

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	G0105	COLORECTAL SCRNI; HI RISK IND	421.47				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	421.47				
15	G0260	INJ FOR SACROILIAC JT ANESTH	314.69				
15	10022	FNA W/IMAGE	314.69				
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	314.69				
15	10060	DRAINAGE OF SKIN ABSCESS	314.69				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	314.69				
15	10080	INCISE/DRAIN SIMPLE CYST	314.69				
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	314.69				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	314.69				
15	10121	REMOVE FOREIGN BODY	421.47				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	314.69				
15	10160	PUNCTURE DRAINAGE OF LESION	314.69				
15	10180	COMPLEX DRAINAGE, WOUND	421.47				
15	11004	DEBRIDE GENITALIA & PERINEUN	421.47				
15	11005	DEBRIDE ABDOM WALL	421.47				
15	11006	DEBRIDE GENIT/ABDOM WALL	421.47				
15	11008	REMOVE MESH FROM ABD WALL	421.47				
15	11010	DEBRIDE SKIN, FX	421.47				
15	11011	DEBRIDE SKIN/MUSCLE, FX	421.47				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	421.47				
15	11042	DEBRIDE SKIN/TISSUE	421.47				
15	11043	DEBRIDE TISSUE/MUSCLE	421.47				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	421.47				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	314.69				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	314.69				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	314.69				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	314.69				
15	11404	REMOVAL OF SKIN LESION	314.69				
15	11406	REMOVAL OF SKIN LESION	421.47				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	421.47				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	421.47				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	421.47				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	421.47				
15	11424	REMOVAL OF SKIN LESION	421.47				
15	11426	REMOVAL OF SKIN LESION	421.47				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	314.69				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	314.69				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	314.69				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	314.69				
15	11444	REMOVAL OF SKIN LESION	314.69				
15	11446	REMOVAL OF SKIN LESION	421.47				
15	11450	REMOVAL, SWEAT GLAND LESION	421.47				
15	11451	REMOVAL, SWEAT GLAND LESION	421.47				
15	11462	REMOVAL, SWEAT GLAND LESION	421.47				
15	11463	REMOVAL, SWEAT GLAND LESION	421.47				
15	11470	REMOVAL, SWEAT GLAND LESION	421.47				
15	11471	REMOVAL, SWEAT GLAND LESION	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	421.47				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	421.47				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	421.47				
15	11604	REMOVAL OF SKIN LESION	421.47				
15	11606	REMOVAL OF SKIN LESION	421.47				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	421.47				
15	11624	REMOVAL OF SKIN LESION	421.47				
15	11626	REMOVAL OF SKIN LESION	421.47				
15	11640	EXC FACE MM MALIG + MAG 0.5<	421.47				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	421.47				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	421.47				
15	11644	REMOVAL OF SKIN LESION	421.47				
15	11646	REMOVAL OF SKIN LESION	421.47				
15	11750	EXCISION NAIL & NAIL MATRIX	314.69				
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	314.69				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	314.69				
15	11770	REMOVAL OF PILONIDAL LESION	481.95				
15	11771	REMOVAL OF PILONIDAL LESION	481.95				
15	11772	REMOVAL OF PILONIDAL LESION	481.95				
15	11960	INSERT TISSUE EXPANDER(S)	421.47				
15	11970	REPLACE TISSUE EXPANDER	481.95				
15	11971	REMOVE TISSUE EXPANDER(S)	314.69				
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	314.69				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	314.69				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	314.69				
15	12005	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12006	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12007	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	421.47				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	421.47				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	421.47				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	421.47				
15	12016	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12017	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12018	REPAIR SUPERFICIAL WOUND(S)	421.47				
15	12020	CLOSURE OF SPLIT WOUND	314.69				
15	12021	CLOSURE OF SPLIT WOUND	314.69				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	314.69				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	314.69				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	421.47				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	421.47				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	421.47				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	421.47				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	314.69				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	314.69				
15	12044	LAYER CLOSURE OF WOUND(S)	421.47				
15	12045	LAYER CLOSURE OF WOUND(S)	421.47				
15	12046	LAYER CLOSURE OF WOUND(S)	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

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)	421.47				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	314.69				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	314.69				
15	12053	LAYER CLOSURE 5.1 TO 7.5	314.69				
15	12054	LAYER CLOSURE OF WOUND(S)	421.47				
15	12055	LAYER CLOSURE OF WOUND(S)	421.47				
15	12056	LAYER CLOSURE OF WOUND(S)	421.47				
15	12057	LAYER CLOSURE OF WOUND(S)	421.47				
15	13100	REPAIR OF WOUND OR LESION	421.47				
15	13101	REPAIR OF WOUND OR LESION	481.95				
15	13102	REPAIR WOUND/LESION ADD-ON	481.95				
15	13120	REPAIR OF WOUND OR LESION	421.47				
15	13121	REPAIR OF WOUND OR LESION	481.95				
15	13122	REPAIR WOUND/LESION ADD-ON	481.95				
15	13131	REPAIR OF WOUND OR LESION	421.47				
15	13132	REPAIR OF WOUND OR LESION	481.95				
15	13133	REPAIR WOUND/LESION ADD-ON	481.95				
15	13151	REPAIR OF WOUND OR LESION	481.95				
15	13152	REPAIR OF WOUND OR LESION	481.95				
15	13153	REPAIR WOUND/LESION ADD-ON	314.69				
15	13160	LATE CLOSURE OF WOUND	421.47				
15	14000	SKIN TISSUE REARRANGEMENT	421.47				
15	14001	SKIN TISSUE REARRANGEMENT	481.95				
15	14020	SKIN TISSUE REARRANGEMENT	481.95				
15	14021	SKIN TISSUE REARRANGEMENT	481.95				
15	14040	SKIN TISSUE REARRANGEMENT	421.47				
15	14041	SKIN TISSUE REARRANGEMENT	481.95				
15	14060	SKIN TISSUE REARRANGEMENT	481.95				
15	14061	SKIN TISSUE REARRANGEMENT	481.95				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	595.35				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	595.35				
15	14350	SKIN TISSUE REARRANGEMENT	481.95				
15	15040	HARVEST CULTURED SKIN GRAFT	421.47				
15	15050	SKIN PINCH GRAFT	421.47				
15	15100	SKIN SPLIT GRAFT	421.47				
15	15101	SKIN SPLIT GRAFT ADD-ON	481.95				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	421.47				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	314.69				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	421.47				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	314.69				
15	15120	SKIN SPLIT GRAFT	421.47				
15	15121	SKIN SPLIT GRAFT ADD-ON	481.95				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	421.47				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	314.69				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	421.47				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	314.69				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	421.47				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	314.69				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	421.47				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	314.69				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	314.69				
15	15200	SKIN FULL GRAFT	481.95				
15	15201	SKIN FULL GRAFT ADD-ON	421.47				
15	15220	SKIN FULL GRAFT	421.47				
15	15221	SKIN FULL GRAFT ADD-ON	421.47				
15	15240	SKIN FULL GRAFT	481.95				
15	15241	SKIN FULL GRAFT ADD-ON	481.95				
15	15260	SKIN FULL GRAFT	421.47				
15	15261	SKIN FULL GRAFT ADD-ON	421.47				
15	15570	FORM SKIN PEDICLE FLAP	481.95				
15	15572	FORM SKIN PEDICLE FLAP	481.95				
15	15574	FORM SKIN PEDICLE FLAP	481.95				
15	15576	FORM SKIN PEDICLE FLAP	481.95				
15	15600	SKIN GRAFT	481.95				
15	15610	SKIN GRAFT	481.95				
15	15620	SKIN GRAFT	595.35				
15	15630	SKIN GRAFT	481.95				
15	15650	TRANSFER SKIN PEDICLE FLAP	677.57				
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	481.95				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	481.95				
15	15736	MUSCLE-SKIN GRAFT, ARM	481.95				
15	15738	MUSCLE-SKIN GRAFT, LEG	481.95				
15	15740	ISLAND PEDICLE FLAP GRAFT	421.47				
15	15750	NEUROVASCULAR PEDICLE GRAFT	421.47				
15	15760	COMPOSITE SKIN GRAFT	421.47				
15	15770	DERMA-FAT-FASCIA GRAFT	481.95				
15	15820	REVISION OF LOWER EYELID	481.95				
15	15821	REVISION OF LOWER EYELID	481.95				
15	15822	REVISION OF UPPER EYELID	481.95				
15	15823	REVISION OF UPPER EYELID	677.57				
15	15840	GRAFT FOR FACE NERVE PALSY	595.35				
15	15841	GRAFT FOR FACE NERVE PALSY	595.35				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	595.35				
15	15845	SKIN AND MUSCLE REPAIR, FACE	595.35				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	314.69				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	314.69				
15	15920	REMOVAL OF TAIL BONE ULCER	481.95				
15	15922	REMOVAL OF TAIL BONE ULCER	595.35				
15	15931	REMOVE SACRUM PRESSURE SORE	481.95				
15	15933	REMOVE SACRUM PRESSURE SORE	481.95				
15	15934	REMOVE SACRUM PRESSURE SORE	481.95				
15	15935	REMOVE SACRUM PRESSURE SORE	595.35				
15	15936	REMOVE SACRUM PRESSURE SORE	595.35				
15	15937	REMOVE SACRUM PRESSURE SORE	595.35				
15	15940	REMOVE HIP PRESSURE SORE	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15941	REMOVE HIP PRESSURE SORE	481.95				
15	15944	REMOVE HIP PRESSURE SORE	481.95				
15	15945	REMOVE HIP PRESSURE SORE	595.35				
15	15946	REMOVE HIP PRESSURE SORE	595.35				
15	15950	REMOVE THIGH PRESSURE SORE	481.95				
15	15951	REMOVE THIGH PRESSURE SORE	595.35				
15	15952	REMOVE THIGH PRESSURE SORE	481.95				
15	15953	REMOVE THIGH PRESSURE SORE	595.35				
15	15956	REMOVE THIGH PRESSURE SORE	481.95				
15	15958	REMOVE THIGH PRESSURE SORE	595.35				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP				
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	314.69				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	421.47				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	421.47				
15	16035	ESCHAROTOMY	421.47				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	421.47				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	421.47				
15	17999	SKIN TISSUR PROCEDURE	MP				
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	421.47				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	314.69				
15	19020	INCISION OF BREAST LESION	421.47				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	421.47				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	421.47				
15	19083	Biopsy of breast accessed throught t	421.47				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	421.47				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	421.47				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	421.47				
15	19100	BX BREAST PERCUT W/O IMAGE	314.69				
15	19101	BIOPSY OF BREAST, OPEN	421.47				
15	19110	NIPPLE EXPLORATION	421.47				
15	19112	EXCISE BREAST DUCT FISTULA	481.95				
15	19120	REMOVAL OF BREAST LESION	481.95				
15	19125	EXCISION, BREAST LESION	481.95				
15	19126	EXCISION, ADDL BREAST LESION	481.95				
15	19281	Placement of breast localization dev	314.69				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	314.69				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	314.69				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	314.69				
15	19285	Placement of breast localization dev	314.69				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	314.69				
15	19287	Placement of breast localization dev	314.69				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	314.69				
15	19296	PLACE PO BREAST CATH FOR RAD	314.69				
15	19297	PLACE BREAST CATH FOR RAD	314.69				
15	19298	PLACE BREAST RAD TUBE/CATHS	314.69				
15	19300	MASTECTOMY FOR GYNECOMASTIA	595.35				M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	481.95				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	940.28				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	19303	MASTECTOMY, SIMPLE, COMPLETE	595.35				
15	19304	MASTECTOMY, SUBCUTANEOUS	595.35				
15	19307	MAST, MOD RAD	940.28				
15	19318	REDUCTION OF LARGE BREAST	595.35	18 99			
15	19328	REMOVAL OF BREAST IMPLANT	314.69			F	
15	19330	REMOVAL OF IMPLANT MATERIAL	314.69				
15	19340	IMMEDIATE BREAST PROSTHESIS	421.47			F	
15	19342	DELAYED BREAST PROSTHESIS	481.95			F	
15	19350	BREAST RECONSTRUCTION	595.35				
15	19357	BREAST RECONSTRUCTION	677.57			F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	677.57				
15	19366	BREAST RECONSTRUCTION	677.57			F	
15	19499	BREAST SURGERY PROCEDURE	MP				
15	20005	INCISION OF DEEP ABSCESS	421.47				
15	20100	EXPLORE WOUND, NECK	481.95				
15	20101	EXPLORE WOUND, CHEST	481.95				
15	20102	EXPLORE WOUND, ABDOMEN	481.95				
15	20103	EXPLORE WOUND, EXTREMITY	481.95				
15	20200	MUSCLE BIOPSY	421.47				
15	20205	DEEP MUSCLE BIOPSY	481.95				
15	20206	NEEDLE BIOPSY, MUSCLE	314.69				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	314.69				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	421.47				
15	20240	BONE BIOPSY, EXCISIONAL	421.47				
15	20245	BONE BIOPSY, EXCISIONAL	481.95				
15	20250	OPEN BONE BIOPSY	481.95				
15	20251	OPEN BONE BIOPSY	481.95				
15	20500	INJECT SINUS TRACT, THERAPEUTCI	314.69				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	314.69				
15	20520	REMOVE FOREGIN BODY; SIMPLE	314.69				
15	20525	REMOVAL OF FOREIGN BODY	481.95				
15	20612	ASPIRATE/INJ GANGLION CYST	314.69				
15	20615	ASPIRATE/INJECTION-BONE CYST	314.69				
15	20650	INSERT AND REMOVE BONE PIN	481.95				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	314.69	00 00			
15	20661	APPLY HALO;	314.69				
15	20662	APPLY HALO; PELVIC	314.69				
15	20663	APPLY HALO; FEMORAL	314.69				
15	20664	HALO BRACE APPLICATION	421.47				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	314.69				
15	20670	REMOVAL OF SUPPORT IMPLANT	314.69				
15	20680	REMOVAL OF SUPPORT IMPLANT	481.95				
15	20690	APPLY BONE FIXATION DEVICE	421.47				
15	20692	APPLY BONE FIXATION DEVICE	481.95				
15	20693	ADJUST BONE FIXATION DEVICE	481.95				
15	20694	REMOVE BONE FIXATION DEVICE	314.69				
15	20900	REMOVAL OF BONE FOR GRAFT	481.95				
15	20902	REMOVAL OF BONE FOR GRAFT	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	20910	REMOVE CARTILAGE FOR GRAFT	481.95				
15	20912	REMOVE CARTILAGE FOR GRAFT	481.95				
15	20920	REMOVAL OF FASCIA FOR GRAFT	595.35				
15	20922	REMOVAL OF FASCIA FOR GRAFT	481.95				
15	20924	REMOVAL OF TENDON FOR GRAFT	595.35				
15	20926	REMOVAL OF TISSUE FOR GRAFT	595.35				
15	20930	SPINAL BONE ALLOGRAFT	314.69				
15	20931	SPINAL BONE ALLOGRAFT	314.69				
15	20936	SPINAL BONE AUTOGRAFT	314.69				
15	20937	SPINAL BONE AUTOGRAFT	314.69				
15	20938	SPINAL BONE AUTOGRAFT	314.69				
15	20950	MONITOR INTERSTITIAL FLUID	314.69				
15	20975	ELECTRICAL BONE STIMULATION	421.47				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP				
15	21010	INCISION OF JAW JOINT	421.47				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	314.69				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	314.69				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	314.69				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	314.69				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	481.95				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	421.47				
15	21025	EXCISION OF BONE, LOWER JAW	421.47				
15	21026	EXCISION OF FACIAL BONE(S)	421.47				
15	21029	CONTOUR OF FACE BONE LESION	421.47				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	421.47				
15	21031	EXCISION OF TORUS MANDIBULARIS	421.47				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	421.47				
15	21034	REMOVAL OF FACE BONE LESION	481.95				
15	21040	REMOVAL OF JAW BONE LESION	421.47				
15	21044	REMOVAL OF JAW BONE LESION	421.47				
15	21045	RADICAL RESECTION OF MANDIBLE	481.95				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	421.47				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	421.47				
15	21048	REMOVE MAXILLA CYST COMPLEX	421.47				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	481.95				
15	21050	REMOVAL OF JAW JOINT	481.95				
15	21060	REMOVE JAW JOINT CARTILAGE	421.47				
15	21070	REMOVE CORONOID PROCESS	481.95				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP				
15	21100	MAXILLOFACIAL FIXATION	421.47				
15	21110	INTERDENTAL FIXATION	314.69				
15	21120	GENIOPLASTY; AUGMENTATION	940.28				
15	21121	RECONSTRUCTION OF CHIN	940.28				
15	21122	RECONSTRUCTION OF CHIN	940.28				
15	21123	RECONSTRUCTION OF CHIN	940.28				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	940.28				
15	21127	AUGMENTATION, LOWER JAW BONE	1,265.36				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	940.28				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	940.28				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	940.28				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	940.28				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	940.28				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	940.28				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	940.28				
15	21181	CONTOUR CRANIAL BONE LESION	940.28				
15	21206	RECONSTRUCT UPPER JAW BONE	677.57				
15	21208	AUGMENTATION OF FACIAL BONES	940.28				
15	21209	REDUCTION OF FACIAL BONES	677.57				
15	21210	FACE BONE GRAFT	940.28				
15	21215	LOWER JAW BONE GRAFT	940.28				
15	21230	RIB CARTILAGE GRAFT	940.28				
15	21235	EAR CARTILAGE GRAFT	940.28				
15	21240	RECONSTRUCTION OF JAW JOINT	595.35				
15	21242	RECONSTRUCTION OF JAW JOINT	677.57				
15	21243	RECONSTRUCTION OF JAW JOINT	677.57				
15	21244	RECONSTRUCTION OF LOWER JAW	940.28				
15	21245	RECONSTRUCTION OF JAW	940.28				
15	21246	RECONSTRUCTION OF JAW	940.28				
15	21248	RECONSTRUCTION OF JAW	940.28				
15	21249	RECONSTRUCTION OF JAW	940.28				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	940.28				
15	21256	RECON OF ORBIT WITH OSTEOATOMIES	940.28				
15	21260	ORBITAL REVISION; EXTRACRANIAL	940.28				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	940.28				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	940.28				
15	21267	REVISE EYE SOCKETS	940.28				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	940.28				
15	21270	AUGMENTATION, CHEEK BONE	677.57				
15	21275	REVISION, ORBITOFACIAL BONES	940.28				
15	21280	REVISION OF EYELID	677.57				
15	21282	REVISION OF EYELID	677.57				
15	21295	RECONST LWR JAW W/O FIXATION	314.69				
15	21296	RECONST LWR JAW W/FIXATION	314.69				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP				
15	21310	TREATMENT OF NOSE FRACTURE	421.47				
15	21315	TREATMENT OF NOSE FRACTURE	421.47				
15	21320	TREATMENT OF NOSE FRACTURE	421.47				
15	21325	TREATMENT OF NOSE FRACTURE	595.35				
15	21330	TREATMENT OF NOSE FRACTURE	677.57				
15	21335	TREATMENT OF NOSE FRACTURE	940.28				
15	21336	TREAT NASAL SEPTAL FRACTURE	595.35				
15	21337	TREAT NASAL SEPTAL FRACTURE	421.47				
15	21338	TREAT NASOETHMOID FRACTURE	595.35				
15	21339	TREAT NASOETHMOID FRACTURE	677.57				
15	21340	TREATMENT OF NOSE FRACTURE	595.35				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	677.57				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	940.28				
15	21345	TREAT NOSE/JAW FRACTURE	940.28				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	677.57				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	940.28				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	940.28				
15	21355	TREAT CHEEK BONE FRACTURE	481.95				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	481.95				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	595.35				
15	21386	TREAT ORBITAL FX; PERIORBITAL	595.35				
15	21387	TREAT ORBITAL FX; COMBINATION	595.35				
15	21390	TREAT ORBITAL WITH IMPLANT	595.35				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	595.35				
15	21400	TREAT EYE SOCKET FRACTURE	421.47				
15	21401	TREAT EYE SOCKET FRACTURE	481.95				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	595.35				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	595.35				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	595.35				
15	21421	TREAT MOUTH ROOF FRACTURE	595.35				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	677.57				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	677.57				
15	21431	TREAT CRANIOFACIAL SEPARATION	595.35				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	595.35				
15	21433	COMPLICATED TX CRANIOFACIAL FX	677.57				
15	21435	COMPLICATED TX CRANIOFACIAL FX	677.57				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	677.57				
15	21440	TREAT DENTAL RIDGE FRACTURE	481.95				
15	21445	TREAT DENTAL RIDGE FRACTURE	595.35				
15	21450	TREAT LOWER JAW FRACTURE	481.95				
15	21451	TREAT LOWER JAW FRACTURE	595.35				
15	21452	TREAT LOWER JAW FRACTURE	421.47				
15	21453	TREAT LOWER JAW FRACTURE	481.95				
15	21454	TREAT LOWER JAW FRACTURE	677.57				
15	21461	TREAT LOWER JAW FRACTURE	595.35				
15	21462	TREAT LOWER JAW FRACTURE	677.57				
15	21465	TREAT LOWER JAW FRACTURE	595.35				
15	21470	TREAT COMPLICATED MANDIBULAR FX	677.57				
15	21480	RESET DISLOCATED JAW	314.69				
15	21485	RESET DISLOCATED JAW	421.47				
15	21490	REPAIR DISLOCATED JAW	481.95				
15	21497	INTERDENTAL WIRING	421.47				
15	21499	UNLISTED PROCEDURE; HEAD	MP				
15	21501	DRAIN NECK/CHEST LESION	421.47				
15	21502	DRAIN CHEST LESION	421.47				
15	21510	INCISION WITH OPENING OF BONE CORTEX	481.95				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	314.69				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	421.47				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	421.47				
15	21555	REMOVE LESION, NECK/CHEST	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21556	REMOVE LESION, NECK/CHEST	421.47				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	421.47				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	421.47				
15	21600	PARTIAL REMOVAL OF RIB	421.47				
15	21610	PARTIAL REMOVAL OF RIB	421.47				
15	21615	EXCISION CERVICAL RIB	421.47				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	421.47				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	421.47				
15	21627	STERNAL DEBRIDEMENT	421.47				
15	21630	RADICAL RESECTOPM PF STERNUM	677.57				
15	21632	MEDIASTINAL LYMPHADENECTOMY	677.57				
15	21700	REVISION OF NECK MUSCLE	421.47				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	421.47				
15	21720	REVISION OF NECK MUSCLE	481.95				
15	21725	REVISION OF NECK MUSCLE	481.95				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	481.95				
15	21800	TREATMENT OF RIB FRACTURE	314.69				
15	21805	TREATMENT OF RIB FRACTURE	421.47				
15	21810	TREAT RIB FX W/EXTERNAL FIXATION	421.47				
15	21820	TREAT STERNUM FRACTURE	314.69				
15	21825	TREAT STERNUM FRACTURE;OPEN	421.47				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP				
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	314.69				
15	21925	BIOPSY SOFT TISSUE OF BACK	421.47				
15	21930	REMOVE LESION, BACK OR FLANK	421.47				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	421.47				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	421.47				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	421.47				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	481.95				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	22100	RESECT VERTEBRA,CERVICAL	421.47				
15	22101	RESECT VERTEBRA, THORACIC	421.47				
15	22305	TREAT SPINE PROCESS FRACTURE	314.69				
15	22310	TREAT SPINE FRACTURE	314.69				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	421.47				
15	22505	MANIPULATION OF SPINE	421.47				
15	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,265.36				
15	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,265.36				
15	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,265.36				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,265.36				
15	22899	SPINE SURGERY PROCEDURE	MP				
15	22900	REMOVE ABDOMINAL WALL LESION	595.35				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	421.47				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	421.47				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	421.47				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	421.47				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	22999	ABDOMEN SURGERY PROCEDURE	MP				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23000	REMOVAL OF CALCIUM DEPOSITS	421.47				
15	23020	RELEASE SHOULDER JOINT	421.47				
15	23030	DRAIN SHOULDER LESION	314.69				
15	23031	DRAIN SHOULDER BURSA	481.95				
15	23035	DRAIN SHOULDER BONE LESION	481.95				
15	23040	EXPLORATORY SHOULDER SURGERY	481.95				
15	23044	EXPLORATORY SHOULDER SURGERY	595.35				
15	23066	BIOPSY SHOULDER TISSUES	421.47				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOUL	421.47				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOUL	421.47				
15	23075	REMOVAL OF SHOULDER LESION	421.47				
15	23076	REMOVAL OF SHOULDER LESION	421.47				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	481.95				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	23100	BIOPSY OF SHOULDER JOINT	421.47				
15	23101	SHOULDER JOINT SURGERY	940.28				
15	23105	REMOVE SHOULDER JOINT LINING	595.35				
15	23106	INCISION OF COLLARBONE JOINT	595.35				
15	23107	EXPLORE TREAT SHOULDER JOINT	595.35				
15	23120	PARTIAL REMOVAL, COLLAR BONE	677.57				
15	23125	REMOVAL OF COLLAR BONE	677.57				
15	23130	REMOVE SHOULDER BONE, PART	677.57				
15	23140	REMOVAL OF BONE LESION	595.35				
15	23145	REMOVAL OF BONE LESION	677.57				
15	23146	REMOVAL OF BONE LESION	677.57				
15	23150	REMOVAL OF HUMERUS LESION	595.35				
15	23155	REMOVAL OF HUMERUS LESION	677.57				
15	23156	REMOVAL OF HUMERUS LESION	677.57				
15	23170	REMOVE COLLAR BONE LESION	421.47				
15	23172	REMOVE SHOULDER BLADE LESION	421.47				
15	23174	REMOVE HUMERUS LESION	421.47				
15	23180	REMOVE COLLAR BONE LESION	595.35				
15	23182	REMOVE SHOULDER BLADE LESION	595.35				
15	23184	REMOVE HUMERUS LESION	595.35				
15	23190	PARTIAL REMOVAL OF SCAPULA	595.35				
15	23195	REMOVAL OF HEAD OF HUMERUS	677.57				
15	23330	REMOVE SHOULDER FOREIGN BODY	314.69				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	314.69				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	677.57				
15	23397	MUSCLE TRANSFERS	940.28				
15	23400	FIXATION OF SHOULDER BLADE	940.28				
15	23405	INCISION OF TENDON & MUSCLE	421.47				
15	23406	INCISE TENDON(S) & MUSCLE(S)	421.47				
15	23410	REPAIR OF TENDON(S)	677.57				
15	23412	REPAIR OF TENDON(S)	940.28				
15	23415	RELEASE OF SHOULDER LIGAMENT	677.57				
15	23420	REPAIR OF SHOULDER	940.28				
15	23430	REPAIR BICEPS TENDON	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23440	REMOVE/TRANSPLANT TENDON	595.35				
15	23450	REPAIR SHOULDER CAPSULE	677.57				
15	23455	REPAIR SHOULDER CAPSULE	940.28				
15	23460	REPAIR SHOULDER CAPSULE	677.57				
15	23462	REPAIR SHOULDER CAPSULE	940.28				
15	23465	REPAIR SHOULDER CAPSULE	677.57				
15	23466	REPAIR SHOULDER CAPSULE	940.28				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	940.28				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	940.28				
15	23480	REVISION OF COLLAR BONE	595.35				
15	23485	REVISION OF COLLAR BONE	940.28				
15	23490	REINFORCE CLAVICLE	481.95				
15	23491	REINFORCE SHOULDER BONES	481.95				
15	23500	TREAT CLAVICLE FRACTURE	314.69				
15	23505	TREAT CLAVICLE FRACTURE	314.69				
15	23515	TREAT CLAVICLE FRACTURE	481.95				
15	23520	TREAT CLAVICLE DISLOCATION	314.69				
15	23525	TREAT CLAVICLE DISLOCATION	314.69				
15	23530	TREAT CLAVICLE DISLOCATION	481.95				
15	23532	TREAT CLAVICLE DISLOCATION	595.35				
15	23540	TREAT CLAVICLE DISLOCATION	314.69				
15	23545	TREAT CLAVICLE DISLOCATION	314.69				
15	23550	TREAT CLAVICLE DISLOCATION	481.95				
15	23552	TREAT CLAVICLE DISLOCATION	595.35				
15	23570	TREAT SHOULDER BLADE FX	314.69				
15	23575	TREAT SHOULDER BLADE FX	314.69				
15	23585	TREAT SCAPULA FRACTURE	481.95				
15	23600	TREAT HUMERUS FRACTURE	314.69				
15	23605	TREAT HUMERUS FRACTURE	421.47				
15	23615	TREAT HUMERUS FRACTURE	595.35				
15	23616	TREAT HUMERUS FRACTURE	595.35				
15	23620	TREAT HUMERUS FRACTURE	314.69				
15	23625	TREAT HUMERUS FRACTURE	421.47				
15	23630	TREAT HUMERUS FRACTURE	677.57				
15	23650	TREAT SHOULDER DISLOCATION	314.69				
15	23655	TREAT SHOULDER DISLOCATION	314.69				
15	23660	TREAT SHOULDER DISLOCATION	481.95				
15	23665	TREAT DISLOCATION/FRACTURE	421.47				
15	23670	TREAT DISLOCATION/FRACTURE	481.95				
15	23675	TREAT DISLOCATION/FRACTURE	421.47				
15	23680	TREAT DISLOCATION/FRACTURE	481.95				
15	23700	FIXATION OF SHOULDER	314.69				
15	23800	FUSION OF SHOULDER JOINT	595.35				
15	23802	FUSION OF SHOULDER JOINT	940.28				
15	23921	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	23929	SHOULDER SURGERY PROCEDURE	MP				
15	23930	DRAINAGE OF ARM LESION	314.69				
15	23931	DRAINAGE OF ARM BURSA	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23935	DRAIN ARM/ELBOW BONE LESION	421.47				
15	24000	EXPLORATORY ELBOW SURGERY	595.35				
15	24006	RELEASE ELBOW JOINT	595.35				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	421.47				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	421.47				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	421.47				
15	24075	REMOVE ARM/ELBOW LESION	421.47				
15	24076	REMOVE ARM/ELBOW LESION	421.47				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	481.95				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	24100	BIOPSY ELBOW JOINT LINING	314.69				
15	24101	EXPLORE/TREAT ELBOW JOINT	595.35				
15	24102	REMOVE ELBOW JOINT LINING	595.35				
15	24105	REMOVAL OF ELBOW BURSA	481.95				
15	24110	REMOVE HUMERUS LESION	421.47				
15	24115	REMOVE/GRAFT BONE LESION	481.95				
15	24116	REMOVE/GRAFT BONE LESION	481.95				
15	24120	REMOVE ELBOW LESION	481.95				
15	24125	REMOVE/GRAFT BONE LESION	481.95				
15	24126	REMOVE/GRAFT BONE LESION	481.95				
15	24130	REMOVAL OF HEAD OF RADIUS	481.95				
15	24134	REMOVAL OF ARM BONE LESION	421.47				
15	24136	REMOVE RADIUS BONE LESION	421.47				
15	24138	REMOVE ELBOW BONE LESION	421.47				
15	24140	PARTIAL REMOVAL OF ARM BONE	481.95				
15	24145	PARTIAL REMOVAL OF RADIUS	481.95				
15	24147	PARTIAL REMOVAL OF ELBOW	421.47				
15	24155	REMOVAL OF ELBOW JOINT	481.95				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	421.47				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	481.95				
15	24200	REMOVAL OF ARM FOREIGN BODY	314.69				
15	24201	REMOVAL OF ARM FOREIGN BODY	421.47				
15	24301	MUSCLE/TENDON TRANSFER	595.35				
15	24305	ARM TENDON LENGTHENING	595.35				
15	24310	REVISION OF ARM TENDON	481.95				
15	24320	REPAIR OF ARM TENDON	481.95				
15	24330	REVISION OF ARM MUSCLES	481.95				
15	24331	REVISION OF ARM MUSCLES	481.95				
15	24340	REPAIR OF BICEPS TENDON	481.95				
15	24341	REPAIR ARM TENDON/MUSCLE	481.95				
15	24342	REPAIR OF RUPTURED TENDON	481.95				
15	24345	REPR ELBW MED LIGMNT W/TISSU	421.47				
15	24360	RECONSTRUCT ELBOW JOINT	677.57				
15	24361	RECONSTRUCT ELBOW JOINT	677.57				
15	24362	RECONSTRUCT ELBOW JOINT	677.57				
15	24363	REPLACE ELBOW JOINT	940.28				
15	24365	RECONSTRUCT HEAD OF RADIUS	677.57				
15	24366	RECONSTRUCT HEAD OF RADIUS	677.57				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	677.57				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	677.57				
15	24400	REVISION OF HUMERUS	595.35				
15	24410	REVISION OF HUMERUS	595.35				
15	24420	REVISION OF HUMERUS	481.95				
15	24430	REPAIR OF HUMERUS	481.95				
15	24435	REPAIR HUMERUS WITH GRAFT	595.35				
15	24470	REVISION OF ELBOW JOINT	481.95				
15	24495	DECOMPRESSION OF FOREARM	421.47				
15	24498	REINFORCE HUMERUS	481.95				
15	24500	TREAT HUMERUS FRACTURE	314.69				
15	24505	TREAT HUMERUS FRACTURE	314.69				
15	24515	TREAT HUMERUS FRACTURE	595.35				
15	24516	TREAT HUMERUS FRACTURE	595.35				
15	24530	TREAT HUMERUS FRACTURE	314.69				
15	24535	TREAT HUMERUS FRACTURE	314.69				
15	24538	TREAT HUMERUS FRACTURE	421.47				
15	24545	TREAT HUMERUS FRACTURE	595.35				
15	24546	TREAT HUMERUS FRACTURE	677.57				
15	24560	TREAT HUMERUS FRACTURE	314.69				
15	24565	TREAT HUMERUS FRACTURE	421.47				
15	24566	TREAT HUMERUS FRACTURE	421.47				
15	24575	TREAT HUMERUS FRACTURE	481.95				
15	24576	TREAT HUMERUS FRACTURE	314.69				
15	24577	TREAT HUMERUS FRACTURE	314.69				
15	24579	TREAT HUMERUS FRACTURE	481.95				
15	24582	TREAT HUMERUS FRACTURE	421.47				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	595.35				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	677.57				
15	24600	TREAT ELBOW DISLOCATION	314.69				
15	24605	TREAT ELBOW DISLOCATION	421.47				
15	24615	TREAT ELBOW DISLOCATION	481.95				
15	24620	TREAT ELBOW FRACTURE	421.47				
15	24635	TREAT ELBOW FRACTURE	481.95				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	314.69				
15	24655	TREAT RADIUS FRACTURE	314.69				
15	24665	TREAT RADIUS FRACTURE	595.35				
15	24666	TREAT RADIUS FRACTURE	595.35				
15	24670	TREAT ULNAR FRACTURE	314.69				
15	24675	TREAT ULNAR FRACTURE	314.69				
15	24685	TREAT ULNAR FRACTURE	481.95				
15	24800	FUSION OF ELBOW JOINT	595.35				
15	24802	FUSION/GRAFT OF ELBOW JOINT	677.57				
15	24925	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP				
15	25000	INCISION OF TENDON SHEATH	481.95				
15	25020	DECOMPRESS FOREARM 1 SPACE	481.95				
15	25023	DECOMPRESS FOREARM 1 SPACE	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25024	DECOMPRESS FOREARM 2 SPACES	481.95				
15	25025	DECOMPRESS FORARM 2 SPACES	481.95				
15	25028	DRAINAGE OF FOREARM LESION	314.69				
15	25031	DRAINAGE OF FOREARM BURSA	421.47				
15	25035	TREAT FOREARM BONE LESION	421.47				
15	25040	EXPLORE/TREAT WRIST JOINT	677.57				
15	25066	BIOPSY FOREARM SOFT TISSUES	421.47				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	421.47				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	421.47				
15	25075	REMOVE FOREARM LESION SUBCUT	421.47				
15	25076	REMOVE FOREARM LESION DEEP	481.95				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	481.95				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	421.47				
15	25085	INCISION OF WRIST CAPSULE	481.95				
15	25100	BIOPSY OF WRIST JOINT	421.47				
15	25101	EXPLORE/TREAT WRIST JOINT	481.95				
15	25105	REMOVE WRIST JOINT LINING	595.35				
15	25107	REMOVE WRIST JOINT CARTILAGE	481.95				
15	25110	REMOVE WRIST TENDON LESION	481.95				
15	25111	REMOVE WRIST TENDON LESION	481.95				
15	25112	REREMOVE WRIST TENDON LESION	595.35				
15	25115	REMOVE WRIST/FOREARM LESION	595.35				
15	25116	REMOVE WRIST/FOREARM LESION	595.35				
15	25118	EXCISE WRIST TENDON SHEATH	421.47				
15	25119	PARTIAL REMOVAL OF ULNA	481.95				
15	25120	REMOVAL OF FOREARM LESION	481.95				
15	25125	REMOVE/GRAFT FOREARM LESION	481.95				
15	25126	REMOVE/GRAFT FOREARM LESION	481.95				
15	25130	REMOVAL OF WRIST LESION	481.95				
15	25135	REMOVE & GRAFT WRIST LESION	481.95				
15	25136	REMOVE & GRAFT WRIST LESION	481.95				
15	25145	REMOVE FOREARM BONE LESION	421.47				
15	25150	PARTIAL REMOVAL OF ULNA	421.47				
15	25151	PARTIAL REMOVAL OF RADIUS	421.47				
15	25210	REMOVAL OF WRIST BONE	481.95				
15	25215	REMOVAL OF WRIST BONES	595.35				
15	25230	PARTIAL REMOVAL OF RADIUS	595.35				
15	25240	PARTIAL REMOVAL OF ULNA	595.35				
15	25248	REMOVE FOREARM FOREIGN BODY	421.47				
15	25250	REMOVAL OF WRIST PROSTHESIS	314.69				
15	25251	REMOVAL OF WRIST PROSTHESIS	314.69				
15	25260	REPAIR FOREARM TENDON/MUSCLE	595.35				
15	25263	REPAIR FOREARM TENDON/MUSCLE	421.47				
15	25265	REPAIR FOREARM TENDON/MUSCLE	481.95				
15	25270	REPAIR FOREARM TENDON/MUSCLE	595.35				
15	25272	REPAIR FOREARM TENDON/MUSCLE	481.95				
15	25274	REPAIR FOREARM TENDON/MUSCLE	595.35				
15	25275	REPAIR FOREARM TENDON SHEATH	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25280	REVISE WRIST/FOREARM TENDON	595.35				
15	25290	INCISE WRIST/FOREARM TENDON	481.95				
15	25295	RELEASE WRIST/FOREARM TENDON	481.95				
15	25300	FUSION OF TENDONS AT WRIST	481.95				
15	25301	FUSION OF TENDONS AT WRIST	481.95				
15	25310	TRANSPLANT FOREARM TENDON	481.95				
15	25312	TRANSPLANT FOREARM TENDON	595.35				
15	25315	REVISE PALSY HAND TENDON(S)	481.95				
15	25316	REVISE PALSY HAND TENDON(S)	481.95				
15	25320	REPAIR/REVISE WRIST JOINT	481.95				
15	25332	REVISE WRIST JOINT	677.57				
15	25335	REALIGNMENT OF HAND	481.95				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	677.57				
15	25350	REVISION OF RADIUS	481.95				
15	25355	REVISION OF RADIUS	481.95				
15	25360	REVISION OF ULNA	481.95				
15	25365	REVISE RADIUS & ULNA	481.95				
15	25370	REVISE RADIUS OR ULNA	481.95				
15	25375	REVISE RADIUS & ULNA	595.35				
15	25390	SHORTEN RADIUS OR ULNA	481.95				
15	25391	LENGTHEN RADIUS OR ULNA	595.35				
15	25392	SHORTEN RADIUS & ULNA	481.95				
15	25393	LENGTHEN RADIUS & ULNA	595.35				
15	25400	REPAIR RADIUS OR ULNA	481.95				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	595.35				
15	25415	REPAIR RADIUS & ULNA	481.95				
15	25420	REPAIR/GRAFT RADIUS & ULNA	595.35				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	481.95				
15	25426	REPAIR/GRAFT RADIUS & ULNA	595.35				
15	25431	REPAIR NONUNION CARPAL BONE	481.95				
15	25440	REPAIR/GRAFT WRIST BONE	595.35				
15	25441	RECONSTRUCT WRIST JOINT	677.57				
15	25442	RECONSTRUCT WRIST JOINT	677.57				
15	25443	RECONSTRUCT WRIST JOINT	677.57				
15	25444	RECONSTRUCT WRIST JOINT	677.57				
15	25445	RECONSTRUCT WRIST JOINT	677.57				
15	25446	WRIST REPLACEMENT	940.28				
15	25447	REPAIR WRIST JOINT(S)	677.57				
15	25449	REMOVE WRIST JOINT IMPLANT	677.57				
15	25450	REVISION OF WRIST JOINT	481.95				
15	25455	REVISION OF WRIST JOINT	481.95				
15	25490	REINFORCE RADIUS	481.95				
15	25491	REINFORCE ULNA	481.95				
15	25492	REINFORCE RADIUS AND ULNA	481.95				
15	25505	TREAT FRACTURE OF RADIUS	314.69				
15	25515	TREAT FRACTURE OF RADIUS	481.95				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	314.69				
15	25525	TREAT FRACTURE OF RADIUS	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25526	TREAT FRACTURE OF RADIUS	677.57				
15	25535	TREAT FRACTURE OF ULNA	314.69				
15	25545	TREAT FRACTURE OF ULNA	481.95				
15	25565	TREAT FRACTURE RADIUS & ULNA	421.47				
15	25574	TREAT FRACTURE RADIUS & ULNA	481.95				
15	25575	TREAT FRACTURE RADIUS/ULNA	481.95				
15	25605	TREAT FRACTURE RADIUS/ULNA	481.95				
15	25606	TREAT FX DISTAL RADIAL	481.95				
15	25607	TREAT FX RAD EXTRA-ARTICUL	677.57				
15	25608	TREAT FX RAD INTRA-ARTICUL	677.57				
15	25609	TREAT FX RADIAL 3 + FRAG	677.57				
15	25624	TREAT WRIST BONE FRACTURE	421.47				
15	25628	TREAT WRIST BONE FRACTURE	481.95				
15	25635	TREAT WRIST BONE FRACTURE	314.69				
15	25645	TREAT WRIST BONE FRACTURE	481.95				
15	25651	PIN ULAR STYLOID FRACTURE	481.95				
15	25660	TREAT WRIST DISLOCATION	314.69				
15	25670	TREAT WRIST DISLOCATION	481.95				
15	25671	PIN RADIOULNAR DISLOCATION	314.69				
15	25675	TREAT WRIST DISLOCATION	314.69				
15	25676	TREAT WRIST DISLOCATION	421.47				
15	25680	TREAT WRIST FRACTURE	421.47				
15	25685	TREAT WRIST FRACTURE	481.95				
15	25690	TREAT WRIST DISLOCATION	314.69				
15	25695	TREAT WRIST DISLOCATION	421.47				
15	25800	FUSION OF WRIST JOINT	595.35				
15	25805	FUSION/GRAFT OF WRIST JOINT	677.57				
15	25810	FUSION/GRAFT OF WRIST JOINT	677.57				
15	25820	FUSION OF HAND BONES	595.35				
15	25825	FUSE HAND BONES WITH GRAFT	677.57				
15	25830	FUSION, RADIOULNAR JNT/ULNA	677.57				
15	25907	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	25922	AMPUTATE HAND AT WRIST	481.95				
15	25929	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP				
15	26011	DRAINAGE OF FINGER ABSCESS	314.69				
15	26020	DRAIN HAND TENDON SHEATH	421.47				
15	26025	DRAINAGE OF PALM BURSA	314.69				
15	26030	DRAINAGE OF PALM BURSA(S)	421.47				
15	26034	TREAT HAND BONE LESION	421.47				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	595.35				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	481.95				
15	26055	INCISE FINGER TENDON SHEATH	421.47				
15	26060	INCISION OF FINGER TENDON	421.47				
15	26070	EXPLORE/TREAT HAND JOINT	421.47				
15	26075	EXPLORE/TREAT FINGER JOINT	595.35				
15	26080	EXPLORE/TREAT FINGER JOINT	595.35				
15	26100	BIOPSY HAND JOINT LINING	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26105	BIOPSY FINGER JOINT LINING	314.69				
15	26110	BIOPSY FINGER JOINT LINING	314.69				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	421.47				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	421.47				
15	26115	REMOVE HAND LESION SUBCUT	421.47				
15	26116	REMOVE HAND LESION, DEEP	421.47				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	481.95				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	421.47				
15	26121	RELEASE PALM CONTRACTURE	595.35				
15	26123	RELEASE PALM CONTRACTURE	595.35				
15	26125	RELEASE PALM CONTRACTURE	595.35				
15	26130	REMOVE WRIST JOINT LINING	481.95				
15	26135	REVISE FINGER JOINT, EACH	595.35				
15	26140	REVISE FINGER JOINT, EACH	421.47				
15	26145	TENDON EXCISION, PALM/FINGER	481.95				
15	26160	REMOVE TENDON SHEATH LESION	481.95				
15	26170	REMOVAL OF PALM TENDON, EACH	481.95				
15	26180	REMOVAL OF FINGER TENDON	481.95				
15	26185	REMOVE FINGER BONE	595.35				
15	26200	REMOVE HAND BONE LESION	421.47				
15	26205	REMOVE/GRAFT BONE LESION	481.95				
15	26210	REMOVAL OF FINGER LESION	421.47				
15	26215	REMOVE/GRAFT FINGER LESION	481.95				
15	26230	PARTIAL REMOVAL OF HAND BONE	940.28				
15	26235	PARTIAL REMOVAL, FINGER BONE	481.95				
15	26236	PARTIAL REMOVAL, FINGER BONE	481.95				
15	26250	EXTENSIVE HAND SURGERY	481.95				
15	26260	EXTENSIVE FINGER SURGERY	481.95				
15	26262	PARTIAL REMOVAL OF FINGER	421.47				
15	26320	REMOVAL OF IMPLANT FROM HAND	421.47				
15	26340	MANIPULATE FINGER WITH ANESTH	314.69				
15	26350	REPAIR OF FINGER TENDON	314.69				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	595.35				
15	26356	REPAIR OF FINGER TENDON	595.35				
15	26357	REPAIR OF FINGER TENDON	595.35				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	595.35				
15	26370	REPAIR FINGER/HAND TENDON	595.35				
15	26372	REPAIR/GRAFT HAND TENDON	595.35				
15	26373	REPAIR FINGER/HAND TENDON	481.95				
15	26390	REVISE HAND/FINGER TENDON	595.35				
15	26392	REPAIR/GRAFT HAND TENDON	481.95				
15	26410	REPAIR HAND TENDON	481.95				
15	26412	REPAIR/GRAFT HAND TENDON	481.95				
15	26415	EXCISION, HAND/FINGER TENDON	595.35				
15	26416	GRAFT HAND OR FINGER TENDON	481.95				
15	26418	REPAIR FINGER TENDON	595.35				
15	26420	REPAIR/GRAFT FINGER TENDON	595.35				
15	26426	REPAIR FINGER/HAND TENDON	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26428	REPAIR/GRAFT FINGER TENDON	481.95				
15	26432	REPAIR FINGER TENDON	481.95				
15	26433	REPAIR FINGER TENDON	481.95				
15	26434	REPAIR/GRAFT FINGER TENDON	481.95				
15	26437	REALIGNMENT OF TENDONS	481.95				
15	26440	RELEASE PALM/FINGER TENDON	481.95				
15	26442	RELEASE PALM & FINGER TENDON	481.95				
15	26445	RELEASE HAND/FINGER TENDON	481.95				
15	26449	RELEASE FOREARM/HAND TENDON	481.95				
15	26450	INCISION OF PALM TENDON	481.95				
15	26455	INCISION OF FINGER TENDON	481.95				
15	26460	INCISE HAND/FINGER TENDON	481.95				
15	26471	FUSION OF FINGER TENDONS	421.47				
15	26474	FUSION OF FINGER TENDONS	421.47				
15	26476	TENDON LENGTHENING	314.69				
15	26477	TENDON SHORTENING	314.69				
15	26478	LENGTHENING OF HAND TENDON	314.69				
15	26479	SHORTENING OF HAND TENDON	314.69				
15	26480	TRANSPLANT HAND TENDON	481.95				
15	26483	TRANSPLANT/GRAFT HAND TENDON	481.95				
15	26485	TRANSPLANT PALM TENDON	421.47				
15	26489	TRANSPLANT/GRAFT PALM TENDON	481.95				
15	26490	REVISE THUMB TENDON	481.95				
15	26492	TENDON TRANSFER WITH GRAFT	481.95				
15	26494	HAND TENDON/MUSCLE TRANSFER	481.95				
15	26496	REVISE THUMB TENDON	481.95				
15	26497	FINGER TENDON TRANSFER	481.95				
15	26498	FINGER TENDON TRANSFER	595.35				
15	26499	REVISION OF FINGER	481.95				
15	26500	HAND TENDON RECONSTRUCTION	595.35				
15	26502	HAND TENDON RECONSTRUCTION	595.35				
15	26508	RELEASE THUMB CONTRACTURE	481.95				
15	26510	THUMB TENDON TRANSFER	481.95				
15	26516	FUSION OF KNUCKLE JOINT	314.69				
15	26517	FUSION OF KNUCKLE JOINTS	481.95				
15	26518	FUSION OF KNUCKLE JOINTS	481.95				
15	26520	RELEASE KNUCKLE CONTRACTURE	481.95				
15	26525	RELEASE FINGER CONTRACTURE	481.95				
15	26530	REVISE KNUCKLE JOINT	481.95				
15	26531	REVISE KNUCKLE WITH IMPLANT	940.28				
15	26535	REVISE FINGER JOINT	677.57				
15	26536	REVISE/IMPLANT FINGER JOINT	677.57				
15	26540	REPAIR HAND JOINT	595.35				
15	26541	REPAIR HAND JOINT WITH GRAFT	940.28				
15	26542	REPAIR HAND JOINT WITH GRAFT	595.35				
15	26545	RECONSTRUCT FINGER JOINT	595.35				
15	26546	REPAIR NONUNION HAND	595.35				
15	26548	RECONSTRUCT FINGER JOINT	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26550	CONSTRUCT THUMB REPLACEMENT	421.47				
15	26555	POSITIONAL CHANGE OF FINGER	481.95				
15	26560	REPAIR OF WEB FINGER	421.47				
15	26561	REPAIR OF WEB FINGER	481.95				
15	26562	REPAIR OF WEB FINGER	595.35				
15	26565	CORRECT METACARPAL FLAW	677.57				
15	26567	CORRECT FINGER DEFORMITY	677.57				
15	26568	LENGTHEN METACARPAL/FINGER	481.95				
15	26580	REPAIR HAND DEFORMITY	677.57				
15	26587	RECONSTRUCT EXTRA FINGER	677.57				
15	26590	REPAIR FINGER DEFORMITY	677.57				
15	26591	REPAIR MUSCLES OF HAND	481.95				
15	26593	RELEASE MUSCLES OF HAND	481.95				
15	26596	EXCISION CONSTRICTING TISSUE	421.47				
15	26605	TREAT METACARPAL FRACTURE	421.47				
15	26607	TREAT METACARPAL FRACTURE	421.47				
15	26608	TREAT METACARPAL FRACTURE	595.35				
15	26615	TREAT METACARPAL FRACTURE	595.35				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	314.69				
15	26645	TREAT THUMB FRACTURE	314.69				
15	26650	TREAT THUMB FRACTURE	421.47				
15	26665	TREAT THUMB FRACTURE	595.35				
15	26675	TREAT HAND DISLOCATION	421.47				
15	26676	PIN HAND DISLOCATION	421.47				
15	26685	TREAT HAND DISLOCATION	481.95				
15	26686	TREAT HAND DISLOCATION	481.95				
15	26705	TREAT KNUCKLE DISLOCATION	421.47				
15	26706	PIN KNUCKLE DISLOCATION	421.47				
15	26715	TREAT KNUCKLE DISLOCATION	595.35				
15	26727	TREAT FINGER FRACTURE, EACH	940.28				
15	26735	TREAT FINGER FRACTURE, EACH	595.35				
15	26742	TREAT FINGER FRACTURE, EACH	421.47				
15	26746	TREAT FINGER FRACTURE, EACH	677.57				
15	26756	PIN FINGER FRACTURE, EACH	421.47				
15	26765	TREAT FINGER FRACTURE, EACH	595.35				
15	26776	PIN FINGER DISLOCATION	421.47				
15	26785	TREAT FINGER DISLOCATION	421.47				
15	26820	THUMB FUSION WITH GRAFT	677.57				
15	26841	FUSION OF THUMB	595.35				
15	26842	THUMB FUSION WITH GRAFT	595.35				
15	26843	FUSION OF HAND JOINT	481.95				
15	26844	FUSION/GRAFT OF HAND JOINT	481.95				
15	26850	FUSION OF KNUCKLE	595.35				
15	26852	FUSION OF KNUCKLE WITH GRAFT	595.35				
15	26860	FUSION OF FINGER JOINT	481.95				
15	26861	FUSION OF FINGER JNT, ADD-ON	421.47				
15	26862	FUSION/GRAFT OF FINGER JOINT	595.35				
15	26863	FUSE/GRAFT ADDED JOINT	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26910	AMPUTATE METACARPAL BONE	481.95				
15	26951	AMPUTATION OF FINGER/THUMB	421.47				
15	26952	AMPUTATION OF FINGER/THUMB	595.35				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP				
15	26990	DRAINAGE OF PELVIS LESION	314.69				
15	26991	DRAINAGE OF PELVIS BURSA	314.69				
15	27000	INCISION OF HIP TENDON	421.47				
15	27001	INCISION OF HIP TENDON	481.95				
15	27003	INCISION OF HIP TENDON	481.95				
15	27033	EXPLORATION OF HIP JOINT	481.95				
15	27035	DENERVATION OF HIP JOINT	595.35				
15	27040	BIOPSY OF SOFT TISSUES	314.69				
15	27041	BIOPSY OF SOFT TISSUES	421.47				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	421.47				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	421.47				
15	27047	REMOVE HIP/PELVIS LESION	421.47				
15	27048	REMOVE HIP/PELVIS LESION	481.95				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	481.95				
15	27050	BIOPSY OF SACROILIAC JOINT	481.95				
15	27052	BIOPSY OF HIP JOINT	481.95				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	27060	REMOVAL OF ISCHIAL BURSA	677.57				
15	27062	REMOVE FEMUR LESION/BURSA	677.57				
15	27065	REMOVAL OF HIP BONE LESION	677.57				
15	27066	REMOVAL OF HIP BONE LESION	677.57				
15	27067	REMOVE/GRAFT HIP BONE LESION	677.57				
15	27080	REMOVAL OF TAIL BONE	421.47				
15	27086	REMOVE HIP FOREIGN BODY	314.69				
15	27087	REMOVE HIP FOREIGN BODY	481.95				
15	27095	WITH ANES	314.69				
15	27097	REVISION OF HIP TENDON	481.95				
15	27098	TRANSFER TENDON TO PELVIS	481.95				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	595.35				
15	27105	TRANSFER OF SPINAL MUSCLE	595.35				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	595.35				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	595.35				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	481.95				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	421.47				
15	27193	TREAT PELVIC RING FRACTURE	314.69				
15	27194	TREAT PELVIC RING FRACTURE	421.47				
15	27202	TREAT TAIL BONE FRACTURE	421.47				
15	27230	TREAT THIGH FRACTURE	314.69				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	314.69				
15	27238	TREAT THIGH FRACTURE	314.69				
15	27246	TREAT THIGH FRACTURE	314.69				
15	27250	TREAT HIP DISLOCATION	314.69				
15	27252	TREAT HIP DISLOCATION	421.47				
15	27257	TREAT HIP DISLOCATION	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27265	TREAT HIP DISLOCATION	314.69				
15	27266	TREAT HIP DISLOCATION	421.47				
15	27275	MANIPULATION OF HIP JOINT	421.47				
15	27299	PELVIS/HIP JOINT SURGERY	MP				
15	27301	DRAIN THIGH/KNEE LESION	481.95				
15	27305	INCISE THIGH TENDON & FASCIA	421.47				
15	27306	INCISION OF THIGH TENDON	481.95				
15	27307	INCISION OF THIGH TENDONS	481.95				
15	27310	EXPLORATION OF KNEE JOINT	595.35				
15	27323	BIOPSY, THIGH SOFT TISSUES	314.69				
15	27324	BIOPSY, THIGH SOFT TISSUES	314.69				
15	27327	REMOVAL OF THIGH LESION	421.47				
15	27328	REMOVAL OF THIGH LESION	481.95				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	595.35				
15	27330	BIOPSY, KNEE JOINT LINING	595.35				
15	27331	EXPLORE/TREAT KNEE JOINT	595.35				
15	27332	REMOVAL OF KNEE CARTILAGE	595.35				
15	27333	REMOVAL OF KNEE CARTILAGE	595.35				
15	27334	REMOVE KNEE JOINT LINING	595.35				
15	27335	REMOVE KNEE JOINT LINING	595.35				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	421.47				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	421.47				
15	27340	REMOVAL OF KNEECAP BURSA	481.95				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	595.35				
15	27347	REMOVE KNEE CYST	595.35				
15	27350	REMOVAL OF KNEECAP	595.35				
15	27355	REMOVE FEMUR LESION	481.95				
15	27356	REMOVE FEMUR LESION/GRAFT	595.35				
15	27357	REMOVE FEMUR LESION/GRAFT	677.57				
15	27358	REMOVE FEMUR LESION/FIXATION	677.57				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	677.57				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	27372	REMOVAL OF FOREIGN BODY	940.28				
15	27380	REPAIR OF KNEECAP TENDON	314.69				
15	27381	REPAIR/GRAFT KNEECAP TENDON	481.95				
15	27385	REPAIR OF THIGH MUSCLE	481.95				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	481.95				
15	27390	INCISION OF THIGH TENDON	314.69				
15	27391	INCISION OF THIGH TENDONS	421.47				
15	27392	INCISION OF THIGH TENDONS	481.95				
15	27393	LENGTHENING OF THIGH TENDON	421.47				
15	27394	LENGTHENING OF THIGH TENDONS	481.95				
15	27395	LENGTHENING OF THIGH TENDONS	481.95				
15	27396	TRANSPLANT OF THIGH TENDON	481.95				
15	27397	TRANSPLANTS OF THIGH TENDONS	481.95				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	481.95				
15	27403	REPAIR OF KNEE CARTILAGE	595.35				
15	27405	REPAIR OF KNEE LIGAMENT	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27407	REPAIR OF KNEE LIGAMENT	595.35				
15	27409	REPAIR OF KNEE LIGAMENTS	595.35				
15	27418	REPAIR DEGENERATED KNEECAP	481.95				
15	27420	REVISION OF UNSTABLE KNEECAP	481.95				
15	27422	REVISION OF UNSTABLE KNEECAP	940.28				
15	27424	REVISION/REMOVAL OF KNEECAP	481.95				
15	27425	LATERAL RETINACULAR RELEASE	940.28				
15	27427	RECONSTRUCTION, KNEE	481.95				
15	27428	RECONSTRUCTION, KNEE	595.35				
15	27429	RECONSTRUCTION, KNEE	595.35				
15	27430	REVISION OF THIGH MUSCLES	595.35				
15	27435	INCISION OF KNEE JOINT	595.35				
15	27437	REVISE KNEECAP	595.35				
15	27438	REVISE KNEECAP WITH IMPLANT	677.57				
15	27441	REVISION OF KNEE JOINT	677.57				
15	27442	REVISION OF KNEE JOINT	677.57				
15	27443	REVISION OF KNEE JOINT	677.57				
15	27455	REALIGNMENT OF KNEE	595.35				
15	27465	SHORTENING OF FEMUR	677.57				
15	27477	REPAIR LOWER LEG EPIPHYSES	421.47				
15	27496	DECOMPRESSION OF THIGH/KNEE	677.57				
15	27497	DECOMPRESSION OF THIGH/KNEE	481.95				
15	27498	DECOMPRESSION OF THIGH/KNEE	481.95				
15	27499	DECOMPRESSION OF THIGH/KNEE	481.95				
15	27500	TREATMENT OF THIGH FRACTURE	314.69				
15	27501	TREATMENT OF THIGH FRACTURE	421.47				
15	27502	TREATMENT OF THIGH FRACTURE	421.47				
15	27503	TREATMENT OF THIGH FRACTURE	481.95				
15	27508	TREATMENT OF THIGH FRACTURE	314.69				
15	27509	TREATMENT OF THIGH FRACTURE	481.95				
15	27510	TREATMENT OF THIGH FRACTURE	314.69				
15	27514	REPAIR OF FEMUR FRACTURE	314.69				
15	27516	TREAT THIGH FX GROWTH PLATE	314.69				
15	27517	TREAT THIGH FX GROWTH PLATE	314.69				
15	27520	TREAT KNEECAP FRACTURE	314.69				
15	27530	TREAT KNEE FRACTURE	314.69				
15	27532	TREAT KNEE FRACTURE	314.69				
15	27538	TREAT KNEE FRACTURE(S)	314.69				
15	27540	REPAIR OF KNEE FRACTURE	314.69				
15	27550	TREAT KNEE DISLOCATION	314.69				
15	27552	TREAT KNEE DISLOCATION	314.69				
15	27560	TREAT KNEECAP DISLOCATION	314.69				
15	27562	TREAT KNEECAP DISLOCATION	314.69				
15	27566	TREAT KNEECAP DISLOCATION	421.47				
15	27570	FIXATION OF KNEE JOINT	314.69				
15	27594	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	27599	LEG SURGERY PROCEDURE	MP				
15	27600	DECOMPRESSION OF LOWER LEG	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27601	DECOMPRESSION OF LOWER LEG	481.95				
15	27602	DECOMPRESSION OF LOWER LEG	481.95				
15	27603	DRAIN LOWER LEG LESION	421.47				
15	27604	DRAIN LOWER LEG BURSA	421.47				
15	27605	INCISION OF ACHILLES TENDON	314.69				
15	27606	INCISION OF ACHILLES TENDON	314.69				
15	27607	TREAT LOWER LEG BONE LESION	421.47				
15	27610	EXPLORE/TREAT ANKLE JOINT	421.47				
15	27612	EXPLORATION OF ANKLE JOINT	481.95				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	421.47				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	481.95				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	421.47				
15	27618	REMOVE LOWER LEG LESION	421.47				
15	27619	REMOVE LOWER LEG LESION	481.95				
15	27620	EXPLORE/TREAT ANKLE JOINT	595.35				
15	27625	REMOVE ANKLE JOINT LINING	595.35				
15	27626	REMOVE ANKLE JOINT LINING	595.35				
15	27630	REMOVAL OF TENDON LESION	481.95				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	421.47				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	421.47				
15	27635	REMOVE LOWER LEG BONE LESION	481.95				
15	27637	REMOVE/GRAFT LEG BONE LESION	481.95				
15	27638	REMOVE/GRAFT LEG BONE LESION	481.95				
15	27640	PARTIAL REMOVAL OF TIBIA	421.47				
15	27641	PARTIAL REMOVAL OF FIBULA	421.47				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	481.95				
15	27650	REPAIR ACHILLES TENDON	481.95				
15	27652	REPAIR/GRAFT ACHILLES TENDON	481.95				
15	27654	REPAIR OF ACHILLES TENDON	481.95				
15	27656	REPAIR LEG FASCIA DEFECT	421.47				
15	27658	REPAIR OF LEG TENDON, EACH	314.69				
15	27659	REPAIR OF LEG TENDON, EACH	421.47				
15	27664	REPAIR OF LEG TENDON, EACH	421.47				
15	27665	REPAIR OF LEG TENDON, EACH	421.47				
15	27675	REPAIR LOWER LEG TENDONS	421.47				
15	27676	REPAIR LOWER LEG TENDONS	481.95				
15	27680	RELEASE OF LOWER LEG TENDON	481.95				
15	27681	RELEASE OF LOWER LEG TENDONS	421.47				
15	27685	REVISION OF LOWER LEG TENDON	481.95				
15	27686	REVISE LOWER LEG TENDONS	481.95				
15	27687	REVISION OF CALF TENDON	481.95				
15	27690	REVISE LOWER LEG TENDON	595.35				
15	27691	REVISE LOWER LEG TENDON	595.35				
15	27692	REVISE ADDITIONAL LEG TENDON	481.95				
15	27695	REPAIR OF ANKLE LIGAMENT	421.47				
15	27696	REPAIR OF ANKLE LIGAMENTS	421.47				
15	27698	REPAIR OF ANKLE LIGAMENT	421.47				
15	27700	REVISION OF ANKLE JOINT	677.57				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27704	REMOVAL OF ANKLE IMPLANT	421.47				
15	27705	INCISION OF TIBIA	421.47				
15	27707	INCISION OF FIBULA	421.47				
15	27709	INCISION OF TIBIA & FIBULA	421.47				
15	27715	REVISION OF LOWER LEG	677.57				
15	27720	REPAIR OF TIBIA	314.69				
15	27730	REPAIR OF TIBIA EPIPHYSIS	421.47				
15	27732	REPAIR OF FIBULA EPIPHYSIS	421.47				
15	27734	REPAIR LOWER LEG EPIPHYSES	421.47				
15	27740	REPAIR OF LEG EPIPHYSES	421.47				
15	27742	REPAIR OF LEG EPIPHYSES	421.47				
15	27745	REINFORCE TIBIA	481.95				
15	27750	TREATMENT OF TIBIA FRACTURE	314.69				
15	27752	TREATMENT OF TIBIA FRACTURE	314.69				
15	27756	TREATMENT OF TIBIA FRACTURE	481.95				
15	27758	TREATMENT OF TIBIA FRACTURE	595.35				
15	27759	TREATMENT OF TIBIA FRACTURE	595.35				
15	27760	CLTX MEDIAL ANKLE FX	314.69				
15	27762	CLTX MED ANKLE FX W/MNPJ	314.69				
15	27766	TREATMENT OF ANKLE FRACTURE	481.95				
15	27780	TREATMENT OF FIBULA FRACTURE	314.69				
15	27781	TREATMENT OF FIBULA FRACTURE	314.69				
15	27784	TREATMENT OF FIBULA FRACTURE	481.95				
15	27786	TREATMENT OF ANKLE FRACTURE	314.69				
15	27788	TREATMENT OF ANKLE FRACTURE	314.69				
15	27792	TREATMENT OF ANKLE FRACTURE	481.95				
15	27808	TREATMENT OF ANKLE FRACTURE	314.69				
15	27810	TREATMENT OF ANKLE FRACTURE	314.69				
15	27814	TREATMENT OF ANKLE FRACTURE	481.95				
15	27816	TREATMENT OF ANKLE FRACTURE	314.69				
15	27818	TREATMENT OF ANKLE FRACTURE	314.69				
15	27822	TREATMENT OF ANKLE FRACTURE	481.95				
15	27823	TREATMENT OF ANKLE FRACTURE	481.95				
15	27824	TREAT LOWER LEG FRACTURE	314.69				
15	27825	TREAT LOWER LEG FRACTURE	421.47				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	481.95				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	481.95				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	595.35				
15	27829	TREAT LOWER LEG JOINT	421.47				
15	27830	TREAT LOWER LEG DISLOCATION	314.69				
15	27831	TREAT LOWER LEG DISLOCATION	314.69				
15	27832	TREAT LOWER LEG DISLOCATION	421.47				
15	27840	TREAT ANKLE DISLOCATION	314.69				
15	27842	TREAT ANKLE DISLOCATION	314.69				
15	27846	TREAT ANKLE DISLOCATION	481.95				
15	27848	TREAT ANKLE DISLOCATION	481.95				
15	27860	FIXATION OF ANKLE JOINT	314.69				
15	27870	FUSION OF ANKLE JOINT	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27871	FUSION OF TIBIOFIBULAR JOINT	595.35				
15	27884	AMPUTATION FOLLOW-UP SURGERY	481.95				
15	27888	AMPUTATION OF FOOT AT ANKLE	481.95				
15	27889	AMPUTATION OF FOOT AT ANKLE	481.95				
15	27892	DECOMPRESSION OF LEG	481.95				
15	27893	DECOMPRESSION OF LEG	481.95				
15	27894	DECOMPRESSION OF LEG	481.95				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP				
15	28002	TREATMENT OF FOOT INFECTION	481.95				
15	28003	TREATMENT OF FOOT INFECTION	481.95				
15	28005	TREAT FOOT BONE LESION	481.95				
15	28008	INCISION OF FOOT FASCIA	481.95				
15	28011	INCISION OF TOE TENDONS	481.95				
15	28020	EXPLORATION OF FOOT JOINT	421.47				
15	28022	EXPLORATION OF FOOT JOINT	421.47				
15	28024	EXPLORATION OF TOE JOINT	421.47				
15	28035	DECOMPRESSION OF TIBIA NERVE	595.35				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	314.69				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	421.47				
15	28043	EXCISION OF FOOT LESION	421.47				
15	28045	EXCISION OF FOOT LESION	481.95				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	481.95				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	421.47				
15	28050	BIOPSY OF FOOT JOINT LINING	421.47				
15	28052	BIOPSY OF FOOT JOINT LINING	421.47				
15	28054	BIOPSY OF TOE JOINT LINING	421.47				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	421.47				
15	28062	REMOVAL OF FOOT FASCIA	481.95				
15	28070	REMOVAL OF FOOT JOINT LINING	481.95				
15	28072	REMOVAL OF FOOT JOINT LINING	481.95				
15	28080	REMOVAL OF FOOT LESION	481.95				
15	28086	EXCISE FOOT TENDON SHEATH	421.47				
15	28088	EXCISE FOOT TENDON SHEATH	421.47				
15	28090	REMOVAL OF FOOT LESION	481.95				
15	28092	REMOVAL OF TOE LESIONS	481.95				
15	28100	REMOVAL OF ANKLE/HEEL LESION	421.47				
15	28102	REMOVE/GRAFT FOOT LESION	481.95				
15	28103	REMOVE/GRAFT FOOT LESION	481.95				
15	28104	REMOVAL OF FOOT LESION	421.47				
15	28106	REMOVE/GRAFT FOOT LESION	481.95				
15	28107	REMOVE/GRAFT FOOT LESION	481.95				
15	28108	REMOVAL OF TOE LESIONS	481.95				
15	28110	PART REMOVAL OF METATARSAL	481.95				
15	28111	PART REMOVAL OF METATARSAL	481.95				
15	28112	PART REMOVAL OF METATARSAL	481.95				
15	28113	PART REMOVAL OF METATARSAL	481.95				
15	28114	REMOVAL OF METATARSAL HEADS	481.95				
15	28116	REVISION OF FOOT	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28118	REMOVAL OF HEEL BONE	595.35				
15	28119	REMOVAL OF HEEL SPUR	595.35				
15	28120	PART REMOVAL OF ANKLE/HEEL	940.28				
15	28122	PARTIAL REMOVAL OF FOOT BONE	481.95				
15	28124	PARTIAL REMOVAL OF TOE	481.95				
15	28126	PARTIAL REMOVAL OF TOE	481.95				
15	28130	REMOVAL OF ANKLE BONE	481.95				
15	28140	REMOVAL OF METATARSAL	481.95				
15	28150	REMOVAL OF TOE	481.95				
15	28153	PARTIAL REMOVAL OF TOE	481.95				
15	28160	PARTIAL REMOVAL OF TOE	481.95				
15	28171	EXTENSIVE FOOT SURGERY	481.95				
15	28173	EXTENSIVE FOOT SURGERY	481.95				
15	28175	EXTENSIVE FOOT SURGERY	481.95				
15	28190	REMOVAL OF FOOT FOREIGN BODY	314.69				
15	28192	REMOVAL OF FOOT FOREIGN BODY	421.47				
15	28193	REMOVAL OF FOOT FOREIGN BODY	595.35				
15	28200	REPAIR OF FOOT TENDON	481.95				
15	28202	REPAIR/GRAFT OF FOOT TENDON	481.95				
15	28208	REPAIR OF FOOT TENDON	481.95				
15	28210	REPAIR/GRAFT OF FOOT TENDON	481.95				
15	28222	RELEASE OF FOOT TENDONS	314.69				
15	28225	RELEASE OF FOOT TENDON	314.69				
15	28226	RELEASE OF FOOT TENDONS	314.69				
15	28230	INCISION OF FOOT TENDON (S)	314.69				
15	28232	INCISION OF TOE TENDON	421.47				
15	28234	INCISION OF FOOT TENDON	421.47				
15	28238	REVISION OF FOOT TENDON	481.95				
15	28240	RELEASE OF BIG TOE	421.47				
15	28250	REVISION OF FOOT FASCIA	481.95				
15	28260	RELEASE OF MIDFOOT JOINT	481.95				
15	28261	REVISION OF FOOT TENDON	481.95				
15	28262	REVISION OF FOOT AND ANKLE	595.35				
15	28264	RELEASE OF MIDFOOT JOINT	314.69				
15	28270	RELEASE OF FOOT CONTRACTURE	481.95				
15	28280	FUSION OF TOES	421.47				
15	28285	REPAIR OF HAMMERTOES	481.95				
15	28286	REPAIR OF HAMMERTOES	595.35				
15	28288	PARTIAL REMOVAL OF FOOT BONE	481.95				
15	28289	REPAIR HALLUX RIGIDUS	481.95				
15	28290	CORRECTION OF BUNION	421.47				
15	28292	CORRECTION OF BUNION	421.47				
15	28293	CORRECTION OF BUNION	481.95				
15	28294	CORRECTION OF BUNION	481.95				
15	28296	CORRECTION OF BUNION	481.95				
15	28297	CORRECTION OF BUNION	481.95				
15	28298	CORRECTION OF BUNION	481.95				
15	28299	CORRECTION OF BUNION	677.57				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28300	INCISION OF HEEL BONE	421.47				
15	28302	INCISION OF ANKLE BONE	421.47				
15	28304	INCISION OF MIDFOOT BONES	421.47				
15	28305	INCISE/GRAFT MIDFOOT BONES	481.95				
15	28306	INCISION OF METATARSAL	595.35				
15	28307	INCISION OF METATARSAL	595.35				
15	28308	INCISION OF METATARSAL	421.47				
15	28309	INCISION OF METATARSALS	595.35				
15	28310	REVISION OF BIG TOE	481.95				
15	28312	REVISION OF TOE	481.95				
15	28313	REPAIR DEFORMITY OF TOE	421.47				
15	28315	REMOVAL OF SESAMOID BONE	595.35				
15	28320	REPAIR OF FOOT BONES	595.35				
15	28322	REPAIR OF METATARSALS	595.35				
15	28340	RESECT ENLARGED TOE TISSUE	595.35				
15	28341	RESECT ENLARGED TOE	595.35				
15	28344	REPAIR EXTRA TOE(S)	595.35				
15	28345	REPAIR WEBBED TOE(S)	595.35				
15	28400	TREATMENT OF HEEL FRACTURE	314.69				
15	28405	TREATMENT OF HEEL FRACTURE	421.47				
15	28406	TREATMENT OF HEEL FRACTURE	421.47				
15	28415	TREAT HEEL FRACTURE	481.95				
15	28420	TREAT/GRAFT HEEL FRACTURE	595.35				
15	28435	TREATMENT OF ANKLE FRACTURE	421.47				
15	28436	TREATMENT OF ANKLE FRACTURE	421.47				
15	28445	TREAT ANKLE FRACTURE	481.95				
15	28456	TREAT MIDFOOT FRACTURE	421.47				
15	28465	TREAT MIDFOOT FRACTURE, EACH	481.95				
15	28476	TREAT METATARSAL FRACTURE	421.47				
15	28485	TREAT METATARSAL FRACTURE	595.35				
15	28496	TREAT BIG TOE FRACTURE	421.47				
15	28505	TREAT BIG TOE FRACTURE	481.95				
15	28525	TREAT TOE FRACTURE	481.95				
15	28531	TREAT SESAMOID BONE FRACTURE	481.95				
15	28545	TREAT FOOT DISLOCATION	314.69				
15	28546	TREAT FOOT DISLOCATION	421.47				
15	28555	REPAIR FOOT DISLOCATION	421.47				
15	28575	TREAT FOOT DISLOCATION	314.69				
15	28576	TREAT FOOT DISLOCATION	481.95				
15	28585	REPAIR FOOT DISLOCATION	481.95				
15	28600	TREAT FOOT DISLOCATION	314.69				
15	28605	TREAT FOOT DISLOCATION	314.69				
15	28606	TREAT FOOT DISLOCATION	421.47				
15	28615	REPAIR FOOT DISLOCATION	481.95				
15	28635	TREAT TOE DISLOCATION	314.69				
15	28636	TREAT TOE DISLOCATION	481.95				
15	28645	REPAIR TOE DISLOCATION	481.95				
15	28660	TREAT TOE DISLOCATION	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28665	TREAT TOE DISLOCATION	314.69				
15	28666	TREAT TOE DISLOCATION	481.95				
15	28675	REPAIR OF TOE DISLOCATION	481.95				
15	28705	FUSION OF FOOT BONES	595.35				
15	28715	FUSION OF FOOT BONES	595.35				
15	28725	FUSION OF FOOT BONES	595.35				
15	28730	FUSION OF FOOT BONES	595.35				
15	28735	FUSION OF FOOT BONES	595.35				
15	28737	REVISION OF FOOT BONES	677.57				
15	28740	FUSION OF FOOT BONES	595.35				
15	28750	FUSION OF BIG TOE JOINT	595.35				
15	28755	FUSION OF BIG TOE JOINT	595.35				
15	28760	FUSION OF BIG TOE JOINT	595.35				
15	28810	AMPUTATION TOE & METATARSAL	421.47				
15	28820	AMPUTATION OF TOE	421.47				
15	28825	PARTIAL AMPUTATION OF TOE	421.47				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP				
15	29800	JAW ARTHROSCOPY/SURGERY	481.95				
15	29804	JAW ARTHROSCOPY/SURGERY	481.95				
15	29805	SHOULDER ARTHROSCOPY, DX	481.95				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	677.57				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	481.95				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	481.95				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	677.57				
15	29830	ELBOW ARTHROSCOPY	481.95				
15	29834	ELBOW ARTHROSCOPY/SURGERY	481.95				
15	29835	ELBOW ARTHROSCOPY/SURGERY	481.95				
15	29836	ELBOW ARTHROSCOPY/SURGERY	481.95				
15	29837	ELBOW ARTHROSCOPY/SURGERY	481.95				
15	29838	ELBOW ARTHROSCOPY/SURGERY	481.95				
15	29840	WRIST ARTHROSCOPY	481.95				
15	29843	WRIST ARTHROSCOPY/SURGERY	481.95				
15	29844	WRIST ARTHROSCOPY/SURGERY	481.95				
15	29845	WRIST ARTHROSCOPY/SURGERY	481.95				
15	29846	WRIST ARTHROSCOPY/SURGERY	481.95				
15	29847	WRIST ARTHROSCOPY/SURGERY	481.95				
15	29848	WRIST ENDOSCOPY/SURGERY	1,265.36				
15	29850	KNEE ARTHROSCOPY/SURGERY	595.35				
15	29851	KNEE ARTHROSCOPY/SURGERY	595.35				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	595.35				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29860	HIP ARTHROSCOPY, DX	595.35				
15	29861	HIP ARTHROSCOPY/SURGERY	595.35				
15	29862	HIP ARTHROSCOPY/SURGERY	1,265.36				
15	29863	HIP ARTHROSCOPY/SURGERY	595.35				
15	29870	KNEE ARTHROSCOPY, DX	481.95				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	481.95				
15	29873	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29874	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29875	KNEE ARTHROSCOPY/SURGERY	595.35				
15	29876	KNEE ARTHROSCOPY/SURGERY	595.35				
15	29877	KNEE ARTHROSCOPY/SURGERY	595.35				
15	29879	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	595.35				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	595.35				
15	29882	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29883	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29884	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29885	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29886	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29887	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29888	KNEE ARTHROSCOPY/SURGERY	481.95				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	481.95				
15	29891	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29892	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,265.36				
15	29894	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29895	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29897	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29898	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29899	ANKLE ARTHROSCOPY/SURGERY	481.95				
15	29900	MCP JOINT ARTHROSCOPY, DX	481.95				
15	29901	MCP JOINT ARTHROSCOPY, SURG	481.95				
15	29902	MCP JOINT ARTHROSCOPY, SURG	481.95				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	595.35				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	595.35				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	595.35				
15	29999	ARTHROSCOPY OF JOINT	MP				
15	30000	DRAINAGE OF NOSE LESION	314.69				
15	30100	INTRANASAL BIOPSY	314.69				
15	30110	REMOVAL OF NOSE POLY(S)	314.69				
15	30115	REMOVAL OF NOSE POLYP(S)	421.47				
15	30117	REMOVAL OF INTRANASAL LESION	481.95				
15	30118	REMOVAL OF INTRANASAL LESION	481.95				
15	30120	REVISION OF NOSE	314.69				
15	30125	REMOVAL OF NOSE LESION	421.47				
15	30130	REMOVAL OF TURBINATE BONES	481.95				
15	30140	REMOVAL OF TURBINATE BONES	421.47				
15	30150	PARTIAL REMOVAL OF NOSE	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	30160	REMOVAL OF NOSE	595.35				
15	30210	NASAL SINUS THERAPY	314.69				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	481.95				
15	30300	REMOVE NASAL FOREIGN BODY	314.69				
15	30310	REMOVE NASAL FOREIGN BODY	314.69				
15	30320	REMOVE NASAL FOREIGN BODY	421.47				
15	30400	RECONSTRUCTION OF NOSE	595.35				
15	30410	RECONSTRUCTION OF NOSE	677.57				
15	30420	RECONSTRUCTION OF NOSE	677.57				
15	30430	REVISION OF NOSE	481.95				
15	30435	REVISION OF NOSE	677.57				
15	30450	REVISION OF NOSE	940.28				
15	30460	REVISION OF NOSE	940.28				
15	30462	REVISION OF NOSE	1,265.36				
15	30465	REPAIR NASAL STENOSIS	1,265.36				
15	30520	REPAIR OF NASAL SEPTUM	595.35				
15	30540	REPAIR NASAL DEFECT	677.57				
15	30545	REPAIR NASAL DEFECT	677.57				
15	30560	RELEASE OF NASAL ADHESIONS	421.47				
15	30580	REPAIR UPPER JAW FISTULA	595.35				
15	30600	REPAIR MOUTH/NOSE FISTULA	595.35				
15	30620	INTRANASAL RECONSTRUCTION	940.28				
15	30630	REPAIR NASAL SEPTUM DEFECT	940.28				
15	30801	CAUTERIZATION, INNER NOSE	314.69				
15	30802	CAUTERIZATION, INNER NOSE	314.69				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	314.69				
15	30903	CONTROL OF NOSEBLEED	314.69				
15	30905	CONTROL OF NOSEBLEED	314.69				
15	30906	REPEAT CONTROL OF NOSEBLEED	314.69				
15	30915	LIGATION, NASAL SINUS ARTERY	421.47				
15	30920	LIGATION, UPPER JAW ARTERY	481.95				
15	30930	THERAPY, FRACTURE OF NOSE	595.35				
15	30999	NASAL SURGERY PROCEDURE	MP				
15	31000	IRRIGATION MAXILLARY SINUS	314.69				
15	31002	IRRIGATION SPHENOID SINUS	314.69				
15	31020	EXPLORATION, MAXILLARY SINUS	421.47				
15	31030	EXPLORATION, MAXILLARY SINUS	481.95				
15	31032	EXPLORE SINUS,REMOVE POLYPS	595.35				
15	31050	EXPLORATION, SPHENOID SINUS	421.47				
15	31051	SPHENOID SINUS SURGERY	595.35				
15	31070	EXPLORATION OF FRONTAL SINUS	421.47				
15	31075	EXPLORATION OF FRONTAL SINUS	595.35				
15	31080	REMOVAL OF FRONTAL SINUS	595.35				
15	31081	REMOVAL OF FRONTAL SINUS	595.35				
15	31084	REMOVAL OF FRONTAL SINUS	595.35				
15	31085	REMOVAL OF FRONTAL SINUS	595.35				
15	31086	REMOVAL OF FRONTAL SINUS	595.35				
15	31087	REMOVAL OF FRONTAL SINUS	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31090	EXPLORATION OF SINUSES	677.57				
15	31200	REMOVAL OF ETHMOID SINUS	421.47				
15	31201	REMOVAL OF ETHMOID SINUS	677.57				
15	31205	REMOVAL OF ETHMOID SINUS	481.95				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	421.47				
15	31233	NASAL/SINUS ENDOSCOPY, DX	421.47				
15	31235	NASAL/SINUS ENDOSCOPY, DX	314.69				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	421.47				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	314.69				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	595.35				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	421.47				
15	31254	REVISION OF ETHMOID SINUS	481.95				
15	31255	REMOVAL OF ETHMOID SINUS	677.57				
15	31256	EXPLORATION MAXILLARY SINUS	481.95				
15	31267	ENDOSCOPY, MAXILLARY SINUS	481.95				
15	31276	SINUS ENDOSCOPY, SURGICAL	481.95				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	481.95				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	481.95				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	481.95				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	481.95				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	481.95				
15	31299	SINUS SURGERY PROCEDURE	MP				
15	31300	REMOVAL OF LARYNX LESION	677.57				
15	31320	DIAGNOSTIC INCISION, LARYNX	421.47				
15	31400	REVISION OF LARYNX	421.47				
15	31420	REMOVAL OF EPIGLOTTIS	421.47				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	314.69				
15	31510	LARYNGOSCOPY WITH BIOPSY	421.47				
15	31511	REMOVE FOREIGN BODY, LARYNX	421.47				
15	31512	REMOVAL OF LARYNX LESION	421.47				
15	31513	INJECTION INTO VOCAL CORD	421.47				
15	31515	LARYNGOSCOPY FOR ASPIRATION	314.69				
15	31520	DIAGNOSTIC LARYNGOSCOPY	314.69				
15	31525	DIAGNOSTIC LARYNGOSCOPY	314.69				
15	31526	DIAGNOSTIC LARYNGOSCOPY	421.47				
15	31527	LARYNGOSCOPY FOR TREATMENT	314.69				
15	31528	LARYNGOSCOPY AND DILATION	421.47				
15	31529	LARYNGOSCOPY AND DILATION	421.47				
15	31530	OPERATIVE LARYNGOSCOPY	421.47				
15	31531	OPERATIVE LARYNGOSCOPY	481.95				
15	31535	OPERATIVE LARYNGOSCOPY	421.47				
15	31536	OPERATIVE LARYNGOSCOPY	481.95				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	481.95				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	595.35				
15	31545	REMOVE VC LESION W/SCOPE	595.35				
15	31546	REMOVE VC SCOPE/GRAFT	595.35				
15	31560	OPERATIVE LARYNGOSCOPY	677.57				
15	31561	OPERATIVE LARYNGOSCOPY	677.57				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31570	LARYNGOSCOPY WITH INJECTION	421.47				
15	31571	LARYNGOSCOPY WITH INJECTION	421.47				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	421.47				
15	31576	LARYNGOSCOPY WITH BIOPSY	421.47				
15	31577	REMOVE FOREIGN BODY, LARYNX	421.47				
15	31578	REMOVAL OF LARYNX LESION	421.47				
15	31580	REVISION OF LARYNX	677.57				
15	31582	REVISION OF LARYNX	677.57				
15	31588	REVISION OF LARYNX	677.57				
15	31590	REINNERVATE LARYNX	677.57				
15	31595	LARYNX NERVE SURGERY	421.47				
15	31599	LARYNX SURGERY PROCEDURE	MP				
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	314.69	15	99		
15	31611	SURGERY/SPEECH PROSTHESIS	481.95				
15	31612	PUNCTURE/CLEAR WINDPIPE	314.69				
15	31613	REPAIR WINDPIPE OPENING	421.47				
15	31614	REPAIR WINDPIPE OPENING	421.47				
15	31615	VISUALIZATION OF WINDPIPE	314.69				
15	31620	ENDOBONCHIAL US ADD-ON	314.69				
15	31622	DX BRONCHOSCOPE/WASH	314.69				
15	31623	DX BRONCHOSCOPE/BRUSH	421.47				
15	31624	DX BRONCHOSCOPE/LAVAGE	421.47				
15	31625	BRONCHOSCOPY WITH BIOPSY	421.47				
15	31628	BRONCHOSCOPY WITH BIOPSY	421.47				
15	31629	BRONCHOSCOPY WITH BIOPSY	421.47				
15	31630	BRONCHOSCOPY WITH REPAIR	421.47				
15	31631	BRONCHOSCOPY WITH DILATION	421.47				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	421.47				
15	31635	REMOVE FOREIGN BODY, AIRWAY	421.47				
15	31636	BRONCHOSCOPY, BRONCH STENTS	421.47				
15	31637	BRONCHOSCOPY, STENT ADD-ON	314.69				
15	31638	BRONCHOSCOPY, REVISE STENT	421.47				
15	31640	BRONCHOSCOPY & REMOVE LESION	421.47				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	421.47				
15	31643	DIAG BRONCHOSCOPE/CATHETER	421.47				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	314.69				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	314.69				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	421.47				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	421.47				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	421.47				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	421.47				
15	31717	BRONCHIAL BRUSH BIOPSY	314.69				
15	31720	CLEARANCE OF AIRWAYS	314.69				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	314.69				
15	31750	REPAIR OF WINDPIPE	677.57				
15	31755	REPAIR OF WINDPIPE	421.47				
15	31820	CLOSURE OF WINDPIPE LESION	314.69				
15	31825	REPAIR OF WINDPIPE DEFECT	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31830	REVISE WINDPIPE SCAR	421.47				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP				
15	32400	NEEDLE BIOPSY CHEST LINING	314.69				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	314.69				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	314.69				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	314.69				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	314.69				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	314.69				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	314.69				
15	32999	CHEST SURGERY PROCEDURE	MP				
15	33010	DRAINAGE OF HEART SAC	421.47				
15	33011	REPEAT DRAINAGE OF HEART SAC	421.47				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	481.95				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	421.47				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	421.47				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	421.47				
15	33999	CARDIAC SURGERY PROCEDURE	MP				
15	35188	REPAIR BLOOD VESSEL LESION	595.35				
15	35190	REPAIR BLOOD VESSEL LESION	595.35				
15	35206	REPAIR BLOOD VESSEL LESION	595.35				
15	35207	REPAIR BLOOD VESSEL LESION	595.35				
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	314.69				
15	35875	REMOVAL OF CLOT IN GRAFT	1,265.36				
15	35876	REMOVAL OF CLOT IN GRAFT	1,265.36				
15	36260	INSERTION OF INFUSION PUMP	481.95				
15	36261	REVISION OF INFUSION PUMP	421.47				
15	36262	REMOVAL OF INFUSION PUMP	314.69				
15	36299	UNLISTED VASCULAR INJECTION	MP				
15	36475	ENDOVENOUS RF, 1ST VEIN	481.95				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	481.95				
15	36478	ENDOVENOUS LASER, 1ST VEIN	481.95				
15	36479	ENDOVENOUS LASER VEIN ADDON	481.95				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,265.36				
15	36555	INSERT NON-TUNNEL CV CATH	314.69				
15	36556	INSERT NON-TUNNEL CV CATH	314.69				
15	36557	INSERT TUNNELED CV CATH	421.47				
15	36558	INSERT TUNNELED CV CATH	421.47				
15	36560	INSERT TUNNELED CV CATH	481.95				
15	36561	INSERT TUNNELED CV CATH	481.95				
15	36563	INSERT TUNNELED CV CATH	481.95				
15	36565	INSERT TUNNELED CV CATH	481.95				
15	36566	INSERT TUNNELED CV CATH	481.95				
15	36568	INSERT PERIPHERALLY CV CATH	314.69				
15	36569	INSERT PERIPHERALLY CV CATH	314.69				
15	36570	INSERT PERIPHERALLY CV CATH	481.95				
15	36571	INSERT PERIPHERALLY CV CATH	481.95				
15	36575	REPAIR TUNNELED/NON-TUNNELED	421.47				
15	36576	REPAIR CV ACCESS	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	36578	REPLACE CV ACCESS	421.47				
15	36580	REPLACE COMPLETE non-tunnel	314.69				
15	36581	REPLACE COMPLETE tunneled	421.47				
15	36582	REPLACE COMPLETE tunneled	481.95				
15	36583	REPLACE COMPLETE tunneled	481.95				
15	36584	REPLACE COMPLETE peripherally	314.69				
15	36585	REPLACE COMPLETE peripherally	481.95				
15	36589	REMOVE TUNNELED CV CATH	314.69				
15	36590	REMOVE TUNNELED CV ACCESS	314.69				
15	36640	INSERTION CATHETER, ARTERY	314.69				
15	36660	INSERTION CATHETER, ARTERY	1,265.36				
15	36800	INSERTION OF CANNULA	481.95				
15	36810	INSERTION OF CANNULA	481.95				
15	36815	INSERTION OF CANNULA	481.95				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	481.95				
15	36819	AV FUSION/UPPR ARM VEIN	481.95				
15	36820	AV FUSION/FOREARM VEIN	481.95				
15	36821	AV FUSION DIRECT ANY SITE	481.95				
15	36825	ARTERY-VEIN GRAFT	595.35				
15	36830	ARTERY-VEIN GRAFT	595.35				
15	36831	OPEN THROMBECT AV FISTULA	1,265.36				
15	36832	AV FISTULA REVISION, OPEN	595.35				
15	36833	AV FISTULA REVISION	595.35				
15	36835	ARTERY TO VEIN SHUNT	595.35				
15	36860	EXTERNAL CANNULA DECLOTTING	421.47				
15	36861	CANNULA DECLOTTING	481.95				
15	36870	PERCUT THROMBECT AV FISTULA	1,265.36				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	595.35				
15	37200	TRANSCATHETER BIOPSY	595.35				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	314.69				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	314.69				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	314.69				
15	37223	REVASCLARIZATION, ENDOVASCULAR, OPE	314.69				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	481.95				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP				
15	37607	LIGATION OF A-V FISTULA	481.95				
15	37609	TEMPORAL ARTERY PROCEDURE	421.47				
15	37650	REVISION OF MAJOR VEIN	421.47				
15	37700	REVISE LEG VEIN	421.47				
15	37718	LIGATE/STRIP SHORT LEG VEIN	481.95				
15	37722	LIGATE/STRIP LONG LEG VIEW	481.95				
15	37735	REMOVAL OF LEG VEINS/LESION	481.95				
15	37760	REVISION OF LEG VEINS	481.95				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	481.95				
15	37780	REVISION OF LEG VEIN	481.95				
15	37785	REVISE SECONDARY VARICOSITY	481.95				
15	37790	PENILE VENOUS OCCLUSION	481.95				
15	37799	VASCULAR SURGERY PROCEDURE	MP				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	38129	LAPAROSCOPE PROC, SPLEEN	MP				
15	38205	HARVEST ALLOGENIC STEM CELLS	1,265.36				
15	38206	HARVEST AUTO STEM CELLS	1,265.36				
15	38300	DRAINAGE, LYMPH NODE LESION	314.69				
15	38305	DRAINAGE, LYMPH NODE LESION	421.47				
15	38308	INCISION OF LYMPH CHANNELS	421.47				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	421.47				
15	38505	NEEDLE BIOPSY, LYMPH NODES	314.69				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	421.47				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	421.47				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	421.47				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	421.47				
15	38542	EXPLORE DEEP NODE(S), NECK	421.47				
15	38550	REMOVAL, NECK/ARMPIT LESION	481.95				
15	38555	REMOVAL, NECK/ARMPIT LESION	595.35				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,265.36				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,265.36				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,265.36				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP				
15	38700	REMOVAL OF LYMPH NODES, NECK	481.95				
15	38740	REMOVE ARMPIT LYMPH NODES	421.47				
15	38745	REMOVE ARMPIT LYMPH NODES	595.35				
15	38760	REMOVE GROIN LYMPH NODES	421.47				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP				
15	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	481.95				
15	39499	MEDIASTINAL PROCEDURE	MP				
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP				
15	40490	BIOPSY OF LIP	314.69				
15	40500	PARTIAL EXCISION OF LIP	421.47				
15	40510	PARTIAL EXCISION OF LIP	421.47				
15	40520	PARTIAL EXCISION OF LIP	421.47				
15	40525	RECONSTRUCT LIP WITH FLAP	421.47				
15	40527	RECONSTRUCT LIP WITH FLAP	421.47				
15	40530	PARTIAL REMOVAL OF LIP	421.47				
15	40650	REPAIR LIP	481.95				
15	40652	REPAIR LIP	481.95				
15	40654	REPAIR LIP	481.95				
15	40700	REPAIR CLEFT LIP/NASAL	940.28				
15	40701	REPAIR CLEFT LIP/NASAL	940.28				
15	40702	REPAIR CLEFT LIP	940.28				
15	40720	REPAIR CLEFT LIP/NASAL	940.28				
15	40761	REPAIR CLEFT LIP/NASAL	481.95				
15	40799	LIP SURGERY PROCEDURE	MP				
15	40800	DRAINAGE OF MOUTH LESION	314.69				
15	40801	DRAINAGE OF MOUTH LESION	421.47				
15	40804	REMOVAL FOREIGN BODY, MOUTH	314.69				
15	40806	INCISION OF LIP FOLD	314.69				
15	40808	BIOPSY OF MOUTH LESION	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	40810	EXCISION OF MOUTH LESION	314.69				
15	40812	EXCISE/REPAIR MOUTH LESION	421.47				
15	40814	EXCISE/REPAIR MOUTH LESION	421.47				
15	40816	EXCISION OF MOUTH LESION	421.47				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	314.69				
15	40819	EXCISE LIP OR CHEEK FOLD	314.69				
15	40820	TREATMENT OF MOUTH LESION	314.69				
15	40830	REPAIR MOUTH LACERATION	314.69				
15	40831	REPAIR MOUTH LACERATION	314.69				
15	40840	RECONSTRUCTION OF MOUTH	421.47				
15	40842	RECONSTRUCTION OF MOUTH	481.95				
15	40843	RECONSTRUCTION OF MOUTH	481.95				
15	40844	RECONSTRUCTION OF MOUTH	677.57				
15	40845	RECONSTRUCTION OF MOUTH	677.57				
15	40899	MOUTH SURGERY PROCEDURE	MP				
15	41005	DRAINAGE OF MOUTH LESION	314.69				
15	41006	DRAINAGE OF MOUTH LESION	314.69				
15	41007	DRAINAGE OF MOUTH LESION	314.69				
15	41008	DRAINAGE OF MOUTH LESION	314.69				
15	41009	DRAINAGE OF MOUTH LESION	314.69				
15	41010	INCISION OF TONGUE FOLD	314.69				
15	41015	DRAINAGE OF MOUTH LESION	314.69				
15	41016	DRAINAGE OF MOUTH LESION	314.69				
15	41017	DRAINAGE OF MOUTH LESION	314.69				
15	41018	DRAINAGE OF MOUTH LESION	314.69				
15	41100	BIOPSY OF TONGUE	314.69				
15	41108	BIOPSY OF FLOOR OF MOUTH	314.69				
15	41112	EXCISION OF TONGUE LESION	421.47				
15	41113	EXCISION OF TONGUE LESION	421.47				
15	41114	EXCISION OF TONGUE LESION	421.47				
15	41115	EXCISION OF TONGUE FOLD	314.69				
15	41116	EXCISION OF MOUTH LESION	314.69				
15	41120	PARTIAL REMOVAL OF TONGUE	677.57				
15	41250	REPAIR TONGUE LACERATION	421.47				
15	41251	REPAIR TONGUE LACERATION	421.47				
15	41252	REPAIR TONGUE LACERATION	421.47				
15	41500	FIXATION OF TONGUE	314.69				
15	41510	TONGUE TO LIP SURGERY	314.69				
15	41520	RECONSTRUCTION, TONGUE FOLD	421.47				
15	41599	TONGUE AND MOUTH SURGERY	MP				
15	41800	DRAINAGE OF GUM LESION	314.69				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	314.69				
15	41821	EXCISION OF GUM FLAP	314.69				
15	41822	EXCISION OF GUM LESION	314.69				
15	41823	EXCISION OF GUM LESION	314.69				
15	41826	EXCSION OF GUM LESION	314.69				
15	41827	EXCISION OF GUM LESION	421.47				
15	41870	GUM GRAFT	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41874	REPAIR TOOTH SOCKET	314.69				
15	41899	GUM SURGERY PROCEDURE	314.69				
15	42000	DRAINAGE MOUTH ROOF LESION	421.47				
15	42100	BIOPSY ROOF OF MOUTH	314.69				
15	42104	EXCISION LESION, MOUTH ROOF	314.69				
15	42106	EXCISION LESION, MOUTH ROOF	314.69				
15	42107	EXCISION LESION, MOUTH ROOF	421.47				
15	42120	REMOVE PALATE/LESION	595.35				
15	42140	EXCISION OF UVULA	421.47				
15	42145	REPAIR PALATE, PHARYNX/UVULA	677.57				
15	42160	TREATMENT MOUTH ROOF LESION	314.69				
15	42180	REPAIR PALATE	314.69				
15	42182	REPAIR PALATE	421.47				
15	42200	RECONSTRUCT CLEFT PALATE	677.57				
15	42205	RECONSTRUCT CLEFT PALATE	677.57				
15	42210	RECONSTRUCT CLEFT PALATE	677.57				
15	42215	RECONSTRUCT CLEFT PALATE	940.28				
15	42220	RECONSTRUCT CLEFT PALATE	677.57				
15	42226	LENGTHENING OF PALATE	677.57				
15	42235	REPAIR PALATE	677.57				
15	42260	REPAIR NOSE TO LIP FISTULA	595.35				
15	42299	PALATE/UVULA SURGERY	MP				
15	42300	DRAINAGE OF SALIVARY GLAND	314.69				
15	42305	DRAINAGE OF SALIVARY GLAND	421.47				
15	42310	DRAINAGE OF SALIVARY GLAND	314.69				
15	42320	DRAINAGE OF SALIVARY GLAND	314.69				
15	42340	REMOVAL OF SALIVARY STONE	421.47				
15	42405	BIOPSY OF SALIVARY GLAND	421.47				
15	42408	EXCISION OF SALIVARY CYST	481.95				
15	42409	DRAINAGE OF SALIVARY CYST	481.95				
15	42410	EXCISE PAROTID GLAND/LESION	481.95				
15	42415	EXCISE PAROTID GLAND/LESION	940.28				
15	42420	EXCISE PAROTID GLAND/LESION	940.28				
15	42425	EXCISE PAROTID GLAND/LESION	940.28				
15	42440	EXCISE SUBMAXILLARY GLAND	481.95				
15	42450	EXCISE SUBLINGUAL GLAND	421.47				
15	42500	REPAIR SALIVARY DUCT	481.95				
15	42505	REPAIR SALIVARY DUCT	595.35				
15	42507	PAROTID DUCT DIVERSION	481.95				
15	42508	PAROTID DUCT DIVERSION	595.35				
15	42509	PAROTID DUCT DIVERSION	595.35				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	595.35				
15	42600	CLOSURE OF SALIVARY FISTULA	314.69				
15	42650	DILATION OF SALIVARY DUCT	314.69				
15	42665	LIGATION OF SALIVARY DUCT	940.28				
15	42699	SALIVARY SURGERY PROCEDURE	MP				
15	42700	DRAINAGE OF TONSIL ABSCESS	314.69				
15	42720	DRAINAGE OF THROAT ABSCESS	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42725	DRAINAGE OF THROAT ABSCESS	421.47				
15	42800	BIOPSY OF THROAT	314.69				
15	42804	BIOPSY OF UPPER NOSE/THROAT	314.69				
15	42806	BIOPSY OF UPPER NOSE/THROAT	421.47				
15	42808	EXCISE PHARYNX LESION	421.47				
15	42810	EXCISION OF NECK CYST	481.95				
15	42815	EXCISION OF NECK CYST	677.57				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	481.95	00 11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	677.57	12 99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	595.35	00 11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	595.35	12 99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	595.35	00 11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	595.35	12 99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	595.35	00 11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	595.35	12 99			
15	42860	EXCISION OF TONSIL TAGS	481.95				
15	42870	EXCISION OF LINGUAL TONSIL	481.95				
15	42890	PARTIAL REMOVAL OF PHARYNX	940.28				
15	42892	REVISION OF PHARYNGEAL WALLS	940.28				
15	42900	REPAIR THROAT WOUND	314.69				
15	42950	RECONSTRUCTION OF THROAT	421.47				
15	42955	SURGICAL OPENING OF THROAT	421.47				
15	42960	CONTROL THROAT BLEEDING	314.69				
15	42962	CONTROL THROAT BLEEDING	421.47				
15	42970	CONTROL NOSE/THROAT BLEEDING	421.47				
15	42972	CONTROL NOSE/THROAT BLEEDING	481.95				
15	42999	THROAT SURGERY PROCEDURE	MP				
15	43191	Diagnostic examination of esophagus	314.69				
15	43192	Injections of substance in tissue li	314.69				
15	43193	Biopsy of esophagus using an endosco	314.69				
15	43194	Removal of foreign body of esophagus	314.69				
15	43195	Balloon dilation of esophagus using	314.69				
15	43196	Insertion of wire and dilation of es	314.69				
15	43197	Diagnostic examination of esophagus	314.69				
15	43198	Biopsy of esophagus using an endosco	314.69				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	314.69				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	314.69				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	314.69				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	314.69				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	314.69				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	314.69				
15	43211	Removal of tissue lining of esophagu	314.69				
15	43212	Placement of stent on esophagus usin	314.69				
15	43213	Dilation of esophagus using an endos	314.69				
15	43214	Balloon dilation of esophagus using	314.69				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	314.69				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	314.69				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43220	BALLOON DILATION OF ESOPHAGUS USING	314.69				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	314.69				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	421.47				
15	43229	Destruction of growths of esophagus	314.69				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	421.47				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	421.47				
15	43233	Balloon dilation of esophagus, stoma	421.47				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	314.69				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	421.47				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	421.47				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	421.47				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	421.47				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	421.47				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	421.47				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	421.47				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	421.47				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	421.47				
15	43245	DILATION OF STOMACH OUTLET USING AN	421.47				
15	43246	INSERTION OF STOMACH TUBE USING AN E	421.47				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	421.47				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	421.47				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	421.47				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	421.47				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	421.47				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	421.47				
15	43253	Injection of diagnostic or therapeut	421.47				
15	43254	Removal of tissue lining of esophagu	421.47				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	421.47				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	481.95				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	481.95				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	421.47				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	421.47				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	421.47				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	421.47				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	421.47				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	421.47				
15	43266	Placement of stent in esophagus, sto	421.47				
15	43270	Destruction of growths on esophagus,	421.47				
15	43274	Placement of stent pancreatic or bil	421.47				
15	43275	Removal of foreign body or stent fro	421.47				
15	43276	Replacement of stent pancreatic or b	421.47				
15	43277	Balloon dilation of pancreatic or bi	421.47				
15	43278	Destruction of mass on gallbladder,	421.47				
15	43280	LAPAROSCOPY, FUNDOPLASTY	595.35				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	595.35				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	595.35				
15	43289	LAPAROSCOPE PROC, ESOPH	MP				
15	43420	REPAIR ESOPHAGUS OPENING	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43450	DILATE ESOPHAGUS	314.69				
15	43453	DILATE ESOPHAGUS	314.69				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP				
15	43500	SURGICAL OPENING OF STOMACH	595.35				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,265.36				
15	43659	LAPAROSCOPE PROC,STOM	MP				
15	43760	CHANGE GASTROSTOMY TUBE	314.69				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	314.69				
15	43820	FUSION OF STOMACH AND BOWEL	595.35				
15	43830	SURGICAL OPENING OF STOMACH	421.47				
15	43840	REPAIR OF STOMACH LESION	481.95				
15	43870	REPAIR STOMACH OPENING	314.69				
15	43880	REPAIR STOMACH-BOWEL FISTULA	481.95				
15	43999	STOMACH SURGERY PROCEDURE	MP				
15	44100	BIOPSY OF BOWEL	314.69				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP				
15	44312	REVISION OF ILEOSTOMY	314.69				
15	44340	REVISION OF COLOSTOMY	481.95				
15	44360	SMALL BOWEL ENDOSCOPY	421.47				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	421.47				
15	44363	SMALL BOWEL ENDOSCOPY	421.47				
15	44364	SMALL BOWEL ENDOSCOPY	421.47				
15	44365	SMALL BOWEL ENDOSCOPY	421.47				
15	44366	SMALL BOWEL ENDOSCOPY	421.47				
15	44369	SMALL BOWEL ENDOSCOPY	421.47				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,265.36				
15	44372	SMALL BOWEL ENDOSCOPY	421.47				
15	44373	SMALL BOWEL ENDOSCOPY	421.47				
15	44376	SMALL BOWEL ENDOSCOPY	421.47				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	421.47				
15	44378	SMALL BOWEL ENDOSCOPY	421.47				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,265.36				
15	44380	SMALL BOWEL ENDOSCOPY	314.69				
15	44382	SMALL BOWEL ENDOSCOPY	314.69				
15	44383	ILEOSCOPY W/STENT	1,265.36				
15	44385	ENDOSCOPY OF BOWEL POUCH	314.69				
15	44386	ENDOSCOPY, BOWEL POUCH/BIO	314.69				
15	44388	COLON ENDOSCOPY	314.69				
15	44389	COLONOSCOPY WITH BIOPSY	314.69				
15	44390	COLONOSCOPY FOR FOREIGN BODY	314.69				
15	44391	COLONOSCOPY FOR BLEEDING	314.69				
15	44392	COLONOSCOPY & POLYPECTOMY	314.69				
15	44393	COLONOSCOPY, LESION REMOVAL	314.69				
15	44394	COLONOSCOPY W/SNARE	314.69				
15	44397	COLONOSCOPY W STENT	314.69				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	595.35				
15	44620	REPAIR BOWEL OPENING	481.95				
15	44799	INTESTINE SURGERY PROCEDURE	MP				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP				
15	44950	APPELDECTOMY	1,265.36				
15	44970	LAPAROSCOPY, APPELDECTOMY	677.57				
15	44979	LAPAROSCOPE PROC, APP	MP				
15	45000	DRAINAGE OF PELVIC ABSCESS	314.69				
15	45005	DRAINAGE OF RECTAL ABSCESS	421.47				
15	45020	DRAINAGE OF RECTAL ABSCESS	421.47				
15	45100	BIOPSY OF RECTUM	314.69				
15	45108	REMOVAL OF ANORECTAL LESION	421.47				
15	45150	EXCISION OF RECTAL STRICTURE	421.47				
15	45160	EXCISION OF RECTAL LESION	421.47				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	421.47				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	421.47				
15	45190	DESTRUCTION, RECTAL TUMOR	1,265.36				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	314.69				
15	45305	PROTOSIGMOIDOSCOPY W/BX	314.69				
15	45307	PROTOSIGMOIDOSCOPY FB	314.69				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	314.69				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	314.69				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	314.69				
15	45317	PROTOSIGMOIDOSCOPY BLEED	314.69				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	314.69				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	314.69				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	314.69				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	314.69				
15	45331	SIGMOIDOSCOPY AND BIOPSY	314.69				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	314.69				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	314.69				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	314.69				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	314.69				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	314.69				
15	45338	SIGMOIDOSCOPY W/TUMR REMOVE	314.69				
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	314.69				
15	45340	SIG W/BALLOON DILATION	314.69				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	314.69				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	314.69				
15	45345	SIGMODOSCOPY W/STENT	314.69				
15	45355	SURGICAL COLONOSCOPY	314.69				
15	45378	DIAGNOSTIC COLONOSCOPY	421.47				
15	45379	COLONOSCOPY W/FB REMOVAL	421.47				
15	45380	COLONOSCOPY AND BIOPSY	421.47				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	421.47				
15	45382	COLONOSCOPY/CONTROL BLEEDING	421.47				
15	45383	LESION REMOVAL COLONOSCOPY	421.47				
15	45384	LESION REMOVE COLONOSCOPY	421.47				
15	45385	LESION REMOVAL COLONOSCOPY	421.47				
15	45386	COLONOSCOPE DILATE STRICTURE	421.47				
15	45387	COLONOSCOPY W/STENT	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45391	COLONOSCOPY W/ENDOSCOPE US	421.47				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	421.47				
15	45499	LAPAROSCOPE PROC, RECTUM	MP				
15	45500	REPAIR OF RECTUM	421.47				
15	45505	REPAIR OF RECTUM	421.47				
15	45560	REPAIR OF RECTOCELE	421.47				
15	45900	REDUCTION OF RECTAL PROLAPSE	314.69				
15	45905	DILATION OF ANAL SPHINCTER	314.69				
15	45910	DILATION OF RECTAL NARROWING	314.69				
15	45915	REMOVE RECTAL OBSTRUCTION	314.69				
15	45990	SURG DX EXAM, ANORECTAL	421.47				
15	45999	RECTUM SURGERY PROCEDURE	MP				
15	46020	PLACEMENT OF SETON	481.95				
15	46030	REMOVAL OF RECTAL MARKER	314.69				
15	46040	INCISION OF RECTAL ABSCESS	481.95				
15	46045	INCISION OF RECTAL ABSCESS	421.47				
15	46050	INCISION OF ANAL ABSCESS	314.69				
15	46060	INCISION OF RECTAL ABSCESS	421.47				
15	46080	INCISION OF ANAL SPHINCTER	481.95				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	314.69				
15	46200	REMOVAL OF ANAL FISSURE	421.47				
15	46220	REMOVAL OF ANAL TAB	314.69				
15	46230	REMOVAL OF ANAL TABS	314.69				
15	46250	HEMORRHOIDECTOMY	481.95				
15	46255	HEMORRHOIDECTOMY	481.95				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	481.95				
15	46258	REMOVE HEMORRHOIDS & FISTULA	481.95				
15	46260	HEMORRHOIDECTOMY	481.95				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	595.35				
15	46262	REMOVE HEMORRHOIDS & FISTULA	595.35				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	481.95				
15	46275	REMOVAL OF ANAL FISTULA	481.95				
15	46280	REMOVAL OF ANAL FISTULA	595.35				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	314.69				
15	46288	REPAIR ANAL FISTULA	595.35				
15	46320	REMOVAL OF HEMORRHOID CLOT	314.69				
15	46600	ANOSCOPY; DIAGNOSTIC	314.69				
15	46604	ANOSCOPY WITH DIRECT DILATION	314.69				
15	46608	ANOSCOPY/ REMOVE FOR BODY	314.69				
15	46610	ANOSCOPY/REMOVE LESION	314.69				
15	46611	ANOSCOPY	314.69				
15	46612	ANOSCOPY/ REMOVE LESIONS	314.69				
15	46615	ANOSCOPY	421.47				
15	46700	REPAIR OF ANAL STRICTURE	481.95				
15	46705	REPAIR OF NAL STRICTURE	481.95				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	481.95				
15	46750	REPAIR OF ANAL SPHINCTER	481.95				
15	46753	RECONSTRUCTION OF ANUS	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46754	REMOVAL OF SUTURE FROM ANUS	421.47				
15	46760	REPAIR OF ANAL SPHINCTER	421.47				
15	46761	REPAIR OF ANAL SPHINCTER	481.95				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	940.28				
15	46900	REMOVAL OF ANAL LESION	314.69				
15	46910	REMOVAL OF ANAL LESION	314.69				
15	46917	LASER SURGERY, ANAL LESIONS	314.69				
15	46922	EXCISION OF ANAL LESION(S)	314.69				
15	46924	DESTRUCTION, ANAL LESION(S)	314.69				
15	46940	TREATMENT OF ANAL FISSURE	314.69				
15	46945	LIGATION OF HEMORRHOIDS	314.69				
15	46946	LIGATION OF HEMORRHOIDS	314.69				
15	46947	HEMORRHOIDOPEXY BY STAPLING	481.95				
15	46999	ANUS SURGERY PROCEDURE	MP				
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	314.69				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	314.69				
15	47100	WEDGE BIOPSY OF LIVER	421.47				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP				
15	47399	LIVER SURGERY PROCEDURE	MP				
15	47480	INCISION OF GALLBLADDER	481.95				
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	314.69				
15	47510	INSERT CATHETER, BILE DUCT	421.47				
15	47511	INSERT BILE DUCT DRAIN	1,265.36				
15	47525	CHANGE BILE DUCT CATHETER	314.69				
15	47530	REVISE/REINSERT BILE TUBE	314.69				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	421.47				
15	47553	BILIARY ENDOSCOPY THRU SKIN	481.95				
15	47554	BILIARY ENDOSCOPY THRU SKIN	481.95				
15	47555	BILIARY ENDOSCOPY THRU SKIN	481.95				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,265.36				
15	47560	LAPAROSCOPY W/CHOLANGIO	481.95				
15	47561	LAPARO W/CHOLANGIO/BIOPSY	481.95				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	481.95				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	481.95				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	481.95				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP				
15	47605	REMOVAL OF GALLBLADDER	1,265.36				
15	47630	REMOVE BILE DUCT STONE	481.95				
15	47999	BILE TRACT SURGERY PROCEDURE	MP				
15	48102	NEEDLE BIOPSY, PANCREAS	314.69				
15	48999	PANCREAS SURGERY PROCEDURE	MP				
15	49000	EXPLORATION OF ABDOMEN	481.95				
15	49010	EXPLORE,RETROPERITONEAL AREA	1,265.36				
15	49180	BIOPSY, ABDOMINAL MASS	314.69				
15	49250	EXCISION OF UMBILICUS	595.35				
15	49320	DIAG LAPARO SEPARATE PROC	481.95				
15	49321	LAPAROSCOPY, BIOPSY	595.35				
15	49322	LAPAROSCOPY, ASPIRATION	595.35				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	595.35				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP				
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	314.69				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	314.69				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	314.69				
15	49421	INSERT ABDOMINAL DRAIN	314.69				
15	49422	REMOVE PERM CANNULA/CATHETER	314.69				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	421.47				
15	49491	REPARING HERN PREMIE REDUC	677.57				
15	49492	RPR HERN PREMIE, BLOCKED	677.57				
15	49495	RPR ING HERNIA BABY, REDUC	595.35				
15	49496	RPR ING HERNIA BABY, BLOCKED	595.35				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	595.35	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,265.36	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	595.35	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,265.36	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	940.28				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,265.36				
15	49525	REPAIR ING HERNIA, SLIDING	595.35				
15	49540	REPAIR LUMBAR HERNIA	421.47				
15	49550	RPR FEM HERNIA, INIT, REDUCE	677.57				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,265.36				
15	49555	REREPAIR FEM HERNIA, REDUCE	677.57				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,265.36				
15	49560	RPR VENTRAL HERN INIT, REDUC	595.35				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,265.36				
15	49565	REREPAIR VENTRL HERN, REDUCE	595.35				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,265.36				
15	49568	HERNIA REPAIR W/MESH	940.28				
15	49570	RPR EPIGASTRIC HERN, REDUCE	595.35				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,265.36				
15	49580	RPR UMBIL HERN, REDUC <5 YR	595.35	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,265.36	00 04			
15	49585	RPR UMBIL HERN, REDUC	595.35	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,265.36	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	481.95				
15	49600	REPAIR UMBILICAL LESION	595.35				
15	49650	LAP ING HERNIA REPAIR INIT	595.35				
15	49651	LAP ING HERNIA REPAIR RECUR	940.28				
15	49652	LAP VENT/ABD HERNIA REPAIR	940.28				
15	49653	LAP VENT/ABD HERNIA PROC COMP	940.28				
15	49656	LAP INC HERN REPAIR RECUR	940.28				
15	49659	LAPARO PROC, HERNIA REPAIR	MP				
15	49900	REPAIR OF ABDOMINAL WALL	595.35				
15	49999	ABDPMEN SURGERY PROCEDURE	MP				
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	421.47				
15	50200	BIOPSY OF KIDNEY	314.69				
15	50390	DRAINAGE OF KIDNEY LESION	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	50392	INTRO CATH RENAL PELVIS,PERC	314.69				
15	50393	INTR URETH CATH/STENT IN URETER	314.69				
15	50395	CREATE PASSAGE TO KIDNEY	314.69				
15	50396	MEASURE KIDNEY PRESSURE	314.69				
15	50398	CHANGE KIDNEY TUBE	314.69				
15	50549	LAPAROSCOPE PROC, RENAL	MP				
15	50551	KIDNEY ENDOSCOPY	314.69				
15	50553	KIDNEY ENDOSCOPY	314.69				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	314.69				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	314.69				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	314.69				
15	50590	LITHOTRIPSY, ESW	481.95				
15	50684	INJECTION FOR URETER X-RAY	314.69				
15	50688	CHANGE OF URETER TUBE	314.69				
15	50947	LAPARO NEW URETER/BLADDER	1,265.36				
15	50948	LAPARO NEW URETER/BLADDER	1,265.36				
15	50949	LAPAROSCOPE PROC, URETER	MP				
15	50951	ENDOSCOPY OF URETER	314.69				
15	50953	ENDOSCOPY OF URETER	314.69				
15	50955	URETER ENDOSCOPY & BIOPSY	314.69				
15	50957	URETER ENDOSCOPY & TREATMENT	314.69				
15	50961	URETER ENDOSCOPY & TREATMENT	314.69				
15	50970	URETER ENDOSCOPY	314.69				
15	50972	URETER ENDOSCOPY & CATHETER	314.69				
15	50974	URETER ENDOSCOPY & BIOPSY	314.69				
15	50976	URETER ENDOSCOPY & TREATMENT	314.69				
15	50980	URETER ENDOSCOPY & TREATMENT	314.69				
15	51020	INCISE & TREAT BLADDER	595.35				
15	51030	INCISE & TREAT BLADDER	595.35				
15	51040	INCISE & DRAIN BLADDER	595.35				
15	51045	INCISE BLADDER/DRAIN URETER	595.35				
15	51050	REMOVAL OF BLADDER STONE	595.35				
15	51065	REMOVE URETER CALCULUS	595.35				
15	51080	DRAINAGE OF BLADDER ABSCESS	314.69				
15	51500	REMOVAL OF BLADDER CYST	595.35				
15	51520	REMOVAL OF BLADDER LESION	595.35				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	314.69				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	314.69				
15	51705	CHANGE OF BLADDER TUBE	314.69				
15	51710	CHANGE OF BLADDER TUBE	314.69				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	481.95				
15	51720	TREATMENT OF BLADDER LESION	314.69				
15	51726	COMPLEX CYSTOMETROGRAM	314.69				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	314.69				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	314.69				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	314.69				
15	51784	ANAL/URINARY MUSCLE STUDY	314.69				
15	51785	ANAL/URINARY MUSCLE STUDY	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

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	421.47				
15	51880	REPAIR OF BLADDER OPENING	314.69				
15	51992	LAPARO SLING OPERATION	421.47				
15	51999	LAPAROSCOPE PROC, BLADDER	MP				
15	52000	CYSTOSCOPY	314.69				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	421.47				
15	52005	CYSTOSCOPY & URETER CATHETER	421.47				
15	52007	CYSTOSCOPY AND BIOPSY	421.47				
15	52010	CYSTOSCOPY & DUCT CATHETER	421.47				
15	52204	CYSTOSCOPY	421.47				
15	52214	CYSTOSCOPY AND TREATMENT	421.47				
15	52224	CYSTOSCOPY AND TREATMENT	421.47				
15	52234	CYSTOSCOPY AND TREATMENT	421.47				
15	52235	CYSTOSCOPY AND TREATMENT	481.95				
15	52240	CYSTOSCOPY AND TREATMENT	481.95				
15	52250	CYSTOSCOPY AND RADIOTRACER	595.35				
15	52260	CYSTOSCOPY AND TREATMENT	421.47				
15	52265	CYSTOSCOPY & TREATMENT	421.47				
15	52270	CYSTOSCOPY & REVISE URETHRA	421.47				
15	52275	CYSTOSCOPY & REVISE URETHRA	421.47				
15	52276	CYSTOSCOPY AND TREATMENT	481.95				
15	52277	CYSTOSCOPY AND TREATMENT	421.47				
15	52281	CYSTOSCOPY AND TREATMENT	421.47				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,265.36				
15	52283	CYSTOSCOPY AND TREATMENT	421.47				
15	52285	CYSTOSCOPY AND TREATMENT	421.47				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	421.47				
15	52290	CYSTOSCOPY AND TREATMENT	421.47				
15	52300	CYSTOSCOPY AND TREATMENT	421.47				
15	52301	CYSTOSCOPY AND TREATMENT	421.47				
15	52305	CYSTOSCOPY AND TREATMENT	421.47				
15	52310	CYSTOSCOPY AND TREATMENT	421.47				
15	52315	CYSTOSCOPY AND TREATMENT	421.47				
15	52317	REMOVE BLADDER STONE	314.69				
15	52318	REMOVE BLADDER STONE	421.47				
15	52320	CYSTOSCOPY AND TREATMENT	677.57				
15	52325	CYSTOSCOPY, STONE REMOVAL	595.35				
15	52327	CYSTOSCOPY, INJECT MATERIAL	421.47				
15	52330	CYSTOSCOPY AND TREATMENT	421.47				
15	52332	CYSTOSCOPY AND TREATMENT	421.47				
15	52334	CREATE PASSAGE TO KIDNEY	481.95				
15	52341	CYSTO W/URETER STRICTURE TX	481.95				
15	52342	CYSTO W/UP STRICTURE TX	481.95				
15	52343	CYSTO W/RENAL STRICTURE TX	481.95				
15	52344	CYSTO/URETERO, STONE REMOVE	481.95				
15	52345	CYSTO/URETERO W/UP STRICTURE	481.95				
15	52346	CYSTOURETERO W/RENAL STRICT	481.95				
15	52351	CYSTOURETRO & OR PYELOSCOPE	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	52352	CYSTOURETRO W/STONE REMOVE	595.35				
15	52353	CYSTOURETERO W/LITHOTRIPSY	595.35				
15	52354	CYSTOURETERO W/BIOPSY	595.35				
15	52355	CYSTOURETERO W/EXCISE TUMOR	595.35				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	595.35				
15	52400	CYSTOURETERO W/CONGEN REPR	481.95				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	481.95				
15	52450	INCISION OF PROSTATE	481.95				
15	52500	REVISION OF BLADDER NECK	481.95				
15	52601	PROSTATECTOMY (TURP)	595.35				
15	52630	REMOVE PROSTATE REGROWTH	421.47				
15	52640	RELIEVE BLADDER CONTRACTURE	421.47				
15	52647	LASER SURGERY OF PROSTATE	1,265.36				
15	52648	LASER SURGERY OF PROSTATE	1,265.36				
15	52700	DRAINAGE OF PROSTATE ABSCESS	421.47				
15	53000	INCISION OF URETHRA	314.69				
15	53010	INCISION OF URETHRA	314.69				
15	53020	INCISION OF URETHRA	314.69				
15	53040	DRAINAGE OF URETHRA ABSCESS	421.47				
15	53080	DRAINAGE OF URINARY LEAKAGE	481.95				
15	53200	BIOPSY OF URETHRA	314.69				
15	53210	REMOVAL OF URETHRA	677.57			F	
15	53215	REMOVAL OF URETHRA	677.57			M	
15	53220	TREATMENT OF URETHRA LESION	421.47				
15	53230	REMOVAL OF URETHRA LESION	421.47			F	
15	53235	REMOVAL OF URETHRA LESION	481.95			M	
15	53240	SURGERY FOR URETHRA POUCH	421.47				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	421.47				
15	53260	TREATMENT OF URETHRA LESION	421.47				
15	53265	TREATMENT OF URETHRA LESION	421.47				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	421.47			F	
15	53275	REPAIR OF URETHRA DEFECT	421.47			F	
15	53400	REVISE URETHRA, STAGE 1	481.95				
15	53405	REVISE URETHRA, STAGE 2	421.47				
15	53410	RECONSTRUCTION OF URETHRA	421.47			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	481.95				
15	53425	RECONSTRUCT URETHRA, STAGE 2	421.47				
15	53430	RECONSTRUCTION OF URETHRA	421.47			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	421.47				
15	53440	CORRECT BLADDER FUNCTION	421.47			M	
15	53442	REMOVE PERINEAL PROSTHESIS	314.69				
15	53444	INSERT TANDEM CUFF	421.47				
15	53445	INSERT URO/VES NCK SPHINCTER	314.69				
15	53446	REMOVE URO SPHINCTER	314.69				
15	53447	REMOVE/REPLACE UR SPHINCTER	314.69				
15	53449	REPAIR URO SPHINCTER	314.69				
15	53450	REVISION OF URETHRA	314.69				
15	53460	REVISION OF URETHRA	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53502	REPAIR OF URETHRA INJURY	421.47			F	
15	53505	REPAIR OF URETHRA INJURY	421.47			M	
15	53510	REPAIR OF URETHRA INJURY	421.47				
15	53515	REPAIR OF URETHRA INJURY	421.47				
15	53520	REPAIR OF URETHRA DEFECT	421.47			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	314.69			M	
15	53605	DILATE URETHRA STRICTURE	421.47			M	
15	53665	DILATION OF URETHRA	314.69			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,265.36			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	314.69			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP				
15	54000	SLITTING OF PREPUCE	421.47	00 00		M	
15	54001	SLITTING OF PREPUCE	421.47			M	
15	54015	DRAIN PENIS LESION	595.35			M	
15	54057	LASER SURG, PENIS LESION(S)	314.69			M	
15	54060	EXCISION OF PENIS LESION(S)	314.69			M	
15	54065	DESTRUCTION, PENIS LESION(S)	314.69			M	
15	54100	BIOPSY OF PENIS	314.69			M	
15	54105	BIOPSY OF PENIS	314.69			M	
15	54110	TREATMENT OF PENIS LESION	421.47			M	
15	54111	TREAT PENIS LESION, GRAFT	421.47			M	
15	54112	TREAT PENIS LESION, GRAFT	421.47			M	
15	54115	TREATMENT OF PENIS LESION	314.69			M	
15	54120	PARTIAL REMOVAL OF PENIS	421.47			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	421.47			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	421.47	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	421.47			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	421.47			M	
15	54163	REPAIR OF CIRCUMCISION	421.47			M	
15	54164	FRENULOTOMY OF PENIS	421.47			M	
15	54205	TREATMENT OF PENIS LESION	595.35			M	
15	54220	TREATMENT OF PENIS LESION	314.69			M	
15	54300	REVISION OF PENIS	481.95			M	
15	54304	REVISION OF PENIS	481.95			M	
15	54308	RECONSTRUCTION OF URETHRA	481.95			M	
15	54312	RECONSTRUCTION OF URETHRA	481.95			M	
15	54316	RECONSTRUCTION OF URETHRA	481.95			M	
15	54318	RECONSTRUCTION OF URETHRA	481.95			M	
15	54322	RECONSTRUCTION OF URETHRA	481.95			M	
15	54324	RECONSTRUCTION OF URETHRA	481.95			M	
15	54326	RECONSTRUCTION OF URETHRA	481.95			M	
15	54328	REVISE PENIS/URETHRA	481.95			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	481.95			M	
15	54340	SECONDARY URETHRAL SURGERY	481.95			M	
15	54344	SECONDARY URETHRAL SURGERY	481.95			M	
15	54348	SECONDARY URETHRAL SURGERY	481.95			M	
15	54352	RECONSTRUCT URETHRA/PENIS	481.95			M	
15	54360	PENIS PLASTIC SURGERY	481.95			M	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54380	REPAIR PENIS	481.95			M	
15	54385	REPAIR PENIS	481.95			M	
15	54400	INSERT SEMI-RIGID PROSTHESIS	481.95			M	
15	54401	INSERT SELF-CONTD PROSTHESIS	481.95				
15	54405	INSERT MULTI-COMP PENIS PROS	481.95			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	481.95				
15	54408	REPAIR MULTI-COMP PENIS PROS	481.95				
15	54410	REMOVE/REPLACE PENIS PROSTH	481.95				
15	54411	REMV/REPLC PENIS PROS, COMP	481.95				
15	54415	REMOVE SELF-CONTD PENIS PROS	481.95				
15	54416	REMV/REPL PENIS CONTAIN PROS	481.95				
15	54417	REMV/REPLC PENIS PROS, COMPL	481.50				
15	54420	REVISION OF PENIS	595.35			M	
15	54435	REVISION OF PENIS	595.35			M	
15	54440	REPAIR OF PENIS	595.35			M	
15	54450	PREPUTIAL STRETCHING	314.69			M	
15	54500	BIOPSY OF TESTIS	314.69			M	
15	54505	BIOPSY OF TESTIS	314.69			M	
15	54512	EXCISE LESION TESTIS	421.47			M	
15	54520	REMOVAL OF TESTIS	481.95			M	
15	54522	ORCHIECTOMY, PARTIAL	481.95			M	
15	54530	REMOVAL OF TESTIS	595.35			M	
15	54535	EXTENSIVE TESTIS SURGERY	481.95			M	
15	54550	EXPLORATION FOR TESTIS	595.35			M	
15	54600	REDUCE TESTIS TORSION	595.35			M	
15	54620	SUSPENSION OF TESTIS	481.95			M	
15	54640	SUSPENSION OF TESTIS	595.35			M	
15	54660	REVISION OF TESTIS	421.47			M	
15	54670	REPAIR TESTIS INJURY	481.95			M	
15	54680	RELOCATION OF TESTIS(ES)	481.95			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,265.36				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,265.36				
15	54699	LAPAROSCOPE PROC, TESTIS	MP				
15	54700	DRAINAGE OF SCROTUM	421.47			M	
15	54800	BIOPSY OF EPIDIDYMISS	314.69			M	
15	54830	REMOVE EPIDIDYMISS LESION	481.95			M	
15	54840	REMOVE EPIDIDYMISS LESION	595.35			M	
15	54860	REMOVAL OF EPIDIDYMISS	481.95			M	
15	54861	REMOVAL OF EPIDIDYMISS	595.35			M	
15	54900	FUSION OF SPERMATIC DUCTS	595.35			M	
15	54901	FUSION OF SPERMATIC DUCTS	595.35			M	
15	55000	DRAINAGE OF HYDROCELE	314.69			M	
15	55040	REMOVAL OF HYDROCELE	481.95			M	
15	55041	REMOVAL OF HYDROCELES	677.57			M	
15	55060	REPAIR OF HYDROCELE	595.35			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	314.69			M	
15	55110	EXPLORE SCROTUM	421.47				
15	55120	REMOVAL OF SCROTUM LESION	421.47			M	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	55150	REMOVAL OF SCROTUM	314.69			M	
15	55175	REVISION OF SCROTUM	314.69				
15	55180	REVISION OF SCROTUM	421.47				
15	55200	INCISION OF SPERM DUCT	421.47			M	
15	55250	REMOVAL OF SPERM DUCT(S)	421.47	21 99		M	
15	55400	REPAIR OF SPERM DUCT	314.69			M	
15	55500	REMOVAL OF HYDROCELE	481.95			M	
15	55520	REMOVAL OF SPERM CORD LESION	595.35			M	
15	55530	REVISE SPERMATIC CORD VEINS	595.35			M	
15	55535	REVISE SPERMATIC CORD VEINS	595.35			M	
15	55540	REVISE HERNIA & SPERM VEINS	677.57			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,265.36				
15	55559	LAPARO PROC, SPERMATIC CORD	MP				
15	55680	REMOVE SPERM POUCH LESION	314.69			M	
15	55700	BIOPSY OF PROSTATE	421.47			M	
15	55705	BIOPSY OF PROSTATE	421.47			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	314.69			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	421.47			M	
15	55873	CRYOABLATE PROSTATE	1,265.36				
15	55899	GENITAL SURGERY PROCEDURE	MP			M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	314.69			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	314.69	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	421.47			F	
15	56441	LYSIS OF LABIAL LESION(S)	314.69			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	314.69			F	
15	56515	DESTROY VULVA LESION/S COMPL	481.95			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	314.69			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	314.69	10 60		F	
15	56620	PARTIAL REMOVAL OF VULVA	677.57			F	
15	56625	COMPLETE REMOVAL OF VULVA	940.28			F	
15	56700	PARTIAL REMOVAL OF HYMEN	314.69			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	481.95			F	
15	56800	REPAIR OF VAGINA	481.95			F	
15	56810	REPAIR OF PERINEUM	677.57				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	314.69			F	
15	57000	EXPLORATION OF VAGINA	314.69				
15	57010	DRAINAGE OF PELVIC ABSCESS	421.47			F	
15	57020	DRAINAGE OF PELVIC FLUID	421.47			F	
15	57023	I & D VAG HEMATOMA, NON-OB	314.69			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	314.69			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	314.69			F	
15	57100	BIOPSY OF VAGINA	314.69	10 60		F	
15	57105	BIOPSY OF VAGINA	314.69			F	
15	57130	REMOVE VAGINA LESION	421.47			F	
15	57135	REMOVE VAGINA LESION	421.47			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	421.47			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	421.47			F	
15	57180	TREAT VAGINAL BLEEDING	314.69			F	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57200	REPAIR OF VAGINA	314.69			F	
15	57210	REPAIR VAGINA/PERINEUM	421.47			F	
15	57220	REVISION OF URETHRA	481.95			F	
15	57230	REPAIR OF URETHRAL LESION	481.95			F	
15	57240	REPAIR BLADDER & VAGINA	677.57			F	
15	57250	REPAIR RECTUM & VAGINA	677.57			F	
15	57260	REPAIR OF VAGINA	677.57			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	940.28			F	
15	57268	REPAIR OF BOWEL BULGE	481.95			F	
15	57288	REPAIR BLADDER DEFECT	677.57				
15	57289	REPAIR BLADDER & VAGINA	677.57			F	
15	57291	CONSTRUCTION OF VAGINA	677.57			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	481.95			F	
15	57400	DILATION OF VAGINA	421.47			F	
15	57410	PELVIC EXAMINATION	421.47			F	
15	57415	REMOVE VAGINAL FOREIGN BODY	421.47				
15	57420	EXAM OF VAGINA W/SCOPE	314.69				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	314.69			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	314.69			F	
15	57454	VAGINA EXAMINATION & BIOPSY	314.69			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	314.69			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	314.69	10 60		F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	314.69			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	314.69				
15	57500	BIOPSY OF CERVIX	314.69			F	
15	57505	ENDOCERVICAL CURETTAGE	421.47			F	
15	57510	CAUTHERUZATION OF CERVIX	481.95			F	
15	57511	CRYOCAUTERY OF CERVIX	481.95			F	
15	57513	LASER SURGERY OF CERVIX	421.47			F	
15	57520	CONIZATION OF CERVIX	421.47			F	
15	57522	CONIZATION OF CERVIX	421.47				
15	57530	REMOVAL OF CERVIX	481.95			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	481.95			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	677.57				
15	57700	REVISION OF CERVIX	314.69			F	
15	57720	REVISION OF CERVIX	481.95			F	
15	57800	DILATION OF CERVICAL CANAL	314.69			F	
15	58120	DILATION AND CURETTAGE	421.47	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	677.57			F	
15	58300	INSERT INTRAUTERINE DEVICE	314.69	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	314.69	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	421.47	21 59		F	
15	58346	INSERT HEYMAN UTERI CAPSULE	421.47				
15	58353	ENDOMETR ABLATE, THERMAL	595.35			F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,265.36			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,265.36			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,265.36				
15	58552	LAPARO-VAG HYST INCL T/O	1,265.36				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58555	HYSTEROSCOPY, DX, SEP PROC	314.69				
15	58558	HYSTEROSCOPY, BIOPSY	481.95				
15	58559	HYSTEROSCOPY, LYSIS	421.47				
15	58560	HYSTEROSCOPY, RESECT SEPTUM	481.95				
15	58561	HYSTEROSCOPY, REMOVE MYOMA	481.95				
15	58562	HYSTEROSCOPY, REMOVE FB	481.95				
15	58563	HYSTEROSCOPY, ABLATION	595.35				
15	58565	HYSTEROSCOPY, STERILIZATION	1,381.95	21 59		F	
15	58578	LAPARO PROC, UTERUS	MP				
15	58579	HYSTEROSCOPE PROCEDURE	MP				
15	58600	DIVISION OF FALLOPIAN TUBE	481.95	21 55		F	
15	58615	OCCULSION OF FALLOPIAN TUBE, DEVICE	595.35	21 55		F	
15	58660	LAPAROSCOPY, LYSIS	677.57				
15	58661	LAPAROSCOPY, REMOVE ADNEXA	677.57				
15	58662	LAPAROSCOPY, EXCISE LESIONS	677.57				
15	58670	LAPAROSCOPY, TUBAL CAUTERY	481.95	10 59		F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	481.95				
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	677.57				
15	58673	LAPAROSCOPY, SALPINGOSTOMY	677.57				
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP				
15	58700	REMOVAL OF FALLOPIAN TUBE	595.35			F	
15	58720	REMOVAL OF OVARY/TUBE(S)	595.35			F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	481.95			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	481.95			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	481.95			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	314.69	10 60		F	
15	58900	BIOPSY OF OVARY(S)	481.95			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	481.95			F	
15	58999	GENITAL SURGERY PROCEDURE	MP				
15	59000	AMNIOCENTESIS	314.69	10 60		F	
15	59001	AMNIOCENTESIS, THERAPEUTIC	314.69				
15	59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PRE	481.95				
15	59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNAN	481.95	10 60		F	
15	59160	D & C AFTER DELIVERY	481.95	10 60		F	
15	59320	REVISION OF CERVIX	314.69	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	677.57	10 60		F	
15	59820	CARE OF MISCARRIAGE	677.57	10 60		F	
15	59821	TREATMENT OF MISCARRIAGE	677.57	10 55		F	
15	59840	ABORTION	677.57	10 60		F	
15	59841	ABORTION	677.57	10 60		F	
15	59870	EVACUATE MOLE OF UTERUS	677.57	10 60		F	
15	59871	REMOVE CERCLAGE SUTURE	677.57			F	
15	59897	PETAL INVAS PX W/US	MP	10 59		F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP				
15	59899	MATERNITY CARE PROCEDURE	MP			F	
15	60000	DRAIN THYROID/TONGUE CYST	314.69				
15	60100	BIOPSY OF THYROID	314.69				
15	60200	REMOVE THYROID LESION	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	60220	PARTIAL REMOVAL OF THYROID	595.35				
15	60240	REMOVAL OF THYROID	1,265.36				
15	60280	REMOVE THYROID DUCT LESION	595.35				
15	60281	REMOVE THYROID DUCT LESION	595.35				
15	60659	LAPARO PROC, ENDOCRINE	MP				
15	60699	ENDOCRINE SURGERY PROCEDURE	MP				
15	61020	REMOVE BRAIN CAVITY FLUID	314.69				
15	61026	INJECTION INTO BRAIN CANAL	314.69				
15	61050	REMOVE BRAIN CANAL FLUID	314.69				
15	61055	INJECTION INTO BRAIN CANAL	314.69				
15	61070	BRAIN CANAL SHUNT PROCEDURE	314.69				
15	61215	INSERT BRAIN-FLUID DEVICE	481.95				
15	61790	TREAT TRIGEMINAL NERVE	481.95				
15	61791	TREAT TRIGEMINAL TRACT	481.95				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	421.47				
15	61886	IMPLANT NEUROSTIM ARRAYS	481.95				
15	61888	REVISE/REMOVE NEURORECEIVER	314.69				
15	62194	REPLACE/IRRIGATE CATHETER	314.69				
15	62225	REPLACE/IRRIGATE CATHETER	314.69				
15	62230	REPLACE/REVISE BRAIN SHUNT	421.47				
15	62263	LYSIS EPIDURAL ADHESIONS	314.69				
15	62268	DRAIN SPINAL CORD CYST	314.69				
15	62269	NEEDLE BIOPSY, SPINAL CORD	314.69				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	314.69				
15	62272	DRAIN CEREBRO SPINAL FLUID	314.69				
15	62273	TREAT EPIDURAL SPINE LESION	314.69				
15	62280	TREAT SPINAL CORD LESION	314.69				
15	62281	TREAT SPINAL CORD LESION	314.69				
15	62282	TREAT SPINAL CANAL LESION	314.69				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,265.36				
15	62294	INJECTION INTO SPINAL ARTERY	481.95				
15	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	314.69				
15	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	314.69				
15	62318	INJECTION(S), INCLUDING INDWELLING C	314.69				
15	62319	INJECTION(S), INCLUDING INDWELLING C	314.69				
15	62350	IMPLANT SPINAL CANAL CATH	421.47				
15	62355	REMOVE SPINAL CANAL CATHETER	421.47				
15	62360	INSERT SPINE INFUSION DEVICE	421.47				
15	62361	IMPLANT SPINE INFUSION PUMP	421.47				
15	62362	IMPLANT SPINE INFUSION PUMP	421.47				
15	62365	REMOVE SPINE INFUSION DEVICE	421.47				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	421.47				
15	62368	ANALYZE SPINE INFUSION PUMP	421.47				
15	63600	REMOVE SPINAL CORD LESION	421.47				
15	63610	STIMULATION OF SPINAL CORD	314.69				
15	63650	IMPLANT NEUROELECTRODES	421.47				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	314.69				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	314.69				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	314.69				
15	63685	IMPLANT NEURORECEIVER	421.47				
15	63688	REVISE/REMOVE NEURORECEIVER	314.69				
15	63744	REVISION OF SPINAL SHUNT	481.95				
15	63746	REMOVAL OF SPINAL SHUNT	421.47				
15	64402	INJECTION FOR NERVE BLOCK	314.69				
15	64410	INJECTION FOR NERVE BLOCK	314.69				
15	64415	INJECTION FOR NERVE BLOCK	314.69				
15	64417	INJECTION FOR NERVE BLOCK	314.69				
15	64420	INJECTION FOR NERVE BLOCK	314.69				
15	64421	INJECTION FOR NERVE BLOCK	314.69				
15	64430	INJECTION FOR NERVE BLOCK	314.69				
15	64450	INJECTION FOR NERVE BLOCK	314.69				
15	64505	INJECTION FOR NERVE BLOCK	314.69				
15	64510	INJECTION FOR NERVE BLOCK	314.69				
15	64517	N BLOCK INJ, HYPOGAS PLXS	421.47				
15	64520	INJECTION FOR NERVE BLOCK	314.69				
15	64530	INJECTION FOR NERVE BLOCK	314.69				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	314.69				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	481.95				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	481.95				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	314.69				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	314.69				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	314.69				
15	64580	INCISION FOR IMPLANTATION OF NEUROST	314.69				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	481.95				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	314.69				
15	64590	IMPLANT NEURORECEIVER	421.47				
15	64595	REVISE/REMOVE NEURORECEIVER	314.69				
15	64600	INJECTION TREATMENT OF NERVE	314.69				
15	64605	INJECTION TREATMENT OF NERVE	314.69				
15	64610	INJECTION TREATMENT OF NERVE	314.69				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	421.47				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	421.47				
15	64620	INJECTION TREATMENT OF NERVE	314.69				
15	64630	INJECTION TREATMENT OF NERVE	421.47				
15	64640	INJECTION TREATMENT OF NERVE	314.69				
15	64642	Injection of chemical for destructio	314.69				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	314.69				
15	64644	Injection of chemical for destructio	314.69				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	314.69				
15	64646	Injection of chemical for destructio	314.69				
15	64647	Injection of chemical for destructio	314.69				
15	64680	INJECTION TREATMENT OF NERVE	421.47				
15	64681	INJECTION TREATMENT OF NERVE	421.47				
15	64702	REVISE FINGER/TOE NERVE	314.69				
15	64704	REVISE HAND/FOOT NERVE	314.69				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64708	REVISE ARM/LEG NERVE	421.47				
15	64712	REVISION OF SCIATIC NERVE	421.47				
15	64713	REVISION OF ARM NERVE(S)	421.47				
15	64714	REVISE LOW BACK NERVE(S)	421.47				
15	64716	REVISION OF CRANIAL NERVE	481.95				
15	64718	REVISE ULNAR NERVE AT ELBOW	421.47				
15	64719	REVISE ULNAR NERVE AT WRIST	421.47				
15	64721	CARPAL TUNNEL SURGERY	421.47				
15	64722	RELIEVE PRESSURE ON NERVE(S)	314.69				
15	64726	RELEASE FOOT/TOE NERVE	314.69				
15	64727	INTERNAL NERVE REVISION	314.69				
15	64732	INCISION OF BROW NERVE	421.47				
15	64734	INCISION OF CHEEK NERVE	421.47				
15	64736	INCISION OF CHIN NERVE	421.47				
15	64738	INCISION OF JAW NERVE	421.47				
15	64740	INCISION OF TONGUE NERVE	421.47				
15	64742	INCISION OF FACIAL NERVE	421.47				
15	64744	INCISE NERVE, BACK OF HEAD	421.47				
15	64746	INCISE DIAPHRAGM NERVE	421.47				
15	64771	SEVER CRANIAL NERVE	421.47				
15	64772	INCISION OF SPINAL NERVE	421.47				
15	64774	REMOVE SKIN NERVE LESION	421.47				
15	64776	REMOVE DIGIT NERVE LESION	481.95				
15	64778	DIGIT NERVE SURGERY ADD-ON	421.47				
15	64782	REMOVE LIMB NERVE LESION	481.95				
15	64783	LIMB NERVE SURGERY ADD-ON	421.47				
15	64784	REMOVE NERVE LESION	481.95				
15	64786	REMOVE SCIATIC NERVE LESION	481.95				
15	64787	IMPLANT NERVE END	421.47				
15	64788	REMOVE SKIN NERVE LESION	481.95				
15	64790	REMOVAL OF NERVE LESION	481.95				
15	64792	REMOVAL OF NERVE LESION	481.95				
15	64795	BIOPSY OF NERVE	421.47				
15	64802	REMOVE SYMPATHETIC NERVES	421.47				
15	64821	REMOVE SYMPATHETIC NERVES	595.35				
15	64831	REPAIR OF DIGIT NERVE	595.35				
15	64832	REPAIR NERVE ADD-ON	314.69				
15	64834	REPAIR OF HAND OR FOOT NERVE	421.47				
15	64835	REPAIR OF HAND OR FOOT NERVE	481.95				
15	64836	REPAIR OF HAND OR FOOT NERVE	481.95				
15	64837	REPAIR NERVE ADD-ON	314.69				
15	64840	REPAIR OF LEG NERVE	421.47				
15	64856	REPAIR/TRANSPOSE NERVE	421.47				
15	64857	REPAIR ARM/LEG NERVE	421.47				
15	64858	REPAIR SCIATIC NERVE	421.47				
15	64859	NERVE SURGERY	314.69				
15	64861	REPAIR OF ARM NERVES	481.95				
15	64862	REPAIR OF LOW BACK NERVES	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64864	REPAIR OF FACIAL NERVE	481.95				
15	64865	REPAIR OF FACIAL NERVE	595.35				
15	64870	FUSION OF FACIAL/OTHER NERVE	595.35				
15	64872	SUBSEQUENT REPAIR OF NERVE	421.47				
15	64874	REPAIR & REVISE NERVE ADD-ON	481.95				
15	64876	REPAIR NERVE/SHORTEN BONE	481.95				
15	64885	NERVE GRAFT, HEAD OR NECK	421.47				
15	64886	NERVE GRAFT, HEAD OR NECK	421.47				
15	64890	NERVE GRAFT, HAND OR FOOT	421.47				
15	64891	NERVE GRAFT, HAND OR FOOT	421.47				
15	64892	NERVE GRAFT, ARM OR LEG	421.47				
15	64893	NERVE GRAFT, ARM OR LEG	421.47				
15	64895	NERVE GRAFT, HAND OR FOOT	481.95				
15	64896	NERVE GRAFT, HAND OR FOOT	481.95				
15	64897	NERVE GRAFT, ARM OR LEG	481.95				
15	64898	NERVE GRAFT, ARM OR LEG	481.95				
15	64901	NERVE GRAFT ADD-ON	421.47				
15	64902	NERVE GRAFT ADD-ON	421.47				
15	64905	NERVE PEDICLE TRANSFER	421.47				
15	64907	NERVE PEDICLE TRANSFER	314.69				
15	64999	NERVOUS SYSTEM SURGERY	MP				
15	65091	REVISE EYE	481.95				
15	65093	REVISE EYE WITH IMPLANT	481.95				
15	65101	REMOVAL OF EYE	481.95				
15	65103	REMOVE EYE/INSERT IMPLANT	481.95				
15	65105	REMOVE EYE/ATTACH IMPLANT	595.35				
15	65110	REMOVAL OF EYE	677.57				
15	65112	REMOVE EYE/REVISE SOCKET	940.28				
15	65114	REMOVE EYE/REVISE SOCKET	940.28				
15	65130	INSERT OCULAR IMPLANT	481.95				
15	65135	INSERT OCULAR IMPLANT	421.47				
15	65140	ATTACH OCULAR IMPLANT	481.95				
15	65150	REVISE OCULAR IMPLANT	421.47				
15	65155	REINSERT OCULAR IMPLANT	481.95				
15	65175	REMOVAL OF OCULAR IMPLANT	314.69				
15	65205	REMOVE FOREIGN BODY FROM EYE	314.69				
15	65235	REMOVE FOREIGN BODY FROM EYE	421.47				
15	65260	REMOVE FOREIGN BODY FROM EYE	481.95				
15	65265	REMOVE FOREIGN BODY FROM EYE	595.35				
15	65270	REPAIR OF EYE WOUND	421.47				
15	65272	REPAIR OF EYE WOUND	421.47				
15	65275	REPAIR OF EYE WOUND	595.35				
15	65280	REPAIR OF EYE WOUND	595.35				
15	65285	REPAIR OF EYE WOUND	595.35				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	481.95				
15	65400	REMOVAL OF EYE LESION	314.69				
15	65410	BIOPSY OF CORNEA	421.47				
15	65420	REMOVAL OF EYE LESION	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	65426	REMOVAL OF EYE LESION	677.57				
15	65710	CORNEAL TRANSPLANT	940.28				
15	65730	CORNEAL TRANSPLANT	940.28				
15	65750	CORNEAL TRANSPLANT	940.28				
15	65755	CORNEAL TRANSPLANT	940.28				
15	65770	REVISE CORNEA WITH IMPLANT	940.28				
15	65772	CORRECTION OF ASTIGMATISM	595.35				
15	65775	CORRECTION OF ASTIGMATISM	595.35				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	421.47				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	314.69				
15	65780	OCULAR RECONST, TRANSPLANT	677.57				
15	65781	OCULAR RECONST, TRANSPLANT	677.57				
15	65782	OCULAR RECONST, TRANSPLANT	677.57				
15	65800	DRAINAGE OF EYE	314.69				
15	65810	DRAINAGE OF EYE	481.95				
15	65815	DRAINAGE OF EYE	421.47				
15	65820	RELIEVE INNER EYE PRESSURE	314.69				
15	65850	INCISION OF EYE	595.35				
15	65855	LASER TRABECULOPLASTY-1/MORE	595.35				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	421.47				
15	65865	INCISE INNER EYE ADHESIONS	314.69				
15	65870	INCISE INNER EYE ADHESIONS	595.35				
15	65875	INCISE INNER EYE ADHESIONS	595.35				
15	65880	INCISE INNER EYE ADHESIONS	595.35				
15	65900	REMOVE EYE LESION	677.57				
15	65920	REMOVE IMPLANT OF EYE	940.28				
15	65930	REMOVE BLOOD CLOT FROM EYE	677.57				
15	66020	INJECTION TREATMENT OF EYE	314.69				
15	66030	INJECTION TREATMENT OF EYE	314.69				
15	66130	REMOVE EYE LESION	940.28				
15	66150	GLAUCOMA SURGERY	595.35				
15	66155	GLAUCOMA SURGERY	595.35				
15	66160	GLAUCOMA SURGERY	421.47				
15	66165	GLAUCOMA SURGERY	595.35				
15	66170	GLAUCOMA SURGERY	595.35				
15	66172	INCISION OF EYE	595.35				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	595.35				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	595.35				
15	66180	IMPLANT EYE SHUNT	677.57				
15	66183	Insertion of eye fluid drainage devi	677.57				
15	66185	REVISE EYE SHUNT	421.47				
15	66220	REPAIR EYE LESION	481.95				
15	66225	REPAIR/GRAFT EYE LESION	595.35				
15	66250	FOLLOW-UP SURGERY OF EYE	421.47				
15	66500	INCISION OF IRIS	314.69				
15	66505	INCISION OF IRIS	314.69				
15	66600	REMOVE IRIS AND LESION	481.95				
15	66605	REMOVAL OF IRIS	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	66625	REMOVAL OF IRIS	481.95				
15	66630	REMOVAL OF IRIS	481.95				
15	66635	REMOVAL OF IRIS	481.95				
15	66680	REPAIR IRIS & CILIARY BODY	481.95				
15	66682	REPAIR IRIS & CILIARY BODY	421.47				
15	66700	DESTRUCTION, CILIARY BODY	421.47				
15	66710	DESTRUCTION, CILIARY BODY	421.47				
15	66711	CILIARY ENDOSCOPIC ABLATION	421.47				
15	66720	DESTRUCTION, CILIARY BODY	421.47				
15	66740	DESTRUCTION, CILIARY BODY	421.47				
15	66761	REVISION OF IRIS	421.47				
15	66820	INCISION OF LENS LESION	421.47				
15	66821	AFTER CATARACT LASER SURGERY	421.47				
15	66825	REPOSITION INTRAOCULAR LENS	595.35				
15	66830	REMOVAL OF LENS LESION	595.35				
15	66840	REMOVAL OF LENS MATERIAL	595.35				
15	66850	REMOVAL OF LENS MATERIAL	940.28				
15	66852	REMOVAL OF LENS MATERIAL	595.35				
15	66920	EXTRACTION OF LENS	595.35				
15	66930	EXTRACTION OF LENS	677.57				
15	66940	EXTRACTION OF LENS	677.57				
15	66982	CATARACT SURGERY, COMPLEX	777.74				
15	66983	CATARACT SURG W/IOL, 1 STAGE	777.74				
15	66984	CATARACT SURG W/IOL, I STAGE	777.74				
15	66985	INSERT LENS PROSTHESIS	638.82				
15	66986	EXCHANGE LENS PROSTHESIS	638.82				
15	66999	EYE SURGERY PROCEDURE	MP				
15	67005	PARTIAL REMOVAL OF EYE FLUID	595.35				
15	67010	PARTIAL REMOVAL OF EYE FLUID	595.35				
15	67015	RELEASE OF EYE FLUID	314.69				
15	67025	REPLACE EYE FLUID	314.69				
15	67027	IMPLANT EYE DRUG SYSTEM	595.35				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	314.69				
15	67030	INCISE INNER EYE STRANDS	314.69				
15	67031	LASER SURGERY, EYE STRANDS	421.47				
15	67036	REMOVAL OF INNER EYE FLUID	595.35				
15	67039	LASER TREATMENT OF RETINA	940.28				
15	67040	LASER TREATMENT OF RETINA	940.28				
15	67042	VIT FOR MACULAR HOLE	677.57				
15	67101	REPAIR DETACHED RETINA	677.57				
15	67105	PHOTOCOAGULATION/DETACHED RET	677.57				
15	67107	REPAIR DETACHED RETINA	677.57				
15	67108	REPAIR DETACHED RETINA	940.28				
15	67112	REREPAIR DETACHED RETINA	940.28				
15	67113	REPAIR RETINAL DETACH,CPLX	940.28				
15	67115	RELEASE ENCIRCLING MATERIAL	421.47				
15	67120	REMOVE EYE IMPLANT MATERIAL	421.47				
15	67121	REMOVE EYE IMPLANT MATERIAL	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67141	TREATMENT OF RETINA	421.47				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	421.47				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	677.57				
15	67218	TREATMENT OF RETINAL LESION	677.57				
15	67220	TREAT CHOROID LESION	314.69				
15	67227	TREATMENT OF RETINAL LESION	314.69				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	314.69				
15	67250	REINFORCE EYE WALL	481.95				
15	67255	REINFORCE/GRAFT EYE WALL	481.95				
15	67299	EYE SURGERY PROCEDURE	MP				
15	67311	REVISE EYE MUSCLE	481.95				
15	67312	REVISE TWO EYE MUSCLES	595.35				
15	67314	REVISE EYE MUSCLE	595.35				
15	67316	REVISE TWO EYE MUSCLES	595.35				
15	67318	REVISE EYE MUSCLE(S)	595.35				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	595.35				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	595.35				
15	67332	REREVISE EYE MUSCLES ADD-ON	595.35				
15	67334	REVISE EYE MUSCLE W/SUTURE	595.35				
15	67335	EYE SUTURE DURING SURGERY	595.35				
15	67340	REVISE EYE MUSCLE ADD-ON	595.35				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	940.28				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP				
15	67400	EXPLORE/BIOPSY EYE SOCKET	481.95				
15	67405	EXPLORE/DRAIN EYE SOCKET	595.35				
15	67412	EXPLORE/TREAT EYE SOCKET	677.57				
15	67413	EXPLORE/TREAT EYE SOCKET	677.57				
15	67415	ASPIRATION, ORBITAL CONTENTS	314.69				
15	67420	EXPLORE/TREAT EYE SOCKET	677.57				
15	67430	EXPLORE/TREAT EYE SOCKET	677.57				
15	67440	EXPLORE/DRAIN EYE SOCKET	677.57				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	677.57				
15	67450	EXPLORE/BIOPSY EYE SOCKET	677.57				
15	67500	INJECT/TREAT EYE SOCKET	314.69				
15	67550	INSERT EYE SOCKET IMPLANT	595.35				
15	67560	REVISE EYE SOCKET IMPLANT	421.47				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	314.69				
15	67599	ORBIT SURGERY PROCEDURE	MP				
15	67700	DRAINAGE OF EYELID ABSCESS	314.69				
15	67715	INCISION OF EYELID FOLD	314.69				
15	67800	REMOVE EYELID LESION	314.69				
15	67801	REMOVE EYELID LESIONS	314.69				
15	67805	REMOVE EYELID LESIONS	314.69				
15	67808	REMOVE EYELID LESION(S)	421.47				
15	67810	BIOPSY OF EYELID	314.69				
15	67820	REVISE EYELASHES	314.69				
15	67830	REVISE EYELASHES	421.47				
15	67835	REVISE EYELASHES	421.47				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	67840	REMOVE EYELID LESION	314.69				
15	67880	REVISION OF EYELID	481.95				
15	67882	REVISION OF EYELID	481.95				
15	67900	REPAIR BROW DEFECT	595.35				
15	67901	REPAIR EYELID DEFECT	677.57				
15	67902	REPAIR EYELID DEFECT	677.57				
15	67903	REPAIR EYELID DEFECT	595.35				
15	67904	REPAIR EYELID DEFECT	595.35				
15	67906	REPAIR EYELID DEFECT	677.57				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	595.35				
15	67909	REVISE EYELID DEFECT	595.35				
15	67911	REVISE EYELID DEFECT	481.95				
15	67912	CORRECTION EYELID W/IMPLANT	481.95				
15	67914	REPAIR EYELID DEFECT	481.95				
15	67916	REPAIR EYELID DEFECT	595.35				
15	67917	REPAIR EYELID DEFECT	595.35				
15	67921	REPAIR EYELID DEFECT	481.95				
15	67923	REPAIR EYELID DEFECT	595.35				
15	67924	REPAIR EYELID DEFECT	595.35				
15	67930	REPAIR EYELID WOUND	421.47				
15	67935	REPAIR EYELID WOUND	421.47				
15	67938	REMOVE EYELID FOREIGN BODY	314.69				
15	67950	REVISION OF EYELID	421.47				
15	67961	REVISION OF EYELID	481.95				
15	67966	REVISION OF EYELID	481.95				
15	67971	RECONSTRUCTION OF EYELID	481.95				
15	67973	RECONSTRUCTION OF EYELID	481.95				
15	67974	RECONSTRUCTION OF EYELID	481.95				
15	67975	RECONSTRUCTION OF EYELID	481.95				
15	67999	EYELID SURGERY PROCEDURE	MP				
15	68110	REMOVE EYELID LINING LESION	314.69				
15	68115	REMOVE EYELID LINING LESION	421.47				
15	68130	REMOVE EYELID LINING LESION	421.47				
15	68320	REVISE/GRAFT EYELID LINING	595.35				
15	68325	REVISE/GRAFT EYELID LINING	595.35				
15	68326	REVISE/GRAFT EYELID LINING	595.35				
15	68328	REVISE/GRAFT EYELID LINING	595.35				
15	68330	REVISE EYELID LINING	595.35				
15	68335	REVISE/GRAFT EYELID LINING	595.35				
15	68340	SEPARATE EYELID ADHESIONS	595.35				
15	68360	REVISE EYELID LINING	421.47				
15	68362	REVISE EYELID LINING	421.47				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	421.47				
15	68399	EYELID LINING SURGERY	MP				
15	68500	REMOVAL OF TEAR GLAND	481.95				
15	68505	PARTIAL REMOVAL, TEAR GLAND	481.95				
15	68510	BIOPSY OF TEAR GLAND	314.69				
15	68520	REMOVAL OF TEAR SAC	481.95				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68525	BIOPSY OF TEAR SAC	314.69				
15	68540	REMOVE TEAR GLAND LESION	481.95				
15	68550	REMOVE TEAR GLAND LESION	481.95				
15	68700	REPAIR TEAR DUCTS	421.47				
15	68720	CREATE TEAR SAC DRAIN	595.35				
15	68745	CREATE TEAR DUCT DRAIN	595.35				
15	68750	CREATE TEAR DUCT DRAIN	595.35				
15	68770	CLOSE TEAR SYSTEM FISTULA	595.35				
15	68810	PROBE NASOLACRIMAL DUCT	314.69				
15	68811	PROBE NASOLACRIMAL DUCT	421.47				
15	68815	PROBE NASOLACRIMAL DUCT	421.47				
15	68899	TEAR DUCT SYSTEM SURGERY	MP				
15	69000	DRAIN EXTERNAL EAR LESION	314.69				
15	69005	DRAIN EXTERNAL EAR LESION	314.69				
15	69020	DRAIN OUTER EAR CANAL LESION	314.69				
15	69100	BIOPSY OF EXTERNAL EAR	314.69				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	314.69				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	314.69				
15	69120	REMOVAL OF EXTERNAL EAR	421.47				
15	69140	REMOVE EAR CANAL LESION(S)	421.47				
15	69145	REMOVE EAR CANAL LESION(S)	421.47				
15	69150	EXTENSIVE EAR CANAL SURGERY	481.95				
15	69205	CLEAR OUTER EAR CANAL	314.69				
15	69222	CLEAN OUT MASTOID CAVITY	421.47				
15	69300	REVISE EXTERNAL EAR	481.95				
15	69310	REBUILD OUTER EAR CANAL	481.95				
15	69320	REBUILD OUTER EAR CANAL	940.28				
15	69399	OUTER EAR SURGERY PROCEDURE	MP				
15	69420	INCISION OF EARDRUM	421.47				
15	69421	INCISION OF EARDRUM	481.95				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	314.69				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	481.95				
15	69436	CREATE EARDRUM OPENING	481.95				
15	69440	EXPLORATION OF MIDDLE EAR	481.95				
15	69449	INNER EAR SURGERY PROCEDURE	MP				
15	69450	EARDRUM REVISION	314.69				
15	69501	MASTOIDECTOMY	940.28				
15	69502	MASTOIDECTOMY	940.28				
15	69505	REMOVE MASTOID STRUCTURES	940.28				
15	69511	EXTENSIVE MASTOID SURGERY	940.28				
15	69530	EXTENSIVE MASTOID SURGERY	940.28				
15	69540	REMOVE EAR LESION	481.95				
15	69550	REMOVE EAR LESION	677.57				
15	69552	REMOVE EAR LESION	940.28				
15	69601	MASTOID SURGERY REVISION	940.28				
15	69602	MASTOID SURGERY REVISION	940.28				
15	69603	MASTOID SURGERY REVISION	940.28				
15	69604	MASTOID SURGERY REVISION	940.28				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE AUGUST 1, 2012 THRU DECEMBER 31, 2014

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69605	MASTOID SURGERY REVISION	940.28				
15	69610	REPAIR EARDRUM	421.47				
15	69620	REPAIR OF EARDRUM	421.47				
15	69631	REPAIR EARDRUM STRUCTURES	677.57				
15	69632	REBUILD EARDRUM STRUCTURES	677.57				
15	69633	REBUILD EARDRUM STRUCTURES	677.57				
15	69635	REPAIR EARDRUM STRUCTURES	940.28				
15	69636	REBUILD EARDRUM STRUCTURES	940.28				
15	69637	REBUILD EARDRUM STRUCTURES	940.28				
15	69641	REVISE MIDDLE EAR & MASTOID	940.28				
15	69642	REVISE MIDDLE EAR & MASTOID	940.28				
15	69643	REVISE MIDDLE EAR & MASTOID	940.28				
15	69644	REVISE MIDDLE EAR & MASTOID	940.28				
15	69645	REVISE MIDDLE EAR & MASTOID	940.28				
15	69646	REVISE MIDDLE EAR & MASTOID	940.28				
15	69650	RELEASE MIDDLE EAR BONE	940.28				
15	69660	REVISE MIDDLE EAR BONE	677.57				
15	69661	REVISE MIDDLE EAR BONE	677.57				
15	69662	REVISE MIDDLE EAR BONE	677.57				
15	69666	REPAIR MIDDLE EAR STRUCTURES	595.35				
15	69667	REPAIR MIDDLE EAR STRUCTURES	595.35				
15	69670	REMOVE MASTOID AIR CELLS	481.95				
15	69676	REMOVE MIDDLE EAR NERVE	481.95				
15	69700	CLOSE MASTOID FISTULA	481.95				
15	69711	REMOVE/REPAIR HEARING AID	314.69				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,265.36				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,265.36				
15	69717	TEMPLE BONE IMPLANT REVISION	1,265.36				
15	69718	REVISE TEMPLE BONE IMPLANT	1,265.36				
15	69720	RELEASE FACIAL NERVE	677.57				
15	69725	RELEASE FACIAL NERVE	677.57				
15	69740	REPAIR FACIAL NERVE	677.57				
15	69745	REPAIR FACIAL NERVE	677.57				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP				
15	69801	INCISE INNER EAR	677.57				
15	69805	EXPLORE INNER EAR	940.28				
15	69806	EXPLORE INNER EAR	940.28				
15	69820	ESTABLISH INNER EAR WINDOW	677.57				
15	69840	REVISE INNER EAR WINDOW	677.57				
15	69905	REMOVE INNER EAR	940.28				
15	69910	REMOVE INNER EAR & MASTOID	940.28				
15	69915	INCISE INNER EAR NERVE	940.28				
15	69930	IMPLANT COCHLEAR DEVICE	940.28	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP				
15	69979	TEMPORAL BONE SURGERY	MP				
15	69990	MICROSURGERY ADD-ON	314.69				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	314.69				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	314.69				

LAM5M131

RUN: 12/31/14 06:11:41

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

REPORT NO: RF-0-76A3

PAGE: 64

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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.