

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	G0202	SCREENING MAMMOGRAPH,DIGITAL,BILATER	96.72	40 99			F		X		
05	G0202	SCREENING MAMMOGRAPHY,DIGITAL,BILATE	38.69	40 99			F		X		
03	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	109.68				F				
05	G0204	DIAGNOSTIC MAMMOGRAPHY,DIGITAL,BILAT	43.87				F				
03	G0206	DIAGNOSTIC MAMMOGRAPHY DIGITAL UNILA	87.61				F				
05	G0206	DIAGNOSTIC MAMMOGRAPHY,DIGITAL UNILA	35.04				F				
09	Q0092	BEDSIDE EQUIPMENT SET UP FEE	7.21					X	X		X
09	R0070	TRANSPORT OF PORTABLE XRAY EQUIP,1PT	69.24					X			
09	R0075	TRANSPORT OF PORT XRAY EQUIP,>1PT	13.86					X			
09	R0076	TRANSPORTATION OF PORTABLE EKG EQUIP	87.50					X			
03	70010	MYELOGRAPHY; INTERPRETATION ONLY	132.61								
03	70015	CISTERNOGRAPHY; INTERPRET ONLY	87.21								
05	70015	CISTERNOGRAPHY; INTERPRET ONLY	34.88								
03	70030	X-RAY EYE; DETECT FOREIGN BODY	17.50								X
05	70030	X-RAY EYE; DETECT FOREIGN BODY	7.00								X
03	70100	X-RAY MANDIBLE; PARTIAL	19.41								
05	70100	X-RAY MANDIBLE; PARTIAL	7.76								
03	70110	X-RAY MANDIBLE; COMPLETE	24.83								
05	70110	X-RAY MANDIBLE; COMPLETE	9.93								
03	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	21.81								X
05	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	8.72								X
03	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	33.85								X
05	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	13.54								X
03	70134	X-RAY INTERNAL AUDITORY MEATI	30.33								X
05	70134	X-RAY INTERNAL AUDITORY MEATI	12.13								X
03	70140	X-RAY FACIAL BONES; L3 VIEWS	20.65								
05	70140	X-RAY FACIAL BONES; L3 VIEWS	8.26								
03	70150	X-RAY FACIAL BONES; COMPLETE	27.70								
05	70150	X-RAY FACIAL BONES; COMPLETE	11.08								
03	70160	X-RAY NASAL BONES; COMPLETE	19.84								
05	70160	X-RAY NASAL BONES; COMPLETE	7.94								
03	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	34.27								
05	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	13.71								
03	70190	X-RAY OPTIC FORAMINA	22.81								X
05	70190	X-RAY OPTIC FORAMINA	9.12								X
03	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	28.72								X
05	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	11.49								X
03	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	20.34								
05	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.14								
03	70220	X-RAY SINUSES; PARANASAL; COMPLETE	26.39								
05	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.56								
03	70240	X-RAY SELLA TURCICA	18.05								
05	70240	X-RAY SELLA TURCICA	7.22								
03	70250	X-RAY SKULL; LESS THAN 4 VIEWS	23.37								
05	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.35								
03	70260	X-RAY SKULL; COMPLETE	32.59								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	70260	X-RAY SKULL; COMPLETE	13.04								
03	70300	X-RAY TEETH; SINGLE VIEW	10.15								
05	70300	X-RAY TEETH; SINGLE VIEW	4.06								
03	70310	X-RAY TEETH; PARTIAL EXAM	19.80								
05	70310	X-RAY TEETH; PARTIAL EXAM	7.92								
03	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	29.44								
05	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	11.78								
03	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	18.93								
05	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	7.57								
03	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	29.74								
05	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	11.90								
03	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	64.78								
05	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	25.91								
03	70336	MRI,TEMPOROMANDIBULAR JOINT	248.20								
05	70336	MRI,TEMPOROMANDIBULAR JOINT	99.28								
03	70350	CEPHALOGRAM; ORTHODONTIC	14.50								
05	70350	CEPHALOGRAM; ORTHODONTIC	5.80								
03	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	19.09								
05	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	7.64								
03	70360	X-RAY NECK; SOFT TISSUE	17.04								
05	70360	X-RAY NECK; SOFT TISSUE	6.82								
03	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	45.51								
05	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	18.20								
03	70380	X-RAY SALIVARY GLANDFOR CALCULUS	23.64								
05	70380	X-RAY SALIVARY GLANDFOR CALCULUS	9.46								
03	70390	SIALOGRAPHY; INTERPRETATION ONLY	62.21								
05	70390	SIALOGRAPHY; INTERPRETATION ONLY	24.88								
03	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	144.06								
05	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	57.62								
03	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	183.30								
05	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	73.32								
03	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	222.14								
05	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	88.86								
03	70480	TOMOGRAPHY;ORBIT, SELLA, POSTERIOR FOS	160.80								
05	70480	TOMOGRAPHY;ORBIT, SELLA, POSTERIOR FOS	64.32								
03	70481	TOMOGRAPHY;ORBIT,ETC, WITH/CONTRAST M	217.12								
05	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	86.85								
03	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	248.87								
05	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	99.55								
03	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	155.93								
05	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	62.37								
03	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	209.61								
05	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	83.84								
03	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	247.89								
05	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER	99.16								
03	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	160.89								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	64.36								
03	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	208.27								
05	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	83.31								
03	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	248.92								
05	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	99.57								
03	70496	CT ANGIOGRAPHY HEAD	273.03								
05	70496	CT ANGIOGRAPHY HEAD	109.21								
03	70498	CT ANGIOGRAPHY NECK	273.03								
05	70498	CT ANGIOGRAPHY NECK	109.21								
03	70540	MRI-ORBIT,FACE AND NECK	264.84								
05	70540	MRI-ORBIT,FACE AND NECK	105.94								
03	70542	MR IMAGING ORBIT, FACE, AND NECK	376.08								
05	70542	MR IMAGING ORBIT, FACE, AND NECK	150.43								
03	70543	MR IMAGING ORBIT, FACE, AND NECK	499.09								
05	70543	MR IMAGING ORBIT, FACE, AND NECK	199.64								
03	70544	MR ANGIOGRAPHY HEAD	335.84								
05	70544	MR ANGIOGRAPHY, HEAD	134.34								
03	70545	MR ANGIOGRAPHY	358.66								
05	70545	MR ANGIOGRAPHY	143.46								
03	70546	MR ANGIOGRAPHY NECK	482.70								
05	70546	MR ANGIOGRAPHY NECK	193.08								
03	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	335.53								
05	70547	MR ANGIOGRAPHY NECK WITHOUT CON	134.21								
03	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	358.59								
05	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	143.44								
03	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	482.70								
05	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	193.08								
03	70551	MRI-BRAIN/INCLUDING BRAIN STEM	264.84								
05	70551	MRI-BRAIN/INCLUDING BRAIN STEM	105.94								
03	70552	MRI,BRAIN W CONTRAST MATERIAL	317.73								
05	70552	MRI,BRAIN W CONTRAST MATERIAL	127.09								
03	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	509.57								
05	70553	MAGNETIC RESONANCE I, BRAIN	203.83								
05	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	72.10								
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	16.62								X
05	71010	X-RAY CHEST; POSTEROANTERIOR	6.65								X
03	71015	X-RAY CHEST; STEREO;POSTEROANTER	19.25								
05	71015	X-RAY CHEST; STEREO;POSTEROANTER	7.70								
03	71020	X-RAY CHEST; TWO VIEWS	22.13								X
05	71020	X-RAY CHEST; TWO VIEWS	8.85								X
03	71021	X-RAY CHEST; APICAL LORDOTIC	26.25								
05	71021	X-RAY CHEST; APICAL LORDOTIC	10.50								
03	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	29.03								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	11.61								X
03	71023	X-RAY CHEST, 2 VIEWS, FRONT, LAT. FLUORO	39.32								
05	71023	X-RAY CHEST, 2 VIEWS, FRONT, LAT. FLUORO	15.73								
03	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	29.96								
05	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	11.98								
03	71034	X-RAY CHEST W/FLUOROSCOPY	57.05								
05	71034	X-RAY CHEST W/FLUOROSCOPY	22.82								
03	71035	X-RAY CHEST; SPECIAL VIEWS	21.04								
05	71035	X-RAY CHEST; SPECIAL VIEWS	8.42								
03	71100	X-RAY EXAM OF RIBS	21.22								
05	71100	X-RAY EXAM OF RIBS	8.49								
03	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	25.61								
05	71101	X-RAY EXAM RIBS; POSTERANTERIOR CHEST	10.24								
03	71110	X-RAY EXAM OF RIBS	27.39								
05	71110	X-RAY EXAM OF RIBS	10.96								
03	71111	X-RAY RIBS, BILAT; POSTEROANTERI CHEST	33.55								
05	71111	X-RAY RIBS; BILAT/POSTEROANTER CHEST	13.42								
03	71120	X-RAY EXAM OF BREASTBONE	22.10								
05	71120	X-RAY EXAM OF BREASTBONE	8.84								
03	71130	X-RAY EXAM OF BREASTBONE	24.43								
05	71130	X-RAY EXAM OF BREASTBONE	9.77								
03	71250	CAT, THORAX; W. OUT CONTRAST MATERIAL	163.13								
05	71250	CAT, THORAX W/OUT CONTRAST MATERIAL	65.25								
03	71260	CAT, THORAX, W/ CONTRAST MATERIAL	212.11								
05	71260	CAT, THORAX, W/ CONTRAST MATERIAL	84.84								
03	71270	CAT, THORAX; W/OUT-W/ CONTRAST MATER.	246.97								
05	71270	CAT, THORAX; W/OUT-W/ CONTRAST MATER.	98.79								
03	71275	CT ANGIOGRAPHY, CHEST	292.59								
05	71275	CT ANGIOGRAPHY, CHEST	117.04								
03	71550	MRI-CHEST/LYPHADENOPATHY EVAL	268.73								
05	71550	MRI-CHEST/LYPHADENOPATHY EVAL	107.49								
03	71551	MRI CHEST W/DYE	381.42								
05	71551	MRI CHEST W/DYE	152.57								
03	71552	MRI CHEST W/O&W DYE	502.91								
05	71552	MRI CHEST W/O&W DYE	201.16								
03	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	349.41								
05	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	139.76								
03	72020	X-RAY SPINE, SINGLE VIEW	15.31								
05	72020	X-RAY SPINE, SINGLE VIEW	6.12								
03	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	23.32								
05	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	9.33								
03	72050	X-RAY EXAM OF NECK SPINE	33.27								
05	72050	X-RAY EXAM OF NECK SPINE	13.31								
03	72052	X-RAY EXAM OF NECK SPINE	41.69								
05	72052	X-RAY EXAM OF NECK SPINE	16.68								
03	72070	X-RAY EXAM OF THORAX SPINE	22.60								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	72070	X-RAY EXAM OF THORAX SPINE	9.04								
03	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	24.99								
05	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	10.00								
03	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	29.46								
05	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	11.78								
03	72080	X-RAY EXAM OF TRUNK SPINE	23.29								
05	72080	X-RAY EXAM OF TRUNK SPINE	9.32								
03	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	27.01								
05	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	10.80								
03	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	42.88								
05	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.15								
03	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	46.58								
05	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	18.63								
03	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	55.57								
05	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	22.23								
03	72100	X-RAY EXAM OF LOWER SPINE	24.49								
05	72100	X-RAY EXAM OF LOWER SPINE	9.80								
03	72110	X-RAY EXAM OF LOWER SPINE	34.22								
05	72110	X-RAY EXAM OF LOWER SPINE	13.69								
03	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	44.25								
05	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	17.70								
03	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	30.63								
05	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	12.25								
03	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	163.13								
05	72125	CAT SCAN CERVICAL SPINE W/OUT C M	65.25								
03	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	211.33								
05	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	84.53								
03	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	243.32								
05	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	97.33								
03	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	163.13								
05	72128	CAT SCAN THORACIC SPINE W/OUT C M	65.25								
03	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	211.56								
05	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	84.62								
03	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	243.32								
05	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	97.33								
03	72131	CAT SCAN LUMBAR W/OUT CONTRAST	163.13								
05	72131	CAT SCAN LUMBAR W/OUT CONTRAST	65.25								
03	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	211.33								
05	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	84.53								
03	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	243.32								
05	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	97.33								
03	72141	MRI,SPINAL CANAL...;CERVICAL	268.73								
05	72141	MRI,SPINAL CANAL...;CERVICAL	107.49								
03	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	322.43								
05	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	128.97								
03	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	292.89								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	117.16								
03	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	322.43								
05	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	128.97								
03	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	288.99								
05	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	115.60								
03	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	317.73								
05	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	127.09								
03	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	518.93								
05	72156	MAGNETIC RESONANCE I, SPINAL CANAL	207.57								
03	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	518.69								
05	72157	MAGNETIC RESONANCE I, SPINAL CANAL	207.48								
03	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	509.57								
05	72158	MAGNETIC RESONANCE I, SPINAL CANAL	203.83								
03	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	301.26								
05	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	120.50								
03	72170	X-RAY EXAM OF PELVIS	17.71								
05	72170	X-RAY EXAM OF PELVIS	7.08								
03	72190	X-RAY EXAM OF PELVIS	24.69								
05	72190	X-RAY EXAM OF PELVIS	9.88								
03	72191	CT ANGIOGRAPH PELV W/O&W DYE	283.31								
05	72191	CT ANGIOGRAPH PELV W/O&W DYE	113.32								
03	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	155.20								
05	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	62.08								
03	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	210.00								
05	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	84.00								
03	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	241.17								
05	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	96.47								
03	72195	MRI PELVIS W/O DYE	346.75								
05	72195	MRI PELVIS W/O DYE	138.70								
03	72196	MRI,PELVIS	302.33								
05	72196	MRI, PELVIS	120.93								
03	72197	MRI PELVIS W/O & W DYE	503.96								
05	72197	MRI PELVIS W/O & W DYE	201.58								
03	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	346.61								
05	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	138.64								
03	72200	X-RAY EXAM SACROILIAC JOINTS	18.66								
05	72200	X-RAY EXAM SACROILIAC JOINTS	7.46								
03	72202	X-RAY EXAM SACROILIAC JOINTS	22.54								
05	72202	X-RAY EXAM SACROILIA504	9.02								
03	72220	X-RAY EXAM OF TAILBONE	19.65								
05	72220	X-RAY EXAM OF TAILBONE	7.86								
03	72240	CONTRAST X-RAY OF NECK SPINE	125.68								
05	72240	CONTRAST X-RAY OF NECK SPINE	50.27								
03	72255	CONTRAST X-RAY THORAX SPINE	120.55								
05	72255	CONTRAST X-RAY THORAX SPINE	48.22								
03	72265	CONTRAST X-RAY LOWER SPINE	115.21								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	72265	CONTRAST X-RAY LOWER SPINE	46.08								
03	72270	RADIOLOGICAL SUPERVISION AND INTERPR	165.33								
05	72270	RADIOLOGICAL SUPERVISION AND INTERPR	66.13								
03	72275	EPIDUROGRAPHY	79.77								
05	72275	EPIDUROGRAPHY	31.91								
03	72285	X-RAY OF NECK SPINE DISK	200.04								
05	72285	X-RAY OF NECK SPINE DISK	80.02								
03	72295	X-RAY OF LOWER SPINE DISK	180.57								
05	72295	X-RAY OF LOWER SPINE DISK	72.23								
03	73000	X-RAY EXAM OF COLLARBONE	17.70								X
05	73000	X-RAY EXAM OF COLLARBONE	7.08								X
03	73010	X-RAY EXAM OF SHOULDER BLADE	18.42								X
05	73010	X-RAY EXAM OF SHOULDER BLADE	7.37								X
03	73020	X-RAY EXAM OF SHOULDER	15.79								X
05	73020	X-RAY EXAM OF SHOULDER	6.32								X
03	73030	X-RAY EXAM OF SHOULDER	19.69								X
05	73030	X-RAY EXAM OF SHOULDER	7.88								X
03	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	69.83								X
05	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	27.93								X
03	73050	X-RAY EXAM OF SHOULDERS	23.29								
05	73050	X-RAY EXAM OF SHOULDERS	9.32								
03	73060	X-RAY EXAM OF HUMERUS	19.42								X
05	73060	X-RAY EXAM OF HUMERUS	7.77								X
03	73070	X-RAY EXAM OF ELBOW	17.42								X
05	73070	X-RAY EXAM OF ELBOW	6.97								X
03	73080	X-RAY EXAM OF ELBOW	21.53								X
05	73080	X-RAY EXAM OF ELBOW	8.61								X
03	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	66.37								X
05	73085	X-RAY ELBOW, ARTHROGRAPHY; SUPER/INTER	26.55								X
03	73090	X-RAY EXAM OF FOREARM	17.70								X
05	73090	X-RAY EXAM OF FOREARM	7.08								X
03	73092	X-RAY EXAM OF ARM, INFANT	17.70								X
05	73092	X-RAY EXAM OF ARM, INFANT	7.08								X
03	73100	X-RAY EXAM OF WRIST	17.92								X
05	73100	X-RAY EXAM OF WRIST	7.17								X
03	73110	X-RAY EXAM OF WRIST	20.77								X
05	73110	X-RAY EXAM OF WRIST	8.31								X
03	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	63.93								X
05	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	25.57								X
03	73120	X-RAY EXAM OF HAND	17.46								X
05	73120	X-RAY EXAM OF HAND	6.98								X
03	73130	X-RAY EXAM OF HAND	19.60								X
05	73130	X-RAY EXAM OF HAND	7.84								X
03	73140	X-RAY EXAM OF FINGER(S)	17.12								X
05	73140	X-RAY EXAM OF FINGER(S)	6.85								X
03	73200	CAT, UPPER EXTREMITY; W/OUT CONTRAST	154.61								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	61.84								X
03	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	203.32								X
05	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	81.33								X
03	73202	CAT,UPPER EXT. ;W/OUT-W/ CONTRAST	241.10								X
05	73202	CAT,UPPER EXT. ;W/OUT-W/ CONTRAST MAT	96.44								X
03	73206	CT ANGIO UPR EXTRM W/O&W DYE	263.10								X
05	73206	CT ANGIO UPR EXTRM W/O&W DYE	105.24								X
03	73218	MRI UPPER EXTREMITY W/O DYE	341.71								X
05	73218	MRI UPPER EXTREMITY W/O DYE	136.68								X
03	73219	MRI UPPER EXTREMITY W/DYE	376.39								X
05	73219	MRI UPPER EXTREMITY W/DYE	150.56								X
03	73220	MRI-UPPER EXTREMITY	395.26								X
05	73220	MRI-UPPER EXTREMITY	158.10								X
03	73221	MRE, ANY JOINT OF UPPER EXTREMITY	256.33								X
05	73221	MRI, ANY JOINT OF UPPER EXTREMITY	102.53								X
03	73222	MRI JOINT UPR EXTREM W/ DYE	376.46								X
05	73222	MRI JOINT UPR EXTREM W/ DYE	150.58								X
03	73223	MRI JOINT UPR EXTR W/O&W DYE	499.78								X
05	73223	MRI JOINT UPR EXTR W/O&W DYE	199.91								X
03	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	275.29								X
05	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	110.12								X
03	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	20.49								
05	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	8.20								
03	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	28.47								
05	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.39								
03	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	35.61								
05	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	14.24								
03	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	27.28								
05	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	10.91								
03	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	33.77								
05	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	13.51								
03	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	39.07								
05	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.63								
03	73525	CONTRAST X-RAY OF HIP	66.65								X
05	73525	CONTRAST X-RAY OF HIP	26.66								X
03	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	19.24								
05	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	7.70								
03	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	22.40								
05	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	8.96								
03	73560	X-RAY EXAM OF KNEE	18.42								X
05	73560	X-RAY EXAM OF KNEE	7.37								X
03	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	21.56								X
05	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	8.62								X
03	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	24.49								X
05	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	9.80								X
03	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	20.27								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

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	73565	RADIOLOGIC EXAM	8.11								
03	73580	CONTRAST X-RAY OF KNEE JOINT	80.21								X
05	73580	CONTRAST X-RAY OF KNEE JOINT	32.08								X
03	73590	X-RAY EXAM OF LOWER LEG	17.97								X
05	73590	X-RAY EXAM OF LOWER LEG	7.19								X
03	73592	X-RAY EXAM OF LEG, INFANT	17.70								X
05	73592	X-RAY EXAM OF LEG, INFANT	7.08								X
03	73600	X-RAY EXAM OF ANKLE	17.46								X
05	73600	X-RAY EXAM OF ANKLE	6.98								X
03	73610	X-RAY EXAM OF ANKLE	19.60								X
05	73610	X-RAY EXAM OF ANKLE	7.84								X
03	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	67.10								X
05	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	26.84								X
03	73620	X-RAY EXAM OF FOOT	17.23								X
05	73620	X-RAY EXAM OF FOOT	6.89								X
03	73630	X-RAY EXAM OF FOOT	19.60								X
05	73630	X-RAY EXAM OF FOOT	7.84								X
03	73650	X-RAY EXAM OF HEEL	17.00								X
05	73650	X-RAY EXAM OF HEEL	6.80								X
03	73660	X-RAY EXAM OF TOE(S)	16.65								X
05	73660	X-RAY EXAM OF TOE(S)	6.66								X
03	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	154.61								X
05	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	61.84								X
03	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	204.24								X
05	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT	81.70								X
03	73702	CAT., LOWER EXT. ; W/OUT-W/CONTRAST	241.33								X
05	73702	CAT, LOWER EXT. ; W/OUT-W/CONTRAST MAT	96.53								X
03	73706	CT ANGIO LWR EXTR W/O&W DYE	266.15								X
05	73706	CT ANGIO LWR EXTR W/O&W DYE	106.46								X
03	73718	MRI LOWER EXTREMITY W/O DYE	341.71								X
05	73718	MRI LOWER EXTREMITY W/O DYE	136.68								X
03	73719	MRI LOWER EXTREMITY W/DYE	376.08								X
05	73719	MRI LOWER EXTREMITY W/DYE	150.43								X
03	73720	MRI-LIWER EXTREMITY	395.02								X
05	73720	MRI-LOWER EXTREMITY	158.01								X
03	73721	MRI, ANY JOINT, LOWER EXTREMITY	256.33								X
05	73721	MRI, ANY JOINT, LOWER EXTREMITY	102.53								X
03	73722	MRI JOINT OF LWR EXTR W/DYE	376.46								X
05	73722	MRI JOINT OF LWR EXTR W/DYE	150.58								X
03	73723	MRI JOINT LWR EXTR W/O&W DYE	499.15								X
05	73723	MRI JOINT LWR EXTR W/O&W DYE	199.66								X
03	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	347.84								X
05	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	139.14								X
03	74000	X-RAY EXAM OF ABDOMEN	17.74								X
05	74000	X-RAY EXAM OF ABDOMEN	7.10								X
03	74010	X-RAY EXAM OF ABDOMEN	23.59								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	74010	X-RAY EXAM OF ABDOMEN	9.44								X
03	74020	X-RAY EXAM OF ABDOMEN	25.61								X
05	74020	X-RAY EXAM OF ABDOMEN	10.24								X
03	74022	IMAGING OF ABDOMEN AND CHEST	30.46								
05	74022	IMAGING OF ABDOMEN AND CHEST	12.18								
03	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	158.95								
05	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	63.58								
03	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	213.83								
05	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	85.53								
03	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	247.31								
05	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	98.92								
03	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY,AB	362.33								
05	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	144.93								
03	74175	CT ANGIO ABDOM W/O&W DYE	283.31								
05	74175	CT ANGIO ABDOM W/O&W DYE	113.32								
03	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	111.06								
05	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	44.42								
03	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	174.08								
05	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	69.63								
03	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	220.37								
05	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	88.15								
03	74181	MRI-ABDOMEN	268.73								
05	74181	MRI-ABDOMEN	107.49								
03	74182	MRI ABDOMEN W/DYE	381.42								
05	74182	MRI ABDOMEN W/DYE	152.57								
03	74183	MRI ABDOMEN W/O&W DYE	503.96								
05	74183	MRI ABDOMEN W/O&W DYE	201.58								
03	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	346.84								
05	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	138.74								
03	74190	PERITONEOGRAM (EG, AFTER INJECTION O	49.38								
05	74190	PERITONEOGRAM (EG, AFTER INJECTION O	19.75								
03	74210	CONTRAST XRAY EXAM OF THROAT	46.84								
05	74210	CONTRAST XRAY EXAM OF THROAT	18.74								
03	74220	CONTRAST XRAY EXAM,ESOPHAGUS	52.55								
05	74220	CONTRAST XRAY EXAM,ESOPHAGUS	21.02								
03	74230	CINEMA XRAY THROAT/ESOPHAGUS	55.38								
05	74230	CINEMA XRAY THROAT/ESOPHAGUS	22.15								
03	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	94.32								
05	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	37.73								
03	74240	X-RAY EXAM UPPER GI TRACT	66.25								
05	74240	X-RAY EXAM UPPER GI TRACT	26.50								
03	74241	X-RAY EXAM UPPER GI TRACT	69.54								
05	74241	X-RAY EXAM UPPER GI TRACT	27.82								
03	74245	X-RAY EXAM UPPER GI TRACT	103.88								
05	74245	X-RAY EXAM UPPER GI TRACT	41.55								
03	74246	X-RAY GASTROINTESTINAL TRACT	74.73								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	74246	X-RAY GASTROINTESTINAL TRACT	29.89								
03	74247	X-RAY-GASTROINTESTINAL TRACT	77.31								
05	74247	X-RAY GASTROINTESTINAL TRACT	30.92								
03	74249	X-RAY/GASTROINTESTINAL TRACT....	110.92								
05	74249	X-RAY GASTROINTESTINAL TRACT....	44.37								
03	74250	X-RAY EXAM OF SMALL BOWEL	59.60								
05	74250	X-RAY EXAM OF SMALL BOWEL	23.84								
03	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	110.19								
05	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	44.08								
03	74260	X-RAY EXAM OF SMALL BOWEL	70.87								
05	74260	X-RAY EXAM OF SMALL BOWEL	28.35								
03	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	252.45								
05	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	100.98								
03	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	283.49								
05	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	113.40								
03	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	431.66								
05	74263	COMPUTED TOMOGRAPHIC(CT) COLONOGRAP	172.66								
03	74270	CONTRAST X-RAY EXAM OF COLON	77.55								
05	74270	CONTRAST X-RAY EXAM OF COLON	31.02								
03	74280	CONTRAST X-RAY EXAM OF COLON	115.85								
05	74280	CONTRAST X-RAY EXAM OF COLON	46.34								
03	74283	BARIUM ENEMA, THERAPEUTIC	121.76								
05	74283	BARIUM ENEMA, THERAPEUTIC	48.70								
03	74290	CONTRAST X-RAY, GALLBLADDER	37.49								
05	74290	CONTRAST X-RAY, GALLBLADDER	15.00								
03	74300	CONTRAST X-RAY OF BILE DUCTS	53.11								
05	74300	CONTRAST X-RAY OF BILE DUCTS	21.24								
03	74301	CHOLANGIOGRA; ADDITIONAL SET/SURGERY	34.16								
05	74301	CHOLANGIOGRA; ADDIT SET DURING SURGER	13.66								
03	74328	XRAY FOR BILE DUCT ENDOSCOPY	102.63								
05	74328	XRAY FOR BILE DUCT ENDOSCOPY	41.05								
03	74329	X-RAY FOR PANCREAS ENDOSCOPY	89.81								
05	74329	X-RAY FOR PANCREAS ENDOSCOPY	35.92								
03	74330	XRAY, BILE/PANCREAS ENDOSCOPY	109.71								
05	74330	XRAY, BILE/PANCREAS ENDOSCOPY	43.88								
03	74340	X-RAY GUIDE FOR GI TUBE	83.81								
05	74340	X-RAY GUIDE FOR GI TUBE	33.52								
03	74355	PERC.PLACE ENTEROLYSIS TUBE; GUIDANCE	91.68								
05	74355	PERC.PLACE. ENTEROLYSIS TUBE; GUIDANCE	36.67								
03	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	97.08								
05	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	38.83								
03	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	295.99								
05	74363	DILATION OF BILIARY DUCT STRICTURE	118.40								
03	74400	CONTRAST X-RAY URINARY TRACT	67.04								
05	74400	CONTRAST X-RAY URINARY TRACT	26.82								
03	74410	CONTRAST X-RAY URINARY TRACT	71.26								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	74410	CONTRAST X-RAY URINARY TRACT	28.50								
03	74415	CONTRAST X-RAY URINARY TRACT	80.41								
05	74415	CONTRAST X-RAY URINARY TRACT	32.16								
03	74420	CONTRAST X-RAY URINARY TRACT	77.55								
05	74420	CONTRAST X-RAY URINARY TRACT	31.02								
03	74425	CONTRAST X-RAY URINARY TRACT	45.20								
05	74425	CONTRAST X-RAY URINARY TRACT	18.08								
03	74430	CONTRAST X-RAY OF BLADDER	46.21								
05	74430	CONTRAST X-RAY OF BLADDER	18.48								
03	74440	XRAY EXAM MALE GENITAL TRACT	50.37								
05	74440	XRAY EXAM MALE GENITAL TRACT	20.15								
03	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	69.12								
05	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	27.65								
03	74450	X-RAY EXAM URETHRA/BLADDER	47.90								
05	74450	X-RAY EXAM URETHRA/BLADDER	19.16								
03	74455	X-RAY EXAM URETHRA/BLADDER	56.42								
05	74455	X-RAY EXAM URETHRA/BLADDER	22.57								
03	74470	X-RAY-RENAL CYST STUDY	50.10								
05	74470	X-RAY-RENAL CYST STUDY	20.04								
03	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	88.20								
05	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	35.28								
03	74710	X-RAY MEASUREMENT OF PELVIS	34.20								
05	74710	X-RAY MEASUREMENT OF PELVIS	13.68								
03	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	294.41								X
05	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	117.76								X
03	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	161.64								X
05	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	64.66								X
05	74740	HYSTEROSALPINGOGRAPHY	8.21	21	59	X			F		
03	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	58.35								
05	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	23.34								
03	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	293.88								
05	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	117.55								
03	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	315.35								
05	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	126.14								
03	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	414.49								
05	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	165.80								
03	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	431.76								
05	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	172.70								
03	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	55.97								
05	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	22.39								
03	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	55.61								
05	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	22.24								
03	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	163.25								
05	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	65.30								
03	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	232.03								
05	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	92.81								

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	356.26								
05	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	142.50								
03	75600	CONTRAST X-RAY EXAM OF AORTA	287.07								
05	75600	CONTRAST X-RAY EXAM OF AORTA	114.83								
03	75605	CONTRAST X-RAY EXAM OF AORTA	290.78								
05	75605	CONTRAST X-RAY EXAM OF AORTA	116.31								
03	75625	CONTRAST X-RAY EXAM OF AORTA	289.23								
05	75625	CONTRAST X-RAY EXAM OF AORTA	115.69								
03	75630	AORTOGRAPH; ABDOMEN-BILAT	323.23								
05	75630	AORTOGRAPH; ABDOMEN/ILIOFEMORAL; BILAT	129.29								
03	75635	CT ANGIO ABDOMINAL ARTERIES	310.98								
05	75635	CT ANGIO ABDOMINAL ARTERIES	124.39								
03	75658	X-RAY EXAM OF ARM ARTERIES	297.92								
05	75658	X-RAY EXAM OF ARM ARTERIES	119.17								
03	75705	ARTERY X-RAYS, SPINE	313.62								
05	75705	ARTERY X-RAYS, SPINE	125.45								
03	75710	ARTERY X-RAYS, ARM/LEG	293.41								
05	75710	ARTERY X-RAYS, ARM/LEG	117.36								
03	75716	ARTERY X-RAYS, ARMS/LEGS	302.96								
05	75716	ARTERY X-RAYS, ARMS/LEGS	121.18								
03	75726	ARTERY X-RAYS, ABDOMEN	290.33								
05	75726	ARTERY X-RAYS, ABDOMEN	116.13								
03	75731	ARTERY X-RAYS, ADRENAL GLAND	291.76								
05	75731	ARTERY X-RAYS, ADRENAL GLAND	116.70								
03	75733	ARTERY X-RAYS, ADRENAL GLANDS	286.52								
05	75733	ARTERY X-RAYS, ADRENAL GLANDS	114.61								
03	75736	ARTERY X-RAYS, PELVIS	291.76								
05	75736	ARTERY X-RAYS, PELVIS	116.70								
03	75741	ARTERY X-RAYS, LUNG	292.60								
05	75741	ARTERY X-RAYS, LUNG	117.04								
03	75743	ARTERY X-RAYS, LUNGS	304.91								
05	75743	ARTERY X-RAYS, LUNGS	121.96								
03	75746	ARTERY X-RAYS, LUNG	289.19								
05	75746	ARTERY X-RAYS, LUNG	115.68								
03	75756	ARTERY X-RAYS, CHEST	296.23								
05	75756	ARTERY X-RAYS, CHEST	118.49								
03	75791	RADIOLOGICAL SUPERVISION AND INTREPR	188.80								
05	75791	RADIOLOGICAL SUPERVISION AND INTERPR	75.52								
03	75801	LYMPH VESSEL X-RAY, ARM/LEG	163.57								
05	75801	LYMPH VESSEL X-RAY, ARM/LEG	65.43								
03	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	174.99								
05	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	70.00								
03	75805	LYMPH VESSEL X-RAY, TRUNK	179.71								
05	75805	LYMPH VESSEL X-RAY, TRUNK	71.88								
03	75807	LYMPH VESSEL X-RAY, TRUNK	155.24								
05	75807	LYMPH VESSEL X-RAY, TRUNK	62.10								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	49.01								
05	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	19.60								
03	75810	VEIN X-RAY, SPLEEN/LIVER	349.93								
05	75810	VEIN X-RAY, SPLEEN/LIVER	139.97								
03	75820	VEIN X-RAY, ARM/LEG	68.11								
05	75820	VEIN X-RAY, ARM/LEG	27.24								
03	75822	VEIN X-RAY, ARMS/LEGS	87.15								
05	75822	VEIN X-RAY, ARMS/LEGS	34.86								
03	75825	VEIN X-RAY, TRUNK	286.55								
05	75825	VEIN X-RAY, TRUNK	114.62								
03	75827	VEIN X-RAY, CHEST	286.21								
05	75827	VEIN X-RAY, CHEST	114.48								
03	75831	VEIN X-RAY, KIDNEY	286.95								
05	75831	VEIN X-RAY, KIDNEY	114.78								
03	75833	VEIN X-RAY, KIDNEYS	301.88								
05	75833	VEIN X-RAY, KIDNEYS	120.75								
03	75840	VEIN X-RAY, ADRENAL GLAND	289.05								
05	75840	VEIN X-RAY, ADRENAL GLAND	115.62								
03	75842	VEIN X-RAY, ADRENAL GLANDS	300.63								
05	75842	VEIN X-RAY, ADRENAL GLANDS	120.25								
03	75860	VEIN X-RAY, NECK	281.21								
05	75860	VEIN X-RAY, NECK	112.48								
03	75870	VEIN X-RAY, SKULL	281.21								
05	75870	VEIN X-RAY, SKULL	112.48								
03	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	294.92								
05	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	117.97								
03	75880	VEIN X-RAY, EYE SOCKET	70.67								
05	75880	VEIN X-RAY, EYE SOCKET	28.27								
03	75885	VEIN X-RAY, LIVER	296.30								
05	75885	VEIN X-RAY, LIVER	118.52								
03	75887	VEIN X-RAY, LIVER	297.67								
05	75887	VEIN X-RAY, LIVER	119.07								
03	75889	VEIN X-RAY, LIVER	286.43								
05	75889	VEIN X-RAY, LIVER	114.57								
03	75891	VEIN X-RAY, LIVER	286.43								
05	75891	VEIN X-RAY, LIVER	114.57								
03	75893	VENOUS SAMPLING BY CATHETER	252.96								
05	75893	VENOUS SAMPLING BY CATHETER	101.18								
03	75894	XRAYS, TRANSCATHETER THERAPY	640.21								
05	75894	XRAYS, TRANSCATHETER THERAPY	256.08								
03	75898	FOLLOW-UP ANGIOGRAM	85.24								
05	75898	FOLLOW-UP ANGIOGRAM	34.10								
03	75901	REMOVE CVA DEVICE OBSTRUCT	99.71								
05	75901	REMOVE CVA DEVICE OBSTRUCT	39.88								
03	75902	REMOVE CVA LUMEN OBSTRUCT	69.38								
05	75902	REMOVE CVA LUMEN OBSTRUCT	27.75								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	75952	ENDOVASC REPAIR ABDOM AORTA	181.45								
03	75953	ABDOM ANEURYSM ENDOVAS RPR	75.87								
03	75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY	71.73								
05	75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY	28.69								
05	75956	TRANSCATH OCCLUSION;COMPLETE PROC	240.54								
05	75957	XRAY,ENDOVASC THOR AO REPR	206.08								
05	75958	XRAY,PLACE PROX THOR AO	137.36								
05	75959	XRAY,PLACE DIST EXT THOR AO	120.24								
03	75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	324.11								
05	75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	129.64								
03	75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EA	180.88								X
05	75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EA	72.35								X
03	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	347.88								
05	75966	PTA-VISCERAL ARTERY;SUPER/INTERP	139.15								
03	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	181.28								X
05	75968	PTA-EACH ADD VISC ART;SUPER/INTERP	72.51								X
03	75970	TRANSCATH BXX;SUPER/INTERP	313.16								
05	75970	TRANSCATH BX;SUPER/INTERP	125.26								
03	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	260.02								
05	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	104.01								
03	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	107.86								
05	75989	RAD GUIDE...SUPERVISION/INTERP ONLY	43.14								
03	76000	FLUOROSCOPY,MD TIME TO 1 HR	54.38								
05	76000	FLUOROSCOPY,MD TIME TO 1 HR	21.75								
03	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	89.11								
05	76001	FLUOROSCOPY,MD ASST NON-RAD,+1 HOUR	35.64								
03	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	18.23								
05	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	7.29								
03	76080	X-RAY EXAM OF FISTULA	42.49								
05	76080	X-RAY EXAM OF FISTULA	17.00								
03	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	14.46								X
05	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	5.78								X
03	76100	X-RAY EXAM OF BODY SECTION	64.89								
05	76100	X-RAY EXAM OF BODY SECTION	25.96								
03	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	99.58								
05	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	39.83								
03	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	123.99								
05	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	49.60								
03	76120	CINEMATIC X-RAYS	46.87								
05	76120	CINEMATIC X-RAYS	18.75								
03	76125	CINEMATIC X-RAYS	29.03								
05	76125	CINEMATIC X-RAYS	11.61								
03	76376	3D RENDER W/O POSTPROCESS	64.86								
05	76376	3D RENDER W/O POSTPROCESS	25.94								
03	76377	3D RENDERING W/POSTPROCESS	104.05								
05	76377	3D RENDERING W/POSTPROCESS	41.62								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	98.90								
05	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	39.56								
03	76390	MR SPECTROSCOPY	346.27								
05	76390	MR SPECTROSCOPY	138.51								
03	76496	FLUOROSCOPIC PROCEDURE	MP							X	
05	76496	FLUOROSCOPIC PROCEDURE	MP							X	
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	59.56								
05	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	23.82								
03	76510	OPHTH US, B & QUANT A	102.82								
05	76510	OPHTH US, B & QUANT A	41.13								
03	76511	ECHO EXAM OF EYE	75.43								X
05	76511	ECHO EXAM OF EYE	30.17								X
03	76512	ECHO EXAM OF EYE	71.41								
05	76512	ECHO EXAM OF EYE	28.56								
03	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H20-B-SC	59.36								
05	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	23.74								
03	76514	ECHO EXAM OF EYE, THICKNESS	8.11								
05	76514	ECHO EXAM OF EYE, THICKNESS	3.24								
03	76516	ECHO EXAM OF EYE	47.29								
05	76516	ECHO EXAM OF EYE	18.92								
03	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	49.58								
05	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	19.83								
03	76529	ECHO EXAM OF EYE	47.83								
05	76529	ECHO EXAM OF EYE	19.13								
03	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	66.01								
05	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	26.40								
03	76604	ECHO EXAM OF CHEST	54.24								
05	76604	ECHO EXAM OF CHEST	21.70								
03	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	75.51								
05	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	30.20								
03	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	62.51								
05	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	25.00								
03	76700	ECHO EXAM OF ABDOMEN	84.75								
05	76700	ECHO EXAM OF ABDOMEN	33.90								
03	76705	ECHO EXAM OF ABDOMEN	63.35								
05	76705	ECHO EXAM OF ABDOMEN	25.34								
03	76770	ECHO EXAM ABDOMEN BACK WALL	81.47								
05	76770	ECHO EXAM ABDOMEN BACK WALL	32.59								
03	76775	ECHO EXAM ABDOMEN BACK WALL	63.77								
05	76775	ECHO EXAM ABDOMEN BACK WALL	25.51								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	88.09								
05	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	35.24								
03	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	78.06								
05	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	31.22								
03	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	85.16				F				
05	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	34.06				F				
03	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	53.33				F				X
05	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	21.33				F				X
03	76805	ULTRASOUND, PREGNANT UTERUS	91.47	10	59		F				
05	76805	ULTRASOUND, PREGNANT UTERUS	36.59	10	59		F				
03	76810	EACH ADDITIONAL GESTATION	85.36	10	59		F				X
05	76810	EACH ADDITIONAL GESTATION	34.14	10	59		F				X
03	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	175.59				F	X			
05	76811	ULTRASOUND,PREG UTER,TRNSAB;FIRST	70.24				F	X			
03	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	107.35				F	X			X
05	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	42.94				F	X			X
03	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	84.92	10	60		F				
05	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	33.97	10	60		F				
03	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	55.50	10	60		F				X
05	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	22.20	10	60		F				X
03	76815	ECHO EXAM FOR FETAL GROWTH	58.62				F				
05	76815	ECHO EXAM FOR FETAL GROWTH	23.45				F				
03	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	65.56				F				
05	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	26.22				F				
03	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	68.66				F				
05	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	27.46				F				
03	76818	FETAL BIOPHYSICAL PROFILE	78.28								
05	76818	FETAL BIOPHYSICAL PROFILE	31.31				F				
03	76819	FETL BIOPHYS PROFIL W/O STRS	70.78								
05	76819	FETL BIOPHYS PROFIL W/O STRS	28.31								
03	76820	UMBILICAL ARTERY ECHO	52.86	10	59		F				
05	76820	UMBILICAL ARTERY ECHO	21.14	10	59		F				
03	76821	MIDDLE CEREBRAL ARTERY ECHO	64.76	10	59		F				
05	76821	MIDDLE CEREBRAL ARTERY ECHO	25.90	10	59		F				
03	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	114.20	00	60		F				
05	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	45.68	00	60		F				
03	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	64.50								
05	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	25.80								
03	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	59.79								
05	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	23.92								
03	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	43.14								
05	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	17.26								
03	76830	ECHOGRAPHY, TRANSVAGINAL	72.87								
05	76830	ECHOGRAPHY,TRANSVAGINAL	29.15								
03	76831	ECHO EXAM, UTERUS	73.17				F				
05	76831	ECHO EXAM, UTERUS	29.27								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	76856	ECHOGRAPHY, PELVIC, REAL TIME	73.10								
05	76856	ECHOGRAPHY, PELVIC, REAL TIME	29.24								
03	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	50.11								
05	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	20.04								
03	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	71.96				M				
05	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	28.78				M				
03	76872	ECHOGRAPHY, TRANSRECTAL	82.45								
05	76872	ECHOGRAPHY, TRANSRECTAL	32.98								
03	76873	ECHOGRAP TRANS R, PROS STUDY	110.84				M				
05	76873	ECHOGRAP TRANS R, PROS STUDY	44.34				M				
03	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	58.91								X
05	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	23.56								X
03	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	15.51								X
05	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	6.20								X
03	76885	ECHO EXAM, INFANT HIPS	68.34								
05	76885	ECHO EXAM, INFANT HIPS	27.34								
03	76886	ECHO EXAM, INFANT HIPS	60.86								
05	76886	ECHO EXAM, INFANT HIPS	24.34								
03	76930	ECHO GUIDE FOR HEART SAC TAP	64.10								
05	76930	ECHO GUIDE FOR HEART SAC TAP	25.64								
03	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	62.30								
05	76932	ULTRASONIC GUIDANCE ENDOMYOCARDBIO	24.92								
03	76936	ECHO GUIDE FOR ARTERY REPAIR	213.11								
05	76936	ECHO GUIDE FOR ARTERY REPAIR	85.24								
03	76937	US GUIDE, VASCULAR ACCESS	23.33								
05	76937	US GUIDE, VASCULAR ACCESS	9.33								
03	76940	US GUIDE, TISSUE ABLATION	121.34								
05	76940	US GUIDE, TISSUE ABLATION	48.54								
03	76941	ECHO GUIDE FOR TRANSFUSION	86.61								
05	76941	ECHO GUIDE FOR TRANSFUSION	34.64								
03	76942	ECHO GUIDE FOR BIOPSY	110.94								X
05	76942	ECHO GUIDE FOR BIOPSY	44.38								X
03	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	61.55								
05	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	24.62								
03	76946	ECHO GUIDE FOR AMNIOCENTESIS	43.45								X
05	76946	ECHO GUIDE FOR AMNIOCENTESIS	17.38								X
03	76965	ECHO GUIDANCE RADIO THERAPY	165.82								
05	76965	ECHO GUIDANCE RADIO THERAPY	66.33								
03	76970	ULTRASOUND EXAM FOLLOW-UP	48.57								
05	76970	ULTRASOUND EXAM FOLLOW-UP	19.43								
03	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	67.34								
05	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	26.94								
03	76977	US BONE DENSITY MEASURE	18.53								
05	76977	US BONE DENSITY MEASURE	7.41								
03	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	94.91								
03	76999	ECHO EXAMINATION PROCEDURE	MP								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	76999	ECHO EXAMINATION PROCEDURE	MP		X						
03	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	60.52								
05	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	24.21								
03	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	47.80								
05	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	19.12								
03	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	46.69								
05	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	18.68								
03	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	380.10								
05	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	152.04								
03	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	191.50								
05	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	76.60								
03	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	383.63								
03	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	115.95								
05	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	46.38								
03	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	303.30								
05	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	121.32								
03	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	464.13								
03	77051	COMPUTER-AIDED DETECTION (COMPUTER A	10.62								
05	77051	COMPUTER-AIDED DETECTION (COMPUTER A	4.25								
03	77052	COMPUTER-AIDED DETECTION (COMPUTER A	10.62	40	99		F		X		
05	77052	COMPUTER-AIDED DETECTION (COMPUTER A	4.25	40	99		F		X		
03	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	63.71								
05	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	25.48								
03	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	80.96								
05	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	32.38								
03	77055	MAMMOGRAPHY; UNILATERAL	53.35								
05	77055	MAMMOGRAPHY; UNILATERAL	21.34								
03	77056	MAMMOGRAPHY; BILATERAL	67.30								
05	77056	MAMMOGRAPHY; BILATERAL	26.92								
03	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	53.62	40	99		F		X		
05	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	21.45	40	99		F		X		
03	77058	MAGNETIC RESONANCE IMAGING, BREAST,	531.09								
05	77058	MAGNETIC RESONANCE IMAGING, BREAST,	212.44								
03	77059	MAGNETIC RESONANCE IMAGING, BREAST,	613.49								
05	77059	MAGNETIC RESONANCE IMAGING, BREAST,	245.40								
03	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILAT	48.19								
03	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATE	48.19								
03	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	39.50	40	99		F		X		
05	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	15.80				F				
03	77071	MANUAL APPLICATION OF STRESS PERFORM	22.57								
03	77072	BONE AGE STUDIES	15.23								
05	77072	BONE AGE STUDIES	6.09								
03	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	26.70								
05	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	10.68								
03	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	43.36								
05	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	17.34								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	61.53								
05	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	24.61								
03	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	50.26								
05	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	20.10								
03	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	34.29								
05	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	13.72								
03	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	69.64								
05	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	27.86								
03	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	61.52								
05	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	24.61								
03	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	25.39								
05	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.16								
03	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	297.67								
05	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	119.07								
03	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	38.66								
05	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	15.46								
03	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	24.47								
05	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	9.79								
03	77261	SIMPLE TREAT PLAN-THERA RADIOL	51.25								
03	77262	INTER TREAT PLAN-THERA RADIOLO	77.20								
03	77263	COMPLEX TREAT PLAN-THERA RADIO	115.08								
03	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	117.87								
05	77280	SIMPLE,RAD SIMU-AIDED FIELD	47.15								
03	77285	INTER,RAD SIMU-AIDED FIELD SET	197.29								
05	77285	INTER,RAD SIMU-AIDED FIELD SET	78.92								
03	77290	COMP,RAD SIMU-AIDED FIELD SET	287.68								
05	77290	COMP,RAD SIMU-AIDED FIELD SET	115.07								
03	77293	Respiratory motion management simula	279.86								
05	77293	Respiratory motion management simula	111.94								
03	77295	MANAGEMENT OF RADIATION THERAPY, 3D	706.24								X
05	77295	MANAGEMENT OF RADIATION THERAPY, 3D	282.50								X
03	77299	UNLISTED CLINICAL TREAT.PLAN	139.37								
05	77299	UNLISTED CLINICAL TREAT PLAN	139.37								
03	77300	BASIC RAD DOSIMETRY CALCULATIO	51.12								
05	77300	BASIC RAD DOSIMETRY CALCULATION	20.45								
03	77301	RADIOLTHERAPY DOS PLAN, IMRT	1,270.04								
05	77301	RADIOLTHERAPY DOS PLAN, IMRT	508.02								
03	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	101.65								
05	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	40.66								
03	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	199.81								
05	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	79.92								
03	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	129.17								
05	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	51.67								
03	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	169.11								
05	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	67.64								
03	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	245.18								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	98.07								
03	77321	SPEC TELETHERAPY PLAN TOTALBOD	113.58								
05	77321	SPEC TELETHERAPY PLAN TOTAL BODY	45.43								
03	77331	SPECIAL DOSIMETRY (SPECIFY)	47.66								X
05	77331	SPECIAL DOSIMETRY (SPECIFY)	19.06								X
03	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	51.46								
05	77332	TREATMENT DEVICES,DESIGN/SIMPLE	20.58								
03	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	64.78								
05	77333	TREATMENT DEVICES/DESIGN-INTER	25.91								
03	77334	TREATMENT DEVICES/DESIGN;COMPLEX	115.20								X
05	77334	TREATMENT DEVICES/DESIGN;COMPL	46.08								X
03	77336	CONTINUING RADIATION PHYSICS CONSULT	62.18								
03	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	298.87								
05	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	119.55								
03	77370	SPECIAL MED RAD PHYSICS CONSULTATION	82.42								
03	77371	RADIATION TREATMENT DELIVERY, STEREO	708.31								
03	77372	RADIATION TREATMENT DELIVERY, STEREO	537.86								
03	77373	STEREOTACTIC BODY RADIATION THERAPY,	1,002.35								
03	77385	INTENSITY MODULATED RADIATION TREATM	266.51								
03	77386	INTENSITY MODULATED RADIATION TREATM	265.54								
03	77387	GUIDANCE FOR LOCALIZATION OF TARGET	51.39								
05	77387	GUIDANCE FOR LOCALIZATION OF TARGET	20.56								
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	36.30								
03	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	74.51								
03	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	95.38								
03	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	110.16								
03	77417	THERAPEUTIC RADIOLOGY PORT FILMS	13.25								X
05	77417	THERAPEUTIC RADIOLOGY PORT FILMS	5.30								X
03	77422	NEUTRON BEAM TX, SIMPLE	86.04								
03	77423	NEUTRON BEAM TX, COMPLEX	117.18								
03	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP								X
03	77425	INTRAOPERATIVE RADIATION TREATMENT D	MP								X
03	77427	RADIATION TX MANAGEMENT, X5	123.80								
03	77431	RADIATION THERAPY MANAGEMENT W COMPL	62.78								X
03	77432	STEREOTACTIC RADIATION TREATMENT MAN	277.05								
03	77435	STEREOTACTIC BODY RADIATION THERAPY,	440.34								
03	77469	INTRAOPERATIVE RADIATION TREATMENT M	204.28								
03	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	343.60								
05	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	137.44								
03	77499	UNLISTED,CLINICAL TREAT. MNGT	MP								X
05	77499	UNLISTED,CLINICAL TREAT./MNGT	MP								X
03	77520	PROTON BEAM DELIVERY	34.85								
05	77520	PROTON BEAM DELIVERY	13.94								
03	77522	PROTON TRMT, SIMPLE W/COMP	37.60								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	77522	PROTON TRMT, SIMPLE W/COMP	15.04								
03	77523	PROTON BEAM DELIVERY	41.12								
05	77523	PROTON BEAM DELIVERY	16.45								
03	77525	PROTON TREATMENT, COMPLEX	43.07								
05	77525	PROTON TREATMENT, COMPLEX	17.23								
03	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	204.98								
05	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	81.99								
03	77605	HYPERTHERMIA,EXT GEN/DEEP	331.45								
05	77605	HYPERTHERMIA,EXT GEN/DEEP	132.58								
03	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	295.12								
05	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	118.05								
03	77615	HYPERTHERMIA/INTERSTITIAL/>5	417.20								
05	77615	HYPERTHERMIA/INTERSTITIAL/>5	166.88								
03	77620	HYPERTHERMIA...INTRACAVITARY PROBE	211.40								
05	77620	HYPERTHERMIA...INTRACAVITARY PROBE	84.56								
03	77750	INFUSE/INSTILL RADIOELEMENT	213.70								
05	77750	INFUSE/INSTILL RADIOELEMENT	85.48								
03	77761	SIMPLE INTRACAV RADIOELEMENT	216.14								
05	77761	SIMPLE INTRACAV. RADIOELEMENT	86.46								
03	77762	INTERM,INTRACAV RADIOELEMENT	302.67								
05	77762	INTER. INTRACAV.RADIOELEMENT	121.07								
03	77763	COMPLEX,INTRACAV RADIOELEMENT	428.42								
05	77763	COMPLEX-INTRACAV RADIOLOGY	171.37								
03	77767	REMOTE AFTERLOADING HIGH DOES RATE R	155.12								
05	77767	REMOTE AFTERLOADING HIGH DOES RATE R	62.05								
03	77768	REMOTE AFTERLOADING HIGH DOES RATE R	242.18								
05	77768	REMOTE AFTERLOADING HIGH DOES RATE R	96.87								
03	77770	REMOTE AFTERLOADING HIGH DOES RATE R	222.74								
05	77770	REMOTE AFTERLOADING HIGH DOES RATE R	89.10								
03	77771	REMOTE AFTERLOADING HIGH DOES RATE R	415.08								
05	77771	REMOTE AFTERLOADING HIGH DOES RATE R	166.03								
03	77772	REMOTE AFTERLOADING HIGH DOES RATE R	632.95								
05	77772	REMOTE AFTERLOADING HIGH DOES RATE R	253.18								
03	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	524.61								
05	77778	INTERSTITIAL RAD-ELEMENT-COMPL	209.84								
03	77789	SURFACE APPLICATION OF RADIOELEMENT	58.87							X	
05	77789	SURFACE APPLICATION RADIOELEMENT	23.55							X	
03	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	53.71								
05	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	21.48								
03	77799	UNLISTED CLINICAL BRACHYTHERAPY	MP							X	
05	77799	RADIUM/RADIOISOTOPE THERAPY	MP							X	
03	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	53.26								
05	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	21.30								
03	78013	THYROID IMAGING (INCLUDING VASCULAR	MP							X	
05	78013	THYROID IMAGING (INCLUDING VASCULAR	MP							X	
03	78014	THYROID IMAGING (INCLUDING VASCULAR	155.46								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

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	78014	THYROID IMAGING (INCLUDING VASCULAR	62.18								
03	78015	NUCLEAR SCAN OF THYROID	115.96								
05	78015	NUCLEAR SCAN OF THYROID	46.38								
03	78016	EXTENSIVE THYROID SCAN	169.01								
05	78016	EXTENSIVE THYROID SCAN	67.60								
03	78018	THYROID CA IMAGING;WHOLE BODY Y	189.14								
05	78018	THYROID CA IMAGING;WHOLE BODY	75.66								
03	78020	THYROID MET UPTAKE	57.43								
03	78070	PARATHROID IMAGING	120.56								
05	78070	PARATHROID IMAGING	48.22								
03	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	233.13								
05	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	93.25								
03	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	MP							X	
03	78075	NUCLEAR SCAN OF ADRENALS	228.51								
05	78075	NUCLEAR SCAN OF ADRENALS	91.40								
03	78099	ENDOCRINE NUCLEAR PROCEDURE	MP							X	
05	78099	ENDOCRINE NUCLEAR PROCEDURE	MP							X	
03	78102	NUCLEAR SCAN OF BONE MARROW	91.84								
05	78102	NUCLEAR SCAN OF BONE MARROW	36.74								
03	78103	NUCLEAR SCAN OF BONE MARROW	133.27								
05	78103	NUCLEAR SCAN OF BONE MARROW	53.31								
03	78104	NUCLEAR SCAN OF BONE MARROW	149.38								
05	78104	NUCLEAR SCAN OF BONE MARROW	59.75								
03	78110	NUCLEAR EXAM, PLASMA VOLUME	43.43								
05	78110	NUCLEAR EXAM, PLASMA VOLUME	17.37								
03	78111	NUCLEAR EXAM, PLASMA VOLUME	66.83								
05	78111	NUCLEAR EXAM, PLASMA VOLUME	26.73								
03	78120	NUCLEAR EXAM OF RBC MASS	54.46								
05	78120	NUCLEAR EXAM OF RBC MASS	21.78								
03	78121	NUCLEAR EXAM OF RBC MASS	75.89								
05	78121	NUCLEAR EXAM OF RBC MASS	30.36								
03	78122	WHOLE BLOOD VOLUME DETERMINATION	114.10								
05	78122	WHOLE BLOOD VOLUME DETERMINATION	45.64								
03	78130	RED CELL SURVIVAL EXAM	95.89								
05	78130	RED CELL SURVIVAL EXAM	38.36								
03	78135	RED CELL SURVIVAL EXAM	183.82								
05	78135	RED CELL SURVIVAL EXAM	73.53								
03	78140	NUCLEAR EXAM,RED BLOOD CELLS	107.88								
05	78140	NUCLEAR EXAM,RED BLOOD CELLS	43.15								
03	78185	NUCLEAR SCAN OF SPLEEN	103.56								
05	78185	NUCLEAR SCAN OF SPLEEN	41.42								
03	78190	KINETICS STUDY F PLATELET SURVIVAL	150.03								
03	78195	NUCLEAR SCAN OF LYMPH SYSTEM	190.13								
05	78195	NUCLEAR SCAN OF LYMPH SYSTEM	76.05								
03	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	
05	78199	NUCLEAR EXAM BLOOD/LYMPH	MP							X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	78201	NUCLEAR SCAN OF LIVER	99.73								
05	78201	NUCLEAR SCAN OF LIVER	39.89								
03	78202	NUCLEAR SCAN OF LIVER	114.73								
05	78202	NUCLEAR SCAN OF LIVER	45.89								
03	78205	LIVER IMAGING (SPECT)	160.72								
05	78205	LIVER IMAGING (SPECT)	64.29								
03	78206	LIVER IMAGE (3-D) W/FLOW	200.70								
05	78206	LIVER IMAGE (3-D) W/FLOW	80.28								
03	78215	NUCLEAR SCAN, LIVER & SPLEEN	108.79								
05	78215	NUCLEAR SCAN, LIVER & SPLEEN	43.52								
03	78216	NUCLEAR SCAN, LIVER/SPLEEN	97.45								
05	78216	NUCLEAR SCAN, LIVER/SPLEEN	38.98								
03	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	210.06								
05	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	84.02								
03	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	215.08								
05	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUD	86.03								
03	78230	NUCLEAR SCAN, SALIVARY GLAND	90.85								
05	78230	NUCLEAR SCAN, SALIVARY GLAND	36.34								
03	78231	NUCLEAR SCANS,SALIVARY GLAND	90.58								
05	78231	NUCLEAR SCANS,SALIVARY GLAND	36.23								
03	78264	GASTRIC EMPTYING STUDY	165.30								
05	78264	GASTRIC EMPTYING STUDY	66.12								
03	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	257.26							X	
05	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	102.90							X	
03	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	332.92								
05	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	133.17								
03	78267	BREATH TST ATTAIN/ANAL C-14	8.60								
05	78267	BREATH TST ATTAIN/ANAL C-14	3.44								
03	78268	BREATH TEST ANALYSIS, C-14	31.65								
05	78268	BREATH TEST ANALYSIS, C-14	12.66								
03	78270	VIT B-12 ABSORPTION EXAMS	49.43								
05	78270	VIT B-12 ABSORPTION EXAMS	19.77								
03	78271	VIT B-12 ABSORPTION EXAMS	49.89								
05	78271	VIT B-12 ABSORPTION EXAMS	19.96								
03	78272	VIT B-12 ABSORPTION EXAMS	63.06								
05	78272	VIT B-12 ABSORPTION EXAMS	25.22								
03	78278	ACUTE GI BLOOD LOSS IMAGING	181.67								
05	78278	ACUTE GI BLOOD LOSS IMAGING	72.67								
03	78290	INTESTINE IMAGING	159.61								
05	78290	INTESTINE IMAGING	63.84								
03	78299	G.I. NUCLEAR PROCEDURE	MP							X	
05	78299	G.I. NUCLEAR PROCEDURE	MP							X	
03	78300	NUCLEAR SCAN OF BONE	105.55								
05	78300	NUCLEAR SCAN OF BONE	42.22								
03	78305	NUCLEAR SCAN OF BONES	136.09								
05	78305	NUCLEAR SCAN OF BONES	54.44								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	78306	NUCLEAR SCAN OF SKELETON	151.97								
05	78306	NUCLEAR SCAN OF SKELETON	60.79								
03	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	183.45								
05	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	73.38								
03	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	171.41								
05	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	68.56								
03	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X						
05	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X						
03	78414	DETERMINE VENTRIC.EJECT FRACTION	55.16								
05	78414	DETERMINE VENTRIC EJECT FRACTION	22.06								
03	78445	NUCLEAR SCAN OF BLOOD FLOW	91.39								
05	78445	NUCLEAR SCAN OF BLOOD FLOW	36.56								
03	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	137.74								
05	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	55.10								
03	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	233.39								X
05	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	93.36								X
03	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	119.43								
05	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	47.77								
03	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	115.85								X
05	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	46.34								X
03	78456	ACUTE VENOUS THROMBUS IMAGE	156.89								
05	78456	ACUTE VENOUS THROMBUS IMAGE	62.76								
03	78466	MYOCARD IMAGING..;AT REST,QUAL.	127.26								
05	78466	MYOCARD IMAGING..AT REST;QUAL.	50.90								
03	78468	MYOCARD IMAGING..AT REST;FIRST PASS	156.26								
05	78468	MYOCARD IMAGING..AT REST;FIRST PASS	62.50								
03	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	168.69								
05	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	67.48								
03	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	171.28								
05	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	68.51								
03	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	241.16								
05	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	96.46								
03	78481	CARD BLD POOL IMAG-FRST PASS TECH...	157.45								
05	78481	CARD BLD POOL IMAG-FIRST PASS TECH	62.98								
03	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	232.13								
05	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	92.85								
03	78494	HEART IMAGE, SPECT	198.25								
05	78494	HEART IMAGE, SPECT	79.30								
03	78496	HEART FIRST PASS ADD-ON	115.37								
05	78496	HEART FIRST PASS ADD-ON	46.15								
03	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X						
05	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X						
03	78579	PULMONARY VENTILATION IMAGING (EG, A	111.92								
05	78579	PULMONARY VENTILATION IMAGING (EG, A	44.77								
03	78580	PULMONARY PERFUSION IMAGING (EG, PAR	126.37								
05	78580	PULMONARY PERFUSION IMAGING (EG, PAR	50.55								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	78582	PULMONARY VENTILATION (EG,AEROSOL O	206.93								
05	78582	PULMONARY VENTILATION (EG, AEROSOL O	82.77								
03	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	126.76								
05	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	50.70								
03	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	193.82								
05	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	77.53								
03	78599	RESPIRATORY NUCLEAR EXAM	MP								X
05	78599	RESPIRATORY NUCLEAR EXAM	MP								X
03	78600	NUCLEAR SCAN OF BRAIN	119.09								
05	78600	NUCLEAR SCAN OF BRAIN	47.64								
03	78601	NUCLEAR SCAN OF BRAIN	122.08								
05	78601	NUCLEAR SCAN OF BRAIN	48.83								
03	78605	NUCLEAR SCAN OF BRAIN	116.78								
05	78605	NUCLEAR SCAN OF BRAIN	46.71								
03	78606	NUCLEAR SCAN OF BRAIN	171.42								
05	78606	NUCLEAR SCAN OF BRAIN	68.57								
03	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	222.61								
05	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	89.04								
03	78610	NUCLEAR SCAN OF BRAIN	109.19								
05	78610	NUCLEAR SCAN OF BRAIN	43.68								
03	78630	CEREBROSPINAL FLUID SCAN	187.08								
05	78630	CEREBROSPINAL FLUID SCAN	74.83								
03	78635	CEREBROSPINAL FLUID SCAN	154.38								
05	78635	CEREBROSPINAL FLUID SCAN	61.75								
03	78645	CEREBROSPINAL FLUID SCAN	145.40								
05	78645	CEREBROSPINAL FLUID SCAN	58.16								
03	78647	CEREBROSPINAL FLUID SCAN	203.37								
05	78647	CEREBROSPINAL FLUID SCAN	81.35								
03	78650	CEREBROSPINAL FLUID SCAN	178.80								
05	78650	CEREBROSPINAL FLUID SCAN	71.52								
03	78660	NUCLEAR EXAM OF TEAR FLOW	93.20								
05	78660	NUCLEAR EXAM OF TEAR FLOW	37.28								
03	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								X
05	78699	NERVOUS SYSTEM NUCLEAR EXAM	MP								X
03	78700	NUCLEAR SCAN OF KIDNEY	104.52								
05	78700	NUCLEAR SCAN OF KIDNEY	41.81								
03	78701	NUCLEAR SCAN OF KIDNEY	123.65								
05	78701	NUCLEAR SCAN OF KIDNEY	49.46								
03	78707	NUCLEAR SCAN OF KIDNEY	150.46								
05	78707	NUCLEAR SCAN OF KIDNEY	60.18								
03	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	159.56								
05	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	63.82								
03	78709	KIDNEY FLOW & FUNCTION IMAGE	203.00								
05	78709	KIDNEY FLOW & FUNCTION IMAGE	81.20								
03	78710	KIDNEY IMAGING (SPECT)	158.32								
05	78710	KIDNEY IMAGING (SPECT)	63.33								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	78725	NUCLEAR EXAM OF KIDNEY	68.40								
05	78725	NUCLEAR EXAM OF KIDNEY	27.36								
03	78730	NUCLEAR EXAM OF BLADDER	47.82								
05	78730	NUCLEAR EXAM OF BLADDER	19.13								
03	78740	NUCLEAR EXAM OF URETER	110.68								
05	78740	NUCLEAR EXAM OF URETER	44.27								
03	78761	TESTICULAR IMAGING,W/VASCULAR	121.58								
05	78761	TESTICULAR IMAGING,W/VASCULAR	48.63								
03	78799	GENITOURINARY NUCLEAR EXAM	MP							X	
05	78799	GENITOURINARY NUCLEAR EXAM	MP							X	
03	78800	NUCLEAR EXAM OF LESION	114.91								
05	78800	NUCLEAR EXAM OF LESION	45.96								
03	78801	NUCLEAR EXAM OF LESIONS	149.43								
05	78801	NUCLEAR EXAM OF LESIONS	59.77								
03	78802	NUCLEAR EXAM OF LESIONS	192.92								
05	78802	NUCLEAR EXAM OF LESIONS	77.17								
03	78803	TUMOR LOCALIZATION (SPECT)	217.72								
05	78803	TUMOR LOCALIZATION SPECT)	87.09								
03	78804	TUMOR IMAGING, WHOLE BODY	342.02								
05	78804	TUMOR IMAGING, WHOLE BODY	136.81								
03	78805	ABSCESS LOCALIZATION;LIMITED AREA	115.10								
05	78805	ABSCESS LOCALIZATION;LIMITED AREA	46.04								
03	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	217.21								
05	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	86.88								
03	78999	NUCLEAR DIAGNOSTIC EXAM	MP							X	
05	78999	NUCLEAR DIAGNOSTIC EXAM	MP							X	
03	79005	NUCLEAR RX, ORAL ADMIN	115.15								
05	79005	NUCLEAR RX, ORAL ADMIN	46.06								
03	79101	NUCLEAR RX, IV ADMIN	121.91								
05	79101	NUCLEAR RX, IV ADMIN	48.76								
03	79200	RADIONUCLIDE THERAPY	123.68								
03	79300	RADIONUCLIDE THERAPY	40.27								
03	79403	HEMATOPOETIC NUCLEAR THERAPY	165.97								
05	79403	HEMATOPOETIC NUCLEAR THERAPY	66.39								
03	79440	RADIONUCLIDE THERAPY	121.34								
03	79445	NUCLEAR RX, INTRA-ARTERIAL	135.51								
05	79445	NUCLEAR RX, INTRA-ARTERIAL	54.20								
03	79999	NUCLEAR MEDICINE THERAPY	MP							X	
05	79999	NUCLEAR MEDICINE THERAPY	MP							X	
03	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	9.78								
03	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	9.25								
03	80050	GENERAL HEALTH PANEL	32.90								
03	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.55								
03	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	11.57								
03	80055	OBSTETRIC BLOOD TEST PANEL	11.80	10	59		F		X		
03	80061	LIPID PANEL	11.88								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	80069	RENAL FUNCTION PANEL	9.50								
03	80074	ACUTE HEPATITIS PANEL	52.09								
03	80076	HEPATIC FUNCTION PANEL	8.93								
03	80081	OBSTETRIC PANEL (INCLUDES HIV TESTIN	76.48				F				
03	80150	AMIKACIN	11.58								
03	80155	CAFFEINE	13.85								
03	80156	CARBAMAZEPINE; TOTAL	11.58								
03	80157	CARBAMAZEPINE; FREE	13.19								
03	80158	CYCLOSPORINE	17.98								
03	80159	CLOZAPINE	18.10								
03	80162	DIGOXIN; TOTAL	13.21								
03	80163	DIGOXIN; FREE	13.55								
03	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.48								
03	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.83								
03	80168	ETHOSUXIMIDE	16.27								
03	80169	EVEROLIMUS	13.43								
03	80170	GENTAMICIN	11.58								
03	80171	Gabapentin level	12.98								
03	80173	HALOPERIDOL	12.73								
03	80175	LAMOTRIGINE	12.98								
03	80176	LIDOCAINE	12.68								
03	80177	LEVETIRACETAM	12.98								
03	80178	LITHIUM	6.58								
03	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	17.66								
03	80183	OXCARBAZEPINE	12.98								
03	80184	PHENOBARBITAL	11.41								
03	80185	PHENYTOIN; TOTAL	13.19								
03	80186	PHENYTOIN; FREE	13.70								
03	80188	PRIMIDONE	16.51								
03	80190	PROCAINAMIDE;	16.67								
03	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.67								
03	80194	QUINIDINE	14.52								
03	80195	SIROLIMUS	15.17								
03	80197	TACROLIMUS	15.01								
03	80198	THEOPHYLLINE	14.08								
03	80199	TIAGABINE	17.66								
03	80200	TOBRAMYCIN	11.58								
03	80201	TOPIRAMATE	13.03								
03	80202	VANCOMYCIN	13.48								
03	80203	ZONISAMIDE	12.98								
03	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	13.63								
03	80300	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	14.47								
03	80301	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51								
03	80302	DRUG SCREEN, PRESUMPTIVE, SINGLE DRU	12.51								
03	80303	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51								
03	80304	DRUG SCREEN, ANY NUMBER OF DRUG CLAS	12.51								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

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	80320	ALCOHOLS	12.00								
03	80321	ALCOHOL BIOMARKERS; 1 OR 2	10.75								
03	80322	ALCOHOL BIOMARKERS; 3 OR MORE	10.75								
03	80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	16.50								
03	80324	AMPHETAMINES; 1 OR 2	15.48								
03	80325	AMPHETAMINES; 3 OR 4	15.48								
03	80326	AMPHETAMINES; 5 OR MORE	15.48								
03	80327	ANABOLIC STEROIDS; 1 OR 2	26.50								
03	80328	ANABOLIC STEROIDS; 3 OR MORE	26.50								
03	80329	ANALGESICS, NON-OPIOID; 1 OR 2	12.50								
03	80330	ANALGESICS, NON-OPIOID; 3-5	12.50								
03	80331	ANALGESICS, NON-OPIOID; 6 OR MORE	12.50								
03	80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50								
03	80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50								
03	80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS;	16.50								
03	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00								
03	80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00								
03	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER	18.00								
03	80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECI	16.50								
03	80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75								
03	80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75								
03	80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIF	14.75								
03	80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49								
03	80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49								
03	80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIF	15.49								
03	80345	BARBITURATES	11.41								
03	80346	BENZODIAZEPINES; 1-12	18.50								
03	80347	BENZODIAZEPINES; 13 OR MORE	18.50								
03	80348	BUPRENORPHINE	17.00								
03	80349	CANNABINOIDS, NATURAL	16.50								
03	80350	CANNABINOIDS, SYNTHETIC; 1-3	16.50								
03	80351	CANNABINOIDS, SYNTHETIC; 4-6	16.50								
03	80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE	16.50								
03	80353	COCAINE	15.08								
03	80354	FENTANYL	17.00								
03	80355	GABAPENTIN, NON-BLOOD	11.79								
03	80356	HEROIN METABOLITE	17.00								
03	80357	KETAMINE AND NORKETAMINE	16.50								
03	80358	METHADONE	16.26								
03	80359	METHYLENEDIOXYAMPHETAMINES (MDA, MDE	15.50								
03	80360	METHYLPHENIDATE	16.50								
03	80361	OPIATES, 1 OR MORE	17.00								
03	80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2	17.00								
03	80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4	17.00								
03	80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MOR	17.00								
03	80365	OXYCODONE	17.00								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	80366	PREGABALIN	16.50								
03	80367	PROPOXYPHENE	17.00								
03	80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPI	16.50								
03	80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2	17.54								
03	80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE	17.54								
03	80371	STIMULANTS, SYNTHETIC	16.50								
03	80372	TAPENTADOL	17.00								
03	80373	TRAMADOL	17.00								
03	80374	STEREOISOMER (ENANTIOMER) ANALYSIS,	16.50								
03	80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.21								
03	80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	16.50								
03	80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE,	17.00								
03	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.44								
03	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.51								
03	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	77.89								
03	80408	ALDOSTERONE SUPPRESSION EVALUATION P	124.89								
03	80410	CALCITONIN STIMULATION PANEL	79.94								
03	80412	CORTICOTROPIC RELEASING HORMONE (CRH	327.98								
03	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.39								
03	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.60								
03	80416	RENAL VEIN RENIN STIMULATION PANEL	131.32								
03	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.76								
03	80418	COMBINED RAPID ANTERIOR PITUITARY EV	576.75								
03	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	71.69								
03	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	45.86								
03	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.26								
03	80426	GONADOTROPIN RELEASING HORMONE STIMU	147.71								
03	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.35								
03	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	78.07								
03	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	134.43								
03	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	100.64								
03	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	102.46								
03	80436	METYRAPONE PANEL	90.71								
03	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.15								
03	80439	THYROTROPIN RELEASING HORMONE (TRH)	66.86								
03	80500	CLINICAL PATHOLOGY CONSULTATION; LIM	17.16		X			X			
03	80502	CLINICAL PATHOLOGY CONSULTATION; COM	44.50		X			X			
03	81000	URINALYSIS, BY DIP STICK OR TABLET	3.16								X
03	81001	URINALYSIS, BY DIP STICK OR TABLET	3.16								X
03	81002	URINALYSIS, BY DIP STICK OR TABLET	2.54								X
03	81003	URINALYSIS, BY DIP STICK OR TABLET	2.24								X
03	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.16								X
03	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	2.56								X
03	81015	URINALYSIS; MICROSCOPY ONLY	3.03								X
03	81020	URINALYSIS; 2 OR 3 GLASS TEST	3.67								X
03	81025	URINE PREGNANCY TEST, BY VISUAL COLO	6.31								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	2.99								X
03	81099	URINALYSIS TEST PROCEDURE	MP								X
03	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01					X		
03	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24								
03	81265	GENETICS;COMPARATIVE ANALYSIS USING	23.65								
03	81267	GENETICS: CHIMERISM (ENGRAFTMENT)ANA	107.39								
03	81380	HLA CLASS I TYPING; ONE LOCUS EACH	12.41								
03	81382	HLA CLASS II TYPING HIGH RESOLUTION	6.76								
03	81519	ONCOLOGY (BREAST), MRNA, GENE EXPRES	2,450.14	15 99				X	X		
03	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.49								X
03	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.13								X
03	82013	ACETYLCHOLINESTERASE	11.11								X
03	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	15.17								X
03	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	18.44								X
03	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.45								
03	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	14.07								
03	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.94								
03	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	5.15								
03	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.77								
03	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	3.03								
03	82045	ALBUMIN, ISCHEMIA MODIFIED	37.53								
03	82075	ALCOHOL (ETHANOL), BREATH	12.00								X
03	82085	ALDOLASE	9.66								
03	82088	ALDOSTERONE	40.57								
03	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.37								
03	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.39								
03	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.70								
03	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	16.70								
03	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	71.21								
03	82108	ALUMINUM	8.44								
03	82120	AMINES, VAGINAL FLUID, QUALITATIVE	3.75								
03	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	15.17								X
03	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.80								
03	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	16.79								X
03	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.38								
03	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	18.44								X
03	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	18.44								X
03	82140	AMMONIA	14.50								X
03	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	6.85								
03	82150	AMYLASE	6.44								X
03	82154	ANDROSTANEDIOL GLUCURONIDE	28.70								
03	82157	ANDROSTENEDIONE	29.12								
03	82160	ANDROSTERONE	24.88								
03	82163	ANGIOTENSIN II	20.43								
03	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.52								
03	82175	ASSAY OF ARSENIC	18.88								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	82180	ASCORBIC ACID (VITAMIN C), BLOOD	8.44								
03	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	8.12								X
03	82232	BETA-2 MICROGLOBULIN	16.11								
03	82239	BILE ACIDS; TOTAL	17.05								
03	82240	BILE ACIDS; CHOLYLGLYCINE	26.44								
03	82247	BILIRUBIN; TOTAL	3.81								
03	82248	BILIRUBIN; DIRECT	3.81								
03	82252	BILIRUBIN; FECES, QUALITATIVE	4.53								
03	82261	BIOTINIDASE, EACH SPECIMEN	18.44								X
03	82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	3.23								
03	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	3.59								
03	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	3.59								
03	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	17.58								
03	82286	BRADYKININ	6.86								
03	82300	CADMIUM	23.03								
03	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.46								
03	82308	CALCITONIN	26.65								
03	82310	CALCIUM; TOTAL	5.13								X
03	82330	CALCIUM; IONIZED	13.60								
03	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	5.15								
03	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.00								
03	82355	CALCULUS; QUALITATIVE ANALYSIS	11.52								
03	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.82								
03	82365	CALCULUS; INFARED SPECTROSCOPY	12.82								
03	82370	CALCULUS; X-RAY DIFFRACTION	12.48								
03	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	17.98								
03	82374	CARBON DIOXIDE (BICARBONATE)	4.86								X
03	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.27								X
03	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	5.96								X
03	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.88								
03	82379	CARNITINE (TOTAL AND FREE), QUANTITA	18.44								X
03	82380	CAROTENE	9.18								
03	82382	CATECHOLAMINES; TOTAL URINE	17.11								
03	82383	CATECHOLAMINES; BLOOD	24.94								
03	82384	CATECHOLAMINES; FRACTIONATED	25.13								
03	82387	CATHEPSIN-D	7.67								
03	82390	CERULOPLASMIN	10.69								
03	82397	CHEMILUMINESCENT ASSAY	4.61								
03	82415	CHLORAMPHENICOL	12.61								
03	82435	CHLORIDE; BLOOD	4.57								X
03	82436	CHLORIDE; URINE	4.99								
03	82438	CHLORIDE; OTHER SOURCE	4.86								
03	82441	CHLORINATED HYDROCARBONS, SCREEN	5.97								
03	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.33								
03	82480	CHOLINESTERASE; SERUM	7.84								
03	82482	CHOLINESTERASE; RBC	7.66								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.54								
03	82495	CHROMIUM	20.18								
03	82507	CITRATE	27.68								
03	82523	COLLAGEN CROSS LINKS, ANY METHOD	20.45								
03	82525	COPPER	12.36								
03	82528	CORTICOSTERONE	22.42								
03	82530	CORTISOL; FREE	16.64								
03	82533	CORTISOL; TOTAL	16.23								X
03	82540	CREATINE	4.61								
03	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	19.76								
03	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.48								X
03	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.34								X
03	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.49								
03	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.81								
03	82565	CREATININE; BLOOD	5.09								X
03	82570	CREATININE; OTHER SOURCE	5.15								
03	82575	CREATININE; CLEARANCE	9.40								
03	82585	CRYOFIBRINOGEN	8.52								X
03	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.44								
03	82600	CYANIDE	19.31								
03	82607	CYANOCOBALAMIN (VITAMIN B-12);	14.99								
03	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.25								
03	82610	CYSTATIN C	5.14								
03	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	8.13								
03	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.15								
03	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.12								
03	82633	DESOXYCORTICOSTERONE, 11 -	30.83								
03	82634	DEOXYCORTISOL, 11 -	29.12								
03	82638	DIBUCAINE NUMBER	12.18								
03	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.30								X
03	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	12.17								
03	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	19.76								
03	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	19.76								
03	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	34.19								
03	82668	ERYTHROPOIETIN	18.69								
03	82670	ESTRADIOL	27.81								
03	82671	ESTROGENS; FRACTIONATED	32.15								
03	82672	ESTROGENS; TOTAL	21.58								
03	82677	ESTRIOL	24.07								
03	82679	ESTRONE	24.84								
03	82693	ETHYLENE GLYCOL	14.83								
03	82696	ETIOCHOLANOLONE	23.46								
03	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.07								
03	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.72								
03	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	17.13								
03	82725	FATTY ACIDS, NONESTERIFIED	13.24								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	82726	VERY LONG CHAIN FATTY ACIDS	19.76								
03	82728	FERRITIN	13.55								
03	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.10								
03	82735	FLUORIDE	18.45								
03	82746	FOLIC ACID; SERUM	14.63								
03	82747	FOLIC ACID; RBC	17.13								
03	82757	FRUCTOSE, SEMEN	17.27								
03	82759	GALACTOKINASE, RBC	21.38								
03	82760	GALACTOSE	11.14								X
03	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	20.96								
03	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	8.33								
03	82777	GALECTIN-3	12.90								
03	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.24								X
03	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.39								
03	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	5.37								
03	82800	GASES, BLOOD, PH ONLY	8.44								X
03	82803	GASES, BLOOD, ANY COMBINATION OF PH,	5.18								X
03	82805	GASES, BLOOD, ANY COMBINATION OF PH,	9.00								
03	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	3.81								
03	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	9.94								
03	82930	GASTRIC ACID ANALYSIS INCLUDES PH	4.70								
03	82938	GASTRIN AFTER SECRETIN STIMULATION	17.61								
03	82941	GASTRIN	17.55								X
03	82943	GLUCAGON	14.22								
03	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	4.29								
03	82946	GLUCAGON TOLERANCE TEST	11.58								
03	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.91								X
03	82948	GLUCOSE; BLOOD, REAGENT STRIP	3.16								X
03	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.74								
03	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.82								
03	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.91								X
03	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.66								
03	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.02								
03	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.70								X
03	82963	GLUCOSIDASE,BETA	21.38								
03	82965	GLUTAMATE DEHYDROGENASE	7.69								
03	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.16								
03	82978	GLUTATHIONE	14.18								
03	82979	GLUTATHIONE REDUCTASE, RBC	6.86								
03	82985	GLYCATED PROTEIN	14.99								
03	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.50								
03	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.42								
03	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.59								
03	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	32.00								
03	83010	HAPTOGLOBIN; QUANTITATIVE	12.52								
03	83012	HAPTOGLOBIN; PHENOTYPES	17.11								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	83013	HELICOBACTER PYLORI; BREATH TEST ANA	31.65								
03	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	8.60								
03	83015	HEAVY METAL SCREENING	11.29								
03	83018	CHROMATOGRAPH SCREEN, METALS	8.46								
03	83020	ASSAY HEMOGLOBIN	12.82								X
03	83021	HEMOGLOBIN CHROMOTOGRAPHY	19.76								
03	83026	HEMOGLOBIN;	2.36								
03	83030	FETAL HEMOGLOBIN ASSAY	3.44								
03	83033	FETAL FECAL HEMOGLOBIN ASSAY	5.94								
03	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.66								
03	83045	BLOOD METHEMOGLOBIN TEST	4.95								
03	83050	BLOOD METHEMOGLOBIN ASSAY	7.30								
03	83051	ASSAY PLASMA HEMOGLOBIN	7.28								
03	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.24								
03	83065	HEMOGLOBIN HEAT ASSAY	6.86								
03	83068	HEMOGLOBIN STABILITY SCREEN	8.44								
03	83069	ASSAY URINE HEMOGLOBIN	3.93								
03	83070	ASSAY URINE HEMOSIDERIN	4.74								
03	83080	B HEXOSAMINIDASE ASSAY	18.44								X
03	83088	ASSAY HISTAMINE	29.39								
03	83090	ASSAY OF HOMOCYSTEINE	18.44								
03	83150	ASSAY URINE FOR HVA	19.27								
03	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.42								
03	83497	ASSAY URINE 5-HIAA	12.82								
03	83498	RIA ASSAY OF PROGESTERONE	27.03								
03	83499	ASSAY OF PROGESTERONE	25.09								
03	83500	ASSAY URINE HYDROXYPROLINE	22.54								
03	83505	ASSAY URINE HYDROXYPROLINE	24.18								
03	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN I	11.48								
03	83518	IMMUNOASSAY FOR ANALYTE OTHER THAN I	4.61								
03	83519	IMMUNOASSAY FOR ANALYTE OTHER THAN I	4.62								
03	83520	IMMUNOASSAY FOR ANALYTE OTHER THAN I	12.88								
03	83525	RIA ASSAY OF INSULIN	11.39								X
03	83527	INSULIN;	12.88								
03	83528	INTRINSIC FACTOR LEVEL	15.82								
03	83540	ASSAY SERUM IRON	5.34								
03	83550	SERUM IRON BINDING TEST	8.71								
03	83570	UV-ASSAY BLOOD IDH ENZYME	8.80								
03	83582	ASSAY URINE 17-KGS	14.11								
03	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.75								
03	83593	CHROMATOGRAPH KETOSTEROIDS	8.46								
03	83605	LACTIC ACID ASSAY	10.62								X
03	83615	UV-ASSAY BLOOD LDH ENZYME	6.01								X
03	83625	ASSAY BLOOD LDH ENZYMES	9.21								X
03	83630	LACTOFERRIN, FECAL (QUAL)	19.54								
03	83632	RIA PLACENTAL LACTOGEN	20.12								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	83633	TEST URINE FOR LACTOSE	5.48								
03	83655	ASSAY BLOOD FOR LEAD	12.04								
03	83661	ASSAY AMNIOTIC L/S RATIO	21.88								
03	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.83								
03	83663	FLUORO POLARIZE, FETAL LUNG	18.83								
03	83664	LAMELLAR BDY, FETAL LUNG	18.83								
03	83670	UV-ASSAY BLOOD LAP ENZYME	9.12								
03	83690	ASSAY BLOOD LIPASE	6.86								
03	83695	ASSAY OF LIPOPROTEIN(A)	14.32								
03	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	37.53								
03	83701	LIPOPROTEIN BLD, HR FRACTION	27.46								
03	83704	LIPOPROTEIN, BLD, BY NMR	34.89								
03	83718	BLOOD LIPOPROTEIN ASSAY	8.15								
03	83719	LIPOPROTEIN,VLDL CHOLESTEROL	11.58								
03	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	8.50								
03	83727	LUTEINIZING RELEASING FACTOR, RIA	17.11								
03	83735	ASSAY BLOOD MAGNESIUM	6.67								X
03	83775	UV-ASSAY OF MD ENZYME	7.34								
03	83785	ASSAY OF MANGANESE	21.21								
03	83789	MASS SPECTROMETRY QUANT	19.76								X
03	83825	ASSAY BLOOD MERCURY	16.18								
03	83835	ASSAY URINE METANEPHRINES	16.84								
03	83857	ASSAY METHEMALBUMIN	10.69								
03	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	17.04								X
03	83864	BLOOD MUCOPOLYSACCHARIDES	19.81								
03	83872	ASSAY SYNOVIAL FLUID MUCIN	4.90								
03	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.13								
03	83874	MYOGLOBIN ELECTROPHORESIS	12.85								
03	83876	MYELOPEROXIDASE (MPO)	14.97								
03	83880	NATRIURETIC PEPTIDE	37.53								
03	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	4.61								X
03	83885	ASSAY URINE FOR NICKEL	24.37								
03	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.09								
03	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	20.01								
03	83918	ASSAY ORGANIC ACIDS	16.38								
03	83919	ASSAY ORGANIC ACIDS QUAL	18.01								
03	83921	ORGANIC ACID, SINGLE, QUANT	18.01								
03	83930	ASSAY BLOOD OSMOLALITY	6.58								X
03	83935	ASSAY URINE OSMOLALITY	6.78								X
03	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.71								
03	83945	ASSAY URINE OXALATE	12.82								
03	83950	ONCORPROTEIN, HER-2/NEU	70.43								
03	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	74.42								
03	83970	RIA ASSAY OF PARATHORMONE	41.07								
03	83986	PH; BODY FLUID, NOT OTHERWISE SPECIF	3.56								X
03	83987	PH; EXHALED BREATH CONDENSATE	15.66								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	83992	ASSAY FOR PHENCYCLIDINE	14.63								
03	83993	CALPROTECTIN, FECAL	21.71								
03	84030	ASSAY BLOOD PKU	5.48								X
03	84035	ASSAY BLOOD PHENYLKETONES	3.63								X
03	84060	ASSAY BLOOD ACID PHOSPHATASE	7.34								
03	84061	PHOSPHATASE, ACID;	7.88								
03	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.62								
03	84075	ASSAY ALKALINE PHOSPHATASE	5.15								
03	84078	ASSAY ALKALINE PHOSPHATASE	5.75								
03	84080	ASSAY ALKALINE PHOSPHATASES	14.71								
03	84081	PHOSPHATIDYLGLYCEROL	16.45								
03	84085	ASSAY RBC PG6D ENZYME	6.72								X
03	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.28								
03	84100	ASSAY BLOOD PHOSPHORUS	4.73								
03	84105	ASSAY URINE PHOSPHORUS	5.15								
03	84106	TEST FOR PORPHOBILINOGEN	4.27								
03	84110	ASSAY PORPHOBILINOGEN	4.90								
03	84112	CERVICOVAGINAL SECRETION OF PLACENTA	65.46				F				
03	84119	TEST URINE FOR PORPHYRINS	8.57								
03	84120	ASSAY URINE PORPHYRINS	14.64								
03	84126	ASSAY FECES PORPHYRINS	25.35								
03	84132	ASSAY BLOOD POTASSIUM	4.57								X
03	84133	ASSAY URINE POTASSIUM	4.28								X
03	84134	PREALBUMIN	5.55								
03	84135	PREGNANEDIOL; RIA	19.05								
03	84138	PREGNANETRIOL;RIA	18.85								
03	84140	PREGNENOLONE	20.57								
03	84143	17-HYDROXYPREGNENOLONE	22.72								
03	84144	ASSAY PROGESTERONE	20.76								
03	84145	PROCALCITONIN (PCT)	19.12								
03	84146	RIA ASSAY FOR PROLACTIN	19.28								
03	84150	RIA ASSAY OF PROSTAGLANDIN	24.84								
03	84152	ASSAY OF PSA, COMPLEXED	20.12				M				
03	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.30								
03	84154	PSA FREE	20.12								
03	84155	ASSAY SERUM PROTEIN	3.64								
03	84156	ASSAY OF PROTEIN, URINE	4.04								
03	84157	ASSAY OF PROTEIN, OTHER	4.04								
03	84160	ASSAY SERUM PROTEIN	4.90								
03	84163	PAPPA, SERUM	16.65	10	59		F				
03	84165	ASSAY SERUM PROTEINS	10.69								
03	84166	PROTEIN E-PHORESIS/URINE/CSF	19.72								
03	84182	PROTEIN;	17.91								X
03	84202	ASSAY RBC PROTOPORPHYRIN	14.29								
03	84203	TEST RBC PROTOPORPHYRIN	8.57								
03	84206	RIA ASSAY OF PROINSULIN	17.72								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	84207	ASSAY VITAMIN B-6	14.07								
03	84210	ASSAY BLOOD PYRUVATE	10.80								
03	84220	ASSAY RBC PYRUVIC KINASE	9.38								
03	84228	ASSAY QUININE	11.58								
03	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	64.10								
03	84234	RECEPTOR ASSAY; PROGESTERONE	64.55								
03	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	52.09								
03	84238	RECEPTOR ASSAY;	36.38								
03	84244	RIA ASSAY OF RENIN	21.90								X
03	84252	ASSAY VITAMIN B-2	20.15								
03	84255	ASSAY SELENIUM	25.40								
03	84260	ASSAY BLOOD SEROTONIN	30.83								
03	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.62								
03	84275	ASSAY BLOOD SIALIC ACID	13.37								
03	84285	ASSAY SILICA	23.43								
03	84295	ASSAY BLOOD SODIUM	4.80								X
03	84300	ASSAY URINE SODIUM	4.83								X
03	84302	ASSAY OF SWEAT SODIUM	5.37								X
03	84305	SOMATOMEDIN	19.55								
03	84307	SOMATOSTATIN	18.20								
03	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	6.94								
03	84315	BODY FLUID SPECIFIC GRAVITY	2.49								
03	84375	CHROMATOGRAM ASSAY, SUGARS	19.51								
03	84376	SUGARS SINGLE QUAL	6.02								X
03	84377	SUGARS MULTIPLE QUAL	6.02								X
03	84378	SUGARS SINGLE QUANT	8.86								X
03	84379	SUGARS MULTIPLE QUANT	8.86								X
03	84392	SULFATE, URINE	4.74								X
03	84402	TESTOSTERONE;	25.34								
03	84403	RIA ASSAY BLOOD TESTOSTERONE	25.70								
03	84425	ASSAY VITAMIN B-1	21.13								
03	84430	ASSAY BLOOD THIOCYANATE	10.56								
03	84431	THROMBOXANE METABOLITE(S), INCLUDING	12.76								
03	84432	THYROGLOBULIN	15.98								
03	84436	THYROXINE, TRUE, RIA	4.81								
03	84437	THYROXINE, NEONATAL	6.44								
03	84439	THYROID PANEL	8.98								
03	84442	THYROID ACTIVITY (TBG) ASSAY	13.05								
03	84443	RIA ASSAY OF TS HORMONE	16.72								
03	84445	RIA THYROTROPIN FACTOR	18.31								
03	84446	ASSAY VITAMIN E	14.12								
03	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	17.91								
03	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.15								X
03	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.28								X
03	84466	TRANSFERRIN	12.71								
03	84478	ASSAY BLOOD TRIGLYCERIDES	5.74								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	84479	TRIIODOTHYRONINE, RESIN UPTAKE	4.62								
03	84480	RIA ASSAY, T-3	6.38								
03	84481	TRIIODOTHYRONINE, FREE RIA	9.82								
03	84482	TRIDOTHYRONINE (T-3);	4.62								
03	84484	TROPONIN	10.76								
03	84485	ASSAY DUODENAL FLUID TRYPSIN	7.47								
03	84488	TEST FECES FOR TRYPSIN	7.27								
03	84490	ASSAY FECES FOR TRYPSIN	7.04								
03	84510	ASSAY BLOOD TYROSINE	10.35								
03	84512	TROPONIN, QUAL	8.43								
03	84520	ASSAY BUN	3.93								X
03	84525	STICK-ASSAY BUN	3.75								X
03	84540	ASSAY URINE UREA-N	4.62								X
03	84545	UREA-N CLEARANCE TEST	6.57								
03	84550	ASSAY BLOOD URIC ACID	4.49								
03	84560	ASSAY URINE URIC ACID	4.74								
03	84577	ASSAY FECES UROBILINOGEN	12.42								
03	84578	TEST URINE UROBILINOGEN	3.23								
03	84580	ASSAY URINE UROBILINOGEN	7.07								
03	84583	ASSAY URINE UROBILINOGEN	4.99								
03	84585	ASSAY URINE VMA	15.43								
03	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.16								
03	84588	RIA ASSAY VASOPRESSIN	33.77								
03	84590	ASSAY BLOOD VITAMIN-A	11.55								
03	84591	ASSAY OF NOS VITAMIN	12.67								
03	84597	ASSAY VITAMIN-K	13.65								
03	84600	ASSAY FOR VOLATILES	15.99								
03	84620	XYLOSE TOLERANCE TEST, BLOOD	11.79								
03	84630	ASSAY BLOOD ZINC	11.33								
03	84681	C-PEPTIDE	19.78								
03	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	14.97								
03	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	7.47								
03	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	16.65								
03	84830	OVULATION TESTS, BY VISUAL COLOR COM	10.00								
03	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP								X
03	85002	BLEEDING TIME TEST	4.48								X
03	85004	AUTOMATED DIFF WBC COUNT	7.15								
03	85007	DIFFERENTIAL WBC COUNT	2.49								X
03	85008	BLOOD COUNT;	3.43								
03	85009	DIFFERENTIAL WBC COUNT	3.70								X
03	85013	BLOOD COUNT;	2.36								
03	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.36								X
03	85018	HEMOGLOBIN, COLORIMETRIC	2.36								X
03	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	7.73								
03	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	6.44								X
03	85032	MANUAL CELL COUNT, EACH	4.77								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	85041	RED BLOOD CELL (RBC) COUNT	3.00								X
03	85044	RETICULOCYTE COUNT	4.28								
03	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99								
03	85046	RETICYTE, HGB CONCENTRATE	6.12								
03	85048	WHITE BLOOD CELL (WBC) COUNT	2.53								
03	85049	AUTOMATED PLATELET COUNT	4.54								
03	85055	RETICULATED PLATELET ASSAY	22.26								
03	85097	BONE MARROW SMEAR INTERPRET	64.35								X
03	85130	CHROMOGENIC SUBSTRATE ASSAY	11.84								
03	85170	BLOOD CLOT RETRACTION SCREEN	3.60								X
03	85175	BLOOD CLOT LYSIS TIME	4.53								X
03	85210	BLOOD CLOT FACTOR II TEST	5.75								X
03	85220	BLOOD CLOT FACTOR V TEST	14.07								X
03	85230	BLOOD CLOT FACTOR VII TEST	14.07								X
03	85240	BLOOD CLOT FACTOR VIII TEST	17.82								X
03	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.33						X		X
03	85245	CLOTTING;	22.83								
03	85246	CLOTTING;	22.83								
03	85247	CLOTTING;	22.83								
03	85250	BLOOD CLOT FACTOR IX TEST	18.94								X
03	85260	BLOOD CLOT FACTOR X TEST	14.07								X
03	85270	BLOOD CLOT FACTOR XI TEST	14.07								X
03	85280	BLOOD CLOT FACTOR XII TEST	14.07								X
03	85290	BLOOD CLOT FACTOR XIII TEST	14.07								X
03	85291	BLOOD CLOT FACTOR XIII TEST	8.85								X
03	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.85								
03	85293	CLOTTING;H-M-W KINNOGEN ASSA	18.85								
03	85300	ANTITHROMBIN III TEST	11.79								X
03	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.76								X
03	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	11.97								X
03	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	12.69								
03	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.55								
03	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.26								
03	85307	ASSAY ACTIVATED PROTEIN C	16.76								
03	85335	FACTOR INHIBITOR TEST	12.82								
03	85337	THROMBOMODULIN	10.37								
03	85345	COAGULATION TIME	4.28								X
03	85347	COAGULATION TIME	2.86								X
03	85348	COAGULATION TIME	3.71								X
03	85360	EUGLOBULIN LYSIS	8.36								
03	85362	FIBRIN DEGRADATION PRODUCTS	5.66								X
03	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	8.57								
03	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.17								
03	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	5.64								
03	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.13								
03	85380	FIBRIN DEGRADATION, VTE	11.26								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	85384	FIBRINOGEN;	8.46								
03	85385	FIBRINOGEN;	8.46								
03	85390	FIBRINOLYSINS SCREEN	5.15								
03	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	26.52								
03	85400	FIBRINOLYTIC PLASMIN	8.80								
03	85410	FIBRINOLYTIC ANTIPLASMIN	7.68								
03	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.11								
03	85420	FIBRINOLYTIC PLASMINOGEN	6.51								
03	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.14								
03	85441	HEINZ BODIES; DIRECT	4.19								
03	85445	HEINZ BODIES; INDUCED	6.78								
03	85460	HEMOGLOBIN, FETAL	4.62								
03	85461	HEMOGLOBIN, FETAL	3.07								
03	85475	HEMOLYSIN, ACID	8.83								
03	85520	HEPARIN ASSAY	8.44								
03	85525	HEPARIN NEUTRALIZATION	8.44								
03	85530	HEPARIN-PROTAMINE TOLERANCE	14.12								
03	85536	IRON STAIN PERIPHERAL BLOOD	7.09								
03	85540	WBC ALKALINE PHOSPHATASE	8.56								
03	85547	RBC MECHANICAL FRAGILITY	8.56								
03	85549	SERUM MURAMIDASE	18.66								
03	85555	RBC OSMOTIC FRAGILITY	4.62								
03	85557	RBC OSMOTIC FRAGILITY	13.29								
03	85576	PLATELET;AGGREGATION (IN VITRO)	21.38								X
03	85590	PLATELET PHASE MICROSCOPY	4.00								X
03	85597	PHOSPHOLIPID NEUTRALIZATION; PLATELE	13.35								
03	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	13.63								
03	85610	PROTHROMBIN TIME	3.92								X
03	85611	PROTHROMBIN TIME;	3.93								X
03	85612	VIPER VENOM PROTHROMBIN TIME	9.51								
03	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.51								
03	85635	REPTILASE TEST	9.80								
03	85651	RBC SEDIMENTATION RATE	3.53								
03	85652	RBC SED RATE, AUTO	2.68								
03	85660	RBC SICKLE CELL TEST	5.50								X
03	85670	THROMBIN TIME; PLASMA	5.75								
03	85675	THROMBIN TIME; TITER	6.83								
03	85705	THROMBOPLASTIN INHIBITION;	6.85								
03	85730	THROMBOPLASTIN TIME, PARTIAL	5.97								X
03	85732	THROMBOPLASTIN TIME, PARTIAL	6.44								X
03	85810	BLOOD VISCOSITY EXAMINATION	11.62								X
03	85999	HEMATOLOGY PROCEDURE	MP								X
03	86000	AGGLUTININS; FEBRILE	6.94								
03	86001	ALLERGEN SPECIFIC IGG	5.72								X
03	86003	ALLERGEN SPECIFIC IGE;	5.19								X
03	86005	ALLERGEN SPECIFIC IGE;	7.94								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	86021	WBC ANTIBODY IDENTIFICATION	14.97								
03	86022	PLATELET ANTIBODIES	18.27								
03	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.39								
03	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.04								
03	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.10								
03	86060	ANTISTREPTOLYSIN O TITER	7.27								
03	86063	ANTISTREPTOLYSIN O SCREEN	5.75								
03	86140	C-REACTIVE PROTEIN	5.15								
03	86141	C-REACTIVE PROTEIN, HS	14.16								
03	86146	GLYCOPROTEIN ANTIBODY	12.71								
03	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	11.58								
03	86148	PHOSPHOLIPID ANTIBODY	12.71								
03	86155	CHEMOTAXIS ASSAY	15.91								
03	86156	COLD AGGLUTININ;	6.67								
03	86157	COLD AGGLUTININ;	8.03								
03	86160	COMPLEMENT;	11.96								X
03	86161	COMPLEMENT;	11.96								X
03	86162	COMPLEMENT; TOTAL (CH 50)	18.98								
03	86171	COMPLEMENT FIXATION, EACH	9.98								
03	86185	COUNTERELECTROPHORESIS, EACH	8.91								
03	86200	CCP ANTIBODY	14.32								
03	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.18								
03	86225	DNA ANTIBODY	13.68								
03	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.05								
03	86235	ENA ANTIBODY	11.58								
03	86243	FC RECEPTOR ASSAY	20.43								
03	86255	FLUORESCENT ANTIBODY; SCREEN	11.29								
03	86256	FLUORESCENT ANTIBODY; TITER	12.00								
03	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.67								
03	86280	HEMAGGLUTINATION INHIBITION	8.15								
03	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	22.77								
03	86301	IMMUNOASSAY, TUMOR, CA 19-9	22.77								
03	86304	IMMUNOASSAY, TUMOR CA 125	22.77								
03	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.53				F				
03	86308	HETEROPHILE ANTIBODIES;	5.15								
03	86309	HETEROPHILE ANTIBODIES;	6.44								
03	86310	HETEROPHILE ANTIBODIES	7.34								
03	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.69								X
03	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.92								
03	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	12.88								
03	86320	SERUM IMMUNOELECTROPHORESIS	22.30								
03	86325	OTHER IMMUNOELECTROPHORESIS	22.25								
03	86327	IMMUNOELECTROPHORESIS;	22.58								
03	86329	IMMUNODIFFUSION, EACH	13.97								X
03	86331	IMMUNODIFFUSION OUCHTERLONY	11.94								
03	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.26								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	86334	IMMUNOFIXATION ELECTROPHORESIS	22.24								
05	86334	IMMUNOFIXATION ELECTROPHORESIS	8.90								
03	86336	INHIBIN A	15.49								
03	86337	INSULIN ANTIBODIES, RIA	10.41								
03	86340	INTRINSIC FACTOR ANTIBODIES, RIA	14.99								
03	86341	ISLET CELL ANTIBODY	19.69								
03	86344	LEUKOCYTE PHAGOCYTOSIS	7.94								
03	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	66.99								
03	86353	LYMPHOCYTE TRANSFORMATION	48.78								
03	86355	B CELLS, TOTAL COUNT	41.72								
03	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	22.26								X
03	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	41.72								
03	86359	T CELLS;	37.53								
03	86360	T CELLS;	40.06								
03	86361	T CELL ABSOLUTE COUNT	22.01								
03	86367	STEM CELLS, TOTAL COUNT	41.72								
03	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.48								
03	86378	MIGRATION INHIBITORY FACTOR	19.59								
03	86382	NEUTRALIZATION TEST, VIRAL	16.83								
03	86384	NITROBLUE TETRAZOLIUM DYE	11.33								
03	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22),Q	16.33								
03	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	10.15								
03	86406	PARTICLE AGGLUTINATION TEST	10.59								
03	86430	RHEUMATOID FACTOR LATEX FIXATION	5.65								
03	86431	RHEUMATOID FACTOR;	5.65								
03	86480	TUBERCULOSIS TEST, CELL MEDIATED IMM	68.53								
03	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	63.00								
03	86485	SKIN TEST;	5.80								
03	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	3.57								
03	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.14								
03	86510	HISTOPLASMOSIS SKIN TEST	5.51								
03	86580	TB PATCH OR INTRADERMAL TEST	5.83								
03	86590	STREPTOKINASE, ANTIBODY	5.66								
03	86592	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.24								
03	86593	SYPHILIS TEST, NON-TREPONEMAL ANTIBO	4.39								
03	86602	ANTIBODY;	10.13								
03	86603	ANTIBODY;	12.81								
03	86606	ANTIBODY;	14.97								
03	86609	ANTIBODY;	12.82								
03	86611	BARTONELLA ANTIBODY	11.12								
03	86612	ANTIBODY;	12.84								
03	86615	ANTIBODY;	13.14								
03	86617	LYME DISEASE ANTIBODY	15.42								
03	86618	ANTIBODY;	16.95								
03	86619	ANTIBODY;	13.32								
03	86622	ANTIBODY;	8.89								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	86625	ANTIBODY;	13.05								
03	86628	ANTIBODY;	11.96								
03	86631	ANTIBODY;	11.78								
03	86632	ANTIBODY;	12.63								
03	86635	ANTIBODY;	11.42								
03	86638	ANTIBODY;	12.07								
03	86641	ANTIBODY;	14.36								
03	86644	ANTIBODY;	14.33								
03	86645	ANTIBODY;	16.77								
03	86648	ANTIBODY;	15.14								
03	86651	ANTIBODY;	13.14								
03	86652	ANTIBODY;	13.14								
03	86653	ANTIBODY;	13.14								
03	86654	ANTIBODY;	13.14								
03	86658	ANTIBODY;	12.97								
03	86663	ANTIBODY;	13.05								
03	86664	ANTIBODY;	15.23								
03	86665	ANTIBODY;	17.73								
03	86666	EHRlichia ANTIBODY	11.12								
03	86668	ANTIBODY;	10.35								
03	86671	ANTIBODY;	12.20								
03	86674	ANTIBODY;	11.58								
03	86677	ANTIBODY;	11.58								
03	86682	ANTIBODY;	12.95								
03	86684	ANTIBODY;	15.77								
03	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	8.34								
03	86688	ANTIBODY;	10.52								
03	86689	CONFIRMATORY TEST	19.28								
03	86692	ANTIBODY;	12.69								
03	86694	ANTIBODY;	14.33								
03	86695	ANTIBODY;	13.14								
03	86696	HERPES SIMPLEX TYPE 2	21.17								
03	86698	ANTIBODY;	12.43								
03	86701	ANTIBODY;	8.84								
03	86702	ANTIBODY;	10.52								
03	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	10.52								
03	86704	HEP B CORE AB TEST, IGG & M	13.18								
03	86705	HEP B CORE AB TEST, IGM	12.88								
03	86706	HEPATITIS B SURFACE AB TEST	11.75								
03	86707	HEPATITIS BE AB TEST	12.64								
03	86708	HEP A AB TEST, IGG & M	12.73								
03	86709	HEP A AB TEST, IGM	12.31								
03	86710	ANTIBODY;	13.49								
03	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	14.34								
03	86713	ANTIBODY;	15.24								
03	86717	ANTIBODY;	12.19								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	86720	ANTIBODY;	13.14								
03	86723	ANTIBODY;	13.14								
03	86727	ANTIBODY;	12.81								
03	86729	ANTIBODY;	11.88								
03	86732	ANTIBODY;	13.14								
03	86735	ANTIBODY;	12.99								
03	86738	ANTIBODY;	13.18								
03	86741	ANTIBODY;	13.14								
03	86744	ANTIBODY;	13.14								
03	86747	ANTIBODY;	14.96								
03	86750	ANTIBODY;	13.14								
03	86753	ANTIBODY;	12.34								
03	86756	ANTIBODY;	12.82								
03	86757	RICKETTSIA ANTIBODY	21.17								
03	86759	ANTIBODY;	13.14								
03	86762	ANTIBODY;	14.33								
03	86765	ANTIBODY;	12.82								
03	86768	ANTIBODY;	13.14								
03	86771	ANTIBODY;	13.14								
03	86774	ANTIBODY;	9.73								
03	86777	ANTIBODY;	14.33								
03	86778	ANTIBODY;	14.34								
03	86780	ANTIBODY; TREPONEMA PALLIDUM	13.06								
03	86784	ANTIBODY;	4.62								
03	86787	ANTIBODY;	11.16								
03	86788	ANTIBODY; WEST NILE VIRUS, IGM	18.63								
03	86789	ANTIBODY; WEST NILE VIRUS	15.92								
03	86790	ANTIBODY;	11.16								
03	86793	ANTIBODY;	11.16								
03	86800	THYROGLOBULIN ANTIBODY, RIA	15.82								
03	86803	HEPATITIS C AB TEST	15.62								
03	86804	HEP C AB TEST, CONFIRM	16.93								
03	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	52.04								
03	86806	SEE 86805; WITHOUT TITRATION	47.37								
03	86807	SERUM SCREEN.-PRA;STANDARD METHOD	35.27								
03	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.53								
03	86812	TISSUE TYPING;	25.68								
03	86813	TISSUE TYPING;	57.71								
03	86816	TISSUE TYPING;	27.72								
03	86817	TISSUE TYPING;	64.08								
03	86821	TISSUE TYPING;	56.18								
03	86822	TISSUE TYPING;	36.37								
03	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	59.57								
03	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	19.86								
03	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	35.29								X
03	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	29.56								X

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	80.41								X
03	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	68.92								X
03	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	126.35								X
03	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	114.87								X
03	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	356.08								
03	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	321.63								
03	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP		X						
03	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.21								X
03	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	10.51								X
03	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	31.68								X
03	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.34								X
03	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.69								X
03	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.15								X
03	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	10.03								
03	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	9.70								
03	86900	BLOOD TYPING;	2.98								
03	86901	BLOOD TYPING;	3.29								
03	86902	BLOOD TYPING ANTIGEN TESTING OF DONO	3.89								X
03	86904	BLOOD TYPING;	9.46								X
03	86905	BLOOD TYPING;	3.80								X
03	86906	BLOOD TYPING;	7.72								
03	86910	BLOOD TYPING;	15.66								X
03	86911	BLOOD TYPING, FOR PATERNITY TESTING,	4.86								
03	86920	COMPATIBILITY TEST EACH UNIT;	37.10								
03	86921	COMPATIBILITY TEST EACH UNIT;	37.10								
03	86922	COMPATIBILITY TEST EACH UNIT;	35.35								
03	86923	COMPATIBILITY TEST, ELECTRIC	MP		X						
03	86927	FRESH FROZEN PLASMA, THAWING, EACH U	7.98								X
03	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	9.39								X
03	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	9.39								X
03	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	9.39								X
03	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.16								X
03	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.05								X
03	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	34.19								X
03	86950	LEUKOCYTE TRANSFUSION	31.37								
03	86960	VOL REDUCTION OF BLOOD/PROD	MP		X						
03	86965	POOLING OF PLATELETS OR OTHER BLOOD	10.93								
03	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.00								X
03	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	5.97								X
03	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.00								
03	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.00								X
03	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.00								
03	86977	PRETREATMENT OF SERUM FOR USE IN RBC	5.97								X
03	86978	PRETREATMENT OF SERUM FOR USE IN RBC	7.63								X
03	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	10.97								X
03	86999	IMMUNOLOGY PROCEDURE	45.90		X						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	87003	SMALL ANIMAL INOCULATION	16.76								
03	87015	SPECIMEN CONCENTRATION	6.65								X
03	87040	BLOOD CULTURE FOR BACTERIA	10.28								X
03	87045	STOOL CULTURE FOR BACTERIA	9.38								X
03	87046	STOOL CULTR, BACTERIA, EACH	9.38								X
03	87070	CULTURE SPECIMEN, BACTERIA	8.57								X
03	87071	CULTURE BACTERI AEROBIC OTHR	9.38								
03	87073	CULTURE BACTERIA ANAEROBIC	9.38								
03	87075	CULTURE SPECIMEN, BACTERIA	9.42								X
03	87076	BACTERIA IDENTIFICATION	8.83								
03	87077	CULTURE AEROBIC IDENTIFY	8.83								X
03	87081	BACTERIA CULTURE SCREEN	6.59								
03	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	8.57								
03	87086	URINE CULTURE, COLONY COUNT	8.03								
03	87088	URINE BACTERIA CULTURE	8.06								
03	87101	SKIN FUNGUS CULTURE	7.04								
03	87102	FUNGUS ISOLATION CULTURE	8.36								
03	87103	CULTURE,FUNGI,ISOLATION BLOOD	8.44								
03	87106	FUNGUS IDENTIFICATION	10.28								
03	87107	FUNGI IDENTIFICATION, MOLD	11.29								
03	87109	MYCOPLASMA CULTURE	15.31								
03	87110	CULTURE,CHLAMYDIA	19.49								
03	87116	MYCOBACTERIA CULTURE	10.75								
03	87118	MYCOBACTERIA IDENTIFICATION	4.08								
03	87140	CULTURE TYPING, FLUORESCENT	5.55								
03	87143	CULTURE TYPING, GLC METHOD	12.48								
03	87147	CULTURE TYPING, SEROLOGIC	4.28								
03	87149	CULTURE, TYPING; IDENTIFICATION BY N	21.93								
03	87150	CULTURE, TYPING; IDENTIFICATION BY N	34.61								
03	87152	CULTURE TYPE PULSE FIELD GEL	5.73								
03	87153	CULTURE, TYPING; IDENTIFICATION BY N	113.75								
03	87158	CULTURE TYPING, ADDED METHOD	5.20								
03	87164	DARK FIELD EXAMINATION	10.69								
03	87166	DARK FIELD EXAMINATION	8.72								
03	87168	MACROSCOPIC EXAM ARTHROPOD	4.66								
03	87169	MACACROSCOPIC EXAM PARASITE	4.66								
03	87172	PINWORM EXAM	4.66								
03	87176	ENDOTOXIN, BACTERIAL	5.86								
03	87177	OVA AND PARASITES SMEARS	8.72								X
03	87181	ANTIBIOTIC SENSITIVITY, EACH	4.74								
03	87184	ANTIBIOTIC SENSITIVITY, EACH	6.87								X
03	87185	MICROBE SUSCEPTIBLE, ENZYME	5.19								X
03	87186	ANTIBIOTIC SENSITIVITY, MIC	8.61								
03	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	10.30								
03	87188	ANTIBIOTIC SENSITIVITY, EACH	6.60								
03	87190	TB ANTIBIOTIC SENSITIVITY	5.62								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	87197	SERUM BACTERICIDAL TITER	14.43								
03	87198	CYTOMEGALOVIRUS ANTIBODY DFA	13.13								
03	87205	SMEAR, STAIN & INTERPRET	4.24								X
03	87206	SMEAR, STAIN & INTERPRET	5.34								X
03	87207	SMEAR, STAIN & INTERPRET	5.96								X
03	87209	SMEAR, COMPLEX STAIN	19.87								
03	87210	SMEAR, STAIN & INTERPRET	4.24								X
03	87220	TISSUE EXAMINATION FOR FUNGI	4.24								
03	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	19.65								X
03	87250	VIRUS INOCULATION FOR TEST	19.46								X
03	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	25.93								
03	87253	VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT	20.10								X
03	87254	VIRUS INOCULATION, SHELL VIA	19.46								X
03	87255	GENET VIRUS ISOLATE, HSV	37.44								X
03	87260	ADENOVIRUS AG, DFA	13.13								
03	87265	PERTUSSIS AG, DFA	13.13								
03	87267	ENTEROVIRUS ANTIBODY, DFA	13.26								
03	87269	GIARDIA AG, IF	13.26								
03	87270	CHYLMD TRACH AG, DFA	13.13								
03	87271	CYTOMEGALOVIRUS DFA	13.26								
03	87272	CRYPTOSPORIDUM AG, DFA	13.13								
03	87273	HERPES SIMPLEX 2, AG, IF	13.13								
03	87274	HERPES SIMPLEX AG, DFA	13.13								
03	87275	INFLUENZA B, AG, IF	13.13								
03	87276	INFLUENZA AG, DFA	13.13								
03	87277	LEGIONELLA MICDADEI, AG, IF	13.13								
03	87278	LEGION PNEUMO AG, DFA	13.13								
03	87279	PARAINFLUENZA, AG, IF	13.13								
03	87280	RESP SYNCYTIAL AG, DFA	13.13								
03	87281	PNEUMOCYSTIS CARINII, AG, IF	13.13								
03	87283	RUBEOLA, AG, IF	13.13								
03	87285	TREPON PALLIDUM AG, DFA	13.13								
03	87290	VARICELLA AG, DFA	13.13								
03	87299	AG DETECTION NOS, DFA	13.13								
03	87300	AG DETECTION, POLYVAL, IF	11.94								X
03	87301	ADENOVIRUS AG, EIA	13.13								
03	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	13.26								
03	87320	CHYLMD TRACH AG, EIA	13.13								
03	87324	CLOSTRIDIUM AG, EIA	13.13								
03	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.13								
03	87328	CRYPTOSPOR AG, EIA	13.13								
03	87329	GIARDIA AG, EIA	13.26								
03	87332	CYTOMEGALOVIRUS AG, EIA	13.13								
03	87335	E COLI 0157 AG, EIA	13.13								
03	87336	ENTAMOEB HIST DISPR, AG, EIA	13.13								
03	87337	ENTAMOEB HIST GROUP, AG, EIA	13.13								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.



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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	87338	HPYLORI, STOOL, EIA	5.08								
03	87339	HPYLORI AG, EIA	13.13								
03	87340	HEPATITIS B SURFACE AG, EIA	11.29								
03	87341	HEPATITIS B SURFACE, AG, EIA	11.29								
03	87350	HEPATITIS B AG, EIA	12.60								
03	87380	HEPATITIS DELTA AG, EIA	13.52								
03	87385	HISTOPLASMA CAPSUL AG, EIA	13.13								
03	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	23.00								
03	87390	HIV-1 AG, EIA	19.29								
03	87391	HIV-2 AG, EIA	19.29								
03	87400	INFLUENZA A/B, AG, EIA	11.94								X
03	87420	RESP SYNCYTIAL AG, EIA	13.13								
03	87425	ROTAVIRUS AG, EIA	13.13								
03	87427	SHIGA-LIKE TOXIN AG, EIA	13.13								
03	87430	STREP A AG, EIA	13.13								
03	87449	AG DETECT NOS, EIA, MULT	13.13								
03	87450	AG DETECT NOS, EIA, SINGLE	5.08								
03	87451	AG DETECT POLYVAL, EIA, MULT	5.08								
03	87470	BARTONELLA, DNA, DIR PROBE	21.93								
03	87471	BARTONELLA, DNA, AMP PROBE	38.39								
03	87472	BARTONELLA, DNA, QUANT	47.38								
03	87475	LYME DIS, DNA, DIR PROBE	21.93								
03	87476	LYME DIS, DNA, AMP PROBE	38.39								
03	87477	LYME DIS, DNA, QUANT	42.63								
03	87480	CANDIDA, DNA, DIR PROBE	21.93								
03	87481	CANDIDA, DNA, AMP PROBE	38.39								
03	87482	CANDIDA, DNA, QUANT	41.55								
03	87485	CHYLMD PNEUM, DNA, DIR PROBE	21.93								
03	87486	CHYLMD PNEUM, DNA, AMP PROBE	38.39								
03	87487	CHYLMD PNEUM, DNA, QUANT	47.38								
03	87490	CHYLMD TRACH, DNA, DIR PROBE	21.93								
03	87491	CHYLMD TRACH, DNA, AMP PROBE	38.39								
03	87492	CHYLMD TRACH, DNA, QUANT	34.78								
03	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	34.61								
03	87495	CYTOMEG, DNA, DIR PROBE	21.93								
03	87496	CYTOMEG, DNA, AMP PROBE	38.39								
03	87497	CYTOMEG, DNA, QUANT	46.85								
03	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	38.82								
03	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	38.82								
03	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	52.17								
03	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	86.49								
03	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	21.11								
03	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	130.94								
03	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	217.84								
03	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	425.39								
03	87510	GARDNER VAG, DNA, DIR PROBE	21.93								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	87511	GARDNER VAG, DNA, AMP PROBE	38.39								
03	87512	GARDNER VAG, DNA, QUANT	41.55								
03	87515	HEPATITIS B, DNA, DIR PROBE	21.93								
03	87516	HEPATITIS B , DNA, AMP PROBE	38.39								
03	87517	HEPATITIS B , DNA, QUANT	46.85								
03	87520	HEPATITIS C , RNA, DIR PROBE	21.93								
03	87521	DETECTION TEST FOR HEPATITIS C VIRUS	38.39								
03	87522	DETECTION TEST FOR HEPATITIS C VIRUS	46.85								
03	87525	HEPATITIS G , DNA, DIR PROBE	21.93								
03	87526	HEPATITIS G, DNA, AMP PROBE	38.39								
03	87527	HEPATITIS G, DNA, QUANT	41.55								
03	87528	HSV, DNA, DIR PROBE	21.93								
03	87529	HSV, DNA, AMP PROBE	38.39								
03	87530	HSV, DNA, QUANT	46.85								
03	87531	HHV-6, DNA, DIR PROBE	21.93								
03	87532	HHV-6, DNA, AMP PROBE	38.39								
03	87533	HHV-6, DNA, QUANT	41.55								
03	87534	HIV-1, DNA, DIR PROBE	21.93								
03	87535	DETECTION TEST FOR HIV-1 VIRUS	38.39								
03	87536	DETECTION TEST FOR HIV-1 VIRUS	84.69								
03	87537	HIV-2, DNA, DIR PROBE	21.93								
03	87538	DETECTION TEST FOR HIV-2 VIRUS	38.39								
03	87539	DETECTION TEST FOR HIV-2 VIRUS	42.63								
03	87540	LEGION PNEUMO, DNA, DIR PROB	21.93								
03	87541	LEGION PNEUMO, DNA, AMP PROB	38.39								
03	87542	LEGION PNEUMO, DNA, QUANT	41.55								
03	87550	MYCOBACTERIA, DNA, DIR PROBE	21.93								
03	87551	MYCOBACTERIA, DNA, AMP PROBE	38.39								
03	87552	MYCOBACTERIA, DNA, QUANT	46.85								
03	87555	M.TUBERCULO, DNA, DIR PROBE	21.93								
03	87556	M.TUBERCULO, DNA, AMP PROBE	38.39								
03	87557	M.TUBERCULO, DNA, QUANT	47.38								
03	87560	M.AVIUM-INTRA, DNA, DIR PROB	21.93								
03	87561	M.AVIUM-INTRA, DNA, AMP PROB	38.39								
03	87562	M.AVIUM-INTRA, DNA, QUANT	47.38								
03	87580	M.PNEUMON, DNA, DIR PROBE	21.93								
03	87581	M.PNEUMON, DNA, AMP PROBE	38.39								
03	87582	M.PNEUMON, DNA, QUANT	41.55								
03	87590	N.GONORRHOEAE, DNA, DIR PROB	21.93								
03	87591	N.GONORRHOEAE, DNA, AMP PROB	38.39								
03	87592	N.GONORRHOEAE, DNA, QUANT	42.63								
03	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.82								
03	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.82								
03	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	35.82								
03	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	127.76								
03	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	212.55								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	415.07								
03	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	38.82								
03	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	38.82								
03	87650	STREP A, DNA, DIR PROBE	21.93								
03	87651	STREP A, DNA, AMP PROBE	38.39								
03	87652	STREP A, DNA, QUANT	41.55								
03	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	38.82								
03	87660	TRICHOMONAS VAGIN, DIR PROBE	22.18					F			
03	87661	Infectious agent detection by nuclei	34.33								
03	87797	DETECT AGENT NOS, DNA, DIR	21.93								
03	87798	DETECT AGENT NOS, DNA, AMP	38.39								
03	87799	DETECT AGENT NOS, DNA, QUANT	13.05								
03	87800	DETECT AGNT MULT, DNA, DIREC	39.90								
03	87801	DETECT AGNT MULT, DNA, AMPLI	69.85								
03	87802	STREP B ASSAY W/OPTIC	13.13								
03	87803	CLOSTRIDIUM TOXIN A W/OPTIC	13.13								
03	87804	AGENT NOS ASSAY W/OPTIC	13.13								X
03	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	22.95								
03	87807	RSV ASSAY W/OPTIC	13.26								
03	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	13.26					F			
03	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	13.26								
03	87810	CHYLM D TRACH ASSAY W/OPTIC	13.13								
03	87850	N. GONORRHOEAE ASSAY W/OPTIC	13.13								
03	87880	STREP A ASSAY W/OPTIC	13.13								
03	87899	AGENT NOS ASSAY W/OPTIC	13.13								
03	87900	PHENOTYPE, INFECT AGENT DRUG	144.13								
03	87901	INFECTIOUS AGENT GENOTYPE ANALYSIS B	256.19								
03	87902	GENOTYPE, DNA, HEPATITIS C	281.55								
03	87903	PHENOTYPE, DNA HIV W/CULTURE	486.27								
03	87904	PHENOTYPE, DNA HIV W/CLT ADD	28.83								
03	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	14.12								
03	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	130.83								
03	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	256.39								
03	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	256.39								
03	87999	MICROBIOLOGY PROCEDURE	MP								X
03	88104	CYTOPATHOLOGY	38.22								
05	88104	CYTOPATHOLOGY	15.29								
03	88106	CYTOPATHOLOGY	48.04								
05	88106	CYTOPATHOLOGY	19.22								
03	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	45.70								
05	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS	18.28								
03	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	59.89								
05	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	31.32								
03	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	233.02								
05	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	93.21								
03	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	196.71								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	78.68								
03	88125	FORENSIC CYTOPATHOLOGY	12.95								
05	88125	FORENSIC CYTOPATHOLOGY	5.18								
03	88130	SEX CHROMATIN IDENTIFICATION	14.97								
03	88140	SEX CHROMATIN IDENTIFICATION	7.94								
03	88141	CYTOPATH CERV/VAG INTERPRET	20.10	10	99		F				
03	88142	CYTOPATH CERV/VAG THIN LAYER	15.03	10	99		F				
03	88143	CYTPATH C/VAG T/LAYER REDO	13.68	10	99		F				
03	88147	CYTPATH C/VAG AUTOMATED	10.52	10	99		F				
03	88148	CYTPATH C/VAG AUTO RESCREEN	10.52	10	99		F				
03	88150	CYTOPATHOLOGY, PAP SMEAR	10.52	10	99		F	X			
03	88152	CYTOPATH CERV/VAG AUTO	10.52	10	99		F				
03	88153	CYTPATH C/VAG REDO	10.52	10	99		F				
03	88154	CYTPATH C/VAG SELECT	10.52	10	99		F				
03	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	5.96	10	99		F	X			
03	88160	CYTOPATHOLOGY	33.36								
05	88160	CYTOPATHOLOGY	13.34								
03	88161	CYTOPATH...;PREP,SCREEN,INTERP.	36.39								
05	88161	CYTOPATH...;PREP,SCREEN,INTERP.	14.56								
03	88162	CYTOPATH...;EXT.STUDY,+5 SLIDES,MULTI	49.92								
05	88162	CYTOPATH...;EXT.STUDY.+5 SLIDES,MULTI	19.97								
03	88164	CYTPATH TBS C/VAG MANUAL	10.52	10	99		F				
03	88165	CYTPATH TBS C/VAG REDO	10.52	10	99		F				
03	88166	CYTPATH TBS C/VAG AUTO REDO	10.52	10	99		F				
03	88167	CYTPATH TBS C/VAG SELECT	10.52	10	99		F				
03	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	33.44								
05	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	13.38								
03	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	85.60								
05	88173	FINE NEEDLE ASPIRATE...;INTERP/REPORT	34.24								
03	88174	CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	16.15	10	99		F				
03	88175	CYTOPATHOLOGY WITH SCREENING	20.34	10	99		F				
03	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.36								
05	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	5.74								
03	88182	FLOW CYTOMETRY;	66.86								
05	88182	FLOW CYTOMETRY	26.74								
03	88184	FLOWCYTOMETRY/ TC, 1 MARKER	44.76								
03	88185	FLOWCYTOMETRY/TC, ADD-ON	25.57								X
03	88187	FLOWCYTOMETRY/READ, 2-8	43.29								
03	88188	FLOWCYTOMETRY/READ, 9-15	53.67								
03	88189	FLOWCYTOMETRY/READ, 16 & >	70.10								
03	88199	CYTOPATHOLOGY PROCEDURE	MP				X				
05	88199	CYTOPATHOLOGY PROCEDURE	MP				X				
03	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	63.60								
03	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	63.60								
03	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	63.60								
03	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	63.60								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	63.60								
03	88240	CELL CRYOPRESERVE/STORAGE	11.06								
03	88241	FROZEN CELL PREPARATION	11.06								
03	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	63.60								
03	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	172.34								
03	88249	CHROMOSOME ANALYSIS, 100	189.39								
03	88261	CHROMOSOME COUNT: 1-4 CELLS	175.87								
03	88262	CHROMOSOME COUNT: 1-20 CELLS	124.02								
03	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	63.60								
03	88264	CHROMOSOME ANALYSIS, 20-25	136.32								
03	88267	CHROMOSOME COUNT: AMNIOTIC	178.90								
03	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	165.50								
03	88271	CYTOGENETICS, DNA PROBE	23.42								
03	88272	CYTOGENETICS, 3-5	29.28								
03	88273	CYTOGENETICS, 10-30	35.14								
03	88274	CYTOGENETICS, 25-99	38.07								
03	88275	CYTOGENETICS, 100-300	43.92								
03	88280	CHROMOSOME COUNT: ADDITIONAL	24.98								
03	88283	CHROM ANAL;ADD SPEC BANDING TECH.	27.76								
03	88285	CHROMOSOME COUNT: ADDITIONAL	18.90								
03	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.26								
05	88289	CHROM ANAL;ADD.HI RESOLUTION STUDY	13.70								
03	88291	CYTO/MOLECULAR REPORT	18.16								
05	88291	CYTO MOLECULAR REPORT	7.26								
03	88299	CYTOGENETIC STUDY	5.28								
03	88300	SURGICAL PATHOLOGY, GROSS	14.19								X
05	88300	SURGICAL PATHOLOGY, GROSS	5.75								X
03	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	29.30								X
05	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	12.37								X
03	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	38.47								X
05	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	15.39								X
03	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	65.86								X
05	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	26.34								X
03	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	129.86								
05	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	51.94								
03	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	194.28								
05	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	77.71								
03	88311	SURGICAL PATHOLOGY; DECALCIFICATION	11.78								
05	88311	SURGICAL PATHOLOGY; DECALCIFICATION	4.71								
03	88312	SPECIAL STAIN INCLUDING INTERPRETATI	58.29								
05	88312	SPECIAL STAIN INCLUDING INTERPRETATI	23.32								
03	88313	SPECIAL STAIN INCLUDING INTERPRETATI	43.68								
05	88313	SPECIAL STAIN INCLUDING INTERPRETATI	17.47								
03	88314	SPECIAL STAIN INCLUDING INTERPRETATI	58.95								
05	88314	SPECIAL STAIN INCLUDING INTERPRETATI	23.58								
03	88321	MICROSLIDE CONSULTATION	58.94								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	88323	MICROSLIDE CONSULTATION	92.33								
05	88323	MICROSLIDE CONSULTATION	36.93								
03	88325	COMPREHENSIVE REVIEW OF DATA	125.87								
03	88329	CONSULTATION DURING SURGERY	31.99								X
03	88331	CONSULTATION DURING SURGERY	57.73								X
05	88331	CONSULTATION DURING SURGERY	23.09								X
03	88332	PATHOLOGY CONSULTATION DURING SURGER	26.16								
05	88332	PATHOLOGY CONSULTATION DURING SURGER	10.46								
03	88333	INTRAOP CYTO PATH CONSULT, 1	58.94								
05	88333	INTRAOP CYTO PATH CONSULT, 1	23.58								
03	88334	PATHOLOGY CONSULTATION DURING SURGER	34.56								X
05	88334	PATHOLOGY CONSULTATION DURING SURGER	13.82								X
03	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	46.40								
05	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	18.56								
03	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	61.93								
05	88342	IMMUNOCYTOCHEMISTRY	24.77								
03	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	80.28								
05	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	32.11								
03	88346	AUTO-ANTIBODY PROFILE	62.66								X
05	88346	AUTO-ANTIBODY PROFILE	25.06								X
03	88348	ELECTRON MICROSCOPY	314.30								
05	88348	ELECTRON MICROSCOPY	145.12								
03	88358	MORPHOMETRIC ANALYSIS TUMOR	64.73								
05	88358	ANALYSIS, TUMOR	25.89								
03	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	74.77								
05	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	29.91					X			
03	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	107.06								
05	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	42.83								
03	88363	EXAMINATION AND SELECTION OF RETRIEV	19.48								
03	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	66.47								
05	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	26.59								
03	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	93.97								X
05	88365	TISSUE HYBRIDATION	37.59								X
03	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	103.35								
05	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	41.34								
03	88367	INSITU HYBRIDIZATION, AUTO	98.32								
05	88367	INSITU HYBRIDIZATION, AUTO	57.84								
03	88368	INSITU HYBRIDIZATION, MANUAL	100.19								
05	88368	INSITU HYBRIDIZATION, MANUAL	51.20								
03	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	50.78								
05	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	20.31								
03	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.11								
03	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.64								X
03	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.67								
05	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	16.67								
03	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	139.04								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

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

FEES EFFECTIVE FOR DOS JANUARY 01, 2016 THRU JUNE 30, 2016

## 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	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	55.62								
03	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	146.66								
05	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	58.66								
05	88384	EVAL MOLECULAR PROBES, 11-50	23.11								
03	88387	MACROSCOPIC EXAMINATION, DISSECTION,	25.20								
05	88387	MACROSCOPIC EXAMINATION, DISSECTION,	10.08								
03	88388	MACROSCOPIC EXAMINATION, DISSECTION,	15.22								
05	88388	MACROSCOPIC EXAMINATION, DISSECTION,	6.09								
03	88399	SURGICAL PATHOLOGY PROCEDURE	MP								X
05	88399	SURGICAL PATHOLOGY PROCEDURE	MP								X
03	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	3.47								
03	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	3.43								
03	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.02								
03	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.02								
03	89049	CHCT FOR MAL HYPERTHERMIA	118.28								
03	89050	BODY FLUID CELL COUNT	4.71								X
03	89051	BODY FLUID CELL COUNT	5.49								X
03	89055	LEUKOCYTE ASSESSMENT, FECAL	4.72								
03	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.12								
03	89125	SPECIMEN FAT STAIN	4.29								X
03	89160	EXAM FECES FOR MEAT FIBERS	3.67								
03	89190	NASAL SMEAR FOR EOSINOPHILS	4.74								
03	89220	SPUTUM SPECIMEN COLLECTION	11.90								
03	89230	COLLECT SWEAT FOR TEST	2.33								
03	89240	PATHOLOGY LAB PROCEDURE	MP								X

-----  
Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Provider Relations at 1-800-473-2783.  
-----

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the 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.