

LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	G0202	SCREENING MAMMOGRAPH,DIGITAL,BILATER	100.12	40 99			F		X		
05	G0202	SCREENING MAMMOGRAPHY,DIGITAL,BILATE	40.05	40 99			F		X		
03	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	113.54				F				
05	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	45.42				F				
03	G0206	DIAGNOSTIC MAMMOGRAPHY DIGITAL UNILA	90.69				F				
05	G0206	DIAGNOSTIC MAMMOGRAPHY,DIGITAL UNILA	36.28				F				
09	Q0092	BEDSIDE EQUIPMENT SET UP FEE	7.21			X		X	X		X
09	R0070	TRANSPORT OF PORTABLE XRAY EQUIP,1PT	71.90					X			
09	R0075	TRANSPORT OF PORT XRAY EQUIP,>1PT	14.39					X			
09	R0076	TRANSPORTATION OF PORTABLE EKG EQUIP	87.50					X			
03	70010	MYELOGRAPHY; INTERPRETATION ONLY	137.70								
03	70015	CISTERNOGRAPHY; INTERPRET ONLY	90.56								
05	70015	CISTERNOGRAPHY; INTERPRET ONLY	36.23								
03	70030	X-RAY EYE; DETECT FOREIGN BODY	18.17								X
05	70030	X-RAY EYE; DETECT FOREIGN BODY	7.26								X
03	70100	X-RAY MANDIBLE; PARTIAL	20.16								
05	70100	X-RAY MANDIBLE; PARTIAL	8.06								
03	70110	X-RAY MANDIBLE; COMPLETE	25.78								
05	70110	X-RAY MANDIBLE; COMPLETE	10.31								
03	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	22.65								X
05	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.05								X
03	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	35.15								X
05	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	14.05								X
03	70134	X-RAY INTERNAL AUDITORY MEATI	31.50								X
05	70134	X-RAY INTERNAL AUDITORY MEATI	12.59								X
03	70140	X-RAY FACIAL BONES; L3 VIEWS	21.44								
05	70140	X-RAY FACIAL BONES; L3 VIEWS	8.58								
03	70150	X-RAY FACIAL BONES; COMPLETE	28.76								
05	70150	X-RAY FACIAL BONES; COMPLETE	11.51								
03	70160	X-RAY NASAL BONES; COMPLETE	20.60								
05	70160	X-RAY NASAL BONES; COMPLETE	8.24								
03	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	35.59								
05	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	14.23								
03	70190	X-RAY OPTIC FORAMINA	23.69								X
05	70190	X-RAY OPTIC FORAMINA	9.48								X
03	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	29.82								X
05	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	11.93								X
03	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	21.12								
05	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.44								
03	70220	X-RAY SINUSES; PARANASAL; COMPLETE	27.40								
05	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.97								
03	70240	X-RAY SELLA TURCICA	18.74								
05	70240	X-RAY SELLA TURCICA	7.50								
03	70250	X-RAY SKULL; LESS THAN 4 VIEWS	24.27								
05	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.70								
03	70260	X-RAY SKULL; COMPLETE	33.84								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
05	70260	X-RAY SKULL; COMPLETE	13.52								
03	70300	X-RAY TEETH; SINGLE VIEW	10.54								
05	70300	X-RAY TEETH; SINGLE VIEW	4.21								
03	70310	X-RAY TEETH; PARTIAL EXAM	20.56								
05	70310	X-RAY TEETH; PARTIAL EXAM	8.23								
03	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	30.57								
05	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	12.23								
03	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	19.66								
05	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	7.87								
03	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	30.88								
05	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.35								
03	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	67.27								
05	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	26.91								
03	70336	MRI,TEMPOROMANDIBULAR JOINT	257.74								
05	70336	MRI,TEMPOROMANDIBULAR JOINT	103.11								
03	70350	CEPHALOGRAM; ORTHODONTIC	15.06								
05	70350	CEPHALOGRAM; ORTHODONTIC	6.02								
03	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	19.82								
05	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	7.92								
03	70360	X-RAY NECK; SOFT TISSUE	17.69								
05	70360	X-RAY NECK; SOFT TISSUE	7.08								
03	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	47.26								
05	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	18.90								
03	70373	LARYNGOGRAPHY; INTERPRET ONLY	58.51								
05	70373	LARYNGOGRAPHY; INTERPTRY ONLY	23.40								
03	70380	X-RAY SALIVARY GLANDFOR CALCULUS	24.55								
05	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.82								
03	70390	SIALOGRAPHY; INTERPRETATION ONLY	64.60								
05	70390	SIALOGRAPHY; INTERPRETATION ONLY	25.84								
03	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	149.59								
05	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	59.84								
03	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	190.34								
05	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	76.14								
03	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	230.67								
05	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	92.28								
03	70480	TOMOGRAPHY;ORBIT, SELLA, POSTERIOR FOS	166.98								
05	70480	TOMOGRAPHY;ORBIT, SELLA, POSTERIOR FOS	66.80								
03	70481	TOMOGRAPHY;ORBIT,ETC, WITH/CONTRAST M	225.46								
05	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	90.18								
03	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	258.43								
05	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	103.37								
03	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	161.92								
05	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	64.78								
03	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	217.66								
05	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	87.06								
03	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	257.41								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER	102.96								
03	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	167.07								
05	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	66.82								
03	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	216.27								
05	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	86.51								
03	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	258.48								
05	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	103.40								
03	70496	CT ANGIOGRAPHY HEAD	283.52								X
05	70496	CT ANGIOGRAPHY HEAD	74.57								X
03	70498	CT ANGIOGRAPHY NECK	283.52								X
05	70498	CT ANGIOGRAPHY NECK	74.57								X
03	70540	MRI-ORBIT,FACE AND NECK	275.02								
05	70540	MRI-ORBIT,FACE AND NECK	110.01								
03	70542	MR IMAGING ORBIT, FACE, AND NECK	390.53								X
05	70542	MR IMAGING ORBIT, FACE, AND NECK	156.21								X
03	70543	MR IMAGING ORBIT, FACE , AND NECK	518.27								
05	70543	MR IMAGING ORBIT, FACE, AND NECK	207.31								
03	70544	MR ANGIOGRAPHY HEAD	348.74								X
05	70544	MR ANGIOGRAPHY, HEAD	139.50								X
03	70545	MR ANGIOGRAPHY	372.44								X
05	70545	MR ANGIOGRAPHY	148.98								X
03	70546	MR ANGIOGRAPHY NECK	501.25								X
05	70546	MR ANGIOGRAPHY NECK	200.50								X
03	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	348.42								X
05	70547	MR ANGIOGRAPHY NECK WITHOUT CON	139.37								X
03	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	372.37								X
05	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	148.95								X
03	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	501.25								X
05	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	200.50								X
03	70551	MRI-BRAIN/INCLUDING BRAIN STEM	275.02								
05	70551	MRI-BRAIN/INCLUDING BRAIN STEM	110.01								
03	70552	MRI,BRAIN W CONTRAST MATERIAL	329.94								
05	70552	MRI,BRAIN W CONTRAST MATERIAL	131.98								
03	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	529.15								
05	70553	MAGNETIC RESONANCE I, BRAIN	211.67								
05	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	74.87								
05	70557	MRI BRAIN W/O DYE	MP								X
05	70558	MRI BRAIN W/ DYE	MP								X
05	70559	MRI BRAIN W/O & W/ DYE	MP								X
03	71010	X-RAY CHEST; POSTEROANTERIOR	17.26								X
05	71010	X-RAY CHEST; POSTEROANTERIOR	6.91								X
03	71015	X-RAY CHEST; STEREO;POSTEROANTER	19.99								
05	71015	X-RAY CHEST; STEREO;POSTEROANTER	8.00								
03	71020	X-RAY CHEST; TWO VIEWS	22.98								X
05	71020	X-RAY CHEST; TWO VIEWS	9.20								X
03	71021	X-RAY CHEST; APICAL LORDOTIC	27.26								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	71021	X-RAY CHEST; APICAL LORDOTIC	10.91								
03	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	30.15								X
05	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	12.05								X
03	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	40.83								
05	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	16.33								
03	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	31.11								
05	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	12.44								
03	71034	X-RAY CHEST W/FLUOROSCOPY	59.24								
05	71034	X-RAY CHEST W/FLUOROSCOPY	23.70								
03	71035	X-RAY CHEST; SPECIAL VIEWS	21.85								
05	71035	X-RAY CHEST; SPECIAL VIEWS	8.75								
03	71040	CONTRAST X-RAY OF BRONCHI	62.34								
05	71040	CONTRAST X-RAY OF BRONCHI	24.93								
03	71060	CONTRAST X-RAY OF BRONCHI	90.25								
05	71060	CONTRAST X-RAY OF BRONCHI	36.08								
03	71100	X-RAY EXAM OF RIBS	22.04								
05	71100	X-RAY EXAM OF RIBS	8.81								
03	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	26.59								
05	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	10.63								
03	71110	X-RAY EXAM OF RIBS	28.44								
05	71110	X-RAY EXAM OF RIBS	11.38								
03	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	34.84								
05	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	13.93								
03	71120	X-RAY EXAM OF BREASTBONE	22.95								
05	71120	X-RAY EXAM OF BREASTBONE	9.19								
03	71130	X-RAY EXAM OF BREASTBONE	25.37								
05	71130	X-RAY EXAM OF BREASTBONE	10.15								
03	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	169.40								
05	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	67.76								
03	71260	CAT.THORAX, W/ CONTRAST MATERIAL	220.26								
05	71260	CAT,THORAX,W/ CONTRAST MATERIAL	88.10								
03	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	256.46								
05	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	102.59								
03	71275	CT ANGIOGRAPHY, CHEST	303.83								
05	71275	CT ANGIOGRAPHY, CHEST	121.53								
03	71550	MRI-CHEST/LYPHADENOPATHY EVAL	279.06								
05	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	111.63								
03	71551	MRI CHEST W/DYE	396.07								
05	71551	MRI CHEST W/DYE	158.43								
03	71552	MRI CHEST W/O&W DYE	522.23								
05	71552	MRI CHEST W/O&W DYE	208.89								
03	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	362.83								
05	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	145.13								
03	72010	X-RAY EXAM OF SPINE	43.82								
05	72010	X-RAY EXAM OF SPINE	17.52								
03	72020	X-RAY SPINE,SINGLE VIEW	15.90								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	72020	X-RAY SPINE,SINGLE VIEW	6.37								
03	72040	X-RAY EXAM OF NECK SPINE	24.22								
05	72040	X-RAY EXAM OF NECK SPINE	9.69								
03	72050	X-RAY EXAM OF NECK SPINE	34.55								
05	72050	X-RAY EXAM OF NECK SPINE	13.83								
03	72052	X-RAY EXAM OF NECK SPINE	43.29								
05	72052	X-RAY EXAM OF NECK SPINE	17.31								
03	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	24.03								
05	72069	RADIOLOGIC EXAM SPINE THORACOLUMBAR	9.61								
03	72070	X-RAY EXAM OF THORAX SPINE	23.47								
05	72070	X-RAY EXAM OF THORAX SPINE	9.39								
03	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	25.95								
05	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	10.39								
03	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	30.59								
05	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	12.23								
03	72080	X-RAY EXAM OF TRUNK SPINE	24.18								
05	72080	X-RAY EXAM OF TRUNK SPINE	9.67								
03	72090	X-RAY EXAM OF TRUNK SPINE	30.03								
05	72090	X-RAY EXAM OF TRUNK SPINE	12.02								
03	72100	X-RAY EXAM OF LOWER SPINE	25.43								
05	72100	X-RAY EXAM OF LOWER SPINE	10.18								
03	72110	X-RAY EXAM OF LOWER SPINE	35.53								
05	72110	X-RAY EXAM OF LOWER SPINE	14.21								
03	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	45.95								
05	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	18.39								
03	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	31.81								
05	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	12.72								
03	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	169.40								
05	72125	CAT SCAN CERVICAL SPINE W/OUT C M	67.76								
03	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	219.45								
05	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	87.79								
03	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	252.67								
05	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	101.07								
03	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	169.40								
05	72128	CAT SCAN THORACIC SPINE W/OUT C M	67.76								
03	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	219.69								
05	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	87.89								
03	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	252.67								
05	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	101.07								
03	72131	CAT SCAN LUMBAR W/OUT CONTRAST	169.40								
05	72131	CAT SCAN LUMBAR W/OUT CONTRAST	67.76								
03	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	219.45								
05	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	87.79								
03	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	252.67								
05	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	101.07								
03	72141	MRI,SPINAL CANAL...;CERVICAL	279.06								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	72141	MRI,SPINAL CANAL...;CERVICAL	111.63								
03	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	334.82								
05	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	133.94								
03	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	304.14								
05	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	121.66								
03	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	334.82								
05	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	133.94								
03	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	300.09								
05	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	120.03								
03	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	329.94								
05	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	131.98								
03	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	538.87								
05	72156	MAGNETIC RESONANCE I, SPINAL CANAL	215.54								
03	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	538.62								
05	72157	MAGNETIC RESONANCE I, SPINAL CANAL	215.44								
03	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	529.15								
05	72158	MAGNETIC RESONANCE I, SPINAL CANAL	211.67								
03	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	312.83								
05	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	125.12								
03	72170	X-RAY EXAM OF PELVIS	18.39								
05	72170	X-RAY EXAM OF PELVIS	7.36								
03	72190	X-RAY EXAM OF PELVIS	25.64								
05	72190	X-RAY EXAM OF PELVIS	10.25								
03	72191	CT ANGIOGRAPH PELV W/O&W DYE	294.20								
05	72191	CT ANGIOGRAPH PELV W/O&W DYE	117.69								
03	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	161.16								
05	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	64.45								
03	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	218.07								
05	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	87.24								
03	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	250.44								
05	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	100.18								
03	72195	MRI PELVIS W/O DYE	360.07								
05	72195	MRI PELVIS W/O DYE	144.03								
03	72196	MRI,PELVIS	313.95								
05	72196	MRI,PELVIS	125.59								
03	72197	MRI PELVIS W/O & W DYE	523.32								
05	72197	MRI PELVIS W/O & W DYE	209.33								
03	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	359.93								
05	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	143.98								
03	72200	X-RAY EXAM SACROILIAC JOINTS	19.38								
05	72200	X-RAY EXAM SACROILIAC JOINTS	7.76								
03	72202	X-RAY EXAM SACROILIAC JOINTS	23.41								
05	72202	X-RAY EXAM SACROILIA504	9.37								
03	72220	X-RAY EXAM OF TAILBONE	20.41								
05	72220	X-RAY EXAM OF TAILBONE	8.17								
03	72240	CONTRAST X-RAY OF NECK SPINE	130.51								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	72240	CONTRAST X-RAY OF NECK SPINE	52.20								
03	72255	CONTRAST X-RAY THORAX SPINE	125.18								
05	72255	CONTRAST X-RAY THORAX SPINE	50.08								
03	72265	CONTRAST X-RAY LOWER SPINE	119.64								
05	72265	CONTRAST X-RAY LOWER SPINE	47.86								
03	72270	CONTRAST X-RAY OF SPINE	171.68								
05	72270	CONTRAST X-RAY OF SPINE	68.67								
03	72275	EPIDUROGRAPHY	82.83								
05	72275	EPIDUROGRAPHY	33.13								
03	72285	X-RAY OF NECK SPINE DISK	207.73								
05	72285	X-RAY OF NECK SPINE DISK	83.09								
05	72291	RADIOLOGICAL SUPERVISION AND INTERPR	41.72								
05	72292	RADIOLOGICAL SUPERVISION AND INTERPR	42.42								
03	72295	X-RAY OF LOWER SPINE DISK	187.51								
05	72295	X-RAY OF LOWER SPINE DISK	75.01								
03	73000	X-RAY EXAM OF COLLARBONE	18.38								X
05	73000	X-RAY EXAM OF COLLARBONE	7.35								X
03	73010	X-RAY EXAM OF SHOULDER BLADE	19.13								X
05	73010	X-RAY EXAM OF SHOULDER BLADE	7.65								X
03	73020	X-RAY EXAM OF SHOULDER	16.40								X
05	73020	X-RAY EXAM OF SHOULDER	6.57								X
03	73030	X-RAY EXAM OF SHOULDER	20.45								X
05	73030	X-RAY EXAM OF SHOULDER	8.19								X
03	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	72.51								X
05	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	29.01								X
03	73050	X-RAY EXAM OF SHOULDERS	24.18								
05	73050	X-RAY EXAM OF SHOULDERS	9.67								
03	73060	X-RAY EXAM OF HUMERUS	20.17								X
05	73060	X-RAY EXAM OF HUMERUS	8.07								X
03	73070	X-RAY EXAM OF ELBOW	18.09								X
05	73070	X-RAY EXAM OF ELBOW	7.22								X
03	73080	X-RAY EXAM OF ELBOW	22.36								X
05	73080	X-RAY EXAM OF ELBOW	8.95								X
03	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	68.92								X
05	73085	X-RAY ELBOW, ARTHROGRAPHY; SUPER/INTER	27.58								X
03	73090	X-RAY EXAM OF FOREARM	18.38								X
05	73090	X-RAY EXAM OF FOREARM	7.35								X
03	73092	X-RAY EXAM OF ARM, INFANT	18.38								X
05	73092	X-RAY EXAM OF ARM, INFANT	7.35								X
03	73100	X-RAY EXAM OF WRIST	18.61								X
05	73100	X-RAY EXAM OF WRIST	7.44								X
03	73110	X-RAY EXAM OF WRIST	21.57								X
05	73110	X-RAY EXAM OF WRIST	8.62								X
03	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	66.39								X
05	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	26.55								X
03	73120	X-RAY EXAM OF HAND	18.13								X

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	73120	X-RAY EXAM OF HAND	7.24								X
03	73130	X-RAY EXAM OF HAND	20.35								X
05	73130	X-RAY EXAM OF HAND	8.14								X
03	73140	X-RAY EXAM OF FINGER(S)	17.78								X
05	73140	X-RAY EXAM OF FINGER(S)	7.11								X
03	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	160.55								X
05	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	64.22								X
03	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	211.13								X
05	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	84.45								X
03	73202	CAT,UPPER EXT. ;W/OUT-W/ CONTRAST	250.36								X
05	73202	CAT,UPPER EXT. ;W/OUT-W/ CONTRAST MAT	100.14								X
03	73206	CT ANGIO UPR EXTRM W/O&W DYE	273.21								X
05	73206	CT ANGIO UPR EXTRM W/O&W DYE	109.28								X
03	73218	MRI UPPER EXTREMITY W/O DYE	354.84								X
05	73218	MRI UPPER EXTREMITY W/O DYE	141.94								X
03	73219	MRI UPPER EXTREMITY W/DYE	390.85								X
05	73219	MRI UPPER EXTREMITY W/DYE	156.34								X
03	73220	MRI-UPPER EXTREMITY	410.45								X
05	73220	MRI-UPPER EXTREMITY	164.18								X
03	73221	MRE, ANY JOINT OF UPPER EXTREMITY	266.18								X
05	73221	MRI, ANY JOINT OF UPPER EXTREMITY	106.47								X
03	73222	MRI JOINT UPR EXTREM W/ DYE	390.92								X
05	73222	MRI JOINT UPR EXTREM W/ DYE	156.38								X
03	73223	MRI JOINT UPR EXTR W/O&W DYE	518.98								X
05	73223	MRI JOINT UPR EXTR W/O&W DYE	207.59								X
03	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	285.87								X
05	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	114.35								X
03	73500	X-RAY EXAM OF HIP	17.44								X
05	73500	X-RAY EXAM OF HIP	6.98								X
03	73510	X-RAY EXAM OF HIP	23.69								X
05	73510	X-RAY EXAM OF HIP	9.48								X
03	73520	X-RAY EXAM OF HIPS	26.56								
05	73520	X-RAY EXAM OF HIPS	10.62								
03	73525	CONTRAST X-RAY OF HIP	69.21								X
05	73525	CONTRAST X-RAY OF HIP	27.69								X
03	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	23.85								X
05	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	9.54								X
03	73540	X-RAY EXAM OF PELVIS & HIPS	23.93								
05	73540	X-RAY EXAM OF PELVIS & HIPS	9.57								
03	73550	X-RAY EXAM OF THIGH	20.16								X
05	73550	X-RAY EXAM OF THIGH	8.06								X
03	73560	X-RAY EXAM OF KNEE	19.13								X
05	73560	X-RAY EXAM OF KNEE	7.65								X
03	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	22.39								X
05	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	8.97								X
03	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	25.43								X

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	73564	X-RAY KNEE, COMPLETE, W/OBLIQUES.....	10.18								X
03	73565	RADIO EXAM, KNEES, STANDING, ANTEROPOST	21.05								
05	73565	RADIOLOGIC EXAM	8.43								
03	73580	CONTRAST X-RAY OF KNEE JOINT	83.29								X
05	73580	CONTRAST X-RAY OF KNEE JOINT	33.31								X
03	73590	X-RAY EXAM OF LOWER LEG	18.66								X
05	73590	X-RAY EXAM OF LOWER LEG	7.46								X
03	73592	X-RAY EXAM OF LEG, INFANT	18.38								X
05	73592	X-RAY EXAM OF LEG, INFANT	7.35								X
03	73600	X-RAY EXAM OF ANKLE	18.13								X
05	73600	X-RAY EXAM OF ANKLE	7.24								X
03	73610	X-RAY EXAM OF ANKLE	20.35								X
05	73610	X-RAY EXAM OF ANKLE	8.14								X
03	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	69.68								X
05	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	27.87								X
03	73620	X-RAY EXAM OF FOOT	17.89								X
05	73620	X-RAY EXAM OF FOOT	7.16								X
03	73630	X-RAY EXAM OF FOOT	20.35								X
05	73630	X-RAY EXAM OF FOOT	8.14								X
03	73650	X-RAY EXAM OF HEEL	17.65								X
05	73650	X-RAY EXAM OF HEEL	7.06								X
03	73660	X-RAY EXAM OF TOE(S)	17.29								X
05	73660	X-RAY EXAM OF TOE(S)	6.92								X
03	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	160.55								X
05	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	64.22								X
03	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	212.09								X
05	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT	84.85								X
03	73702	CAT., LOWER EXT. ; W/OUT-W/CONTRAST	250.60								X
05	73702	CAT, LOWER EXT. ; W/OUT-W/CONTRAST MAT	100.24								X
03	73706	CT ANGIO LWR EXTR W/O&W DYE	276.38								X
05	73706	CT ANGIO LWR EXTR W/O&W DYE	110.54								X
03	73718	MRI LOWER EXTREMITY W/O DYE	354.84								X
05	73718	MRI LOWER EXTREMITY W/O DYE	141.94								X
03	73719	MRI LOWER EXTREMITY W/DYE	390.53								X
05	73719	MRI LOWER EXTREMITY W/DYE	156.21								X
03	73720	MRI-LIWER EXTREMITY	410.20								X
05	73720	MRI-LOWER EXTREMITY	164.07								X
03	73721	MRI, ANY JOINT, LOWER EXTREMITY	266.18								X
05	73721	MRI, ANY JOINT, LOWER EXTREMITY	106.47								X
03	73722	MRI JOINT OF LWR EXTR W/DYE	390.92								X
05	73722	MRI JOINT OF LWR EXTR W/DYE	156.38								X
03	73723	MRI JOINT LWR EXTR W/O&W DYE	518.33								X
05	73723	MRI JOINT LWR EXTR W/O&W DYE	207.34								X
03	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	361.20								X
05	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	144.48								X
03	74000	X-RAY EXAM OF ABDOMEN	18.42								X

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	74000	X-RAY EXAM OF ABDOMEN	7.38								X
03	74010	X-RAY EXAM OF ABDOMEN	24.50								X
05	74010	X-RAY EXAM OF ABDOMEN	9.80								X
03	74020	X-RAY EXAM OF ABDOMEN	26.59								X
05	74020	X-RAY EXAM OF ABDOMEN	10.63								X
03	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	31.63								
05	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE	12.65								
03	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	165.06								
05	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	66.02								
03	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	222.05								
05	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	88.83								
03	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	256.81								
05	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	102.73								
03	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY,AB	376.25								
05	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	150.50								
03	74175	CT ANGIO ABDOM W/O&W DYE	294.20								
05	74175	CT ANGIO ABDOM W/O&W DYE	117.69								
03	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	115.33								
05	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	46.13								
03	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	180.77								
05	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	72.31								
03	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	228.84								
05	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	91.54								
03	74181	MRI-ABDOMEN	279.06								
05	74181	MRI-ABDOMEN	111.63								
03	74182	MRI ABDOMEN W/DYE	396.07								
05	74182	MRI ABDOMEN W/DYE	158.43								
03	74183	MRI ABDOMEN W/O&W DYE	523.32								
05	74183	MRI ABDOMEN W/O&W DYE	209.33								
03	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	360.17								
05	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	144.06								
03	74190	PERITONEOGRAM (EG, AFTER INJECTION O	51.28								
05	74190	PERITONEOGRAM (EG, AFTER INJECTION O	20.52								
03	74210	CONTRAST XRAY EXAM OF THROAT	48.64								
05	74210	CONTRAST XRAY EXAM OF THROAT	19.45								
03	74220	CONTRAST XRAY EXAM,ESOPHAGUS	54.57								
05	74220	CONTRAST XRAY EXAM,ESOPHAGUS	21.83								
03	74230	CINEMA XRAY THROAT/ESOPHAGUS	57.51								
05	74230	CINEMA XRAY THROAT/ESOPHAGUS	23.00								
03	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	97.94								
05	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	39.17								
03	74240	X-RAY EXAM UPPER GI TRACT	68.80								
05	74240	X-RAY EXAM UPPER GI TRACT	27.52								
03	74241	X-RAY EXAM UPPER GI TRACT	72.21								
05	74241	X-RAY EXAM UPPER GI TRACT	28.88								
03	74245	X-RAY EXAM UPPER GI TRACT	107.87								

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	74245	X-RAY EXAM UPPER GI TRACT	43.15								
03	74246	X-RAY GASTROINTESTINAL TRACT	77.60								
05	74246	X-RAY GASTROINTESTINAL TRACT	31.04								
03	74247	X-RAY-GASTROINTESTINAL TRACT	80.28								
05	74247	X-RAY GASTROINTESTINAL TRACT	32.11								
03	74249	X-RAY/GASTROINTESTINAL TRACT....	115.18								
05	74249	X-RAY GASTROINTESTINAL TRACT....	46.08								
03	74250	X-RAY EXAM OF SMALL BOWEL	61.89								
05	74250	X-RAY EXAM OF SMALL BOWEL	24.75								
03	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	114.42								
05	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	45.77								
03	74260	X-RAY EXAM OF SMALL BOWEL	73.59								
05	74260	X-RAY EXAM OF SMALL BOWEL	29.44								
03	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	262.15								
05	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	104.85								
03	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	294.38								
05	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	117.76								
03	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	448.24								
05	74263	COMPUTED TOMOGRAPHIC(CT) COLONOGRAP	179.29								
03	74270	CONTRAST X-RAY EXAM OF COLON	80.53								
05	74270	CONTRAST X-RAY EXAM OF COLON	32.21								
03	74280	CONTRAST X-RAY EXAM OF COLON	120.30								
05	74280	CONTRAST X-RAY EXAM OF COLON	48.11								
03	74283	BARIUM ENEMA, THERAPEUTIC	126.44								
05	74283	BARIUM ENEMA, THERAPEUTIC	50.58								
03	74290	CONTRAST X-RAY, GALLBLADDER	38.93								
05	74290	CONTRAST X-RAY, GALLBLADDER	15.57								
03	74291	CONTRAST X-RAYS, GALLBLADDER	30.67								
05	74291	CONTRAST X-RAYS, GALLBLADDER	12.27								
03	74300	CONTRAST X-RAY OF BILE DUCTS	55.15								
05	74300	CONTRAST X-RAY OF BILE DUCTS	22.05								
03	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	35.47								
05	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	14.19								
03	74305	CONTRAST X-RAY OF BILE DUCTS	35.87								
05	74305	CONTRAST X-RAY OF BILE DUCTS	14.35								
03	74320	CONTRAST X-RAY OF BILE DUCTS	90.58								
05	74320	CONTRAST X-RAY OF BILE DUCTS	36.24								
03	74327	X-RAY FOR BILE STONE REMOVAL	81.57								
05	74327	X-RAY FOR BILE STONE REMOVAL	32.62								
03	74328	XRAY FOR BILE DUCT ENDOSCOPY	106.57								
05	74328	XRAY FOR BILE DUCT ENDOSCOPY	42.62								
03	74329	X-RAY FOR PANCREAS ENDOSCOPY	93.26								
05	74329	X-RAY FOR PANCREAS ENDOSCOPY	37.30								
03	74330	XRAY,BILE/PANCREAS ENDOSCOPY	113.93								
05	74330	XRAY,BILE/PANCREAS ENDOSCOPY	45.58								
03	74340	X-RAY GUIDE FOR GI TUBE	87.03								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	74340	X-RAY GUIDE FOR GI TUBE	34.82								
03	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	95.20								
05	74355	PERC.PLACE. ENTEROLYSIS TUBE;GUIDANCE	38.08								
03	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	100.81								
05	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	40.33								
03	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	307.36								
05	74363	DILATION OF BILIARY DUCT STRICTURE	122.94								
03	74400	CONTRAST X-RAY URINARY TRACT	69.62								
05	74400	CONTRAST X-RAY URINARY TRACT	27.83								
03	74410	CONTRAST X-RAY URINARY TRACT	74.00								
05	74410	CONTRAST X-RAY URINARY TRACT	29.61								
03	74415	CONTRAST X-RAY URINARY TRACT	83.50								
05	74415	CONTRAST X-RAY URINARY TRACT	33.41								
03	74420	CONTRAST X-RAY URINARY TRACT	80.53								
05	74420	CONTRAST X-RAY URINARY TRACT	32.21								
03	74425	CONTRAST X-RAY URINARY TRACT	46.94								
05	74425	CONTRAST X-RAY URINARY TRACT	18.78								
03	74430	CONTRAST X-RAY OF BLADDER	47.99								
05	74430	CONTRAST X-RAY OF BLADDER	19.20								
03	74440	XRAY EXAM MALE GENITAL TRACT	52.31								
05	74440	XRAY EXAM MALE GENITAL TRACT	20.92								
03	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	71.78								
05	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	28.72								
03	74450	X-RAY EXAM URETHRA/BLADDER	49.74								
05	74450	X-RAY EXAM URETHRA/BLADDER	19.89								
03	74455	X-RAY EXAM URETHRA/BLADDER	58.59								
05	74455	X-RAY EXAM URETHRA/BLADDER	23.44								
03	74470	X-RAY-RENAL CYST STUDY	52.02								
05	74470	X-RAY-RENAL CYST STUDY	20.81								
03	74475	CATH RENAL PELVIS;SUPER/INTERP	108.45								
05	74475	CATH RENAL PELVIS;SUPER/INTERP	43.37								
03	74480	CATH/STENT RENAL PELVIS;SUPER/INTERP	108.45								
05	74480	CATH/STENT-RENAL PELVIS;SUPER/INTERP	43.37								
03	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	91.59								
05	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	36.64								
03	74710	X-RAY MEASUREMENT OF PELVIS	35.51								
05	74710	X-RAY MEASUREMENT OF PELVIS	14.21								
05	74740	HYSTEOSALPINGOGRAPHY	8.53	21	59	X				F	
03	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	60.59								
05	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	24.24								
03	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	305.17								
05	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	122.06								
03	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	327.47								
05	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	130.99								
03	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	430.42								
05	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	172.17								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	448.35								
05	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	179.34								
03	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	58.12								
05	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	23.26								
03	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	57.75								
05	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	23.10								
03	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	169.52								
05	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	67.81								
03	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	240.94								
05	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	96.38								
03	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	369.95								
05	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	147.98								
03	75600	CONTRAST X-RAY EXAM OF AORTA	298.10								
05	75600	CONTRAST X-RAY EXAM OF AORTA	119.24								
03	75605	CONTRAST X-RAY EXAM OF AORTA	301.95								
05	75605	CONTRAST X-RAY EXAM OF AORTA	120.79								
03	75625	CONTRAST X-RAY EXAM OF AORTA	300.34								
05	75625	CONTRAST X-RAY EXAM OF AORTA	120.14								
03	75630	AORTOGRAPH; ABDOMEN-BILAT	335.65								
05	75630	AORTOGRAPH; ABDOMEN/ILIOFEMORAL; BILAT	134.25								
03	75635	CT ANGIO ABDOMINAL ARTERIES	322.93								
05	75635	CT ANGIO ABDOMINAL ARTERIES	129.16								
03	75650	ARTERY X-RAYS, HEAD & NECK	311.93								
05	75650	ARTERY X-RAYS, HEAD & NECK	124.78								
03	75658	X-RAY EXAM OF ARM ARTERIES	309.37								
05	75658	X-RAY EXAM OF ARM ARTERIES	123.74								
03	75660	ARTERY X-RAYS, HEAD & NECK	297.53								
05	75660	ARTERY X-RAYS, HEAD & NECK	119.00								
03	75662	ARTERY X-RAYS, HEAD & NECK	327.26								
05	75662	ARTERY X-RAYS, HEAD & NECK	130.91								
03	75665	ARTERY X-RAYS, HEAD & NECK	310.43								
05	75665	ARTERY X-RAYS, HEAD & NECK	124.18								
03	75671	ARTERY X-RAYS, HEAD & NECK	326.13								
05	75671	ARTERY X-RAYS, HEAD & NECK	130.45								
03	75676	ARTERY X-RAYS, NECK	308.64								
05	75676	ARTERY X-RAYS, NECK	123.46								
03	75680	ARTERY X-RAYS, NECK	323.27								
05	75680	ARTERY X-RAYS, NECK	129.30								
03	75685	ARTERY X-RAYS, SPINE	308.12								
05	75685	ARTERY X-RAYS, SPINE	123.25								
03	75705	ARTERY X-RAYS, SPINE	325.67								
05	75705	ARTERY X-RAYS, SPINE	130.27								
03	75710	ARTERY X-RAYS, ARM/LEG	304.68								
05	75710	ARTERY X-RAYS, ARM/LEG	121.86								
03	75716	ARTERY X-RAYS, ARMS/LEGS	314.60								
05	75716	ARTERY X-RAYS, ARMS/LEGS	125.84								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	75726	ARTERY X-RAYS, ABDOMEN	301.49								
05	75726	ARTERY X-RAYS, ABDOMEN	120.59								
03	75731	ARTERY X-RAYS, ADRENAL GLAND	302.97								
05	75731	ARTERY X-RAYS, ADRENAL GLAND	121.20								
03	75733	ARTERY X-RAYS,ADRENAL GLANDS	297.53								
05	75733	ARTERY X-RAYS,ADRENAL GLANDS	119.00								
03	75736	ARTERY X-RAYS, PELVIS	302.97								
05	75736	ARTERY X-RAYS, PELVIS	121.20								
03	75741	ARTERY X-RAYS, LUNG	303.84								
05	75741	ARTERY X-RAYS, LUNG	121.53								
03	75743	ARTERY X-RAYS, LUNGS	316.63								
05	75743	ARTERY X-RAYS, LUNGS	126.67								
03	75746	ARTERY X-RAYS, LUNG	300.30								
05	75746	ARTERY X-RAYS, LUNG	120.12								
03	75756	ARTERY X-RAYS, CHEST	307.61								
05	75756	ARTERY X-RAYS, CHEST	123.05								
03	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	196.05								
05	75791	ANGIOGRAPHY ARTERIOVENOUS SHUNT COMP	78.42								
03	75801	LYMPH VESSEL X-RAY, ARM/LEG	169.85								
05	75801	LYMPH VESSEL X-RAY, ARM/LEG	67.94								
03	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	181.71								
05	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	72.68								
03	75805	LYMPH VESSEL X-RAY, TRUNK	186.61								
05	75805	LYMPH VESSEL X-RAY, TRUNK	74.65								
03	75807	LYMPH VESSEL X-RAY, TRUNK	161.20								
05	75807	LYMPH VESSEL X-RAY, TRUNK	64.47								
03	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	50.89								
05	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	20.35								
03	75810	VEIN X-RAY, SPLEEN/LIVER	363.38								
05	75810	VEIN X-RAY, SPLEEN/LIVER	145.36								
03	75820	VEIN X-RAY, ARM/LEG	70.73								
05	75820	VEIN X-RAY, ARM/LEG	28.29								
03	75822	VEIN X-RAY, ARMS/LEGS	90.50								
05	75822	VEIN X-RAY, ARMS/LEGS	36.20								
03	75825	VEIN X-RAY, TRUNK	297.56								
05	75825	VEIN X-RAY, TRUNK	119.01								
03	75827	VEIN X-RAY, CHEST	297.21								
05	75827	VEIN X-RAY, CHEST	118.88								
03	75831	VEIN X-RAY, KIDNEY	297.97								
05	75831	VEIN X-RAY, KIDNEY	119.19								
03	75833	VEIN X-RAY, KIDNEYS	313.48								
05	75833	VEIN X-RAY, KIDNEYS	125.39								
03	75840	VEIN X-RAY, ADRENAL GLAND	300.16								
05	75840	VEIN X-RAY, ADRENAL GLAND	120.06								
03	75842	VEIN X-RAY, ADRENAL GLANDS	312.18								
05	75842	VEIN X-RAY, ADRENAL GLANDS	124.87								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	75860	VEIN X-RAY, NECK	292.01								
05	75860	VEIN X-RAY, NECK	116.81								
03	75870	VEIN X-RAY, SKULL	292.01								
05	75870	VEIN X-RAY, SKULL	116.81								
03	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	306.25								
05	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	122.49								
03	75880	VEIN X-RAY, EYE SOCKET	73.39								
05	75880	VEIN X-RAY, EYE SOCKET	29.36								
03	75885	VEIN X-RAY, LIVER	307.68								
05	75885	VEIN X-RAY, LIVER	123.07								
03	75887	VEIN X-RAY, LIVER	309.11								
05	75887	VEIN X-RAY, LIVER	123.65								
03	75889	VEIN X-RAY, LIVER	297.44								
05	75889	VEIN X-RAY, LIVER	118.98								
03	75891	VEIN X-RAY, LIVER	297.44								
05	75891	VEIN X-RAY, LIVER	118.98								
03	75893	VENOUS SAMPLING BY CATHETER	262.68								
05	75893	VENOUS SAMPLING BY CATHETER	105.07								
03	75894	XRAYS, TRANSCATHETER THERAPY	664.81								
05	75894	XRAYS, TRANSCATHETER THERAPY	265.92								
03	75896	XRAYS, TRANSCATHETER THERAPY	584.17								
05	75896	XRAYS, TRANSCATHETER THERAPY	233.66								
03	75898	FOLLOW-UP ANGIOGRAM	88.52								
05	75898	FOLLOW-UP ANGIOGRAM	35.42								
03	75900	ARTERIAL CATHETER EXCHANGE	461.46								
05	75900	ARTERIAL CATHETER EXCHANGE	184.58								
03	75901	REMOVE CVA DEVICE OBSTRUCT	103.54								
05	75901	REMOVE CVA DEVICE OBSTRUCT	41.41								
03	75902	REMOVE CVA LUMEN OBSTRUCT	72.05								
05	75902	REMOVE CVA LUMEN OBSTRUCT	28.81								
03	75945	INTRAVASCULAR US	113.06								
05	75945	INTRAVASCULAR US	45.22								
03	75946	INTRAVASCULAR US	62.60								X
05	75946	INTRAVASCULAR US	25.04								X
03	75952	ENDOVASC REPAIR ABDOM AORTA	188.42								
03	75953	ABDOM ANEURYSM ENDOVAS RPR	78.78								
03	75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY	74.49								
05	75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY	29.79								
05	75956	TRANSCATH OCCLUSION; COMPLETE PROC	249.78								
05	75957	XRAY, ENDOVASC THOR AO REPR	214.00								
05	75958	XRAY, PLACE PROX THOR AO	142.64								
05	75959	XRAY, PLACE DIST EXT THOR AO	124.86								
03	75960	TRANSCATHETER INTRODUCTION OF INTRAV	321.48								
05	75960	TRANSCATHETER INTRODUCTION OF INTRAV	128.59								
03	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	404.85								
05	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	161.94								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	336.56								
05	75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	134.62								
03	75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EA	187.83								X
05	75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EA	75.12								X
03	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	361.25								
05	75966	PTA-VISCERAL ARTERY;SUPER/INTERP	144.50								
03	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	188.25								X
05	75968	PTA-EACH ADD VISC ART;SUPER/INTERP	75.30								X
03	75970	TRANSCATH BXX;SUPER/INTERP	325.19								
05	75970	TRANSCATH BX;SUPER/INTERP	130.08								
03	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	270.01								
05	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	108.01								
03	75980	PERC TRANSHEPATIC BILIARY DRAIN	191.76								
05	75980	PERC TRANSHEPATIC BILIARY DRAINAGE	76.71								
03	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	112.00								
05	75989	RAD GUIDE...SUPERVISION/INTERP ONLY	44.81								
03	76000	FLUOROSCOPY,MD TIME TO 1 HR	56.47								
05	76000	FLUOROSCOPY,MD TIME TO 1 HR	22.59								
03	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	92.53								
05	76001	FLUOROSCOPY,MD ASST NON-RAD,+1 HOUR	37.01								
03	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	18.93								
05	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	7.59								
03	76080	X-RAY EXAM OF FISTULA	44.12								
05	76080	X-RAY EXAM OF FISTULA	17.66								
03	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	15.02								X
05	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	6.00								X
03	76100	X-RAY EXAM OF BODY SECTION	67.38								
05	76100	X-RAY EXAM OF BODY SECTION	26.95								
03	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	103.41								
05	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	41.37								
03	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	128.75								
05	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	51.51								
03	76120	CINEMATIC X-RAYS	48.67								
05	76120	CINEMATIC X-RAYS	19.47								
03	76125	CINEMATIC X-RAYS	30.15								
05	76125	CINEMATIC X-RAYS	12.05								
03	76376	3D RENDER W/O POSTPROCESS	67.35								
05	76376	3D RENDER W/O POSTPROCESS	26.93								
03	76377	3D RENDERING W/POSTPROCESS	108.05								
05	76377	3D RENDERING W/POSTPROCESS	43.21								
03	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	102.70								
05	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	41.08								
03	76390	MR SPECTROSCOPY	359.57								
05	76390	MR SPECTROSCOPY	143.82								
03	76496	FLUOROSCOPIC PROCEDURE	MP								X
05	76496	FLUOROSCOPIC PROCEDURE	MP								X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	76497	CT PROCEDURE	MP		X						
05	76497	CT PROCEDURE	MP		X						
03	76498	MRI PROCEDURE	MP		X						
05	76498	MRI PROCEDURE	MP		X						
03	76499	RADIOGRAPHIC PROCEDURE	MP		X						
05	76499	RADIOGRAPHIC PROCEDURE	MP		X						
03	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	61.85								
05	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	24.74								
03	76510	OPHTH US, B & QUANT A	106.77								
05	76510	OPHTH US, B & QUANT A	42.71								
03	76511	ECHO EXAM OF EYE	78.33								X
05	76511	ECHO EXAM OF EYE	31.33								X
03	76512	ECHO EXAM OF EYE	74.15								
05	76512	ECHO EXAM OF EYE	29.65								
03	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H20-B-SC	61.64								
05	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	24.66								
03	76514	ECHO EXAM OF EYE, THICKNESS	8.42								
05	76514	ECHO EXAM OF EYE, THICKNESS	3.36								
03	76516	ECHO EXAM OF EYE	49.11								
05	76516	ECHO EXAM OF EYE	19.64								
03	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	51.49								
05	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	20.59								
03	76529	ECHO EXAM OF EYE	49.67								
05	76529	ECHO EXAM OF EYE	19.85								
03	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	68.55								
05	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	27.41								
03	76604	ECHO EXAM OF CHEST	56.32								
05	76604	ECHO EXAM OF CHEST	22.54								
03	76645	ECHO EXAM OF BREAST	56.29								
05	76645	ECHO EXAM OF BREAST	22.52								
03	76700	ECHO EXAM OF ABDOMEN	88.01								
05	76700	ECHO EXAM OF ABDOMEN	35.21								
03	76705	ECHO EXAM OF ABDOMEN	65.78								
05	76705	ECHO EXAM OF ABDOMEN	26.32								
03	76770	ECHO EXAM ABDOMEN BACK WALL	84.60								
05	76770	ECHO EXAM ABDOMEN BACK WALL	33.84								
03	76775	ECHO EXAM ABDOMEN BACK WALL	66.22								
05	76775	ECHO EXAM ABDOMEN BACK WALL	26.49								
03	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	91.47								
05	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	36.58								
03	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	81.06								
05	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	32.42								
03	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	88.43				F				
05	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	35.37				F				
03	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	55.38				F				X
05	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	22.16				F				X

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
03	76805	ULTRASOUND, PREGNANT UTERUS	94.98	10 59			F				
05	76805	ULTRASOUND, PREGNANT UTERUS	37.98	10 59			F				
03	76810	EACH ADDITIONAL GESTATION	88.64	10 59			F				X
05	76810	EACH ADDITIONAL GESTATION	35.46	10 59			F				X
03	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	182.34				F	X			
05	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	72.92				F	X			
03	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	111.47				F	X			X
05	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	44.58				F	X			X
03	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	88.18	10 60			F				
05	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	35.27	10 60			F				
03	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	57.63	10 60			F				X
05	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	23.06	10 60			F				X
03	76815	ECHO EXAM FOR FETAL GROWTH	60.87				F				
05	76815	ECHO EXAM FOR FETAL GROWTH	24.34				F				
03	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	68.08				F				X
05	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	27.23				F				X
03	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	71.30				F				
05	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	28.53				F				
03	76818	FETAL BIOPHYSICAL PROFILE	81.29								
05	76818	FETAL BIOPHYSICAL PROFILE	32.53				F				
03	76819	FETL BIOPHYS PROFIL W/O STRS	73.50								
05	76819	FETL BIOPHYS PROFIL W/O STRS	29.41								
03	76820	UMBILICAL ARTERY ECHO	54.89	10 59			F				
05	76820	UMBILICAL ARTERY ECHO	21.95	10 59			F				
03	76821	MIDDLE CEREBRAL ARTERY ECHO	67.25	10 59			F				
05	76821	MIDDLE CEREBRAL ARTERY ECHO	26.90	10 59			F				
03	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	118.59	00 60			F				
05	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	47.44	00 60			F				
03	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	66.98								
05	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	26.78								
03	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	62.09								
05	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	24.84								
03	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	44.80								
05	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	17.91								
03	76830	ECHOGRAPHY, TRANSVAGINAL	75.67								
05	76830	ECHOGRAPHY,TRANSVAGINAL	30.26								
03	76831	ECHO EXAM, UTERUS	75.98				F				
05	76831	ECHO EXAM, UTERUS	30.39								
03	76856	ECHOGRAPHY, PELVIC, REAL TIME	75.91								
05	76856	ECHOGRAPHY, PELVIC, REAL TIME	30.36								
03	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	52.04								
05	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	20.82								
03	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	74.73				M				
05	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	29.90				M				
03	76872	ECHOGRAPHY, TRANSRECTAL	85.62								
05	76872	ECHOGRAPHY, TRANSRECTAL	34.25								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	76873	ECHOGRAP TRANS R, PROS STUDY	115.10				M				
05	76873	ECHOGRAP TRANS R, PROS STUDY	46.03				M				
03	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	61.17								X
05	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	24.47								X
03	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	16.11								X
05	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	6.44								X
03	76885	ECHO EXAM, INFANT HIPS	70.97								
05	76885	ECHO EXAM, INFANT HIPS	28.38								
03	76886	ECHO EXAM, INFANT HIPS	63.20								
05	76886	ECHO EXAM, INFANT HIPS	25.28								
03	76930	ECHO GUIDE FOR HEART SAC TAP	66.56								
05	76930	ECHO GUIDE FOR HEART SAC TAP	26.63								
03	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	64.69								
05	76932	ULTRASONIC GUIDANCE ENDOMYOCARDBIO	25.87								
03	76936	ECHO GUIDE FOR ARTERY REPAIR	221.30								
05	76936	ECHO GUIDE FOR ARTERY REPAIR	88.51								
03	76937	US GUIDE, VASCULAR ACCESS	24.23								
05	76937	US GUIDE, VASCULAR ACCESS	9.69								
03	76940	US GUIDE, TISSUE ABLATION	126.00								
05	76940	US GUIDE, TISSUE ABLATION	50.40								
03	76941	ECHO GUIDE FOR TRANSFUSION	89.94								
05	76941	ECHO GUIDE FOR TRANSFUSION	35.98								
03	76942	ECHO GUIDE FOR BIOPSY	115.20								X
05	76942	ECHO GUIDE FOR BIOPSY	46.09								X
03	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	63.92								
05	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	25.57								
03	76946	ECHO GUIDE FOR AMNIOCENTESIS	45.12								X
05	76946	ECHO GUIDE FOR AMNIOCENTESIS	18.04								X
03	76950	ECHO GUIDANCE RADIOTHERAPY	51.49								X
05	76950	ECHO GUIDANCE RADIOTHERAPY	20.59								X
03	76965	ECHO GUIDANCE RADIOTHERAPY	172.19								
05	76965	ECHO GUIDANCE RADIOTHERAPY	68.87								
03	76970	ULTRASOUND EXAM FOLLOW-UP	50.44								
05	76970	ULTRASOUND EXAM FOLLOW-UP	20.18								
03	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	69.93								
05	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	27.98								
03	76977	US BONE DENSITY MEASURE	19.24								
05	76977	US BONE DENSITY MEASURE	7.69								
03	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	98.56								
03	76999	ECHO EXAMINATION PROCEDURE	MP								X
05	76999	ECHO EXAMINATION PROCEDURE	MP								X
03	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	62.85								
05	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	25.14								
03	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	49.64								
05	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	19.85								
03	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	48.48								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	19.39								
03	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	394.70								
05	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	157.88								
03	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	198.86								
05	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	79.56								
03	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	398.37								
03	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	120.40								
05	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	48.16								
03	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	314.95								
05	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	125.98								
03	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	481.96								
03	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	178.35								
05	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	71.32								
03	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	46.60								
05	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	18.64								
03	77051	COMPUTER-AIDED DETECTION (COMPUTER A	11.03								
05	77051	COMPUTER-AIDED DETECTION (COMPUTER A	4.40								
03	77052	COMPUTER-AIDED DETECTION (COMPUTER A	11.03	40	99		F			X	
05	77052	COMPUTER-AIDED DETECTION (COMPUTER A	4.40	40	99		F			X	
03	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	66.16								
05	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	26.46								
03	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	84.07								
05	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	33.63								
03	77055	MAMMOGRAPHY; UNILATERAL	55.40								
05	77055	MAMMOGRAPHY; UNILATERAL	22.17								
03	77056	MAMMOGRAPHY; BILATERAL	69.89								
05	77056	MAMMOGRAPHY; BILATERAL	27.96								
03	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	55.68	40	99		F			X	
05	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	22.27	40	99		F			X	
03	77058	MAGNETIC RESONANCE IMAGING, BREAST,	551.50								
05	77058	MAGNETIC RESONANCE IMAGING, BREAST,	220.61								
03	77059	MAGNETIC RESONANCE IMAGING, BREAST,	637.06								
05	77059	MAGNETIC RESONANCE IMAGING, BREAST,	254.83								
03	77071	MANUAL APPLICATION OF STRESS PERFORM	23.44								
03	77072	BONE AGE STUDIES	15.82								
05	77072	BONE AGE STUDIES	6.33								
03	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	27.73								
05	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	11.09								
03	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	45.03								
05	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	18.01								
03	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	63.89								
05	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	25.56								
03	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	52.19								
05	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	20.87								
03	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	35.61								
05	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	14.25								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	72.32								
05	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	28.93								
03	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	63.88								
05	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	25.55								
03	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	26.37								
05	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.55								
03	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	22.83								
05	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.13								
03	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	309.11								
05	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	123.65								
03	77261	SIMPLE TREAT PLAN-THERA RADIOL	53.22								
03	77262	INTER TREAT PLAN-THERA RADIOLO	80.17								
03	77263	COMPLEX TREAT PLAN-THERA RADIO	119.50								
03	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	122.40								
05	77280	SIMPLE,RAD SIMU-AIDED FIELD	48.96								
03	77285	INTER,RAD SIMU-AIDED FIELD SET	204.87								
05	77285	INTER,RAD SIMU-AIDED FIELD SET	81.96								
03	77290	COMP,RAD SIMU-AIDED FIELD SET	298.73								
05	77290	COMP,RAD SIMU-AIDED FIELD SET	119.49								
03	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	733.38								X
05	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	293.35								X
03	77299	UNLISTED CLINICAL TREAT.PLAN	139.37								X
05	77299	UNLISTED CLINICAL TREAT PLAN	139.37								X
03	77300	BASIC RAD DOSIMETRY CALCULATIO	53.08								X
05	77300	BASIC RAD DOSIMETRY CALCULATION	21.24								X
03	77301	RADIOLTHERAPY DOS PLAN, IMRT	1,318.84								
05	77301	RADIOLTHERAPY DOS PLAN, IMRT	527.53								
03	77305	TELEETHERAPY ISODOSE PLAN-SIMPLE	64.59								
05	77305	TELEETHERAPY ISODOSE PLAN SIMPLE	25.83								
03	77310	TELEETHERAPY ISODOSE PLAN-INTER	86.74								
05	77310	TELEETHERAPY ISODOSE PLAN-INTER	34.69								
03	77315	TELEETHERAPY ISODOSE PLAN-COMPL	114.59								
05	77315	TELEETHERAPY ISODOSE PLAN-COMPL	45.83								
03	77321	SPEC TELEETHERAPY PLAN TOTALBOD	117.94								
05	77321	SPEC TELEETHERAPY PLAN TOTAL BODY	47.18								
03	77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	96.55								
05	77326	BRACHYTHERAPY ISODOSE CALC SIM	38.63								
03	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	138.65								
05	77327	BRACHYTHERAPY ISODOSE CAL INTE	55.46								
03	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	194.87								
05	77328	BRACHYTHERAPY ISODOSE CAL COMP	77.95								
03	77331	SPECIAL DOSIMETRY (SPECIFY)	49.49								X
05	77331	SPECIAL DOSIMETRY (SPECIFY)	16.78								X
03	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	53.44								
05	77332	TREATMENT DEVICES,DESIGN/SIMPLE	21.37								
03	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	67.27								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	77333	TREATMENT DEVICES/DESIGN-INTER	26.91								
03	77334	TREATMENT DEVICES/DESIGN;COMPLEX	119.63								X
05	77334	TREATMENT DEVICES/DESIGN;COMPL	47.85								X
03	77336	CONTINUING RADIATION PHYSICS CONSULT	64.57								
03	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	310.35								
05	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	124.14								
03	77370	SPECIAL MED RAD PHYSICS CONSULTATION	85.59								
03	77371	RADIATION TREATMENT DELIVERY, STEREO	735.52								
03	77372	RADIATION TREATMENT DELIVERY, STEREO	558.53								
03	77373	STEREOTACTIC BODY RADIATION THERAPY,	1,040.86								
03	77399	UNLISTED RAD THER/PHYSICS CONS	219.73								X
05	77399	UNLISTED RAD THER/PHYSICS CONS	219.73								X
03	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	37.69								X
03	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	77.37								X
03	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	70.32								X
03	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	75.69								X
03	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	76.17								X
03	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	99.04								X
03	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	91.76								X
03	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	98.80								X
03	77411	RADIATION TREATMENT DELIVERY TWO SEP	98.56								X
03	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	114.39								X
03	77413	RADIAT TRTMNT DELIV 6-10 MEV	115.36								X
03	77414	RADIAT TRTMNT DELIV 11-19 MEV	125.82								X
03	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	125.82								X
03	77417	THERAPEUTIC RADIOLOGY PORT FILMS	13.76								X
05	77417	THERAPEUTIC RADIOLOGY PORT FILMS	5.52								X
03	77418	RADIATION TX DELIVERY, IMRT	419.41								X
05	77418	RADIATION TX DELIVERY, IMRT	167.77								X
03	77421	STEREOSCOPIC X-RAY GUIDANCE	84.06								
05	77421	STEREOSCOPIC X-RAY GUIDANCE	33.63								
03	77422	NEUTRON BEAM TX, SIMPLE	89.35								
03	77423	NEUTRON BEAM TX, COMPLEX	121.68								
03	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP								X
03	77425	INTRAOPERATIVE RADIATION TREATMENT D	MP								X
03	77427	RADIATION TX MANAGEMENT, X5	128.56								
03	77431	RADIATION THERAPY MANAGEMENT W COMPL	65.19								X
03	77432	STEREOTACTIC RADIATION TREATMENT MAN	287.69								
03	77435	STEREOTACTIC BODY RADIATION THERAPY,	457.26								
03	77469	INTRAOPERATIVE RADIATION TREATMENT M	212.13								
03	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	356.80								
05	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	142.72								
03	77499	UNLISTED,CLINICAL TREAT. MNGT	MP								X
05	77499	UNLISTED,CLINICAL TREAT./MNGT	MP								X
03	77520	PROTON BEAM DELIVERY	36.19								
05	77520	PROTON BEAM DELIVERY	14.46								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	77522	PROTON TRMT, SIMPLE W/COMP	39.04								
05	77522	PROTON TRMT, SIMPLE W/COMP	15.62								
03	77523	PROTON BEAM DELIVERY	42.70								
05	77523	PROTON BEAM DELIVERY	17.08								
03	77525	PROTON TREATMENT, COMPLEX	44.73								
05	77525	PROTON TREATMENT, COMPLEX	17.89								
03	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	212.86								
05	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	85.14								
03	77605	HYPERTHERMIA,EXT GEN/DEEP	344.18								
05	77605	HYPERTHERMIA,EXT GEN/DEEP	137.67								
03	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	306.46								
05	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	122.58								
03	77615	HYPERTHERMIA/INTERSTITIAL/>5	433.23								
05	77615	HYPERTHERMIA/INTERSTITIAL/>5	173.29								
03	77620	HYPERTHERMIA...INTRACACITARY PROBE	219.52								
05	77620	HYPERTHERMIA...INTRACAVITARY PROBE	87.81								
03	77750	INFUSE/INSTILL RADIOELEMENT	221.91								
05	77750	INFUSE/INSTILL RADIOELEMENT	88.77								
03	77761	SIMPLE INTRACAV RADIOELEMENT	224.44								
05	77761	SIMPLE INTRACAV. RADIOELEMENT	89.78								
03	77762	INTERM,INTRACAV RADIOELEMENT	314.30								
05	77762	INTER. INTRACAV.RADIOELEMENT	125.71								
03	77763	COMPLEX,INTRACAV RADIOELEMENT	444.88								
05	77763	COMPLEX-INTRACAV RADIOLOGY	177.95								
03	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	260.10								
05	77776	INTERSTITIAL RADIOELEMENT	104.05								
03	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	378.99								
05	77777	INTERSTITIAL RAD-ELEMENT-INTER	151.59								
03	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	544.77								
05	77778	INTERSTITIAL RAD-ELEMENT-COMPL	217.90								
03	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	125.55								
05	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	50.23								
03	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	373.07								
05	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	149.22								
03	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	554.62								
05	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	221.85								
03	77789	SURFACE APPLICATION OF RADIOELEMENT	58.87							X	
05	77789	SURFACE APPLICATION RADIOELEMENT	23.55							X	
03	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	55.77								
05	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	22.31								
03	77799	UNLISTED CLINICAL BRACHYTHERAPY	MP							X	
05	77799	RADIUM/RADIOISOTOPE THERAPY	MP							X	
03	78000	NUCLEAR EXAM OF THYROID	41.70								
05	78000	NUCLEAR EXAM OF THYROID	16.68								
03	78001	NUCLEAR EXAMS OF THYROID	62.09								
05	78001	NUCLEAR EXAMS OF THYROID	24.83								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	78003	TREATMENT OF THYROID	46.54								
05	78003	TREATMENT OF THYROID	18.61								
03	78006	THYROID IMAGING, WITH UPTAKE	122.67								
05	78006	THYROID IMAGING, WITH UPTAKE	49.07								
03	78007	THYROID IMAGING, WITH UPTAKE	87.24								
05	78007	THYROID IMAGING, WITH UPTAKE	34.88								
03	78010	NUCLEAR SCAN OF THYROID	87.75								
05	78010	NUCLEAR SCAN OF THYROID	35.09								
03	78011	THYROID IMAGING W/VASCULAR FLOW	99.22								
05	78011	THYROID IMAGING W/VASCULAR FLOW	39.70								
03	78015	NUCLEAR SCAN OF THYROID	120.42								
05	78015	NUCLEAR SCAN OF THYROID	48.18								
03	78016	EXTENSIVE THYROID SCAN	175.50								
05	78016	EXTENSIVE THYROID SCAN	70.21								
03	78018	THYROID CA IMAGING;WHOLE BODY Y	196.41								
05	78018	THYROID CA IMAGING;WHOLE BODY	78.56								
03	78020	THYROID MET UPTAKE	59.64								
03	78070	PARATHROID IMAGING	125.19								
05	78070	PARATHROID IMAGING	50.08								
03	78075	NUCLEAR SCAN OF ADRENALS	237.29								
05	78075	NUCLEAR SCAN OF ADRENALS	94.92								
03	78099	ENDOCRINE NUCLEAR PROCEDURE	MP							X	
05	78099	ENDOCRINE NUCLEAR PROCEDURE	MP							X	
03	78102	NUCLEAR SCAN OF BONE MARROW	95.37								
05	78102	NUCLEAR SCAN OF BONE MARROW	38.14								
03	78103	NUCLEAR SCAN OF BONE MARROW	138.39								
05	78103	NUCLEAR SCAN OF BONE MARROW	55.35								
03	78104	NUCLEAR SCAN OF BONE MARROW	155.12								
05	78104	NUCLEAR SCAN OF BONE MARROW	62.05								
03	78110	NUCLEAR EXAM, PLASMA VOLUME	45.10								
05	78110	NUCLEAR EXAM, PLASMA VOLUME	18.03								
03	78111	NUCLEAR EXAM, PLASMA VOLUME	69.40								
05	78111	NUCLEAR EXAM, PLASMA VOLUME	27.76								
03	78120	NUCLEAR EXAM OF RBC MASS	56.55								
05	78120	NUCLEAR EXAM OF RBC MASS	22.62								
03	78121	NUCLEAR EXAM OF RBC MASS	78.81								
05	78121	NUCLEAR EXAM OF RBC MASS	31.53								
03	78122	WHOLE BLOOD VOLUME DETERMINATION	118.48								
05	78122	WHOLE BLOOD VOLUME DETERMINATION	47.39								
03	78130	RED CELL SURVIVAL EXAM	99.57								
05	78130	RED CELL SURVIVAL EXAM	39.83								
03	78135	RED CELL SURVIVAL EXAM	190.88								
05	78135	RED CELL SURVIVAL EXAM	76.35								
03	78140	NUCLEAR EXAM,RED BLOOD CELLS	112.03								
05	78140	NUCLEAR EXAM,RED BLOOD CELLS	44.82								
03	78185	NUCLEAR SCAN OF SPLEEN	107.54								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	78185	NUCLEAR SCAN OF SPLEEN	43.01								
03	78190	KINETICS STUDY F PLATELET SURVIVAL	155.79								
03	78195	NUCLEAR SCAN OF LYMPH SYSTEM	197.43								
05	78195	NUCLEAR SCAN OF LYMPH SYSTEM	78.97								
03	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	
05	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	
03	78201	NUCLEAR SCAN OF LIVER	103.56								
05	78201	NUCLEAR SCAN OF LIVER	41.42								
03	78202	NUCLEAR SCAN OF LIVER	119.14								
05	78202	NUCLEAR SCAN OF LIVER	47.65								
03	78205	LIVER IMAGING (SPECT)	166.90								
05	78205	LIVER IMAGING (SPECT)	66.77								
03	78206	LIVER IMAGE (3-D) W/FLOW	208.41								
05	78206	LIVER IMAGE (3-D) W/FLOW	83.37								
03	78215	NUCLEAR SCAN, LIVER & SPLEEN	112.97								
05	78215	NUCLEAR SCAN, LIVER & SPLEEN	45.20								
03	78216	NUCLEAR SCAN, LIVER/SPLEEN	101.19								
05	78216	NUCLEAR SCAN, LIVER/SPLEEN	40.48								
03	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	218.13								
05	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	87.25								
03	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	223.34								
05	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	89.34								
03	78230	NUCLEAR SCAN, SALIVARY GLAND	94.34								
05	78230	NUCLEAR SCAN, SALIVARY GLAND	37.73								
03	78231	NUCLEAR SCANS,SALIVARY GLAND	94.06								
05	78231	NUCLEAR SCANS,SALIVARY GLAND	37.62								
03	78264	GASTRIC EMPTYING STUDY	171.65								
05	78264	GASTRIC EMPTYING STUDY	68.66								
03	78267	BREATH TST ATTAIN/ANAL C-14	8.93								
05	78267	BREATH TST ATTAIN/ANAL C-14	3.56								
03	78268	BREATH TEST ANALYSIS, C-14	32.87								
05	78268	BREATH TEST ANALYSIS, C-14	13.14								
03	78270	VIT B-12 ABSORPTION EXAMS	51.33								
05	78270	VIT B-12 ABSORPTION EXAMS	20.54								
03	78271	VIT B-12 ABSORPTION EXAMS	51.81								
05	78271	VIT B-12 ABSORPTION EXAMS	20.73								
03	78272	VIT B-12 ABSORPTION EXAMS	65.48								
05	78272	VIT B-12 ABSORPTION EXAMS	26.18								
03	78278	ACUTE GI BLOOD LOSS IMAGING	188.65								
05	78278	ACUTE GI BLOOD LOSS IMAGING	75.47								
03	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	165.74								
05	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	66.30								
03	78299	G.I. NUCLEAR PROCEDURE	MP							X	
05	78299	G.I. NUCLEAR PROCEDURE	MP							X	
03	78300	NUCLEAR SCAN OF BONE	109.61								
05	78300	NUCLEAR SCAN OF BONE	43.84								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	78305	NUCLEAR SCAN OF BONES	141.32								
05	78305	NUCLEAR SCAN OF BONES	56.52								
03	78306	NUCLEAR SCAN OF SKELETON	157.81								
05	78306	NUCLEAR SCAN OF SKELETON	63.12								
03	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	190.50								
05	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	76.19								
03	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	178.00								
05	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	71.21								
03	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP							X	
05	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP							X	
03	78414	DETERMINE VENTRIC.EJECT FRACTION	57.28								
05	78414	DETERMINE VENTRIC EJECT FRACTION	22.90								
03	78445	NUCLEAR SCAN OF BLOOD FLOW	94.90								
05	78445	NUCLEAR SCAN OF BLOOD FLOW	37.96								
03	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	143.03								
05	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	57.21								
03	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	242.36								X
05	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	96.94								X
03	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	124.02								
05	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	49.61								
03	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	120.30								X
05	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	48.12								X
03	78456	ACUTE VENOUS THROMBUS IMAGE	162.92								
05	78456	ACUTE VENOUS THROMBUS IMAGE	65.16								
03	78466	MYOCARD IMAGING..;AT REST,QUAL.	132.15								
05	78466	MYOCARD IMAGING...AT REST;QUAL.	52.86								
03	78468	MYOCARD IMAGING..AT REST;FIRST PASS	162.26								
05	78468	MYOCARD IMAGING..AT REST;FIRST PASS	64.91								
03	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	175.17								
05	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	70.06								
03	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	177.86								
05	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	71.15								
03	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	250.43								
05	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	100.18								
03	78481	CARD BLD POOL IMAG-FRST PASS TECH...	163.50								
05	78481	CARD BLD POOL IMAG-FIRST PASS TECH	65.40								
03	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	241.05								
05	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	96.42								
03	78494	HEART IMAGE, SPECT	205.87								
05	78494	HEART IMAGE, SPECT	82.35								
03	78496	HEART FIRST PASS ADD-ON	119.80								
05	78496	HEART FIRST PASS ADD-ON	47.92								
03	78499	CARDIOVASCULAR NUCLEAR EXAM	MP							X	
05	78499	CARDIOVASCULAR NUCLEAR EXAM	MP							X	
03	78579	PULMONARY VENTILATION IMAGING (EG, A	116.22								
05	78579	PULMONARY VENTILATION IMAGING (EG, A	46.49								

LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	78580	PULMONARY PERFUSION IMAGING (EG, PAR	131.23								
05	78580	PULMONARY PERFUSION IMAGING (EG, PAR	52.49								
03	78582	PULMONARY VENTILATION (EG,AEROSOL O	214.88								
05	78582	PULMONARY VENTILATION (EG, AEROSOL O	85.95								
03	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	131.63								
05	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	52.65								
03	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	201.27								
05	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	80.51								
03	78599	RESPIRATORY NUCLEAR EXAM	MP								X
05	78599	RESPIRATORY NUCLEAR EXAM	MP								X
03	78600	NUCLEAR SCAN OF BRAIN	123.67								
05	78600	NUCLEAR SCAN OF BRAIN	49.47								
03	78601	NUCLEAR SCAN OF BRAIN	126.77								
05	78601	NUCLEAR SCAN OF BRAIN	50.71								
03	78605	NUCLEAR SCAN OF BRAIN	121.27								
05	78605	NUCLEAR SCAN OF BRAIN	48.49								
03	78606	NUCLEAR SCAN OF BRAIN	178.01								
05	78606	NUCLEAR SCAN OF BRAIN	71.21								
03	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	231.16								
05	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	92.47								
03	78610	NUCLEAR SCAN OF BRAIN	113.39								
05	78610	NUCLEAR SCAN OF BRAIN	45.36								
03	78630	CEREBROSPINAL FLUID SCAN	194.27								
05	78630	CEREBROSPINAL FLUID SCAN	77.71								
03	78635	CEREBROSPINAL FLUID SCAN	160.31								
05	78635	CEREBROSPINAL FLUID SCAN	64.12								
03	78645	CEREBROSPINAL FLUID SCAN	150.99								
05	78645	CEREBROSPINAL FLUID SCAN	60.40								
03	78647	CEREBROSPINAL FLUID SCAN	211.18								
05	78647	CEREBROSPINAL FLUID SCAN	84.47								
03	78650	CEREBROSPINAL FLUID SCAN	185.67								
05	78650	CEREBROSPINAL FLUID SCAN	74.28								
03	78660	NUCLEAR EXAM OF TEAR FLOW	96.78								
05	78660	NUCLEAR EXAM OF TEAR FLOW	38.72								
03	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								X
05	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								X
03	78700	NUCLEAR SCAN OF KIDNEY	108.54								
05	78700	NUCLEAR SCAN OF KIDNEY	43.40								
03	78701	NUCLEAR SCAN OF KIDNEY	128.40								
05	78701	NUCLEAR SCAN OF KIDNEY	51.36								
03	78707	NUCLEAR SCAN OF KIDNEY	156.24								
05	78707	NUCLEAR SCAN OF KIDNEY	62.49								
03	78708	KIDNEY FLOW & FUNCTION IMAGE	165.69								
05	78708	KIDNEY FLOW & FUNCTION IMAGE	66.28								
03	78709	KIDNEY FLOW & FUNCTION IMAGE	210.80								
05	78709	KIDNEY FLOW & FUNCTION IMAGE	84.32								

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	78710	KIDNEY IMAGING (SPECT)	164.40								
05	78710	KIDNEY IMAGING (SPECT)	65.76								
03	78725	NUCLEAR EXAM OF KIDNEY	71.03								
05	78725	NUCLEAR EXAM OF KIDNEY	28.41								
03	78730	NUCLEAR EXAM OF BLADDER	49.66								
05	78730	NUCLEAR EXAM OF BLADDER	19.85								
03	78740	NUCLEAR EXAM OF URETER	114.93								
05	78740	NUCLEAR EXAM OF URETER	45.97								
03	78761	TESTICULAR IMAGING,W/VASCULAR	126.25								
05	78761	TESTICULAR IMAGING,W/VASCULAR	50.51								
03	78799	GENITOURINARY NUCLEAR EXAM	MP							X	
05	78799	GENITOURINARY NUCLEAR EXAM	MP							X	
03	78800	NUCLEAR EXAM OF LESION	119.32								
05	78800	NUCLEAR EXAM OF LESION	47.74								
03	78801	NUCLEAR EXAM OF LESIONS	155.17								
05	78801	NUCLEAR EXAM OF LESIONS	62.07								
03	78802	NUCLEAR EXAM OF LESIONS	200.33								
05	78802	NUCLEAR EXAM OF LESIONS	80.14								
03	78803	TUMOR LOCALIZATION (SPECT)	226.08								
05	78803	TUMOR LOCALIZATION SPECT)	90.43								
03	78804	TUMOR IMAGING, WHOLE BODY	355.16								
05	78804	TUMOR IMAGING, WHOLE BODY	142.06								
03	78805	ABSCESS LOCALIZATION;LIMITED AREA	119.52								
05	78805	ABSCESS LOCALIZATION;LIMITED AREA	47.81								
03	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	225.56								
05	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	90.23								
03	78999	NUCLEAR DIAGNOSTIC EXAM	MP							X	
05	78999	NUCLEAR DIAGNOSTIC EXAM	MP							X	
03	79005	NUCLEAR RX, ORAL ADMIN	119.57								
05	79005	NUCLEAR RX, ORAL ADMIN	47.82								
03	79101	NUCLEAR RX, IV ADMIN	126.59								
05	79101	NUCLEAR RX, IV ADMIN	50.65								
03	79200	RADIONUCLIDE THERAPY	128.43								
03	79300	RADIONUCLIDE THERAPY	41.82								
03	79403	HEMATOPOETIC NUCLEAR THERAPY	172.35								
05	79403	HEMATOPOETIC NUCLEAR THERAPY	68.93								
03	79440	RADIONUCLIDE THERAPY	126.00								
03	79445	NUCLEAR RX, INTRA-ARTERIAL	140.72								
05	79445	NUCLEAR RX, INTRA-ARTERIAL	56.28								
03	79999	NUCLEAR MEDICINE THERAPY	MP							X	
05	79999	NUCLEAR MEDICINE THERAPY	MP							X	
03	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	10.16								
03	80048	BASIC METABOLIC PANEL	9.61								
03	80050	GENERAL HEALTH SCREEN PANEL	34.16								
03	80051	ELECTROLYTE PANEL	7.84								
03	80053	EXECUTIVE PROFILE	12.01								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	80055	OBSTETRIC PANEL	12.25	10 59			F		X		
03	80061	LIPID PROFILE	12.34								
03	80069	RENAL FUNCTION PANEL	9.86								
03	80074	ACUTE HEPATITIS PANEL	54.09								
03	80076	HEPATIC FUNCTION PANEL	9.27								
03	80100	DRUG, SCREEN;	15.03								X
03	80101	DRUG, SCREEN;	12.99								X
03	80102	DRUG, CONFIRMATION, EACH PROCEDURE	12.82								X
03	80104	DRUG SCREEN, QUALITATIVE; MULTIPLE D	18.63								
03	80150	AMIKACIN	12.03								
03	80152	AMITRIPTYLINE	18.50								
03	80154	BENZODIAZEPINES	19.11								
03	80156	CARBAMAZEPINE	12.03								
03	80157	ASSAY, CARBAMAZEPINE, FREE	13.70								
03	80158	CYCLOSPORINE	18.67								
03	80160	DESIPRAMINE	17.79								
03	80162	DIGOXIN	13.72								
03	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	14.00								
03	80166	DOXEPIN	13.17								
03	80168	ETHOSUXIMIDE	16.89								
03	80170	GENTAMICIN	12.03								
03	80172	GOLD	16.83								
03	80173	ASSAY OF HALOPERIDOL	13.22								
03	80174	IMIPRAMINE	17.79								
03	80176	LIDOCAINE	13.17								
03	80178	LITHIUM	6.83								
03	80182	NORTRIPTYLINE	14.00								
03	80184	PHENOBARBITAL	11.85								
03	80185	PHENYTOIN;	13.70								
03	80186	PHENYTOIN;	14.23								
03	80188	PRIMIDONE	17.14								
03	80190	PROCAINAMIDE;	17.31								
03	80192	PROCAINAMIDE;	17.31								
03	80194	QUINIDINE	15.08								
03	80195	ASSAY OF SIROLIMUS	15.75								
03	80196	SALICYLATE	7.34								
03	80197	ASSAY FOR TACROLIMUS	15.59								
03	80198	THEOPHYLLINE	14.62								
03	80200	TOBRAMYCIN	12.03								
03	80201	ASSAY FOR TOPIRAMATE	13.53								
03	80202	VANCOMYCIN	14.00								
03	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	14.15								
03	80400	ACTH STIMULATION PANEL;	33.69								
03	80402	ACTH STIMULATION PANEL;	89.83								
03	80406	ACTH STIMULATION PANEL;	80.88								
03	80408	ALDOSTERONE SUPPRESSION EVALUATION P	129.69								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	83.01								
03	80412	CORTICOTROPIC RELEASING HORMONE (CRH	340.58								
03	80414	CHORIONIC GONADOTROPHIN STIMULATION	53.36								
03	80415	CHORIONIC GONADOTROPHIN STIMULATION	57.74								
03	80416	RENIN STIMULATION PANEL	136.37								
03	80417	RENIN STIMULATION PANEL	45.44								
03	80418	COMBINED RAPID ANTERIOR PITUITARY EV	598.91								
03	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	74.44								
03	80422	GLUCAGON TOLERANCE PANEL;	47.62								
03	80424	GLUCAGON TOLERANCE PANEL;	52.19								
03	80426	GONADOTROPIN RELEASING HORMONE STIMU	153.39								
03	80428	GROWTH HORMONE STIMULATION PANEL (EG	68.90								
03	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	81.07								
03	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	139.59								
03	80434	INSULIN TOLERANCE PANEL;	104.51								
03	80435	INSULIN TOLERANCE PANEL;	106.40								
03	80436	METYRAPONE PANEL	94.20								
03	80438	THYROTROPIN RELEASING HORMONE (TRH)	52.08								
03	80439	THYROTROPIN RELEASING HORMONE (TRH)	69.43								
03	80440	THYROTROPIN RELEASING HORMONE (TRH)	60.08								
03	80500	CLINICAL PATH CONSULT;LIMITED	17.82							X	
03	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	46.21							X	
03	81000	URINALYSIS WITH MICROSCOPY	3.28								X
03	81001	URINALYSIS, AUTO, W/SCOPE	3.28								
03	81002	ROUTINE URINE ANALYSIS	2.64								X
03	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.33								
03	81005	URINALYSIS	2.24								X
03	81007	BACTERIA SCREEN B NON-CULT TECH COMM	2.66								
03	81015	MICROSCOPIC EXAM OF URINE	3.15								X
03	81020	URINALYSIS, GLASS TEST	3.81								
03	81025	URINE PREGNANCY TEST, BY VISUAL COLO	6.55				F				X
03	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.11								X
03	81099	URINALYSIS TEST PROCEDURE	MP								
03	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01						X	
03	82000	ASSAY BLOOD ACETALDEHYDE	12.80								X
03	82003	ASSAY URINE ACETAMINOPHEN	20.92								X
03	82009	TEST FOR ACETONE	4.66								X
03	82010	ACETONE ASSAY	8.44								X
03	82013	ACETYLCHOLINESTERASE ASSAY	11.54								X
03	82016	ACYLCARNITINES, QUAL	15.75								X
03	82017	ACYLCARNITINES, QUANT	19.15								X
03	82024	ACTH RADIOIMMUNE ASSAY	39.93								
03	82030	RIA ASSAY, BLOOD ADP & AMP	14.61								
03	82040	ASSAY SERUM ALBUMIN	5.13								
03	82042	ASSAY URINE ALBUMIN	5.35								
03	82043	ALBUMIN;	5.99								
03	82044	ALBUMIN;	3.15								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
			FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
TS	CODE	DESCRIPTION	FEE								
03	82045	ALBUMIN, ISCHEMIA MODIFIED	38.97								
03	82055	ASSAY BLOOD ETHANOL	11.16								X
03	82075	ASSAY BREATH ETHANOL	12.46								X
03	82085	ASSAY OF BLOOD ALDOLASE	10.03								
03	82088	RIA ASSAY, BLOOD ALDOSTERONE	42.13								
03	82101	ASSAY OF URINE ALKALOIDS	31.03								
03	82103	ALPHA-1-ANTITRYPSIN;	13.88								
03	82104	ALPHA-1-ANTITRYPSIN;	14.94								
03	82105	ALPHA-FETOPROTEIN;	17.34								
03	82106	ALPHA-FETOPROTEIN;	17.34								
03	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	73.95								
03	82108	ALUMINUM,BLOOD (SERUM)	8.76								
03	82120	AMINES, VAGINAL FLUID QUAL	3.89								
03	82127	AMINO ACID, SINGLE QUAL	15.75								X
03	82128	TEST FOR AMINO ACIDS	14.33								
03	82131	AMINO ACIDS, FRACTIONATION AND QUANT	17.43								X
03	82135	ASSAY, AMINOLEVULINIC ACID	17.01								
03	82136	AMINO ACIDS, 2-5 QUANT	19.15								X
03	82139	AMINO ACIDS, 6+ QUANT	19.15								X
03	82140	ASSAY OF BLOOD AMMONIA	15.06								X
03	82143	AMNIOTIC FLUID SCAN	7.11								
03	82145	ASSAY OF AMPHETAMINES	16.07								
03	82150	ASSAY OF SERUM AMYLASE	6.69								X
03	82154	ANDROSTANEDIOL GLUCURONIDE	29.80								
03	82157	RIA ASSAY OF ANDROSTENEDIONE	30.24								
03	82160	ANDROSTERONE; RIA	25.84								
03	82163	RIA ASSAY OF ANGIOTENSIN II	21.22								
03	82164	ANGIOTENSIN-CONVERTING ENZYME	15.08								
03	82175	ASSAY OF ARSENIC	19.61								
03	82180	ASSAY OF ASCORBIC ACID	8.76								
03	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	8.43								X
03	82205	ASSAY OF BARBITURATES	11.85								X
03	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	16.73								
03	82239	BILE ACIDS;	17.71								
03	82240	ASSAY BILE ACIDS IN BLOOD	27.46								
03	82247	BILIRUBIN TOTAL	3.96								
03	82248	BILIRUBIN DIRECT	3.96								
03	82252	FECAL BILIRUBIN TEST	4.70								
03	82261	ASSAY BIOTINIDASE	19.15								X
03	82270	TEST FECES FOR BLOOD	3.35								
03	82271	OCCULT BLOOD, FECES, SINGLE	3.73								
03	82272	BLOOD OCCULT PEROXIDASE	3.73								
03	82274	ASSAY TEST FOR BLOOD, FECAL	18.26								
03	82286	ASSAY OF BRADYKININ	7.12								
03	82300	ASSAY CADMIUM IN URINE	23.91								
03	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	30.59								

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TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	82308	RIA ASSAY OF CALCITONIN	27.67								
03	82310	ASSAY CALCIUM IN BLOOD	5.33								X
03	82330	ASSAY CALCIUM IN BLOOD	14.12								
03	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	5.35								
03	82340	ASSAY CALCIUM IN URINE	6.23								
03	82355	CALCULUS (STONE) ANALYSIS	11.96								
03	82360	CALCULUS (STONE) ASSAY	13.31								
03	82365	CALCULUS (STONE) ASSAY	13.31								
03	82370	X-RAY ASSAY,CALCULUS (STONE)	12.96								
03	82373	ASSAY, C-D TRANSFER MEASURE	18.67								
03	82374	ASSAY BLOOD CARBON DIOXIDE	5.05								X
03	82375	ASSAY BLOOD CARBON MONOXIDE	12.74								X
03	82376	TEST FOR CARBON MONOXIDE	6.19								X
03	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	19.61								
03	82379	ASSAY CARNITINE	19.15								X
03	82380	ASSAY BLOOD CAROTENE	9.53								
03	82382	ASSAY URINE CATECHOLAMINES	17.77								
03	82383	ASSAY BLOOD CATECHOLAMINES	25.90								
03	82384	ASSAY THREE CATECHOLAMINES	26.10								
03	82387	CATHEPSIN-D	7.96								
03	82390	ASSAY BLOOD CERULOPLASMIN	11.10								
03	82397	CHEMILUMINESCENT ASSAY	4.79								
03	82415	ASSAY BLOOD CHLORAMPHENICOL	13.09								
03	82435	ASSAY BLOOD CHLORIDES	4.75								X
03	82436	ASSAY URINE CHLORIDES	5.18								
03	82438	ASSAY SPINAL FLUID CHLORIDES	5.05								
03	82441	TEST FOR CHLOROHYDROCARBONS	6.20								
03	82465	ASSAY SERUM CHOLESTEROL	4.50								
03	82480	ASSAY SERUM CHOLINESTERASE	8.14								
03	82482	ASSAY RBC CHOLINESTERASE	7.95								X
03	82485	ASSAY CHONDROITIN SULFATE	21.33								
03	82486	GAS/LIQUID CHROMATOGRAPHY	18.67								
03	82487	PAPER CHROMATOGRAPHY	16.49								
03	82488	PAPER CHROMATOGRAPHY	22.08								
03	82489	THIN LAYER CHROMATOGRAPHY	19.11								
03	82491	CHROMOTOGRAPHY, QUANTITATIVE;	18.67								
03	82492	CHROMOTOGRAPHY, QUANT, MULT	20.52								
03	82495	ASSAY URINE CHROMIUM	20.96								
03	82507	ASSAY CITRIC ACID	28.74								
03	82520	COCAINE,QUANTITATIVE	15.66								
03	82523	COLLAGEN CROSSLINKS	21.24								
03	82525	ASSAY BLOOD COPPER	12.83								
03	82528	RIA ASSAY CORTICOSTERONE	23.28								
03	82530	CORTISOL;	17.28								
03	82533	RIA ASSAY PLASMA CORTISOL	16.85								X
03	82540	CREATINE BLOOD	4.79								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	82541	COLUMN CHROMOTOGRAPHY QUAL	20.52								
03	82542	COLUMN CHROMOTOGRAPHY QUANT	20.52								
03	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	20.52								
03	82544	COLUMN CHROMOTOGRAPHY QUANT	20.52								
03	82550	ASSAY CPK IN BLOOD	6.73								X
03	82552	ASSAY CPK IN BLOOD	13.85								X
03	82553	CREATINE KINASE (CK), (CPK);	11.93								
03	82554	CREATINE KINASE (CK), (CPK);	12.26								
03	82565	ASSAY BLOOD CREATININE	5.29								X
03	82570	ASSAY URINE CREATININE	5.35								
03	82575	CREATININE CLEARANCE TEST	9.76								
03	82585	ASSAY BLOOD CRYOFIBRINOGEN	8.85								X
03	82595	ASSAY BLOOD CRYOGLOBULIN	6.69								
03	82600	ASSAY BLOOD CYANIDE	20.05								
03	82607	RIA ASSAY FOR VITAMIN B-12	15.57								
03	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	14.80								
03	82610	CYSTATIN C	5.34								
03	82615	TEST FOR URINE CYSTINES	8.44								
03	82626	DEHYDROEPIANDROSTERONE, RIA	26.12								
03	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.97								
03	82633	DESOXYCORTICOSTERONE, RIA	32.01								
03	82634	DESOXYCORTISOL, RIA	30.24								
03	82638	ASSAY DIBUCAINE NUMBER	12.65								
03	82646	ASSAY OF DIHYDROCODINONE	21.33								
03	82649	ASSAY OF DIHYDROMORPHINONE	26.56								
03	82651	DIHYDROTESTOSTERONE ASSAY	26.68								
03	82652	DIHYDROTESTOSTERONE (DHT) 1, 25 DIHY	39.77								X
03	82656	ELASTASE PANCREATIC (EL-1) FECAL	12.64								
03	82657	ENZYME CELL ACTIVITY	20.52								
03	82658	ENZYME CELL ACTIVITY RA	20.52								
03	82664	ELECTROPHORETIC TEST	35.50								
03	82666	EPIANDROSTERONE ASSAY	22.20								
03	82668	ERYTHROPOIETIN BIOASSAY	19.41								
03	82670	RIA ASSAY OF ESTRADIOL	28.88								
03	82671	ESTROGENS ASSAY	33.39								
03	82672	ESTROGEN ASSAY	22.41								
03	82677	RIA ASSAY OF ESTRIOL	24.99								
03	82679	RIA ASSAY OF ESTRONE	25.79								
03	82690	ASSAY BLOOD ETHCHLORVYNOL	17.87								
03	82693	ETHYLENE GLYCOL	15.40								
03	82696	ASSAY OF ETIOCHOLANOLONE, RIA	24.36								
03	82705	FATS/LIPIDS,FECES,SCREENING	5.26								
03	82710	FATS/LIPIDS, FECES, ASSAY	17.36								
03	82715	FECAL FAT ASSAY	17.79								
03	82725	ASSAY BLOOD FATTY ACIDS	13.75								
03	82726	LONG CHAIN FATTY ACIDS	20.52								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	82728	FERRITIN, SPECIFY METHOD	14.07								
03	82731	FETAL FIBRONECTIN	66.56								
03	82735	ASSAY BLOOD FLUROIDE	19.16								
03	82742	ASSAY OF FLURAZEPAM	20.45								
03	82746	BLOOD FOLIC ACID RIA	15.19								
03	82747	FOLIC ACID;	17.79								
03	82757	ASSAY SEMEN FRUCTOSE	17.93								
03	82759	RBC GALACTOKINASE ASSAY	22.20								
03	82760	ASSAY BLOOD GALACTOSE	11.57								X
03	82775	ASSAY GALACTOSE TRANSFERASE	21.77								
03	82776	GALACTOSE TRANSFERASE TEST	8.65								
03	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA,	9.60								X
03	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	17.02								
03	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUN	5.58								
03	82800	BLOOD PH	8.76								X
03	82803	BLOOD GASES: PH, PO2 & PCO2	5.38								X
03	82805	BLOOD GASES W/O2 SATURATION	9.35								
03	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	3.96								
03	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	10.32								
03	82930	GASTRIC ACID ANALYSIS INCLUDES PH	4.88								
03	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	18.29								
03	82941	RIA ASSAY OF GASTRIN	18.22								X
03	82943	RIA ASSAY OF GLUCAGON	14.77								
03	82945	GLUCOSE OTHER FLUID	4.45								
03	82946	GLUCAGON TOLERANCE TEST	12.03								
03	82947	ASSAY BODY FLUID, GLUCOSE	4.06								X
03	82948	STICK ASSAY OF BLOOD GLUCOSE	3.28								X
03	82950	GLUCOSE TEST	4.92								
03	82951	GLUCOSE TOLERANCE TEST (GTT)	13.31								
03	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	4.06								X
03	82953	GLUCOSE-TOLBUTAMIDE TEST	15.65								
03	82955	ASSAY G6PD ENZYME	10.03								
03	82960	TEST FOR G6PD ENZYME	6.25								
03	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	2.80								X
03	82963	GLUCOSIDASE,BETA	22.20								
03	82965	ASSAY BLOOD GDH ENZYME	7.99								
03	82975	ASSAY SPINAL FLUID GLUTAMINE	16.37								
03	82977	ASSAY OF GGT ENZYME	7.43								
03	82978	GLUTATHIONE ASSAY	14.73								
03	82979	ASSAY RBC GLUTATHIONE ENZYME	7.12								
03	82980	ASSAY OF GLUTETHIMIDE	18.93								
03	82985	GLYCOPROTEIN ELECTROPHORESIS	15.57								
03	83001	PITUITARY GONADOTROPIN RIA	19.21								
03	83002	PITUITARY GONADOTROPINS RIA	19.13								
03	83003	RIA ASSAY GROWTH HORMONE	17.23								
03	83008	RIA ASSAY GUANOSINE	17.35								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	83009	H PYLORI (C-13), BLOOD	33.23								
03	83010	CHEM ASSAY HAPTOGLOBIN	13.00								
03	83012	ELP ASSAY HAPTOGLOBINS	17.77								
03	83013	H PYLORI BREATH TEST ANAL	32.87								
03	83014	H PYLORI DRUG ADMIN/COLLECT	8.93								
03	83015	HEAVY METAL SCREENING	11.72								
03	83018	CHROMATOGRAPH SCREEN, METALS	8.79								
03	83020	ASSAY HEMOGLOBIN	13.31								X
03	83021	HEMOGLOBIN CHROMOTOGRAPHY	20.52								
03	83026	HEMOGLOBIN;	2.45								
03	83030	FETAL HEMOGLOBIN ASSAY	3.57								
03	83033	FETAL FECAL HEMOGLOBIN ASSAY	6.17								
03	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	10.03								
03	83045	BLOOD METHEMOGLOBIN TEST	5.14								
03	83050	BLOOD METHEMOGLOBIN ASSAY	7.58								
03	83051	ASSAY PLASMA HEMOGLOBIN	7.56								
03	83055	BLOOD SULFHEMOGLOBIN TEST	5.08								
03	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.56								
03	83065	HEMOGLOBIN HEAT ASSAY	7.12								
03	83068	HEMOGLOBIN STABILITY SCREEN	8.76								
03	83069	ASSAY URINE HEMOGLOBIN	4.08								
03	83070	ASSAY URINE HEMOSIDERIN	4.92								
03	83071	HEMOSIDERIN,RIA	7.11								
03	83080	B HEXOSAMINIDASE ASSAY	19.15								X
03	83088	ASSAY HISTAMINE	30.52								
03	83090	ASSAY OF HOMOCYSTEINE	19.15								
03	83150	ASSAY URINE FOR HVA	20.01								
03	83491	HYDROXYCORTICOSTEROIDS,17-RIA	18.09								
03	83497	ASSAY URINE 5-HIAA	13.31								
03	83498	RIA ASSAY OF PROGESTERONE	28.07								
03	83499	ASSAY OF PROGESTERONE	26.05								
03	83500	ASSAY URINE HYDROXYPROLINE	23.41								
03	83505	ASSAY URINE HYDROXYPROLINE	25.11								
03	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN I	11.92								
03	83518	IMMUNOASSAY FOR ANALYTE OTHER THAN I	4.79								
03	83519	IMMUNOASSAY FOR ANALYTE OTHER THAN I	4.80								
03	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN I	13.38								
03	83525	RIA ASSAY OF INSULIN	11.83								X
03	83527	INSULIN;	13.38								
03	83528	INTRINSIC FACTOR LEVEL	16.43								
03	83540	ASSAY SERUM IRON	5.54								
03	83550	SERUM IRON BINDING TEST	9.04								
03	83570	UV-ASSAY BLOOD IDH ENZYME	9.14								
03	83582	ASSAY URINE 17-KGS	14.65								
03	83586	ASSAY BLOOD 17-KETOSTEROIDS	13.24								
03	83593	CHROMATOGRAPH KETOSTEROIDS	8.79								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	83605	LACTIC ACID ASSAY	11.03								X
03	83615	UV-ASSAY BLOOD LDH ENZYME	6.24								X
03	83625	ASSAY BLOOD LDH ENZYMES	9.56								X
03	83630	LACTOFERRIN, FECAL (QUAL)	20.29								
03	83632	RIA PLACENTAL LACTOGEN	20.89								
03	83633	TEST URINE FOR LACTOSE	5.69								
03	83634	ASSAY URINE FOR LACTOSE	8.37								
03	83655	ASSAY BLOOD FOR LEAD	12.50								
03	83661	ASSAY AMNIOTIC L/S RATIO	22.72								
03	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	19.55								
03	83663	FLUORO POLARIZE, FETAL LUNG	19.55								
03	83664	LAMELLAR BDY, FETAL LUNG	19.55								
03	83670	UV-ASSAY BLOOD LAP ENZYME	9.47								
03	83690	ASSAY BLOOD LIPASE	7.12								
03	83695	ASSAY OF LIPOPROTEIN(A)	14.87								
03	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	38.97								
03	83701	LIPOPROTEIN BLD, HR FRACTION	28.51								
03	83704	LIPOPROTEIN, BLD, BY NMR	36.23								
03	83718	BLOOD LIPOPROTEIN ASSAY	8.46								
03	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.03								
03	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	8.83								
03	83727	LUTEINIZING RELEASING FACTOR, RIA	17.77								
03	83735	ASSAY BLOOD MAGNESIUM	6.93								X
03	83775	UV-ASSAY OF MD ENZYME	7.62								
03	83785	ASSAY OF MANGANESE	22.02								
03	83788	MASS SPECTROMETRY QUAL	20.52								X
03	83789	MASS SPECTROMETRY QUANT	20.52								X
03	83805	ASSAY OF MEPROBAMATE	18.21								
03	83825	ASSAY BLOOD MERCURY	16.80								
03	83835	ASSAY URINE METANEPHRINES	17.49								
03	83840	ASSAY METHADONE	16.88								
03	83857	ASSAY METHEMALBUMIN	11.10								
03	83858	ASSAY SERUM METHSUXIMIDE	15.32								
03	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	17.69								X
03	83864	BLOOD MUCOPOLYSACCHARIDES	20.57								
03	83866	MUCOPOLYSACCHARIDES SCREEN	10.18								
03	83872	ASSAY SYNOVIAL FLUID MUCIN	5.09								
03	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.79								
03	83874	MYOGLOBIN ELECTROPHORESIS	13.34								
03	83876	MYELOPEROXIDASE (MPO)	15.54								
03	83880	NATRIURETIC PEPTIDE	38.97								
03	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	4.79								X
03	83885	ASSAY URINE FOR NICKEL	25.31								
03	83887	ASSAY NICOTINE	24.48								
03	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.15								X
03	83891	MOLECULE ISOLATE NUCLEIC	4.56								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.15								X
03	83893	MOLECULE DOT/SLOT/BLOT	4.56								
03	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.15								X
03	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.15								X
03	83897	MOLECULE NUCLEIC TRANSFER	4.56								
03	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	17.32								X
03	83900	MOLECULAR NUCLEIC AMP, FIRST TWO	19.60								X
03	83901	MOLECULE NUCLEIC AMP	19.04								
03	83902	MOLECULAR DIAGNOSTICS	16.11								
03	83903	MOLECULE MUTATION SCAN	19.04								
03	83904	MOLECULE MUTATION IDENTIFY	19.04								
03	83905	MOLECULE MUTATION IDENTIFY	19.04								
03	83906	MOLECULE MUTATION IDENTIFY	19.04								
03	83907	LYSE CELLS FOR NUCLEIC EXT	15.34								
03	83908	NUCLEIC ACID, SIGNAL AMPLI	19.25								
03	83909	NUCLEIC ACID, HIGH RESOLUTE	19.25								
03	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM.	4.15								
03	83913	MOLECULAR DIAGNOSTICS;RNA STABILIZ	15.34								
03	83914	MUTATION IDENT OLA/SBCE/ASPE	19.25								
03	83915	ASSAY NUCLEOTIDASE	11.52								
03	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	20.78								
03	83918	ASSAY ORGANIC ACIDS	17.01								
03	83919	ASSAY ORGANIC ACIDS QUAL	18.70								
03	83921	ORGANIC ACID, SINGLE, QUANT	18.70								
03	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	20.11								
03	83930	ASSAY BLOOD OSMOLALITY	6.83								X
03	83935	ASSAY URINE OSMOLALITY	7.04								X
03	83937	OSTEOCALCIN (BONE GLA PROTEIN)	30.85								
03	83945	ASSAY URINE OXALATE	13.31								
03	83950	ONCORPROTEIN, HER-2/NEU	73.14								
03	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	77.28								
03	83970	RIA ASSAY OF PARATHORMONE	42.65								
03	83986	PH; BODY FLUID, NOT OTHERWISE SPECIF	3.70								X
03	83987	PH; EXHALED BREATH CONDENSATE	16.26								
03	83992	ASSAY FOR PHENCYCLIDINE	15.19								
03	83993	CALPROTECTIN, FECAL	22.54								
03	84022	ASSAY URINE PHENOTHIAZINE	16.08								
03	84030	ASSAY BLOOD PKU	5.69								X
03	84035	ASSAY BLOOD PHENYLKETONES	3.77								X
03	84060	ASSAY BLOOD ACID PHOSPHATASE	7.62								
03	84061	PHOSPHATASE, ACID;	8.18								
03	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.99								
03	84075	ASSAY ALKALINE PHOSPHATASE	5.35								
03	84078	ASSAY ALKALINE PHOSPHATASE	5.97								
03	84080	ASSAY ALKALINE PHOSPHATASES	15.28								
03	84081	PHOSPHATYDYLGLYCEROL	17.08								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	84085	ASSAY RBC PG6D ENZYME	6.98								X
03	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.67								
03	84100	ASSAY BLOOD PHOSPHORUS	4.91								
03	84105	ASSAY URINE PHOSPHORUS	5.35								
03	84106	TEST FOR PORPHOBILINOGEN	4.43								
03	84110	ASSAY PORPHOBILINOGEN	5.09								
03	84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAM	67.98				F				
03	84119	TEST URINE FOR PORPHYRINS	8.90								
03	84120	ASSAY URINE PORPHYRINS	15.20								
03	84126	ASSAY FECES PORPHYRINS	26.32								
03	84127	PORPHYRINS, FECES;	10.31								
03	84132	ASSAY BLOOD POTASSIUM	4.75								X
03	84133	ASSAY URINE POTASSIUM	4.44								X
03	84134	PREALBUMIN	5.76								
03	84135	PREGNANEDIOL; RIA	19.78								
03	84138	PREGNANETRIOL;RIA	19.57								
03	84140	PREGNENOLONE	21.36								
03	84143	17-HYDROXYPREGNENOLONE	23.59								
03	84144	ASSAY PROGESTERONE	21.56								
03	84145	PROCALCITONIN (PCT)	19.85								
03	84146	RIA ASSAY FOR PROLACTIN	20.02								
03	84150	RIA ASSAY OF PROSTAGLANDIN	25.79								
03	84152	ASSAY OF PSA, COMPLEXED	20.89				M				
03	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	19.00								
03	84154	PSA FREE	20.89								
03	84155	ASSAY SERUM PROTEIN	3.78								
03	84156	ASSAY OF PROTEIN, URINE	4.20								
03	84157	ASSAY OF PROTEIN, OTHER	4.20								
03	84160	ASSAY SERUM PROTEIN	5.09								
03	84163	PAPPA, SERUM	17.29	10	59		F				
03	84165	ASSAY SERUM PROTEINS	11.10								
03	84166	PROTEIN E-PHORESIS/URINE/CSF	20.48								
03	84182	PROTEIN;	18.60								X
03	84202	ASSAY RBC PROTOPORPHYRIN	14.84								
03	84203	TEST RBC PROTOPORPHYRIN	8.90								
03	84206	RIA ASSAY OF PROINSULIN	18.40								
03	84207	ASSAY VITAMIN B-6	14.61								
03	84210	ASSAY BLOOD PYRUVATE	11.22								
03	84220	ASSAY RBC PYRUVIC KINASE	9.74								
03	84228	ASSAY QUININE	12.03								
03	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	66.56								
03	84234	RECEPTOR ASSAY; PROGESTERONE	67.03								
03	84235	RECEPTOR ASSAY; ENDOCRINE; OTHER	54.09								
03	84238	RECEPTOR ASSAY;	37.78								
03	84244	RIA ASSAY OF RENIN	22.74								X
03	84252	ASSAY VITAMIN B-2	20.92								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	84255	ASSAY SELENIUM	26.38								
03	84260	ASSAY BLOOD SEROTONIN	32.01								
03	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	22.45								
03	84275	ASSAY BLOOD SIALIC ACID	13.88								
03	84285	ASSAY SILICA	24.33								
03	84295	ASSAY BLOOD SODIUM	4.98								X
03	84300	ASSAY URINE SODIUM	5.02								X
03	84302	ASSAY OF SWEAT SODIUM	5.58								X
03	84305	SOMATOMEDIN	20.30								
03	84307	SOMATOSTATIN	18.90								
03	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	7.21								
03	84315	BODY FLUID SPECIFIC GRAVITY	2.59								
03	84375	CHROMATOGRAM ASSAY, SUGARS	20.26								
03	84376	SUGARS SINGLE QUAL	6.25								X
03	84377	SUGARS MULTIPLE QUAL	6.25								X
03	84378	SUGARS SINGLE QUANT	9.20								X
03	84379	SUGARS MULTIPLE QUANT	9.20								X
03	84392	SULFATE, URINE	4.92								X
03	84402	TESTOSTERONE;	26.31								
03	84403	RIA ASSAY BLOOD TESTOSTERONE	26.69								
03	84425	ASSAY VITAMIN B-1	21.94								
03	84430	ASSAY BLOOD THIOCYANATE	10.97								
03	84431	THROMBOXANE METABOLITE(S), INCLUDING	13.25								
03	84432	THYROGLOBULIN	16.59								
03	84436	THYROXINE, TRUE, RIA	4.99								
03	84437	THYROXINE, NEONATAL	6.69								
03	84439	THYROID PANEL	9.32								
03	84442	THYROID ACTIVITY (TBG) ASSAY	13.55								
03	84443	RIA ASSAY OF TS HORMONE	17.36								
03	84445	RIA THYROTROPIN FACTOR	19.01								
03	84446	ASSAY VITAMIN E	14.66								
03	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.60								
03	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.35								X
03	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.48								X
03	84466	TRANSFERRIN	13.20								
03	84478	ASSAY BLOOD TRIGLYCERIDES	5.96								
03	84479	TRIIODOTHYRONINE, RESIN UPTAKE	4.80								
03	84480	RIA ASSAY, T-3	6.62								
03	84481	TRIIODOTHYRONINE, FREE RIA	10.20								
03	84482	TRIDOTHYRONINE (T-3);	4.80								
03	84484	TROPONIN	11.17								
03	84485	ASSAY DUODENAL FLUID TRYPSIN	7.76								
03	84488	TEST FECES FOR TRYPSIN	7.55								
03	84490	ASSAY FECES FOR TRYPSIN	7.31								
03	84510	ASSAY BLOOD TYROSINE	10.75								
03	84512	TROPONIN, QUAL	8.75								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	84520	ASSAY BUN	4.08								X
03	84525	STICK-ASSAY BUN	3.89								X
03	84540	ASSAY URINE UREA-N	4.80								X
03	84545	UREA-N CLEARANCE TEST	6.82								
03	84550	ASSAY BLOOD URIC ACID	4.66								
03	84560	ASSAY URINE URIC ACID	4.92								
03	84577	ASSAY FECES UROBILINOGEN	12.90								
03	84578	TEST URINE UROBILINOGEN	3.35								
03	84580	ASSAY URINE UROBILINOGEN	7.34								
03	84583	ASSAY URINE UROBILINOGEN	5.18								
03	84585	ASSAY URINE VMA	16.02								
03	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	36.51								
03	84588	RIA ASSAY VASOPRESSIN	35.07								
03	84590	ASSAY BLOOD VITAMIN-A	11.99								
03	84591	ASSAY OF NOS VITAMIN	13.16								
03	84597	ASSAY VITAMIN-K	14.17								
03	84600	ASSAY FOR VOLATILES	16.60								
03	84620	XYLOSE TOLERANCE TEST, BLOOD	12.24								
03	84630	ASSAY BLOOD ZINC	11.77								
03	84681	C-PEPTIDE	20.54								
03	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	15.55								
03	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	7.76								
03	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	17.29								
03	84830	OVULATION TESTS, BY VISUAL COLOR COM	10.38								
03	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP								
03	85002	BLEEDING TIME TEST	4.65								X
03	85004	AUTOMATED DIFF WBC COUNT	7.42								
03	85007	DIFFERENTIAL WBC COUNT	2.59								X
03	85008	BLOOD COUNT;	3.56								
03	85009	DIFFERENTIAL WBC COUNT	3.84								X
03	85013	BLOOD COUNT;	2.45								
03	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.45								X
03	85018	HEMOGLOBIN, COLORIMETRIC	2.45								X
03	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	8.03								
03	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	6.69								X
03	85032	MANUAL CELL COUNT, EACH	4.95								X
03	85041	RED BLOOD CELL (RBC) COUNT	3.12								X
03	85044	RETICULOCYTE COUNT	4.44								
03	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.14								
03	85046	RETICULOCYTE, HGB CONCENTRATE	6.35								
03	85048	WHITE BLOOD CELL (WBC) COUNT	2.63								
03	85049	AUTOMATED PLATELET COUNT	4.71								
03	85055	RETICULATED PLATELET ASSAY	23.12								
03	85097	BONE MARROW SMEAR INTERPRET	66.82								X
03	85130	CHROMOGENIC SUBSTRATE ASSAY	12.30								
03	85170	BLOOD CLOT RETRACTION SCREEN	3.74								X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	85175	BLOOD CLOT LYSIS TIME	4.70								X
03	85210	BLOOD CLOT FACTOR II TEST	5.97								X
03	85220	BLOOD CLOT FACTOR V TEST	14.61								X
03	85230	BLOOD CLOT FACTOR VII TEST	14.61								X
03	85240	BLOOD CLOT FACTOR VIII TEST	18.50								X
03	85244	FACTOR VIII RELATED ANTIGEN QUAN	21.11						X		X
03	85245	CLOTTING;	23.71								
03	85246	CLOTTING;	23.71								
03	85247	CLOTTING;	23.71								
03	85250	BLOOD CLOT FACTOR IX TEST	19.67								X
03	85260	BLOOD CLOT FACTOR X TEST	14.61								X
03	85270	BLOOD CLOT FACTOR XI TEST	14.61								X
03	85280	BLOOD CLOT FACTOR XII TEST	14.61								X
03	85290	BLOOD CLOT FACTOR XIII TEST	14.61								X
03	85291	BLOOD CLOT FACTOR XIII TEST	9.19								X
03	85292	CLOTTING; PREKALLIKRIEW ASSAY	19.57								
03	85293	CLOTTING;H-M-W KINNINOGEN ASSA	19.57								
03	85300	ANTITHROMBIN III TEST	12.24								X
03	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	11.17								X
03	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.43								X
03	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.18								
03	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.99								
03	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.85								
03	85307	ASSAY ACTIVATED PROTEIN C	17.40								
03	85335	FACTOR INHIBITOR TEST	13.31								
03	85337	THROMBOMODULIN	10.77								
03	85345	COAGULATION TIME	4.44								X
03	85347	COAGULATION TIME	2.97								X
03	85348	COAGULATION TIME	3.85								X
03	85360	EUGLOBULIN LYSIS	8.68								
03	85362	FIBRIN DEGRADATION PRODUCTS	5.88								X
03	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	8.90								
03	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.56								
03	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	5.86								
03	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.52								
03	85380	FIBRIN DEGRADATION, VTE	11.69								
03	85384	FIBRINOGEN;	8.79								
03	85385	FIBRINOGEN;	8.79								
03	85390	FIBRINOLYSINS SCREEN	5.35								
03	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	27.54								
03	85400	FIBRINOLYTIC PLASMIN	9.14								
03	85410	FIBRINOLYTIC ANTIPLASMIN	7.97								
03	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.77								
03	85420	FIBRINOLYTIC PLASMINOGEN	6.76								
03	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.53								
03	85441	HEINZ BODIES; DIRECT	4.35								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	85445	HEINZ BODIES; INDUCED	7.04								
03	85460	HEMOGLOBIN, FETAL	4.80								
03	85461	HEMOGLOBIN, FETAL	3.19								
03	85475	HEMOLYSIN, ACID	9.17								
03	85520	HEPARIN ASSAY	8.76								
03	85525	HEPARIN NEUTRALIZATION	8.76								
03	85530	HEPARIN-PROTAMINE TOLERANCE	14.66								
03	85536	IRON STAIN PERIPHERAL BLOOD	7.36								
03	85540	WBC ALKALINE PHOSPHATASE	8.89								
03	85547	RBC MECHANICAL FRAGILITY	8.89								
03	85549	SERUM MURAMIDASE	19.38								
03	85555	RBC OSMOTIC FRAGILITY	4.80								
03	85557	RBC OSMOTIC FRAGILITY	13.80								
03	85576	PLATELET;AGGREGATION (IN VITRO)	22.20								X
03	85590	PLATELET PHASE MICROSCOPY	4.15								X
03	85597	PHOSPHOLIPID NEUTRALIZATION; PLATELE	13.86								
03	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	14.15								
03	85610	PROTHROMBIN TIME	4.07								X
03	85611	PROTHROMBIN TIME;	4.08								X
03	85612	VIPER VENOM PROTHROMBIN TIME	9.88								
03	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.88								
03	85635	REPTILASE TEST	10.18								
03	85651	RBC SEDIMENTATION RATE	3.67								
03	85652	RBC SED RATE, AUTO	2.78								
03	85660	RBC SICKLE CELL TEST	5.71								X
03	85670	THROMBIN TIME; PLASMA	5.97								
03	85675	THROMBIN TIME; TITER	7.09								
03	85705	THROMBOPLASTIN INHIBITION;	7.11								
03	85730	THROMBOPLASTIN TIME, PARTIAL	6.20								X
03	85732	THROMBOPLASTIN TIME, PARTIAL	6.69								X
03	85810	BLOOD VISCOSITY EXAMINATION	12.07								X
03	85999	HEMATOLOGY PROCEDURE	MP								
03	86000	AGGLUTININS; FEBRILE	7.21								
03	86001	ALLERGEN SPECIFIC IGG	5.94								X
03	86003	ALLERGEN SPECIFIC IGE;	5.39								X
03	86005	ALLERGEN SPECIFIC IGE;	8.24								
03	86021	WBC ANTIBODY IDENTIFICATION	15.55								
03	86022	PLATELET ANTIBODIES	18.97								
03	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.87								
03	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.50								
03	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.53								
03	86060	ANTISTREPTOLYSIN O TITER	7.55								
03	86063	ANTISTREPTOLYSIN O SCREEN	5.97								
03	86140	C-REACTIVE PROTEIN	5.35								
03	86141	C-REACTIVE PROTEIN, HS	14.70								
03	86146	GLYCOPROTEIN ANTIBODY	13.20								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	12.02								
03	86148	PHOSPHOLIPID ANTIBODY	13.20								
03	86155	CHEMOTAXIS ASSAY	16.52								
03	86156	COLD AGGLUTININ;	6.93								
03	86157	COLD AGGLUTININ;	8.34								
03	86160	COMPLEMENT;	12.42								X
03	86161	COMPLEMENT;	12.42								X
03	86162	COMPLEMENT; TOTAL (CH 50)	19.71								
03	86171	COMPLEMENT FIXATION, EACH	10.36								
03	86185	COUNTERELECTROPHORESIS, EACH	9.25								
03	86200	CCP ANTIBODY	14.87								
03	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.69								
03	86225	DNA ANTIBODY	14.21								
03	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.51								
03	86235	ENA ANTIBODY	12.03								
03	86243	FC RECEPTOR ASSAY	21.22								
03	86255	FLUORESCENT ANTIBODY; SCREEN	11.72								
03	86256	FLUORESCENT ANTIBODY; TITER	12.46								
03	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	16.27								
03	86280	HEMAGGLUTINATION INHIBITION	8.46								
03	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	23.64								
03	86301	IMMUNOASSAY, TUMOR, CA 19-9	23.64								
03	86304	IMMUNOASSAY, TUMOR CA 125	23.64								
03	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	21.32				F				
03	86308	HETEROPHILE ANTIBODIES;	5.35								
03	86309	HETEROPHILE ANTIBODIES;	6.69								
03	86310	HETEROPHILE ANTIBODIES	7.62								
03	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	21.49								X
03	86317	IMMUNOASSAY/INFECTIOUS AGENT	15.49								
03	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	13.38								
03	86320	SERUM IMMUNOELECTROPHORESIS	23.16								
03	86325	OTHER IMMUNOELECTROPHORESIS	23.11								
03	86327	IMMUNOELECTROPHORESIS;	23.45								
03	86329	IMMUNODIFFUSION, EACH	14.51								X
03	86331	IMMUNODIFFUSION OUCHTERLONY	12.40								
03	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	25.19								
03	86334	IMMUNOFIXATION ELECTROPHORESIS	23.09								
05	86334	IMMUNOFIXATION ELECTROPHORESIS	9.24								
03	86336	INHIBIN A	16.09								
03	86337	INSULIN ANTIBODIES, RIA	10.81								
03	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.57								
03	86341	ISLET CELL ANTIBODY	20.45								
03	86344	LEUKOCYTE PHAGOCYTOSIS	8.24								
03	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	69.56								
03	86353	LYMPHOCYTE TRANSFORMATION	50.65								
03	86355	B CELLS, TOTAL COUNT	43.32								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	23.12								X
03	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	43.32								
03	86359	T CELLS;	38.97								
03	86360	T CELLS;	41.60								
03	86361	T CELL ABSOLUTE COUNT	22.86								
03	86367	STEM CELLS, TOTAL COUNT	43.32								
03	86376	MICROSOMAL ANTIBODY (THYROID); RIA	15.04								
03	86378	MIGRATION INHIBITORY FACTOR	20.34								
03	86382	NEUTRALIZATION TEST, VIRAL	17.48								
03	86384	NITROBLUE TETRAZOLIUM DYE	11.77								
03	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22),Q	16.96								
03	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	10.54								
03	86406	PARTICLE AGGLUTINATION TEST	11.00								
03	86430	RHEUMATOID FACTOR LATEX FIXATION	5.87								
03	86431	RHEUMATOID FACTOR;	5.87								
03	86480	TUBERCULOSIS TEST, CELL MEDIATED IMM	71.16								
03	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	65.42								
03	86485	SKIN TEST;	6.02								
03	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	3.71								
03	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.53								
03	86510	HISTOPLASMOSIS SKIN TEST	7.23								
03	86580	TB PATCH OR INTRADERMAL TEST	6.05								
03	86590	STREPTOKINASE, ANTIBODY	5.88								
03	86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.40								
03	86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.56								
03	86602	ANTIBODY;	10.52								
03	86603	ANTIBODY;	13.30								
03	86606	ANTIBODY;	15.55								
03	86609	ANTIBODY;	13.31								
03	86611	BARTONELLA ANTIBODY	11.55								
03	86612	ANTIBODY;	13.33								
03	86615	ANTIBODY;	13.64								
03	86617	LYME DISEASE ANTIBODY	16.01								
03	86618	ANTIBODY;	17.60								
03	86619	ANTIBODY;	13.83								
03	86622	ANTIBODY;	9.23								
03	86625	ANTIBODY;	13.55								
03	86628	ANTIBODY;	12.42								
03	86631	ANTIBODY;	12.23								
03	86632	ANTIBODY;	13.12								
03	86635	ANTIBODY;	11.86								
03	86638	ANTIBODY;	12.53								
03	86641	ANTIBODY;	14.91								
03	86644	ANTIBODY;	14.88								
03	86645	ANTIBODY;	17.41								
03	86648	ANTIBODY;	15.72								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	86651	ANTIBODY;	13.64								
03	86652	ANTIBODY;	13.64								
03	86653	ANTIBODY;	13.64								
03	86654	ANTIBODY;	13.64								
03	86658	ANTIBODY;	13.47								
03	86663	ANTIBODY;	13.55								
03	86664	ANTIBODY;	15.82								
03	86665	ANTIBODY;	18.41								
03	86666	EHRlichia ANTIBODY	11.55								
03	86668	ANTIBODY;	10.75								
03	86671	ANTIBODY;	12.67								
03	86674	ANTIBODY;	12.02								
03	86677	ANTIBODY;	12.02								
03	86682	ANTIBODY;	13.45								
03	86684	ANTIBODY;	16.38								
03	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	8.66								
03	86688	ANTIBODY;	10.92								
03	86689	CONFIRMATORY TEST	20.02								
03	86692	ANTIBODY;	13.18								
03	86694	ANTIBODY;	14.88								
03	86695	ANTIBODY;	13.64								
03	86696	HERPES SIMPLEX TYPE 2	21.98								
03	86698	ANTIBODY;	12.91								
03	86701	ANTIBODY;	9.18								
03	86702	ANTIBODY;	10.92								
03	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	10.92								
03	86704	HEP B CORE AB TEST, IGG & M	13.69								
03	86705	HEP B CORE AB TEST, IGM	13.37								
03	86706	HEPATITIS B SURFACE AB TEST	12.20								
03	86707	HEPATITIS BE AB TEST	13.13								
03	86708	HEP A AB TEST, IGG & M	13.22								
03	86709	HEP A AB TEST, IGM	12.78								
03	86710	ANTIBODY;	14.01								
03	86713	ANTIBODY;	15.83								
03	86717	ANTIBODY;	12.66								
03	86720	ANTIBODY;	13.64								
03	86723	ANTIBODY;	13.64								
03	86727	ANTIBODY;	13.30								
03	86729	ANTIBODY;	12.34								
03	86732	ANTIBODY;	13.64								
03	86735	ANTIBODY;	13.49								
03	86738	ANTIBODY;	13.69								
03	86741	ANTIBODY;	13.64								
03	86744	ANTIBODY;	13.64								
03	86747	ANTIBODY;	15.53								
03	86750	ANTIBODY;	13.64								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	86753	ANTIBODY;	12.81								
03	86756	ANTIBODY;	13.31								
03	86757	RICKETTSIA ANTIBODY	21.98								
03	86759	ANTIBODY;	13.64								
03	86762	ANTIBODY;	14.88								
03	86765	ANTIBODY;	13.31								
03	86768	ANTIBODY;	13.64								
03	86771	ANTIBODY;	13.64								
03	86774	ANTIBODY;	10.10								
03	86777	ANTIBODY;	14.88								
03	86778	ANTIBODY;	14.89								
03	86780	ANTIBODY; TREPONEMA PALLIDUM	13.56								
03	86784	ANTIBODY;	4.80								
03	86787	ANTIBODY;	11.59								
03	86788	ANTIBODY; WEST NILE VIRUS, IGM	19.35								
03	86789	ANTIBODY; WEST NILE VIRUS	16.53								
03	86790	ANTIBODY;	11.59								
03	86793	ANTIBODY;	11.59								
03	86800	THYROGLOBULIN ANTIBODY, RIA	16.43								
03	86803	HEPATITIS C AB TEST	16.22								
03	86804	HEP C AB TEST, CONFIRM	17.58								
03	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	54.04								
03	86806	SEE 86805; WITHOUT TITRATION	49.19								
03	86807	SERUM SCREEN.-PRA;STANDARD METHOD	36.62								
03	86808	SERUM SCREEN.-PRA; QUICK METHOD	30.66								
03	86812	TISSUE TYPING;	26.67								
03	86813	TISSUE TYPING;	59.93								
03	86816	TISSUE TYPING;	28.78								
03	86817	TISSUE TYPING;	66.54								
03	86821	TISSUE TYPING;	58.34								
03	86822	TISSUE TYPING;	37.77								
03	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	61.86								
03	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	20.62								
03	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP								
03	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	12.30								X
03	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	10.91								X
03	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	32.90								X
03	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.55								X
03	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.91								X
03	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.35								X
03	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	10.42								
03	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	10.07								
03	86900	BLOOD TYPING;	3.09								
03	86901	BLOOD TYPING;	3.42								
03	86902	BLOOD TYPING ANTIGEN TESTING OF DONO	4.04								X
03	86904	BLOOD TYPING;	9.82								X

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	86905	BLOOD TYPING;	3.95								X
03	86906	BLOOD TYPING;	8.02								
03	86910	BLOOD TYPING;	16.26								X
03	86911	BLOOD TYPING, FOR PATERNITY TESTING,	5.05								
03	86920	COMPATIBILITY TEST EACH UNIT;	38.53								
03	86921	COMPATIBILITY TEST EACH UNIT;	38.53								
03	86922	COMPATIBILITY TEST EACH UNIT;	36.71								
03	86923	COMPATIBILITY TEST, ELECTRIC	MP		X						
03	86927	FRESH FROZEN PLASMA, THAWING, EACH U	8.29								X
03	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	9.75								X
03	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	9.75								X
03	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	9.75								X
03	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.47								X
03	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.51								X
03	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	35.50								X
03	86950	LEUKOCYTE TRANSFUSION	32.58								
03	86960	VOL REDUCTION OF BLOOD/PROD	MP		X						
03	86965	POOLING OF PLATELETS OR OTHER BLOOD	11.35								
03	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.08								X
03	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	6.20								X
03	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.08								
03	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.08								X
03	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.08								
03	86977	PRETREATMENT OF SERUM FOR USE IN RBC	6.20								X
03	86978	PRETREATMENT OF SERUM FOR USE IN RBC	7.92								X
03	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	11.39								X
03	86999	IMMUNOLOGY PROCEDURE	45.90		X						
03	87001	SMALL ANIMAL INOCULATION	13.66								
03	87003	SMALL ANIMAL INOCULATION	17.40								
03	87015	SPECIMEN CONCENTRATION	6.91								X
03	87040	BLOOD CULTURE FOR BACTERIA	10.67								X
03	87045	STOOL CULTURE FOR BACTERIA	9.74								X
03	87046	STOOL CULTR, BACTERIA, EACH	9.74								X
03	87070	CULTURE SPECIMEN, BACTERIA	8.90								X
03	87071	CULTURE BACTERI AEROBIC OTHR	9.74								
03	87073	CULTURE BACTERIA ANAEROBIC	9.74								
03	87075	CULTURE SPECIMEN, BACTERIA	9.78								X
03	87076	BACTERIA IDENTIFICATION	9.17								
03	87077	CULTURE AEROBIC IDENTIFY	9.17								X
03	87081	BACTERIA CULTURE SCREEN	6.84								
03	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	8.90								
03	87086	URINE CULTURE, COLONY COUNT	8.34								
03	87088	URINE BACTERIA CULTURE	8.37								
03	87101	SKIN FUNGUS CULTURE	7.31								
03	87102	FUNGUS ISOLATION CULTURE	8.68								
03	87103	CULTURE,FUNGI, ISOLATION BLOOD	8.76								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
			FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	87106	FUNGUS IDENTIFICATION	10.67								
03	87107	FUNGI IDENTIFICATION, MOLD	11.72								
03	87109	MYCOPLASMA CULTURE	15.90								
03	87110	CULTURE,CHLAMYDIA	20.24								
03	87116	MYCOBACTERIA CULTURE	11.16								
03	87118	MYCOBACTERIA IDENTIFICATION	4.24								
03	87140	CULTURE TYPING, FLUORESCENT	5.76								
03	87143	CULTURE TYPING, GLC METHOD	12.96								
03	87147	CULTURE TYPING, SEROLOGIC	4.44								
03	87149	CULTURE, TYPING; IDENTIFICATION BY N	22.77								
03	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.94								
03	87152	CULTURE TYPE PULSE FIELD GEL	5.95								
03	87153	CULTURE, TYPING; IDENTIFICATION BY N	118.12								
03	87158	CULTURE TYPING, ADDED METHOD	5.40								
03	87164	DARK FIELD EXAMINATION	11.10								
03	87166	DARK FIELD EXAMINATION	9.05								
03	87168	MACROSCOPIC EXAM ARTHROPOD	4.84								
03	87169	MACACROSCOPIC EXAM PARASITE	4.84								
03	87172	PINWORM EXAM	4.84								
03	87176	ENDOTOXIN, BACTERIAL	6.08								
03	87177	OVA AND PARASITES SMEARS	9.05								X
03	87181	ANTIBIOTIC SENSITIVITY, EACH	4.92								
03	87184	ANTIBIOTIC SENSITIVITY, EACH	7.13								X
03	87185	MICROBE SUSCEPTIBLE, ENZYME	5.39								X
03	87186	ANTIBIOTIC SENSITIVITY, MIC	8.94								
03	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	10.70								
03	87188	ANTIBIOTIC SENSITIVITY, EACH	6.85								
03	87190	TB ANTIBIOTIC SENSITIVITY	5.84								
03	87197	SERUM BACTERICIDAL TITER	14.98								
03	87198	CYTOMEGALOVIRUS ANTIBODY DFA	13.63								
03	87205	SMEAR, STAIN & INTERPRET	4.40								X
03	87206	SMEAR, STAIN & INTERPRET	5.55								X
03	87207	SMEAR, STAIN & INTERPRET	6.19								X
03	87209	SMEAR, COMPLEX STAIN	20.63								
03	87210	SMEAR, STAIN & INTERPRET	4.40								X
03	87220	TISSUE EXAMINATION FOR FUNGI	4.40								
03	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	20.40								X
03	87250	VIRUS INOCULATION FOR TEST	20.21								X
03	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	26.93								
03	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.87								X
03	87254	VIRUS INOCULATION, SHELL VIA	20.21								X
03	87255	GENET VIRUS ISOLATE, HSV	38.88								X
03	87260	ADENOVIRUS AG, DFA	13.63								
03	87265	PERTUSSIS AG, DFA	13.63								
03	87267	ENTEROVIRUS ANTIBODY, DFA	13.77								
03	87269	GIARDIA AG, IF	13.77								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	87270	CHYLM D TRACH AG, DFA	13.63								
03	87271	CYTOMEGALOVIRUS DFA	13.77								
03	87272	CRYPTOSPORIDIUM AG, DFA	13.63								
03	87273	HERPES SIMPLEX 2, AG, IF	13.63								
03	87274	HERPES SIMPLEX AG, DFA	13.63								
03	87275	INFLUENZA B, AG, IF	13.63								
03	87276	INFLUENZA AG, DFA	13.63								
03	87277	LEGIONELLA MICDADEI, AG, IF	13.63								
03	87278	LEGION PNEUMO AG, DFA	13.63								
03	87279	PARAINFLUENZA, AG, IF	13.63								
03	87280	RESP SYNCYTIAL AG, DFA	13.63								
03	87281	PNEUMOCYSTIS CARINII, AG, IF	13.63								
03	87283	RUBEOLA, AG, IF	13.63								
03	87285	TREPON PALLIDUM AG, DFA	13.63								
03	87290	VARICELLA AG, DFA	13.63								
03	87299	AG DETECTION NOS, DFA	13.63								
03	87300	AG DETECTION, POLYVAL, IF	12.40								X
03	87301	ADENOVIRUS AG, EIA	13.63								
03	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	13.77								
03	87320	CHYLM D TRACH AG, EIA	13.63								
03	87324	CLOSTRIDIUM AG, EIA	13.63								
03	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.63								
03	87328	CRYPTOSPOR AG, EIA	13.63								
03	87329	GIARDIA AG, EIA	13.77								
03	87332	CYTOMEGALOVIRUS AG, EIA	13.63								
03	87335	E COLI 0157 AG, EIA	13.63								
03	87336	ENTAMOEB HIST DISPR, AG, EIA	13.63								
03	87337	ENTAMOEB HIST GROUP, AG, EIA	13.63								
03	87338	HPYLORI, STOOL, EIA	5.28								
03	87339	HPYLORI AG, EIA	13.63								
03	87340	HEPATITIS B SURFACE AG, EIA	11.72								
03	87341	HEPATITIS B SURFACE, AG, EIA	11.72								
03	87350	HEPATITIS B AG, EIA	13.08								
03	87380	HEPATITIS DELTA AG, EIA	14.04								
03	87385	HISTOPLASMA CAPSUL AG, EIA	13.63								
03	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	23.88								
03	87390	HIV-1 AG, EIA	20.03								
03	87391	HIV-2 AG, EIA	20.03								
03	87400	INFLUENZA A/B, AG, EIA	12.40								X
03	87420	RESP SYNCYTIAL AG, EIA	13.63								
03	87425	ROTAVIRUS AG, EIA	13.63								
03	87427	SHIGA-LIKE TOXIN AG, EIA	13.63								
03	87430	STREP A AG, EIA	13.63								
03	87449	AG DETECT NOS, EIA, MULT	13.63								
03	87450	AG DETECT NOS, EIA, SINGLE	5.28								
03	87451	AG DETECT POLYVAL, EIA, MULT	5.28								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87470	BARTONELLA, DNA, DIR PROBE	22.77								
03	87471	BARTONELLA, DNA, AMP PROBE	39.86								
03	87472	BARTONELLA, DNA, QUANT	49.20								
03	87475	LYME DIS, DNA, DIR PROBE	22.77								
03	87476	LYME DIS, DNA, AMP PROBE	39.86								
03	87477	LYME DIS, DNA, QUANT	44.27								
03	87480	CANDIDA, DNA, DIR PROBE	22.77								
03	87481	CANDIDA, DNA, AMP PROBE	39.86								
03	87482	CANDIDA, DNA, QUANT	43.15								
03	87485	CHYLM D PNEUM, DNA, DIR PROBE	22.77								
03	87486	CHYLM D PNEUM, DNA, AMP PROBE	39.86								
03	87487	CHYLM D PNEUM, DNA, QUANT	49.20								
03	87490	CHYLM D TRACH, DNA, DIR PROBE	22.77								
03	87491	CHYLM D TRACH, DNA, AMP PROBE	39.86								
03	87492	CHYLM D TRACH, DNA, QUANT	36.12								
03	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	35.94								
03	87495	CYTOMEG, DNA, DIR PROBE	22.77								
03	87496	CYTOMEG, DNA, AMP PROBE	39.86								
03	87497	CYTOMEG, DNA, QUANT	48.65								
03	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	40.31								
03	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	40.31								
03	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	54.17								
03	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	89.81								
03	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	21.92								
03	87510	GARDNER VAG, DNA, DIR PROBE	22.77								
03	87511	GARDNER VAG, DNA, AMP PROBE	39.86								
03	87512	GARDNER VAG, DNA, QUANT	43.15								
03	87515	HEPATITIS B, DNA, DIR PROBE	22.77								
03	87516	HEPATITIS B, DNA, AMP PROBE	39.86								
03	87517	HEPATITIS B, DNA, QUANT	48.65								
03	87520	HEPATITIS C, RNA, DIR PROBE	22.77								
03	87521	HEPATITIS C, RNA, AMP PROBE	39.86								
03	87522	HEPATITIS C, RNA, QUANT	48.65								
03	87525	HEPATITIS G, DNA, DIR PROBE	22.77								
03	87526	HEPATITIS G, DNA, AMP PROBE	39.86								
03	87527	HEPATITIS G, DNA, QUANT	43.15								
03	87528	HSV, DNA, DIR PROBE	22.77								
03	87529	HSV, DNA, AMP PROBE	39.86								
03	87530	HSV, DNA, QUANT	48.65								
03	87531	HHV-6, DNA, DIR PROBE	22.77								
03	87532	HHV-6, DNA, AMP PROBE	39.86								
03	87533	HHV-6, DNA, QUANT	43.15								
03	87534	HIV-1, DNA, DIR PROBE	22.77								
03	87535	HIV-1, DNA, AMP PROBE	39.86								
03	87536	HIV-1, DNA, QUANT	87.94								
03	87537	HIV-2, DNA, DIR PROBE	22.77								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	87538	HIV-2, DNA, AMP PROBE	39.86								
03	87539	HIV-2, DNA, QUANT	44.27								
03	87540	LEGION PNEUMO, DNA, DIR PROB	22.77								
03	87541	LEGION PNEUMO, DNA, AMP PROB	39.86								
03	87542	LEGION PNEUMO, DNA, QUANT	43.15								
03	87550	MYCOBACTERIA, DNA, DIR PROBE	22.77								
03	87551	MYCOBACTERIA, DNA, AMP PROBE	39.86								
03	87552	MYCOBACTERIA, DNA, QUANT	48.65								
03	87555	M.TUBERCULO, DNA, DIR PROBE	22.77								
03	87556	M.TUBERCULO, DNA, AMP PROBE	39.86								
03	87557	M.TUBERCULO, DNA, QUANT	49.20								
03	87560	M.AVIUM-INTRA, DNA, DIR PROB	22.77								
03	87561	M.AVIUM-INTRA, DNA, AMP PROB	39.86								
03	87562	M.AVIUM-INTRA, DNA, QUANT	49.20								
03	87580	M.PNEUMON, DNA, DIR PROBE	22.77								
03	87581	M.PNEUMON, DNA, AMP PROBE	39.86								
03	87582	M.PNEUMON, DNA, QUANT	43.15								
03	87590	N.GONORRHOEAE, DNA, DIR PROB	22.77								
03	87591	N.GONORRHOEAE, DNA, AMP PROB	39.86								
03	87592	N.GONORRHOEAE, DNA, QUANT	44.27								
03	87620	HPV, DNA, DIR PROBE	22.77								
03	87621	HPV, DNA, AMP PROBE	39.86								
03	87622	HPV, DNA, QUANT	43.15								
03	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	40.31								
03	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	40.31								
03	87650	STREP A, DNA, DIR PROBE	22.77								
03	87651	STREP A, DNA, AMP PROBE	39.86								
03	87652	STREP A, DNA, QUANT	43.15								
03	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	40.31								
03	87660	TRICHOMONAS VAGIN, DIR PROBE	23.03				F				
03	87797	DETECT AGENT NOS, DNA, DIR	22.77								
03	87798	DETECT AGENT NOS, DNA, AMP	39.86								
03	87799	DETECT AGENT NOS, DNA, QUANT	13.55								
03	87800	DETECT AGNT MULT, DNA, DIREC	41.43								
03	87801	DETECT AGNT MULT, DNA, AMPLI	72.53								
03	87802	STREP B ASSAY W/OPTIC	13.63								
03	87803	CLOSTRIDIUM TOXIN A W/OPTIC	13.63								
03	87804	AGENT NOS ASSAY W/OPTIC	13.63								
03	87807	RSV ASSAY W/OPTIC	13.77								
03	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	13.77				F				
03	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	13.77								
03	87810	CHYLM D TRACH ASSAY W/OPTIC	13.63								
03	87850	N. GONORRHOEAE ASSAY W/OPTIC	13.63								
03	87880	STREP A ASSAY W/OPTIC	13.63								
03	87899	AGENT NOS ASSAY W/OPTIC	13.63								
03	87900	PHENOTYPE, INFECT AGENT DRUG	149.67		X				X		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
03	87901	INFECTIOUS AGENT GENOTYPE ANALYSIS B	266.03		X				X		
03	87902	GENOTYPE, DNA, HEPATITIS C	292.37								
03	87903	PHENOTYPE, DNA HIV W/CULTURE	504.95		X				X		
03	87904	PHENOTYPE, DNA HIV W/CLT ADD	29.94		X				X		
03	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	14.66								
03	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	135.86								
03	87999	MICROBIOLOGY PROCEDURE	MP		X						
03	88104	CYTOPATHOLOGY	39.69								
05	88104	CYTOPATHOLOGY	15.88								
03	88106	CYTOPATHOLOGY	49.89								
05	88106	CYTOPATHOLOGY	19.95								
03	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	47.46								
05	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	18.98								
03	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	81.30								
05	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	32.52								
03	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.97								
05	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	96.79								
03	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.27								
05	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	81.71								
03	88125	FORENSIC CYTOPATHOLOGY	13.45								
05	88125	FORENSIC CYTOPATHOLOGY	5.37								
03	88130	SEX CHROMATIN IDENTIFICATION	15.55								
03	88140	SEX CHROMATIN IDENTIFICATION	8.25								
03	88141	CYTOPATH CERV/VAG INTERPRET	20.87	10	99		F				
03	88142	CYTOPATH CERV/VAG THIN LAYER	15.61	10	99		F				
03	88143	CYTPATH C/VAG T/LAYER REDO	14.21	10	99		F				
03	88147	CYTPATH C/VAG AUTOMATED	10.92	10	99		F				
03	88148	CYTPATH C/VAG AUTO RESCREEN	10.92	10	99		F				
03	88150	CYTOPATHOLOGY, PAP SMEAR	10.92	10	99		F	X			
03	88152	CYTOPATH CERV/VAG AUTO	10.92	10	99		F				
03	88153	CYTPATH C/VAG REDO	10.92	10	99		F				
03	88154	CYTPATH C/VAG SELECT	10.92	10	99		F				
03	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	6.19	10	99		F	X			
03	88160	CYTOPATHOLOGY	34.64								
05	88160	CYTOPATHOLOGY	13.86								
03	88161	CYTOPATH...;PREP,SCREEN,INTERP.	37.79								
05	88161	CYTOPATH...;PREP,SCREEN,INTERP.	15.13								
03	88162	CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	51.84								
05	88162	CYTOPATH...;EXT.STUDY.+5 SLIDES,MULTI	20.74								
03	88164	CYTPATH TBS C/VAG MANUAL	10.92	10	99		F				
03	88165	CYTPATH TBS C/VAG REDO	10.92	10	99		F				
03	88166	CYTPATH TBS C/VAG AUTO REDO	10.92	10	99		F				
03	88167	CYTPATH TBS C/VAG SELECT	10.92	10	99		F				
03	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	34.73								
05	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	13.90								
03	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	88.89								

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
05	88173	FINE NEEDLE ASPIRATE.;INTERP/REPORT	35.56								
03	88174	CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	16.77	10	99		F				
03	88175	CYTOPATHOLOGY WITH SCREENING	21.12	10	99		F				
03	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.91								
05	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	5.96								
03	88182	FLOW CYTOMETRY;	69.43								
05	88182	FLOW CYTOMETRY	27.78								
03	88184	FLOWCYTOMETRY/ TC, 1 MARKER	46.48								
03	88185	FLOWCYTOMETRY/TC, ADD-ON	26.55								X
03	88187	FLOWCYTOMETRY/READ, 2-8	44.95								
03	88188	FLOWCYTOMETRY/READ, 9-15	55.73								
03	88189	FLOWCYTOMETRY/READ, 16 & >	72.79								
03	88199	CYTOPATHOLOGY PROCEDURE	MP								X
05	88199	CYTOPATHOLOGY PROCEDURE	MP								X
03	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	66.04								
03	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	66.04								
03	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	66.04								
03	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	66.04								
03	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	66.04								
03	88240	CELL CRYOPRESERVE/STORAGE	11.48								
03	88241	FROZEN CELL PREPARATION	11.48								
03	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	66.04								
03	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	178.96								
03	88249	CHROMOSOME ANALYSIS, 100	196.67								
03	88261	CHROMOSOME COUNT: 1-4 CELLS	182.63								
03	88262	CHROMOSOME COUNT: 1-20 CELLS	128.79								
03	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	66.04								
03	88264	CHROMOSOME ANALYSIS, 20-25	141.56								
03	88267	CHROMOSOME COUNT: AMNIOTIC	185.77								
03	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	171.86								
03	88271	CYTOGENETICS, DNA PROBE	24.32								
03	88272	CYTOGENETICS, 3-5	30.41								
03	88273	CYTOGENETICS, 10-30	36.49								
03	88274	CYTOGENETICS, 25-99	39.53								
03	88275	CYTOGENETICS, 100-300	45.61								
03	88280	CHROMOSOME COUNT: ADDITIONAL	25.94								
03	88283	CHROM ANAL;ADD SPEC BANDING TECH.	28.83								
03	88285	CHROMOSOME COUNT: ADDITIONAL	19.63								
03	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	35.58								
05	88289	CHROM ANAL;ADD.HI RESOLUTION STUDY	14.23								
03	88291	CYTO/MOLECULAR REPORT	18.86								
05	88291	CYTO MOLECULAR REPORT	7.54								
03	88299	CYTOGENETIC STUDY	5.28								X
03	88300	SURGICAL PATHOLOGY, GROSS	14.92								X
05	88300	SURGICAL PATHOLOGY, GROSS	5.97								X
03	88302	SURGICAL PATHOLOGY, COMPLETE	32.11								X

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR JANUARY 01, 2012 - JUNE 30, 2012

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
05	88302	SURGICAL PATHOLOGY, COMPLETE	12.84								X
03	88304	SURGICAL PATHOLOGY, COMPLETE	39.95								X
05	88304	SURGICAL PATHOLOGY, COMPLETE	15.98								X
03	88305	SURGICAL PATHOLOGY, COMPLETE	68.39								X
05	88305	SURGICAL PATHOLOGY, COMPLETE	27.35								X
03	88307	SURGICAL PATHOLOGY, COMPLETE	134.85								
05	88307	SURGICAL PATHOLOGY, COMPLETE	53.93								
03	88309	SURGICAL PATHOLOGY, COMPLETE	201.74								
05	88309	SURGICAL PATHOLOGY, COMPLETE	80.70								
03	88311	SURGICAL PATHOLOGY; DECALCIFICATION	12.23								
05	88311	SURGICAL PATHOLOGY; DECALCIFICATION	4.89								
03	88312	SPECIAL STAIN INCLUDING INTERPRETATI	60.53								
05	88312	SPECIAL STAIN INCLUDING INTERPRETATI	24.21								
03	88313	SPECIAL STAIN INCLUDING INTERPRETATI	45.36								
05	88313	SPECIAL STAIN INCLUDING INTERPRETATI	18.15								
03	88314	SPECIAL STAIN INCLUDING INTERPRETATI	61.21								
05	88314	SPECIAL STAIN INCLUDING INTERPRETATI	24.49								
03	88321	MICROSLIDE CONSULTATION	61.20								
03	88323	MICROSLIDE CONSULTATION	95.88								
05	88323	MICROSLIDE CONSULTATION	38.35								
03	88325	COMPREHENSIVE REVIEW OF DATA	130.71								
03	88329	CONSULTATION DURING SURGERY	33.22								X
03	88331	CONSULTATION DURING SURGERY	59.95								X
05	88331	CONSULTATION DURING SURGERY	23.98								X
03	88332	PATHOLOGY CONSULTATION DURING SURGER	27.16								
05	88332	PATHOLOGY CONSULTATION DURING SURGER	10.87								
03	88333	INTRAOP CYTO PATH CONSULT, 1	61.20								
05	88333	INTRAOP CYTO PATH CONSULT, 1	24.49								
03	88334	PATHOLOGY CONSULTATION DURING SURGER	35.89								X
05	88334	PATHOLOGY CONSULTATION DURING SURGER	14.36								X
03	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	64.31								
05	88342	IMMUNOCYTOCHEMISTRY	25.72								
03	88346	AUTO-ANTIBODY PROFILE	65.07								X
05	88346	AUTO-ANTIBODY PROFILE	26.02								X
03	88347	INDIRECT METHOD	54.12								
05	88347	INDIRECT METHOD	21.65								
03	88348	ELECTRON MICROSCOPY	376.73								
05	88348	ELECTRON MICROSCOPY	150.69								
03	88349	SCANNING ELECTRON MICROSCOPY	178.85								
05	88349	SCANNING ELECTRON MICROSCOPY	71.54								
03	88358	MORPHOMETRIC ANALYSIS TUMOR	67.22								
05	88358	ANALYSIS, TUMOR	26.89								
03	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	77.64								
05	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	31.06								X
03	88361	IMMUNOHISTOCHEMISTRY, TUMOR	111.17								
03	88363	EXAMINATION AND SELECTION OF RETRIEV	20.23								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
03	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	97.58								X
05	88365	TISSUE HYBRIDATION	39.04								X
03	88367	INSITU HYBRIDIZATION, AUTO	150.16								
05	88367	INSITU HYBRIDIZATION, AUTO	60.05								
03	88368	INSITU HYBRIDIZATION, MANUAL	132.93								
05	88368	INSITU HYBRIDIZATION, MANUAL	53.17								
03	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.96								
03	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	23.51								X
03	88384	EVAL MOLECULAR PROBES, 11-50	60.00								
05	88384	EVAL MOLECULAR PROBES, 11-50	24.00								
03	88385	EVAL MOLECUL PROBES, 51-250	315.64								
05	88385	EVAL MOLECUL PROBES, 51-250	126.25								
03	88386	EVAL MOLECUL PROBES, 251-500	315.64								
05	88386	EVAL MOLECUL PROBES, 251-500	126.25								
03	88387	MACROSCOPIC EXAMINATION, DISSECTION,	26.17								
05	88387	MACROSCOPIC EXAMINATION, DISSECTION,	10.47								
03	88388	MACROSCOPIC EXAMINATION, DISSECTION,	15.80								
05	88388	MACROSCOPIC EXAMINATION, DISSECTION,	6.32								
03	88399	SURGICAL PATHOLOGY PROCEDURE	MP								X
05	88399	SURGICAL PATHOLOGY PROCEDURE	MP								X
03	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	3.60								
03	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	3.56								
03	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.17								
03	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.17								
03	89049	CHCT FOR MAL HYPERTHERMIA	122.82								
03	89050	BODY FLUID CELL COUNT	4.89								X
03	89051	BODY FLUID CELL COUNT	5.70								X
03	89055	LEUKOCYTE ASSESSMENT, FECAL	4.90								
03	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.39								
03	89125	SPECIMEN FAT STAIN	4.46								X
03	89160	EXAM FECES FOR MEAT FIBERS	3.81								
03	89190	NASAL SMEAR FOR EOSINOPHILS	4.92								
03	89220	SPUTUM SPECIMEN COLLECTION	12.36								
03	89230	COLLECT SWEAT FOR TEST	3.64								
03	89240	PATHOLOGY LAB PROCEDURE	MP								X
03	89300	SEMEN ANALYSIS	9.21							X	
03	89310	SEMEN ANALYSIS	8.90								
03	89320	SEMEN ANALYSIS	12.46								
03	89321	SEMEN ANALYSIS	13.69								M
03	89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTIL	17.79								M
03	89398	UNLISTED REPRODUCTIVE MEDICINE LABOR	MP								X

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

REPORT NO: RF-0-76LAB

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LOUISIANA MEDICAID LABORATORY AND RADIOLOGY (NON-HOSPITAL) FEE SCHEDULE
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 Unisys 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 types of service found on this schedule.

- 03 - Full Service. The file from which physician, physician-owned lab and independent lab services are paid. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee.
- 05 - Professional component. Claims with modifier -26 are priced from this file.
- 09 - Transportation of Portable X-ray equipment.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

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. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

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. For example, this could include yearly or lifetime limits.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.