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

COLUMN 1. CODE: The medical billing procedure code.
J CODES LISTED ON THIS FEE SCHEDULE ARE FOR THE USE OF INPATIENT HOSPITALS ONLY.

COLUMN 2. MODIFIER: The modifier used with the procedure code, where applicable.
- RR is used for rental
- RB is used for DME part replacement
- U5 is for an oxygen probe for use with oximeter device, disposable

Note: All available modifiers may not appear in the column. Providers should use the Durable Medical Equipment Provider Manual for details on available modifiers.

COLUMN 3. TOS: TOS 07 is used for procedure codes in which a modifier may be required or used with the procedure code. TOS 09 is used for all other procedure codes.

COLUMN 4. DESCRIPTION: A short description of the medical billing procedure code.

COLUMN 5. FEE: The fee listed refers to the maximum, allowable payment for one unit of that item. When a fee must be manually priced, instead of a fee, the letters MP will appear.

COLUMN 6. ICFDD EXEMPT: "Y" in the "ICFDD EXEMPT" field indicates that the Intermediate Care Facility for the developmentally disabled is not responsible for payment of this item for those Medicaid recipients residing in its' facility on the date of delivery.

COLUMN 7. NHOME RESP: "Y" in the "NH RESP" field indicates that nursing home is responsible for payment of this item for those Medicaid Recipients residing in the facility on the date of delivery.

COLUMN 8. MCARE EXEMPT: "1" indicates Medicare does not cover this item. "2" indicates that Medicare does not cover this item for nursing home residents. If there is nothing in this field, Medicare covers this item in all locations.

COLUMN 9. AGE RESTRICTION: If there is an age restriction for this procedure, the eligible age group will be given.

COLUMN 10. PA REQUIRED: "R" in this field indicates that Prior Authorization by the Fiscal Intermediary is required.

COLUMN 11. EFFECT DATE: The date in this column represents the date on which the fee from column 4 becomes effective.

THIS IS NOT AN ALL INCLUSIVE LIST. PAYMENT OF OTHER PROCEDURES CODES NOT INCLUDED IN THIS LIST MAY BE CONSIDERED BY THE LOUISIANA DEPARTMENT OF HEALTH ON A CASE BY CASE BASIS.

IMPORTANT INFORMATION: THE 'J' CODES LISTED ON THIS FEE SCHEDULE ARE PAYABLE TO HOSPITALS ONLY!!
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**LOUISIANA MEDICAID DMEPOS FEE SCHEDULE**

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**Note:** Fees listed are effective from January 01, 2019 to December 31, 2019.
### LOUISIANA MEDICAID DMEPOS FEE SCHEDULE
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**LOUISIANA MEDICAID DMEPOS FEE SCHEDULE**

**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019**

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# LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

**REPORT NO:** RF-0-76D  
**LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING**  
**PAGE:** 36  
**FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019**

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