

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 COMPLICATA PILONIDAL CYST | 314.69 | | | | |
| 15 | 10120 | SIMPLE REMOVAL FOREIGN BODY | 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 & PERINEUM | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

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 | | | X | |
| 15 | 15821 | REVISION OF LOWER EYELID | 481.95 | | | X | |
| 15 | 15822 | REVISION OF UPPER EYELID | 481.95 | | | X | |
| 15 | 15823 | REVISION OF UPPER EYELID | 677.57 | | | X | |
| 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | X | |
| 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 | | | X | |
| 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | 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 | | X | F | |
| 15 | 19330 | REMOVAL OF IMPLANT MATERIAL | 314.69 | | | | |
| 15 | 19340 | IMMEDIATE BREAST PROSTHESIS | 421.47 | | | F | |
| 15 | 19342 | DELAYED BREAST PROSTHESIS | 481.95 | | X | F | |
| 15 | 19350 | NIPPLE/AREOLA RECONSTRUCTION | 595.35 | | X | | |
| 15 | 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR | 677.57 | | X | F | |
| 15 | 19361 | BREAST RECONSTRUCTION WITH LATISSIMU | 677.57 | | X | | |
| 15 | 19366 | BREAST RECONSTRUCTION | 677.57 | | X | F | |
| 15 | 19499 | BREAST SURGERY PROCEDURE | MP | | X | | |
| 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, THERAPEUTIC | 314.69 | | | | |
| 15 | 20501 | INJECT SINUS TRACT; DIAGNOSTIC | 314.69 | | | | |
| 15 | 20520 | REMOVE FOREIGN BODY; SIMPLE | 314.69 | | | | |
| 15 | 20525 | REMOVAL OF FOREIGN BODY | 481.95 | | | | |
| 15 | 20604 | ARTHROCENTESIS, ASPIRATION AND/OR IN | 314.69 | | | | |
| 15 | 20606 | ARTHROCENTESIS, ASPIRATION AND/OR IN | 314.69 | | | | |
| 15 | 20611 | ARTHROCENTESIS, ASPIRATION AND/OR IN | 314.69 | | | | |
| 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 CALIPER AND 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 | 20983 | ABLATION THERAPY FOR REDUCTION OR ER | 421.47 | | | | |
| 15 | 20999 | UNLISTED PROCEDURE; BONE/MUSCLE | MP | | | X | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 OSTEOTOMIES | 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|---------------------------------------|----------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 | 21820 | TREAT STERNUM FRACTURE | 314.69 | | | | |
| 15 | 21825 | TREAT STERNUM FRACTURE;OPEN | 421.47 | | | | |
| 15 | 21899 | UNLISTED PROCEDURE; NECK OR THORAX | MP | | | X | |
| 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 | 22510 | PERCUTANEOUS VERTEBROPLASTY (BONE BI | 421.47 | | | | |
| 15 | 22511 | PERCUTANEOUS VERTEBROPLASTY (BONE BI | 421.47 | | | | |
| 15 | 22513 | PERCUTANEOUS VERTEBRAL AUGMENTATION | 421.47 | | | | |
| 15 | 22514 | PERCUTANEOUS VERTEBRAL AUGMENTATION | 421.47 | | | | |
| 15 | 22554 | ARTHRODESIS, W/BONE ALLOGRAFT | 1,265.36 | | | | |
| 15 | 22899 | SPINE SURGERY PROCEDURE | MP | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 22905 | REMOVAL (5 CENTIMETERS OR GREATER) T | 421.47 | | | | |
| 15 | 22999 | ABDOMEN SURGERY PROCEDURE | MP | | X | | |
| 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 SHO | 421.47 | | | | |
| 15 | 23073 | EXCISION, TUMOR, SOFT TISSUE OF SHO | 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 23420 | REPAIR OF SHOULDER | 940.28 | | | | |
| 15 | 23430 | REPAIR BICEPS TENDON | 595.35 | | | | |
| 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 | | | X | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
| | | | FEE | AGE | MED | SEX | X- |
| | CODE | DESCRIPTION | | MIN-MAX | REV | | OVERS |
| 15 | 23930 | DRAINAGE OF ARM LESION | 314.69 | | | | |
| 15 | 23931 | DRAINAGE OF ARM BURSA | 421.47 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 24365 | RECONSTRUCT HEAD OF RADIUS | 677.57 | | | | |
| 15 | 24366 | RECONSTRUCT HEAD OF RADIUS | 677.57 | | | | |
| 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 | | | X | |
| 15 | 25000 | INCISION OF TENDON SHEATH | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
| | | | FEE | AGE | MED | SEX | X- |
| | CODE | DESCRIPTION | | MIN-MAX | REV | | OVERS |
| 15 | 25020 | DECOMPRESS FOREARM 1 SPACE | 481.95 | | | | |
| 15 | 25023 | DECOMPRESS FOREARM 1 SPACE | 481.95 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 25274 | REPAIR FOREARM TENDON/MUSCLE | 595.35 | | | | |
| 15 | 25275 | REPAIR FOREARM TENDON SHEATH | 595.35 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 25520 | CLOSED TREATMENT OF BROKEN FOREARM A | 314.69 | | | | |
| 15 | 25525 | TREAT FRACTURE OF RADIUS | 595.35 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
| | | | FEE | AGE | MED | SEX | X- |
| | CODE | DESCRIPTION | | MIN-MAX | REV | | OVERS |
| 15 | 26080 | EXPLORE/TREAT FINGER JOINT | 595.35 | | | | |
| 15 | 26100 | BIOPSY HAND JOINT LINING | 421.47 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 26420 | REPAIR/GRAFT FINGER TENDON | 595.35 | | | | |
| 15 | 26426 | REPAIR FINGER/HAND TENDON | 481.95 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|----------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 26546 | REPAIR NONUNION HAND | 595.35 | | | | |
| 15 | 26548 | RECONSTRUCT FINGER JOINT | 595.35 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 26862 | FUSION/GRAFT OF FINGER JOINT | 595.35 | | | | |
| 15 | 26863 | FUSE/GRAFT ADDED JOINT | 481.95 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 27252 | TREAT HIP DISLOCATION | 421.47 | | | | |
| 15 | 27257 | TREAT HIP DISLOCATION | 481.95 | | | | |
| 15 | 27265 | TREAT HIP DISLOCATION | 314.69 | | | | |
| 15 | 27266 | TREAT HIP DISLOCATION | 421.47 | | | | |
| 15 | 27275 | MANIPULATION OF HIP JOINT | 421.47 | | | | |
| 15 | 27279 | ARTHRODESIS,SACROILIAC JOINT,PERCU | 1,265.36 | | | | |
| 15 | 27299 | PELVIS/HIP JOINT SURGERY | MP | | X | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 27594 | AMPUTATION FOLLOW-UP SURGERY | 481.95 | | | | |
| 15 | 27599 | LEG SURGERY PROCEDURE | MP | | X | | |
| 15 | 27600 | DECOMPRESSION OF LOWER LEG | 481.95 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|-------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 27696 | REPAIR OF ANKLE LIGAMENTS | 421.47 | | | | |
| 15 | 27698 | REPAIR OF ANKLE LIGAMENT | 421.47 | | | | |
| 15 | 27700 | REVISION OF ANKLE JOINT | 677.57 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 27848 | TREAT ANKLE DISLOCATION | 481.95 | | | | |
| 15 | 27860 | FIXATION OF ANKLE JOINT | 314.69 | | | | |
| 15 | 27870 | FUSION OF ANKLE JOINT | 595.35 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 28113 | PART REMOVAL OF METATARSAL | 481.95 | | | | |
| 15 | 28114 | REMOVAL OF METATARSAL HEADS | 481.95 | | | | |
| 15 | 28116 | REVISION OF FOOT | 481.95 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 28297 | CORRECTION OF BUNION | 481.95 | | | | |
| 15 | 28298 | CORRECTION OF BUNION | 481.95 | | | | |
| 15 | 28299 | CORRECTION OF BUNION | 677.57 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 28636 | TREAT TOE DISLOCATION | 481.95 | | | | |
| 15 | 28645 | REPAIR TOE DISLOCATION | 481.95 | | | | |
| 15 | 28660 | TREAT TOE DISLOCATION | 314.69 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 29851 | KNEE ARTHROSCOPY/SURGERY | 595.35 | | | | |
| 15 | 29855 | TIBIAL ARTHROSCOPY/SURGERY | 595.35 | | | | |
| 15 | 29856 | TIBIAL ARTHROSCOPY/SURGERY | 595.35 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|-------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 30130 | REMOVAL OF TURBINATE BONES | 481.95 | | | | |
| 15 | 30140 | REMOVAL OF TURBINATE BONES | 421.47 | | | | |
| 15 | 30150 | PARTIAL REMOVAL OF NOSE | 481.95 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 31085 | REMOVAL OF FRONTAL SINUS | 595.35 | | | | |
| 15 | 31086 | REMOVAL OF FRONTAL SINUS | 595.35 | | | | |
| 15 | 31087 | REMOVAL OF FRONTAL SINUS | 595.35 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 31546 | REMOVE VC SCOPE/GRAFT | 595.35 | | | | |
| 15 | 31560 | OPERATIVE LARYNGOSCOPY | 677.57 | | | | |
| 15 | 31561 | OPERATIVE LARYNGOSCOPY | 677.57 | | | | |
| 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 | | | | X |
| 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 | 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 | 31652 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INC | 421.47 | | | | |
| 15 | 31653 | 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 15 | 31830 | REVISE WINDPIPE SCAR | 421.47 | | | | |
| 15 | 31899 | AIRWAYS SURGICAL PROCEDURE | MP | | X | | |
| 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 | | X | | |
| 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 | 33270 | INSERTION OR REPLACEMENT OF PERMANEN | 481.95 | | | | |
| 15 | 33271 | INSERTION OF SUBCUTANEOUS IMPLANTABL | 421.47 | | | | |
| 15 | 33273 | REPOSITIONING OF PREVIOUSLY IMPLANTE | 421.47 | | | | |
| 15 | 33999 | CARDIAC SURGERY PROCEDURE | MP | | X | | |
| 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 | | X | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | REVASCULARIZATION, ENDOVASCULAR, OPE | 314.69 | | | | |
| 15 | 37221 | REVASCULARIZATION, ENDOVASCULAR, OPE | 314.69 | | | | |
| 15 | 37222 | REVASCULARIZATION, ENDOVASCULAR, OPE | 314.69 | | | | |
| 15 | 37223 | REVASCULARIZATION, ENDOVASCULAR, OPE | 314.69 | | | | |
| 15 | 37500 | VASCULAR ENDOSCOPY, SURGICAL, WITH LIG | 481.95 | | | | |
| 15 | 37501 | UNLISTED VASCULAR ENDOSCOPY PROCEDUR | MP | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | X |
| 15 | 38129 | LAPAROSCOPE PROC, SPLEEN | MP | | | | X |
| 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 | | | | X |
| 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 | | | | X |
| 15 | 39499 | MEDIASTINAL PROCEDURE | MP | | | | X |
| 15 | 39599 | DIAPHRAGM SURGERY PROCEDURE | MP | | | | X |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 15 | 40799 | LIP SURGERY PROCEDURE | MP | | X | | |
| 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 | | | | |
| 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 | | X | | |
| 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 | | X | | |
| 15 | 41800 | DRAINAGE OF GUM LESION | 314.69 | | | | |
| 15 | 41820 | GINGIVECTOMY,EXC.CING, EACH QUADRANT | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | | | X | |
| 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 | 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 42650 | DILATION OF SALIVARY DUCT | 314.69 | | | | |
| 15 | 42665 | LIGATION OF SALIVARY DUCT | 940.28 | | | | |
| 15 | 42699 | SALIVARY SURGERY PROCEDURE | MP | | X | | |
| 15 | 42700 | DRAINAGE OF TONSIL ABSCESS | 314.69 | | | | |
| 15 | 42720 | DRAINAGE OF THROAT ABSCESS | 314.69 | | | | |
| 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 | | X | | |
| 15 | 43180 | ESOPHAGOSCOPY, RIGID, TRANSORAL WITH | 314.69 | | | | |
| 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 | | X | | |
| 15 | 43210 | ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | X | |
| 15 | 43420 | REPAIR ESOPHAGUS OPENING | 481.95 | | | | |
| 15 | 43450 | DILATE ESOPHAGUS | 314.69 | | | | |
| 15 | 43453 | DILATE ESOPHAGUS | 314.69 | | | | |
| 15 | 43499 | ESOPHAGUS SURGERY PROCEDURE | MP | | | X | |
| 15 | 43500 | SURGICAL OPENING OF STOMACH | 595.35 | | | | |
| 15 | 43653 | LAPAROSCOPY, GASTROSTOMY | 1,265.36 | | | | |
| 15 | 43659 | LAPAROSCOPE PROC, STOM | MP | | | X | |
| 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 | | | X | |
| 15 | 44100 | BIOPSY OF BOWEL | 314.69 | | | | |
| 15 | 44238 | LAPAROSCOPE PROC, INTESTINE | MP | | | X | |
| 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 | 44381 | ILEOSCOPY, THROUGH STOMA; WITH TRANS | 314.69 | | | | |
| 15 | 44382 | SMALL BOWEL ENDOSCOPY | 314.69 | | | | |
| 15 | 44384 | ILEOSCOPY, THROUGH STOMA; WITH PLACE | 1,265.36 | | | | |
| 15 | 44385 | ENDOSCOPY OF BOWEL POUCH | 314.69 | | | | |
| 15 | 44386 | ENDOSCOPY, BOWEL POUCH/BIOP | 314.69 | | | | |
| 15 | 44388 | COLON ENDOSCOPY | 314.69 | | | | |
| 15 | 44389 | COLONOSCOPY WITH BIOPSY | 314.69 | | | | |
| 15 | 44390 | COLONOSCOPY FOR FOREIGN BODY | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 44391 | COLONOSCOPY FOR BLEEDING | 314.69 | | | | |
| 15 | 44392 | COLONOSCOPY & POLYPECTOMY | 314.69 | | | | |
| 15 | 44394 | COLONOSCOPY W/SNARE | 314.69 | | | | |
| 15 | 44401 | COLONOSCOPY THROUGH STOMA; WITH ABLA | 314.69 | | | | |
| 15 | 44402 | COLONOSCOPY THROUGH STOMA; WITH ENDO | 314.69 | | | | |
| 15 | 44403 | COLONOSCOPY THROUGH STOMA; WITH ENDO | 314.69 | | | | |
| 15 | 44404 | COLONOSCOPY THROUGH STOMA; WITH DIRE | 314.69 | | | | |
| 15 | 44405 | COLONOSCOPY THROUGH STOMA; WITH TRAN | 314.69 | | | | |
| 15 | 44406 | COLONOSCOPY THROUGH STOMA; WITH ENDO | 314.69 | | | | |
| 15 | 44407 | COLONOSCOPY THROUGH STOMA; WITH TRAN | 314.69 | | | | |
| 15 | 44408 | COLONOSCOPY THROUGH STOMA; WITH DECO | 314.69 | | | | |
| 15 | 44604 | SUTURE OF LARGE INTESTINE (COLORHAP) | 595.35 | | | | |
| 15 | 44620 | REPAIR BOWEL OPENING | 481.95 | | | | |
| 15 | 44799 | INTESTINE SURGERY PROCEDURE | MP | | | | X |
| 15 | 44899 | PROCEDURE FOR CONGENITAL BOWEL DEFEC | MP | | | | X |
| 15 | 44950 | APPENDECTOMY | 1,265.36 | | | | X |
| 15 | 44970 | LAPAROSCOPY, APPENDECTOMY | 677.57 | | | | X |
| 15 | 44979 | LAPAROSCOPE PROC, APP | MP | | | | X |
| 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 | SIGMOIDOSCPY W/TUMR REMOVE | 314.69 | | | | |
| 15 | 45340 | SIG W/BALLOON DILATION | 314.69 | | | | |
| 15 | 45341 | SIGMOIDOSCOPY W/ULTRASOUND | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 45342 | SIGMOIDOSCOPY W/ US GUIDE BX | 314.69 | | | | |
| 15 | 45346 | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI | 314.69 | | | | |
| 15 | 45347 | SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM | 314.69 | | | | |
| 15 | 45349 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC | 314.69 | | | | |
| 15 | 45350 | SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L | 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 | 45384 | LESION REMOVE COLONOSCOPY | 421.47 | | | | |
| 15 | 45385 | LESION REMOVAL COLONOSCOPY | 421.47 | | | | |
| 15 | 45386 | COLONOSCOPE DILATE STRICTURE | 421.47 | | | | |
| 15 | 45388 | COLONOSCOPY, FLEXIBLE; WITH ABLATION | 314.69 | | | | |
| 15 | 45389 | COLONOSCOPY, FLEXIBLE; WITH ENDOSCO | 314.69 | | | | |
| 15 | 45390 | COLONOSCOPY, FLEXIBLE; WITH ENDOSCO | 314.69 | | | | |
| 15 | 45391 | COLONOSCOPY W/ENDOSCOPE US | 421.47 | | | | |
| 15 | 45392 | COLONOSCOPY W/ENDOSCOPIC FNB | 421.47 | | | | |
| 15 | 45393 | COLONOSCOPY, FLEXIBLE; WITH DECOMP | 314.69 | | | | |
| 15 | 45398 | COLONOSCOPY, FLEXIBLE; WITH BAND LIG | 314.69 | | | | |
| 15 | 45499 | LAPAROSCOPE PROC, RECTUM | MP | | | X | |
| 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 | | | X | |
| 15 | 45999 | RECTUM SURGERY PROCEDURE | MP | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | 46607 | ANOSCOPY; WITH HIGH-RESOLUTION MAGNI | 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 | | | | |
| 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 | | | X | |
| 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 | | | X | |
| 15 | 47383 | ABLATION, 1 OR MORE LIVER TUMOR(S), | 421.47 | | | | |
| 15 | 47399 | LIVER SURGERY PROCEDURE | MP | | | X | |
| 15 | 47480 | INCISION OF GALLBLADDER | 481.95 | | | | |
| 15 | 47533 | PLACEMENT OF BILIARY DRAINAGE CATHET | 421.47 | | | | |
| 15 | 47534 | PLACEMENT OF BILIARY DRAINAGE CATHET | 421.47 | | | | |
| 15 | 47535 | CONVERSION OF EXTERNAL BILIARY DRAIN | 421.47 | | | | |
| 15 | 47536 | EXCHANGE OF BILIARY DRAINAGE CATHETE | 421.47 | | | | |
| 15 | 47537 | REMOVAL OF BILIARY DRAINAGE CATHETER | 314.69 | | | | |
| 15 | 47538 | PLACEMENT OF STENT(S) INTO A BILE DU | 1,265.36 | | | | |
| 15 | 47539 | PLACEMENT OF STENT(S) INTO A BILE DU | 1,265.36 | | | | |
| 15 | 47540 | PLACEMENT OF STENT(S) INTO A BILE DU | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 47541 | PLACEMENT OF ACCESS THROUGH THE BILI | 421.47 | | | | |
| 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 | 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 | | | X | |
| 15 | 47605 | REMOVAL OF GALLBLADDER | 1,265.36 | | | | |
| 15 | 47999 | BILE TRACT SURGERY PROCEDURE | MP | | | X | |
| 15 | 48102 | NEEDLE BIOPSY, PANCREAS | 314.69 | | | | |
| 15 | 48999 | PANCREAS SURGERY PROCEDURE | MP | | | X | |
| 15 | 49000 | EXPLORATION OF ABDOMEN | 481.95 | | | X | |
| 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 | | | X | |
| 15 | 49321 | LAPAROSCOPY, BIOPSY | 595.35 | | | X | |
| 15 | 49322 | LAPAROSCOPY, ASPIRATION | 595.35 | | | X | |
| 15 | 49327 | LAPAROSCOPY, SURGICAL; WITH PLACEMEN | 595.35 | | | | |
| 15 | 49329 | LAPARO PROC, ABDM/PER/OMENT | MP | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | X | |
| 15 | 49900 | REPAIR OF ABDOMINAL WALL | 595.35 | | | | |
| 15 | 49999 | ABDPMEN SURGERY PROCEDURE | MP | | | X | |
| 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 | | | | |
| 15 | 50395 | CREATE PASSAGE TO KIDNEY | 314.69 | | | | |
| 15 | 50396 | MEASURE KIDNEY PRESSURE | 314.69 | | | | |
| 15 | 50432 | PLACEMENT OF NEPHROSTOMY CATHETER, P | 421.47 | | | | |
| 15 | 50433 | PLACEMENT OF NEPHROSTOMY CATHETER, P | 421.47 | | | | |
| 15 | 50434 | CONVERT NEPHROSTOMY CATHETER TO NEPH | 314.69 | | | | |
| 15 | 50435 | EXCHANGE NEPHROSTOMY CATHETER PERCUT | 314.69 | | | | |
| 15 | 50549 | LAPAROSCOPE PROC, RENAL | MP | | | X | |
| 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 | 50693 | PLACEMENT OF URETERAL STENT, PERCUTA | 421.47 | | | | |
| 15 | 50694 | PLACEMENT OF URETERAL STENT, PERCUTA | 421.47 | | | | |
| 15 | 50695 | PLACEMENT OF URETERAL STENT, PERCUTA | 421.47 | | | | |
| 15 | 50947 | LAPARO NEW URETER/BLADDER | 1,265.36 | | | | |
| 15 | 50948 | LAPARO NEW URETER/BLADDER | 1,265.36 | | | | |
| 15 | 50949 | LAPAROSCOPE PROC, URETER | MP | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 | | | X | |
| 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 | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | |
| 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 | 54437 | REPAIR OF TRAMATIC CORPOREAL TEAR(S) | 421.47 | | | M | |
| 15 | 54440 | REPAIR OF PENIS | 595.35 | | X | 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 | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | X | | |
| 15 | 54700 | DRAINAGE OF SCROTUM | 421.47 | | | M | |
| 15 | 54800 | BIOPSY OF EPIDIDYMIS | 314.69 | | | M | |
| 15 | 54830 | REMOVE EPIDIDYMIS LESION | 481.95 | | | M | |
| 15 | 54840 | REMOVE EPIDIDYMIS LESION | 595.35 | | | M | |
| 15 | 54860 | REMOVAL OF EPIDIDYMIS | 481.95 | | | M | |
| 15 | 54861 | REMOVAL OF EPIDIDYMIS | 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 | |
| 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 | X | 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 | | X | | |
| 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 | | X | 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 | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | |
| 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 | | X | F | |
| 15 | 57410 | PELVIC EXAMINATION | 421.47 | | X | 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 | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 15 | 57460 | COLPOSCOPY (VAGINOSCOPY; | 314.69 | | | F | |
| 15 | 57461 | CONZ OF CERVIX 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 | X | F | |
| 15 | 58346 | INSERT HEYMAN UTERI CAPSULE | 421.47 | | | | |
| 15 | 58353 | ENDOMETR ABLATE, THERMAL | 595.35 | | X | 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 | | X | | |
| 15 | 58552 | LAPARO-VAG HYST INCL T/O | 1,265.36 | | | | |
| 15 | 58555 | HYSTEROSCOPY, DX, SEP PROC | 314.69 | | X | | |
| 15 | 58558 | HYSTEROSCOPY, BIOPSY | 481.95 | | X | | |
| 15 | 58559 | HYSTEROSCOPY, LYSIS | 421.47 | | X | | |
| 15 | 58560 | HYSTEROSCOPY, RESECT SEPTUM | 481.95 | | X | | |
| 15 | 58561 | HYSTEROSCOPY, REMOVE MYOMA | 481.95 | | X | | |
| 15 | 58562 | HYSTEROSCOPY, REMOVE FB | 481.95 | | X | | |
| 15 | 58563 | HYSTEROSCOPY, ABLATION | 595.35 | | X | | |
| 15 | 58565 | HYSTEROSCOPY, STERLIZATION | 1,381.95 | 21 59 | X | F | |
| 15 | 58578 | LAPARO PROC, UTERUS | MP | | X | | |
| 15 | 58579 | HYSTEROSCOPE PROCEDURE | MP | | X | | |
| 15 | 58600 | DIVISION OF FALLOPIAN TUBE | 481.95 | 21 55 | X | F | |
| 15 | 58615 | OCCULSION OF FALLOPIAN TUGE, DEVICE | 595.35 | 21 55 | X | F | |
| 15 | 58660 | LAPAROSCOPY, LYSIS | 677.57 | | X | | |
| 15 | 58661 | LAPAROSCOPY, REMOVE ADNEXA | 677.57 | | X | | |
| 15 | 58662 | LAPAROSCOPY, EXCISE LESIONS | 677.57 | | X | | |
| 15 | 58670 | LAPAROSCOPY, TUBAL CAUTERY | 481.95 | 10 59 | X | F | |
| 15 | 58671 | LAPAROSCOPY, TUBAL BLOCK | 481.95 | | X | | |
| 15 | 58672 | LAPAROSCOPY, FIMBRIOPLASTY | 677.57 | | | | |
| 15 | 58673 | LAPAROSCOPY, SALPINGOSTOMY | 677.57 | | X | | |
| 15 | 58679 | LAPRO PROC, OVIDUCT-OVARY | MP | | X | | |
| 15 | 58700 | REMOVAL OF FALLOPIAN TUBE | 595.35 | | X | F | |
| 15 | 58720 | REMOVAL OF OVARY/TUBE(S) | 595.35 | | X | 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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | X | | |
| 15 | 59000 | AMNIOCENTESIS | 314.69 | 10 60 | | F | |
| 15 | 59001 | AMNIOCENTESIS, THERAPETUIC | 314.69 | | | | |
| 15 | 59150 | LAPAROSCOPIC TREATMENT O ECTOPIC PRE | 481.95 | | X | | |
| 15 | 59151 | LAPAROSCOPIC TREAT O ECTOPIC PREGNAN | 481.95 | 10 60 | X | 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 | X | F | |
| 15 | 59820 | CARE OF MISCARRIAGE | 677.57 | 10 60 | X | | |
| 15 | 59821 | TREATMENT OF MISCARRIAGE | 677.57 | 10 55 | X | F | |
| 15 | 59840 | ABORTION | 677.57 | 10 60 | X | F | |
| 15 | 59841 | ABORTION | 677.57 | 10 60 | X | | |
| 15 | 59870 | EVACUATE MOLE OF UTERUS | 677.57 | 10 60 | X | F | |
| 15 | 59871 | REMOVE CERCLAGE SUTURE | 677.57 | | | F | |
| 15 | 59897 | PETAL INVAS PX W/US | MP | 10 59 | X | F | |
| 15 | 59898 | LAPARO PROC, OB CARE/DELIVER | MP | | X | | |
| 15 | 59899 | MATERNITY CARE PROCEDURE | MP | | X | F | |
| 15 | 60000 | DRAIN THYROID/TONGUE CYST | 314.69 | | | | |
| 15 | 60100 | BIOPSY OF THYROID | 314.69 | | | | |
| 15 | 60200 | REMOVE THYROID LESION | 421.47 | | | | |
| 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 | | X | | |
| 15 | 60699 | ENDOCRINE SURGERY PROCEDURE | MP | | X | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | | |
| 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 | 64461 | PARAVERTEBRAL BLOCK (PVB) (PARASPINO | 314.69 | | | | |
| 15 | 64463 | PARAVERTEBRAL BLOCK (PVB) (PARASPINO | 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | FEE | | | | |
| 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 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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/TRANSDPOSE 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 | | | | |
| 15 | 64864 | REPAIR OF FACIAL NERVE | 481.95 | | | | |
| 15 | 64865 | REPAIR OF FACIAL 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 | | | X | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | | |
| 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 | | | X | |
| 15 | 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL | 595.35 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | 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 | 66179 | AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR | 677.57 | | | | |
| 15 | 66180 | IMPLANT EYE SHUNT | 677.57 | | | | |
| 15 | 66183 | Insertion of eye fluid drainage devi | 677.57 | | | | |
| 15 | 66184 | REVISION OF AQUEOUS SHUNT TO EXTRAOC | 421.47 | | | | |
| 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 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | X | |
| 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 | 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 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|---------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | X | | |
| 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 | | X | | |
| 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 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | X | |
| 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 | | | X | |
| 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 | | | | |
| 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 | | | X | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| 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 | | | X | |
| 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 | | | X | |
| 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 | | | | |
| 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 | | | | |

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 FOR DOS JANUARY 1, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----|-------|-------------------------------|----------|----------------|------------|-----|-------------|
| | | | FEE | AGE MIN-MAX | MED REV | SEX | X- OVERS |
| TS | CODE | DESCRIPTION | | | | | |
| 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 | | | X | |
| 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 | | | X | |
| 15 | 69979 | TEMPORAL BONE SURGERY | MP | | | X | |
| 15 | 69990 | MICROSURGERY ADD-ON | 314.69 | | | | |
| 15 | 92018 | EYE EXAM W/ANESTHESIA-COMLETE | 314.69 | | | | |
| 15 | 92019 | EYE EXAM W/ANESTHESIA-LIMITED | 314.69 | | | | |

LAM5M131

RUN: 10/19/16 11:05:15

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

REPORT NO: RF-0-76A3

PAGE: 65

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.