

LOUISIANA MEDICAID KIDMED PROGRAM FEE SCHEDULE

Effective for Dates of Service on or after October 15, 2007

COLUMN:					
1	2	3	4A	4B	4C
TOS	Code	Description	Age Min/Max	Rate	UVS >001
21	99381	Initial comp preventive medicine eval & mgt, under 1 yr	00 00	77.90	
21	99382	Initial comp preventive medicine eval & mgt, ages 1-4 yrs	01 04	84.17	
21	99383	Initial comp preventive medicine eval & mgt, ages 5-11 yrs	05 11	83.02	
21	99384	Initial comp preventive medicine eval & mgt, ages 12-17 yrs	12 17	90.56	
21	99385	Initial comp preventive medicine eval & mgt, ages 18-20 yrs	18 20	90.56	
21	99391	Periodic comp preventive medicine reeval. & mgt, under 1 yr	00 00	61.15	
21	99392	Periodic comp preventive medicine reeval. & mgt, ages 1-4 yrs	01 04	68.36	
21	99393	Periodic comp preventive medicine reeval. & mgt, ages 5-11yrs	05 11	67.77	
21	99394	Periodic comp preventive medicine reeval. & mgt, ages 12-17 yrs	12 17	74.63	
21	99395	Periodic comp preventive medicine reeval & mgt, ages 18-20 yrs	18 20	75.20	
21	99173-EP	Screening test of visual acuity, bilateral	04 20	4.00	
21	92551	Audiologic screening test, pure tone, air only	04 20	3.60	
21	T1001	Nursing assessment/evaluation	00 20	13.71	x
21	S9470	Nutritional counseling/dietician visit	00 20	13.71	
21	99211-AJ	Office or other outpt. visit (KIDMED social worker (LCSW) consult)	00 20	16.17	

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 Unisys Provider Relations at 1-800-473-2783.

Interperiodic medical, vision and hearing screenings are reimbursed at the same rate as the appropriate procedure code for periodic medical, vision and hearing screenings. The appropriate KIDMED modifier must be appended to indicate if the service was performed by a registered nurse (TD) and/or if the service was an interperiodic screening (TS). Modifiers EP (EPSDT) and AJ (Clinical Social Worker) should be applied as directed in policy.

COLUMN 1: TOS (Type of 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.

21 - KIDMED: Medical, Vision, and Hearing Screening/Registered Nurse, Registered Dietician, and Licensed Clinical Social Worker (LCSW) Consultation Codes.

COLUMN 2: Procedure Code and any required modifier.

COLUMN 3: Procedure Code Description.

COLUMN 4A: 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 4B: Reimbursement rate on file.

COLUMN 4C: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.