**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 types of service found on this schedule.

**01 - Anesthesia.** Anesthesia claims are priced off this file.
**02 - Assistant Surgeon.** Assistant surgeon (MD) claims are priced off this file. Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Physician Assistant claims are paid at 80% of this fee.
**03 - Full service.** The file from which physician services are paid primarily for recipients 16 years of age and older. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
**05 - Professional component.** Claims with modifier -26 are priced from this file.
**07 - Full service file for physician services for recipients 0 through 15 (0-15) years of age.** Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations, and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
**13 - Office of Public Health (OPH).** These codes are only payable to Provider Specialty of 60 - Public Health or Welfare Agencies and Clinics and are only being listed for informational purposes.

**COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE:** Codes with modifier TH are prenatal obstetrical visits.
MP = MANUALLY PRICED; SP = SYSTEM PRICED

**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. PA (Prior Authorization):** Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

**COLUMN 8. SEX (Restriction):** Some procedure codes are indicated for only one sex.

**COLUMN 9. PSR (Provider Specialty Restriction):** If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

**COLUMN 10. SL (Service Limitation):** Codes with frequency limitations.

**COLUMN 11. BASE UNITS:** The base units for anesthesia codes.

**COLUMN 12. X-OVERS (Only):** These codes are payable for Medicare/Medicaid recipients only.

**COLUMN 13. UVS>001:** An 'X' in this column means more than one unit of service per day may be billed.
LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

**Fees Effective For DOS January 01, 2013 Thru January 31, 2013**

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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
## Louisiana Medicaid Professional Services Fee Schedule

**Fees Effective For DOS January 01, 2013 Thru January 31, 2013**

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- Shown is a sample of the report with specific services and their associated fees.
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| 03 | 11422      | EXCISE BENIGN LESION 1.1 TO 2CM | 121.46 |       |   | X |
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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

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RUN: 08/04/15 08:01:04

DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### Louisiana Medicaid Professional Services Fee Schedule

**FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

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# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
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| 02  | 25805| FUSION WRIST JOINT; W/SLIDING GRAFT       | 109.11 |     | 00 | 15 | 03   | 541.42   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25805| FUSION WRIST JOINT; W/SLIDING GRAFT       | 649.71  | 00 | 15 | 03   | 545.56   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25810| FUSION WRIST JOINT; W/DISTANT BONE        | 109.11 |     | 00 | 15 | 03   | 654.67   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25810| FUSION WRIST JOINT; W/DISTANT BONE        | 654.67  | 00 | 15 | 03   | 564.74   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25820| INTERCARPAL FUSION; W/OUT BONE GRAFT      | 109.11 |     | 00 | 15 | 03   | 381.41   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25820| INTERCARPAL FUSION; W/OUT BONE GRAFT      | 457.69  | 00 | 15 | 03   | 457.69   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25825| INTERCARPAL FUSION; W/ BONE GRAFT         | 109.11 |     | 00 | 15 | 03   | 94.01    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25825| INTERCARPAL FUSION; W/ BONE GRAFT         | 470.05  | 00 | 15 | 03   | 470.05   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25830| INTERCARPAL FUSION; W/ BONEGRAFT          | 109.11 |     | 00 | 15 | 03   | 564.06   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25830| INTERCARPAL FUSION; W/ BONEGRAFT          | 582.29  | 00 | 15 | 03   | 582.29   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25850| AMPUTATION, FOREARM, THROUGH RADIUS AN    | 109.11 |     | 00 | 15 | 03   | 467.46   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25900| AMPUTATION, FOREARM, THROUGH RADIUS AN    | 560.95  | 00 | 15 | 03   | 560.95   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25905| AMPUTATION, FOREARM, OPEN FLAP O          | 109.11 |     | 00 | 15 | 03   | 92.69    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25905| AMPUTATION, FOREARM, OPEN FLAP O          | 463.43  | 00 | 15 | 03   | 463.43   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25907| AMPUTATION, FOREARM, SECONDARY C          | 109.11 |     | 00 | 15 | 03   | 80.56    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25907| AMPUTATION, FOREARM, SECONDARY CLOSURE    | 402.78  | 00 | 15 | 03   | 402.78   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25909| REAMPUTATION FOREARM SURGERY              | 109.11 |     | 00 | 15 | 03   | 91.18    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25909| REAMPUTATION FOREARM SURGERY              | 455.89  | 00 | 15 | 03   | 455.89   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25915| AMPUTATION FOREARM, KRUKENBER            | 109.11 |     | 00 | 15 | 03   | 160.97   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25915| AMPUTATION FOREARM, KRUKENBER PROC        | 804.86  | 00 | 15 | 03   | 804.86   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25920| DISARTICULATION THROUGH WRIST             | 109.11 |     | 00 | 15 | 03   | 429.27   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25920| DISARTICULATION THROUGH WRIST             | 515.13  | 00 | 15 | 03   | 515.13   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25922| DISARTICULATION WRIST; SECOND C           | 109.11 |     | 00 | 15 | 03   | 72.52    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25922| DISARTICULATION WRIST; SECOND CLOSURE     | 362.62  | 00 | 15 | 03   | 362.62   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25924| REAMPUTATION WRIST SURGERY                | 109.11 |     | 00 | 15 | 03   | 83.83    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25924| REAMPUTATION WRIST SURGERY                | 419.16  | 00 | 15 | 03   | 419.16   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25927| TRANSMETACARPAL AMPUTATION                | 109.11 |     | 00 | 15 | 03   | 502.99   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25927| TRANSMETACARPAL AMPUTATION                | 481.98  | 00 | 15 | 03   | 481.98   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25929| TRANSMETACARPAL AMPUTATION; SE            | 109.11 |     | 00 | 15 | 03   | 70.48    |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25929| TRANSMETACARPAL AMPUTATION; SE            | 352.39  | 00 | 15 | 03   | 352.39   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25931| AMPUTATION FOLLOW-UP SURGERY              | 109.11 |     | 00 | 15 | 03   | 438.43   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25931| AMPUTATION FOLLOW-UP SURGERY              | 526.12  | 00 | 15 | 03   | 526.12   |       |          |     |    |     |     |      |       |       |      |     |
| 02  | 25999| UNLISTED PROCEDURE, FOREARM OR WRIST     | 109.11 |     | 00 | 15 | 03   | 526.12   |       |          |     |    |     |     |      |       |       |      |     |
| 07  | 25999| UNLISTED PROCEDURE, FOREARM OR WRIST     | 526.12  | 00 | 15 | 03   | 526.12   |       |          |     |    |     |     |      |       |       |      |     |

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

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*NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.*
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
### LOUISIANA MEDICAID PROFESSIONAL SERVICES Fee Schedule

**Fees Effective for DOS January 01, 2013 Thru January 31, 2013**

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| 03 | 29240 | STRAPPING OF SHOULDER | 36.01 | 00 | 15 | X |
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| 07 | 29305 | APPLICATION OF HIP CAST | 153.91 | 00 | 15 | X |
| 03 | 29325 | APPLICATION OF HIP CASTS | 184.70 | 00 | 15 | X |
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| 07 | 29355 | APPLICATION OF LONG LEG CAST | 100.95 | 00 | 15 | X |
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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013**

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013**

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
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*NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.*
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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
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**LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
**LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE**

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### LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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**NOTE:** ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### Louisiana Medicaid Professional Services Fee Schedule

**Fees Effective for DOS January 01, 2013 Thru January 31, 2013**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
## LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
### LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

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# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013**

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NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.
# Louisiana Medicaid Professional Services Fee Schedule

**Fees Effective for DOS January 01, 2013 Thru January 31, 2013**

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Note: All CPT codes and descriptions are copyrighted by the American Medical Association.
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