

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, 2020 THRU DECEMBER 31, 2020
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
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	G0105	COLORECTAL SCRIN; HI RISK IND	466.35				
15	G0121	COLON CA SCRIN; NOT HIGH RSK IN	466.35				
15	G0260	INJ FOR SACROILIAC JT ANESTH	348.21				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,400.08	10 60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	348.21				
15	10060	DRAINAGE OF SKIN ABSCESS	348.21				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	348.21				
15	10080	INCISE/DRAIN SIMPLE CYST	348.21				
15	10081	INCISE/DRAIN COMPLICATA PILONIDAL CYST	348.21				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	348.21				
15	10121	REMOVE FOREIGN BODY	466.35				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	348.21				
15	10160	PUNCTURE DRAINAGE OF LESION	348.21				
15	10180	COMPLEX DRAINAGE, WOUND	466.35				
15	11004	DEBRIDE GENITALIA & PERINEUN	466.35				
15	11005	DEBRIDE ABDOM WALL	466.35				
15	11006	DEBRIDE GENIT/ABDOM WALL	466.35				
15	11008	REMOVE MESH FROM ABD WALL	466.35				
15	11010	DEBRIDE SKIN, FX	466.35				
15	11011	DEBRIDE SKIN/MUSCLE, FX	466.35				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	466.35				
15	11042	DEBRIDE SKIN/TISSUE	466.35				
15	11043	DEBRIDE TISSUE/MUSCLE	466.35				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	466.35				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	348.21				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	348.21				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	348.21				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	348.21				
15	11404	REMOVAL OF SKIN LESION	348.21				
15	11406	REMOVAL OF SKIN LESION	466.35				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	466.35				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	466.35				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	466.35				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	466.35				
15	11424	REMOVAL OF SKIN LESION	466.35				
15	11426	REMOVAL OF SKIN LESION	466.35				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	348.21				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	348.21				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	348.21				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	348.21				
15	11444	REMOVAL OF SKIN LESION	348.21				
15	11446	REMOVAL OF SKIN LESION	466.35				
15	11450	REMOVAL, SWEAT GLAND LESION	466.35				
15	11451	REMOVAL, SWEAT GLAND LESION	466.35				
15	11462	REMOVAL, SWEAT GLAND LESION	466.35				
15	11463	REMOVAL, SWEAT GLAND LESION	466.35				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11470	REMOVAL, SWEAT GLAND LESION	466.35				
15	11471	REMOVAL, SWEAT GLAND LESION	466.35				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	466.35				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	466.35				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	466.35				
15	11604	REMOVAL OF SKIN LESION	466.35				
15	11606	REMOVAL OF SKIN LESION	466.35				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	466.35				
15	11624	REMOVAL OF SKIN LESION	466.35				
15	11626	REMOVAL OF SKIN LESION	466.35				
15	11640	EXC FACE MM MALIG + MAG 0.5<	466.35				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	466.35				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	466.35				
15	11644	REMOVAL OF SKIN LESION	466.35				
15	11646	REMOVAL OF SKIN LESION	466.35				
15	11750	EXCISION NAIL & NAIL MATRIX	348.21				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	348.21				
15	11770	REMOVAL OF PILONIDAL LESION	533.26				
15	11771	REMOVAL OF PILONIDAL LESION	533.26				
15	11772	REMOVAL OF PILONIDAL LESION	533.26				
15	11920	TATOOING; 6 SQ CM OR LESS	348.21			X	
15	11921	TATOOING; 6.1 TO 20 SQ CM	348.21			X	
15	11960	INSERT TISSUE EXPANDER(S)	466.35				
15	11970	REPLACE TISSUE EXPANDER	533.26			X	
15	11971	REMOVE TISSUE EXPANDER(S)	348.21			X	
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	348.21				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	348.21				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	348.21				
15	12005	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12006	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12007	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	466.35				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	466.35				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	466.35				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	466.35				
15	12016	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12017	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12018	REPAIR SUPERFICIAL WOUND(S)	466.35				
15	12020	CLOSURE OF SPLIT WOUND	348.21				
15	12021	CLOSURE OF SPLIT WOUND	348.21				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	348.21				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	348.21				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	466.35				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	466.35				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	466.35				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	466.35				

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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	348.21				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	348.21				
15	12044	LAYER CLOSURE OF WOUND(S)	466.35				
15	12045	LAYER CLOSURE OF WOUND(S)	466.35				
15	12046	LAYER CLOSURE OF WOUND(S)	466.35				
15	12047	LAYER CLOSURE OF WOUND(S)	466.35				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	348.21				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	348.21				
15	12053	LAYER CLOSURE 5.1 TO 7.5	348.21				
15	12054	LAYER CLOSURE OF WOUND(S)	466.35				
15	12055	LAYER CLOSURE OF WOUND(S)	466.35				
15	12056	LAYER CLOSURE OF WOUND(S)	466.35				
15	12057	LAYER CLOSURE OF WOUND(S)	466.35				
15	13100	REPAIR OF WOUND OR LESION	466.35				
15	13101	REPAIR OF WOUND OR LESION	533.26				
15	13102	REPAIR WOUND/LESION ADD-ON	533.26				
15	13120	REPAIR OF WOUND OR LESION	466.35				
15	13121	REPAIR OF WOUND OR LESION	533.26				
15	13122	REPAIR WOUND/LESION ADD-ON	533.26				
15	13131	REPAIR OF WOUND OR LESION	466.35				
15	13132	REPAIR OF WOUND OR LESION	533.26				
15	13133	REPAIR WOUND/LESION ADD-ON	533.26				
15	13151	REPAIR OF WOUND OR LESION	533.26				
15	13152	REPAIR OF WOUND OR LESION	533.26				
15	13153	REPAIR WOUND/LESION ADD-ON	348.21				
15	13160	LATE CLOSURE OF WOUND	466.35				
15	14000	SKIN TISSUE REARRANGEMENT	466.35				
15	14001	SKIN TISSUE REARRANGEMENT	533.26				
15	14020	SKIN TISSUE REARRANGEMENT	533.26				
15	14021	SKIN TISSUE REARRANGEMENT	533.26				
15	14040	SKIN TISSUE REARRANGEMENT	466.35				
15	14041	SKIN TISSUE REARRANGEMENT	533.26				
15	14060	SKIN TISSUE REARRANGEMENT	533.26				
15	14061	SKIN TISSUE REARRANGEMENT	533.26				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	658.75				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	658.75				
15	14350	SKIN TISSUE REARRANGEMENT	533.26				
15	15040	HARVEST CULTURED SKIN GRAFT	466.35				
15	15050	SKIN PINCH GRAFT	466.35				
15	15100	SKIN SPLIT GRAFT	466.35				
15	15101	SKIN SPLIT GRAFT ADD-ON	533.26				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	466.35				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	348.21				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	466.35				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	348.21				
15	15120	SKIN SPLIT GRAFT	466.35				

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15	15121	SKIN SPLIT GRAFT ADD-ON	533.26				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	466.35				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	348.21				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	466.35				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	348.21				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	466.35				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	348.21				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	348.21				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	466.35				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	348.21				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	348.21				
15	15200	SKIN FULL GRAFT	533.26				
15	15201	SKIN FULL GRAFT ADD-ON	466.35				
15	15220	SKIN FULL GRAFT	466.35				
15	15221	SKIN FULL GRAFT ADD-ON	466.35				
15	15240	SKIN FULL GRAFT	533.26				
15	15241	SKIN FULL GRAFT ADD-ON	533.26				
15	15260	SKIN FULL GRAFT	466.35				
15	15261	SKIN FULL GRAFT ADD-ON	466.35				
15	15570	FORM SKIN PEDICLE FLAP	533.26				
15	15572	FORM SKIN PEDICLE FLAP	533.26				
15	15574	FORM SKIN PEDICLE FLAP	533.26				
15	15576	FORM SKIN PEDICLE FLAP	533.26				
15	15600	SKIN GRAFT	533.26				
15	15610	SKIN GRAFT	533.26				
15	15620	SKIN GRAFT	658.75				
15	15630	SKIN GRAFT	533.26				
15	15650	TRANSFER SKIN PEDICLE FLAP	749.73				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	533.26				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	533.26				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	533.26				
15	15736	MUSCLE-SKIN GRAFT, ARM	533.26				
15	15738	MUSCLE-SKIN GRAFT, LEG	533.26				
15	15740	ISLAND PEDICLE FLAP GRAFT	466.35				
15	15750	NEUROVASCULAR PEDICLE GRAFT	466.35				
15	15760	COMPOSITE SKIN GRAFT	466.35				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	533.26				
15	15770	DERMA-FAT-FASCIA GRAFT	533.26				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	533.26				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	533.26				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	533.26				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	533.26				
15	15820	REVISION OF LOWER EYELID	533.26			X	
15	15821	REVISION OF LOWER EYELID	533.26			X	
15	15822	REVISION OF UPPER EYELID	533.26			X	
15	15823	REVISION OF UPPER EYELID	749.73			X	

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	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15840	GRAFT FOR FACE NERVE PALSY	658.75				
15	15841	GRAFT FOR FACE NERVE PALSY	658.75				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	658.75				
15	15845	SKIN AND MUSCLE REPAIR, FACE	658.75				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	348.21				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	348.21				
15	15920	REMOVAL OF TAIL BONE ULCER	533.26				
15	15922	REMOVAL OF TAIL BONE ULCER	658.75				
15	15931	REMOVE SACRUM PRESSURE SORE	533.26				
15	15933	REMOVE SACRUM PRESSURE SORE	533.26				
15	15934	REMOVE SACRUM PRESSURE SORE	533.26				
15	15935	REMOVE SACRUM PRESSURE SORE	658.75				
15	15936	REMOVE SACRUM PRESSURE SORE	658.75				
15	15937	REMOVE SACRUM PRESSURE SORE	658.75				
15	15940	REMOVE HIP PRESSURE SORE	533.26				
15	15941	REMOVE HIP PRESSURE SORE	533.26				
15	15944	REMOVE HIP PRESSURE SORE	533.26				
15	15945	REMOVE HIP PRESSURE SORE	658.75				
15	15946	REMOVE HIP PRESSURE SORE	658.75				
15	15950	REMOVE THIGH PRESSURE SORE	533.26				
15	15951	REMOVE THIGH PRESSURE SORE	658.75				
15	15952	REMOVE THIGH PRESSURE SORE	533.26				
15	15953	REMOVE THIGH PRESSURE SORE	658.75				
15	15956	REMOVE THIGH PRESSURE SORE	533.26				
15	15958	REMOVE THIGH PRESSURE SORE	658.75				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	348.21				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	466.35				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	466.35				
15	16035	ESCHAROTOMY	466.35				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	466.35				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	466.35				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	466.35				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	348.21				
15	19020	INCISION OF BREAST LESION	466.35				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	466.35				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	466.35				
15	19083	Biopsy of breast accessed throught t	466.35				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	466.35				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	466.35				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	466.35				
15	19100	BX BREAST PERCUT W/O IMAGE	348.21				
15	19101	BIOPSY OF BREAST, OPEN	466.35				
15	19110	NIPPLE EXPLORATION	466.35				
15	19112	EXCISE BREAST DUCT FISTULA	533.26				

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15	19120	REMOVAL OF BREAST LESION	533.26				
15	19125	EXCISION, BREAST LESION	533.26				
15	19126	EXCISION, ADDL BREAST LESION	533.26				
15	19281	Placement of breast localization dev	348.21				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	348.21				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	348.21				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	348.21				
15	19285	Placement of breast localization dev	348.21				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	348.21				
15	19287	Placement of breast localization dev	348.21				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	348.21				
15	19296	PLACE PO BREAST CATH FOR RAD	348.21				
15	19297	PLACE BREAST CATH FOR RAD	348.21				
15	19298	PLACE BREAST RAD TUBE/CATHS	348.21				
15	19300	MASTECTOMY FOR GYNECOMASTIA	658.75			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	533.26				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,040.38				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	658.75				
15	19307	MAST, MOD RAD	1,040.38				
15	19316	MASTOPEXY	658.75		X	F	
15	19318	REDUCTION OF LARGE BREAST	658.75	18 99	X		
15	19324	ENLARGE BREAST	658.75		X	F	
15	19325	MAMMAPLASTY WITH PROSTHETIC	658.75		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	348.21		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	348.21				
15	19340	IMMEDIATE BREAST PROSTHESIS	466.35		X	F	
15	19342	DELAYED BREAST PROSTHESIS	533.26		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	658.75		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	749.73		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	749.73		X		
15	19366	BREAST RECONSTRUCTION	749.73		X	F	
15	19370	SURGERY OF BREAST CAPSULE	658.75		X		
15	19371	REMOVAL OF BREAST CAPSULE	658.75		X		
15	19380	REVISE BREAST RECONSTRUCTION	749.73		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	533.26				
15	20101	EXPLORE WOUND, CHEST	533.26				
15	20102	EXPLORE WOUND, ABDOMEN	533.26				
15	20103	EXPLORE WOUND, EXTREMITY	533.26				
15	20200	MUSCLE BIOPSY	466.35				
15	20205	DEEP MUSCLE BIOPSY	533.26				
15	20206	NEEDLE BIOPSY, MUSCLE	348.21				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	348.21				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	466.35				
15	20240	BONE BIOPSY, EXCISIONAL	466.35				
15	20245	BONE BIOPSY, EXCISIONAL	533.26				

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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	20250	OPEN BONE BIOPSY	533.26				
15	20251	OPEN BONE BIOPSY	533.26				
15	20500	INJECT SINUS TRACT, THERAPEUTIC	348.21				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	348.21				
15	20520	REMOVE FOREGIN BODY; SIMPLE	348.21				
15	20525	REMOVAL OF FOREIGN BODY	533.26				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	348.21				
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	348.21				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	348.21				
15	20612	ASPIRATE/INJ GANGLION CYST	348.21				
15	20615	ASPIRATE/INJECTION-BONE CYST	348.21				
15	20650	INSERT AND REMOVE BONE PIN	533.26				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	348.21	00 00			
15	20661	APPLY HALO;	348.21				
15	20662	APPLY HALO; PELVIC	348.21				
15	20663	APPLY HALO; FEMORAL	348.21				
15	20664	HALO BRACE APPLICATION	466.35				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	348.21				
15	20670	REMOVAL OF SUPPORT IMPLANT	348.21				
15	20680	REMOVAL OF SUPPORT IMPLANT	533.26				
15	20690	APPLY BONE FIXATION DEVICE	466.35				
15	20692	APPLY BONE FIXATION DEVICE	533.26				
15	20693	ADJUST BONE FIXATION DEVICE	533.26				
15	20694	REMOVE BONE FIXATION DEVICE	348.21				
15	20900	REMOVAL OF BONE FOR GRAFT	533.26				
15	20902	REMOVAL OF BONE FOR GRAFT	658.75				
15	20910	REMOVE CARTILAGE FOR GRAFT	533.26				
15	20912	REMOVE CARTILAGE FOR GRAFT	533.26				
15	20920	REMOVAL OF FASCIA FOR GRAFT	658.75				
15	20922	REMOVAL OF FASCIA FOR GRAFT	533.26				
15	20924	REMOVAL OF TENDON FOR GRAFT	658.75				
15	20930	SPINAL BONE ALLOGRAFT	348.21				
15	20931	SPINAL BONE ALLOGRAFT	348.21				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	348.21				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	348.21				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	348.21				
15	20936	SPINAL BONE AUTOGRAFT	348.21				
15	20937	SPINAL BONE AUTOGRAFT	348.21				
15	20938	SPINAL BONE AUTOGRAFT	348.21				
15	20950	MONITOR INTERSTITIAL FLUID	348.21				
15	20975	ELECTRICAL BONE STIMULATION	466.35				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	466.35				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	466.35				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	348.21				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	348.21				

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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	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	348.21				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	348.21				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	533.26				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	466.35				
15	21025	EXCISION OF BONE, LOWER JAW	466.35				
15	21026	EXCISION OF FACIAL BONE(S)	466.35				
15	21029	CONTOUR OF FACE BONE LESION	466.35				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	466.35				
15	21031	EXCISION OF TORUS MANDIBULARIS	466.35				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	466.35				
15	21034	REMOVAL OF FACE BONE LESION	533.26				
15	21040	REMOVAL OF JAW BONE LESION	466.35				
15	21044	REMOVAL OF JAW BONE LESION	466.35				
15	21045	RADICAL RESECTION OF MANDIBLE	533.26				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	466.35				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	466.35				
15	21048	REMOVE MAXILLA CYST COMPLEX	466.35				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	533.26				
15	21050	REMOVAL OF JAW JOINT	533.26				
15	21060	REMOVE JAW JOINT CARTILAGE	466.35				
15	21070	REMOVE CORONOID PROCESS	533.26				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP				X
15	21100	MAXILLOFACIAL FIXATION	466.35				
15	21110	INTERDENTAL FIXATION	348.21				
15	21120	GENIOPLASTY; AUGMENTATION	1,040.38				
15	21121	RECONSTRUCTION OF CHIN	1,040.38				
15	21122	RECONSTRUCTION OF CHIN	1,040.38				
15	21123	RECONSTRUCTION OF CHIN	1,040.38				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,040.38				
15	21127	AUGMENTATION, LOWER JAW BONE	1,400.08				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,040.38				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,040.38				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,040.38				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,040.38				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,040.38				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	1,040.38				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	1,040.38				
15	21181	CONTOUR CRANIAL BONE LESION	1,040.38				
15	21206	RECONSTRUCT UPPER JAW BONE	749.73				
15	21208	AUGMENTATION OF FACIAL BONES	1,040.38				
15	21209	REDUCTION OF FACIAL BONES	749.73				
15	21210	FACE BONE GRAFT	1,040.38				
15	21215	LOWER JAW BONE GRAFT	1,040.38				
15	21230	RIB CARTILAGE GRAFT	1,040.38				
15	21235	EAR CARTILAGE GRAFT	1,040.38				
15	21240	RECONSTRUCTION OF JAW JOINT	658.75				

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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	21242	RECONSTRUCTION OF JAW JOINT	749.73				
15	21243	RECONSTRUCTION OF JAW JOINT	749.73				
15	21244	RECONSTRUCTION OF LOWER JAW	1,040.38				
15	21245	RECONSTRUCTION OF JAW	1,040.38				
15	21246	RECONSTRUCTION OF JAW	1,040.38				
15	21248	RECONSTRUCTION OF JAW	1,040.38				
15	21249	RECONSTRUCTION OF JAW	1,040.38				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,040.38				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,040.38				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,040.38				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,040.38				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,040.38				
15	21267	REVISE EYE SOCKETS	1,040.38				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,040.38				
15	21270	AUGMENTATION, CHEEK BONE	749.73				
15	21275	REVISION, ORBITOFACIAL BONES	1,040.38				
15	21280	REVISION OF EYELID	749.73				
15	21282	REVISION OF EYELID	749.73				
15	21295	RECONST LWR JAW W/O FIXATION	348.21				
15	21296	RECONST LWR JAW W/FIXATION	348.21				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	466.35				
15	21315	TREATMENT OF NOSE FRACTURE	466.35				
15	21320	TREATMENT OF NOSE FRACTURE	466.35				
15	21325	TREATMENT OF NOSE FRACTURE	658.75				
15	21330	TREATMENT OF NOSE FRACTURE	749.73				
15	21335	TREATMENT OF NOSE FRACTURE	1,040.38				
15	21336	TREAT NASAL SEPTAL FRACTURE	658.75				
15	21337	TREAT NASAL SEPTAL FRACTURE	466.35				
15	21338	TREAT NASOETHMOID FRACTURE	658.75				
15	21339	TREAT NASOETHMOID FRACTURE	749.73				
15	21340	TREATMENT OF NOSE FRACTURE	658.75				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	749.73				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	1,040.38				
15	21345	TREAT NOSE/JAW FRACTURE	1,040.38				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	749.73				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	1,040.38				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	1,040.38				
15	21355	TREAT CHEEK BONE FRACTURE	533.26				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	533.26				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	658.75				
15	21386	TREAT ORBITAL FX; PERIORBITAL	658.75				
15	21387	TREAT ORBITAL FX; COMBINATION	658.75				
15	21390	TREAT ORBITAL WITH IMPLANT	658.75				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	658.75				
15	21400	TREAT EYE SOCKET FRACTURE	466.35				

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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	21401	TREAT EYE SOCKET FRACTURE	533.26				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	658.75				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	658.75				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	658.75				
15	21421	TREAT MOUTH ROOF FRACTURE	658.75				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	749.73				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	749.73				
15	21431	TREAT CRANIOFACIAL SEPARATION	658.75				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	658.75				
15	21433	COMPLICATED TX CRANIOFACIAL FX	749.73				
15	21435	COMPLICATED TX CRANIOFACIAL FX	749.73				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	749.73				
15	21440	TREAT DENTAL RIDGE FRACTURE	533.26				
15	21445	TREAT DENTAL RIDGE FRACTURE	658.75				
15	21450	TREAT LOWER JAW FRACTURE	533.26				
15	21451	TREAT LOWER JAW FRACTURE	658.75				
15	21452	TREAT LOWER JAW FRACTURE	466.35				
15	21453	TREAT LOWER JAW FRACTURE	533.26				
15	21454	TREAT LOWER JAW FRACTURE	749.73				
15	21461	TREAT LOWER JAW FRACTURE	658.75				
15	21462	TREAT LOWER JAW FRACTURE	749.73				
15	21465	TREAT LOWER JAW FRACTURE	658.75				
15	21470	TREAT COMPLICATED MANDIBULAR FX	749.73				
15	21480	RESET DISLOCATED JAW	348.21				
15	21485	RESET DISLOCATED JAW	466.35				
15	21490	REPAIR DISLOCATED JAW	533.26				
15	21497	INTERDENTAL WIRING	466.35				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	466.35				
15	21502	DRAIN CHEST LESION	466.35				
15	21510	INCISION WITH OPENING OF BONE CORTEX	533.26				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	348.21				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	466.35				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	466.35				
15	21555	REMOVE LESION, NECK/CHEST	466.35				
15	21556	REMOVE LESION, NECK/CHEST	466.35				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	466.35				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	466.35				
15	21600	PARTIAL REMOVAL OF RIB	466.35				
15	21610	PARTIAL REMOVAL OF RIB	466.35				
15	21615	EXCISION CERVICAL RIB	466.35				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	466.35				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	466.35				
15	21627	STERNAL DEBRIDEMENT	466.35				
15	21630	RADICAL RESECTOPM PF STERNUM	749.73				
15	21632	MEDIASTINAL LYMPHADENECTOMY	749.73				

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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	21700	REVISION OF NECK MUSCLE	466.35				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	466.35				
15	21720	REVISION OF NECK MUSCLE	533.26				
15	21725	REVISION OF NECK MUSCLE	533.26				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	533.26				
15	21820	TREAT STERNUM FRACTURE	348.21				
15	21825	TREAT STERNUM FRACTURE;OPEN	466.35				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X		
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	348.21				
15	21925	BIOPSY SOFT TISSUE OF BACK	466.35				
15	21930	REMOVE LESION, BACK OR FLANK	466.35				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	466.35				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	466.35				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	466.35				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	533.26				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	22100	RESECT VERTEBRA,CERVICAL	466.35				
15	22101	RESECT VERTEBRA, THORACIC	466.35				
15	22310	TREAT SPINE FRACTURE	348.21				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	466.35				
15	22505	MANIPULATION OF SPINE	466.35				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	466.35				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	466.35				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	466.35				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	466.35				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,400.08				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,400.08				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	466.35				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	466.35				
15	22899	SPINE SURGERY PROCEDURE	MP		X		
15	22900	REMOVE ABDOMINAL WALL LESION	658.75				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	466.35				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	466.35				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	466.35				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	466.35				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	466.35				
15	23020	RELEASE SHOULDER JOINT	466.35				
15	23030	DRAIN SHOULDER LESION	348.21				
15	23031	DRAIN SHOULDER BURSA	533.26				
15	23035	DRAIN SHOULDER BONE LESION	533.26				
15	23040	EXPLORATORY SHOULDER SURGERY	533.26				
15	23044	EXPLORATORY SHOULDER SURGERY	658.75				
15	23066	BIOPSY SHOULDER TISSUES	466.35				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	466.35				

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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	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	466.35				
15	23075	REMOVAL OF SHOULDER LESION	466.35				
15	23076	REMOVAL OF SHOULDER LESION	466.35				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	533.26				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	23100	BIOPSY OF SHOULDER JOINT	466.35				
15	23101	SHOULDER JOINT SURGERY	1,040.38				
15	23105	REMOVE SHOULDER JOINT LINING	658.75				
15	23106	INCISION OF COLLARBONE JOINT	658.75				
15	23107	EXPLORE TREAT SHOULDER JOINT	658.75				
15	23120	PARTIAL REMOVAL, COLLAR BONE	749.73				
15	23125	REMOVAL OF COLLAR BONE	749.73				
15	23130	REMOVE SHOULDER BONE, PART	749.73				
15	23140	REMOVAL OF BONE LESION	658.75				
15	23145	REMOVAL OF BONE LESION	749.73				
15	23146	REMOVAL OF BONE LESION	749.73				
15	23150	REMOVAL OF HUMERUS LESION	658.75				
15	23155	REMOVAL OF HUMERUS LESION	749.73				
15	23156	REMOVAL OF HUMERUS LESION	749.73				
15	23170	REMOVE COLLAR BONE LESION	466.35				
15	23172	REMOVE SHOULDER BLADE LESION	466.35				
15	23174	REMOVE HUMERUS LESION	466.35				
15	23180	REMOVE COLLAR BONE LESION	658.75				
15	23182	REMOVE SHOULDER BLADE LESION	658.75				
15	23184	REMOVE HUMERUS LESION	658.75				
15	23190	PARTIAL REMOVAL OF SCAPULA	658.75				
15	23195	REMOVAL OF HEAD OF HUMERUS	749.73				
15	23330	REMOVE SHOULDER FOREIGN BODY	348.21				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	348.21				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	749.73				
15	23397	MUSCLE TRANSFERS	1,040.38				
15	23400	FIXATION OF SHOULDER BLADE	1,040.38				
15	23405	INCISION OF TENDON & MUSCLE	466.35				
15	23406	INCISE TENDON(S) & MUSCLE(S)	466.35				
15	23410	REPAIR OF TENDON(S)	749.73				
15	23412	REPAIR OF TENDON(S)	1,040.38				
15	23415	RELEASE OF SHOULDER LIGAMENT	749.73				
15	23420	REPAIR OF SHOULDER	1,040.38				
15	23430	REPAIR BICEPS TENDON	658.75				
15	23440	REMOVE/TRANSPLANT TENDON	658.75				
15	23450	REPAIR SHOULDER CAPSULE	749.73				
15	23455	REPAIR SHOULDER CAPSULE	1,040.38				
15	23460	REPAIR SHOULDER CAPSULE	749.73				
15	23462	REPAIR SHOULDER CAPSULE	1,040.38				
15	23465	REPAIR SHOULDER CAPSULE	749.73				
15	23466	REPAIR SHOULDER CAPSULE	1,040.38				

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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	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,040.38				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,040.38				
15	23480	REVISION OF COLLAR BONE	658.75				
15	23485	REVISION OF COLLAR BONE	1,040.38				
15	23490	REINFORCE CLAVICLE	533.26				
15	23491	REINFORCE SHOULDER BONES	533.26				
15	23500	TREAT CLAVICLE FRACTURE	348.21				
15	23505	TREAT CLAVICLE FRACTURE	348.21				
15	23515	TREAT CLAVICLE FRACTURE	533.26				
15	23520	TREAT CLAVICLE DISLOCATION	348.21				
15	23525	TREAT CLAVICLE DISLOCATION	348.21				
15	23530	TREAT CLAVICLE DISLOCATION	533.26				
15	23532	TREAT CLAVICLE DISLOCATION	658.75				
15	23540	TREAT CLAVICLE DISLOCATION	348.21				
15	23545	TREAT CLAVICLE DISLOCATION	348.21				
15	23550	TREAT CLAVICLE DISLOCATION	533.26				
15	23552	TREAT CLAVICLE DISLOCATION	658.75				
15	23570	TREAT SHOULDER BLADE FX	348.21				
15	23575	TREAT SHOULDER BLADE FX	348.21				
15	23585	TREAT SCAPULA FRACTURE	533.26				
15	23600	TREAT HUMERUS FRACTURE	348.21				
15	23605	TREAT HUMERUS FRACTURE	466.35				
15	23615	TREAT HUMERUS FRACTURE	658.75				
15	23616	TREAT HUMERUS FRACTURE	658.75				
15	23620	TREAT HUMERUS FRACTURE	348.21				
15	23625	TREAT HUMERUS FRACTURE	466.35				
15	23630	TREAT HUMERUS FRACTURE	749.73				
15	23650	TREAT SHOULDER DISLOCATION	348.21				
15	23655	TREAT SHOULDER DISLOCATION	348.21				
15	23660	TREAT SHOULDER DISLOCATION	533.26				
15	23665	TREAT DISLOCATION/FRACTURE	466.35				
15	23670	TREAT DISLOCATION/FRACTURE	533.26				
15	23675	TREAT DISLOCATION/FRACTURE	466.35				
15	23680	TREAT DISLOCATION/FRACTURE	533.26				
15	23700	FIXATION OF SHOULDER	348.21				
15	23800	FUSION OF SHOULDER JOINT	658.75				
15	23802	FUSION OF SHOULDER JOINT	1,040.38				
15	23921	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	348.21				
15	23931	DRAINAGE OF ARM BURSA	466.35				
15	23935	DRAIN ARM/ELBOW BONE LESION	466.35				
15	24000	EXPLORATORY ELBOW SURGERY	658.75				
15	24006	RELEASE ELBOW JOINT	658.75				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	466.35				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	466.35				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	466.35				
15	24075	REMOVE ARM/ELBOW LESION	466.35				
15	24076	REMOVE ARM/ELBOW LESION	466.35				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	533.26				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	24100	BIOPSY ELBOW JOINT LINING	348.21				
15	24101	EXPLORE/TREAT ELBOW JOINT	658.75				
15	24102	REMOVE ELBOW JOINT LINING	658.75				
15	24105	REMOVAL OF ELBOW BURSA	533.26				
15	24110	REMOVE HUMERUS LESION	466.35				
15	24115	REMOVE/GRAFT BONE LESION	533.26				
15	24116	REMOVE/GRAFT BONE LESION	533.26				
15	24120	REMOVE ELBOW LESION	533.26				
15	24125	REMOVE/GRAFT BONE LESION	533.26				
15	24126	REMOVE/GRAFT BONE LESION	533.26				
15	24130	REMOVAL OF HEAD OF RADIUS	533.26				
15	24134	REMOVAL OF ARM BONE LESION	466.35				
15	24136	REMOVE RADIUS BONE LESION	466.35				
15	24138	REMOVE ELBOW BONE LESION	466.35				
15	24140	PARTIAL REMOVAL OF ARM BONE	533.26				
15	24145	PARTIAL REMOVAL OF RADIUS	533.26				
15	24147	PARTIAL REMOVAL OF ELBOW	466.35				
15	24155	REMOVAL OF ELBOW JOINT	533.26				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	466.35				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	533.26				
15	24200	REMOVAL OF ARM FOREIGN BODY	348.21				
15	24201	REMOVAL OF ARM FOREIGN BODY	466.35				
15	24301	MUSCLE/TENDON TRANSFER	658.75				
15	24305	ARM TENDON LENGTHENING	658.75				
15	24310	REVISION OF ARM TENDON	533.26				
15	24320	REPAIR OF ARM TENDON	533.26				
15	24330	REVISION OF ARM MUSCLES	533.26				
15	24331	REVISION OF ARM MUSCLES	533.26				
15	24340	REPAIR OF BICEPS TENDON	533.26				
15	24341	REPAIR ARM TENDON/MUSCLE	533.26				
15	24342	REPAIR OF RUPTURED TENDON	533.26				
15	24345	REPR ELBW MED LIGMNT W/TISSU	466.35				
15	24360	RECONSTRUCT ELBOW JOINT	749.73				
15	24361	RECONSTRUCT ELBOW JOINT	749.73				
15	24362	RECONSTRUCT ELBOW JOINT	749.73				
15	24363	REPLACE ELBOW JOINT	1,040.38				
15	24365	RECONSTRUCT HEAD OF RADIUS	749.73				
15	24366	RECONSTRUCT HEAD OF RADIUS	749.73				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	749.73				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	749.73				
15	24400	REVISION OF HUMERUS	658.75				

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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	24410	REVISION OF HUMERUS	658.75				
15	24420	REVISION OF HUMERUS	533.26				
15	24430	REPAIR OF HUMERUS	533.26				
15	24435	REPAIR HUMERUS WITH GRAFT	658.75				
15	24470	REVISION OF ELBOW JOINT	533.26				
15	24495	DECOMPRESSION OF FOREARM	466.35				
15	24498	REINFORCE HUMERUS	533.26				
15	24500	TREAT HUMERUS FRACTURE	348.21				
15	24505	TREAT HUMERUS FRACTURE	348.21				
15	24515	TREAT HUMERUS FRACTURE	658.75				
15	24516	TREAT HUMERUS FRACTURE	658.75				
15	24530	TREAT HUMERUS FRACTURE	348.21				
15	24535	TREAT HUMERUS FRACTURE	348.21				
15	24538	TREAT HUMERUS FRACTURE	466.35				
15	24545	TREAT HUMERUS FRACTURE	658.75				
15	24546	TREAT HUMERUS FRACTURE	749.73				
15	24560	TREAT HUMERUS FRACTURE	348.21				
15	24565	TREAT HUMERUS FRACTURE	466.35				
15	24566	TREAT HUMERUS FRACTURE	466.35				
15	24575	TREAT HUMERUS FRACTURE	533.26				
15	24576	TREAT HUMERUS FRACTURE	348.21				
15	24577	TREAT HUMERUS FRACTURE	348.21				
15	24579	TREAT HUMERUS FRACTURE	533.26				
15	24582	TREAT HUMERUS FRACTURE	466.35				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	658.75				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	749.73				
15	24600	TREAT ELBOW DISLOCATION	348.21				
15	24605	TREAT ELBOW DISLOCATION	466.35				
15	24615	TREAT ELBOW DISLOCATION	533.26				
15	24620	TREAT ELBOW FRACTURE	466.35				
15	24635	TREAT ELBOW FRACTURE	533.26				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	348.21				
15	24655	TREAT RADIUS FRACTURE	348.21				
15	24665	TREAT RADIUS FRACTURE	658.75				
15	24666	TREAT RADIUS FRACTURE	658.75				
15	24670	TREAT ULNAR FRACTURE	348.21				
15	24675	TREAT ULNAR FRACTURE	348.21				
15	24685	TREAT ULNAR FRACTURE	533.26				
15	24800	FUSION OF ELBOW JOINT	658.75				
15	24802	FUSION/GRAFT OF ELBOW JOINT	749.73				
15	24925	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	533.26				
15	25020	DECOMPRESS FOREARM 1 SPACE	533.26				
15	25023	DECOMPRESS FOREARM 1 SPACE	533.26				
15	25024	DECOMPRESS FOREARM 2 SPACES	533.26				

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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	25025	DECOMPRESS FORARM 2 SPACES	533.26				
15	25028	DRAINAGE OF FOREARM LESION	348.21				
15	25031	DRAINAGE OF FOREARM BURSA	466.35				
15	25035	TREAT FOREARM BONE LESION	466.35				
15	25040	EXPLORE/TREAT WRIST JOINT	749.73				
15	25066	BIOPSY FOREARM SOFT TISSUES	466.35				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	466.35				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	466.35				
15	25075	REMOVE FOREARM LESION SUBCUT	466.35				
15	25076	REMOVE FOREARM LESION DEEP	533.26				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	533.26				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	466.35				
15	25085	INCISION OF WRIST CAPSULE	533.26				
15	25100	BIOPSY OF WRIST JOINT	466.35				
15	25101	EXPLORE/TREAT WRIST JOINT	533.26				
15	25105	REMOVE WRIST JOINT LINING	658.75				
15	25107	REMOVE WRIST JOINT CARTILAGE	533.26				
15	25110	REMOVE WRIST TENDON LESION	533.26				
15	25111	REMOVE WRIST TENDON LESION	533.26				
15	25112	REREMOVE WRIST TENDON LESION	658.75				
15	25115	REMOVE WRIST/FOREARM LESION	658.75				
15	25116	REMOVE WRIST/FOREARM LESION	658.75				
15	25118	EXCISE WRIST TENDON SHEATH	466.35				
15	25119	PARTIAL REMOVAL OF ULNA	533.26				
15	25120	REMOVAL OF FOREARM LESION	533.26				
15	25125	REMOVE/GRAFT FOREARM LESION	533.26				
15	25126	REMOVE/GRAFT FOREARM LESION	533.26				
15	25130	REMOVAL OF WRIST LESION	533.26				
15	25135	REMOVE & GRAFT WRIST LESION	533.26				
15	25136	REMOVE & GRAFT WRIST LESION	533.26				
15	25145	REMOVE FOREARM BONE LESION	466.35				
15	25150	PARTIAL REMOVAL OF ULNA	466.35				
15	25151	PARTIAL REMOVAL OF RADIUS	466.35				
15	25210	REMOVAL OF WRIST BONE	533.26				
15	25215	REMOVAL OF WRIST BONES	658.75				
15	25230	PARTIAL REMOVAL OF RADIUS	658.75				
15	25240	PARTIAL REMOVAL OF ULNA	658.75				
15	25248	REMOVE FOREARM FOREIGN BODY	466.35				
15	25250	REMOVAL OF WRIST PROSTHESIS	348.21				
15	25251	REMOVAL OF WRIST PROSTHESIS	348.21				
15	25260	REPAIR FOREARM TENDON/MUSCLE	658.75				
15	25263	REPAIR FOREARM TENDON/MUSCLE	466.35				
15	25265	REPAIR FOREARM TENDON/MUSCLE	533.26				
15	25270	REPAIR FOREARM TENDON/MUSCLE	658.75				
15	25272	REPAIR FOREARM TENDON/MUSCLE	533.26				
15	25274	REPAIR FOREARM TENDON/MUSCLE	658.75				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION	FEE				
15	25275	REPAIR FOREARM TENDON SHEATH	658.75				
15	25280	REVISE WRIST/FOREARM TENDON	658.75				
15	25290	INCISE WRIST/FOREARM TENDON	533.26				
15	25295	RELEASE WRIST/FOREARM TENDON	533.26				
15	25300	FUSION OF TENDONS AT WRIST	533.26				
15	25301	FUSION OF TENDONS AT WRIST	533.26				
15	25310	TRANSPLANT FOREARM TENDON	533.26				
15	25312	TRANSPLANT FOREARM TENDON	658.75				
15	25315	REVISE PALSY HAND TENDON(S)	533.26				
15	25316	REVISE PALSY HAND TENDON(S)	533.26				
15	25320	REPAIR/REVISE WRIST JOINT	533.26				
15	25332	REVISE WRIST JOINT	749.73				
15	25335	REALIGNMENT OF HAND	533.26				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	749.73				
15	25350	REVISION OF RADIUS	533.26				
15	25355	REVISION OF RADIUS	533.26				
15	25360	REVISION OF ULNA	533.26				
15	25365	REVISE RADIUS & ULNA	533.26				
15	25370	REVISE RADIUS OR ULNA	533.26				
15	25375	REVISE RADIUS & ULNA	658.75				
15	25390	SHORTEN RADIUS OR ULNA	533.26				
15	25391	LENGTHEN RADIUS OR ULNA	658.75				
15	25392	SHORTEN RADIUS & ULNA	533.26				
15	25393	LENGTHEN RADIUS & ULNA	658.75				
15	25400	REPAIR RADIUS OR ULNA	533.26				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	658.75				
15	25415	REPAIR RADIUS & ULNA	533.26				
15	25420	REPAIR/GRAFT RADIUS & ULNA	658.75				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	533.26				
15	25426	REPAIR/GRAFT RADIUS & ULNA	658.75				
15	25431	REPAIR NONUNION CARPAL BONE	533.26				
15	25440	REPAIR/GRAFT WRIST BONE	658.75				
15	25441	RECONSTRUCT WRIST JOINT	749.73				
15	25442	RECONSTRUCT WRIST JOINT	749.73				
15	25443	RECONSTRUCT WRIST JOINT	749.73				
15	25444	RECONSTRUCT WRIST JOINT	749.73				
15	25445	RECONSTRUCT WRIST JOINT	749.73				
15	25446	WRIST REPLACEMENT	1,040.38				
15	25449	REMOVE WRIST JOINT IMPLANT	749.73				
15	25450	REVISION OF WRIST JOINT	533.26				
15	25455	REVISION OF WRIST JOINT	533.26				
15	25490	REINFORCE RADIUS	533.26				
15	25491	REINFORCE ULNA	533.26				
15	25492	REINFORCE RADIUS AND ULNA	533.26				
15	25505	TREAT FRACTURE OF RADIUS	348.21				
15	25515	TREAT FRACTURE OF RADIUS	533.26				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	348.21				
15	25525	TREAT FRACTURE OF RADIUS	658.75				
15	25526	TREAT FRACTURE OF RADIUS	749.73				
15	25535	TREAT FRACTURE OF ULNA	348.21				
15	25545	TREAT FRACTURE OF ULNA	533.26				
15	25565	TREAT FRACTURE RADIUS & ULNA	466.35				
15	25574	TREAT FRACTURE RADIUS & ULNA	533.26				
15	25575	TREAT FRACTURE RADIUS/ULNA	533.26				
15	25605	TREAT FRACTURE RADIUS/ULNA	533.26				
15	25606	TREAT FX DISTAL RADIAL	533.26				
15	25607	TREAT FX RAD EXTRA-ARTICUL	749.73				
15	25608	TREAT FX RAD INTRA-ARTICUL	749.73				
15	25609	TREAT FX RADIAL 3 + FRAG	749.73				
15	25624	TREAT WRIST BONE FRACTURE	466.35				
15	25628	TREAT WRIST BONE FRACTURE	533.26				
15	25635	TREAT WRIST BONE FRACTURE	348.21				
15	25645	TREAT WRIST BONE FRACTURE	533.26				
15	25651	PIN ULAR STYLOID FRACTURE	533.26				
15	25660	TREAT WRIST DISLOCATION	348.21				
15	25670	TREAT WRIST DISLOCATION	533.26				
15	25671	PIN RADIOULNAR DISLOCATION	348.21				
15	25675	TREAT WRIST DISLOCATION	348.21				
15	25676	TREAT WRIST DISLOCATION	466.35				
15	25680	TREAT WRIST FRACTURE	466.35				
15	25685	TREAT WRIST FRACTURE	533.26				
15	25690	TREAT WRIST DISLOCATION	348.21				
15	25695	TREAT WRIST DISLOCATION	466.35				
15	25800	FUSION OF WRIST JOINT	658.75				
15	25805	FUSION/GRAFT OF WRIST JOINT	749.73				
15	25810	FUSION/GRAFT OF WRIST JOINT	749.73				
15	25820	FUSION OF HAND BONES	658.75				
15	25825	FUSE HAND BONES WITH GRAFT	749.73				
15	25830	FUSION, RADIOULNAR JNT/ULNA	749.73				
15	25907	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	25922	AMPUTATE HAND AT WRIST	533.26				
15	25929	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	348.21				
15	26020	DRAIN HAND TENDON SHEATH	466.35				
15	26025	DRAINAGE OF PALM BURSA	348.21				
15	26030	DRAINAGE OF PALM BURSA(S)	466.35				
15	26034	TREAT HAND BONE LESION	466.35				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	658.75				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	533.26				
15	26055	INCISE FINGER TENDON SHEATH	466.35				
15	26060	INCISION OF FINGER TENDON	466.35				

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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	FEE				
15	26070	EXPLORE/TREAT HAND JOINT	466.35				
15	26075	EXPLORE/TREAT FINGER JOINT	658.75				
15	26080	EXPLORE/TREAT FINGER JOINT	658.75				
15	26100	BIOPSY HAND JOINT LINING	466.35				
15	26105	BIOPSY FINGER JOINT LINING	348.21				
15	26110	BIOPSY FINGER JOINT LINING	348.21				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	466.35				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	466.35				
15	26115	REMOVE HAND LESION SUBCUT	466.35				
15	26116	REMOVE HAND LESION, DEEP	466.35				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	533.26				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	466.35				
15	26121	RELEASE PALM CONTRACTURE	658.75				
15	26123	RELEASE PALM CONTRACTURE	658.75				
15	26125	RELEASE PALM CONTRACTURE	658.75				
15	26130	REMOVE WRIST JOINT LINING	533.26				
15	26135	REVISE FINGER JOINT, EACH	658.75				
15	26140	REVISE FINGER JOINT, EACH	466.35				
15	26145	TENDON EXCISION, PALM/FINGER	533.26				
15	26160	REMOVE TENDON SHEATH LESION	533.26				
15	26170	REMOVAL OF PALM TENDON, EACH	533.26				
15	26180	REMOVAL OF FINGER TENDON	533.26				
15	26185	REMOVE FINGER BONE	658.75				
15	26200	REMOVE HAND BONE LESION	466.35				
15	26205	REMOVE/GRAFT BONE LESION	533.26				
15	26210	REMOVAL OF FINGER LESION	466.35				
15	26215	REMOVE/GRAFT FINGER LESION	533.26				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,040.38				
15	26235	PARTIAL REMOVAL, FINGER BONE	533.26				
15	26236	PARTIAL REMOVAL, FINGER BONE	533.26				
15	26250	EXTENSIVE HAND SURGERY	533.26				
15	26260	EXTENSIVE FINGER SURGERY	533.26				
15	26262	PARTIAL REMOVAL OF FINGER	466.35				
15	26320	REMOVAL OF IMPLANT FROM HAND	466.35				
15	26340	MANIPULATE FINGER WITH ANESTH	348.21				
15	26350	REPAIR OF FINGER TENDON	348.21				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	658.75				
15	26356	REPAIR OF FINGER TENDON	658.75				
15	26357	REPAIR OF FINGER TENDON	658.75				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	658.75				
15	26370	REPAIR FINGER/HAND TENDON	658.75				
15	26372	REPAIR/GRAFT HAND TENDON	658.75				
15	26373	REPAIR FINGER/HAND TENDON	533.26				
15	26390	REVISE HAND/FINGER TENDON	658.75				
15	26392	REPAIR/GRAFT HAND TENDON	533.26				
15	26410	REPAIR HAND TENDON	533.26				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26412	REPAIR/GRAFT HAND TENDON	533.26				
15	26415	EXCISION, HAND/FINGER TENDON	658.75				
15	26416	GRAFT HAND OR FINGER TENDON	533.26				
15	26418	REPAIR FINGER TENDON	658.75				
15	26420	REPAIR/GRAFT FINGER TENDON	658.75				
15	26426	REPAIR FINGER/HAND TENDON	533.26				
15	26428	REPAIR/GRAFT FINGER TENDON	533.26				
15	26432	REPAIR FINGER TENDON	533.26				
15	26433	REPAIR FINGER TENDON	533.26				
15	26434	REPAIR/GRAFT FINGER TENDON	533.26				
15	26437	REALIGNMENT OF TENDONS	533.26				
15	26440	RELEASE PALM/FINGER TENDON	533.26				
15	26442	RELEASE PALM & FINGER TENDON	533.26				
15	26445	RELEASE HAND/FINGER TENDON	533.26				
15	26449	RELEASE FOREARM/HAND TENDON	533.26				
15	26450	INCISION OF PALM TENDON	533.26				
15	26455	INCISION OF FINGER TENDON	533.26				
15	26460	INCISE HAND/FINGER TENDON	533.26				
15	26471	FUSION OF FINGER TENDONS	466.35				
15	26474	FUSION OF FINGER TENDONS	466.35				
15	26476	TENDON LENGTHENING	348.21				
15	26477	TENDON SHORTENING	348.21				
15	26478	LENGTHENING OF HAND TENDON	348.21				
15	26479	SHORTENING OF HAND TENDON	348.21				
15	26480	TRANSPLANT HAND TENDON	533.26				
15	26483	TRANSPLANT/GRAFT HAND TENDON	533.26				
15	26485	TRANSPLANT PALM TENDON	466.35				
15	26489	TRANSPLANT/GRAFT PALM TENDON	533.26				
15	26490	REVISE THUMB TENDON	533.26				
15	26492	TENDON TRANSFER WITH GRAFT	533.26				
15	26494	HAND TENDON/MUSCLE TRANSFER	533.26				
15	26496	REVISE THUMB TENDON	533.26				
15	26497	FINGER TENDON TRANSFER	533.26				
15	26498	FINGER TENDON TRANSFER	658.75				
15	26499	REVISION OF FINGER	533.26				
15	26500	HAND TENDON RECONSTRUCTION	658.75				
15	26502	HAND TENDON RECONSTRUCTION	658.75				
15	26508	RELEASE THUMB CONTRACTURE	533.26				
15	26510	THUMB TENDON TRANSFER	533.26				
15	26516	FUSION OF KNUCKLE JOINT	348.21				
15	26517	FUSION OF KNUCKLE JOINTS	533.26				
15	26518	FUSION OF KNUCKLE JOINTS	533.26				
15	26520	RELEASE KNUCKLE CONTRACTURE	533.26				
15	26525	RELEASE FINGER CONTRACTURE	533.26				
15	26530	REVISE KNUCKLE JOINT	533.26				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,040.38				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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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	26535	REVISE FINGER JOINT	749.73				
15	26536	REVISE/IMPLANT FINGER JOINT	749.73				
15	26540	REPAIR HAND JOINT	658.75				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,040.38				
15	26542	REPAIR HAND JOINT WITH GRAFT	658.75				
15	26545	RECONSTRUCT FINGER JOINT	658.75				
15	26546	REPAIR NONUNION HAND	658.75				
15	26548	RECONSTRUCT FINGER JOINT	658.75				
15	26550	CONSTRUCT THUMB REPLACEMENT	466.35				
15	26555	POSITIONAL CHANGE OF FINGER	533.26				
15	26560	REPAIR OF WEB FINGER	466.35				
15	26561	REPAIR OF WEB FINGER	533.26				
15	26562	REPAIR OF WEB FINGER	658.75				
15	26565	CORRECT METACARPAL FLAW	749.73				
15	26567	CORRECT FINGER DEFORMITY	749.73				
15	26568	LENGTHEN METACARPAL/FINGER	533.26				
15	26580	REPAIR HAND DEFORMITY	749.73				
15	26587	RECONSTRUCT EXTRA FINGER	749.73				
15	26590	REPAIR FINGER DEFORMITY	749.73				
15	26591	REPAIR MUSCLES OF HAND	533.26				
15	26593	RELEASE MUSCLES OF HAND	533.26				
15	26596	EXCISION CONSTRICTING TISSUE	466.35				
15	26605	TREAT METACARPAL FRACTURE	466.35				
15	26607	TREAT METACARPAL FRACTURE	466.35				
15	26608	TREAT METACARPAL FRACTURE	658.75				
15	26615	TREAT METACARPAL FRACTURE	658.75				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	348.21				
15	26645	TREAT THUMB FRACTURE	348.21				
15	26650	TREAT THUMB FRACTURE	466.35				
15	26665	TREAT THUMB FRACTURE	658.75				
15	26675	TREAT HAND DISLOCATION	466.35				
15	26676	PIN HAND DISLOCATION	466.35				
15	26685	TREAT HAND DISLOCATION	533.26				
15	26686	TREAT HAND DISLOCATION	533.26				
15	26705	TREAT KNUCKLE DISLOCATION	466.35				
15	26706	PIN KNUCKLE DISLOCATION	466.35				
15	26715	TREAT KNUCKLE DISLOCATION	658.75				
15	26727	TREAT FINGER FRACTURE, EACH	1,040.38				
15	26735	TREAT FINGER FRACTURE, EACH	658.75				
15	26742	TREAT FINGER FRACTURE, EACH	466.35				
15	26746	TREAT FINGER FRACTURE, EACH	749.73				
15	26756	PIN FINGER FRACTURE, EACH	466.35				
15	26765	TREAT FINGER FRACTURE, EACH	658.75				
15	26776	PIN FINGER DISLOCATION	466.35				
15	26785	TREAT FINGER DISLOCATION	466.35				
15	26820	THUMB FUSION WITH GRAFT	749.73				

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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	FEE				
15	26841	FUSION OF THUMB	658.75				
15	26842	THUMB FUSION WITH GRAFT	658.75				
15	26843	FUSION OF HAND JOINT	533.26				
15	26844	FUSION/GRAFT OF HAND JOINT	533.26				
15	26850	FUSION OF KNUCKLE	658.75				
15	26852	FUSION OF KNUCKLE WITH GRAFT	658.75				
15	26860	FUSION OF FINGER JOINT	533.26				
15	26861	FUSION OF FINGER JNT, ADD-ON	466.35				
15	26862	FUSION/GRAFT OF FINGER JOINT	658.75				
15	26863	FUSE/GRAFT ADDED JOINT	533.26				
15	26910	AMPUTATE METACARPAL BONE	533.26				
15	26951	AMPUTATION OF FINGER/THUMB	466.35				
15	26952	AMPUTATION OF FINGER/THUMB	658.75				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	348.21				
15	26991	DRAINAGE OF PELVIS BURSA	348.21				
15	27000	INCISION OF HIP TENDON	466.35				
15	27001	INCISION OF HIP TENDON	533.26				
15	27003	INCISION OF HIP TENDON	533.26				
15	27033	EXPLORATION OF HIP JOINT	533.26				
15	27035	DENERVATION OF HIP JOINT	658.75				
15	27040	BIOPSY OF SOFT TISSUES	348.21				
15	27041	BIOPSY OF SOFT TISSUES	466.35				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	466.35				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	466.35				
15	27047	REMOVE HIP/PELVIS LESION	466.35				
15	27048	REMOVE HIP/PELVIS LESION	533.26				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	533.26				
15	27050	BIOPSY OF SACROILIAC JOINT	533.26				
15	27052	BIOPSY OF HIP JOINT	533.26				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	27060	REMOVAL OF ISCHIAL BURSA	749.73				
15	27062	REMOVE FEMUR LESION/BURSA	749.73				
15	27065	REMOVAL OF HIP BONE LESION	749.73				
15	27066	REMOVAL OF HIP BONE LESION	749.73				
15	27067	REMOVE/GRAFT HIP BONE LESION	749.73				
15	27080	REMOVAL OF TAIL BONE	466.35				
15	27086	REMOVE HIP FOREIGN BODY	348.21				
15	27087	REMOVE HIP FOREIGN BODY	533.26				
15	27095	WITH ANES	348.21				
15	27097	REVISION OF HIP TENDON	533.26				
15	27098	TRANSFER TENDON TO PELVIS	533.26				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	658.75				
15	27105	TRANSFER OF SPINAL MUSCLE	658.75				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	658.75				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	658.75				

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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	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	533.26				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	466.35				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	348.21				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	466.35				
15	27202	TREAT TAIL BONE FRACTURE	466.35				
15	27230	TREAT THIGH FRACTURE	348.21				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	348.21				
15	27238	TREAT THIGH FRACTURE	348.21				
15	27246	TREAT THIGH FRACTURE	348.21				
15	27250	TREAT HIP DISLOCATION	348.21				
15	27252	TREAT HIP DISLOCATION	466.35				
15	27257	TREAT HIP DISLOCATION	533.26				
15	27265	TREAT HIP DISLOCATION	348.21				
15	27266	TREAT HIP DISLOCATION	466.35				
15	27275	MANIPULATION OF HIP JOINT	466.35				
15	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	1,400.08				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	533.26				
15	27305	INCISE THIGH TENDON & FASCIA	466.35				
15	27306	INCISION OF THIGH TENDON	533.26				
15	27307	INCISION OF THIGH TENDONS	533.26				
15	27310	EXPLORATION OF KNEE JOINT	658.75				
15	27323	BIOPSY, THIGH SOFT TISSUES	348.21				
15	27324	BIOPSY, THIGH SOFT TISSUES	348.21				
15	27327	REMOVAL OF THIGH LESION	466.35				
15	27328	REMOVAL OF THIGH LESION	533.26				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	658.75				
15	27330	BIOPSY, KNEE JOINT LINING	658.75				
15	27331	EXPLORE/TREAT KNEE JOINT	658.75				
15	27332	REMOVAL OF KNEE CARTILAGE	658.75				
15	27333	REMOVAL OF KNEE CARTILAGE	658.75				
15	27334	REMOVE KNEE JOINT LINING	658.75				
15	27335	REMOVE KNEE JOINT LINING	658.75				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	466.35				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	466.35				
15	27340	REMOVAL OF KNEECAP BURSA	533.26				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	658.75				
15	27347	REMOVE KNEE CYST	658.75				
15	27350	REMOVAL OF KNEECAP	658.75				
15	27355	REMOVE FEMUR LESION	533.26				
15	27356	REMOVE FEMUR LESION/GRAFT	658.75				
15	27357	REMOVE FEMUR LESION/GRAFT	749.73				
15	27358	REMOVE FEMUR LESION/FIXATION	749.73				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	749.73				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	27372	REMOVAL OF FOREIGN BODY	1,040.38				

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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	FEE				
15	27380	REPAIR OF KNEECAP TENDON	348.21				
15	27381	REPAIR/GRAFT KNEECAP TENDON	533.26				
15	27385	REPAIR OF THIGH MUSCLE	533.26				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	533.26				
15	27390	INCISION OF THIGH TENDON	348.21				
15	27391	INCISION OF THIGH TENDONS	466.35				
15	27392	INCISION OF THIGH TENDONS	533.26				
15	27393	LENGTHENING OF THIGH TENDON	466.35				
15	27394	LENGTHENING OF THIGH TENDONS	533.26				
15	27395	LENGTHENING OF THIGH TENDONS	533.26				
15	27396	TRANSPLANT OF THIGH TENDON	533.26				
15	27397	TRANSPLANTS OF THIGH TENDONS	533.26				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	533.26				
15	27403	REPAIR OF KNEE CARTILAGE	658.75				
15	27405	REPAIR OF KNEE LIGAMENT	658.75				
15	27407	REPAIR OF KNEE LIGAMENT	658.75				
15	27409	REPAIR OF KNEE LIGAMENTS	658.75				
15	27418	REPAIR DEGENERATED KNEECAP	533.26				
15	27420	REVISION OF UNSTABLE KNEECAP	533.26				
15	27422	REVISION OF UNSTABLE KNEECAP	1,040.38				
15	27424	REVISION/REMOVAL OF KNEECAP	533.26				
15	27425	LATERAL RETINACULAR RELEASE	1,040.38				
15	27427	RECONSTRUCTION, KNEE	533.26				
15	27428	RECONSTRUCTION, KNEE	658.75				
15	27429	RECONSTRUCTION, KNEE	658.75				
15	27430	REVISION OF THIGH MUSCLES	658.75				
15	27435	INCISION OF KNEE JOINT	658.75				
15	27437	REVISE KNEECAP	658.75				
15	27438	REVISE KNEECAP WITH IMPLANT	749.73				
15	27441	REVISION OF KNEE JOINT	749.73				
15	27442	REVISION OF KNEE JOINT	749.73				
15	27443	REVISION OF KNEE JOINT	749.73				
15	27455	REALIGNMENT OF KNEE	658.75				
15	27465	SHORTENING OF FEMUR	749.73				
15	27477	REPAIR LOWER LEG EPIPHYSES	466.35				
15	27496	DECOMPRESSION OF THIGH/KNEE	749.73				
15	27497	DECOMPRESSION OF THIGH/KNEE	533.26				
15	27498	DECOMPRESSION OF THIGH/KNEE	533.26				
15	27499	DECOMPRESSION OF THIGH/KNEE	533.26				
15	27500	TREATMENT OF THIGH FRACTURE	348.21				
15	27501	TREATMENT OF THIGH FRACTURE	466.35				
15	27502	TREATMENT OF THIGH FRACTURE	466.35				
15	27503	TREATMENT OF THIGH FRACTURE	533.26				
15	27508	TREATMENT OF THIGH FRACTURE	348.21				
15	27509	TREATMENT OF THIGH FRACTURE	533.26				
15	27510	TREATMENT OF THIGH FRACTURE	348.21				

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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	27514	REPAIR OF FEMUR FRACTURE	348.21				
15	27516	TREAT THIGH FX GROWTH PLATE	348.21				
15	27517	TREAT THIGH FX GROWTH PLATE	348.21				
15	27520	TREAT KNEECAP FRACTURE	348.21				
15	27530	TREAT KNEE FRACTURE	348.21				
15	27532	TREAT KNEE FRACTURE	348.21				
15	27538	TREAT KNEE FRACTURE(S)	348.21				
15	27540	REPAIR OF KNEE FRACTURE	348.21				
15	27550	TREAT KNEE DISLOCATION	348.21				
15	27552	TREAT KNEE DISLOCATION	348.21				
15	27560	TREAT KNEECAP DISLOCATION	348.21				
15	27562	TREAT KNEECAP DISLOCATION	348.21				
15	27566	TREAT KNEECAP DISLOCATION	466.35				
15	27570	FIXATION OF KNEE JOINT	348.21				
15	27594	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	533.26				
15	27601	DECOMPRESSION OF LOWER LEG	533.26				
15	27602	DECOMPRESSION OF LOWER LEG	533.26				
15	27603	DRAIN LOWER LEG LESION	466.35				
15	27604	DRAIN LOWER LEG BURSA	466.35				
15	27605	INCISION OF ACHILLES TENDON	348.21				
15	27606	INCISION OF ACHILLES TENDON	348.21				
15	27607	TREAT LOWER LEG BONE LESION	466.35				
15	27610	EXPLORE/TREAT ANKLE JOINT	466.35				
15	27612	EXPLORATION OF ANKLE JOINT	533.26				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	466.35				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	533.26				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	466.35				
15	27618	REMOVE LOWER LEG LESION	466.35				
15	27619	REMOVE LOWER LEG LESION	533.26				
15	27620	EXPLORE/TREAT ANKLE JOINT	658.75				
15	27625	REMOVE ANKLE JOINT LINING	658.75				
15	27626	REMOVE ANKLE JOINT LINING	658.75				
15	27630	REMOVAL OF TENDON LESION	533.26				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	466.35				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	466.35				
15	27635	REMOVE LOWER LEG BONE LESION	533.26				
15	27637	REMOVE/GRAFT LEG BONE LESION	533.26				
15	27638	REMOVE/GRAFT LEG BONE LESION	533.26				
15	27640	PARTIAL REMOVAL OF TIBIA	466.35				
15	27641	PARTIAL REMOVAL OF FIBULA	466.35				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	533.26				
15	27650	REPAIR ACHILLES TENDON	533.26				
15	27652	REPAIR/GRAFT ACHILLES TENDON	533.26				
15	27654	REPAIR OF ACHILLES TENDON	533.26				

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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	27656	REPAIR LEG FASCIA DEFECT	466.35				
15	27658	REPAIR OF LEG TENDON, EACH	348.21				
15	27659	REPAIR OF LEG TENDON, EACH	466.35				
15	27664	REPAIR OF LEG TENDON, EACH	466.35				
15	27665	REPAIR OF LEG TENDON, EACH	466.35				
15	27675	REPAIR LOWER LEG TENDONS	466.35				
15	27676	REPAIR LOWER LEG TENDONS	533.26				
15	27680	RELEASE OF LOWER LEG TENDON	533.26				
15	27681	RELEASE OF LOWER LEG TENDONS	466.35				
15	27685	REVISION OF LOWER LEG TENDON	533.26				
15	27686	REVISE LOWER LEG TENDONS	533.26				
15	27687	REVISION OF CALF TENDON	533.26				
15	27690	REVISE LOWER LEG TENDON	658.75				
15	27691	REVISE LOWER LEG TENDON	658.75				
15	27692	REVISE ADDITIONAL LEG TENDON	533.26				
15	27695	REPAIR OF ANKLE LIGAMENT	466.35				
15	27696	REPAIR OF ANKLE LIGAMENTS	466.35				
15	27698	REPAIR OF ANKLE LIGAMENT	466.35				
15	27700	REVISION OF ANKLE JOINT	749.73				
15	27704	REMOVAL OF ANKLE IMPLANT	466.35				
15	27705	INCISION OF TIBIA	466.35				
15	27707	INCISION OF FIBULA	466.35				
15	27709	INCISION OF TIBIA & FIBULA	466.35				
15	27715	REVISION OF LOWER LEG	749.73				
15	27720	REPAIR OF TIBIA	348.21				
15	27730	REPAIR OF TIBIA EPIPHYSIS	466.35				
15	27732	REPAIR OF FIBULA EPIPHYSIS	466.35				
15	27734	REPAIR LOWER LEG EPIPHYSES	466.35				
15	27740	REPAIR OF LEG EPIPHYSES	466.35				
15	27742	REPAIR OF LEG EPIPHYSES	466.35				
15	27750	TREATMENT OF TIBIA FRACTURE	348.21				
15	27752	TREATMENT OF TIBIA FRACTURE	348.21				
15	27756	TREATMENT OF TIBIA FRACTURE	533.26				
15	27758	TREATMENT OF TIBIA FRACTURE	658.75				
15	27759	TREATMENT OF TIBIA FRACTURE	658.75				
15	27760	CLTX MEDIAL ANKLE FX	348.21				
15	27762	CLTX MED ANKLE FX W/MNPJ	348.21				
15	27766	TREATMENT OF ANKLE FRACTURE	533.26				
15	27780	TREATMENT OF FIBULA FRACTURE	348.21				
15	27781	TREATMENT OF FIBULA FRACTURE	348.21				
15	27784	TREATMENT OF FIBULA FRACTURE	533.26				
15	27786	TREATMENT OF ANKLE FRACTURE	348.21				
15	27788	TREATMENT OF ANKLE FRACTURE	348.21				
15	27792	TREATMENT OF ANKLE FRACTURE	533.26				
15	27808	TREATMENT OF ANKLE FRACTURE	348.21				
15	27810	TREATMENT OF ANKLE FRACTURE	348.21				

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 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27814	TREATMENT OF ANKLE FRACTURE	533.26				
15	27816	TREATMENT OF ANKLE FRACTURE	348.21				
15	27818	TREATMENT OF ANKLE FRACTURE	348.21				
15	27822	TREATMENT OF ANKLE FRACTURE	533.26				
15	27823	TREATMENT OF ANKLE FRACTURE	533.26				
15	27824	TREAT LOWER LEG FRACTURE	348.21				
15	27825	TREAT LOWER LEG FRACTURE	466.35				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	533.26				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	533.26				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	658.75				
15	27829	TREAT LOWER LEG JOINT	466.35				
15	27830	TREAT LOWER LEG DISLOCATION	348.21				
15	27831	TREAT LOWER LEG DISLOCATION	348.21				
15	27832	TREAT LOWER LEG DISLOCATION	466.35				
15	27840	TREAT ANKLE DISLOCATION	348.21				
15	27842	TREAT ANKLE DISLOCATION	348.21				
15	27846	TREAT ANKLE DISLOCATION	533.26				
15	27848	TREAT ANKLE DISLOCATION	533.26				
15	27860	FIXATION OF ANKLE JOINT	348.21				
15	27870	FUSION OF ANKLE JOINT	658.75				
15	27871	FUSION OF TIBIOFIBULAR JOINT	658.75				
15	27884	AMPUTATION FOLLOW-UP SURGERY	533.26				
15	27888	AMPUTATION OF FOOT AT ANKLE	533.26				
15	27889	AMPUTATION OF FOOT AT ANKLE	533.26				
15	27892	DECOMPRESSION OF LEG	533.26				
15	27893	DECOMPRESSION OF LEG	533.26				
15	27894	DECOMPRESSION OF LEG	533.26				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	533.26				
15	28003	TREATMENT OF FOOT INFECTION	533.26				
15	28005	TREAT FOOT BONE LESION	533.26				
15	28008	INCISION OF FOOT FASCIA	533.26				
15	28011	INCISION OF TOE TENDONS	533.26				
15	28020	EXPLORATION OF FOOT JOINT	466.35				
15	28022	EXPLORATION OF FOOT JOINT	466.35				
15	28024	EXPLORATION OF TOE JOINT	466.35				
15	28035	DECOMPRESSION OF TIBIA NERVE	658.75				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	348.21				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	466.35				
15	28043	EXCISION OF FOOT LESION	466.35				
15	28045	EXCISION OF FOOT LESION	533.26				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	533.26				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	466.35				
15	28050	BIOPSY OF FOOT JOINT LINING	466.35				
15	28052	BIOPSY OF FOOT JOINT LINING	466.35				
15	28054	BIOPSY OF TOE JOINT LINING	466.35				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION	FEE				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	466.35				
15	28062	REMOVAL OF FOOT FASCIA	533.26				
15	28070	REMOVAL OF FOOT JOINT LINING	533.26				
15	28072	REMOVAL OF FOOT JOINT LINING	533.26				
15	28080	REMOVAL OF FOOT LESION	533.26				
15	28086	EXCISE FOOT TENDON SHEATH	466.35				
15	28088	EXCISE FOOT TENDON SHEATH	466.35				
15	28090	REMOVAL OF FOOT LESION	533.26				
15	28092	REMOVAL OF TOE LESIONS	533.26				
15	28100	REMOVAL OF ANKLE/HEEL LESION	466.35				
15	28102	REMOVE/GRAFT FOOT LESION	533.26				
15	28103	REMOVE/GRAFT FOOT LESION	533.26				
15	28104	REMOVAL OF FOOT LESION	466.35				
15	28106	REMOVE/GRAFT FOOT LESION	533.26				
15	28107	REMOVE/GRAFT FOOT LESION	533.26				
15	28108	REMOVAL OF TOE LESIONS	533.26				
15	28110	PART REMOVAL OF METATARSAL	533.26				
15	28111	PART REMOVAL OF METATARSAL	533.26				
15	28112	PART REMOVAL OF METATARSAL	533.26				
15	28113	PART REMOVAL OF METATARSAL	533.26				
15	28114	REMOVAL OF METATARSAL HEADS	533.26				
15	28116	REVISION OF FOOT	533.26				
15	28118	REMOVAL OF HEEL BONE	658.75				
15	28119	REMOVAL OF HEEL SPUR	658.75				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,040.38				
15	28122	PARTIAL REMOVAL OF FOOT BONE	533.26				
15	28124	PARTIAL REMOVAL OF TOE	533.26				
15	28126	PARTIAL REMOVAL OF TOE	533.26				
15	28130	REMOVAL OF ANKLE BONE	533.26				
15	28140	REMOVAL OF METATARSAL	533.26				
15	28150	REMOVAL OF TOE	533.26				
15	28153	PARTIAL REMOVAL OF TOE	533.26				
15	28160	PARTIAL REMOVAL OF TOE	533.26				
15	28171	EXTENSIVE FOOT SURGERY	533.26				
15	28173	EXTENSIVE FOOT SURGERY	533.26				
15	28175	EXTENSIVE FOOT SURGERY	533.26				
15	28190	REMOVAL OF FOOT FOREIGN BODY	348.21				
15	28192	REMOVAL OF FOOT FOREIGN BODY	466.35				
15	28193	REMOVAL OF FOOT FOREIGN BODY	658.75				
15	28200	REPAIR OF FOOT TENDON	533.26				
15	28202	REPAIR/GRAFT OF FOOT TENDON	533.26				
15	28208	REPAIR OF FOOT TENDON	533.26				
15	28210	REPAIR/GRAFT OF FOOT TENDON	533.26				
15	28222	RELEASE OF FOOT TENDONS	348.21				
15	28225	RELEASE OF FOOT TENDON	348.21				
15	28226	RELEASE OF FOOT TENDONS	348.21				

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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	28230	INCISION OF FOOT TENDON (S)	348.21				
15	28232	INCISION OF TOE TENDON	466.35				
15	28234	INCISION OF FOOT TENDON	466.35				
15	28238	REVISION OF FOOT TENDON	533.26				
15	28240	RELEASE OF BIG TOE	466.35				
15	28250	REVISION OF FOOT FASCIA	533.26				
15	28260	RELEASE OF MIDFOOT JOINT	533.26				
15	28261	REVISION OF FOOT TENDON	533.26				
15	28262	REVISION OF FOOT AND ANKLE	658.75				
15	28264	RELEASE OF MIDFOOT JOINT	348.21				
15	28270	RELEASE OF FOOT CONTRACTURE	533.26				
15	28280	FUSION OF TOES	466.35				
15	28285	REPAIR OF HAMMERTOES	533.26				
15	28286	REPAIR OF HAMMERTOES	658.75				
15	28288	PARTIAL REMOVAL OF FOOT BONE	533.26				
15	28289	REPAIR HALLUX RIGIDUS	533.26				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	466.35				
15	28292	CORRECTION OF BUNION	466.35				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	533.26				
15	28296	CORRECTION OF BUNION	533.26				
15	28297	CORRECTION OF BUNION	533.26				
15	28298	CORRECTION OF BUNION	533.26				
15	28299	CORRECTION OF BUNION	749.73				
15	28300	INCISION OF HEEL BONE	466.35				
15	28302	INCISION OF ANKLE BONE	466.35				
15	28304	INCISION OF MIDFOOT BONES	466.35				
15	28305	INCISE/GRAFT MIDFOOT BONES	533.26				
15	28306	INCISION OF METATARSAL	658.75				
15	28307	INCISION OF METATARSAL	658.75				
15	28308	INCISION OF METATARSAL	466.35				
15	28309	INCISION OF METATARSALS	658.75				
15	28310	REVISION OF BIG TOE	533.26				
15	28312	REVISION OF TOE	533.26				
15	28313	REPAIR DEFORMITY OF TOE	466.35				
15	28315	REMOVAL OF SESAMOID BONE	658.75				
15	28320	REPAIR OF FOOT BONES	658.75				
15	28322	REPAIR OF METATARSALS	658.75				
15	28340	RESECT ENLARGED TOE TISSUE	658.75				
15	28341	RESECT ENLARGED TOE	658.75				
15	28344	REPAIR EXTRA TOE(S)	658.75				
15	28345	REPAIR WEBBED TOE(S)	658.75				
15	28400	TREATMENT OF HEEL FRACTURE	348.21				
15	28405	TREATMENT OF HEEL FRACTURE	466.35				
15	28406	TREATMENT OF HEEL FRACTURE	466.35				
15	28415	TREAT HEEL FRACTURE	533.26				
15	28420	TREAT/GRAFT HEEL FRACTURE	658.75				

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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	28435	TREATMENT OF ANKLE FRACTURE	466.35				
15	28436	TREATMENT OF ANKLE FRACTURE	466.35				
15	28445	TREAT ANKLE FRACTURE	533.26				
15	28456	TREAT MIDFOOT FRACTURE	466.35				
15	28465	TREAT MIDFOOT FRACTURE, EACH	533.26				
15	28476	TREAT METATARSAL FRACTURE	466.35				
15	28485	TREAT METATARSAL FRACTURE	658.75				
15	28496	TREAT BIG TOE FRACTURE	466.35				
15	28505	TREAT BIG TOE FRACTURE	533.26				
15	28525	TREAT TOE FRACTURE	533.26				
15	28531	TREAT SESAMOID BONE FRACTURE	533.26				
15	28545	TREAT FOOT DISLOCATION	348.21				
15	28546	TREAT FOOT DISLOCATION	466.35				
15	28555	REPAIR FOOT DISLOCATION	466.35				
15	28575	TREAT FOOT DISLOCATION	348.21				
15	28576	TREAT FOOT DISLOCATION	533.26				
15	28585	REPAIR FOOT DISLOCATION	533.26				
15	28600	TREAT FOOT DISLOCATION	348.21				
15	28605	TREAT FOOT DISLOCATION	348.21				
15	28606	TREAT FOOT DISLOCATION	466.35				
15	28615	REPAIR FOOT DISLOCATION	533.26				
15	28635	TREAT TOE DISLOCATION	348.21				
15	28636	TREAT TOE DISLOCATION	533.26				
15	28645	REPAIR TOE DISLOCATION	533.26				
15	28660	TREAT TOE DISLOCATION	348.21				
15	28665	TREAT TOE DISLOCATION	348.21				
15	28666	TREAT TOE DISLOCATION	533.26				
15	28675	REPAIR OF TOE DISLOCATION	533.26				
15	28705	FUSION OF FOOT BONES	658.75				
15	28715	FUSION OF FOOT BONES	658.75				
15	28725	FUSION OF FOOT BONES	658.75				
15	28730	FUSION OF FOOT BONES	658.75				
15	28735	FUSION OF FOOT BONES	658.75				
15	28737	REVISION OF FOOT BONES	749.73				
15	28740	FUSION OF FOOT BONES	658.75				
15	28750	FUSION OF BIG TOE JOINT	658.75				
15	28755	FUSION OF BIG TOE JOINT	658.75				
15	28760	FUSION OF BIG TOE JOINT	658.75				
15	28810	AMPUTATION TOE & METATARSAL	466.35				
15	28820	AMPUTATION OF TOE	466.35				
15	28825	PARTIAL AMPUTATION OF TOE	466.35				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	533.26				
15	29804	JAW ARTHROSCOPY/SURGERY	533.26				
15	29805	SHOULDER ARTHROSCOPY, DX	533.26				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	533.26				

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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	29807	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	749.73				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	533.26				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	533.26				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	749.73				
15	29830	ELBOW ARTHROSCOPY	533.26				
15	29834	ELBOW ARTHROSCOPY/SURGERY	533.26				
15	29835	ELBOW ARTHROSCOPY/SURGERY	533.26				
15	29836	ELBOW ARTHROSCOPY/SURGERY	533.26				
15	29837	ELBOW ARTHROSCOPY/SURGERY	533.26				
15	29838	ELBOW ARTHROSCOPY/SURGERY	533.26				
15	29840	WRIST ARTHROSCOPY	533.26				
15	29843	WRIST ARTHROSCOPY/SURGERY	533.26				
15	29844	WRIST ARTHROSCOPY/SURGERY	533.26				
15	29845	WRIST ARTHROSCOPY/SURGERY	533.26				
15	29846	WRIST ARTHROSCOPY/SURGERY	533.26				
15	29847	WRIST ARTHROSCOPY/SURGERY	533.26				
15	29848	WRIST ENDOSCOPY/SURGERY	1,400.08				
15	29850	KNEE ARTHROSCOPY/SURGERY	658.75				
15	29851	KNEE ARTHROSCOPY/SURGERY	658.75				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	658.75				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	658.75				
15	29860	HIP ARTHROSCOPY, DX	658.75				
15	29861	HIP ARTHROSCOPY/SURGERY	658.75				
15	29862	HIP ARTHROSCOPY/SURGERY	1,400.08				
15	29863	HIP ARTHROSCOPY/SURGERY	658.75				
15	29870	KNEE ARTHROSCOPY, DX	533.26				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	533.26				
15	29873	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29874	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29875	KNEE ARTHROSCOPY/SURGERY	658.75				
15	29876	KNEE ARTHROSCOPY/SURGERY	658.75				
15	29877	KNEE ARTHROSCOPY/SURGERY	658.75				
15	29879	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	658.75				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	658.75				
15	29882	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29883	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29884	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29885	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29886	KNEE ARTHROSCOPY/SURGERY	533.26				

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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	29887	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29888	KNEE ARTHROSCOPY/SURGERY	533.26				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	533.26				
15	29891	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29892	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,400.08				
15	29894	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29895	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29897	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29898	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29899	ANKLE ARTHROSCOPY/SURGERY	533.26				
15	29900	MCP JOINT ARTHROSCOPY, DX	533.26				
15	29901	MCP JOINT ARTHROSCOPY, SURG	533.26				
15	29902	MCP JOINT ARTHROSCOPY, SURG	533.26				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	658.75				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	658.75				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	658.75				
15	29999	ARTHROSCOPY OF JOINT	MP			X	
15	30000	DRAINAGE OF NOSE LESION	348.21				
15	30100	INTRANASAL BIOPSY	348.21				
15	30110	REMOVAL OF NOSE POLY(S)	348.21				
15	30115	REMOVAL OF NOSE POLYP(S)	466.35				
15	30117	REMOVAL OF INTRANASAL LESION	533.26				
15	30118	REMOVAL OF INTRANASAL LESION	533.26				
15	30120	REVISION OF NOSE	348.21				
15	30125	REMOVAL OF NOSE LESION	466.35				
15	30130	REMOVAL OF TURBINATE BONES	533.26				
15	30140	REMOVAL OF TURBINATE BONES	466.35				
15	30150	PARTIAL REMOVAL OF NOSE	533.26				
15	30160	REMOVAL OF NOSE	658.75				
15	30210	NASAL SINUS THERAPY	348.21				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	533.26				
15	30300	REMOVE NASAL FOREIGN BODY	348.21				
15	30310	REMOVE NASAL FOREIGN BODY	348.21				
15	30320	REMOVE NASAL FOREIGN BODY	466.35				
15	30400	RECONSTRUCTION OF NOSE	658.75				
15	30410	RECONSTRUCTION OF NOSE	749.73				
15	30420	RECONSTRUCTION OF NOSE	749.73				
15	30430	REVISION OF NOSE	533.26				
15	30435	REVISION OF NOSE	749.73				
15	30450	REVISION OF NOSE	1,040.38				
15	30460	REVISION OF NOSE	1,040.38				
15	30462	REVISION OF NOSE	1,400.08				
15	30465	REPAIR NASAL STENOSIS	1,400.08				
15	30520	REPAIR OF NASAL SEPTUM	658.75				
15	30540	REPAIR NASAL DEFECT	749.73				

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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	30545	REPAIR NASAL DEFECT	749.73				
15	30560	RELEASE OF NASAL ADHESIONS	466.35				
15	30580	REPAIR UPPER JAW FISTULA	658.75				
15	30600	REPAIR MOUTH/NOSE FISTULA	658.75				
15	30620	INTRANASAL RECONSTRUCTION	1,040.38				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,040.38				
15	30801	CAUTERIZATION, INNER NOSE	348.21				
15	30802	CAUTERIZATION, INNER NOSE	348.21				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	348.21				
15	30903	CONTROL OF NOSEBLEED	348.21				
15	30905	CONTROL OF NOSEBLEED	348.21				
15	30906	REPEAT CONTROL OF NOSEBLEED	348.21				
15	30915	LIGATION, NASAL SINUS ARTERY	466.35				
15	30920	LIGATION, UPPER JAW ARTERY	533.26				
15	30930	THERAPY, FRACTURE OF NOSE	658.75				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	348.21				
15	31002	IRRIGATION SPHENOID SINUS	348.21				
15	31020	EXPLORATION, MAXILLARY SINUS	466.35				
15	31030	EXPLORATION, MAXILLARY SINUS	533.26				
15	31032	EXPLORE SINUS, REMOVE POLYPS	658.75				
15	31050	EXPLORATION, SPHENOID SINUS	466.35				
15	31051	SPHENOID SINUS SURGERY	658.75				
15	31070	EXPLORATION OF FRONTAL SINUS	466.35				
15	31075	EXPLORATION OF FRONTAL SINUS	658.75				
15	31080	REMOVAL OF FRONTAL SINUS	658.75				
15	31081	REMOVAL OF FRONTAL SINUS	658.75				
15	31084	REMOVAL OF FRONTAL SINUS	658.75				
15	31085	REMOVAL OF FRONTAL SINUS	658.75				
15	31086	REMOVAL OF FRONTAL SINUS	658.75				
15	31087	REMOVAL OF FRONTAL SINUS	658.75				
15	31090	EXPLORATION OF SINUSES	749.73				
15	31200	REMOVAL OF ETHMOID SINUS	466.35				
15	31201	REMOVAL OF ETHMOID SINUS	749.73				
15	31205	REMOVAL OF ETHMOID SINUS	533.26				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	466.35				
15	31233	NASAL/SINUS ENDOSCOPY, DX	466.35				
15	31235	NASAL/SINUS ENDOSCOPY, DX	348.21				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	466.35				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	348.21				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	658.75				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	466.35				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	533.26				
15	31254	REVISION OF ETHMOID SINUS	533.26				
15	31255	REMOVAL OF ETHMOID SINUS	749.73				
15	31256	EXPLORATION MAXILLARY SINUS	533.26				

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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	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	533.26				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	533.26				
15	31267	ENDOSCOPY, MAXILLARY SINUS	533.26				
15	31276	SINUS ENDOSCOPY, SURGICAL	533.26				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	533.26				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	533.26				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	533.26				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	533.26				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	533.26				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	533.26				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	749.73				
15	31400	REVISION OF LARYNX	466.35				
15	31420	REMOVAL OF EPIGLOTTIS	466.35				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	348.21				
15	31510	LARYNGOSCOPY WITH BIOPSY	466.35				
15	31511	REMOVE FOREIGN BODY, LARYNX	466.35				
15	31512	REMOVAL OF LARYNX LESION	466.35				
15	31513	INJECTION INTO VOCAL CORD	466.35				
15	31515	LARYNGOSCOPY FOR ASPIRATION	348.21				
15	31520	DIAGNOSTIC LARYNGOSCOPY	348.21				
15	31525	DIAGNOSTIC LARYNGOSCOPY	348.21				
15	31526	DIAGNOSTIC LARYNGOSCOPY	466.35				
15	31527	LARYNGOSCOPY FOR TREATMENT	348.21				
15	31528	LARYNGOSCOPY AND DILATION	466.35				
15	31529	LARYNGOSCOPY AND DILATION	466.35				
15	31530	OPERATIVE LARYNGOSCOPY	466.35				
15	31531	OPERATIVE LARYNGOSCOPY	533.26				
15	31535	OPERATIVE LARYNGOSCOPY	466.35				
15	31536	OPERATIVE LARYNGOSCOPY	533.26				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	533.26				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	658.75				
15	31545	REMOVE VC LESION W/SCOPE	658.75				
15	31546	REMOVE VC SCOPE/GRAFT	658.75				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	749.73				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	749.73				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	749.73				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	749.73				
15	31560	OPERATIVE LARYNGOSCOPY	749.73				
15	31561	OPERATIVE LARYNGOSCOPY	749.73				
15	31570	LARYNGOSCOPY WITH INJECTION	466.35				
15	31571	LARYNGOSCOPY WITH INJECTION	466.35				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	466.35				
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	466.35				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	466.35				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	466.35				

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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	31576	LARYNGOSCOPY WITH BIOPSY	466.35				
15	31577	REMOVE FOREIGN BODY, LARYNX	466.35				
15	31578	REMOVAL OF LARYNX LESION	466.35				
15	31580	REVISION OF LARYNX	749.73				
15	31590	REINNERVATE LARYNX	749.73				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	749.73				
15	31592	CRICOTRACHEAL RESECTION	749.73				
15	31599	LARYNX SURGERY PROCEDURE	MP				X
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	348.21	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	533.26				
15	31612	PUNCTURE/CLEAR WINDPIPE	348.21				
15	31613	REPAIR WINDPIPE OPENING	466.35				
15	31614	REPAIR WINDPIPE OPENING	466.35				
15	31615	VISUALIZATION OF WINDPIPE	348.21				
15	31622	DX BRONCHOSCOPE/WASH	348.21				
15	31623	DX BRONCHOSCOPE/BRUSH	466.35				
15	31624	DX BRONCHOSCOPE/LAVAGE	466.35				
15	31625	BRONCHOSCOPY WITH BIOPSY	466.35				
15	31628	BRONCHOSCOPY WITH BIOPSY	466.35				
15	31629	BRONCHOSCOPY WITH BIOPSY	466.35				
15	31630	BRONCHOSCOPY WITH REPAIR	466.35				
15	31631	BRONCHOSCOPY WITH DILATION	466.35				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31635	REMOVE FOREIGN BODY, AIRWAY	466.35				
15	31636	BRONCHOSCOPY, BRONCH STENTS	466.35				
15	31637	BRONCHOSCOPY, STENT ADD-ON	348.21				
15	31638	BRONCHOSCOPY, REVISE STENT	466.35				
15	31640	BRONCHOSCOPY & REMOVE LESION	466.35				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	466.35				
15	31643	DIAG BRONCHOSCOPE/CATHETER	466.35				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	348.21				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	348.21				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	466.35				
15	31717	BRONCHIAL BRUSH BIOPSY	348.21				
15	31720	CLEARANCE OF AIRWAYS	348.21				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	348.21				
15	31750	REPAIR OF WINDPIPE	749.73				
15	31755	REPAIR OF WINDPIPE	466.35				
15	31820	CLOSURE OF WINDPIPE LESION	348.21				
15	31825	REPAIR OF WINDPIPE DEFECT	466.35				
15	31830	REVISE WINDPIPE SCAR	466.35				

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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	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	348.21				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	348.21				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	348.21				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	348.21				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	348.21				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	348.21				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	348.21				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	533.26				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	348.21				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	533.26				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	466.35				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	466.35				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	466.35				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	466.35				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	466.35				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	466.35				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	466.35				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,400.08		X		
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	348.21				
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	466.35				
15	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	1,400.08				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,040.38				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	658.75				
15	35190	REPAIR BLOOD VESSEL LESION	658.75				
15	35206	REPAIR BLOOD VESSEL LESION	658.75				
15	35207	REPAIR BLOOD VESSEL LESION	658.75				
15	35875	REMOVAL OF CLOT IN GRAFT	1,400.08				
15	35876	REMOVAL OF CLOT IN GRAFT	1,400.08				
15	36260	INSERTION OF INFUSION PUMP	533.26				
15	36261	REVISION OF INFUSION PUMP	466.35				
15	36262	REMOVAL OF INFUSION PUMP	348.21				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	466.35				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	466.35				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	533.26				
15	36475	ENDOVENOUS RF, 1ST VEIN	533.26				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	533.26				
15	36478	ENDOVENOUS LASER, 1ST VEIN	533.26				
15	36479	ENDOVENOUS LASER VEIN ADDON	533.26				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	533.26				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,400.08				
15	36555	INSERT NON-TUNNEL CV CATH	348.21				
15	36556	INSERT NON-TUNNEL CV CATH	348.21				

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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	36557	INSERT TUNNELED CV CATH	466.35				
15	36558	INSERT TUNNELED CV CATH	466.35				
15	36560	INSERT TUNNELED CV CATH	533.26				
15	36561	INSERT TUNNELED CV CATH	533.26				
15	36563	INSERT TUNNELED CV CATH	533.26				
15	36565	INSERT TUNNELED CV CATH	533.26				
15	36566	INSERT TUNNELED CV CATH	533.26				
15	36568	INSERT PERIPHERALLY CV CATH	348.21				
15	36569	INSERT PERIPHERALLY CV CATH	348.21				
15	36570	INSERT PERIPHERALLY CV CATH	533.26				
15	36571	INSERT PERIPHERALLY CV CATH	533.26				
15	36572	INSERTION OF PERIPHERALLY INSERTED	533.26	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	533.26	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	466.35				
15	36576	REPAIR CV ACCESS	466.35				
15	36578	REPLACE CV ACCESS	466.35				
15	36580	REPLACE COMPLETE non-tunnel	348.21				
15	36581	REPLACE COMPLETE tunneled	466.35				
15	36582	REPLACE COMPLETE tunneled	533.26				
15	36583	REPLACE COMPLETE tunneled	533.26				
15	36584	REPLACE COMPLETE peripherally	348.21				
15	36585	REPLACE COMPLETE peripherally	533.26				
15	36589	REMOVE TUNNELED CV CATH	348.21				
15	36590	REMOVE TUNNELED CV ACCESS	348.21				
15	36640	INSERTION CATHETER, ARTERY	348.21				
15	36660	INSERTION CATHETER, ARTERY	1,400.08				
15	36800	INSERTION OF CANNULA	533.26				
15	36810	INSERTION OF CANNULA	533.26				
15	36815	INSERTION OF CANNULA	533.26				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	533.26				
15	36819	AV FUSION/UPPR ARM VEIN	533.26				
15	36820	AV FUSION/FOREARM VEIN	533.26				
15	36821	AV FUSION DIRECT ANY SITE	533.26				
15	36825	ARTERY-VEIN GRAFT	658.75				
15	36830	ARTERY-VEIN GRAFT	658.75				
15	36831	OPEN THROMBECT AV FISTULA	1,400.08				
15	36832	AV FISTULA REVISION, OPEN	658.75				
15	36833	AV FISTULA REVISION	658.75				
15	36835	ARTERY TO VEIN SHUNT	658.75				
15	36860	EXTERNAL CANNULA DECLOTTING	466.35				
15	36861	CANNULA DECLOTTING	533.26				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	533.26				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	658.75				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	658.75				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	749.73				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	749.73				

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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	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	749.73				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	658.75				
15	37200	TRANSCATHETER BIOPSY	658.75				
15	37220	REVASCLARIZATION, ENDOVASCULAR, OPE	348.21				
15	37221	REVASCLARIZATION, ENDOVASCULAR, OPE	348.21				
15	37222	REVASCLARIZATION, ENDOVASCULAR, OPE	348.21				
15	37223	REVASCLARIZATION, ENDOVASCULAR, OPE	348.21				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	348.21				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	348.21				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	533.26				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	
15	37607	LIGATION OF A-V FISTULA	533.26				
15	37609	TEMPORAL ARTERY PROCEDURE	466.35				
15	37650	REVISION OF MAJOR VEIN	466.35				
15	37700	REVISE LEG VEIN	466.35				
15	37718	LIGATE/STRIP SHORT LEG VEIN	533.26				
15	37722	LIGATE/STRIP LONG LEG VIEW	533.26				
15	37735	REMOVAL OF LEG VEINS/LESION	533.26				
15	37760	REVISION OF LEG VEINS	533.26				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	533.26				
15	37780	REVISION OF LEG VEIN	533.26				
15	37785	REVISE SECONDARY VARICOSITY	533.26				
15	37790	PENILE VENOUS OCCLUSION	533.26				
15	37799	VASCULAR SURGERY PROCEDURE	MP			X	
15	38129	LAPAROSCOPE PROC, SPLEEN	MP			X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,400.08				
15	38206	HARVEST AUTO STEM CELLS	1,400.08				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	348.21				
15	38300	DRAINAGE, LYMPH NODE LESION	348.21				
15	38305	DRAINAGE, LYMPH NODE LESION	466.35				
15	38308	INCISION OF LYMPH CHANNELS	466.35				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	466.35				
15	38505	NEEDLE BIOPSY, LYMPH NODES	348.21				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	466.35				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	466.35				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	466.35				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	466.35				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	466.35				
15	38542	EXPLORE DEEP NODE(S), NECK	466.35				
15	38550	REMOVAL, NECK/ARMPIT LESION	533.26				
15	38555	REMOVAL, NECK/ARMPIT LESION	658.75				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,400.08				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,400.08				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,400.08				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,400.08				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	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	38700	REMOVAL OF LYMPH NODES, NECK	533.26				
15	38740	REMOVE ARMPIT LYMPH NODES	466.35				
15	38745	REMOVE ARMPIT LYMPH NODES	658.75				
15	38760	REMOVE GROIN LYMPH NODES	466.35				
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	348.21				
15	40500	PARTIAL EXCISION OF LIP	466.35				
15	40510	PARTIAL EXCISION OF LIP	466.35				
15	40520	PARTIAL EXCISION OF LIP	466.35				
15	40525	RECONSTRUCT LIP WITH FLAP	466.35				
15	40527	RECONSTRUCT LIP WITH FLAP	466.35				
15	40530	PARTIAL REMOVAL OF LIP	466.35				
15	40650	REPAIR LIP	533.26				
15	40652	REPAIR LIP	533.26				
15	40654	REPAIR LIP	533.26				
15	40700	REPAIR CLEFT LIP/NASAL	1,040.38				
15	40701	REPAIR CLEFT LIP/NASAL	1,040.38				
15	40702	REPAIR CLEFT LIP	1,040.38				
15	40720	REPAIR CLEFT LIP/NASAL	1,040.38				
15	40761	REPAIR CLEFT LIP/NASAL	533.26				
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	348.21				
15	40801	DRAINAGE OF MOUTH LESION	466.35				
15	40804	REMOVAL FOREIGN BODY, MOUTH	348.21				
15	40806	INCISION OF LIP FOLD	348.21				
15	40808	BIOPSY OF MOUTH LESION	348.21				
15	40810	EXCISION OF MOUTH LESION	348.21				
15	40812	EXCISE/REPAIR MOUTH LESION	466.35				
15	40814	EXCISE/REPAIR MOUTH LESION	466.35				
15	40816	EXCISION OF MOUTH LESION	466.35				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	348.21				
15	40819	EXCISE LIP OR CHEEK FOLD	348.21				
15	40820	TREATMENT OF MOUTH LESION	348.21				
15	40830	REPAIR MOUTH LACERATION	348.21				
15	40831	REPAIR MOUTH LACERATION	348.21				
15	40840	RECONSTRUCTION OF MOUTH	466.35				
15	40842	RECONSTRUCTION OF MOUTH	533.26				
15	40843	RECONSTRUCTION OF MOUTH	533.26				
15	40844	RECONSTRUCTION OF MOUTH	749.73				
15	40845	RECONSTRUCTION OF MOUTH	749.73				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	348.21				
15	41006	DRAINAGE OF MOUTH LESION	348.21				
15	41007	DRAINAGE OF MOUTH LESION	348.21				

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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	41008	DRAINAGE OF MOUTH LESION	348.21				
15	41009	DRAINAGE OF MOUTH LESION	348.21				
15	41010	INCISION OF TONGUE FOLD	348.21				
15	41015	DRAINAGE OF MOUTH LESION	348.21				
15	41016	DRAINAGE OF MOUTH LESION	348.21				
15	41017	DRAINAGE OF MOUTH LESION	348.21				
15	41018	DRAINAGE OF MOUTH LESION	348.21				
15	41100	BIOPSY OF TONGUE	348.21				
15	41108	BIOPSY OF FLOOR OF MOUTH	348.21				
15	41112	EXCISION OF TONGUE LESION	466.35				
15	41113	EXCISION OF TONGUE LESION	466.35				
15	41114	EXCISION OF TONGUE LESION	466.35				
15	41115	EXCISION OF TONGUE FOLD	348.21				
15	41116	EXCISION OF MOUTH LESION	348.21				
15	41120	PARTIAL REMOVAL OF TONGUE	749.73				
15	41250	REPAIR TONGUE LACERATION	466.35				
15	41251	REPAIR TONGUE LACERATION	466.35				
15	41252	REPAIR TONGUE LACERATION	466.35				
15	41510	TONGUE TO LIP SURGERY	348.21				
15	41520	RECONSTRUCTION, TONGUE FOLD	466.35				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	348.21				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	348.21				
15	41821	EXCISION OF GUM FLAP	348.21				
15	41822	EXCISION OF GUM LESION	348.21				
15	41823	EXCISION OF GUM LESION	348.21				
15	41826	EXCSION OF GUM LESION	348.21				
15	41827	EXCISION OF GUM LESION	466.35				
15	41870	GUM GRAFT	348.21				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	348.21				
15	41899	GUM SURGERY PROCEDURE	348.21				
15	42000	DRAINAGE MOUTH ROOF LESION	466.35				
15	42100	BIOPSY ROOF OF MOUTH	348.21				
15	42104	EXCISION LESION, MOUTH ROOF	348.21				
15	42106	EXCISION LESION, MOUTH ROOF	348.21				
15	42107	EXCISION LESION, MOUTH ROOF	466.35				
15	42120	REMOVE PALATE/LESION	658.75				
15	42140	EXCISION OF UVULA	466.35				
15	42145	REPAIR PALATE, PHARYNX/UVULA	749.73				
15	42160	TREATMENT MOUTH ROOF LESION	348.21				
15	42180	REPAIR PALATE	348.21				
15	42182	REPAIR PALATE	466.35				
15	42200	RECONSTRUCT CLEFT PALATE	749.73				
15	42205	RECONSTRUCT CLEFT PALATE	749.73				
15	42210	RECONSTRUCT CLEFT PALATE	749.73				
15	42215	RECONSTRUCT CLEFT PALATE	1,040.38				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42220	RECONSTRUCT CLEFT PALATE	749.73				
15	42226	LENGTHENING OF PALATE	749.73				
15	42235	REPAIR PALATE	749.73				
15	42260	REPAIR NOSE TO LIP FISTULA	658.75				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	348.21				
15	42305	DRAINAGE OF SALIVARY GLAND	466.35				
15	42310	DRAINAGE OF SALIVARY GLAND	348.21				
15	42320	DRAINAGE OF SALIVARY GLAND	348.21				
15	42340	REMOVAL OF SALIVARY STONE	466.35				
15	42405	BIOPSY OF SALIVARY GLAND	466.35				
15	42408	EXCISION OF SALIVARY CYST	533.26				
15	42409	DRAINAGE OF SALIVARY CYST	533.26				
15	42410	EXCISE PAROTID GLAND/LESION	533.26				
15	42415	EXCISE PAROTID GLAND/LESION	1,040.38				
15	42420	EXCISE PAROTID GLAND/LESION	1,040.38				
15	42425	EXCISE PAROTID GLAND/LESION	1,040.38				
15	42440	EXCISE SUBMAXILLARY GLAND	533.26				
15	42450	EXCISE SUBLINGUAL GLAND	466.35				
15	42500	REPAIR SALIVARY DUCT	533.26				
15	42505	REPAIR SALIVARY DUCT	658.75				
15	42507	PAROTID DUCT DIVERSION	533.26				
15	42509	PAROTID DUCT DIVERSION	658.75				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	658.75				
15	42600	CLOSURE OF SALIVARY FISTULA	348.21				
15	42650	DILATION OF SALIVARY DUCT	348.21				
15	42665	LIGATION OF SALIVARY DUCT	1,040.38				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	348.21				
15	42720	DRAINAGE OF THROAT ABSCESS	348.21				
15	42725	DRAINAGE OF THROAT ABSCESS	466.35				
15	42800	BIOPSY OF THROAT	348.21				
15	42804	BIOPSY OF UPPER NOSE/THROAT	348.21				
15	42806	BIOPSY OF UPPER NOSE/THROAT	466.35				
15	42808	EXCISE PHARYNX LESION	466.35				
15	42810	EXCISION OF NECK CYST	533.26				
15	42815	EXCISION OF NECK CYST	749.73				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	533.26	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	749.73	12	99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	658.75	00	11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	658.75	12	99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	658.75	00	11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	658.75	12	99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	658.75	00	11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	658.75	12	99		
15	42860	EXCISION OF TONSIL TAGS	533.26				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42870	EXCISION OF LINGUAL TONSIL	533.26				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,040.38				
15	42892	REVISION OF PHARYNGEAL WALLS	1,040.38				
15	42900	REPAIR THROAT WOUND	348.21				
15	42950	RECONSTRUCTION OF THROAT	466.35				
15	42955	SURGICAL OPENING OF THROAT	466.35				
15	42960	CONTROL THROAT BLEEDING	348.21				
15	42962	CONTROL THROAT BLEEDING	466.35				
15	42970	CONTROL NOSE/THROAT BLEEDING	466.35				
15	42972	CONTROL NOSE/THROAT BLEEDING	533.26				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	348.21				
15	43191	Diagnostic examination of esophagus	348.21				
15	43192	Injections of substance in tissue li	348.21				
15	43193	Biopsy of esophagus using an endosco	348.21				
15	43194	Removal of foreign body of esophagus	348.21				
15	43195	Balloon dilation of esophagus using	348.21				
15	43196	Insertion of wire and dilation of es	348.21				
15	43197	Diagnostic examination of esophagus	348.21				
15	43198	Biopsy of esophagus using an endosco	348.21				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	348.21				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	348.21				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	348.21				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	348.21				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	348.21				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	348.21			X	
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	466.35				
15	43211	Removal of tissue lining of esophagu	348.21				
15	43212	Placement of stent on esophagus usin	348.21				
15	43213	Dilation of esophagus using an endos	348.21				
15	43214	Balloon dilation of esophagus using	348.21				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	348.21				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	348.21				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	348.21				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	348.21				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	348.21				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	466.35				
15	43229	Destruction of growths of esophagus	348.21				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	466.35				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	466.35				
15	43233	Balloon dilation of esophagus, stoma	466.35				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	348.21				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	466.35				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	466.35				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	466.35				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	466.35				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	466.35				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	466.35				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	466.35				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	466.35				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	466.35				
15	43245	DILATION OF STOMACH OUTLET USING AN	466.35				
15	43246	INSERTION OF STOMACH TUBE USING AN E	466.35				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	466.35				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	466.35				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	466.35				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	466.35				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	466.35				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	466.35			X	
15	43253	Injection of diagnostic or therapeut	466.35				
15	43254	Removal of tissue lining of esophagu	466.35				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	466.35				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	533.26				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	533.26				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	466.35				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	466.35				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	466.35				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	466.35				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	466.35				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	466.35				
15	43266	Placement of stent in esophagus, sto	466.35				
15	43270	Destruction of growths on esophagus,	466.35				
15	43274	Placement of stent pancreatic or bil	466.35				
15	43275	Removal of foreign body or stent fro	466.35				
15	43276	Replacement of stent pancreatic or b	466.35				
15	43277	Balloon dilation of pancreatic or bi	466.35				
15	43278	Destruction of mass on gallbladder,	466.35				
15	43280	LAPAROSCOPY, FUNDOPLASTY	658.75				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	658.75				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	658.75				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	658.75				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	658.75				
15	43289	LAPAROSCOPE PROC, ESOPH	MP			X	
15	43420	REPAIR ESOPHAGUS OPENING	533.26				
15	43450	DILATE ESOPHAGUS	348.21				
15	43453	DILATE ESOPHAGUS	348.21				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X	
15	43500	SURGICAL OPENING OF STOMACH	658.75				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,400.08				
15	43659	LAPAROSCOPE PROC,STOM	MP			X	
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	348.21				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	348.21				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	348.21				
15	43820	FUSION OF STOMACH AND BOWEL	658.75				
15	43830	SURGICAL OPENING OF STOMACH	466.35				
15	43840	REPAIR OF STOMACH LESION	533.26				
15	43870	REPAIR STOMACH OPENING	348.21				
15	43880	REPAIR STOMACH-BOWEL FISTULA	533.26				
15	43999	STOMACH SURGERY PROCEDURE	MP			X	
15	44100	BIOPSY OF BOWEL	348.21				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP			X	
15	44312	REVISION OF ILEOSTOMY	348.21				
15	44340	REVISION OF COLOSTOMY	533.26				
15	44360	SMALL BOWEL ENDOSCOPY	466.35				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	466.35				
15	44363	SMALL BOWEL ENDOSCOPY	466.35				
15	44364	SMALL BOWEL ENDOSCOPY	466.35				
15	44365	SMALL BOWEL ENDOSCOPY	466.35				
15	44366	SMALL BOWEL ENDOSCOPY	466.35				
15	44369	SMALL BOWEL ENDOSCOPY	466.35				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,400.08				
15	44372	SMALL BOWEL ENDOSCOPY	466.35				
15	44373	SMALL BOWEL ENDOSCOPY	466.35				
15	44376	SMALL BOWEL ENDOSCOPY	466.35				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	466.35				
15	44378	SMALL BOWEL ENDOSCOPY	466.35				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,400.08				
15	44380	SMALL BOWEL ENDOSCOPY	348.21				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	348.21				
15	44382	SMALL BOWEL ENDOSCOPY	348.21				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,400.08				
15	44385	ENDOSCOPY OF BOWEL POUCH	348.21				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	348.21				
15	44388	COLON ENDOSCOPY	348.21				
15	44389	COLONOSCOPY WITH BIOPSY	348.21				
15	44390	COLONOSCOPY FOR FOREIGN BODY	348.21				
15	44391	COLONOSCOPY FOR BLEEDING	348.21				
15	44392	COLONOSCOPY & POLYPECTOMY	348.21				
15	44394	COLONOSCOPY W/SNARE	348.21				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	348.21				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	348.21				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	348.21				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	348.21				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	348.21				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	348.21				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	348.21				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	348.21				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	658.75				

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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	44620	REPAIR BOWEL OPENING	533.26				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP		X		
15	44950	APPENDECTOMY	1,400.08		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	749.73		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	348.21				
15	45005	DRAINAGE OF RECTAL ABSCESS	466.35				
15	45020	DRAINAGE OF RECTAL ABSCESS	466.35				
15	45100	BIOPSY OF RECTUM	348.21				
15	45108	REMOVAL OF ANORECTAL LESION	466.35				
15	45150	EXCISION OF RECTAL STRICTURE	466.35				
15	45160	EXCISION OF RECTAL LESION	466.35				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	466.35				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	466.35				
15	45190	DESTRUCTION, RECTAL TUMOR	1,400.08				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	348.21				
15	45305	PROCTOSIGMOIDOSCOPY W/BX	348.21				
15	45307	PROCTOSIGMOIDOSCOPY FB	348.21				
15	45308	PROCTOSIGMOIDOSCOPY REMOVAL	348.21				
15	45309	PROCTOSIGMOIDOSCOPY REMOVAL	348.21				
15	45315	PROCTOSIGMOIDOSCOPY REMOVAL	348.21				
15	45317	PROCTOSIGMOIDOSCOPY BLEED	348.21				
15	45320	PROCTOSIGMOIDOSCOPY ABLATE	348.21				
15	45321	PROCTOSIGMOIDOSCOPY VOLVUL	348.21				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	348.21				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	348.21				
15	45331	SIGMOIDOSCOPY AND BIOPSY	348.21				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	348.21				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	348.21				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	348.21				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	348.21				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	348.21				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	348.21				
15	45340	SIG W/BALLOON DILATION	348.21				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	348.21				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	348.21				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	348.21				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	348.21				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	348.21				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	348.21				
15	45378	DIAGNOSTIC COLONOSCOPY	466.35				
15	45379	COLONOSCOPY W/FB REMOVAL	466.35				
15	45380	COLONOSCOPY AND BIOPSY	466.35				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	466.35				
15	45382	COLONOSCOPY/CONTROL BLEEDING	466.35				

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45384	LESION REMOVE COLONOSCOPY	466.35				
15	45385	LESION REMOVAL COLONOSCOPY	466.35				
15	45386	COLONOSCOPE DILATE STRICTURE	466.35				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	348.21				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	348.21				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	348.21				
15	45391	COLONOSCOPY W/ENDOSCOPE US	466.35				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	466.35				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	348.21				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	348.21				
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X		
15	45500	REPAIR OF RECTUM	466.35				
15	45505	REPAIR OF RECTUM	466.35				
15	45560	REPAIR OF RECTOCELE	466.35				
15	45900	REDUCTION OF RECTAL PROLAPSE	348.21				
15	45905	DILATION OF ANAL SPHINCTER	348.21				
15	45910	DILATION OF RECTAL NARROWING	348.21				
15	45915	REMOVE RECTAL OBSTRUCTION	348.21				
15	45990	SURG DX EXAM, ANORECTAL	466.35		X		
15	45999	RECTUM SURGERY PROCEDURE	MP		X		
15	46020	PLACEMENT OF SETON	533.26				
15	46030	REMOVAL OF RECTAL MARKER	348.21				
15	46040	INCISION OF RECTAL ABSCESS	533.26				
15	46045	INCISION OF RECTAL ABSCESS	466.35				
15	46050	INCISION OF ANAL ABSCESS	348.21				
15	46060	INCISION OF RECTAL ABSCESS	466.35				
15	46080	INCISION OF ANAL SPHINCTER	533.26				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	348.21				
15	46200	REMOVAL OF ANAL FISSURE	466.35				
15	46220	REMOVAL OF ANAL TAB	348.21				
15	46230	REMOVAL OF ANAL TABS	348.21				
15	46250	HEMORRHOIDECTOMY	533.26				
15	46255	HEMORRHOIDECTOMY	533.26				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	533.26				
15	46258	REMOVE HEMORRHOIDS & FISTULA	533.26				
15	46260	HEMORRHOIDECTOMY	533.26				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	658.75				
15	46262	REMOVE HEMORRHOIDS & FISTULA	658.75				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	533.26				
15	46275	REMOVAL OF ANAL FISTULA	533.26				
15	46280	REMOVAL OF ANAL FISTULA	658.75				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	348.21				
15	46288	REPAIR ANAL FISTULA	658.75				
15	46320	REMOVAL OF HEMORRHOID CLOT	348.21				
15	46600	ANOSCOPY; DIAGNOSTIC	348.21				
15	46604	ANOSCOPY WITH DIRECT DILATION	348.21				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	348.21				
15	46608	ANOSCOPY/ REMOVE FOR BODY	348.21				
15	46610	ANOSCOPY/REMOVE LESION	348.21				
15	46611	ANOSCOPY	348.21				
15	46612	ANOSCOPY/ REMOVE LESIONS	348.21				
15	46615	ANOSCOPY	466.35				
15	46700	REPAIR OF ANAL STRICTURE	533.26				
15	46705	REPAIR OF NAL STRICTURE	533.26				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	533.26				
15	46750	REPAIR OF ANAL SPHINCTER	533.26				
15	46753	RECONSTRUCTION OF ANUS	533.26				
15	46754	REMOVAL OF SUTURE FROM ANUS	466.35				
15	46760	REPAIR OF ANAL SPHINCTER	466.35				
15	46761	REPAIR OF ANAL SPHINCTER	533.26				
15	46900	REMOVAL OF ANAL LESION	348.21				
15	46910	REMOVAL OF ANAL LESION	348.21				
15	46917	LASER SURGERY, ANAL LESIONS	348.21				
15	46922	EXCISION OF ANAL LESION(S)	348.21				
15	46924	DESTRUCTION, ANAL LESION(S)	348.21				
15	46940	TREATMENT OF ANAL FISSURE	348.21				
15	46945	LIGATION OF HEMORRHOIDS	348.21				
15	46946	LIGATION OF HEMORRHOIDS	348.21				
15	46947	HEMORRHIDOPEXY BY STAPLING	533.26				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	533.26				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	348.21				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	348.21				
15	47100	WEDGE BIOPSY OF LIVER	466.35				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	466.35				
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	533.26				
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	466.35				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	466.35				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	466.35				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	466.35				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	348.21				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,400.08				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,400.08				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,400.08				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	466.35				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	466.35				
15	47553	BILIARY ENDOSCOPY THRU SKIN	533.26				
15	47554	BILIARY ENDOSCOPY THRU SKIN	533.26				
15	47555	BILIARY ENDOSCOPY THRU SKIN	533.26				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,400.08				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	533.26				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	533.26				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	533.26				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47605	REMOVAL OF GALLBLADDER	1,400.08				
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	348.21				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49000	EXPLORATION OF ABDOMEN	533.26		X		
15	49010	EXPLORE,RETROPERITONEAL AREA	1,400.08				
15	49180	BIOPSY, ABDOMINAL MASS	348.21				
15	49250	EXCISION OF UMBILICUS	658.75				
15	49320	DIAG LAPARO SEPARATE PROC	533.26		X		
15	49321	LAPAROSCOPY, BIOPSY	658.75		X		
15	49322	LAPAROSCOPY, ASPIRATION	658.75		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	658.75				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	348.21				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	348.21				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	348.21				
15	49421	INSERT ABDOMINAL DRAIN	348.21				
15	49422	REMOVE PERM CANNULA/CATHETER	348.21				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	466.35				
15	49491	REPARING HERN PREMIE REDUC	749.73				
15	49492	RPR HERN PREMIE, BLOCKED	749.73				
15	49495	RPR ING HERNIA BABY, REDUC	658.75				
15	49496	RPR ING HERNIA BABY, BLOCKED	658.75				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	658.75	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,400.08	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	658.75	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,400.08	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,040.38				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,400.08				
15	49525	REPAIR ING HERNIA, SLIDING	658.75				
15	49540	REPAIR LUMBAR HERNIA	466.35				
15	49550	RPR FEM HERNIA, INIT, REDUCE	749.73				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,400.08				
15	49555	REREPAIR FEM HERNIA, REDUCE	749.73				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,400.08				
15	49560	RPR VENTRAL HERN INIT, REDUC	658.75				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,400.08				
15	49565	REREPAIR VENTRL HERN, REDUCE	658.75				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,400.08				
15	49568	HERNIA REPAIR W/MESH	1,040.38				
15	49570	RPR EPIGASTRIC HERN, REDUCE	658.75				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,400.08				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	49580	RPR UMBIL HERN, REDUC <5 YR	658.75	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,400.08	00 04			
15	49585	RPR UMBIL HERN, REDUC	658.75	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,400.08	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	533.26				
15	49600	REPAIR UMBILICAL LESION	658.75				
15	49650	LAP ING HERNIA REPAIR INIT	658.75				
15	49651	LAP ING HERNIA REPAIR RECUR	1,040.38				
15	49652	LAP VENT/ABD HERNIA REPAIR	1,040.38				
15	49653	LAP VENT/ABD HERNIA PROC COMP	1,040.38				
15	49656	LAP INC HERN REPAIR RECUR	1,040.38				
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X	
15	49900	REPAIR OF ABDOMINAL WALL	658.75				
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	466.35				
15	50200	BIOPSY OF KIDNEY	348.21				
15	50390	DRAINAGE OF KIDNEY LESION	348.21				
15	50396	MEASURE KIDNEY PRESSURE	348.21				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	466.35				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	466.35				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	348.21				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	348.21				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	348.21				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	348.21				
15	50549	LAPAROSCOPE PROC, RENAL	MP			X	
15	50551	KIDNEY ENDOSCOPY	348.21				
15	50553	KIDNEY ENDOSCOPY	348.21				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	348.21				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	348.21				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	348.21				
15	50590	LITHOTRIPSY, ESW	533.26				
15	50684	INJECTION FOR URETER X-RAY	348.21				
15	50688	CHANGE OF URETER TUBE	348.21				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	466.35				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	466.35				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	466.35				
15	50947	LAPARO NEW URETER/BLADDER	1,400.08				
15	50948	LAPARO NEW URETER/BLADDER	1,400.08				
15	50949	LAPAROSCOPE PROC, URETER	MP			X	
15	50951	ENDOSCOPY OF URETER	348.21				
15	50953	ENDOSCOPY OF URETER	348.21				
15	50955	URETER ENDOSCOPY & BIOPSY	348.21				
15	50957	URETER ENDOSCOPY & TREATMENT	348.21				
15	50961	URETER ENDOSCOPY & TREATMENT	348.21				
15	50970	URETER ENDOSCOPY	348.21				
15	50972	URETER ENDOSCOPY & CATHETER	348.21				

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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	50974	URETER ENDOSCOPY & BIOPSY	348.21				
15	50976	URETER ENDOSCOPY & TREATMENT	348.21				
15	50980	URETER ENDOSCOPY & TREATMENT	348.21				
15	51020	INCISE & TREAT BLADDER	658.75				
15	51030	INCISE & TREAT BLADDER	658.75				
15	51040	INCISE & DRAIN BLADDER	658.75				
15	51045	INCISE BLADDER/DRAIN URETER	658.75				
15	51050	REMOVAL OF BLADDER STONE	658.75				
15	51065	REMOVE URETER CALCULUS	658.75				
15	51080	DRAINAGE OF BLADDER ABSCESS	348.21				
15	51500	REMOVAL OF BLADDER CYST	658.75				
15	51520	REMOVAL OF BLADDER LESION	658.75				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	348.21				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	348.21				
15	51705	CHANGE OF BLADDER TUBE	348.21				
15	51710	CHANGE OF BLADDER TUBE	348.21				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	533.26				
15	51720	TREATMENT OF BLADDER LESION	348.21				
15	51726	COMPLEX CYSTOMETROGRAM	348.21				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	348.21				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	348.21				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	348.21				
15	51784	ANAL/URINARY MUSCLE STUDY	348.21				
15	51785	ANAL/URINARY MUSCLE STUDY	348.21				
15	51840	ATTACH BLADDER/URETHRA	466.35				
15	51880	REPAIR OF BLADDER OPENING	348.21				
15	51992	LAPARO SLING OPERATION	466.35				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	348.21				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	466.35				
15	52005	CYSTOSCOPY & URETER CATHETER	466.35				
15	52007	CYSTOSCOPY AND BIOPSY	466.35				
15	52010	CYSTOSCOPY & DUCT CATHETER	466.35				
15	52204	CYSTOSCOPY	466.35				
15	52214	CYSTOSCOPY AND TREATMENT	466.35				
15	52224	CYSTOSCOPY AND TREATMENT	466.35				
15	52234	CYSTOSCOPY AND TREATMENT	466.35				
15	52235	CYSTOSCOPY AND TREATMENT	533.26				
15	52240	CYSTOSCOPY AND TREATMENT	533.26				
15	52250	CYSTOSCOPY AND RADIOTRACER	658.75				
15	52260	CYSTOSCOPY AND TREATMENT	466.35				
15	52265	CYSTOSCOPY & TREATMENT	466.35				
15	52270	CYSTOSCOPY & REVISE URETHRA	466.35				
15	52275	CYSTOSCOPY & REVISE URETHRA	466.35				
15	52276	CYSTOSCOPY AND TREATMENT	533.26				
15	52277	CYSTOSCOPY AND TREATMENT	466.35				

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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	52281	CYSTOSCOPY AND TREATMENT	466.35				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,400.08				
15	52283	CYSTOSCOPY AND TREATMENT	466.35				
15	52285	CYSTOSCOPY AND TREATMENT	466.35				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	466.35				
15	52290	CYSTOSCOPY AND TREATMENT	466.35				
15	52300	CYSTOSCOPY AND TREATMENT	466.35				
15	52301	CYSTOSCOPY AND TREATMENT	466.35				
15	52305	CYSTOSCOPY AND TREATMENT	466.35				
15	52310	CYSTOSCOPY AND TREATMENT	466.35				
15	52315	CYSTOSCOPY AND TREATMENT	466.35				
15	52317	REMOVE BLADDER STONE	348.21				
15	52318	REMOVE BLADDER STONE	466.35				
15	52320	CYSTOSCOPY AND TREATMENT	749.73				
15	52325	CYSTOSCOPY, STONE REMOVAL	658.75				
15	52327	CYSTOSCOPY, INJECT MATERIAL	466.35				
15	52330	CYSTOSCOPY AND TREATMENT	466.35				
15	52332	CYSTOSCOPY AND TREATMENT	466.35				
15	52334	CREATE PASSAGE TO KIDNEY	533.26				
15	52341	CYSTO W/URETER STRICTURE TX	533.26				
15	52342	CYSTO W/UP STRICTURE TX	533.26				
15	52343	CYSTO W/RENAL STRICTURE TX	533.26				
15	52344	CYSTO/URETERO, STONE REMOVE	533.26				
15	52345	CYSTO/URETERO W/UP STRICTURE	533.26				
15	52346	CYSTOURETERO W/RENAL STRICT	533.26				
15	52351	CYSTOURETRO & OR PYELOSCOPE	533.26				
15	52352	CYSTOURETRO W/STONE REMOVE	658.75				
15	52353	CYSTOURETERO W/LITHOTRIPSY	658.75				
15	52354	CYSTOURETERO W/BIOPSY	658.75				
15	52355	CYSTOURETERO W/EXCISE TUMOR	658.75				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	658.75				
15	52400	CYSTOURETERO W/CONGEN REPR	533.26				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	533.26				
15	52450	INCISION OF PROSTATE	533.26				
15	52500	REVISION OF BLADDER NECK	533.26				
15	52601	PROSTATECTOMY (TURP)	658.75				
15	52630	REMOVE PROSTATE REGROWTH	466.35				
15	52640	RELIEVE BLADDER CONTRACTURE	466.35				
15	52647	LASER SURGERY OF PROSTATE	1,400.08				
15	52648	LASER SURGERY OF PROSTATE	1,400.08				
15	52700	DRAINAGE OF PROSTATE ABSCESS	466.35				
15	53000	INCISION OF URETHRA	348.21				
15	53010	INCISION OF URETHRA	348.21				
15	53020	INCISION OF URETHRA	348.21				
15	53040	DRAINAGE OF URETHRA ABSCESS	466.35				
15	53080	DRAINAGE OF URINARY LEAKAGE	533.26				

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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	53200	BIOPSY OF URETHRA	348.21				
15	53210	REMOVAL OF URETHRA	749.73			F	
15	53215	REMOVAL OF URETHRA	749.73			M	
15	53220	TREATMENT OF URETHRA LESION	466.35				
15	53230	REMOVAL OF URETHRA LESION	466.35			F	
15	53235	REMOVAL OF URETHRA LESION	533.26			M	
15	53240	SURGERY FOR URETHRA POUCH	466.35				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	466.35				
15	53260	TREATMENT OF URETHRA LESION	466.35				
15	53265	TREATMENT OF URETHRA LESION	466.35				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	466.35			F	
15	53275	REPAIR OF URETHRA DEFECT	466.35			F	
15	53400	REVISE URETHRA, STAGE 1	533.26				
15	53405	REVISE URETHRA, STAGE 2	466.35				
15	53410	RECONSTRUCTION OF URETHRA	466.35			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	533.26				
15	53425	RECONSTRUCT URETHRA, STAGE 2	466.35				
15	53430	RECONSTRUCTION OF URETHRA	466.35			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	466.35				
15	53440	CORRECT BLADDER FUNCTION	466.35			M	
15	53442	REMOVE PERINEAL PROSTHESIS	348.21				
15	53444	INSERT TANDEM CUFF	466.35				
15	53445	INSERT URO/VES NCK SPHINCTER	348.21				
15	53446	REMOVE URO SPHINCTER	348.21				
15	53447	REMOVE/REPLACE UR SPHINCTER	348.21				
15	53449	REPAIR URO SPHINCTER	348.21				
15	53450	REVISION OF URETHRA	348.21				
15	53460	REVISION OF URETHRA	348.21				
15	53502	REPAIR OF URETHRA INJURY	466.35			F	
15	53505	REPAIR OF URETHRA INJURY	466.35			M	
15	53510	REPAIR OF URETHRA INJURY	466.35				
15	53515	REPAIR OF URETHRA INJURY	466.35				
15	53520	REPAIR OF URETHRA DEFECT	466.35			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	348.21			M	
15	53605	DILATE URETHRA STRICTURE	466.35			M	
15	53665	DILATION OF URETHRA	348.21			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,400.08			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,040.38			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	348.21			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP			X	
15	54000	SLITTING OF PREPUCE	466.35	00 00		M	
15	54001	SLITTING OF PREPUCE	466.35			M	
15	54015	DRAIN PENIS LESION	658.75			M	
15	54057	LASER SURG, PENIS LESION(S)	348.21			M	
15	54060	EXCISION OF PENIS LESION(S)	348.21			M	
15	54065	DESTRUCTION, PENIS LESION(S)	348.21			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	54100	BIOPSY OF PENIS	348.21			M	
15	54105	BIOPSY OF PENIS	348.21			M	
15	54110	TREATMENT OF PENIS LESION	466.35			M	
15	54111	TREAT PENIS LESION, GRAFT	466.35			M	
15	54112	TREAT PENIS LESION, GRAFT	466.35			M	
15	54115	TREATMENT OF PENIS LESION	348.21			M	
15	54120	PARTIAL REMOVAL OF PENIS	466.35			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	466.35			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	466.35	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	466.35			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	466.35			M	
15	54163	REPAIR OF CIRCUMCISION	466.35			M	
15	54164	FRENULOTOMY OF PENIS	466.35			M	
15	54205	TREATMENT OF PENIS LESION	658.75			M	
15	54220	TREATMENT OF PENIS LESION	348.21			M	
15	54300	REVISION OF PENIS	533.26			M	
15	54304	REVISION OF PENIS	533.26			M	
15	54308	RECONSTRUCTION OF URETHRA	533.26			M	
15	54312	RECONSTRUCTION OF URETHRA	533.26			M	
15	54316	RECONSTRUCTION OF URETHRA	533.26			M	
15	54318	RECONSTRUCTION OF URETHRA	533.26			M	
15	54322	RECONSTRUCTION OF URETHRA	533.26			M	
15	54324	RECONSTRUCTION OF URETHRA	533.26			M	
15	54326	RECONSTRUCTION OF URETHRA	533.26			M	
15	54328	REVISE PENIS/URETHRA	533.26			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	533.26			M	
15	54340	SECONDARY URETHRAL SURGERY	533.26			M	
15	54344	SECONDARY URETHRAL SURGERY	533.26			M	
15	54348	SECONDARY URETHRAL SURGERY	533.26			M	
15	54352	RECONSTRUCT URETHRA/PENIS	533.26			M	
15	54360	PENIS PLASTIC SURGERY	533.26			M	
15	54380	REPAIR PENIS	533.26			M	
15	54385	REPAIR PENIS	533.26			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	533.26				
15	54408	REPAIR MULTI-COMP PENIS PROS	533.26				
15	54410	REMOVE/REPLACE PENIS PROSTH	533.26				
15	54411	REMOV/REPLC PENIS PROS, COMP	533.26				
15	54415	REMOVE SELF-CONTD PENIS PROS	533.26				
15	54416	REMOV/REPL PENIS CONTAIN PROS	533.26				
15	54417	REMOV/REPLC PENIS PROS, COMPL	532.76				
15	54420	REVISION OF PENIS	658.75			M	
15	54435	REVISION OF PENIS	658.75			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	466.35			M	
15	54440	REPAIR OF PENIS	658.75		X	M	
15	54450	PREPUTIAL STRETCHING	348.21			M	
15	54500	BIOPSY OF TESTIS	348.21			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	54505	BIOPSY OF TESTIS	348.21			M	
15	54512	EXCISE LESION TESTIS	466.35			M	
15	54520	REMOVAL OF TESTIS	533.26			M	
15	54522	ORCHIECTOMY, PARTIAL	533.26			M	
15	54530	REMOVAL OF TESTIS	658.75			M	
15	54535	EXTENSIVE TESTIS SURGERY	533.26			M	
15	54550	EXPLORATION FOR TESTIS	658.75			M	
15	54600	REDUCE TESTIS TORSION	658.75			M	
15	54620	SUSPENSION OF TESTIS	533.26			M	
15	54640	SUSPENSION OF TESTIS	658.75			M	
15	54660	REVISION OF TESTIS	466.35			M	
15	54670	REPAIR TESTIS INJURY	533.26			M	
15	54680	RELOCATION OF TESTIS(ES)	533.26			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,400.08				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,400.08				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	466.35			M	
15	54800	BIOPSY OF EPIDIDYMIS	348.21			M	
15	54830	REMOVE EPIDIDYMIS LESION	533.26			M	
15	54840	REMOVE EPIDIDYMIS LESION	658.75			M	
15	54860	REMOVAL OF EPIDIDYMIS	533.26			M	
15	54861	REMOVAL OF EPIDIDYMIS	658.75			M	
15	55000	DRAINAGE OF HYDROCELE	348.21			M	
15	55040	REMOVAL OF HYDROCELE	533.26			M	
15	55041	REMOVAL OF HYDROCELES	749.73			M	
15	55060	REPAIR OF HYDROCELE	658.75			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	348.21			M	
15	55110	EXPLORE SCROTUM	466.35				
15	55120	REMOVAL OF SCROTUM LESION	466.35			M	
15	55150	REMOVAL OF SCROTUM	348.21			M	
15	55175	REVISION OF SCROTUM	348.21				
15	55180	REVISION OF SCROTUM	466.35				
15	55200	INCISION OF SPERM DUCT	466.35			M	
15	55250	REMOVAL OF SPERM DUCT(S)	466.35	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	533.26			M	
15	55520	REMOVAL OF SPERM CORD LESION	658.75			M	
15	55530	REVISE SPERMATIC CORD VEINS	658.75			M	
15	55535	REVISE SPERMATIC CORD VEINS	658.75			M	
15	55540	REVISE HERNIA & SPERM VEINS	749.73			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,400.08				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	348.21			M	
15	55700	BIOPSY OF PROSTATE	466.35			M	
15	55705	BIOPSY OF PROSTATE	466.35			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	348.21			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	466.35			M	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	55873	CRYOABLATE PROSTATE	1,400.08				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,400.08			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	348.21			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	348.21	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	466.35			F	
15	56441	LYSIS OF LABIAL LESION(S)	348.21			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	348.21			F	
15	56515	DESTROY VULVA LESION/S COMPL	533.26			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	348.21			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	348.21			F	
15	56620	PARTIAL REMOVAL OF VULVA	749.73			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,040.38			F	
15	56700	PARTIAL REMOVAL OF HYMEN	348.21			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	533.26			F	
15	56800	REPAIR OF VAGINA	533.26			F	
15	56810	REPAIR OF PERINEUM	749.73				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	348.21			F	
15	57000	EXPLORATION OF VAGINA	348.21				
15	57010	DRAINAGE OF PELVIC ABSCESS	466.35			F	
15	57020	DRAINAGE OF PELVIC FLUID	466.35			F	
15	57023	I & D VAG HEMATOMA, NON-OB	348.21			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	348.21			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	348.21			F	
15	57100	BIOPSY OF VAGINA	348.21			F	
15	57105	BIOPSY OF VAGINA	348.21			F	
15	57130	REMOVE VAGINA LESION	466.35			F	
15	57135	REMOVE VAGINA LESION	466.35			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	466.35			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	466.35			F	
15	57180	TREAT VAGINAL BLEEDING	348.21			F	
15	57200	REPAIR OF VAGINA	348.21			F	
15	57210	REPAIR VAGINA/PERINEUM	466.35			F	
15	57220	REVISION OF URETHRA	533.26			F	
15	57230	REPAIR OF URETHRAL LESION	533.26			F	
15	57240	REPAIR BLADDER & VAGINA	749.73			F	
15	57250	REPAIR RECTUM & VAGINA	749.73			F	
15	57260	REPAIR OF VAGINA	749.73			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,040.38			F	
15	57268	REPAIR OF BOWEL BULGE	533.26			F	
15	57288	REPAIR BLADDER DEFECT	749.73				
15	57289	REPAIR BLADDER & VAGINA	749.73			F	
15	57291	CONSTRUCTION OF VAGINA	749.73			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	533.26			F	
15	57400	DILATION OF VAGINA	466.35		X	F	
15	57410	PELVIC EXAMINATION	466.35		X	F	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	57415	REMOVE VAGINAL FOREIGN BODY	466.35				
15	57420	EXAM OF VAGINA W/SCOPE	348.21				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	348.21			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	348.21			F	
15	57454	VAGINA EXAMINATION & BIOPSY	348.21			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	348.21			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	348.21			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	348.21			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	348.21				
15	57500	BIOPSY OF CERVIX	348.21			F	
15	57505	ENDOCERVICAL CURETTAGE	466.35			F	
15	57510	CAUTHERUZATION OF CERVIX	533.26			F	
15	57511	CRYOCAUTERY OF CERVIX	533.26			F	
15	57513	LASER SURGERY OF CERVIX	466.35			F	
15	57520	CONIZATION OF CERVIX	466.35			F	
15	57522	CONIZATION OF CERVIX	466.35				
15	57530	REMOVAL OF CERVIX	533.26			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	533.26			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	749.73				
15	57700	REVISION OF CERVIX	348.21			F	
15	57720	REVISION OF CERVIX	533.26			F	
15	57800	DILATION OF CERVICAL CANAL	348.21			F	
15	58120	DILATION AND CURETTAGE	466.35	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	749.73			F	
15	58300	INSERT INTRAUTERINE DEVICE	348.21	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	348.21	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	466.35	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	466.35				
15	58353	ENDOMETR ABLATE, THERMAL	658.75		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,400.08			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,400.08			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,400.08		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,400.08				
15	58555	HYSTEROSCOPY, DX, SEP PROC	348.21		X		
15	58558	HYSTEROSCOPY, BIOPSY	533.26		X		
15	58559	HYSTEROSCOPY, LYSIS	466.35		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	533.26		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	533.26		X		
15	58562	HYSTEROSCOPY, REMOVE FB	533.26		X		
15	58563	HYSTEROSCOPY, ABLATION	658.75		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,529.11	21 59	X	F	
15	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,400.08			F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	533.26	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	658.75	21 55	X	F	

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	58660	LAPAROSCOPY, LYSIS	749.73		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	749.73		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	749.73		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	533.26	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	533.26		X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	749.73		X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	749.73			F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	658.75		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	658.75		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	533.26			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	533.26			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	533.26			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	348.21	10 60		F	
15	58900	BIOPSY OF OVARY(S)	533.26			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	533.26			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	348.21	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	348.21				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	533.26		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	533.26	10 60	X	F	
15	59160	D & C AFTER DELIVERY	533.26	10 60		F	
15	59320	REVISION OF CERVIX	348.21	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	749.73	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	749.73	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	749.73	10 55	X	F	
15	59840	ABORTION	749.73	10 60	X	F	
15	59841	ABORTION	749.73	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	749.73	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	749.73			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	348.21				
15	60100	BIOPSY OF THYROID	348.21				
15	60200	REMOVE THYROID LESION	466.35				
15	60220	PARTIAL REMOVAL OF THYROID	658.75				
15	60240	REMOVAL OF THYROID	1,400.08				
15	60280	REMOVE THYROID DUCT LESION	658.75				
15	60281	REMOVE THYROID DUCT LESION	658.75				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	348.21				
15	61026	INJECTION INTO BRAIN CANAL	348.21				
15	61050	REMOVE BRAIN CANAL FLUID	348.21				
15	61055	INJECTION INTO BRAIN CANAL	348.21				

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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	61070	BRAIN CANAL SHUNT PROCEDURE	348.21				
15	61215	INSERT BRAIN-FLUID DEVICE	533.26				
15	61790	TREAT TRIGEMINAL NERVE	533.26				
15	61791	TREAT TRIGEMINAL TRACT	533.26				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	466.35				
15	61886	IMPLANT NEUROSTIM ARRAYS	533.26				
15	61888	REVISE/REMOVE NEURORECEIVER	348.21				
15	62194	REPLACE/IRRIGATE CATHETER	348.21				
15	62225	REPLACE/IRRIGATE CATHETER	348.21				
15	62230	REPLACE/REVISE BRAIN SHUNT	466.35				
15	62263	LYSIS EPIDURAL ADHESIONS	348.21				
15	62268	DRAIN SPINAL CORD CYST	348.21				
15	62269	NEEDLE BIOPSY, SPINAL CORD	348.21				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	348.21				
15	62272	DRAIN CEREBRO SPINAL FLUID	348.21				
15	62273	TREAT EPIDURAL SPINE LESION	348.21				
15	62280	TREAT SPINAL CORD LESION	348.21				
15	62281	TREAT SPINAL CORD LESION	348.21				
15	62282	TREAT SPINAL CANAL LESION	348.21				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,400.08				
15	62294	INJECTION INTO SPINAL ARTERY	533.26				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	348.21				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	348.21				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	348.21				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	348.21				
15	62324	INJECTION(S), INCLUDING INDWELLING C	348.21				
15	62325	INJECTION(S), INCLUDING INDWELLING C	348.21				
15	62326	INJECTION(S), INCLUDING INDWELLING C	348.21				
15	62327	INJECTION(S), INCLUDING INDWELLING C	348.21				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	348.21				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	348.21				
15	62350	IMPLANT SPINAL CANAL CATH	466.35				
15	62355	REMOVE SPINAL CANAL CATHETER	466.35				
15	62360	INSERT SPINE INFUSION DEVICE	466.35				
15	62361	IMPLANT SPINE INFUSION PUMP	466.35				
15	62362	IMPLANT SPINE INFUSION PUMP	466.35				
15	62365	REMOVE SPINE INFUSION DEVICE	466.35				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	466.35				
15	62368	ANALYZE SPINE INFUSION PUMP	466.35				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,400.08				
15	63600	REMOVE SPINAL CORD LESION	466.35				
15	63610	STIMULATION OF SPINAL CORD	348.21				
15	63650	IMPLANT NEUROELECTRODES	466.35				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	348.21				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	348.21				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	348.21				

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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, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	348.21				
15	63685	IMPLANT NEURORECEIVER	466.35				
15	63688	REVISE/REMOVE NEURORECEIVER	348.21				
15	63744	REVISION OF SPINAL SHUNT	533.26				
15	63746	REMOVAL OF SPINAL SHUNT	466.35				
15	64415	INJECTION FOR NERVE BLOCK	348.21				
15	64417	INJECTION FOR NERVE BLOCK	348.21				
15	64420	INJECTION FOR NERVE BLOCK	348.21				
15	64421	INJECTION FOR NERVE BLOCK	348.21				
15	64430	INJECTION FOR NERVE BLOCK	348.21				
15	64450	INJECTION FOR NERVE BLOCK	348.21				
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	348.21				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	348.21				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	348.21				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	348.21				
15	64505	INJECTION FOR NERVE BLOCK	348.21				
15	64510	INJECTION FOR NERVE BLOCK	348.21				
15	64517	N BLOCK INJ, HYOGAS PLXS	466.35				
15	64520	INJECTION FOR NERVE BLOCK	348.21				
15	64530	INJECTION FOR NERVE BLOCK	348.21				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	348.21				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	533.26				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	533.26				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	348.21				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	348.21				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	533.26				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	348.21				
15	64595	REVISE/REMOVE NEURORECEIVER	348.21				
15	64600	INJECTION TREATMENT OF NERVE	348.21				
15	64605	INJECTION TREATMENT OF NERVE	348.21				
15	64610	INJECTION TREATMENT OF NERVE	348.21				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	466.35				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	466.35				
15	64620	INJECTION TREATMENT OF NERVE	348.21				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	348.21				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	466.35				
15	64630	INJECTION TREATMENT OF NERVE	466.35				
15	64640	INJECTION TREATMENT OF NERVE	348.21				
15	64642	Injection of chemical for destructio	348.21				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	348.21				
15	64644	Injection of chemical for destructio	348.21				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	348.21				
15	64646	Injection of chemical for destructio	348.21				
15	64647	Injection of chemical for destructio	348.21				
15	64680	INJECTION TREATMENT OF NERVE	466.35				
15	64681	INJECTION TREATMENT OF NERVE	466.35				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64702	REVISE FINGER/TOE NERVE	348.21				
15	64704	REVISE HAND/FOOT NERVE	348.21				
15	64708	REVISE ARM/LEG NERVE	466.35				
15	64712	REVISION OF SCIATIC NERVE	466.35				
15	64713	REVISION OF ARM NERVE(S)	466.35				
15	64714	REVISE LOW BACK NERVE(S)	466.35				
15	64716	REVISION OF CRANIAL NERVE	533.26				
15	64718	REVISE ULNAR NERVE AT ELBOW	466.35				
15	64719	REVISE ULNAR NERVE AT WRIST	466.35				
15	64721	CARPAL TUNNEL SURGERY	466.35				
15	64722	RELIEVE PRESSURE ON NERVE(S)	348.21				
15	64726	RELEASE FOOT/TOE NERVE	348.21				
15	64727	INTERNAL NERVE REVISION	348.21				
15	64732	INCISION OF BROW NERVE	466.35				
15	64734	INCISION OF CHEEK NERVE	466.35				
15	64736	INCISION OF CHIN NERVE	466.35				
15	64738	INCISION OF JAW NERVE	466.35				
15	64740	INCISION OF TONGUE NERVE	466.35				
15	64742	INCISION OF FACIAL NERVE	466.35				
15	64744	INCISE NERVE, BACK OF HEAD	466.35				
15	64746	INCISE DIAPHRAGM NERVE	466.35				
15	64771	SEVER CRANIAL NERVE	466.35				
15	64772	INCISION OF SPINAL NERVE	466.35				
15	64774	REMOVE SKIN NERVE LESION	466.35				
15	64776	REMOVE DIGIT NERVE LESION	533.26				
15	64778	DIGIT NERVE SURGERY ADD-ON	466.35				
15	64782	REMOVE LIMB NERVE LESION	533.26				
15	64783	LIMB NERVE SURGERY ADD-ON	466.35				
15	64784	REMOVE NERVE LESION	533.26				
15	64786	REMOVE SCIATIC NERVE LESION	533.26				
15	64787	IMPLANT NERVE END	466.35				
15	64788	REMOVE SKIN NERVE LESION	533.26				
15	64790	REMOVAL OF NERVE LESION	533.26				
15	64792	REMOVAL OF NERVE LESION	533.26				
15	64795	BIOPSY OF NERVE	466.35				
15	64802	REMOVE SYMPATHETIC NERVES	466.35				
15	64821	REMOVE SYMPATHETIC NERVES	658.75				
15	64831	REPAIR OF DIGIT NERVE	658.75				
15	64832	REPAIR NERVE ADD-ON	348.21				
15	64834	REPAIR OF HAND OR FOOT NERVE	466.35				
15	64835	REPAIR OF HAND OR FOOT NERVE	533.26				
15	64836	REPAIR OF HAND OR FOOT NERVE	533.26				
15	64837	REPAIR NERVE ADD-ON	348.21				
15	64840	REPAIR OF LEG NERVE	466.35				
15	64856	REPAIR/TRANSPOSE NERVE	466.35				
15	64857	REPAIR ARM/LEG NERVE	466.35				

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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	64858	REPAIR SCIATIC NERVE	466.35				
15	64859	NERVE SURGERY	348.21				
15	64861	REPAIR OF ARM NERVES	533.26				
15	64862	REPAIR OF LOW BACK NERVES	533.26				
15	64864	REPAIR OF FACIAL NERVE	533.26				
15	64865	REPAIR OF FACIAL NERVE	658.75				
15	64872	SUBSEQUENT REPAIR OF NERVE	466.35				
15	64874	REPAIR & REVISE NERVE ADD-ON	533.26				
15	64876	REPAIR NERVE/SHORTEN BONE	533.26				
15	64885	NERVE GRAFT, HEAD OR NECK	466.35				
15	64886	NERVE GRAFT, HEAD OR NECK	466.35				
15	64890	NERVE GRAFT, HAND OR FOOT	466.35				
15	64891	NERVE GRAFT, HAND OR FOOT	466.35				
15	64892	NERVE GRAFT, ARM OR LEG	466.35				
15	64893	NERVE GRAFT, ARM OR LEG	466.35				
15	64895	NERVE GRAFT, HAND OR FOOT	533.26				
15	64896	NERVE GRAFT, HAND OR FOOT	533.26				
15	64897	NERVE GRAFT, ARM OR LEG	533.26				
15	64898	NERVE GRAFT, ARM OR LEG	533.26				
15	64901	NERVE GRAFT ADD-ON	466.35				
15	64902	NERVE GRAFT ADD-ON	466.35				
15	64905	NERVE PEDICLE TRANSFER	466.35				
15	64907	NERVE PEDICLE TRANSFER	348.21				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	533.26				
15	64999	NERVOUS SYSTEM SURGERY	MP			X	
15	65091	REVISE EYE	533.26				
15	65093	REVISE EYE WITH IMPLANT	533.26				
15	65101	REMOVAL OF EYE	533.26				
15	65103	REMOVE EYE/INSERT IMPLANT	533.26				
15	65105	REMOVE EYE/ATTACH IMPLANT	658.75				
15	65110	REMOVAL OF EYE	749.73				
15	65112	REMOVE EYE/REVISE SOCKET	1,040.38				
15	65114	REMOVE EYE/REVISE SOCKET	1,040.38				
15	65130	INSERT OCULAR IMPLANT	533.26				
15	65135	INSERT OCULAR IMPLANT	466.35				
15	65140	ATTACH OCULAR IMPLANT	533.26				
15	65150	REVISE OCULAR IMPLANT	466.35				
15	65155	REINSERT OCULAR IMPLANT	533.26				
15	65175	REMOVAL OF OCULAR IMPLANT	348.21				
15	65205	REMOVE FOREIGN BODY FROM EYE	348.21				
15	65235	REMOVE FOREIGN BODY FROM EYE	466.35				
15	65260	REMOVE FOREIGN BODY FROM EYE	533.26				
15	65265	REMOVE FOREIGN BODY FROM EYE	658.75				
15	65270	REPAIR OF EYE WOUND	466.35				
15	65272	REPAIR OF EYE WOUND	466.35				
15	65275	REPAIR OF EYE WOUND	658.75				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	65280	REPAIR OF EYE WOUND	658.75				
15	65285	REPAIR OF EYE WOUND	658.75				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	533.26				
15	65400	REMOVAL OF EYE LESION	348.21				
15	65410	BIOPSY OF CORNEA	466.35				
15	65420	REMOVAL OF EYE LESION	466.35				
15	65426	REMOVAL OF EYE LESION	749.73				
15	65710	CORNEAL TRANSPLANT	1,040.38				
15	65730	CORNEAL TRANSPLANT	1,040.38				
15	65750	CORNEAL TRANSPLANT	1,040.38				
15	65755	CORNEAL TRANSPLANT	1,040.38				
15	65770	REVISE CORNEA WITH IMPLANT	1,040.38				
15	65772	CORRECTION OF ASTIGMATISM	658.75				
15	65775	CORRECTION OF ASTIGMATISM	658.75				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	466.35				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	348.21				
15	65780	OCULAR RECONST, TRANSPLANT	749.73				
15	65781	OCULAR RECONST, TRANSPLANT	749.73				
15	65782	OCULAR RECONST, TRANSPLANT	749.73			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	658.75				
15	65800	DRAINAGE OF EYE	348.21				
15	65810	DRAINAGE OF EYE	533.26				
15	65815	DRAINAGE OF EYE	466.35				
15	65820	RELIEVE INNER EYE PRESSURE	348.21				
15	65850	INCISION OF EYE	658.75				
15	65855	LASER TRABECULOPLASTY-1/MORE	658.75				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	466.35				
15	65865	INCISE INNER EYE ADHESIONS	348.21				
15	65870	INCISE INNER EYE ADHESIONS	658.75				
15	65875	INCISE INNER EYE ADHESIONS	658.75				
15	65880	INCISE INNER EYE ADHESIONS	658.75				
15	65900	REMOVE EYE LESION	749.73				
15	65920	REMOVE IMPLANT OF EYE	1,040.38				
15	65930	REMOVE BLOOD CLOT FROM EYE	749.73				
15	66020	INJECTION TREATMENT OF EYE	348.21				
15	66030	INJECTION TREATMENT OF EYE	348.21				
15	66130	REMOVE EYE LESION	1,040.38				
15	66150	GLAUCOMA SURGERY	658.75				
15	66155	GLAUCOMA SURGERY	658.75				
15	66160	GLAUCOMA SURGERY	466.35				
15	66170	GLAUCOMA SURGERY	658.75				
15	66172	INCISION OF EYE	658.75				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	658.75				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	658.75				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	749.73				
15	66180	IMPLANT EYE SHUNT	749.73				

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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	66183	Insertion of eye fluid drainage devi	749.73				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	466.35				
15	66185	REVISE EYE SHUNT	466.35				
15	66225	REPAIR/GRAFT EYE LESION	658.75				
15	66250	FOLLOW-UP SURGERY OF EYE	466.35				
15	66500	INCISION OF IRIS	348.21				
15	66505	INCISION OF IRIS	348.21				
15	66600	REMOVE IRIS AND LESION	533.26				
15	66605	REMOVAL OF IRIS	533.26				
15	66625	REMOVAL OF IRIS	533.26				
15	66630	REMOVAL OF IRIS	533.26				
15	66635	REMOVAL OF IRIS	533.26				
15	66680	REPAIR IRIS & CILIARY BODY	533.26				
15	66682	REPAIR IRIS & CILIARY BODY	466.35				
15	66700	DESTRUCTION, CILIARY BODY	466.35				
15	66710	DESTRUCTION, CILIARY BODY	466.35				
15	66711	CILIARY ENDOSCOPIC ABLATION	466.35				
15	66720	DESTRUCTION, CILIARY BODY	466.35				
15	66740	DESTRUCTION, CILIARY BODY	466.35				
15	66761	REVISION OF IRIS	466.35				
15	66820	INCISION OF LENS LESION	466.35				
15	66821	AFTER CATARACT LASER SURGERY	466.35				
15	66825	REPOSITION INTRAOCULAR LENS	658.75				
15	66830	REMOVAL OF LENS LESION	658.75				
15	66840	REMOVAL OF LENS MATERIAL	658.75				
15	66850	REMOVAL OF LENS MATERIAL	1,040.38				
15	66852	REMOVAL OF LENS MATERIAL	658.75				
15	66920	EXTRACTION OF LENS	658.75				
15	66930	EXTRACTION OF LENS	749.73				
15	66940	EXTRACTION OF LENS	749.73				
15	66982	CATARACT SURGERY, COMPLEX	860.53				
15	66983	CATARACT SURG W/IOL, 1 STAGE	860.53				
15	66984	CATARACT SURG W/IOL, I STAGE	860.53				
15	66985	INSERT LENS PROSTHESIS	706.85				
15	66986	EXCHANGE LENS PROSTHESIS	706.85				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,040.38				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,040.38				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	658.75				
15	67010	PARTIAL REMOVAL OF EYE FLUID	658.75				
15	67015	RELEASE OF EYE FLUID	348.21				
15	67025	REPLACE EYE FLUID	348.21				
15	67027	IMPLANT EYE DRUG SYSTEM	658.75				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	348.21				
15	67030	INCISE INNER EYE STRANDS	348.21				
15	67031	LASER SURGERY, EYE STRANDS	466.35				

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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	67036	REMOVAL OF INNER EYE FLUID	658.75				
15	67039	LASER TREATMENT OF RETINA	1,040.38				
15	67040	LASER TREATMENT OF RETINA	1,040.38				
15	67042	VIT FOR MACULAR HOLE	749.73				
15	67101	REPAIR DETACHED RETINA	749.73				
15	67105	PHOTOCOAGULATION/DETACHED RET	749.73				
15	67107	REPAIR DETACHED RETINA	749.73				
15	67108	REPAIR DETACHED RETINA	1,040.38				
15	67113	REPAIR RETINAL DETACH,CPLX	1,040.38				
15	67115	RELEASE ENCIRCLING MATERIAL	466.35				
15	67120	REMOVE EYE IMPLANT MATERIAL	466.35				
15	67121	REMOVE EYE IMPLANT MATERIAL	466.35				
15	67141	TREATMENT OF RETINA	466.35				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	466.35				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	749.73				
15	67218	TREATMENT OF RETINAL LESION	749.73				
15	67220	TREAT CHOROID LESION	348.21				
15	67227	TREATMENT OF RETINAL LESION	348.21				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	348.21				
15	67250	REINFORCE EYE WALL	533.26				
15	67255	REINFORCE/GRAFT EYE WALL	533.26				
15	67299	EYE SURGERY PROCEDURE	MP				X
15	67311	REVISE EYE MUSCLE	533.26				
15	67312	REVISE TWO EYE MUSCLES	658.75				
15	67314	REVISE EYE MUSCLE	658.75				
15	67316	REVISE TWO EYE MUSCLES	658.75				
15	67318	REVISE EYE MUSCLE(S)	658.75				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	658.75				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	658.75				
15	67332	REREVISE EYE MUSCLES ADD-ON	658.75				
15	67334	REVISE EYE MUSCLE W/SUTURE	658.75				
15	67335	EYE SUTURE DURING SURGERY	658.75				
15	67340	REVISE EYE MUSCLE ADD-ON	658.75				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,040.38				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP				X
15	67400	EXPLORE/BIOPSY EYE SOCKET	533.26				
15	67405	EXPLORE/DRAIN EYE SOCKET	658.75				
15	67412	EXPLORE/TREAT EYE SOCKET	749.73				
15	67413	EXPLORE/TREAT EYE SOCKET	749.73				
15	67415	ASPIRATION, ORBITAL CONTENTS	348.21				
15	67420	EXPLORE/TREAT EYE SOCKET	749.73				
15	67430	EXPLORE/TREAT EYE SOCKET	749.73				
15	67440	EXPLORE/DRAIN EYE SOCKET	749.73				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	749.73				
15	67450	EXPLORE/BIOPSY EYE SOCKET	749.73				
15	67500	INJECT/TREAT EYE SOCKET	348.21				

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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	67550	INSERT EYE SOCKET IMPLANT	658.75				
15	67560	REVISE EYE SOCKET IMPLANT	466.35				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	348.21				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	348.21				
15	67715	INCISION OF EYELID FOLD	348.21				
15	67800	REMOVE EYELID LESION	348.21				
15	67801	REMOVE EYELID LESIONS	348.21				
15	67805	REMOVE EYELID LESIONS	348.21				
15	67808	REMOVE EYELID LESION(S)	466.35				
15	67810	BIOPSY OF EYELID	348.21				
15	67820	REVISE EYELASHES	348.21				
15	67830	REVISE EYELASHES	466.35				
15	67835	REVISE EYELASHES	466.35				
15	67840	REMOVE EYELID LESION	348.21				
15	67880	REVISION OF EYELID	533.26				
15	67882	REVISION OF EYELID	533.26				
15	67900	REPAIR BROW DEFECT	658.75				
15	67901	REPAIR EYELID DEFECT	749.73				
15	67902	REPAIR EYELID DEFECT	749.73				
15	67903	REPAIR EYELID DEFECT	658.75				
15	67904	REPAIR EYELID DEFECT	658.75				
15	67906	REPAIR EYELID DEFECT	749.73				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	658.75				
15	67909	REVISE EYELID DEFECT	658.75				
15	67911	REVISE EYELID DEFECT	533.26				
15	67912	CORRECTION EYELID W/IMPLANT	533.26				
15	67914	REPAIR EYELID DEFECT	533.26				
15	67916	REPAIR EYELID DEFECT	658.75				
15	67917	REPAIR EYELID DEFECT	658.75				
15	67921	REPAIR EYELID DEFECT	533.26				
15	67923	REPAIR EYELID DEFECT	658.75				
15	67924	REPAIR EYELID DEFECT	658.75				
15	67930	REPAIR EYELID WOUND	466.35				
15	67935	REPAIR EYELID WOUND	466.35				
15	67938	REMOVE EYELID FOREIGN BODY	348.21				
15	67950	REVISION OF EYELID	466.35				
15	67961	REVISION OF EYELID	533.26				
15	67966	REVISION OF EYELID	533.26				
15	67971	RECONSTRUCTION OF EYELID	533.26				
15	67973	RECONSTRUCTION OF EYELID	533.26				
15	67974	RECONSTRUCTION OF EYELID	533.26				
15	67975	RECONSTRUCTION OF EYELID	533.26				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	348.21				
15	68115	REMOVE EYELID LINING LESION	466.35				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2020 THRU DECEMBER 31, 2020

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68130	REMOVE EYELID LINING LESION	466.35				
15	68320	REVISE/GRAFT EYELID LINING	658.75				
15	68325	REVISE/GRAFT EYELID LINING	658.75				
15	68326	REVISE/GRAFT EYELID LINING	658.75				
15	68328	REVISE/GRAFT EYELID LINING	658.75				
15	68330	REVISE EYELID LINING	658.75				
15	68335	REVISE/GRAFT EYELID LINING	658.75				
15	68340	SEPARATE EYELID ADHESIONS	658.75				
15	68360	REVISE EYELID LINING	466.35				
15	68362	REVISE EYELID LINING	466.35				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	466.35				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	533.26				
15	68505	PARTIAL REMOVAL, TEAR GLAND	533.26				
15	68510	BIOPSY OF TEAR GLAND	348.21				
15	68520	REMOVAL OF TEAR SAC	533.26				
15	68525	BIOPSY OF TEAR SAC	348.21				
15	68540	REMOVE TEAR GLAND LESION	533.26				
15	68550	REMOVE TEAR GLAND LESION	533.26				
15	68700	REPAIR TEAR DUCTS	466.35				
15	68720	CREATE TEAR SAC DRAIN	658.75				
15	68745	CREATE TEAR DUCT DRAIN	658.75				
15	68750	CREATE TEAR DUCT DRAIN	658.75				
15	68770	CLOSE TEAR SYSTEM FISTULA	658.75				
15	68810	PROBE NASOLACRIMAL DUCT	348.21				
15	68811	PROBE NASOLACRIMAL DUCT	466.35				
15	68815	PROBE NASOLACRIMAL DUCT	466.35				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	348.21				
15	69005	DRAIN EXTERNAL EAR LESION	348.21				
15	69020	DRAIN OUTER EAR CANAL LESION	348.21				
15	69100	BIOPSY OF EXTERNAL EAR	348.21				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	348.21				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	348.21				
15	69120	REMOVAL OF EXTERNAL EAR	466.35				
15	69140	REMOVE EAR CANAL LESION(S)	466.35				
15	69145	REMOVE EAR CANAL LESION(S)	466.35				
15	69150	EXTENSIVE EAR CANAL SURGERY	533.26				
15	69205	CLEAR OUTER EAR CANAL	348.21				
15	69222	CLEAN OUT MASTOID CAVITY	466.35				
15	69300	REVISE EXTERNAL EAR	533.26				
15	69310	REBUILD OUTER EAR CANAL	533.26				
15	69320	REBUILD OUTER EAR CANAL	1,040.38				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	466.35				
15	69421	INCISION OF EARDRUM	533.26				

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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	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	348.21				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	533.26				
15	69436	CREATE EARDRUM OPENING	533.26				
15	69440	EXPLORATION OF MIDDLE EAR	533.26				
15	69450	EARDRUM REVISION	348.21				
15	69501	MASTOIDECTOMY	1,040.38				
15	69502	MASTOIDECTOMY	1,040.38				
15	69505	REMOVE MASTOID STRUCTURES	1,040.38				
15	69511	EXTENSIVE MASTOID SURGERY	1,040.38				
15	69530	EXTENSIVE MASTOID SURGERY	1,040.38				
15	69540	REMOVE EAR LESION	533.26				
15	69550	REMOVE EAR LESION	749.73				
15	69552	REMOVE EAR LESION	1,040.38				
15	69601	MASTOID SURGERY REVISION	1,040.38				
15	69602	MASTOID SURGERY REVISION	1,040.38				
15	69603	MASTOID SURGERY REVISION	1,040.38				
15	69604	MASTOID SURGERY REVISION	1,040.38				
15	69605	MASTOID SURGERY REVISION	1,040.38				
15	69610	REPAIR EARDRUM	466.35				
15	69620	REPAIR OF EARDRUM	466.35				
15	69631	REPAIR EARDRUM STRUCTURES	749.73				
15	69632	REBUILD EARDRUM STRUCTURES	749.73				
15	69633	REBUILD EARDRUM STRUCTURES	749.73				
15	69635	REPAIR EARDRUM STRUCTURES	1,040.38				
15	69636	REBUILD EARDRUM STRUCTURES	1,040.38				
15	69637	REBUILD EARDRUM STRUCTURES	1,040.38				
15	69641	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69642	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69643	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69644	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69645	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69646	REVISE MIDDLE EAR & MASTOID	1,040.38				
15	69650	RELEASE MIDDLE EAR BONE	1,040.38				
15	69660	REVISE MIDDLE EAR BONE	749.73				
15	69661	REVISE MIDDLE EAR BONE	749.73				
15	69662	REVISE MIDDLE EAR BONE	749.73				
15	69666	REPAIR MIDDLE EAR STRUCTURES	658.75				
15	69667	REPAIR MIDDLE EAR STRUCTURES	658.75				
15	69670	REMOVE MASTOID AIR CELLS	533.26				
15	69676	REMOVE MIDDLE EAR NERVE	533.26				
15	69700	CLOSE MASTOID FISTULA	533.26				
15	69711	REMOVE/REPAIR HEARING AID	348.21				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,400.08				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,400.08				
15	69717	TEMPLE BONE IMPLANT REVISION	1,400.08				
15	69718	REVISE TEMPLE BONE IMPLANT	1,400.08				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	69720	RELEASE FACIAL NERVE	749.73				
15	69725	RELEASE FACIAL NERVE	749.73				
15	69740	REPAIR FACIAL NERVE	749.73				
15	69745	REPAIR FACIAL NERVE	749.73				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	749.73				
15	69805	EXPLORE INNER EAR	1,040.38				
15	69806	EXPLORE INNER EAR	1,040.38				
15	69905	REMOVE INNER EAR	1,040.38				
15	69910	REMOVE INNER EAR & MASTOID	1,040.38				
15	69915	INCISE INNER EAR NERVE	1,040.38				
15	69930	IMPLANT COCHLEAR DEVICE	1,040.38	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X	
15	69979	TEMPORAL BONE SURGERY	MP			X	
15	69990	MICROSURGERY ADD-ON	348.21				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	348.21				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	348.21				

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