUTO STEM CELLS	1,405.95				
15	38300	DRAINAGE, LYMPH NODE LESION	349.65				
15	38305	DRAINAGE, LYMPH NODE LESION	468.30				
15	38308	INCISION OF LYMPH CHANNELS	468.30				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38505	NEEDLE BIOPSY, LYMPH NODES	349.65				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38542	EXPLORE DEEP NODE(S), NECK	468.30				
15	38550	REMOVAL, NECK/ARMPIT LESION	535.50				
15	38555	REMOVAL, NECK/ARMPIT LESION	661.50				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,405.95				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,405.95				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,405.95				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	535.50				
15	38740	REMOVE ARMPIT LYMPH NODES	468.30				
15	38745	REMOVE ARMPIT LYMPH NODES	661.50				
15	38760	REMOVE GROIN LYMPH NODES	468.30				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	535.50				
15	39499	MEDIASTINAL PROCEDURE	MP		X		
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	349.65				
15	40500	PARTIAL EXCISION OF LIP	468.30				
15	40510	PARTIAL EXCISION OF LIP	468.30				
15	40520	PARTIAL EXCISION OF LIP	468.30				
15	40525	RECONSTRUCT LIP WITH FLAP	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	40527	RECONSTRUCT LIP WITH FLAP	468.30				
15	40530	PARTIAL REMOVAL OF LIP	468.30				
15	40650	REPAIR LIP	535.50				
15	40652	REPAIR LIP	535.50				
15	40654	REPAIR LIP	535.50				
15	40700	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40701	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40702	REPAIR CLEFT LIP	1,044.75				
15	40720	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40761	REPAIR CLEFT LIP/NASAL	535.50				
15	40799	LIP SURGERY PROCEDURE	MP			X	
15	40800	DRAINAGE OF MOUTH LESION	349.65				
15	40801	DRAINAGE OF MOUTH LESION	468.30				
15	40804	REMOVAL FOREIGN BODY, MOUTH	349.65				
15	40806	INCISION OF LIP FOLD	349.65				
15	40808	BIOPSY OF MOUTH LESION	349.65				
15	40810	EXCISION OF MOUTH LESION	349.65				
15	40812	EXCISE/REPAIR MOUTH LESION	468.30				
15	40814	EXCISE/REPAIR MOUTH LESION	468.30				
15	40816	EXCISION OF MOUTH LESION	468.30				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	349.65				
15	40819	EXCISE LIP OR CHEEK FOLD	349.65				
15	40820	TREATMENT OF MOUTH LESION	349.65				
15	40830	REPAIR MOUTH LACERATION	349.65				
15	40831	REPAIR MOUTH LACERATION	349.65				
15	40840	RECONSTRUCTION OF MOUTH	468.30				
15	40842	RECONSTRUCTION OF MOUTH	535.50				
15	40843	RECONSTRUCTION OF MOUTH	535.50				
15	40844	RECONSTRUCTION OF MOUTH	752.85				
15	40845	RECONSTRUCTION OF MOUTH	752.85				
15	40899	MOUTH SURGERY PROCEDURE	MP			X	
15	41005	DRAINAGE OF MOUTH LESION	349.65				
15	41006	DRAINAGE OF MOUTH LESION	349.65				
15	41007	DRAINAGE OF MOUTH LESION	349.65				
15	41008	DRAINAGE OF MOUTH LESION	349.65				
15	41009	DRAINAGE OF MOUTH LESION	349.65				
15	41010	INCISION OF TONGUE FOLD	349.65				
15	41015	DRAINAGE OF MOUTH LESION	349.65				
15	41016	DRAINAGE OF MOUTH LESION	349.65				
15	41017	DRAINAGE OF MOUTH LESION	349.65				
15	41018	DRAINAGE OF MOUTH LESION	349.65				
15	41100	BIOPSY OF TONGUE	349.65				
15	41108	BIOPSY OF FLOOR OF MOUTH	349.65				
15	41112	EXCISION OF TONGUE LESION	468.30				
15	41113	EXCISION OF TONGUE LESION	468.30				
15	41114	EXCISION OF TONGUE LESION	468.30				
15	41115	EXCISION OF TONGUE FOLD	349.65				
15	41116	EXCISION OF MOUTH LESION	349.65				
15	41120	PARTIAL REMOVAL OF TONGUE	752.85				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41250	REPAIR TONGUE LACERATION	468.30				
15	41251	REPAIR TONGUE LACERATION	468.30				
15	41252	REPAIR TONGUE LACERATION	468.30				
15	41500	FIXATION OF TONGUE	349.65				
15	41510	TONGUE TO LIP SURGERY	349.65				
15	41520	RECONSTRUCTION, TONGUE FOLD	468.30				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	349.65				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	349.65				
15	41821	EXCISION OF GUM FLAP	349.65				
15	41822	EXCISION OF GUM LESION	349.65				
15	41823	EXCISION OF GUM LESION	349.65				
15	41826	EXCSION OF GUM LESION	349.65				
15	41827	EXCISION OF GUM LESION	468.30				
15	41870	GUM GRAFT	349.65				
15	41874	REPAIR TOOTH SOCKET	349.65				
15	41899	GUM SURGERY PROCEDURE	349.65				
15	42000	DRAINAGE MOUTH ROOF LESION	468.30				
15	42100	BIOPSY ROOF OF MOUTH	349.65				
15	42104	EXCISION LESION, MOUTH ROOF	349.65				
15	42106	EXCISION LESION, MOUTH ROOF	349.65				
15	42107	EXCISION LESION, MOUTH ROOF	468.30				
15	42120	REMOVE PALATE/LESION	661.50				
15	42140	EXCISION OF UVULA	468.30				
15	42145	REPAIR PALATE, PHARYNX/UVULA	752.85				
15	42160	TREATMENT MOUTH ROOF LESION	349.65				
15	42180	REPAIR PALATE	349.65				
15	42182	REPAIR PALATE	468.30				
15	42200	RECONSTRUCT CLEFT PALATE	752.85				
15	42205	RECONSTRUCT CLEFT PALATE	752.85				
15	42210	RECONSTRUCT CLEFT PALATE	752.85				
15	42215	RECONSTRUCT CLEFT PALATE	1,044.75				
15	42220	RECONSTRUCT CLEFT PALATE	752.85				
15	42226	LENGTHENING OF PALATE	752.85				
15	42235	REPAIR PALATE	752.85				
15	42260	REPAIR NOSE TO LIP FISTULA	661.50				
15	42299	PALATE/UVULA SURGERY	MP			X	
15	42300	DRAINAGE OF SALIVARY GLAND	349.65				
15	42305	DRAINAGE OF SALIVARY GLAND	468.30				
15	42310	DRAINAGE OF SALIVARY GLAND	349.65				
15	42320	DRAINAGE OF SALIVARY GLAND	349.65				
15	42340	REMOVAL OF SALIVARY STONE	468.30				
15	42405	BIOPSY OF SALIVARY GLAND	468.30				
15	42408	EXCISION OF SALIVARY CYST	535.50				
15	42409	DRAINAGE OF SALIVARY CYST	535.50				
15	42410	EXCISE PAROTID GLAND/LESION	535.50				
15	42415	EXCISE PAROTID GLAND/LESION	1,044.75				
15	42420	EXCISE PAROTID GLAND/LESION	1,044.75				
15	42425	EXCISE PAROTID GLAND/LESION	1,044.75				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42440	EXCISE SUBMAXILLARY GLAND	535.50				
15	42450	EXCISE SUBLINGUAL GLAND	468.30				
15	42500	REPAIR SALIVARY DUCT	535.50				
15	42505	REPAIR SALIVARY DUCT	661.50				
15	42507	PAROTID DUCT DIVERSION	535.50				
15	42508	PAROTID DUCT DIVERSION	661.50				
15	42509	PAROTID DUCT DIVERSION	661.50				
15	42510	PAROTID DUCT DIVERSION	661.50				
15	42600	CLOSURE OF SALIVARY FISTULA	349.65				
15	42650	DILATION OF SALIVARY DUCT	349.65				
15	42665	LIGATION OF SALIVARY DUCT	1,044.75				
15	42699	SALIVARY SURGERY PROCEDURE	MP			X	
15	42700	DRAINAGE OF TONSIL ABSCESS	349.65				
15	42720	DRAINAGE OF THROAT ABSCESS	349.65				
15	42725	DRAINAGE OF THROAT ABSCESS	468.30				
15	42800	BIOPSY OF THROAT	349.65				
15	42802	BIOPSY OF THROAT	349.65				
15	42804	BIOPSY OF UPPER NOSE/THROAT	349.65				
15	42806	BIOPSY OF UPPER NOSE/THROAT	468.30				
15	42808	EXCISE PHARYNX LESION	468.30				
15	42810	EXCISION OF NECK CYST	535.50				
15	42815	EXCISION OF NECK CYST	752.85				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	535.50	00 11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	752.85	12 99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	661.50	00 11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;..	661.50	12 99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	661.50	00 11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	661.50	12 99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	661.50	00 11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	661.50	12 99			
15	42860	EXCISION OF TONSIL TAGS	535.50				
15	42870	EXCISION OF LINGUAL TONSIL	535.50				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,044.75				
15	42892	REVISION OF PHARYNGEAL WALLS	1,044.75				
15	42900	REPAIR THROAT WOUND	349.65				
15	42950	RECONSTRUCTION OF THROAT	468.30				
15	42955	SURGICAL OPENING OF THROAT	468.30				
15	42960	CONTROL THROAT BLEEDING	349.65				
15	42962	CONTROL THROAT BLEEDING	468.30				
15	42970	CONTROL NOSE/THROAT BLEEDING	468.30				
15	42972	CONTROL NOSE/THROAT BLEEDING	535.50				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43200	ESOPHAGUS ENDOSCOPY	349.65				
15	43201	ESOPH SCOPE W/SUBMUOUS INJ	349.65				
15	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	349.65				
15	43204	ESOPHAGUS ENDOSCOPY & INJECT	349.65				
15	43205	ESOPHAGUS ENDOSCOPY/LIGATION	349.65				
15	43215	ESOPHAGUS ENDOSCOPY	349.65				
15	43216	ESOPHAGUS ENDOSCOPY/LESION	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43217	ESOPHAGUS ENDOSCOPY	349.65				
15	43219	ESOPHAGUS ENDOSCOPY	349.65				
15	43220	ESOPH ENDOSCOPY, DILATION	349.65				
15	43226	ESOPH ENDOSCOPY, DILATION	349.65				
15	43227	ESOPH ENDOSCOPY, REPAIR	468.30				
15	43228	ESOPH ENDOSCOPY, ABLATION	468.30				
15	43231	ESOPH ENDOSCOPY W/US EXAM	468.30				
15	43232	ESOPH ENDOSCOPY W/US FN BX	468.30				
15	43234	UPPER GI ENDOSCOPY, EXAM	349.65				
15	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	349.65				
15	43236	UPPR GI SCOPE W/SUBMUC INJ	468.30				
15	43237	ENDOSCOPIC US EXAM, ESOPH	468.30				
15	43238	UPPR GI ENDOSCOPY W/US FN BX	468.30				
15	43239	UPPER GI ENDOSCOPY, BIOPSY	468.30				
15	43240	ESOPH ENDOSCOPE W/DRAIN CYST	468.30				
15	43241	UPPER GI ENDOSCOPY WITH TUBE	468.30				
15	43242	UPPR GI ENDOSCOPY W/US FN BX	468.30				
15	43243	UPPER GI ENDOSCOPY & INJECT	468.30				
15	43244	UPPER GI ENDOSCOPY/LIGATION	468.30				
15	43245	OPERATIVE UPPER GI ENDOSCOPY	468.30				
15	43246	PLACE GASTROSTOMY TUBE	468.30				
15	43247	OPERATIVE UPPER GI ENDOSCOPY	468.30				
15	43248	UPPR GI ENDOSCOPY/GUIDE WIRE	468.30				
15	43249	ESOPH ENDOSCOPY, DILATION	468.30				
15	43250	UPPER GI ENDOSCOPY/TUMOR	468.30				
15	43251	OPERATIVE UPPER GI ENDOSCOPY	468.30				
15	43255	OPERATIVE UPPER GI ENDOSCOPY	468.30				
15	43256	UPPR GI ENDOSCOPY W STENT	535.50				
15	43257	UPPR GI SCOPE W/THRML TXMNT	535.50				
15	43258	OPERATIVE UPPER GI ENDOSCOPY	535.50				
15	43259	ENDOSCOPIC ULTRASOUND EXAM	535.50				
15	43260	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43263	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43264	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43265	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43267	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43268	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43269	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43271	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43272	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43280	LAPAROSCOPY, FUNDOPLASTY	661.50				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	661.50				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	661.50				
15	43289	LAPAROSCOPE PROC, ESOPH	MP			X	
15	43420	REPAIR ESOPHAGUS OPENING	535.50				
15	43450	DILATE ESOPHAGUS	349.65				
15	43453	DILATE ESOPHAGUS	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43456	DILATE ESOPHAGUS	468.30				
15	43458	DILATE ESOPHAGUS	468.30				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43500	SURGICAL OPENING OF STOMACH	661.50				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,405.95				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43760	CHANGE GASTROSTOMY TUBE	349.65				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	349.65				
15	43820	FUSION OF STOMACH AND BOWEL	661.50				
15	43830	SURGICAL OPENING OF STOMACH	468.30				
15	43840	REPAIR OF STOMACH LESION	535.50				
15	43870	REPAIR STOMACH OPENING	349.65				
15	43880	REPAIR STOMACH-BOWEL FISTULA	535.50				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	349.65				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	349.65				
15	44340	REVISION OF COLOSTOMY	535.50				
15	44360	SMALL BOWEL ENDOSCOPY	468.30				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	468.30				
15	44363	SMALL BOWEL ENDOSCOPY	468.30				
15	44364	SMALL BOWEL ENDOSCOPY	468.30				
15	44365	SMALL BOWEL ENDOSCOPY	468.30				
15	44366	SMALL BOWEL ENDOSCOPY	468.30				
15	44369	SMALL BOWEL ENDOSCOPY	468.30				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,405.95				
15	44372	SMALL BOWEL ENDOSCOPY	468.30				
15	44373	SMALL BOWEL ENDOSCOPY	468.30				
15	44376	SMALL BOWEL ENDOSCOPY	468.30				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	468.30				
15	44378	SMALL BOWEL ENDOSCOPY	468.30				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,405.95				
15	44380	SMALL BOWEL ENDOSCOPY	349.65				
15	44382	SMALL BOWEL ENDOSCOPY	349.65				
15	44383	ILEOSCOPY W/STENT	1,405.95				
15	44385	ENDOSCOPY OF BOWEL POUCH	349.65				
15	44386	ENDOSCOPY, BOWEL POUCH/BIO	349.65				
15	44388	COLON ENDOSCOPY	349.65				
15	44389	COLONOSCOPY WITH BIOPSY	349.65				
15	44390	COLONOSCOPY FOR FOREIGN BODY	349.65				
15	44391	COLONOSCOPY FOR BLEEDING	349.65				
15	44392	COLONOSCOPY & POLYPECTOMY	349.65				
15	44393	COLONOSCOPY, LESION REMOVAL	349.65				
15	44394	COLONOSCOPY W/SNARE	349.65				
15	44397	COLONOSCOPY W STENT	349.65				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	661.50				
15	44620	REPAIR BOWEL OPENING	535.50				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44899	BOWEL SURGERY PROCEDURE	MP		X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	44950	APPENDECTOMY	1,405.95		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	752.85		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	349.65				
15	45005	DRAINAGE OF RECTAL ABSCESS	468.30				
15	45020	DRAINAGE OF RECTAL ABSCESS	468.30				
15	45100	BIOPSY OF RECTUM	349.65				
15	45108	REMOVAL OF ANORECTAL LESION	468.30				
15	45150	EXCISION OF RECTAL STRICTURE	468.30				
15	45160	EXCISION OF RECTAL LESION	468.30				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45190	DESTRUCTION, RECTAL TUMOR	1,405.95				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	349.65				
15	45305	PROTOSIGMOIDOSCOPY W/BX	349.65				
15	45307	PROTOSIGMOIDOSCOPY FB	349.65				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45317	PROTOSIGMOIDOSCOPY BLEED	349.65				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	349.65				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	349.65				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	349.65				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	349.65				
15	45331	SIGMOIDOSCOPY AND BIOPSY	349.65				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	349.65				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	349.65				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	349.65				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	349.65				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	349.65				
15	45338	SIGMOIDOSCOPY W/TUMR REMOVE	349.65				
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	349.65				
15	45340	SIG W/BALLOON DILATION	349.65				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	349.65				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	349.65				
15	45345	SIGMODOSCOPY W/STENT	349.65				
15	45355	SURGICAL COLONOSCOPY	349.65				
15	45378	DIAGNOSTIC COLONOSCOPY	468.30				
15	45379	COLONOSCOPY W/FB REMOVAL	468.30				
15	45380	COLONOSCOPY AND BIOPSY	468.30				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	468.30				
15	45382	COLONOSCOPY/CONTROL BLEEDING	468.30				
15	45383	LESION REMOVAL COLONOSCOPY	468.30				
15	45384	LESION REMOVE COLONOSCOPY	468.30				
15	45385	LESION REMOVAL COLONOSCOPY	468.30				
15	45386	COLONOSCOPE DILATE STRICTURE	468.30				
15	45387	COLONOSCOPY W/STENT	349.65				
15	45391	COLONOSCOPY W/ENDOSCOPE US	468.30				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X		
15	45500	REPAIR OF RECTUM	468.30				
15	45505	REPAIR OF RECTUM	468.30				
15	45560	REPAIR OF RECTOCELE	468.30				
15	45900	REDUCTION OF RECTAL PROLAPSE	349.65				
15	45905	DILATION OF ANAL SPHINCTER	349.65				
15	45910	DILATION OF RECTAL NARROWING	349.65				
15	45915	REMOVE RECTAL OBSTRUCTION	349.65				
15	45990	SURG DX EXAM, ANORECTAL	468.30		X		
15	45999	RECTUM SURGERY PROCEDURE	MP		X		
15	46020	PLACEMENT OF SETON	535.50				
15	46030	REMOVAL OF RECTAL MARKER	349.65				
15	46040	INCISION OF RECTAL ABSCESS	535.50				
15	46045	INCISION OF RECTAL ABSCESS	468.30				
15	46050	INCISION OF ANAL ABSCESS	349.65				
15	46060	INCISION OF RECTAL ABSCESS	468.30				
15	46080	INCISION OF ANAL SPHINCTER	535.50				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	349.65				
15	46200	REMOVAL OF ANAL FISSURE	468.30				
15	46220	REMOVAL OF ANAL TAB	349.65				
15	46230	REMOVAL OF ANAL TABS	349.65				
15	46250	HEMORRHOIDECTOMY	535.50				
15	46255	HEMORRHOIDECTOMY	535.50				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	535.50				
15	46258	REMOVE HEMORRHOIDS & FISTULA	535.50				
15	46260	HEMORRHOIDECTOMY	535.50				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	661.50				
15	46262	REMOVE HEMORRHOIDS & FISTULA	661.50				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	535.50				
15	46275	REMOVAL OF ANAL FISTULA	535.50				
15	46280	REMOVAL OF ANAL FISTULA	661.50				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	349.65				
15	46288	REPAIR ANAL FISTULA	661.50				
15	46302	REMOVAL OF HEMORRHOID CLOT	349.65				
15	46320	REMOVAL OF HEMORRHOID CLOT	349.65				
15	46600	ANOSCOPY; DIAGNOSTIC	349.65				
15	46604	ANOSCOPY WITH DIRECT DILATION	349.65				
15	46608	ANOSCOPY/ REMOVE FOR BODY	349.65				
15	46610	ANOSCOPY/REMOVE LESION	349.65				
15	46611	ANOSCOPY	349.65				
15	46612	ANOSCOPY/ REMOVE LESIONS	349.65				
15	46615	ANOSCOPY	468.30				
15	46700	REPAIR OF ANAL STRICTURE	535.50				
15	46705	REPAIR OF NAL STRICTURE	535.50				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	535.50				
15	46750	REPAIR OF ANAL SPHINCTER	535.50				
15	46753	RECONSTRUCTION OF ANUS	535.50				
15	46754	REMOVAL OF SUTURE FROM ANUS	468.30				
15	46760	REPAIR OF ANAL SPHINCTER	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46761	REPAIR OF ANAL SPHINCTER	535.50				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	1,044.75				
15	46900	REMOVAL OF ANAL LESION	349.65				
15	46910	REMOVAL OF ANAL LESION	349.65				
15	46917	LASER SURGERY, ANAL LESIONS	349.65				
15	46922	EXCISION OF ANAL LESION(S)	349.65				
15	46924	DESTRUCTION, ANAL LESION(S)	349.65				
15	46940	TREATMENT OF ANAL FISSURE	349.65				
15	46945	LIGATION OF HEMORRHOIDS	349.65				
15	46946	LIGATION OF HEMORRHOIDS	349.65				
15	46947	HEMORRHOIDOPEXY BY STAPLING	535.50				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	349.65				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	349.65				
15	47100	WEDGE BIOPSY OF LIVER	468.30				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	535.50				
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	349.65				
15	47510	INSERT CATHETER, BILE DUCT	468.30				
15	47511	INSERT BILE DUCT DRAIN	1,405.95				
15	47525	CHANGE BILE DUCT CATHETER	349.65				
15	47530	REVISE/REINSERT BILE TUBE	349.65				
15	47549	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47552	BILIARY ENDOSCOPY THRU SKIN	468.30				
15	47553	BILIARY ENDOSCOPY THRU SKIN	535.50				
15	47554	BILIARY ENDOSCOPY THRU SKIN	535.50				
15	47555	BILIARY ENDOSCOPY THRU SKIN	535.50				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,405.95				
15	47560	LAPAROSCOPY W/CHOLANGIO	535.50				
15	47561	LAPARO W/CHOLANGIO/BIOPSY	535.50				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	535.50				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	535.50				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	535.50				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47605	REMOVAL OF GALLBLADDER	1,405.95				
15	47630	REMOVE BILE DUCT STONE	535.50				
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X	
15	48102	NEEDLE BIOPSY, PANCREAS	349.65				
15	48511	DRAIN PANCREATIC PSEUDOCYST	349.65				
15	48999	PANCREAS SURGERY PROCEDURE	MP			X	
15	49000	EXPLORATION OF ABDOMEN	535.50			X	
15	49010	EXPLORE,RETROPERITONEAL AREA	1,405.95				
15	49021	DRAIN ABDOMINAL ABSCESS	349.65				
15	49041	PERCUT DRAIN ABDOM ABSCESS	349.65				
15	49061	PERCUTDRAIN RETROPER ABSCESS	349.65				
15	49180	BIOPSY, ABDOMINAL MASS	349.65				
15	49250	EXCISION OF UMBILICUS	661.50				
15	49320	DIAG LAPARO SEPARATE PROC	535.50			X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49321	LAPAROSCOPY, BIOPSY	661.50		X		
15	49322	LAPAROSCOPY, ASPIRATION	661.50		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	661.50				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	349.65				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	349.65				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	349.65				
15	49421	INSERT ABDOMINAL DRAIN	349.65				
15	49422	REMOVE PERM CANNULA/CATHETER	349.65				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	468.30				
15	49491	REPARING HERN PREMIE REDUC	752.85				
15	49492	RPR HERN PREMIE, BLOCKED	752.85				
15	49495	RPR ING HERNIA BABY, REDUC	661.50				
15	49496	RPR ING HERNIA BABY, BLOCKED	661.50				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	661.50	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,405.95	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	661.50	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,405.95	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,044.75				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,405.95				
15	49525	REPAIR ING HERNIA, SLIDING	661.50				
15	49540	REPAIR LUMBAR HERNIA	468.30				
15	49550	RPR FEM HERNIA, INIT, REDUCE	752.85				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,405.95				
15	49555	REREPAIR FEM HERNIA, REDUCE	752.85				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,405.95				
15	49560	RPR VENTRAL HERN INIT, REDUC	661.50				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,405.95				
15	49565	REREPAIR VENTRL HERN, REDUCE	661.50				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,405.95				
15	49568	HERNIA REPAIR W/MESH	1,044.75				
15	49570	RPR EPIGASTRIC HERN, REDUCE	661.50				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,405.95				
15	49580	RPR UMBIL HERN, REDUC <5 YR	661.50	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,405.95	00 04			
15	49585	RPR UMBIL HERN, REDUC	661.50	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,405.95	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	535.50				
15	49600	REPAIR UMBILICAL LESION	661.50				
15	49650	LAP ING HERNIA REPAIR INIT	661.50				
15	49651	LAP ING HERNIA REPAIR RECUR	1,044.75				
15	49652	LAP VENT/ABD HERNIA REPAIR	1,044.75				
15	49653	LAP VENT/ABD HERNIA PROC COMP	1,044.75				
15	49656	LAP INC HERN REPAIR RECUR	1,044.75				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		
15	49900	REPAIR OF ABDOMINAL WALL	661.50				
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	468.30				
15	50200	BIOPSY OF KIDNEY	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	50390	DRAINAGE OF KIDNEY LESION	349.65				
15	50392	INTRO CATH RENAL PELVIS,PERC	349.65				
15	50393	INTR URETH CATH/STENT IN URETER	349.65				
15	50395	CREATE PASSAGE TO KIDNEY	349.65				
15	50396	MEASURE KIDNEY PRESSURE	349.65				
15	50398	CHANGE KIDNEY TUBE	349.65				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	349.65				
15	50553	KIDNEY ENDOSCOPY	349.65				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	349.65				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	349.65				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	349.65				
15	50590	LITHOTRIPSY, ESW	535.50				
15	50684	INJECTION FOR URETER X-RAY	349.65				
15	50688	CHANGE OF URETER TUBE	349.65				
15	50947	LAPARO NEW URETER/BLADDER	1,405.95				
15	50948	LAPARO NEW URETER/BLADDER	1,405.95				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	349.65				
15	50953	ENDOSCOPY OF URETER	349.65				
15	50955	URETER ENDOSCOPY & BIOPSY	349.65				
15	50957	URETER ENDOSCOPY & TREATMENT	349.65				
15	50961	URETER ENDOSCOPY & TREATMENT	349.65				
15	50970	URETER ENDOSCOPY	349.65				
15	50972	URETER ENDOSCOPY & CATHETER	349.65				
15	50974	URETER ENDOSCOPY & BIOPSY	349.65				
15	50976	URETER ENDOSCOPY & TREATMENT	349.65				
15	50980	URETER ENDOSCOPY & TREATMENT	349.65				
15	51020	INCISE & TREAT BLADDER	661.50				
15	51030	INCISE & TREAT BLADDER	661.50				
15	51040	INCISE & DRAIN BLADDER	661.50				
15	51045	INCISE BLADDER/DRAIN URETER	661.50				
15	51050	REMOVAL OF BLADDER STONE	661.50				
15	51065	REMOVE URETER CALCULUS	661.50				
15	51080	DRAINAGE OF BLADDER ABSCESS	349.65				
15	51500	REMOVAL OF BLADDER CYST	661.50				
15	51520	REMOVAL OF BLADDER LESION	661.50				
15	51605	PREPARATION FOR BLADDER XRAY	349.65				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	349.65				
15	51705	CHANGE OF BLADDER TUBE	349.65				
15	51710	CHANGE OF BLADDER TUBE	349.65				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	535.50				
15	51720	TREATMENT OF BLADDER LESION	349.65				
15	51726	COMPLEX CYSTOMETROGRAM	349.65				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51784	ANAL/URINARY MUSCLE STUDY	349.65				
15	51785	ANAL/URINARY MUSCLE STUDY	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	51840	ATTACH BLADDER/URETHRA	468.30				
15	51880	REPAIR OF BLADDER OPENING	349.65				
15	51992	LAPARO SLING OPERATION	468.30				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X		
15	52000	CYSTOSCOPY	349.65				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	468.30				
15	52005	CYSTOSCOPY & URETER CATHETER	468.30				
15	52007	CYSTOSCOPY AND BIOPSY	468.30				
15	52010	CYSTOSCOPY & DUCT CATHETER	468.30				
15	52204	CYSTOSCOPY	468.30				
15	52214	CYSTOSCOPY AND TREATMENT	468.30				
15	52224	CYSTOSCOPY AND TREATMENT	468.30				
15	52234	CYSTOSCOPY AND TREATMENT	468.30				
15	52235	CYSTOSCOPY AND TREATMENT	535.50				
15	52240	CYSTOSCOPY AND TREATMENT	535.50				
15	52250	CYSTOSCOPY AND RADIOTRACER	661.50				
15	52260	CYSTOSCOPY AND TREATMENT	468.30				
15	52265	CYSTOSCOPY & TREATMENT	468.30				
15	52270	CYSTOSCOPY & REVISE URETHRA	468.30				
15	52275	CYSTOSCOPY & REVISE URETHRA	468.30				
15	52276	CYSTOSCOPY AND TREATMENT	535.50				
15	52277	CYSTOSCOPY AND TREATMENT	468.30				
15	52281	CYSTOSCOPY AND TREATMENT	468.30				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,405.95				
15	52283	CYSTOSCOPY AND TREATMENT	468.30				
15	52285	CYSTOSCOPY AND TREATMENT	468.30				
15	52290	CYSTOSCOPY AND TREATMENT	468.30				
15	52300	CYSTOSCOPY AND TREATMENT	468.30				
15	52301	CYSTOSCOPY AND TREATMENT	468.30				
15	52305	CYSTOSCOPY AND TREATMENT	468.30				
15	52310	CYSTOSCOPY AND TREATMENT	468.30				
15	52315	CYSTOSCOPY AND TREATMENT	468.30				
15	52317	REMOVE BLADDER STONE	349.65				
15	52318	REMOVE BLADDER STONE	468.30				
15	52320	CYSTOSCOPY AND TREATMENT	752.85				
15	52325	CYSTOSCOPY, STONE REMOVAL	661.50				
15	52327	CYSTOSCOPY, INJECT MATERIAL	468.30				
15	52330	CYSTOSCOPY AND TREATMENT	468.30				
15	52332	CYSTOSCOPY AND TREATMENT	468.30				
15	52334	CREATE PASSAGE TO KIDNEY	535.50				
15	52341	CYSTO W/URETER STRICTURE TX	535.50				
15	52342	CYSTO W/UP STRICTURE TX	535.50				
15	52343	CYSTO W/RENAL STRICTURE TX	535.50				
15	52344	CYSTO/URETERO, STONE REMOVE	535.50				
15	52345	CYSTO/URETERO W/UP STRICTURE	535.50				
15	52346	CYSTOURETERO W/RENAL STRICT	535.50				
15	52351	CYSTOURETRO & OR PYELOSCOPE	535.50				
15	52352	CYSTOURETRO W/STONE REMOVE	661.50				
15	52353	CYSTOURETERO W/LITHOTRIPSY	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	52354	CYSTOURETERO W/BIOPSY	661.50				
15	52355	CYSTOURETERO W/EXCISE TUMOR	661.50				
15	52400	CYSTOURETERO W/CONGEN REPR	535.50				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	535.50				
15	52450	INCISION OF PROSTATE	535.50				
15	52500	REVISION OF BLADDER NECK	535.50				
15	52601	PROSTATECTOMY (TURP)	661.50				
15	52630	REMOVE PROSTATE REGROWTH	468.30				
15	52640	RELIEVE BLADDER CONTRACTURE	468.30				
15	52647	LASER SURGERY OF PROSTATE	1,405.95				
15	52648	LASER SURGERY OF PROSTATE	1,405.95				
15	52700	DRAINAGE OF PROSTATE ABSCESS	468.30				
15	53000	INCISION OF URETHRA	349.65				
15	53010	INCISION OF URETHRA	349.65				
15	53020	INCISION OF URETHRA	349.65				
15	53040	DRAINAGE OF URETHRA ABSCESS	468.30				
15	53080	DRAINAGE OF URINARY LEAKAGE	535.50				
15	53200	BIOPSY OF URETHRA	349.65				
15	53210	REMOVAL OF URETHRA	752.85			F	
15	53215	REMOVAL OF URETHRA	752.85			M	
15	53220	TREATMENT OF URETHRA LESION	468.30				
15	53230	REMOVAL OF URETHRA LESION	468.30			F	
15	53235	REMOVAL OF URETHRA LESION	535.50			M	
15	53240	SURGERY FOR URETHRA POUCH	468.30				
15	53250	REMOVAL OF URETHRA GLAND	468.30				
15	53260	TREATMENT OF URETHRA LESION	468.30				
15	53265	TREATMENT OF URETHRA LESION	468.30				
15	53270	REMOVAL OF URETHRA GLAND	468.30			F	
15	53275	REPAIR OF URETHRA DEFECT	468.30			F	
15	53400	REVISE URETHRA, STAGE 1	535.50				
15	53405	REVISE URETHRA, STAGE 2	468.30				
15	53410	RECONSTRUCTION OF URETHRA	468.30			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	535.50				
15	53425	RECONSTRUCT URETHRA, STAGE 2	468.30				
15	53430	RECONSTRUCTION OF URETHRA	468.30			F	
15	53431	RECONSTRUCT URETHRA/BLADDER	468.30				
15	53440	CORRECT BLADDER FUNCTION	468.30			M	
15	53442	REMOVE PERINEAL PROSTHESIS	349.65				
15	53444	INSERT TANDEM CUFF	468.30				
15	53445	INSERT URO/VES NCK SPHINCTER	349.65				
15	53446	REMOVE URO SPHINCTER	349.65				
15	53447	REMOVE/REPLACE UR SPHINCTER	349.65				
15	53449	REPAIR URO SPHINCTER	349.65				
15	53450	REVISION OF URETHRA	349.65				
15	53460	REVISION OF URETHRA	349.65				
15	53502	REPAIR OF URETHRA INJURY	468.30			F	
15	53505	REPAIR OF URETHRA INJURY	468.30			M	
15	53510	REPAIR OF URETHRA INJURY	468.30				
15	53515	REPAIR OF URETHRA INJURY	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53520	REPAIR OF URETHRA DEFECT	468.30			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	349.65			M	
15	53605	DILATE URETHRA STRICTURE	468.30			M	
15	53665	DILATION OF URETHRA	349.65			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,405.95			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	349.65			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	468.30	00 00		M	
15	54001	SLITTING OF PREPUCE	468.30			M	
15	54015	DRAIN PENIS LESION	661.50			M	
15	54057	LASER SURG, PENIS LESION(S)	349.65			M	
15	54060	EXCISION OF PENIS LESION(S)	349.65			M	
15	54065	DESTRUCTION, PENIS LESION(S)	349.65			M	
15	54100	BIOPSY OF PENIS	349.65			M	
15	54105	BIOPSY OF PENIS	349.65			M	
15	54110	TREATMENT OF PENIS LESION	468.30			M	
15	54111	TREAT PENIS LESION, GRAFT	468.30			M	
15	54112	TREAT PENIS LESION, GRAFT	468.30			M	
15	54115	TREATMENT OF PENIS LESION	349.65			M	
15	54120	PARTIAL REMOVAL OF PENIS	468.30			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	468.30			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	468.30	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	468.30			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	468.30			M	
15	54163	REPAIR OF CIRCUMCISION	468.30			M	
15	54164	FRENULOTOMY OF PENIS	468.30			M	
15	54205	TREATMENT OF PENIS LESION	661.50			M	
15	54220	TREATMENT OF PENIS LESION	349.65			M	
15	54300	REVISION OF PENIS	535.50			M	
15	54304	REVISION OF PENIS	535.50			M	
15	54308	RECONSTRUCTION OF URETHRA	535.50			M	
15	54312	RECONSTRUCTION OF URETHRA	535.50			M	
15	54316	RECONSTRUCTION OF URETHRA	535.50			M	
15	54318	RECONSTRUCTION OF URETHRA	535.50			M	
15	54322	RECONSTRUCTION OF URETHRA	535.50			M	
15	54324	RECONSTRUCTION OF URETHRA	535.50			M	
15	54326	RECONSTRUCTION OF URETHRA	535.50			M	
15	54328	REVISE PENIS/URETHRA	535.50			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	535.50			M	
15	54340	SECONDARY URETHRAL SURGERY	535.50			M	
15	54344	SECONDARY URETHRAL SURGERY	535.50			M	
15	54348	SECONDARY URETHRAL SURGERY	535.50			M	
15	54352	RECONSTRUCT URETHRA/PENIS	535.50			M	
15	54360	PENIS PLASTIC SURGERY	535.50			M	
15	54380	REPAIR PENIS	535.50			M	
15	54385	REPAIR PENIS	535.50			M	
15	54400	INSERT SEMI-RIGID PROSTHESIS	535.50			M	
15	54401	INSERT SELF-CONTD PROSTHESIS	535.50			M	
15	54405	INSERT MULTI-COMP PENIS PROS	535.50			M	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54406	REMOVE MULTI-COMP PENIS PROS	535.50				
15	54408	REPAIR MULTI-COMP PENIS PROS	535.50				
15	54410	REMOVE/REPLACE PENIS PROSTH	535.50				
15	54415	REMOVE SELF-CONTD PENIS PROS	535.50				
15	54416	REMV/REPL PENIS CONTAIN PROS	535.50				
15	54420	REVISION OF PENIS	661.50			M	
15	54435	REVISION OF PENIS	661.50			M	
15	54440	REPAIR OF PENIS	661.50		X	M	
15	54450	PREPUTIAL STRETCHING	349.65			M	
15	54500	BIOPSY OF TESTIS	349.65			M	
15	54505	BIOPSY OF TESTIS	349.65			M	
15	54512	EXCISE LESION TESTIS	468.30			M	
15	54520	REMOVAL OF TESTIS	535.50			M	
15	54522	ORCHIECTOMY, PARTIAL	535.50			M	
15	54530	REMOVAL OF TESTIS	661.50			M	
15	54535	EXTENSIVE TESTIS SURGERY	535.50			M	
15	54550	EXPLORATION FOR TESTIS	661.50			M	
15	54600	REDUCE TESTIS TORSION	661.50			M	
15	54620	SUSPENSION OF TESTIS	535.50			M	
15	54640	SUSPENSION OF TESTIS	661.50			M	
15	54660	REVISION OF TESTIS	468.30			M	
15	54670	REPAIR TESTIS INJURY	535.50			M	
15	54680	RELOCATION OF TESTIS(ES)	535.50			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,405.95				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,405.95				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	468.30			M	
15	54800	BIOPSY OF EPIDIDYMIS	349.65			M	
15	54830	REMOVE EPIDIDYMIS LESION	535.50			M	
15	54840	REMOVE EPIDIDYMIS LESION	661.50			M	
15	54860	REMOVAL OF EPIDIDYMIS	535.50			M	
15	54861	REMOVAL OF EPIDIDYMIS	661.50			M	
15	54900	FUSION OF SPERMATIC DUCTS	661.50			M	
15	54901	FUSION OF SPERMATIC DUCTS	661.50			M	
15	55000	DRAINAGE OF HYDROCELE	349.65			M	
15	55040	REMOVAL OF HYDROCELE	535.50			M	
15	55041	REMOVAL OF HYDROCELES	752.85			M	
15	55060	REPAIR OF HYDROCELE	661.50			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	349.65			M	
15	55110	EXPLORE SCROTUM	468.30				
15	55120	REMOVAL OF SCROTUM LESION	468.30			M	
15	55150	REMOVAL OF SCROTUM	349.65			M	
15	55175	REVISION OF SCROTUM	349.65				
15	55180	REVISION OF SCROTUM	468.30				
15	55200	INCISION OF SPERM DUCT	468.30			M	
15	55250	REMOVAL OF SPERM DUCT(S)	468.30	21 99	X	M	
15	55400	REPAIR OF SPERM DUCT	349.65			M	
15	55500	REMOVAL OF HYDROCELE	535.50			M	
15	55520	REMOVAL OF SPERM CORD LESION	661.50			M	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	55530	REVISE SPERMATIC CORD VEINS	661.50			M	
15	55535	REVISE SPERMATIC CORD VEINS	661.50			M	
15	55540	REVISE HERNIA & SPERM VEINS	752.85			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,405.95				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	349.65			M	
15	55700	BIOPSY OF PROSTATE	468.30			M	
15	55705	BIOPSY OF PROSTATE	468.30			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	349.65			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	468.30			M	
15	55873	CRYOABLATE PROSTATE	1,405.95				
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	349.65			F	
15	56420	DRAINAGE OF VULVA ABSCESS	349.65	10 60		F	
15	56440	SURGERY FOR VULVA LESION	468.30			F	
15	56441	LYSIS OF LABIAL LESION(S)	349.65			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	349.65			F	
15	56515	DESTROY VULVA LESION/S COMPL	535.50			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65	10 60		F	
15	56620	PARTIAL REMOVAL OF VULVA	752.85			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,044.75			F	
15	56700	PARTIAL REMOVAL OF HYMEN	349.65			F	
15	56740	REMOVE VAGINA GLAND LESION	535.50			F	
15	56800	REPAIR OF VAGINA	535.50			F	
15	56810	REPAIR OF PERINEUM	752.85				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	349.65			F	
15	57000	EXPLORATION OF VAGINA	349.65				
15	57010	DRAINAGE OF PELVIC ABSCESS	468.30			F	
15	57020	DRAINAGE OF PELVIC FLUID	468.30			F	
15	57023	I & D VAG HEMATOMA, NON-OB	349.65			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	349.65			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	349.65			F	
15	57100	BIOPSY OF VAGINA	349.65	10 60		F	
15	57105	BIOPSY OF VAGINA	349.65			F	
15	57130	REMOVE VAGINA LESION	468.30			F	
15	57135	REMOVE VAGINA LESION	468.30			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	468.30			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	468.30			F	
15	57180	TREAT VAGINAL BLEEDING	349.65			F	
15	57200	REPAIR OF VAGINA	349.65			F	
15	57210	REPAIR VAGINA/PERINEUM	468.30			F	
15	57220	REVISION OF URETHRA	535.50			F	
15	57230	REPAIR OF URETHRAL LESION	535.50			F	
15	57240	REPAIR BLADDER & VAGINA	752.85			F	
15	57250	REPAIR RECTUM & VAGINA	752.85			F	
15	57260	REPAIR OF VAGINA	752.85			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,044.75			F	
15	57268	REPAIR OF BOWEL BULGE	535.50			F	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57288	REPAIR BLADDER DEFECT	752.85				
15	57289	REPAIR BLADDER & VAGINA	752.85			F	
15	57291	CONSTRUCTION OF VAGINA	752.85			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	535.50			F	
15	57400	DILATION OF VAGINA	468.30		X	F	
15	57410	PELVIC EXAMINATION	468.30		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	468.30				
15	57420	EXAM OF VAGINA W/SCOPE	349.65				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	349.65			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	349.65			F	
15	57454	VAGINA EXAMINATION & BIOPSY	349.65			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	349.65			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	349.65	10 60		F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	349.65			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	349.65				
15	57500	BIOPSY OF CERVIX	349.65			F	
15	57505	ENDOCERVICAL CURETTAGE	468.30			F	
15	57510	CAUTHERUZATION OF CERVIX	535.50			F	
15	57511	CRYOCAUTERY OF CERVIX	535.50			F	
15	57513	LASER SURGERY OF CERVIX	468.30			F	
15	57520	CONIZATION OF CERVIX	468.30			F	
15	57522	CONIZATION OF CERVIX	468.30				
15	57530	REMOVAL OF CERVIX	535.50			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	535.50			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	752.85				
15	57700	REVISION OF CERVIX	349.65			F	
15	57720	REVISION OF CERVIX	535.50			F	
15	57800	DILATION OF CERVICAL CANAL	349.65			F	
15	58120	DILATION AND CURETTAGE	468.30	12 99		F	
15	58145	REMOVAL OF UTERUS LESION	752.85			F	
15	58300	INSERT INTRAUTERINE DEVICE	349.65	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	349.65	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	468.30	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	468.30				
15	58353	ENDOMETR ABLATE, THERMAL	661.50		X	F	
15	58428	MICROSUR MUSCLE GRAFT FACE PALS	661.50				
15	58528	CHANGE DRESSING UNDER ANESTHESIA	349.65				
15	58545	LAPAROSCOPIC MYOMECTOMY	1,405.95			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,405.95			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,405.95		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,405.95				
15	58555	HYSTEROSCOPY, DX, SEP PROC	349.65		X		
15	58558	HYSTEROSCOPY, BIOPSY	535.50		X		
15	58559	HYSTEROSCOPY, LYSIS	468.30		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	535.50		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	535.50		X		
15	58562	HYSTEROSCOPY, REMOVE FB	535.50		X		
15	58563	HYSTEROSCOPY, ABLATION	661.50		X		
15	58565	HYSTEROSCOPY, STERILIZATION	1,535.50	21 59	X	F	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	535.50	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUBE, DEVICE	661.50	21 55	X	F	
15	58621	EXAM/BIOPSY OF VULVA W/SCOPE	349.65				
15	58660	LAPAROSCOPY, LYSIS	752.85		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	752.85		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	752.85		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	535.50	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	535.50		X		
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	752.85				
15	58673	LAPAROSCOPY, SALPINGOSTOMY	752.85		X		
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	661.50		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	661.50		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	535.50			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	535.50			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	535.50			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	349.65	10 60		F	
15	58900	BIOPSY OF OVARY(S)	535.50			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	535.50			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	349.65	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	349.65				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	535.50		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	535.50	10 60	X	F	
15	59160	D & C AFTER DELIVERY	535.50	10 60		F	
15	59320	REVISION OF CERVIX	349.65	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	752.85	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	752.85	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	752.85	10 55	X	F	
15	59840	ABORTION	752.85	10 60	X	F	
15	59841	ABORTION	752.85	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	752.85	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	752.85			F	
15	59897	PETAL INVAS PX W/US	MP	10 59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP		X		
15	59899	MATERNITY CARE PROCEDURE	MP		X	F	
15	60000	DRAIN THYROID/TONGUE CYST	349.65				
15	60100	BIOPSY OF THYROID	349.65				
15	60200	REMOVE THYROID LESION	468.30				
15	60220	PARTIAL REMOVAL OF THYROID	661.50				
15	60240	REMOVAL OF THYROID	1,405.95				
15	60280	REMOVE THYROID DUCT LESION	661.50				
15	60281	REMOVE THYROID DUCT LESION	661.50				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	349.65				
15	61026	INJECTION INTO BRAIN CANAL	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	61050	REMOVE BRAIN CANAL FLUID	349.65				
15	61055	INJECTION INTO BRAIN CANAL	349.65				
15	61070	BRAIN CANAL SHUNT PROCEDURE	349.65				
15	61215	INSERT BRAIN-FLUID DEVICE	535.50				
15	61790	TREAT TRIGEMINAL NERVE	535.50				
15	61791	TREAT TRIGEMINAL TRACT	535.50				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	468.30				
15	61886	IMPLANT NEUROSTIM ARRAYS	535.50				
15	61888	REVISE/REMOVE NEURORECEIVER	349.65				
15	62194	REPLACE/IRRIGATE CATHETER	349.65				
15	62225	REPLACE/IRRIGATE CATHETER	349.65				
15	62230	REPLACE/REVISE BRAIN SHUNT	468.30				
15	62263	LYSIS EPIDURAL ADHESIONS	349.65				
15	62268	DRAIN SPINAL CORD CYST	349.65				
15	62269	NEEDLE BIOPSY, SPINAL CORD	349.65				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	349.65				
15	62272	DRAIN CEREBRO SPINAL FLUID	349.65				
15	62273	TREAT EPIDURAL SPINE LESION	349.65				
15	62280	TREAT SPINAL CORD LESION	349.65				
15	62281	TREAT SPINAL CORD LESION	349.65				
15	62282	TREAT SPINAL CANAL LESION	349.65				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,405.95				
15	62294	INJECTION INTO SPINAL ARTERY	535.50				
15	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62318	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62319	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62350	IMPLANT SPINAL CANAL CATH	468.30				
15	62355	REMOVE SPINAL CANAL CATHETER	468.30				
15	62360	INSERT SPINE INFUSION DEVICE	468.30				
15	62361	IMPLANT SPINE INFUSION PUMP	468.30				
15	62362	IMPLANT SPINE INFUSION PUMP	468.30				
15	62365	REMOVE SPINE INFUSION DEVICE	468.30				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	468.30				
15	62368	ANALYZE SPINE INFUSION PUMP	468.30				
15	63600	REMOVE SPINAL CORD LESION	468.30				
15	63610	STIMULATION OF SPINAL CORD	349.65				
15	63650	IMPLANT NEUROELECTRODES	468.30				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	349.65				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	349.65				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	349.65				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	349.65				
15	63685	IMPLANT NEURORECEIVER	468.30				
15	63688	REVISE/REMOVE NEURORECEIVER	349.65				
15	63744	REVISION OF SPINAL SHUNT	535.50				
15	63746	REMOVAL OF SPINAL SHUNT	468.30				
15	64402	INJECTION FOR NERVE BLOCK	349.65				
15	64410	INJECTION FOR NERVE BLOCK	349.65				
15	64415	INJECTION FOR NERVE BLOCK	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64417	INJECTION FOR NERVE BLOCK	349.65				
15	64420	INJECTION FOR NERVE BLOCK	349.65				
15	64421	INJECTION FOR NERVE BLOCK	349.65				
15	64430	INJECTION FOR NERVE BLOCK	349.65				
15	64450	INJECTION FOR NERVE BLOCK	349.65				
15	64479	INJ FORAMEN EPIDURAL C/T	349.65				
15	64480	INJ FORAMEN EPIDURAL ADD-ON	349.65				
15	64483	INJ FORAMEN EPIDURAL L/S	349.65				
15	64484	INJ FORAMEN EPIDURAL ADD-ON	349.65				
15	64505	INJECTION FOR NERVE BLOCK	349.65				
15	64510	INJECTION FOR NERVE BLOCK	349.65				
15	64517	N BLOCK INJ, HYPOGAS PLXS	468.30				
15	64520	INJECTION FOR NERVE BLOCK	349.65				
15	64530	INJECTION FOR NERVE BLOCK	349.65				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	349.65				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	535.50				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	535.50				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	349.65				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	349.65				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	349.65				
15	64580	INCISION FOR IMPLANTATION OF NEUROST	349.65				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	535.50				X
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	349.65				
15	64590	IMPLANT NEURORECEIVER	468.30				
15	64595	REVISE/REMOVE NEURORECEIVER	349.65				
15	64600	INJECTION TREATMENT OF NERVE	349.65				
15	64605	INJECTION TREATMENT OF NERVE	349.65				
15	64610	INJECTION TREATMENT OF NERVE	349.65				
15	64614	DESTROY NERVE, EXTREM MUSIC	349.65				
15	64620	INJECTION TREATMENT OF NERVE	349.65				
15	64630	INJECTION TREATMENT OF NERVE	468.30				
15	64640	INJECTION TREATMENT OF NERVE	349.65				
15	64680	INJECTION TREATMENT OF NERVE	468.30				
15	64681	INJECTION TREATMENT OF NERVE	468.30				
15	64702	REVISE FINGER/TOE NERVE	349.65				
15	64704	REVISE HAND/FOOT NERVE	349.65				
15	64708	REVISE ARM/LEG NERVE	468.30				
15	64712	REVISION OF SCIATIC NERVE	468.30				
15	64713	REVISION OF ARM NERVE(S)	468.30				
15	64714	REVISE LOW BACK NERVE(S)	468.30				
15	64716	REVISION OF CRANIAL NERVE	535.50				
15	64718	REVISE ULNAR NERVE AT ELBOW	468.30				
15	64719	REVISE ULNAR NERVE AT WRIST	468.30				
15	64721	CARPAL TUNNEL SURGERY	468.30				
15	64722	RELIEVE PRESSURE ON NERVE(S)	349.65				
15	64726	RELEASE FOOT/TOE NERVE	349.65				
15	64727	INTERNAL NERVE REVISION	349.65				
15	64732	INCISION OF BROW NERVE	468.30				
15	64734	INCISION OF CHEEK NERVE	468.30				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64736	INCISION OF CHIN NERVE	468.30				
15	64738	INCISION OF JAW NERVE	468.30				
15	64740	INCISION OF TONGUE NERVE	468.30				
15	64742	INCISION OF FACIAL NERVE	468.30				
15	64744	INCISE NERVE, BACK OF HEAD	468.30				
15	64746	INCISE DIAPHRAGM NERVE	468.30				
15	64771	SEVER CRANIAL NERVE	468.30				
15	64772	INCISION OF SPINAL NERVE	468.30				
15	64774	REMOVE SKIN NERVE LESION	468.30				
15	64776	REMOVE DIGIT NERVE LESION	535.50				
15	64778	DIGIT NERVE SURGERY ADD-ON	468.30				
15	64782	REMOVE LIMB NERVE LESION	535.50				
15	64783	LIMB NERVE SURGERY ADD-ON	468.30				
15	64784	REMOVE NERVE LESION	535.50				
15	64786	REMOVE SCIATIC NERVE LESION	535.50				
15	64787	IMPLANT NERVE END	468.30				
15	64788	REMOVE SKIN NERVE LESION	535.50				
15	64790	REMOVAL OF NERVE LESION	535.50				
15	64792	REMOVAL OF NERVE LESION	535.50				
15	64795	BIOPSY OF NERVE	468.30				
15	64802	REMOVE SYMPATHETIC NERVES	468.30				
15	64821	REMOVE SYMPATHETIC NERVES	661.50				
15	64831	REPAIR OF DIGIT NERVE	661.50				
15	64832	REPAIR NERVE ADD-ON	349.65				
15	64834	REPAIR OF HAND OR FOOT NERVE	468.30				
15	64835	REPAIR OF HAND OR FOOT NERVE	535.50				
15	64836	REPAIR OF HAND OR FOOT NERVE	535.50				
15	64837	REPAIR NERVE ADD-ON	349.65				
15	64840	REPAIR OF LEG NERVE	468.30				
15	64856	REPAIR/TRANSPOSE NERVE	468.30				
15	64857	REPAIR ARM/LEG NERVE	468.30				
15	64858	REPAIR SCIATIC NERVE	468.30				
15	64859	NERVE SURGERY	349.65				
15	64861	REPAIR OF ARM NERVES	535.50				
15	64862	REPAIR OF LOW BACK NERVES	535.50				
15	64864	REPAIR OF FACIAL NERVE	535.50				
15	64865	REPAIR OF FACIAL NERVE	661.50				
15	64870	FUSION OF FACIAL/OTHER NERVE	661.50				
15	64872	SUBSEQUENT REPAIR OF NERVE	468.30				
15	64874	REPAIR & REVISE NERVE ADD-ON	535.50				
15	64876	REPAIR NERVE/SHORTEN BONE	535.50				
15	64885	NERVE GRAFT, HEAD OR NECK	468.30				
15	64886	NERVE GRAFT, HEAD OR NECK	468.30				
15	64890	NERVE GRAFT, HAND OR FOOT	468.30				
15	64891	NERVE GRAFT, HAND OR FOOT	468.30				
15	64892	NERVE GRAFT, ARM OR LEG	468.30				
15	64893	NERVE GRAFT, ARM OR LEG	468.30				
15	64895	NERVE GRAFT, HAND OR FOOT	535.50				
15	64896	NERVE GRAFT, HAND OR FOOT	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64897	NERVE GRAFT, ARM OR LEG	535.50				
15	64898	NERVE GRAFT, ARM OR LEG	535.50				
15	64901	NERVE GRAFT ADD-ON	468.30				
15	64902	NERVE GRAFT ADD-ON	468.30				
15	64905	NERVE PEDICLE TRANSFER	468.30				
15	64907	NERVE PEDICLE TRANSFER	349.65				
15	64999	NERVOUS SYSTEM SURGERY	MP				X
15	65091	REVISE EYE	535.50				
15	65093	REVISE EYE WITH IMPLANT	535.50				
15	65101	REMOVAL OF EYE	535.50				
15	65103	REMOVE EYE/INSERT IMPLANT	535.50				
15	65105	REMOVE EYE/ATTACH IMPLANT	661.50				
15	65110	REMOVAL OF EYE	752.85				
15	65112	REMOVE EYE/REVISE SOCKET	1,044.75				
15	65114	REMOVE EYE/REVISE SOCKET	1,044.75				
15	65130	INSERT OCULAR IMPLANT	535.50				
15	65135	INSERT OCULAR IMPLANT	468.30				
15	65140	ATTACH OCULAR IMPLANT	535.50				
15	65150	REVISE OCULAR IMPLANT	468.30				
15	65155	REINSERT OCULAR IMPLANT	535.50				
15	65175	REMOVAL OF OCULAR IMPLANT	349.65				
15	65205	REMOVE FOREIGN BODY FROM EYE	349.65				
15	65235	REMOVE FOREIGN BODY FROM EYE	468.30				
15	65260	REMOVE FOREIGN BODY FROM EYE	535.50				
15	65265	REMOVE FOREIGN BODY FROM EYE	661.50				
15	65270	REPAIR OF EYE WOUND	468.30				
15	65272	REPAIR OF EYE WOUND	468.30				
15	65275	REPAIR OF EYE WOUND	661.50				
15	65280	REPAIR OF EYE WOUND	661.50				
15	65285	REPAIR OF EYE WOUND	661.50				
15	65290	REPAIR OF EYE SOCKET WOUND	535.50				
15	65400	REMOVAL OF EYE LESION	349.65				
15	65410	BIOPSY OF CORNEA	468.30				
15	65420	REMOVAL OF EYE LESION	468.30				
15	65426	REMOVAL OF EYE LESION	752.85				
15	65710	CORNEAL TRANSPLANT	1,044.75				
15	65730	CORNEAL TRANSPLANT	1,044.75				
15	65750	CORNEAL TRANSPLANT	1,044.75				
15	65755	CORNEAL TRANSPLANT	1,044.75				
15	65770	REVISE CORNEA WITH IMPLANT	1,044.75				
15	65772	CORRECTION OF ASTIGMATISM	661.50				
15	65775	CORRECTION OF ASTIGMATISM	661.50				
15	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	468.30				
15	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON TH	349.65				
15	65780	OCULAR RECONST, TRANSPLANT	752.85				
15	65781	OCULAR RECONST, TRANSPLANT	752.85				
15	65782	OCULAR RECONST, TRANSPLANT	752.85				X
15	65800	DRAINAGE OF EYE	349.65				
15	65805	DRAINAGE OF EYE	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	65810	DRAINAGE OF EYE	535.50				
15	65815	DRAINAGE OF EYE	468.30				
15	65820	RELIEVE INNER EYE PRESSURE	349.65				
15	65850	INCISION OF EYE	661.50				
15	65855	LASER TRABECULOPLASTY-1/MORE	661.50				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	468.30				
15	65865	INCISE INNER EYE ADHESIONS	349.65				
15	65870	INCISE INNER EYE ADHESIONS	661.50				
15	65875	INCISE INNER EYE ADHESIONS	661.50				
15	65880	INCISE INNER EYE ADHESIONS	661.50				
15	65900	REMOVE EYE LESION	752.85				
15	65920	REMOVE IMPLANT OF EYE	1,044.75				
15	65930	REMOVE BLOOD CLOT FROM EYE	752.85				
15	66020	INJECTION TREATMENT OF EYE	349.65				
15	66030	INJECTION TREATMENT OF EYE	349.65				
15	66130	REMOVE EYE LESION	1,044.75				
15	66150	GLAUCOMA SURGERY	661.50				
15	66155	GLAUCOMA SURGERY	661.50				
15	66160	GLAUCOMA SURGERY	468.30				
15	66165	GLAUCOMA SURGERY	661.50				
15	66170	GLAUCOMA SURGERY	661.50				
15	66172	INCISION OF EYE	661.50				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	661.50				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	661.50				
15	66180	IMPLANT EYE SHUNT	752.85				
15	66185	REVISE EYE SHUNT	468.30				
15	66220	REPAIR EYE LESION	535.50				
15	66225	REPAIR/GRAFT EYE LESION	661.50				
15	66250	FOLLOW-UP SURGERY OF EYE	468.30				
15	66500	INCISION OF IRIS	349.65				
15	66505	INCISION OF IRIS	349.65				
15	66600	REMOVE IRIS AND LESION	535.50				
15	66605	REMOVAL OF IRIS	535.50				
15	66625	REMOVAL OF IRIS	535.50				
15	66630	REMOVAL OF IRIS	535.50				
15	66635	REMOVAL OF IRIS	535.50				
15	66680	REPAIR IRIS & CILIARY BODY	535.50				
15	66682	REPAIR IRIS & CILIARY BODY	468.30				
15	66700	DESTRUCTION, CILIARY BODY	468.30				
15	66710	DESTRUCTION, CILIARY BODY	468.30				
15	66711	CILIARY ENDOSCOPIC ABLATION	468.30				
15	66720	DESTRUCTION, CILIARY BODY	468.30				
15	66740	DESTRUCTION, CILIARY BODY	468.30				
15	66761	REVISION OF IRIS	468.30				
15	66820	INCISION OF LENS LESION	468.30				
15	66821	AFTER CATARACT LASER SURGERY	468.30				
15	66825	REPOSITION INTRAOCULAR LENS	661.50				
15	66830	REMOVAL OF LENS LESION	661.50				
15	66840	REMOVAL OF LENS MATERIAL	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	66850	REMOVAL OF LENS MATERIAL	1,044.75				
15	66852	REMOVAL OF LENS MATERIAL	661.50				
15	66920	EXTRACTION OF LENS	661.50				
15	66930	EXTRACTION OF LENS	752.85				
15	66940	EXTRACTION OF LENS	752.85				
15	66982	CATARACT SURGERY, COMPLEX	864.15				
15	66983	CATARACT SURG W/IOL, 1 STAGE	864.15				
15	66984	CATARACT SURG W/IOL, I STAGE	864.15				
15	66985	INSERT LENS PROSTHESIS	709.80				
15	66986	EXCHANGE LENS PROSTHESIS	709.80				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	661.50				
15	67010	PARTIAL REMOVAL OF EYE FLUID	661.50				
15	67015	RELEASE OF EYE FLUID	349.65				
15	67025	REPLACE EYE FLUID	349.65				
15	67027	IMPLANT EYE DRUG SYSTEM	661.50				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	349.65				
15	67030	INCISE INNER EYE STRANDS	349.65				
15	67031	LASER SURGERY, EYE STRANDS	468.30				
15	67036	REMOVAL OF INNER EYE FLUID	661.50				
15	67039	LASER TREATMENT OF RETINA	1,044.75				
15	67040	LASER TREATMENT OF RETINA	1,044.75				
15	67042	VIT FOR MACULAR HOLE	752.85				
15	67101	REPAIR DETACHED RETINA	752.85				
15	67105	PHOTOCOAGULATION/DETACHED RET	752.85				
15	67107	REPAIR DETACHED RETINA	752.85				
15	67108	REPAIR DETACHED RETINA	1,044.75				
15	67112	REREPAIR DETACHED RETINA	1,044.75				
15	67113	REPAIR RETINAL DETACH,CPLX	1,044.75				
15	67115	RELEASE ENCIRCLING MATERIAL	468.30				
15	67120	REMOVE EYE IMPLANT MATERIAL	468.30				
15	67121	REMOVE EYE IMPLANT MATERIAL	468.30				
15	67141	TREATMENT OF RETINA	468.30				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	468.30				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	752.85				
15	67218	TREATMENT OF RETINAL LESION	752.85				
15	67220	TREAT CHOROID LESION	349.65				
15	67227	TREATMENT OF RETINAL LESION	349.65				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	349.65				
15	67250	REINFORCE EYE WALL	535.50				
15	67255	REINFORCE/GRAFT EYE WALL	535.50				
15	67299	EYE SURGERY PROCEDURE	MP			X	
15	67311	REVISE EYE MUSCLE	535.50				
15	67312	REVISE TWO EYE MUSCLES	661.50				
15	67314	REVISE EYE MUSCLE	661.50				
15	67316	REVISE TWO EYE MUSCLES	661.50				
15	67318	REVISE EYE MUSCLE(S)	661.50				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	661.50				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	661.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67332	REREVISE EYE MUSCLES ADD-ON	661.50				
15	67334	REVISE EYE MUSCLE W/SUTURE	661.50				
15	67335	EYE SUTURE DURING SURGERY	661.50				
15	67340	REVISE EYE MUSCLE ADD-ON	661.50				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,044.75				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	535.50				
15	67405	EXPLORE/DRAIN EYE SOCKET	661.50				
15	67412	EXPLORE/TREAT EYE SOCKET	752.85				
15	67413	EXPLORE/TREAT EYE SOCKET	752.85				
15	67415	ASPIRATION, ORBITAL CONTENTS	349.65				
15	67420	EXPLORE/TREAT EYE SOCKET	752.85				
15	67430	EXPLORE/TREAT EYE SOCKET	752.85				
15	67440	EXPLORE/DRAIN EYE SOCKET	752.85				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	752.85				
15	67450	EXPLORE/BIOPSY EYE SOCKET	752.85				
15	67470	OPTIC NERVE DECOMPRESSION (EG, INCIS	349.65				
15	67500	INJECT/TREAT EYE SOCKET	349.65				
15	67550	INSERT EYE SOCKET IMPLANT	661.50				
15	67560	REVISE EYE SOCKET IMPLANT	468.30				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	349.65				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	349.65				
15	67715	INCISION OF EYELID FOLD	349.65				
15	67800	REMOVE EYELID LESION	349.65				
15	67801	REMOVE EYELID LESIONS	349.65				
15	67805	REMOVE EYELID LESIONS	349.65				
15	67808	REMOVE EYELID LESION(S)	468.30				
15	67810	BIOPSY OF EYELID	349.65				
15	67820	REVISE EYELASHES	349.65				
15	67830	REVISE EYELASHES	468.30				
15	67835	REVISE EYELASHES	468.30				
15	67840	REMOVE EYELID LESION	349.65				
15	67880	REVISION OF EYELID	535.50				
15	67882	REVISION OF EYELID	535.50				
15	67900	REPAIR BROW DEFECT	661.50				
15	67901	REPAIR EYELID DEFECT	752.85				
15	67902	REPAIR EYELID DEFECT	752.85				
15	67903	REPAIR EYELID DEFECT	661.50				
15	67904	REPAIR EYELID DEFECT	661.50				
15	67906	REPAIR EYELID DEFECT	752.85				
15	67908	REPAIR EYELID DEFECT	661.50				
15	67909	REVISE EYELID DEFECT	661.50				
15	67911	REVISE EYELID DEFECT	535.50				
15	67912	CORRECTION EYELID W/IMPLANT	535.50				
15	67914	REPAIR EYELID DEFECT	535.50				
15	67916	REPAIR EYELID DEFECT	661.50				
15	67917	REPAIR EYELID DEFECT	661.50				
15	67921	REPAIR EYELID DEFECT	535.50				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	67923	REPAIR EYELID DEFECT	661.50				
15	67924	REPAIR EYELID DEFECT	661.50				
15	67930	REPAIR EYELID WOUND	468.30				
15	67935	REPAIR EYELID WOUND	468.30				
15	67938	REMOVE EYELID FOREIGN BODY	349.65				
15	67950	REVISION OF EYELID	468.30				
15	67961	REVISION OF EYELID	535.50				
15	67966	REVISION OF EYELID	535.50				
15	67971	RECONSTRUCTION OF EYELID	535.50				
15	67973	RECONSTRUCTION OF EYELID	535.50				
15	67974	RECONSTRUCTION OF EYELID	535.50				
15	67975	RECONSTRUCTION OF EYELID	535.50				
15	67999	EYELID SURGERY PROCEDURE	MP			X	
15	68110	REMOVE EYELID LINING LESION	349.65				
15	68115	REMOVE EYELID LINING LESION	468.30				
15	68130	REMOVE EYELID LINING LESION	468.30				
15	68320	REVISE/GRAFT EYELID LINING	661.50				
15	68325	REVISE/GRAFT EYELID LINING	661.50				
15	68326	REVISE/GRAFT EYELID LINING	661.50				
15	68328	REVISE/GRAFT EYELID LINING	661.50				
15	68330	REVISE EYELID LINING	661.50				
15	68335	REVISE/GRAFT EYELID LINING	661.50				
15	68340	SEPARATE EYELID ADHESIONS	661.50				
15	68360	REVISE EYELID LINING	468.30				
15	68362	REVISE EYELID LINING	468.30				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	468.30				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	535.50				
15	68505	PARTIAL REMOVAL, TEAR GLAND	535.50				
15	68510	BIOPSY OF TEAR GLAND	349.65				
15	68520	REMOVAL OF TEAR SAC	535.50				
15	68525	BIOPSY OF TEAR SAC	349.65				
15	68540	REMOVE TEAR GLAND LESION	535.50				
15	68550	REMOVE TEAR GLAND LESION	535.50				
15	68700	REPAIR TEAR DUCTS	468.30				
15	68720	CREATE TEAR SAC DRAIN	661.50				
15	68745	CREATE TEAR DUCT DRAIN	661.50				
15	68750	CREATE TEAR DUCT DRAIN	661.50				
15	68770	CLOSE TEAR SYSTEM FISTULA	661.50				
15	68810	PROBE NASOLACRIMAL DUCT	349.65				
15	68811	PROBE NASOLACRIMAL DUCT	468.30				
15	68815	PROBE NASOLACRIMAL DUCT	468.30				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	349.65				
15	69005	DRAIN EXTERNAL EAR LESION	349.65				
15	69020	DRAIN OUTER EAR CANAL LESION	349.65				
15	69100	BIOPSY OF EXTERNAL EAR	349.65				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	349.65				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	349.65				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69120	REMOVAL OF EXTERNAL EAR	468.30				
15	69140	REMOVE EAR CANAL LESION(S)	468.30				
15	69145	REMOVE EAR CANAL LESION(S)	468.30				
15	69150	EXTENSIVE EAR CANAL SURGERY	535.50				
15	69205	CLEAR OUTER EAR CANAL	349.65				
15	69222	CLEAN OUT MASTOID CAVITY	468.30				
15	69300	REVISE EXTERNAL EAR	535.50				
15	69310	REBUILD OUTER EAR CANAL	535.50				
15	69320	REBUILD OUTER EAR CANAL	1,044.75				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	468.30				
15	69421	INCISION OF EARDRUM	535.50				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	349.65				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	535.50				
15	69436	CREATE EARDRUM OPENING	535.50				
15	69440	EXPLORATION OF MIDDLE EAR	535.50				
15	69449	INNER EAR SURGERY PROCEDURE	MP			X	
15	69450	EARDRUM REVISION	349.65				
15	69501	MASTOIDECTOMY	1,044.75				
15	69502	MASTOIDECTOMY	1,044.75				
15	69505	REMOVE MASTOID STRUCTURES	1,044.75				
15	69511	EXTENSIVE MASTOID SURGERY	1,044.75				
15	69530	EXTENSIVE MASTOID SURGERY	1,044.75				
15	69540	REMOVE EAR LESION	535.50				
15	69550	REMOVE EAR LESION	752.85				
15	69552	REMOVE EAR LESION	1,044.75				
15	69601	MASTOID SURGERY REVISION	1,044.75				
15	69602	MASTOID SURGERY REVISION	1,044.75				
15	69603	MASTOID SURGERY REVISION	1,044.75				
15	69604	MASTOID SURGERY REVISION	1,044.75				
15	69605	MASTOID SURGERY REVISION	1,044.75				
15	69610	REPAIR EARDRUM	468.30				
15	69620	REPAIR OF EARDRUM	468.30				
15	69631	REPAIR EARDRUM STRUCTURES	752.85				
15	69632	REBUILD EARDRUM STRUCTURES	752.85				
15	69633	REBUILD EARDRUM STRUCTURES	752.85				
15	69635	REPAIR EARDRUM STRUCTURES	1,044.75				
15	69636	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69637	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69641	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69642	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69643	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69644	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69645	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69646	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69650	RELEASE MIDDLE EAR BONE	1,044.75				
15	69660	REVISE MIDDLE EAR BONE	752.85				
15	69661	REVISE MIDDLE EAR BONE	752.85				
15	69662	REVISE MIDDLE EAR BONE	752.85				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 RURAL AND STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER FEBRUARY 20, 2009

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69666	REPAIR MIDDLE EAR STRUCTURES	661.50				
15	69667	REPAIR MIDDLE EAR STRUCTURES	661.50				
15	69670	REMOVE MASTOID AIR CELLS	535.50				
15	69676	REMOVE MIDDLE EAR NERVE	535.50				
15	69700	CLOSE MASTOID FISTULA	535.50				
15	69711	REMOVE/REPAIR HEARING AID	349.65				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,405.95				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,405.95				
15	69717	TEMPLE BONE IMPLANT REVISION	1,405.95				
15	69718	REVISE TEMPLE BONE IMPLANT	1,405.95				
15	69720	RELEASE FACIAL NERVE	752.85				
15	69725	RELEASE FACIAL NERVE	752.85				
15	69740	REPAIR FACIAL NERVE	752.85				
15	69745	REPAIR FACIAL NERVE	752.85				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP				X
15	69801	INCISE INNER EAR	752.85				
15	69805	EXPLORE INNER EAR	1,044.75				
15	69806	EXPLORE INNER EAR	1,044.75				
15	69820	ESTABLISH INNER EAR WINDOW	752.85				
15	69840	REVISE INNER EAR WINDOW	752.85				
15	69905	REMOVE INNER EAR	1,044.75				
15	69910	REMOVE INNER EAR & MASTOID	1,044.75				
15	69915	INCISE INNER EAR NERVE	1,044.75				
15	69930	IMPLANT COCHLEAR DEVICE	1,044.75	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP				X
15	69979	TEMPORAL BONE SURGERY	MP				X
15	69990	MICROSURGERY ADD-ON	349.65				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	349.65				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	349.65				

LAM5M117

RUN: 07/29/12 09:25:59

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

REPORT NO: RF-0-76A

PAGE: 63

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL AND STATE HOSPITALS
LEGEND

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

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

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

15 - Outpatient Ambulatory Surgical Services.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with MP are manually priced after Medical Review.

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

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

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