

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019
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 DXC Technologies 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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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	451.89				
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	451.89				
15	G0260	INJ FOR SACROILIAC JT ANESTH	337.41				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,356.67	10 60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	337.41				
15	10060	DRAINAGE OF SKIN ABSCESS	337.41				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	337.41				
15	10080	INCISE/DRAIN SIMPLE CYST	337.41				
15	10081	INCISE/DRAIN COMPLICATA PILONIDAL CYST	337.41				
15	10120	SIMPLE REMOVAL FOREIGN BODY	337.41				
15	10121	REMOVE FOREIGN BODY	451.89				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	337.41				
15	10160	PUNCTURE DRAINAGE OF LESION	337.41				
15	10180	COMPLEX DRAINAGE, WOUND	451.89				
15	11004	DEBRIDE GENITALIA & PERINEUM	451.89				
15	11005	DEBRIDE ABDOM WALL	451.89				
15	11006	DEBRIDE GENIT/ABDOM WALL	451.89				
15	11008	REMOVE MESH FROM ABD WALL	451.89				
15	11010	DEBRIDE SKIN, FX	451.89				
15	11011	DEBRIDE SKIN/MUSCLE, FX	451.89				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	451.89				
15	11042	DEBRIDE SKIN/TISSUE	451.89				
15	11043	DEBRIDE TISSUE/MUSCLE	451.89				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	451.89				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	337.41				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	337.41				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	337.41				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	337.41				
15	11404	REMOVAL OF SKIN LESION	337.41				
15	11406	REMOVAL OF SKIN LESION	451.89				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	451.89				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	451.89				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	451.89				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	451.89				
15	11424	REMOVAL OF SKIN LESION	451.89				
15	11426	REMOVAL OF SKIN LESION	451.89				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	337.41				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	337.41				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	337.41				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	337.41				
15	11444	REMOVAL OF SKIN LESION	337.41				
15	11446	REMOVAL OF SKIN LESION	451.89				
15	11450	REMOVAL, SWEAT GLAND LESION	451.89				
15	11451	REMOVAL, SWEAT GLAND LESION	451.89				
15	11462	REMOVAL, SWEAT GLAND LESION	451.89				
15	11463	REMOVAL, SWEAT GLAND LESION	451.89				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11470	REMOVAL, SWEAT GLAND LESION	451.89				
15	11471	REMOVAL, SWEAT GLAND LESION	451.89				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	451.89				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	451.89				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	451.89				
15	11604	REMOVAL OF SKIN LESION	451.89				
15	11606	REMOVAL OF SKIN LESION	451.89				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	451.89				
15	11624	REMOVAL OF SKIN LESION	451.89				
15	11626	REMOVAL OF SKIN LESION	451.89				
15	11640	EXC FACE MM MALIG + MAG 0.5<	451.89				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	451.89				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	451.89				
15	11644	REMOVAL OF SKIN LESION	451.89				
15	11646	REMOVAL OF SKIN LESION	451.89				
15	11750	EXCISION NAIL & NAIL MATRIX	337.41				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	337.41				
15	11770	REMOVAL OF PILONIDAL LESION	516.72				
15	11771	REMOVAL OF PILONIDAL LESION	516.72				
15	11772	REMOVAL OF PILONIDAL LESION	516.72				
15	11920	TATOOING; 6 SQ CM OR LESS	337.41			X	
15	11921	TATOOING; 6.1 TO 20 SQ CM	337.41			X	
15	11960	INSERT TISSUE EXPANDER(S)	451.89				
15	11970	REPLACE TISSUE EXPANDER	516.72			X	
15	11971	REMOVE TISSUE EXPANDER(S)	337.41			X	
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	337.41				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	337.41				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	337.41				
15	12005	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12006	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12007	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	451.89				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	451.89				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	451.89				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	451.89				
15	12016	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12017	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12018	REPAIR SUPERFICIAL WOUND(S)	451.89				
15	12020	CLOSURE OF SPLIT WOUND	337.41				
15	12021	CLOSURE OF SPLIT WOUND	337.41				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	337.41				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	337.41				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	451.89				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	451.89				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	451.89				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	451.89				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	337.41				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	337.41				
15	12044	LAYER CLOSURE OF WOUND(S)	451.89				
15	12045	LAYER CLOSURE OF WOUND(S)	451.89				
15	12046	LAYER CLOSURE OF WOUND(S)	451.89				
15	12047	LAYER CLOSURE OF WOUND(S)	451.89				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	337.41				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	337.41				
15	12053	LAYER CLOSURE 5.1 TO 7.5	337.41				
15	12054	LAYER CLOSURE OF WOUND(S)	451.89				
15	12055	LAYER CLOSURE OF WOUND(S)	451.89				
15	12056	LAYER CLOSURE OF WOUND(S)	451.89				
15	12057	LAYER CLOSURE OF WOUND(S)	451.89				
15	13100	REPAIR OF WOUND OR LESION	451.89				
15	13101	REPAIR OF WOUND OR LESION	516.72				
15	13102	REPAIR WOUND/LESION ADD-ON	516.72				
15	13120	REPAIR OF WOUND OR LESION	451.89				
15	13121	REPAIR OF WOUND OR LESION	516.72				
15	13122	REPAIR WOUND/LESION ADD-ON	516.72				
15	13131	REPAIR OF WOUND OR LESION	451.89				
15	13132	REPAIR OF WOUND OR LESION	516.72				
15	13133	REPAIR WOUND/LESION ADD-ON	516.72				
15	13151	REPAIR OF WOUND OR LESION	516.72				
15	13152	REPAIR OF WOUND OR LESION	516.72				
15	13153	REPAIR WOUND/LESION ADD-ON	337.41				
15	13160	LATE CLOSURE OF WOUND	451.89				
15	14000	SKIN TISSUE REARRANGEMENT	451.89				
15	14001	SKIN TISSUE REARRANGEMENT	516.72				
15	14020	SKIN TISSUE REARRANGEMENT	516.72				
15	14021	SKIN TISSUE REARRANGEMENT	516.72				
15	14040	SKIN TISSUE REARRANGEMENT	451.89				
15	14041	SKIN TISSUE REARRANGEMENT	516.72				
15	14060	SKIN TISSUE REARRANGEMENT	516.72				
15	14061	SKIN TISSUE REARRANGEMENT	516.72				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	638.32				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	638.32				
15	14350	SKIN TISSUE REARRANGEMENT	516.72				
15	15040	HARVEST CULTURED SKIN GRAFT	451.89				
15	15050	SKIN PINCH GRAFT	451.89				
15	15100	SKIN SPLIT GRAFT	451.89				
15	15101	SKIN SPLIT GRAFT ADD-ON	516.72				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	451.89				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	337.41				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	451.89				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	337.41				
15	15120	SKIN SPLIT GRAFT	451.89				

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			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	15121	SKIN SPLIT GRAFT ADD-ON	516.72				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	451.89				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	337.41				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	451.89				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	337.41				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	451.89				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	337.41				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	337.41				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	451.89				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	337.41				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	337.41				
15	15200	SKIN FULL GRAFT	516.72				
15	15201	SKIN FULL GRAFT ADD-ON	451.89				
15	15220	SKIN FULL GRAFT	451.89				
15	15221	SKIN FULL GRAFT ADD-ON	451.89				
15	15240	SKIN FULL GRAFT	516.72				
15	15241	SKIN FULL GRAFT ADD-ON	516.72				
15	15260	SKIN FULL GRAFT	451.89				
15	15261	SKIN FULL GRAFT ADD-ON	451.89				
15	15570	FORM SKIN PEDICLE FLAP	516.72				
15	15572	FORM SKIN PEDICLE FLAP	516.72				
15	15574	FORM SKIN PEDICLE FLAP	516.72				
15	15576	FORM SKIN PEDICLE FLAP	516.72				
15	15600	SKIN GRAFT	516.72				
15	15610	SKIN GRAFT	516.72				
15	15620	SKIN GRAFT	638.32				
15	15630	SKIN GRAFT	516.72				
15	15650	TRANSFER SKIN PEDICLE FLAP	726.48				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	516.72				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	516.72				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	516.72				
15	15736	MUSCLE-SKIN GRAFT, ARM	516.72				
15	15738	MUSCLE-SKIN GRAFT, LEG	516.72				
15	15740	ISLAND PEDICLE FLAP GRAFT	451.89				
15	15750	NEUROVASCULAR PEDICLE GRAFT	451.89				
15	15760	COMPOSITE SKIN GRAFT	451.89				
15	15770	DERMA-FAT-FASCIA GRAFT	516.72				
15	15820	REVISION OF LOWER EYELID	516.72			X	
15	15821	REVISION OF LOWER EYELID	516.72			X	
15	15822	REVISION OF UPPER EYELID	516.72			X	
15	15823	REVISION OF UPPER EYELID	726.48			X	
15	15840	GRAFT FOR FACE NERVE PALSY	638.32				
15	15841	GRAFT FOR FACE NERVE PALSY	638.32				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	638.32				
15	15845	SKIN AND MUSCLE REPAIR, FACE	638.32				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	337.41				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	337.41				
15	15920	REMOVAL OF TAIL BONE ULCER	516.72				
15	15922	REMOVAL OF TAIL BONE ULCER	638.32				
15	15931	REMOVE SACRUM PRESSURE SORE	516.72				
15	15933	REMOVE SACRUM PRESSURE SORE	516.72				
15	15934	REMOVE SACRUM PRESSURE SORE	516.72				
15	15935	REMOVE SACRUM PRESSURE SORE	638.32				
15	15936	REMOVE SACRUM PRESSURE SORE	638.32				
15	15937	REMOVE SACRUM PRESSURE SORE	638.32				
15	15940	REMOVE HIP PRESSURE SORE	516.72				
15	15941	REMOVE HIP PRESSURE SORE	516.72				
15	15944	REMOVE HIP PRESSURE SORE	516.72				
15	15945	REMOVE HIP PRESSURE SORE	638.32				
15	15946	REMOVE HIP PRESSURE SORE	638.32				
15	15950	REMOVE THIGH PRESSURE SORE	516.72				
15	15951	REMOVE THIGH PRESSURE SORE	638.32				
15	15952	REMOVE THIGH PRESSURE SORE	516.72				
15	15953	REMOVE THIGH PRESSURE SORE	638.32				
15	15956	REMOVE THIGH PRESSURE SORE	516.72				
15	15958	REMOVE THIGH PRESSURE SORE	638.32				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	337.41				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	451.89				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	451.89				
15	16035	ESCHAROTOMY	451.89				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	451.89				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	451.89				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	451.89				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	337.41				
15	19020	INCISION OF BREAST LESION	451.89				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	451.89				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	451.89				
15	19083	Biopsy of breast accessed throught t	451.89				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	451.89				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	451.89				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	451.89				
15	19100	BX BREAST PERCUT W/O IMAGE	337.41				
15	19101	BIOPSY OF BREAST, OPEN	451.89				
15	19110	NIPPLE EXPLORATION	451.89				
15	19112	EXCISE BREAST DUCT FISTULA	516.72				
15	19120	REMOVAL OF BREAST LESION	516.72				
15	19125	EXCISION, BREAST LESION	516.72				
15	19126	EXCISION, ADDL BREAST LESION	516.72				
15	19281	Placement of breast localization dev	337.41				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	337.41				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	337.41				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	337.41				
15	19285	Placement of breast localization dev	337.41				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	337.41				
15	19287	Placement of breast localization dev	337.41				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	337.41				
15	19296	PLACE PO BREAST CATH FOR RAD	337.41				
15	19297	PLACE BREAST CATH FOR RAD	337.41				
15	19298	PLACE BREAST RAD TUBE/CATHS	337.41				
15	19300	MASTECTOMY FOR GYNECOMASTIA	638.32			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	516.72				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,008.12				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	638.32				
15	19304	MASTECTOMY, SUBCUTANEOUS	638.32				
15	19307	MAST, MOD RAD	1,008.12				
15	19316	MASTOPEXY	638.32		X	F	
15	19318	REDUCTION OF LARGE BREAST	638.32	18 99	X		
15	19324	ENLARGE BREAST	638.32		X	F	
15	19325	MAMMAPLASTY WITH PROSTHETIC	638.32		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	337.41		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	337.41				
15	19340	IMMEDIATE BREAST PROSTHESIS	451.89		X	F	
15	19342	DELAYED BREAST PROSTHESIS	516.72		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	638.32		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	726.48		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	726.48		X		
15	19366	BREAST RECONSTRUCTION	726.48		X	F	
15	19370	SURGERY OF BREAST CAPSULE	638.32		X		
15	19371	REMOVAL OF BREAST CAPSULE	638.32		X		
15	19380	REVISE BREAST RECONSTRUCTION	726.48		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	516.72				
15	20101	EXPLORE WOUND, CHEST	516.72				
15	20102	EXPLORE WOUND, ABDOMEN	516.72				
15	20103	EXPLORE WOUND, EXTREMITY	516.72				
15	20200	MUSCLE BIOPSY	451.89				
15	20205	DEEP MUSCLE BIOPSY	516.72				
15	20206	NEEDLE BIOPSY, MUSCLE	337.41				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	337.41				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	451.89				
15	20240	BONE BIOPSY, EXCISIONAL	451.89				
15	20245	BONE BIOPSY, EXCISIONAL	516.72				
15	20250	OPEN BONE BIOPSY	516.72				
15	20251	OPEN BONE BIOPSY	516.72				
15	20500	INJECT SINUS TRACT, THERAPEUTICI	337.41				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	337.41				

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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	20520	REMOVE FOREGIN BODY; SIMPLE	337.41				
15	20525	REMOVAL OF FOREIGN BODY	516.72				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	337.41				
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	337.41				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	337.41				
15	20612	ASPIRATE/INJ GANGLION CYST	337.41				
15	20615	ASPIRATE/INJECTION-BONE CYST	337.41				
15	20650	INSERT AND REMOVE BONE PIN	516.72				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	337.41	00	00		
15	20661	APPLY HALO;	337.41				
15	20662	APPLY HALO; PELVIC	337.41				
15	20663	APPLY HALO; FEMORAL	337.41				
15	20664	HALO BRACE APPLICATION	451.89				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	337.41				
15	20670	REMOVAL OF SUPPORT IMPLANT	337.41				
15	20680	REMOVAL OF SUPPORT IMPLANT	516.72				
15	20690	APPLY BONE FIXATION DEVICE	451.89				
15	20692	APPLY BONE FIXATION DEVICE	516.72				
15	20693	ADJUST BONE FIXATION DEVICE	516.72				
15	20694	REMOVE BONE FIXATION DEVICE	337.41				
15	20900	REMOVAL OF BONE FOR GRAFT	516.72				
15	20902	REMOVAL OF BONE FOR GRAFT	638.32				
15	20910	REMOVE CARTILAGE FOR GRAFT	516.72				
15	20912	REMOVE CARTILAGE FOR GRAFT	516.72				
15	20920	REMOVAL OF FASCIA FOR GRAFT	638.32				
15	20922	REMOVAL OF FASCIA FOR GRAFT	516.72				
15	20924	REMOVAL OF TENDON FOR GRAFT	638.32				
15	20926	REMOVAL OF TISSUE FOR GRAFT	638.32				
15	20930	SPINAL BONE ALLOGRAFT	337.41				
15	20931	SPINAL BONE ALLOGRAFT	337.41				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	337.41				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	337.41				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	337.41				
15	20936	SPINAL BONE AUTOGRAFT	337.41				
15	20937	SPINAL BONE AUTOGRAFT	337.41				
15	20938	SPINAL BONE AUTOGRAFT	337.41				
15	20950	MONITOR INTERSTITIAL FLUID	337.41				
15	20975	ELECTRICAL BONE STIMULATION	451.89				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	451.89				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	451.89				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	337.41				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	337.41				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	337.41				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	337.41				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	516.72				

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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	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	451.89				
15	21025	EXCISION OF BONE, LOWER JAW	451.89				
15	21026	EXCISION OF FACIAL BONE(S)	451.89				
15	21029	CONTOUR OF FACE BONE LESION	451.89				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	451.89				
15	21031	EXCISION OF TORUS MANDIBULARIS	451.89				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	451.89				
15	21034	REMOVAL OF FACE BONE LESION	516.72				
15	21040	REMOVAL OF JAW BONE LESION	451.89				
15	21044	REMOVAL OF JAW BONE LESION	451.89				
15	21045	RADICAL RESECTION OF MANDIBLE	516.72				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	451.89				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	451.89				
15	21048	REMOVE MAXILLA CYST COMPLEX	451.89				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	516.72				
15	21050	REMOVAL OF JAW JOINT	516.72				
15	21060	REMOVE JAW JOINT CARTILAGE	451.89				
15	21070	REMOVE CORONOID PROCESS	516.72				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	451.89				
15	21110	INTERDENTAL FIXATION	337.41				
15	21120	GENIOPLASTY; AUGMENTATION	1,008.12				
15	21121	RECONSTRUCTION OF CHIN	1,008.12				
15	21122	RECONSTRUCTION OF CHIN	1,008.12				
15	21123	RECONSTRUCTION OF CHIN	1,008.12				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,008.12				
15	21127	AUGMENTATION, LOWER JAW BONE	1,356.67				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,008.12				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,008.12				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,008.12				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,008.12				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,008.12				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	1,008.12				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	1,008.12				
15	21181	CONTOUR CRANIAL BONE LESION	1,008.12				
15	21206	RECONSTRUCT UPPER JAW BONE	726.48				
15	21208	AUGMENTATION OF FACIAL BONES	1,008.12				
15	21209	REDUCTION OF FACIAL BONES	726.48				
15	21210	FACE BONE GRAFT	1,008.12				
15	21215	LOWER JAW BONE GRAFT	1,008.12				
15	21230	RIB CARTILAGE GRAFT	1,008.12				
15	21235	EAR CARTILAGE GRAFT	1,008.12				
15	21240	RECONSTRUCTION OF JAW JOINT	638.32				
15	21242	RECONSTRUCTION OF JAW JOINT	726.48				
15	21243	RECONSTRUCTION OF JAW JOINT	726.48				
15	21244	RECONSTRUCTION OF LOWER JAW	1,008.12				

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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	21245	RECONSTRUCTION OF JAW	1,008.12				
15	21246	RECONSTRUCTION OF JAW	1,008.12				
15	21248	RECONSTRUCTION OF JAW	1,008.12				
15	21249	RECONSTRUCTION OF JAW	1,008.12				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,008.12				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,008.12				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,008.12				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,008.12				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,008.12				
15	21267	REVISE EYE SOCKETS	1,008.12				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,008.12				
15	21270	AUGMENTATION, CHEEK BONE	726.48				
15	21275	REVISION, ORBITOFACIAL BONES	1,008.12				
15	21280	REVISION OF EYELID	726.48				
15	21282	REVISION OF EYELID	726.48				
15	21295	RECONST LWR JAW W/O FIXATION	337.41				
15	21296	RECONST LWR JAW W/FIXATION	337.41				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	451.89				
15	21315	TREATMENT OF NOSE FRACTURE	451.89				
15	21320	TREATMENT OF NOSE FRACTURE	451.89				
15	21325	TREATMENT OF NOSE FRACTURE	638.32				
15	21330	TREATMENT OF NOSE FRACTURE	726.48				
15	21335	TREATMENT OF NOSE FRACTURE	1,008.12				
15	21336	TREAT NASAL SEPTAL FRACTURE	638.32				
15	21337	TREAT NASAL SEPTAL FRACTURE	451.89				
15	21338	TREAT NASOETHMOID FRACTURE	638.32				
15	21339	TREAT NASOETHMOID FRACTURE	726.48				
15	21340	TREATMENT OF NOSE FRACTURE	638.32				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	726.48				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	1,008.12				
15	21345	TREAT NOSE/JAW FRACTURE	1,008.12				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	726.48				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	1,008.12				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	1,008.12				
15	21355	TREAT CHEEK BONE FRACTURE	516.72				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	516.72				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	638.32				
15	21386	TREAT ORBITAL FX; PERIORBITAL	638.32				
15	21387	TREAT ORBITAL FX; COMBINATION	638.32				
15	21390	TREAT ORBITAL WITH IMPLANT	638.32				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	638.32				
15	21400	TREAT EYE SOCKET FRACTURE	451.89				
15	21401	TREAT EYE SOCKET FRACTURE	516.72				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	638.32				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	638.32				

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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	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	638.32				
15	21421	TREAT MOUTH ROOF FRACTURE	638.32				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	726.48				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	726.48				
15	21431	TREAT CRANIOFACIAL SEPARATION	638.32				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	638.32				
15	21433	COMPLICATED TX CRANIOFACIAL FX	726.48				
15	21435	COMPLICATED TX CRANIOFACIAL FX	726.48				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	726.48				
15	21440	TREAT DENTAL RIDGE FRACTURE	516.72				
15	21445	TREAT DENTAL RIDGE FRACTURE	638.32				
15	21450	TREAT LOWER JAW FRACTURE	516.72				
15	21451	TREAT LOWER JAW FRACTURE	638.32				
15	21452	TREAT LOWER JAW FRACTURE	451.89				
15	21453	TREAT LOWER JAW FRACTURE	516.72				
15	21454	TREAT LOWER JAW FRACTURE	726.48				
15	21461	TREAT LOWER JAW FRACTURE	638.32				
15	21462	TREAT LOWER JAW FRACTURE	726.48				
15	21465	TREAT LOWER JAW FRACTURE	638.32				
15	21470	TREAT COMPLICATED MANDIBULAR FX	726.48				
15	21480	RESET DISLOCATED JAW	337.41				
15	21485	RESET DISLOCATED JAW	451.89				
15	21490	REPAIR DISLOCATED JAW	516.72				
15	21497	INTERDENTAL WIRING	451.89				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	451.89				
15	21502	DRAIN CHEST LESION	451.89				
15	21510	INCISION WITH OPENING OF BONE CORTEX	516.72				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	337.41				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	451.89				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	451.89				
15	21555	REMOVE LESION, NECK/CHEST	451.89				
15	21556	REMOVE LESION, NECK/CHEST	451.89				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	451.89				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER)	451.89				
15	21600	PARTIAL REMOVAL OF RIB	451.89				
15	21610	PARTIAL REMOVAL OF RIB	451.89				
15	21615	EXCISION CERVICAL RIB	451.89				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	451.89				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	451.89				
15	21627	STERNAL DEBRIDEMENT	451.89				
15	21630	RADICAL RESECTOPM PF STERNUM	726.48				
15	21632	MEDIASTINAL LYMPHADENECTOMY	726.48				
15	21700	REVISION OF NECK MUSCLE	451.89				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	451.89				
15	21720	REVISION OF NECK MUSCLE	516.72				

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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	21725	REVISION OF NECK MUSCLE	516.72				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	516.72				
15	21820	TREAT STERNUM FRACTURE	337.41				
15	21825	TREAT STERNUM FRACTURE;OPEN	451.89				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X		
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	337.41				
15	21925	BIOPSY SOFT TISSUE OF BACK	451.89				
15	21930	REMOVE LESION, BACK OR FLANK	451.89				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	451.89				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	451.89				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	451.89				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	516.72				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	22100	RESECT VERTEBRA,CERVICAL	451.89				
15	22101	RESECT VERTEBRA, THORACIC	451.89				
15	22310	TREAT SPINE FRACTURE	337.41				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	451.89				
15	22505	MANIPULATION OF SPINE	451.89				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	451.89				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	451.89				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	451.89				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	451.89				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,356.67				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,356.67				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	451.89				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	451.89				
15	22899	SPINE SURGERY PROCEDURE	MP		X		
15	22900	REMOVE ABDOMINAL WALL LESION	638.32				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	451.89				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	451.89				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	451.89				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	451.89				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	451.89				
15	23020	RELEASE SHOULDER JOINT	451.89				
15	23030	DRAIN SHOULDER LESION	337.41				
15	23031	DRAIN SHOULDER BURSA	516.72				
15	23035	DRAIN SHOULDER BONE LESION	516.72				
15	23040	EXPLORATORY SHOULDER SURGERY	516.72				
15	23044	EXPLORATORY SHOULDER SURGERY	638.32				
15	23066	BIOPSY SHOULDER TISSUES	451.89				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	451.89				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	451.89				
15	23075	REMOVAL OF SHOULDER LESION	451.89				
15	23076	REMOVAL OF SHOULDER LESION	451.89				

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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	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	516.72				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	23100	BIOPSY OF SHOULDER JOINT	451.89				
15	23101	SHOULDER JOINT SURGERY	1,008.12				
15	23105	REMOVE SHOULDER JOINT LINING	638.32				
15	23106	INCISION OF COLLARBONE JOINT	638.32				
15	23107	EXPLORE TREAT SHOULDER JOINT	638.32				
15	23120	PARTIAL REMOVAL, COLLAR BONE	726.48				
15	23125	REMOVAL OF COLLAR BONE	726.48				
15	23130	REMOVE SHOULDER BONE, PART	726.48				
15	23140	REMOVAL OF BONE LESION	638.32				
15	23145	REMOVAL OF BONE LESION	726.48				
15	23146	REMOVAL OF BONE LESION	726.48				
15	23150	REMOVAL OF HUMERUS LESION	638.32				
15	23155	REMOVAL OF HUMERUS LESION	726.48				
15	23156	REMOVAL OF HUMERUS LESION	726.48				
15	23170	REMOVE COLLAR BONE LESION	451.89				
15	23172	REMOVE SHOULDER BLADE LESION	451.89				
15	23174	REMOVE HUMERUS LESION	451.89				
15	23180	REMOVE COLLAR BONE LESION	638.32				
15	23182	REMOVE SHOULDER BLADE LESION	638.32				
15	23184	REMOVE HUMERUS LESION	638.32				
15	23190	PARTIAL REMOVAL OF SCAPULA	638.32				
15	23195	REMOVAL OF HEAD OF HUMERUS	726.48				
15	23330	REMOVE SHOULDER FOREIGN BODY	337.41				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	337.41				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	726.48				
15	23397	MUSCLE TRANSFERS	1,008.12				
15	23400	FIXATION OF SHOULDER BLADE	1,008.12				
15	23405	INCISION OF TENDON & MUSCLE	451.89				
15	23406	INCISE TENDON(S) & MUSCLE(S)	451.89				
15	23410	REPAIR OF TENDON(S)	726.48				
15	23412	REPAIR OF TENDON(S)	1,008.12				
15	23415	RELEASE OF SHOULDER LIGAMENT	726.48				
15	23420	REPAIR OF SHOULDER	1,008.12				
15	23430	REPAIR BICEPS TENDON	638.32				
15	23440	REMOVE/TRANSPLANT TENDON	638.32				
15	23450	REPAIR SHOULDER CAPSULE	726.48				
15	23455	REPAIR SHOULDER CAPSULE	1,008.12				
15	23460	REPAIR SHOULDER CAPSULE	726.48				
15	23462	REPAIR SHOULDER CAPSULE	1,008.12				
15	23465	REPAIR SHOULDER CAPSULE	726.48				
15	23466	REPAIR SHOULDER CAPSULE	1,008.12				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,008.12				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,008.12				
15	23480	REVISION OF COLLAR BONE	638.32				

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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	23485	REVISION OF COLLAR BONE	1,008.12				
15	23490	REINFORCE CLAVICLE	516.72				
15	23491	REINFORCE SHOULDER BONES	516.72				
15	23500	TREAT CLAVICLE FRACTURE	337.41				
15	23505	TREAT CLAVICLE FRACTURE	337.41				
15	23515	TREAT CLAVICLE FRACTURE	516.72				
15	23520	TREAT CLAVICLE DISLOCATION	337.41				
15	23525	TREAT CLAVICLE DISLOCATION	337.41				
15	23530	TREAT CLAVICLE DISLOCATION	516.72				
15	23532	TREAT CLAVICLE DISLOCATION	638.32				
15	23540	TREAT CLAVICLE DISLOCATION	337.41				
15	23545	TREAT CLAVICLE DISLOCATION	337.41				
15	23550	TREAT CLAVICLE DISLOCATION	516.72				
15	23552	TREAT CLAVICLE DISLOCATION	638.32				
15	23570	TREAT SHOULDER BLADE FX	337.41				
15	23575	TREAT SHOULDER BLADE FX	337.41				
15	23585	TREAT SCAPULA FRACTURE	516.72				
15	23600	TREAT HUMERUS FRACTURE	337.41				
15	23605	TREAT HUMERUS FRACTURE	451.89				
15	23615	TREAT HUMERUS FRACTURE	638.32				
15	23616	TREAT HUMERUS FRACTURE	638.32				
15	23620	TREAT HUMERUS FRACTURE	337.41				
15	23625	TREAT HUMERUS FRACTURE	451.89				
15	23630	TREAT HUMERUS FRACTURE	726.48				
15	23650	TREAT SHOULDER DISLOCATION	337.41				
15	23655	TREAT SHOULDER DISLOCATION	337.41				
15	23660	TREAT SHOULDER DISLOCATION	516.72				
15	23665	TREAT DISLOCATION/FRACTURE	451.89				
15	23670	TREAT DISLOCATION/FRACTURE	516.72				
15	23675	TREAT DISLOCATION/FRACTURE	451.89				
15	23680	TREAT DISLOCATION/FRACTURE	516.72				
15	23700	FIXATION OF SHOULDER	337.41				
15	23800	FUSION OF SHOULDER JOINT	638.32				
15	23802	FUSION OF SHOULDER JOINT	1,008.12				
15	23921	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	337.41				
15	23931	DRAINAGE OF ARM BURSA	451.89				
15	23935	DRAIN ARM/ELBOW BONE LESION	451.89				
15	24000	EXPLORATORY ELBOW SURGERY	638.32				
15	24006	RELEASE ELBOW JOINT	638.32				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	451.89				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	451.89				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	451.89				
15	24075	REMOVE ARM/ELBOW LESION	451.89				
15	24076	REMOVE ARM/ELBOW LESION	451.89				

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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, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	516.72				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	24100	BIOPSY ELBOW JOINT LINING	337.41				
15	24101	EXPLORE/TREAT ELBOW JOINT	638.32				
15	24102	REMOVE ELBOW JOINT LINING	638.32				
15	24105	REMOVAL OF ELBOW BURSA	516.72				
15	24110	REMOVE HUMERUS LESION	451.89				
15	24115	REMOVE/GRAFT BONE LESION	516.72				
15	24116	REMOVE/GRAFT BONE LESION	516.72				
15	24120	REMOVE ELBOW LESION	516.72				
15	24125	REMOVE/GRAFT BONE LESION	516.72				
15	24126	REMOVE/GRAFT BONE LESION	516.72				
15	24130	REMOVAL OF HEAD OF RADIUS	516.72				
15	24134	REMOVAL OF ARM BONE LESION	451.89				
15	24136	REMOVE RADIUS BONE LESION	451.89				
15	24138	REMOVE ELBOW BONE LESION	451.89				
15	24140	PARTIAL REMOVAL OF ARM BONE	516.72				
15	24145	PARTIAL REMOVAL OF RADIUS	516.72				
15	24147	PARTIAL REMOVAL OF ELBOW	451.89				
15	24155	REMOVAL OF ELBOW JOINT	516.72				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	451.89				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	516.72				
15	24200	REMOVAL OF ARM FOREIGN BODY	337.41				
15	24201	REMOVAL OF ARM FOREIGN BODY	451.89				
15	24301	MUSCLE/TENDON TRANSFER	638.32				
15	24305	ARM TENDON LENGTHENING	638.32				
15	24310	REVISION OF ARM TENDON	516.72				
15	24320	REPAIR OF ARM TENDON	516.72				
15	24330	REVISION OF ARM MUSCLES	516.72				
15	24331	REVISION OF ARM MUSCLES	516.72				
15	24340	REPAIR OF BICEPS TENDON	516.72				
15	24341	REPAIR ARM TENDON/MUSCLE	516.72				
15	24342	REPAIR OF RUPTURED TENDON	516.72				
15	24345	REPR ELBW MED LIGMNT W/TISSU	451.89				
15	24360	RECONSTRUCT ELBOW JOINT	726.48				
15	24361	RECONSTRUCT ELBOW JOINT	726.48				
15	24362	RECONSTRUCT ELBOW JOINT	726.48				
15	24363	REPLACE ELBOW JOINT	1,008.12				
15	24365	RECONSTRUCT HEAD OF RADIUS	726.48				
15	24366	RECONSTRUCT HEAD OF RADIUS	726.48				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	726.48				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	726.48				
15	24400	REVISION OF HUMERUS	638.32				
15	24410	REVISION OF HUMERUS	638.32				
15	24420	REVISION OF HUMERUS	516.72				
15	24430	REPAIR OF HUMERUS	516.72				

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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	24435	REPAIR HUMERUS WITH GRAFT	638.32				
15	24470	REVISION OF ELBOW JOINT	516.72				
15	24495	DECOMPRESSION OF FOREARM	451.89				
15	24498	REINFORCE HUMERUS	516.72				
15	24500	TREAT HUMERUS FRACTURE	337.41				
15	24505	TREAT HUMERUS FRACTURE	337.41				
15	24515	TREAT HUMERUS FRACTURE	638.32				
15	24516	TREAT HUMERUS FRACTURE	638.32				
15	24530	TREAT HUMERUS FRACTURE	337.41				
15	24535	TREAT HUMERUS FRACTURE	337.41				
15	24538	TREAT HUMERUS FRACTURE	451.89				
15	24545	TREAT HUMERUS FRACTURE	638.32				
15	24546	TREAT HUMERUS FRACTURE	726.48				
15	24560	TREAT HUMERUS FRACTURE	337.41				
15	24565	TREAT HUMERUS FRACTURE	451.89				
15	24566	TREAT HUMERUS FRACTURE	451.89				
15	24575	TREAT HUMERUS FRACTURE	516.72				
15	24576	TREAT HUMERUS FRACTURE	337.41				
15	24577	TREAT HUMERUS FRACTURE	337.41				
15	24579	TREAT HUMERUS FRACTURE	516.72				
15	24582	TREAT HUMERUS FRACTURE	451.89				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	638.32				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	726.48				
15	24600	TREAT ELBOW DISLOCATION	337.41				
15	24605	TREAT ELBOW DISLOCATION	451.89				
15	24615	TREAT ELBOW DISLOCATION	516.72				
15	24620	TREAT ELBOW FRACTURE	451.89				
15	24635	TREAT ELBOW FRACTURE	516.72				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	337.41				
15	24655	TREAT RADIUS FRACTURE	337.41				
15	24665	TREAT RADIUS FRACTURE	638.32				
15	24666	TREAT RADIUS FRACTURE	638.32				
15	24670	TREAT ULNAR FRACTURE	337.41				
15	24675	TREAT ULNAR FRACTURE	337.41				
15	24685	TREAT ULNAR FRACTURE	516.72				
15	24800	FUSION OF ELBOW JOINT	638.32				
15	24802	FUSION/GRAFT OF ELBOW JOINT	726.48				
15	24925	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	516.72				
15	25020	DECOMPRESS FOREARM 1 SPACE	516.72				
15	25023	DECOMPRESS FOREARM 1 SPACE	516.72				
15	25024	DECOMPRESS FOREARM 2 SPACES	516.72				
15	25025	DECOMPRESS FORARM 2 SPACES	516.72				
15	25028	DRAINAGE OF FOREARM LESION	337.41				
15	25031	DRAINAGE OF FOREARM BURSA	451.89				

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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	25035	TREAT FOREARM BONE LESION	451.89				
15	25040	EXPLORE/TREAT WRIST JOINT	726.48				
15	25066	BIOPSY FOREARM SOFT TISSUES	451.89				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	451.89				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	451.89				
15	25075	REMOVE FOREARM LESION SUBCUT	451.89				
15	25076	REMOVE FOREARM LESION DEEP	516.72				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	516.72				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	451.89				
15	25085	INCISION OF WRIST CAPSULE	516.72				
15	25100	BIOPSY OF WRIST JOINT	451.89				
15	25101	EXPLORE/TREAT WRIST JOINT	516.72				
15	25105	REMOVE WRIST JOINT LINING	638.32				
15	25107	REMOVE WRIST JOINT CARTILAGE	516.72				
15	25110	REMOVE WRIST TENDON LESION	516.72				
15	25111	REMOVE WRIST TENDON LESION	516.72				
15	25112	REREMOVE WRIST TENDON LESION	638.32				
15	25115	REMOVE WRIST/FOREARM LESION	638.32				
15	25116	REMOVE WRIST/FOREARM LESION	638.32				
15	25118	EXCISE WRIST TENDON SHEATH	451.89				
15	25119	PARTIAL REMOVAL OF ULNA	516.72				
15	25120	REMOVAL OF FOREARM LESION	516.72				
15	25125	REMOVE/GRAFT FOREARM LESION	516.72				
15	25126	REMOVE/GRAFT FOREARM LESION	516.72				
15	25130	REMOVAL OF WRIST LESION	516.72				
15	25135	REMOVE & GRAFT WRIST LESION	516.72				
15	25136	REMOVE & GRAFT WRIST LESION	516.72				
15	25145	REMOVE FOREARM BONE LESION	451.89				
15	25150	PARTIAL REMOVAL OF ULNA	451.89				
15	25151	PARTIAL REMOVAL OF RADIUS	451.89				
15	25210	REMOVAL OF WRIST BONE	516.72				
15	25215	REMOVAL OF WRIST BONES	638.32				
15	25230	PARTIAL REMOVAL OF RADIUS	638.32				
15	25240	PARTIAL REMOVAL OF ULNA	638.32				
15	25248	REMOVE FOREARM FOREIGN BODY	451.89				
15	25250	REMOVAL OF WRIST PROSTHESIS	337.41				
15	25251	REMOVAL OF WRIST PROSTHESIS	337.41				
15	25260	REPAIR FOREARM TENDON/MUSCLE	638.32				
15	25263	REPAIR FOREARM TENDON/MUSCLE	451.89				
15	25265	REPAIR FOREARM TENDON/MUSCLE	516.72				
15	25270	REPAIR FOREARM TENDON/MUSCLE	638.32				
15	25272	REPAIR FOREARM TENDON/MUSCLE	516.72				
15	25274	REPAIR FOREARM TENDON/MUSCLE	638.32				
15	25275	REPAIR FOREARM TENDON SHEATH	638.32				
15	25280	REVISE WRIST/FOREARM TENDON	638.32				
15	25290	INCISE WRIST/FOREARM TENDON	516.72				

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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	25295	RELEASE WRIST/FOREARM TENDON	516.72				
15	25300	FUSION OF TENDONS AT WRIST	516.72				
15	25301	FUSION OF TENDONS AT WRIST	516.72				
15	25310	TRANSPLANT FOREARM TENDON	516.72				
15	25312	TRANSPLANT FOREARM TENDON	638.32				
15	25315	REVISE PALSY HAND TENDON(S)	516.72				
15	25316	REVISE PALSY HAND TENDON(S)	516.72				
15	25320	REPAIR/REVISE WRIST JOINT	516.72				
15	25332	REVISE WRIST JOINT	726.48				
15	25335	REALIGNMENT OF HAND	516.72				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	726.48				
15	25350	REVISION OF RADIUS	516.72				
15	25355	REVISION OF RADIUS	516.72				
15	25360	REVISION OF ULNA	516.72				
15	25365	REVISE RADIUS & ULNA	516.72				
15	25370	REVISE RADIUS OR ULNA	516.72				
15	25375	REVISE RADIUS & ULNA	638.32				
15	25390	SHORTEN RADIUS OR ULNA	516.72				
15	25391	LENGTHEN RADIUS OR ULNA	638.32				
15	25392	SHORTEN RADIUS & ULNA	516.72				
15	25393	LENGTHEN RADIUS & ULNA	638.32				
15	25400	REPAIR RADIUS OR ULNA	516.72				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	638.32				
15	25415	REPAIR RADIUS & ULNA	516.72				
15	25420	REPAIR/GRAFT RADIUS & ULNA	638.32				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	516.72				
15	25426	REPAIR/GRAFT RADIUS & ULNA	638.32				
15	25431	REPAIR NONUNION CARPAL BONE	516.72				
15	25440	REPAIR/GRAFT WRIST BONE	638.32				
15	25441	RECONSTRUCT WRIST JOINT	726.48				
15	25442	RECONSTRUCT WRIST JOINT	726.48				
15	25443	RECONSTRUCT WRIST JOINT	726.48				
15	25444	RECONSTRUCT WRIST JOINT	726.48				
15	25445	RECONSTRUCT WRIST JOINT	726.48				
15	25446	WRIST REPLACEMENT	1,008.12				
15	25449	REMOVE WRIST JOINT IMPLANT	726.48				
15	25450	REVISION OF WRIST JOINT	516.72				
15	25455	REVISION OF WRIST JOINT	516.72				
15	25490	REINFORCE RADIUS	516.72				
15	25491	REINFORCE ULNA	516.72				
15	25492	REINFORCE RADIUS AND ULNA	516.72				
15	25505	TREAT FRACTURE OF RADIUS	337.41				
15	25515	TREAT FRACTURE OF RADIUS	516.72				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	337.41				
15	25525	TREAT FRACTURE OF RADIUS	638.32				
15	25526	TREAT FRACTURE OF RADIUS	726.48				

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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	25535	TREAT FRACTURE OF ULNA	337.41				
15	25545	TREAT FRACTURE OF ULNA	516.72				
15	25565	TREAT FRACTURE RADIUS & ULNA	451.89				
15	25574	TREAT FRACTURE RADIUS & ULNA	516.72				
15	25575	TREAT FRACTURE RADIUS/ULNA	516.72				
15	25605	TREAT FRACTURE RADIUS/ULNA	516.72				
15	25606	TREAT FX DISTAL RADIAL	516.72				
15	25607	TREAT FX RAD EXTRA-ARTICUL	726.48				
15	25608	TREAT FX RAD INTRA-ARTICUL	726.48				
15	25609	TREAT FX RADIAL 3 + FRAG	726.48				
15	25624	TREAT WRIST BONE FRACTURE	451.89				
15	25628	TREAT WRIST BONE FRACTURE	516.72				
15	25635	TREAT WRIST BONE FRACTURE	337.41				
15	25645	TREAT WRIST BONE FRACTURE	516.72				
15	25651	PIN ULAR STYLOID FRACTURE	516.72				
15	25660	TREAT WRIST DISLOCATION	337.41				
15	25670	TREAT WRIST DISLOCATION	516.72				
15	25671	PIN RADIOULNAR DISLOCATION	337.41				
15	25675	TREAT WRIST DISLOCATION	337.41				
15	25676	TREAT WRIST DISLOCATION	451.89				
15	25680	TREAT WRIST FRACTURE	451.89				
15	25685	TREAT WRIST FRACTURE	516.72				
15	25690	TREAT WRIST DISLOCATION	337.41				
15	25695	TREAT WRIST DISLOCATION	451.89				
15	25800	FUSION OF WRIST JOINT	638.32				
15	25805	FUSION/GRAFT OF WRIST JOINT	726.48				
15	25810	FUSION/GRAFT OF WRIST JOINT	726.48				
15	25820	FUSION OF HAND BONES	638.32				
15	25825	FUSE HAND BONES WITH GRAFT	726.48				
15	25830	FUSION, RADIOULNAR JNT/ULNA	726.48				
15	25907	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	25922	AMPUTATE HAND AT WRIST	516.72				
15	25929	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		X		
15	26011	DRAINAGE OF FINGER ABSCESS	337.41				
15	26020	DRAIN HAND TENDON SHEATH	451.89				
15	26025	DRAINAGE OF PALM BURSA	337.41				
15	26030	DRAINAGE OF PALM BURSA(S)	451.89				
15	26034	TREAT HAND BONE LESION	451.89				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	638.32				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	516.72				
15	26055	INCISE FINGER TENDON SHEATH	451.89				
15	26060	INCISION OF FINGER TENDON	451.89				
15	26070	EXPLORE/TREAT HAND JOINT	451.89				
15	26075	EXPLORE/TREAT FINGER JOINT	638.32				
15	26080	EXPLORE/TREAT FINGER JOINT	638.32				

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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	26100	BIOPSY HAND JOINT LINING	451.89				
15	26105	BIOPSY FINGER JOINT LINING	337.41				
15	26110	BIOPSY FINGER JOINT LINING	337.41				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	451.89				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	451.89				
15	26115	REMOVE HAND LESION SUBCUT	451.89				
15	26116	REMOVE HAND LESION, DEEP	451.89				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	516.72				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	451.89				
15	26121	RELEASE PALM CONTRACTURE	638.32				
15	26123	RELEASE PALM CONTRACTURE	638.32				
15	26125	RELEASE PALM CONTRACTURE	638.32				
15	26130	REMOVE WRIST JOINT LINING	516.72				
15	26135	REVISE FINGER JOINT, EACH	638.32				
15	26140	REVISE FINGER JOINT, EACH	451.89				
15	26145	TENDON EXCISION, PALM/FINGER	516.72				
15	26160	REMOVE TENDON SHEATH LESION	516.72				
15	26170	REMOVAL OF PALM TENDON, EACH	516.72				
15	26180	REMOVAL OF FINGER TENDON	516.72				
15	26185	REMOVE FINGER BONE	638.32				
15	26200	REMOVE HAND BONE LESION	451.89				
15	26205	REMOVE/GRAFT BONE LESION	516.72				
15	26210	REMOVAL OF FINGER LESION	451.89				
15	26215	REMOVE/GRAFT FINGER LESION	516.72				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,008.12				
15	26235	PARTIAL REMOVAL, FINGER BONE	516.72				
15	26236	PARTIAL REMOVAL, FINGER BONE	516.72				
15	26250	EXTENSIVE HAND SURGERY	516.72				
15	26260	EXTENSIVE FINGER SURGERY	516.72				
15	26262	PARTIAL REMOVAL OF FINGER	451.89				
15	26320	REMOVAL OF IMPLANT FROM HAND	451.89				
15	26340	MANIPULATE FINGER WITH ANESTH	337.41				
15	26350	REPAIR OF FINGER TENDON	337.41				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	638.32				
15	26356	REPAIR OF FINGER TENDON	638.32				
15	26357	REPAIR OF FINGER TENDON	638.32				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	638.32				
15	26370	REPAIR FINGER/HAND TENDON	638.32				
15	26372	REPAIR/GRAFT HAND TENDON	638.32				
15	26373	REPAIR FINGER/HAND TENDON	516.72				
15	26390	REVISE HAND/FINGER TENDON	638.32				
15	26392	REPAIR/GRAFT HAND TENDON	516.72				
15	26410	REPAIR HAND TENDON	516.72				
15	26412	REPAIR/GRAFT HAND TENDON	516.72				
15	26415	EXCISION, HAND/FINGER TENDON	638.32				
15	26416	GRAFT HAND OR FINGER TENDON	516.72				

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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	26418	REPAIR FINGER TENDON	638.32				
15	26420	REPAIR/GRAFT FINGER TENDON	638.32				
15	26426	REPAIR FINGER/HAND TENDON	516.72				
15	26428	REPAIR/GRAFT FINGER TENDON	516.72				
15	26432	REPAIR FINGER TENDON	516.72				
15	26433	REPAIR FINGER TENDON	516.72				
15	26434	REPAIR/GRAFT FINGER TENDON	516.72				
15	26437	REALIGNMENT OF TENDONS	516.72				
15	26440	RELEASE PALM/FINGER TENDON	516.72				
15	26442	RELEASE PALM & FINGER TENDON	516.72				
15	26445	RELEASE HAND/FINGER TENDON	516.72				
15	26449	RELEASE FOREARM/HAND TENDON	516.72				
15	26450	INCISION OF PALM TENDON	516.72				
15	26455	INCISION OF FINGER TENDON	516.72				
15	26460	INCISE HAND/FINGER TENDON	516.72				
15	26471	FUSION OF FINGER TENDONS	451.89				
15	26474	FUSION OF FINGER TENDONS	451.89				
15	26476	TENDON LENGTHENING	337.41				
15	26477	TENDON SHORTENING	337.41				
15	26478	LENGTHENING OF HAND TENDON	337.41				
15	26479	SHORTENING OF HAND TENDON	337.41				
15	26480	TRANSPLANT HAND TENDON	516.72				
15	26483	TRANSPLANT/GRAFT HAND TENDON	516.72				
15	26485	TRANSPLANT PALM TENDON	451.89				
15	26489	TRANSPLANT/GRAFT PALM TENDON	516.72				
15	26490	REVISE THUMB TENDON	516.72				
15	26492	TENDON TRANSFER WITH GRAFT	516.72				
15	26494	HAND TENDON/MUSCLE TRANSFER	516.72				
15	26496	REVISE THUMB TENDON	516.72				
15	26497	FINGER TENDON TRANSFER	516.72				
15	26498	FINGER TENDON TRANSFER	638.32				
15	26499	REVISION OF FINGER	516.72				
15	26500	HAND TENDON RECONSTRUCTION	638.32				
15	26502	HAND TENDON RECONSTRUCTION	638.32				
15	26508	RELEASE THUMB CONTRACTURE	516.72				
15	26510	THUMB TENDON TRANSFER	516.72				
15	26516	FUSION OF KNUCKLE JOINT	337.41				
15	26517	FUSION OF KNUCKLE JOINTS	516.72				
15	26518	FUSION OF KNUCKLE JOINTS	516.72				
15	26520	RELEASE KNUCKLE CONTRACTURE	516.72				
15	26525	RELEASE FINGER CONTRACTURE	516.72				
15	26530	REVISE KNUCKLE JOINT	516.72				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,008.12				
15	26535	REVISE FINGER JOINT	726.48				
15	26536	REVISE/IMPLANT FINGER JOINT	726.48				
15	26540	REPAIR HAND JOINT	638.32				

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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, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	26541	REPAIR HAND JOINT WITH GRAFT	1,008.12				
15	26542	REPAIR HAND JOINT WITH GRAFT	638.32				
15	26545	RECONSTRUCT FINGER JOINT	638.32				
15	26546	REPAIR NONUNION HAND	638.32				
15	26548	RECONSTRUCT FINGER JOINT	638.32				
15	26550	CONSTRUCT THUMB REPLACEMENT	451.89				
15	26555	POSITIONAL CHANGE OF FINGER	516.72				
15	26560	REPAIR OF WEB FINGER	451.89				
15	26561	REPAIR OF WEB FINGER	516.72				
15	26562	REPAIR OF WEB FINGER	638.32				
15	26565	CORRECT METACARPAL FLAW	726.48				
15	26567	CORRECT FINGER DEFORMITY	726.48				
15	26568	LENGTHEN METACARPAL/FINGER	516.72				
15	26580	REPAIR HAND DEFORMITY	726.48				
15	26587	RECONSTRUCT EXTRA FINGER	726.48				
15	26590	REPAIR FINGER DEFORMITY	726.48				
15	26591	REPAIR MUSCLES OF HAND	516.72				
15	26593	RELEASE MUSCLES OF HAND	516.72				
15	26596	EXCISION CONSTRICTING TISSUE	451.89				
15	26605	TREAT METACARPAL FRACTURE	451.89				
15	26607	TREAT METACARPAL FRACTURE	451.89				
15	26608	TREAT METACARPAL FRACTURE	638.32				
15	26615	TREAT METACARPAL FRACTURE	638.32				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	337.41				
15	26645	TREAT THUMB FRACTURE	337.41				
15	26650	TREAT THUMB FRACTURE	451.89				
15	26665	TREAT THUMB FRACTURE	638.32				
15	26675	TREAT HAND DISLOCATION	451.89				
15	26676	PIN HAND DISLOCATION	451.89				
15	26685	TREAT HAND DISLOCATION	516.72				
15	26686	TREAT HAND DISLOCATION	516.72				
15	26705	TREAT KNUCKLE DISLOCATION	451.89				
15	26706	PIN KNUCKLE DISLOCATION	451.89				
15	26715	TREAT KNUCKLE DISLOCATION	638.32				
15	26727	TREAT FINGER FRACTURE, EACH	1,008.12				
15	26735	TREAT FINGER FRACTURE, EACH	638.32				
15	26742	TREAT FINGER FRACTURE, EACH	451.89				
15	26746	TREAT FINGER FRACTURE, EACH	726.48				
15	26756	PIN FINGER FRACTURE, EACH	451.89				
15	26765	TREAT FINGER FRACTURE, EACH	638.32				
15	26776	PIN FINGER DISLOCATION	451.89				
15	26785	TREAT FINGER DISLOCATION	451.89				
15	26820	THUMB FUSION WITH GRAFT	726.48				
15	26841	FUSION OF THUMB	638.32				
15	26842	THUMB FUSION WITH GRAFT	638.32				
15	26843	FUSION OF HAND JOINT	516.72				

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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	26844	FUSION/GRAFT OF HAND JOINT	516.72				
15	26850	FUSION OF KNUCKLE	638.32				
15	26852	FUSION OF KNUCKLE WITH GRAFT	638.32				
15	26860	FUSION OF FINGER JOINT	516.72				
15	26861	FUSION OF FINGER JNT, ADD-ON	451.89				
15	26862	FUSION/GRAFT OF FINGER JOINT	638.32				
15	26863	FUSE/GRAFT ADDED JOINT	516.72				
15	26910	AMPUTATE METACARPAL BONE	516.72				
15	26951	AMPUTATION OF FINGER/THUMB	451.89				
15	26952	AMPUTATION OF FINGER/THUMB	638.32				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	337.41				
15	26991	DRAINAGE OF PELVIS BURSA	337.41				
15	27000	INCISION OF HIP TENDON	451.89				
15	27001	INCISION OF HIP TENDON	516.72				
15	27003	INCISION OF HIP TENDON	516.72				
15	27033	EXPLORATION OF HIP JOINT	516.72				
15	27035	DENERVATION OF HIP JOINT	638.32				
15	27040	BIOPSY OF SOFT TISSUES	337.41				
15	27041	BIOPSY OF SOFT TISSUES	451.89				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	451.89				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	451.89				
15	27047	REMOVE HIP/PELVIS LESION	451.89				
15	27048	REMOVE HIP/PELVIS LESION	516.72				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	516.72				
15	27050	BIOPSY OF SACROILLIAC JOINT	516.72				
15	27052	BIOPSY OF HIP JOINT	516.72				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	27060	REMOVAL OF ISCHIAL BURSA	726.48				
15	27062	REMOVE FEMUR LESION/BURSA	726.48				
15	27065	REMOVAL OF HIP BONE LESION	726.48				
15	27066	REMOVAL OF HIP BONE LESION	726.48				
15	27067	REMOVE/GRAFT HIP BONE LESION	726.48				
15	27080	REMOVAL OF TAIL BONE	451.89				
15	27086	REMOVE HIP FOREIGN BODY	337.41				
15	27087	REMOVE HIP FOREIGN BODY	516.72				
15	27095	WITH ANES	337.41				
15	27097	REVISION OF HIP TENDON	516.72				
15	27098	TRANSFER TENDON TO PELVIS	516.72				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	638.32				
15	27105	TRANSFER OF SPINAL MUSCLE	638.32				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	638.32				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	638.32				
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	516.72				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	451.89				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	337.41				

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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	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	451.89				
15	27202	TREAT TAIL BONE FRACTURE	451.89				
15	27230	TREAT THIGH FRACTURE	337.41				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	337.41				
15	27238	TREAT THIGH FRACTURE	337.41				
15	27246	TREAT THIGH FRACTURE	337.41				
15	27250	TREAT HIP DISLOCATION	337.41				
15	27252	TREAT HIP DISLOCATION	451.89				
15	27257	TREAT HIP DISLOCATION	516.72				
15	27265	TREAT HIP DISLOCATION	337.41				
15	27266	TREAT HIP DISLOCATION	451.89				
15	27275	MANIPULATION OF HIP JOINT	451.89				
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,356.67				
15	27299	PELVIS/HIP JOINT SURGERY	MP			X	
15	27301	DRAIN THIGH/KNEE LESION	516.72				
15	27305	INCISE THIGH TENDON & FASCIA	451.89				
15	27306	INCISION OF THIGH TENDON	516.72				
15	27307	INCISION OF THIGH TENDONS	516.72				
15	27310	EXPLORATION OF KNEE JOINT	638.32				
15	27323	BIOPSY, THIGH SOFT TISSUES	337.41				
15	27324	BIOPSY, THIGH SOFT TISSUES	337.41				
15	27327	REMOVAL OF THIGH LESION	451.89				
15	27328	REMOVAL OF THIGH LESION	516.72				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	638.32				
15	27330	BIOPSY, KNEE JOINT LINING	638.32				
15	27331	EXPLORE/TREAT KNEE JOINT	638.32				
15	27332	REMOVAL OF KNEE CARTILAGE	638.32				
15	27333	REMOVAL OF KNEE CARTILAGE	638.32				
15	27334	REMOVE KNEE JOINT LINING	638.32				
15	27335	REMOVE KNEE JOINT LINING	638.32				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	451.89				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	451.89				
15	27340	REMOVAL OF KNEECAP BURSA	516.72				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	638.32				
15	27347	REMOVE KNEE CYST	638.32				
15	27350	REMOVAL OF KNEECAP	638.32				
15	27355	REMOVE FEMUR LESION	516.72				
15	27356	REMOVE FEMUR LESION/GRAFT	638.32				
15	27357	REMOVE FEMUR LESION/GRAFT	726.48				
15	27358	REMOVE FEMUR LESION/FIXATION	726.48				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	726.48				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	27372	REMOVAL OF FOREIGN BODY	1,008.12				
15	27380	REPAIR OF KNEECAP TENDON	337.41				
15	27381	REPAIR/GRAFT KNEECAP TENDON	516.72				
15	27385	REPAIR OF THIGH MUSCLE	516.72				

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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	27386	REPAIR/GRAFT OF THIGH MUSCLE	516.72				
15	27390	INCISION OF THIGH TENDON	337.41				
15	27391	INCISION OF THIGH TENDONS	451.89				
15	27392	INCISION OF THIGH TENDONS	516.72				
15	27393	LENGTHENING OF THIGH TENDON	451.89				
15	27394	LENGTHENING OF THIGH TENDONS	516.72				
15	27395	LENGTHENING OF THIGH TENDONS	516.72				
15	27396	TRANSPLANT OF THIGH TENDON	516.72				
15	27397	TRANSPLANTS OF THIGH TENDONS	516.72				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	516.72				
15	27403	REPAIR OF KNEE CARTILAGE	638.32				
15	27405	REPAIR OF KNEE LIGAMENT	638.32				
15	27407	REPAIR OF KNEE LIGAMENT	638.32				
15	27409	REPAIR OF KNEE LIGAMENTS	638.32				
15	27418	REPAIR DEGENERATED KNEECAP	516.72				
15	27420	REVISION OF UNSTABLE KNEECAP	516.72				
15	27422	REVISION OF UNSTABLE KNEECAP	1,008.12				
15	27424	REVISION/REMOVAL OF KNEECAP	516.72				
15	27425	LATERAL RETINACULAR RELEASE	1,008.12				
15	27427	RECONSTRUCTION, KNEE	516.72				
15	27428	RECONSTRUCTION, KNEE	638.32				
15	27429	RECONSTRUCTION, KNEE	638.32				
15	27430	REVISION OF THIGH MUSCLES	638.32				
15	27435	INCISION OF KNEE JOINT	638.32				
15	27437	REVISE KNEECAP	638.32				
15	27438	REVISE KNEECAP WITH IMPLANT	726.48				
15	27441	REVISION OF KNEE JOINT	726.48				
15	27442	REVISION OF KNEE JOINT	726.48				
15	27443	REVISION OF KNEE JOINT	726.48				
15	27455	REALIGNMENT OF KNEE	638.32				
15	27465	SHORTENING OF FEMUR	726.48				
15	27477	REPAIR LOWER LEG EPIPHYSES	451.89				
15	27496	DECOMPRESSION OF THIGH/KNEE	726.48				
15	27497	DECOMPRESSION OF THIGH/KNEE	516.72				
15	27498	DECOMPRESSION OF THIGH/KNEE	516.72				
15	27499	DECOMPRESSION OF THIGH/KNEE	516.72				
15	27500	TREATMENT OF THIGH FRACTURE	337.41				
15	27501	TREATMENT OF THIGH FRACTURE	451.89				
15	27502	TREATMENT OF THIGH FRACTURE	451.89				
15	27503	TREATMENT OF THIGH FRACTURE	516.72				
15	27508	TREATMENT OF THIGH FRACTURE	337.41				
15	27509	TREATMENT OF THIGH FRACTURE	516.72				
15	27510	TREATMENT OF THIGH FRACTURE	337.41				
15	27514	REPAIR OF FEMUR FRACTURE	337.41				
15	27516	TREAT THIGH FX GROWTH PLATE	337.41				
15	27517	TREAT THIGH FX GROWTH PLATE	337.41				

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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	27520	TREAT KNEECAP FRACTURE	337.41				
15	27530	TREAT KNEE FRACTURE	337.41				
15	27532	TREAT KNEE FRACTURE	337.41				
15	27538	TREAT KNEE FRACTURE(S)	337.41				
15	27540	REPAIR OF KNEE FRACTURE	337.41				
15	27550	TREAT KNEE DISLOCATION	337.41				
15	27552	TREAT KNEE DISLOCATION	337.41				
15	27560	TREAT KNEECAP DISLOCATION	337.41				
15	27562	TREAT KNEECAP DISLOCATION	337.41				
15	27566	TREAT KNEECAP DISLOCATION	451.89				
15	27570	FIXATION OF KNEE JOINT	337.41				
15	27594	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	516.72				
15	27601	DECOMPRESSION OF LOWER LEG	516.72				
15	27602	DECOMPRESSION OF LOWER LEG	516.72				
15	27603	DRAIN LOWER LEG LESION	451.89				
15	27604	DRAIN LOWER LEG BURSA	451.89				
15	27605	INCISION OF ACHILLES TENDON	337.41				
15	27606	INCISION OF ACHILLES TENDON	337.41				
15	27607	TREAT LOWER LEG BONE LESION	451.89				
15	27610	EXPLORE/TREAT ANKLE JOINT	451.89				
15	27612	EXPLORATION OF ANKLE JOINT	516.72				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	451.89				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	516.72				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	451.89				
15	27618	REMOVE LOWER LEG LESION	451.89				
15	27619	REMOVE LOWER LEG LESION	516.72				
15	27620	EXPLORE/TREAT ANKLE JOINT	638.32				
15	27625	REMOVE ANKLE JOINT LINING	638.32				
15	27626	REMOVE ANKLE JOINT LINING	638.32				
15	27630	REMOVAL OF TENDON LESION	516.72				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	451.89				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	451.89				
15	27635	REMOVE LOWER LEG BONE LESION	516.72				
15	27637	REMOVE/GRAFT LEG BONE LESION	516.72				
15	27638	REMOVE/GRAFT LEG BONE LESION	516.72				
15	27640	PARTIAL REMOVAL OF TIBIA	451.89				
15	27641	PARTIAL REMOVAL OF FIBULA	451.89				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	516.72				
15	27650	REPAIR ACHILLES TENDON	516.72				
15	27652	REPAIR/GRAFT ACHILLES TENDON	516.72				
15	27654	REPAIR OF ACHILLES TENDON	516.72				
15	27656	REPAIR LEG FASCIA DEFECT	451.89				
15	27658	REPAIR OF LEG TENDON, EACH	337.41				
15	27659	REPAIR OF LEG TENDON, EACH	451.89				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27664	REPAIR OF LEG TENDON, EACH	451.89				
15	27665	REPAIR OF LEG TENDON, EACH	451.89				
15	27675	REPAIR LOWER LEG TENDONS	451.89				
15	27676	REPAIR LOWER LEG TENDONS	516.72				
15	27680	RELEASE OF LOWER LEG TENDON	516.72				
15	27681	RELEASE OF LOWER LEG TENDONS	451.89				
15	27685	REVISION OF LOWER LEG TENDON	516.72				
15	27686	REVISE LOWER LEG TENDONS	516.72				
15	27687	REVISION OF CALF TENDON	516.72				
15	27690	REVISE LOWER LEG TENDON	638.32				
15	27691	REVISE LOWER LEG TENDON	638.32				
15	27692	REVISE ADDITIONAL LEG TENDON	516.72				
15	27695	REPAIR OF ANKLE LIGAMENT	451.89				
15	27696	REPAIR OF ANKLE LIGAMENTS	451.89				
15	27698	REPAIR OF ANKLE LIGAMENT	451.89				
15	27700	REVISION OF ANKLE JOINT	726.48				
15	27704	REMOVAL OF ANKLE IMPLANT	451.89				
15	27705	INCISION OF TIBIA	451.89				
15	27707	INCISION OF FIBULA	451.89				
15	27709	INCISION OF TIBIA & FIBULA	451.89				
15	27715	REVISION OF LOWER LEG	726.48				
15	27720	REPAIR OF TIBIA	337.41				
15	27730	REPAIR OF TIBIA EPIPHYSIS	451.89				
15	27732	REPAIR OF FIBULA EPIPHYSIS	451.89				
15	27734	REPAIR LOWER LEG EPIPHYSES	451.89				
15	27740	REPAIR OF LEG EPIPHYSES	451.89				
15	27742	REPAIR OF LEG EPIPHYSES	451.89				
15	27750	TREATMENT OF TIBIA FRACTURE	337.41				
15	27752	TREATMENT OF TIBIA FRACTURE	337.41				
15	27756	TREATMENT OF TIBIA FRACTURE	516.72				
15	27758	TREATMENT OF TIBIA FRACTURE	638.32				
15	27759	TREATMENT OF TIBIA FRACTURE	638.32				
15	27760	CLTX MEDIAL ANKLE FX	337.41				
15	27762	CLTX MED ANKLE FX W/MNPJ	337.41				
15	27766	TREATMENT OF ANKLE FRACTURE	516.72				
15	27780	TREATMENT OF FIBULA FRACTURE	337.41				
15	27781	TREATMENT OF FIBULA FRACTURE	337.41				
15	27784	TREATMENT OF FIBULA FRACTURE	516.72				
15	27786	TREATMENT OF ANKLE FRACTURE	337.41				
15	27788	TREATMENT OF ANKLE FRACTURE	337.41				
15	27792	TREATMENT OF ANKLE FRACTURE	516.72				
15	27808	TREATMENT OF ANKLE FRACTURE	337.41				
15	27810	TREATMENT OF ANKLE FRACTURE	337.41				
15	27814	TREATMENT OF ANKLE FRACTURE	516.72				
15	27816	TREATMENT OF ANKLE FRACTURE	337.41				
15	27818	TREATMENT OF ANKLE FRACTURE	337.41				

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27822	TREATMENT OF ANKLE FRACTURE	516.72				
15	27823	TREATMENT OF ANKLE FRACTURE	516.72				
15	27824	TREAT LOWER LEG FRACTURE	337.41				
15	27825	TREAT LOWER LEG FRACTURE	451.89				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	516.72				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	516.72				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	638.32				
15	27829	TREAT LOWER LEG JOINT	451.89				
15	27830	TREAT LOWER LEG DISLOCATION	337.41				
15	27831	TREAT LOWER LEG DISLOCATION	337.41				
15	27832	TREAT LOWER LEG DISLOCATION	451.89				
15	27840	TREAT ANKLE DISLOCATION	337.41				
15	27842	TREAT ANKLE DISLOCATION	337.41				
15	27846	TREAT ANKLE DISLOCATION	516.72				
15	27848	TREAT ANKLE DISLOCATION	516.72				
15	27860	FIXATION OF ANKLE JOINT	337.41				
15	27870	FUSION OF ANKLE JOINT	638.32				
15	27871	FUSION OF TIBIOFIBULAR JOINT	638.32				
15	27884	AMPUTATION FOLLOW-UP SURGERY	516.72				
15	27888	AMPUTATION OF FOOT AT ANKLE	516.72				
15	27889	AMPUTATION OF FOOT AT ANKLE	516.72				
15	27892	DECOMPRESSION OF LEG	516.72				
15	27893	DECOMPRESSION OF LEG	516.72				
15	27894	DECOMPRESSION OF LEG	516.72				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	516.72				
15	28003	TREATMENT OF FOOT INFECTION	516.72				
15	28005	TREAT FOOT BONE LESION	516.72				
15	28008	INCISION OF FOOT FASCIA	516.72				
15	28011	INCISION OF TOE TENDONS	516.72				
15	28020	EXPLORATION OF FOOT JOINT	451.89				
15	28022	EXPLORATION OF FOOT JOINT	451.89				
15	28024	EXPLORATION OF TOE JOINT	451.89				
15	28035	DECOMPRESSION OF TIBIA NERVE	638.32				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	337.41				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	451.89				
15	28043	EXCISION OF FOOT LESION	451.89				
15	28045	EXCISION OF FOOT LESION	516.72				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	516.72				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	451.89				
15	28050	BIOPSY OF FOOT JOINT LINING	451.89				
15	28052	BIOPSY OF FOOT JOINT LINING	451.89				
15	28054	BIOPSY OF TOE JOINT LINING	451.89				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	451.89				
15	28062	REMOVAL OF FOOT FASCIA	516.72				
15	28070	REMOVAL OF FOOT JOINT LINING	516.72				

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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	28072	REMOVAL OF FOOT JOINT LINING	516.72				
15	28080	REMOVAL OF FOOT LESION	516.72				
15	28086	EXCISE FOOT TENDON SHEATH	451.89				
15	28088	EXCISE FOOT TENDON SHEATH	451.89				
15	28090	REMOVAL OF FOOT LESION	516.72				
15	28092	REMOVAL OF TOE LESIONS	516.72				
15	28100	REMOVAL OF ANKLE/HEEL LESION	451.89				
15	28102	REMOVE/GRAFT FOOT LESION	516.72				
15	28103	REMOVE/GRAFT FOOT LESION	516.72				
15	28104	REMOVAL OF FOOT LESION	451.89				
15	28106	REMOVE/GRAFT FOOT LESION	516.72				
15	28107	REMOVE/GRAFT FOOT LESION	516.72				
15	28108	REMOVAL OF TOE LESIONS	516.72				
15	28110	PART REMOVAL OF METATARSAL	516.72				
15	28111	PART REMOVAL OF METATARSAL	516.72				
15	28112	PART REMOVAL OF METATARSAL	516.72				
15	28113	PART REMOVAL OF METATARSAL	516.72				
15	28114	REMOVAL OF METATARSAL HEADS	516.72				
15	28116	REVISION OF FOOT	516.72				
15	28118	REMOVAL OF HEEL BONE	638.32				
15	28119	REMOVAL OF HEEL SPUR	638.32				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,008.12				
15	28122	PARTIAL REMOVAL OF FOOT BONE	516.72				
15	28124	PARTIAL REMOVAL OF TOE	516.72				
15	28126	PARTIAL REMOVAL OF TOE	516.72				
15	28130	REMOVAL OF ANKLE BONE	516.72				
15	28140	REMOVAL OF METATARSAL	516.72				
15	28150	REMOVAL OF TOE	516.72				
15	28153	PARTIAL REMOVAL OF TOE	516.72				
15	28160	PARTIAL REMOVAL OF TOE	516.72				
15	28171	EXTENSIVE FOOT SURGERY	516.72				
15	28173	EXTENSIVE FOOT SURGERY	516.72				
15	28175	EXTENSIVE FOOT SURGERY	516.72				
15	28190	REMOVAL OF FOOT FOREIGN BODY	337.41				
15	28192	REMOVAL OF FOOT FOREIGN BODY	451.89				
15	28193	REMOVAL OF FOOT FOREIGN BODY	638.32				
15	28200	REPAIR OF FOOT TENDON	516.72				
15	28202	REPAIR/GRAFT OF FOOT TENDON	516.72				
15	28208	REPAIR OF FOOT TENDON	516.72				
15	28210	REPAIR/GRAFT OF FOOT TENDON	516.72				
15	28222	RELEASE OF FOOT TENDONS	337.41				
15	28225	RELEASE OF FOOT TENDON	337.41				
15	28226	RELEASE OF FOOT TENDONS	337.41				
15	28230	INCISION OF FOOT TENDON (S)	337.41				
15	28232	INCISION OF TOE TENDON	451.89				
15	28234	INCISION OF FOOT TENDON	451.89				

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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	28238	REVISION OF FOOT TENDON	516.72				
15	28240	RELEASE OF BIG TOE	451.89				
15	28250	REVISION OF FOOT FASCIA	516.72				
15	28260	RELEASE OF MIDFOOT JOINT	516.72				
15	28261	REVISION OF FOOT TENDON	516.72				
15	28262	REVISION OF FOOT AND ANKLE	638.32				
15	28264	RELEASE OF MIDFOOT JOINT	337.41				
15	28270	RELEASE OF FOOT CONTRACTURE	516.72				
15	28280	FUSION OF TOES	451.89				
15	28285	REPAIR OF HAMMERTOES	516.72				
15	28286	REPAIR OF HAMMERTOES	638.32				
15	28288	PARTIAL REMOVAL OF FOOT BONE	516.72				
15	28289	REPAIR HALLUX RIGIDUS	516.72				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	451.89				
15	28292	CORRECTION OF BUNION	451.89				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	516.72				
15	28296	CORRECTION OF BUNION	516.72				
15	28297	CORRECTION OF BUNION	516.72				
15	28298	CORRECTION OF BUNION	516.72				
15	28299	CORRECTION OF BUNION	726.48				
15	28300	INCISION OF HEEL BONE	451.89				
15	28302	INCISION OF ANKLE BONE	451.89				
15	28304	INCISION OF MIDFOOT BONES	451.89				
15	28305	INCISE/GRAFT MIDFOOT BONES	516.72				
15	28306	INCISION OF METATARSAL	638.32				
15	28307	INCISION OF METATARSAL	638.32				
15	28308	INCISION OF METATARSAL	451.89				
15	28309	INCISION OF METATARSALS	638.32				
15	28310	REVISION OF BIG TOE	516.72				
15	28312	REVISION OF TOE	516.72				
15	28313	REPAIR DEFORMITY OF TOE	451.89				
15	28315	REMOVAL OF SESAMOID BONE	638.32				
15	28320	REPAIR OF FOOT BONES	638.32				
15	28322	REPAIR OF METATARSALS	638.32				
15	28340	RESECT ENLARGED TOE TISSUE	638.32				
15	28341	RESECT ENLARGED TOE	638.32				
15	28344	REPAIR EXTRA TOE(S)	638.32				
15	28345	REPAIR WEBBED TOE(S)	638.32				
15	28400	TREATMENT OF HEEL FRACTURE	337.41				
15	28405	TREATMENT OF HEEL FRACTURE	451.89				
15	28406	TREATMENT OF HEEL FRACTURE	451.89				
15	28415	TREAT HEEL FRACTURE	516.72				
15	28420	TREAT/GRAFT HEEL FRACTURE	638.32				
15	28435	TREATMENT OF ANKLE FRACTURE	451.89				
15	28436	TREATMENT OF ANKLE FRACTURE	451.89				
15	28445	TREAT ANKLE FRACTURE	516.72				

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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	28456	TREAT MIDFOOT FRACTURE	451.89				
15	28465	TREAT MIDFOOT FRACTURE, EACH	516.72				
15	28476	TREAT METATARSAL FRACTURE	451.89				
15	28485	TREAT METATARSAL FRACTURE	638.32				
15	28496	TREAT BIG TOE FRACTURE	451.89				
15	28505	TREAT BIG TOE FRACTURE	516.72				
15	28525	TREAT TOE FRACTURE	516.72				
15	28531	TREAT SESAMOID BONE FRACTURE	516.72				
15	28545	TREAT FOOT DISLOCATION	337.41				
15	28546	TREAT FOOT DISLOCATION	451.89				
15	28555	REPAIR FOOT DISLOCATION	451.89				
15	28575	TREAT FOOT DISLOCATION	337.41				
15	28576	TREAT FOOT DISLOCATION	516.72				
15	28585	REPAIR FOOT DISLOCATION	516.72				
15	28600	TREAT FOOT DISLOCATION	337.41				
15	28605	TREAT FOOT DISLOCATION	337.41				
15	28606	TREAT FOOT DISLOCATION	451.89				
15	28615	REPAIR FOOT DISLOCATION	516.72				
15	28635	TREAT TOE DISLOCATION	337.41				
15	28636	TREAT TOE DISLOCATION	516.72				
15	28645	REPAIR TOE DISLOCATION	516.72				
15	28660	TREAT TOE DISLOCATION	337.41				
15	28665	TREAT TOE DISLOCATION	337.41				
15	28666	TREAT TOE DISLOCATION	516.72				
15	28675	REPAIR OF TOE DISLOCATION	516.72				
15	28705	FUSION OF FOOT BONES	638.32				
15	28715	FUSION OF FOOT BONES	638.32				
15	28725	FUSION OF FOOT BONES	638.32				
15	28730	FUSION OF FOOT BONES	638.32				
15	28735	FUSION OF FOOT BONES	638.32				
15	28737	REVISION OF FOOT BONES	726.48				
15	28740	FUSION OF FOOT BONES	638.32				
15	28750	FUSION OF BIG TOE JOINT	638.32				
15	28755	FUSION OF BIG TOE JOINT	638.32				
15	28760	FUSION OF BIG TOE JOINT	638.32				
15	28810	AMPUTATION TOE & METATARSAL	451.89				
15	28820	AMPUTATION OF TOE	451.89				
15	28825	PARTIAL AMPUTATION OF TOE	451.89				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	516.72				
15	29804	JAW ARTHROSCOPY/SURGERY	516.72				
15	29805	SHOULDER ARTHROSCOPY, DX	516.72				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	516.72				

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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	29821	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	726.48				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	516.72				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	516.72				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	726.48				
15	29830	ELBOW ARTHROSCOPY	516.72				
15	29834	ELBOW ARTHROSCOPY/SURGERY	516.72				
15	29835	ELBOW ARTHROSCOPY/SURGERY	516.72				
15	29836	ELBOW ARTHROSCOPY/SURGERY	516.72				
15	29837	ELBOW ARTHROSCOPY/SURGERY	516.72				
15	29838	ELBOW ARTHROSCOPY/SURGERY	516.72				
15	29840	WRIST ARTHROSCOPY	516.72				
15	29843	WRIST ARTHROSCOPY/SURGERY	516.72				
15	29844	WRIST ARTHROSCOPY/SURGERY	516.72				
15	29845	WRIST ARTHROSCOPY/SURGERY	516.72				
15	29846	WRIST ARTHROSCOPY/SURGERY	516.72				
15	29847	WRIST ARTHROSCOPY/SURGERY	516.72				
15	29848	WRIST ENDOSCOPY/SURGERY	1,356.67				
15	29850	KNEE ARTHROSCOPY/SURGERY	638.32				
15	29851	KNEE ARTHROSCOPY/SURGERY	638.32				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	638.32				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	638.32				
15	29860	HIP ARTHROSCOPY, DX	638.32				
15	29861	HIP ARTHROSCOPY/SURGERY	638.32				
15	29862	HIP ARTHROSCOPY/SURGERY	1,356.67				
15	29863	HIP ARTHROSCOPY/SURGERY	638.32				
15	29870	KNEE ARTHROSCOPY, DX	516.72				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	516.72				
15	29873	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29874	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29875	KNEE ARTHROSCOPY/SURGERY	638.32				
15	29876	KNEE ARTHROSCOPY/SURGERY	638.32				
15	29877	KNEE ARTHROSCOPY/SURGERY	638.32				
15	29879	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	638.32				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	638.32				
15	29882	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29883	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29884	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29885	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29886	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29887	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29888	KNEE ARTHROSCOPY/SURGERY	516.72				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	516.72				

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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	29891	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29892	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,356.67				
15	29894	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29895	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29897	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29898	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29899	ANKLE ARTHROSCOPY/SURGERY	516.72				
15	29900	MCP JOINT ARTHROSCOPY, DX	516.72				
15	29901	MCP JOINT ARTHROSCOPY, SURG	516.72				
15	29902	MCP JOINT ARTHROSCOPY, SURG	516.72				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	638.32				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	638.32				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	638.32				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	337.41				
15	30100	INTRANASAL BIOPSY	337.41				
15	30110	REMOVAL OF NOSE POLY(S)	337.41				
15	30115	REMOVAL OF NOSE POLYP(S)	451.89				
15	30117	REMOVAL OF INTRANASAL LESION	516.72				
15	30118	REMOVAL OF INTRANASAL LESION	516.72				
15	30120	REVISION OF NOSE	337.41				
15	30125	REMOVAL OF NOSE LESION	451.89				
15	30130	REMOVAL OF TURBINATE BONES	516.72				
15	30140	REMOVAL OF TURBINATE BONES	451.89				
15	30150	PARTIAL REMOVAL OF NOSE	516.72				
15	30160	REMOVAL OF NOSE	638.32				
15	30210	NASAL SINUS THERAPY	337.41				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	516.72				
15	30300	REMOVE NASAL FOREIGN BODY	337.41				
15	30310	REMOVE NASAL FOREIGN BODY	337.41				
15	30320	REMOVE NASAL FOREIGN BODY	451.89				
15	30400	RECONSTRUCTION OF NOSE	638.32				
15	30410	RECONSTRUCTION OF NOSE	726.48				
15	30420	RECONSTRUCTION OF NOSE	726.48				
15	30430	REVISION OF NOSE	516.72				
15	30435	REVISION OF NOSE	726.48				
15	30450	REVISION OF NOSE	1,008.12				
15	30460	REVISION OF NOSE	1,008.12				
15	30462	REVISION OF NOSE	1,356.67				
15	30465	REPAIR NASAL STENOSIS	1,356.67				
15	30520	REPAIR OF NASAL SEPTUM	638.32				
15	30540	REPAIR NASAL DEFECT	726.48				
15	30545	REPAIR NASAL DEFECT	726.48				
15	30560	RELEASE OF NASAL ADHESIONS	451.89				
15	30580	REPAIR UPPER JAW FISTULA	638.32				

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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	30600	REPAIR MOUTH/NOSE FISTULA	638.32				
15	30620	INTRANASAL RECONSTRUCTION	1,008.12				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,008.12				
15	30801	CAUTERIZATION, INNER NOSE	337.41				
15	30802	CAUTERIZATION, INNER NOSE	337.41				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	337.41				
15	30903	CONTROL OF NOSEBLEED	337.41				
15	30905	CONTROL OF NOSEBLEED	337.41				
15	30906	REPEAT CONTROL OF NOSEBLEED	337.41				
15	30915	LIGATION, NASAL SINUS ARTERY	451.89				
15	30920	LIGATION, UPPER JAW ARTERY	516.72				
15	30930	THERAPY, FRACTURE OF NOSE	638.32				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	337.41				
15	31002	IRRIGATION SPHENOID SINUS	337.41				
15	31020	EXPLORATION, MAXILLARY SINUS	451.89				
15	31030	EXPLORATION, MAXILLARY SINUS	516.72				
15	31032	EXPLORE SINUS,REMOVE POLYPS	638.32				
15	31050	EXPLORATION, SPHENOID SINUS	451.89				
15	31051	SPHENOID SINUS SURGERY	638.32				
15	31070	EXPLORATION OF FRONTAL SINUS	451.89				
15	31075	EXPLORATION OF FRONTAL SINUS	638.32				
15	31080	REMOVAL OF FRONTAL SINUS	638.32				
15	31081	REMOVAL OF FRONTAL SINUS	638.32				
15	31084	REMOVAL OF FRONTAL SINUS	638.32				
15	31085	REMOVAL OF FRONTAL SINUS	638.32				
15	31086	REMOVAL OF FRONTAL SINUS	638.32				
15	31087	REMOVAL OF FRONTAL SINUS	638.32				
15	31090	EXPLORATION OF SINUSES	726.48				
15	31200	REMOVAL OF ETHMOID SINUS	451.89				
15	31201	REMOVAL OF ETHMOID SINUS	726.48				
15	31205	REMOVAL OF ETHMOID SINUS	516.72				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	451.89				
15	31233	NASAL/SINUS ENDOSCOPY, DX	451.89				
15	31235	NASAL/SINUS ENDOSCOPY, DX	337.41				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	451.89				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	337.41				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	638.32				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	451.89				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	516.72				
15	31254	REVISION OF ETHMOID SINUS	516.72				
15	31255	REMOVAL OF ETHMOID SINUS	726.48				
15	31256	EXPLORATION MAXILLARY SINUS	516.72				
15	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	516.72				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	516.72				
15	31267	ENDOSCOPY, MAXILLARY SINUS	516.72				

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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	31276	SINUS ENDOSCOPY, SURGICAL	516.72				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	516.72				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	516.72				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	516.72				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	516.72				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	516.72				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	516.72				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	726.48				
15	31400	REVISION OF LARYNX	451.89				
15	31420	REMOVAL OF EPIGLOTTIS	451.89				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	337.41				
15	31510	LARYNGOSCOPY WITH BIOPSY	451.89				
15	31511	REMOVE FOREIGN BODY, LARYNX	451.89				
15	31512	REMOVAL OF LARYNX LESION	451.89				
15	31513	INJECTION INTO VOCAL CORD	451.89				
15	31515	LARYNGOSCOPY FOR ASPIRATION	337.41				
15	31520	DIAGNOSTIC LARYNGOSCOPY	337.41				
15	31525	DIAGNOSTIC LARYNGOSCOPY	337.41				
15	31526	DIAGNOSTIC LARYNGOSCOPY	451.89				
15	31527	LARYNGOSCOPY FOR TREATMENT	337.41				
15	31528	LARYNGOSCOPY AND DILATION	451.89				
15	31529	LARYNGOSCOPY AND DILATION	451.89				
15	31530	OPERATIVE LARYNGOSCOPY	451.89				
15	31531	OPERATIVE LARYNGOSCOPY	516.72				
15	31535	OPERATIVE LARYNGOSCOPY	451.89				
15	31536	OPERATIVE LARYNGOSCOPY	516.72				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	516.72				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	638.32				
15	31545	REMOVE VC LESION W/SCOPE	638.32				
15	31546	REMOVE VC SCOPE/GRAFT	638.32				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	726.48				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	726.48				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	726.48				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	726.48				
15	31560	OPERATIVE LARYNGOSCOPY	726.48				
15	31561	OPERATIVE LARYNGOSCOPY	726.48				
15	31570	LARYNGOSCOPY WITH INJECTION	451.89				
15	31571	LARYNGOSCOPY WITH INJECTION	451.89				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	451.89				
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	451.89				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	451.89				
15	31575	LARYNGOSCOPY, FIBERSCOPIE; DIAGNOSTI	451.89				
15	31576	LARYNGOSCOPY WITH BIOPSY	451.89				
15	31577	REMOVE FOREIGN BODY, LARYNX	451.89				
15	31578	REMOVAL OF LARYNX LESION	451.89				

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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	31580	REVISION OF LARYNX	726.48				
15	31590	REINNERVATE LARYNX	726.48				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	726.48				
15	31592	CRICOTRACHEAL RESECTION	726.48				
15	31599	LARYNX SURGERY PROCEDURE	MP			X	
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	337.41	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	516.72				
15	31612	PUNCTURE/CLEAR WINDPIPE	337.41				
15	31613	REPAIR WINDPIPE OPENING	451.89				
15	31614	REPAIR WINDPIPE OPENING	451.89				
15	31615	VISUALIZATION OF WINDPIPE	337.41				
15	31622	DX BRONCHOSCOPE/WASH	337.41				
15	31623	DX BRONCHOSCOPE/BRUSH	451.89				
15	31624	DX BRONCHOSCOPE/LAVAGE	451.89				
15	31625	BRONCHOSCOPY WITH BIOPSY	451.89				
15	31628	BRONCHOSCOPY WITH BIOPSY	451.89				
15	31629	BRONCHOSCOPY WITH BIOPSY	451.89				
15	31630	BRONCHOSCOPY WITH REPAIR	451.89				
15	31631	BRONCHOSCOPY WITH DILATION	451.89				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31635	REMOVE FOREIGN BODY, AIRWAY	451.89				
15	31636	BRONCHOSCOPY, BRONCH STENTS	451.89				
15	31637	BRONCHOSCOPY, STENT ADD-ON	337.41				
15	31638	BRONCHOSCOPY, REVISE STENT	451.89				
15	31640	BRONCHOSCOPY & REMOVE LESION	451.89				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	451.89				
15	31643	DIAG BRONCHOSCOPE/CATHETER	451.89				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	337.41				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	337.41				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	451.89				
15	31717	BRONCHIAL BRUSH BIOPSY	337.41				
15	31720	CLEARANCE OF AIRWAYS	337.41				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	337.41				
15	31750	REPAIR OF WINDPIPE	726.48				
15	31755	REPAIR OF WINDPIPE	451.89				
15	31820	CLOSURE OF WINDPIPE LESION	337.41				
15	31825	REPAIR OF WINDPIPE DEFECT	451.89				
15	31830	REVISE WINDPIPE SCAR	451.89				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP			X	
15	32400	NEEDLE BIOPSY CHEST LINING	337.41				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	337.41				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	337.41				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	337.41				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	337.41				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	337.41				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	337.41				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	516.72				
15	32999	CHEST SURGERY PROCEDURE	MP				X
15	33010	DRAINAGE OF HEART SAC	451.89				
15	33011	REPEAT DRAINAGE OF HEART SAC	451.89				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	516.72				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	451.89				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	451.89				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	451.89				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	451.89				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	451.89				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	451.89				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	451.89				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,356.67				X
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	337.41				
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	451.89				
15	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	1,356.67				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,008.12				
15	33999	CARDIAC SURGERY PROCEDURE	MP				X
15	35188	REPAIR BLOOD VESSEL LESION	638.32				
15	35190	REPAIR BLOOD VESSEL LESION	638.32				
15	35206	REPAIR BLOOD VESSEL LESION	638.32				
15	35207	REPAIR BLOOD VESSEL LESION	638.32				
15	35875	REMOVAL OF CLOT IN GRAFT	1,356.67				
15	35876	REMOVAL OF CLOT IN GRAFT	1,356.67				
15	36260	INSERTION OF INFUSION PUMP	516.72				
15	36261	REVISION OF INFUSION PUMP	451.89				
15	36262	REMOVAL OF INFUSION PUMP	337.41				
15	36299	UNLISTED VASCULAR INJECTION	MP				X
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	451.89				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	451.89				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	516.72				
15	36475	ENDOVENOUS RF, 1ST VEIN	516.72				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	516.72				
15	36478	ENDOVENOUS LASER, 1ST VEIN	516.72				
15	36479	ENDOVENOUS LASER VEIN ADDON	516.72				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	516.72				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,356.67				
15	36555	INSERT NON-TUNNEL CV CATH	337.41				
15	36556	INSERT NON-TUNNEL CV CATH	337.41				
15	36557	INSERT TUNNELED CV CATH	451.89				
15	36558	INSERT TUNNELED CV CATH	451.89				

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	36560	INSERT TUNNELED CV CATH	516.72				
15	36561	INSERT TUNNELED CV CATH	516.72				
15	36563	INSERT TUNNELED CV CATH	516.72				
15	36565	INSERT TUNNELED CV CATH	516.72				
15	36566	INSERT TUNNELED CV CATH	516.72				
15	36568	INSERT PERIPHERALLY CV CATH	337.41				
15	36569	INSERT PERIPHERALLY CV CATH	337.41				
15	36570	INSERT PERIPHERALLY CV CATH	516.72				
15	36571	INSERT PERIPHERALLY CV CATH	516.72				
15	36572	INSERTION OF PERIPHERALLY INSERTED	516.72	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	516.72	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	451.89				
15	36576	REPAIR CV ACCESS	451.89				
15	36578	REPLACE CV ACCESS	451.89				
15	36580	REPLACE COMPLETE non-tunnel	337.41				
15	36581	REPLACE COMPLETE tunneled	451.89				
15	36582	REPLACE COMPLETE tunneled	516.72				
15	36583	REPLACE COMPLETE tunneled	516.72				
15	36584	REPLACE COMPLETE peripherally	337.41				
15	36585	REPLACE COMPLETE peripherally	516.72				
15	36589	REMOVE TUNNELED CV CATH	337.41				
15	36590	REMOVE TUNNELED CV ACCESS	337.41				
15	36640	INSERTION CATHETER, ARTERY	337.41				
15	36660	INSERTION CATHETER, ARTERY	1,356.67				
15	36800	INSERTION OF CANNULA	516.72				
15	36810	INSERTION OF CANNULA	516.72				
15	36815	INSERTION OF CANNULA	516.72				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	516.72				
15	36819	AV FUSION/UPPR ARM VEIN	516.72				
15	36820	AV FUSION/FOREARM VEIN	516.72				
15	36821	AV FUSION DIRECT ANY SITE	516.72				
15	36825	ARTERY-VEIN GRAFT	638.32				
15	36830	ARTERY-VEIN GRAFT	638.32				
15	36831	OPEN THROMBECT AV FISTULA	1,356.67				
15	36832	AV FISTULA REVISION, OPEN	638.32				
15	36833	AV FISTULA REVISION	638.32				
15	36835	ARTERY TO VEIN SHUNT	638.32				
15	36860	EXTERNAL CANNULA DECLOTTING	451.89				
15	36861	CANNULA DECLOTTING	516.72				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	516.72				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	638.32				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	638.32				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	726.48				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	726.48				
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	726.48				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	638.32				

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	37200	TRANSCATHETER BIOPSY	638.32				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	337.41				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	337.41				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	337.41				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	337.41				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	337.41				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	337.41				
15	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	516.72				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	
15	37607	LIGATION OF A-V FISTULA	516.72				
15	37609	TEMPORAL ARTERY PROCEDURE	451.89				
15	37650	REVISION OF MAJOR VEIN	451.89				
15	37700	REVISE LEG VEIN	451.89				
15	37718	LIGATE/STRIP SHORT LEG VEIN	516.72				
15	37722	LIGATE/STRIP LONG LEG VIEW	516.72				
15	37735	REMOVAL OF LEG VEINS/LESION	516.72				
15	37760	REVISION OF LEG VEINS	516.72				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	516.72				
15	37780	REVISION OF LEG VEIN	516.72				
15	37785	REVISE SECONDARY VARICOSITY	516.72				
15	37790	PENILE VENOUS OCCLUSION	516.72				
15	37799	VASCULAR SURGERY PROCEDURE	MP			X	
15	38129	LAPAROSCOPE PROC, SPLEEN	MP			X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,356.67				
15	38206	HARVEST AUTO STEM CELLS	1,356.67				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	337.41				
15	38300	DRAINAGE, LYMPH NODE LESION	337.41				
15	38305	DRAINAGE, LYMPH NODE LESION	451.89				
15	38308	INCISION OF LYMPH CHANNELS	451.89				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	451.89				
15	38505	NEEDLE BIOPSY, LYMPH NODES	337.41				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	451.89				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	451.89				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	451.89				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	451.89				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	451.89				
15	38542	EXPLORE DEEP NODE(S), NECK	451.89				
15	38550	REMOVAL, NECK/ARMPIT LESION	516.72				
15	38555	REMOVAL, NECK/ARMPIT LESION	638.32				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,356.67				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,356.67				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,356.67				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,356.67				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP			X	
15	38700	REMOVAL OF LYMPH NODES, NECK	516.72				
15	38740	REMOVE ARMPIT LYMPH NODES	451.89				

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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	38745	REMOVE ARMPIT LYMPH NODES	638.32				
15	38760	REMOVE GROIN LYMPH NODES	451.89				
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	337.41				
15	40500	PARTIAL EXCISION OF LIP	451.89				
15	40510	PARTIAL EXCISION OF LIP	451.89				
15	40520	PARTIAL EXCISION OF LIP	451.89				
15	40525	RECONSTRUCT LIP WITH FLAP	451.89				
15	40527	RECONSTRUCT LIP WITH FLAP	451.89				
15	40530	PARTIAL REMOVAL OF LIP	451.89				
15	40650	REPAIR LIP	516.72				
15	40652	REPAIR LIP	516.72				
15	40654	REPAIR LIP	516.72				
15	40700	REPAIR CLEFT LIP/NASAL	1,008.12				
15	40701	REPAIR CLEFT LIP/NASAL	1,008.12				
15	40702	REPAIR CLEFT LIP	1,008.12				
15	40720	REPAIR CLEFT LIP/NASAL	1,008.12				
15	40761	REPAIR CLEFT LIP/NASAL	516.72				
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	337.41				
15	40801	DRAINAGE OF MOUTH LESION	451.89				
15	40804	REMOVAL FOREIGN BODY, MOUTH	337.41				
15	40806	INCISION OF LIP FOLD	337.41				
15	40808	BIOPSY OF MOUTH LESION	337.41				
15	40810	EXCISION OF MOUTH LESION	337.41				
15	40812	EXCISE/REPAIR MOUTH LESION	451.89				
15	40814	EXCISE/REPAIR MOUTH LESION	451.89				
15	40816	EXCISION OF MOUTH LESION	451.89				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	337.41				
15	40819	EXCISE LIP OR CHEEK FOLD	337.41				
15	40820	TREATMENT OF MOUTH LESION	337.41				
15	40830	REPAIR MOUTH LACERATION	337.41				
15	40831	REPAIR MOUTH LACERATION	337.41				
15	40840	RECONSTRUCTION OF MOUTH	451.89				
15	40842	RECONSTRUCTION OF MOUTH	516.72				
15	40843	RECONSTRUCTION OF MOUTH	516.72				
15	40844	RECONSTRUCTION OF MOUTH	726.48				
15	40845	RECONSTRUCTION OF MOUTH	726.48				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	337.41				
15	41006	DRAINAGE OF MOUTH LESION	337.41				
15	41007	DRAINAGE OF MOUTH LESION	337.41				
15	41008	DRAINAGE OF MOUTH LESION	337.41				
15	41009	DRAINAGE OF MOUTH LESION	337.41				

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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	41010	INCISION OF TONGUE FOLD	337.41				
15	41015	DRAINAGE OF MOUTH LESION	337.41				
15	41016	DRAINAGE OF MOUTH LESION	337.41				
15	41017	DRAINAGE OF MOUTH LESION	337.41				
15	41018	DRAINAGE OF MOUTH LESION	337.41				
15	41100	BIOPSY OF TONGUE	337.41				
15	41108	BIOPSY OF FLOOR OF MOUTH	337.41				
15	41112	EXCISION OF TONGUE LESION	451.89				
15	41113	EXCISION OF TONGUE LESION	451.89				
15	41114	EXCISION OF TONGUE LESION	451.89				
15	41115	EXCISION OF TONGUE FOLD	337.41				
15	41116	EXCISION OF MOUTH LESION	337.41				
15	41120	PARTIAL REMOVAL OF TONGUE	726.48				
15	41250	REPAIR TONGUE LACERATION	451.89				
15	41251	REPAIR TONGUE LACERATION	451.89				
15	41252	REPAIR TONGUE LACERATION	451.89				
15	41510	TONGUE TO LIP SURGERY	337.41				
15	41520	RECONSTRUCTION, TONGUE FOLD	451.89				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	337.41				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	337.41				
15	41821	EXCISION OF GUM FLAP	337.41				
15	41822	EXCISION OF GUM LESION	337.41				
15	41823	EXCISION OF GUM LESION	337.41				
15	41826	EXCSION OF GUM LESION	337.41				
15	41827	EXCISION OF GUM LESION	451.89				
15	41870	GUM GRAFT	337.41				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	337.41				
15	41899	GUM SURGERY PROCEDURE	337.41				
15	42000	DRAINAGE MOUTH ROOF LESION	451.89				
15	42100	BIOPSY ROOF OF MOUTH	337.41				
15	42104	EXCISION LESION, MOUTH ROOF	337.41				
15	42106	EXCISION LESION, MOUTH ROOF	337.41				
15	42107	EXCISION LESION, MOUTH ROOF	451.89				
15	42120	REMOVE PALATE/LESION	638.32				
15	42140	EXCISION OF UVULA	451.89				
15	42145	REPAIR PALATE, PHARYNX/UVULA	726.48				
15	42160	TREATMENT MOUTH ROOF LESION	337.41				
15	42180	REPAIR PALATE	337.41				
15	42182	REPAIR PALATE	451.89				
15	42200	RECONSTRUCT CLEFT PALATE	726.48				
15	42205	RECONSTRUCT CLEFT PALATE	726.48				
15	42210	RECONSTRUCT CLEFT PALATE	726.48				
15	42215	RECONSTRUCT CLEFT PALATE	1,008.12				
15	42220	RECONSTRUCT CLEFT PALATE	726.48				
15	42226	LENGTHENING OF PALATE	726.48				

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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, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42235	REPAIR PALATE	726.48				
15	42260	REPAIR NOSE TO LIP FISTULA	638.32				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	337.41				
15	42305	DRAINAGE OF SALIVARY GLAND	451.89				
15	42310	DRAINAGE OF SALIVARY GLAND	337.41				
15	42320	DRAINAGE OF SALIVARY GLAND	337.41				
15	42340	REMOVAL OF SALIVARY STONE	451.89				
15	42405	BIOPSY OF SALIVARY GLAND	451.89				
15	42408	EXCISION OF SALIVARY CYST	516.72				
15	42409	DRAINAGE OF SALIVARY CYST	516.72				
15	42410	EXCISE PAROTID GLAND/LESION	516.72				
15	42415	EXCISE PAROTID GLAND/LESION	1,008.12				
15	42420	EXCISE PAROTID GLAND/LESION	1,008.12				
15	42425	EXCISE PAROTID GLAND/LESION	1,008.12				
15	42440	EXCISE SUBMAXILLARY GLAND	516.72				
15	42450	EXCISE SUBLINGUAL GLAND	451.89				
15	42500	REPAIR SALIVARY DUCT	516.72				
15	42505	REPAIR SALIVARY DUCT	638.32				
15	42507	PAROTID DUCT DIVERSION	516.72				
15	42509	PAROTID DUCT DIVERSION	638.32				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	638.32				
15	42600	CLOSURE OF SALIVARY FISTULA	337.41				
15	42650	DILATION OF SALIVARY DUCT	337.41				
15	42665	LIGATION OF SALIVARY DUCT	1,008.12				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	337.41				
15	42720	DRAINAGE OF THROAT ABSCESS	337.41				
15	42725	DRAINAGE OF THROAT ABSCESS	451.89				
15	42800	BIOPSY OF THROAT	337.41				
15	42804	BIOPSY OF UPPER NOSE/THROAT	337.41				
15	42806	BIOPSY OF UPPER NOSE/THROAT	451.89				
15	42808	EXCISE PHARYNX LESION	451.89				
15	42810	EXCISION OF NECK CYST	516.72				
15	42815	EXCISION OF NECK CYST	726.48				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	516.72	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	726.48	12	99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	638.32	00	11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	638.32	12	99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	638.32	00	11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	638.32	12	99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	638.32	00	11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	638.32	12	99		
15	42860	EXCISION OF TONSIL TAGS	516.72				
15	42870	EXCISION OF LINGUAL TONSIL	516.72				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,008.12				

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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	42892	REVISION OF PHARYNGEAL WALLS	1,008.12				
15	42900	REPAIR THROAT WOUND	337.41				
15	42950	RECONSTRUCTION OF THROAT	451.89				
15	42955	SURGICAL OPENING OF THROAT	451.89				
15	42960	CONTROL THROAT BLEEDING	337.41				
15	42962	CONTROL THROAT BLEEDING	451.89				
15	42970	CONTROL NOSE/THROAT BLEEDING	451.89				
15	42972	CONTROL NOSE/THROAT BLEEDING	516.72				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	337.41				
15	43191	Diagnostic examination of esophagus	337.41				
15	43192	Injections of substance in tissue li	337.41				
15	43193	Biopsy of esophagus using an endosco	337.41				
15	43194	Removal of foreign body of esophagus	337.41				
15	43195	Balloon dilation of esophagus using	337.41				
15	43196	Insertion of wire and dilation of es	337.41				
15	43197	Diagnostic examination of esophagus	337.41				
15	43198	Biopsy of esophagus using an endosco	337.41				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	337.41				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	337.41				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	337.41				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	337.41				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	337.41				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	337.41			X	
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	451.89				
15	43211	Removal of tissue lining of esophagu	337.41				
15	43212	Placement of stent on esophagus usin	337.41				
15	43213	Dilation of esophagus using an endos	337.41				
15	43214	Balloon dilation of esophagus using	337.41				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	337.41				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	337.41				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	337.41				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	337.41				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	337.41				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	451.89				
15	43229	Destruction of growths of esophagus	337.41				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	451.89				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	451.89				
15	43233	Balloon dilation of esophagus, stoma	451.89				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	337.41				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	451.89				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	451.89				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	451.89				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	451.89				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	451.89				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	451.89				

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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	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	451.89				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	451.89				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	451.89				
15	43245	DILATION OF STOMACH OUTLET USING AN	451.89				
15	43246	INSERTION OF STOMACH TUBE USING AN E	451.89				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	451.89				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	451.89				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	451.89				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	451.89				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	451.89				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	451.89			X	
15	43253	Injection of diagnostic or therapeut	451.89				
15	43254	Removal of tissue lining of esophagu	451.89				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	451.89				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	516.72				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	516.72				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	451.89				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	451.89				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	451.89				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	451.89				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	451.89				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	451.89				
15	43266	Placement of stent in esophagus, sto	451.89				
15	43270	Destruction of growths on esophagus,	451.89				
15	43274	Placement of stent pancreatic or bil	451.89				
15	43275	Removal of foreign body or stent fro	451.89				
15	43276	Replacement of stent pancreatic or b	451.89				
15	43277	Balloon dilation of pancreatic or bi	451.89				
15	43278	Destruction of mass on gallbladder,	451.89				
15	43280	LAPAROSCOPY, FUNDOPLASTY	638.32				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	638.32				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	638.32				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	638.32				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	638.32				
15	43289	LAPAROSCOPE PROC, ESOPH	MP			X	
15	43420	REPAIR ESOPHAGUS OPENING	516.72				
15	43450	DILATE ESOPHAGUS	337.41				
15	43453	DILATE ESOPHAGUS	337.41				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X	
15	43500	SURGICAL OPENING OF STOMACH	638.32				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,356.67				
15	43659	LAPAROSCOPE PROC,STOM	MP			X	
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	337.41				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	337.41				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	337.41				
15	43820	FUSION OF STOMACH AND BOWEL	638.32				

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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	43830	SURGICAL OPENING OF STOMACH	451.89				
15	43840	REPAIR OF STOMACH LESION	516.72				
15	43870	REPAIR STOMACH OPENING	337.41				
15	43880	REPAIR STOMACH-BOWEL FISTULA	516.72				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	337.41				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	337.41				
15	44340	REVISION OF COLOSTOMY	516.72				
15	44360	SMALL BOWEL ENDOSCOPY	451.89				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	451.89				
15	44363	SMALL BOWEL ENDOSCOPY	451.89				
15	44364	SMALL BOWEL ENDOSCOPY	451.89				
15	44365	SMALL BOWEL ENDOSCOPY	451.89				
15	44366	SMALL BOWEL ENDOSCOPY	451.89				
15	44369	SMALL BOWEL ENDOSCOPY	451.89				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,356.67				
15	44372	SMALL BOWEL ENDOSCOPY	451.89				
15	44373	SMALL BOWEL ENDOSCOPY	451.89				
15	44376	SMALL BOWEL ENDOSCOPY	451.89				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	451.89				
15	44378	SMALL BOWEL ENDOSCOPY	451.89				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,356.67				
15	44380	SMALL BOWEL ENDOSCOPY	337.41				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	337.41				
15	44382	SMALL BOWEL ENDOSCOPY	337.41				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,356.67				
15	44385	ENDOSCOPY OF BOWEL POUCH	337.41				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	337.41				
15	44388	COLON ENDOSCOPY	337.41				
15	44389	COLONOSCOPY WITH BIOPSY	337.41				
15	44390	COLONOSCOPY FOR FOREIGN BODY	337.41				
15	44391	COLONOSCOPY FOR BLEEDING	337.41				
15	44392	COLONOSCOPY & POLYPECTOMY	337.41				
15	44394	COLONOSCOPY W/SNARE	337.41				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	337.41				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	337.41				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	337.41				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	337.41				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	337.41				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	337.41				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	337.41				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	337.41				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	638.32				
15	44620	REPAIR BOWEL OPENING	516.72				
15	44799	INTESTINE 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	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP		X		
15	44950	APPENDECTOMY	1,356.67		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	726.48		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	337.41				
15	45005	DRAINAGE OF RECTAL ABSCESS	451.89				
15	45020	DRAINAGE OF RECTAL ABSCESS	451.89				
15	45100	BIOPSY OF RECTUM	337.41				
15	45108	REMOVAL OF ANORECTAL LESION	451.89				
15	45150	EXCISION OF RECTAL STRICTURE	451.89				
15	45160	EXCISION OF RECTAL LESION	451.89				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	451.89				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	451.89				
15	45190	DESTRUCTION, RECTAL TUMOR	1,356.67				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	337.41				
15	45305	PROTOSIGMOIDOSCOPY W/BX	337.41				
15	45307	PROTOSIGMOIDOSCOPY FB	337.41				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	337.41				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	337.41				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	337.41				
15	45317	PROTOSIGMOIDOSCOPY BLEED	337.41				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	337.41				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	337.41				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	337.41				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	337.41				
15	45331	SIGMOIDOSCOPY AND BIOPSY	337.41				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	337.41				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	337.41				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	337.41				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	337.41				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	337.41				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	337.41				
15	45340	SIG W/BALLOON DILATION	337.41				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	337.41				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	337.41				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	337.41				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	337.41				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	337.41				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	337.41				
15	45378	DIAGNOSTIC COLONOSCOPY	451.89				
15	45379	COLONOSCOPY W/FB REMOVAL	451.89				
15	45380	COLONOSCOPY AND BIOPSY	451.89				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	451.89				
15	45382	COLONOSCOPY/CONTROL BLEEDING	451.89				
15	45384	LESION REMOVE COLONOSCOPY	451.89				
15	45385	LESION REMOVAL COLONOSCOPY	451.89				

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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	45386	COLONOSCOPE DILATE STRICTURE	451.89				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	337.41				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	337.41				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	337.41				
15	45391	COLONOSCOPY W/ENDOSCOPE US	451.89				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	451.89				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	337.41				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	337.41				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	451.89				
15	45505	REPAIR OF RECTUM	451.89				
15	45560	REPAIR OF RECTOCELE	451.89				
15	45900	REDUCTION OF RECTAL PROLAPSE	337.41				
15	45905	DILATION OF ANAL SPHINCTER	337.41				
15	45910	DILATION OF RECTAL NARROWING	337.41				
15	45915	REMOVE RECTAL OBSTRUCTION	337.41				
15	45990	SURG DX EXAM, ANORECTAL	451.89			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	516.72				
15	46030	REMOVAL OF RECTAL MARKER	337.41				
15	46040	INCISION OF RECTAL ABSCESS	516.72				
15	46045	INCISION OF RECTAL ABSCESS	451.89				
15	46050	INCISION OF ANAL ABSCESS	337.41				
15	46060	INCISION OF RECTAL ABSCESS	451.89				
15	46080	INCISION OF ANAL SPHINCTER	516.72				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	337.41				
15	46200	REMOVAL OF ANAL FISSURE	451.89				
15	46220	REMOVAL OF ANAL TAB	337.41				
15	46230	REMOVAL OF ANAL TABS	337.41				
15	46250	HEMORRHOIDECTOMY	516.72				
15	46255	HEMORRHOIDECTOMY	516.72				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	516.72				
15	46258	REMOVE HEMORRHOIDS & FISTULA	516.72				
15	46260	HEMORRHOIDECTOMY	516.72				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	638.32				
15	46262	REMOVE HEMORRHOIDS & FISTULA	638.32				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	516.72				
15	46275	REMOVAL OF ANAL FISTULA	516.72				
15	46280	REMOVAL OF ANAL FISTULA	638.32				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	337.41				
15	46288	REPAIR ANAL FISTULA	638.32				
15	46320	REMOVAL OF HEMORRHOID CLOT	337.41				
15	46600	ANOSCOPY; DIAGNOSTIC	337.41				
15	46604	ANOSCOPY WITH DIRECT DILATION	337.41				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	337.41				
15	46608	ANOSCOPY/ REMOVE FOR BODY	337.41				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46610	ANOSCOPY/REMOVE LESION	337.41				
15	46611	ANOSCOPY	337.41				
15	46612	ANOSCOPY/ REMOVE LESIONS	337.41				
15	46615	ANOSCOPY	451.89				
15	46700	REPAIR OF ANAL STRICTURE	516.72				
15	46705	REPAIR OF NAL STRICTURE	516.72				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	516.72				
15	46750	REPAIR OF ANAL SPHINCTER	516.72				
15	46753	RECONSTRUCTION OF ANUS	516.72				
15	46754	REMOVAL OF SUTURE FROM ANUS	451.89				
15	46760	REPAIR OF ANAL SPHINCTER	451.89				
15	46761	REPAIR OF ANAL SPHINCTER	516.72				
15	46900	REMOVAL OF ANAL LESION	337.41				
15	46910	REMOVAL OF ANAL LESION	337.41				
15	46917	LASER SURGERY, ANAL LESIONS	337.41				
15	46922	EXCISION OF ANAL LESION(S)	337.41				
15	46924	DESTRUCTION, ANAL LESION(S)	337.41				
15	46940	TREATMENT OF ANAL FISSURE	337.41				
15	46945	LIGATION OF HEMORRHOIDS	337.41				
15	46946	LIGATION OF HEMORRHOIDS	337.41				
15	46947	HEMORRHIDOPEXY BY STAPLING	516.72				
15	46999	ANUS SURGERY PROCEDURE	MP				
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	337.41			X	
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	337.41				
15	47100	WEDGE BIOPSY OF LIVER	451.89				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	451.89				
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	516.72				
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	451.89				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	451.89				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	451.89				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	451.89				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	337.41				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,356.67				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,356.67				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,356.67				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	451.89				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	451.89				
15	47553	BILIARY ENDOSCOPY THRU SKIN	516.72				
15	47554	BILIARY ENDOSCOPY THRU SKIN	516.72				
15	47555	BILIARY ENDOSCOPY THRU SKIN	516.72				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,356.67				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	516.72				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	516.72				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	516.72				

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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	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47605	REMOVAL OF GALLBLADDER	1,356.67				
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	337.41				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49000	EXPLORATION OF ABDOMEN	516.72		X		
15	49010	EXPLORE,RETROPERITONEAL AREA	1,356.67				
15	49180	BIOPSY, ABDOMINAL MASS	337.41				
15	49250	EXCISION OF UMBILICUS	638.32				
15	49320	DIAG LAPARO SEPARATE PROC	516.72		X		
15	49321	LAPAROSCOPY, BIOPSY	638.32		X		
15	49322	LAPAROSCOPY, ASPIRATION	638.32		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	638.32				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	337.41				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	337.41				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	337.41				
15	49421	INSERT ABDOMINAL DRAIN	337.41				
15	49422	REMOVE PERM CANNULA/CATHETER	337.41				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	451.89				
15	49491	REPARING HERN PREMIE REDUC	726.48				
15	49492	RPR HERN PREMIE, BLOCKED	726.48				
15	49495	RPR ING HERNIA BABY, REDUC	638.32				
15	49496	RPR ING HERNIA BABY, BLOCKED	638.32				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	638.32	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,356.67	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	638.32	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,356.67	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,008.12				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,356.67				
15	49525	REPAIR ING HERNIA, SLIDING	638.32				
15	49540	REPAIR LUMBAR HERNIA	451.89				
15	49550	RPR FEM HERNIA, INIT, REDUCE	726.48				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,356.67				
15	49555	REREPAIR FEM HERNIA, REDUCE	726.48				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,356.67				
15	49560	RPR VENTRAL HERN INIT, REDUC	638.32				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,356.67				
15	49565	REREPAIR VENTRL HERN, REDUCE	638.32				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,356.67				
15	49568	HERNIA REPAIR W/MESH	1,008.12				
15	49570	RPR EPIGASTRIC HERN, REDUCE	638.32				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,356.67				
15	49580	RPR UMBIL HERN, REDUC <5 YR	638.32	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,356.67	00 04			
15	49585	RPR UMBIL HERN, REDUC	638.32	05 99			

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1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49587	RPR UMBIL HERN, BLOCK	1,356.67	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	516.72				
15	49600	REPAIR UMBILICAL LESION	638.32				
15	49650	LAP ING HERNIA REPAIR INIT	638.32				
15	49651	LAP ING HERNIA REPAIR RECUR	1,008.12				
15	49652	LAP VENT/ABD HERNIA REPAIR	1,008.12				
15	49653	LAP VENT/ABD HERNIA PROC COMP	1,008.12				
15	49656	LAP INC HERN REPAIR RECUR	1,008.12				
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X	
15	49900	REPAIR OF ABDOMINAL WALL	638.32				
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	451.89				
15	50200	BIOPSY OF KIDNEY	337.41				
15	50390	DRAINAGE OF KIDNEY LESION	337.41				
15	50396	MEASURE KIDNEY PRESSURE	337.41				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	451.89				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	451.89				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	337.41				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	337.41				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	337.41				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	337.41				
15	50549	LAPAROSCOPE PROC, RENAL	MP			X	
15	50551	KIDNEY ENDOSCOPY	337.41				
15	50553	KIDNEY ENDOSCOPY	337.41				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	337.41				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	337.41				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	337.41				
15	50590	LITHOTRIPSY, ESW	516.72				
15	50684	INJECTION FOR URETER X-RAY	337.41				
15	50688	CHANGE OF URETER TUBE	337.41				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	451.89				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	451.89				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	451.89				
15	50947	LAPARO NEW URETER/BLADDER	1,356.67				
15	50948	LAPARO NEW URETER/BLADDER	1,356.67				
15	50949	LAPAROSCOPE PROC, URETER	MP			X	
15	50951	ENDOSCOPY OF URETER	337.41				
15	50953	ENDOSCOPY OF URETER	337.41				
15	50955	URETER ENDOSCOPY & BIOPSY	337.41				
15	50957	URETER ENDOSCOPY & TREATMENT	337.41				
15	50961	URETER ENDOSCOPY & TREATMENT	337.41				
15	50970	URETER ENDOSCOPY	337.41				
15	50972	URETER ENDOSCOPY & CATHETER	337.41				
15	50974	URETER ENDOSCOPY & BIOPSY	337.41				
15	50976	URETER ENDOSCOPY & TREATMENT	337.41				
15	50980	URETER ENDOSCOPY & TREATMENT	337.41				

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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	51020	INCISE & TREAT BLADDER	638.32				
15	51030	INCISE & TREAT BLADDER	638.32				
15	51040	INCISE & DRAIN BLADDER	638.32				
15	51045	INCISE BLADDER/DRAIN URETER	638.32				
15	51050	REMOVAL OF BLADDER STONE	638.32				
15	51065	REMOVE URETER CALCULUS	638.32				
15	51080	DRAINAGE OF BLADDER ABSCESS	337.41				
15	51500	REMOVAL OF BLADDER CYST	638.32				
15	51520	REMOVAL OF BLADDER LESION	638.32				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	337.41				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	337.41				
15	51705	CHANGE OF BLADDER TUBE	337.41				
15	51710	CHANGE OF BLADDER TUBE	337.41				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	516.72				
15	51720	TREATMENT OF BLADDER LESION	337.41				
15	51726	COMPLEX CYSTOMETROGRAM	337.41				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	337.41				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	337.41				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	337.41				
15	51784	ANAL/URINARY MUSCLE STUDY	337.41				
15	51785	ANAL/URINARY MUSCLE STUDY	337.41				
15	51840	ATTACH BLADDER/URETHRA	451.89				
15	51880	REPAIR OF BLADDER OPENING	337.41				
15	51992	LAPARO SLING OPERATION	451.89				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	337.41				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	451.89				
15	52005	CYSTOSCOPY & URETER CATHETER	451.89				
15	52007	CYSTOSCOPY AND BIOPSY	451.89				
15	52010	CYSTOSCOPY & DUCT CATHETER	451.89				
15	52204	CYSTOSCOPY	451.89				
15	52214	CYSTOSCOPY AND TREATMENT	451.89				
15	52224	CYSTOSCOPY AND TREATMENT	451.89				
15	52234	CYSTOSCOPY AND TREATMENT	451.89				
15	52235	CYSTOSCOPY AND TREATMENT	516.72				
15	52240	CYSTOSCOPY AND TREATMENT	516.72				
15	52250	CYSTOSCOPY AND RADIOTRACER	638.32				
15	52260	CYSTOSCOPY AND TREATMENT	451.89				
15	52265	CYSTOSCOPY & TREATMENT	451.89				
15	52270	CYSTOSCOPY & REVISE URETHRA	451.89				
15	52275	CYSTOSCOPY & REVISE URETHRA	451.89				
15	52276	CYSTOSCOPY AND TREATMENT	516.72				
15	52277	CYSTOSCOPY AND TREATMENT	451.89				
15	52281	CYSTOSCOPY AND TREATMENT	451.89				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,356.67				
15	52283	CYSTOSCOPY AND TREATMENT	451.89				

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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	52285	CYSTOSCOPY AND TREATMENT	451.89				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	451.89				
15	52290	CYSTOSCOPY AND TREATMENT	451.89				
15	52300	CYSTOSCOPY AND TREATMENT	451.89				
15	52301	CYSTOSCOPY AND TREATMENT	451.89				
15	52305	CYSTOSCOPY AND TREATMENT	451.89				
15	52310	CYSTOSCOPY AND TREATMENT	451.89				
15	52315	CYSTOSCOPY AND TREATMENT	451.89				
15	52317	REMOVE BLADDER STONE	337.41				
15	52318	REMOVE BLADDER STONE	451.89				
15	52320	CYSTOSCOPY AND TREATMENT	726.48				
15	52325	CYSTOSCOPY, STONE REMOVAL	638.32				
15	52327	CYSTOSCOPY, INJECT MATERIAL	451.89				
15	52330	CYSTOSCOPY AND TREATMENT	451.89				
15	52332	CYSTOSCOPY AND TREATMENT	451.89				
15	52334	CREATE PASSAGE TO KIDNEY	516.72				
15	52341	CYSTO W/URETER STRICTURE TX	516.72				
15	52342	CYSTO W/UP STRICTURE TX	516.72				
15	52343	CYSTO W/RENAL STRICTURE TX	516.72				
15	52344	CYSTO/URETERO, STONE REMOVE	516.72				
15	52345	CYSTO/URETERO W/UP STRICTURE	516.72				
15	52346	CYSTOURETERO W/RENAL STRICT	516.72				
15	52351	CYSTOURETRO & OR PYELOSCOPE	516.72				
15	52352	CYSTOURETRO W/STONE REMOVE	638.32				
15	52353	CYSTOURETERO W/LITHOTRIPSY	638.32				
15	52354	CYSTOURETERO W/BIOPSY	638.32				
15	52355	CYSTOURETERO W/EXCISE TUMOR	638.32				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	638.32				
15	52400	CYSTOURETERO W/CONGEN REPR	516.72				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	516.72				
15	52450	INCISION OF PROSTATE	516.72				
15	52500	REVISION OF BLADDER NECK	516.72				
15	52601	PROSTATECTOMY (TURP)	638.32				
15	52630	REMOVE PROSTATE REGROWTH	451.89				
15	52640	RELIEVE BLADDER CONTRACTURE	451.89				
15	52647	LASER SURGERY OF PROSTATE	1,356.67				
15	52648	LASER SURGERY OF PROSTATE	1,356.67				
15	52700	DRAINAGE OF PROSTATE ABSCESS	451.89				
15	53000	INCISION OF URETHRA	337.41				
15	53010	INCISION OF URETHRA	337.41				
15	53020	INCISION OF URETHRA	337.41				
15	53040	DRAINAGE OF URETHRA ABSCESS	451.89				
15	53080	DRAINAGE OF URINARY LEAKAGE	516.72				
15	53200	BIOPSY OF URETHRA	337.41				
15	53210	REMOVAL OF URETHRA	726.48			F	
15	53215	REMOVAL OF URETHRA	726.48			M	

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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	53220	TREATMENT OF URETHRA LESION	451.89				
15	53230	REMOVAL OF URETHRA LESION	451.89			F	
15	53235	REMOVAL OF URETHRA LESION	516.72			M	
15	53240	SURGERY FOR URETHRA POUCH	451.89				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	451.89				
15	53260	TREATMENT OF URETHRA LESION	451.89				
15	53265	TREATMENT OF URETHRA LESION	451.89				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	451.89			F	
15	53275	REPAIR OF URETHRA DEFECT	451.89			F	
15	53400	REVISE URETHRA, STAGE 1	516.72				
15	53405	REVISE URETHRA, STAGE 2	451.89				
15	53410	RECONSTRUCTION OF URETHRA	451.89			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	516.72				
15	53425	RECONSTRUCT URETHRA, STAGE 2	451.89				
15	53430	RECONSTRUCTION OF URETHRA	451.89			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	451.89				
15	53440	CORRECT BLADDER FUNCTION	451.89			M	
15	53442	REMOVE PERINEAL PROSTHESIS	337.41				
15	53444	INSERT TANDEM CUFF	451.89				
15	53445	INSERT URO/VES NCK SPHINCTER	337.41				
15	53446	REMOVE URO SPHINCTER	337.41				
15	53447	REMOVE/REPLACE UR SPHINCTER	337.41				
15	53449	REPAIR URO SPHINCTER	337.41				
15	53450	REVISION OF URETHRA	337.41				
15	53460	REVISION OF URETHRA	337.41				
15	53502	REPAIR OF URETHRA INJURY	451.89			F	
15	53505	REPAIR OF URETHRA INJURY	451.89			M	
15	53510	REPAIR OF URETHRA INJURY	451.89				
15	53515	REPAIR OF URETHRA INJURY	451.89				
15	53520	REPAIR OF URETHRA DEFECT	451.89			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	337.41			M	
15	53605	DILATE URETHRA STRICTURE	451.89			M	
15	53665	DILATION OF URETHRA	337.41			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,356.67			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,008.12			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	337.41			F	
15	53899	UROLOGY SURGERY PROCEDURE					
15	54000	SLITTING OF PREPUCE	451.89		00 00		M
15	54001	SLITTING OF PREPUCE	451.89				M
15	54015	DRAIN PENIS LESION	638.32				M
15	54057	LASER SURG, PENIS LESION(S)	337.41				M
15	54060	EXCISION OF PENIS LESION(S)	337.41				M
15	54065	DESTRUCTION, PENIS LESION(S)	337.41				M
15	54100	BIOPSY OF PENIS	337.41				M
15	54105	BIOPSY OF PENIS	337.41				M
15	54110	TREATMENT OF PENIS LESION	451.89				M

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54111	TREAT PENIS LESION, GRAFT	451.89			M	
15	54112	TREAT PENIS LESION, GRAFT	451.89			M	
15	54115	TREATMENT OF PENIS LESION	337.41			M	
15	54120	PARTIAL REMOVAL OF PENIS	451.89			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	451.89			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	451.89	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	451.89			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	451.89			M	
15	54163	REPAIR OF CIRCUMCISION	451.89			M	
15	54164	FRENULOTOMY OF PENIS	451.89			M	
15	54205	TREATMENT OF PENIS LESION	638.32			M	
15	54220	TREATMENT OF PENIS LESION	337.41			M	
15	54300	REVISION OF PENIS	516.72			M	
15	54304	REVISION OF PENIS	516.72			M	
15	54308	RECONSTRUCTION OF URETHRA	516.72			M	
15	54312	RECONSTRUCTION OF URETHRA	516.72			M	
15	54316	RECONSTRUCTION OF URETHRA	516.72			M	
15	54318	RECONSTRUCTION OF URETHRA	516.72			M	
15	54322	RECONSTRUCTION OF URETHRA	516.72			M	
15	54324	RECONSTRUCTION OF URETHRA	516.72			M	
15	54326	RECONSTRUCTION OF URETHRA	516.72			M	
15	54328	REVISE PENIS/URETHRA	516.72			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	516.72			M	
15	54340	SECONDARY URETHRAL SURGERY	516.72			M	
15	54344	SECONDARY URETHRAL SURGERY	516.72			M	
15	54348	SECONDARY URETHRAL SURGERY	516.72			M	
15	54352	RECONSTRUCT URETHRA/PENIS	516.72			M	
15	54360	PENIS PLASTIC SURGERY	516.72			M	
15	54380	REPAIR PENIS	516.72			M	
15	54385	REPAIR PENIS	516.72			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	516.72				
15	54408	REPAIR MULTI-COMP PENIS PROS	516.72				
15	54410	REMOVE/REPLACE PENIS PROSTH	516.72				
15	54411	REMV/REPLC PENIS PROS, COMP	516.72				
15	54415	REMOVE SELF-CONTD PENIS PROS	516.72				
15	54416	REMV/REPL PENIS CONTAIN PROS	516.72				
15	54417	REMV/REPLC PENIS PROS, COMPL	516.24				
15	54420	REVISION OF PENIS	638.32			M	
15	54435	REVISION OF PENIS	638.32			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	451.89			M	
15	54440	REPAIR OF PENIS	638.32		X	M	
15	54450	PREPUTIAL STRETCHING	337.41			M	
15	54500	BIOPSY OF TESTIS	337.41			M	
15	54505	BIOPSY OF TESTIS	337.41			M	
15	54512	EXCISE LESION TESTIS	451.89			M	
15	54520	REMOVAL OF TESTIS	516.72			M	

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	54522	ORCHIECTOMY, PARTIAL	516.72			M	
15	54530	REMOVAL OF TESTIS	638.32			M	
15	54535	EXTENSIVE TESTIS SURGERY	516.72			M	
15	54550	EXPLORATION FOR TESTIS	638.32			M	
15	54600	REDUCE TESTIS TORSION	638.32			M	
15	54620	SUSPENSION OF TESTIS	516.72			M	
15	54640	SUSPENSION OF TESTIS	638.32			M	
15	54660	REVISION OF TESTIS	451.89			M	
15	54670	REPAIR TESTIS INJURY	516.72			M	
15	54680	RELOCATION OF TESTIS(ES)	516.72			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,356.67				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,356.67				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	451.89			M	
15	54800	BIOPSY OF EPIDIDYMIS	337.41			M	
15	54830	REMOVE EPIDIDYMIS LESION	516.72			M	
15	54840	REMOVE EPIDIDYMIS LESION	638.32			M	
15	54860	REMOVAL OF EPIDIDYMIS	516.72			M	
15	54861	REMOVAL OF EPIDIDYMIS	638.32			M	
15	55000	DRAINAGE OF HYDROCELE	337.41			M	
15	55040	REMOVAL OF HYDROCELE	516.72			M	
15	55041	REMOVAL OF HYDROCELES	726.48			M	
15	55060	REPAIR OF HYDROCELE	638.32			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	337.41			M	
15	55110	EXPLORE SCROTUM	451.89				
15	55120	REMOVAL OF SCROTUM LESION	451.89			M	
15	55150	REMOVAL OF SCROTUM	337.41			M	
15	55175	REVISION OF SCROTUM	337.41				
15	55180	REVISION OF SCROTUM	451.89				
15	55200	INCISION OF SPERM DUCT	451.89			M	
15	55250	REMOVAL OF SPERM DUCT(S)	451.89	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	516.72			M	
15	55520	REMOVAL OF SPERM CORD LESION	638.32			M	
15	55530	REVISE SPERMATIC CORD VEINS	638.32			M	
15	55535	REVISE SPERMATIC CORD VEINS	638.32			M	
15	55540	REVISE HERNIA & SPERM VEINS	726.48			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,356.67				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	337.41			M	
15	55700	BIOPSY OF PROSTATE	451.89			M	
15	55705	BIOPSY OF PROSTATE	451.89			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	337.41			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	451.89			M	
15	55873	CRYOABLATE PROSTATE	1,356.67				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,356.67			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	337.41			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	337.41	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	451.89			F	
15	56441	LYSIS OF LABIAL LESION(S)	337.41			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	337.41			F	
15	56515	DESTROY VULVA LESION/S COMPL	516.72			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	337.41			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	337.41			F	
15	56620	PARTIAL REMOVAL OF VULVA	726.48			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,008.12			F	
15	56700	PARTIAL REMOVAL OF HYMEN	337.41			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	516.72			F	
15	56800	REPAIR OF VAGINA	516.72			F	
15	56810	REPAIR OF PERINEUM	726.48				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	337.41			F	
15	57000	EXPLORATION OF VAGINA	337.41				
15	57010	DRAINAGE OF PELVIC ABSCESS	451.89			F	
15	57020	DRAINAGE OF PELVIC FLUID	451.89			F	
15	57023	I & D VAG HEMATOMA, NON-OB	337.41			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	337.41			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	337.41			F	
15	57100	BIOPSY OF VAGINA	337.41			F	
15	57105	BIOPSY OF VAGINA	337.41			F	
15	57130	REMOVE VAGINA LESION	451.89			F	
15	57135	REMOVE VAGINA LESION	451.89			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	451.89			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	451.89			F	
15	57180	TREAT VAGINAL BLEEDING	337.41			F	
15	57200	REPAIR OF VAGINA	337.41			F	
15	57210	REPAIR VAGINA/PERINEUM	451.89			F	
15	57220	REVISION OF URETHRA	516.72			F	
15	57230	REPAIR OF URETHRAL LESION	516.72			F	
15	57240	REPAIR BLADDER & VAGINA	726.48			F	
15	57250	REPAIR RECTUM & VAGINA	726.48			F	
15	57260	REPAIR OF VAGINA	726.48			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,008.12			F	
15	57268	REPAIR OF BOWEL BULGE	516.72			F	
15	57288	REPAIR BLADDER DEFECT	726.48				
15	57289	REPAIR BLADDER & VAGINA	726.48			F	
15	57291	CONSTRUCTION OF VAGINA	726.48			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	516.72			F	
15	57400	DILATION OF VAGINA	451.89		X	F	
15	57410	PELVIC EXAMINATION	451.89		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	451.89				
15	57420	EXAM OF VAGINA W/SCOPE	337.41				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	337.41			F	

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	337.41			F	
15	57454	VAGINA EXAMINATION & BIOPSY	337.41			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	337.41			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	337.41			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	337.41			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	337.41				
15	57500	BIOPSY OF CERVIX	337.41			F	
15	57505	ENDOCERVICAL CURETTAGE	451.89			F	
15	57510	CAUTHERUZATION OF CERVIX	516.72			F	
15	57511	CRYOCAUTERY OF CERVIX	516.72			F	
15	57513	LASER SURGERY OF CERVIX	451.89			F	
15	57520	CONIZATION OF CERVIX	451.89			F	
15	57522	CONIZATION OF CERVIX	451.89				
15	57530	REMOVAL OF CERVIX	516.72			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	516.72			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	726.48				
15	57700	REVISION OF CERVIX	337.41			F	
15	57720	REVISION OF CERVIX	516.72			F	
15	57800	DILATION OF CERVICAL CANAL	337.41			F	
15	58120	DILATION AND CURETTAGE	451.89	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	726.48			F	
15	58300	INSERT INTRAUTERINE DEVICE	337.41	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	337.41	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	451.89	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	451.89				
15	58353	ENDOMETR ABLATE, THERMAL	638.32		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,356.67			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,356.67			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,356.67		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,356.67				
15	58555	HYSTEROSCOPY, DX, SEP PROC	337.41		X		
15	58558	HYSTEROSCOPY, BIOPSY	516.72		X		
15	58559	HYSTEROSCOPY, LYSIS	451.89		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	516.72		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	516.72		X		
15	58562	HYSTEROSCOPY, REMOVE FB	516.72		X		
15	58563	HYSTEROSCOPY, ABLATION	638.32		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,481.70	21 59	X	F	
15	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,356.67			F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	516.72	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	638.32	21 55	X	F	
15	58660	LAPAROSCOPY, LYSIS	726.48		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	726.48		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	726.48		X		

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58670	LAPAROSCOPY, TUBAL CAUTERY	516.72	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	516.72		X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	726.48		X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	726.48			F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	638.32		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	638.32		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	516.72			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	516.72			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	516.72			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	337.41	10 60		F	
15	58900	BIOPSY OF OVARY(S)	516.72			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	516.72			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	337.41	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	337.41				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	516.72		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	516.72	10 60	X	F	
15	59160	D & C AFTER DELIVERY	516.72	10 60		F	
15	59320	REVISION OF CERVIX	337.41	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	726.48	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	726.48	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	726.48	10 55	X	F	
15	59840	ABORTION	726.48	10 60	X	F	
15	59841	ABORTION	726.48	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	726.48	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	726.48			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	337.41				
15	60100	BIOPSY OF THYROID	337.41				
15	60200	REMOVE THYROID LESION	451.89				
15	60220	PARTIAL REMOVAL OF THYROID	638.32				
15	60240	REMOVAL OF THYROID	1,356.67				
15	60280	REMOVE THYROID DUCT LESION	638.32				
15	60281	REMOVE THYROID DUCT LESION	638.32				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	337.41				
15	61026	INJECTION INTO BRAIN CANAL	337.41				
15	61050	REMOVE BRAIN CANAL FLUID	337.41				
15	61055	INJECTION INTO BRAIN CANAL	337.41				
15	61070	BRAIN CANAL SHUNT PROCEDURE	337.41				
15	61215	INSERT BRAIN-FLUID DEVICE	516.72				
15	61790	TREAT TRIGEMINAL NERVE	516.72				

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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	61791	TREAT TRIGEMINAL TRACT	516.72				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	451.89				
15	61886	IMPLANT NEUROSTIM ARRAYS	516.72				
15	61888	REVISE/REMOVE NEURORECEIVER	337.41				
15	62194	REPLACE/IRRIGATE CATHETER	337.41				
15	62225	REPLACE/IRRIGATE CATHETER	337.41				
15	62230	REPLACE/REVISE BRAIN SHUNT	451.89				
15	62263	LYSIS EPIDURAL ADHESIONS	337.41				
15	62268	DRAIN SPINAL CORD CYST	337.41				
15	62269	NEEDLE BIOPSY, SPINAL CORD	337.41				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	337.41				
15	62272	DRAIN CEREBRO SPINAL FLUID	337.41				
15	62273	TREAT EPIDURAL SPINE LESION	337.41				
15	62280	TREAT SPINAL CORD LESION	337.41				
15	62281	TREAT SPINAL CORD LESION	337.41				
15	62282	TREAT SPINAL CANAL LESION	337.41				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,356.67				
15	62294	INJECTION INTO SPINAL ARTERY	516.72				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	337.41				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	337.41				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	337.41				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	337.41				
15	62324	INJECTION(S), INCLUDING INDWELLING C	337.41				
15	62325	INJECTION(S), INCLUDING INDWELLING C	337.41				
15	62326	INJECTION(S), INCLUDING INDWELLING C	337.41				
15	62327	INJECTION(S), INCLUDING INDWELLING C	337.41				
15	62350	IMPLANT SPINAL CANAL CATH	451.89				
15	62355	REMOVE SPINAL CANAL CATHETER	451.89				
15	62360	INSERT SPINE INFUSION DEVICE	451.89				
15	62361	IMPLANT SPINE INFUSION PUMP	451.89				
15	62362	IMPLANT SPINE INFUSION PUMP	451.89				
15	62365	REMOVE SPINE INFUSION DEVICE	451.89				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	451.89				
15	62368	ANALYZE SPINE INFUSION PUMP	451.89				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,356.67				
15	63600	REMOVE SPINAL CORD LESION	451.89				
15	63610	STIMULATION OF SPINAL CORD	337.41				
15	63650	IMPLANT NEUROELECTRODES	451.89				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	337.41				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	337.41				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	337.41				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	337.41				
15	63685	IMPLANT NEURORECEIVER	451.89				
15	63688	REVISE/REMOVE NEURORECEIVER	337.41				
15	63744	REVISION OF SPINAL SHUNT	516.72				
15	63746	REMOVAL OF SPINAL SHUNT	451.89				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64402	INJECTION FOR NERVE BLOCK	337.41				
15	64410	INJECTION FOR NERVE BLOCK	337.41				
15	64415	INJECTION FOR NERVE BLOCK	337.41				
15	64417	INJECTION FOR NERVE BLOCK	337.41				
15	64420	INJECTION FOR NERVE BLOCK	337.41				
15	64421	INJECTION FOR NERVE BLOCK	337.41				
15	64430	INJECTION FOR NERVE BLOCK	337.41				
15	64450	INJECTION FOR NERVE BLOCK	337.41				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	337.41				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	337.41				
15	64505	INJECTION FOR NERVE BLOCK	337.41				
15	64510	INJECTION FOR NERVE BLOCK	337.41				
15	64517	N BLOCK INJ, HYOGAS PLXS	451.89				
15	64520	INJECTION FOR NERVE BLOCK	337.41				
15	64530	INJECTION FOR NERVE BLOCK	337.41				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	337.41				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	516.72				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	516.72				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	337.41				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	337.41				
15	64575	INCISION FOR IMPLANTATION OF NEUROST	337.41				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	516.72				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	337.41				
15	64590	IMPLANT NEURORECEIVER	451.89				
15	64595	REVISE/REMOVE NEURORECEIVER	337.41				
15	64600	INJECTION TREATMENT OF NERVE	337.41				
15	64605	INJECTION TREATMENT OF NERVE	337.41				
15	64610	INJECTION TREATMENT OF NERVE	337.41				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	451.89				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	451.89				
15	64620	INJECTION TREATMENT OF NERVE	337.41				
15	64630	INJECTION TREATMENT OF NERVE	451.89				
15	64640	INJECTION TREATMENT OF NERVE	337.41				
15	64642	Injection of chemical for destructio	337.41				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	337.41				
15	64644	Injection of chemical for destructio	337.41				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	337.41				
15	64646	Injection of chemical for destructio	337.41				
15	64647	Injection of chemical for destructio	337.41				
15	64680	INJECTION TREATMENT OF NERVE	451.89				
15	64681	INJECTION TREATMENT OF NERVE	451.89				
15	64702	REVISE FINGER/TOE NERVE	337.41				
15	64704	REVISE HAND/FOOT NERVE	337.41				
15	64708	REVISE ARM/LEG NERVE	451.89				
15	64712	REVISION OF SCIATIC NERVE	451.89				
15	64713	REVISION OF ARM NERVE(S)	451.89				

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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, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64714	REVISE LOW BACK NERVE(S)	451.89				
15	64716	REVISION OF CRANIAL NERVE	516.72				
15	64718	REVISE ULNAR NERVE AT ELBOW	451.89				
15	64719	REVISE ULNAR NERVE AT WRIST	451.89				
15	64721	CARPAL TUNNEL SURGERY	451.89				
15	64722	RELIEVE PRESSURE ON NERVE(S)	337.41				
15	64726	RELEASE FOOT/TOE NERVE	337.41				
15	64727	INTERNAL NERVE REVISION	337.41				
15	64732	INCISION OF BROW NERVE	451.89				
15	64734	INCISION OF CHEEK NERVE	451.89				
15	64736	INCISION OF CHIN NERVE	451.89				
15	64738	INCISION OF JAW NERVE	451.89				
15	64740	INCISION OF TONGUE NERVE	451.89				
15	64742	INCISION OF FACIAL NERVE	451.89				
15	64744	INCISE NERVE, BACK OF HEAD	451.89				
15	64746	INCISE DIAPHRAGM NERVE	451.89				
15	64771	SEVER CRANIAL NERVE	451.89				
15	64772	INCISION OF SPINAL NERVE	451.89				
15	64774	REMOVE SKIN NERVE LESION	451.89				
15	64776	REMOVE DIGIT NERVE LESION	516.72				
15	64778	DIGIT NERVE SURGERY ADD-ON	451.89				
15	64782	REMOVE LIMB NERVE LESION	516.72				
15	64783	LIMB NERVE SURGERY ADD-ON	451.89				
15	64784	REMOVE NERVE LESION	516.72				
15	64786	REMOVE SCIATIC NERVE LESION	516.72				
15	64787	IMPLANT NERVE END	451.89				
15	64788	REMOVE SKIN NERVE LESION	516.72				
15	64790	REMOVAL OF NERVE LESION	516.72				
15	64792	REMOVAL OF NERVE LESION	516.72				
15	64795	BIOPSY OF NERVE	451.89				
15	64802	REMOVE SYMPATHETIC NERVES	451.89				
15	64821	REMOVE SYMPATHETIC NERVES	638.32				
15	64831	REPAIR OF DIGIT NERVE	638.32				
15	64832	REPAIR NERVE ADD-ON	337.41				
15	64834	REPAIR OF HAND OR FOOT NERVE	451.89				
15	64835	REPAIR OF HAND OR FOOT NERVE	516.72				
15	64836	REPAIR OF HAND OR FOOT NERVE	516.72				
15	64837	REPAIR NERVE ADD-ON	337.41				
15	64840	REPAIR OF LEG NERVE	451.89				
15	64856	REPAIR/TRANSPOSE NERVE	451.89				
15	64857	REPAIR ARM/LEG NERVE	451.89				
15	64858	REPAIR SCIATIC NERVE	451.89				
15	64859	NERVE SURGERY	337.41				
15	64861	REPAIR OF ARM NERVES	516.72				
15	64862	REPAIR OF LOW BACK NERVES	516.72				
15	64864	REPAIR OF FACIAL NERVE	516.72				

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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	64865	REPAIR OF FACIAL NERVE	638.32				
15	64872	SUBSEQUENT REPAIR OF NERVE	451.89				
15	64874	REPAIR & REVISE NERVE ADD-ON	516.72				
15	64876	REPAIR NERVE/SHORTEN BONE	516.72				
15	64885	NERVE GRAFT, HEAD OR NECK	451.89				
15	64886	NERVE GRAFT, HEAD OR NECK	451.89				
15	64890	NERVE GRAFT, HAND OR FOOT	451.89				
15	64891	NERVE GRAFT, HAND OR FOOT	451.89				
15	64892	NERVE GRAFT, ARM OR LEG	451.89				
15	64893	NERVE GRAFT, ARM OR LEG	451.89				
15	64895	NERVE GRAFT, HAND OR FOOT	516.72				
15	64896	NERVE GRAFT, HAND OR FOOT	516.72				
15	64897	NERVE GRAFT, ARM OR LEG	516.72				
15	64898	NERVE GRAFT, ARM OR LEG	516.72				
15	64901	NERVE GRAFT ADD-ON	451.89				
15	64902	NERVE GRAFT ADD-ON	451.89				
15	64905	NERVE PEDICLE TRANSFER	451.89				
15	64907	NERVE PEDICLE TRANSFER	337.41				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	516.72				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	
15	65091	REVISE EYE	516.72				
15	65093	REVISE EYE WITH IMPLANT	516.72				
15	65101	REMOVAL OF EYE	516.72				
15	65103	REMOVE EYE/INSERT IMPLANT	516.72				
15	65105	REMOVE EYE/ATTACH IMPLANT	638.32				
15	65110	REMOVAL OF EYE	726.48				
15	65112	REMOVE EYE/REVISE SOCKET	1,008.12				
15	65114	REMOVE EYE/REVISE SOCKET	1,008.12				
15	65130	INSERT OCULAR IMPLANT	516.72				
15	65135	INSERT OCULAR IMPLANT	451.89				
15	65140	ATTACH OCULAR IMPLANT	516.72				
15	65150	REVISE OCULAR IMPLANT	451.89				
15	65155	REINSERT OCULAR IMPLANT	516.72				
15	65175	REMOVAL OF OCULAR IMPLANT	337.41				
15	65205	REMOVE FOREIGN BODY FROM EYE	337.41				
15	65235	REMOVE FOREIGN BODY FROM EYE	451.89				
15	65260	REMOVE FOREIGN BODY FROM EYE	516.72				
15	65265	REMOVE FOREIGN BODY FROM EYE	638.32				
15	65270	REPAIR OF EYE WOUND	451.89				
15	65272	REPAIR OF EYE WOUND	451.89				
15	65275	REPAIR OF EYE WOUND	638.32				
15	65280	REPAIR OF EYE WOUND	638.32				
15	65285	REPAIR OF EYE WOUND	638.32				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	516.72				
15	65400	REMOVAL OF EYE LESION	337.41				
15	65410	BIOPSY OF CORNEA	451.89				

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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	65420	REMOVAL OF EYE LESION	451.89				
15	65426	REMOVAL OF EYE LESION	726.48				
15	65710	CORNEAL TRANSPLANT	1,008.12				
15	65730	CORNEAL TRANSPLANT	1,008.12				
15	65750	CORNEAL TRANSPLANT	1,008.12				
15	65755	CORNEAL TRANSPLANT	1,008.12				
15	65770	REVISE CORNEA WITH IMPLANT	1,008.12				
15	65772	CORRECTION OF ASTIGMATISM	638.32				
15	65775	CORRECTION OF ASTIGMATISM	638.32				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	451.89				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	337.41				
15	65780	OCULAR RECONST, TRANSPLANT	726.48				
15	65781	OCULAR RECONST, TRANSPLANT	726.48				
15	65782	OCULAR RECONST, TRANSPLANT	726.48			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	638.32				
15	65800	DRAINAGE OF EYE	337.41				
15	65810	DRAINAGE OF EYE	516.72				
15	65815	DRAINAGE OF EYE	451.89				
15	65820	RELIEVE INNER EYE PRESSURE	337.41				
15	65850	INCISION OF EYE	638.32				
15	65855	LASER TRABECULOPLASTY-1/MORE	638.32				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	451.89				
15	65865	INCISE INNER EYE ADHESIONS	337.41				
15	65870	INCISE INNER EYE ADHESIONS	638.32				
15	65875	INCISE INNER EYE ADHESIONS	638.32				
15	65880	INCISE INNER EYE ADHESIONS	638.32				
15	65900	REMOVE EYE LESION	726.48				
15	65920	REMOVE IMPLANT OF EYE	1,008.12				
15	65930	REMOVE BLOOD CLOT FROM EYE	726.48				
15	66020	INJECTION TREATMENT OF EYE	337.41				
15	66030	INJECTION TREATMENT OF EYE	337.41				
15	66130	REMOVE EYE LESION	1,008.12				
15	66150	GLAUCOMA SURGERY	638.32				
15	66155	GLAUCOMA SURGERY	638.32				
15	66160	GLAUCOMA SURGERY	451.89				
15	66170	GLAUCOMA SURGERY	638.32				
15	66172	INCISION OF EYE	638.32				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	638.32				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	638.32				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	726.48				
15	66180	IMPLANT EYE SHUNT	726.48				
15	66183	Insertion of eye fluid drainage devi	726.48				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	451.89				
15	66185	REVISE EYE SHUNT	451.89				
15	66225	REPAIR/GRAFT EYE LESION	638.32				
15	66250	FOLLOW-UP SURGERY OF EYE	451.89				

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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	66500	INCISION OF IRIS	337.41				
15	66505	INCISION OF IRIS	337.41				
15	66600	REMOVE IRIS AND LESION	516.72				
15	66605	REMOVAL OF IRIS	516.72				
15	66625	REMOVAL OF IRIS	516.72				
15	66630	REMOVAL OF IRIS	516.72				
15	66635	REMOVAL OF IRIS	516.72				
15	66680	REPAIR IRIS & CILIARY BODY	516.72				
15	66682	REPAIR IRIS & CILIARY BODY	451.89				
15	66700	DESTRUCTION, CILIARY BODY	451.89				
15	66710	DESTRUCTION, CILIARY BODY	451.89				
15	66711	CILIARY ENDOSCOPIC ABLATION	451.89				
15	66720	DESTRUCTION, CILIARY BODY	451.89				
15	66740	DESTRUCTION, CILIARY BODY	451.89				
15	66761	REVISION OF IRIS	451.89				
15	66820	INCISION OF LENS LESION	451.89				
15	66821	AFTER CATARACT LASER SURGERY	451.89				
15	66825	REPOSITION INTRAOCULAR LENS	638.32				
15	66830	REMOVAL OF LENS LESION	638.32				
15	66840	REMOVAL OF LENS MATERIAL	638.32				
15	66850	REMOVAL OF LENS MATERIAL	1,008.12				
15	66852	REMOVAL OF LENS MATERIAL	638.32				
15	66920	EXTRACTION OF LENS	638.32				
15	66930	EXTRACTION OF LENS	726.48				
15	66940	EXTRACTION OF LENS	726.48				
15	66982	CATARACT SURGERY, COMPLEX	833.85				
15	66983	CATARACT SURG W/IOL, 1 STAGE	833.85				
15	66984	CATARACT SURG W/IOL, I STAGE	833.85				
15	66985	INSERT LENS PROSTHESIS	684.93				
15	66986	EXCHANGE LENS PROSTHESIS	684.93				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	638.32				
15	67010	PARTIAL REMOVAL OF EYE FLUID	638.32				
15	67015	RELEASE OF EYE FLUID	337.41				
15	67025	REPLACE EYE FLUID	337.41				
15	67027	IMPLANT EYE DRUG SYSTEM	638.32				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	337.41				
15	67030	INCISE INNER EYE STRANDS	337.41				
15	67031	LASER SURGERY, EYE STRANDS	451.89				
15	67036	REMOVAL OF INNER EYE FLUID	638.32				
15	67039	LASER TREATMENT OF RETINA	1,008.12				
15	67040	LASER TREATMENT OF RETINA	1,008.12				
15	67042	VIT FOR MACULAR HOLE	726.48				
15	67101	REPAIR DETACHED RETINA	726.48				
15	67105	PHOTOCOAGULATION/DETACHED RET	726.48				
15	67107	REPAIR DETACHED RETINA	726.48				

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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	67108	REPAIR DETACHED RETINA	1,008.12				
15	67113	REPAIR RETINAL DETACH,CPLX	1,008.12				
15	67115	RELEASE ENCIRCLING MATERIAL	451.89				
15	67120	REMOVE EYE IMPLANT MATERIAL	451.89				
15	67121	REMOVE EYE IMPLANT MATERIAL	451.89				
15	67141	TREATMENT OF RETINA	451.89				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	451.89				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	726.48				
15	67218	TREATMENT OF RETINAL LESION	726.48				
15	67220	TREAT CHOROID LESION	337.41				
15	67227	TREATMENT OF RETINAL LESION	337.41				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	337.41				
15	67250	REINFORCE EYE WALL	516.72				
15	67255	REINFORCE/GRAFT EYE WALL	516.72				
15	67299	EYE SURGERY PROCEDURE	MP			X	
15	67311	REVISE EYE MUSCLE	516.72				
15	67312	REVISE TWO EYE MUSCLES	638.32				
15	67314	REVISE EYE MUSCLE	638.32				
15	67316	REVISE TWO EYE MUSCLES	638.32				
15	67318	REVISE EYE MUSCLE(S)	638.32				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	638.32				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	638.32				
15	67332	REREVISE EYE MUSCLES ADD-ON	638.32				
15	67334	REVISE EYE MUSCLE W/SUTURE	638.32				
15	67335	EYE SUTURE DURING SURGERY	638.32				
15	67340	REVISE EYE MUSCLE ADD-ON	638.32				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,008.12				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP			X	
15	67400	EXPLORE/BIOPSY EYE SOCKET	516.72				
15	67405	EXPLORE/DRAIN EYE SOCKET	638.32				
15	67412	EXPLORE/TREAT EYE SOCKET	726.48				
15	67413	EXPLORE/TREAT EYE SOCKET	726.48				
15	67415	ASPIRATION, ORBITAL CONTENTS	337.41				
15	67420	EXPLORE/TREAT EYE SOCKET	726.48				
15	67430	EXPLORE/TREAT EYE SOCKET	726.48				
15	67440	EXPLORE/DRAIN EYE SOCKET	726.48				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	726.48				
15	67450	EXPLORE/BIOPSY EYE SOCKET	726.48				
15	67500	INJECT/TREAT EYE SOCKET	337.41				
15	67550	INSERT EYE SOCKET IMPLANT	638.32				
15	67560	REVISE EYE SOCKET IMPLANT	451.89				
15	67570	OPTIC NERVE DECOMPRESSION (EG,INICIS	337.41				
15	67599	ORBIT SURGERY PROCEDURE	MP			X	
15	67700	DRAINAGE OF EYELID ABSCESS	337.41				
15	67715	INCISION OF EYELID FOLD	337.41				
15	67800	REMOVE EYELID LESION	337.41				

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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	67801	REMOVE EYELID LESIONS	337.41				
15	67805	REMOVE EYELID LESIONS	337.41				
15	67808	REMOVE EYELID LESION(S)	451.89				
15	67810	BIOPSY OF EYELID	337.41				
15	67820	REVISE EYELASHES	337.41				
15	67830	REVISE EYELASHES	451.89				
15	67835	REVISE EYELASHES	451.89				
15	67840	REMOVE EYELID LESION	337.41				
15	67880	REVISION OF EYELID	516.72				
15	67882	REVISION OF EYELID	516.72				
15	67900	REPAIR BROW DEFECT	638.32				
15	67901	REPAIR EYELID DEFECT	726.48				
15	67902	REPAIR EYELID DEFECT	726.48				
15	67903	REPAIR EYELID DEFECT	638.32				
15	67904	REPAIR EYELID DEFECT	638.32				
15	67906	REPAIR EYELID DEFECT	726.48				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	638.32				
15	67909	REVISE EYELID DEFECT	638.32				
15	67911	REVISE EYELID DEFECT	516.72				
15	67912	CORRECTION EYELID W/IMPLANT	516.72				
15	67914	REPAIR EYELID DEFECT	516.72				
15	67916	REPAIR EYELID DEFECT	638.32				
15	67917	REPAIR EYELID DEFECT	638.32				
15	67921	REPAIR EYELID DEFECT	516.72				
15	67923	REPAIR EYELID DEFECT	638.32				
15	67924	REPAIR EYELID DEFECT	638.32				
15	67930	REPAIR EYELID WOUND	451.89				
15	67935	REPAIR EYELID WOUND	451.89				
15	67938	REMOVE EYELID FOREIGN BODY	337.41				
15	67950	REVISION OF EYELID	451.89				
15	67961	REVISION OF EYELID	516.72				
15	67966	REVISION OF EYELID	516.72				
15	67971	RECONSTRUCTION OF EYELID	516.72				
15	67973	RECONSTRUCTION OF EYELID	516.72				
15	67974	RECONSTRUCTION OF EYELID	516.72				
15	67975	RECONSTRUCTION OF EYELID	516.72				
15	67999	EYELID SURGERY PROCEDURE	MP				X
15	68110	REMOVE EYELID LINING LESION	337.41				
15	68115	REMOVE EYELID LINING LESION	451.89				
15	68130	REMOVE EYELID LINING LESION	451.89				
15	68320	REVISE/GRAFT EYELID LINING	638.32				
15	68325	REVISE/GRAFT EYELID LINING	638.32				
15	68326	REVISE/GRAFT EYELID LINING	638.32				
15	68328	REVISE/GRAFT EYELID LINING	638.32				
15	68330	REVISE EYELID LINING	638.32				
15	68335	REVISE/GRAFT EYELID LINING	638.32				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2019 THRU DECEMBER 31, 2019

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68340	SEPARATE EYELID ADHESIONS	638.32				
15	68360	REVISE EYELID LINING	451.89				
15	68362	REVISE EYELID LINING	451.89				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	451.89				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	516.72				
15	68505	PARTIAL REMOVAL, TEAR GLAND	516.72				
15	68510	BIOPSY OF TEAR GLAND	337.41				
15	68520	REMOVAL OF TEAR SAC	516.72				
15	68525	BIOPSY OF TEAR SAC	337.41				
15	68540	REMOVE TEAR GLAND LESION	516.72				
15	68550	REMOVE TEAR GLAND LESION	516.72				
15	68700	REPAIR TEAR DUCTS	451.89				
15	68720	CREATE TEAR SAC DRAIN	638.32				
15	68745	CREATE TEAR DUCT DRAIN	638.32				
15	68750	CREATE TEAR DUCT DRAIN	638.32				
15	68770	CLOSE TEAR SYSTEM FISTULA	638.32				
15	68810	PROBE NASOLACRIMAL DUCT	337.41				
15	68811	PROBE NASOLACRIMAL DUCT	451.89				
15	68815	PROBE NASOLACRIMAL DUCT	451.89				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	337.41				
15	69005	DRAIN EXTERNAL EAR LESION	337.41				
15	69020	DRAIN OUTER EAR CANAL LESION	337.41				
15	69100	BIOPSY OF EXTERNAL EAR	337.41				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	337.41				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	337.41				
15	69120	REMOVE OF EXTERNAL EAR	451.89				
15	69140	REMOVE EAR CANAL LESION(S)	451.89				
15	69145	REMOVE EAR CANAL LESION(S)	451.89				
15	69150	EXTENSIVE EAR CANAL SURGERY	516.72				
15	69205	CLEAR OUTER EAR CANAL	337.41				
15	69222	CLEAN OUT MASTOID CAVITY	451.89				
15	69300	REVISE EXTERNAL EAR	516.72				
15	69310	REBUILD OUTER EAR CANAL	516.72				
15	69320	REBUILD OUTER EAR CANAL	1,008.12				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	451.89				
15	69421	INCISION OF EARDRUM	516.72				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	337.41				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	516.72				
15	69436	CREATE EARDRUM OPENING	516.72				
15	69440	EXPLORATION OF MIDDLE EAR	516.72				
15	69450	EARDRUM REVISION	337.41				
15	69501	MASTOIDECTOMY	1,008.12				
15	69502	MASTOIDECTOMY	1,008.12				

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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	69505	REMOVE MASTOID STRUCTURES	1,008.12				
15	69511	EXTENSIVE MASTOID SURGERY	1,008.12				
15	69530	EXTENSIVE MASTOID SURGERY	1,008.12				
15	69540	REMOVE EAR LESION	516.72				
15	69550	REMOVE EAR LESION	726.48				
15	69552	REMOVE EAR LESION	1,008.12				
15	69601	MASTOID SURGERY REVISION	1,008.12				
15	69602	MASTOID SURGERY REVISION	1,008.12				
15	69603	MASTOID SURGERY REVISION	1,008.12				
15	69604	MASTOID SURGERY REVISION	1,008.12				
15	69605	MASTOID SURGERY REVISION	1,008.12				
15	69610	REPAIR EARDRUM	451.89				
15	69620	REPAIR OF EARDRUM	451.89				
15	69631	REPAIR EARDRUM STRUCTURES	726.48				
15	69632	REBUILD EARDRUM STRUCTURES	726.48				
15	69633	REBUILD EARDRUM STRUCTURES	726.48				
15	69635	REPAIR EARDRUM STRUCTURES	1,008.12				
15	69636	REBUILD EARDRUM STRUCTURES	1,008.12				
15	69637	REBUILD EARDRUM STRUCTURES	1,008.12				
15	69641	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69642	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69643	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69644	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69645	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69646	REVISE MIDDLE EAR & MASTOID	1,008.12				
15	69650	RELEASE MIDDLE EAR BONE	1,008.12				
15	69660	REVISE MIDDLE EAR BONE	726.48				
15	69661	REVISE MIDDLE EAR BONE	726.48				
15	69662	REVISE MIDDLE EAR BONE	726.48				
15	69666	REPAIR MIDDLE EAR STRUCTURES	638.32				
15	69667	REPAIR MIDDLE EAR STRUCTURES	638.32				
15	69670	REMOVE MASTOID AIR CELLS	516.72				
15	69676	REMOVE MIDDLE EAR NERVE	516.72				
15	69700	CLOSE MASTOID FISTULA	516.72				
15	69711	REMOVE/REPAIR HEARING AID	337.41				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,356.67				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,356.67				
15	69717	TEMPLE BONE IMPLANT REVISION	1,356.67				
15	69718	REVISE TEMPLE BONE IMPLANT	1,356.67				
15	69720	RELEASE FACIAL NERVE	726.48				
15	69725	RELEASE FACIAL NERVE	726.48				
15	69740	REPAIR FACIAL NERVE	726.48				
15	69745	REPAIR FACIAL NERVE	726.48				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	726.48				
15	69805	EXPLORE INNER EAR	1,008.12				

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69806	EXPLORE INNER EAR	1,008.12				
15	69905	REMOVE INNER EAR	1,008.12				
15	69910	REMOVE INNER EAR & MASTOID	1,008.12				
15	69915	INCISE INNER EAR NERVE	1,008.12				
15	69930	IMPLANT COCHLEAR DEVICE	1,008.12	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP				X
15	69979	TEMPORAL BONE SURGERY	MP				X
15	69990	MICROSURGERY ADD-ON	337.41				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	337.41				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	337.41				

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