

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	361.04				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	361.04				
15	G0260	INJ FOR SACROILIAC JT ANESTH	269.57				
15	10022	FNA W/IMAGE	269.57				
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	269.57				
15	10060	DRAINAGE OF SKIN ABSCESS	269.57				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	269.57				
15	10080	INCISE/DRAIN SIMPLE CYST	269.57				
15	10081	INCISE/DRAIN COMPLICATA PILONIDAL CYST	269.57				
15	10120	SIMPLE REMOVAL FOREIGN BODY	269.57				
15	10121	REMOVE FOREIGN BODY	361.04				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	269.57				
15	10160	PUNCTURE DRAINAGE OF LESION	269.57				
15	10180	COMPLEX DRAINAGE, WOUND	361.04				
15	11004	DEBRIDE GENITALIA & PERINEUM	361.04				
15	11005	DEBRIDE ABDOM WALL	361.04				
15	11006	DEBRIDE GENIT/ABDOM WALL	361.04				
15	11008	REMOVE MESH FROM ABD WALL	361.04				
15	11010	DEBRIDE SKIN, FX	361.04				
15	11011	DEBRIDE SKIN/MUSCLE, FX	361.04				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	361.04				
15	11042	DEBRIDE SKIN/TISSUE	361.04				
15	11043	DEBRIDE TISSUE/MUSCLE	361.04				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	361.04				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	269.57				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	269.57				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	269.57				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	269.57				
15	11404	REMOVAL OF SKIN LESION	269.57				
15	11406	REMOVAL OF SKIN LESION	361.04				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	361.04				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	361.04				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	361.04				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	361.04				
15	11424	REMOVAL OF SKIN LESION	361.04				
15	11426	REMOVAL OF SKIN LESION	361.04				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	269.57				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	269.57				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	269.57				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	269.57				
15	11444	REMOVAL OF SKIN LESION	269.57				
15	11446	REMOVAL OF SKIN LESION	361.04				
15	11450	REMOVAL, SWEAT GLAND LESION	361.04				
15	11451	REMOVAL, SWEAT GLAND LESION	361.04				
15	11462	REMOVAL, SWEAT GLAND LESION	361.04				
15	11463	REMOVAL, SWEAT GLAND LESION	361.04				
15	11470	REMOVAL, SWEAT GLAND LESION	361.04				
15	11471	REMOVAL, SWEAT GLAND LESION	361.04				

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1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION	FEE				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	361.04				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	361.04				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	361.04				
15	11604	REMOVAL OF SKIN LESION	361.04				
15	11606	REMOVAL OF SKIN LESION	361.04				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	361.04				
15	11624	REMOVAL OF SKIN LESION	361.04				
15	11626	REMOVAL OF SKIN LESION	361.04				
15	11640	EXC FACE MM MALIG + MAG 0.5<	361.04				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	361.04				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	361.04				
15	11644	REMOVAL OF SKIN LESION	361.04				
15	11646	REMOVAL OF SKIN LESION	361.04				
15	11750	EXCISION NAIL & NAIL MATRIX	269.57				
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	269.57				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	269.57				
15	11770	REMOVAL OF PILONIDAL LESION	412.84				
15	11771	REMOVAL OF PILONIDAL LESION	412.84				
15	11772	REMOVAL OF PILONIDAL LESION	412.84				
15	11960	INSERT TISSUE EXPANDER(S)	361.04				
15	11970	REPLACE TISSUE EXPANDER	412.84				
15	11971	REMOVE TISSUE EXPANDER(S)	269.57				
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	269.57				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	269.57				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	269.57				
15	12005	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12006	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12007	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	361.04				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	361.04				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	361.04				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	361.04				
15	12016	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12017	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12018	REPAIR SUPERFICIAL WOUND(S)	361.04				
15	12020	CLOSURE OF SPLIT WOUND	269.57				
15	12021	CLOSURE OF SPLIT WOUND	269.57				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	269.57				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	269.57				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	361.04				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	361.04				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	361.04				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	361.04				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	269.57				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	269.57				
15	12044	LAYER CLOSURE OF WOUND(S)	361.04				
15	12045	LAYER CLOSURE OF WOUND(S)	361.04				
15	12046	LAYER CLOSURE OF WOUND(S)	361.04				

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1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	12047	LAYER CLOSURE OF WOUND(S)	361.04				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	269.57				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	269.57				
15	12053	LAYER CLOSURE 5.1 TO 7.5	269.57				
15	12054	LAYER CLOSURE OF WOUND(S)	361.04				
15	12055	LAYER CLOSURE OF WOUND(S)	361.04				
15	12056	LAYER CLOSURE OF WOUND(S)	361.04				
15	12057	LAYER CLOSURE OF WOUND(S)	361.04				
15	13100	REPAIR OF WOUND OR LESION	361.04				
15	13101	REPAIR OF WOUND OR LESION	412.84				
15	13102	REPAIR WOUND/LESION ADD-ON	412.84				
15	13120	REPAIR OF WOUND OR LESION	361.04				
15	13121	REPAIR OF WOUND OR LESION	412.84				
15	13122	REPAIR WOUND/LESION ADD-ON	412.84				
15	13131	REPAIR OF WOUND OR LESION	361.04				
15	13132	REPAIR OF WOUND OR LESION	412.84				
15	13133	REPAIR WOUND/LESION ADD-ON	412.84				
15	13151	REPAIR OF WOUND OR LESION	412.84				
15	13152	REPAIR OF WOUND OR LESION	412.84				
15	13153	REPAIR WOUND/LESION ADD-ON	269.57				
15	13160	LATE CLOSURE OF WOUND	361.04				
15	14000	SKIN TISSUE REARRANGEMENT	361.04				
15	14001	SKIN TISSUE REARRANGEMENT	412.84				
15	14020	SKIN TISSUE REARRANGEMENT	412.84				
15	14021	SKIN TISSUE REARRANGEMENT	412.84				
15	14040	SKIN TISSUE REARRANGEMENT	361.04				
15	14041	SKIN TISSUE REARRANGEMENT	412.84				
15	14060	SKIN TISSUE REARRANGEMENT	412.84				
15	14061	SKIN TISSUE REARRANGEMENT	412.84				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	509.99				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	509.99				
15	14350	SKIN TISSUE REARRANGEMENT	412.84				
15	15040	HARVEST CULTURED SKIN GRAFT	361.04				
15	15050	SKIN PINCH GRAFT	361.04				
15	15100	SKIN SPLIT GRAFT	361.04				
15	15101	SKIN SPLIT GRAFT ADD-ON	412.84				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	361.04				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	269.57				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	361.04				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	269.57				
15	15120	SKIN SPLIT GRAFT	361.04				
15	15121	SKIN SPLIT GRAFT ADD-ON	412.84				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	361.04				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	269.57				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	361.04				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	269.57				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	361.04				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	269.57				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	269.57				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	361.04				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	269.57				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	269.57				
15	15200	SKIN FULL GRAFT	412.84				
15	15201	SKIN FULL GRAFT ADD-ON	361.04				
15	15220	SKIN FULL GRAFT	361.04				
15	15221	SKIN FULL GRAFT ADD-ON	361.04				
15	15240	SKIN FULL GRAFT	412.84				
15	15241	SKIN FULL GRAFT ADD-ON	412.84				
15	15260	SKIN FULL GRAFT	361.04				
15	15261	SKIN FULL GRAFT ADD-ON	361.04				
15	15570	FORM SKIN PEDICLE FLAP	412.84				
15	15572	FORM SKIN PEDICLE FLAP	412.84				
15	15574	FORM SKIN PEDICLE FLAP	412.84				
15	15576	FORM SKIN PEDICLE FLAP	412.84				
15	15600	SKIN GRAFT	412.84				
15	15610	SKIN GRAFT	412.84				
15	15620	SKIN GRAFT	509.99				
15	15630	SKIN GRAFT	412.84				
15	15650	TRANSFER SKIN PEDICLE FLAP	580.42				
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	412.84				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	412.84				
15	15736	MUSCLE-SKIN GRAFT, ARM	412.84				
15	15738	MUSCLE-SKIN GRAFT, LEG	412.84				
15	15740	ISLAND PEDICLE FLAP GRAFT	361.04				
15	15750	NEUROVASCULAR PEDICLE GRAFT	361.04				
15	15760	COMPOSITE SKIN GRAFT	361.04				
15	15770	DERMA-FAT-FASCIA GRAFT	412.84				
15	15820	REVISION OF LOWER EYELID	412.84			X	
15	15821	REVISION OF LOWER EYELID	412.84			X	
15	15822	REVISION OF UPPER EYELID	412.84			X	
15	15823	REVISION OF UPPER EYELID	580.42			X	
15	15840	GRAFT FOR FACE NERVE PALSY	509.99				
15	15841	GRAFT FOR FACE NERVE PALSY	509.99				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	509.99				
15	15845	SKIN AND MUSCLE REPAIR, FACE	509.99				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	269.57				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	269.57				
15	15920	REMOVAL OF TAIL BONE ULCER	412.84				
15	15922	REMOVAL OF TAIL BONE ULCER	509.99				
15	15931	REMOVE SACRUM PRESSURE SORE	412.84				
15	15933	REMOVE SACRUM PRESSURE SORE	412.84				
15	15934	REMOVE SACRUM PRESSURE SORE	412.84				
15	15935	REMOVE SACRUM PRESSURE SORE	509.99				
15	15936	REMOVE SACRUM PRESSURE SORE	509.99				
15	15937	REMOVE SACRUM PRESSURE SORE	509.99				
15	15940	REMOVE HIP PRESSURE SORE	412.84				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15941	REMOVE HIP PRESSURE SORE	412.84				
15	15944	REMOVE HIP PRESSURE SORE	412.84				
15	15945	REMOVE HIP PRESSURE SORE	509.99				
15	15946	REMOVE HIP PRESSURE SORE	509.99				
15	15950	REMOVE THIGH PRESSURE SORE	412.84				
15	15951	REMOVE THIGH PRESSURE SORE	509.99				
15	15952	REMOVE THIGH PRESSURE SORE	412.84				
15	15953	REMOVE THIGH PRESSURE SORE	509.99				
15	15956	REMOVE THIGH PRESSURE SORE	412.84				
15	15958	REMOVE THIGH PRESSURE SORE	509.99				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	269.57				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	361.04				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	361.04				
15	16035	ESCHAROTOMY	361.04				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	361.04				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	361.04				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	361.04				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	269.57				
15	19020	INCISION OF BREAST LESION	361.04				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	361.04				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	361.04				
15	19083	Biopsy of breast accessed throught t	361.04				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	361.04				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	361.04				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	361.04				
15	19100	BX BREAST PERCUT W/O IMAGE	269.57				
15	19101	BIOPSY OF BREAST, OPEN	361.04				
15	19110	NIPPLE EXPLORATION	361.04				
15	19112	EXCISE BREAST DUCT FISTULA	412.84				
15	19120	REMOVAL OF BREAST LESION	412.84				
15	19125	EXCISION, BREAST LESION	412.84				
15	19126	EXCISION, ADDL BREAST LESION	412.84				
15	19281	Placement of breast localization dev	269.57				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	269.57				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	269.57				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	269.57				
15	19285	Placement of breast localization dev	269.57				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	269.57				
15	19287	Placement of breast localization dev	269.57				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	269.57				
15	19296	PLACE PO BREAST CATH FOR RAD	269.57				
15	19297	PLACE BREAST CATH FOR RAD	269.57				
15	19298	PLACE BREAST RAD TUBE/CATHS	269.57				
15	19300	MASTECTOMY FOR GYNECOMASTIA	509.99				M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	412.84				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	805.45				

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15	19303	MASTECTOMY, SIMPLE, COMPLETE	509.99				
15	19304	MASTECTOMY, SUBCUTANEOUS	509.99				
15	19307	MAST, MOD RAD	805.45				
15	19318	REDUCTION OF LARGE BREAST	509.99	18 99			
15	19328	REMOVAL OF BREAST IMPLANT	269.57		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	269.57				
15	19340	IMMEDIATE BREAST PROSTHESIS	361.04			F	
15	19342	DELAYED BREAST PROSTHESIS	412.84		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	509.99		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	580.42		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	580.42		X		
15	19366	BREAST RECONSTRUCTION	580.42		X	F	
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20005	INCISION OF DEEP ABSCESS	361.04				
15	20100	EXPLORE WOUND, NECK	412.84				
15	20101	EXPLORE WOUND, CHEST	412.84				
15	20102	EXPLORE WOUND, ABDOMEN	412.84				
15	20103	EXPLORE WOUND, EXTREMITY	412.84				
15	20200	MUSCLE BIOPSY	361.04				
15	20205	DEEP MUSCLE BIOPSY	412.84				
15	20206	NEEDLE BIOPSY, MUSCLE	269.57				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	269.57				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	361.04				
15	20240	BONE BIOPSY, EXCISIONAL	361.04				
15	20245	BONE BIOPSY, EXCISIONAL	412.84				
15	20250	OPEN BONE BIOPSY	412.84				
15	20251	OPEN BONE BIOPSY	412.84				
15	20500	INJECT SINUS TRACT, THERAPEUTIC	269.57				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	269.57				
15	20520	REMOVE FOREIGN BODY; SIMPLE	269.57				
15	20525	REMOVAL OF FOREIGN BODY	412.84				
15	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	269.57				
15	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	269.57				
15	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	269.57				
15	20612	ASPIRATE/INJ GANGLION CYST	269.57				
15	20615	ASPIRATE/INJECTION-BONE CYST	269.57				
15	20650	INSERT AND REMOVE BONE PIN	412.84				
15	20660	APPLY TONGS OR CALIPER AND REMOVE	269.57	00 00			
15	20661	APPLY HALO;	269.57				
15	20662	APPLY HALO; PELVIC	269.57				
15	20663	APPLY HALO; FEMORAL	269.57				
15	20664	HALO BRACE APPLICATION	361.04				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	269.57				
15	20670	REMOVAL OF SUPPORT IMPLANT	269.57				
15	20680	REMOVAL OF SUPPORT IMPLANT	412.84				
15	20690	APPLY BONE FIXATION DEVICE	361.04				
15	20692	APPLY BONE FIXATION DEVICE	412.84				
15	20693	ADJUST BONE FIXATION DEVICE	412.84				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	20694	REMOVE BONE FIXATION DEVICE	269.57				
15	20900	REMOVAL OF BONE FOR GRAFT	412.84				
15	20902	REMOVAL OF BONE FOR GRAFT	509.99				
15	20910	REMOVE CARTILAGE FOR GRAFT	412.84				
15	20912	REMOVE CARTILAGE FOR GRAFT	412.84				
15	20920	REMOVAL OF FASCIA FOR GRAFT	509.99				
15	20922	REMOVAL OF FASCIA FOR GRAFT	412.84				
15	20924	REMOVAL OF TENDON FOR GRAFT	509.99				
15	20926	REMOVAL OF TISSUE FOR GRAFT	509.99				
15	20930	SPINAL BONE ALLOGRAFT	269.57				
15	20931	SPINAL BONE ALLOGRAFT	269.57				
15	20936	SPINAL BONE AUTOGRAFT	269.57				
15	20937	SPINAL BONE AUTOGRAFT	269.57				
15	20938	SPINAL BONE AUTOGRAFT	269.57				
15	20950	MONITOR INTERSTITIAL FLUID	269.57				
15	20975	ELECTRICAL BONE STIMULATION	361.04				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	361.04				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	361.04				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	269.57				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	269.57				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	269.57				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	269.57				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	412.84				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	361.04				
15	21025	EXCISION OF BONE, LOWER JAW	361.04				
15	21026	EXCISION OF FACIAL BONE(S)	361.04				
15	21029	CONTOUR OF FACE BONE LESION	361.04				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	361.04				
15	21031	EXCISION OF TORUS MANDIBULARIS	361.04				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	361.04				
15	21034	REMOVAL OF FACE BONE LESION	412.84				
15	21040	REMOVAL OF JAW BONE LESION	361.04				
15	21044	REMOVAL OF JAW BONE LESION	361.04				
15	21045	RADICAL RESECTION OF MANDIBLE	412.84				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	361.04				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	361.04				
15	21048	REMOVE MAXILLA CYST COMPLEX	361.04				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	412.84				
15	21050	REMOVAL OF JAW JOINT	412.84				
15	21060	REMOVE JAW JOINT CARTILAGE	361.04				
15	21070	REMOVE CORONOID PROCESS	412.84				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	361.04				
15	21110	INTERDENTAL FIXATION	269.57				
15	21120	GENIOPLASTY; AUGMENTATION	805.45				
15	21121	RECONSTRUCTION OF CHIN	805.45				
15	21122	RECONSTRUCTION OF CHIN	805.45				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	21123	RECONSTRUCTION OF CHIN	805.45				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	805.45				
15	21127	AUGMENTATION, LOWER JAW BONE	1,083.92				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	805.45				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	805.45				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	805.45				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	805.45				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	805.45				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	805.45				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	805.45				
15	21181	CONTOUR CRANIAL BONE LESION	805.45				
15	21206	RECONSTRUCT UPPER JAW BONE	580.42				
15	21208	AUGMENTATION OF FACIAL BONES	805.45				
15	21209	REDUCTION OF FACIAL BONES	580.42				
15	21210	FACE BONE GRAFT	805.45				
15	21215	LOWER JAW BONE GRAFT	805.45				
15	21230	RIB CARTILAGE GRAFT	805.45				
15	21235	EAR CARTILAGE GRAFT	805.45				
15	21240	RECONSTRUCTION OF JAW JOINT	509.99				
15	21242	RECONSTRUCTION OF JAW JOINT	580.42				
15	21243	RECONSTRUCTION OF JAW JOINT	580.42				
15	21244	RECONSTRUCTION OF LOWER JAW	805.45				
15	21245	RECONSTRUCTION OF JAW	805.45				
15	21246	RECONSTRUCTION OF JAW	805.45				
15	21248	RECONSTRUCTION OF JAW	805.45				
15	21249	RECONSTRUCTION OF JAW	805.45				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	805.45				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	805.45				
15	21260	ORBITAL REVISION; EXTRACRANIAL	805.45				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	805.45				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	805.45				
15	21267	REVISE EYE SOCKETS	805.45				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	805.45				
15	21270	AUGMENTATION, CHEEK BONE	580.42				
15	21275	REVISION, ORBITOFACIAL BONES	805.45				
15	21280	REVISION OF EYELID	580.42				
15	21282	REVISION OF EYELID	580.42				
15	21295	RECONST LWR JAW W/O FIXATION	269.57				
15	21296	RECONST LWR JAW W/FIXATION	269.57				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	361.04				
15	21315	TREATMENT OF NOSE FRACTURE	361.04				
15	21320	TREATMENT OF NOSE FRACTURE	361.04				
15	21325	TREATMENT OF NOSE FRACTURE	509.99				
15	21330	TREATMENT OF NOSE FRACTURE	580.42				
15	21335	TREATMENT OF NOSE FRACTURE	805.45				
15	21336	TREAT NASAL SEPTAL FRACTURE	509.99				
15	21337	TREAT NASAL SEPTAL FRACTURE	361.04				

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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	509.99				
15	21339	TREAT NASOETHMOID FRACTURE	580.42				
15	21340	TREATMENT OF NOSE FRACTURE	509.99				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	580.42				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	805.45				
15	21345	TREAT NOSE/JAW FRACTURE	805.45				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	580.42				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	805.45				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	805.45				
15	21355	TREAT CHEEK BONE FRACTURE	412.84				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	412.84				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	509.99				
15	21386	TREAT ORBITAL FX; PERIORBITAL	509.99				
15	21387	TREAT ORBITAL FX; COMBINATION	509.99				
15	21390	TREAT ORBITAL WITH IMPLANT	509.99				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	509.99				
15	21400	TREAT EYE SOCKET FRACTURE	361.04				
15	21401	TREAT EYE SOCKET FRACTURE	412.84				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	509.99				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	509.99				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	509.99				
15	21421	TREAT MOUTH ROOF FRACTURE	509.99				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	580.42				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	580.42				
15	21431	TREAT CRANIOFACIAL SEPARATION	509.99				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	509.99				
15	21433	COMPLICATED TX CRANIOFACIAL FX	580.42				
15	21435	COMPLICATED TX CRANIOFACIAL FX	580.42				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	580.42				
15	21440	TREAT DENTAL RIDGE FRACTURE	412.84				
15	21445	TREAT DENTAL RIDGE FRACTURE	509.99				
15	21450	TREAT LOWER JAW FRACTURE	412.84				
15	21451	TREAT LOWER JAW FRACTURE	509.99				
15	21452	TREAT LOWER JAW FRACTURE	361.04				
15	21453	TREAT LOWER JAW FRACTURE	412.84				
15	21454	TREAT LOWER JAW FRACTURE	580.42				
15	21461	TREAT LOWER JAW FRACTURE	509.99				
15	21462	TREAT LOWER JAW FRACTURE	580.42				
15	21465	TREAT LOWER JAW FRACTURE	509.99				
15	21470	TREAT COMPLICATED MANDIBULAR FX	580.42				
15	21480	RESET DISLOCATED JAW	269.57				
15	21485	RESET DISLOCATED JAW	361.04				
15	21490	REPAIR DISLOCATED JAW	412.84				
15	21497	INTERDENTAL WIRING	361.04				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	361.04				
15	21502	DRAIN CHEST LESION	361.04				
15	21510	INCISION WITH OPENING OF BONE CORTEX	412.84				

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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	269.57				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	361.04				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	361.04				
15	21555	REMOVE LESION, NECK/CHEST	361.04				
15	21556	REMOVE LESION, NECK/CHEST	361.04				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	361.04				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER)	361.04				
15	21600	PARTIAL REMOVAL OF RIB	361.04				
15	21610	PARTIAL REMOVAL OF RIB	361.04				
15	21615	EXCISION CERVICAL RIB	361.04				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	361.04				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	361.04				
15	21627	STERNAL DEBRIDEMENT	361.04				
15	21630	RADICAL RESECTOPM PF STERNUM	580.42				
15	21632	MEDIASTINAL LYMPHADENECTOMY	580.42				
15	21700	REVISION OF NECK MUSCLE	361.04				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	361.04				
15	21720	REVISION OF NECK MUSCLE	412.84				
15	21725	REVISION OF NECK MUSCLE	412.84				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	412.84				
15	21820	TREAT STERNUM FRACTURE	269.57				
15	21825	TREAT STERNUM FRACTURE;OPEN	361.04				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	269.57				
15	21925	BIOPSY SOFT TISSUE OF BACK	361.04				
15	21930	REMOVE LESION, BACK OR FLANK	361.04				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	361.04				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	361.04				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	361.04				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	412.84				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	22100	RESECT VERTEBRA,CERVICAL	361.04				
15	22101	RESECT VERTEBRA, THORACIC	361.04				
15	22305	TREAT SPINE PROCESS FRACTURE	269.57				
15	22310	TREAT SPINE FRACTURE	269.57				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	361.04				
15	22505	MANIPULATION OF SPINE	361.04				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	361.04				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	361.04				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	361.04				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	361.04				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,083.92				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	509.99				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	361.04				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	361.04				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	361.04				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	361.04				

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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	361.04				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	361.04				
15	23020	RELEASE SHOULDER JOINT	361.04				
15	23030	DRAIN SHOULDER LESION	269.57				
15	23031	DRAIN SHOULDER BURSA	412.84				
15	23035	DRAIN SHOULDER BONE LESION	412.84				
15	23040	EXPLORATORY SHOULDER SURGERY	412.84				
15	23044	EXPLORATORY SHOULDER SURGERY	509.99				
15	23066	BIOPSY SHOULDER TISSUES	361.04				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHO	361.04				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	361.04				
15	23075	REMOVAL OF SHOULDER LESION	361.04				
15	23076	REMOVAL OF SHOULDER LESION	361.04				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	412.84				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	23100	BIOPSY OF SHOULDER JOINT	361.04				
15	23101	SHOULDER JOINT SURGERY	805.45				
15	23105	REMOVE SHOULDER JOINT LINING	509.99				
15	23106	INCISION OF COLLARBONE JOINT	509.99				
15	23107	EXPLORE TREAT SHOULDER JOINT	509.99				
15	23120	PARTIAL REMOVAL, COLLAR BONE	580.42				
15	23125	REMOVAL OF COLLAR BONE	580.42				
15	23130	REMOVE SHOULDER BONE, PART	580.42				
15	23140	REMOVAL OF BONE LESION	509.99				
15	23145	REMOVAL OF BONE LESION	580.42				
15	23146	REMOVAL OF BONE LESION	580.42				
15	23150	REMOVAL OF HUMERUS LESION	509.99				
15	23155	REMOVAL OF HUMERUS LESION	580.42				
15	23156	REMOVAL OF HUMERUS LESION	580.42				
15	23170	REMOVE COLLAR BONE LESION	361.04				
15	23172	REMOVE SHOULDER BLADE LESION	361.04				
15	23174	REMOVE HUMERUS LESION	361.04				
15	23180	REMOVE COLLAR BONE LESION	509.99				
15	23182	REMOVE SHOULDER BLADE LESION	509.99				
15	23184	REMOVE HUMERUS LESION	509.99				
15	23190	PARTIAL REMOVAL OF SCAPULA	509.99				
15	23195	REMOVAL OF HEAD OF HUMERUS	580.42				
15	23330	REMOVE SHOULDER FOREIGN BODY	269.57				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	269.57				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	580.42				
15	23397	MUSCLE TRANSFERS	805.45				
15	23400	FIXATION OF SHOULDER BLADE	805.45				
15	23405	INCISION OF TENDON & MUSCLE	361.04				
15	23406	INCISE TENDON(S) & MUSCLE(S)	361.04				
15	23410	REPAIR OF TENDON(S)	580.42				
15	23412	REPAIR OF TENDON(S)	805.45				
15	23415	RELEASE OF SHOULDER LIGAMENT	580.42				

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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	805.45				
15	23430	REPAIR BICEPS TENDON	509.99				
15	23440	REMOVE/TRANSPLANT TENDON	509.99				
15	23450	REPAIR SHOULDER CAPSULE	580.42				
15	23455	REPAIR SHOULDER CAPSULE	805.45				
15	23460	REPAIR SHOULDER CAPSULE	580.42				
15	23462	REPAIR SHOULDER CAPSULE	805.45				
15	23465	REPAIR SHOULDER CAPSULE	580.42				
15	23466	REPAIR SHOULDER CAPSULE	805.45				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	805.45				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	805.45				
15	23480	REVISION OF COLLAR BONE	509.99				
15	23485	REVISION OF COLLAR BONE	805.45				
15	23490	REINFORCE CLAVICLE	412.84				
15	23491	REINFORCE SHOULDER BONES	412.84				
15	23500	TREAT CLAVICLE FRACTURE	269.57				
15	23505	TREAT CLAVICLE FRACTURE	269.57				
15	23515	TREAT CLAVICLE FRACTURE	412.84				
15	23520	TREAT CLAVICLE DISLOCATION	269.57				
15	23525	TREAT CLAVICLE DISLOCATION	269.57				
15	23530	TREAT CLAVICLE DISLOCATION	412.84				
15	23532	TREAT CLAVICLE DISLOCATION	509.99				
15	23540	TREAT CLAVICLE DISLOCATION	269.57				
15	23545	TREAT CLAVICLE DISLOCATION	269.57				
15	23550	TREAT CLAVICLE DISLOCATION	412.84				
15	23552	TREAT CLAVICLE DISLOCATION	509.99				
15	23570	TREAT SHOULDER BLADE FX	269.57				
15	23575	TREAT SHOULDER BLADE FX	269.57				
15	23585	TREAT SCAPULA FRACTURE	412.84				
15	23600	TREAT HUMERUS FRACTURE	269.57				
15	23605	TREAT HUMERUS FRACTURE	361.04				
15	23615	TREAT HUMERUS FRACTURE	509.99				
15	23616	TREAT HUMERUS FRACTURE	509.99				
15	23620	TREAT HUMERUS FRACTURE	269.57				
15	23625	TREAT HUMERUS FRACTURE	361.04				
15	23630	TREAT HUMERUS FRACTURE	580.42				
15	23650	TREAT SHOULDER DISLOCATION	269.57				
15	23655	TREAT SHOULDER DISLOCATION	269.57				
15	23660	TREAT SHOULDER DISLOCATION	412.84				
15	23665	TREAT DISLOCATION/FRACTURE	361.04				
15	23670	TREAT DISLOCATION/FRACTURE	412.84				
15	23675	TREAT DISLOCATION/FRACTURE	361.04				
15	23680	TREAT DISLOCATION/FRACTURE	412.84				
15	23700	FIXATION OF SHOULDER	269.57				
15	23800	FUSION OF SHOULDER JOINT	509.99				
15	23802	FUSION OF SHOULDER JOINT	805.45				
15	23921	AMPUTATION FOLLOW-UP SURGERY	412.84				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION	FEE				
15	23930	DRAINAGE OF ARM LESION	269.57				
15	23931	DRAINAGE OF ARM BURSA	361.04				
15	23935	DRAIN ARM/ELBOW BONE LESION	361.04				
15	24000	EXPLORATORY ELBOW SURGERY	509.99				
15	24006	RELEASE ELBOW JOINT	509.99				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	361.04				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	361.04				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	361.04				
15	24075	REMOVE ARM/ELBOW LESION	361.04				
15	24076	REMOVE ARM/ELBOW LESION	361.04				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	412.84				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	24100	BIOPSY ELBOW JOINT LINING	269.57				
15	24101	EXPLORE/TREAT ELBOW JOINT	509.99				
15	24102	REMOVE ELBOW JOINT LINING	509.99				
15	24105	REMOVAL OF ELBOW BURSA	412.84				
15	24110	REMOVE HUMERUS LESION	361.04				
15	24115	REMOVE/GRAFT BONE LESION	412.84				
15	24116	REMOVE/GRAFT BONE LESION	412.84				
15	24120	REMOVE ELBOW LESION	412.84				
15	24125	REMOVE/GRAFT BONE LESION	412.84				
15	24126	REMOVE/GRAFT BONE LESION	412.84				
15	24130	REMOVAL OF HEAD OF RADIUS	412.84				
15	24134	REMOVAL OF ARM BONE LESION	361.04				
15	24136	REMOVE RADIUS BONE LESION	361.04				
15	24138	REMOVE ELBOW BONE LESION	361.04				
15	24140	PARTIAL REMOVAL OF ARM BONE	412.84				
15	24145	PARTIAL REMOVAL OF RADIUS	412.84				
15	24147	PARTIAL REMOVAL OF ELBOW	361.04				
15	24155	REMOVAL OF ELBOW JOINT	412.84				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	361.04				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	412.84				
15	24200	REMOVAL OF ARM FOREIGN BODY	269.57				
15	24201	REMOVAL OF ARM FOREIGN BODY	361.04				
15	24301	MUSCLE/TENDON TRANSFER	509.99				
15	24305	ARM TENDON LENGTHENING	509.99				
15	24310	REVISION OF ARM TENDON	412.84				
15	24320	REPAIR OF ARM TENDON	412.84				
15	24330	REVISION OF ARM MUSCLES	412.84				
15	24331	REVISION OF ARM MUSCLES	412.84				
15	24340	REPAIR OF BICEPS TENDON	412.84				
15	24341	REPAIR ARM TENDON/MUSCLE	412.84				
15	24342	REPAIR OF RUPTURED TENDON	412.84				
15	24345	REPR ELBW MED LIGMNT W/TISSU	361.04				
15	24360	RECONSTRUCT ELBOW JOINT	580.42				
15	24361	RECONSTRUCT ELBOW JOINT	580.42				
15	24362	RECONSTRUCT ELBOW JOINT	580.42				
15	24363	REPLACE ELBOW JOINT	805.45				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	580.42				
15	24366	RECONSTRUCT HEAD OF RADIUS	580.42				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	580.42				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	580.42				
15	24400	REVISION OF HUMERUS	509.99				
15	24410	REVISION OF HUMERUS	509.99				
15	24420	REVISION OF HUMERUS	412.84				
15	24430	REPAIR OF HUMERUS	412.84				
15	24435	REPAIR HUMERUS WITH GRAFT	509.99				
15	24470	REVISION OF ELBOW JOINT	412.84				
15	24495	DECOMPRESSION OF FOREARM	361.04				
15	24498	REINFORCE HUMERUS	412.84				
15	24500	TREAT HUMERUS FRACTURE	269.57				
15	24505	TREAT HUMERUS FRACTURE	269.57				
15	24515	TREAT HUMERUS FRACTURE	509.99				
15	24516	TREAT HUMERUS FRACTURE	509.99				
15	24530	TREAT HUMERUS FRACTURE	269.57				
15	24535	TREAT HUMERUS FRACTURE	269.57				
15	24538	TREAT HUMERUS FRACTURE	361.04				
15	24545	TREAT HUMERUS FRACTURE	509.99				
15	24546	TREAT HUMERUS FRACTURE	580.42				
15	24560	TREAT HUMERUS FRACTURE	269.57				
15	24565	TREAT HUMERUS FRACTURE	361.04				
15	24566	TREAT HUMERUS FRACTURE	361.04				
15	24575	TREAT HUMERUS FRACTURE	412.84				
15	24576	TREAT HUMERUS FRACTURE	269.57				
15	24577	TREAT HUMERUS FRACTURE	269.57				
15	24579	TREAT HUMERUS FRACTURE	412.84				
15	24582	TREAT HUMERUS FRACTURE	361.04				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	509.99				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	580.42				
15	24600	TREAT ELBOW DISLOCATION	269.57				
15	24605	TREAT ELBOW DISLOCATION	361.04				
15	24615	TREAT ELBOW DISLOCATION	412.84				
15	24620	TREAT ELBOW FRACTURE	361.04				
15	24635	TREAT ELBOW FRACTURE	412.84				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	269.57				
15	24655	TREAT RADIUS FRACTURE	269.57				
15	24665	TREAT RADIUS FRACTURE	509.99				
15	24666	TREAT RADIUS FRACTURE	509.99				
15	24670	TREAT ULNAR FRACTURE	269.57				
15	24675	TREAT ULNAR FRACTURE	269.57				
15	24685	TREAT ULNAR FRACTURE	412.84				
15	24800	FUSION OF ELBOW JOINT	509.99				
15	24802	FUSION/GRAFT OF ELBOW JOINT	580.42				
15	24925	AMPUTATION FOLLOW-UP SURGERY	412.84				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP				X
15	25000	INCISION OF TENDON SHEATH	412.84				

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	25020	DECOMPRESS FOREARM 1 SPACE	412.84				
15	25023	DECOMPRESS FOREARM 1 SPACE	412.84				
15	25024	DECOMPRESS FOREARM 2 SPACES	412.84				
15	25025	DECOMPRESS FORARM 2 SPACES	412.84				
15	25028	DRAINAGE OF FOREARM LESION	269.57				
15	25031	DRAINAGE OF FOREARM BURSA	361.04				
15	25035	TREAT FOREARM BONE LESION	361.04				
15	25040	EXPLORE/TREAT WRIST JOINT	580.42				
15	25066	BIOPSY FOREARM SOFT TISSUES	361.04				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	361.04				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	361.04				
15	25075	REMOVE FOREARM LESION SUBCUT	361.04				
15	25076	REMOVE FOREARM LESION DEEP	412.84				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	412.84				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	361.04				
15	25085	INCISION OF WRIST CAPSULE	412.84				
15	25100	BIOPSY OF WRIST JOINT	361.04				
15	25101	EXPLORE/TREAT WRIST JOINT	412.84				
15	25105	REMOVE WRIST JOINT LINING	509.99				
15	25107	REMOVE WRIST JOINT CARTILAGE	412.84				
15	25110	REMOVE WRIST TENDON LESION	412.84				
15	25111	REMOVE WRIST TENDON LESION	412.84				
15	25112	REREMOVE WRIST TENDON LESION	509.99				
15	25115	REMOVE WRIST/FOREARM LESION	509.99				
15	25116	REMOVE WRIST/FOREARM LESION	509.99				
15	25118	EXCISE WRIST TENDON SHEATH	361.04				
15	25119	PARTIAL REMOVAL OF ULNA	412.84				
15	25120	REMOVAL OF FOREARM LESION	412.84				
15	25125	REMOVE/GRAFT FOREARM LESION	412.84				
15	25126	REMOVE/GRAFT FOREARM LESION	412.84				
15	25130	REMOVAL OF WRIST LESION	412.84				
15	25135	REMOVE & GRAFT WRIST LESION	412.84				
15	25136	REMOVE & GRAFT WRIST LESION	412.84				
15	25145	REMOVE FOREARM BONE LESION	361.04				
15	25150	PARTIAL REMOVAL OF ULNA	361.04				
15	25151	PARTIAL REMOVAL OF RADIUS	361.04				
15	25210	REMOVAL OF WRIST BONE	412.84				
15	25215	REMOVAL OF WRIST BONES	509.99				
15	25230	PARTIAL REMOVAL OF RADIUS	509.99				
15	25240	PARTIAL REMOVAL OF ULNA	509.99				
15	25248	REMOVE FOREARM FOREIGN BODY	361.04				
15	25250	REMOVAL OF WRIST PROSTHESIS	269.57				
15	25251	REMOVAL OF WRIST PROSTHESIS	269.57				
15	25260	REPAIR FOREARM TENDON/MUSCLE	509.99				
15	25263	REPAIR FOREARM TENDON/MUSCLE	361.04				
15	25265	REPAIR FOREARM TENDON/MUSCLE	412.84				
15	25270	REPAIR FOREARM TENDON/MUSCLE	509.99				
15	25272	REPAIR FOREARM TENDON/MUSCLE	412.84				

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU SEPTEMBER 30, 2016

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION	FEE				
15	25274	REPAIR FOREARM TENDON/MUSCLE	509.99				
15	25275	REPAIR FOREARM TENDON SHEATH	509.99				
15	25280	REVISE WRIST/FOREARM TENDON	509.99				
15	25290	INCISE WRIST/FOREARM TENDON	412.84				
15	25295	RELEASE WRIST/FOREARM TENDON	412.84				
15	25300	FUSION OF TENDONS AT WRIST	412.84				
15	25301	FUSION OF TENDONS AT WRIST	412.84				
15	25310	TRANSPLANT FOREARM TENDON	412.84				
15	25312	TRANSPLANT FOREARM TENDON	509.99				
15	25315	REVISE PALSY HAND TENDON(S)	412.84				
15	25316	REVISE PALSY HAND TENDON(S)	412.84				
15	25320	REPAIR/REVISE WRIST JOINT	412.84				
15	25332	REVISE WRIST JOINT	580.42				
15	25335	REALIGNMENT OF HAND	412.84				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	580.42				
15	25350	REVISION OF RADIUS	412.84				
15	25355	REVISION OF RADIUS	412.84				
15	25360	REVISION OF ULNA	412.84				
15	25365	REVISE RADIUS & ULNA	412.84				
15	25370	REVISE RADIUS OR ULNA	412.84				
15	25375	REVISE RADIUS & ULNA	509.99				
15	25390	SHORTEN RADIUS OR ULNA	412.84				
15	25391	LENGTHEN RADIUS OR ULNA	509.99				
15	25392	SHORTEN RADIUS & ULNA	412.84				
15	25393	LENGTHEN RADIUS & ULNA	509.99				
15	25400	REPAIR RADIUS OR ULNA	412.84				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	509.99				
15	25415	REPAIR RADIUS & ULNA	412.84				
15	25420	REPAIR/GRAFT RADIUS & ULNA	509.99				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	412.84				
15	25426	REPAIR/GRAFT RADIUS & ULNA	509.99				
15	25431	REPAIR NONUNION CARPAL BONE	412.84				
15	25440	REPAIR/GRAFT WRIST BONE	509.99				
15	25441	RECONSTRUCT WRIST JOINT	580.42				
15	25442	RECONSTRUCT WRIST JOINT	580.42				
15	25443	RECONSTRUCT WRIST JOINT	580.42				
15	25444	RECONSTRUCT WRIST JOINT	580.42				
15	25445	RECONSTRUCT WRIST JOINT	580.42				
15	25446	WRIST REPLACEMENT	805.45				
15	25447	REPAIR WRIST JOINT(S)	580.42				
15	25449	REMOVE WRIST JOINT IMPLANT	580.42				
15	25450	REVISION OF WRIST JOINT	412.84				
15	25455	REVISION OF WRIST JOINT	412.84				
15	25490	REINFORCE RADIUS	412.84				
15	25491	REINFORCE ULNA	412.84				
15	25492	REINFORCE RADIUS AND ULNA	412.84				
15	25505	TREAT FRACTURE OF RADIUS	269.57				
15	25515	TREAT FRACTURE OF RADIUS	412.84				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	269.57				
15	25525	TREAT FRACTURE OF RADIUS	509.99				
15	25526	TREAT FRACTURE OF RADIUS	580.42				
15	25535	TREAT FRACTURE OF ULNA	269.57				
15	25545	TREAT FRACTURE OF ULNA	412.84				
15	25565	TREAT FRACTURE RADIUS & ULNA	361.04				
15	25574	TREAT FRACTURE RADIUS & ULNA	412.84				
15	25575	TREAT FRACTURE RADIUS/ULNA	412.84				
15	25605	TREAT FRACTURE RADIUS/ULNA	412.84				
15	25606	TREAT FX DISTAL RADIAL	412.84				
15	25607	TREAT FX RAD EXTRA-ARTICUL	580.42				
15	25608	TREAT FX RAD INTRA-ARTICUL	580.42				
15	25609	TREAT FX RADIAL 3 + FRAG	580.42				
15	25624	TREAT WRIST BONE FRACTURE	361.04				
15	25628	TREAT WRIST BONE FRACTURE	412.84				
15	25635	TREAT WRIST BONE FRACTURE	269.57				
15	25645	TREAT WRIST BONE FRACTURE	412.84				
15	25651	PIN ULAR STYLOID FRACTURE	412.84				
15	25660	TREAT WRIST DISLOCATION	269.57				
15	25670	TREAT WRIST DISLOCATION	412.84				
15	25671	PIN RADIOULNAR DISLOCATION	269.57				
15	25675	TREAT WRIST DISLOCATION	269.57				
15	25676	TREAT WRIST DISLOCATION	361.04				
15	25680	TREAT WRIST FRACTURE	361.04				
15	25685	TREAT WRIST FRACTURE	412.84				
15	25690	TREAT WRIST DISLOCATION	269.57				
15	25695	TREAT WRIST DISLOCATION	361.04				
15	25800	FUSION OF WRIST JOINT	509.99				
15	25805	FUSION/GRAFT OF WRIST JOINT	580.42				
15	25810	FUSION/GRAFT OF WRIST JOINT	580.42				
15	25820	FUSION OF HAND BONES	509.99				
15	25825	FUSE HAND BONES WITH GRAFT	580.42				
15	25830	FUSION, RADIOULNAR JNT/ULNA	580.42				
15	25907	AMPUTATION FOLLOW-UP SURGERY	412.84				
15	25922	AMPUTATE HAND AT WRIST	412.84				
15	25929	AMPUTATION FOLLOW-UP SURGERY	412.84				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	269.57				
15	26020	DRAIN HAND TENDON SHEATH	361.04				
15	26025	DRAINAGE OF PALM BURSA	269.57				
15	26030	DRAINAGE OF PALM BURSA(S)	361.04				
15	26034	TREAT HAND BONE LESION	361.04				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	509.99				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	412.84				
15	26055	INCISE FINGER TENDON SHEATH	361.04				
15	26060	INCISION OF FINGER TENDON	361.04				
15	26070	EXPLORE/TREAT HAND JOINT	361.04				
15	26075	EXPLORE/TREAT FINGER JOINT	509.99				

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26080	EXPLORE/TREAT FINGER JOINT	509.99				
15	26100	BIOPSY HAND JOINT LINING	361.04				
15	26105	BIOPSY FINGER JOINT LINING	269.57				
15	26110	BIOPSY FINGER JOINT LINING	269.57				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	361.04				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	361.04				
15	26115	REMOVE HAND LESION SUBCUT	361.04				
15	26116	REMOVE HAND LESION, DEEP	361.04				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	412.84				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	361.04				
15	26121	RELEASE PALM CONTRACTURE	509.99				
15	26123	RELEASE PALM CONTRACTURE	509.99				
15	26125	RELEASE PALM CONTRACTURE	509.99				
15	26130	REMOVE WRIST JOINT LINING	412.84				
15	26135	REVISE FINGER JOINT, EACH	509.99				
15	26140	REVISE FINGER JOINT, EACH	361.04				
15	26145	TENDON EXCISION, PALM/FINGER	412.84				
15	26160	REMOVE TENDON SHEATH LESION	412.84				
15	26170	REMOVAL OF PALM TENDON, EACH	412.84				
15	26180	REMOVAL OF FINGER TENDON	412.84				
15	26185	REMOVE FINGER BONE	509.99				
15	26200	REMOVE HAND BONE LESION	361.04				
15	26205	REMOVE/GRAFT BONE LESION	412.84				
15	26210	REMOVAL OF FINGER LESION	361.04				
15	26215	REMOVE/GRAFT FINGER LESION	412.84				
15	26230	PARTIAL REMOVAL OF HAND BONE	805.45				
15	26235	PARTIAL REMOVAL, FINGER BONE	412.84				
15	26236	PARTIAL REMOVAL, FINGER BONE	412.84				
15	26250	EXTENSIVE HAND SURGERY	412.84				
15	26260	EXTENSIVE FINGER SURGERY	412.84				
15	26262	PARTIAL REMOVAL OF FINGER	361.04				
15	26320	REMOVAL OF IMPLANT FROM HAND	361.04				
15	26340	MANIPULATE FINGER WITH ANESTH	269.57				
15	26350	REPAIR OF FINGER TENDON	269.57				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	509.99				
15	26356	REPAIR OF FINGER TENDON	509.99				
15	26357	REPAIR OF FINGER TENDON	509.99				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	509.99				
15	26370	REPAIR FINGER/HAND TENDON	509.99				
15	26372	REPAIR/GRAFT HAND TENDON	509.99				
15	26373	REPAIR FINGER/HAND TENDON	412.84				
15	26390	REVISE HAND/FINGER TENDON	509.99				
15	26392	REPAIR/GRAFT HAND TENDON	412.84				
15	26410	REPAIR HAND TENDON	412.84				
15	26412	REPAIR/GRAFT HAND TENDON	412.84				
15	26415	EXCISION, HAND/FINGER TENDON	509.99				
15	26416	GRAFT HAND OR FINGER TENDON	412.84				
15	26418	REPAIR FINGER TENDON	509.99				

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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	509.99				
15	26426	REPAIR FINGER/HAND TENDON	412.84				
15	26428	REPAIR/GRAFT FINGER TENDON	412.84				
15	26432	REPAIR FINGER TENDON	412.84				
15	26433	REPAIR FINGER TENDON	412.84				
15	26434	REPAIR/GRAFT FINGER TENDON	412.84				
15	26437	REALIGNMENT OF TENDONS	412.84				
15	26440	RELEASE PALM/FINGER TENDON	412.84				
15	26442	RELEASE PALM & FINGER TENDON	412.84				
15	26445	RELEASE HAND/FINGER TENDON	412.84				
15	26449	RELEASE FOREARM/HAND TENDON	412.84				
15	26450	INCISION OF PALM TENDON	412.84				
15	26455	INCISION OF FINGER TENDON	412.84				
15	26460	INCISE HAND/FINGER TENDON	412.84				
15	26471	FUSION OF FINGER TENDONS	361.04				
15	26474	FUSION OF FINGER TENDONS	361.04				
15	26476	TENDON LENGTHENING	269.57				
15	26477	TENDON SHORTENING	269.57				
15	26478	LENGTHENING OF HAND TENDON	269.57				
15	26479	SHORTENING OF HAND TENDON	269.57				
15	26480	TRANSPLANT HAND TENDON	412.84				
15	26483	TRANSPLANT/GRAFT HAND TENDON	412.84				
15	26485	TRANSPLANT PALM TENDON	361.04				
15	26489	TRANSPLANT/GRAFT PALM TENDON	412.84				
15	26490	REVISE THUMB TENDON	412.84				
15	26492	TENDON TRANSFER WITH GRAFT	412.84				
15	26494	HAND TENDON/MUSCLE TRANSFER	412.84				
15	26496	REVISE THUMB TENDON	412.84				
15	26497	FINGER TENDON TRANSFER	412.84				
15	26498	FINGER TENDON TRANSFER	509.99				
15	26499	REVISION OF FINGER	412.84				
15	26500	HAND TENDON RECONSTRUCTION	509.99				
15	26502	HAND TENDON RECONSTRUCTION	509.99				
15	26508	RELEASE THUMB CONTRACTURE	412.84				
15	26510	THUMB TENDON TRANSFER	412.84				
15	26516	FUSION OF KNUCKLE JOINT	269.57				
15	26517	FUSION OF KNUCKLE JOINTS	412.84				
15	26518	FUSION OF KNUCKLE JOINTS	412.84				
15	26520	RELEASE KNUCKLE CONTRACTURE	412.84				
15	26525	RELEASE FINGER CONTRACTURE	412.84				
15	26530	REVISE KNUCKLE JOINT	412.84				
15	26531	REVISE KNUCKLE WITH IMPLANT	805.45				
15	26535	REVISE FINGER JOINT	580.42				
15	26536	REVISE/IMPLANT FINGER JOINT	580.42				
15	26540	REPAIR HAND JOINT	509.99				
15	26541	REPAIR HAND JOINT WITH GRAFT	805.45				
15	26542	REPAIR HAND JOINT WITH GRAFT	509.99				
15	26545	RECONSTRUCT FINGER JOINT	509.99				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 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	509.99				
15	26548	RECONSTRUCT FINGER JOINT	509.99				
15	26550	CONSTRUCT THUMB REPLACEMENT	361.04				
15	26555	POSITIONAL CHANGE OF FINGER	412.84				
15	26560	REPAIR OF WEB FINGER	361.04				
15	26561	REPAIR OF WEB FINGER	412.84				
15	26562	REPAIR OF WEB FINGER	509.99				
15	26565	CORRECT METACARPAL FLAW	580.42				
15	26567	CORRECT FINGER DEFORMITY	580.42				
15	26568	LENGTHEN METACARPAL/FINGER	412.84				
15	26580	REPAIR HAND DEFORMITY	580.42				
15	26587	RECONSTRUCT EXTRA FINGER	580.42				
15	26590	REPAIR FINGER DEFORMITY	580.42				
15	26591	REPAIR MUSCLES OF HAND	412.84				
15	26593	RELEASE MUSCLES OF HAND	412.84				
15	26596	EXCISION CONSTRICTING TISSUE	361.04				
15	26605	TREAT METACARPAL FRACTURE	361.04				
15	26607	TREAT METACARPAL FRACTURE	361.04				
15	26608	TREAT METACARPAL FRACTURE	509.99				
15	26615	TREAT METACARPAL FRACTURE	509.99				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	269.57				
15	26645	TREAT THUMB FRACTURE	269.57				
15	26650	TREAT THUMB FRACTURE	361.04				
15	26665	TREAT THUMB FRACTURE	509.99				
15	26675	TREAT HAND DISLOCATION	361.04				
15	26676	PIN HAND DISLOCATION	361.04				
15	26685	TREAT HAND DISLOCATION	412.84				
15	26686	TREAT HAND DISLOCATION	412.84				
15	26705	TREAT KNUCKLE DISLOCATION	361.04				
15	26706	PIN KNUCKLE DISLOCATION	361.04				
15	26715	TREAT KNUCKLE DISLOCATION	509.99				
15	26727	TREAT FINGER FRACTURE, EACH	805.45				
15	26735	TREAT FINGER FRACTURE, EACH	509.99				
15	26742	TREAT FINGER FRACTURE, EACH	361.04				
15	26746	TREAT FINGER FRACTURE, EACH	580.42				
15	26756	PIN FINGER FRACTURE, EACH	361.04				
15	26765	TREAT FINGER FRACTURE, EACH	509.99				
15	26776	PIN FINGER DISLOCATION	361.04				
15	26785	TREAT FINGER DISLOCATION	361.04				
15	26820	THUMB FUSION WITH GRAFT	580.42				
15	26841	FUSION OF THUMB	509.99				
15	26842	THUMB FUSION WITH GRAFT	509.99				
15	26843	FUSION OF HAND JOINT	412.84				
15	26844	FUSION/GRAFT OF HAND JOINT	412.84				
15	26850	FUSION OF KNUCKLE	509.99				
15	26852	FUSION OF KNUCKLE WITH GRAFT	509.99				
15	26860	FUSION OF FINGER JOINT	412.84				
15	26861	FUSION OF FINGER JNT, ADD-ON	361.04				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 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	26862	FUSION/GRAFT OF FINGER JOINT	509.99				
15	26863	FUSE/GRAFT ADDED JOINT	412.84				
15	26910	AMPUTATE METACARPAL BONE	412.84				
15	26951	AMPUTATION OF FINGER/THUMB	361.04				
15	26952	AMPUTATION OF FINGER/THUMB	509.99				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP		X		
15	26990	DRAINAGE OF PELVIS LESION	269.57				
15	26991	DRAINAGE OF PELVIS BURSA	269.57				
15	27000	INCISION OF HIP TENDON	361.04				
15	27001	INCISION OF HIP TENDON	412.84				
15	27003	INCISION OF HIP TENDON	412.84				
15	27033	EXPLORATION OF HIP JOINT	412.84				
15	27035	DENERVATION OF HIP JOINT	509.99				
15	27040	BIOPSY OF SOFT TISSUES	269.57				
15	27041	BIOPSY OF SOFT TISSUES	361.04				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	361.04				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	361.04				
15	27047	REMOVE HIP/PELVIS LESION	361.04				
15	27048	REMOVE HIP/PELVIS LESION	412.84				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	412.84				
15	27050	BIOPSY OF SACROILIAC JOINT	412.84				
15	27052	BIOPSY OF HIP JOINT	412.84				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	27060	REMOVAL OF ISCHIAL BURSA	580.42				
15	27062	REMOVE FEMUR LESION/BURSA	580.42				
15	27065	REMOVAL OF HIP BONE LESION	580.42				
15	27066	REMOVAL OF HIP BONE LESION	580.42				
15	27067	REMOVE/GRAFT HIP BONE LESION	580.42				
15	27080	REMOVAL OF TAIL BONE	361.04				
15	27086	REMOVE HIP FOREIGN BODY	269.57				
15	27087	REMOVE HIP FOREIGN BODY	412.84				
15	27095	WITH ANES	269.57				
15	27097	REVISION OF HIP TENDON	412.84				
15	27098	TRANSFER TENDON TO PELVIS	412.84				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	509.99				
15	27105	TRANSFER OF SPINAL MUSCLE	509.99				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	509.99				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	509.99				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	412.84				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	361.04				
15	27193	TREAT PELVIC RING FRACTURE	269.57				
15	27194	TREAT PELVIC RING FRACTURE	361.04				
15	27202	TREAT TAIL BONE FRACTURE	361.04				
15	27230	TREAT THIGH FRACTURE	269.57				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	269.57				
15	27238	TREAT THIGH FRACTURE	269.57				
15	27246	TREAT THIGH FRACTURE	269.57				
15	27250	TREAT HIP DISLOCATION	269.57				

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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	361.04				
15	27257	TREAT HIP DISLOCATION	412.84				
15	27265	TREAT HIP DISLOCATION	269.57				
15	27266	TREAT HIP DISLOCATION	361.04				
15	27275	MANIPULATION OF HIP JOINT	361.04				
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,083.92				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	412.84				
15	27305	INCISE THIGH TENDON & FASCIA	361.04				
15	27306	INCISION OF THIGH TENDON	412.84				
15	27307	INCISION OF THIGH TENDONS	412.84				
15	27310	EXPLORATION OF KNEE JOINT	509.99				
15	27323	BIOPSY, THIGH SOFT TISSUES	269.57				
15	27324	BIOPSY, THIGH SOFT TISSUES	269.57				
15	27327	REMOVAL OF THIGH LESION	361.04				
15	27328	REMOVAL OF THIGH LESION	412.84				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	509.99				
15	27330	BIOPSY, KNEE JOINT LINING	509.99				
15	27331	EXPLORE/TREAT KNEE JOINT	509.99				
15	27332	REMOVAL OF KNEE CARTILAGE	509.99				
15	27333	REMOVAL OF KNEE CARTILAGE	509.99				
15	27334	REMOVE KNEE JOINT LINING	509.99				
15	27335	REMOVE KNEE JOINT LINING	509.99				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	361.04				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	361.04				
15	27340	REMOVAL OF KNEECAP BURSA	412.84				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	509.99				
15	27347	REMOVE KNEE CYST	509.99				
15	27350	REMOVAL OF KNEECAP	509.99				
15	27355	REMOVE FEMUR LESION	412.84				
15	27356	REMOVE FEMUR LESION/GRAFT	509.99				
15	27357	REMOVE FEMUR LESION/GRAFT	580.42				
15	27358	REMOVE FEMUR LESION/FIXATION	580.42				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	580.42				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	27372	REMOVAL OF FOREIGN BODY	805.45				
15	27380	REPAIR OF KNEECAP TENDON	269.57				
15	27381	REPAIR/GRAFT KNEECAP TENDON	412.84				
15	27385	REPAIR OF THIGH MUSCLE	412.84				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	412.84				
15	27390	INCISION OF THIGH TENDON	269.57				
15	27391	INCISION OF THIGH TENDONS	361.04				
15	27392	INCISION OF THIGH TENDONS	412.84				
15	27393	LENGTHENING OF THIGH TENDON	361.04				
15	27394	LENGTHENING OF THIGH TENDONS	412.84				
15	27395	LENGTHENING OF THIGH TENDONS	412.84				
15	27396	TRANSPLANT OF THIGH TENDON	412.84				
15	27397	TRANSPLANTS OF THIGH TENDONS	412.84				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION	FEE				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	412.84				
15	27403	REPAIR OF KNEE CARTILAGE	509.99				
15	27405	REPAIR OF KNEE LIGAMENT	509.99				
15	27407	REPAIR OF KNEE LIGAMENT	509.99				
15	27409	REPAIR OF KNEE LIGAMENTS	509.99				
15	27418	REPAIR DEGENERATED KNEECAP	412.84				
15	27420	REVISION OF UNSTABLE KNEECAP	412.84				
15	27422	REVISION OF UNSTABLE KNEECAP	805.45				
15	27424	REVISION/REMOVAL OF KNEECAP	412.84				
15	27425	LATERAL RETINACULAR RELEASE	805.45				
15	27427	RECONSTRUCTION, KNEE	412.84				
15	27428	RECONSTRUCTION, KNEE	509.99				
15	27429	RECONSTRUCTION, KNEE	509.99				
15	27430	REVISION OF THIGH MUSCLES	509.99				
15	27435	INCISION OF KNEE JOINT	509.99				
15	27437	REVISE KNEECAP	509.99				
15	27438	REVISE KNEECAP WITH IMPLANT	580.42				
15	27441	REVISION OF KNEE JOINT	580.42				
15	27442	REVISION OF KNEE JOINT	580.42				
15	27443	REVISION OF KNEE JOINT	580.42				
15	27455	REALIGNMENT OF KNEE	509.99				
15	27465	SHORTENING OF FEMUR	580.42				
15	27477	REPAIR LOWER LEG EPIPHYSES	361.04				
15	27496	DECOMPRESSION OF THIGH/KNEE	580.42				
15	27497	DECOMPRESSION OF THIGH/KNEE	412.84				
15	27498	DECOMPRESSION OF THIGH/KNEE	412.84				
15	27499	DECOMPRESSION OF THIGH/KNEE	412.84				
15	27500	TREATMENT OF THIGH FRACTURE	269.57				
15	27501	TREATMENT OF THIGH FRACTURE	361.04				
15	27502	TREATMENT OF THIGH FRACTURE	361.04				
15	27503	TREATMENT OF THIGH FRACTURE	412.84				
15	27508	TREATMENT OF THIGH FRACTURE	269.57				
15	27509	TREATMENT OF THIGH FRACTURE	412.84				
15	27510	TREATMENT OF THIGH FRACTURE	269.57				
15	27514	REPAIR OF FEMUR FRACTURE	269.57				
15	27516	TREAT THIGH FX GROWTH PLATE	269.57				
15	27517	TREAT THIGH FX GROWTH PLATE	269.57				
15	27520	TREAT KNEECAP FRACTURE	269.57				
15	27530	TREAT KNEE FRACTURE	269.57				
15	27532	TREAT KNEE FRACTURE	269.57				
15	27538	TREAT KNEE FRACTURE(S)	269.57				
15	27540	REPAIR OF KNEE FRACTURE	269.57				
15	27550	TREAT KNEE DISLOCATION	269.57				
15	27552	TREAT KNEE DISLOCATION	269.57				
15	27560	TREAT KNEECAP DISLOCATION	269.57				
15	27562	TREAT KNEECAP DISLOCATION	269.57				
15	27566	TREAT KNEECAP DISLOCATION	361.04				
15	27570	FIXATION OF KNEE JOINT	269.57				

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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	412.84				
15	27599	LEG SURGERY PROCEDURE	MP		X		
15	27600	DECOMPRESSION OF LOWER LEG	412.84				
15	27601	DECOMPRESSION OF LOWER LEG	412.84				
15	27602	DECOMPRESSION OF LOWER LEG	412.84				
15	27603	DRAIN LOWER LEG LESION	361.04				
15	27604	DRAIN LOWER LEG BURSA	361.04				
15	27605	INCISION OF ACHILLES TENDON	269.57				
15	27606	INCISION OF ACHILLES TENDON	269.57				
15	27607	TREAT LOWER LEG BONE LESION	361.04				
15	27610	EXPLORE/TREAT ANKLE JOINT	361.04				
15	27612	EXPLORATION OF ANKLE JOINT	412.84				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	361.04				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	412.84				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	361.04				
15	27618	REMOVE LOWER LEG LESION	361.04				
15	27619	REMOVE LOWER LEG LESION	412.84				
15	27620	EXPLORE/TREAT ANKLE JOINT	509.99				
15	27625	REMOVE ANKLE JOINT LINING	509.99				
15	27626	REMOVE ANKLE JOINT LINING	509.99				
15	27630	REMOVAL OF TENDON LESION	412.84				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	361.04				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	361.04				
15	27635	REMOVE LOWER LEG BONE LESION	412.84				
15	27637	REMOVE/GRAFT LEG BONE LESION	412.84				
15	27638	REMOVE/GRAFT LEG BONE LESION	412.84				
15	27640	PARTIAL REMOVAL OF TIBIA	361.04				
15	27641	PARTIAL REMOVAL OF FIBULA	361.04				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	412.84				
15	27650	REPAIR ACHILLES TENDON	412.84				
15	27652	REPAIR/GRAFT ACHILLES TENDON	412.84				
15	27654	REPAIR OF ACHILLES TENDON	412.84				
15	27656	REPAIR LEG FASCIA DEFECT	361.04				
15	27658	REPAIR OF LEG TENDON, EACH	269.57				
15	27659	REPAIR OF LEG TENDON, EACH	361.04				
15	27664	REPAIR OF LEG TENDON, EACH	361.04				
15	27665	REPAIR OF LEG TENDON, EACH	361.04				
15	27675	REPAIR LOWER LEG TENDONS	361.04				
15	27676	REPAIR LOWER LEG TENDONS	412.84				
15	27680	RELEASE OF LOWER LEG TENDON	412.84				
15	27681	RELEASE OF LOWER LEG TENDONS	361.04				
15	27685	REVISION OF LOWER LEG TENDON	412.84				
15	27686	REVISE LOWER LEG TENDONS	412.84				
15	27687	REVISION OF CALF TENDON	412.84				
15	27690	REVISE LOWER LEG TENDON	509.99				
15	27691	REVISE LOWER LEG TENDON	509.99				
15	27692	REVISE ADDITIONAL LEG TENDON	412.84				
15	27695	REPAIR OF ANKLE LIGAMENT	361.04				

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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	361.04				
15	27698	REPAIR OF ANKLE LIGAMENT	361.04				
15	27700	REVISION OF ANKLE JOINT	580.42				
15	27704	REMOVAL OF ANKLE IMPLANT	361.04				
15	27705	INCISION OF TIBIA	361.04				
15	27707	INCISION OF FIBULA	361.04				
15	27709	INCISION OF TIBIA & FIBULA	361.04				
15	27715	REVISION OF LOWER LEG	580.42				
15	27720	REPAIR OF TIBIA	269.57				
15	27730	REPAIR OF TIBIA EPIPHYSIS	361.04				
15	27732	REPAIR OF FIBULA EPIPHYSIS	361.04				
15	27734	REPAIR LOWER LEG EPIPHYSES	361.04				
15	27740	REPAIR OF LEG EPIPHYSES	361.04				
15	27742	REPAIR OF LEG EPIPHYSES	361.04				
15	27745	REINFORCE TIBIA	412.84				
15	27750	TREATMENT OF TIBIA FRACTURE	269.57				
15	27752	TREATMENT OF TIBIA FRACTURE	269.57				
15	27756	TREATMENT OF TIBIA FRACTURE	412.84				
15	27758	TREATMENT OF TIBIA FRACTURE	509.99				
15	27759	TREATMENT OF TIBIA FRACTURE	509.99				
15	27760	CLTX MEDIAL ANKLE FX	269.57				
15	27762	CLTX MED ANKLE FX W/MNPJ	269.57				
15	27766	TREATMENT OF ANKLE FRACTURE	412.84				
15	27780	TREATMENT OF FIBULA FRACTURE	269.57				
15	27781	TREATMENT OF FIBULA FRACTURE	269.57				
15	27784	TREATMENT OF FIBULA FRACTURE	412.84				
15	27786	TREATMENT OF ANKLE FRACTURE	269.57				
15	27788	TREATMENT OF ANKLE FRACTURE	269.57				
15	27792	TREATMENT OF ANKLE FRACTURE	412.84				
15	27808	TREATMENT OF ANKLE FRACTURE	269.57				
15	27810	TREATMENT OF ANKLE FRACTURE	269.57				
15	27814	TREATMENT OF ANKLE FRACTURE	412.84				
15	27816	TREATMENT OF ANKLE FRACTURE	269.57				
15	27818	TREATMENT OF ANKLE FRACTURE	269.57				
15	27822	TREATMENT OF ANKLE FRACTURE	412.84				
15	27823	TREATMENT OF ANKLE FRACTURE	412.84				
15	27824	TREAT LOWER LEG FRACTURE	269.57				
15	27825	TREAT LOWER LEG FRACTURE	361.04				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	412.84				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	412.84				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	509.99				
15	27829	TREAT LOWER LEG JOINT	361.04				
15	27830	TREAT LOWER LEG DISLOCATION	269.57				
15	27831	TREAT LOWER LEG DISLOCATION	269.57				
15	27832	TREAT LOWER LEG DISLOCATION	361.04				
15	27840	TREAT ANKLE DISLOCATION	269.57				
15	27842	TREAT ANKLE DISLOCATION	269.57				
15	27846	TREAT ANKLE DISLOCATION	412.84				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27848	TREAT ANKLE DISLOCATION	412.84				
15	27860	FIXATION OF ANKLE JOINT	269.57				
15	27870	FUSION OF ANKLE JOINT	509.99				
15	27871	FUSION OF TIBIOFIBULAR JOINT	509.99				
15	27884	AMPUTATION FOLLOW-UP SURGERY	412.84				
15	27888	AMPUTATION OF FOOT AT ANKLE	412.84				
15	27889	AMPUTATION OF FOOT AT ANKLE	412.84				
15	27892	DECOMPRESSION OF LEG	412.84				
15	27893	DECOMPRESSION OF LEG	412.84				
15	27894	DECOMPRESSION OF LEG	412.84				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	412.84				
15	28003	TREATMENT OF FOOT INFECTION	412.84				
15	28005	TREAT FOOT BONE LESION	412.84				
15	28008	INCISION OF FOOT FASCIA	412.84				
15	28011	INCISION OF TOE TENDONS	412.84				
15	28020	EXPLORATION OF FOOT JOINT	361.04				
15	28022	EXPLORATION OF FOOT JOINT	361.04				
15	28024	EXPLORATION OF TOE JOINT	361.04				
15	28035	DECOMPRESSION OF TIBIA NERVE	509.99				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	269.57				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	361.04				
15	28043	EXCISION OF FOOT LESION	361.04				
15	28045	EXCISION OF FOOT LESION	412.84				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	412.84				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	361.04				
15	28050	BIOPSY OF FOOT JOINT LINING	361.04				
15	28052	BIOPSY OF FOOT JOINT LINING	361.04				
15	28054	BIOPSY OF TOE JOINT LINING	361.04				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	361.04				
15	28062	REMOVAL OF FOOT FASCIA	412.84				
15	28070	REMOVAL OF FOOT JOINT LINING	412.84				
15	28072	REMOVAL OF FOOT JOINT LINING	412.84				
15	28080	REMOVAL OF FOOT LESION	412.84				
15	28086	EXCISE FOOT TENDON SHEATH	361.04				
15	28088	EXCISE FOOT TENDON SHEATH	361.04				
15	28090	REMOVAL OF FOOT LESION	412.84				
15	28092	REMOVAL OF TOE LESIONS	412.84				
15	28100	REMOVAL OF ANKLE/HEEL LESION	361.04				
15	28102	REMOVE/GRAFT FOOT LESION	412.84				
15	28103	REMOVE/GRAFT FOOT LESION	412.84				
15	28104	REMOVAL OF FOOT LESION	361.04				
15	28106	REMOVE/GRAFT FOOT LESION	412.84				
15	28107	REMOVE/GRAFT FOOT LESION	412.84				
15	28108	REMOVAL OF TOE LESIONS	412.84				
15	28110	PART REMOVAL OF METATARSAL	412.84				
15	28111	PART REMOVAL OF METATARSAL	412.84				
15	28112	PART REMOVAL OF METATARSAL	412.84				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	412.84				
15	28114	REMOVAL OF METATARSAL HEADS	412.84				
15	28116	REVISION OF FOOT	412.84				
15	28118	REMOVAL OF HEEL BONE	509.99				
15	28119	REMOVAL OF HEEL SPUR	509.99				
15	28120	PART REMOVAL OF ANKLE/HEEL	805.45				
15	28122	PARTIAL REMOVAL OF FOOT BONE	412.84				
15	28124	PARTIAL REMOVAL OF TOE	412.84				
15	28126	PARTIAL REMOVAL OF TOE	412.84				
15	28130	REMOVAL OF ANKLE BONE	412.84				
15	28140	REMOVAL OF METATARSAL	412.84				
15	28150	REMOVAL OF TOE	412.84				
15	28153	PARTIAL REMOVAL OF TOE	412.84				
15	28160	PARTIAL REMOVAL OF TOE	412.84				
15	28171	EXTENSIVE FOOT SURGERY	412.84				
15	28173	EXTENSIVE FOOT SURGERY	412.84				
15	28175	EXTENSIVE FOOT SURGERY	412.84				
15	28190	REMOVAL OF FOOT FOREIGN BODY	269.57				
15	28192	REMOVAL OF FOOT FOREIGN BODY	361.04				
15	28193	REMOVAL OF FOOT FOREIGN BODY	509.99				
15	28200	REPAIR OF FOOT TENDON	412.84				
15	28202	REPAIR/GRAFT OF FOOT TENDON	412.84				
15	28208	REPAIR OF FOOT TENDON	412.84				
15	28210	REPAIR/GRAFT OF FOOT TENDON	412.84				
15	28222	RELEASE OF FOOT TENDONS	269.57				
15	28225	RELEASE OF FOOT TENDON	269.57				
15	28226	RELEASE OF FOOT TENDONS	269.57				
15	28230	INCISION OF FOOT TENDON (S)	269.57				
15	28232	INCISION OF TOE TENDON	361.04				
15	28234	INCISION OF FOOT TENDON	361.04				
15	28238	REVISION OF FOOT TENDON	412.84				
15	28240	RELEASE OF BIG TOE	361.04				
15	28250	REVISION OF FOOT FASCIA	412.84				
15	28260	RELEASE OF MIDFOOT JOINT	412.84				
15	28261	REVISION OF FOOT TENDON	412.84				
15	28262	REVISION OF FOOT AND ANKLE	509.99				
15	28264	RELEASE OF MIDFOOT JOINT	269.57				
15	28270	RELEASE OF FOOT CONTRACTURE	412.84				
15	28280	FUSION OF TOES	361.04				
15	28285	REPAIR OF HAMMERTOES	412.84				
15	28286	REPAIR OF HAMMERTOES	509.99				
15	28288	PARTIAL REMOVAL OF FOOT BONE	412.84				
15	28289	REPAIR HALLUX RIGIDUS	412.84				
15	28290	CORRECTION OF BUNION	361.04				
15	28292	CORRECTION OF BUNION	361.04				
15	28293	CORRECTION OF BUNION	412.84				
15	28294	CORRECTION OF BUNION	412.84				
15	28296	CORRECTION OF BUNION	412.84				

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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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	412.84				
15	28298	CORRECTION OF BUNION	412.84				
15	28299	CORRECTION OF BUNION	580.42				
15	28300	INCISION OF HEEL BONE	361.04				
15	28302	INCISION OF ANKLE BONE	361.04				
15	28304	INCISION OF MIDFOOT BONES	361.04				
15	28305	INCISE/GRAFT MIDFOOT BONES	412.84				
15	28306	INCISION OF METATARSAL	509.99				
15	28307	INCISION OF METATARSAL	509.99				
15	28308	INCISION OF METATARSAL	361.04				
15	28309	INCISION OF METATARSALS	509.99				
15	28310	REVISION OF BIG TOE	412.84				
15	28312	REVISION OF TOE	412.84				
15	28313	REPAIR DEFORMITY OF TOE	361.04				
15	28315	REMOVAL OF SESAMOID BONE	509.99				
15	28320	REPAIR OF FOOT BONES	509.99				
15	28322	REPAIR OF METATARSALS	509.99				
15	28340	RESECT ENLARGED TOE TISSUE	509.99				
15	28341	RESECT ENLARGED TOE	509.99				
15	28344	REPAIR EXTRA TOE(S)	509.99				
15	28345	REPAIR WEBBED TOE(S)	509.99				
15	28400	TREATMENT OF HEEL FRACTURE	269.57				
15	28405	TREATMENT OF HEEL FRACTURE	361.04				
15	28406	TREATMENT OF HEEL FRACTURE	361.04				
15	28415	TREAT HEEL FRACTURE	412.84				
15	28420	TREAT/GRAFT HEEL FRACTURE	509.99				
15	28435	TREATMENT OF ANKLE FRACTURE	361.04				
15	28436	TREATMENT OF ANKLE FRACTURE	361.04				
15	28445	TREAT ANKLE FRACTURE	412.84				
15	28456	TREAT MIDFOOT FRACTURE	361.04				
15	28465	TREAT MIDFOOT FRACTURE, EACH	412.84				
15	28476	TREAT METATARSAL FRACTURE	361.04				
15	28485	TREAT METATARSAL FRACTURE	509.99				
15	28496	TREAT BIG TOE FRACTURE	361.04				
15	28505	TREAT BIG TOE FRACTURE	412.84				
15	28525	TREAT TOE FRACTURE	412.84				
15	28531	TREAT SESAMOID BONE FRACTURE	412.84				
15	28545	TREAT FOOT DISLOCATION	269.57				
15	28546	TREAT FOOT DISLOCATION	361.04				
15	28555	REPAIR FOOT DISLOCATION	361.04				
15	28575	TREAT FOOT DISLOCATION	269.57				
15	28576	TREAT FOOT DISLOCATION	412.84				
15	28585	REPAIR FOOT DISLOCATION	412.84				
15	28600	TREAT FOOT DISLOCATION	269.57				
15	28605	TREAT FOOT DISLOCATION	269.57				
15	28606	TREAT FOOT DISLOCATION	361.04				
15	28615	REPAIR FOOT DISLOCATION	412.84				
15	28635	TREAT TOE DISLOCATION	269.57				

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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	412.84				
15	28645	REPAIR TOE DISLOCATION	412.84				
15	28660	TREAT TOE DISLOCATION	269.57				
15	28665	TREAT TOE DISLOCATION	269.57				
15	28666	TREAT TOE DISLOCATION	412.84				
15	28675	REPAIR OF TOE DISLOCATION	412.84				
15	28705	FUSION OF FOOT BONES	509.99				
15	28715	FUSION OF FOOT BONES	509.99				
15	28725	FUSION OF FOOT BONES	509.99				
15	28730	FUSION OF FOOT BONES	509.99				
15	28735	FUSION OF FOOT BONES	509.99				
15	28737	REVISION OF FOOT BONES	580.42				
15	28740	FUSION OF FOOT BONES	509.99				
15	28750	FUSION OF BIG TOE JOINT	509.99				
15	28755	FUSION OF BIG TOE JOINT	509.99				
15	28760	FUSION OF BIG TOE JOINT	509.99				
15	28810	AMPUTATION TOE & METATARSAL	361.04				
15	28820	AMPUTATION OF TOE	361.04				
15	28825	PARTIAL AMPUTATION OF TOE	361.04				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	412.84				
15	29804	JAW ARTHROSCOPY/SURGERY	412.84				
15	29805	SHOULDER ARTHROSCOPY, DX	412.84				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	580.42				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	412.84				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	412.84				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	580.42				
15	29830	ELBOW ARTHROSCOPY	412.84				
15	29834	ELBOW ARTHROSCOPY/SURGERY	412.84				
15	29835	ELBOW ARTHROSCOPY/SURGERY	412.84				
15	29836	ELBOW ARTHROSCOPY/SURGERY	412.84				
15	29837	ELBOW ARTHROSCOPY/SURGERY	412.84				
15	29838	ELBOW ARTHROSCOPY/SURGERY	412.84				
15	29840	WRIST ARTHROSCOPY	412.84				
15	29843	WRIST ARTHROSCOPY/SURGERY	412.84				
15	29844	WRIST ARTHROSCOPY/SURGERY	412.84				
15	29845	WRIST ARTHROSCOPY/SURGERY	412.84				
15	29846	WRIST ARTHROSCOPY/SURGERY	412.84				
15	29847	WRIST ARTHROSCOPY/SURGERY	412.84				
15	29848	WRIST ENDOSCOPY/SURGERY	1,083.92				
15	29850	KNEE ARTHROSCOPY/SURGERY	509.99				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	29851	KNEE ARTHROSCOPY/SURGERY	509.99				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	509.99				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	509.99				
15	29860	HIP ARTHROSCOPY, DX	509.99				
15	29861	HIP ARTHROSCOPY/SURGERY	509.99				
15	29862	HIP ARTHROSCOPY/SURGERY	1,083.92				
15	29863	HIP ARTHROSCOPY/SURGERY	509.99				
15	29870	KNEE ARTHROSCOPY, DX	412.84				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	412.84				
15	29873	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29874	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29875	KNEE ARTHROSCOPY/SURGERY	509.99				
15	29876	KNEE ARTHROSCOPY/SURGERY	509.99				
15	29877	KNEE ARTHROSCOPY/SURGERY	509.99				
15	29879	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	509.99				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	509.99				
15	29882	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29883	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29884	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29885	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29886	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29887	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29888	KNEE ARTHROSCOPY/SURGERY	412.84				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	412.84				
15	29891	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29892	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,083.92				
15	29894	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29895	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29897	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29898	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29899	ANKLE ARTHROSCOPY/SURGERY	412.84				
15	29900	MCP JOINT ARTHROSCOPY, DX	412.84				
15	29901	MCP JOINT ARTHROSCOPY, SURG	412.84				
15	29902	MCP JOINT ARTHROSCOPY, SURG	412.84				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	509.99				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	509.99				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	509.99				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	269.57				
15	30100	INTRANASAL BIOPSY	269.57				
15	30110	REMOVAL OF NOSE POLY(S)	269.57				
15	30115	REMOVAL OF NOSE POLYP(S)	361.04				
15	30117	REMOVAL OF INTRANASAL LESION	412.84				
15	30118	REMOVAL OF INTRANASAL LESION	412.84				
15	30120	REVISION OF NOSE	269.57				
15	30125	REMOVAL OF NOSE LESION	361.04				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	30130	REMOVAL OF TURBINATE BONES	412.84				
15	30140	REMOVAL OF TURBINATE BONES	361.04				
15	30150	PARTIAL REMOVAL OF NOSE	412.84				
15	30160	REMOVAL OF NOSE	509.99				
15	30210	NASAL SINUS THERAPY	269.57				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	412.84				
15	30300	REMOVE NASAL FOREIGN BODY	269.57				
15	30310	REMOVE NASAL FOREIGN BODY	269.57				
15	30320	REMOVE NASAL FOREIGN BODY	361.04				
15	30400	RECONSTRUCTION OF NOSE	509.99				
15	30410	RECONSTRUCTION OF NOSE	580.42				
15	30420	RECONSTRUCTION OF NOSE	580.42				
15	30430	REVISION OF NOSE	412.84				
15	30435	REVISION OF NOSE	580.42				
15	30450	REVISION OF NOSE	805.45				
15	30460	REVISION OF NOSE	805.45				
15	30462	REVISION OF NOSE	1,083.92				
15	30465	REPAIR NASAL STENOSIS	1,083.92				
15	30520	REPAIR OF NASAL SEPTUM	509.99				
15	30540	REPAIR NASAL DEFECT	580.42				
15	30545	REPAIR NASAL DEFECT	580.42				
15	30560	RELEASE OF NASAL ADHESIONS	361.04				
15	30580	REPAIR UPPER JAW FISTULA	509.99				
15	30600	REPAIR MOUTH/NOSE FISTULA	509.99				
15	30620	INTRANASAL RECONSTRUCTION	805.45				
15	30630	REPAIR NASAL SEPTUM DEFECT	805.45				
15	30801	CAUTERIZATION, INNER NOSE	269.57				
15	30802	CAUTERIZATION, INNER NOSE	269.57				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	269.57				
15	30903	CONTROL OF NOSEBLEED	269.57				
15	30905	CONTROL OF NOSEBLEED	269.57				
15	30906	REPEAT CONTROL OF NOSEBLEED	269.57				
15	30915	LIGATION, NASAL SINUS ARTERY	361.04				
15	30920	LIGATION, UPPER JAW ARTERY	412.84				
15	30930	THERAPY, FRACTURE OF NOSE	509.99				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	269.57				
15	31002	IRRIGATION SPHENOID SINUS	269.57				
15	31020	EXPLORATION, MAXILLARY SINUS	361.04				
15	31030	EXPLORATION, MAXILLARY SINUS	412.84				
15	31032	EXPLORE SINUS,REMOVE POLYPS	509.99				
15	31050	EXPLORATION, SPHENOID SINUS	361.04				
15	31051	SPHENOID SINUS SURGERY	509.99				
15	31070	EXPLORATION OF FRONTAL SINUS	361.04				
15	31075	EXPLORATION OF FRONTAL SINUS	509.99				
15	31080	REMOVAL OF FRONTAL SINUS	509.99				
15	31081	REMOVAL OF FRONTAL SINUS	509.99				
15	31084	REMOVAL OF FRONTAL SINUS	509.99				

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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	509.99				
15	31086	REMOVAL OF FRONTAL SINUS	509.99				
15	31087	REMOVAL OF FRONTAL SINUS	509.99				
15	31090	EXPLORATION OF SINUSES	580.42				
15	31200	REMOVAL OF ETHMOID SINUS	361.04				
15	31201	REMOVAL OF ETHMOID SINUS	580.42				
15	31205	REMOVAL OF ETHMOID SINUS	412.84				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	361.04				
15	31233	NASAL/SINUS ENDOSCOPY, DX	361.04				
15	31235	NASAL/SINUS ENDOSCOPY, DX	269.57				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	361.04				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	269.57				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	509.99				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	361.04				
15	31254	REVISION OF ETHMOID SINUS	412.84				
15	31255	REMOVAL OF ETHMOID SINUS	580.42				
15	31256	EXPLORATION MAXILLARY SINUS	412.84				
15	31267	ENDOSCOPY, MAXILLARY SINUS	412.84				
15	31276	SINUS ENDOSCOPY, SURGICAL	412.84				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	412.84				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	412.84				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	412.84				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	412.84				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	412.84				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	580.42				
15	31320	DIAGNOSTIC INCISION, LARYNX	361.04				
15	31400	REVISION OF LARYNX	361.04				
15	31420	REMOVAL OF EPIGLOTTIS	361.04				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	269.57				
15	31510	LARYNGOSCOPY WITH BIOPSY	361.04				
15	31511	REMOVE FOREIGN BODY, LARYNX	361.04				
15	31512	REMOVAL OF LARYNX LESION	361.04				
15	31513	INJECTION INTO VOCAL CORD	361.04				
15	31515	LARYNGOSCOPY FOR ASPIRATION	269.57				
15	31520	DIAGNOSTIC LARYNGOSCOPY	269.57				
15	31525	DIAGNOSTIC LARYNGOSCOPY	269.57				
15	31526	DIAGNOSTIC LARYNGOSCOPY	361.04				
15	31527	LARYNGOSCOPY FOR TREATMENT	269.57				
15	31528	LARYNGOSCOPY AND DILATION	361.04				
15	31529	LARYNGOSCOPY AND DILATION	361.04				
15	31530	OPERATIVE LARYNGOSCOPY	361.04				
15	31531	OPERATIVE LARYNGOSCOPY	412.84				
15	31535	OPERATIVE LARYNGOSCOPY	361.04				
15	31536	OPERATIVE LARYNGOSCOPY	412.84				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	412.84				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	509.99				
15	31545	REMOVE VC LESION W/SCOPE	509.99				

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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	509.99				
15	31560	OPERATIVE LARYNGOSCOPY	580.42				
15	31561	OPERATIVE LARYNGOSCOPY	580.42				
15	31570	LARYNGOSCOPY WITH INJECTION	361.04				
15	31571	LARYNGOSCOPY WITH INJECTION	361.04				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	361.04				
15	31576	LARYNGOSCOPY WITH BIOPSY	361.04				
15	31577	REMOVE FOREIGN BODY, LARYNX	361.04				
15	31578	REMOVAL OF LARYNX LESION	361.04				
15	31580	REVISION OF LARYNX	580.42				
15	31582	REVISION OF LARYNX	580.42				
15	31588	REVISION OF LARYNX	580.42				
15	31590	REINNERVATE LARYNX	580.42				
15	31595	LARYNX NERVE SURGERY	361.04				
15	31599	LARYNX SURGERY PROCEDURE	MP				X
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	269.57	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	412.84				
15	31612	PUNCTURE/CLEAR WINDPIPE	269.57				
15	31613	REPAIR WINDPIPE OPENING	361.04				
15	31614	REPAIR WINDPIPE OPENING	361.04				
15	31615	VISUALIZATION OF WINDPIPE	269.57				
15	31622	DX BRONCHOSCOPE/WASH	269.57				
15	31623	DX BRONCHOSCOPE/BRUSH	361.04				
15	31624	DX BRONCHOSCOPE/LAVAGE	361.04				
15	31625	BRONCHOSCOPY WITH BIOPSY	361.04				
15	31628	BRONCHOSCOPY WITH BIOPSY	361.04				
15	31629	BRONCHOSCOPY WITH BIOPSY	361.04				
15	31630	BRONCHOSCOPY WITH REPAIR	361.04				
15	31631	BRONCHOSCOPY WITH DILATION	361.04				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31635	REMOVE FOREIGN BODY, AIRWAY	361.04				
15	31636	BRONCHOSCOPY, BRONCH STENTS	361.04				
15	31637	BRONCHOSCOPY, STENT ADD-ON	269.57				
15	31638	BRONCHOSCOPY, REVISE STENT	361.04				
15	31640	BRONCHOSCOPY & REMOVE LESION	361.04				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	361.04				
15	31643	DIAG BRONCHOSCOPE/CATHETER	361.04				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	269.57				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	269.57				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	361.04				
15	31717	BRONCHIAL BRUSH BIOPSY	269.57				
15	31720	CLEARANCE OF AIRWAYS	269.57				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	269.57				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31750	REPAIR OF WINDPIPE	580.42				
15	31755	REPAIR OF WINDPIPE	361.04				
15	31820	CLOSURE OF WINDPIPE LESION	269.57				
15	31825	REPAIR OF WINDPIPE DEFECT	361.04				
15	31830	REVISE WINDPIPE SCAR	361.04				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	269.57				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	269.57				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	269.57				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	269.57				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	269.57				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	269.57				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	269.57				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33010	DRAINAGE OF HEART SAC	361.04				
15	33011	REPEAT DRAINAGE OF HEART SAC	361.04				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	412.84				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	361.04				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	361.04				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	361.04				
15	33270	INSERTION OR REPLACEMENT OF PERMANEN	412.84				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	361.04				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	361.04				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	509.99				
15	35190	REPAIR BLOOD VESSEL LESION	509.99				
15	35206	REPAIR BLOOD VESSEL LESION	509.99				
15	35207	REPAIR BLOOD VESSEL LESION	509.99				
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	269.57				
15	35875	REMOVAL OF CLOT IN GRAFT	1,083.92				
15	35876	REMOVAL OF CLOT IN GRAFT	1,083.92				
15	36260	INSERTION OF INFUSION PUMP	412.84				
15	36261	REVISION OF INFUSION PUMP	361.04				
15	36262	REMOVAL OF INFUSION PUMP	269.57				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36475	ENDOVENOUS RF, 1ST VEIN	412.84				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	412.84				
15	36478	ENDOVENOUS LASER, 1ST VEIN	412.84				
15	36479	ENDOVENOUS LASER VEIN ADDON	412.84				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,083.92				
15	36555	INSERT NON-TUNNEL CV CATH	269.57				
15	36556	INSERT NON-TUNNEL CV CATH	269.57				
15	36557	INSERT TUNNELED CV CATH	361.04				
15	36558	INSERT TUNNELED CV CATH	361.04				
15	36560	INSERT TUNNELED CV CATH	412.84				
15	36561	INSERT TUNNELED CV CATH	412.84				
15	36563	INSERT TUNNELED CV CATH	412.84				
15	36565	INSERT TUNNELED CV CATH	412.84				

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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	412.84				
15	36568	INSERT PERIPHERALLY CV CATH	269.57				
15	36569	INSERT PERIPHERALLY CV CATH	269.57				
15	36570	INSERT PERIPHERALLY CV CATH	412.84				
15	36571	INSERT PERIPHERALLY CV CATH	412.84				
15	36575	REPAIR TUNNELED/NON-TUNNELED	361.04				
15	36576	REPAIR CV ACCESS	361.04				
15	36578	REPLACE CV ACCESS	361.04				
15	36580	REPLACE COMPLETE non-tunnel	269.57				
15	36581	REPLACE COMPLETE tunneled	361.04				
15	36582	REPLACE COMPLETE tunneled	412.84				
15	36583	REPLACE COMPLETE tunneled	412.84				
15	36584	REPLACE COMPLETE peripherally	269.57				
15	36585	REPLACE COMPLETE peripherally	412.84				
15	36589	REMOVE TUNNELED CV CATH	269.57				
15	36590	REMOVE TUNNELED CV ACCESS	269.57				
15	36640	INSERTION CATHETER, ARTERY	269.57				
15	36660	INSERTION CATHETER, ARTERY	1,083.92				
15	36800	INSERTION OF CANNULA	412.84				
15	36810	INSERTION OF CANNULA	412.84				
15	36815	INSERTION OF CANNULA	412.84				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	412.84				
15	36819	AV FUSION/UPPR ARM VEIN	412.84				
15	36820	AV FUSION/FOREARM VEIN	412.84				
15	36821	AV FUSION DIRECT ANY SITE	412.84				
15	36825	ARTERY-VEIN GRAFT	509.99				
15	36830	ARTERY-VEIN GRAFT	509.99				
15	36831	OPEN THROMBECT AV FISTULA	1,083.92				
15	36832	AV FISTULA REVISION, OPEN	509.99				
15	36833	AV FISTULA REVISION	509.99				
15	36835	ARTERY TO VEIN SHUNT	509.99				
15	36860	EXTERNAL CANNULA DECLOTTING	361.04				
15	36861	CANNULA DECLOTTING	412.84				
15	36870	PERCUT THROMBECT AV FISTULA	1,083.92				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	509.99				
15	37200	TRANSCATHETER BIOPSY	509.99				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	269.57				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	269.57				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	269.57				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	269.57				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	412.84				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	
15	37607	LIGATION OF A-V FISTULA	412.84				
15	37609	TEMPORAL ARTERY PROCEDURE	361.04				
15	37650	REVISION OF MAJOR VEIN	361.04				
15	37700	REVISE LEG VEIN	361.04				
15	37718	LIGATE/STRIP SHORT LEG VEIN	412.84				
15	37722	LIGATE/STRIP LONG LEG VIEW	412.84				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	37735	REMOVAL OF LEG VEINS/LESION	412.84				
15	37760	REVISION OF LEG VEINS	412.84				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	412.84				
15	37780	REVISION OF LEG VEIN	412.84				
15	37785	REVISE SECONDARY VARICOSITY	412.84				
15	37790	PENILE VENOUS OCCLUSION	412.84				
15	37799	VASCULAR SURGERY PROCEDURE	MP				X
15	38129	LAPAROSCOPE PROC, SPLEEN	MP				X
15	38205	HARVEST ALLOGENIC STEM CELLS	1,083.92				
15	38206	HARVEST AUTO STEM CELLS	1,083.92				
15	38300	DRAINAGE, LYMPH NODE LESION	269.57				
15	38305	DRAINAGE, LYMPH NODE LESION	361.04				
15	38308	INCISION OF LYMPH CHANNELS	361.04				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	361.04				
15	38505	NEEDLE BIOPSY, LYMPH NODES	269.57				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	361.04				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	361.04				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	361.04				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	361.04				
15	38542	EXPLORE DEEP NODE(S), NECK	361.04				
15	38550	REMOVAL, NECK/ARMPIT LESION	412.84				
15	38555	REMOVAL, NECK/ARMPIT LESION	509.99				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,083.92				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,083.92				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,083.92				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP				X
15	38700	REMOVAL OF LYMPH NODES, NECK	412.84				
15	38740	REMOVE ARMPIT LYMPH NODES	361.04				
15	38745	REMOVE ARMPIT LYMPH NODES	509.99				
15	38760	REMOVE GROIN LYMPH NODES	361.04				
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	269.57				
15	40500	PARTIAL EXCISION OF LIP	361.04				
15	40510	PARTIAL EXCISION OF LIP	361.04				
15	40520	PARTIAL EXCISION OF LIP	361.04				
15	40525	RECONSTRUCT LIP WITH FLAP	361.04				
15	40527	RECONSTRUCT LIP WITH FLAP	361.04				
15	40530	PARTIAL REMOVAL OF LIP	361.04				
15	40650	REPAIR LIP	412.84				
15	40652	REPAIR LIP	412.84				
15	40654	REPAIR LIP	412.84				
15	40700	REPAIR CLEFT LIP/NASAL	805.45				
15	40701	REPAIR CLEFT LIP/NASAL	805.45				
15	40702	REPAIR CLEFT LIP	805.45				
15	40720	REPAIR CLEFT LIP/NASAL	805.45				
15	40761	REPAIR CLEFT LIP/NASAL	412.84				

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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	269.57				
15	40801	DRAINAGE OF MOUTH LESION	361.04				
15	40804	REMOVAL FOREIGN BODY, MOUTH	269.57				
15	40806	INCISION OF LIP FOLD	269.57				
15	40808	BIOPSY OF MOUTH LESION	269.57				
15	40810	EXCISION OF MOUTH LESION	269.57				
15	40812	EXCISE/REPAIR MOUTH LESION	361.04				
15	40814	EXCISE/REPAIR MOUTH LESION	361.04				
15	40816	EXCISION OF MOUTH LESION	361.04				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	269.57				
15	40819	EXCISE LIP OR CHEEK FOLD	269.57				
15	40820	TREATMENT OF MOUTH LESION	269.57				
15	40830	REPAIR MOUTH LACERATION	269.57				
15	40831	REPAIR MOUTH LACERATION	269.57				
15	40840	RECONSTRUCTION OF MOUTH	361.04				
15	40842	RECONSTRUCTION OF MOUTH	412.84				
15	40843	RECONSTRUCTION OF MOUTH	412.84				
15	40844	RECONSTRUCTION OF MOUTH	580.42				
15	40845	RECONSTRUCTION OF MOUTH	580.42				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	269.57				
15	41006	DRAINAGE OF MOUTH LESION	269.57				
15	41007	DRAINAGE OF MOUTH LESION	269.57				
15	41008	DRAINAGE OF MOUTH LESION	269.57				
15	41009	DRAINAGE OF MOUTH LESION	269.57				
15	41010	INCISION OF TONGUE FOLD	269.57				
15	41015	DRAINAGE OF MOUTH LESION	269.57				
15	41016	DRAINAGE OF MOUTH LESION	269.57				
15	41017	DRAINAGE OF MOUTH LESION	269.57				
15	41018	DRAINAGE OF MOUTH LESION	269.57				
15	41100	BIOPSY OF TONGUE	269.57				
15	41108	BIOPSY OF FLOOR OF MOUTH	269.57				
15	41112	EXCISION OF TONGUE LESION	361.04				
15	41113	EXCISION OF TONGUE LESION	361.04				
15	41114	EXCISION OF TONGUE LESION	361.04				
15	41115	EXCISION OF TONGUE FOLD	269.57				
15	41116	EXCISION OF MOUTH LESION	269.57				
15	41120	PARTIAL REMOVAL OF TONGUE	580.42				
15	41250	REPAIR TONGUE LACERATION	361.04				
15	41251	REPAIR TONGUE LACERATION	361.04				
15	41252	REPAIR TONGUE LACERATION	361.04				
15	41500	FIXATION OF TONGUE	269.57				
15	41510	TONGUE TO LIP SURGERY	269.57				
15	41520	RECONSTRUCTION, TONGUE FOLD	361.04				
15	41599	TONGUE AND MOUTH SURGERY	MP		X		
15	41800	DRAINAGE OF GUM LESION	269.57				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	269.57				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41821	EXCISION OF GUM FLAP	269.57				
15	41822	EXCISION OF GUM LESION	269.57				
15	41823	EXCISION OF GUM LESION	269.57				
15	41826	EXCSION OF GUM LESION	269.57				
15	41827	EXCISION OF GUM LESION	361.04				
15	41870	GUM GRAFT	269.57				
15	41874	REPAIR TOOTH SOCKET	269.57				
15	41899	GUM SURGERY PROCEDURE	269.57				
15	42000	DRAINAGE MOUTH ROOF LESION	361.04				
15	42100	BIOPSY ROOF OF MOUTH	269.57				
15	42104	EXCISION LESION, MOUTH ROOF	269.57				
15	42106	EXCISION LESION, MOUTH ROOF	269.57				
15	42107	EXCISION LESION, MOUTH ROOF	361.04				
15	42120	REMOVE PALATE/LESION	509.99				
15	42140	EXCISION OF UVULA	361.04				
15	42145	REPAIR PALATE, PHARYNX/UVULA	580.42				
15	42160	TREATMENT MOUTH ROOF LESION	269.57				
15	42180	REPAIR PALATE	269.57				
15	42182	REPAIR PALATE	361.04				
15	42200	RECONSTRUCT CLEFT PALATE	580.42				
15	42205	RECONSTRUCT CLEFT PALATE	580.42				
15	42210	RECONSTRUCT CLEFT PALATE	580.42				
15	42215	RECONSTRUCT CLEFT PALATE	805.45				
15	42220	RECONSTRUCT CLEFT PALATE	580.42				
15	42226	LENGTHENING OF PALATE	580.42				
15	42235	REPAIR PALATE	580.42				
15	42260	REPAIR NOSE TO LIP FISTULA	509.99				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	269.57				
15	42305	DRAINAGE OF SALIVARY GLAND	361.04				
15	42310	DRAINAGE OF SALIVARY GLAND	269.57				
15	42320	DRAINAGE OF SALIVARY GLAND	269.57				
15	42340	REMOVAL OF SALIVARY STONE	361.04				
15	42405	BIOPSY OF SALIVARY GLAND	361.04				
15	42408	EXCISION OF SALIVARY CYST	412.84				
15	42409	DRAINAGE OF SALIVARY CYST	412.84				
15	42410	EXCISE PAROTID GLAND/LESION	412.84				
15	42415	EXCISE PAROTID GLAND/LESION	805.45				
15	42420	EXCISE PAROTID GLAND/LESION	805.45				
15	42425	EXCISE PAROTID GLAND/LESION	805.45				
15	42440	EXCISE SUBMAXILLARY GLAND	412.84				
15	42450	EXCISE SUBLINGUAL GLAND	361.04				
15	42500	REPAIR SALIVARY DUCT	412.84				
15	42505	REPAIR SALIVARY DUCT	509.99				
15	42507	PAROTID DUCT DIVERSION	412.84				
15	42509	PAROTID DUCT DIVERSION	509.99				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	509.99				
15	42600	CLOSURE OF SALIVARY FISTULA	269.57				

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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	269.57				
15	42665	LIGATION OF SALIVARY DUCT	805.45				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	269.57				
15	42720	DRAINAGE OF THROAT ABSCESS	269.57				
15	42725	DRAINAGE OF THROAT ABSCESS	361.04				
15	42800	BIOPSY OF THROAT	269.57				
15	42804	BIOPSY OF UPPER NOSE/THROAT	269.57				
15	42806	BIOPSY OF UPPER NOSE/THROAT	361.04				
15	42808	EXCISE PHARYNX LESION	361.04				
15	42810	EXCISION OF NECK CYST	412.84				
15	42815	EXCISION OF NECK CYST	580.42				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	412.84	00 11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	580.42	12 99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	509.99	00 11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	509.99	12 99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	509.99	00 11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	509.99	12 99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	509.99	00 11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	509.99	12 99			
15	42860	EXCISION OF TONSIL TAGS	412.84				
15	42870	EXCISION OF LINGUAL TONSIL	412.84				
15	42890	PARTIAL REMOVAL OF PHARYNX	805.45				
15	42892	REVISION OF PHARYNGEAL WALLS	805.45				
15	42900	REPAIR THROAT WOUND	269.57				
15	42950	RECONSTRUCTION OF THROAT	361.04				
15	42955	SURGICAL OPENING OF THROAT	361.04				
15	42960	CONTROL THROAT BLEEDING	269.57				
15	42962	CONTROL THROAT BLEEDING	361.04				
15	42970	CONTROL NOSE/THROAT BLEEDING	361.04				
15	42972	CONTROL NOSE/THROAT BLEEDING	412.84				
15	42999	THROAT SURGERY PROCEDURE	MP		X		
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	269.57				
15	43191	Diagnostic examination of esophagus	269.57				
15	43192	Injections of substance in tissue li	269.57				
15	43193	Biopsy of esophagus using an endosco	269.57				
15	43194	Removal of foreign body of esophagus	269.57				
15	43195	Balloon dilation of esophagus using	269.57				
15	43196	Insertion of wire and dilation of es	269.57				
15	43197	Diagnostic examination of esophagus	269.57				
15	43198	Biopsy of esophagus using an endosco	269.57				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	269.57				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	269.57				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	269.57				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	269.57				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	269.57				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	269.57		X		
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	361.04				

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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	269.57				
15	43212	Placement of stent on esophagus usin	269.57				
15	43213	Dilation of esophagus using an endos	269.57				
15	43214	Balloon dilation of esophagus using	269.57				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	269.57				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	269.57				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	269.57				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	269.57				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	269.57				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	361.04				
15	43229	Destruction of growths of esophagus	269.57				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	361.04				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	361.04				
15	43233	Balloon dilation of esophagus, stoma	361.04				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	269.57				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	361.04				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	361.04				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	361.04				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	361.04				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	361.04				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	361.04				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	361.04				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	361.04				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	361.04				
15	43245	DILATION OF STOMACH OUTLET USING AN	361.04				
15	43246	INSERTION OF STOMACH TUBE USING AN E	361.04				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	361.04				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	361.04				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	361.04				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	361.04				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	361.04				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	361.04			X	
15	43253	Injection of diagnostic or therapeut	361.04				
15	43254	Removal of tissue lining of esophagu	361.04				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	361.04				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	412.84				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	412.84				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	361.04				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	361.04				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	361.04				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	361.04				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	361.04				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	361.04				
15	43266	Placement of stent in esophagus, sto	361.04				
15	43270	Destruction of growths on esophagus,	361.04				
15	43274	Placement of stent pancreatic or bil	361.04				
15	43275	Removal of foreign body or stent fro	361.04				
15	43276	Replacement of stent pancreatic or b	361.04				

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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	361.04				
15	43278	Destruction of mass on gallbladder,	361.04				
15	43280	LAPAROSCOPY, FUNDOPLASTY	509.99				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	509.99				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	509.99				
15	43289	LAPAROSCOPE PROC, ESOPH	MP			X	
15	43420	REPAIR ESOPHAGUS OPENING	412.84				
15	43450	DILATE ESOPHAGUS	269.57				
15	43453	DILATE ESOPHAGUS	269.57				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X	
15	43500	SURGICAL OPENING OF STOMACH	509.99				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,083.92				
15	43659	LAPAROSCOPE PROC, STOM	MP			X	
15	43760	CHANGE GASTROSTOMY TUBE	269.57				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	269.57				
15	43820	FUSION OF STOMACH AND BOWEL	509.99				
15	43830	SURGICAL OPENING OF STOMACH	361.04				
15	43840	REPAIR OF STOMACH LESION	412.84				
15	43870	REPAIR STOMACH OPENING	269.57				
15	43880	REPAIR STOMACH-BOWEL FISTULA	412.84				
15	43999	STOMACH SURGERY PROCEDURE	MP			X	
15	44100	BIOPSY OF BOWEL	269.57				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP			X	
15	44312	REVISION OF ILEOSTOMY	269.57				
15	44340	REVISION OF COLOSTOMY	412.84				
15	44360	SMALL BOWEL ENDOSCOPY	361.04				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	361.04				
15	44363	SMALL BOWEL ENDOSCOPY	361.04				
15	44364	SMALL BOWEL ENDOSCOPY	361.04				
15	44365	SMALL BOWEL ENDOSCOPY	361.04				
15	44366	SMALL BOWEL ENDOSCOPY	361.04				
15	44369	SMALL BOWEL ENDOSCOPY	361.04				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,083.92				
15	44372	SMALL BOWEL ENDOSCOPY	361.04				
15	44373	SMALL BOWEL ENDOSCOPY	361.04				
15	44376	SMALL BOWEL ENDOSCOPY	361.04				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	361.04				
15	44378	SMALL BOWEL ENDOSCOPY	361.04				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,083.92				
15	44380	SMALL BOWEL ENDOSCOPY	269.57				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	269.57				
15	44382	SMALL BOWEL ENDOSCOPY	269.57				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,083.92				
15	44385	ENDOSCOPY OF BOWEL POUCH	269.57				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	269.57				
15	44388	COLON ENDOSCOPY	269.57				
15	44389	COLONOSCOPY WITH BIOPSY	269.57				
15	44390	COLONOSCOPY FOR FOREIGN BODY	269.57				

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1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	44391	COLONOSCOPY FOR BLEEDING	269.57				
15	44392	COLONOSCOPY & POLYPECTOMY	269.57				
15	44394	COLONOSCOPY W/SNARE	269.57				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	269.57				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	269.57				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	269.57				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	269.57				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	269.57				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	269.57				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	269.57				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	269.57				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	509.99				
15	44620	REPAIR BOWEL OPENING	412.84				
15	44799	INTESTINE SURGERY PROCEDURE	MP				X
15	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP				X
15	44950	APPENDECTOMY	1,083.92				X
15	44970	LAPAROSCOPY, APPENDECTOMY	580.42				X
15	44979	LAPAROSCOPE PROC, APP	MP				X
15	45000	DRAINAGE OF PELVIC ABSCESS	269.57				
15	45005	DRAINAGE OF RECTAL ABSCESS	361.04				
15	45020	DRAINAGE OF RECTAL ABSCESS	361.04				
15	45100	BIOPSY OF RECTUM	269.57				
15	45108	REMOVAL OF ANORECTAL LESION	361.04				
15	45150	EXCISION OF RECTAL STRICTURE	361.04				
15	45160	EXCISION OF RECTAL LESION	361.04				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	361.04				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	361.04				
15	45190	DESTRUCTION, RECTAL TUMOR	1,083.92				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	269.57				
15	45305	PROTOSIGMOIDOSCOPY W/BX	269.57				
15	45307	PROTOSIGMOIDOSCOPY FB	269.57				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	269.57				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	269.57				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	269.57				
15	45317	PROTOSIGMOIDOSCOPY BLEED	269.57				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	269.57				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	269.57				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	269.57				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	269.57				
15	45331	SIGMOIDOSCOPY AND BIOPSY	269.57				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	269.57				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	269.57				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	269.57				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	269.57				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	269.57				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	269.57				
15	45340	SIG W/BALLOON DILATION	269.57				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	269.57				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION	FEE				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	269.57				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	269.57				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	269.57				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	269.57				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	269.57				
15	45378	DIAGNOSTIC COLONOSCOPY	361.04				
15	45379	COLONOSCOPY W/FB REMOVAL	361.04				
15	45380	COLONOSCOPY AND BIOPSY	361.04				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	361.04				
15	45382	COLONOSCOPY/CONTROL BLEEDING	361.04				
15	45384	LESION REMOVE COLONOSCOPY	361.04				
15	45385	LESION REMOVAL COLONOSCOPY	361.04				
15	45386	COLONOSCOPE DILATE STRICTURE	361.04				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	269.57				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCO	269.57				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCO	269.57				
15	45391	COLONOSCOPY W/ENDOSCOPE US	361.04				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	361.04				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMP	269.57				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	269.57				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	361.04				
15	45505	REPAIR OF RECTUM	361.04				
15	45560	REPAIR OF RECTOCELE	361.04				
15	45900	REDUCTION OF RECTAL PROLAPSE	269.57				
15	45905	DILATION OF ANAL SPHINCTER	269.57				
15	45910	DILATION OF RECTAL NARROWING	269.57				
15	45915	REMOVE RECTAL OBSTRUCTION	269.57				
15	45990	SURG DX EXAM, ANORECTAL	361.04			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	412.84				
15	46030	REMOVAL OF RECTAL MARKER	269.57				
15	46040	INCISION OF RECTAL ABSCESS	412.84				
15	46045	INCISION OF RECTAL ABSCESS	361.04				
15	46050	INCISION OF ANAL ABSCESS	269.57				
15	46060	INCISION OF RECTAL ABSCESS	361.04				
15	46080	INCISION OF ANAL SPHINCTER	412.84				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	269.57				
15	46200	REMOVAL OF ANAL FISSURE	361.04				
15	46220	REMOVAL OF ANAL TAB	269.57				
15	46230	REMOVAL OF ANAL TABS	269.57				
15	46250	HEMORRHOIDECTOMY	412.84				
15	46255	HEMORRHOIDECTOMY	412.84				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	412.84				
15	46258	REMOVE HEMORRHOIDS & FISTULA	412.84				
15	46260	HEMORRHOIDECTOMY	412.84				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	509.99				
15	46262	REMOVE HEMORRHOIDS & FISTULA	509.99				

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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	412.84				
15	46275	REMOVAL OF ANAL FISTULA	412.84				
15	46280	REMOVAL OF ANAL FISTULA	509.99				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	269.57				
15	46288	REPAIR ANAL FISTULA	509.99				
15	46320	REMOVAL OF HEMORRHOID CLOT	269.57				
15	46600	ANOSCOPY; DIAGNOSTIC	269.57				
15	46604	ANOSCOPY WITH DIRECT DILATION	269.57				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	269.57				
15	46608	ANOSCOPY/ REMOVE FOR BODY	269.57				
15	46610	ANOSCOPY/REMOVE LESION	269.57				
15	46611	ANOSCOPY	269.57				
15	46612	ANOSCOPY/ REMOVE LESIONS	269.57				
15	46615	ANOSCOPY	361.04				
15	46700	REPAIR OF ANAL STRICTURE	412.84				
15	46705	REPAIR OF NAL STRICTURE	412.84				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	412.84				
15	46750	REPAIR OF ANAL SPHINCTER	412.84				
15	46753	RECONSTRUCTION OF ANUS	412.84				
15	46754	REMOVAL OF SUTURE FROM ANUS	361.04				
15	46760	REPAIR OF ANAL SPHINCTER	361.04				
15	46761	REPAIR OF ANAL SPHINCTER	412.84				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	805.45				
15	46900	REMOVAL OF ANAL LESION	269.57				
15	46910	REMOVAL OF ANAL LESION	269.57				
15	46917	LASER SURGERY, ANAL LESIONS	269.57				
15	46922	EXCISION OF ANAL LESION(S)	269.57				
15	46924	DESTRUCTION, ANAL LESION(S)	269.57				
15	46940	TREATMENT OF ANAL FISSURE	269.57				
15	46945	LIGATION OF HEMORRHOIDS	269.57				
15	46946	LIGATION OF HEMORRHOIDS	269.57				
15	46947	HEMORRHOIDOPEXY BY STAPLING	412.84				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	269.57				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	269.57				
15	47100	WEDGE BIOPSY OF LIVER	361.04				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	361.04				
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	412.84				
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	361.04				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	361.04				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	361.04				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	361.04				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	269.57				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,083.92				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,083.92				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,083.92				

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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	361.04				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	361.04				
15	47553	BILIARY ENDOSCOPY THRU SKIN	412.84				
15	47554	BILIARY ENDOSCOPY THRU SKIN	412.84				
15	47555	BILIARY ENDOSCOPY THRU SKIN	412.84				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,083.92				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	412.84				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	412.84				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	412.84				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X	
15	47605	REMOVAL OF GALLBLADDER	1,083.92				
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X	
15	48102	NEEDLE BIOPSY, PANCREAS	269.57				
15	48999	PANCREAS SURGERY PROCEDURE	MP			X	
15	49000	EXPLORATION OF ABDOMEN	412.84			X	
15	49010	EXPLORE,RETROPERITONEAL AREA	1,083.92				
15	49180	BIOPSY, ABDOMINAL MASS	269.57				
15	49250	EXCISION OF UMBILICUS	509.99				
15	49320	DIAG LAPARO SEPARATE PROC	412.84			X	
15	49321	LAPAROSCOPY, BIOPSY	509.99			X	
15	49322	LAPAROSCOPY, ASPIRATION	509.99			X	
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	509.99				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP			X	
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	269.57				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	269.57				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	269.57				
15	49421	INSERT ABDOMINAL DRAIN	269.57				
15	49422	REMOVE PERM CANNULA/CATHETER	269.57				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	361.04				
15	49491	REPARING HERN PREMIE REDUC	580.42				
15	49492	RPR HERN PREMIE, BLOCKED	580.42				
15	49495	RPR ING HERNIA BABY, REDUC	509.99				
15	49496	RPR ING HERNIA BABY, BLOCKED	509.99				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	509.99	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,083.92	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	509.99	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,083.92	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	805.45				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,083.92				
15	49525	REPAIR ING HERNIA, SLIDING	509.99				
15	49540	REPAIR LUMBAR HERNIA	361.04				
15	49550	RPR FEM HERNIA, INIT, REDUCE	580.42				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,083.92				
15	49555	REREPAIR FEM HERNIA, REDUCE	580.42				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,083.92				
15	49560	RPR VENTRAL HERN INIT, REDUC	509.99				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,083.92				
15	49565	REREPAIR VENTRL HERN, REDUCE	509.99				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49566	REREPAIR VENTRL HERN, BLOCK	1,083.92				
15	49568	HERNIA REPAIR W/MESH	805.45				
15	49570	RPR EPIGASTRIC HERN, REDUCE	509.99				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,083.92				
15	49580	RPR UMBIL HERN, REDUC <5 YR	509.99	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,083.92	00 04			
15	49585	RPR UMBIL HERN, REDUC	509.99	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,083.92	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	412.84				
15	49600	REPAIR UMBILICAL LESION	509.99				
15	49650	LAP ING HERNIA REPAIR INIT	509.99				
15	49651	LAP ING HERNIA REPAIR RECUR	805.45				
15	49652	LAP VENT/ABD HERNIA REPAIR	805.45				
15	49653	LAP VENT/ABD HERNIA PROC COMP	805.45				
15	49656	LAP INC HERN REPAIR RECUR	805.45				
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X	
15	49900	REPAIR OF ABDOMINAL WALL	509.99				
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	361.04				
15	50200	BIOPSY OF KIDNEY	269.57				
15	50390	DRAINAGE OF KIDNEY LESION	269.57				
15	50395	CREATE PASSAGE TO KIDNEY	269.57				
15	50396	MEASURE KIDNEY PRESSURE	269.57				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	361.04				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	361.04				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	269.57				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	269.57				
15	50549	LAPAROSCOPE PROC, RENAL	MP			X	
15	50551	KIDNEY ENDOSCOPY	269.57				
15	50553	KIDNEY ENDOSCOPY	269.57				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	269.57				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	269.57				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	269.57				
15	50590	LITHOTRIPSY, ESW	412.84				
15	50684	INJECTION FOR URETER X-RAY	269.57				
15	50688	CHANGE OF URETER TUBE	269.57				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	361.04				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	361.04				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	361.04				
15	50947	LAPARO NEW URETER/BLADDER	1,083.92				
15	50948	LAPARO NEW URETER/BLADDER	1,083.92				
15	50949	LAPAROSCOPE PROC, URETER	MP			X	
15	50951	ENDOSCOPY OF URETER	269.57				
15	50953	ENDOSCOPY OF URETER	269.57				
15	50955	URETER ENDOSCOPY & BIOPSY	269.57				
15	50957	URETER ENDOSCOPY & TREATMENT	269.57				
15	50961	URETER ENDOSCOPY & TREATMENT	269.57				
15	50970	URETER ENDOSCOPY	269.57				

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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	269.57				
15	50974	URETER ENDOSCOPY & BIOPSY	269.57				
15	50976	URETER ENDOSCOPY & TREATMENT	269.57				
15	50980	URETER ENDOSCOPY & TREATMENT	269.57				
15	51020	INCISE & TREAT BLADDER	509.99				
15	51030	INCISE & TREAT BLADDER	509.99				
15	51040	INCISE & DRAIN BLADDER	509.99				
15	51045	INCISE BLADDER/DRAIN URETER	509.99				
15	51050	REMOVAL OF BLADDER STONE	509.99				
15	51065	REMOVE URETER CALCULUS	509.99				
15	51080	DRAINAGE OF BLADDER ABSCESS	269.57				
15	51500	REMOVAL OF BLADDER CYST	509.99				
15	51520	REMOVAL OF BLADDER LESION	509.99				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	269.57				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	269.57				
15	51705	CHANGE OF BLADDER TUBE	269.57				
15	51710	CHANGE OF BLADDER TUBE	269.57				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	412.84				
15	51720	TREATMENT OF BLADDER LESION	269.57				
15	51726	COMPLEX CYSTOMETROGRAM	269.57				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	269.57				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	269.57				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	269.57				
15	51784	ANAL/URINARY MUSCLE STUDY	269.57				
15	51785	ANAL/URINARY MUSCLE STUDY	269.57				
15	51840	ATTACH BLADDER/URETHRA	361.04				
15	51880	REPAIR OF BLADDER OPENING	269.57				
15	51992	LAPARO SLING OPERATION	361.04				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	269.57				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	361.04				
15	52005	CYSTOSCOPY & URETER CATHETER	361.04				
15	52007	CYSTOSCOPY AND BIOPSY	361.04				
15	52010	CYSTOSCOPY & DUCT CATHETER	361.04				
15	52204	CYSTOSCOPY	361.04				
15	52214	CYSTOSCOPY AND TREATMENT	361.04				
15	52224	CYSTOSCOPY AND TREATMENT	361.04				
15	52234	CYSTOSCOPY AND TREATMENT	361.04				
15	52235	CYSTOSCOPY AND TREATMENT	412.84				
15	52240	CYSTOSCOPY AND TREATMENT	412.84				
15	52250	CYSTOSCOPY AND RADIOTRACER	509.99				
15	52260	CYSTOSCOPY AND TREATMENT	361.04				
15	52265	CYSTOSCOPY & TREATMENT	361.04				
15	52270	CYSTOSCOPY & REVISE URETHRA	361.04				
15	52275	CYSTOSCOPY & REVISE URETHRA	361.04				
15	52276	CYSTOSCOPY AND TREATMENT	412.84				
15	52277	CYSTOSCOPY AND TREATMENT	361.04				
15	52281	CYSTOSCOPY AND TREATMENT	361.04				

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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	1,083.92				
15	52283	CYSTOSCOPY AND TREATMENT	361.04				
15	52285	CYSTOSCOPY AND TREATMENT	361.04				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	361.04				
15	52290	CYSTOSCOPY AND TREATMENT	361.04				
15	52300	CYSTOSCOPY AND TREATMENT	361.04				
15	52301	CYSTOSCOPY AND TREATMENT	361.04				
15	52305	CYSTOSCOPY AND TREATMENT	361.04				
15	52310	CYSTOSCOPY AND TREATMENT	361.04				
15	52315	CYSTOSCOPY AND TREATMENT	361.04				
15	52317	REMOVE BLADDER STONE	269.57				
15	52318	REMOVE BLADDER STONE	361.04				
15	52320	CYSTOSCOPY AND TREATMENT	580.42				
15	52325	CYSTOSCOPY, STONE REMOVAL	509.99				
15	52327	CYSTOSCOPY, INJECT MATERIAL	361.04				
15	52330	CYSTOSCOPY AND TREATMENT	361.04				
15	52332	CYSTOSCOPY AND TREATMENT	361.04				
15	52334	CREATE PASSAGE TO KIDNEY	412.84				
15	52341	CYSTO W/URETER STRICTURE TX	412.84				
15	52342	CYSTO W/UP STRICTURE TX	412.84				
15	52343	CYSTO W/RENAL STRICTURE TX	412.84				
15	52344	CYSTO/URETERO, STONE REMOVE	412.84				
15	52345	CYSTO/URETERO W/UP STRICTURE	412.84				
15	52346	CYSTOURETERO W/RENAL STRICT	412.84				
15	52351	CYSTOURETRO & OR PYELOSCOPE	412.84				
15	52352	CYSTOURETRO W/STONE REMOVE	509.99				
15	52353	CYSTOURETERO W/LITHOTRIPSY	509.99				
15	52354	CYSTOURETERO W/BIOPSY	509.99				
15	52355	CYSTOURETERO W/EXCISE TUMOR	509.99				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	509.99				
15	52400	CYSTOURETERO W/CONGEN REPR	412.84				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	412.84				
15	52450	INCISION OF PROSTATE	412.84				
15	52500	REVISION OF BLADDER NECK	412.84				
15	52601	PROSTATECTOMY (TURP)	509.99				
15	52630	REMOVE PROSTATE REGROWTH	361.04				
15	52640	RELIEVE BLADDER CONTRACTURE	361.04				
15	52647	LASER SURGERY OF PROSTATE	1,083.92				
15	52648	LASER SURGERY OF PROSTATE	1,083.92				
15	52700	DRAINAGE OF PROSTATE ABSCESS	361.04				
15	53000	INCISION OF URETHRA	269.57				
15	53010	INCISION OF URETHRA	269.57				
15	53020	INCISION OF URETHRA	269.57				
15	53040	DRAINAGE OF URETHRA ABSCESS	361.04				
15	53080	DRAINAGE OF URINARY LEAKAGE	412.84				
15	53200	BIOPSY OF URETHRA	269.57				
15	53210	REMOVAL OF URETHRA	580.42			F	
15	53215	REMOVAL OF URETHRA	580.42			M	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53220	TREATMENT OF URETHRA LESION	361.04				
15	53230	REMOVAL OF URETHRA LESION	361.04			F	
15	53235	REMOVAL OF URETHRA LESION	412.84			M	
15	53240	SURGERY FOR URETHRA POUCH	361.04				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	361.04				
15	53260	TREATMENT OF URETHRA LESION	361.04				
15	53265	TREATMENT OF URETHRA LESION	361.04				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	361.04			F	
15	53275	REPAIR OF URETHRA DEFECT	361.04			F	
15	53400	REVISE URETHRA, STAGE 1	412.84				
15	53405	REVISE URETHRA, STAGE 2	361.04				
15	53410	RECONSTRUCTION OF URETHRA	361.04			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	412.84				
15	53425	RECONSTRUCT URETHRA, STAGE 2	361.04				
15	53430	RECONSTRUCTION OF URETHRA	361.04			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	361.04				
15	53440	CORRECT BLADDER FUNCTION	361.04			M	
15	53442	REMOVE PERINEAL PROSTHESIS	269.57				
15	53444	INSERT TANDEM CUFF	361.04				
15	53445	INSERT URO/VES NCK SPHINCTER	269.57				
15	53446	REMOVE URO SPHINCTER	269.57				
15	53447	REMOVE/REPLACE UR SPHINCTER	269.57				
15	53449	REPAIR URO SPHINCTER	269.57				
15	53450	REVISION OF URETHRA	269.57				
15	53460	REVISION OF URETHRA	269.57				
15	53502	REPAIR OF URETHRA INJURY	361.04			F	
15	53505	REPAIR OF URETHRA INJURY	361.04			M	
15	53510	REPAIR OF URETHRA INJURY	361.04				
15	53515	REPAIR OF URETHRA INJURY	361.04				
15	53520	REPAIR OF URETHRA DEFECT	361.04			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	269.57			M	
15	53605	DILATE URETHRA STRICTURE	361.04			M	
15	53665	DILATION OF URETHRA	269.57			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,083.92			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	269.57			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP			X	
15	54000	SLITTING OF PREPUCE	361.04	00 00		M	
15	54001	SLITTING OF PREPUCE	361.04			M	
15	54015	DRAIN PENIS LESION	509.99			M	
15	54057	LASER SURG, PENIS LESION(S)	269.57			M	
15	54060	EXCISION OF PENIS LESION(S)	269.57			M	
15	54065	DESTRUCTION, PENIS LESION(S)	269.57			M	
15	54100	BIOPSY OF PENIS	269.57			M	
15	54105	BIOPSY OF PENIS	269.57			M	
15	54110	TREATMENT OF PENIS LESION	361.04			M	
15	54111	TREAT PENIS LESION, GRAFT	361.04			M	
15	54112	TREAT PENIS LESION, GRAFT	361.04			M	
15	54115	TREATMENT OF PENIS LESION	269.57			M	

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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	361.04			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	361.04			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	361.04	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	361.04			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	361.04			M	
15	54163	REPAIR OF CIRCUMCISION	361.04			M	
15	54164	FRENULOTOMY OF PENIS	361.04			M	
15	54205	TREATMENT OF PENIS LESION	509.99			M	
15	54220	TREATMENT OF PENIS LESION	269.57			M	
15	54300	REVISION OF PENIS	412.84			M	
15	54304	REVISION OF PENIS	412.84			M	
15	54308	RECONSTRUCTION OF URETHRA	412.84			M	
15	54312	RECONSTRUCTION OF URETHRA	412.84			M	
15	54316	RECONSTRUCTION OF URETHRA	412.84			M	
15	54318	RECONSTRUCTION OF URETHRA	412.84			M	
15	54322	RECONSTRUCTION OF URETHRA	412.84			M	
15	54324	RECONSTRUCTION OF URETHRA	412.84			M	
15	54326	RECONSTRUCTION OF URETHRA	412.84			M	
15	54328	REVISE PENIS/URETHRA	412.84			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	412.84			M	
15	54340	SECONDARY URETHRAL SURGERY	412.84			M	
15	54344	SECONDARY URETHRAL SURGERY	412.84			M	
15	54348	SECONDARY URETHRAL SURGERY	412.84			M	
15	54352	RECONSTRUCT URETHRA/PENIS	412.84			M	
15	54360	PENIS PLASTIC SURGERY	412.84			M	
15	54380	REPAIR PENIS	412.84			M	
15	54385	REPAIR PENIS	412.84			M	
15	54400	INSERT SEMI-RIGID PROSTHESIS	412.84			M	
15	54401	INSERT SELF-CONTD PROSTHESIS	412.84				
15	54405	INSERT MULTI-COMP PENIS PROS	412.84			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	412.84				
15	54408	REPAIR MULTI-COMP PENIS PROS	412.84				
15	54410	REMOVE/REPLACE PENIS PROSTH	412.84				
15	54411	REMV/REPLC PENIS PROS, COMP	412.84				
15	54415	REMOVE SELF-CONTD PENIS PROS	412.84				
15	54416	REMV/REPL PENIS CONTAIN PROS	412.84				
15	54417	REMV/REPLC PENIS PROS, COMPL	412.45				
15	54420	REVISION OF PENIS	509.99			M	
15	54435	REVISION OF PENIS	509.99			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	361.04			M	
15	54440	REPAIR OF PENIS	509.99		X	M	
15	54450	PREPUTIAL STRETCHING	269.57			M	
15	54500	BIOPSY OF TESTIS	269.57			M	
15	54505	BIOPSY OF TESTIS	269.57			M	
15	54512	EXCISE LESION TESTIS	361.04			M	
15	54520	REMOVAL OF TESTIS	412.84			M	
15	54522	ORCHIECTOMY, PARTIAL	412.84			M	
15	54530	REMOVAL OF TESTIS	509.99			M	

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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	412.84			M	
15	54550	EXPLORATION FOR TESTIS	509.99			M	
15	54600	REDUCE TESTIS TORSION	509.99			M	
15	54620	SUSPENSION OF TESTIS	412.84			M	
15	54640	SUSPENSION OF TESTIS	509.99			M	
15	54660	REVISION OF TESTIS	361.04			M	
15	54670	REPAIR TESTIS INJURY	412.84			M	
15	54680	RELOCATION OF TESTIS(ES)	412.84			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,083.92				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,083.92				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	361.04			M	
15	54800	BIOPSY OF EPIDIDYMIS	269.57			M	
15	54830	REMOVE EPIDIDYMIS LESION	412.84			M	
15	54840	REMOVE EPIDIDYMIS LESION	509.99			M	
15	54860	REMOVAL OF EPIDIDYMIS	412.84			M	
15	54861	REMOVAL OF EPIDIDYMIS	509.99			M	
15	54900	FUSION OF SPERMATIC DUCTS	509.99			M	
15	54901	FUSION OF SPERMATIC DUCTS	509.99			M	
15	55000	DRAINAGE OF HYDROCELE	269.57			M	
15	55040	REMOVAL OF HYDROCELE	412.84			M	
15	55041	REMOVAL OF HYDROCELES	580.42			M	
15	55060	REPAIR OF HYDROCELE	509.99			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	269.57			M	
15	55110	EXPLORE SCROTUM	361.04				
15	55120	REMOVAL OF SCROTUM LESION	361.04			M	
15	55150	REMOVAL OF SCROTUM	269.57			M	
15	55175	REVISION OF SCROTUM	269.57				
15	55180	REVISION OF SCROTUM	361.04				
15	55200	INCISION OF SPERM DUCT	361.04			M	
15	55250	REMOVAL OF SPERM DUCT(S)	361.04	21 99	X	M	
15	55400	REPAIR OF SPERM DUCT	269.57			M	
15	55500	REMOVAL OF HYDROCELE	412.84			M	
15	55520	REMOVAL OF SPERM CORD LESION	509.99			M	
15	55530	REVISE SPERMATIC CORD VEINS	509.99			M	
15	55535	REVISE SPERMATIC CORD VEINS	509.99			M	
15	55540	REVISE HERNIA & SPERM VEINS	580.42			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,083.92				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	269.57			M	
15	55700	BIOPSY OF PROSTATE	361.04			M	
15	55705	BIOPSY OF PROSTATE	361.04			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	269.57			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	361.04			M	
15	55873	CRYOABLATE PROSTATE	1,083.92				
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	269.57			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	269.57	10 60		F	

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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	361.04			F	
15	56441	LYSIS OF LABIAL LESION(S)	269.57			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	269.57			F	
15	56515	DESTROY VULVA LESION/S COMPL	412.84			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	269.57			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	269.57	10 60		F	
15	56620	PARTIAL REMOVAL OF VULVA	580.42			F	
15	56625	COMPLETE REMOVAL OF VULVA	805.45			F	
15	56700	PARTIAL REMOVAL OF HYMEN	269.57			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	412.84			F	
15	56800	REPAIR OF VAGINA	412.84			F	
15	56810	REPAIR OF PERINEUM	580.42			F	
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	269.57			F	
15	57000	EXPLORATION OF VAGINA	269.57			F	
15	57010	DRAINAGE OF PELVIC ABSCESS	361.04			F	
15	57020	DRAINAGE OF PELVIC FLUID	361.04			F	
15	57023	I & D VAG HEMATOMA, NON-OB	269.57			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	269.57			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	269.57			F	
15	57100	BIOPSY OF VAGINA	269.57	10 60		F	
15	57105	BIOPSY OF VAGINA	269.57			F	
15	57130	REMOVE VAGINA LESION	361.04			F	
15	57135	REMOVE VAGINA LESION	361.04			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	361.04			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	361.04			F	
15	57180	TREAT VAGINAL BLEEDING	269.57			F	
15	57200	REPAIR OF VAGINA	269.57			F	
15	57210	REPAIR VAGINA/PERINEUM	361.04			F	
15	57220	REVISION OF URETHRA	412.84			F	
15	57230	REPAIR OF URETHRAL LESION	412.84			F	
15	57240	REPAIR BLADDER & VAGINA	580.42			F	
15	57250	REPAIR RECTUM & VAGINA	580.42			F	
15	57260	REPAIR OF VAGINA	580.42			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	805.45			F	
15	57268	REPAIR OF BOWEL BULGE	412.84			F	
15	57288	REPAIR BLADDER DEFECT	580.42			F	
15	57289	REPAIR BLADDER & VAGINA	580.42			F	
15	57291	CONSTRUCTION OF VAGINA	580.42			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	412.84			F	
15	57400	DILATION OF VAGINA	361.04		X	F	
15	57410	PELVIC EXAMINATION	361.04		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	361.04			F	
15	57420	EXAM OF VAGINA W/SCOPE	269.57			F	
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	269.57			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	269.57			F	
15	57454	VAGINA EXAMINATION & BIOPSY	269.57			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	269.57			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	269.57	10 60		F	

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	57460	COLPOSCOPY (VAGINOSCOPY;	269.57			F	
15	57461	CONZ OF CERVIX W/SCOPE, LEEP	269.57				
15	57500	BIOPSY OF CERVIX	269.57			F	
15	57505	ENDOCERVICAL CURETTAGE	361.04			F	
15	57510	CAUTHERUZATION OF CERVIX	412.84			F	
15	57511	CRYOCAUTERY OF CERVIX	412.84			F	
15	57513	LASER SURGERY OF CERVIX	361.04			F	
15	57520	CONIZATION OF CERVIX	361.04			F	
15	57522	CONIZATION OF CERVIX	361.04				
15	57530	REMOVAL OF CERVIX	412.84			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	412.84			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	580.42				
15	57700	REVISION OF CERVIX	269.57			F	
15	57720	REVISION OF CERVIX	412.84			F	
15	57800	DILATION OF CERVICAL CANAL	269.57			F	
15	58120	DILATION AND CURETTAGE	361.04	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	580.42			F	
15	58300	INSERT INTRAUTERINE DEVICE	269.57	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	269.57	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	361.04	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	361.04				
15	58353	ENDOMETR ABLATE, THERMAL	509.99		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,083.92			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,083.92			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,083.92		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,083.92				
15	58555	HYSTEROSCOPY, DX, SEP PROC	269.57		X		
15	58558	HYSTEROSCOPY, BIOPSY	412.84		X		
15	58559	HYSTEROSCOPY, LYSIS	361.04		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	412.84		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	412.84		X		
15	58562	HYSTEROSCOPY, REMOVE FB	412.84		X		
15	58563	HYSTEROSCOPY, ABLATION	509.99		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,183.81	21 59	X	F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	412.84	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	509.99	21 55	X	F	
15	58660	LAPAROSCOPY, LYSIS	580.42		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	580.42		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	580.42		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	412.84	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	412.84		X		
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	580.42				
15	58673	LAPAROSCOPY, SALPINGOSTOMY	580.42		X		
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	509.99		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	509.99		X	F	

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 FEES EFFECTIVE FOR DOS JANUARY 01, 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)	412.84			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	412.84			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	412.84			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	269.57	10 60		F	
15	58900	BIOPSY OF OVARY(S)	412.84			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	412.84			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	269.57	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	269.57				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	412.84		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	412.84	10 60	X	F	
15	59160	D & C AFTER DELIVERY	412.84	10 60		F	
15	59320	REVISION OF CERVIX	269.57	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	580.42	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	580.42	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	580.42	10 55	X	F	
15	59840	ABORTION	580.42	10 60	X	F	
15	59841	ABORTION	580.42	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	580.42	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	580.42			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	269.57				
15	60100	BIOPSY OF THYROID	269.57				
15	60200	REMOVE THYROID LESION	361.04				
15	60220	PARTIAL REMOVAL OF THYROID	509.99				
15	60240	REMOVAL OF THYROID	1,083.92				
15	60280	REMOVE THYROID DUCT LESION	509.99				
15	60281	REMOVE THYROID DUCT LESION	509.99				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	269.57				
15	61026	INJECTION INTO BRAIN CANAL	269.57				
15	61050	REMOVE BRAIN CANAL FLUID	269.57				
15	61055	INJECTION INTO BRAIN CANAL	269.57				
15	61070	BRAIN CANAL SHUNT PROCEDURE	269.57				
15	61215	INSERT BRAIN-FLUID DEVICE	412.84				
15	61790	TREAT TRIGEMINAL NERVE	412.84				
15	61791	TREAT TRIGEMINAL TRACT	412.84				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	361.04				
15	61886	IMPLANT NEUROSTIM ARRAYS	412.84				
15	61888	REVISE/REMOVE NEURORECEIVER	269.57				
15	62194	REPLACE/IRRIGATE CATHETER	269.57				
15	62225	REPLACE/IRRIGATE CATHETER	269.57				
15	62230	REPLACE/REVISE BRAIN SHUNT	361.04				
15	62263	LYSIS EPIDURAL ADHESIONS	269.57				
15	62268	DRAIN SPINAL CORD CYST	269.57				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	62269	NEEDLE BIOPSY, SPINAL CORD	269.57				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	269.57				
15	62272	DRAIN CEREBRO SPINAL FLUID	269.57				
15	62273	TREAT EPIDURAL SPINE LESION	269.57				
15	62280	TREAT SPINAL CORD LESION	269.57				
15	62281	TREAT SPINAL CORD LESION	269.57				
15	62282	TREAT SPINAL CANAL LESION	269.57				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,083.92				
15	62294	INJECTION INTO SPINAL ARTERY	412.84				
15	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	269.57				
15	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	269.57				
15	62318	INJECTION(S), INCLUDING INDWELLING C	269.57				
15	62319	INJECTION(S), INCLUDING INDWELLING C	269.57				
15	62350	IMPLANT SPINAL CANAL CATH	361.04				
15	62355	REMOVE SPINAL CANAL CATHETER	361.04				
15	62360	INSERT SPINE INFUSION DEVICE	361.04				
15	62361	IMPLANT SPINE INFUSION PUMP	361.04				
15	62362	IMPLANT SPINE INFUSION PUMP	361.04				
15	62365	REMOVE SPINE INFUSION DEVICE	361.04				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	361.04				
15	62368	ANALYZE SPINE INFUSION PUMP	361.04				
15	63600	REMOVE SPINAL CORD LESION	361.04				
15	63610	STIMULATION OF SPINAL CORD	269.57				
15	63650	IMPLANT NEUROELECTRODES	361.04				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	269.57				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	269.57				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	269.57				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	269.57				
15	63685	IMPLANT NEURORECEIVER	361.04				
15	63688	REVISE/REMOVE NEURORECEIVER	269.57				
15	63744	REVISION OF SPINAL SHUNT	412.84				
15	63746	REMOVAL OF SPINAL SHUNT	361.04				
15	64402	INJECTION FOR NERVE BLOCK	269.57				
15	64410	INJECTION FOR NERVE BLOCK	269.57				
15	64415	INJECTION FOR NERVE BLOCK	269.57				
15	64417	INJECTION FOR NERVE BLOCK	269.57				
15	64420	INJECTION FOR NERVE BLOCK	269.57				
15	64421	INJECTION FOR NERVE BLOCK	269.57				
15	64430	INJECTION FOR NERVE BLOCK	269.57				
15	64450	INJECTION FOR NERVE BLOCK	269.57				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	269.57				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	269.57				
15	64505	INJECTION FOR NERVE BLOCK	269.57				
15	64510	INJECTION FOR NERVE BLOCK	269.57				
15	64517	N BLOCK INJ, HYPOGAS PLXS	361.04				
15	64520	INJECTION FOR NERVE BLOCK	269.57				
15	64530	INJECTION FOR NERVE BLOCK	269.57				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	269.57				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	412.84				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	412.84				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	269.57				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	269.57				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	269.57				
15	64580	INCISION FOR IMPLANTATION OF NEUROST	269.57				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	412.84				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	269.57				
15	64590	IMPLANT NEURORECEIVER	361.04				
15	64595	REVISE/REMOVE NEURORECEIVER	269.57				
15	64600	INJECTION TREATMENT OF NERVE	269.57				
15	64605	INJECTION TREATMENT OF NERVE	269.57				
15	64610	INJECTION TREATMENT OF NERVE	269.57				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	361.04				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	361.04				
15	64620	INJECTION TREATMENT OF NERVE	269.57				
15	64630	INJECTION TREATMENT OF NERVE	361.04				
15	64640	INJECTION TREATMENT OF NERVE	269.57				
15	64642	Injection of chemical for destructio	269.57				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	269.57				
15	64644	Injection of chemical for destructio	269.57				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	269.57				
15	64646	Injection of chemical for destructio	269.57				
15	64647	Injection of chemical for destructio	269.57				
15	64680	INJECTION TREATMENT OF NERVE	361.04				
15	64681	INJECTION TREATMENT OF NERVE	361.04				
15	64702	REVISE FINGER/TOE NERVE	269.57				
15	64704	REVISE HAND/FOOT NERVE	269.57				
15	64708	REVISE ARM/LEG NERVE	361.04				
15	64712	REVISION OF SCIATIC NERVE	361.04				
15	64713	REVISION OF ARM NERVE(S)	361.04				
15	64714	REVISE LOW BACK NERVE(S)	361.04				
15	64716	REVISION OF CRANIAL NERVE	412.84				
15	64718	REVISE ULNAR NERVE AT ELBOW	361.04				
15	64719	REVISE ULNAR NERVE AT WRIST	361.04				
15	64721	CARPAL TUNNEL SURGERY	361.04				
15	64722	RELIEVE PRESSURE ON NERVE(S)	269.57				
15	64726	RELEASE FOOT/TOE NERVE	269.57				
15	64727	INTERNAL NERVE REVISION	269.57				
15	64732	INCISION OF BROW NERVE	361.04				
15	64734	INCISION OF CHEEK NERVE	361.04				
15	64736	INCISION OF CHIN NERVE	361.04				
15	64738	INCISION OF JAW NERVE	361.04				
15	64740	INCISION OF TONGUE NERVE	361.04				
15	64742	INCISION OF FACIAL NERVE	361.04				
15	64744	INCISE NERVE, BACK OF HEAD	361.04				
15	64746	INCISE DIAPHRAGM NERVE	361.04				
15	64771	SEVER CRANIAL NERVE	361.04				

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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	361.04				
15	64774	REMOVE SKIN NERVE LESION	361.04				
15	64776	REMOVE DIGIT NERVE LESION	412.84				
15	64778	DIGIT NERVE SURGERY ADD-ON	361.04				
15	64782	REMOVE LIMB NERVE LESION	412.84				
15	64783	LIMB NERVE SURGERY ADD-ON	361.04				
15	64784	REMOVE NERVE LESION	412.84				
15	64786	REMOVE SCIATIC NERVE LESION	412.84				
15	64787	IMPLANT NERVE END	361.04				
15	64788	REMOVE SKIN NERVE LESION	412.84				
15	64790	REMOVAL OF NERVE LESION	412.84				
15	64792	REMOVAL OF NERVE LESION	412.84				
15	64795	BIOPSY OF NERVE	361.04				
15	64802	REMOVE SYMPATHETIC NERVES	361.04				
15	64821	REMOVE SYMPATHETIC NERVES	509.99				
15	64831	REPAIR OF DIGIT NERVE	509.99				
15	64832	REPAIR NERVE ADD-ON	269.57				
15	64834	REPAIR OF HAND OR FOOT NERVE	361.04				
15	64835	REPAIR OF HAND OR FOOT NERVE	412.84				
15	64836	REPAIR OF HAND OR FOOT NERVE	412.84				
15	64837	REPAIR NERVE ADD-ON	269.57				
15	64840	REPAIR OF LEG NERVE	361.04				
15	64856	REPAIR/TRANSPOSE NERVE	361.04				
15	64857	REPAIR ARM/LEG NERVE	361.04				
15	64858	REPAIR SCIATIC NERVE	361.04				
15	64859	NERVE SURGERY	269.57				
15	64861	REPAIR OF ARM NERVES	412.84				
15	64862	REPAIR OF LOW BACK NERVES	412.84				
15	64864	REPAIR OF FACIAL NERVE	412.84				
15	64865	REPAIR OF FACIAL NERVE	509.99				
15	64872	SUBSEQUENT REPAIR OF NERVE	361.04				
15	64874	REPAIR & REVISE NERVE ADD-ON	412.84				
15	64876	REPAIR NERVE/SHORTEN BONE	412.84				
15	64885	NERVE GRAFT, HEAD OR NECK	361.04				
15	64886	NERVE GRAFT, HEAD OR NECK	361.04				
15	64890	NERVE GRAFT, HAND OR FOOT	361.04				
15	64891	NERVE GRAFT, HAND OR FOOT	361.04				
15	64892	NERVE GRAFT, ARM OR LEG	361.04				
15	64893	NERVE GRAFT, ARM OR LEG	361.04				
15	64895	NERVE GRAFT, HAND OR FOOT	412.84				
15	64896	NERVE GRAFT, HAND OR FOOT	412.84				
15	64897	NERVE GRAFT, ARM OR LEG	412.84				
15	64898	NERVE GRAFT, ARM OR LEG	412.84				
15	64901	NERVE GRAFT ADD-ON	361.04				
15	64902	NERVE GRAFT ADD-ON	361.04				
15	64905	NERVE PEDICLE TRANSFER	361.04				
15	64907	NERVE PEDICLE TRANSFER	269.57				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	65091	REVISE EYE	412.84				
15	65093	REVISE EYE WITH IMPLANT	412.84				
15	65101	REMOVAL OF EYE	412.84				
15	65103	REMOVE EYE/INSERT IMPLANT	412.84				
15	65105	REMOVE EYE/ATTACH IMPLANT	509.99				
15	65110	REMOVAL OF EYE	580.42				
15	65112	REMOVE EYE/REVISE SOCKET	805.45				
15	65114	REMOVE EYE/REVISE SOCKET	805.45				
15	65130	INSERT OCULAR IMPLANT	412.84				
15	65135	INSERT OCULAR IMPLANT	361.04				
15	65140	ATTACH OCULAR IMPLANT	412.84				
15	65150	REVISE OCULAR IMPLANT	361.04				
15	65155	REINSERT OCULAR IMPLANT	412.84				
15	65175	REMOVAL OF OCULAR IMPLANT	269.57				
15	65205	REMOVE FOREIGN BODY FROM EYE	269.57				
15	65235	REMOVE FOREIGN BODY FROM EYE	361.04				
15	65260	REMOVE FOREIGN BODY FROM EYE	412.84				
15	65265	REMOVE FOREIGN BODY FROM EYE	509.99				
15	65270	REPAIR OF EYE WOUND	361.04				
15	65272	REPAIR OF EYE WOUND	361.04				
15	65275	REPAIR OF EYE WOUND	509.99				
15	65280	REPAIR OF EYE WOUND	509.99				
15	65285	REPAIR OF EYE WOUND	509.99				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	412.84				
15	65400	REMOVAL OF EYE LESION	269.57				
15	65410	BIOPSY OF CORNEA	361.04				
15	65420	REMOVAL OF EYE LESION	361.04				
15	65426	REMOVAL OF EYE LESION	580.42				
15	65710	CORNEAL TRANSPLANT	805.45				
15	65730	CORNEAL TRANSPLANT	805.45				
15	65750	CORNEAL TRANSPLANT	805.45				
15	65755	CORNEAL TRANSPLANT	805.45				
15	65770	REVISE CORNEA WITH IMPLANT	805.45				
15	65772	CORRECTION OF ASTIGMATISM	509.99				
15	65775	CORRECTION OF ASTIGMATISM	509.99				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	361.04				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	269.57				
15	65780	OCULAR RECONST, TRANSPLANT	580.42				
15	65781	OCULAR RECONST, TRANSPLANT	580.42				
15	65782	OCULAR RECONST, TRANSPLANT	580.42			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	509.99				
15	65800	DRAINAGE OF EYE	269.57				
15	65810	DRAINAGE OF EYE	412.84				
15	65815	DRAINAGE OF EYE	361.04				
15	65820	RELIEVE INNER EYE PRESSURE	269.57				
15	65850	INCISION OF EYE	509.99				
15	65855	LASER TRABECULOPLASTY-1/MORE	509.99				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	361.04				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	269.57				
15	65870	INCISE INNER EYE ADHESIONS	509.99				
15	65875	INCISE INNER EYE ADHESIONS	509.99				
15	65880	INCISE INNER EYE ADHESIONS	509.99				
15	65900	REMOVE EYE LESION	580.42				
15	65920	REMOVE IMPLANT OF EYE	805.45				
15	65930	REMOVE BLOOD CLOT FROM EYE	580.42				
15	66020	INJECTION TREATMENT OF EYE	269.57				
15	66030	INJECTION TREATMENT OF EYE	269.57				
15	66130	REMOVE EYE LESION	805.45				
15	66150	GLAUCOMA SURGERY	509.99				
15	66155	GLAUCOMA SURGERY	509.99				
15	66160	GLAUCOMA SURGERY	361.04				
15	66170	GLAUCOMA SURGERY	509.99				
15	66172	INCISION OF EYE	509.99				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	509.99				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	509.99				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	580.42				
15	66180	IMPLANT EYE SHUNT	580.42				
15	66183	Insertion of eye fluid drainage devi	580.42				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	361.04				
15	66185	REVISE EYE SHUNT	361.04				
15	66220	REPAIR EYE LESION	412.84				
15	66225	REPAIR/GRAFT EYE LESION	509.99				
15	66250	FOLLOW-UP SURGERY OF EYE	361.04				
15	66500	INCISION OF IRIS	269.57				
15	66505	INCISION OF IRIS	269.57				
15	66600	REMOVE IRIS AND LESION	412.84				
15	66605	REMOVAL OF IRIS	412.84				
15	66625	REMOVAL OF IRIS	412.84				
15	66630	REMOVAL OF IRIS	412.84				
15	66635	REMOVAL OF IRIS	412.84				
15	66680	REPAIR IRIS & CILIARY BODY	412.84				
15	66682	REPAIR IRIS & CILIARY BODY	361.04				
15	66700	DESTRUCTION, CILIARY BODY	361.04				
15	66710	DESTRUCTION, CILIARY BODY	361.04				
15	66711	CILIARY ENDOSCOPIC ABLATION	361.04				
15	66720	DESTRUCTION, CILIARY BODY	361.04				
15	66740	DESTRUCTION, CILIARY BODY	361.04				
15	66761	REVISION OF IRIS	361.04				
15	66820	INCISION OF LENS LESION	361.04				
15	66821	AFTER CATARACT LASER SURGERY	361.04				
15	66825	REPOSITION INTRAOCULAR LENS	509.99				
15	66830	REMOVAL OF LENS LESION	509.99				
15	66840	REMOVAL OF LENS MATERIAL	509.99				
15	66850	REMOVAL OF LENS MATERIAL	805.45				
15	66852	REMOVAL OF LENS MATERIAL	509.99				
15	66920	EXTRACTION OF LENS	509.99				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	66930	EXTRACTION OF LENS	580.42				
15	66940	EXTRACTION OF LENS	580.42				
15	66982	CATARACT SURGERY, COMPLEX	666.21				
15	66983	CATARACT SURG W/IOL, 1 STAGE	666.21				
15	66984	CATARACT SURG W/IOL, I STAGE	666.21				
15	66985	INSERT LENS PROSTHESIS	547.23				
15	66986	EXCHANGE LENS PROSTHESIS	547.23				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	509.99				
15	67010	PARTIAL REMOVAL OF EYE FLUID	509.99				
15	67015	RELEASE OF EYE FLUID	269.57				
15	67025	REPLACE EYE FLUID	269.57				
15	67027	IMPLANT EYE DRUG SYSTEM	509.99				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	269.57				
15	67030	INCISE INNER EYE STRANDS	269.57				
15	67031	LASER SURGERY, EYE STRANDS	361.04				
15	67036	REMOVAL OF INNER EYE FLUID	509.99				
15	67039	LASER TREATMENT OF RETINA	805.45				
15	67040	LASER TREATMENT OF RETINA	805.45				
15	67042	VIT FOR MACULAR HOLE	580.42				
15	67101	REPAIR DETACHED RETINA	580.42				
15	67105	PHOTOCOAGULATION/DETACHED RET	580.42				
15	67107	REPAIR DETACHED RETINA	580.42				
15	67108	REPAIR DETACHED RETINA	805.45				
15	67113	REPAIR RETINAL DETACH,CPLX	805.45				
15	67115	RELEASE ENCIRCLING MATERIAL	361.04				
15	67120	REMOVE EYE IMPLANT MATERIAL	361.04				
15	67121	REMOVE EYE IMPLANT MATERIAL	361.04				
15	67141	TREATMENT OF RETINA	361.04				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	361.04				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	580.42				
15	67218	TREATMENT OF RETINAL LESION	580.42				
15	67220	TREAT CHOROID LESION	269.57				
15	67227	TREATMENT OF RETINAL LESION	269.57				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	269.57				
15	67250	REINFORCE EYE WALL	412.84				
15	67255	REINFORCE/GRAFT EYE WALL	412.84				
15	67299	EYE SURGERY PROCEDURE	MP			X	
15	67311	REVISE EYE MUSCLE	412.84				
15	67312	REVISE TWO EYE MUSCLES	509.99				
15	67314	REVISE EYE MUSCLE	509.99				
15	67316	REVISE TWO EYE MUSCLES	509.99				
15	67318	REVISE EYE MUSCLE(S)	509.99				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	509.99				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	509.99				
15	67332	REREVISE EYE MUSCLES ADD-ON	509.99				
15	67334	REVISE EYE MUSCLE W/SUTURE	509.99				
15	67335	EYE SUTURE DURING SURGERY	509.99				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	509.99				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	805.45				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	412.84				
15	67405	EXPLORE/DRAIN EYE SOCKET	509.99				
15	67412	EXPLORE/TREAT EYE SOCKET	580.42				
15	67413	EXPLORE/TREAT EYE SOCKET	580.42				
15	67415	ASPIRATION, ORBITAL CONTENTS	269.57				
15	67420	EXPLORE/TREAT EYE SOCKET	580.42				
15	67430	EXPLORE/TREAT EYE SOCKET	580.42				
15	67440	EXPLORE/DRAIN EYE SOCKET	580.42				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	580.42				
15	67450	EXPLORE/BIOPSY EYE SOCKET	580.42				
15	67500	INJECT/TREAT EYE SOCKET	269.57				
15	67550	INSERT EYE SOCKET IMPLANT	509.99				
15	67560	REVISE EYE SOCKET IMPLANT	361.04				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	269.57				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	269.57				
15	67715	INCISION OF EYELID FOLD	269.57				
15	67800	REMOVE EYELID LESION	269.57				
15	67801	REMOVE EYELID LESIONS	269.57				
15	67805	REMOVE EYELID LESIONS	269.57				
15	67808	REMOVE EYELID LESION(S)	361.04				
15	67810	BIOPSY OF EYELID	269.57				
15	67820	REVISE EYELASHES	269.57				
15	67830	REVISE EYELASHES	361.04				
15	67835	REVISE EYELASHES	361.04				
15	67840	REMOVE EYELID LESION	269.57				
15	67880	REVISION OF EYELID	412.84				
15	67882	REVISION OF EYELID	412.84				
15	67900	REPAIR BROW DEFECT	509.99				
15	67901	REPAIR EYELID DEFECT	580.42				
15	67902	REPAIR EYELID DEFECT	580.42				
15	67903	REPAIR EYELID DEFECT	509.99				
15	67904	REPAIR EYELID DEFECT	509.99				
15	67906	REPAIR EYELID DEFECT	580.42				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	509.99				
15	67909	REVISE EYELID DEFECT	509.99				
15	67911	REVISE EYELID DEFECT	412.84				
15	67912	CORRECTION EYELID W/IMPLANT	412.84				
15	67914	REPAIR EYELID DEFECT	412.84				
15	67916	REPAIR EYELID DEFECT	509.99				
15	67917	REPAIR EYELID DEFECT	509.99				
15	67921	REPAIR EYELID DEFECT	412.84				
15	67923	REPAIR EYELID DEFECT	509.99				
15	67924	REPAIR EYELID DEFECT	509.99				
15	67930	REPAIR EYELID WOUND	361.04				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	361.04				
15	67938	REMOVE EYELID FOREIGN BODY	269.57				
15	67950	REVISION OF EYELID	361.04				
15	67961	REVISION OF EYELID	412.84				
15	67966	REVISION OF EYELID	412.84				
15	67971	RECONSTRUCTION OF EYELID	412.84				
15	67973	RECONSTRUCTION OF EYELID	412.84				
15	67974	RECONSTRUCTION OF EYELID	412.84				
15	67975	RECONSTRUCTION OF EYELID	412.84				
15	67999	EYELID SURGERY PROCEDURE	MP			X	
15	68110	REMOVE EYELID LINING LESION	269.57				
15	68115	REMOVE EYELID LINING LESION	361.04				
15	68130	REMOVE EYELID LINING LESION	361.04				
15	68320	REVISE/GRAFT EYELID LINING	509.99				
15	68325	REVISE/GRAFT EYELID LINING	509.99				
15	68326	REVISE/GRAFT EYELID LINING	509.99				
15	68328	REVISE/GRAFT EYELID LINING	509.99				
15	68330	REVISE EYELID LINING	509.99				
15	68335	REVISE/GRAFT EYELID LINING	509.99				
15	68340	SEPARATE EYELID ADHESIONS	509.99				
15	68360	REVISE EYELID LINING	361.04				
15	68362	REVISE EYELID LINING	361.04				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	361.04				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	412.84				
15	68505	PARTIAL REMOVAL, TEAR GLAND	412.84				
15	68510	BIOPSY OF TEAR GLAND	269.57				
15	68520	REMOVAL OF TEAR SAC	412.84				
15	68525	BIOPSY OF TEAR SAC	269.57				
15	68540	REMOVE TEAR GLAND LESION	412.84				
15	68550	REMOVE TEAR GLAND LESION	412.84				
15	68700	REPAIR TEAR DUCTS	361.04				
15	68720	CREATE TEAR SAC DRAIN	509.99				
15	68745	CREATE TEAR DUCT DRAIN	509.99				
15	68750	CREATE TEAR DUCT DRAIN	509.99				
15	68770	CLOSE TEAR SYSTEM FISTULA	509.99				
15	68810	PROBE NASOLACRIMAL DUCT	269.57				
15	68811	PROBE NASOLACRIMAL DUCT	361.04				
15	68815	PROBE NASOLACRIMAL DUCT	361.04				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	269.57				
15	69005	DRAIN EXTERNAL EAR LESION	269.57				
15	69020	DRAIN OUTER EAR CANAL LESION	269.57				
15	69100	BIOPSY OF EXTERNAL EAR	269.57				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	269.57				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	269.57				
15	69120	REMOVAL OF EXTERNAL EAR	361.04				
15	69140	REMOVE EAR CANAL LESION(S)	361.04				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	69145	REMOVE EAR CANAL LESION(S)	361.04				
15	69150	EXTENSIVE EAR CANAL SURGERY	412.84				
15	69205	CLEAR OUTER EAR CANAL	269.57				
15	69222	CLEAN OUT MASTOID CAVITY	361.04				
15	69300	REVISE EXTERNAL EAR	412.84				
15	69310	REBUILD OUTER EAR CANAL	412.84				
15	69320	REBUILD OUTER EAR CANAL	805.45				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	361.04				
15	69421	INCISION OF EARDRUM	412.84				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	269.57				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	412.84				
15	69436	CREATE EARDRUM OPENING	412.84				
15	69440	EXPLORATION OF MIDDLE EAR	412.84				
15	69449	INNER EAR SURGERY PROCEDURE	MP			X	
15	69450	EARDRUM REVISION	269.57				
15	69501	MASTOIDECTOMY	805.45				
15	69502	MASTOIDECTOMY	805.45				
15	69505	REMOVE MASTOID STRUCTURES	805.45				
15	69511	EXTENSIVE MASTOID SURGERY	805.45				
15	69530	EXTENSIVE MASTOID SURGERY	805.45				
15	69540	REMOVE EAR LESION	412.84				
15	69550	REMOVE EAR LESION	580.42				
15	69552	REMOVE EAR LESION	805.45				
15	69601	MASTOID SURGERY REVISION	805.45				
15	69602	MASTOID SURGERY REVISION	805.45				
15	69603	MASTOID SURGERY REVISION	805.45				
15	69604	MASTOID SURGERY REVISION	805.45				
15	69605	MASTOID SURGERY REVISION	805.45				
15	69610	REPAIR EARDRUM	361.04				
15	69620	REPAIR OF EARDRUM	361.04				
15	69631	REPAIR EARDRUM STRUCTURES	580.42				
15	69632	REBUILD EARDRUM STRUCTURES	580.42				
15	69633	REBUILD EARDRUM STRUCTURES	580.42				
15	69635	REPAIR EARDRUM STRUCTURES	805.45				
15	69636	REBUILD EARDRUM STRUCTURES	805.45				
15	69637	REBUILD EARDRUM STRUCTURES	805.45				
15	69641	REVISE MIDDLE EAR & MASTOID	805.45				
15	69642	REVISE MIDDLE EAR & MASTOID	805.45				
15	69643	REVISE MIDDLE EAR & MASTOID	805.45				
15	69644	REVISE MIDDLE EAR & MASTOID	805.45				
15	69645	REVISE MIDDLE EAR & MASTOID	805.45				
15	69646	REVISE MIDDLE EAR & MASTOID	805.45				
15	69650	RELEASE MIDDLE EAR BONE	805.45				
15	69660	REVISE MIDDLE EAR BONE	580.42				
15	69661	REVISE MIDDLE EAR BONE	580.42				
15	69662	REVISE MIDDLE EAR BONE	580.42				
15	69666	REPAIR MIDDLE EAR STRUCTURES	509.99				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 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	69667	REPAIR MIDDLE EAR STRUCTURES	509.99				
15	69670	REMOVE MASTOID AIR CELLS	412.84				
15	69676	REMOVE MIDDLE EAR NERVE	412.84				
15	69700	CLOSE MASTOID FISTULA	412.84				
15	69711	REMOVE/REPAIR HEARING AID	269.57				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,083.92				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,083.92				
15	69717	TEMPLE BONE IMPLANT REVISION	1,083.92				
15	69718	REVISE TEMPLE BONE IMPLANT	1,083.92				
15	69720	RELEASE FACIAL NERVE	580.42				
15	69725	RELEASE FACIAL NERVE	580.42				
15	69740	REPAIR FACIAL NERVE	580.42				
15	69745	REPAIR FACIAL NERVE	580.42				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP				X
15	69801	INCISE INNER EAR	580.42				
15	69805	EXPLORE INNER EAR	805.45				
15	69806	EXPLORE INNER EAR	805.45				
15	69820	ESTABLISH INNER EAR WINDOW	580.42				
15	69840	REVISE INNER EAR WINDOW	580.42				
15	69905	REMOVE INNER EAR	805.45				
15	69910	REMOVE INNER EAR & MASTOID	805.45				
15	69915	INCISE INNER EAR NERVE	805.45				
15	69930	IMPLANT COCHLEAR DEVICE	805.45	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP				X
15	69979	TEMPORAL BONE SURGERY	MP				X
15	69990	MICROSURGERY ADD-ON	269.57				
15	92018	EYE EXAM W/ANESTHESIA-COMLETE	269.57				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	269.57				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-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.