

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018
LEGEND

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

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

Listed below is an explanation of the type of service found on this schedule.

15 - Outpatient Ambulatory Surgical Services.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with MP are manually priced after Medical Review.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments, manual pricing, or to confirm Prior authorization by the surgeon.

COLUMN 7. SEX (Restriction): Some procedure codes are indicated for only one sex.

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	G0105	COLORECTAL SCRNI; HI RISK IND	405.06				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	405.06				
15	G0260	INJ FOR SACROILLIAC JT ANESTH	302.44				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,216.08	10 60		F	
15	10022	FNA W/IMAGE	302.44				
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	302.44				
15	10060	DRAINAGE OF SKIN ABSCESS	302.44				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	302.44				
15	10080	INCISE/DRAIN SIMPLE CYST	302.44				
15	10081	INCISE/DRAIN COMPLICATED PILONIDAL CYST	302.44				
15	10120	SIMPLE REMOVAL FOREIGN BODY	302.44				
15	10121	REMOVE FOREIGN BODY	405.06				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	302.44				
15	10160	PUNCTURE DRAINAGE OF LESION	302.44				
15	10180	COMPLEX DRAINAGE, WOUND	405.06				
15	11004	DEBRIDE GENITALIA & PERINEUM	405.06				
15	11005	DEBRIDE ABDOM WALL	405.06				
15	11006	DEBRIDE GENIT/ABDOM WALL	405.06				
15	11008	REMOVE MESH FROM ABD WALL	405.06				
15	11010	DEBRIDE SKIN, FX	405.06				
15	11011	DEBRIDE SKIN/MUSCLE, FX	405.06				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	405.06				
15	11042	DEBRIDE SKIN/TISSUE	405.06				
15	11043	DEBRIDE TISSUE/MUSCLE	405.06				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	405.06				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	302.44				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	302.44				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	302.44				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	302.44				
15	11404	REMOVAL OF SKIN LESION	302.44				
15	11406	REMOVAL OF SKIN LESION	405.06				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	405.06				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	405.06				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	405.06				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	405.06				
15	11424	REMOVAL OF SKIN LESION	405.06				
15	11426	REMOVAL OF SKIN LESION	405.06				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	302.44				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	302.44				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	302.44				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	302.44				
15	11444	REMOVAL OF SKIN LESION	302.44				
15	11446	REMOVAL OF SKIN LESION	405.06				
15	11450	REMOVAL, SWEAT GLAND LESION	405.06				
15	11451	REMOVAL, SWEAT GLAND LESION	405.06				
15	11462	REMOVAL, SWEAT GLAND LESION	405.06				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11463	REMOVAL, SWEAT GLAND LESION	405.06				
15	11470	REMOVAL, SWEAT GLAND LESION	405.06				
15	11471	REMOVAL, SWEAT GLAND LESION	405.06				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	405.06				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	405.06				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	405.06				
15	11604	REMOVAL OF SKIN LESION	405.06				
15	11606	REMOVAL OF SKIN LESION	405.06				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	405.06				
15	11624	REMOVAL OF SKIN LESION	405.06				
15	11626	REMOVAL OF SKIN LESION	405.06				
15	11640	EXC FACE MM MALIG + MAG 0.5<	405.06				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	405.06				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	405.06				
15	11644	REMOVAL OF SKIN LESION	405.06				
15	11646	REMOVAL OF SKIN LESION	405.06				
15	11750	EXCISION NAIL & NAIL MATRIX	302.44				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	302.44				
15	11770	REMOVAL OF PILONIDAL LESION	463.17				
15	11771	REMOVAL OF PILONIDAL LESION	463.17				
15	11772	REMOVAL OF PILONIDAL LESION	463.17				
15	11920	TATOOING; 6 SQ CM OR LESS	302.44			X	
15	11921	TATOOING; 6.1 TO 20 SQ CM	302.44			X	
15	11960	INSERT TISSUE EXPANDER(S)	405.06				
15	11970	REPLACE TISSUE EXPANDER	463.17			X	
15	11971	REMOVE TISSUE EXPANDER(S)	302.44			X	
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	302.44				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	302.44				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	302.44				
15	12005	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12006	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12007	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	405.06				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	405.06				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	405.06				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	405.06				
15	12016	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12017	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12018	REPAIR SUPERFICIAL WOUND(S)	405.06				
15	12020	CLOSURE OF SPLIT WOUND	302.44				
15	12021	CLOSURE OF SPLIT WOUND	302.44				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	302.44				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	302.44				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	405.06				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	405.06				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	405.06				

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			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	405.06				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	302.44				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	302.44				
15	12044	LAYER CLOSURE OF WOUND(S)	405.06				
15	12045	LAYER CLOSURE OF WOUND(S)	405.06				
15	12046	LAYER CLOSURE OF WOUND(S)	405.06				
15	12047	LAYER CLOSURE OF WOUND(S)	405.06				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	302.44				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	302.44				
15	12053	LAYER CLOSURE 5.1 TO 7.5	302.44				
15	12054	LAYER CLOSURE OF WOUND(S)	405.06				
15	12055	LAYER CLOSURE OF WOUND(S)	405.06				
15	12056	LAYER CLOSURE OF WOUND(S)	405.06				
15	12057	LAYER CLOSURE OF WOUND(S)	405.06				
15	13100	REPAIR OF WOUND OR LESION	405.06				
15	13101	REPAIR OF WOUND OR LESION	463.17				
15	13102	REPAIR WOUND/LESION ADD-ON	463.17				
15	13120	REPAIR OF WOUND OR LESION	405.06				
15	13121	REPAIR OF WOUND OR LESION	463.17				
15	13122	REPAIR WOUND/LESION ADD-ON	463.17				
15	13131	REPAIR OF WOUND OR LESION	405.06				
15	13132	REPAIR OF WOUND OR LESION	463.17				
15	13133	REPAIR WOUND/LESION ADD-ON	463.17				
15	13151	REPAIR OF WOUND OR LESION	463.17				
15	13152	REPAIR OF WOUND OR LESION	463.17				
15	13153	REPAIR WOUND/LESION ADD-ON	302.44				
15	13160	LATE CLOSURE OF WOUND	405.06				
15	14000	SKIN TISSUE REARRANGEMENT	405.06				
15	14001	SKIN TISSUE REARRANGEMENT	463.17				
15	14020	SKIN TISSUE REARRANGEMENT	463.17				
15	14021	SKIN TISSUE REARRANGEMENT	463.17				
15	14040	SKIN TISSUE REARRANGEMENT	405.06				
15	14041	SKIN TISSUE REARRANGEMENT	463.17				
15	14060	SKIN TISSUE REARRANGEMENT	463.17				
15	14061	SKIN TISSUE REARRANGEMENT	463.17				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	572.17				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	572.17				
15	14350	SKIN TISSUE REARRANGEMENT	463.17				
15	15040	HARVEST CULTURED SKIN GRAFT	405.06				
15	15050	SKIN PINCH GRAFT	405.06				
15	15100	SKIN SPLIT GRAFT	405.06				
15	15101	SKIN SPLIT GRAFT ADD-ON	463.17				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	405.06				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	302.44				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	405.06				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	302.44				

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15	15120	SKIN SPLIT GRAFT	405.06				
15	15121	SKIN SPLIT GRAFT ADD-ON	463.17				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	405.06				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	302.44				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	405.06				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	302.44				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	405.06				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	302.44				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	302.44				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	405.06				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	302.44				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	302.44				
15	15200	SKIN FULL GRAFT	463.17				
15	15201	SKIN FULL GRAFT ADD-ON	405.06				
15	15220	SKIN FULL GRAFT	405.06				
15	15221	SKIN FULL GRAFT ADD-ON	405.06				
15	15240	SKIN FULL GRAFT	463.17				
15	15241	SKIN FULL GRAFT ADD-ON	463.17				
15	15260	SKIN FULL GRAFT	405.06				
15	15261	SKIN FULL GRAFT ADD-ON	405.06				
15	15570	FORM SKIN PEDICLE FLAP	463.17				
15	15572	FORM SKIN PEDICLE FLAP	463.17				
15	15574	FORM SKIN PEDICLE FLAP	463.17				
15	15576	FORM SKIN PEDICLE FLAP	463.17				
15	15600	SKIN GRAFT	463.17				
15	15610	SKIN GRAFT	463.17				
15	15620	SKIN GRAFT	572.17				
15	15630	SKIN GRAFT	463.17				
15	15650	TRANSFER SKIN PEDICLE FLAP	651.19				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	463.17				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	463.17				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	463.17				
15	15736	MUSCLE-SKIN GRAFT, ARM	463.17				
15	15738	MUSCLE-SKIN GRAFT, LEG	463.17				
15	15740	ISLAND PEDICLE FLAP GRAFT	405.06				
15	15750	NEUROVASCULAR PEDICLE GRAFT	405.06				
15	15760	COMPOSITE SKIN GRAFT	405.06				
15	15770	DERMA-FAT-FASCIA GRAFT	463.17				
15	15820	REVISION OF LOWER EYELID	463.17			X	
15	15821	REVISION OF LOWER EYELID	463.17			X	
15	15822	REVISION OF UPPER EYELID	463.17			X	
15	15823	REVISION OF UPPER EYELID	651.19			X	
15	15840	GRAFT FOR FACE NERVE PALSY	572.17				
15	15841	GRAFT FOR FACE NERVE PALSY	572.17				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	572.17				
15	15845	SKIN AND MUSCLE REPAIR, FACE	572.17				

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15852	CHANGE DRESSING UNDER ANESTHESIA	302.44				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	302.44				
15	15920	REMOVAL OF TAIL BONE ULCER	463.17				
15	15922	REMOVAL OF TAIL BONE ULCER	572.17				
15	15931	REMOVE SACRUM PRESSURE SORE	463.17				
15	15933	REMOVE SACRUM PRESSURE SORE	463.17				
15	15934	REMOVE SACRUM PRESSURE SORE	463.17				
15	15935	REMOVE SACRUM PRESSURE SORE	572.17				
15	15936	REMOVE SACRUM PRESSURE SORE	572.17				
15	15937	REMOVE SACRUM PRESSURE SORE	572.17				
15	15940	REMOVE HIP PRESSURE SORE	463.17				
15	15941	REMOVE HIP PRESSURE SORE	463.17				
15	15944	REMOVE HIP PRESSURE SORE	463.17				
15	15945	REMOVE HIP PRESSURE SORE	572.17				
15	15946	REMOVE HIP PRESSURE SORE	572.17				
15	15950	REMOVE THIGH PRESSURE SORE	463.17				
15	15951	REMOVE THIGH PRESSURE SORE	572.17				
15	15952	REMOVE THIGH PRESSURE SORE	463.17				
15	15953	REMOVE THIGH PRESSURE SORE	572.17				
15	15956	REMOVE THIGH PRESSURE SORE	463.17				
15	15958	REMOVE THIGH PRESSURE SORE	572.17				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	302.44				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	405.06				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	405.06				
15	16035	ESCHAROTOMY	405.06				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	405.06				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	405.06				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	405.06				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	302.44				
15	19020	INCISION OF BREAST LESION	405.06				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	405.06				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	405.06				
15	19083	Biopsy of breast accessed throught t	405.06				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	405.06				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	405.06				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	405.06				
15	19100	BX BREAST PERCUT W/O IMAGE	302.44				
15	19101	BIOPSY OF BREAST, OPEN	405.06				
15	19110	NIPPLE EXPLORATION	405.06				
15	19112	EXCISE BREAST DUCT FISTULA	463.17				
15	19120	REMOVAL OF BREAST LESION	463.17				
15	19125	EXCISION, BREAST LESION	463.17				
15	19126	EXCISION, ADDL BREAST LESION	463.17				
15	19281	Placement of breast localization dev	302.44				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	302.44				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	302.44				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	302.44				
15	19285	Placement of breast localization dev	302.44				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	302.44				
15	19287	Placement of breast localization dev	302.44				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	302.44				
15	19296	PLACE PO BREAST CATH FOR RAD	302.44				
15	19297	PLACE BREAST CATH FOR RAD	302.44				
15	19298	PLACE BREAST RAD TUBE/CATHS	302.44				
15	19300	MASTECTOMY FOR GYNecomASTIA	572.17			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	463.17				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	903.65				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	572.17				
15	19304	MASTECTOMY, SUBCUTANEOUS	572.17				
15	19307	MAST, MOD RAD	903.65				
15	19316	MASTOPEXY	572.17				
15	19318	REDUCTION OF LARGE BREAST	572.17	18 99	X	F	
15	19324	ENLARGE BREAST	572.17		X	F	
15	19325	MAMMAPLASTY WITH PROSTHETIC	572.17		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	302.44		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	302.44				
15	19340	IMMEDIATE BREAST PROSTHESIS	405.06		X	F	
15	19342	DELAYED BREAST PROSTHESIS	463.17		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	572.17		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	651.19		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	651.19		X		
15	19366	BREAST RECONSTRUCTION	651.19		X	F	
15	19370	SURGERY OF BREAST CAPSULE	572.17		X		
15	19371	REMOVAL OF BREAST CAPSULE	572.17		X		
15	19380	REVISE BREAST RECONSTRUCTION	651.19		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20005	INCISION OF DEEP ABSCESS	405.06				
15	20100	EXPLORE WOUND, NECK	463.17				
15	20101	EXPLORE WOUND, CHEST	463.17				
15	20102	EXPLORE WOUND, ABDOMEN	463.17				
15	20103	EXPLORE WOUND, EXTREMITY	463.17				
15	20200	MUSCLE BIOPSY	405.06				
15	20205	DEEP MUSCLE BIOPSY	463.17				
15	20206	NEEDLE BIOPSY, MUSCLE	302.44				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	302.44				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	405.06				
15	20240	BONE BIOPSY, EXCISIONAL	405.06				
15	20245	BONE BIOPSY, EXCISIONAL	463.17				
15	20250	OPEN BONE BIOPSY	463.17				
15	20251	OPEN BONE BIOPSY	463.17				

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1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	20500	INJECT SINUS TRACT, THERAPEUTICI	302.44				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	302.44				
15	20520	REMOVE FOREGIN BODY; SIMPLE	302.44				
15	20525	REMOVAL OF FOREIGN BODY	463.17				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	302.44				
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	302.44				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	302.44				
15	20612	ASPIRATE/INJ GANGLION CYST	302.44				
15	20615	ASPIRATE/INJECTION-BONE CYST	302.44				
15	20650	INSERT AND REMOVE BONE PIN	463.17				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	302.44	00	00		
15	20661	APPLY HALO;	302.44				
15	20662	APPLY HALO; PELVIC	302.44				
15	20663	APPLY HALO; FEMORAL	302.44				
15	20664	HALO BRACE APPLICATION	405.06				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	302.44				
15	20670	REMOVAL OF SUPPORT IMPLANT	302.44				
15	20680	REMOVAL OF SUPPORT IMPLANT	463.17				
15	20690	APPLY BONE FIXATION DEVICE	405.06				
15	20692	APPLY BONE FIXATION DEVICE	463.17				
15	20693	ADJUST BONE FIXATION DEVICE	463.17				
15	20694	REMOVE BONE FIXATION DEVICE	302.44				
15	20900	REMOVAL OF BONE FOR GRAFT	463.17				
15	20902	REMOVAL OF BONE FOR GRAFT	572.17				
15	20910	REMOVE CARTILAGE FOR GRAFT	463.17				
15	20912	REMOVE CARTILAGE FOR GRAFT	463.17				
15	20920	REMOVAL OF FASCIA FOR GRAFT	572.17				
15	20922	REMOVAL OF FASCIA FOR GRAFT	463.17				
15	20924	REMOVAL OF TENDON FOR GRAFT	572.17				
15	20926	REMOVAL OF TISSUE FOR GRAFT	572.17				
15	20930	SPINAL BONE ALLOGRAFT	302.44				
15	20931	SPINAL BONE ALLOGRAFT	302.44				
15	20936	SPINAL BONE AUTOGRAFT	302.44				
15	20937	SPINAL BONE AUTOGRAFT	302.44				
15	20938	SPINAL BONE AUTOGRAFT	302.44				
15	20950	MONITOR INTERSTITIAL FLUID	302.44				
15	20975	ELECTRICAL BONE STIMULATION	405.06				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	405.06				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	405.06				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	302.44				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	302.44				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	302.44				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	302.44				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	463.17				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21025	EXCISION OF BONE, LOWER JAW	405.06				
15	21026	EXCISION OF FACIAL BONE(S)	405.06				
15	21029	CONTOUR OF FACE BONE LESION	405.06				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	405.06				
15	21031	EXCISION OF TORUS MANDIBULARIS	405.06				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	405.06				
15	21034	REMOVAL OF FACE BONE LESION	463.17				
15	21040	REMOVAL OF JAW BONE LESION	405.06				
15	21044	REMOVAL OF JAW BONE LESION	405.06				
15	21045	RADICAL RESECTION OF MANDIBLE	463.17				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	405.06				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	405.06				
15	21048	REMOVE MAXILLA CYST COMPLEX	405.06				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	463.17				
15	21050	REMOVAL OF JAW JOINT	463.17				
15	21060	REMOVE JAW JOINT CARTILAGE	405.06				
15	21070	REMOVE CORONOID PROCESS	463.17				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	405.06				
15	21110	INTERDENTAL FIXATION	302.44				
15	21120	GENIOPLASTY; AUGMENTATION	903.65				
15	21121	RECONSTRUCTION OF CHIN	903.65				
15	21122	RECONSTRUCTION OF CHIN	903.65				
15	21123	RECONSTRUCTION OF CHIN	903.65				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	903.65				
15	21127	AUGMENTATION, LOWER JAW BONE	1,216.08				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	903.65				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	903.65				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	903.65				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	903.65				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	903.65				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	903.65				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	903.65				
15	21181	CONTOUR CRANIAL BONE LESION	903.65				
15	21206	RECONSTRUCT UPPER JAW BONE	651.19				
15	21208	AUGMENTATION OF FACIAL BONES	903.65				
15	21209	REDUCTION OF FACIAL BONES	651.19				
15	21210	FACE BONE GRAFT	903.65				
15	21215	LOWER JAW BONE GRAFT	903.65				
15	21230	RIB CARTILAGE GRAFT	903.65				
15	21235	EAR CARTILAGE GRAFT	903.65				
15	21240	RECONSTRUCTION OF JAW JOINT	572.17				
15	21242	RECONSTRUCTION OF JAW JOINT	651.19				
15	21243	RECONSTRUCTION OF JAW JOINT	651.19				
15	21244	RECONSTRUCTION OF LOWER JAW	903.65				
15	21245	RECONSTRUCTION OF JAW	903.65				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21246	RECONSTRUCTION OF JAW	903.65				
15	21248	RECONSTRUCTION OF JAW	903.65				
15	21249	RECONSTRUCTION OF JAW	903.65				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	903.65				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	903.65				
15	21260	ORBITAL REVISION; EXTRACRANIAL	903.65				
15	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	903.65				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	903.65				
15	21267	REVISE EYE SOCKETS	903.65				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	903.65				
15	21270	AUGMENTATION, CHEEK BONE	651.19				
15	21275	REVISION, ORBITOFACIAL BONES	903.65				
15	21280	REVISION OF EYELID	651.19				
15	21282	REVISION OF EYELID	651.19				
15	21295	RECONST LWR JAW W/O FIXATION	302.44				
15	21296	RECONST LWR JAW W/FIXATION	302.44				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	405.06				
15	21315	TREATMENT OF NOSE FRACTURE	405.06				
15	21320	TREATMENT OF NOSE FRACTURE	405.06				
15	21325	TREATMENT OF NOSE FRACTURE	572.17				
15	21330	TREATMENT OF NOSE FRACTURE	651.19				
15	21335	TREATMENT OF NOSE FRACTURE	903.65				
15	21336	TREAT NASAL SEPTAL FRACTURE	572.17				
15	21337	TREAT NASAL SEPTAL FRACTURE	405.06				
15	21338	TREAT NASOETHMOID FRACTURE	572.17				
15	21339	TREAT NASOETHMOID FRACTURE	651.19				
15	21340	TREATMENT OF NOSE FRACTURE	572.17				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	651.19				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	903.65				
15	21345	TREAT NOSE/JAW FRACTURE	903.65				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	651.19				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	903.65				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	903.65				
15	21355	TREAT CHEEK BONE FRACTURE	463.17				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	463.17				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	572.17				
15	21386	TREAT ORBITAL FX; PERIORBITAL	572.17				
15	21387	TREAT ORBITAL FX; COMBINATION	572.17				
15	21390	TREAT ORBITAL WITH IMPLANT	572.17				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	572.17				
15	21400	TREAT EYE SOCKET FRACTURE	405.06				
15	21401	TREAT EYE SOCKET FRACTURE	463.17				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	572.17				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	572.17				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	572.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21421	TREAT MOUTH ROOF FRACTURE	572.17				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	651.19				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	651.19				
15	21431	TREAT CRANIOFACIAL SEPARATION	572.17				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	572.17				
15	21433	COMPLICATED TX CRANIOFACIAL FX	651.19				
15	21435	COMPLICATED TX CRANIOFACIAL FX	651.19				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	651.19				
15	21440	TREAT DENTAL RIDGE FRACTURE	463.17				
15	21445	TREAT DENTAL RIDGE FRACTURE	572.17				
15	21450	TREAT LOWER JAW FRACTURE	463.17				
15	21451	TREAT LOWER JAW FRACTURE	572.17				
15	21452	TREAT LOWER JAW FRACTURE	405.06				
15	21453	TREAT LOWER JAW FRACTURE	463.17				
15	21454	TREAT LOWER JAW FRACTURE	651.19				
15	21461	TREAT LOWER JAW FRACTURE	572.17				
15	21462	TREAT LOWER JAW FRACTURE	651.19				
15	21465	TREAT LOWER JAW FRACTURE	572.17				
15	21470	TREAT COMPLICATED MANDIBULAR FX	651.19				
15	21480	RESET DISLOCATED JAW	302.44				
15	21485	RESET DISLOCATED JAW	405.06				
15	21490	REPAIR DISLOCATED JAW	463.17				
15	21497	INTERDENTAL WIRING	405.06				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	405.06				
15	21502	DRAIN CHEST LESION	405.06				
15	21510	INCISION WITH OPENING OF BONE CORTEX	463.17				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	302.44				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	405.06				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	405.06				
15	21555	REMOVE LESION, NECK/CHEST	405.06				
15	21556	REMOVE LESION, NECK/CHEST	405.06				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	405.06				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER)	405.06				
15	21600	PARTIAL REMOVAL OF RIB	405.06				
15	21610	PARTIAL REMOVAL OF RIB	405.06				
15	21615	EXCISION CERVICAL RIB	405.06				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	405.06				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	405.06				
15	21627	STERNAL DEBRIDEMENT	405.06				
15	21630	RADICAL RESECTOPM PF STERNUM	651.19				
15	21632	MEDIASTINAL LYMPHADENECTOMY	651.19				
15	21700	REVISION OF NECK MUSCLE	405.06				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	405.06				
15	21720	REVISION OF NECK MUSCLE	463.17				
15	21725	REVISION OF NECK MUSCLE	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	463.17				
15	21820	TREAT STERNUM FRACTURE	302.44				
15	21825	TREAT STERNUM FRACTURE;OPEN	405.06				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X		
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	302.44				
15	21925	BIOPSY SOFT TISSUE OF BACK	405.06				
15	21930	REMOVE LESION, BACK OR FLANK	405.06				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	405.06				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	405.06				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	405.06				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	463.17				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				
15	22100	RESECT VERTEBRA,CERVICAL	405.06				
15	22101	RESECT VERTEBRA, THORACIC	405.06				
15	22310	TREAT SPINE FRACTURE	302.44				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	405.06				
15	22505	MANIPULATION OF SPINE	405.06				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	405.06				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	405.06				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	405.06				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	405.06				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,216.08				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	405.06				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	405.06				
15	22899	SPINE SURGERY PROCEDURE	MP		X		
15	22900	REMOVE ABDOMINAL WALL LESION	572.17				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	405.06				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	405.06				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	405.06				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	405.06				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	405.06				
15	23020	RELEASE SHOULDER JOINT	405.06				
15	23030	DRAIN SHOULDER LESION	302.44				
15	23031	DRAIN SHOULDER BURSA	463.17				
15	23035	DRAIN SHOULDER BONE LESION	463.17				
15	23040	EXPLORATORY SHOULDER SURGERY	463.17				
15	23044	EXPLORATORY SHOULDER SURGERY	572.17				
15	23066	BIOPSY SHOULDER TISSUES	405.06				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	405.06				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	405.06				
15	23075	REMOVAL OF SHOULDER LESION	405.06				
15	23076	REMOVAL OF SHOULDER LESION	405.06				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	463.17				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	23100	BIOPSY OF SHOULDER JOINT	405.06				
15	23101	SHOULDER JOINT SURGERY	903.65				
15	23105	REMOVE SHOULDER JOINT LINING	572.17				
15	23106	INCISION OF COLLARBONE JOINT	572.17				
15	23107	EXPLORE TREAT SHOULDER JOINT	572.17				
15	23120	PARTIAL REMOVAL, COLLAR BONE	651.19				
15	23125	REMOVAL OF COLLAR BONE	651.19				
15	23130	REMOVE SHOULDER BONE, PART	651.19				
15	23140	REMOVAL OF BONE LESION	572.17				
15	23145	REMOVAL OF BONE LESION	651.19				
15	23146	REMOVAL OF BONE LESION	651.19				
15	23150	REMOVAL OF HUMERUS LESION	572.17				
15	23155	REMOVAL OF HUMERUS LESION	651.19				
15	23156	REMOVAL OF HUMERUS LESION	651.19				
15	23170	REMOVE COLLAR BONE LESION	405.06				
15	23172	REMOVE SHOULDER BLADE LESION	405.06				
15	23174	REMOVE HUMERUS LESION	405.06				
15	23180	REMOVE COLLAR BONE LESION	572.17				
15	23182	REMOVE SHOULDER BLADE LESION	572.17				
15	23184	REMOVE HUMERUS LESION	572.17				
15	23190	PARTIAL REMOVAL OF SCAPULA	572.17				
15	23195	REMOVAL OF HEAD OF HUMERUS	651.19				
15	23330	REMOVE SHOULDER FOREIGN BODY	302.44				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	302.44				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	651.19				
15	23397	MUSCLE TRANSFERS	903.65				
15	23400	FIXATION OF SHOULDER BLADE	903.65				
15	23405	INCISION OF TENDON & MUSCLE	405.06				
15	23406	INCISE TENDON(S) & MUSCLE(S)	405.06				
15	23410	REPAIR OF TENDON(S)	651.19				
15	23412	REPAIR OF TENDON(S)	903.65				
15	23415	RELEASE OF SHOULDER LIGAMENT	651.19				
15	23420	REPAIR OF SHOULDER	903.65				
15	23430	REPAIR BICEPS TENDON	572.17				
15	23440	REMOVE/TRANSPLANT TENDON	572.17				
15	23450	REPAIR SHOULDER CAPSULE	651.19				
15	23455	REPAIR SHOULDER CAPSULE	903.65				
15	23460	REPAIR SHOULDER CAPSULE	651.19				
15	23462	REPAIR SHOULDER CAPSULE	903.65				
15	23465	REPAIR SHOULDER CAPSULE	651.19				
15	23466	REPAIR SHOULDER CAPSULE	903.65				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	903.65				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	903.65				
15	23480	REVISION OF COLLAR BONE	572.17				
15	23485	REVISION OF COLLAR BONE	903.65				
15	23490	REINFORCE CLAVICLE	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	23491	REINFORCE SHOULDER BONES	463.17				
15	23500	TREAT CLAVICLE FRACTURE	302.44				
15	23505	TREAT CLAVICLE FRACTURE	302.44				
15	23515	TREAT CLAVICLE FRACTURE	463.17				
15	23520	TREAT CLAVICLE DISLOCATION	302.44				
15	23525	TREAT CLAVICLE DISLOCATION	302.44				
15	23530	TREAT CLAVICLE DISLOCATION	463.17				
15	23532	TREAT CLAVICLE DISLOCATION	572.17				
15	23540	TREAT CLAVICLE DISLOCATION	302.44				
15	23545	TREAT CLAVICLE DISLOCATION	302.44				
15	23550	TREAT CLAVICLE DISLOCATION	463.17				
15	23552	TREAT CLAVICLE DISLOCATION	572.17				
15	23570	TREAT SHOULDER BLADE FX	302.44				
15	23575	TREAT SHOULDER BLADE FX	302.44				
15	23585	TREAT SCAPULA FRACTURE	463.17				
15	23600	TREAT HUMERUS FRACTURE	302.44				
15	23605	TREAT HUMERUS FRACTURE	405.06				
15	23615	TREAT HUMERUS FRACTURE	572.17				
15	23616	TREAT HUMERUS FRACTURE	572.17				
15	23620	TREAT HUMERUS FRACTURE	302.44				
15	23625	TREAT HUMERUS FRACTURE	405.06				
15	23630	TREAT HUMERUS FRACTURE	651.19				
15	23650	TREAT SHOULDER DISLOCATION	302.44				
15	23655	TREAT SHOULDER DISLOCATION	302.44				
15	23660	TREAT SHOULDER DISLOCATION	463.17				
15	23665	TREAT DISLOCATION/FRACTURE	405.06				
15	23670	TREAT DISLOCATION/FRACTURE	463.17				
15	23675	TREAT DISLOCATION/FRACTURE	405.06				
15	23680	TREAT DISLOCATION/FRACTURE	463.17				
15	23700	FIXATION OF SHOULDER	302.44				
15	23800	FUSION OF SHOULDER JOINT	572.17				
15	23802	FUSION OF SHOULDER JOINT	903.65				
15	23921	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	302.44				
15	23931	DRAINAGE OF ARM BURSA	405.06				
15	23935	DRAIN ARM/ELBOW BONE LESION	405.06				
15	24000	EXPLORATORY ELBOW SURGERY	572.17				
15	24006	RELEASE ELBOW JOINT	572.17				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	405.06				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	405.06				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	405.06				
15	24075	REMOVE ARM/ELBOW LESION	405.06				
15	24076	REMOVE ARM/ELBOW LESION	405.06				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	463.17				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	24100	BIOPSY ELBOW JOINT LINING	302.44				
15	24101	EXPLORE/TREAT ELBOW JOINT	572.17				
15	24102	REMOVE ELBOW JOINT LINING	572.17				
15	24105	REMOVAL OF ELBOW BURSA	463.17				
15	24110	REMOVE HUMERUS LESION	405.06				
15	24115	REMOVE/GRAFT BONE LESION	463.17				
15	24116	REMOVE/GRAFT BONE LESION	463.17				
15	24120	REMOVE ELBOW LESION	463.17				
15	24125	REMOVE/GRAFT BONE LESION	463.17				
15	24126	REMOVE/GRAFT BONE LESION	463.17				
15	24130	REMOVAL OF HEAD OF RADIUS	463.17				
15	24134	REMOVAL OF ARM BONE LESION	405.06				
15	24136	REMOVE RADIUS BONE LESION	405.06				
15	24138	REMOVE ELBOW BONE LESION	405.06				
15	24140	PARTIAL REMOVAL OF ARM BONE	463.17				
15	24145	PARTIAL REMOVAL OF RADIUS	463.17				
15	24147	PARTIAL REMOVAL OF ELBOW	405.06				
15	24155	REMOVAL OF ELBOW JOINT	463.17				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	405.06				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	463.17				
15	24200	REMOVAL OF ARM FOREIGN BODY	302.44				
15	24201	REMOVAL OF ARM FOREIGN BODY	405.06				
15	24301	MUSCLE/TENDON TRANSFER	572.17				
15	24305	ARM TENDON LENGTHENING	572.17				
15	24310	REVISION OF ARM TENDON	463.17				
15	24320	REPAIR OF ARM TENDON	463.17				
15	24330	REVISION OF ARM MUSCLES	463.17				
15	24331	REVISION OF ARM MUSCLES	463.17				
15	24340	REPAIR OF BICEPS TENDON	463.17				
15	24341	REPAIR ARM TENDON/MUSCLE	463.17				
15	24342	REPAIR OF RUPTURED TENDON	463.17				
15	24345	REPR ELBW MED LIGMNT W/TISSU	405.06				
15	24360	RECONSTRUCT ELBOW JOINT	651.19				
15	24361	RECONSTRUCT ELBOW JOINT	651.19				
15	24362	RECONSTRUCT ELBOW JOINT	651.19				
15	24363	REPLACE ELBOW JOINT	903.65				
15	24365	RECONSTRUCT HEAD OF RADIUS	651.19				
15	24366	RECONSTRUCT HEAD OF RADIUS	651.19				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	651.19				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	651.19				
15	24400	REVISION OF HUMERUS	572.17				
15	24410	REVISION OF HUMERUS	572.17				
15	24420	REVISION OF HUMERUS	463.17				
15	24430	REPAIR OF HUMERUS	463.17				
15	24435	REPAIR HUMERUS WITH GRAFT	572.17				
15	24470	REVISION OF ELBOW JOINT	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24495	DECOMPRESSION OF FOREARM	405.06				
15	24498	REINFORCE HUMERUS	463.17				
15	24500	TREAT HUMERUS FRACTURE	302.44				
15	24505	TREAT HUMERUS FRACTURE	302.44				
15	24515	TREAT HUMERUS FRACTURE	572.17				
15	24516	TREAT HUMERUS FRACTURE	572.17				
15	24530	TREAT HUMERUS FRACTURE	302.44				
15	24535	TREAT HUMERUS FRACTURE	302.44				
15	24538	TREAT HUMERUS FRACTURE	405.06				
15	24545	TREAT HUMERUS FRACTURE	572.17				
15	24546	TREAT HUMERUS FRACTURE	651.19				
15	24560	TREAT HUMERUS FRACTURE	302.44				
15	24565	TREAT HUMERUS FRACTURE	405.06				
15	24566	TREAT HUMERUS FRACTURE	405.06				
15	24575	TREAT HUMERUS FRACTURE	463.17				
15	24576	TREAT HUMERUS FRACTURE	302.44				
15	24577	TREAT HUMERUS FRACTURE	302.44				
15	24579	TREAT HUMERUS FRACTURE	463.17				
15	24582	TREAT HUMERUS FRACTURE	405.06				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	572.17				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	651.19				
15	24600	TREAT ELBOW DISLOCATION	302.44				
15	24605	TREAT ELBOW DISLOCATION	405.06				
15	24615	TREAT ELBOW DISLOCATION	463.17				
15	24620	TREAT ELBOW FRACTURE	405.06				
15	24635	TREAT ELBOW FRACTURE	463.17				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	302.44				
15	24655	TREAT RADIUS FRACTURE	302.44				
15	24665	TREAT RADIUS FRACTURE	572.17				
15	24666	TREAT RADIUS FRACTURE	572.17				
15	24670	TREAT ULNAR FRACTURE	302.44				
15	24675	TREAT ULNAR FRACTURE	302.44				
15	24685	TREAT ULNAR FRACTURE	463.17				
15	24800	FUSION OF ELBOW JOINT	572.17				
15	24802	FUSION/GRAFT OF ELBOW JOINT	651.19				
15	24925	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	463.17				
15	25020	DECOMPRESS FOREARM 1 SPACE	463.17				
15	25023	DECOMPRESS FOREARM 1 SPACE	463.17				
15	25024	DECOMPRESS FOREARM 2 SPACES	463.17				
15	25025	DECOMPRESS FORARM 2 SPACES	463.17				
15	25028	DRAINAGE OF FOREARM LESION	302.44				
15	25031	DRAINAGE OF FOREARM BURSA	405.06				
15	25035	TREAT FOREARM BONE LESION	405.06				
15	25040	EXPLORE/TREAT WRIST JOINT	651.19				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25066	BIOPSY FOREARM SOFT TISSUES	405.06				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	405.06				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	405.06				
15	25075	REMOVE FOREARM LESION SUBCUT	405.06				
15	25076	REMOVE FOREARM LESION DEEP	463.17				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	463.17				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	405.06				
15	25085	INCISION OF WRIST CAPSULE	463.17				
15	25100	BIOPSY OF WRIST JOINT	405.06				
15	25101	EXPLORE/TREAT WRIST JOINT	463.17				
15	25105	REMOVE WRIST JOINT LINING	572.17				
15	25107	REMOVE WRIST JOINT CARTILAGE	463.17				
15	25110	REMOVE WRIST TENDON LESION	463.17				
15	25111	REMOVE WRIST TENDON LESION	463.17				
15	25112	REREMOVE WRIST TENDON LESION	572.17				
15	25115	REMOVE WRIST/FOREARM LESION	572.17				
15	25116	REMOVE WRIST/FOREARM LESION	572.17				
15	25118	EXCLSE WRIST TENDON SHEATH	405.06				
15	25119	PARTIAL REMOVAL OF ULNA	463.17				
15	25120	REMOVAL OF FOREARM LESION	463.17				
15	25125	REMOVE/GRAFT FOREARM LESION	463.17				
15	25126	REMOVE/GRAFT FOREARM LESION	463.17				
15	25130	REMOVAL OF WRIST LESION	463.17				
15	25135	REMOVE & GRAFT WRIST LESION	463.17				
15	25136	REMOVE & GRAFT WRIST LESION	463.17				
15	25145	REMOVE FOREARM BONE LESION	405.06				
15	25150	PARTIAL REMOVAL OF ULNA	405.06				
15	25151	PARTIAL REMOVAL OF RADIUS	405.06				
15	25210	REMOVAL OF WRIST BONE	463.17				
15	25215	REMOVAL OF WRIST BONES	572.17				
15	25230	PARTIAL REMOVAL OF RADIUS	572.17				
15	25240	PARTIAL REMOVAL OF ULNA	572.17				
15	25248	REMOVE FOREARM FOREIGN BODY	405.06				
15	25250	REMOVAL OF WRIST PROSTHESIS	302.44				
15	25251	REMOVAL OF WRIST PROSTHESIS	302.44				
15	25260	REPAIR FOREARM TENDON/MUSCLE	572.17				
15	25263	REPAIR FOREARM TENDON/MUSCLE	405.06				
15	25265	REPAIR FOREARM TENDON/MUSCLE	463.17				
15	25270	REPAIR FOREARM TENDON/MUSCLE	572.17				
15	25272	REPAIR FOREARM TENDON/MUSCLE	463.17				
15	25274	REPAIR FOREARM TENDON/MUSCLE	572.17				
15	25275	REPAIR FOREARM TENDON SHEATH	572.17				
15	25280	REVISE WRIST/FOREARM TENDON	572.17				
15	25290	INCISE WRIST/FOREARM TENDON	463.17				
15	25295	RELEASE WRIST/FOREARM TENDON	463.17				
15	25300	FUSION OF TENDONS AT WRIST	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	25301	FUSION OF TENDONS AT WRIST	463.17				
15	25310	TRANSPLANT FOREARM TENDON	463.17				
15	25312	TRANSPLANT FOREARM TENDON	572.17				
15	25315	REVISE PALSY HAND TENDON(S)	463.17				
15	25316	REVISE PALSY HAND TENDON(S)	463.17				
15	25320	REPAIR/REVISE WRIST JOINT	463.17				
15	25332	REVISE WRIST JOINT	651.19				
15	25335	REALIGNMENT OF HAND	463.17				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	651.19				
15	25350	REVISION OF RADIUS	463.17				
15	25355	REVISION OF RADIUS	463.17				
15	25360	REVISION OF ULNA	463.17				
15	25365	REVISE RADIUS & ULNA	463.17				
15	25370	REVISE RADIUS OR ULNA	463.17				
15	25375	REVISE RADIUS & ULNA	572.17				
15	25390	SHORTEN RADIUS OR ULNA	463.17				
15	25391	LENGTHEN RADIUS OR ULNA	572.17				
15	25392	SHORTEN RADIUS & ULNA	463.17				
15	25393	LENGTHEN RADIUS & ULNA	572.17				
15	25400	REPAIR RADIUS OR ULNA	463.17				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	572.17				
15	25415	REPAIR RADIUS & ULNA	463.17				
15	25420	REPAIR/GRAFT RADIUS & ULNA	572.17				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	463.17				
15	25426	REPAIR/GRAFT RADIUS & ULNA	572.17				
15	25431	REPAIR NONUNION CARPAL BONE	463.17				
15	25440	REPAIR/GRAFT WRIST BONE	572.17				
15	25441	RECONSTRUCT WRIST JOINT	651.19				
15	25442	RECONSTRUCT WRIST JOINT	651.19				
15	25443	RECONSTRUCT WRIST JOINT	651.19				
15	25444	RECONSTRUCT WRIST JOINT	651.19				
15	25445	RECONSTRUCT WRIST JOINT	651.19				
15	25446	WRIST REPLACEMENT	903.65				
15	25449	REMOVE WRIST JOINT IMPLANT	651.19				
15	25450	REVISION OF WRIST JOINT	463.17				
15	25455	REVISION OF WRIST JOINT	463.17				
15	25490	REINFORCE RADIUS	463.17				
15	25491	REINFORCE ULNA	463.17				
15	25492	REINFORCE RADIUS AND ULNA	463.17				
15	25505	TREAT FRACTURE OF RADIUS	302.44				
15	25515	TREAT FRACTURE OF RADIUS	463.17				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	302.44				
15	25525	TREAT FRACTURE OF RADIUS	572.17				
15	25526	TREAT FRACTURE OF RADIUS	651.19				
15	25535	TREAT FRACTURE OF ULNA	302.44				
15	25545	TREAT FRACTURE OF ULNA	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25565	TREAT FRACTURE RADIUS & ULNA	405.06				
15	25574	TREAT FRACTURE RADIUS & ULNA	463.17				
15	25575	TREAT FRACTURE RADIUS/ULNA	463.17				
15	25605	TREAT FRACTURE RADIUS/ULNA	463.17				
15	25606	TREAT FX DISTAL RADIAL	463.17				
15	25607	TREAT FX RAD EXTRA-ARTICUL	651.19				
15	25608	TREAT FX RAD INTRA-ARTICUL	651.19				
15	25609	TREAT FX RADIAL 3 + FRAG	651.19				
15	25624	TREAT WRIST BONE FRACTURE	405.06				
15	25628	TREAT WRIST BONE FRACTURE	463.17				
15	25635	TREAT WRIST BONE FRACTURE	302.44				
15	25645	TREAT WRIST BONE FRACTURE	463.17				
15	25651	PIN ULAR STYLOID FRACTURE	463.17				
15	25660	TREAT WRIST DISLOCATION	302.44				
15	25670	TREAT WRIST DISLOCATION	463.17				
15	25671	PIN RADIOULNAR DISLOCATION	302.44				
15	25675	TREAT WRIST DISLOCATION	302.44				
15	25676	TREAT WRIST DISLOCATION	405.06				
15	25680	TREAT WRIST FRACTURE	405.06				
15	25685	TREAT WRIST FRACTURE	463.17				
15	25690	TREAT WRIST DISLOCATION	302.44				
15	25695	TREAT WRIST DISLOCATION	405.06				
15	25800	FUSION OF WRIST JOINT	572.17				
15	25805	FUSION/GRAFT OF WRIST JOINT	651.19				
15	25810	FUSION/GRAFT OF WRIST JOINT	651.19				
15	25820	FUSION OF HAND BONES	572.17				
15	25825	FUSE HAND BONES WITH GRAFT	651.19				
15	25830	FUSION, RADIOULNAR JNT/ULNA	651.19				
15	25907	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	25922	AMPUTATE HAND AT WRIST	463.17				
15	25929	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	302.44				
15	26020	DRAIN HAND TENDON SHEATH	405.06				
15	26025	DRAINAGE OF PALM BURSA	302.44				
15	26030	DRAINAGE OF PALM BURSA(S)	405.06				
15	26034	TREAT HAND BONE LESION	405.06				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	572.17				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	463.17				
15	26055	INCISE FINGER TENDON SHEATH	405.06				
15	26060	INCISION OF FINGER TENDON	405.06				
15	26070	EXPLORE/TREAT HAND JOINT	405.06				
15	26075	EXPLORE/TREAT FINGER JOINT	572.17				
15	26080	EXPLORE/TREAT FINGER JOINT	572.17				
15	26100	BIOPSY HAND JOINT LINING	405.06				
15	26105	BIOPSY FINGER JOINT LINING	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26110	BIOPSY FINGER JOINT LINING	302.44				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	405.06				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	405.06				
15	26115	REMOVE HAND LESION SUBCUT	405.06				
15	26116	REMOVE HAND LESION, DEEP	405.06				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	463.17				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	405.06				
15	26121	RELEASE PALM CONTRACTURE	572.17				
15	26123	RELEASE PALM CONTRACTURE	572.17				
15	26125	RELEASE PALM CONTRACTURE	572.17				
15	26130	REMOVE WRIST JOINT LINING	463.17				
15	26135	REVISE FINGER JOINT, EACH	572.17				
15	26140	REVISE FINGER JOINT, EACH	405.06				
15	26145	TENDON EXCISION, PALM/FINGER	463.17				
15	26160	REMOVE TENDON SHEATH LESION	463.17				
15	26170	REMOVAL OF PALM TENDON, EACH	463.17				
15	26180	REMOVAL OF FINGER TENDON	463.17				
15	26185	REMOVE FINGER BONE	572.17				
15	26200	REMOVE HAND BONE LESION	405.06				
15	26205	REMOVE/GRAFT BONE LESION	463.17				
15	26210	REMOVAL OF FINGER LESION	405.06				
15	26215	REMOVE/GRAFT FINGER LESION	463.17				
15	26230	PARTIAL REMOVAL OF HAND BONE	903.65				
15	26235	PARTIAL REMOVAL, FINGER BONE	463.17				
15	26236	PARTIAL REMOVAL, FINGER BONE	463.17				
15	26250	EXTENSIVE HAND SURGERY	463.17				
15	26260	EXTENSIVE FINGER SURGERY	463.17				
15	26262	PARTIAL REMOVAL OF FINGER	405.06				
15	26320	REMOVAL OF IMPLANT FROM HAND	405.06				
15	26340	MANIPULATE FINGER WITH ANESTH	302.44				
15	26350	REPAIR OF FINGER TENDON	302.44				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	572.17				
15	26356	REPAIR OF FINGER TENDON	572.17				
15	26357	REPAIR OF FINGER TENDON	572.17				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	572.17				
15	26370	REPAIR FINGER/HAND TENDON	572.17				
15	26372	REPAIR/GRAFT HAND TENDON	572.17				
15	26373	REPAIR FINGER/HAND TENDON	463.17				
15	26390	REVISE HAND/FINGER TENDON	572.17				
15	26392	REPAIR/GRAFT HAND TENDON	463.17				
15	26410	REPAIR HAND TENDON	463.17				
15	26412	REPAIR/GRAFT HAND TENDON	463.17				
15	26415	EXCISION, HAND/FINGER TENDON	572.17				
15	26416	GRAFT HAND OR FINGER TENDON	463.17				
15	26418	REPAIR FINGER TENDON	572.17				
15	26420	REPAIR/GRAFT FINGER TENDON	572.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26426	REPAIR FINGER/HAND TENDON	463.17				
15	26428	REPAIR/GRAFT FINGER TENDON	463.17				
15	26432	REPAIR FINGER TENDON	463.17				
15	26433	REPAIR FINGER TENDON	463.17				
15	26434	REPAIR/GRAFT FINGER TENDON	463.17				
15	26437	REALIGNMENT OF TENDONS	463.17				
15	26440	RELEASE PALM/FINGER TENDON	463.17				
15	26442	RELEASE PALM & FINGER TENDON	463.17				
15	26445	RELEASE HAND/FINGER TENDON	463.17				
15	26449	RELEASE FOREARM/HAND TENDON	463.17				
15	26450	INCISION OF PALM TENDON	463.17				
15	26455	INCISION OF FINGER TENDON	463.17				
15	26460	INCLSE HAND/FINGER TENDON	463.17				
15	26471	FUSION OF FINGER TENDONS	405.06				
15	26474	FUSION OF FINGER TENDONS	405.06				
15	26476	TENDON LENGTHENING	302.44				
15	26477	TENDON SHORTENING	302.44				
15	26478	LENGTHENING OF HAND TENDON	302.44				
15	26479	SHORTENING OF HAND TENDON	302.44				
15	26480	TRANSPLANT HAND TENDON	463.17				
15	26483	TRANSPLANT/GRAFT HAND TENDON	463.17				
15	26485	TRANSPLANT PALM TENDON	405.06				
15	26489	TRANSPLANT/GRAFT PALM TENDON	463.17				
15	26490	REVISE THUMB TENDON	463.17				
15	26492	TENDON TRANSFER WITH GRAFT	463.17				
15	26494	HAND TENDON/MUSCLE TRANSFER	463.17				
15	26496	REVISE THUMB TENDON	463.17				
15	26497	FINGER TENDON TRANSFER	463.17				
15	26498	FINGER TENDON TRANSFER	572.17				
15	26499	REVISION OF FINGER	463.17				
15	26500	HAND TENDON RECONSTRUCTION	572.17				
15	26502	HAND TENDON RECONSTRUCTION	572.17				
15	26508	RELEASE THUMB CONTRACTURE	463.17				
15	26510	THUMB TENDON TRANSFER	463.17				
15	26516	FUSION OF KNUCKLE JOINT	302.44				
15	26517	FUSION OF KNUCKLE JOINTS	463.17				
15	26518	FUSION OF KNUCKLE JOINTS	463.17				
15	26520	RELEASE KNUCKLE CONTRACTURE	463.17				
15	26525	RELEASE FINGER CONTRACTURE	463.17				
15	26530	REVISE KNUCKLE JOINT	463.17				
15	26531	REVISE KNUCKLE WITH IMPLANT	903.65				
15	26535	REVISE FINGER JOINT	651.19				
15	26536	REVISE/IMPLANT FINGER JOINT	651.19				
15	26540	REPAIR HAND JOINT	572.17				
15	26541	REPAIR HAND JOINT WITH GRAFT	903.65				
15	26542	REPAIR HAND JOINT WITH GRAFT	572.17				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26545	RECONSTRUCT FINGER JOINT	572.17				
15	26546	REPAIR NONUNION HAND	572.17				
15	26548	RECONSTRUCT FINGER JOINT	572.17				
15	26550	CONSTRUCT THUMB REPLACEMENT	405.06				
15	26555	POSITIONAL CHANGE OF FINGER	463.17				
15	26560	REPAIR OF WEB FINGER	405.06				
15	26561	REPAIR OF WEB FINGER	463.17				
15	26562	REPAIR OF WEB FINGER	572.17				
15	26565	CORRECT METACARPAL FLAW	651.19				
15	26567	CORRECT FINGER DEFORMITY	651.19				
15	26568	LENGTHEN METACARPAL/FINGER	463.17				
15	26580	REPAIR HAND DEFORMITY	651.19				
15	26587	RECONSTRUCT EXTRA FINGER	651.19				
15	26590	REPAIR FINGER DEFORMITY	651.19				
15	26591	REPAIR MUSCLES OF HAND	463.17				
15	26593	RELEASE MUSCLES OF HAND	463.17				
15	26596	EXCISION CONSTRICTING TISSUE	405.06				
15	26605	TREAT METACARPAL FRACTURE	405.06				
15	26607	TREAT METACARPAL FRACTURE	405.06				
15	26608	TREAT METACARPAL FRACTURE	572.17				
15	26615	TREAT METACARPAL FRACTURE	572.17				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	302.44				
15	26645	TREAT THUMB FRACTURE	302.44				
15	26650	TREAT THUMB FRACTURE	405.06				
15	26665	TREAT THUMB FRACTURE	572.17				
15	26675	TREAT HAND DISLOCATION	405.06				
15	26676	PIN HAND DISLOCATION	405.06				
15	26685	TREAT HAND DISLOCATION	463.17				
15	26686	TREAT HAND DISLOCATION	463.17				
15	26705	TREAT KNUCKLE DISLOCATION	405.06				
15	26706	PIN KNUCKLE DISLOCATION	405.06				
15	26715	TREAT KNUCKLE DISLOCATION	572.17				
15	26727	TREAT FINGER FRACTURE, EACH	903.65				
15	26735	TREAT FINGER FRACTURE, EACH	572.17				
15	26742	TREAT FINGER FRACTURE, EACH	405.06				
15	26746	TREAT FINGER FRACTURE, EACH	651.19				
15	26756	PIN FINGER FRACTURE, EACH	405.06				
15	26765	TREAT FINGER FRACTURE, EACH	572.17				
15	26776	PIN FINGER DISLOCATION	405.06				
15	26785	TREAT FINGER DISLOCATION	405.06				
15	26820	THUMB FUSION WITH GRAFT	651.19				
15	26841	FUSION OF THUMB	572.17				
15	26842	THUMB FUSION WITH GRAFT	572.17				
15	26843	FUSION OF HAND JOINT	463.17				
15	26844	FUSION/GRAFT OF HAND JOINT	463.17				
15	26850	FUSION OF KNUCKLE	572.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26852	FUSION OF KNUCKLE WITH GRAFT	572.17				
15	26860	FUSION OF FINGER JOINT	463.17				
15	26861	FUSION OF FINGER JNT, ADD-ON	405.06				
15	26862	FUSION/GRAFT OF FINGER JOINT	572.17				
15	26863	FUSE/GRAFT ADDED JOINT	463.17				
15	26910	AMPUTATE METACARPAL BONE	463.17				
15	26951	AMPUTATION OF FINGER/THUMB	405.06				
15	26952	AMPUTATION OF FINGER/THUMB	572.17				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	302.44				
15	26991	DRAINAGE OF PELVIS BURSA	302.44				
15	27000	INCISION OF HIP TENDON	405.06				
15	27001	INCISION OF HIP TENDON	463.17				
15	27003	INCISION OF HIP TENDON	463.17				
15	27033	EXPLORATION OF HIP JOINT	463.17				
15	27035	DENERVATION OF HIP JOINT	572.17				
15	27040	BIOPSY OF SOFT TISSUES	302.44				
15	27041	BIOPSY OF SOFT TISSUES	405.06				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	405.06				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	405.06				
15	27047	REMOVE HIP/PELVIS LESION	405.06				
15	27048	REMOVE HIP/PELVIS LESION	463.17				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	463.17				
15	27050	BIOPSY OF SACROILIAC JOINT	463.17				
15	27052	BIOPSY OF HIP JOINT	463.17				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				
15	27060	REMOVAL OF ISCHIAL BURSA	651.19				
15	27062	REMOVE FEMUR LESION/BURSA	651.19				
15	27065	REMOVAL OF HIP BONE LESION	651.19				
15	27066	REMOVAL OF HIP BONE LESION	651.19				
15	27067	REMOVE/GRAFT HIP BONE LESION	651.19				
15	27080	REMOVAL OF TAIL BONE	405.06				
15	27086	REMOVE HIP FOREIGN BODY	302.44				
15	27087	REMOVE HIP FOREIGN BODY	463.17				
15	27095	WITH ANES	302.44				
15	27097	REVISION OF HIP TENDON	463.17				
15	27098	TRANSFER TENDON TO PELVIS	463.17				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	572.17				
15	27105	TRANSFER OF SPINAL MUSCLE	572.17				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	572.17				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	572.17				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	463.17				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	405.06				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	302.44				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	405.06				
15	27202	TREAT TAIL BONE FRACTURE	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27230	TREAT THIGH FRACTURE	302.44				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	302.44				
15	27238	TREAT THIGH FRACTURE	302.44				
15	27246	TREAT THIGH FRACTURE	302.44				
15	27250	TREAT HIP DISLOCATION	302.44				
15	27252	TREAT HIP DISLOCATION	405.06				
15	27257	TREAT HIP DISLOCATION	463.17				
15	27265	TREAT HIP DISLOCATION	302.44				
15	27266	TREAT HIP DISLOCATION	405.06				
15	27275	MANIPULATION OF HIP JOINT	405.06				
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,216.08				
15	27299	PELVIS/HIP JOINT SURGERY	MP			X	
15	27301	DRAIN THIGH/KNEE LESION	463.17				
15	27305	INCISE THIGH TENDON & FASCIA	405.06				
15	27306	INCISION OF THIGH TENDON	463.17				
15	27307	INCISION OF THIGH TENDONS	463.17				
15	27310	EXPLORATION OF KNEE JOINT	572.17				
15	27323	BIOPSY, THIGH SOFT TISSUES	302.44				
15	27324	BIOPSY, THIGH SOFT TISSUES	302.44				
15	27327	REMOVAL OF THIGH LESION	405.06				
15	27328	REMOVAL OF THIGH LESION	463.17				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	572.17				
15	27330	BIOPSY, KNEE JOINT LINING	572.17				
15	27331	EXPLORE/TREAT KNEE JOINT	572.17				
15	27332	REMOVAL OF KNEE CARTILAGE	572.17				
15	27333	REMOVAL OF KNEE CARTILAGE	572.17				
15	27334	REMOVE KNEE JOINT LINING	572.17				
15	27335	REMOVE KNEE JOINT LINING	572.17				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	405.06				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	405.06				
15	27340	REMOVAL OF KNEECAP BURSA	463.17				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	572.17				
15	27347	REMOVE KNEE CYST	572.17				
15	27350	REMOVAL OF KNEECAP	572.17				
15	27355	REMOVE FEMUR LESION	463.17				
15	27356	REMOVE FEMUR LESION/GRAFT	572.17				
15	27357	REMOVE FEMUR LESION/GRAFT	651.19				
15	27358	REMOVE FEMUR LESION/FIXATION	651.19				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	651.19				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				
15	27372	REMOVAL OF FOREIGN BODY	903.65				
15	27380	REPAIR OF KNEECAP TENDON	302.44				
15	27381	REPAIR/GRAFT KNEECAP TENDON	463.17				
15	27385	REPAIR OF THIGH MUSCLE	463.17				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	463.17				
15	27390	INCISION OF THIGH TENDON	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27391	INCISION OF THIGH TENDONS	405.06				
15	27392	INCISION OF THIGH TENDONS	463.17				
15	27393	LENGTHENING OF THIGH TENDON	405.06				
15	27394	LENGTHENING OF THIGH TENDONS	463.17				
15	27395	LENGTHENING OF THIGH TENDONS	463.17				
15	27396	TRANSPLANT OF THIGH TENDON	463.17				
15	27397	TRANSPLANTS OF THIGH TENDONS	463.17				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	463.17				
15	27403	REPAIR OF KNEE CARTILAGE	572.17				
15	27405	REPAIR OF KNEE LIGAMENT	572.17				
15	27407	REPAIR OF KNEE LIGAMENT	572.17				
15	27409	REPAIR OF KNEE LIGAMENTS	572.17				
15	27418	REPAIR DEGENERATED KNEECAP	463.17				
15	27420	REVISION OF UNSTABLE KNEECAP	463.17				
15	27422	REVISION OF UNSTABLE KNEECAP	903.65				
15	27424	REVISION/REMOVAL OF KNEECAP	463.17				
15	27425	LATERAL RETINACULAR RELEASE	903.65				
15	27427	RECONSTRUCTION, KNEE	463.17				
15	27428	RECONSTRUCTION, KNEE	572.17				
15	27429	RECONSTRUCTION, KNEE	572.17				
15	27430	REVISION OF THIGH MUSCLES	572.17				
15	27435	INCISION OF KNEE JOINT	572.17				
15	27437	REVISE KNEECAP	572.17				
15	27438	REVISE KNEECAP WITH IMPLANT	651.19				
15	27441	REVISION OF KNEE JOINT	651.19				
15	27442	REVISION OF KNEE JOINT	651.19				
15	27443	REVISION OF KNEE JOINT	651.19				
15	27455	REALIGNMENT OF KNEE	572.17				
15	27465	SHORTENING OF FEMUR	651.19				
15	27477	REPAIR LOWER LEG EPIPHYSES	405.06				
15	27496	DECOMPRESSION OF THIGH/KNEE	651.19				
15	27497	DECOMPRESSION OF THIGH/KNEE	463.17				
15	27498	DECOMPRESSION OF THIGH/KNEE	463.17				
15	27499	DECOMPRESSION OF THIGH/KNEE	463.17				
15	27500	TREATMENT OF THIGH FRACTURE	302.44				
15	27501	TREATMENT OF THIGH FRACTURE	405.06				
15	27502	TREATMENT OF THIGH FRACTURE	405.06				
15	27503	TREATMENT OF THIGH FRACTURE	463.17				
15	27508	TREATMENT OF THIGH FRACTURE	302.44				
15	27509	TREATMENT OF THIGH FRACTURE	463.17				
15	27510	TREATMENT OF THIGH FRACTURE	302.44				
15	27514	REPAIR OF FEMUR FRACTURE	302.44				
15	27516	TREAT THIGH FX GROWTH PLATE	302.44				
15	27517	TREAT THIGH FX GROWTH PLATE	302.44				
15	27520	TREAT KNEECAP FRACTURE	302.44				
15	27530	TREAT KNEE FRACTURE	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27532	TREAT KNEE FRACTURE	302.44				
15	27538	TREAT KNEE FRACTURE(S)	302.44				
15	27540	REPAIR OF KNEE FRACTURE	302.44				
15	27550	TREAT KNEE DISLOCATION	302.44				
15	27552	TREAT KNEE DISLOCATION	302.44				
15	27560	TREAT KNEECAP DISLOCATION	302.44				
15	27562	TREAT KNEECAP DISLOCATION	302.44				
15	27566	TREAT KNEECAP DISLOCATION	405.06				
15	27570	FIXATION OF KNEE JOINT	302.44				
15	27594	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	463.17				
15	27601	DECOMPRESSION OF LOWER LEG	463.17				
15	27602	DECOMPRESSION OF LOWER LEG	463.17				
15	27603	DRAIN LOWER LEG LESION	405.06				
15	27604	DRAIN LOWER LEG BURSA	405.06				
15	27605	INCISION OF ACHILLES TENDON	302.44				
15	27606	INCISION OF ACHILLES TENDON	302.44				
15	27607	TREAT LOWER LEG BONE LESION	405.06				
15	27610	EXPLORE/TREAT ANKLE JOINT	405.06				
15	27612	EXPLORATION OF ANKLE JOINT	463.17				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	405.06				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	463.17				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	405.06				
15	27618	REMOVE LOWER LEG LESION	405.06				
15	27619	REMOVE LOWER LEG LESION	463.17				
15	27620	EXPLORE/TREAT ANKLE JOINT	572.17				
15	27625	REMOVE ANKLE JOINT LINING	572.17				
15	27626	REMOVE ANKLE JOINT LINING	572.17				
15	27630	REMOVAL OF TENDON LESION	463.17				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	405.06				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	405.06				
15	27635	REMOVE LOWER LEG BONE LESION	463.17				
15	27637	REMOVE/GRAFT LEG BONE LESION	463.17				
15	27638	REMOVE/GRAFT LEG BONE LESION	463.17				
15	27640	PARTIAL REMOVAL OF TIBIA	405.06				
15	27641	PARTIAL REMOVAL OF FIBULA	405.06				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	463.17				
15	27650	REPAIR ACHILLES TENDON	463.17				
15	27652	REPAIR/GRAFT ACHILLES TENDON	463.17				
15	27654	REPAIR OF ACHILLES TENDON	463.17				
15	27656	REPAIR LEG FASCIA DEFECT	405.06				
15	27658	REPAIR OF LEG TENDON, EACH	302.44				
15	27659	REPAIR OF LEG TENDON, EACH	405.06				
15	27664	REPAIR OF LEG TENDON, EACH	405.06				
15	27665	REPAIR OF LEG TENDON, EACH	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27675	REPAIR LOWER LEG TENDONS	405.06				
15	27676	REPAIR LOWER LEG TENDONS	463.17				
15	27680	RELEASE OF LOWER LEG TENDON	463.17				
15	27681	RELEASE OF LOWER LEG TENDONS	405.06				
15	27685	REVISION OF LOWER LEG TENDON	463.17				
15	27686	REVISE LOWER LEG TENDONS	463.17				
15	27687	REVISION OF CALF TENDON	463.17				
15	27690	REVISE LOWER LEG TENDON	572.17				
15	27691	REVISE LOWER LEG TENDON	572.17				
15	27692	REVISE ADDITIONAL LEG TENDON	463.17				
15	27695	REPAIR OF ANKLE LIGAMENT	405.06				
15	27696	REPAIR OF ANKLE LIGAMENTS	405.06				
15	27698	REPAIR OF ANKLE LIGAMENT	405.06				
15	27700	REVISION OF ANKLE JOINT	651.19				
15	27704	REMOVAL OF ANKLE IMPLANT	405.06				
15	27705	INCISION OF TIBIA	405.06				
15	27707	INCISION OF FIBULA	405.06				
15	27709	INCISION OF TIBIA & FIBULA	405.06				
15	27715	REVISION OF LOWER LEG	651.19				
15	27720	REPAIR OF TIBIA	302.44				
15	27730	REPAIR OF TIBIA EPIPHYSIS	405.06				
15	27732	REPAIR OF FIBULA EPIPHYSIS	405.06				
15	27734	REPAIR LOWER LEG EPIPHYSES	405.06				
15	27740	REPAIR OF LEG EPIPHYSES	405.06				
15	27742	REPAIR OF LEG EPIPHYSES	405.06				
15	27750	TREATMENT OF TIBIA FRACTURE	302.44				
15	27752	TREATMENT OF TIBIA FRACTURE	302.44				
15	27756	TREATMENT OF TIBIA FRACTURE	463.17				
15	27758	TREATMENT OF TIBIA FRACTURE	572.17				
15	27759	TREATMENT OF TIBIA FRACTURE	572.17				
15	27760	CLTX MEDIAL ANKLE FX	302.44				
15	27762	CLTX MED ANKLE FX W/MNPJ	302.44				
15	27766	TREATMENT OF ANKLE FRACTURE	463.17				
15	27780	TREATMENT OF FIBULA FRACTURE	302.44				
15	27781	TREATMENT OF FIBULA FRACTURE	302.44				
15	27784	TREATMENT OF FIBULA FRACTURE	463.17				
15	27786	TREATMENT OF ANKLE FRACTURE	302.44				
15	27788	TREATMENT OF ANKLE FRACTURE	302.44				
15	27792	TREATMENT OF ANKLE FRACTURE	463.17				
15	27808	TREATMENT OF ANKLE FRACTURE	302.44				
15	27810	TREATMENT OF ANKLE FRACTURE	302.44				
15	27814	TREATMENT OF ANKLE FRACTURE	463.17				
15	27816	TREATMENT OF ANKLE FRACTURE	302.44				
15	27818	TREATMENT OF ANKLE FRACTURE	302.44				
15	27822	TREATMENT OF ANKLE FRACTURE	463.17				
15	27823	TREATMENT OF ANKLE FRACTURE	463.17				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27824	TREAT LOWER LEG FRACTURE	302.44				
15	27825	TREAT LOWER LEG FRACTURE	405.06				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	463.17				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	463.17				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	572.17				
15	27829	TREAT LOWER LEG JOINT	405.06				
15	27830	TREAT LOWER LEG DISLOCATION	302.44				
15	27831	TREAT LOWER LEG DISLOCATION	302.44				
15	27832	TREAT LOWER LEG DISLOCATION	405.06				
15	27840	TREAT ANKLE DISLOCATION	302.44				
15	27842	TREAT ANKLE DISLOCATION	302.44				
15	27846	TREAT ANKLE DISLOCATION	463.17				
15	27848	TREAT ANKLE DISLOCATION	463.17				
15	27860	FIXATION OF ANKLE JOINT	302.44				
15	27870	FUSION OF ANKLE JOINT	572.17				
15	27871	FUSION OF TIBIOFIBULAR JOINT	572.17				
15	27884	AMPUTATION FOLLOW-UP SURGERY	463.17				
15	27888	AMPUTATION OF FOOT AT ANKLE	463.17				
15	27889	AMPUTATION OF FOOT AT ANKLE	463.17				
15	27892	DECOMPRESSION OF LEG	463.17				
15	27893	DECOMPRESSION OF LEG	463.17				
15	27894	DECOMPRESSION OF LEG	463.17				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	463.17				
15	28003	TREATMENT OF FOOT INFECTION	463.17				
15	28005	TREAT FOOT BONE LESION	463.17				
15	28008	INCISION OF FOOT FASCIA	463.17				
15	28011	INCISION OF TOE TENDONS	463.17				
15	28020	EXPLORATION OF FOOT JOINT	405.06				
15	28022	EXPLORATION OF FOOT JOINT	405.06				
15	28024	EXPLORATION OF TOE JOINT	405.06				
15	28035	DECOMPRESSION OF TIBIA NERVE	572.17				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	302.44				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	405.06				
15	28043	EXCISION OF FOOT LESION	405.06				
15	28045	EXCISION OF FOOT LESION	463.17				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	463.17				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	405.06				
15	28050	BIOPSY OF FOOT JOINT LINING	405.06				
15	28052	BIOPSY OF FOOT JOINT LINING	405.06				
15	28054	BIOPSY OF TOE JOINT LINING	405.06				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	405.06				
15	28062	REMOVAL OF FOOT FASCIA	463.17				
15	28070	REMOVAL OF FOOT JOINT LINING	463.17				
15	28072	REMOVAL OF FOOT JOINT LINING	463.17				
15	28080	REMOVAL OF FOOT LESION	463.17				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28086	EXCISE FOOT TENDON SHEATH	405.06				
15	28088	EXCISE FOOT TENDON SHEATH	405.06				
15	28090	REMOVAL OF FOOT LESION	463.17				
15	28092	REMOVAL OF TOE LESIONS	463.17				
15	28100	REMOVAL OF ANKLE/HEEL LESION	405.06				
15	28102	REMOVE/GRAFT FOOT LESION	463.17				
15	28103	REMOVE/GRAFT FOOT LESION	463.17				
15	28104	REMOVAL OF FOOT LESION	405.06				
15	28106	REMOVE/GRAFT FOOT LESION	463.17				
15	28107	REMOVE/GRAFT FOOT LESION	463.17				
15	28108	REMOVAL OF TOE LESIONS	463.17				
15	28110	PART REMOVAL OF METATARSAL	463.17				
15	28111	PART REMOVAL OF METATARSAL	463.17				
15	28112	PART REMOVAL OF METATARSAL	463.17				
15	28113	PART REMOVAL OF METATARSAL	463.17				
15	28114	REMOVAL OF METATARSAL HEADS	463.17				
15	28116	REVISION OF FOOT	463.17				
15	28118	REMOVAL OF HEEL BONE	572.17				
15	28119	REMOVAL OF HEEL SPUR	572.17				
15	28120	PART REMOVAL OF ANKLE/HEEL	903.65				
15	28122	PARTIAL REMOVAL OF FOOT BONE	463.17				
15	28124	PARTIAL REMOVAL OF TOE	463.17				
15	28126	PARTIAL REMOVAL OF TOE	463.17				
15	28130	REMOVAL OF ANKLE BONE	463.17				
15	28140	REMOVAL OF METATARSAL	463.17				
15	28150	REMOVAL OF TOE	463.17				
15	28153	PARTIAL REMOVAL OF TOE	463.17				
15	28160	PARTIAL REMOVAL OF TOE	463.17				
15	28171	EXTENSIVE FOOT SURGERY	463.17				
15	28173	EXTENSIVE FOOT SURGERY	463.17				
15	28175	EXTENSIVE FOOT SURGERY	463.17				
15	28190	REMOVAL OF FOOT FOREIGN BODY	302.44				
15	28192	REMOVAL OF FOOT FOREIGN BODY	405.06				
15	28193	REMOVAL OF FOOT FOREIGN BODY	572.17				
15	28200	REPAIR OF FOOT TENDON	463.17				
15	28202	REPAIR/GRAFT OF FOOT TENDON	463.17				
15	28208	REPAIR OF FOOT TENDON	463.17				
15	28210	REPAIR/GRAFT OF FOOT TENDON	463.17				
15	28222	RELEASE OF FOOT TENDONS	302.44				
15	28225	RELEASE OF FOOT TENDON	302.44				
15	28226	RELEASE OF FOOT TENDONS	302.44				
15	28230	INCISION OF FOOT TENDON (S)	302.44				
15	28232	INCISION OF TOE TENDON	405.06				
15	28234	INCISION OF FOOT TENDON	405.06				
15	28238	REVISION OF FOOT TENDON	463.17				
15	28240	RELEASE OF BIG TOE	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28250	REVISION OF FOOT FASCIA	463.17				
15	28260	RELEASE OF MIDFOOT JOINT	463.17				
15	28261	REVISION OF FOOT TENDON	463.17				
15	28262	REVISION OF FOOT AND ANKLE	572.17				
15	28264	RELEASE OF MIDFOOT JOINT	302.44				
15	28270	RELEASE OF FOOT CONTRACTURE	463.17				
15	28280	FUSION OF TOES	405.06				
15	28285	REPAIR OF HAMMERTOES	463.17				
15	28286	REPAIR OF HAMMERTOES	572.17				
15	28288	PARTIAL REMOVAL OF FOOT BONE	463.17				
15	28289	REPAIR HALLUX RIGIDUS	463.17				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	405.06				
15	28292	CORRECTION OF BUNION	405.06				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	463.17				
15	28296	CORRECTION OF BUNION	463.17				
15	28297	CORRECTION OF BUNION	463.17				
15	28298	CORRECTION OF BUNION	463.17				
15	28299	CORRECTION OF BUNION	651.19				
15	28300	INCISION OF HEEL BONE	405.06				
15	28302	INCISION OF ANKLE BONE	405.06				
15	28304	INCISION OF MIDFOOT BONES	405.06				
15	28305	INCISE/GRAFT MIDFOOT BONES	463.17				
15	28306	INCISION OF METATARSAL	572.17				
15	28307	INCISION OF METATARSAL	572.17				
15	28308	INCISION OF METATARSAL	405.06				
15	28309	INCISION OF METATARSALS	572.17				
15	28310	REVISION OF BIG TOE	463.17				
15	28312	REVISION OF TOE	463.17				
15	28313	REPAIR DEFORMITY OF TOE	405.06				
15	28315	REMOVAL OF SESAMOID BONE	572.17				
15	28320	REPAIR OF FOOT BONES	572.17				
15	28322	REPAIR OF METATARSALS	572.17				
15	28340	RESECT ENLARGED TOE TISSUE	572.17				
15	28341	RESECT ENLARGED TOE	572.17				
15	28344	REPAIR EXTRA TOE(S)	572.17				
15	28345	REPAIR WEBBED TOE(S)	572.17				
15	28400	TREATMENT OF HEEL FRACTURE	302.44				
15	28405	TREATMENT OF HEEL FRACTURE	405.06				
15	28406	TREATMENT OF HEEL FRACTURE	405.06				
15	28415	TREAT HEEL FRACTURE	463.17				
15	28420	TREAT/GRAFT HEEL FRACTURE	572.17				
15	28435	TREATMENT OF ANKLE FRACTURE	405.06				
15	28436	TREATMENT OF ANKLE FRACTURE	405.06				
15	28445	TREAT ANKLE FRACTURE	463.17				
15	28456	TREAT MIDFOOT FRACTURE	405.06				
15	28465	TREAT MIDFOOT FRACTURE, EACH	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28476	TREAT METATARSAL FRACTURE	405.06				
15	28485	TREAT METATARSAL FRACTURE	572.17				
15	28496	TREAT BIG TOE FRACTURE	405.06				
15	28505	TREAT BIG TOE FRACTURE	463.17				
15	28525	TREAT TOE FRACTURE	463.17				
15	28531	TREAT SESAMOID BONE FRACTURE	463.17				
15	28545	TREAT FOOT DISLOCATION	302.44				
15	28546	TREAT FOOT DISLOCATION	405.06				
15	28555	REPAIR FOOT DISLOCATION	405.06				
15	28575	TREAT FOOT DISLOCATION	302.44				
15	28576	TREAT FOOT DISLOCATION	463.17				
15	28585	REPAIR FOOT DISLOCATION	463.17				
15	28600	TREAT FOOT DISLOCATION	302.44				
15	28605	TREAT FOOT DISLOCATION	302.44				
15	28606	TREAT FOOT DISLOCATION	405.06				
15	28615	REPAIR FOOT DISLOCATION	463.17				
15	28635	TREAT TOE DISLOCATION	302.44				
15	28636	TREAT TOE DISLOCATION	463.17				
15	28645	REPAIR TOE DISLOCATION	463.17				
15	28660	TREAT TOE DISLOCATION	302.44				
15	28665	TREAT TOE DISLOCATION	302.44				
15	28666	TREAT TOE DISLOCATION	463.17				
15	28675	REPAIR OF TOE DISLOCATION	463.17				
15	28705	FUSION OF FOOT BONES	572.17				
15	28715	FUSION OF FOOT BONES	572.17				
15	28725	FUSION OF FOOT BONES	572.17				
15	28730	FUSION OF FOOT BONES	572.17				
15	28735	FUSION OF FOOT BONES	572.17				
15	28737	REVISION OF FOOT BONES	651.19				
15	28740	FUSION OF FOOT BONES	572.17				
15	28750	FUSION OF BIG TOE JOINT	572.17				
15	28755	FUSION OF BIG TOE JOINT	572.17				
15	28760	FUSION OF BIG TOE JOINT	572.17				
15	28810	AMPUTATION TOE & METATARSAL	405.06				
15	28820	AMPUTATION OF TOE	405.06				
15	28825	PARTIAL AMPUTATION OF TOE	405.06				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	463.17				
15	29804	JAW ARTHROSCOPY/SURGERY	463.17				
15	29805	SHOULDER ARTHROSCOPY, DX	463.17				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	29823	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	651.19				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	463.17				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	463.17				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	651.19				
15	29830	ELBOW ARTHROSCOPY	463.17				
15	29834	ELBOW ARTHROSCOPY/SURGERY	463.17				
15	29835	ELBOW ARTHROSCOPY/SURGERY	463.17				
15	29836	ELBOW ARTHROSCOPY/SURGERY	463.17				
15	29837	ELBOW ARTHROSCOPY/SURGERY	463.17				
15	29838	ELBOW ARTHROSCOPY/SURGERY	463.17				
15	29840	WRIST ARTHROSCOPY	463.17				
15	29843	WRIST ARTHROSCOPY/SURGERY	463.17				
15	29844	WRIST ARTHROSCOPY/SURGERY	463.17				
15	29845	WRIST ARTHROSCOPY/SURGERY	463.17				
15	29846	WRIST ARTHROSCOPY/SURGERY	463.17				
15	29847	WRIST ARTHROSCOPY/SURGERY	463.17				
15	29848	WRIST ENDOSCOPY/SURGERY	1,216.08				
15	29850	KNEE ARTHROSCOPY/SURGERY	572.17				
15	29851	KNEE ARTHROSCOPY/SURGERY	572.17				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	572.17				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	572.17				
15	29860	HIP ARTHROSCOPY, DX	572.17				
15	29861	HIP ARTHROSCOPY/SURGERY	572.17				
15	29862	HIP ARTHROSCOPY/SURGERY	1,216.08				
15	29863	HIP ARTHROSCOPY/SURGERY	572.17				
15	29870	KNEE ARTHROSCOPY, DX	463.17				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	463.17				
15	29873	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29874	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29875	KNEE ARTHROSCOPY/SURGERY	572.17				
15	29876	KNEE ARTHROSCOPY/SURGERY	572.17				
15	29877	KNEE ARTHROSCOPY/SURGERY	572.17				
15	29879	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	572.17				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	572.17				
15	29882	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29883	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29884	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29885	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29886	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29887	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29888	KNEE ARTHROSCOPY/SURGERY	463.17				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	463.17				
15	29891	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29892	ANKLE ARTHROSCOPY/SURGERY	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,216.08				
15	29894	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29895	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29897	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29898	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29899	ANKLE ARTHROSCOPY/SURGERY	463.17				
15	29900	MCP JOINT ARTHROSCOPY, DX	463.17				
15	29901	MCP JOINT ARTHROSCOPY, SURG	463.17				
15	29902	MCP JOINT ARTHROSCOPY, SURG	463.17				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	572.17				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	572.17				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	572.17				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	302.44				
15	30100	INTRANASAL BIOPSY	302.44				
15	30110	REMOVAL OF NOSE POLY(S)	302.44				
15	30115	REMOVAL OF NOSE POLYP(S)	405.06				
15	30117	REMOVAL OF INTRANASAL LESION	463.17				
15	30118	REMOVAL OF INTRANASAL LESION	463.17				
15	30120	REVISION OF NOSE	302.44				
15	30125	REMOVAL OF NOSE LESION	405.06				
15	30130	REMOVAL OF TURBINATE BONES	463.17				
15	30140	REMOVAL OF TURBINATE BONES	405.06				
15	30150	PARTIAL REMOVAL OF NOSE	463.17				
15	30160	REMOVAL OF NOSE	572.17				
15	30210	NASAL SINUS THERAPY	302.44				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	463.17				
15	30300	REMOVE NASAL FOREIGN BODY	302.44				
15	30310	REMOVE NASAL FOREIGN BODY	302.44				
15	30320	REMOVE NASAL FOREIGN BODY	405.06				
15	30400	RECONSTRUCTION OF NOSE	572.17				
15	30410	RECONSTRUCTION OF NOSE	651.19				
15	30420	RECONSTRUCTION OF NOSE	651.19				
15	30430	REVISION OF NOSE	463.17				
15	30435	REVISION OF NOSE	651.19				
15	30450	REVISION OF NOSE	903.65				
15	30460	REVISION OF NOSE	903.65				
15	30462	REVISION OF NOSE	1,216.08				
15	30465	REPAIR NASAL STENOSIS	1,216.08				
15	30520	REPAIR OF NASAL SEPTUM	572.17				
15	30540	REPAIR NASAL DEFECT	651.19				
15	30545	REPAIR NASAL DEFECT	651.19				
15	30560	RELEASE OF NASAL ADHESIONS	405.06				
15	30580	REPAIR UPPER JAW FISTULA	572.17				
15	30600	REPAIR MOUTH/NOSE FISTULA	572.17				
15	30620	INTRANASAL RECONSTRUCTION	903.65				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	30630	REPAIR NASAL SEPTUM DEFECT	903.65				
15	30801	CAUTERIZATION, INNER NOSE	302.44				
15	30802	CAUTERIZATION, INNER NOSE	302.44				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	302.44				
15	30903	CONTROL OF NOSEBLEED	302.44				
15	30905	CONTROL OF NOSEBLEED	302.44				
15	30906	REPEAT CONTROL OF NOSEBLEED	302.44				
15	30915	LIGATION, NASAL SINUS ARTERY	405.06				
15	30920	LIGATION, UPPER JAW ARTERY	463.17				
15	30930	THERAPY, FRACTURE OF NOSE	572.17				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	302.44				
15	31002	IRRIGATION SPHENOID SINUS	302.44				
15	31020	EXPLORATION, MAXILLARY SINUS	405.06				
15	31030	EXPLORATION, MAXILLARY SINUS	463.17				
15	31032	EXPLORE SINUS, REMOVE POLYPS	572.17				
15	31050	EXPLORATION, SPHENOID SINUS	405.06				
15	31051	SPHENOID SINUS SURGERY	572.17				
15	31070	EXPLORATION OF FRONTAL SINUS	405.06				
15	31075	EXPLORATION OF FRONTAL SINUS	572.17				
15	31080	REMOVAL OF FRONTAL SINUS	572.17				
15	31081	REMOVAL OF FRONTAL SINUS	572.17				
15	31084	REMOVAL OF FRONTAL SINUS	572.17				
15	31085	REMOVAL OF FRONTAL SINUS	572.17				
15	31086	REMOVAL OF FRONTAL SINUS	572.17				
15	31087	REMOVAL OF FRONTAL SINUS	572.17				
15	31090	EXPLORATION OF SINUSES	651.19				
15	31200	REMOVAL OF ETHMOID SINUS	405.06				
15	31201	REMOVAL OF ETHMOID SINUS	651.19				
15	31205	REMOVAL OF ETHMOID SINUS	463.17				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	405.06				
15	31233	NASAL/SINUS ENDOSCOPY, DX	405.06				
15	31235	NASAL/SINUS ENDOSCOPY, DX	302.44				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	405.06				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	302.44				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	572.17				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	405.06				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	463.17				
15	31254	REVISION OF ETHMOID SINUS	463.17				
15	31255	REMOVAL OF ETHMOID SINUS	651.19				
15	31256	EXPLORATION MAXILLARY SINUS	463.17				
15	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	463.17				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	463.17				
15	31267	ENDOSCOPY, MAXILLARY SINUS	463.17				
15	31276	SINUS ENDOSCOPY, SURGICAL	463.17				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31288	NASAL/SINUS ENDOSCOPY, SURG	463.17				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	463.17				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	463.17				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	463.17				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	463.17				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	651.19				
15	31400	REVISION OF LARYNX	405.06				
15	31420	REMOVAL OF EPIGLOTTIS	405.06				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	302.44				
15	31510	LARYNGOSCOPY WITH BIOPSY	405.06				
15	31511	REMOVE FOREIGN BODY, LARYNX	405.06				
15	31512	REMOVAL OF LARYNX LESION	405.06				
15	31513	INJECTION INTO VOCAL CORD	405.06				
15	31515	LARYNGOSCOPY FOR ASPIRATION	302.44				
15	31520	DIAGNOSTIC LARYNGOSCOPY	302.44				
15	31525	DIAGNOSTIC LARYNGOSCOPY	302.44				
15	31526	DIAGNOSTIC LARYNGOSCOPY	405.06				
15	31527	LARYNGOSCOPY FOR TREATMENT	302.44				
15	31528	LARYNGOSCOPY AND DILATION	405.06				
15	31529	LARYNGOSCOPY AND DILATION	405.06				
15	31530	OPERATIVE LARYNGOSCOPY	405.06				
15	31531	OPERATIVE LARYNGOSCOPY	463.17				
15	31535	OPERATIVE LARYNGOSCOPY	405.06				
15	31536	OPERATIVE LARYNGOSCOPY	463.17				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	463.17				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	572.17				
15	31545	REMOVE VC LESION W/SCOPE	572.17				
15	31546	REMOVE VC SCOPE/GRAFT	572.17				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	651.19				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	651.19				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	651.19				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	651.19				
15	31560	OPERATIVE LARYNGOSCOPY	651.19				
15	31561	OPERATIVE LARYNGOSCOPY	651.19				
15	31570	LARYNGOSCOPY WITH INJECTION	405.06				
15	31571	LARYNGOSCOPY WITH INJECTION	405.06				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	405.06				
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	405.06				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	405.06				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	405.06				
15	31576	LARYNGOSCOPY WITH BIOPSY	405.06				
15	31577	REMOVE FOREIGN BODY, LARYNX	405.06				
15	31578	REMOVAL OF LARYNX LESION	405.06				
15	31580	REVISION OF LARYNX	651.19				
15	31590	REINNERVATE LARYNX	651.19				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	651.19				
15	31592	CRICOTRACHEAL RESECTION	651.19				
15	31595	LARYNX NERVE SURGERY	405.06				
15	31599	LARYNX SURGERY PROCEDURE	MP		X		
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	302.44	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	463.17				
15	31612	PUNCTURE/CLEAR WINDPIPE	302.44				
15	31613	REPAIR WINDPIPE OPENING	405.06				
15	31614	REPAIR WINDPIPE OPENING	405.06				
15	31615	VISUALIZATION OF WINDPIPE	302.44				
15	31622	DX BRONCHOSCOPE/WASH	302.44				
15	31623	DX BRONCHOSCOPE/BRUSH	405.06				
15	31624	DX BRONCHOSCOPE/LAVAGE	405.06				
15	31625	BRONCHOSCOPY WITH BIOPSY	405.06				
15	31628	BRONCHOSCOPY WITH BIOPSY	405.06				
15	31629	BRONCHOSCOPY WITH BIOPSY	405.06				
15	31630	BRONCHOSCOPY WITH REPAIR	405.06				
15	31631	BRONCHOSCOPY WITH DILATION	405.06				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31635	REMOVE FOREIGN BODY, AIRWAY	405.06				
15	31636	BRONCHOSCOPY, BRONCH STENTS	405.06				
15	31637	BRONCHOSCOPY, STENT ADD-ON	302.44				
15	31638	BRONCHOSCOPY, REVISE STENT	405.06				
15	31640	BRONCHOSCOPY & REMOVE LESION	405.06				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	405.06				
15	31643	DIAG BRONCHOSCOPE/CATHETER	405.06				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	302.44				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	302.44				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	405.06				
15	31717	BRONCHIAL BRUSH BIOPSY	302.44				
15	31720	CLEARANCE OF AIRWAYS	302.44				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	302.44				
15	31750	REPAIR OF WINDPIPE	651.19				
15	31755	REPAIR OF WINDPIPE	405.06				
15	31820	CLOSURE OF WINDPIPE LESION	302.44				
15	31825	REPAIR OF WINDPIPE DEFECT	405.06				
15	31830	REVISE WINDPIPE SCAR	405.06				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	302.44				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	302.44				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	302.44				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	302.44				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	302.44				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	302.44				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	463.17				
15	32999	CHEST SURGERY PROCEDURE	MP			X	
15	33010	DRAINAGE OF HEART SAC	405.06				
15	33011	REPEAT DRAINAGE OF HEART SAC	405.06				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	463.17				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	405.06				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	405.06				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	405.06				
15	33270	INSERTION OR REPLACEMENT OF PERMANEN	463.17				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	405.06				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	405.06				
15	33999	CARDIAC SURGERY PROCEDURE	MP			X	
15	35188	REPAIR BLOOD VESSEL LESION	572.17				
15	35190	REPAIR BLOOD VESSEL LESION	572.17				
15	35206	REPAIR BLOOD VESSEL LESION	572.17				
15	35207	REPAIR BLOOD VESSEL LESION	572.17				
15	35875	REMOVAL OF CLOT IN GRAFT	1,216.08				
15	35876	REMOVAL OF CLOT IN GRAFT	1,216.08				
15	36260	INSERTION OF INFUSION PUMP	463.17				
15	36261	REVISION OF INFUSION PUMP	405.06				
15	36262	REMOVAL OF INFUSION PUMP	302.44				
15	36299	UNLISTED VASCULAR INJECTION	MP			X	
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	405.06				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	405.06				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	463.17				
15	36475	ENDOVENOUS RF, 1ST VEIN	463.17				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	463.17				
15	36478	ENDOVENOUS LASER, 1ST VEIN	463.17				
15	36479	ENDOVENOUS LASER VEIN ADDON	463.17				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	463.17				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,216.08				
15	36555	INSERT NON-TUNNEL CV CATH	302.44				
15	36556	INSERT NON-TUNNEL CV CATH	302.44				
15	36557	INSERT TUNNELED CV CATH	405.06				
15	36558	INSERT TUNNELED CV CATH	405.06				
15	36560	INSERT TUNNELED CV CATH	463.17				
15	36561	INSERT TUNNELED CV CATH	463.17				
15	36563	INSERT TUNNELED CV CATH	463.17				
15	36565	INSERT TUNNELED CV CATH	463.17				
15	36566	INSERT TUNNELED CV CATH	463.17				
15	36568	INSERT PERIPHERALLY CV CATH	302.44				
15	36569	INSERT PERIPHERALLY CV CATH	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	36570	INSERT PERIPHERALLY CV CATH	463.17				
15	36571	INSERT PERIPHERALLY CV CATH	463.17				
15	36575	REPAIR TUNNELED/NON-TUNNELED	405.06				
15	36576	REPAIR CV ACCESS	405.06				
15	36578	REPLACE CV ACCESS	405.06				
15	36580	REPLACE COMPLETE non-tunnel	302.44				
15	36581	REPLACE COMPLETE tunneled	405.06				
15	36582	REPLACE COMPLETE tunneled	463.17				
15	36583	REPLACE COMPLETE tunneled	463.17				
15	36584	REPLACE COMPLETE peripherally	302.44				
15	36585	REPLACE COMPLETE peripherally	463.17				
15	36589	REMOVE TUNNELED CV CATH	302.44				
15	36590	REMOVE TUNNELED CV ACCESS	302.44				
15	36640	INSERTION CATHETER, ARTERY	302.44				
15	36660	INSERTION CATHETER, ARTERY	1,216.08				
15	36800	INSERTION OF CANNULA	463.17				
15	36810	INSERTION OF CANNULA	463.17				
15	36815	INSERTION OF CANNULA	463.17				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	463.17				
15	36819	AV FUSION/UPPR ARM VEIN	463.17				
15	36820	AV FUSION/FOREARM VEIN	463.17				
15	36821	AV FUSION DIRECT ANY SITE	463.17				
15	36825	ARTERY-VEIN GRAFT	572.17				
15	36830	ARTERY-VEIN GRAFT	572.17				
15	36831	OPEN THROMBECT AV FISTULA	1,216.08				
15	36832	AV FISTULA REVISION, OPEN	572.17				
15	36833	AV FISTULA REVISION	572.17				
15	36835	ARTERY TO VEIN SHUNT	572.17				
15	36860	EXTERNAL CANNULA DECLEOTING	405.06				
15	36861	CANNULA DECLEOTING	463.17				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	463.17				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	572.17				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	572.17				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	651.19				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	651.19				
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	651.19				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	572.17				
15	37200	TRANSCATHETER BIOPSY	572.17				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	302.44				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	302.44				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	302.44				
15	37223	REVASCLARIZATION, ENDOVASCULAR, OPE	302.44				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	302.44				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	302.44				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	463.17				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	37607	LIGATION OF A-V FISTULA	463.17				
15	37609	TEMPORAL ARTERY PROCEDURE	405.06				
15	37650	REVISION OF MAJOR VEIN	405.06				
15	37700	REVISE LEG VEIN	405.06				
15	37718	LIGATE/STRIP SHORT LEG VEIN	463.17				
15	37722	LIGATE/STRIP LONG LEG VIEW	463.17				
15	37735	REMOVAL OF LEG VEINS/LESION	463.17				
15	37760	REVISION OF LEG VEINS	463.17				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	463.17				
15	37780	REVISION OF LEG VEIN	463.17				
15	37785	REVISE SECONDARY VARICOSITY	463.17				
15	37790	PENILE VENOUS OCCLUSION	463.17				
15	37799	VASCULAR SURGERY PROCEDURE	MP			X	
15	38129	LAPAROSCOPE PROC, SPLEEN	MP			X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,216.08				
15	38206	HARVEST AUTO STEM CELLS	1,216.08				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	302.44				
15	38300	DRAINAGE, LYMPH NODE LESION	302.44				
15	38305	DRAINAGE, LYMPH NODE LESION	405.06				
15	38308	INCISION OF LYMPH CHANNELS	405.06				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	405.06				
15	38505	NEEDLE BIOPSY, LYMPH NODES	302.44				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	405.06				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	405.06				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	405.06				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	405.06				
15	38542	EXPLORE DEEP NODE(S), NECK	405.06				
15	38550	REMOVAL, NECK/ARMPIT LESION	463.17				
15	38555	REMOVAL, NECK/ARMPIT LESION	572.17				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,216.08				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,216.08				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,216.08				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,216.08				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP			X	
15	38700	REMOVAL OF LYMPH NODES, NECK	463.17				
15	38740	REMOVE ARMPIT LYMPH NODES	405.06				
15	38745	REMOVE ARMPIT LYMPH NODES	572.17				
15	38760	REMOVE GROIN LYMPH NODES	405.06				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP			X	
15	39499	MEDIASTINAL PROCEDURE	MP			X	
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X	
15	40490	BIOPSY OF LIP	302.44				
15	40500	PARTIAL EXCISION OF LIP	405.06				
15	40510	PARTIAL EXCISION OF LIP	405.06				
15	40520	PARTIAL EXCISION OF LIP	405.06				
15	40525	RECONSTRUCT LIP WITH FLAP	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	40527	RECONSTRUCT LIP WITH FLAP	405.06				
15	40530	PARTIAL REMOVAL OF LIP	405.06				
15	40650	REPAIR LIP	463.17				
15	40652	REPAIR LIP	463.17				
15	40654	REPAIR LIP	463.17				
15	40700	REPAIR CLEFT LIP/NASAL	903.65				
15	40701	REPAIR CLEFT LIP/NASAL	903.65				
15	40702	REPAIR CLEFT LIP	903.65				
15	40720	REPAIR CLEFT LIP/NASAL	903.65				
15	40761	REPAIR CLEFT LIP/NASAL	463.17				
15	40799	LIP SURGERY PROCEDURE	MP			X	
15	40800	DRAINAGE OF MOUTH LESION	302.44				
15	40801	DRAINAGE OF MOUTH LESION	405.06				
15	40804	REMOVAL FOREIGN BODY, MOUTH	302.44				
15	40806	INCISION OF LIP FOLD	302.44				
15	40808	BIOPSY OF MOUTH LESION	302.44				
15	40810	EXCISION OF MOUTH LESION	302.44				
15	40812	EXCISE/REPAIR MOUTH LESION	405.06				
15	40814	EXCISE/REPAIR MOUTH LESION	405.06				
15	40816	EXCISION OF MOUTH LESION	405.06				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	302.44				
15	40819	EXCISE LIP OR CHEEK FOLD	302.44				
15	40820	TREATMENT OF MOUTH LESION	302.44				
15	40830	REPAIR MOUTH LACERATION	302.44				
15	40831	REPAIR MOUTH LACERATION	302.44				
15	40840	RECONSTRUCTION OF MOUTH	405.06				
15	40842	RECONSTRUCTION OF MOUTH	463.17				
15	40843	RECONSTRUCTION OF MOUTH	463.17				
15	40844	RECONSTRUCTION OF MOUTH	651.19				
15	40845	RECONSTRUCTION OF MOUTH	651.19				
15	40899	MOUTH SURGERY PROCEDURE	MP			X	
15	41005	DRAINAGE OF MOUTH LESION	302.44				
15	41006	DRAINAGE OF MOUTH LESION	302.44				
15	41007	DRAINAGE OF MOUTH LESION	302.44				
15	41008	DRAINAGE OF MOUTH LESION	302.44				
15	41009	DRAINAGE OF MOUTH LESION	302.44				
15	41010	INCISION OF TONGUE FOLD	302.44				
15	41015	DRAINAGE OF MOUTH LESION	302.44				
15	41016	DRAINAGE OF MOUTH LESION	302.44				
15	41017	DRAINAGE OF MOUTH LESION	302.44				
15	41018	DRAINAGE OF MOUTH LESION	302.44				
15	41100	BIOPSY OF TONGUE	302.44				
15	41108	BIOPSY OF FLOOR OF MOUTH	302.44				
15	41112	EXCISION OF TONGUE LESION	405.06				
15	41113	EXCISION OF TONGUE LESION	405.06				
15	41114	EXCISION OF TONGUE LESION	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	41115	EXCISION OF TONGUE FOLD	302.44				
15	41116	EXCISION OF MOUTH LESION	302.44				
15	41120	PARTIAL REMOVAL OF TONGUE	651.19				
15	41250	REPAIR TONGUE LACERATION	405.06				
15	41251	REPAIR TONGUE LACERATION	405.06				
15	41252	REPAIR TONGUE LACERATION	405.06				
15	41500	FIXATION OF TONGUE	302.44				
15	41510	TONGUE TO LIP SURGERY	302.44				
15	41520	RECONSTRUCTION, TONGUE FOLD	405.06				
15	41599	TONGUE AND MOUTH SURGERY	MP		X		
15	41800	DRAINAGE OF GUM LESION	302.44				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	302.44				
15	41821	EXCISION OF GUM FLAP	302.44				
15	41822	EXCISION OF GUM LESION	302.44				
15	41823	EXCISION OF GUM LESION	302.44				
15	41826	EXCSION OF GUM LESION	302.44				
15	41827	EXCISION OF GUM LESION	405.06				
15	41870	GUM GRAFT	302.44				
15	41874	REPAIR TOOTH SOCKET	302.44				
15	41899	GUM SURGERY PROCEDURE	302.44				
15	42000	DRAINAGE MOUTH ROOF LESION	405.06				
15	42100	BIOPSY ROOF OF MOUTH	302.44				
15	42104	EXCISION LESION, MOUTH ROOF	302.44				
15	42106	EXCISION LESION, MOUTH ROOF	302.44				
15	42107	EXCISION LESION, MOUTH ROOF	405.06				
15	42120	REMOVE PALATE/LESION	572.17				
15	42140	EXCISION OF UVULA	405.06				
15	42145	REPAIR PALATE, PHARYNX/UVULA	651.19				
15	42160	TREATMENT MOUTH ROOF LESION	302.44				
15	42180	REPAIR PALATE	302.44				
15	42182	REPAIR PALATE	405.06				
15	42200	RECONSTRUCT CLEFT PALATE	651.19				
15	42205	RECONSTRUCT CLEFT PALATE	651.19				
15	42210	RECONSTRUCT CLEFT PALATE	651.19				
15	42215	RECONSTRUCT CLEFT PALATE	903.65				
15	42220	RECONSTRUCT CLEFT PALATE	651.19				
15	42226	LENGTHENING OF PALATE	651.19				
15	42235	REPAIR PALATE	651.19				
15	42260	REPAIR NOSE TO LIP FISTULA	572.17				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	302.44				
15	42305	DRAINAGE OF SALIVARY GLAND	405.06				
15	42310	DRAINAGE OF SALIVARY GLAND	302.44				
15	42320	DRAINAGE OF SALIVARY GLAND	302.44				
15	42340	REMOVAL OF SALIVARY STONE	405.06				
15	42405	BIOPSY OF SALIVARY GLAND	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42408	EXCISION OF SALIVARY CYST	463.17				
15	42409	DRAINAGE OF SALIVARY CYST	463.17				
15	42410	EXCISE PAROTID GLAND/LESION	463.17				
15	42415	EXCISE PAROTID GLAND/LESION	903.65				
15	42420	EXCISE PAROTID GLAND/LESION	903.65				
15	42425	EXCISE PAROTID GLAND/LESION	903.65				
15	42440	EXCISE SUBMAXILLARY GLAND	463.17				
15	42450	EXCISE SUBLINGUAL GLAND	405.06				
15	42500	REPAIR SALIVARY DUCT	463.17				
15	42505	REPAIR SALIVARY DUCT	572.17				
15	42507	PAROTID DUCT DIVERSION	463.17				
15	42509	PAROTID DUCT DIVERSION	572.17				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	572.17				
15	42600	CLOSURE OF SALIVARY FISTULA	302.44				
15	42650	DILATION OF SALIVARY DUCT	302.44				
15	42665	LIGATION OF SALIVARY DUCT	903.65				
15	42699	SALIVARY SURGERY PROCEDURE	MP			X	
15	42700	DRAINAGE OF TONSIL ABSCESS	302.44				
15	42720	DRAINAGE OF THROAT ABSCESS	302.44				
15	42725	DRAINAGE OF THROAT ABSCESS	405.06				
15	42800	BIOPSY OF THROAT	302.44				
15	42804	BIOPSY OF UPPER NOSE/THROAT	302.44				
15	42806	BIOPSY OF UPPER NOSE/THROAT	405.06				
15	42808	EXCISE PHARYNX LESION	405.06				
15	42810	EXCISION OF NECK CYST	463.17				
15	42815	EXCISION OF NECK CYST	651.19				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY; <12	463.17	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY; . . .	651.19	12	99		
15	42825	TONSILLECTOMY, PRIMARY OR SECONDARY	572.17	00	11		
15	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; .	572.17	12	99		
15	42830	ADENOIDECTOMY, PRIMARY; <12	572.17	00	11		
15	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	572.17	12	99		
15	42835	ADENOIDECTOMY, SECONDARY; <12	572.17	00	11		
15	42836	ADENOIDECTOMY, SECONDARY; AGE 12+	572.17	12	99		
15	42860	EXCISION OF TONSIL TAGS	463.17				
15	42870	EXCISION OF LINGUAL TONSIL	463.17				
15	42890	PARTIAL REMOVAL OF PHARYNX	903.65				
15	42892	REVISION OF PHARYNGEAL WALLS	903.65				
15	42900	REPAIR THROAT WOUND	302.44				
15	42950	RECONSTRUCTION OF THROAT	405.06				
15	42955	SURGICAL OPENING OF THROAT	405.06				
15	42960	CONTROL THROAT BLEEDING	302.44				
15	42962	CONTROL THROAT BLEEDING	405.06				
15	42970	CONTROL NOSE/THROAT BLEEDING	405.06				
15	42972	CONTROL NOSE/THROAT BLEEDING	463.17				
15	42999	THROAT SURGERY PROCEDURE	MP			X	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	302.44				
15	43191	Diagnostic examination of esophagus	302.44				
15	43192	Injections of substance in tissue li	302.44				
15	43193	Biopsy of esophagus using an endosco	302.44				
15	43194	Removal of foreign body of esophagus	302.44				
15	43195	Balloon dilation of esophagus using	302.44				
15	43196	Insertion of wire and dilation of es	302.44				
15	43197	Diagnostic examination of esophagus	302.44				
15	43198	Biopsy of esophagus using an endosco	302.44				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	302.44				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	302.44				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	302.44				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	302.44				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	302.44				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	302.44			X	
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	405.06				
15	43211	Removal of tissue lining of esophagu	302.44				
15	43212	Placement of stent on esophagus usin	302.44				
15	43213	Dilation of esophagus using an endos	302.44				
15	43214	Balloon dilation of esophagus using	302.44				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	302.44				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	302.44				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	302.44				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	302.44				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	302.44				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	405.06				
15	43229	Destruction of growths of esophagus	302.44				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	405.06				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	405.06				
15	43233	Balloon dilation of esophagus, stoma	405.06				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	302.44				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	405.06				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	405.06				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	405.06				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	405.06				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	405.06				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	405.06				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	405.06				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	405.06				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	405.06				
15	43245	DILATION OF STOMACH OUTLET USING AN	405.06				
15	43246	INSERTION OF STOMACH TUBE USING AN E	405.06				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	405.06				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	405.06				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	405.06				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	405.06				

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1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	405.06				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	405.06		X		
15	43253	Injection of diagnostic or therapeut	405.06				
15	43254	Removal of tissue lining of esophagu	405.06				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	405.06				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	463.17				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	463.17				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	405.06				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	405.06				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	405.06				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	405.06				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	405.06				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	405.06				
15	43266	Placement of stent in esophagus, sto	405.06				
15	43270	Destruction of growths on esophagus,	405.06				
15	43274	Placement of stent pancreatic or bil	405.06				
15	43275	Removal of foreign body or stent fro	405.06				
15	43276	Replacement of stent pancreatic or b	405.06				
15	43277	Balloon dilation of pancreatic or bi	405.06				
15	43278	Destruction of mass on gallbladder,	405.06				
15	43280	LAPAROSCOPY, FUNDOPLASTY	572.17				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	572.17				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	572.17				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	572.17				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	572.17				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	463.17				
15	43450	DILATE ESOPHAGUS	302.44				
15	43453	DILATE ESOPHAGUS	302.44				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43500	SURGICAL OPENING OF STOMACH	572.17				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,216.08				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43760	CHANGE GASTROSTOMY TUBE	302.44				
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	302.44				
15	43820	FUSION OF STOMACH AND BOWEL	572.17				
15	43830	SURGICAL OPENING OF STOMACH	405.06				
15	43840	REPAIR OF STOMACH LESION	463.17				
15	43870	REPAIR STOMACH OPENING	302.44				
15	43880	REPAIR STOMACH-BOWEL FISTULA	463.17				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	302.44				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	302.44				
15	44340	REVISION OF COLOSTOMY	463.17				
15	44360	SMALL BOWEL ENDOSCOPY	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	405.06				
15	44363	SMALL BOWEL ENDOSCOPY	405.06				
15	44364	SMALL BOWEL ENDOSCOPY	405.06				
15	44365	SMALL BOWEL ENDOSCOPY	405.06				
15	44366	SMALL BOWEL ENDOSCOPY	405.06				
15	44369	SMALL BOWEL ENDOSCOPY	405.06				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,216.08				
15	44372	SMALL BOWEL ENDOSCOPY	405.06				
15	44373	SMALL BOWEL ENDOSCOPY	405.06				
15	44376	SMALL BOWEL ENDOSCOPY	405.06				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	405.06				
15	44378	SMALL BOWEL ENDOSCOPY	405.06				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,216.08				
15	44380	SMALL BOWEL ENDOSCOPY	302.44				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	302.44				
15	44382	SMALL BOWEL ENDOSCOPY	302.44				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,216.08				
15	44385	ENDOSCOPY OF BOWEL POUCH	302.44				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	302.44				
15	44388	COLON ENDOSCOPY	302.44				
15	44389	COLONOSCOPY WITH BIOPSY	302.44				
15	44390	COLONOSCOPY FOR FOREIGN BODY	302.44				
15	44391	COLONOSCOPY FOR BLEEDING	302.44				
15	44392	COLONOSCOPY & POLYPECTOMY	302.44				
15	44394	COLONOSCOPY W/SNARE	302.44				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	302.44				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	302.44				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	302.44				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	302.44				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	302.44				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	302.44				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	302.44				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	302.44				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	572.17				
15	44620	REPAIR BOWEL OPENING	463.17				
15	44799	INTESTINE SURGERY PROCEDURE	MP			X	
15	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP			X	
15	44950	APPENDECTOMY	1,216.08			X	
15	44970	LAPAROSCOPY, APPENDECTOMY	651.19			X	
15	44979	LAPAROSCOPE PROC, APP	MP			X	
15	45000	DRAINAGE OF PELVIC ABSCESS	302.44				
15	45005	DRAINAGE OF RECTAL ABSCESS	405.06				
15	45020	DRAINAGE OF RECTAL ABSCESS	405.06				
15	45100	BIOPSY OF RECTUM	302.44				
15	45108	REMOVAL OF ANORECTAL LESION	405.06				
15	45150	EXCISION OF RECTAL STRICTURE	405.06				

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1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	45160	EXCISION OF RECTAL LESION	405.06				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	405.06				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	405.06				
15	45190	DESTRUCTION, RECTAL TUMOR	1,216.08				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	302.44				
15	45305	PROTOSIGMOIDOSCOPY W/BX	302.44				
15	45307	PROTOSIGMOIDOSCOPY FB	302.44				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	302.44				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	302.44				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	302.44				
15	45317	PROTOSIGMOIDOSCOPY BLEED	302.44				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	302.44				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	302.44				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	302.44				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	302.44				
15	45331	SIGMOIDOSCOPY AND BIOPSY	302.44				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	302.44				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	302.44				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	302.44				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	302.44				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	302.44				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	302.44				
15	45340	SIG W/BALLOON DILATION	302.44				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	302.44				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	302.44				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	302.44				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	302.44				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	302.44				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	302.44				
15	45378	DIAGNOSTIC COLONOSCOPY	405.06				
15	45379	COLONOSCOPY W/FB REMOVAL	405.06				
15	45380	COLONOSCOPY AND BIOPSY	405.06				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	405.06				
15	45382	COLONOSCOPY/CONTROL BLEEDING	405.06				
15	45384	LESION REMOVE COLONOSCOPY	405.06				
15	45385	LESION REMOVAL COLONOSCOPY	405.06				
15	45386	COLONOSCOPE DILATE STRICTURE	405.06				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	302.44				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCO	302.44				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCO	302.44				
15	45391	COLONOSCOPY W/ENDOSCOPE US	405.06				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	405.06				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMP	302.44				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	302.44				
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X		
15	45500	REPAIR OF RECTUM	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45505	REPAIR OF RECTUM	405.06				
15	45560	REPAIR OF RECTOCELE	405.06				
15	45900	REDUCTION OF RECTAL PROLAPSE	302.44				
15	45905	DILATION OF ANAL SPHINCTER	302.44				
15	45910	DILATION OF RECTAL NARROWING	302.44				
15	45915	REMOVE RECTAL OBSTRUCTION	302.44				
15	45990	SURG DX EXAM, ANORECTAL	405.06				X
15	45999	RECTUM SURGERY PROCEDURE	MP				X
15	46020	PLACEMENT OF SETON	463.17				
15	46030	REMOVAL OF RECTAL MARKER	302.44				
15	46040	INCISION OF RECTAL ABSCESS	463.17				
15	46045	INCISION OF RECTAL ABSCESS	405.06				
15	46050	INCISION OF ANAL ABSCESS	302.44				
15	46060	INCISION OF RECTAL ABSCESS	405.06				
15	46080	INCISION OF ANAL SPHINCTER	463.17				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	302.44				
15	46200	REMOVAL OF ANAL FISSURE	405.06				
15	46220	REMOVAL OF ANAL TAB	302.44				
15	46230	REMOVAL OF ANAL TABS	302.44				
15	46250	HEMORRHOIDECTOMY	463.17				
15	46255	HEMORRHOIDECTOMY	463.17				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	463.17				
15	46258	REMOVE HEMORRHOIDS & FISTULA	463.17				
15	46260	HEMORRHOIDECTOMY	463.17				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	572.17				
15	46262	REMOVE HEMORRHOIDS & FISTULA	572.17				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	463.17				
15	46275	REMOVAL OF ANAL FISTULA	463.17				
15	46280	REMOVAL OF ANAL FISTULA	572.17				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	302.44				
15	46288	REPAIR ANAL FISTULA	572.17				
15	46320	REMOVAL OF HEMORRHOID CLOT	302.44				
15	46600	ANOSCOPY; DIAGNOSTIC	302.44				
15	46604	ANOSCOPY WITH DIRECT DILATION	302.44				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	302.44				
15	46608	ANOSCOPY/ REMOVE FOR BODY	302.44				
15	46610	ANOSCOPY/REMOVE LESION	302.44				
15	46611	ANOSCOPY	302.44				
15	46612	ANOSCOPY/ REMOVE LESIONS	302.44				
15	46615	ANOSCOPY	405.06				
15	46700	REPAIR OF ANAL STRICTURE	463.17				
15	46705	REPAIR OF NAL STRICTURE	463.17				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	463.17				
15	46750	REPAIR OF ANAL SPHINCTER	463.17				
15	46753	RECONSTRUCTION OF ANUS	463.17				
15	46754	REMOVAL OF SUTURE FROM ANUS	405.06				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46760	REPAIR OF ANAL SPHINCTER	405.06				
15	46761	REPAIR OF ANAL SPHINCTER	463.17				
15	46762	IMPLANT ARTIFICIAL SPHINCTER	903.65				
15	46900	REMOVAL OF ANAL LESION	302.44				
15	46910	REMOVAL OF ANAL LESION	302.44				
15	46917	LASER SURGERY, ANAL LESIONS	302.44				
15	46922	EXCISION OF ANAL LESION(S)	302.44				
15	46924	DESTRUCTION, ANAL LESION(S)	302.44				
15	46940	TREATMENT OF ANAL FISSURE	302.44				
15	46945	LIGATION OF HEMORRHOIDS	302.44				
15	46946	LIGATION OF HEMORRHOIDS	302.44				
15	46947	HEMORRHIDOPEXY BY STAPLING	463.17				
15	46999	ANUS SURGERY PROCEDURE	MP		X		
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	302.44				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	302.44				
15	47100	WEDGE BIOPSY OF LIVER	405.06				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		X		
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	405.06				
15	47399	LIVER SURGERY PROCEDURE	MP		X		
15	47480	INCISION OF GALLBLADDER	463.17				
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	405.06				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	405.06				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	405.06				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	405.06				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	302.44				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,216.08				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,216.08				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,216.08				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	405.06				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	405.06				
15	47553	BILIARY ENDOSCOPY THRU SKIN	463.17				
15	47554	BILIARY ENDOSCOPY THRU SKIN	463.17				
15	47555	BILIARY ENDOSCOPY THRU SKIN	463.17				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,216.08				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	463.17				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	463.17				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	463.17				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47605	REMOVAL OF GALLBLADDER	1,216.08				
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	302.44				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49000	EXPLORATION OF ABDOMEN	463.17		X		
15	49010	EXPLORE, RETROPERITONEAL AREA	1,216.08				
15	49180	BIOPSY, ABDOMINAL MASS	302.44				
15	49250	EXCISION OF UMBILICUS	572.17				

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49320	DIAG LAPARO SEPARATE PROC	463.17		X		
15	49321	LAPAROSCOPY, BIOPSY	572.17		X		
15	49322	LAPAROSCOPY, ASPIRATION	572.17		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	572.17				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	302.44				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	302.44				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	302.44				
15	49421	INSERT ABDOMINAL DRAIN	302.44				
15	49422	REMOVE PERM CANNULA/CATHETER	302.44				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	405.06				
15	49491	REPARING HERN PREMIE REDUC	651.19				
15	49492	RPR HERN PREMIE, BLOCKED	651.19				
15	49495	RPR ING HERNIA BABY, REDUC	572.17				
15	49496	RPR ING HERNIA BABY, BLOCKED	572.17				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	572.17	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,216.08	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	572.17	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,216.08	05 99			
15	49520	REPAIR ING HERNIA, REDUCE	903.65				
15	49521	REPAIR ING HERNIA, BLOCKED	1,216.08				
15	49525	REPAIR ING HERNIA, SLIDING	572.17				
15	49540	REPAIR LUMBAR HERNIA	405.06				
15	49550	RPR FEM HERNIA, INIT, REDUCE	651.19				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,216.08				
15	49555	REPAIR FEM HERNIA, REDUCE	651.19				
15	49557	REPAIR FEM HERNIA, BLOCKED	1,216.08				
15	49560	RPR VENTRAL HERN INIT, REDUC	572.17				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,216.08				
15	49565	REPAIR VENTRL HERN, REDUCE	572.17				
15	49566	REPAIR VENTRL HERN, BLOCK	1,216.08				
15	49568	HERNIA REPAIR W/MESH	903.65				
15	49570	RPR EPIGASTRIC HERN, REDUCE	572.17				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,216.08				
15	49580	RPR UMBIL HERN, REDUC <5 YR	572.17	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,216.08	00 04			
15	49585	RPR UMBIL HERN, REDUC	572.17	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,216.08	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	463.17				
15	49600	REPAIR UMBILICAL LESION	572.17				
15	49650	LAP ING HERNIA REPAIR INIT	572.17				
15	49651	LAP ING HERNIA REPAIR RECUR	903.65				
15	49652	LAP VENT/ABD HERNIA REPAIR	903.65				
15	49653	LAP VENT/ABD HERNIA PROC COMP	903.65				
15	49656	LAP INC HERN REPAIR RECUR	903.65				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49900	REPAIR OF ABDOMINAL WALL	572.17				
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	405.06				
15	50200	BIOPSY OF KIDNEY	302.44				
15	50390	DRAINAGE OF KIDNEY LESION	302.44				
15	50395	CREATE PASSAGE TO KIDNEY	302.44				
15	50396	MEASURE KIDNEY PRESSURE	302.44				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	405.06				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	405.06				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	302.44				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	302.44				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	302.44				
15	50553	KIDNEY ENDOSCOPY	302.44				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	302.44				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	302.44				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	302.44				
15	50590	LITHOTRIPSY, ESW	463.17				
15	50684	INJECTION FOR URETER X-RAY	302.44				
15	50688	CHANGE OF URETER TUBE	302.44				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	405.06				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	405.06				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	405.06				
15	50947	LAPARO NEW URETER/BLADDER	1,216.08				
15	50948	LAPARO NEW URETER/BLADDER	1,216.08				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	302.44				
15	50953	ENDOSCOPY OF URETER	302.44				
15	50955	URETER ENDOSCOPY & BIOPSY	302.44				
15	50957	URETER ENDOSCOPY & TREATMENT	302.44				
15	50961	URETER ENDOSCOPY & TREATMENT	302.44				
15	50970	URETER ENDOSCOPY	302.44				
15	50972	URETER ENDOSCOPY & CATHETER	302.44				
15	50974	URETER ENDOSCOPY & BIOPSY	302.44				
15	50976	URETER ENDOSCOPY & TREATMENT	302.44				
15	50980	URETER ENDOSCOPY & TREATMENT	302.44				
15	51020	INCISE & TREAT BLADDER	572.17				
15	51030	INCISE & TREAT BLADDER	572.17				
15	51040	INCISE & DRAIN BLADDER	572.17				
15	51045	INCISE BLADDER/DRAIN URETER	572.17				
15	51050	REMOVAL OF BLADDER STONE	572.17				
15	51065	REMOVE URETER CALCULUS	572.17				
15	51080	DRAINAGE OF BLADDER ABSCESS	302.44				
15	51500	REMOVAL OF BLADDER CYST	572.17				
15	51520	REMOVAL OF BLADDER LESION	572.17				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	302.44				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	51703	INSERT INDWELL BLADDEER CATH; COMPLIC	302.44				
15	51705	CHANGE OF BLADDER TUBE	302.44				
15	51710	CHANGE OF BLADDER TUBE	302.44				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	463.17				
15	51720	TREATMENT OF BLADDER LESION	302.44				
15	51726	COMPLEX CYSTOMETROGRAM	302.44				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	302.44				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	302.44				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	302.44				
15	51784	ANAL/URINARY MUSCLE STUDY	302.44				
15	51785	ANAL/URINARY MUSCLE STUDY	302.44				
15	51840	ATTACH BLADDER/URETHRA	405.06				
15	51880	REPAIR OF BLADDER OPENING	302.44				
15	51992	LAPARO SLING OPERATION	405.06				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X		
15	52000	CYSTOSCOPY	302.44				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	405.06				
15	52005	CYSTOSCOPY & URETER CATHETER	405.06				
15	52007	CYSTOSCOPY AND BIOPSY	405.06				
15	52010	CYSTOSCOPY & DUCT CATHETER	405.06				
15	52204	CYSTOSCOPY	405.06				
15	52214	CYSTOSCOPY AND TREATMENT	405.06				
15	52224	CYSTOSCOPY AND TREATMENT	405.06				
15	52234	CYSTOSCOPY AND TREATMENT	405.06				
15	52235	CYSTOSCOPY AND TREATMENT	463.17				
15	52240	CYSTOSCOPY AND TREATMENT	463.17				
15	52250	CYSTOSCOPY AND RADIOTRACER	572.17				
15	52260	CYSTOSCOPY AND TREATMENT	405.06				
15	52265	CYSTOSCOPY & TREATMENT	405.06				
15	52270	CYSTOSCOPY & REVISE URETHRA	405.06				
15	52275	CYSTOSCOPY & REVISE URETHRA	405.06				
15	52276	CYSTOSCOPY AND TREATMENT	463.17				
15	52277	CYSTOSCOPY AND TREATMENT	405.06				
15	52281	CYSTOSCOPY AND TREATMENT	405.06				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,216.08				
15	52283	CYSTOSCOPY AND TREATMENT	405.06				
15	52285	CYSTOSCOPY AND TREATMENT	405.06				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	405.06				
15	52290	CYSTOSCOPY AND TREATMENT	405.06				
15	52300	CYSTOSCOPY AND TREATMENT	405.06				
15	52301	CYSTOSCOPY AND TREATMENT	405.06				
15	52305	CYSTOSCOPY AND TREATMENT	405.06				
15	52310	CYSTOSCOPY AND TREATMENT	405.06				
15	52315	CYSTOSCOPY AND TREATMENT	405.06				
15	52317	REMOVE BLADDER STONE	302.44				
15	52318	REMOVE BLADDER STONE	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	52320	CYSTOSCOPY AND TREATMENT	651.19				
15	52325	CYSTOSCOPY, STONE REMOVAL	572.17				
15	52327	CYSTOSCOPY, INJECT MATERIAL	405.06				
15	52330	CYSTOSCOPY AND TREATMENT	405.06				
15	52332	CYSTOSCOPY AND TREATMENT	405.06				
15	52334	CREATE PASSAGE TO KIDNEY	463.17				
15	52341	CYSTO W/URETER STRICTURE TX	463.17				
15	52342	CYSTO W/UP STRICTURE TX	463.17				
15	52343	CYSTO W/RENAL STRICTURE TX	463.17				
15	52344	CYSTO/URETERO, STONE REMOVE	463.17				
15	52345	CYSTO/URETERO W/UP STRICTURE	463.17				
15	52346	CYSTOURETERO W/RENAL STRICT	463.17				
15	52351	CYSTOURETRO & OR PYELOSCOPE	463.17				
15	52352	CYSTOURETRO W/STONE REMOVE	572.17				
15	52353	CYSTOURETERO W/LITHOTRIPSY	572.17				
15	52354	CYSTOURETERO W/BIOPSY	572.17				
15	52355	CYSTOURETERO W/EXCISE TUMOR	572.17				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	572.17				
15	52400	CYSTOURETERO W/CONGEN REPR	463.17				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	463.17				
15	52450	INCISION OF PROSTATE	463.17				
15	52500	REVISION OF BLADDER NECK	463.17				
15	52601	PROSTATECTOMY (TURP)	572.17				
15	52630	REMOVE PROSTATE REGROWTH	405.06				
15	52640	RELIEVE BLADDER CONTRACTURE	405.06				
15	52647	LASER SURGERY OF PROSTATE	1,216.08				
15	52648	LASER SURGERY OF PROSTATE	1,216.08				
15	52700	DRAINAGE OF PROSTATE ABSCESS	405.06				
15	53000	INCISION OF URETHRA	302.44				
15	53010	INCISION OF URETHRA	302.44				
15	53020	INCISION OF URETHRA	302.44				
15	53040	DRAINAGE OF URETHRA ABSCESS	405.06				
15	53080	DRAINAGE OF URINARY LEAKAGE	463.17				
15	53200	BIOPSY OF URETHRA	302.44				
15	53210	REMOVAL OF URETHRA	651.19			F	
15	53215	REMOVAL OF URETHRA	651.19			M	
15	53220	TREATMENT OF URETHRA LESION	405.06				
15	53230	REMOVAL OF URETHRA LESION	405.06			F	
15	53235	REMOVAL OF URETHRA LESION	463.17			M	
15	53240	SURGERY FOR URETHRA POUCH	405.06				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	405.06				
15	53260	TREATMENT OF URETHRA LESION	405.06				
15	53265	TREATMENT OF URETHRA LESION	405.06				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	405.06			F	
15	53275	REPAIR OF URETHRA DEFECT	405.06			F	
15	53400	REVISE URETHRA, STAGE 1	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	53405	REVISE URETHRA, STAGE 2	405.06				
15	53410	RECONSTRUCTION OF URETHRA	405.06			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	463.17				
15	53425	RECONSTRUCT URETHRA, STAGE 2	405.06				
15	53430	RECONSTRUCTION OF URETHRA	405.06			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	405.06				
15	53440	CORRECT BLADDER FUNCTION	405.06			M	
15	53442	REMOVE PERINEAL PROSTHESIS	302.44				
15	53444	INSERT TANDEM CUFF	405.06				
15	53445	INSERT URO/VES NCK SPHINCTER	302.44				
15	53446	REMOVE URO SPHINCTER	302.44				
15	53447	REMOVE/REPLACE UR SPHINCTER	302.44				
15	53449	REPAIR URO SPHINCTER	302.44				
15	53450	REVISION OF URETHRA	302.44				
15	53460	REVISION OF URETHRA	302.44				
15	53502	REPAIR OF URETHRA INJURY	405.06			F	
15	53505	REPAIR OF URETHRA INJURY	405.06			M	
15	53510	REPAIR OF URETHRA INJURY	405.06				
15	53515	REPAIR OF URETHRA INJURY	405.06				
15	53520	REPAIR OF URETHRA DEFECT	405.06			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE; INIT	302.44			M	
15	53605	DILATE URETHRA STRICTURE	405.06			M	
15	53665	DILATION OF URETHRA	302.44			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,216.08			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	302.44			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP			X	
15	54000	SLITTING OF PREPUCE	405.06	00 00		M	
15	54001	SLITTING OF PREPUCE	405.06			M	
15	54015	DRAIN PENIS LESION	572.17			M	
15	54057	LASER SURG, PENIS LESION(S)	302.44			M	
15	54060	EXCISION OF PENIS LESION(S)	302.44			M	
15	54065	DESTRUCTION, PENIS LESION(S)	302.44			M	
15	54100	BIOPSY OF PENIS	302.44			M	
15	54105	BIOPSY OF PENIS	302.44			M	
15	54110	TREATMENT OF PENIS LESION	405.06			M	
15	54111	TREAT PENIS LESION, GRAFT	405.06			M	
15	54112	TREAT PENIS LESION, GRAFT	405.06			M	
15	54115	TREATMENT OF PENIS LESION	302.44			M	
15	54120	PARTIAL REMOVAL OF PENIS	405.06			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	405.06			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	405.06	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	405.06			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	405.06			M	
15	54163	REPAIR OF CIRCUMCISION	405.06			M	
15	54164	FRENULOTOMY OF PENIS	405.06			M	
15	54205	TREATMENT OF PENIS LESION	572.17			M	

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54220	TREATMENT OF PENIS LESION	302.44			M	
15	54300	REVISION OF PENIS	463.17			M	
15	54304	REVISION OF PENIS	463.17			M	
15	54308	RECONSTRUCTION OF URETHRA	463.17			M	
15	54312	RECONSTRUCTION OF URETHRA	463.17			M	
15	54316	RECONSTRUCTION OF URETHRA	463.17			M	
15	54318	RECONSTRUCTION OF URETHRA	463.17			M	
15	54322	RECONSTRUCTION OF URETHRA	463.17			M	
15	54324	RECONSTRUCTION OF URETHRA	463.17			M	
15	54326	RECONSTRUCTION OF URETHRA	463.17			M	
15	54328	REVISE PENIS/URETHRA	463.17			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	463.17			M	
15	54340	SECONDARY URETHRAL SURGERY	463.17			M	
15	54344	SECONDARY URETHRAL SURGERY	463.17			M	
15	54348	SECONDARY URETHRAL SURGERY	463.17			M	
15	54352	RECONSTRUCT URETHRA/PENIS	463.17			M	
15	54360	PENIS PLASTIC SURGERY	463.17			M	
15	54380	REPAIR PENIS	463.17			M	
15	54385	REPAIR PENIS	463.17			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	463.17				
15	54408	REPAIR MULTI-COMP PENIS PROS	463.17				
15	54410	REMOVE/REPLACE PENIS PROSTH	463.17				
15	54411	REMV/REPLC PENIS PROS, COMP	463.17				
15	54415	REMOVE SELF-CONTD PENIS PROS	463.17				
15	54416	REMV/REPL PENIS CONTAIN PROS	463.17				
15	54417	REMV/REPLC PENIS PROS, COMPL	462.74				
15	54420	REVISION OF PENIS	572.17			M	
15	54435	REVISION OF PENIS	572.17			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	405.06			M	
15	54440	REPAIR OF PENIS	572.17		X	M	
15	54450	PREPUTIAL STRETCHING	302.44			M	
15	54500	BIOPSY OF TESTIS	302.44			M	
15	54505	BIOPSY OF TESTIS	302.44			M	
15	54512	EXCISE LESION TESTIS	405.06			M	
15	54520	REMOVAL OF TESTIS	463.17			M	
15	54522	ORCHIECTOMY, PARTIAL	463.17			M	
15	54530	REMOVAL OF TESTIS	572.17			M	
15	54535	EXTENSIVE TESTIS SURGERY	463.17			M	
15	54550	EXPLORATION FOR TESTIS	572.17			M	
15	54600	REDUCE TESTIS TORSION	572.17			M	
15	54620	SUSPENSION OF TESTIS	463.17			M	
15	54640	SUSPENSION OF TESTIS	572.17			M	
15	54660	REVISION OF TESTIS	405.06			M	
15	54670	REPAIR TESTIS INJURY	463.17			M	
15	54680	RELOCATION OF TESTIS(ES)	463.17			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,216.08				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,216.08				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	405.06			M	
15	54800	BIOPSY OF EPIDIDYMIS	302.44			M	
15	54830	REMOVE EPIDIDYMIS LESION	463.17			M	
15	54840	REMOVE EPIDIDYMIS LESION	572.17			M	
15	54860	REMOVAL OF EPIDIDYMIS	463.17			M	
15	54861	REMOVAL OF EPIDIDYMIS	572.17			M	
15	55000	DRAINAGE OF HYDROCELE	302.44			M	
15	55040	REMOVAL OF HYDROCELE	463.17			M	
15	55041	REMOVAL OF HYDROCELES	651.19			M	
15	55060	REPAIR OF HYDROCELE	572.17			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	302.44			M	
15	55110	EXPLORE SCROTUM	405.06				
15	55120	REMOVAL OF SCROTUM LESION	405.06			M	
15	55150	REMOVAL OF SCROTUM	302.44			M	
15	55175	REVISION OF SCROTUM	302.44				
15	55180	REVISION OF SCROTUM	405.06				
15	55200	INCISION OF SPERM DUCT	405.06			M	
15	55250	REMOVAL OF SPERM DUCT(S)	405.06	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	463.17			M	
15	55520	REMOVAL OF SPERM CORD LESION	572.17			M	
15	55530	REVISE SPERMATIC CORD VEINS	572.17			M	
15	55535	REVISE SPERMATIC CORD VEINS	572.17			M	
15	55540	REVISE HERNIA & SPERM VEINS	651.19			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,216.08				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	302.44			M	
15	55700	BIOPSY OF PROSTATE	405.06			M	
15	55705	BIOPSY OF PROSTATE	405.06			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	302.44			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	405.06			M	
15	55873	CRYOABLATE PROSTATE	1,216.08				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,216.08			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	302.44			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	302.44	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	405.06			F	
15	56441	LYSIS OF LABIAL LESION(S)	302.44			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	302.44			F	
15	56515	DESTROY VULVA LESION/S COMPL	463.17			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	302.44			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	302.44			F	
15	56620	PARTIAL REMOVAL OF VULVA	651.19			F	
15	56625	COMPLETE REMOVAL OF VULVA	903.65			F	
15	56700	PARTIAL REMOVAL OF HYMEN	302.44			F	

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	463.17			F	
15	56800	REPAIR OF VAGINA	463.17			F	
15	56810	REPAIR OF PERINEUM	651.19				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	302.44			F	
15	57000	EXPLORATION OF VAGINA	302.44				
15	57010	DRAINAGE OF PELVIC ABSCESS	405.06			F	
15	57020	DRAINAGE OF PELVIC FLUID	405.06			F	
15	57023	I & D VAG HEMATOMA, NON-OB	302.44			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	302.44			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	302.44			F	
15	57100	BIOPSY OF VAGINA	302.44			F	
15	57105	BIOPSY OF VAGINA	302.44			F	
15	57130	REMOVE VAGINA LESION	405.06			F	
15	57135	REMOVE VAGINA LESION	405.06			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	405.06			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	405.06			F	
15	57180	TREAT VAGINAL BLEEDING	302.44			F	
15	57200	REPAIR OF VAGINA	302.44			F	
15	57210	REPAIR VAGINA/PERINEUM	405.06			F	
15	57220	REVISION OF URETHRA	463.17			F	
15	57230	REPAIR OF URETHRAL LESION	463.17			F	
15	57240	REPAIR BLADDER & VAGINA	651.19			F	
15	57250	REPAIR RECTUM & VAGINA	651.19			F	
15	57260	REPAIR OF VAGINA	651.19			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	903.65			F	
15	57268	REPAIR OF BOWEL BULGE	463.17			F	
15	57288	REPAIR BLADDER DEFECT	651.19				
15	57289	REPAIR BLADDER & VAGINA	651.19			F	
15	57291	CONSTRUCTION OF VAGINA	651.19			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	463.17			F	
15	57400	DILATION OF VAGINA	405.06		X	F	
15	57410	PELVIC EXAMINATION	405.06		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	405.06				
15	57420	EXAM OF VAGINA W/SCOPE	302.44				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	302.44			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	302.44			F	
15	57454	VAGINA EXAMINATION & BIOPSY	302.44			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	302.44			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	302.44			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	302.44			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	302.44				
15	57500	BIOPSY OF CERVIX	302.44			F	
15	57505	ENDOCERVICAL CURETTAGE	405.06			F	
15	57510	CAUTHERUZATION OF CERVIX	463.17			F	
15	57511	CRYOCAUTERY OF CERVIX	463.17			F	
15	57513	LASER SURGERY OF CERVIX	405.06			F	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57520	CONIZATION OF CERVIX	405.06			F	
15	57522	CONIZATION OF CERVIX	405.06				
15	57530	REMOVAL OF CERVIX	463.17			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	463.17			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	651.19				
15	57700	REVISION OF CERVIX	302.44			F	
15	57720	REVISION OF CERVIX	463.17			F	
15	57800	DILATION OF CERVICAL CANAL	302.44			F	
15	58120	DILATION AND CURETTAGE	405.06	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	651.19			F	
15	58300	INSERT INTRAUTERINE DEVICE	302.44	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	302.44	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	405.06	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	405.06				
15	58353	ENDOMETR ABLATE, THERMAL	572.17		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,216.08			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,216.08			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,216.08		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,216.08				
15	58555	HYSTEROSCOPY, DX, SEP PROC	302.44		X		
15	58558	HYSTEROSCOPY, BIOPSY	463.17		X		
15	58559	HYSTEROSCOPY, LYSIS	405.06		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	463.17		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	463.17		X		
15	58562	HYSTEROSCOPY, REMOVE FB	463.17		X		
15	58563	HYSTEROSCOPY, ABLATION	572.17		X		
15	58565	HYSTEROSCOPY, STERILIZATION	1,328.15	21 59	X	F	
15	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,216.08			F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	463.17	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	572.17	21 55	X	F	
15	58660	LAPAROSCOPY, LYSIS	651.19		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	651.19		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	651.19		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	463.17	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	463.17		X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	651.19		X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	651.19			F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	572.17		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	572.17		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	463.17			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	463.17			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	463.17			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	302.44	10 60		F	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58900	BIOPSY OF OVARY(S)	463.17			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	463.17			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	302.44	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	302.44				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	463.17		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	463.17	10 60	X	F	
15	59160	D & C AFTER DELIVERY	463.17	10 60		F	
15	59320	REVISION OF CERVIX	302.44	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	651.19	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	651.19	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	651.19	10 55	X	F	
15	59840	ABORTION	651.19	10 60	X	F	
15	59841	ABORTION	651.19	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	651.19	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	651.19			F	
15	59897	PETAL INVAS PX W/US	MP	10 59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP		X		
15	59899	MATERNITY CARE PROCEDURE	MP		X	F	
15	60000	DRAIN THYROID/TONGUE CYST	302.44				
15	60100	BIOPSY OF THYROID	302.44				
15	60200	REMOVE THYROID LESION	405.06				
15	60220	PARTIAL REMOVAL OF THYROID	572.17				
15	60240	REMOVAL OF THYROID	1,216.08				
15	60280	REMOVE THYROID DUCT LESION	572.17				
15	60281	REMOVE THYROID DUCT LESION	572.17				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	302.44				
15	61026	INJECTION INTO BRAIN CANAL	302.44				
15	61050	REMOVE BRAIN CANAL FLUID	302.44				
15	61055	INJECTION INTO BRAIN CANAL	302.44				
15	61070	BRAIN CANAL SHUNT PROCEDURE	302.44				
15	61215	INSERT BRAIN-FLUID DEVICE	463.17				
15	61790	TREAT TRIGEMINAL NERVE	463.17				
15	61791	TREAT TRIGEMINAL TRACT	463.17				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	405.06				
15	61886	IMPLANT NEUROSTIM ARRAYS	463.17				
15	61888	REVISE/REMOVE NEURORECEIVER	302.44				
15	62194	REPLACE/IRRIGATE CATHETER	302.44				
15	62225	REPLACE/IRRIGATE CATHETER	302.44				
15	62230	REPLACE/REVISE BRAIN SHUNT	405.06				
15	62263	LYSIS EPIDURAL ADHESIONS	302.44				
15	62268	DRAIN SPINAL CORD CYST	302.44				
15	62269	NEEDLE BIOPSY, SPINAL CORD	302.44				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	62272	DRAIN CEREBRO SPINAL FLUID	302.44				
15	62273	TREAT EPIDURAL SPINE LESION	302.44				
15	62280	TREAT SPINAL CORD LESION	302.44				
15	62281	TREAT SPINAL CORD LESION	302.44				
15	62282	TREAT SPINAL CANAL LESION	302.44				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,216.08				
15	62294	INJECTION INTO SPINAL ARTERY	463.17				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	302.44				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	302.44				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	302.44				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	302.44				
15	62324	INJECTION(S), INCLUDING INDWELLING C	302.44				
15	62325	INJECTION(S), INCLUDING INDWELLING C	302.44				
15	62326	INJECTION(S), INCLUDING INDWELLING C	302.44				
15	62327	INJECTION(S), INCLUDING INDWELLING C	302.44				
15	62350	IMPLANT SPINAL CANAL CATH	405.06				
15	62355	REMOVE SPINAL CANAL CATHETER	405.06				
15	62360	INSERT SPINE INFUSION DEVICE	405.06				
15	62361	IMPLANT SPINE INFUSION PUMP	405.06				
15	62362	IMPLANT SPINE INFUSION PUMP	405.06				
15	62365	REMOVE SPINE INFUSION DEVICE	405.06				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	405.06				
15	62368	ANALYZE SPINE INFUSION PUMP	405.06				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,216.08				
15	63600	REMOVE SPINAL CORD LESION	405.06				
15	63610	STIMULATION OF SPINAL CORD	302.44				
15	63650	IMPLANT NEUROELECTRODES	405.06				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	302.44				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	302.44				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	302.44				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	302.44				
15	63685	IMPLANT NEURORECEIVER	405.06				
15	63688	REVISE/REMOVE NEURORECEIVER	302.44				
15	63744	REVISION OF SPINAL SHUNT	463.17				
15	63746	REMOVAL OF SPINAL SHUNT	405.06				
15	64402	INJECTION FOR NERVE BLOCK	302.44				
15	64410	INJECTION FOR NERVE BLOCK	302.44				
15	64415	INJECTION FOR NERVE BLOCK	302.44				
15	64417	INJECTION FOR NERVE BLOCK	302.44				
15	64420	INJECTION FOR NERVE BLOCK	302.44				
15	64421	INJECTION FOR NERVE BLOCK	302.44				
15	64430	INJECTION FOR NERVE BLOCK	302.44				
15	64450	INJECTION FOR NERVE BLOCK	302.44				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	302.44				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	302.44				
15	64505	INJECTION FOR NERVE BLOCK	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64510	INJECTION FOR NERVE BLOCK	302.44				
15	64517	N BLOCK INJ, HYPOGAS PLXS	405.06				
15	64520	INJECTION FOR NERVE BLOCK	302.44				
15	64530	INJECTION FOR NERVE BLOCK	302.44				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	302.44				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	463.17				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	463.17				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	302.44				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	302.44				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	302.44				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	463.17				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	302.44				
15	64590	IMPLANT NEURORECEIVER	405.06				
15	64595	REVISE/REMOVE NEURORECEIVER	302.44				
15	64600	INJECTION TREATMENT OF NERVE	302.44				
15	64605	INJECTION TREATMENT OF NERVE	302.44				
15	64610	INJECTION TREATMENT OF NERVE	302.44				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	405.06				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	405.06				
15	64620	INJECTION TREATMENT OF NERVE	302.44				
15	64630	INJECTION TREATMENT OF NERVE	405.06				
15	64640	INJECTION TREATMENT OF NERVE	302.44				
15	64642	Injection of chemical for destructio	302.44				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	302.44				
15	64644	Injection of chemical for destructio	302.44				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	302.44				
15	64646	Injection of chemical for destructio	302.44				
15	64647	Injection of chemical for destructio	302.44				
15	64680	INJECTION TREATMENT OF NERVE	405.06				
15	64681	INJECTION TREATMENT OF NERVE	405.06				
15	64702	REVISE FINGER/TOE NERVE	302.44				
15	64704	REVISE HAND/FOOT NERVE	302.44				
15	64708	REVISE ARM/LEG NERVE	405.06				
15	64712	REVISION OF SCIATIC NERVE	405.06				
15	64713	REVISION OF ARM NERVE(S)	405.06				
15	64714	REVISE LOW BACK NERVE(S)	405.06				
15	64716	REVISION OF CRANIAL NERVE	463.17				
15	64718	REVISE ULNAR NERVE AT ELBOW	405.06				
15	64719	REVISE ULNAR NERVE AT WRIST	405.06				
15	64721	CARPAL TUNNEL SURGERY	405.06				
15	64722	RELIEVE PRESSURE ON NERVE(S)	302.44				
15	64726	RELEASE FOOT/TOE NERVE	302.44				
15	64727	INTERNAL NERVE REVISION	302.44				
15	64732	INCISION OF BROW NERVE	405.06				
15	64734	INCISION OF CHEEK NERVE	405.06				
15	64736	INCISION OF CHIN NERVE	405.06				

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64738	INCISION OF JAW NERVE	405.06				
15	64740	INCISION OF TONGUE NERVE	405.06				
15	64742	INCISION OF FACIAL NERVE	405.06				
15	64744	INCISE NERVE, BACK OF HEAD	405.06				
15	64746	INCISE DIAPHRAGM NERVE	405.06				
15	64771	SEVER CRANIAL NERVE	405.06				
15	64772	INCISION OF SPINAL NERVE	405.06				
15	64774	REMOVE SKIN NERVE LESION	405.06				
15	64776	REMOVE DIGIT NERVE LESION	463.17				
15	64778	DIGIT NERVE SURGERY ADD-ON	405.06				
15	64782	REMOVE LIMB NERVE LESION	463.17				
15	64783	LIMB NERVE SURGERY ADD-ON	405.06				
15	64784	REMOVE NERVE LESION	463.17				
15	64786	REMOVE SCIATIC NERVE LESION	463.17				
15	64787	IMPLANT NERVE END	405.06				
15	64788	REMOVE SKIN NERVE LESION	463.17				
15	64790	REMOVAL OF NERVE LESION	463.17				
15	64792	REMOVAL OF NERVE LESION	463.17				
15	64795	BIOPSY OF NERVE	405.06				
15	64802	REMOVE SYMPATHETIC NERVES	405.06				
15	64821	REMOVE SYMPATHETIC NERVES	572.17				
15	64831	REPAIR OF DIGIT NERVE	572.17				
15	64832	REPAIR NERVE ADD-ON	302.44				
15	64834	REPAIR OF HAND OR FOOT NERVE	405.06				
15	64835	REPAIR OF HAND OR FOOT NERVE	463.17				
15	64836	REPAIR OF HAND OR FOOT NERVE	463.17				
15	64837	REPAIR NERVE ADD-ON	302.44				
15	64840	REPAIR OF LEG NERVE	405.06				
15	64856	REPAIR/TRANSDPOSE NERVE	405.06				
15	64857	REPAIR ARM/LEG NERVE	405.06				
15	64858	REPAIR SCIATIC NERVE	405.06				
15	64859	NERVE SURGERY	302.44				
15	64861	REPAIR OF ARM NERVES	463.17				
15	64862	REPAIR OF LOW BACK NERVES	463.17				
15	64864	REPAIR OF FACIAL NERVE	463.17				
15	64865	REPAIR OF FACIAL NERVE	572.17				
15	64872	SUBSEQUENT REPAIR OF NERVE	405.06				
15	64874	REPAIR & REVISE NERVE ADD-ON	463.17				
15	64876	REPAIR NERVE/SHORTEN BONE	463.17				
15	64885	NERVE GRAFT, HEAD OR NECK	405.06				
15	64886	NERVE GRAFT, HEAD OR NECK	405.06				
15	64890	NERVE GRAFT, HAND OR FOOT	405.06				
15	64891	NERVE GRAFT, HAND OR FOOT	405.06				
15	64892	NERVE GRAFT, ARM OR LEG	405.06				
15	64893	NERVE GRAFT, ARM OR LEG	405.06				
15	64895	NERVE GRAFT, HAND OR FOOT	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64896	NERVE GRAFT, HAND OR FOOT	463.17				
15	64897	NERVE GRAFT, ARM OR LEG	463.17				
15	64898	NERVE GRAFT, ARM OR LEG	463.17				
15	64901	NERVE GRAFT ADD-ON	405.06				
15	64902	NERVE GRAFT ADD-ON	405.06				
15	64905	NERVE PEDICLE TRANSFER	405.06				
15	64907	NERVE PEDICLE TRANSFER	302.44				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	463.17				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	
15	65091	REVISE EYE	463.17				
15	65093	REVISE EYE WITH IMPLANT	463.17				
15	65101	REMOVAL OF EYE	463.17				
15	65103	REMOVE EYE/INSERT IMPLANT	463.17				
15	65105	REMOVE EYE/ATTACH IMPLANT	572.17				
15	65110	REMOVAL OF EYE	651.19				
15	65112	REMOVE EYE/REVISE SOCKET	903.65				
15	65114	REMOVE EYE/REVISE SOCKET	903.65				
15	65130	INSERT OCULAR IMPLANT	463.17				
15	65135	INSERT OCULAR IMPLANT	405.06				
15	65140	ATTACH OCULAR IMPLANT	463.17				
15	65150	REVISE OCULAR IMPLANT	405.06				
15	65155	REINSERT OCULAR IMPLANT	463.17				
15	65175	REMOVAL OF OCULAR IMPLANT	302.44				
15	65205	REMOVE FOREIGN BODY FROM EYE	302.44				
15	65235	REMOVE FOREIGN BODY FROM EYE	405.06				
15	65260	REMOVE FOREIGN BODY FROM EYE	463.17				
15	65265	REMOVE FOREIGN BODY FROM EYE	572.17				
15	65270	REPAIR OF EYE WOUND	405.06				
15	65272	REPAIR OF EYE WOUND	405.06				
15	65275	REPAIR OF EYE WOUND	572.17				
15	65280	REPAIR OF EYE WOUND	572.17				
15	65285	REPAIR OF EYE WOUND	572.17				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	463.17				
15	65400	REMOVAL OF EYE LESION	302.44				
15	65410	BIOPSY OF CORNEA	405.06				
15	65420	REMOVAL OF EYE LESION	405.06				
15	65426	REMOVAL OF EYE LESION	651.19				
15	65710	CORNEAL TRANSPLANT	903.65				
15	65730	CORNEAL TRANSPLANT	903.65				
15	65750	CORNEAL TRANSPLANT	903.65				
15	65755	CORNEAL TRANSPLANT	903.65				
15	65770	REVISE CORNEA WITH IMPLANT	903.65				
15	65772	CORRECTION OF ASTIGMATISM	572.17				
15	65775	CORRECTION OF ASTIGMATISM	572.17				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	405.06				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	65780	OCULAR RECONST, TRANSPLANT	651.19				
15	65781	OCULAR RECONST, TRANSPLANT	651.19				
15	65782	OCULAR RECONST, TRANSPLANT	651.19			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	572.17				
15	65800	DRAINAGE OF EYE	302.44				
15	65810	DRAINAGE OF EYE	463.17				
15	65815	DRAINAGE OF EYE	405.06				
15	65820	RELIEVE INNER EYE PRESSURE	302.44				
15	65850	INCISION OF EYE	572.17				
15	65855	LASER TRABECULOPLASTY-1/MORE	572.17				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	405.06				
15	65865	INCISE INNER EYE ADHESIONS	302.44				
15	65870	INCISE INNER EYE ADHESIONS	572.17				
15	65875	INCISE INNER EYE ADHESIONS	572.17				
15	65880	INCISE INNER EYE ADHESIONS	572.17				
15	65900	REMOVE EYE LESION	651.19				
15	65920	REMOVE IMPLANT OF EYE	903.65				
15	65930	REMOVE BLOOD CLOT FROM EYE	651.19				
15	66020	INJECTION TREATMENT OF EYE	302.44				
15	66030	INJECTION TREATMENT OF EYE	302.44				
15	66130	REMOVE EYE LESION	903.65				
15	66150	GLAUCOMA SURGERY	572.17				
15	66155	GLAUCOMA SURGERY	572.17				
15	66160	GLAUCOMA SURGERY	405.06				
15	66170	GLAUCOMA SURGERY	572.17				
15	66172	INCISION OF EYE	572.17				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	572.17				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	572.17				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	651.19				
15	66180	IMPLANT EYE SHUNT	651.19				
15	66183	Insertion of eye fluid drainage devi	651.19				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	405.06				
15	66185	REVISE EYE SHUNT	405.06				
15	66220	REPAIR EYE LESION	463.17				
15	66225	REPAIR/GRAFT EYE LESION	572.17				
15	66250	FOLLOW-UP SURGERY OF EYE	405.06				
15	66500	INCISION OF IRIS	302.44				
15	66505	INCISION OF IRIS	302.44				
15	66600	REMOVE IRIS AND LESION	463.17				
15	66605	REMOVAL OF IRIS	463.17				
15	66625	REMOVAL OF IRIS	463.17				
15	66630	REMOVAL OF IRIS	463.17				
15	66635	REMOVAL OF IRIS	463.17				
15	66680	REPAIR IRIS & CILIARY BODY	463.17				
15	66682	REPAIR IRIS & CILIARY BODY	405.06				
15	66700	DESTRUCTION, CILIARY BODY	405.06				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	66710	DESTRUCTION, CILIARY BODY	405.06				
15	66711	CILIARY ENDOSCOPIC ABLATION	405.06				
15	66720	DESTRUCTION, CILIARY BODY	405.06				
15	66740	DESTRUCTION, CILIARY BODY	405.06				
15	66761	REVISION OF IRIS	405.06				
15	66820	INCISION OF LENS LESION	405.06				
15	66821	AFTER CATARACT LASER SURGERY	405.06				
15	66825	REPOSITION INTRAOCULAR LENS	572.17				
15	66830	REMOVAL OF LENS LESION	572.17				
15	66840	REMOVAL OF LENS MATERIAL	572.17				
15	66850	REMOVAL OF LENS MATERIAL	903.65				
15	66852	REMOVAL OF LENS MATERIAL	572.17				
15	66920	EXTRACTION OF LENS	572.17				
15	66930	EXTRACTION OF LENS	651.19				
15	66940	EXTRACTION OF LENS	651.19				
15	66982	CATARACT SURGERY, COMPLEX	747.44				
15	66983	CATARACT SURG W/IOL, 1 STAGE	747.44				
15	66984	CATARACT SURG W/IOL, I STAGE	747.44				
15	66985	INSERT LENS PROSTHESIS	613.95				
15	66986	EXCHANGE LENS PROSTHESIS	613.95				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	572.17				
15	67010	PARTIAL REMOVAL OF EYE FLUID	572.17				
15	67015	RELEASE OF EYE FLUID	302.44				
15	67025	REPLACE EYE FLUID	302.44				
15	67027	IMPLANT EYE DRUG SYSTEM	572.17				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	302.44				
15	67030	INCISE INNER EYE STRANDS	302.44				
15	67031	LASER SURGERY, EYE STRANDS	405.06				
15	67036	REMOVAL OF INNER EYE FLUID	572.17				
15	67039	LASER TREATMENT OF RETINA	903.65				
15	67040	LASER TREATMENT OF RETINA	903.65				
15	67042	VIT FOR MACULAR HOLE	651.19				
15	67101	REPAIR DETACHED RETINA	651.19				
15	67105	PHOTOCOAGULATION/DETACHED RET	651.19				
15	67107	REPAIR DETACHED RETINA	651.19				
15	67108	REPAIR DETACHED RETINA	903.65				
15	67113	REPAIR RETINAL DETACH,CPLX	903.65				
15	67115	RELEASE ENCIRCLING MATERIAL	405.06				
15	67120	REMOVE EYE IMPLANT MATERIAL	405.06				
15	67121	REMOVE EYE IMPLANT MATERIAL	405.06				
15	67141	TREATMENT OF RETINA	405.06				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	405.06				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	651.19				
15	67218	TREATMENT OF RETINAL LESION	651.19				
15	67220	TREAT CHOROID LESION	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	67227	TREATMENT OF RETINAL LESION	302.44				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	302.44				
15	67250	REINFORCE EYE WALL	463.17				
15	67255	REINFORCE/GRAFT EYE WALL	463.17				
15	67299	EYE SURGERY PROCEDURE	MP		X		
15	67311	REVISE EYE MUSCLE	463.17				
15	67312	REVISE TWO EYE MUSCLES	572.17				
15	67314	REVISE EYE MUSCLE	572.17				
15	67316	REVISE TWO EYE MUSCLES	572.17				
15	67318	REVISE EYE MUSCLE(S)	572.17				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	572.17				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	572.17				
15	67332	REREVISE EYE MUSCLES ADD-ON	572.17				
15	67334	REVISE EYE MUSCLE W/SUTURE	572.17				
15	67335	EYE SUTURE DURING SURGERY	572.17				
15	67340	REVISE EYE MUSCLE ADD-ON	572.17				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	903.65				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	463.17				
15	67405	EXPLORE/DRAIN EYE SOCKET	572.17				
15	67412	EXPLORE/TREAT EYE SOCKET	651.19				
15	67413	EXPLORE/TREAT EYE SOCKET	651.19				
15	67415	ASPIRATION, ORBITAL CONTENTS	302.44				
15	67420	EXPLORE/TREAT EYE SOCKET	651.19				
15	67430	EXPLORE/TREAT EYE SOCKET	651.19				
15	67440	EXPLORE/DRAIN EYE SOCKET	651.19				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	651.19				
15	67450	EXPLORE/BIOPSY EYE SOCKET	651.19				
15	67500	INJECT/TREAT EYE SOCKET	302.44				
15	67550	INSERT EYE SOCKET IMPLANT	572.17				
15	67560	REVISE EYE SOCKET IMPLANT	405.06				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	302.44				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	302.44				
15	67715	INCISION OF EYELID FOLD	302.44				
15	67800	REMOVE EYELID LESION	302.44				
15	67801	REMOVE EYELID LESIONS	302.44				
15	67805	REMOVE EYELID LESIONS	302.44				
15	67808	REMOVE EYELID LESION(S)	405.06				
15	67810	BIOPSY OF EYELID	302.44				
15	67820	REVISE EYELASHES	302.44				
15	67830	REVISE EYELASHES	405.06				
15	67835	REVISE EYELASHES	405.06				
15	67840	REMOVE EYELID LESION	302.44				
15	67880	REVISION OF EYELID	463.17				
15	67882	REVISION OF EYELID	463.17				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	67900	REPAIR BROW DEFECT	572.17				
15	67901	REPAIR EYELID DEFECT	651.19				
15	67902	REPAIR EYELID DEFECT	651.19				
15	67903	REPAIR EYELID DEFECT	572.17				
15	67904	REPAIR EYELID DEFECT	572.17				
15	67906	REPAIR EYELID DEFECT	651.19				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	572.17				
15	67909	REVISE EYELID DEFECT	572.17				
15	67911	REVISE EYELID DEFECT	463.17				
15	67912	CORRECTION EYELID W/IMPLANT	463.17				
15	67914	REPAIR EYELID DEFECT	463.17				
15	67916	REPAIR EYELID DEFECT	572.17				
15	67917	REPAIR EYELID DEFECT	572.17				
15	67921	REPAIR EYELID DEFECT	463.17				
15	67923	REPAIR EYELID DEFECT	572.17				
15	67924	REPAIR EYELID DEFECT	572.17				
15	67930	REPAIR EYELID WOUND	405.06				
15	67935	REPAIR EYELID WOUND	405.06				
15	67938	REMOVE EYELID FOREIGN BODY	302.44				
15	67950	REVISION OF EYELID	405.06				
15	67961	REVISION OF EYELID	463.17				
15	67966	REVISION OF EYELID	463.17				
15	67971	RECONSTRUCTION OF EYELID	463.17				
15	67973	RECONSTRUCTION OF EYELID	463.17				
15	67974	RECONSTRUCTION OF EYELID	463.17				
15	67975	RECONSTRUCTION OF EYELID	463.17				
15	67999	EYELID SURGERY PROCEDURE	MP				
15	68110	REMOVE EYELID LINING LESION	302.44			X	
15	68115	REMOVE EYELID LINING LESION	405.06				
15	68130	REMOVE EYELID LINING LESION	405.06				
15	68320	REVISE/GRAFT EYELID LINING	572.17				
15	68325	REVISE/GRAFT EYELID LINING	572.17				
15	68326	REVISE/GRAFT EYELID LINING	572.17				
15	68328	REVISE/GRAFT EYELID LINING	572.17				
15	68330	REVISE EYELID LINING	572.17				
15	68335	REVISE/GRAFT EYELID LINING	572.17				
15	68340	SEPARATE EYELID ADHESIONS	572.17				
15	68360	REVISE EYELID LINING	405.06				
15	68362	REVISE EYELID LINING	405.06				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	405.06				
15	68399	EYELID LINING SURGERY	MP				
15	68500	REMOVAL OF TEAR GLAND	463.17			X	
15	68505	PARTIAL REMOVAL, TEAR GLAND	463.17				
15	68510	BIOPSY OF TEAR GLAND	302.44				
15	68520	REMOVAL OF TEAR SAC	463.17				
15	68525	BIOPSY OF TEAR SAC	302.44				

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COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68540	REMOVE TEAR GLAND LESION	463.17				
15	68550	REMOVE TEAR GLAND LESION	463.17				
15	68700	REPAIR TEAR DUCTS	405.06				
15	68720	CREATE TEAR SAC DRAIN	572.17				
15	68745	CREATE TEAR DUCT DRAIN	572.17				
15	68750	CREATE TEAR DUCT DRAIN	572.17				
15	68770	CLOSE TEAR SYSTEM FISTULA	572.17				
15	68810	PROBE NASOLACRIMAL DUCT	302.44				
15	68811	PROBE NASOLACRIMAL DUCT	405.06				
15	68815	PROBE NASOLACRIMAL DUCT	405.06				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	302.44				
15	69005	DRAIN EXTERNAL EAR LESION	302.44				
15	69020	DRAIN OUTER EAR CANAL LESION	302.44				
15	69100	BIOPSY OF EXTERNAL EAR	302.44				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	302.44				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	302.44				
15	69120	REMOVAL OF EXTERNAL EAR	405.06				
15	69140	REMOVE EAR CANAL LESION(S)	405.06				
15	69145	REMOVE EAR CANAL LESION(S)	405.06				
15	69150	EXTENSIVE EAR CANAL SURGERY	463.17				
15	69205	CLEAR OUTER EAR CANAL	302.44				
15	69222	CLEAN OUT MASTOID CAVITY	405.06				
15	69300	REVISE EXTERNAL EAR	463.17				
15	69310	REBUILD OUTER EAR CANAL	463.17				
15	69320	REBUILD OUTER EAR CANAL	903.65				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	405.06				
15	69421	INCISION OF EARDRUM	463.17				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	302.44				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	463.17				
15	69436	CREATE EARDRUM OPENING	463.17				
15	69440	EXPLORATION OF MIDDLE EAR	463.17				
15	69450	EARDRUM REVISION	302.44				
15	69501	MASTOIDECTOMY	903.65				
15	69502	MASTOIDECTOMY	903.65				
15	69505	REMOVE MASTOID STRUCTURES	903.65				
15	69511	EXTENSIVE MASTOID SURGERY	903.65				
15	69530	EXTENSIVE MASTOID SURGERY	903.65				
15	69540	REMOVE EAR LESION	463.17				
15	69550	REMOVE EAR LESION	651.19				
15	69552	REMOVE EAR LESION	903.65				
15	69601	MASTOID SURGERY REVISION	903.65				
15	69602	MASTOID SURGERY REVISION	903.65				
15	69603	MASTOID SURGERY REVISION	903.65				
15	69604	MASTOID SURGERY REVISION	903.65				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2018 THRU DECEMBER 31, 2018

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	69605	MASTOID SURGERY REVISION	903.65				
15	69610	REPAIR EARDRUM	405.06				
15	69620	REPAIR OF EARDRUM	405.06				
15	69631	REPAIR EARDRUM STRUCTURES	651.19				
15	69632	REBUILD EARDRUM STRUCTURES	651.19				
15	69633	REBUILD EARDRUM STRUCTURES	651.19				
15	69635	REPAIR EARDRUM STRUCTURES	903.65				
15	69636	REBUILD EARDRUM STRUCTURES	903.65				
15	69637	REBUILD EARDRUM STRUCTURES	903.65				
15	69641	REVISE MIDDLE EAR & MASTOID	903.65				
15	69642	REVISE MIDDLE EAR & MASTOID	903.65				
15	69643	REVISE MIDDLE EAR & MASTOID	903.65				
15	69644	REVISE MIDDLE EAR & MASTOID	903.65				
15	69645	REVISE MIDDLE EAR & MASTOID	903.65				
15	69646	REVISE MIDDLE EAR & MASTOID	903.65				
15	69650	RELEASE MIDDLE EAR BONE	903.65				
15	69660	REVISE MIDDLE EAR BONE	651.19				
15	69661	REVISE MIDDLE EAR BONE	651.19				
15	69662	REVISE MIDDLE EAR BONE	651.19				
15	69666	REPAIR MIDDLE EAR STRUCTURES	572.17				
15	69667	REPAIR MIDDLE EAR STRUCTURES	572.17				
15	69670	REMOVE MASTOID AIR CELLS	463.17				
15	69676	REMOVE MIDDLE EAR NERVE	463.17				
15	69700	CLOSE MASTOID FISTULA	463.17				
15	69711	REMOVE/REPAIR HEARING AID	302.44				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,216.08				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,216.08				
15	69717	TEMPLE BONE IMPLANT REVISION	1,216.08				
15	69718	REVISE TEMPLE BONE IMPLANT	1,216.08				
15	69720	RELEASE FACIAL NERVE	651.19				
15	69725	RELEASE FACIAL NERVE	651.19				
15	69740	REPAIR FACIAL NERVE	651.19				
15	69745	REPAIR FACIAL NERVE	651.19				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	651.19				
15	69805	EXPLORE INNER EAR	903.65				
15	69806	EXPLORE INNER EAR	903.65				
15	69905	REMOVE INNER EAR	903.65				
15	69910	REMOVE INNER EAR & MASTOID	903.65				
15	69915	INCISE INNER EAR NERVE	903.65				
15	69930	IMPLANT COCHLEAR DEVICE	903.65	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X	
15	69979	TEMPORAL BONE SURGERY	MP			X	
15	69990	MICROSURGERY ADD-ON	302.44				
15	92018	EYE EXAM W/ANESTHESIA-COMplete	302.44				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	302.44				

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