

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS
FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021
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.

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	G0121	COLON CA SCRIN; NOT HIGH RSK IN	483.29				
15	G0260	INJ FOR SACROILIAC JT ANESTH	360.84				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,450.94	10 60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	360.84				
15	10060	DRAINAGE OF SKIN ABSCESS	360.84				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	360.84				
15	10080	INCISE/DRAIN SIMPLE CYST	360.84				
15	10081	INCISE/DRAIN COMPLICATA PILONIDAL CYST	360.84				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	360.84				
15	10121	REMOVE FOREIGN BODY	483.29				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	360.84				
15	10160	PUNCTURE DRAINAGE OF LESION	360.84				
15	10180	COMPLEX DRAINAGE, WOUND	483.29				
15	11004	DEBRIDE GENITALIA & PERINEUN	483.29				
15	11005	DEBRIDE ABDOM WALL	483.29				
15	11006	DEBRIDE GENIT/ABDOM WALL	483.29				
15	11008	REMOVE MESH FROM ABD WALL	483.29				
15	11010	DEBRIDE SKIN, FX	483.29				
15	11011	DEBRIDE SKIN/MUSCLE, FX	483.29				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	483.29				
15	11042	DEBRIDE SKIN/TISSUE	483.29				
15	11043	DEBRIDE TISSUE/MUSCLE	483.29				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	483.29				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	360.84				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	360.84				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	360.84				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	360.84				
15	11404	REMOVAL OF SKIN LESION	360.84				
15	11406	REMOVAL OF SKIN LESION	483.29				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	483.29				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	483.29				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	483.29				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	483.29				
15	11424	REMOVAL OF SKIN LESION	483.29				
15	11426	REMOVAL OF SKIN LESION	483.29				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	360.84				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	360.84				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	360.84				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	360.84				
15	11444	REMOVAL OF SKIN LESION	360.84				
15	11446	REMOVAL OF SKIN LESION	483.29				
15	11450	REMOVAL, SWEAT GLAND LESION	483.29				
15	11451	REMOVAL, SWEAT GLAND LESION	483.29				
15	11462	REMOVAL, SWEAT GLAND LESION	483.29				
15	11463	REMOVAL, SWEAT GLAND LESION	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	11470	REMOVAL, SWEAT GLAND LESION	483.29				
15	11471	REMOVAL, SWEAT GLAND LESION	483.29				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	483.29				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	483.29				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	483.29				
15	11604	REMOVAL OF SKIN LESION	483.29				
15	11606	REMOVAL OF SKIN LESION	483.29				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	483.29				
15	11624	REMOVAL OF SKIN LESION	483.29				
15	11626	REMOVAL OF SKIN LESION	483.29				
15	11640	EXC FACE MM MALIG + MAG 0.5<	483.29				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	483.29				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	483.29				
15	11644	REMOVAL OF SKIN LESION	483.29				
15	11646	REMOVAL OF SKIN LESION	483.29				
15	11750	EXCISION NAIL & NAIL MATRIX	360.84				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	360.84				
15	11770	REMOVAL OF PILONIDAL LESION	552.64				
15	11771	REMOVAL OF PILONIDAL LESION	552.64				
15	11772	REMOVAL OF PILONIDAL LESION	552.64				
15	11920	TATOOING; 6 SQ CM OR LESS	360.84			X	
15	11921	TATOOING; 6.1 TO 20 SQ CM	360.84			X	
15	11960	INSERT TISSUE EXPANDER(S)	483.29				
15	11970	REPLACE TISSUE EXPANDER	552.64			X	
15	11971	REMOVE TISSUE EXPANDER(S)	360.84			X	
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	360.84				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	360.84				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	360.84				
15	12005	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12006	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12007	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	483.29				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	483.29				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	483.29				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	483.29				
15	12016	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12017	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12018	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12020	CLOSURE OF SPLIT WOUND	360.84				
15	12021	CLOSURE OF SPLIT WOUND	360.84				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	360.84				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	360.84				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	483.29				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	483.29				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	483.29				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

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	360.84				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12044	LAYER CLOSURE OF WOUND(S)	483.29				
15	12045	LAYER CLOSURE OF WOUND(S)	483.29				
15	12046	LAYER CLOSURE OF WOUND(S)	483.29				
15	12047	LAYER CLOSURE OF WOUND(S)	483.29				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	360.84				
15	12053	LAYER CLOSURE 5.1 TO 7.5	360.84				
15	12054	LAYER CLOSURE OF WOUND(S)	483.29				
15	12055	LAYER CLOSURE OF WOUND(S)	483.29				
15	12056	LAYER CLOSURE OF WOUND(S)	483.29				
15	12057	LAYER CLOSURE OF WOUND(S)	483.29				
15	13100	REPAIR OF WOUND OR LESION	483.29				
15	13101	REPAIR OF WOUND OR LESION	552.64				
15	13102	REPAIR WOUND/LESION ADD-ON	552.64				
15	13120	REPAIR OF WOUND OR LESION	483.29				
15	13121	REPAIR OF WOUND OR LESION	552.64				
15	13122	REPAIR WOUND/LESION ADD-ON	552.64				
15	13131	REPAIR OF WOUND OR LESION	483.29				
15	13132	REPAIR OF WOUND OR LESION	552.64				
15	13133	REPAIR WOUND/LESION ADD-ON	552.64				
15	13151	REPAIR OF WOUND OR LESION	552.64				
15	13152	REPAIR OF WOUND OR LESION	552.64				
15	13153	REPAIR WOUND/LESION ADD-ON	360.84				
15	13160	LATE CLOSURE OF WOUND	483.29				
15	14000	SKIN TISSUE REARRANGEMENT	483.29				
15	14001	SKIN TISSUE REARRANGEMENT	552.64				
15	14020	SKIN TISSUE REARRANGEMENT	552.64				
15	14021	SKIN TISSUE REARRANGEMENT	552.64				
15	14040	SKIN TISSUE REARRANGEMENT	483.29				
15	14041	SKIN TISSUE REARRANGEMENT	552.64				
15	14060	SKIN TISSUE REARRANGEMENT	552.64				
15	14061	SKIN TISSUE REARRANGEMENT	552.64				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14350	SKIN TISSUE REARRANGEMENT	552.64				
15	15040	HARVEST CULTURED SKIN GRAFT	483.29				
15	15050	SKIN PINCH GRAFT	483.29				
15	15100	SKIN SPLIT GRAFT	483.29				
15	15101	SKIN SPLIT GRAFT ADD-ON	552.64				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	483.29				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	360.84				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	483.29				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	360.84				
15	15120	SKIN SPLIT GRAFT	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15121	SKIN SPLIT GRAFT ADD-ON	552.64				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	483.29				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	360.84				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	483.29				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	360.84				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	483.29				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	483.29				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	360.84				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	360.84				
15	15200	SKIN FULL GRAFT	552.64				
15	15201	SKIN FULL GRAFT ADD-ON	483.29				
15	15220	SKIN FULL GRAFT	483.29				
15	15221	SKIN FULL GRAFT ADD-ON	483.29				
15	15240	SKIN FULL GRAFT	552.64				
15	15241	SKIN FULL GRAFT ADD-ON	552.64				
15	15260	SKIN FULL GRAFT	483.29				
15	15261	SKIN FULL GRAFT ADD-ON	483.29				
15	15570	FORM SKIN PEDICLE FLAP	552.64				
15	15572	FORM SKIN PEDICLE FLAP	552.64				
15	15574	FORM SKIN PEDICLE FLAP	552.64				
15	15576	FORM SKIN PEDICLE FLAP	552.64				
15	15600	SKIN GRAFT	552.64				
15	15610	SKIN GRAFT	552.64				
15	15620	SKIN GRAFT	682.67				
15	15630	SKIN GRAFT	552.64				
15	15650	TRANSFER SKIN PEDICLE FLAP	776.94				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	552.64				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	552.64				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	552.64				
15	15736	MUSCLE-SKIN GRAFT, ARM	552.64				
15	15738	MUSCLE-SKIN GRAFT, LEG	552.64				
15	15740	ISLAND PEDICLE FLAP GRAFT	483.29				
15	15750	NEUROVASCULAR PEDICLE GRAFT	483.29				
15	15760	COMPOSITE SKIN GRAFT	483.29				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	552.64				
15	15770	DERMA-FAT-FASCIA GRAFT	552.64				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15820	REVISION OF LOWER EYELID	552.64			X	
15	15821	REVISION OF LOWER EYELID	552.64			X	
15	15822	REVISION OF UPPER EYELID	552.64			X	
15	15823	REVISION OF UPPER EYELID	776.94			X	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	15840	GRAFT FOR FACE NERVE PALSY	682.67				
15	15841	GRAFT FOR FACE NERVE PALSY	682.67				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	682.67				
15	15845	SKIN AND MUSCLE REPAIR, FACE	682.67				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	360.84				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	360.84				
15	15920	REMOVAL OF TAIL BONE ULCER	552.64				
15	15922	REMOVAL OF TAIL BONE ULCER	682.67				
15	15931	REMOVE SACRUM PRESSURE SORE	552.64				
15	15933	REMOVE SACRUM PRESSURE SORE	552.64				
15	15934	REMOVE SACRUM PRESSURE SORE	552.64				
15	15935	REMOVE SACRUM PRESSURE SORE	682.67				
15	15936	REMOVE SACRUM PRESSURE SORE	682.67				
15	15937	REMOVE SACRUM PRESSURE SORE	682.67				
15	15940	REMOVE HIP PRESSURE SORE	552.64				
15	15941	REMOVE HIP PRESSURE SORE	552.64				
15	15944	REMOVE HIP PRESSURE SORE	552.64				
15	15945	REMOVE HIP PRESSURE SORE	682.67				
15	15946	REMOVE HIP PRESSURE SORE	682.67				
15	15950	REMOVE THIGH PRESSURE SORE	552.64				
15	15951	REMOVE THIGH PRESSURE SORE	682.67				
15	15952	REMOVE THIGH PRESSURE SORE	552.64				
15	15953	REMOVE THIGH PRESSURE SORE	682.67				
15	15956	REMOVE THIGH PRESSURE SORE	552.64				
15	15958	REMOVE THIGH PRESSURE SORE	682.67				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	360.84				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	483.29				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	483.29				
15	16035	ESCHAROTOMY	483.29				
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	483.29				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	483.29				
15	17999	SKIN TISSUR PROCEDURE	MP			X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	483.29				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	360.84				
15	19020	INCISION OF BREAST LESION	483.29				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19083	Biopsy of breast accessed throught t	483.29				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19100	BX BREAST PERCUT W/O IMAGE	360.84				
15	19101	BIOPSY OF BREAST, OPEN	483.29				
15	19110	NIPPLE EXPLORATION	483.29				
15	19112	EXCISE BREAST DUCT FISTULA	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	19120	REMOVAL OF BREAST LESION	552.64				
15	19125	EXCISION, BREAST LESION	552.64				
15	19126	EXCISION, ADDL BREAST LESION	552.64				
15	19281	Placement of breast localization dev	360.84				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19285	Placement of breast localization dev	360.84				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19287	Placement of breast localization dev	360.84				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19296	PLACE PO BREAST CATH FOR RAD	360.84				
15	19297	PLACE BREAST CATH FOR RAD	360.84				
15	19298	PLACE BREAST RAD TUBE/CATHS	360.84				
15	19300	MASTECTOMY FOR GYNecomastia	682.67			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	552.64				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,078.18				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	682.67				
15	19307	MAST, MOD RAD	1,078.18				
15	19316	MASTOPEXY	682.67		X	F	
15	19318	REDUCTION OF LARGE BREAST	682.67	18 99	X		
15	19324	ENLARGE BREAST	682.67		X	F	
15	19325	MAMMAPLASTY WITH PROSTHETIC	682.67		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	360.84		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	360.84				
15	19340	IMMEDIATE BREAST PROSTHESIS	483.29		X	F	
15	19342	DELAYED BREAST PROSTHESIS	552.64		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	682.67		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	776.94		X	F	
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	776.94		X		
15	19366	BREAST RECONSTRUCTION	776.94		X	F	
15	19370	SURGERY OF BREAST CAPSULE	682.67		X		
15	19371	REMOVAL OF BREAST CAPSULE	682.67		X		
15	19380	REVISE BREAST RECONSTRUCTION	776.94		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	552.64				
15	20101	EXPLORE WOUND, CHEST	552.64				
15	20102	EXPLORE WOUND, ABDOMEN	552.64				
15	20103	EXPLORE WOUND, EXTREMITY	552.64				
15	20200	MUSCLE BIOPSY	483.29				
15	20205	DEEP MUSCLE BIOPSY	552.64				
15	20206	NEEDLE BIOPSY, MUSCLE	360.84				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	360.84				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	483.29				
15	20240	BONE BIOPSY, EXCISIONAL	483.29				
15	20245	BONE BIOPSY, EXCISIONAL	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	20251	OPEN BONE BIOPSY	552.64				
15	20500	INJECT SINUS TRACT, THERAPEUTIC	360.84				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	360.84				
15	20520	REMOVE FOREGIN BODY; SIMPLE	360.84				
15	20525	REMOVAL OF FOREIGN BODY	552.64				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				
15	20612	ASPIRATE/INJ GANGLION CYST	360.84				
15	20615	ASPIRATE/INJECTION-BONE CYST	360.84				
15	20650	INSERT AND REMOVE BONE PIN	552.64				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	360.84	00 00			
15	20661	APPLY HALO;	360.84				
15	20662	APPLY HALO; PELVIC	360.84				
15	20663	APPLY HALO; FEMORAL	360.84				
15	20664	HALO BRACE APPLICATION	483.29				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	360.84				
15	20670	REMOVAL OF SUPPORT IMPLANT	360.84				
15	20680	REMOVAL OF SUPPORT IMPLANT	552.64				
15	20690	APPLY BONE FIXATION DEVICE	483.29				
15	20692	APPLY BONE FIXATION DEVICE	552.64				
15	20693	ADJUST BONE FIXATION DEVICE	552.64				
15	20694	REMOVE BONE FIXATION DEVICE	360.84				
15	20900	REMOVAL OF BONE FOR GRAFT	552.64				
15	20902	REMOVAL OF BONE FOR GRAFT	682.67				
15	20910	REMOVE CARTILAGE FOR GRAFT	552.64				
15	20912	REMOVE CARTILAGE FOR GRAFT	552.64				
15	20920	REMOVAL OF FASCIA FOR GRAFT	682.67				
15	20922	REMOVAL OF FASCIA FOR GRAFT	552.64				
15	20924	REMOVAL OF TENDON FOR GRAFT	682.67				
15	20930	SPINAL BONE ALLOGRAFT	360.84				
15	20931	SPINAL BONE ALLOGRAFT	360.84				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20936	SPINAL BONE AUTOGRAFT	360.84				
15	20937	SPINAL BONE AUTOGRAFT	360.84				
15	20938	SPINAL BONE AUTOGRAFT	360.84				
15	20950	MONITOR INTERSTITIAL FLUID	360.84				
15	20975	ELECTRICAL BONE STIMULATION	483.29				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	483.29				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	483.29				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	552.64				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	483.29				
15	21025	EXCISION OF BONE, LOWER JAW	483.29				
15	21026	EXCISION OF FACIAL BONE(S)	483.29				
15	21029	CONTOUR OF FACE BONE LESION	483.29				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	483.29				
15	21031	EXCISION OF TORUS MANDIBULARIS	483.29				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	483.29				
15	21034	REMOVAL OF FACE BONE LESION	552.64				
15	21040	REMOVAL OF JAW BONE LESION	483.29				
15	21044	REMOVAL OF JAW BONE LESION	483.29				
15	21045	RADICAL RESECTION OF MANDIBLE	552.64				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	483.29				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	483.29				
15	21048	REMOVE MAXILLA CYST COMPLEX	483.29				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	552.64				
15	21050	REMOVAL OF JAW JOINT	552.64				
15	21060	REMOVE JAW JOINT CARTILAGE	483.29				
15	21070	REMOVE CORONOID PROCESS	552.64				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X	
15	21100	MAXILLOFACIAL FIXATION	483.29				
15	21110	INTERDENTAL FIXATION	360.84				
15	21120	GENIOPLASTY; AUGMENTATION	1,078.18				
15	21121	RECONSTRUCTION OF CHIN	1,078.18				
15	21122	RECONSTRUCTION OF CHIN	1,078.18				
15	21123	RECONSTRUCTION OF CHIN	1,078.18				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,078.18				
15	21127	AUGMENTATION, LOWER JAW BONE	1,450.94				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,078.18				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,078.18				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,078.18				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,078.18				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,078.18				
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	1,078.18				
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	1,078.18				
15	21181	CONTOUR CRANIAL BONE LESION	1,078.18				
15	21206	RECONSTRUCT UPPER JAW BONE	776.94				
15	21208	AUGMENTATION OF FACIAL BONES	1,078.18				
15	21209	REDUCTION OF FACIAL BONES	776.94				
15	21210	FACE BONE GRAFT	1,078.18				
15	21215	LOWER JAW BONE GRAFT	1,078.18				
15	21230	RIB CARTILAGE GRAFT	1,078.18				
15	21235	EAR CARTILAGE GRAFT	1,078.18				
15	21240	RECONSTRUCTION OF JAW JOINT	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94				
15	21243	RECONSTRUCTION OF JAW JOINT	776.94				
15	21244	RECONSTRUCTION OF LOWER JAW	1,078.18				
15	21245	RECONSTRUCTION OF JAW	1,078.18				
15	21246	RECONSTRUCTION OF JAW	1,078.18				
15	21248	RECONSTRUCTION OF JAW	1,078.18				
15	21249	RECONSTRUCTION OF JAW	1,078.18				
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,078.18				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,078.18				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,078.18				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,078.18				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,078.18				
15	21267	REVISE EYE SOCKETS	1,078.18				
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,078.18				
15	21270	AUGMENTATION, CHEEK BONE	776.94				
15	21275	REVISION, ORBITOFACIAL BONES	1,078.18				
15	21280	REVISION OF EYELID	776.94				
15	21282	REVISION OF EYELID	776.94				
15	21295	RECONST LWR JAW W/O FIXATION	360.84				
15	21296	RECONST LWR JAW W/FIXATION	360.84				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X	
15	21310	TREATMENT OF NOSE FRACTURE	483.29				
15	21315	TREATMENT OF NOSE FRACTURE	483.29				
15	21320	TREATMENT OF NOSE FRACTURE	483.29				
15	21325	TREATMENT OF NOSE FRACTURE	682.67				
15	21330	TREATMENT OF NOSE FRACTURE	776.94				
15	21335	TREATMENT OF NOSE FRACTURE	1,078.18				
15	21336	TREAT NASAL SEPTAL FRACTURE	682.67				
15	21337	TREAT NASAL SEPTAL FRACTURE	483.29				
15	21338	TREAT NASOETHMOID FRACTURE	682.67				
15	21339	TREAT NASOETHMOID FRACTURE	776.94				
15	21340	TREATMENT OF NOSE FRACTURE	682.67				
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	776.94				
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	1,078.18				
15	21345	TREAT NOSE/JAW FRACTURE	1,078.18				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	776.94				
15	21347	OPEN TREATMENT NASOMAXILLARY FX	1,078.18				
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	1,078.18				
15	21355	TREAT CHEEK BONE FRACTURE	552.64				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	552.64				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	682.67				
15	21386	TREAT ORBITAL FX; PERIORBITAL	682.67				
15	21387	TREAT ORBITAL FX; COMBINATION	682.67				
15	21390	TREAT ORBITAL WITH IMPLANT	682.67				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	682.67				
15	21400	TREAT EYE SOCKET FRACTURE	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	682.67				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	682.67				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	682.67				
15	21421	TREAT MOUTH ROOF FRACTURE	682.67				
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	776.94				
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	776.94				
15	21431	TREAT CRANIOFACIAL SEPARATION	682.67				
15	21432	OPEN TX CRANIOFACIAL SEPARATION	682.67				
15	21433	COMPLICATED TX CRANIOFACIAL FX	776.94				
15	21435	COMPLICATED TX CRANIOFACIAL FX	776.94				
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	776.94				
15	21440	TREAT DENTAL RIDGE FRACTURE	552.64				
15	21445	TREAT DENTAL RIDGE FRACTURE	682.67				
15	21450	TREAT LOWER JAW FRACTURE	552.64				
15	21451	TREAT LOWER JAW FRACTURE	682.67				
15	21452	TREAT LOWER JAW FRACTURE	483.29				
15	21453	TREAT LOWER JAW FRACTURE	552.64				
15	21454	TREAT LOWER JAW FRACTURE	776.94				
15	21461	TREAT LOWER JAW FRACTURE	682.67				
15	21462	TREAT LOWER JAW FRACTURE	776.94				
15	21465	TREAT LOWER JAW FRACTURE	682.67				
15	21470	TREAT COMPLICATED MANDIBULAR FX	776.94				
15	21480	RESET DISLOCATED JAW	360.84				
15	21485	RESET DISLOCATED JAW	483.29				
15	21490	REPAIR DISLOCATED JAW	552.64				
15	21497	INTERDENTAL WIRING	483.29				
15	21499	UNLISTED PROCEDURE; HEAD	MP			X	
15	21501	DRAIN NECK/CHEST LESION	483.29				
15	21502	DRAIN CHEST LESION	483.29				
15	21510	INCISION WITH OPENING OF BONE CORTEX	552.64				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	360.84				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	483.29				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	483.29				
15	21555	REMOVE LESION, NECK/CHEST	483.29				
15	21556	REMOVE LESION, NECK/CHEST	483.29				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	483.29				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	483.29				
15	21600	PARTIAL REMOVAL OF RIB	483.29				
15	21610	PARTIAL REMOVAL OF RIB	483.29				
15	21615	EXCISION CERVICAL RIB	483.29				
15	21616	EXCISE RIB WITH SYMPATHECTOMY	483.29				
15	21620	OSTECTOMY OF STERNUM; PARTIAL	483.29				
15	21627	STERNAL DEBRIDEMENT	483.29				
15	21630	RADICAL RESECTOPM PF STERNUM	776.94				
15	21632	MEDIASTINAL LYMPHADENECTOMY	776.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	21705	DIVIDE SCALENUS AND RESECTION RIB	483.29				
15	21720	REVISION OF NECK MUSCLE	552.64				
15	21725	REVISION OF NECK MUSCLE	552.64				
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	552.64				
15	21820	TREAT STERNUM FRACTURE	360.84				
15	21825	TREAT STERNUM FRACTURE;OPEN	483.29				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	360.84				
15	21925	BIOPSY SOFT TISSUE OF BACK	483.29				
15	21930	REMOVE LESION, BACK OR FLANK	483.29				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	552.64				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	22100	RESECT VERTEBRA,CERVICAL	483.29				
15	22101	RESECT VERTEBRA, THORACIC	483.29				
15	22310	TREAT SPINE FRACTURE	360.84				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	483.29				
15	22505	MANIPULATION OF SPINE	483.29				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	483.29				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	483.29				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	483.29				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	483.29				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,450.94				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,450.94				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	483.29				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	483.29				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	682.67				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	483.29				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	22999	ABDOMEN SURGERY PROCEDURE	MP			X	
15	23000	REMOVAL OF CALCIUM DEPOSITS	483.29				
15	23020	RELEASE SHOULDER JOINT	483.29				
15	23030	DRAIN SHOULDER LESION	360.84				
15	23031	DRAIN SHOULDER BURSA	552.64				
15	23035	DRAIN SHOULDER BONE LESION	552.64				
15	23040	EXPLORATORY SHOULDER SURGERY	552.64				
15	23044	EXPLORATORY SHOULDER SURGERY	682.67				
15	23066	BIOPSY SHOULDER TISSUES	483.29				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	23075	REMOVAL OF SHOULDER LESION	483.29				
15	23076	REMOVAL OF SHOULDER LESION	483.29				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	23100	BIOPSY OF SHOULDER JOINT	483.29				
15	23101	SHOULDER JOINT SURGERY	1,078.18				
15	23105	REMOVE SHOULDER JOINT LINING	682.67				
15	23106	INCISION OF COLLARBONE JOINT	682.67				
15	23107	EXPLORE TREAT SHOULDER JOINT	682.67				
15	23120	PARTIAL REMOVAL, COLLAR BONE	776.94				
15	23125	REMOVAL OF COLLAR BONE	776.94				
15	23130	REMOVE SHOULDER BONE, PART	776.94				
15	23140	REMOVAL OF BONE LESION	682.67				
15	23145	REMOVAL OF BONE LESION	776.94				
15	23146	REMOVAL OF BONE LESION	776.94				
15	23150	REMOVAL OF HUMERUS LESION	682.67				
15	23155	REMOVAL OF HUMERUS LESION	776.94				
15	23156	REMOVAL OF HUMERUS LESION	776.94				
15	23170	REMOVE COLLAR BONE LESION	483.29				
15	23172	REMOVE SHOULDER BLADE LESION	483.29				
15	23174	REMOVE HUMERUS LESION	483.29				
15	23180	REMOVE COLLAR BONE LESION	682.67				
15	23182	REMOVE SHOULDER BLADE LESION	682.67				
15	23184	REMOVE HUMERUS LESION	682.67				
15	23190	PARTIAL REMOVAL OF SCAPULA	682.67				
15	23195	REMOVAL OF HEAD OF HUMERUS	776.94				
15	23330	REMOVE SHOULDER FOREIGN BODY	360.84				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	360.84				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	776.94				
15	23397	MUSCLE TRANSFERS	1,078.18				
15	23400	FIXATION OF SHOULDER BLADE	1,078.18				
15	23405	INCISION OF TENDON & MUSCLE	483.29				
15	23406	INCISE TENDON(S) & MUSCLE(S)	483.29				
15	23410	REPAIR OF TENDON(S)	776.94				
15	23412	REPAIR OF TENDON(S)	1,078.18				
15	23415	RELEASE OF SHOULDER LIGAMENT	776.94				
15	23420	REPAIR OF SHOULDER	1,078.18				
15	23430	REPAIR BICEPS TENDON	682.67				
15	23440	REMOVE/TRANSPLANT TENDON	682.67				
15	23450	REPAIR SHOULDER CAPSULE	776.94				
15	23455	REPAIR SHOULDER CAPSULE	1,078.18				
15	23460	REPAIR SHOULDER CAPSULE	776.94				
15	23462	REPAIR SHOULDER CAPSULE	1,078.18				
15	23465	REPAIR SHOULDER CAPSULE	776.94				
15	23466	REPAIR SHOULDER CAPSULE	1,078.18				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	1,078.18				
15	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,078.18				
15	23480	REVISION OF COLLAR BONE	682.67				
15	23485	REVISION OF COLLAR BONE	1,078.18				
15	23490	REINFORCE CLAVICLE	552.64				
15	23491	REINFORCE SHOULDER BONES	552.64				
15	23500	TREAT CLAVICLE FRACTURE	360.84				
15	23505	TREAT CLAVICLE FRACTURE	360.84				
15	23515	TREAT CLAVICLE FRACTURE	552.64				
15	23520	TREAT CLAVICLE DISLOCATION	360.84				
15	23525	TREAT CLAVICLE DISLOCATION	360.84				
15	23530	TREAT CLAVICLE DISLOCATION	552.64				
15	23532	TREAT CLAVICLE DISLOCATION	682.67				
15	23540	TREAT CLAVICLE DISLOCATION	360.84				
15	23545	TREAT CLAVICLE DISLOCATION	360.84				
15	23550	TREAT CLAVICLE DISLOCATION	552.64				
15	23552	TREAT CLAVICLE DISLOCATION	682.67				
15	23570	TREAT SHOULDER BLADE FX	360.84				
15	23575	TREAT SHOULDER BLADE FX	360.84				
15	23585	TREAT SCAPULA FRACTURE	552.64				
15	23600	TREAT HUMERUS FRACTURE	360.84				
15	23605	TREAT HUMERUS FRACTURE	483.29				
15	23615	TREAT HUMERUS FRACTURE	682.67				
15	23616	TREAT HUMERUS FRACTURE	682.67				
15	23620	TREAT HUMERUS FRACTURE	360.84				
15	23625	TREAT HUMERUS FRACTURE	483.29				
15	23630	TREAT HUMERUS FRACTURE	776.94				
15	23650	TREAT SHOULDER DISLOCATION	360.84				
15	23655	TREAT SHOULDER DISLOCATION	360.84				
15	23660	TREAT SHOULDER DISLOCATION	552.64				
15	23665	TREAT DISLOCATION/FRACTURE	483.29				
15	23670	TREAT DISLOCATION/FRACTURE	552.64				
15	23675	TREAT DISLOCATION/FRACTURE	483.29				
15	23680	TREAT DISLOCATION/FRACTURE	552.64				
15	23700	FIXATION OF SHOULDER	360.84				
15	23800	FUSION OF SHOULDER JOINT	682.67				
15	23802	FUSION OF SHOULDER JOINT	1,078.18				
15	23921	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	23929	SHOULDER SURGERY PROCEDURE	MP			X	
15	23930	DRAINAGE OF ARM LESION	360.84				
15	23931	DRAINAGE OF ARM BURSA	483.29				
15	23935	DRAIN ARM/ELBOW BONE LESION	483.29				
15	24000	EXPLORATORY ELBOW SURGERY	682.67				
15	24006	RELEASE ELBOW JOINT	682.67				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	483.29				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				
15	24075	REMOVE ARM/ELBOW LESION	483.29				
15	24076	REMOVE ARM/ELBOW LESION	483.29				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	24100	BIOPSY ELBOW JOINT LINING	360.84				
15	24101	EXPLORE/TREAT ELBOW JOINT	682.67				
15	24102	REMOVE ELBOW JOINT LINING	682.67				
15	24105	REMOVAL OF ELBOW BURSA	552.64				
15	24110	REMOVE HUMERUS LESION	483.29				
15	24115	REMOVE/GRAFT BONE LESION	552.64				
15	24116	REMOVE/GRAFT BONE LESION	552.64				
15	24120	REMOVE ELBOW LESION	552.64				
15	24125	REMOVE/GRAFT BONE LESION	552.64				
15	24126	REMOVE/GRAFT BONE LESION	552.64				
15	24130	REMOVAL OF HEAD OF RADIUS	552.64				
15	24134	REMOVAL OF ARM BONE LESION	483.29				
15	24136	REMOVE RADIUS BONE LESION	483.29				
15	24138	REMOVE ELBOW BONE LESION	483.29				
15	24140	PARTIAL REMOVAL OF ARM BONE	552.64				
15	24145	PARTIAL REMOVAL OF RADIUS	552.64				
15	24147	PARTIAL REMOVAL OF ELBOW	483.29				
15	24155	REMOVAL OF ELBOW JOINT	552.64				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	483.29				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	552.64				
15	24200	REMOVAL OF ARM FOREIGN BODY	360.84				
15	24201	REMOVAL OF ARM FOREIGN BODY	483.29				
15	24301	MUSCLE/TENDON TRANSFER	682.67				
15	24305	ARM TENDON LENGTHENING	682.67				
15	24310	REVISION OF ARM TENDON	552.64				
15	24320	REPAIR OF ARM TENDON	552.64				
15	24330	REVISION OF ARM MUSCLES	552.64				
15	24331	REVISION OF ARM MUSCLES	552.64				
15	24340	REPAIR OF BICEPS TENDON	552.64				
15	24341	REPAIR ARM TENDON/MUSCLE	552.64				
15	24342	REPAIR OF RUPTURED TENDON	552.64				
15	24345	REPR ELBW MED LIGMNT W/TISSU	483.29				
15	24360	RECONSTRUCT ELBOW JOINT	776.94				
15	24361	RECONSTRUCT ELBOW JOINT	776.94				
15	24362	RECONSTRUCT ELBOW JOINT	776.94				
15	24363	REPLACE ELBOW JOINT	1,078.18				
15	24365	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24366	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	776.94				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	776.94				
15	24400	REVISION OF HUMERUS	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	24410	REVISION OF HUMERUS	682.67				
15	24420	REVISION OF HUMERUS	552.64				
15	24430	REPAIR OF HUMERUS	552.64				
15	24435	REPAIR HUMERUS WITH GRAFT	682.67				
15	24470	REVISION OF ELBOW JOINT	552.64				
15	24495	DECOMPRESSION OF FOREARM	483.29				
15	24498	REINFORCE HUMERUS	552.64				
15	24500	TREAT HUMERUS FRACTURE	360.84				
15	24505	TREAT HUMERUS FRACTURE	360.84				
15	24515	TREAT HUMERUS FRACTURE	682.67				
15	24516	TREAT HUMERUS FRACTURE	682.67				
15	24530	TREAT HUMERUS FRACTURE	360.84				
15	24535	TREAT HUMERUS FRACTURE	360.84				
15	24538	TREAT HUMERUS FRACTURE	483.29				
15	24545	TREAT HUMERUS FRACTURE	682.67				
15	24546	TREAT HUMERUS FRACTURE	776.94				
15	24560	TREAT HUMERUS FRACTURE	360.84				
15	24565	TREAT HUMERUS FRACTURE	483.29				
15	24566	TREAT HUMERUS FRACTURE	483.29				
15	24575	TREAT HUMERUS FRACTURE	552.64				
15	24576	TREAT HUMERUS FRACTURE	360.84				
15	24577	TREAT HUMERUS FRACTURE	360.84				
15	24579	TREAT HUMERUS FRACTURE	552.64				
15	24582	TREAT HUMERUS FRACTURE	483.29				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	682.67				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	776.94				
15	24600	TREAT ELBOW DISLOCATION	360.84				
15	24605	TREAT ELBOW DISLOCATION	483.29				
15	24615	TREAT ELBOW DISLOCATION	552.64				
15	24620	TREAT ELBOW FRACTURE	483.29				
15	24635	TREAT ELBOW FRACTURE	552.64				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	360.84				
15	24655	TREAT RADIUS FRACTURE	360.84				
15	24665	TREAT RADIUS FRACTURE	682.67				
15	24666	TREAT RADIUS FRACTURE	682.67				
15	24670	TREAT ULNAR FRACTURE	360.84				
15	24675	TREAT ULNAR FRACTURE	360.84				
15	24685	TREAT ULNAR FRACTURE	552.64				
15	24800	FUSION OF ELBOW JOINT	682.67				
15	24802	FUSION/GRAFT OF ELBOW JOINT	776.94				
15	24925	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X	
15	25000	INCISION OF TENDON SHEATH	552.64				
15	25020	DECOMPRESS FOREARM 1 SPACE	552.64				
15	25023	DECOMPRESS FOREARM 1 SPACE	552.64				
15	25024	DECOMPRESS FOREARM 2 SPACES	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	25028	DRAINAGE OF FOREARM LESION	360.84				
15	25031	DRAINAGE OF FOREARM BURSA	483.29				
15	25035	TREAT FOREARM BONE LESION	483.29				
15	25040	EXPLORE/TREAT WRIST JOINT	776.94				
15	25066	BIOPSY FOREARM SOFT TISSUES	483.29				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	483.29				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	483.29				
15	25075	REMOVE FOREARM LESION SUBCUT	483.29				
15	25076	REMOVE FOREARM LESION DEEP	552.64				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	25085	INCISION OF WRIST CAPSULE	552.64				
15	25100	BIOPSY OF WRIST JOINT	483.29				
15	25101	EXPLORE/TREAT WRIST JOINT	552.64				
15	25105	REMOVE WRIST JOINT LINING	682.67				
15	25107	REMOVE WRIST JOINT CARTILAGE	552.64				
15	25110	REMOVE WRIST TENDON LESION	552.64				
15	25111	REMOVE WRIST TENDON LESION	552.64				
15	25112	REREMOVE WRIST TENDON LESION	682.67				
15	25115	REMOVE WRIST/FOREARM LESION	682.67				
15	25116	REMOVE WRIST/FOREARM LESION	682.67				
15	25118	EXCISE WRIST TENDON SHEATH	483.29				
15	25119	PARTIAL REMOVAL OF ULNA	552.64				
15	25120	REMOVAL OF FOREARM LESION	552.64				
15	25125	REMOVE/GRAFT FOREARM LESION	552.64				
15	25126	REMOVE/GRAFT FOREARM LESION	552.64				
15	25130	REMOVAL OF WRIST LESION	552.64				
15	25135	REMOVE & GRAFT WRIST LESION	552.64				
15	25136	REMOVE & GRAFT WRIST LESION	552.64				
15	25145	REMOVE FOREARM BONE LESION	483.29				
15	25150	PARTIAL REMOVAL OF ULNA	483.29				
15	25151	PARTIAL REMOVAL OF RADIUS	483.29				
15	25210	REMOVAL OF WRIST BONE	552.64				
15	25215	REMOVAL OF WRIST BONES	682.67				
15	25230	PARTIAL REMOVAL OF RADIUS	682.67				
15	25240	PARTIAL REMOVAL OF ULNA	682.67				
15	25248	REMOVE FOREARM FOREIGN BODY	483.29				
15	25250	REMOVAL OF WRIST PROSTHESIS	360.84				
15	25251	REMOVAL OF WRIST PROSTHESIS	360.84				
15	25260	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25263	REPAIR FOREARM TENDON/MUSCLE	483.29				
15	25265	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25270	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25272	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25274	REPAIR FOREARM TENDON/MUSCLE	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25275	REPAIR FOREARM TENDON SHEATH	682.67				
15	25280	REVISE WRIST/FOREARM TENDON	682.67				
15	25290	INCISE WRIST/FOREARM TENDON	552.64				
15	25295	RELEASE WRIST/FOREARM TENDON	552.64				
15	25300	FUSION OF TENDONS AT WRIST	552.64				
15	25301	FUSION OF TENDONS AT WRIST	552.64				
15	25310	TRANSPLANT FOREARM TENDON	552.64				
15	25312	TRANSPLANT FOREARM TENDON	682.67				
15	25315	REVISE PALSY HAND TENDON(S)	552.64				
15	25316	REVISE PALSY HAND TENDON(S)	552.64				
15	25320	REPAIR/REVISE WRIST JOINT	552.64				
15	25332	REVISE WRIST JOINT	776.94				
15	25335	REALIGNMENT OF HAND	552.64				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	776.94				
15	25350	REVISION OF RADIUS	552.64				
15	25355	REVISION OF RADIUS	552.64				
15	25360	REVISION OF ULNA	552.64				
15	25365	REVISE RADIUS & ULNA	552.64				
15	25370	REVISE RADIUS OR ULNA	552.64				
15	25375	REVISE RADIUS & ULNA	682.67				
15	25390	SHORTEN RADIUS OR ULNA	552.64				
15	25391	LENGTHEN RADIUS OR ULNA	682.67				
15	25392	SHORTEN RADIUS & ULNA	552.64				
15	25393	LENGTHEN RADIUS & ULNA	682.67				
15	25400	REPAIR RADIUS OR ULNA	552.64				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	682.67				
15	25415	REPAIR RADIUS & ULNA	552.64				
15	25420	REPAIR/GRAFT RADIUS & ULNA	682.67				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	552.64				
15	25426	REPAIR/GRAFT RADIUS & ULNA	682.67				
15	25431	REPAIR NONUNION CARPAL BONE	552.64				
15	25440	REPAIR/GRAFT WRIST BONE	682.67				
15	25441	RECONSTRUCT WRIST JOINT	776.94				
15	25442	RECONSTRUCT WRIST JOINT	776.94				
15	25443	RECONSTRUCT WRIST JOINT	776.94				
15	25444	RECONSTRUCT WRIST JOINT	776.94				
15	25445	RECONSTRUCT WRIST JOINT	776.94				
15	25446	WRIST REPLACEMENT	1,078.18				
15	25449	REMOVE WRIST JOINT IMPLANT	776.94				
15	25450	REVISION OF WRIST JOINT	552.64				
15	25455	REVISION OF WRIST JOINT	552.64				
15	25490	REINFORCE RADIUS	552.64				
15	25491	REINFORCE ULNA	552.64				
15	25492	REINFORCE RADIUS AND ULNA	552.64				
15	25505	TREAT FRACTURE OF RADIUS	360.84				
15	25515	TREAT FRACTURE OF RADIUS	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	360.84				
15	25525	TREAT FRACTURE OF RADIUS	682.67				
15	25526	TREAT FRACTURE OF RADIUS	776.94				
15	25535	TREAT FRACTURE OF ULNA	360.84				
15	25545	TREAT FRACTURE OF ULNA	552.64				
15	25565	TREAT FRACTURE RADIUS & ULNA	483.29				
15	25574	TREAT FRACTURE RADIUS & ULNA	552.64				
15	25575	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25605	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25606	TREAT FX DISTAL RADIAL	552.64				
15	25607	TREAT FX RAD EXTRA-ARTICUL	776.94				
15	25608	TREAT FX RAD INTRA-ARTICUL	776.94				
15	25609	TREAT FX RADIAL 3 + FRAG	776.94				
15	25624	TREAT WRIST BONE FRACTURE	483.29				
15	25628	TREAT WRIST BONE FRACTURE	552.64				
15	25635	TREAT WRIST BONE FRACTURE	360.84				
15	25645	TREAT WRIST BONE FRACTURE	552.64				
15	25651	PIN ULAR STYLOID FRACTURE	552.64				
15	25660	TREAT WRIST DISLOCATION	360.84				
15	25670	TREAT WRIST DISLOCATION	552.64				
15	25671	PIN RADIOULNAR DISLOCATION	360.84				
15	25675	TREAT WRIST DISLOCATION	360.84				
15	25676	TREAT WRIST DISLOCATION	483.29				
15	25680	TREAT WRIST FRACTURE	483.29				
15	25685	TREAT WRIST FRACTURE	552.64				
15	25690	TREAT WRIST DISLOCATION	360.84				
15	25695	TREAT WRIST DISLOCATION	483.29				
15	25800	FUSION OF WRIST JOINT	682.67				
15	25805	FUSION/GRAFT OF WRIST JOINT	776.94				
15	25810	FUSION/GRAFT OF WRIST JOINT	776.94				
15	25820	FUSION OF HAND BONES	682.67				
15	25825	FUSE HAND BONES WITH GRAFT	776.94				
15	25830	FUSION, RADIOULNAR JNT/ULNA	776.94				
15	25907	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	25922	AMPUTATE HAND AT WRIST	552.64				
15	25929	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X	
15	26011	DRAINAGE OF FINGER ABSCESS	360.84				
15	26020	DRAIN HAND TENDON SHEATH	483.29				
15	26025	DRAINAGE OF PALM BURSA	360.84				
15	26030	DRAINAGE OF PALM BURSA(S)	483.29				
15	26034	TREAT HAND BONE LESION	483.29				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	682.67				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	552.64				
15	26055	INCISE FINGER TENDON SHEATH	483.29				
15	26060	INCISION OF FINGER TENDON	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26070	EXPLORE/TREAT HAND JOINT	483.29				
15	26075	EXPLORE/TREAT FINGER JOINT	682.67				
15	26080	EXPLORE/TREAT FINGER JOINT	682.67				
15	26100	BIOPSY HAND JOINT LINING	483.29				
15	26105	BIOPSY FINGER JOINT LINING	360.84				
15	26110	BIOPSY FINGER JOINT LINING	360.84				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	483.29				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	483.29				
15	26115	REMOVE HAND LESION SUBCUT	483.29				
15	26116	REMOVE HAND LESION, DEEP	483.29				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	26121	RELEASE PALM CONTRACTURE	682.67				
15	26123	RELEASE PALM CONTRACTURE	682.67				
15	26125	RELEASE PALM CONTRACTURE	682.67				
15	26130	REMOVE WRIST JOINT LINING	552.64				
15	26135	REVISE FINGER JOINT, EACH	682.67				
15	26140	REVISE FINGER JOINT, EACH	483.29				
15	26145	TENDON EXCISION, PALM/FINGER	552.64				
15	26160	REMOVE TENDON SHEATH LESION	552.64				
15	26170	REMOVAL OF PALM TENDON, EACH	552.64				
15	26180	REMOVAL OF FINGER TENDON	552.64				
15	26185	REMOVE FINGER BONE	682.67				
15	26200	REMOVE HAND BONE LESION	483.29				
15	26205	REMOVE/GRAFT BONE LESION	552.64				
15	26210	REMOVAL OF FINGER LESION	483.29				
15	26215	REMOVE/GRAFT FINGER LESION	552.64				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,078.18				
15	26235	PARTIAL REMOVAL, FINGER BONE	552.64				
15	26236	PARTIAL REMOVAL, FINGER BONE	552.64				
15	26250	EXTENSIVE HAND SURGERY	552.64				
15	26260	EXTENSIVE FINGER SURGERY	552.64				
15	26262	PARTIAL REMOVAL OF FINGER	483.29				
15	26320	REMOVAL OF IMPLANT FROM HAND	483.29				
15	26340	MANIPULATE FINGER WITH ANESTH	360.84				
15	26350	REPAIR OF FINGER TENDON	360.84				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	682.67				
15	26356	REPAIR OF FINGER TENDON	682.67				
15	26357	REPAIR OF FINGER TENDON	682.67				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	682.67				
15	26370	REPAIR FINGER/HAND TENDON	682.67				
15	26372	REPAIR/GRAFT HAND TENDON	682.67				
15	26373	REPAIR FINGER/HAND TENDON	552.64				
15	26390	REVISE HAND/FINGER TENDON	682.67				
15	26392	REPAIR/GRAFT HAND TENDON	552.64				
15	26410	REPAIR HAND TENDON	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	26412	REPAIR/GRAFT HAND TENDON	552.64				
15	26415	EXCISION, HAND/FINGER TENDON	682.67				
15	26416	GRAFT HAND OR FINGER TENDON	552.64				
15	26418	REPAIR FINGER TENDON	682.67				
15	26420	REPAIR/GRAFT FINGER TENDON	682.67				
15	26426	REPAIR FINGER/HAND TENDON	552.64				
15	26428	REPAIR/GRAFT FINGER TENDON	552.64				
15	26432	REPAIR FINGER TENDON	552.64				
15	26433	REPAIR FINGER TENDON	552.64				
15	26434	REPAIR/GRAFT FINGER TENDON	552.64				
15	26437	REALIGNMENT OF TENDONS	552.64				
15	26440	RELEASE PALM/FINGER TENDON	552.64				
15	26442	RELEASE PALM & FINGER TENDON	552.64				
15	26445	RELEASE HAND/FINGER TENDON	552.64				
15	26449	RELEASE FOREARM/HAND TENDON	552.64				
15	26450	INCISION OF PALM TENDON	552.64				
15	26455	INCISION OF FINGER TENDON	552.64				
15	26460	INCISE HAND/FINGER TENDON	552.64				
15	26471	FUSION OF FINGER TENDONS	483.29				
15	26474	FUSION OF FINGER TENDONS	483.29				
15	26476	TENDON LENGTHENING	360.84				
15	26477	TENDON SHORTENING	360.84				
15	26478	LENGTHENING OF HAND TENDON	360.84				
15	26479	SHORTENING OF HAND TENDON	360.84				
15	26480	TRANSPLANT HAND TENDON	552.64				
15	26483	TRANSPLANT/GRAFT HAND TENDON	552.64				
15	26485	TRANSPLANT PALM TENDON	483.29				
15	26489	TRANSPLANT/GRAFT PALM TENDON	552.64				
15	26490	REVISE THUMB TENDON	552.64				
15	26492	TENDON TRANSFER WITH GRAFT	552.64				
15	26494	HAND TENDON/MUSCLE TRANSFER	552.64				
15	26496	REVISE THUMB TENDON	552.64				
15	26497	FINGER TENDON TRANSFER	552.64				
15	26498	FINGER TENDON TRANSFER	682.67				
15	26499	REVISION OF FINGER	552.64				
15	26500	HAND TENDON RECONSTRUCTION	682.67				
15	26502	HAND TENDON RECONSTRUCTION	682.67				
15	26508	RELEASE THUMB CONTRACTURE	552.64				
15	26510	THUMB TENDON TRANSFER	552.64				
15	26516	FUSION OF KNUCKLE JOINT	360.84				
15	26517	FUSION OF KNUCKLE JOINTS	552.64				
15	26518	FUSION OF KNUCKLE JOINTS	552.64				
15	26520	RELEASE KNUCKLE CONTRACTURE	552.64				
15	26525	RELEASE FINGER CONTRACTURE	552.64				
15	26530	REVISE KNUCKLE JOINT	552.64				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,078.18				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94				
15	26536	REVISE/IMPLANT FINGER JOINT	776.94				
15	26540	REPAIR HAND JOINT	682.67				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,078.18				
15	26542	REPAIR HAND JOINT WITH GRAFT	682.67				
15	26545	RECONSTRUCT FINGER JOINT	682.67				
15	26546	REPAIR NONUNION HAND	682.67				
15	26548	RECONSTRUCT FINGER JOINT	682.67				
15	26550	CONSTRUCT THUMB REPLACEMENT	483.29				
15	26555	POSITIONAL CHANGE OF FINGER	552.64				
15	26560	REPAIR OF WEB FINGER	483.29				
15	26561	REPAIR OF WEB FINGER	552.64				
15	26562	REPAIR OF WEB FINGER	682.67				
15	26565	CORRECT METACARPAL FLAW	776.94				
15	26567	CORRECT FINGER DEFORMITY	776.94				
15	26568	LENGTHEN METACARPAL/FINGER	552.64				
15	26580	REPAIR HAND DEFORMITY	776.94				
15	26587	RECONSTRUCT EXTRA FINGER	776.94				
15	26590	REPAIR FINGER DEFORMITY	776.94				
15	26591	REPAIR MUSCLES OF HAND	552.64				
15	26593	RELEASE MUSCLES OF HAND	552.64				
15	26596	EXCISION CONSTRICTING TISSUE	483.29				
15	26605	TREAT METACARPAL FRACTURE	483.29				
15	26607	TREAT METACARPAL FRACTURE	483.29				
15	26608	TREAT METACARPAL FRACTURE	682.67				
15	26615	TREAT METACARPAL FRACTURE	682.67				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	360.84				
15	26645	TREAT THUMB FRACTURE	360.84				
15	26650	TREAT THUMB FRACTURE	483.29				
15	26665	TREAT THUMB FRACTURE	682.67				
15	26675	TREAT HAND DISLOCATION	483.29				
15	26676	PIN HAND DISLOCATION	483.29				
15	26685	TREAT HAND DISLOCATION	552.64				
15	26686	TREAT HAND DISLOCATION	552.64				
15	26705	TREAT KNUCKLE DISLOCATION	483.29				
15	26706	PIN KNUCKLE DISLOCATION	483.29				
15	26715	TREAT KNUCKLE DISLOCATION	682.67				
15	26727	TREAT FINGER FRACTURE, EACH	1,078.18				
15	26735	TREAT FINGER FRACTURE, EACH	682.67				
15	26742	TREAT FINGER FRACTURE, EACH	483.29				
15	26746	TREAT FINGER FRACTURE, EACH	776.94				
15	26756	PIN FINGER FRACTURE, EACH	483.29				
15	26765	TREAT FINGER FRACTURE, EACH	682.67				
15	26776	PIN FINGER DISLOCATION	483.29				
15	26785	TREAT FINGER DISLOCATION	483.29				
15	26820	THUMB FUSION WITH GRAFT	776.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	26841	FUSION OF THUMB	682.67				
15	26842	THUMB FUSION WITH GRAFT	682.67				
15	26843	FUSION OF HAND JOINT	552.64				
15	26844	FUSION/GRAFT OF HAND JOINT	552.64				
15	26850	FUSION OF KNUCKLE	682.67				
15	26852	FUSION OF KNUCKLE WITH GRAFT	682.67				
15	26860	FUSION OF FINGER JOINT	552.64				
15	26861	FUSION OF FINGER JNT, ADD-ON	483.29				
15	26862	FUSION/GRAFT OF FINGER JOINT	682.67				
15	26863	FUSE/GRAFT ADDED JOINT	552.64				
15	26910	AMPUTATE METACARPAL BONE	552.64				
15	26951	AMPUTATION OF FINGER/THUMB	483.29				
15	26952	AMPUTATION OF FINGER/THUMB	682.67				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	360.84				
15	26991	DRAINAGE OF PELVIS BURSA	360.84				
15	27000	INCISION OF HIP TENDON	483.29				
15	27001	INCISION OF HIP TENDON	552.64				
15	27003	INCISION OF HIP TENDON	552.64				
15	27033	EXPLORATION OF HIP JOINT	552.64				
15	27035	DENERVATION OF HIP JOINT	682.67				
15	27040	BIOPSY OF SOFT TISSUES	360.84				
15	27041	BIOPSY OF SOFT TISSUES	483.29				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	483.29				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	483.29				
15	27047	REMOVE HIP/PELVIS LESION	483.29				
15	27048	REMOVE HIP/PELVIS LESION	552.64				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	552.64				
15	27050	BIOPSY OF SACROILIAC JOINT	552.64				
15	27052	BIOPSY OF HIP JOINT	552.64				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27060	REMOVAL OF ISCHIAL BURSA	776.94				
15	27062	REMOVE FEMUR LESION/BURSA	776.94				
15	27065	REMOVAL OF HIP BONE LESION	776.94				
15	27066	REMOVAL OF HIP BONE LESION	776.94				
15	27067	REMOVE/GRAFT HIP BONE LESION	776.94				
15	27080	REMOVAL OF TAIL BONE	483.29				
15	27086	REMOVE HIP FOREIGN BODY	360.84				
15	27087	REMOVE HIP FOREIGN BODY	552.64				
15	27095	WITH ANES	360.84				
15	27097	REVISION OF HIP TENDON	552.64				
15	27098	TRANSFER TENDON TO PELVIS	552.64				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	682.67				
15	27105	TRANSFER OF SPINAL MUSCLE	682.67				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	682.67				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	552.64				
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	483.29				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	360.84				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	483.29				
15	27202	TREAT TAIL BONE FRACTURE	483.29				
15	27230	TREAT THIGH FRACTURE	360.84				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	360.84				
15	27238	TREAT THIGH FRACTURE	360.84				
15	27246	TREAT THIGH FRACTURE	360.84				
15	27250	TREAT HIP DISLOCATION	360.84				
15	27252	TREAT HIP DISLOCATION	483.29				
15	27257	TREAT HIP DISLOCATION	552.64				
15	27265	TREAT HIP DISLOCATION	360.84				
15	27266	TREAT HIP DISLOCATION	483.29				
15	27275	MANIPULATION OF HIP JOINT	483.29				
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,450.94				
15	27299	PELVIS/HIP JOINT SURGERY	MP			X	
15	27301	DRAIN THIGH/KNEE LESION	552.64				
15	27305	INCISE THIGH TENDON & FASCIA	483.29				
15	27306	INCISION OF THIGH TENDON	552.64				
15	27307	INCISION OF THIGH TENDONS	552.64				
15	27310	EXPLORATION OF KNEE JOINT	682.67				
15	27323	BIOPSY, THIGH SOFT TISSUES	360.84				
15	27324	BIOPSY, THIGH SOFT TISSUES	360.84				
15	27327	REMOVAL OF THIGH LESION	483.29				
15	27328	REMOVAL OF THIGH LESION	552.64				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	682.67				
15	27330	BIOPSY, KNEE JOINT LINING	682.67				
15	27331	EXPLORE/TREAT KNEE JOINT	682.67				
15	27332	REMOVAL OF KNEE CARTILAGE	682.67				
15	27333	REMOVAL OF KNEE CARTILAGE	682.67				
15	27334	REMOVE KNEE JOINT LINING	682.67				
15	27335	REMOVE KNEE JOINT LINING	682.67				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	483.29				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	483.29				
15	27340	REMOVAL OF KNEECAP BURSA	552.64				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	682.67				
15	27347	REMOVE KNEE CYST	682.67				
15	27350	REMOVAL OF KNEECAP	682.67				
15	27355	REMOVE FEMUR LESION	552.64				
15	27356	REMOVE FEMUR LESION/GRAFT	682.67				
15	27357	REMOVE FEMUR LESION/GRAFT	776.94				
15	27358	REMOVE FEMUR LESION/FIXATION	776.94				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	776.94				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27372	REMOVAL OF FOREIGN BODY	1,078.18				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	27380	REPAIR OF KNEECAP TENDON	360.84				
15	27381	REPAIR/GRAFT KNEECAP TENDON	552.64				
15	27385	REPAIR OF THIGH MUSCLE	552.64				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	552.64				
15	27390	INCISION OF THIGH TENDON	360.84				
15	27391	INCISION OF THIGH TENDONS	483.29				
15	27392	INCISION OF THIGH TENDONS	552.64				
15	27393	LENGTHENING OF THIGH TENDON	483.29				
15	27394	LENGTHENING OF THIGH TENDONS	552.64				
15	27395	LENGTHENING OF THIGH TENDONS	552.64				
15	27396	TRANSPLANT OF THIGH TENDON	552.64				
15	27397	TRANSPLANTS OF THIGH TENDONS	552.64				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	552.64				
15	27403	REPAIR OF KNEE CARTILAGE	682.67				
15	27405	REPAIR OF KNEE LIGAMENT	682.67				
15	27407	REPAIR OF KNEE LIGAMENT	682.67				
15	27409	REPAIR OF KNEE LIGAMENTS	682.67				
15	27418	REPAIR DEGENERATED KNEECAP	552.64				
15	27420	REVISION OF UNSTABLE KNEECAP	552.64				
15	27422	REVISION OF UNSTABLE KNEECAP	1,078.18				
15	27424	REVISION/REMOVAL OF KNEECAP	552.64				
15	27425	LATERAL RETINACULAR RELEASE	1,078.18				
15	27427	RECONSTRUCTION, KNEE	552.64				
15	27428	RECONSTRUCTION, KNEE	682.67				
15	27429	RECONSTRUCTION, KNEE	682.67				
15	27430	REVISION OF THIGH MUSCLES	682.67				
15	27435	INCISION OF KNEE JOINT	682.67				
15	27437	REVISE KNEECAP	682.67				
15	27438	REVISE KNEECAP WITH IMPLANT	776.94				
15	27441	REVISION OF KNEE JOINT	776.94				
15	27442	REVISION OF KNEE JOINT	776.94				
15	27443	REVISION OF KNEE JOINT	776.94				
15	27455	REALIGNMENT OF KNEE	682.67				
15	27465	SHORTENING OF FEMUR	776.94				
15	27477	REPAIR LOWER LEG EPIPHYSES	483.29				
15	27496	DECOMPRESSION OF THIGH/KNEE	776.94				
15	27497	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27498	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27499	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27500	TREATMENT OF THIGH FRACTURE	360.84				
15	27501	TREATMENT OF THIGH FRACTURE	483.29				
15	27502	TREATMENT OF THIGH FRACTURE	483.29				
15	27503	TREATMENT OF THIGH FRACTURE	552.64				
15	27508	TREATMENT OF THIGH FRACTURE	360.84				
15	27509	TREATMENT OF THIGH FRACTURE	552.64				
15	27510	TREATMENT OF THIGH FRACTURE	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	27516	TREAT THIGH FX GROWTH PLATE	360.84				
15	27517	TREAT THIGH FX GROWTH PLATE	360.84				
15	27520	TREAT KNEECAP FRACTURE	360.84				
15	27530	TREAT KNEE FRACTURE	360.84				
15	27532	TREAT KNEE FRACTURE	360.84				
15	27538	TREAT KNEE FRACTURE(S)	360.84				
15	27540	REPAIR OF KNEE FRACTURE	360.84				
15	27550	TREAT KNEE DISLOCATION	360.84				
15	27552	TREAT KNEE DISLOCATION	360.84				
15	27560	TREAT KNEECAP DISLOCATION	360.84				
15	27562	TREAT KNEECAP DISLOCATION	360.84				
15	27566	TREAT KNEECAP DISLOCATION	483.29				
15	27570	FIXATION OF KNEE JOINT	360.84				
15	27594	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	552.64				
15	27601	DECOMPRESSION OF LOWER LEG	552.64				
15	27602	DECOMPRESSION OF LOWER LEG	552.64				
15	27603	DRAIN LOWER LEG LESION	483.29				
15	27604	DRAIN LOWER LEG BURSA	483.29				
15	27605	INCISION OF ACHILLES TENDON	360.84				
15	27606	INCISION OF ACHILLES TENDON	360.84				
15	27607	TREAT LOWER LEG BONE LESION	483.29				
15	27610	EXPLORE/TREAT ANKLE JOINT	483.29				
15	27612	EXPLORATION OF ANKLE JOINT	552.64				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	483.29				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27618	REMOVE LOWER LEG LESION	483.29				
15	27619	REMOVE LOWER LEG LESION	552.64				
15	27620	EXPLORE/TREAT ANKLE JOINT	682.67				
15	27625	REMOVE ANKLE JOINT LINING	682.67				
15	27626	REMOVE ANKLE JOINT LINING	682.67				
15	27630	REMOVAL OF TENDON LESION	552.64				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	483.29				
15	27635	REMOVE LOWER LEG BONE LESION	552.64				
15	27637	REMOVE/GRAFT LEG BONE LESION	552.64				
15	27638	REMOVE/GRAFT LEG BONE LESION	552.64				
15	27640	PARTIAL REMOVAL OF TIBIA	483.29				
15	27641	PARTIAL REMOVAL OF FIBULA	483.29				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	552.64				
15	27650	REPAIR ACHILLES TENDON	552.64				
15	27652	REPAIR/GRAFT ACHILLES TENDON	552.64				
15	27654	REPAIR OF ACHILLES TENDON	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	27656	REPAIR LEG FASCIA DEFECT	483.29				
15	27658	REPAIR OF LEG TENDON, EACH	360.84				
15	27659	REPAIR OF LEG TENDON, EACH	483.29				
15	27664	REPAIR OF LEG TENDON, EACH	483.29				
15	27665	REPAIR OF LEG TENDON, EACH	483.29				
15	27675	REPAIR LOWER LEG TENDONS	483.29				
15	27676	REPAIR LOWER LEG TENDONS	552.64				
15	27680	RELEASE OF LOWER LEG TENDON	552.64				
15	27681	RELEASE OF LOWER LEG TENDONS	483.29				
15	27685	REVISION OF LOWER LEG TENDON	552.64				
15	27686	REVISE LOWER LEG TENDONS	552.64				
15	27687	REVISION OF CALF TENDON	552.64				
15	27690	REVISE LOWER LEG TENDON	682.67				
15	27691	REVISE LOWER LEG TENDON	682.67				
15	27692	REVISE ADDITIONAL LEG TENDON	552.64				
15	27695	REPAIR OF ANKLE LIGAMENT	483.29				
15	27696	REPAIR OF ANKLE LIGAMENTS	483.29				
15	27698	REPAIR OF ANKLE LIGAMENT	483.29				
15	27700	REVISION OF ANKLE JOINT	776.94				
15	27704	REMOVAL OF ANKLE IMPLANT	483.29				
15	27705	INCISION OF TIBIA	483.29				
15	27707	INCISION OF FIBULA	483.29				
15	27709	INCISION OF TIBIA & FIBULA	483.29				
15	27715	REVISION OF LOWER LEG	776.94				
15	27720	REPAIR OF TIBIA	360.84				
15	27730	REPAIR OF TIBIA EPIPHYSIS	483.29				
15	27732	REPAIR OF FIBULA EPIPHYSIS	483.29				
15	27734	REPAIR LOWER LEG EPIPHYSES	483.29				
15	27740	REPAIR OF LEG EPIPHYSES	483.29				
15	27742	REPAIR OF LEG EPIPHYSES	483.29				
15	27750	TREATMENT OF TIBIA FRACTURE	360.84				
15	27752	TREATMENT OF TIBIA FRACTURE	360.84				
15	27756	TREATMENT OF TIBIA FRACTURE	552.64				
15	27758	TREATMENT OF TIBIA FRACTURE	682.67				
15	27759	TREATMENT OF TIBIA FRACTURE	682.67				
15	27760	CLTX MEDIAL ANKLE FX	360.84				
15	27762	CLTX MED ANKLE FX W/MNPJ	360.84				
15	27766	TREATMENT OF ANKLE FRACTURE	552.64				
15	27780	TREATMENT OF FIBULA FRACTURE	360.84				
15	27781	TREATMENT OF FIBULA FRACTURE	360.84				
15	27784	TREATMENT OF FIBULA FRACTURE	552.64				
15	27786	TREATMENT OF ANKLE FRACTURE	360.84				
15	27788	TREATMENT OF ANKLE FRACTURE	360.84				
15	27792	TREATMENT OF ANKLE FRACTURE	552.64				
15	27808	TREATMENT OF ANKLE FRACTURE	360.84				
15	27810	TREATMENT OF ANKLE FRACTURE	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	27816	TREATMENT OF ANKLE FRACTURE	360.84				
15	27818	TREATMENT OF ANKLE FRACTURE	360.84				
15	27822	TREATMENT OF ANKLE FRACTURE	552.64				
15	27823	TREATMENT OF ANKLE FRACTURE	552.64				
15	27824	TREAT LOWER LEG FRACTURE	360.84				
15	27825	TREAT LOWER LEG FRACTURE	483.29				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	552.64				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	552.64				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	682.67				
15	27829	TREAT LOWER LEG JOINT	483.29				
15	27830	TREAT LOWER LEG DISLOCATION	360.84				
15	27831	TREAT LOWER LEG DISLOCATION	360.84				
15	27832	TREAT LOWER LEG DISLOCATION	483.29				
15	27840	TREAT ANKLE DISLOCATION	360.84				
15	27842	TREAT ANKLE DISLOCATION	360.84				
15	27846	TREAT ANKLE DISLOCATION	552.64				
15	27848	TREAT ANKLE DISLOCATION	552.64				
15	27860	FIXATION OF ANKLE JOINT	360.84				
15	27870	FUSION OF ANKLE JOINT	682.67				
15	27871	FUSION OF TIBIOFIBULAR JOINT	682.67				
15	27884	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	27888	AMPUTATION OF FOOT AT ANKLE	552.64				
15	27889	AMPUTATION OF FOOT AT ANKLE	552.64				
15	27892	DECOMPRESSION OF LEG	552.64				
15	27893	DECOMPRESSION OF LEG	552.64				
15	27894	DECOMPRESSION OF LEG	552.64				
15	27899	LEG ANKLE SURGERY PROCEDURE				X	
15	28002	TREATMENT OF FOOT INFECTION	552.64				
15	28003	TREATMENT OF FOOT INFECTION	552.64				
15	28005	TREAT FOOT BONE LESION	552.64				
15	28008	INCISION OF FOOT FASCIA	552.64				
15	28011	INCISION OF TOE TENDONS	552.64				
15	28020	EXPLORATION OF FOOT JOINT	483.29				
15	28022	EXPLORATION OF FOOT JOINT	483.29				
15	28024	EXPLORATION OF TOE JOINT	483.29				
15	28035	DECOMPRESSION OF TIBIA NERVE	682.67				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	360.84				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	483.29				
15	28043	EXCISION OF FOOT LESION	483.29				
15	28045	EXCISION OF FOOT LESION	552.64				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	28050	BIOPSY OF FOOT JOINT LINING	483.29				
15	28052	BIOPSY OF FOOT JOINT LINING	483.29				
15	28054	BIOPSY OF TOE JOINT LINING	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28060	PARTIAL REMOVAL, FOOT FASCIA	483.29				
15	28062	REMOVAL OF FOOT FASCIA	552.64				
15	28070	REMOVAL OF FOOT JOINT LINING	552.64				
15	28072	REMOVAL OF FOOT JOINT LINING	552.64				
15	28080	REMOVAL OF FOOT LESION	552.64				
15	28086	EXCISE FOOT TENDON SHEATH	483.29				
15	28088	EXCISE FOOT TENDON SHEATH	483.29				
15	28090	REMOVAL OF FOOT LESION	552.64				
15	28092	REMOVAL OF TOE LESIONS	552.64				
15	28100	REMOVAL OF ANKLE/HEEL LESION	483.29				
15	28102	REMOVE/GRAFT FOOT LESION	552.64				
15	28103	REMOVE/GRAFT FOOT LESION	552.64				
15	28104	REMOVAL OF FOOT LESION	483.29				
15	28106	REMOVE/GRAFT FOOT LESION	552.64				
15	28107	REMOVE/GRAFT FOOT LESION	552.64				
15	28108	REMOVAL OF TOE LESIONS	552.64				
15	28110	PART REMOVAL OF METATARSAL	552.64				
15	28111	PART REMOVAL OF METATARSAL	552.64				
15	28112	PART REMOVAL OF METATARSAL	552.64				
15	28113	PART REMOVAL OF METATARSAL	552.64				
15	28114	REMOVAL OF METATARSAL HEADS	552.64				
15	28116	REVISION OF FOOT	552.64				
15	28118	REMOVAL OF HEEL BONE	682.67				
15	28119	REMOVAL OF HEEL SPUR	682.67				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,078.18				
15	28122	PARTIAL REMOVAL OF FOOT BONE	552.64				
15	28124	PARTIAL REMOVAL OF TOE	552.64				
15	28126	PARTIAL REMOVAL OF TOE	552.64				
15	28130	REMOVAL OF ANKLE BONE	552.64				
15	28140	REMOVAL OF METATARSAL	552.64				
15	28150	REMOVAL OF TOE	552.64				
15	28153	PARTIAL REMOVAL OF TOE	552.64				
15	28160	PARTIAL REMOVAL OF TOE	552.64				
15	28171	EXTENSIVE FOOT SURGERY	552.64				
15	28173	EXTENSIVE FOOT SURGERY	552.64				
15	28175	EXTENSIVE FOOT SURGERY	552.64				
15	28190	REMOVAL OF FOOT FOREIGN BODY	360.84				
15	28192	REMOVAL OF FOOT FOREIGN BODY	483.29				
15	28193	REMOVAL OF FOOT FOREIGN BODY	682.67				
15	28200	REPAIR OF FOOT TENDON	552.64				
15	28202	REPAIR/GRAFT OF FOOT TENDON	552.64				
15	28208	REPAIR OF FOOT TENDON	552.64				
15	28210	REPAIR/GRAFT OF FOOT TENDON	552.64				
15	28222	RELEASE OF FOOT TENDONS	360.84				
15	28225	RELEASE OF FOOT TENDON	360.84				
15	28226	RELEASE OF FOOT TENDONS	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	28230	INCISION OF FOOT TENDON (S)	360.84				
15	28232	INCISION OF TOE TENDON	483.29				
15	28234	INCISION OF FOOT TENDON	483.29				
15	28238	REVISION OF FOOT TENDON	552.64				
15	28240	RELEASE OF BIG TOE	483.29				
15	28250	REVISION OF FOOT FASCIA	552.64				
15	28260	RELEASE OF MIDFOOT JOINT	552.64				
15	28261	REVISION OF FOOT TENDON	552.64				
15	28262	REVISION OF FOOT AND ANKLE	682.67				
15	28264	RELEASE OF MIDFOOT JOINT	360.84				
15	28270	RELEASE OF FOOT CONTRACTURE	552.64				
15	28280	FUSION OF TOES	483.29				
15	28285	REPAIR OF HAMMERTOES	552.64				
15	28286	REPAIR OF HAMMERTOES	682.67				
15	28288	PARTIAL REMOVAL OF FOOT BONE	552.64				
15	28289	REPAIR HALLUX RIGIDUS	552.64				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	483.29				
15	28292	CORRECTION OF BUNION	483.29				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	552.64				
15	28296	CORRECTION OF BUNION	552.64				
15	28297	CORRECTION OF BUNION	552.64				
15	28298	CORRECTION OF BUNION	552.64				
15	28299	CORRECTION OF BUNION	776.94				
15	28300	INCISION OF HEEL BONE	483.29				
15	28302	INCISION OF ANKLE BONE	483.29				
15	28304	INCISION OF MIDFOOT BONES	483.29				
15	28305	INCISE/GRAFT MIDFOOT BONES	552.64				
15	28306	INCISION OF METATARSAL	682.67				
15	28307	INCISION OF METATARSAL	682.67				
15	28308	INCISION OF METATARSAL	483.29				
15	28309	INCISION OF METATARSALS	682.67				
15	28310	REVISION OF BIG TOE	552.64				
15	28312	REVISION OF TOE	552.64				
15	28313	REPAIR DEFORMITY OF TOE	483.29				
15	28315	REMOVAL OF SESAMOID BONE	682.67				
15	28320	REPAIR OF FOOT BONES	682.67				
15	28322	REPAIR OF METATARSALS	682.67				
15	28340	RESECT ENLARGED TOE TISSUE	682.67				
15	28341	RESECT ENLARGED TOE	682.67				
15	28344	REPAIR EXTRA TOE(S)	682.67				
15	28345	REPAIR WEBBED TOE(S)	682.67				
15	28400	TREATMENT OF HEEL FRACTURE	360.84				
15	28405	TREATMENT OF HEEL FRACTURE	483.29				
15	28406	TREATMENT OF HEEL FRACTURE	483.29				
15	28415	TREAT HEEL FRACTURE	552.64				
15	28420	TREAT/GRAFT HEEL FRACTURE	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	28436	TREATMENT OF ANKLE FRACTURE	483.29				
15	28445	TREAT ANKLE FRACTURE	552.64				
15	28456	TREAT MIDFOOT FRACTURE	483.29				
15	28465	TREAT MIDFOOT FRACTURE, EACH	552.64				
15	28476	TREAT METATARSAL FRACTURE	483.29				
15	28485	TREAT METATARSAL FRACTURE	682.67				
15	28496	TREAT BIG TOE FRACTURE	483.29				
15	28505	TREAT BIG TOE FRACTURE	552.64				
15	28525	TREAT TOE FRACTURE	552.64				
15	28531	TREAT SESAMOID BONE FRACTURE	552.64				
15	28545	TREAT FOOT DISLOCATION	360.84				
15	28546	TREAT FOOT DISLOCATION	483.29				
15	28555	REPAIR FOOT DISLOCATION	483.29				
15	28575	TREAT FOOT DISLOCATION	360.84				
15	28576	TREAT FOOT DISLOCATION	552.64				
15	28585	REPAIR FOOT DISLOCATION	552.64				
15	28600	TREAT FOOT DISLOCATION	360.84				
15	28605	TREAT FOOT DISLOCATION	360.84				
15	28606	TREAT FOOT DISLOCATION	483.29				
15	28615	REPAIR FOOT DISLOCATION	552.64				
15	28635	TREAT TOE DISLOCATION	360.84				
15	28636	TREAT TOE DISLOCATION	552.64				
15	28645	REPAIR TOE DISLOCATION	552.64				
15	28660	TREAT TOE DISLOCATION	360.84				
15	28665	TREAT TOE DISLOCATION	360.84				
15	28666	TREAT TOE DISLOCATION	552.64				
15	28675	REPAIR OF TOE DISLOCATION	552.64				
15	28705	FUSION OF FOOT BONES	682.67				
15	28715	FUSION OF FOOT BONES	682.67				
15	28725	FUSION OF FOOT BONES	682.67				
15	28730	FUSION OF FOOT BONES	682.67				
15	28735	FUSION OF FOOT BONES	682.67				
15	28737	REVISION OF FOOT BONES	776.94				
15	28740	FUSION OF FOOT BONES	682.67				
15	28750	FUSION OF BIG TOE JOINT	682.67				
15	28755	FUSION OF BIG TOE JOINT	682.67				
15	28760	FUSION OF BIG TOE JOINT	682.67				
15	28810	AMPUTATION TOE & METATARSAL	483.29				
15	28820	AMPUTATION OF TOE	483.29				
15	28825	PARTIAL AMPUTATION OF TOE	483.29				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	552.64				
15	29804	JAW ARTHROSCOPY/SURGERY	552.64				
15	29805	SHOULDER ARTHROSCOPY, DX	552.64				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	776.94				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	552.64				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	776.94				
15	29830	ELBOW ARTHROSCOPY	552.64				
15	29834	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29835	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29836	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29837	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29838	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29840	WRIST ARTHROSCOPY	552.64				
15	29843	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29844	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29845	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29846	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29847	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29848	WRIST ENDOSCOPY/SURGERY	1,450.94				
15	29850	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29851	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29860	HIP ARTHROSCOPY, DX	682.67				
15	29861	HIP ARTHROSCOPY/SURGERY	682.67				
15	29862	HIP ARTHROSCOPY/SURGERY	1,450.94				
15	29863	HIP ARTHROSCOPY/SURGERY	682.67				
15	29870	KNEE ARTHROSCOPY, DX	552.64				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	552.64				
15	29873	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29874	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29875	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29876	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29877	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29879	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29882	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29883	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29884	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29885	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29886	KNEE ARTHROSCOPY/SURGERY	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX	X-
				MIN-MAX	REV		OVERS
15	29887	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29888	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	552.64				
15	29891	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29892	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,450.94				
15	29894	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29895	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29897	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29898	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29899	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29900	MCP JOINT ARTHROSCOPY, DX	552.64				
15	29901	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29902	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	682.67				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	682.67				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	682.67				
15	29999	ARTHROSCOPY OF JOINT	MP		X		
15	30000	DRAINAGE OF NOSE LESION	360.84				
15	30100	INTRANASAL BIOPSY	360.84				
15	30110	REMOVAL OF NOSE POLY(S)	360.84				
15	30115	REMOVAL OF NOSE POLYP(S)	483.29				
15	30117	REMOVAL OF INTRANASAL LESION	552.64				
15	30118	REMOVAL OF INTRANASAL LESION	552.64				
15	30120	REVISION OF NOSE	360.84				
15	30125	REMOVAL OF NOSE LESION	483.29				
15	30130	REMOVAL OF TURBINATE BONES	552.64				
15	30140	REMOVAL OF TURBINATE BONES	483.29				
15	30150	PARTIAL REMOVAL OF NOSE	552.64				
15	30160	REMOVAL OF NOSE	682.67				
15	30210	NASAL SINUS THERAPY	360.84				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	552.64				
15	30300	REMOVE NASAL FOREIGN BODY	360.84				
15	30310	REMOVE NASAL FOREIGN BODY	360.84				
15	30320	REMOVE NASAL FOREIGN BODY	483.29				
15	30400	RECONSTRUCTION OF NOSE	682.67				
15	30410	RECONSTRUCTION OF NOSE	776.94				
15	30420	RECONSTRUCTION OF NOSE	776.94				
15	30430	REVISION OF NOSE	552.64				
15	30435	REVISION OF NOSE	776.94				
15	30450	REVISION OF NOSE	1,078.18				
15	30460	REVISION OF NOSE	1,078.18				
15	30462	REVISION OF NOSE	1,450.94				
15	30465	REPAIR NASAL STENOSIS	1,450.94				
15	30520	REPAIR OF NASAL SEPTUM	682.67				
15	30540	REPAIR NASAL DEFECT	776.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94				
15	30560	RELEASE OF NASAL ADHESIONS	483.29				
15	30580	REPAIR UPPER JAW FISTULA	682.67				
15	30600	REPAIR MOUTH/NOSE FISTULA	682.67				
15	30620	INTRANASAL RECONSTRUCTION	1,078.18				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,078.18				
15	30801	CAUTERIZATION, INNER NOSE	360.84				
15	30802	CAUTERIZATION, INNER NOSE	360.84				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	360.84				
15	30903	CONTROL OF NOSEBLEED	360.84				
15	30905	CONTROL OF NOSEBLEED	360.84				
15	30906	REPEAT CONTROL OF NOSEBLEED	360.84				
15	30915	LIGATION, NASAL SINUS ARTERY	483.29				
15	30920	LIGATION, UPPER JAW ARTERY	552.64				
15	30930	THERAPY, FRACTURE OF NOSE	682.67				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	360.84				
15	31002	IRRIGATION SPHENOID SINUS	360.84				
15	31020	EXPLORATION, MAXILLARY SINUS	483.29				
15	31030	EXPLORATION, MAXILLARY SINUS	552.64				
15	31032	EXPLORE SINUS, REMOVE POLYPS	682.67				
15	31050	EXPLORATION, SPHENOID SINUS	483.29				
15	31051	SPHENOID SINUS SURGERY	682.67				
15	31070	EXPLORATION OF FRONTAL SINUS	483.29				
15	31075	EXPLORATION OF FRONTAL SINUS	682.67				
15	31080	REMOVAL OF FRONTAL SINUS	682.67				
15	31081	REMOVAL OF FRONTAL SINUS	682.67				
15	31084	REMOVAL OF FRONTAL SINUS	682.67				
15	31085	REMOVAL OF FRONTAL SINUS	682.67				
15	31086	REMOVAL OF FRONTAL SINUS	682.67				
15	31087	REMOVAL OF FRONTAL SINUS	682.67				
15	31090	EXPLORATION OF SINUSES	776.94				
15	31200	REMOVAL OF ETHMOID SINUS	483.29				
15	31201	REMOVAL OF ETHMOID SINUS	776.94				
15	31205	REMOVAL OF ETHMOID SINUS	552.64				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	483.29				
15	31233	NASAL/SINUS ENDOSCOPY, DX	483.29				
15	31235	NASAL/SINUS ENDOSCOPY, DX	360.84				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	483.29				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	360.84				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	682.67				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	483.29				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31254	REVISION OF ETHMOID SINUS	552.64				
15	31255	REMOVAL OF ETHMOID SINUS	776.94				
15	31256	EXPLORATION MAXILLARY SINUS	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31267	ENDOSCOPY, MAXILLARY SINUS	552.64				
15	31276	SINUS ENDOSCOPY, SURGICAL	552.64				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	552.64				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	552.64				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31299	SINUS SURGERY PROCEDURE	MP			X	
15	31300	REMOVAL OF LARYNX LESION	776.94				
15	31400	REVISION OF LARYNX	483.29				
15	31420	REMOVAL OF EPIGLOTTIS	483.29				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	360.84				
15	31510	LARYNGOSCOPY WITH BIOPSY	483.29				
15	31511	REMOVE FOREIGN BODY, LARYNX	483.29				
15	31512	REMOVAL OF LARYNX LESION	483.29				
15	31513	INJECTION INTO VOCAL CORD	483.29				
15	31515	LARYNGOSCOPY FOR ASPIRATION	360.84				
15	31520	DIAGNOSTIC LARYNGOSCOPY	360.84				
15	31525	DIAGNOSTIC LARYNGOSCOPY	360.84				
15	31526	DIAGNOSTIC LARYNGOSCOPY	483.29				
15	31527	LARYNGOSCOPY FOR TREATMENT	360.84				
15	31528	LARYNGOSCOPY AND DILATION	483.29				
15	31529	LARYNGOSCOPY AND DILATION	483.29				
15	31530	OPERATIVE LARYNGOSCOPY	483.29				
15	31531	OPERATIVE LARYNGOSCOPY	552.64				
15	31535	OPERATIVE LARYNGOSCOPY	483.29				
15	31536	OPERATIVE LARYNGOSCOPY	552.64				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	552.64				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	682.67				
15	31545	REMOVE VC LESION W/SCOPE	682.67				
15	31546	REMOVE VC SCOPE/GRAFT	682.67				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31560	OPERATIVE LARYNGOSCOPY	776.94				
15	31561	OPERATIVE LARYNGOSCOPY	776.94				
15	31570	LARYNGOSCOPY WITH INJECTION	483.29				
15	31571	LARYNGOSCOPY WITH INJECTION	483.29				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	483.29				
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	483.29				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	483.29				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	31577	REMOVE FOREIGN BODY, LARYNX	483.29				
15	31578	REMOVAL OF LARYNX LESION	483.29				
15	31580	REVISION OF LARYNX	776.94				
15	31590	REINNERVATE LARYNX	776.94				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	776.94				
15	31592	CRICOTRACHEAL RESECTION	776.94				
15	31599	LARYNX SURGERY PROCEDURE	MP			X	
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	360.84	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	552.64				
15	31612	PUNCTURE/CLEAR WINDPIPE	360.84				
15	31613	REPAIR WINDPIPE OPENING	483.29				
15	31614	REPAIR WINDPIPE OPENING	483.29				
15	31615	VISUALIZATION OF WINDPIPE	360.84				
15	31622	DX BRONCHOSCOPE/WASH	360.84				
15	31623	DX BRONCHOSCOPE/BRUSH	483.29				
15	31624	DX BRONCHOSCOPE/LAVAGE	483.29				
15	31625	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31628	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31629	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31630	BRONCHOSCOPY WITH REPAIR	483.29				
15	31631	BRONCHOSCOPY WITH DILATION	483.29				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31635	REMOVE FOREIGN BODY, AIRWAY	483.29				
15	31636	BRONCHOSCOPY, BRONCH STENTS	483.29				
15	31637	BRONCHOSCOPY, STENT ADD-ON	360.84				
15	31638	BRONCHOSCOPY, REVISE STENT	483.29				
15	31640	BRONCHOSCOPY & REMOVE LESION	483.29				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	483.29				
15	31643	DIAG BRONCHOSCOPE/CATHETER	483.29				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	360.84				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	360.84				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31717	BRONCHIAL BRUSH BIOPSY	360.84				
15	31720	CLEARANCE OF AIRWAYS	360.84				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	360.84				
15	31750	REPAIR OF WINDPIPE	776.94				
15	31755	REPAIR OF WINDPIPE	483.29				
15	31820	CLOSURE OF WINDPIPE LESION	360.84				
15	31825	REPAIR OF WINDPIPE DEFECT	483.29				
15	31830	REVISE WINDPIPE SCAR	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

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	360.84				
15	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	360.84				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	360.84				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	360.84				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	360.84				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	360.84				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	360.84				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	552.64				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	360.84				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	552.64				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	483.29				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	483.29				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	483.29				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	483.29				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	483.29				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	483.29				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	483.29				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,450.94				
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	360.84				
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	483.29				
15	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	1,450.94				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,078.18				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	682.67				
15	35190	REPAIR BLOOD VESSEL LESION	682.67				
15	35206	REPAIR BLOOD VESSEL LESION	682.67				
15	35207	REPAIR BLOOD VESSEL LESION	682.67				
15	35875	REMOVAL OF CLOT IN GRAFT	1,450.94				
15	35876	REMOVAL OF CLOT IN GRAFT	1,450.94				
15	36260	INSERTION OF INFUSION PUMP	552.64				
15	36261	REVISION OF INFUSION PUMP	483.29				
15	36262	REMOVAL OF INFUSION PUMP	360.84				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
15	36475	ENDOVENOUS RF, 1ST VEIN	552.64				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	552.64				
15	36478	ENDOVENOUS LASER, 1ST VEIN	552.64				
15	36479	ENDOVENOUS LASER VEIN ADDON	552.64				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,450.94				
15	36555	INSERT NON-TUNNEL CV CATH	360.84				
15	36556	INSERT NON-TUNNEL CV CATH	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	36558	INSERT TUNNELED CV CATH	483.29				
15	36560	INSERT TUNNELED CV CATH	552.64				
15	36561	INSERT TUNNELED CV CATH	552.64				
15	36563	INSERT TUNNELED CV CATH	552.64				
15	36565	INSERT TUNNELED CV CATH	552.64				
15	36566	INSERT TUNNELED CV CATH	552.64				
15	36568	INSERT PERIPHERALLY CV CATH	360.84				
15	36569	INSERT PERIPHERALLY CV CATH	360.84				
15	36570	INSERT PERIPHERALLY CV CATH	552.64				
15	36571	INSERT PERIPHERALLY CV CATH	552.64				
15	36572	INSERTION OF PERIPHERALLY INSERTED	552.64	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	552.64	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	483.29				
15	36576	REPAIR CV ACCESS	483.29				
15	36578	REPLACE CV ACCESS	483.29				
15	36580	REPLACE COMPLETE non-tunnel	360.84				
15	36581	REPLACE COMPLETE tunneled	483.29				
15	36582	REPLACE COMPLETE tunneled	552.64				
15	36583	REPLACE COMPLETE tunneled	552.64				
15	36584	REPLACE COMPLETE peripherally	360.84				
15	36585	REPLACE COMPLETE peripherally	552.64				
15	36589	REMOVE TUNNELED CV CATH	360.84				
15	36590	REMOVE TUNNELED CV ACCESS	360.84				
15	36640	INSERTION CATHETER, ARTERY	360.84				
15	36660	INSERTION CATHETER, ARTERY	1,450.94				
15	36800	INSERTION OF CANNULA	552.64				
15	36810	INSERTION OF CANNULA	552.64				
15	36815	INSERTION OF CANNULA	552.64				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	552.64				
15	36819	AV FUSION/UPPR ARM VEIN	552.64				
15	36820	AV FUSION/FOREARM VEIN	552.64				
15	36821	AV FUSION DIRECT ANY SITE	552.64				
15	36825	ARTERY-VEIN GRAFT	682.67				
15	36830	ARTERY-VEIN GRAFT	682.67				
15	36831	OPEN THROMBECT AV FISTULA	1,450.94				
15	36832	AV FISTULA REVISION, OPEN	682.67				
15	36833	AV FISTULA REVISION	682.67				
15	36835	ARTERY TO VEIN SHUNT	682.67				
15	36860	EXTERNAL CANNULA DECLOTTING	483.29				
15	36861	CANNULA DECLOTTING	552.64				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	552.64				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	682.67				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	682.67				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	682.67				
15	37200	TRANSCATHETER BIOPSY	682.67				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	360.84				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	360.84				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	552.64				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	
15	37607	LIGATION OF A-V FISTULA	552.64				
15	37609	TEMPORAL ARTERY PROCEDURE	483.29				
15	37650	REVISION OF MAJOR VEIN	483.29				
15	37700	REVISE LEG VEIN	483.29				
15	37718	LIGATE/STRIP SHORT LEG VEIN	552.64				
15	37722	LIGATE/STRIP LONG LEG VIEW	552.64				
15	37735	REMOVAL OF LEG VEINS/LESION	552.64				
15	37760	REVISION OF LEG VEINS	552.64				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	552.64				
15	37780	REVISION OF LEG VEIN	552.64				
15	37785	REVISE SECONDARY VARICOSITY	552.64				
15	37790	PENILE VENOUS OCCLUSION	552.64				
15	37799	VASCULAR SURGERY PROCEDURE	MP			X	
15	38129	LAPAROSCOPE PROC, SPLEEN	MP			X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,450.94				
15	38206	HARVEST AUTO STEM CELLS	1,450.94				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	360.84				
15	38300	DRAINAGE, LYMPH NODE LESION	360.84				
15	38305	DRAINAGE, LYMPH NODE LESION	483.29				
15	38308	INCISION OF LYMPH CHANNELS	483.29				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38505	NEEDLE BIOPSY, LYMPH NODES	360.84				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	483.29				
15	38542	EXPLORE DEEP NODE(S), NECK	483.29				
15	38550	REMOVAL, NECK/ARMPIT LESION	552.64				
15	38555	REMOVAL, NECK/ARMPIT LESION	682.67				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,450.94				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,450.94				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,450.94				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,450.94				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP			X	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	38740	REMOVE ARMPIT LYMPH NODES	483.29				
15	38745	REMOVE ARMPIT LYMPH NODES	682.67				
15	38760	REMOVE GROIN LYMPH NODES	483.29				
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	360.84				
15	40500	PARTIAL EXCISION OF LIP	483.29				
15	40510	PARTIAL EXCISION OF LIP	483.29				
15	40520	PARTIAL EXCISION OF LIP	483.29				
15	40525	RECONSTRUCT LIP WITH FLAP	483.29				
15	40527	RECONSTRUCT LIP WITH FLAP	483.29				
15	40530	PARTIAL REMOVAL OF LIP	483.29				
15	40650	REPAIR LIP	552.64				
15	40652	REPAIR LIP	552.64				
15	40654	REPAIR LIP	552.64				
15	40700	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40701	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40702	REPAIR CLEFT LIP	1,078.18				
15	40720	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40761	REPAIR CLEFT LIP/NASAL	552.64				
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	360.84				
15	40801	DRAINAGE OF MOUTH LESION	483.29				
15	40804	REMOVAL FOREIGN BODY, MOUTH	360.84				
15	40806	INCISION OF LIP FOLD	360.84				
15	40808	BIOPSY OF MOUTH LESION	360.84				
15	40810	EXCISION OF MOUTH LESION	360.84				
15	40812	EXCISE/REPAIR MOUTH LESION	483.29				
15	40814	EXCISE/REPAIR MOUTH LESION	483.29				
15	40816	EXCISION OF MOUTH LESION	483.29				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	360.84				
15	40819	EXCISE LIP OR CHEEK FOLD	360.84				
15	40820	TREATMENT OF MOUTH LESION	360.84				
15	40830	REPAIR MOUTH LACERATION	360.84				
15	40831	REPAIR MOUTH LACERATION	360.84				
15	40840	RECONSTRUCTION OF MOUTH	483.29				
15	40842	RECONSTRUCTION OF MOUTH	552.64				
15	40843	RECONSTRUCTION OF MOUTH	552.64				
15	40844	RECONSTRUCTION OF MOUTH	776.94				
15	40845	RECONSTRUCTION OF MOUTH	776.94				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	360.84				
15	41006	DRAINAGE OF MOUTH LESION	360.84				
15	41007	DRAINAGE OF MOUTH LESION	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	41009	DRAINAGE OF MOUTH LESION	360.84				
15	41010	INCISION OF TONGUE FOLD	360.84				
15	41015	DRAINAGE OF MOUTH LESION	360.84				
15	41016	DRAINAGE OF MOUTH LESION	360.84				
15	41017	DRAINAGE OF MOUTH LESION	360.84				
15	41018	DRAINAGE OF MOUTH LESION	360.84				
15	41100	BIOPSY OF TONGUE	360.84				
15	41108	BIOPSY OF FLOOR OF MOUTH	360.84				
15	41112	EXCISION OF TONGUE LESION	483.29				
15	41113	EXCISION OF TONGUE LESION	483.29				
15	41114	EXCISION OF TONGUE LESION	483.29				
15	41115	EXCISION OF TONGUE FOLD	360.84				
15	41116	EXCISION OF MOUTH LESION	360.84				
15	41120	PARTIAL REMOVAL OF TONGUE	776.94				
15	41250	REPAIR TONGUE LACERATION	483.29				
15	41251	REPAIR TONGUE LACERATION	483.29				
15	41252	REPAIR TONGUE LACERATION	483.29				
15	41510	TONGUE TO LIP SURGERY	360.84				
15	41520	RECONSTRUCTION, TONGUE FOLD	483.29				
15	41599	TONGUE AND MOUTH SURGERY	MP			X	
15	41800	DRAINAGE OF GUM LESION	360.84				
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	360.84				
15	41821	EXCISION OF GUM FLAP	360.84				
15	41822	EXCISION OF GUM LESION	360.84				
15	41823	EXCISION OF GUM LESION	360.84				
15	41826	EXCSION OF GUM LESION	360.84				
15	41827	EXCISION OF GUM LESION	483.29				
15	41870	GUM GRAFT	360.84				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	360.84				
15	41899	GUM SURGERY PROCEDURE	776.94				
15	42000	DRAINAGE MOUTH ROOF LESION	483.29				
15	42100	BIOPSY ROOF OF MOUTH	360.84				
15	42104	EXCISION LESION, MOUTH ROOF	360.84				
15	42106	EXCISION LESION, MOUTH ROOF	360.84				
15	42107	EXCISION LESION, MOUTH ROOF	483.29				
15	42120	REMOVE PALATE/LESION	682.67				
15	42140	EXCISION OF UVULA	483.29				
15	42145	REPAIR PALATE, PHARYNX/UVULA	776.94				
15	42160	TREATMENT MOUTH ROOF LESION	360.84				
15	42180	REPAIR PALATE	360.84				
15	42182	REPAIR PALATE	483.29				
15	42200	RECONSTRUCT CLEFT PALATE	776.94				
15	42205	RECONSTRUCT CLEFT PALATE	776.94				
15	42210	RECONSTRUCT CLEFT PALATE	776.94				
15	42215	RECONSTRUCT CLEFT PALATE	1,078.18				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42220	RECONSTRUCT CLEFT PALATE	776.94				
15	42226	LENGTHENING OF PALATE	776.94				
15	42235	REPAIR PALATE	776.94				
15	42260	REPAIR NOSE TO LIP FISTULA	682.67				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	360.84				
15	42305	DRAINAGE OF SALIVARY GLAND	483.29				
15	42310	DRAINAGE OF SALIVARY GLAND	360.84				
15	42320	DRAINAGE OF SALIVARY GLAND	360.84				
15	42340	REMOVAL OF SALIVARY STONE	483.29				
15	42405	BIOPSY OF SALIVARY GLAND	483.29				
15	42408	EXCISION OF SALIVARY CYST	552.64				
15	42409	DRAINAGE OF SALIVARY CYST	552.64				
15	42410	EXCISE PAROTID GLAND/LESION	552.64				
15	42415	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42420	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42425	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42440	EXCISE SUBMAXILLARY GLAND	552.64				
15	42450	EXCISE SUBLINGUAL GLAND	483.29				
15	42500	REPAIR SALIVARY DUCT	552.64				
15	42505	REPAIR SALIVARY DUCT	682.67				
15	42507	PAROTID DUCT DIVERSION	552.64				
15	42509	PAROTID DUCT DIVERSION	682.67				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	682.67				
15	42600	CLOSURE OF SALIVARY FISTULA	360.84				
15	42650	DILATION OF SALIVARY DUCT	360.84				
15	42665	LIGATION OF SALIVARY DUCT	1,078.18				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	360.84				
15	42720	DRAINAGE OF THROAT ABSCESS	360.84				
15	42725	DRAINAGE OF THROAT ABSCESS	483.29				
15	42800	BIOPSY OF THROAT	360.84				
15	42804	BIOPSY OF UPPER NOSE/THROAT	360.84				
15	42806	BIOPSY OF UPPER NOSE/THROAT	483.29				
15	42808	EXCISE PHARYNX LESION	483.29				
15	42810	EXCISION OF NECK CYST	552.64				
15	42815	EXCISION OF NECK CYST	776.94				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	552.64	00	11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	776.94	12	99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	682.67	00	11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	682.67	12	99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	682.67	00	11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	682.67	12	99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	682.67	00	11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	682.67	12	99		
15	42860	EXCISION OF TONSIL TAGS	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	42870	EXCISION OF LINGUAL TONSIL	552.64				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,078.18				
15	42892	REVISION OF PHARYNGEAL WALLS	1,078.18				
15	42900	REPAIR THROAT WOUND	360.84				
15	42950	RECONSTRUCTION OF THROAT	483.29				
15	42955	SURGICAL OPENING OF THROAT	483.29				
15	42960	CONTROL THROAT BLEEDING	360.84				
15	42962	CONTROL THROAT BLEEDING	483.29				
15	42970	CONTROL NOSE/THROAT BLEEDING	483.29				
15	42972	CONTROL NOSE/THROAT BLEEDING	552.64				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	360.84				
15	43191	Diagnostic examination of esophagus	360.84				
15	43192	Injections of substance in tissue li	360.84				
15	43193	Biopsy of esophagus using an endosco	360.84				
15	43194	Removal of foreign body of esophagus	360.84				
15	43195	Balloon dilation of esophagus using	360.84				
15	43196	Insertion of wire and dilation of es	360.84				
15	43197	Diagnostic examination of esophagus	360.84				
15	43198	Biopsy of esophagus using an endosco	360.84				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	360.84				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	360.84				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	360.84				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	360.84				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	360.84				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	360.84			X	
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	483.29				
15	43211	Removal of tissue lining of esophagu	360.84				
15	43212	Placement of stent on esophagus usin	360.84				
15	43213	Dilation of esophagus using an endos	360.84				
15	43214	Balloon dilation of esophagus using	360.84				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	360.84				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	360.84				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	360.84				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	360.84				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	360.84				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	483.29				
15	43229	Destruction of growths of esophagus	360.84				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	483.29				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	483.29				
15	43233	Balloon dilation of esophagus, stoma	483.29				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	360.84				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	483.29				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	483.29				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	483.29				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	483.29				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	483.29				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	483.29				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	483.29				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	483.29				
15	43245	DILATION OF STOMACH OUTLET USING AN	483.29				
15	43246	INSERTION OF STOMACH TUBE USING AN E	483.29				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	483.29				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	483.29				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	483.29				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	483.29				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	483.29				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	483.29		X		
15	43253	Injection of diagnostic or therapeut	483.29				
15	43254	Removal of tissue lining of esophagu	483.29				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	483.29				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	552.64				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	552.64				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	483.29				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	483.29				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	483.29				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	483.29				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	483.29				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	483.29				
15	43266	Placement of stent in esophagus, sto	483.29				
15	43270	Destruction of growths on esophagus,	483.29				
15	43274	Placement of stent pancreatic or bil	483.29				
15	43275	Removal of foreign body or stent fro	483.29				
15	43276	Replacement of stent pancreatic or b	483.29				
15	43277	Balloon dilation of pancreatic or bi	483.29				
15	43278	Destruction of mass on gallbladder,	483.29				
15	43280	LAPAROSCOPY, FUNDOPLASTY	682.67				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	682.67				
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	682.67				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	682.67				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	682.67				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	552.64				
15	43450	DILATE ESOPHAGUS	360.84				
15	43453	DILATE ESOPHAGUS	360.84				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43500	SURGICAL OPENING OF STOMACH	682.67				
15	43653	LAPAROSCOPY, GASTROSTOMY	1,450.94				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	360.84				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	360.84				
15	43820	FUSION OF STOMACH AND BOWEL	682.67				
15	43830	SURGICAL OPENING OF STOMACH	483.29				
15	43840	REPAIR OF STOMACH LESION	552.64				
15	43870	REPAIR STOMACH OPENING	360.84				
15	43880	REPAIR STOMACH-BOWEL FISTULA	552.64				
15	43999	STOMACH SURGERY PROCEDURE	MP			X	
15	44100	BIOPSY OF BOWEL	360.84				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP			X	
15	44312	REVISION OF ILEOSTOMY	360.84				
15	44340	REVISION OF COLOSTOMY	552.64				
15	44360	SMALL BOWEL ENDOSCOPY	483.29				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	483.29				
15	44363	SMALL BOWEL ENDOSCOPY	483.29				
15	44364	SMALL BOWEL ENDOSCOPY	483.29				
15	44365	SMALL BOWEL ENDOSCOPY	483.29				
15	44366	SMALL BOWEL ENDOSCOPY	483.29				
15	44369	SMALL BOWEL ENDOSCOPY	483.29				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,450.94				
15	44372	SMALL BOWEL ENDOSCOPY	483.29				
15	44373	SMALL BOWEL ENDOSCOPY	483.29				
15	44376	SMALL BOWEL ENDOSCOPY	483.29				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	483.29				
15	44378	SMALL BOWEL ENDOSCOPY	483.29				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,450.94				
15	44380	SMALL BOWEL ENDOSCOPY	360.84				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	360.84				
15	44382	SMALL BOWEL ENDOSCOPY	360.84				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,450.94				
15	44385	ENDOSCOPY OF BOWEL POUCH	360.84				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	360.84				
15	44388	COLON ENDOSCOPY	360.84				
15	44389	COLONOSCOPY WITH BIOPSY	360.84				
15	44390	COLONOSCOPY FOR FOREIGN BODY	360.84				
15	44391	COLONOSCOPY FOR BLEEDING	360.84				
15	44392	COLONOSCOPY & POLYPECTOMY	360.84				
15	44394	COLONOSCOPY W/SNARE	360.84				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	360.84				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	360.84				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	360.84				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	360.84				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	360.84				
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

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	552.64				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP		X		
15	44950	APPENDECTOMY	1,450.94		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	776.94		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	360.84				
15	45005	DRAINAGE OF RECTAL ABSCESS	483.29				
15	45020	DRAINAGE OF RECTAL ABSCESS	483.29				
15	45100	BIOPSY OF RECTUM	360.84				
15	45108	REMOVAL OF ANORECTAL LESION	483.29				
15	45150	EXCISION OF RECTAL STRICTURE	483.29				
15	45160	EXCISION OF RECTAL LESION	483.29				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	483.29				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	483.29				
15	45190	DESTRUCTION, RECTAL TUMOR	1,450.94				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	360.84				
15	45305	PROCTOSIGMOIDOSCOPY W/BX	360.84				
15	45307	PROCTOSIGMOIDOSCOPY FB	360.84				
15	45308	PROCTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45309	PROCTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45315	PROCTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45317	PROCTOSIGMOIDOSCOPY BLEED	360.84				
15	45320	PROCTOSIGMOIDOSCOPY ABLATE	360.84				
15	45321	PROCTOSIGMOIDOSCOPY VOLVUL	360.84				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	360.84				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	360.84				
15	45331	SIGMOIDOSCOPY AND BIOPSY	360.84				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	360.84				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	360.84				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	360.84				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	360.84				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	360.84				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	360.84				
15	45340	SIG W/BALLOON DILATION	360.84				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	360.84				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	360.84				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	360.84				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	360.84				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	360.84				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	360.84				
15	45378	DIAGNOSTIC COLONOSCOPY	483.29				
15	45379	COLONOSCOPY W/FB REMOVAL	483.29				
15	45380	COLONOSCOPY AND BIOPSY	483.29				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	483.29				
15	45382	COLONOSCOPY/CONTROL BLEEDING	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	45384	LESION REMOVE COLONOSCOPY	483.29				
15	45385	LESION REMOVAL COLONOSCOPY	483.29				
15	45386	COLONOSCOPE DILATE STRICTURE	483.29				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	360.84				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	360.84				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPI	360.84				
15	45391	COLONOSCOPY W/ENDOSCOPE US	483.29				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	483.29				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRES	360.84				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	360.84				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	483.29				
15	45505	REPAIR OF RECTUM	483.29				
15	45560	REPAIR OF RECTOCELE	483.29				
15	45900	REDUCTION OF RECTAL PROLAPSE	360.84				
15	45905	DILATION OF ANAL SPHINCTER	360.84				
15	45910	DILATION OF RECTAL NARROWING	360.84				
15	45915	REMOVE RECTAL OBSTRUCTION	360.84				
15	45990	SURG DX EXAM, ANORECTAL	483.29			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	552.64				
15	46030	REMOVAL OF RECTAL MARKER	360.84				
15	46040	INCISION OF RECTAL ABSCESS	552.64				
15	46045	INCISION OF RECTAL ABSCESS	483.29				
15	46050	INCISION OF ANAL ABSCESS	360.84				
15	46060	INCISION OF RECTAL ABSCESS	483.29				
15	46080	INCISION OF ANAL SPHINCTER	552.64				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	360.84				
15	46200	REMOVAL OF ANAL FISSURE	483.29				
15	46220	REMOVAL OF ANAL TAB	360.84				
15	46230	REMOVAL OF ANAL TABS	360.84				
15	46250	HEMORRHOIDECTOMY	552.64				
15	46255	HEMORRHOIDECTOMY	552.64				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	552.64				
15	46258	REMOVE HEMORRHOIDS & FISTULA	552.64				
15	46260	HEMORRHOIDECTOMY	552.64				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	682.67				
15	46262	REMOVE HEMORRHOIDS & FISTULA	682.67				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	552.64				
15	46275	REMOVAL OF ANAL FISTULA	552.64				
15	46280	REMOVAL OF ANAL FISTULA	682.67				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	360.84				
15	46288	REPAIR ANAL FISTULA	682.67				
15	46320	REMOVAL OF HEMORRHOID CLOT	360.84				
15	46600	ANOSCOPY; DIAGNOSTIC	360.84				
15	46604	ANOSCOPY WITH DIRECT DILATION	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	46608	ANOSCOPY/ REMOVE FOR BODY	360.84				
15	46610	ANOSCOPY/REMOVE LESION	360.84				
15	46611	ANOSCOPY	360.84				
15	46612	ANOSCOPY/ REMOVE LESIONS	360.84				
15	46615	ANOSCOPY	483.29				
15	46700	REPAIR OF ANAL STRICTURE	552.64				
15	46705	REPAIR OF NAL STRICTURE	552.64				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	552.64				
15	46750	REPAIR OF ANAL SPHINCTER	552.64				
15	46753	RECONSTRUCTION OF ANUS	552.64				
15	46754	REMOVAL OF SUTURE FROM ANUS	483.29				
15	46760	REPAIR OF ANAL SPHINCTER	483.29				
15	46761	REPAIR OF ANAL SPHINCTER	552.64				
15	46900	REMOVAL OF ANAL LESION	360.84				
15	46910	REMOVAL OF ANAL LESION	360.84				
15	46917	LASER SURGERY, ANAL LESIONS	360.84				
15	46922	EXCISION OF ANAL LESION(S)	360.84				
15	46924	DESTRUCTION, ANAL LESION(S)	360.84				
15	46940	TREATMENT OF ANAL FISSURE	360.84				
15	46945	LIGATION OF HEMORRHOIDS	360.84				
15	46946	LIGATION OF HEMORRHOIDS	360.84				
15	46947	HEMORRHOIDOPEXY BY STAPLING	552.64				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	552.64				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	360.84				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	360.84				
15	47100	WEDGE BIOPSY OF LIVER	483.29				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	483.29				
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47480	INCISION OF GALLBLADDER	552.64				
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	483.29				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	483.29				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	483.29				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	483.29				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	360.84				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	483.29				
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	483.29				
15	47553	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47554	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47555	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,450.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	552.64				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	552.64				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	552.64				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47605	REMOVAL OF GALLBLADDER	1,450.94				
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	360.84				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49000	EXPLORATION OF ABDOMEN	552.64		X		
15	49010	EXPLORE,RETROPERITONEAL AREA	1,450.94				
15	49180	BIOPSY, ABDOMINAL MASS	360.84				
15	49250	EXCISION OF UMBILICUS	682.67				
15	49320	DIAG LAPARO SEPARATE PROC	552.64		X		
15	49321	LAPAROSCOPY, BIOPSY	682.67		X		
15	49322	LAPAROSCOPY, ASPIRATION	682.67		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	682.67				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	360.84				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	360.84				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	360.84				
15	49421	INSERT ABDOMINAL DRAIN	360.84				
15	49422	REMOVE PERM CANNULA/CATHETER	360.84				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	483.29				
15	49491	REPARING HERN PREMIE REDUC	776.94				
15	49492	RPR HERN PREMIE, BLOCKED	776.94				
15	49495	RPR ING HERNIA BABY, REDUC	682.67				
15	49496	RPR ING HERNIA BABY, BLOCKED	682.67				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	682.67	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,450.94	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	682.67	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,450.94	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,078.18				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,450.94				
15	49525	REPAIR ING HERNIA, SLIDING	682.67				
15	49540	REPAIR LUMBAR HERNIA	483.29				
15	49550	RPR FEM HERNIA, INIT, REDUCE	776.94				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,450.94				
15	49555	REREPAIR FEM HERNIA, REDUCE	776.94				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,450.94				
15	49560	RPR VENTRAL HERN INIT, REDUC	682.67				
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,450.94				
15	49565	REREPAIR VENTRL HERN, REDUCE	682.67				
15	49566	REREPAIR VENTRL HERN, BLOCK	1,450.94				
15	49568	HERNIA REPAIR W/MESH	1,078.18				
15	49570	RPR EPIGASTRIC HERN, REDUCE	682.67				
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,450.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	682.67	00 04			
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,450.94	00 04			
15	49585	RPR UMBIL HERN, REDUC	682.67	05 99			
15	49587	RPR UMBIL HERN, BLOCK	1,450.94	05 99			
15	49590	REPAIR SPIGELIAN HERNIA	552.64				
15	49600	REPAIR UMBILICAL LESION	682.67				
15	49650	LAP ING HERNIA REPAIR INIT	682.67				
15	49651	LAP ING HERNIA REPAIR RECUR	1,078.18				
15	49652	LAP VENT/ABD HERNIA REPAIR	1,078.18				
15	49653	LAP VENT/ABD HERNIA PROC COMP	1,078.18				
15	49656	LAP INC HERN REPAIR RECUR	1,078.18				
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X	
15	49900	REPAIR OF ABDOMINAL WALL	682.67				
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	483.29				
15	50200	BIOPSY OF KIDNEY	360.84				
15	50390	DRAINAGE OF KIDNEY LESION	360.84				
15	50396	MEASURE KIDNEY PRESSURE	360.84				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	483.29				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	483.29				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	360.84				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	360.84				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
15	50549	LAPAROSCOPE PROC, RENAL	MP			X	
15	50551	KIDNEY ENDOSCOPY	360.84				
15	50553	KIDNEY ENDOSCOPY	360.84				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	360.84				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	360.84				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	360.84				
15	50590	LITHOTRIPSY, ESW	552.64				
15	50684	INJECTION FOR URETER X-RAY	360.84				
15	50688	CHANGE OF URETER TUBE	360.84				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50947	LAPARO NEW URETER/BLADDER	1,450.94				
15	50948	LAPARO NEW URETER/BLADDER	1,450.94				
15	50949	LAPAROSCOPE PROC, URETER	MP			X	
15	50951	ENDOSCOPY OF URETER	360.84				
15	50953	ENDOSCOPY OF URETER	360.84				
15	50955	URETER ENDOSCOPY & BIOPSY	360.84				
15	50957	URETER ENDOSCOPY & TREATMENT	360.84				
15	50961	URETER ENDOSCOPY & TREATMENT	360.84				
15	50970	URETER ENDOSCOPY	360.84				
15	50972	URETER ENDOSCOPY & CATHETER	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	50976	URETER ENDOSCOPY & TREATMENT	360.84				
15	50980	URETER ENDOSCOPY & TREATMENT	360.84				
15	51020	INCISE & TREAT BLADDER	682.67				
15	51030	INCISE & TREAT BLADDER	682.67				
15	51040	INCISE & DRAIN BLADDER	682.67				
15	51045	INCISE BLADDER/DRAIN URETER	682.67				
15	51050	REMOVAL OF BLADDER STONE	682.67				
15	51065	REMOVE URETER CALCULUS	682.67				
15	51080	DRAINAGE OF BLADDER ABSCESS	360.84				
15	51500	REMOVAL OF BLADDER CYST	682.67				
15	51520	REMOVAL OF BLADDER LESION	682.67				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	360.84				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	360.84				
15	51705	CHANGE OF BLADDER TUBE	360.84				
15	51710	CHANGE OF BLADDER TUBE	360.84				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	552.64				
15	51720	TREATMENT OF BLADDER LESION	360.84				
15	51726	COMPLEX CYSTOMETROGRAM	360.84				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51784	ANAL/URINARY MUSCLE STUDY	360.84				
15	51785	ANAL/URINARY MUSCLE STUDY	360.84				
15	51840	ATTACH BLADDER/URETHRA	483.29				
15	51880	REPAIR OF BLADDER OPENING	360.84				
15	51992	LAPARO SLING OPERATION	483.29				
15	51999	LAPAROSCOPE PROC, BLADDER	MP			X	
15	52000	CYSTOSCOPY	360.84				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	483.29				
15	52005	CYSTOSCOPY & URETER CATHETER	483.29				
15	52007	CYSTOSCOPY AND BIOPSY	483.29				
15	52010	CYSTOSCOPY & DUCT CATHETER	483.29				
15	52204	CYSTOSCOPY	483.29				
15	52214	CYSTOSCOPY AND TREATMENT	483.29				
15	52224	CYSTOSCOPY AND TREATMENT	483.29				
15	52234	CYSTOSCOPY AND TREATMENT	483.29				
15	52235	CYSTOSCOPY AND TREATMENT	552.64				
15	52240	CYSTOSCOPY AND TREATMENT	552.64				
15	52250	CYSTOSCOPY AND RADIOTRACER	682.67				
15	52260	CYSTOSCOPY AND TREATMENT	483.29				
15	52265	CYSTOSCOPY & TREATMENT	483.29				
15	52270	CYSTOSCOPY & REVISE URETHRA	483.29				
15	52275	CYSTOSCOPY & REVISE URETHRA	483.29				
15	52276	CYSTOSCOPY AND TREATMENT	552.64				
15	52277	CYSTOSCOPY AND TREATMENT	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,450.94				
15	52283	CYSTOSCOPY AND TREATMENT	483.29				
15	52285	CYSTOSCOPY AND TREATMENT	483.29				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	483.29				
15	52290	CYSTOSCOPY AND TREATMENT	483.29				
15	52300	CYSTOSCOPY AND TREATMENT	483.29				
15	52301	CYSTOSCOPY AND TREATMENT	483.29				
15	52305	CYSTOSCOPY AND TREATMENT	483.29				
15	52310	CYSTOSCOPY AND TREATMENT	483.29				
15	52315	CYSTOSCOPY AND TREATMENT	483.29				
15	52317	REMOVE BLADDER STONE	360.84				
15	52318	REMOVE BLADDER STONE	483.29				
15	52320	CYSTOSCOPY AND TREATMENT	776.94				
15	52325	CYSTOSCOPY, STONE REMOVAL	682.67				
15	52327	CYSTOSCOPY, INJECT MATERIAL	483.29				
15	52330	CYSTOSCOPY AND TREATMENT	483.29				
15	52332	CYSTOSCOPY AND TREATMENT	483.29				
15	52334	CREATE PASSAGE TO KIDNEY	552.64				
15	52341	CYSTO W/URETER STRICTURE TX	552.64				
15	52342	CYSTO W/UP STRICTURE TX	552.64				
15	52343	CYSTO W/RENAL STRICTURE TX	552.64				
15	52344	CYSTO/URETERO, STONE REMOVE	552.64				
15	52345	CYSTO/URETERO W/UP STRICTURE	552.64				
15	52346	CYSTOURETERO W/RENAL STRICT	552.64				
15	52351	CYSTOURETRO & OR PYELOSCOPE	552.64				
15	52352	CYSTOURETRO W/STONE REMOVE	682.67				
15	52353	CYSTOURETERO W/LITHOTRIPSY	682.67				
15	52354	CYSTOURETERO W/BIOPSY	682.67				
15	52355	CYSTOURETERO W/EXCISE TUMOR	682.67				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	682.67				
15	52400	CYSTOURETERO W/CONGEN REPR	552.64				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	552.64				
15	52450	INCISION OF PROSTATE	552.64				
15	52500	REVISION OF BLADDER NECK	552.64				
15	52601	PROSTATECTOMY (TURP)	682.67				
15	52630	REMOVE PROSTATE REGROWTH	483.29				
15	52640	RELIEVE BLADDER CONTRACTURE	483.29				
15	52647	LASER SURGERY OF PROSTATE	1,450.94				
15	52648	LASER SURGERY OF PROSTATE	1,450.94				
15	52700	DRAINAGE OF PROSTATE ABSCESS	483.29				
15	53000	INCISION OF URETHRA	360.84				
15	53010	INCISION OF URETHRA	360.84				
15	53020	INCISION OF URETHRA	360.84				
15	53040	DRAINAGE OF URETHRA ABSCESS	483.29				
15	53080	DRAINAGE OF URINARY LEAKAGE	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	53210	REMOVAL OF URETHRA	776.94			F	
15	53215	REMOVAL OF URETHRA	776.94			M	
15	53220	TREATMENT OF URETHRA LESION	483.29				
15	53230	REMOVAL OF URETHRA LESION	483.29			F	
15	53235	REMOVAL OF URETHRA LESION	552.64			M	
15	53240	SURGERY FOR URETHRA POUCH	483.29				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	483.29				
15	53260	TREATMENT OF URETHRA LESION	483.29				
15	53265	TREATMENT OF URETHRA LESION	483.29				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	483.29			F	
15	53275	REPAIR OF URETHRA DEFECT	483.29			F	
15	53400	REVISE URETHRA, STAGE 1	552.64				
15	53405	REVISE URETHRA, STAGE 2	483.29				
15	53410	RECONSTRUCTION OF URETHRA	483.29			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	552.64				
15	53425	RECONSTRUCT URETHRA, STAGE 2	483.29				
15	53430	RECONSTRUCTION OF URETHRA	483.29			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	483.29				
15	53440	CORRECT BLADDER FUNCTION	483.29			M	
15	53442	REMOVE PERINEAL PROSTHESIS	360.84				
15	53444	INSERT TANDEM CUFF	483.29				
15	53445	INSERT URO/VES NCK SPHINCTER	360.84				
15	53446	REMOVE URO SPHINCTER	360.84				
15	53447	REMOVE/REPLACE UR SPHINCTER	360.84				
15	53449	REPAIR URO SPHINCTER	360.84				
15	53450	REVISION OF URETHRA	360.84				
15	53460	REVISION OF URETHRA	360.84				
15	53502	REPAIR OF URETHRA INJURY	483.29			F	
15	53505	REPAIR OF URETHRA INJURY	483.29			M	
15	53510	REPAIR OF URETHRA INJURY	483.29				
15	53515	REPAIR OF URETHRA INJURY	483.29				
15	53520	REPAIR OF URETHRA DEFECT	483.29			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	360.84			M	
15	53605	DILATE URETHRA STRICTURE	483.29			M	
15	53665	DILATION OF URETHRA	360.84			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,450.94			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,078.18			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	360.84			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP			X	
15	54000	SLITTING OF PREPUCE	483.29	00 00		M	
15	54001	SLITTING OF PREPUCE	483.29			M	
15	54015	DRAIN PENIS LESION	682.67			M	
15	54057	LASER SURG, PENIS LESION(S)	360.84			M	
15	54060	EXCISION OF PENIS LESION(S)	360.84			M	
15	54065	DESTRUCTION, PENIS LESION(S)	360.84			M	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84			M	
15	54105	BIOPSY OF PENIS	360.84			M	
15	54110	TREATMENT OF PENIS LESION	483.29			M	
15	54111	TREAT PENIS LESION, GRAFT	483.29			M	
15	54112	TREAT PENIS LESION, GRAFT	483.29			M	
15	54115	TREATMENT OF PENIS LESION	360.84			M	
15	54120	PARTIAL REMOVAL OF PENIS	483.29			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	483.29			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	483.29	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	483.29			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	483.29			M	
15	54163	REPAIR OF CIRCUMCISION	483.29			M	
15	54164	FRENULOTOMY OF PENIS	483.29			M	
15	54205	TREATMENT OF PENIS LESION	682.67			M	
15	54220	TREATMENT OF PENIS LESION	360.84			M	
15	54300	REVISION OF PENIS	552.64			M	
15	54304	REVISION OF PENIS	552.64			M	
15	54308	RECONSTRUCTION OF URETHRA	552.64			M	
15	54312	RECONSTRUCTION OF URETHRA	552.64			M	
15	54316	RECONSTRUCTION OF URETHRA	552.64			M	
15	54318	RECONSTRUCTION OF URETHRA	552.64			M	
15	54322	RECONSTRUCTION OF URETHRA	552.64			M	
15	54324	RECONSTRUCTION OF URETHRA	552.64			M	
15	54326	RECONSTRUCTION OF URETHRA	552.64			M	
15	54328	REVISE PENIS/URETHRA	552.64			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	552.64			M	
15	54340	SECONDARY URETHRAL SURGERY	552.64			M	
15	54344	SECONDARY URETHRAL SURGERY	552.64			M	
15	54348	SECONDARY URETHRAL SURGERY	552.64			M	
15	54352	RECONSTRUCT URETHRA/PENIS	552.64			M	
15	54360	PENIS PLASTIC SURGERY	552.64			M	
15	54380	REPAIR PENIS	552.64			M	
15	54385	REPAIR PENIS	552.64			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	552.64				
15	54408	REPAIR MULTI-COMP PENIS PROS	552.64				
15	54410	REMOVE/REPLACE PENIS PROSTH	552.64				
15	54411	REMOV/REPLC PENIS PROS, COMP	552.64				
15	54415	REMOVE SELF-CONTD PENIS PROS	552.64				
15	54416	REMOV/REPL PENIS CONTAIN PROS	552.64				
15	54417	REMOV/REPLC PENIS PROS, COMPL	552.12				
15	54420	REVISION OF PENIS	682.67			M	
15	54435	REVISION OF PENIS	682.67			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	483.29			M	
15	54440	REPAIR OF PENIS	682.67		X	M	
15	54450	PREPUTIAL STRETCHING	360.84			M	
15	54500	BIOPSY OF TESTIS	360.84			M	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84			M	
15	54512	EXCISE LESION TESTIS	483.29			M	
15	54520	REMOVAL OF TESTIS	552.64			M	
15	54522	ORCHIECTOMY, PARTIAL	552.64			M	
15	54530	REMOVAL OF TESTIS	682.67			M	
15	54535	EXTENSIVE TESTIS SURGERY	552.64			M	
15	54550	EXPLORATION FOR TESTIS	682.67			M	
15	54600	REDUCE TESTIS TORSION	682.67			M	
15	54620	SUSPENSION OF TESTIS	552.64			M	
15	54640	SUSPENSION OF TESTIS	682.67			M	
15	54660	REVISION OF TESTIS	483.29			M	
15	54670	REPAIR TESTIS INJURY	552.64			M	
15	54680	RELOCATION OF TESTIS(ES)	552.64			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,450.94				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,450.94				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	483.29			M	
15	54800	BIOPSY OF EPIDIDYMIS	360.84			M	
15	54830	REMOVE EPIDIDYMIS LESION	552.64			M	
15	54840	REMOVE EPIDIDYMIS LESION	682.67			M	
15	54860	REMOVAL OF EPIDIDYMIS	552.64			M	
15	54861	REMOVAL OF EPIDIDYMIS	682.67			M	
15	55000	DRAINAGE OF HYDROCELE	360.84			M	
15	55040	REMOVAL OF HYDROCELE	552.64			M	
15	55041	REMOVAL OF HYDROCELES	776.94			M	
15	55060	REPAIR OF HYDROCELE	682.67			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	360.84			M	
15	55110	EXPLORE SCROTUM	483.29				
15	55120	REMOVAL OF SCROTUM LESION	483.29			M	
15	55150	REMOVAL OF SCROTUM	360.84			M	
15	55175	REVISION OF SCROTUM	360.84				
15	55180	REVISION OF SCROTUM	483.29				
15	55200	INCISION OF SPERM DUCT	483.29			M	
15	55250	REMOVAL OF SPERM DUCT(S)	483.29	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	552.64			M	
15	55520	REMOVAL OF SPERM CORD LESION	682.67			M	
15	55530	REVISE SPERMATIC CORD VEINS	682.67			M	
15	55535	REVISE SPERMATIC CORD VEINS	682.67			M	
15	55540	REVISE HERNIA & SPERM VEINS	776.94			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,450.94				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	360.84			M	
15	55700	BIOPSY OF PROSTATE	483.29			M	
15	55705	BIOPSY OF PROSTATE	483.29			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	360.84			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	483.29			M	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	55873	CRYOABLATE PROSTATE	1,450.94				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,450.94			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	360.84			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	360.84	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	483.29			F	
15	56441	LYSIS OF LABIAL LESION(S)	360.84			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	360.84			F	
15	56515	DESTROY VULVA LESION/S COMPL	552.64			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	360.84			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	360.84			F	
15	56620	PARTIAL REMOVAL OF VULVA	776.94			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,078.18			F	
15	56700	PARTIAL REMOVAL OF HYMEN	360.84			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	552.64			F	
15	56800	REPAIR OF VAGINA	552.64			F	
15	56810	REPAIR OF PERINEUM	776.94				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	360.84			F	
15	57000	EXPLORATION OF VAGINA	360.84				
15	57010	DRAINAGE OF PELVIC ABSCESS	483.29			F	
15	57020	DRAINAGE OF PELVIC FLUID	483.29			F	
15	57023	I & D VAG HEMATOMA, NON-OB	360.84			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	360.84			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	360.84			F	
15	57100	BIOPSY OF VAGINA	360.84			F	
15	57105	BIOPSY OF VAGINA	360.84			F	
15	57130	REMOVE VAGINA LESION	483.29			F	
15	57135	REMOVE VAGINA LESION	483.29			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	483.29			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	483.29			F	
15	57180	TREAT VAGINAL BLEEDING	360.84			F	
15	57200	REPAIR OF VAGINA	360.84			F	
15	57210	REPAIR VAGINA/PERINEUM	483.29			F	
15	57220	REVISION OF URETHRA	552.64			F	
15	57230	REPAIR OF URETHRAL LESION	552.64			F	
15	57240	REPAIR BLADDER & VAGINA	776.94			F	
15	57250	REPAIR RECTUM & VAGINA	776.94			F	
15	57260	REPAIR OF VAGINA	776.94			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,078.18			F	
15	57268	REPAIR OF BOWEL BULGE	552.64			F	
15	57288	REPAIR BLADDER DEFECT	776.94				
15	57289	REPAIR BLADDER & VAGINA	776.94			F	
15	57291	CONSTRUCTION OF VAGINA	776.94			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	552.64			F	
15	57400	DILATION OF VAGINA	483.29		X	F	
15	57410	PELVIC EXAMINATION	483.29		X	F	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	483.29				
15	57420	EXAM OF VAGINA W/SCOPE	360.84				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	360.84			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	360.84			F	
15	57454	VAGINA EXAMINATION & BIOPSY	360.84			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	360.84			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	360.84			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	360.84			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	360.84				
15	57500	BIOPSY OF CERVIX	360.84			F	
15	57505	ENDOCERVICAL CURETTAGE	483.29			F	
15	57510	CAUTHERUZATION OF CERVIX	552.64			F	
15	57511	CRYOCAUTERY OF CERVIX	552.64			F	
15	57513	LASER SURGERY OF CERVIX	483.29			F	
15	57520	CONIZATION OF CERVIX	483.29			F	
15	57522	CONIZATION OF CERVIX	483.29				
15	57530	REMOVAL OF CERVIX	552.64			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	552.64			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	776.94				
15	57700	REVISION OF CERVIX	360.84			F	
15	57720	REVISION OF CERVIX	552.64			F	
15	57800	DILATION OF CERVICAL CANAL	360.84			F	
15	58120	DILATION AND CURETTAGE	483.29	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	776.94			F	
15	58300	INSERT INTRAUTERINE DEVICE	360.84	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	360.84	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	483.29	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	483.29				
15	58353	ENDOMETR ABLATE, THERMAL	682.67		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,450.94			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,450.94			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,450.94		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,450.94				
15	58555	HYSTEROSCOPY, DX, SEP PROC	360.84		X		
15	58558	HYSTEROSCOPY, BIOPSY	552.64		X		
15	58559	HYSTEROSCOPY, LYSIS	483.29		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	552.64		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	552.64		X		
15	58562	HYSTEROSCOPY, REMOVE FB	552.64		X		
15	58563	HYSTEROSCOPY, ABLATION	682.67		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,584.64	21 59	X	F	
15	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,450.94			F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58600	DIVISION OF FALLOPIAN TUBE	552.64	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	682.67	21 55	X	F	

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	776.94		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	776.94		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	552.64	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	552.64		X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	776.94		X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	776.94			F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58700	REMOVAL OF FALLOPIAN TUBE	682.67		X	F	
15	58720	REMOVAL OF OVARY/TUBE(S)	682.67		X	F	
15	58800	DRAINAGE OF OVARIAN CYST(S)	552.64			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	552.64			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	552.64			F	
15	58822	DRAINAGE OF OVARIAN ABSCESS	360.84	10 60		F	
15	58900	BIOPSY OF OVARY(S)	552.64			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	552.64			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	360.84	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	360.84				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	552.64		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	552.64	10 60	X	F	
15	59160	D & C AFTER DELIVERY	552.64	10 60		F	
15	59320	REVISION OF CERVIX	360.84	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	776.94	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	776.94	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	776.94	10 55	X	F	
15	59840	ABORTION	776.94	10 60	X	F	
15	59841	ABORTION	776.94	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	776.94	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	776.94			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	360.84				
15	60100	BIOPSY OF THYROID	360.84				
15	60200	REMOVE THYROID LESION	483.29				
15	60220	PARTIAL REMOVAL OF THYROID	682.67				
15	60240	REMOVAL OF THYROID	1,450.94				
15	60280	REMOVE THYROID DUCT LESION	682.67				
15	60281	REMOVE THYROID DUCT LESION	682.67				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	360.84				
15	61026	INJECTION INTO BRAIN CANAL	360.84				
15	61050	REMOVE BRAIN CANAL FLUID	360.84				
15	61055	INJECTION INTO BRAIN CANAL	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	61215	INSERT BRAIN-FLUID DEVICE	552.64				
15	61790	TREAT TRIGEMINAL NERVE	552.64				
15	61791	TREAT TRIGEMINAL TRACT	552.64				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	483.29				
15	61886	IMPLANT NEUROSTIM ARRAYS	552.64				
15	61888	REVISE/REMOVE NEURORECEIVER	360.84				
15	62194	REPLACE/IRRIGATE CATHETER	360.84				
15	62225	REPLACE/IRRIGATE CATHETER	360.84				
15	62230	REPLACE/REVISE BRAIN SHUNT	483.29				
15	62263	LYSIS EPIDURAL ADHESIONS	360.84				
15	62268	DRAIN SPINAL CORD CYST	360.84				
15	62269	NEEDLE BIOPSY, SPINAL CORD	360.84				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	360.84				
15	62272	DRAIN CEREBRO SPINAL FLUID	360.84				
15	62273	TREAT EPIDURAL SPINE LESION	360.84				
15	62280	TREAT SPINAL CORD LESION	360.84				
15	62281	TREAT SPINAL CORD LESION	360.84				
15	62282	TREAT SPINAL CANAL LESION	360.84				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,450.94				
15	62294	INJECTION INTO SPINAL ARTERY	552.64				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62324	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62325	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62326	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62327	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	360.84				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	360.84				
15	62350	IMPLANT SPINAL CANAL CATH	483.29				
15	62355	REMOVE SPINAL CANAL CATHETER	483.29				
15	62360	INSERT SPINE INFUSION DEVICE	483.29				
15	62361	IMPLANT SPINE INFUSION PUMP	483.29				
15	62362	IMPLANT SPINE INFUSION PUMP	483.29				
15	62365	REMOVE SPINE INFUSION DEVICE	483.29				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	483.29				
15	62368	ANALYZE SPINE INFUSION PUMP	483.29				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,450.94				
15	63600	REMOVE SPINAL CORD LESION	483.29				
15	63610	STIMULATION OF SPINAL CORD	360.84				
15	63650	IMPLANT NEUROELECTRODES	483.29				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	63685	IMPLANT NEURORECEIVER	483.29				
15	63688	REVISE/REMOVE NEURORECEIVER	360.84				
15	63744	REVISION OF SPINAL SHUNT	552.64				
15	63746	REMOVAL OF SPINAL SHUNT	483.29				
15	64415	INJECTION FOR NERVE BLOCK	360.84				
15	64417	INJECTION FOR NERVE BLOCK	360.84				
15	64420	INJECTION FOR NERVE BLOCK	360.84				
15	64421	INJECTION FOR NERVE BLOCK	360.84				
15	64430	INJECTION FOR NERVE BLOCK	360.84				
15	64450	INJECTION FOR NERVE BLOCK	360.84				
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	360.84				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	360.84				
15	64505	INJECTION FOR NERVE BLOCK	360.84				
15	64510	INJECTION FOR NERVE BLOCK	360.84				
15	64517	N BLOCK INJ, HYOGAS PLXS	483.29				
15	64520	INJECTION FOR NERVE BLOCK	360.84				
15	64530	INJECTION FOR NERVE BLOCK	360.84				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	360.84				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	552.64				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	552.64				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	360.84				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	360.84				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	552.64				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	360.84				
15	64595	REVISE/REMOVE NEURORECEIVER	360.84				
15	64600	INJECTION TREATMENT OF NERVE	360.84				
15	64605	INJECTION TREATMENT OF NERVE	360.84				
15	64610	INJECTION TREATMENT OF NERVE	360.84				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	483.29				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	483.29				
15	64620	INJECTION TREATMENT OF NERVE	360.84				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	360.84				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	483.29				
15	64630	INJECTION TREATMENT OF NERVE	483.29				
15	64640	INJECTION TREATMENT OF NERVE	360.84				
15	64642	Injection of chemical for destructio	360.84				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64644	Injection of chemical for destructio	360.84				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64646	Injection of chemical for destructio	360.84				
15	64647	Injection of chemical for destructio	360.84				
15	64680	INJECTION TREATMENT OF NERVE	483.29				
15	64681	INJECTION TREATMENT OF NERVE	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	64702	REVISE FINGER/TOE NERVE	360.84				
15	64704	REVISE HAND/FOOT NERVE	360.84				
15	64708	REVISE ARM/LEG NERVE	483.29				
15	64712	REVISION OF SCIATIC NERVE	483.29				
15	64713	REVISION OF ARM NERVE(S)	483.29				
15	64714	REVISE LOW BACK NERVE(S)	483.29				
15	64716	REVISION OF CRANIAL NERVE	552.64				
15	64718	REVISE ULNAR NERVE AT ELBOW	483.29				
15	64719	REVISE ULNAR NERVE AT WRIST	483.29				
15	64721	CARPAL TUNNEL SURGERY	483.29				
15	64722	RELIEVE PRESSURE ON NERVE(S)	360.84				
15	64726	RELEASE FOOT/TOE NERVE	360.84				
15	64727	INTERNAL NERVE REVISION	360.84				
15	64732	INCISION OF BROW NERVE	483.29				
15	64734	INCISION OF CHEEK NERVE	483.29				
15	64736	INCISION OF CHIN NERVE	483.29				
15	64738	INCISION OF JAW NERVE	483.29				
15	64740	INCISION OF TONGUE NERVE	483.29				
15	64742	INCISION OF FACIAL NERVE	483.29				
15	64744	INCISE NERVE, BACK OF HEAD	483.29				
15	64746	INCISE DIAPHRAGM NERVE	483.29				
15	64771	SEVER CRANIAL NERVE	483.29				
15	64772	INCISION OF SPINAL NERVE	483.29				
15	64774	REMOVE SKIN NERVE LESION	483.29				
15	64776	REMOVE DIGIT NERVE LESION	552.64				
15	64778	DIGIT NERVE SURGERY ADD-ON	483.29				
15	64782	REMOVE LIMB NERVE LESION	552.64				
15	64783	LIMB NERVE SURGERY ADD-ON	483.29				
15	64784	REMOVE NERVE LESION	552.64				
15	64786	REMOVE SCIATIC NERVE LESION	552.64				
15	64787	IMPLANT NERVE END	483.29				
15	64788	REMOVE SKIN NERVE LESION	552.64				
15	64790	REMOVAL OF NERVE LESION	552.64				
15	64792	REMOVAL OF NERVE LESION	552.64				
15	64795	BIOPSY OF NERVE	483.29				
15	64802	REMOVE SYMPATHETIC NERVES	483.29				
15	64821	REMOVE SYMPATHETIC NERVES	682.67				
15	64831	REPAIR OF DIGIT NERVE	682.67				
15	64832	REPAIR NERVE ADD-ON	360.84				
15	64834	REPAIR OF HAND OR FOOT NERVE	483.29				
15	64835	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64836	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64837	REPAIR NERVE ADD-ON	360.84				
15	64840	REPAIR OF LEG NERVE	483.29				
15	64856	REPAIR/TRANSPOSE NERVE	483.29				
15	64857	REPAIR ARM/LEG NERVE	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	64858	REPAIR SCIATIC NERVE	483.29				
15	64859	NERVE SURGERY	360.84				
15	64861	REPAIR OF ARM NERVES	552.64				
15	64862	REPAIR OF LOW BACK NERVES	552.64				
15	64864	REPAIR OF FACIAL NERVE	552.64				
15	64865	REPAIR OF FACIAL NERVE	682.67				
15	64872	SUBSEQUENT REPAIR OF NERVE	483.29				
15	64874	REPAIR & REVISE NERVE ADD-ON	552.64				
15	64876	REPAIR NERVE/SHORTEN BONE	552.64				
15	64885	NERVE GRAFT, HEAD OR NECK	483.29				
15	64886	NERVE GRAFT, HEAD OR NECK	483.29				
15	64890	NERVE GRAFT, HAND OR FOOT	483.29				
15	64891	NERVE GRAFT, HAND OR FOOT	483.29				
15	64892	NERVE GRAFT, ARM OR LEG	483.29				
15	64893	NERVE GRAFT, ARM OR LEG	483.29				
15	64895	NERVE GRAFT, HAND OR FOOT	552.64				
15	64896	NERVE GRAFT, HAND OR FOOT	552.64				
15	64897	NERVE GRAFT, ARM OR LEG	552.64				
15	64898	NERVE GRAFT, ARM OR LEG	552.64				
15	64901	NERVE GRAFT ADD-ON	483.29				
15	64902	NERVE GRAFT ADD-ON	483.29				
15	64905	NERVE PEDICLE TRANSFER	483.29				
15	64907	NERVE PEDICLE TRANSFER	360.84				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	552.64				
15	64999	NERVOUS SYSTEM SURGERY	MP		X		
15	65091	REVISE EYE	552.64				
15	65093	REVISE EYE WITH IMPLANT	552.64				
15	65101	REMOVAL OF EYE	552.64				
15	65103	REMOVE EYE/INSERT IMPLANT	552.64				
15	65105	REMOVE EYE/ATTACH IMPLANT	682.67				
15	65110	REMOVAL OF EYE	776.94				
15	65112	REMOVE EYE/REVISE SOCKET	1,078.18				
15	65114	REMOVE EYE/REVISE SOCKET	1,078.18				
15	65130	INSERT OCULAR IMPLANT	552.64				
15	65135	INSERT OCULAR IMPLANT	483.29				
15	65140	ATTACH OCULAR IMPLANT	552.64				
15	65150	REVISE OCULAR IMPLANT	483.29				
15	65155	REINSERT OCULAR IMPLANT	552.64				
15	65175	REMOVAL OF OCULAR IMPLANT	360.84				
15	65205	REMOVE FOREIGN BODY FROM EYE	360.84				
15	65235	REMOVE FOREIGN BODY FROM EYE	483.29				
15	65260	REMOVE FOREIGN BODY FROM EYE	552.64				
15	65265	REMOVE FOREIGN BODY FROM EYE	682.67				
15	65270	REPAIR OF EYE WOUND	483.29				
15	65272	REPAIR OF EYE WOUND	483.29				
15	65275	REPAIR OF EYE WOUND	682.67				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	682.67				
15	65285	REPAIR OF EYE WOUND	682.67				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	552.64				
15	65400	REMOVAL OF EYE LESION	360.84				
15	65410	BIOPSY OF CORNEA	483.29				
15	65420	REMOVAL OF EYE LESION	483.29				
15	65426	REMOVAL OF EYE LESION	776.94				
15	65710	CORNEAL TRANSPLANT	1,078.18				
15	65730	CORNEAL TRANSPLANT	1,078.18				
15	65750	CORNEAL TRANSPLANT	1,078.18				
15	65755	CORNEAL TRANSPLANT	1,078.18				
15	65770	REVISE CORNEA WITH IMPLANT	1,078.18				
15	65772	CORRECTION OF ASTIGMATISM	682.67				
15	65775	CORRECTION OF ASTIGMATISM	682.67				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	483.29				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	360.84				
15	65780	OCULAR RECONST, TRANSPLANT	776.94				
15	65781	OCULAR RECONST, TRANSPLANT	776.94				
15	65782	OCULAR RECONST, TRANSPLANT	776.94			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	682.67				
15	65800	DRAINAGE OF EYE	360.84				
15	65810	DRAINAGE OF EYE	552.64				
15	65815	DRAINAGE OF EYE	483.29				
15	65820	RELIEVE INNER EYE PRESSURE	360.84				
15	65850	INCISION OF EYE	682.67				
15	65855	LASER TRABECULOPLASTY-1/MORE	682.67				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	483.29				
15	65865	INCISE INNER EYE ADHESIONS	360.84				
15	65870	INCISE INNER EYE ADHESIONS	682.67				
15	65875	INCISE INNER EYE ADHESIONS	682.67				
15	65880	INCISE INNER EYE ADHESIONS	682.67				
15	65900	REMOVE EYE LESION	776.94				
15	65920	REMOVE IMPLANT OF EYE	1,078.18				
15	65930	REMOVE BLOOD CLOT FROM EYE	776.94				
15	66020	INJECTION TREATMENT OF EYE	360.84				
15	66030	INJECTION TREATMENT OF EYE	360.84				
15	66130	REMOVE EYE LESION	1,078.18				
15	66150	GLAUCOMA SURGERY	682.67				
15	66155	GLAUCOMA SURGERY	682.67				
15	66160	GLAUCOMA SURGERY	483.29				
15	66170	GLAUCOMA SURGERY	682.67				
15	66172	INCISION OF EYE	682.67				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	776.94				
15	66180	IMPLANT EYE SHUNT	776.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	483.29				
15	66185	REVISE EYE SHUNT	483.29				
15	66225	REPAIR/GRAFT EYE LESION	682.67				
15	66250	FOLLOW-UP SURGERY OF EYE	483.29				
15	66500	INCISION OF IRIS	360.84				
15	66505	INCISION OF IRIS	360.84				
15	66600	REMOVE IRIS AND LESION	552.64				
15	66605	REMOVAL OF IRIS	552.64				
15	66625	REMOVAL OF IRIS	552.64				
15	66630	REMOVAL OF IRIS	552.64				
15	66635	REMOVAL OF IRIS	552.64				
15	66680	REPAIR IRIS & CILIARY BODY	552.64				
15	66682	REPAIR IRIS & CILIARY BODY	483.29				
15	66700	DESTRUCTION, CILIARY BODY	483.29				
15	66710	DESTRUCTION, CILIARY BODY	483.29				
15	66711	CILIARY ENDOSCOPIC ABLATION	483.29				
15	66720	DESTRUCTION, CILIARY BODY	483.29				
15	66740	DESTRUCTION, CILIARY BODY	483.29				
15	66761	REVISION OF IRIS	483.29				
15	66820	INCISION OF LENS LESION	483.29				
15	66821	AFTER CATARACT LASER SURGERY	483.29				
15	66825	REPOSITION INTRAOCULAR LENS	682.67				
15	66830	REMOVAL OF LENS LESION	682.67				
15	66840	REMOVAL OF LENS MATERIAL	682.67				
15	66850	REMOVAL OF LENS MATERIAL	1,078.18				
15	66852	REMOVAL OF LENS MATERIAL	682.67				
15	66920	EXTRACTION OF LENS	682.67				
15	66930	EXTRACTION OF LENS	776.94				
15	66940	EXTRACTION OF LENS	776.94				
15	66982	CATARACT SURGERY, COMPLEX	891.80				
15	66983	CATARACT SURG W/IOL, 1 STAGE	891.80				
15	66984	CATARACT SURG W/IOL, I STAGE	891.80				
15	66985	INSERT LENS PROSTHESIS	732.51				
15	66986	EXCHANGE LENS PROSTHESIS	732.51				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66999	EYE SURGERY PROCEDURE	MP			X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	682.67				
15	67010	PARTIAL REMOVAL OF EYE FLUID	682.67				
15	67015	RELEASE OF EYE FLUID	360.84				
15	67025	REPLACE EYE FLUID	360.84				
15	67027	IMPLANT EYE DRUG SYSTEM	682.67				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	360.84				
15	67030	INCISE INNER EYE STRANDS	360.84				
15	67031	LASER SURGERY, EYE STRANDS	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	682.67				
15	67039	LASER TREATMENT OF RETINA	1,078.18				
15	67040	LASER TREATMENT OF RETINA	1,078.18				
15	67042	VIT FOR MACULAR HOLE	776.94				
15	67101	REPAIR DETACHED RETINA	776.94				
15	67105	PHOTOCOAGULATION/DETACHED RET	776.94				
15	67107	REPAIR DETACHED RETINA	776.94				
15	67108	REPAIR DETACHED RETINA	1,078.18				
15	67113	REPAIR RETINAL DETACH,CPLX	1,078.18				
15	67115	RELEASE ENCIRCLING MATERIAL	483.29				
15	67120	REMOVE EYE IMPLANT MATERIAL	483.29				
15	67121	REMOVE EYE IMPLANT MATERIAL	483.29				
15	67141	TREATMENT OF RETINA	483.29				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	483.29				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	776.94				
15	67218	TREATMENT OF RETINAL LESION	776.94				
15	67220	TREAT CHOROID LESION	360.84				
15	67227	TREATMENT OF RETINAL LESION	360.84				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	360.84				
15	67250	REINFORCE EYE WALL	552.64				
15	67255	REINFORCE/GRAFT EYE WALL	552.64				
15	67299	EYE SURGERY PROCEDURE	MP			X	
15	67311	REVISE EYE MUSCLE	552.64				
15	67312	REVISE TWO EYE MUSCLES	682.67				
15	67314	REVISE EYE MUSCLE	682.67				
15	67316	REVISE TWO EYE MUSCLES	682.67				
15	67318	REVISE EYE MUSCLE(S)	682.67				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	682.67				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	682.67				
15	67332	REREVISE EYE MUSCLES ADD-ON	682.67				
15	67334	REVISE EYE MUSCLE W/SUTURE	682.67				
15	67335	EYE SUTURE DURING SURGERY	682.67				
15	67340	REVISE EYE MUSCLE ADD-ON	682.67				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,078.18				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP			X	
15	67400	EXPLORE/BIOPSY EYE SOCKET	552.64				
15	67405	EXPLORE/DRAIN EYE SOCKET	682.67				
15	67412	EXPLORE/TREAT EYE SOCKET	776.94				
15	67413	EXPLORE/TREAT EYE SOCKET	776.94				
15	67415	ASPIRATION, ORBITAL CONTENTS	360.84				
15	67420	EXPLORE/TREAT EYE SOCKET	776.94				
15	67430	EXPLORE/TREAT EYE SOCKET	776.94				
15	67440	EXPLORE/DRAIN EYE SOCKET	776.94				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	776.94				
15	67450	EXPLORE/BIOPSY EYE SOCKET	776.94				
15	67500	INJECT/TREAT EYE SOCKET	360.84				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	682.67				
15	67560	REVISE EYE SOCKET IMPLANT	483.29				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	360.84				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	360.84				
15	67715	INCISION OF EYELID FOLD	360.84				
15	67800	REMOVE EYELID LESION	360.84				
15	67801	REMOVE EYELID LESIONS	360.84				
15	67805	REMOVE EYELID LESIONS	360.84				
15	67808	REMOVE EYELID LESION(S)	483.29				
15	67810	BIOPSY OF EYELID	360.84				
15	67820	REVISE EYELASHES	360.84				
15	67830	REVISE EYELASHES	483.29				
15	67835	REVISE EYELASHES	483.29				
15	67840	REMOVE EYELID LESION	360.84				
15	67880	REVISION OF EYELID	552.64				
15	67882	REVISION OF EYELID	552.64				
15	67900	REPAIR BROW DEFECT	682.67				
15	67901	REPAIR EYELID DEFECT	776.94				
15	67902	REPAIR EYELID DEFECT	776.94				
15	67903	REPAIR EYELID DEFECT	682.67				
15	67904	REPAIR EYELID DEFECT	682.67				
15	67906	REPAIR EYELID DEFECT	776.94				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	682.67				
15	67909	REVISE EYELID DEFECT	682.67				
15	67911	REVISE EYELID DEFECT	552.64				
15	67912	CORRECTION EYELID W/IMPLANT	552.64				
15	67914	REPAIR EYELID DEFECT	552.64				
15	67916	REPAIR EYELID DEFECT	682.67				
15	67917	REPAIR EYELID DEFECT	682.67				
15	67921	REPAIR EYELID DEFECT	552.64				
15	67923	REPAIR EYELID DEFECT	682.67				
15	67924	REPAIR EYELID DEFECT	682.67				
15	67930	REPAIR EYELID WOUND	483.29				
15	67935	REPAIR EYELID WOUND	483.29				
15	67938	REMOVE EYELID FOREIGN BODY	360.84				
15	67950	REVISION OF EYELID	483.29				
15	67961	REVISION OF EYELID	552.64				
15	67966	REVISION OF EYELID	552.64				
15	67971	RECONSTRUCTION OF EYELID	552.64				
15	67973	RECONSTRUCTION OF EYELID	552.64				
15	67974	RECONSTRUCTION OF EYELID	552.64				
15	67975	RECONSTRUCTION OF EYELID	552.64				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	360.84				
15	68115	REMOVE EYELID LINING LESION	483.29				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
15	68130	REMOVE EYELID LINING LESION	483.29				
15	68320	REVISE/GRAFT EYELID LINING	682.67				
15	68325	REVISE/GRAFT EYELID LINING	682.67				
15	68326	REVISE/GRAFT EYELID LINING	682.67				
15	68328	REVISE/GRAFT EYELID LINING	682.67				
15	68330	REVISE EYELID LINING	682.67				
15	68335	REVISE/GRAFT EYELID LINING	682.67				
15	68340	SEPARATE EYELID ADHESIONS	682.67				
15	68360	REVISE EYELID LINING	483.29				
15	68362	REVISE EYELID LINING	483.29				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	483.29				
15	68399	EYELID LINING SURGERY	MP			X	
15	68500	REMOVAL OF TEAR GLAND	552.64				
15	68505	PARTIAL REMOVAL, TEAR GLAND	552.64				
15	68510	BIOPSY OF TEAR GLAND	360.84				
15	68520	REMOVAL OF TEAR SAC	552.64				
15	68525	BIOPSY OF TEAR SAC	360.84				
15	68540	REMOVE TEAR GLAND LESION	552.64				
15	68550	REMOVE TEAR GLAND LESION	552.64				
15	68700	REPAIR TEAR DUCTS	483.29				
15	68720	CREATE TEAR SAC DRAIN	682.67				
15	68745	CREATE TEAR DUCT DRAIN	682.67				
15	68750	CREATE TEAR DUCT DRAIN	682.67				
15	68770	CLOSE TEAR SYSTEM FISTULA	682.67				
15	68810	PROBE NASOLACRIMAL DUCT	360.84				
15	68811	PROBE NASOLACRIMAL DUCT	483.29				
15	68815	PROBE NASOLACRIMAL DUCT	483.29				
15	68899	TEAR DUCT SYSTEM SURGERY	MP			X	
15	69000	DRAIN EXTERNAL EAR LESION	360.84				
15	69005	DRAIN EXTERNAL EAR LESION	360.84				
15	69020	DRAIN OUTER EAR CANAL LESION	360.84				
15	69100	BIOPSY OF EXTERNAL EAR	360.84				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	360.84				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	360.84				
15	69120	REMOVAL OF EXTERNAL EAR	483.29				
15	69140	REMOVE EAR CANAL LESION(S)	483.29				
15	69145	REMOVE EAR CANAL LESION(S)	483.29				
15	69150	EXTENSIVE EAR CANAL SURGERY	552.64				
15	69205	CLEAR OUTER EAR CANAL	360.84				
15	69222	CLEAN OUT MASTOID CAVITY	483.29				
15	69300	REVISE EXTERNAL EAR	552.64				
15	69310	REBUILD OUTER EAR CANAL	552.64				
15	69320	REBUILD OUTER EAR CANAL	1,078.18				
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X	
15	69420	INCISION OF EARDRUM	483.29				
15	69421	INCISION OF EARDRUM	552.64				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	360.84				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	552.64				
15	69436	CREATE EARDRUM OPENING	552.64				
15	69440	EXPLORATION OF MIDDLE EAR	552.64				
15	69450	EARDRUM REVISION	360.84				
15	69501	MASTOIDECTOMY	1,078.18				
15	69502	MASTOIDECTOMY	1,078.18				
15	69505	REMOVE MASTOID STRUCTURES	1,078.18				
15	69511	EXTENSIVE MASTOID SURGERY	1,078.18				
15	69530	EXTENSIVE MASTOID SURGERY	1,078.18				
15	69540	REMOVE EAR LESION	552.64				
15	69550	REMOVE EAR LESION	776.94				
15	69552	REMOVE EAR LESION	1,078.18				
15	69601	MASTOID SURGERY REVISION	1,078.18				
15	69602	MASTOID SURGERY REVISION	1,078.18				
15	69603	MASTOID SURGERY REVISION	1,078.18				
15	69604	MASTOID SURGERY REVISION	1,078.18				
15	69605	MASTOID SURGERY REVISION	1,078.18				
15	69610	REPAIR EARDRUM	483.29				
15	69620	REPAIR OF EARDRUM	483.29				
15	69631	REPAIR EARDRUM STRUCTURES	776.94				
15	69632	REBUILD EARDRUM STRUCTURES	776.94				
15	69633	REBUILD EARDRUM STRUCTURES	776.94				
15	69635	REPAIR EARDRUM STRUCTURES	1,078.18				
15	69636	REBUILD EARDRUM STRUCTURES	1,078.18				
15	69637	REBUILD EARDRUM STRUCTURES	1,078.18				
15	69641	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69642	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69643	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69644	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69645	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69646	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69650	RELEASE MIDDLE EAR BONE	1,078.18				
15	69660	REVISE MIDDLE EAR BONE	776.94				
15	69661	REVISE MIDDLE EAR BONE	776.94				
15	69662	REVISE MIDDLE EAR BONE	776.94				
15	69666	REPAIR MIDDLE EAR STRUCTURES	682.67				
15	69667	REPAIR MIDDLE EAR STRUCTURES	682.67				
15	69670	REMOVE MASTOID AIR CELLS	552.64				
15	69676	REMOVE MIDDLE EAR NERVE	552.64				
15	69700	CLOSE MASTOID FISTULA	552.64				
15	69711	REMOVE/REPAIR HEARING AID	360.84				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,450.94				
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,450.94				
15	69717	TEMPLE BONE IMPLANT REVISION	1,450.94				
15	69718	REVISE TEMPLE BONE IMPLANT	1,450.94				

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

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 STATE HOSPITALS
 FEES EFFECTIVE FOR DOS JANUARY 01, 2021 THRU DECEMBER 31, 2021

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	776.94				
15	69725	RELEASE FACIAL NERVE	776.94				
15	69740	REPAIR FACIAL NERVE	776.94				
15	69745	REPAIR FACIAL NERVE	776.94				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	776.94				
15	69805	EXPLORE INNER EAR	1,078.18				
15	69806	EXPLORE INNER EAR	1,078.18				
15	69905	REMOVE INNER EAR	1,078.18				
15	69910	REMOVE INNER EAR & MASTOID	1,078.18				
15	69915	INCISE INNER EAR NERVE	1,078.18				
15	69930	IMPLANT COCHLEAR DEVICE	1,078.18	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X	
15	69979	TEMPORAL BONE SURGERY	MP			X	
15	69990	MICROSURGERY ADD-ON	360.84				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	360.84				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	360.84				

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