

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
15	G0105	COLORECTAL SCRNM; HI RISK IND	426.38			
15	G0121	COLON CA SCRNM; NOT HIGH RSK IN	426.38			
15	G0260	INJ FOR SACROILLIAC JT ANESTH	318.35			
15	03210	NASAL SINUS THERAPY	318.35			
15	10060	DRAINAGE OF SKIN ABSCESS	318.35			
15	10061	DRAIN SKIN ABSCESS COMPLICATED	318.35			
15	10080	INCISE/DRAIN SIMPLE CYST	318.35			
15	10081	INCISE/DRAIN COMPLICATED PILONIDAL CYST	318.35			
15	10120	SIMPLE REMOVAL FOREIGN BODY	318.35			
15	10121	REMOVE FOREIGN BODY	426.38			
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	318.35			
15	10160	PUNCTURE DRAINAGE OF LESION	318.35			
15	10180	COMPLEX DRAINAGE, WOUND	426.38			
15	11004	DEBRIDE GENITALIA & PERINEUM	426.38			
15	11005	DEBRIDE ABDOM WALL	426.38			
15	11006	DEBRIDE GENIT/ABDOM WALL	426.38			
15	11008	REMOVE MESH FROM ABD WALL	426.38			
15	11010	DEBRIDE SKIN, FX	426.38			
15	11011	DEBRIDE SKIN/MUSCLE, FX	426.38			
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	426.38			
15	11041	DEBRIDE SKIN, FULL THICKNESS	426.38			
15	11042	DEBRIDE SKIN/TISSUE	426.38			
15	11043	DEBRIDE TISSUE/MUSCLE	426.38			
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	426.38			
15	11144	EXCISE BENIGN LESION TO 0.5 CM	318.35			
15	11175	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	318.35			
15	11400	EXCISE BENIGN LESION TO 0.5 CM	318.35			
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	318.35			
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	318.35			
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	318.35			
15	11404	REMOVAL OF SKIN LESION	318.35			
15	11406	REMOVAL OF SKIN LESION	426.38			
15	11420	EXCISE BENIGN LESION TO 0.5 CM	426.38			
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	426.38			
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	426.38			
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	426.38			
15	11424	REMOVAL OF SKIN LESION	426.38			
15	11426	REMOVAL OF SKIN LESION	426.38			
15	11440	EXCISE BENIGN LESION TO 0.5 CM	318.35			
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	318.35			
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	318.35			
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	318.35			
15	11444	REMOVAL OF SKIN LESION	318.35			
15	11446	REMOVAL OF SKIN LESION	426.38			
15	11450	REMOVAL, SWEAT GLAND LESION	426.38			
15	11451	REMOVAL, SWEAT GLAND LESION	426.38			
15	11462	REMOVAL, SWEAT GLAND LESION	426.38			
15	11463	REMOVAL, SWEAT GLAND LESION	426.38			

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1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	11470	REMOVAL, SWEAT GLAND LESION	426.38			
15	11471	REMOVAL, SWEAT GLAND LESION	426.38			
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	426.38			
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	426.38			
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	426.38			
15	11604	REMOVAL OF SKIN LESION	426.38			
15	11606	REMOVAL OF SKIN LESION	426.38			
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	426.38			
15	11624	REMOVAL OF SKIN LESION	426.38			
15	11626	REMOVAL OF SKIN LESION	426.38			
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	426.38			
15	11644	REMOVAL OF SKIN LESION	426.38			
15	11646	REMOVAL OF SKIN LESION	426.38			
15	11750	EXCISION NAIL & NAIL MATRIX	318.35			
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	318.35			
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	318.35			
15	11770	REMOVAL OF PILONIDAL LESION	487.56			
15	11771	REMOVAL OF PILONIDAL LESION	487.56			
15	11772	REMOVAL OF PILONIDAL LESION	487.56			
15	11960	INSERT TISSUE EXPANDER(S)	426.38			
15	11970	REPLACE TISSUE EXPANDER	487.56			
15	11971	REMOVE TISSUE EXPANDER(S)	318.35			
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	318.35			
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	318.35			
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	318.35			
15	12005	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12006	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12007	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	426.38			
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	426.38			
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	426.38			
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	426.38			
15	12016	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12017	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12018	REPAIR SUPERFICIAL WOUND(S)	426.38			
15	12020	CLOSURE OF SPLIT WOUND	318.35			
15	12021	CLOSURE OF SPLIT WOUND	318.35			
15	12031	LAYER CLOSURE WOUND TO 2.5 CM	318.35			
15	12032	LAYER CLOSEURE 2.6 TO 7.5 CM	318.35			
15	12034	LAYER CLOSURE OF WOUND(S)	426.38			
15	12035	LAYER CLOSURE OF WOUND(S)	426.38			
15	12036	LAYER CLOSURE OF WOUND(S)	426.38			
15	12037	LAYER CLOSURE OF WOUND(S)	426.38			
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	318.35			
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	318.35			
15	12044	LAYER CLOSURE OF WOUND(S)	426.38			
15	12045	LAYER CLOSURE OF WOUND(S)	426.38			
15	12046	LAYER CLOSURE OF WOUND(S)	426.38			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	12047	LAYER CLOSURE OF WOUND(S)	426.38			
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	318.35			
15	12052	LAYER CLOSURE 2.6 TO 5 CM	318.35			
15	12053	LAYER CLOSURE 5.1 TO 7.5	318.35			
15	12054	LAYER CLOSURE OF WOUND(S)	426.38			
15	12055	LAYER CLOSURE OF WOUND(S)	426.38			
15	12056	LAYER CLOSURE OF WOUND(S)	426.38			
15	12057	LAYER CLOSURE OF WOUND(S)	426.38			
15	13100	REPAIR OF WOUND OR LESION	426.38			
15	13101	REPAIR OF WOUND OR LESION	487.56			
15	13102	REPAIR WOUND/LESION ADD-ON	487.56			
15	13120	REPAIR OF WOUND OR LESION	426.38			
15	13121	REPAIR OF WOUND OR LESION	487.56			
15	13122	REPAIR WOUND/LESION ADD-ON	487.56			
15	13131	REPAIR OF WOUND OR LESION	426.38			
15	13132	REPAIR OF WOUND OR LESION	487.56			
15	13133	REPAIR WOUND/LESION ADD-ON	487.56			
15	13150	REPAIR OF WOUND OR LESION	487.56			
15	13151	REPAIR OF WOUND OR LESION	487.56			
15	13152	REPAIR OF WOUND OR LESION	487.56			
15	13153	REPAIR WOUND/LESION ADD-ON	318.35			
15	13160	LATE CLOSURE OF WOUND	426.38			
15	14000	SKIN TISSUE REARRANGEMENT	426.38			
15	14001	SKIN TISSUE REARRANGEMENT	487.56			
15	14020	SKIN TISSUE REARRANGEMENT	487.56			
15	14021	SKIN TISSUE REARRANGEMENT	487.56			
15	14040	SKIN TISSUE REARRANGEMENT	426.38			
15	14041	SKIN TISSUE REARRANGEMENT	487.56			
15	14060	SKIN TISSUE REARRANGEMENT	487.56			
15	14061	SKIN TISSUE REARRANGEMENT	487.56			
15	14221	EXCISE BENIGN LESION 1.1 TO 2CM	426.38			
15	14300	SKIN TISSUE REARRANGEMENT	602.28			
15	14350	SKIN TISSUE REARRANGEMENT	487.56			
15	15040	HARVEST CULTURED SKIN GRAFT	426.38			
15	15050	SKIN PINCH GRAFT	426.38			
15	15100	SKIN SPLIT GRAFT	426.38			
15	15101	SKIN SPLIT GRAFT ADD-ON	487.56			
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	426.38			
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	318.35			
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	426.38			
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	318.35			
15	15120	SKIN SPLIT GRAFT	426.38			
15	15121	SKIN SPLIT GRAFT ADD-ON	487.56			
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	426.38			
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	318.35			
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	426.38			
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	318.35			
15	15150	CULT EPIDERM GRFT T/ARM/LEG	426.38			

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15	15151	CULT EPIDERM GRFT T/A/L ADDL	318.35			
15	15152	CULT EPIDERM GRAFT T/A/L +%	318.35			
15	15155	CULT EPIDERM GRAFT, F/N/HF/G	426.38			
15	15156	CULT EPIDERM GRFT F/N/HFG/ADD	318.35			
15	15157	CUKT EPIDERM GRFT F/N/HFG+%	318.35			
15	15200	SKIN FULL GRAFT	487.56			
15	15201	SKIN FULL GRAFT ADD-ON	426.38			
15	15220	SKIN FULL GRAFT	426.38			
15	15221	SKIN FULL GRAFT ADD-ON	426.38			
15	15240	SKIN FULL GRAFT	487.56			
15	15241	SKIN FULL GRAFT ADD-ON	487.56			
15	15260	SKIN FULL GRAFT	426.38			
15	15261	SKIN FULL GRAFT ADD-ON	426.38			
15	15300	APPLY SKINALLOGRFT,T/ARM/LG	426.38			
15	15301	APPLY SKINALLOGRFT T/A/L ADDL	318.35			
15	15320	APPLYSKIN ALLOGRFT F/N/HG/G	426.38			
15	15321	APPLY SKINALLOGRFT F/N/HFG ADD	318.35			
15	15330	APLY ACELL ALOGRDT T/ARM/LEG	426.38			
15	15331	APLY ACELL GRFT T/A/L ADD-ON	318.35			
15	15335	APPLY ACELL FRAFT, F/N/HF/G	426.38			
15	15336	APLY ACELL GRFT F/N/HF/G ADD	318.35			
15	15400	SKIN HETEROGRAFT	426.38			
15	15401	SKIN HETEROGRAFT ADD-ON	426.38			
15	15420	APPLY SKIN XGRFT, F/N/HF/G	426.38			
15	15421	APPLY SKN F/N/HF/G ADD	318.35			
15	15430	APPLY ACELLULAR XENOGRAFT	426.38			
15	15431	APPLY ACELLULAR XGRAFT ADD	318.35			
15	15570	FORM SKIN PEDICLE FLAP	487.56			
15	15572	FORM SKIN PEDICLE FLAP	487.56			
15	15574	FORM SKIN PEDICLE FLAP	487.56			
15	15576	FORM SKIN PEDICLE FLAP	487.56			
15	15600	SKIN GRAFT	487.56			
15	15610	SKIN GRAFT	487.56			
15	15620	SKIN GRAFT	602.28			
15	15630	SKIN GRAFT	487.56			
15	15650	TRANSFER SKIN PEDICLE FLAP	685.45			
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	487.56			
15	15734	MUSCLE-SKIN GRAFT, TRUNK	487.56			
15	15736	MUSCLE-SKIN GRAFT, ARM	487.56			
15	15738	MUSCLE-SKIN GRAFT, LEG	487.56			
15	15740	ISLAND PEDICLE FLAP GRAFT	426.38			
15	15750	NEUROVASCULAR PEDICLE GRAFT	426.38			
15	15760	COMPOSITE SKIN GRAFT	426.38			
15	15770	DERMA-FAT-FASCIA GRAFT	487.56			
15	15775	HAIR TRANSPLANT PUNCH GRAFTS	487.56			
15	15776	HAIR TRANSPLANT PUNCH GRAFTS	487.56			
15	15820	REVISION OF LOWER EYELID	487.56		X	
15	15821	REVISION OF LOWER EYELID	487.56		X	

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15	15822	REVISION OF UPPER EYELID	487.56		X	
15	15823	REVISION OF UPPER EYELID	685.45		X	
15	15840	GRAFT FOR FACE NERVE PALSY	602.28			
15	15841	GRAFT FOR FACE NERVE PALSY	602.28			
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	602.28			
15	15845	SKIN AND MUSCLE REPAIR, FACE	602.28			
15	15852	CHANGE DRESSING UNDER ANESTHESIA	318.35			
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	318.35			
15	15920	REMOVAL OF TAIL BONE ULCER	487.56			
15	15922	REMOVAL OF TAIL BONE ULCER	602.28			
15	15931	REMOVE SACRUM PRESSURE SORE	487.56			
15	15933	REMOVE SACRUM PRESSURE SORE	487.56			
15	15934	REMOVE SACRUM PRESSURE SORE	487.56			
15	15935	REMOVE SACRUM PRESSURE SORE	602.28			
15	15936	REMOVE SACRUM PRESSURE SORE	602.28			
15	15937	REMOVE SACRUM PRESSURE SORE	602.28			
15	15940	REMOVE HIP PRESSURE SORE	487.56			
15	15941	REMOVE HIP PRESSURE SORE	487.56			
15	15944	REMOVE HIP PRESSURE SORE	487.56			
15	15945	REMOVE HIP PRESSURE SORE	602.28			
15	15946	REMOVE HIP PRESSURE SORE	602.28			
15	15950	REMOVE THIGH PRESSURE SORE	487.56			
15	15951	REMOVE THIGH PRESSURE SORE	602.28			
15	15952	REMOVE THIGH PRESSURE SORE	487.56			
15	15953	REMOVE THIGH PRESSURE SORE	602.28			
15	15956	REMOVE THIGH PRESSURE SORE	487.56			
15	15958	REMOVE THIGH PRESSURE SORE	602.28			
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	318.35			
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	426.38			
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	426.38			
15	16035	ESCHAROTOMY	426.38			
15	16036	INCISE BURN SCAB, ADDL INCIS	426.38			
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	426.38			
15	17999	SKIN TISSUR PROCEDURE	MP		X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	426.38			
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	318.35			
15	19020	INCISION OF BREAST LESION	426.38			
15	19100	BX BREAST PERCUT W/O IMAGE	318.35			
15	19101	BIOPSY OF BREAST, OPEN	426.38			
15	19102	BX BREAST PERCUT W/IMAGE	426.38			
15	19103	BX BREAST PERCUT W/DEVICE	426.38			
15	19110	NIPPLE EXPLORATION	426.38			
15	19112	EXCISE BREAST DUCT FISTULA	487.56			
15	19120	REMOVAL OF BREAST LESION	487.56			
15	19125	EXCISION, BREAST LESION	487.56			
15	19126	EXCISION, ADDL BREAST LESION	487.56			
15	19290	PLACE NEEDLE WIRE, BREAST	318.35			

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15	19291	PLACE NEEDLE WIRE, BREAST	318.35			
15	19295	PLACE BREAST CLIP, PERCUT	318.35			
15	19296	PLACE PO BREAST CATH FOR RAD	318.35			
15	19297	PLACE BREAST CATH FOR RAD	318.35			
15	19298	PLACE BREAST RAD TUBE/CATHS	318.35			
15	19300	MASTECTOMY FOR GYNECOMASTIA	602.28			M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	487.56			
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	951.22			
15	19303	MASTECTOMY, SIMPLE, COMPLETE	602.28			
15	19304	MASTECTOMY, SUBCUTANEOUS	602.28			
15	19316	SUSPENSION OF BREAST	602.28			F
15	19318	REDUCTION OF LARGE BREAST	602.28			
15	19324	ENLARGE BREAST	602.28			F
15	19325	ENLARGE BREAST WITH IMPLANT	1,280.08			F
15	19328	REMOVAL OF BREAST IMPLANT	318.35		X	F
15	19330	REMOVAL OF IMPLANT MATERIAL	318.35			
15	19340	IMMEDIATE BREAST PROSTHESIS	426.38			F
15	19342	DELAYED BREAST PROSTHESIS	487.56		X	F
15	19350	BREAST RECONSTRUCTION	602.28		X	
15	19355	CORRECT INVERTED NIPPLE(S)	602.28			
15	19357	BREAST RECONSTRUCTION	685.45		X	F
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	685.45		X	
15	19366	BREAST RECONSTRUCTION	685.45		X	F
15	19370	SURGERY OF BREAST CAPSULE	602.28			
15	19371	REMOVAL OF BREAST CAPSULE	602.28			
15	19380	REVISE BREAST RECONSTRUCTION	685.45			
15	19499	BREAST SURGERY PROCEDURE	MP		X	
15	20000	INCISION OF ABSCESS; SUPERFICIAL	318.35			
15	20005	INCISION OF DEEP ABSCESS	426.38			
15	20100	EXPLORE WOUND, NECK	487.56			
15	20101	EXPLORE WOUND, CHEST	487.56			
15	20102	EXPLORE WOUND, ABDOMEN	487.56			
15	20103	EXPLORE WOUND, EXTREMITY	487.56			
15	20200	MUSCLE BIOPSY	426.38			
15	20205	DEEP MUSCLE BIOPSY	487.56			
15	20206	NEEDLE BIOPSY, MUSCLE	318.35			
15	20220	BONE BIOPSY, TROCAR/NEEDLE	318.35			
15	20225	BONE BIOPSY, TROCAR/NEEDLE	426.38			
15	20240	BONE BIOPSY, EXCISIONAL	426.38			
15	20245	BONE BIOPSY, EXCISIONAL	487.56			
15	20250	OPEN BONE BIOPSY	487.56			
15	20251	OPEN BONE BIOPSY	487.56			
15	20500	INJECT SINUS TRACT, THERAPEUTICI	318.35			
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	318.35			
15	20520	REMOVE FOREGIN BODY; SIMPLE	318.35			
15	20525	REMOVAL OF FOREIGN BODY	487.56			
15	20612	ASPIRATE/INJ GANGLION CYST	318.35			
15	20615	ASPIRATE/INJECTION-BONE CYST	318.35			

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15	20650	INSERT AND REMOVE BONE PIN	487.56			
15	20660	APPLY TONGS OR CALIPER AND REMOVE	318.35	00 00		
15	20661	APPLY HALO;	318.35			
15	20662	APPLY HALO; PELVIC	318.35			
15	20663	APPLY HALO; FEMORAL	318.35			
15	20664	HALO BRACE APPLICATION	426.38			
15	20665	REMOVE HALO OR TONGS BY OTHER MD	318.35			
15	20670	REMOVAL OF SUPPORT IMPLANT	318.35			
15	20680	REMOVAL OF SUPPORT IMPLANT	487.56			
15	20690	APPLY BONE FIXATION DEVICE	426.38			
15	20692	APPLY BONE FIXATION DEVICE	487.56			
15	20693	ADJUST BONE FIXATION DEVICE	487.56			
15	20694	REMOVE BONE FIXATION DEVICE	318.35			
15	20900	REMOVAL OF BONE FOR GRAFT	487.56			
15	20902	REMOVAL OF BONE FOR GRAFT	602.28			
15	20910	REMOVE CARTILAGE FOR GRAFT	487.56			
15	20912	REMOVE CARTILAGE FOR GRAFT	487.56			
15	20920	REMOVAL OF FASCIA FOR GRAFT	602.28			
15	20922	REMOVAL OF FASCIA FOR GRAFT	487.56			
15	20924	REMOVAL OF TENDON FOR GRAFT	602.28			
15	20926	REMOVAL OF TISSUE FOR GRAFT	602.28			
15	20930	SPINAL BONE ALLOGRAFT	318.35			
15	20931	SPINAL BONE ALLOGRAFT	318.35			
15	20936	SPINAL BONE AUTOGRAFT	318.35			
15	20937	SPINAL BONE AUTOGRAFT	318.35			
15	20938	SPINAL BONE AUTOGRAFT	318.35			
15	20950	MONITOR INTERSTITIAL FLUID	318.35			
15	20975	ELECTRICAL BONE STIMULATION	426.38			
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X
15	21010	INCISION OF JAW JOINT	426.38			
15	21015	RESECTION OF FACIAL TUMOR	487.56			
15	21025	EXCISION OF BONE, LOWER JAW	426.38			
15	21026	EXCISION OF FACIAL BONE(S)	426.38			
15	21029	CONTOUR OF FACE BONE LESION	426.38			
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	426.38			
15	21031	EXCISION OF TORUS MANDIBULARIS	426.38			
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	426.38			
15	21034	REMOVAL OF FACE BONE LESION	487.56			
15	21040	REMOVAL OF JAW BONE LESION	426.38			
15	21044	REMOVAL OF JAW BONE LESION	426.38			
15	21045	RADICAL RESECTION OF MANDIBLE	487.37			
15	21046	EXCISION, BENIGN TUMOR, MANDIB	426.38			
15	21047	EXCISION, BENIGN TUMOR, MANDIB	426.38			
15	21048	REMOVE MAXILLA CYST COMPLEX	426.38			
15	21049	EXCIS UPPER JAW CYST W/REPAIR	487.56			
15	21050	REMOVAL OF JAW JOINT	487.56			
15	21060	REMOVE JAW JOINT CARTILAGE	426.38			
15	21070	REMOVE CORONOID PROCESS	487.56			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
TS	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X	
15	21100	MAXILLOFACIAL FIXATION	426.38			
15	21110	INTERDENTAL FIXATION	318.35			
15	21120	GENIOPLASTY; AUGMENTATION	951.22			
15	21121	RECONSTRUCTION OF CHIN	951.22			
15	21122	RECONSTRUCTION OF CHIN	951.22			
15	21123	RECONSTRUCTION OF CHIN	951.22			
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	951.22			
15	21127	AUGMENTATION, LOWER JAW BONE	1,280.08			
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	951.22			
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	951.22			
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	951.22			
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	951.22			
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	951.22			
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	951.22			
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	951.22			
15	21181	CONTOUR CRANIAL BONE LESION	951.22			
15	21206	RECONSTRUCT UPPER JAW BONE	685.45			
15	21208	AUGMENTATION OF FACIAL BONES	951.22			
15	21209	REDUCTION OF FACIAL BONES	685.45			
15	21210	FACE BONE GRAFT	951.22			
15	21215	LOWER JAW BONE GRAFT	951.22			
15	21230	RIB CARTILAGE GRAFT	951.22			
15	21235	EAR CARTILAGE GRAFT	951.22			
15	21240	RECONSTRUCTION OF JAW JOINT	602.28			
15	21242	RECONSTRUCTION OF JAW JOINT	685.45			
15	21243	RECONSTRUCTION OF JAW JOINT	685.45			
15	21244	RECONSTRUCTION OF LOWER JAW	951.22			
15	21245	RECONSTRUCTION OF JAW	951.22			
15	21246	RECONSTRUCTION OF JAW	951.22			
15	21248	RECONSTRUCTION OF JAW	951.22			
15	21249	RECONSTRUCTION OF JAW	951.22			
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	951.22			
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	951.22			
15	21260	ORBITAL REVISION; EXTRACRANIAL	951.22			
15	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	951.22			
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	951.22			
15	21267	REVISE EYE SOCKETS	951.22			
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	951.22			
15	21270	AUGMENTATION, CHEEK BONE	685.45			
15	21275	REVISION, ORBITOFACIAL BONES	951.22			
15	21280	REVISION OF EYELID	685.45			
15	21282	REVISION OF EYELID	685.45			
15	21295	RECONST LWR JAW W/O FIXATION	318.35			
15	21296	RECONST LWR JAW W/FIXATION	318.35			
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X	
15	21310	TREATMENT OF NOSE FRACTURE	426.38			
15	21315	TREATMENT OF NOSE FRACTURE	426.38			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX
15	21320	TREATMENT OF NOSE FRACTURE	426.38			
15	21325	TREATMENT OF NOSE FRACTURE	602.28			
15	21330	TREATMENT OF NOSE FRACTURE	685.45			
15	21335	TREATMENT OF NOSE FRACTURE	951.22			
15	21336	TREAT NASAL SEPTAL FRACTURE	602.28			
15	21337	TREAT NASAL SEPTAL FRACTURE	426.38			
15	21338	TREAT NASOETHMOID FRACTURE	602.28			
15	21339	TREAT NASOETHMOID FRACTURE	685.45			
15	21340	TREATMENT OF NOSE FRACTURE	602.28			
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	685.45			
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	951.22			
15	21345	TREAT NOSE/JAW FRACTURE	951.22			
15	21346	OPEN TREATMENT NASOMAXILLARY FX	685.45			
15	21347	OPEN TREATMENT NASOMAXILLARY FX	951.22			
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	951.22			
15	21355	TREAT CHEEK BONE FRACTURE	487.56			
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	487.56			
15	21385	TREAT ORBITAL FX; TRANSANTRAL	602.28			
15	21386	TREAT ORBITAL FX; PERIORBITAL	602.28			
15	21387	TREAT ORBITAL FX; COMBINATION	602.28			
15	21390	TREAT ORBITAL WITH IMPLANT	602.28			
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	602.28			
15	21400	TREAT EYE SOCKET FRACTURE	426.38			
15	21401	TREAT EYE SOCKET FRACTURE	487.56			
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	602.28			
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	602.28			
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	602.28			
15	21421	TREAT MOUTH ROOF FRACTURE	602.28			
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	685.45			
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	685.45			
15	21431	TREAT CRANIOFACIAL SEPARATION	602.28			
15	21432	OPEN TX CRANIOFACIAL SEPARATION	602.28			
15	21433	COMPLICATED TX CRANIOFACIAL FX	685.45			
15	21435	COMPLICATED TX CRANIOFACIAL FX	685.45			
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	685.45			
15	21440	TREAT DENTAL RIDGE FRACTURE	487.56			
15	21445	TREAT DENTAL RIDGE FRACTURE	602.28			
15	21450	TREAT LOWER JAW FRACTURE	487.56			
15	21451	TREAT LOWER JAW FRACTURE	602.28			
15	21452	TREAT LOWER JAW FRACTURE	426.38			
15	21453	TREAT LOWER JAW FRACTURE	487.56			
15	21454	TREAT LOWER JAW FRACTURE	685.45			
15	21460	TREAT OPEN FX ORBIT W/O IMPLANT	602.28			
15	21461	TREAT LOWER JAW FRACTURE	602.28			
15	21462	TREAT LOWER JAW FRACTURE	685.45			
15	21465	TREAT LOWER JAW FRACTURE	602.28			
15	21470	TREAT COMPLICATED MANDIBULAR FX	685.45			
15	21480	RESET DISLOCATED JAW	318.35			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	21485	RESET DISLOCATED JAW	426.38			
15	21490	REPAIR DISLOCATED JAW	487.56			
15	21497	INTERDENTAL WIRING	426.38			
15	21499	UNLISTED PROCEDURE; HEAD	MP		X	
15	21501	DRAIN NECK/CHEST LESION	426.38			
15	21502	DRAIN CHEST LESION	426.38			
15	21510	INCISION WITH OPENING OF BONE CORTEX	487.56			
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	318.35			
15	21555	REMOVE LESION, NECK/CHEST	426.38			
15	21556	REMOVE LESION, NECK/CHEST	426.38			
15	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	426.38			
15	21600	PARTIAL REMOVAL OF RIB	426.38			
15	21610	PARTIAL REMOVAL OF RIB	426.38			
15	21615	EXCISION CERVICAL RIB	426.38			
15	21616	EXCISE RIB WITH SYMPATHECTOMY	426.38			
15	21620	OSTECTOMY OF STERNUM; PARTIAL	426.38			
15	21627	STERNAL DEBRIDEMENT	426.38			
15	21630	RADICAL RESECTOPM PF STERNUM	685.45			
15	21632	MEDIASTINAL LYMPHADENECTOMY	685.45			
15	21700	REVISION OF NECK MUSCLE	426.38			
15	21705	DIVIDE SCALENUS AND RESECTION RIB	426.38			
15	21720	REVISION OF NECK MUSCLE	487.56			
15	21725	REVISION OF NECK MUSCLE	487.56			
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	487.56			
15	21800	TREATMENT OF RIB FRACTURE	318.35			
15	21805	TREATMENT OF RIB FRACTURE	426.38			
15	21810	TREAT RIB FX W/EXTERNAL FIXATION	426.38			
15	21820	TREAT STERNUM FRACTURE	318.35			
15	21825	TREAT STERNUM FRACTURE;OPEN	426.38			
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	318.35			
15	21925	BIOPSY SOFT TISSUE OF BACK	426.38			
15	21930	REMOVE LESION, BACK OR FLANK	426.38			
15	21935	REMOVE TUMOR, BACK	487.56			
15	22100	RESECT VERTEBRA,CERVICAL	426.38			
15	22101	RESECT VERTEBRA, THORACIC	426.38			
15	22305	TREAT SPINE PROCESS FRACTURE	318.35			
15	22310	TREAT SPINE FRACTURE	318.35			
15	22315	TREAT SPINE FRACTURE	426.38			
15	22505	MANIPULATION OF SPINE	426.38			
15	22520	PERCUT VERTEBROPLASTY THOR	1,280.08			
15	22521	PERCUT VERTEBROPLASTY LUMB	1,280.08			
15	22522	PERCUT VERTEBROPLASTY ADDL	1,280.08			
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,280.08			
15	22899	SPINE SURGERY PROCEDURE	MP		X	
15	22900	REMOVE ABDOMINAL WALL LESION	602.28			
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X	
15	23000	REMOVAL OF CALCIUM DEPOSITS	426.38			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	23020	RELEASE SHOULDER JOINT	426.38			
15	23030	DRAIN SHOULDER LESION	318.35			
15	23031	DRAIN SHOULDER BURSA	487.56			
15	23035	DRAIN SHOULDER BONE LESION	487.56			
15	23040	EXPLORATORY SHOULDER SURGERY	487.56			
15	23044	EXPLORATORY SHOULDER SURGERY	602.28			
15	23066	BIOPSY SHOULDER TISSUES	426.38			
15	23075	REMOVAL OF SHOULDER LESION	426.38			
15	23076	REMOVAL OF SHOULDER LESION	426.38			
15	23077	REMOVE TUMOR OF SHOULDER	487.56			
15	23100	BIOPSY OF SHOULDER JOINT	426.38			
15	23101	SHOULDER JOINT SURGERY	951.22			
15	23105	REMOVE SHOULDER JOINT LINING	602.28			
15	23106	INCISION OF COLLARBONE JOINT	602.28			
15	23107	EXPLORE TREAT SHOULDER JOINT	602.28			
15	23120	PARTIAL REMOVAL, COLLAR BONE	685.45			
15	23125	REMOVAL OF COLLAR BONE	685.45			
15	23130	REMOVE SHOULDER BONE, PART	685.45			
15	23140	REMOVAL OF BONE LESION	602.28			
15	23145	REMOVAL OF BONE LESION	685.45			
15	23146	REMOVAL OF BONE LESION	685.45			
15	23150	REMOVAL OF HUMERUS LESION	602.28			
15	23155	REMOVAL OF HUMERUS LESION	685.45			
15	23156	REMOVAL OF HUMERUS LESION	685.45			
15	23170	REMOVE COLLAR BONE LESION	426.38			
15	23172	REMOVE SHOULDER BLADE LESION	426.38			
15	23174	REMOVE HUMERUS LESION	426.38			
15	23180	REMOVE COLLAR BONE LESION	602.28			
15	23182	REMOVE SHOULDER BLADE LESION	602.28			
15	23184	REMOVE HUMERUS LESION	602.28			
15	23190	PARTIAL REMOVAL OF SCAPULA	602.28			
15	23195	REMOVAL OF HEAD OF HUMERUS	685.45			
15	23330	REMOVE SHOULDER FOREIGN BODY	318.35			
15	23331	REMOVE SHOULDER FOREIGN BODY	318.35			
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	685.45			
15	23397	MUSCLE TRANSFERS	951.22			
15	23400	FIXATION OF SHOULDER BLADE	951.22			
15	23405	INCISION OF TENDON & MUSCLE	426.38			
15	23406	INCISE TENDON(S) & MUSCLE(S)	426.38			
15	23410	REPAIR OF TENDON(S)	685.45			
15	23412	REPAIR OF TENDON(S)	951.22			
15	23415	RELEASE OF SHOULDER LIGAMENT	685.45			
15	23420	REPAIR OF SHOULDER	951.22			
15	23430	REPAIR BICEPS TENDON	602.28			
15	23440	REMOVE/TRANSPLANT TENDON	602.28			
15	23450	REPAIR SHOULDER CAPSULE	685.45			
15	23455	REPAIR SHOULDER CAPSULE	951.22			
15	23460	REPAIR SHOULDER CAPSULE	685.45			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	23462	REPAIR SHOULDER CAPSULE	951.22			
15	23465	REPAIR SHOULDER CAPSULE	685.45			
15	23466	REPAIR SHOULDER CAPSULE	951.22			
15	23480	REVISION OF COLLAR BONE	602.28			
15	23485	REVISION OF COLLAR BONE	951.22			
15	23490	REINFORCE CLAVICLE	487.56			
15	23491	REINFORCE SHOULDER BONES	487.56			
15	23500	TREAT CLAVICLE FRACTURE	318.35			
15	23505	TREAT CLAVICLE FRACTURE	318.35			
15	23515	TREAT CLAVICLE FRACTURE	487.56			
15	23520	TREAT CLAVICLE DISLOCATION	318.35			
15	23525	TREAT CLAVICLE DISLOCATION	318.35			
15	23530	TREAT CLAVICLE DISLOCATION	487.56			
15	23532	TREAT CLAVICLE DISLOCATION	602.28			
15	23540	TREAT CLAVICLE DISLOCATION	318.35			
15	23545	TREAT CLAVICLE DISLOCATION	318.35			
15	23550	TREAT CLAVICLE DISLOCATION	487.56			
15	23552	TREAT CLAVICLE DISLOCATION	602.28			
15	23570	TREAT SHOULDER BLADE FX	318.35			
15	23575	TREAT SHOULDER BLADE FX	318.35			
15	23585	TREAT SCAPULA FRACTURE	487.56			
15	23600	TREAT HUMERUS FRACTURE	318.35			
15	23605	TREAT HUMERUS FRACTURE	426.38			
15	23615	TREAT HUMERUS FRACTURE	602.28			
15	23616	TREAT HUMERUS FRACTURE	602.28			
15	23620	TREAT HUMERUS FRACTURE	318.35			
15	23625	TREAT HUMERUS FRACTURE	426.38			
15	23630	TREAT HUMERUS FRACTURE	685.45			
15	23650	TREAT SHOULDER DISLOCATION	318.35			
15	23655	TREAT SHOULDER DISLOCATION	318.35			
15	23660	TREAT SHOULDER DISLOCATION	487.56			
15	23665	TREAT DISLOCATION/FRACTURE	426.38			
15	23670	TREAT DISLOCATION/FRACTURE	487.56			
15	23675	TREAT DISLOCATION/FRACTURE	426.38			
15	23680	TREAT DISLOCATION/FRACTURE	487.56			
15	23700	FIXATION OF SHOULDER	318.35			
15	23800	FUSION OF SHOULDER JOINT	602.28			
15	23802	FUSION OF SHOULDER JOINT	951.22			
15	23921	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	23929	SHOULDER SURGERY PROCEDURE	MP			X
15	23930	DRAINAGE OF ARM LESION	318.35			
15	23931	DRAINAGE OF ARM BURSA	426.38			
15	23935	DRAIN ARM/ELBOW BONE LESION	426.38			
15	24000	EXPLORATORY ELBOW SURGERY	602.28			
15	24006	RELEASE ELBOW JOINT	602.28			
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	426.38			
15	24075	REMOVE ARM/ELBOW LESION	426.38			
15	24076	REMOVE ARM/ELBOW LESION	426.38			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	24077	REMOVE TUMOR OF ARM/ELBOW	487.56			
15	24100	BIOPSY ELBOW JOINT LINING	318.35			
15	24101	EXPLORE/TREAT ELBOW JOINT	602.28			
15	24102	REMOVE ELBOW JOINT LINING	602.28			
15	24105	REMOVAL OF ELBOW BURSA	487.56			
15	24110	REMOVE HUMERUS LESION	426.38			
15	24115	REMOVE/GRAFT BONE LESION	487.56			
15	24116	REMOVE/GRAFT BONE LESION	487.56			
15	24120	REMOVE ELBOW LESION	487.56			
15	24125	REMOVE/GRAFT BONE LESION	487.56			
15	24126	REMOVE/GRAFT BONE LESION	487.56			
15	24130	REMOVAL OF HEAD OF RADIUS	487.56			
15	24134	REMOVAL OF ARM BONE LESION	426.38			
15	24136	REMOVE RADIUS BONE LESION	426.38			
15	24138	REMOVE ELBOW BONE LESION	426.38			
15	24140	PARTIAL REMOVAL OF ARM BONE	487.56			
15	24145	PARTIAL REMOVAL OF RADIUS	487.56			
15	24147	PARTIAL REMOVAL OF ELBOW	426.38			
15	24155	REMOVAL OF ELBOW JOINT	487.56			
15	24160	REMOVE ELBOW JOINT IMPLANT	426.38			
15	24164	REMOVE RADIUS HEAD IMPLANT	487.56			
15	24200	REMOVAL OF ARM FOREIGN BODY	318.35			
15	24201	REMOVAL OF ARM FOREIGN BODY	426.38			
15	24301	MUSCLE/TENDON TRANSFER	602.28			
15	24305	ARM TENDON LENGTHENING	602.28			
15	24310	REVISION OF ARM TENDON	487.56			
15	24320	REPAIR OF ARM TENDON	487.56			
15	24330	REVISION OF ARM MUSCLES	487.56			
15	24331	REVISION OF ARM MUSCLES	487.56			
15	24340	REPAIR OF BICEPS TENDON	487.56			
15	24341	REPAIR ARM TENDON/MUSCLE	487.56			
15	24342	REPAIR OF RUPTURED TENDON	487.56			
15	24345	REPR ELBW MED LIGMNT W/TISSU	426.38			
15	24360	RECONSTRUCT ELBOW JOINT	685.45			
15	24361	RECONSTRUCT ELBOW JOINT	685.45			
15	24362	RECONSTRUCT ELBOW JOINT	685.45			
15	24363	REPLACE ELBOW JOINT	951.22			
15	24365	RECONSTRUCT HEAD OF RADIUS	685.45			
15	24366	RECONSTRUCT HEAD OF RADIUS	685.45			
15	24400	REVISION OF HUMERUS	602.28			
15	24410	REVISION OF HUMERUS	602.28			
15	24420	REVISION OF HUMERUS	487.56			
15	24430	REPAIR OF HUMERUS	487.56			
15	24435	REPAIR HUMERUS WITH GRAFT	602.28			
15	24470	REVISION OF ELBOW JOINT	487.56			
15	24495	DECOMPRESSION OF FOREARM	426.38			
15	24498	REINFORCE HUMERUS	487.56			
15	24500	TREAT HUMERUS FRACTURE	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	24505	TREAT HUMERUS FRACTURE	318.35			
15	24515	TREAT HUMERUS FRACTURE	602.28			
15	24516	TREAT HUMERUS FRACTURE	602.28			
15	24530	TREAT HUMERUS FRACTURE	318.35			
15	24535	TREAT HUMERUS FRACTURE	318.35			
15	24538	TREAT HUMERUS FRACTURE	426.38			
15	24545	TREAT HUMERUS FRACTURE	602.28			
15	24546	TREAT HUMERUS FRACTURE	685.45			
15	24560	TREAT HUMERUS FRACTURE	318.35			
15	24565	TREAT HUMERUS FRACTURE	426.38			
15	24566	TREAT HUMERUS FRACTURE	426.38			
15	24575	TREAT HUMERUS FRACTURE	487.56			
15	24576	TREAT HUMERUS FRACTURE	318.35			
15	24577	TREAT HUMERUS FRACTURE	318.35			
15	24579	TREAT HUMERUS FRACTURE	487.56			
15	24582	TREAT HUMERUS FRACTURE	426.38			
15	24586	TREAT ELBOW FRACTURE	602.28			
15	24587	TREAT ELBOW FRACTURE	685.45			
15	24600	TREAT ELBOW DISLOCATION	318.35			
15	24605	TREAT ELBOW DISLOCATION	426.38			
15	24615	TREAT ELBOW DISLOCATION	487.56			
15	24620	TREAT ELBOW FRACTURE	426.38			
15	24635	TREAT ELBOW FRACTURE	487.56			
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	318.35			
15	24655	TREAT RADIUS FRACTURE	318.35			
15	24665	TREAT RADIUS FRACTURE	602.28			
15	24666	TREAT RADIUS FRACTURE	602.28			
15	24670	TREAT ULNAR FRACTURE	318.35			
15	24675	TREAT ULNAR FRACTURE	318.35			
15	24685	TREAT ULNAR FRACTURE	487.56			
15	24800	FUSION OF ELBOW JOINT	602.28			
15	24802	FUSION/GRAFT OF ELBOW JOINT	685.45			
15	24925	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X	
15	25000	INCISION OF TENDON SHEATH	487.56			
15	25020	DECOMPRESS FOREARM 1 SPACE	487.56			
15	25023	DECOMPRESS FOREARM 1 SPACE	487.56			
15	25024	DECOMPRESS FOREARM 2 SPACES	487.56			
15	25025	DECOMPRESS FORARM 2 SPACES	487.56			
15	25028	DRAINAGE OF FOREARM LESION	318.35			
15	25031	DRAINAGE OF FOREARM BURSA	426.38			
15	25035	TREAT FOREARM BONE LESION	426.38			
15	25040	EXPLORE/TREAT WRIST JOINT	685.45			
15	25066	BIOPSY FOREARM SOFT TISSUES	426.38			
15	25075	REMOVE FOREARM LESION SUBCUT	426.38			
15	25076	REMOVE FOREARM LESION DEEP	487.56			
15	25077	REMOVE TUMOR, FOREARM/WRIST	487.56			
15	25085	INCISION OF WRIST CAPSULE	487.56			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	25100	BIOPSY OF WRIST JOINT	426.38			
15	25101	EXPLORE/TREAT WRIST JOINT	487.56			
15	25105	REMOVE WRIST JOINT LINING	602.28			
15	25107	REMOVE WRIST JOINT CARTILAGE	487.56			
15	25110	REMOVE WRIST TENDON LESION	487.56			
15	25111	REMOVE WRIST TENDON LESION	487.56			
15	25112	REREMOVE WRIST TENDON LESION	602.28			
15	25115	REMOVE WRIST/FOREARM LESION	602.28			
15	25116	REMOVE WRIST/FOREARM LESION	602.28			
15	25118	EXCISE WRIST TENDON SHEATH	426.38			
15	25119	PARTIAL REMOVAL OF ULNA	487.56			
15	25120	REMOVAL OF FOREARM LESION	487.56			
15	25125	REMOVE/GRAFT FOREARM LESION	487.56			
15	25126	REMOVE/GRAFT FOREARM LESION	487.56			
15	25130	REMOVAL OF WRIST LESION	487.56			
15	25135	REMOVE & GRAFT WRIST LESION	487.56			
15	25136	REMOVE & GRAFT WRIST LESION	487.56			
15	25145	REMOVE FOREARM BONE LESION	426.38			
15	25150	PARTIAL REMOVAL OF ULNA	426.38			
15	25151	PARTIAL REMOVAL OF RADIUS	426.38			
15	25210	REMOVAL OF WRIST BONE	487.56			
15	25215	REMOVAL OF WRIST BONES	602.28			
15	25230	PARTIAL REMOVAL OF RADIUS	602.28			
15	25240	PARTIAL REMOVAL OF ULNA	602.28			
15	25248	REMOVE FOREARM FOREIGN BODY	426.38			
15	25250	REMOVAL OF WRIST PROSTHESIS	318.35			
15	25251	REMOVAL OF WRIST PROSTHESIS	318.35			
15	25260	REPAIR FOREARM TENDON/MUSCLE	602.28			
15	25263	REPAIR FOREARM TENDON/MUSCLE	426.38			
15	25265	REPAIR FOREARM TENDON/MUSCLE	487.56			
15	25270	REPAIR FOREARM TENDON/MUSCLE	602.28			
15	25272	REPAIR FOREARM TENDON/MUSCLE	487.56			
15	25274	REPAIR FOREARM TENDON/MUSCLE	602.28			
15	25275	REPAIR FOREARM TENDON SHEATH	602.28			
15	25280	REVISE WRIST/FOREARM TENDON	602.28			
15	25290	INCISE WRIST/FOREARM TENDON	487.56			
15	25295	RELEASE WRIST/FOREARM TENDON	487.56			
15	25300	FUSION OF TENDONS AT WRIST	487.56			
15	25301	FUSION OF TENDONS AT WRIST	487.56			
15	25310	TRANSPLANT FOREARM TENDON	487.56			
15	25312	TRANSPLANT FOREARM TENDON	602.28			
15	25315	REVISE PALSY HAND TENDON(S)	487.56			
15	25316	REVISE PALSY HAND TENDON(S)	487.56			
15	25320	REPAIR/REVISE WRIST JOINT	487.56			
15	25332	REVISE WRIST JOINT	685.45			
15	25335	REALIGNMENT OF HAND	487.56			
15	25337	RECONSTRUCT ULNA/RADIOULNAR	685.45			
15	25350	REVISION OF RADIUS	487.56			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	25355	REVISION OF RADIUS	487.56			
15	25360	REVISION OF ULNA	487.56			
15	25365	REVISE RADIUS & ULNA	487.56			
15	25370	REVISE RADIUS OR ULNA	487.56			
15	25375	REVISE RADIUS & ULNA	602.28			
15	25390	SHORTEN RADIUS OR ULNA	487.56			
15	25391	LENGTHEN RADIUS OR ULNA	602.28			
15	25392	SHORTEN RADIUS & ULNA	487.56			
15	25393	LENGTHEN RADIUS & ULNA	602.28			
15	25400	REPAIR RADIUS OR ULNA	487.56			
15	25405	REPAIR/GRAFT RADIUS OR ULNA	602.28			
15	25415	REPAIR RADIUS & ULNA	487.56			
15	25420	REPAIR/GRAFT RADIUS & ULNA	602.28			
15	25425	REPAIR/GRAFT RADIUS OR ULNA	487.56			
15	25426	REPAIR/GRAFT RADIUS & ULNA	602.28			
15	25431	REPAIR NONUNION CARPAL BONE	487.56			
15	25440	REPAIR/GRAFT WRIST BONE	602.28			
15	25441	RECONSTRUCT WRIST JOINT	685.45			
15	25442	RECONSTRUCT WRIST JOINT	685.45			
15	25443	RECONSTRUCT WRIST JOINT	685.45			
15	25444	RECONSTRUCT WRIST JOINT	685.45			
15	25445	RECONSTRUCT WRIST JOINT	685.45			
15	25446	WRIST REPLACEMENT	951.22			
15	25447	REPAIR WRIST JOINT(S)	685.45			
15	25449	REMOVE WRIST JOINT IMPLANT	685.45			
15	25450	REVISION OF WRIST JOINT	487.56			
15	25455	REVISION OF WRIST JOINT	487.56			
15	25490	REINFORCE RADIUS	487.56			
15	25491	REINFORCE ULNA	487.56			
15	25492	REINFORCE RADIUS AND ULNA	487.56			
15	25505	TREAT FRACTURE OF RADIUS	318.35			
15	25515	TREAT FRACTURE OF RADIUS	487.56			
15	25520	TREAT FRACTURE OF RADIUS	318.35			
15	25525	TREAT FRACTURE OF RADIUS	602.28			
15	25526	TREAT FRACTURE OF RADIUS	685.45			
15	25535	TREAT FRACTURE OF ULNA	318.35			
15	25545	TREAT FRACTURE OF ULNA	487.56			
15	25565	TREAT FRACTURE RADIUS & ULNA	426.38			
15	25574	TREAT FRACTURE RADIUS & ULNA	487.56			
15	25575	TREAT FRACTURE RADIUS/ULNA	487.56			
15	25599	UNLISTED PROCEDURE, FOREMAN OR WRIST	MP		X	
15	25605	TREAT FRACTURE RADIUS/ULNA	487.56			
15	25624	TREAT WRIST BONE FRACTURE	426.38			
15	25628	TREAT WRIST BONE FRACTURE	487.56			
15	25635	TREAT WRIST BONE FRACTURE	318.35			
15	25645	TREAT WRIST BONE FRACTURE	487.56			
15	25660	TREAT WRIST DISLOCATION	318.35			
15	25670	TREAT WRIST DISLOCATION	487.56			

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	25671	PIN RADIOULNAR DISLOCATION	318.35			
15	25675	TREAT WRIST DISLOCATION	318.35			
15	25676	TREAT WRIST DISLOCATION	426.38			
15	25680	TREAT WRIST FRACTURE	426.38			
15	25685	TREAT WRIST FRACTURE	487.56			
15	25690	TREAT WRIST DISLOCATION	318.35			
15	25695	TREAT WRIST DISLOCATION	426.38			
15	25800	FUSION OF WRIST JOINT	602.28			
15	25805	FUSION/GRAFT OF WRIST JOINT	685.45			
15	25810	FUSION/GRAFT OF WRIST JOINT	685.45			
15	25820	FUSION OF HAND BONES	602.28			
15	25825	FUSE HAND BONES WITH GRAFT	685.45			
15	25830	FUSION, RADIOULNAR JNT/ULNA	685.45			
15	25907	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	25922	AMPUTATE HAND AT WRIST	487.56			
15	25929	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP			X
15	26011	DRAINAGE OF FINGER ABSCESS	318.35			
15	26020	DRAIN HAND TENDON SHEATH	426.38			
15	26025	DRAINAGE OF PALM BURSA	318.35			
15	26030	DRAINAGE OF PALM BURSA(S)	426.38			
15	26034	TREAT HAND BONE LESION	426.38			
15	26040	RELEASE PALM CONTRACTURE	602.28			
15	26045	RELEASE PALM CONTRACTURE	487.56			
15	26055	INCISE FINGER TENDON SHEATH	426.38			
15	26060	INCISION OF FINGER TENDON	426.38			
15	26070	EXPLORE/TREAT HAND JOINT	426.38			
15	26075	EXPLORE/TREAT FINGER JOINT	602.28			
15	26080	EXPLORE/TREAT FINGER JOINT	602.28			
15	26100	BIOPSY HAND JOINT LINING	426.38			
15	26105	BIOPSY FINGER JOINT LINING	318.35			
15	26110	BIOPSY FINGER JOINT LINING	318.35			
15	26115	REMOVE HAND LESION SUBCUT	426.38			
15	26116	REMOVE HAND LESION, DEEP	426.38			
15	26117	REMOVE TUMOR, HAND/FINGER	487.56			
15	26121	RELEASE PALM CONTRACTURE	602.28			
15	26123	RELEASE PALM CONTRACTURE	602.28			
15	26125	RELEASE PALM CONTRACTURE	602.28			
15	26130	REMOVE WRIST JOINT LINING	487.56			
15	26135	REVISE FINGER JOINT, EACH	602.28			
15	26140	REVISE FINGER JOINT, EACH	426.38			
15	26145	TENDON EXCISION, PALM/FINGER	487.56			
15	26160	REMOVE TENDON SHEATH LESION	487.56			
15	26170	REMOVAL OF PALM TENDON, EACH	487.56			
15	26180	REMOVAL OF FINGER TENDON	487.56			
15	26185	REMOVE FINGER BONE	602.28			
15	26200	REMOVE HAND BONE LESION	426.38			
15	26205	REMOVE/GRAFT BONE LESION	487.56			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	26210	REMOVAL OF FINGER LESION	426.38			
15	26215	REMOVE/GRAFT FINGER LESION	487.56			
15	26230	PARTIAL REMOVAL OF HAND BONE	951.22			
15	26235	PARTIAL REMOVAL, FINGER BONE	487.56			
15	26236	PARTIAL REMOVAL, FINGER BONE	487.56			
15	26250	EXTENSIVE HAND SURGERY	487.56			
15	26255	EXTENSIVE HAND SURGERY	487.56			
15	26260	EXTENSIVE FINGER SURGERY	487.56			
15	26261	EXTENSIVE FINGER SURGERY	487.56			
15	26262	PARTIAL REMOVAL OF FINGER	426.38			
15	26320	REMOVAL OF IMPLANT FROM HAND	426.38			
15	26350	REPAIR FINGER/HAND TENDON	318.35			
15	26352	REPAIR/GRAFT HAND TENDON	602.28			
15	26356	REPAIR FINGER/HAND TENDON	602.28			
15	26357	REPAIR FINGER/HAND TENDON	602.28			
15	26358	REPAIR/GRAFT HAND TENDON	602.28			
15	26370	REPAIR FINGER/HAND TENDON	602.28			
15	26372	REPAIR/GRAFT HAND TENDON	602.28			
15	26373	REPAIR FINGER/HAND TENDON	487.56			
15	26390	REVISE HAND/FINGER TENDON	602.28			
15	26392	REPAIR/GRAFT HAND TENDON	487.56			
15	26410	REPAIR HAND TENDON	487.56			
15	26412	REPAIR/GRAFT HAND TENDON	487.56			
15	26415	EXCISION, HAND/FINGER TENDON	602.28			
15	26416	GRAFT HAND OR FINGER TENDON	487.56			
15	26418	REPAIR FINGER TENDON	602.28			
15	26420	REPAIR/GRAFT FINGER TENDON	602.28			
15	26426	REPAIR FINGER/HAND TENDON	487.56			
15	26428	REPAIR/GRAFT FINGER TENDON	487.56			
15	26432	REPAIR FINGER TENDON	487.56			
15	26433	REPAIR FINGER TENDON	487.56			
15	26434	REPAIR/GRAFT FINGER TENDON	487.56			
15	26437	REALIGNMENT OF TENDONS	487.56			
15	26440	RELEASE PALM/FINGER TENDON	487.56			
15	26442	RELEASE PALM & FINGER TENDON	487.56			
15	26445	RELEASE HAND/FINGER TENDON	487.56			
15	26449	RELEASE FOREARM/HAND TENDON	487.56			
15	26450	INCISION OF PALM TENDON	487.56			
15	26455	INCISION OF FINGER TENDON	487.56			
15	26460	INCISE HAND/FINGER TENDON	487.56			
15	26471	FUSION OF FINGER TENDONS	426.38			
15	26474	FUSION OF FINGER TENDONS	426.38			
15	26476	TENDON LENGTHENING	318.35			
15	26477	TENDON SHORTENING	318.35			
15	26478	LENGTHENING OF HAND TENDON	318.35			
15	26479	SHORTENING OF HAND TENDON	318.35			
15	26480	TRANSPLANT HAND TENDON	487.56			
15	26483	TRANSPLANT/GRAFT HAND TENDON	487.56			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	26485	TRANSPLANT PALM TENDON	426.38			
15	26489	TRANSPLANT/GRAFT PALM TENDON	487.56			
15	26490	REVISE THUMB TENDON	487.56			
15	26492	TENDON TRANSFER WITH GRAFT	487.56			
15	26494	HAND TENDON/MUSCLE TRANSFER	487.56			
15	26496	REVISE THUMB TENDON	487.56			
15	26497	FINGER TENDON TRANSFER	487.56			
15	26498	FINGER TENDON TRANSFER	602.28			
15	26499	REVISION OF FINGER	487.56			
15	26500	HAND TENDON RECONSTRUCTION	602.28			
15	26502	HAND TENDON RECONSTRUCTION	602.28			
15	26508	RELEASE THUMB CONTRACTURE	487.56			
15	26510	THUMB TENDON TRANSFER	487.56			
15	26516	FUSION OF KNUCKLE JOINT	318.35			
15	26517	FUSION OF KNUCKLE JOINTS	487.56			
15	26518	FUSION OF KNUCKLE JOINTS	487.56			
15	26520	RELEASE KNUCKLE CONTRACTURE	487.56			
15	26525	RELEASE FINGER CONTRACTURE	487.56			
15	26530	REVISE KNUCKLE JOINT	487.56			
15	26531	REVISE KNUCKLE WITH IMPLANT	951.22			
15	26535	REVISE FINGER JOINT	685.45			
15	26536	REVISE/IMPLANT FINGER JOINT	685.45			
15	26540	REPAIR HAND JOINT	602.28			
15	26541	REPAIR HAND JOINT WITH GRAFT	951.22			
15	26542	REPAIR HAND JOINT WITH GRAFT	602.28			
15	26545	RECONSTRUCT FINGER JOINT	602.28			
15	26546	REPAIR NONUNION HAND	602.28			
15	26548	RECONSTRUCT FINGER JOINT	602.28			
15	26550	CONSTRUCT THUMB REPLACEMENT	426.38			
15	26555	POSITIONAL CHANGE OF FINGER	487.56			
15	26560	REPAIR OF WEB FINGER	426.38			
15	26561	REPAIR OF WEB FINGER	487.56			
15	26562	REPAIR OF WEB FINGER	602.28			
15	26565	CORRECT METACARPAL FLAW	685.45			
15	26567	CORRECT FINGER DEFORMITY	685.45			
15	26568	LENGTHEN METACARPAL/FINGER	487.56			
15	26580	REPAIR HAND DEFORMITY	685.45			
15	26587	RECONSTRUCT EXTRA FINGER	685.45			
15	26590	REPAIR FINGER DEFORMITY	685.45			
15	26591	REPAIR MUSCLES OF HAND	487.56			
15	26593	RELEASE MUSCLES OF HAND	487.56			
15	26596	EXCISION CONSTRICTING TISSUE	426.38			
15	26605	TREAT METACARPAL FRACTURE	426.38			
15	26607	TREAT METACARPAL FRACTURE	426.38			
15	26608	TREAT METACARPAL FRACTURE	602.28			
15	26615	TREAT METACARPAL FRACTURE	602.28			
15	26641	TREAT THUMB DISLOCATION W/MANIPU	318.35			
15	26645	TREAT THUMB FRACTURE	318.35			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	26650	TREAT THUMB FRACTURE	426.38			
15	26665	TREAT THUMB FRACTURE	602.28			
15	26675	TREAT HAND DISLOCATION	426.38			
15	26676	PIN HAND DISLOCATION	426.38			
15	26685	TREAT HAND DISLOCATION	487.56			
15	26686	TREAT HAND DISLOCATION	487.56			
15	26705	TREAT KNUCKLE DISLOCATION	426.38			
15	26706	PIN KNUCKLE DISLOCATION	426.38			
15	26715	TREAT KNUCKLE DISLOCATION	602.28			
15	26727	TREAT FINGER FRACTURE, EACH	951.22			
15	26735	TREAT FINGER FRACTURE, EACH	602.28			
15	26742	TREAT FINGER FRACTURE, EACH	426.38			
15	26746	TREAT FINGER FRACTURE, EACH	685.45			
15	26756	PIN FINGER FRACTURE, EACH	426.38			
15	26765	TREAT FINGER FRACTURE, EACH	602.28			
15	26776	PIN FINGER DISLOCATION	426.38			
15	26785	TREAT FINGER DISLOCATION	426.38			
15	26820	THUMB FUSION WITH GRAFT	685.45			
15	26841	FUSION OF THUMB	602.28			
15	26842	THUMB FUSION WITH GRAFT	602.28			
15	26843	FUSION OF HAND JOINT	487.56			
15	26844	FUSION/GRAFT OF HAND JOINT	487.56			
15	26850	FUSION OF KNUCKLE	602.28			
15	26852	FUSION OF KNUCKLE WITH GRAFT	602.28			
15	26860	FUSION OF FINGER JOINT	487.56			
15	26861	FUSION OF FINGER JNT, ADD-ON	426.38			
15	26862	FUSION/GRAFT OF FINGER JOINT	602.28			
15	26863	FUSE/GRAFT ADDED JOINT	487.56			
15	26910	AMPUTATE METACARPAL BONE	487.56			
15	26951	AMPUTATION OF FINGER/THUMB	426.38			
15	26952	AMPUTATION OF FINGER/THUMB	602.28			
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP		X	
15	26990	DRAINAGE OF PELVIS LESION	318.35			
15	26991	DRAINAGE OF PELVIS BURSA	318.35			
15	27000	INCISION OF HIP TENDON	426.38			
15	27001	INCISION OF HIP TENDON	487.56			
15	27003	INCISION OF HIP TENDON	487.56			
15	27033	EXPLORATION OF HIP JOINT	487.56			
15	27035	DENERVATION OF HIP JOINT	602.28			
15	27040	BIOPSY OF SOFT TISSUES	318.35			
15	27041	BIOPSY OF SOFT TISSUES	426.38			
15	27047	REMOVE HIP/PELVIS LESION	426.38			
15	27048	REMOVE HIP/PELVIS LESION	487.56			
15	27049	REMOVE TUMOR, HIP/PELVIS	487.56			
15	27050	BIOPSY OF SACROILLIAC JOINT	487.56			
15	27052	BIOPSY OF HIP JOINT	487.56			
15	27060	REMOVAL OF ISCHIAL BURSA	685.45			
15	27062	REMOVE FEMUR LESION/BURSA	685.45			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	27065	REMOVAL OF HIP BONE LESION	685.45			
15	27066	REMOVAL OF HIP BONE LESION	685.45			
15	27067	REMOVE/GRAFT HIP BONE LESION	685.45			
15	27080	REMOVAL OF TAIL BONE	426.38			
15	27086	REMOVE HIP FOREIGN BODY	318.35			
15	27087	REMOVE HIP FOREIGN BODY	487.56			
15	27095	WITH ANES	318.35			
15	27097	REVISION OF HIP TENDON	487.56			
15	27098	TRANSFER TENDON TO PELVIS	487.56			
15	27100	TRANSFER OF ABDOMINAL MUSCLE	602.28			
15	27105	TRANSFER OF SPINAL MUSCLE	602.28			
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	602.28			
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	602.28			
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	487.56			
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	426.38			
15	27193	TREAT PELVIC RING FRACTURE	318.35			
15	27194	TREAT PELVIC RING FRACTURE	426.38			
15	27202	TREAT TAIL BONE FRACTURE	426.38			
15	27230	TREAT THIGH FRACTURE	318.35			
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	318.35			
15	27238	TREAT THIGH FRACTURE	318.35			
15	27246	TREAT THIGH FRACTURE	318.35			
15	27250	TREAT HIP DISLOCATION	318.35			
15	27252	TREAT HIP DISLOCATION	426.38			
15	27257	TREAT HIP DISLOCATION	487.56			
15	27265	TREAT HIP DISLOCATION	318.35			
15	27266	TREAT HIP DISLOCATION	426.38			
15	27275	MANIPULATION OF HIP JOINT	426.38			
15	27299	PELVIS/HIP JOINT SURGERY	MP		X	
15	27301	DRAIN THIGH/KNEE LESION	487.56			
15	27305	INCISE THIGH TENDON & FASCIA	426.38			
15	27306	INCISION OF THIGH TENDON	487.56			
15	27307	INCISION OF THIGH TENDONS	487.56			
15	27310	EXPLORATION OF KNEE JOINT	602.28			
15	27323	BIOPSY, THIGH SOFT TISSUES	318.35			
15	27324	BIOPSY, THIGH SOFT TISSUES	318.35			
15	27327	REMOVAL OF THIGH LESION	426.38			
15	27328	REMOVAL OF THIGH LESION	487.56			
15	27329	REMOVE TUMOR, THIGH/KNEE	602.28			
15	27330	BIOPSY, KNEE JOINT LINING	602.28			
15	27331	EXPLORE/TREAT KNEE JOINT	602.28			
15	27332	REMOVAL OF KNEE CARTILAGE	602.28			
15	27333	REMOVAL OF KNEE CARTILAGE	602.28			
15	27334	REMOVE KNEE JOINT LINING	602.28			
15	27335	REMOVE KNEE JOINT LINING	602.28			
15	27340	REMOVAL OF KNEECAP BURSA	487.56			
15	27345	REMOVAL OF KNEE CYST	602.28			
15	27347	REMOVE KNEE CYST	602.28			

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	SEX
	CODE	DESCRIPTION		MIN-MAX	REV	
15	27350	REMOVAL OF KNEECAP	602.28			
15	27355	REMOVE FEMUR LESION	487.56			
15	27356	REMOVE FEMUR LESION/GRAFT	602.28			
15	27357	REMOVE FEMUR LESION/GRAFT	685.45			
15	27358	REMOVE FEMUR LESION/FIXATION	685.45			
15	27360	PARTIAL REMOVAL, LEG BONE(S)	685.45			
15	27372	REMOVAL OF FOREIGN BODY	951.22			
15	27380	REPAIR OF KNEECAP TENDON	318.35			
15	27381	REPAIR/GRAFT KNEECAP TENDON	487.56			
15	27385	REPAIR OF THIGH MUSCLE	487.56			
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	487.56			
15	27390	INCISION OF THIGH TENDON	318.35			
15	27391	INCISION OF THIGH TENDONS	426.38			
15	27392	INCISION OF THIGH TENDONS	487.56			
15	27393	LENGTHENING OF THIGH TENDON	426.38			
15	27394	LENGTHENING OF THIGH TENDONS	487.56			
15	27395	LENGTHENING OF THIGH TENDONS	487.56			
15	27396	TRANSPLANT OF THIGH TENDON	487.56			
15	27397	TRANSPLANTS OF THIGH TENDONS	487.56			
15	27400	REVISE THIGH MUSCLES/TENDONS	487.56			
15	27403	REPAIR OF KNEE CARTILAGE	602.28			
15	27405	REPAIR OF KNEE LIGAMENT	602.28			
15	27407	REPAIR OF KNEE LIGAMENT	602.28			
15	27409	REPAIR OF KNEE LIGAMENTS	602.28			
15	27418	REPAIR DEGENERATED KNEECAP	487.56			
15	27420	REVISION OF UNSTABLE KNEECAP	487.56			
15	27422	REVISION OF UNSTABLE KNEECAP	951.22			
15	27424	REVISION/REMOVAL OF KNEECAP	487.56			
15	27425	LATERAL RETINACULAR RELEASE	951.22			
15	27427	RECONSTRUCTION, KNEE	487.56			
15	27428	RECONSTRUCTION, KNEE	602.28			
15	27429	RECONSTRUCTION, KNEE	602.28			
15	27430	REVISION OF THIGH MUSCLES	602.28			
15	27435	INCISION OF KNEE JOINT	602.28			
15	27437	REVISE KNEECAP	602.28			
15	27438	REVISE KNEECAP WITH IMPLANT	685.45			
15	27441	REVISION OF KNEE JOINT	685.45			
15	27442	REVISION OF KNEE JOINT	685.45			
15	27443	REVISION OF KNEE JOINT	685.45			
15	27455	REALIGNMENT OF KNEE	602.28			
15	27465	SHORTENING OF FEMUR	685.45			
15	27477	REPAIR LOWER LEG EPIPHYSES	426.38			
15	27496	DECOMPRESSION OF THIGH/KNEE	685.45			
15	27497	DECOMPRESSION OF THIGH/KNEE	487.56			
15	27498	DECOMPRESSION OF THIGH/KNEE	487.56			
15	27499	DECOMPRESSION OF THIGH/KNEE	487.56			
15	27500	TREATMENT OF THIGH FRACTURE	318.35			
15	27501	TREATMENT OF THIGH FRACTURE	426.38			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	27502	TREATMENT OF THIGH FRACTURE	426.38			
15	27503	TREATMENT OF THIGH FRACTURE	487.56			
15	27508	TREATMENT OF THIGH FRACTURE	318.35			
15	27509	TREATMENT OF THIGH FRACTURE	487.56			
15	27510	TREATMENT OF THIGH FRACTURE	318.35			
15	27514	REPAIR OF FEMUR FRACTURE	318.35			
15	27516	TREAT THIGH FX GROWTH PLATE	318.35			
15	27517	TREAT THIGH FX GROWTH PLATE	318.35			
15	27520	TREAT KNEECAP FRACTURE	318.35			
15	27530	TREAT KNEE FRACTURE	318.35			
15	27532	TREAT KNEE FRACTURE	318.35			
15	27538	TREAT KNEE FRACTURE(S)	318.35			
15	27540	REPAIR OF KNEE FRACTURE	318.35			
15	27550	TREAT KNEE DISLOCATION	318.35			
15	27552	TREAT KNEE DISLOCATION	318.35			
15	27560	TREAT KNEECAP DISLOCATION	318.35			
15	27562	TREAT KNEECAP DISLOCATION	318.35			
15	27566	TREAT KNEECAP DISLOCATION	426.38			
15	27570	FIXATION OF KNEE JOINT	318.35			
15	27594	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	27599	LEG SURGERY PROCEDURE	MP		X	
15	27600	DECOMPRESSION OF LOWER LEG	487.56			
15	27601	DECOMPRESSION OF LOWER LEG	487.56			
15	27602	DECOMPRESSION OF LOWER LEG	487.56			
15	27603	DRAIN LOWER LEG LESION	426.38			
15	27604	DRAIN LOWER LEG BURSA	426.38			
15	27605	INCISION OF ACHILLES TENDON	318.35			
15	27606	INCISION OF ACHILLES TENDON	318.35			
15	27607	TREAT LOWER LEG BONE LESION	426.38			
15	27610	EXPLORE/TREAT ANKLE JOINT	426.38			
15	27612	EXPLORATION OF ANKLE JOINT	487.56			
15	27614	BIOPSY LOWER LEG SOFT TISSUE	426.38			
15	27615	REMOVE TUMOR, LOWER LEG	487.56			
15	27618	REMOVE LOWER LEG LESION	426.38			
15	27619	REMOVE LOWER LEG LESION	487.56			
15	27620	EXPLORE/TREAT ANKLE JOINT	602.28			
15	27625	REMOVE ANKLE JOINT LINING	602.28			
15	27626	REMOVE ANKLE JOINT LINING	602.28			
15	27630	REMOVAL OF TENDON LESION	487.56			
15	27635	REMOVE LOWER LEG BONE LESION	487.56			
15	27637	REMOVE/GRAFT LEG BONE LESION	487.56			
15	27638	REMOVE/GRAFT LEG BONE LESION	487.56			
15	27640	PARTIAL REMOVAL OF TIBIA	426.38			
15	27641	PARTIAL REMOVAL OF FIBULA	426.38			
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	487.56			
15	27650	REPAIR ACHILLES TENDON	487.56			
15	27652	REPAIR/GRAFT ACHILLES TENDON	487.56			
15	27654	REPAIR OF ACHILLES TENDON	487.56			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	27656	REPAIR LEG FASCIA DEFECT	426.38			
15	27658	REPAIR OF LEG TENDON, EACH	318.35			
15	27659	REPAIR OF LEG TENDON, EACH	426.38			
15	27664	REPAIR OF LEG TENDON, EACH	426.38			
15	27665	REPAIR OF LEG TENDON, EACH	426.38			
15	27675	REPAIR LOWER LEG TENDONS	426.38			
15	27676	REPAIR LOWER LEG TENDONS	487.56			
15	27680	RELEASE OF LOWER LEG TENDON	487.56			
15	27681	RELEASE OF LOWER LEG TENDONS	426.38			
15	27685	REVISION OF LOWER LEG TENDON	487.56			
15	27686	REVISE LOWER LEG TENDONS	487.56			
15	27687	REVISION OF CALF TENDON	487.56			
15	27690	REVISE LOWER LEG TENDON	602.28			
15	27691	REVISE LOWER LEG TENDON	602.28			
15	27692	REVISE ADDITIONAL LEG TENDON	487.56			
15	27695	REPAIR OF ANKLE LIGAMENT	426.38			
15	27696	REPAIR OF ANKLE LIGAMENTS	426.38			
15	27698	REPAIR OF ANKLE LIGAMENT	426.38			
15	27700	REVISION OF ANKLE JOINT	685.45			
15	27704	REMOVAL OF ANKLE IMPLANT	426.38			
15	27705	INCISION OF TIBIA	426.38			
15	27707	INCISION OF FIBULA	426.38			
15	27709	INCISION OF TIBIA & FIBULA	426.38			
15	27715	REVISION OF LOWER LEG	685.45			
15	27720	REPAIR OF TIBIA	318.35			
15	27730	REPAIR OF TIBIA EPIPHYSIS	426.38			
15	27732	REPAIR OF FIBULA EPIPHYSIS	426.38			
15	27734	REPAIR LOWER LEG EPIPHYSES	426.38			
15	27740	REPAIR OF LEG EPIPHYSES	426.38			
15	27742	REPAIR OF LEG EPIPHYSES	426.38			
15	27745	REINFORCE TIBIA	487.56			
15	27750	TREATMENT OF TIBIA FRACTURE	318.35			
15	27752	TREATMENT OF TIBIA FRACTURE	318.35			
15	27756	TREATMENT OF TIBIA FRACTURE	487.56			
15	27758	TREATMENT OF TIBIA FRACTURE	602.28			
15	27759	TREATMENT OF TIBIA FRACTURE	602.28			
15	27760	CLTX MEDIAL ANKLE FX	318.35			
15	27762	CLTX MED ANKLE FX W/MNPJ	318.35			
15	27766	TREATMENT OF ANKLE FRACTURE	487.56			
15	27780	TREATMENT OF FIBULA FRACTURE	318.35			
15	27781	TREATMENT OF FIBULA FRACTURE	318.35			
15	27784	TREATMENT OF FIBULA FRACTURE	487.56			
15	27786	TREATMENT OF ANKLE FRACTURE	318.35			
15	27788	TREATMENT OF ANKLE FRACTURE	318.35			
15	27792	TREATMENT OF ANKLE FRACTURE	487.56			
15	27808	TREATMENT OF ANKLE FRACTURE	318.35			
15	27810	TREATMENT OF ANKLE FRACTURE	318.35			
15	27814	TREATMENT OF ANKLE FRACTURE	487.56			

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION	FEE			
15	27816	TREATMENT OF ANKLE FRACTURE	318.35			
15	27818	TREATMENT OF ANKLE FRACTURE	318.35			
15	27822	TREATMENT OF ANKLE FRACTURE	487.56			
15	27823	TREATMENT OF ANKLE FRACTURE	487.56			
15	27824	TREAT LOWER LEG FRACTURE	318.35			
15	27825	TREAT LOWER LEG FRACTURE	426.38			
15	27826	TREAT LOWER LEG FRACTURE	487.56			
15	27827	TREAT LOWER LEG FRACTURE	487.56			
15	27828	TREAT LOWER LEG FRACTURE	602.28			
15	27829	TREAT LOWER LEG JOINT	426.38			
15	27830	TREAT LOWER LEG DISLOCATION	318.35			
15	27831	TREAT LOWER LEG DISLOCATION	318.35			
15	27832	TREAT LOWER LEG DISLOCATION	426.38			
15	27840	TREAT ANKLE DISLOCATION	318.35			
15	27842	TREAT ANKLE DISLOCATION	318.35			
15	27846	TREAT ANKLE DISLOCATION	487.56			
15	27848	TREAT ANKLE DISLOCATION	487.56			
15	27860	FIXATION OF ANKLE JOINT	318.35			
15	27870	FUSION OF ANKLE JOINT	602.28			
15	27871	FUSION OF TIBIOFIBULAR JOINT	602.28			
15	27884	AMPUTATION FOLLOW-UP SURGERY	487.56			
15	27888	AMPUTATION OF FOOT AT ANKLE	487.56			
15	27889	AMPUTATION OF FOOT AT ANKLE	487.56			
15	27892	DECOMPRESSION OF LEG	487.56			
15	27893	DECOMPRESSION OF LEG	487.56			
15	27894	DECOMPRESSION OF LEG	487.56			
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X
15	28002	TREATMENT OF FOOT INFECTION	487.56			
15	28003	TREATMENT OF FOOT INFECTION	487.56			
15	28005	TREAT FOOT BONE LESION	487.56			
15	28008	INCISION OF FOOT FASCIA	487.56			
15	28011	INCISION OF TOE TENDONS	487.56			
15	28020	EXPLORATION OF FOOT JOINT	426.38			
15	28022	EXPLORATION OF FOOT JOINT	426.38			
15	28024	EXPLORATION OF TOE JOINT	426.38			
15	28035	DECOMPRESSION OF TIBIA NERVE	602.28			
15	28043	EXCISION OF FOOT LESION	426.38			
15	28045	EXCISION OF FOOT LESION	487.56			
15	28046	RESECTION OF TUMOR, FOOT	487.56			
15	28050	BIOPSY OF FOOT JOINT LINING	426.38			
15	28052	BIOPSY OF FOOT JOINT LINING	426.38			
15	28054	BIOPSY OF TOE JOINT LINING	426.38			
15	28060	PARTIAL REMOVAL, FOOT FASCIA	426.38			
15	28062	REMOVAL OF FOOT FASCIA	487.56			
15	28070	REMOVAL OF FOOT JOINT LINING	487.56			
15	28072	REMOVAL OF FOOT JOINT LINING	487.56			
15	28080	REMOVAL OF FOOT LESION	487.56			
15	28086	EXCISE FOOT TENDON SHEATH	426.38			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	28088	EXCISE FOOT TENDON SHEATH	426.38			
15	28090	REMOVAL OF FOOT LESION	487.56			
15	28092	REMOVAL OF TOE LESIONS	487.56			
15	28100	REMOVAL OF ANKLE/HEEL LESION	426.38			
15	28102	REMOVE/GRAFT FOOT LESION	487.56			
15	28103	REMOVE/GRAFT FOOT LESION	487.56			
15	28104	REMOVAL OF FOOT LESION	426.38			
15	28106	REMOVE/GRAFT FOOT LESION	487.56			
15	28107	REMOVE/GRAFT FOOT LESION	487.56			
15	28108	REMOVAL OF TOE LESIONS	487.56			
15	28110	PART REMOVAL OF METATARSAL	487.56			
15	28111	PART REMOVAL OF METATARSAL	487.56			
15	28112	PART REMOVAL OF METATARSAL	487.56			
15	28113	PART REMOVAL OF METATARSAL	487.56			
15	28114	REMOVAL OF METATARSAL HEADS	487.56			
15	28116	REVISION OF FOOT	487.56			
15	28118	REMOVAL OF HEEL BONE	602.28			
15	28119	REMOVAL OF HEEL SPUR	602.28			
15	28120	PART REMOVAL OF ANKLE/HEEL	951.22			
15	28122	PARTIAL REMOVAL OF FOOT BONE	487.56			
15	28124	PARTIAL REMOVAL OF TOE	487.56			
15	28126	PARTIAL REMOVAL OF TOE	487.56			
15	28130	REMOVAL OF ANKLE BONE	487.56			
15	28140	REMOVAL OF METATARSAL	487.56			
15	28150	REMOVAL OF TOE	487.56			
15	28153	PARTIAL REMOVAL OF TOE	487.56			
15	28160	PARTIAL REMOVAL OF TOE	487.56			
15	28171	EXTENSIVE FOOT SURGERY	487.56			
15	28173	EXTENSIVE FOOT SURGERY	487.56			
15	28175	EXTENSIVE FOOT SURGERY	487.56			
15	28190	REMOVAL OF FOOT FOREIGN BODY	318.35			
15	28192	REMOVAL OF FOOT FOREIGN BODY	426.38			
15	28193	REMOVAL OF FOOT FOREIGN BODY	602.28			
15	28200	REPAIR OF FOOT TENDON	487.56			
15	28202	REPAIR/GRAFT OF FOOT TENDON	487.56			
15	28208	REPAIR OF FOOT TENDON	487.56			
15	28210	REPAIR/GRAFT OF FOOT TENDON	487.56			
15	28222	RELEASE OF FOOT TENDONS	318.35			
15	28225	RELEASE OF FOOT TENDON	318.35			
15	28226	RELEASE OF FOOT TENDONS	318.35			
15	28230	INCISION OF FOOT TENDON (S)	318.35			
15	28232	INCISION OF TOE TENDON	426.38			
15	28234	INCISION OF FOOT TENDON	426.38			
15	28238	REVISION OF FOOT TENDON	487.56			
15	28240	RELEASE OF BIG TOE	426.38			
15	28250	REVISION OF FOOT FASCIA	487.56			
15	28260	RELEASE OF MIDFOOT JOINT	487.56			
15	28261	REVISION OF FOOT TENDON	487.56			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	28262	REVISION OF FOOT AND ANKLE	602.28			
15	28264	RELEASE OF MIDFOOT JOINT	318.35			
15	28270	RELEASE OF FOOT CONTRACTURE	487.56			
15	28280	FUSION OF TOES	426.38			
15	28285	REPAIR OF HAMMERTOE	487.56			
15	28286	REPAIR OF HAMMERTOE	602.28			
15	28288	PARTIAL REMOVAL OF FOOT BONE	487.56			
15	28289	REPAIR HALLUX RIGIDUS	487.56			
15	28290	CORRECTION OF BUNION	426.38			
15	28292	CORRECTION OF BUNION	426.38			
15	28293	CORRECTION OF BUNION	487.56			
15	28294	CORRECTION OF BUNION	487.56			
15	28296	CORRECTION OF BUNION	487.56			
15	28297	CORRECTION OF BUNION	487.56			
15	28298	CORRECTION OF BUNION	487.56			
15	28299	CORRECTION OF BUNION	685.45			
15	28300	INCISION OF HEEL BONE	426.38			
15	28302	INCISION OF ANKLE BONE	426.38			
15	28304	INCISION OF MIDFOOT BONES	426.38			
15	28305	INCISE/GRAFT MIDFOOT BONES	487.56			
15	28306	INCISION OF METATARSAL	602.28			
15	28307	INCISION OF METATARSAL	602.28			
15	28308	INCISION OF METATARSAL	426.38			
15	28309	INCISION OF METATARSALS	602.28			
15	28310	REVISION OF BIG TOE	487.56			
15	28312	REVISION OF TOE	487.56			
15	28313	REPAIR DEFORMITY OF TOE	426.38			
15	28315	REMOVAL OF SESAMOID BONE	602.28			
15	28320	REPAIR OF FOOT BONES	602.28			
15	28322	REPAIR OF METATARSALS	602.28			
15	28340	RESECT ENLARGED TOE TISSUE	602.28			
15	28341	RESECT ENLARGED TOE	602.28			
15	28344	REPAIR EXTRA TOE(S)	602.28			
15	28345	REPAIR WEBBED TOE(S)	602.28			
15	28400	TREATMENT OF HEEL FRACTURE	318.35			
15	28405	TREATMENT OF HEEL FRACTURE	426.38			
15	28406	TREATMENT OF HEEL FRACTURE	426.38			
15	28415	TREAT HEEL FRACTURE	487.56			
15	28420	TREAT/GRAFT HEEL FRACTURE	602.28			
15	28435	TREATMENT OF ANKLE FRACTURE	426.38			
15	28436	TREATMENT OF ANKLE FRACTURE	426.38			
15	28445	TREAT ANKLE FRACTURE	487.56			
15	28456	TREAT MIDFOOT FRACTURE	426.38			
15	28465	TREAT MIDFOOT FRACTURE, EACH	487.56			
15	28476	TREAT METATARSAL FRACTURE	426.38			
15	28485	TREAT METATARSAL FRACTURE	602.28			
15	28496	TREAT BIG TOE FRACTURE	426.38			
15	28505	TREAT BIG TOE FRACTURE	487.56			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	28525	TREAT TOE FRACTURE	487.56			
15	28531	TREAT SESAMOID BONE FRACTURE	487.56			
15	28545	TREAT FOOT DISLOCATION	318.35			
15	28546	TREAT FOOT DISLOCATION	426.38			
15	28555	REPAIR FOOT DISLOCATION	426.38			
15	28575	TREAT FOOT DISLOCATION	318.35			
15	28576	TREAT FOOT DISLOCATION	487.56			
15	28585	REPAIR FOOT DISLOCATION	487.56			
15	28600	TREAT FOOT DISLOCATION	318.35			
15	28605	TREAT FOOT DISLOCATION	318.35			
15	28606	TREAT FOOT DISLOCATION	426.38			
15	28615	REPAIR FOOT DISLOCATION	487.56			
15	28635	TREAT TOE DISLOCATION	318.35			
15	28636	TREAT TOE DISLOCATION	487.56			
15	28645	REPAIR TOE DISLOCATION	487.56			
15	28660	TREAT TOE DISLOCATION	318.35			
15	28665	TREAT TOE DISLOCATION	318.35			
15	28666	TREAT TOE DISLOCATION	487.56			
15	28675	REPAIR OF TOE DISLOCATION	487.56			
15	28705	FUSION OF FOOT BONES	602.28			
15	28715	FUSION OF FOOT BONES	602.28			
15	28725	FUSION OF FOOT BONES	602.28			
15	28730	FUSION OF FOOT BONES	602.28			
15	28735	FUSION OF FOOT BONES	602.28			
15	28737	REVISION OF FOOT BONES	685.45			
15	28740	FUSION OF FOOT BONES	602.28			
15	28750	FUSION OF BIG TOE JOINT	602.28			
15	28755	FUSION OF BIG TOE JOINT	602.28			
15	28760	FUSION OF BIG TOE JOINT	602.28			
15	28810	AMPUTATION TOE & METATARSAL	426.38			
15	28820	AMPUTATION OF TOE	426.38			
15	28825	PARTIAL AMPUTATION OF TOE	426.38			
15	28899	FOOT/TOES SURGERY PROCEDURE	MP		X	
15	29030	SPINAL BONE ALLOGRAFT	318.35			
15	29031	SPINAL BONE ALLOGRAFT	318.35			
15	29800	JAW ARTHROSCOPY/SURGERY	487.56			
15	29804	JAW ARTHROSCOPY/SURGERY	487.56			
15	29805	SHOULDER ARTHROSCOPY, DX	487.56			
15	29806	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29807	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29819	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29820	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29821	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29822	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29823	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29824	SHOULDER ARTHROSCOPY/SURGERY	685.45			
15	29825	SHOULDER ARTHROSCOPY/SURGERY	487.56			
15	29826	SHOULDER ARTHROSCOPY/SURGERY	487.56			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	29827	ARTHROSCOP ROTATOR CUFF REPR	685.45			
15	29830	ELBOW ARTHROSCOPY	487.56			
15	29834	ELBOW ARTHROSCOPY/SURGERY	487.56			
15	29835	ELBOW ARTHROSCOPY/SURGERY	487.56			
15	29836	ELBOW ARTHROSCOPY/SURGERY	487.56			
15	29837	ELBOW ARTHROSCOPY/SURGERY	487.56			
15	29838	ELBOW ARTHROSCOPY/SURGERY	487.56			
15	29840	WRIST ARTHROSCOPY	487.56			
15	29843	WRIST ARTHROSCOPY/SURGERY	487.56			
15	29844	WRIST ARTHROSCOPY/SURGERY	487.56			
15	29845	WRIST ARTHROSCOPY/SURGERY	487.56			
15	29846	WRIST ARTHROSCOPY/SURGERY	487.56			
15	29847	WRIST ARTHROSCOPY/SURGERY	487.56			
15	29848	WRIST ENDOSCOPY/SURGERY	1,280.08			
15	29850	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29851	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29855	TIBIAL ARTHROSCOPY/SURGERY	602.28			
15	29856	TIBIAL ARTHROSCOPY/SURGERY	602.28			
15	29860	HIP ARTHROSCOPY, DX	602.28			
15	29861	HIP ARTHROSCOPY/SURGERY	602.28			
15	29862	HIP ARTHROSCOPY/SURGERY	1,280.08			
15	29863	HIP ARTHROSCOPY/SURGERY	602.28			
15	29870	KNEE ARTHROSCOPY, DX	487.56			
15	29871	KNEE ARTHROSCOPY/DRAINAGE	487.56			
15	29873	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29874	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29875	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29876	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29877	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29879	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29880	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29881	KNEE ARTHROSCOPY/SURGERY	602.28			
15	29882	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29883	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29884	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29885	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29886	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29887	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29888	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29889	KNEE ARTHROSCOPY/SURGERY	487.56			
15	29891	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29892	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,280.08			
15	29894	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29895	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29897	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29898	ANKLE ARTHROSCOPY/SURGERY	487.56			
15	29899	ANKLE ARTHROSCOPY/SURGERY	487.56			

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COLUMN:

1	2	3	4	5	6	7	
	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15		29900	MCP JOINT ARTHROSCOPY, DX	487.56			
15		29901	MCP JOINT ARTHROSCOPY, SURG	487.56			
15		29902	MCP JOINT ARTHROSCOPY, SURG	487.56			
15		29999	ARTHROSCOPY OF JOINT	MP		X	
15		30000	DRAINAGE OF NOSE LESION	318.35			
15		30100	INTRANASAL BIOPSY	318.35			
15		30110	REMOVAL OF NOSE POLY(S)	318.35			
15		30115	REMOVAL OF NOSE POLYP(S)	426.38			
15		30117	REMOVAL OF INTRANASAL LESION	487.56			
15		30118	REMOVAL OF INTRANASAL LESION	487.56			
15		30120	REVISION OF NOSE	318.35			
15		30125	REMOVAL OF NOSE LESION	426.38			
15		30130	REMOVAL OF TURBINATE BONES	487.56			
15		30140	REMOVAL OF TURBINATE BONES	426.38			
15		30150	PARTIAL REMOVAL OF NOSE	487.56			
15		30160	REMOVAL OF NOSE	602.28			
15		30210	NASAL SINUS THERAPY	318.35			
15		30220	INSERTION, NASAL SEPTAL PROSTHESIS	487.56			
15		30300	REMOVE NASAL FOREIGN BODY	318.35			
15		30310	REMOVE NASAL FOREIGN BODY	318.35			
15		30320	REMOVE NASAL FOREIGN BODY	426.38			
15		30400	RECONSTRUCTION OF NOSE	602.28			
15		30410	RECONSTRUCTION OF NOSE	685.45			
15		30420	RECONSTRUCTION OF NOSE	685.45			
15		30430	REVISION OF NOSE	487.56			
15		30435	REVISION OF NOSE	685.45			
15		30450	REVISION OF NOSE	951.22			
15		30460	REVISION OF NOSE	951.22			
15		30462	REVISION OF NOSE	1,280.08			
15		30465	REPAIR NASAL STENOSIS	1,280.08			
15		30520	REPAIR OF NASAL SEPTUM	602.28			
15		30540	REPAIR NASAL DEFECT	685.45			
15		30545	REPAIR NASAL DEFECT	685.45			
15		30560	RELEASE OF NASAL ADHESIONS	426.38			
15		30580	REPAIR UPPER JAW FISTULA	602.28			
15		30600	REPAIR MOUTH/NOSE FISTULA	602.28			
15		30620	INTRANASAL RECONSTRUCTION	951.22			
15		30630	REPAIR NASAL SEPTUM DEFECT	951.22			
15		30801	CAUTERIZATION, INNER NOSE	318.35			
15		30802	CAUTERIZATION, INNER NOSE	318.35			
15		30901	CONTROL NASAL HEMORRHAGE UNILATERAL	318.35			
15		30903	CONTROL OF NOSEBLEED	318.35			
15		30905	CONTROL OF NOSEBLEED	318.35			
15		30906	REPEAT CONTROL OF NOSEBLEED	318.35			
15		30915	LIGATION, NASAL SINUS ARTERY	426.38			
15		30920	LIGATION, UPPER JAW ARTERY	487.56			
15		30930	THERAPY, FRACTURE OF NOSE	602.28			
15		30999	NASAL SURGERY PROCEDURE	MP		X	

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	31000	IRRIGATION MAXILLARY SINUS	318.35			
15	31002	IRRIGATION SPHENOID SINUS	318.35			
15	31020	EXPLORATION, MAXILLARY SINUS	426.38			
15	31030	EXPLORATION, MAXILLARY SINUS	487.56			
15	31032	EXPLORE SINUS,REMOVE POLYPS	602.28			
15	31050	EXPLORATION, SPHENOID SINUS	426.38			
15	31051	SPHENOID SINUS SURGERY	602.28			
15	31070	EXPLORATION OF FRONTAL SINUS	426.38			
15	31075	EXPLORATION OF FRONTAL SINUS	602.28			
15	31080	REMOVAL OF FRONTAL SINUS	602.28			
15	31081	REMOVAL OF FRONTAL SINUS	602.28			
15	31084	REMOVAL OF FRONTAL SINUS	602.28			
15	31085	REMOVAL OF FRONTAL SINUS	602.28			
15	31086	REMOVAL OF FRONTAL SINUS	602.28			
15	31087	REMOVAL OF FRONTAL SINUS	602.28			
15	31090	EXPLORATION OF SINUSES	685.45			
15	31200	REMOVAL OF ETHMOID SINUS	426.38			
15	31201	REMOVAL OF ETHMOID SINUS	685.45			
15	31205	REMOVAL OF ETHMOID SINUS	487.56			
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	426.38			
15	31233	NASAL/SINUS ENDOSCOPY, DX	426.38			
15	31235	NASAL/SINUS ENDOSCOPY, DX	318.35			
15	31237	NASAL/SINUS ENDOSCOPY, SURG	426.38			
15	31238	NASAL/SINUS ENDOSCOPY, SURG	318.35			
15	31239	NASAL/SINUS ENDOSCOPY, SURG	602.28			
15	31240	NASAL/SINUS ENDOSCOPY, SURG	426.38			
15	31254	REVISION OF ETHMOID SINUS	487.56			
15	31255	REMOVAL OF ETHMOID SINUS	685.45			
15	31256	EXPLORATION MAXILLARY SINUS	487.56			
15	31267	ENDOSCOPY, MAXILLARY SINUS	487.56			
15	31276	SINUS ENDOSCOPY, SURGICAL	487.56			
15	31287	NASAL/SINUS ENDOSCOPY, SURG	487.56			
15	31288	NASAL/SINUS ENDOSCOPY, SURG	487.56			
15	31299	SINUS SURGERY PROCEDURE	MP		X	
15	31300	REMOVAL OF LARYNX LESION	685.45			
15	31320	DIAGNOSTIC INCISION, LARYNX	426.38			
15	31400	REVISION OF LARYNX	426.38			
15	31420	REMOVAL OF EPIGLOTTIS	426.38			
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	318.35			
15	31510	LARYNGOSCOPY WITH BIOPSY	426.38			
15	31511	REMOVE FOREIGN BODY, LARYNX	426.38			
15	31512	REMOVAL OF LARYNX LESION	426.38			
15	31513	INJECTION INTO VOCAL CORD	426.38			
15	31515	LARYNGOSCOPY FOR ASPIRATION	318.35			
15	31520	DIAGNOSTIC LARYNGOSCOPY	318.35			
15	31525	DIAGNOSTIC LARYNGOSCOPY	318.35			
15	31526	DIAGNOSTIC LARYNGOSCOPY	426.38			
15	31527	LARYNGOSCOPY FOR TREATMENT	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	31528	LARYNGOSCOPY AND DILATION	426.38			
15	31529	LARYNGOSCOPY AND DILATION	426.38			
15	31530	OPERATIVE LARYNGOSCOPY	426.38			
15	31531	OPERATIVE LARYNGOSCOPY	487.56			
15	31535	OPERATIVE LARYNGOSCOPY	426.38			
15	31536	OPERATIVE LARYNGOSCOPY	487.56			
15	31540	OPERATIVE LARYNGOSCOPY	487.56			
15	31541	OPERATIVE LARYNGOSCOPY	602.28			
15	31545	REMOVE VC LESION W/SCOPE	602.28			
15	31546	REMOVE VC SCOPE/GRAFT	602.28			
15	31560	OPERATIVE LARYNGOSCOPY	685.45			
15	31561	OPERATIVE LARYNGOSCOPY	685.45			
15	31570	LARYNGOSCOPY WITH INJECTION	426.38			
15	31571	LARYNGOSCOPY WITH INJECTION	426.38			
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	426.38			
15	31576	LARYNGOSCOPY WITH BIOPSY	426.38			
15	31577	REMOVE FOREIGN BODY, LARYNX	426.38			
15	31578	REMOVAL OF LARYNX LESION	426.38			
15	31580	REVISION OF LARYNX	685.45			
15	31582	REVISION OF LARYNX	685.45			
15	31588	REVISION OF LARYNX	685.45			
15	31590	REINNERVATE LARYNX	685.45			
15	31595	LARYNX NERVE SURGERY	426.38			
15	31599	LARYNX SURGERY PROCEDURE	MP			X
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	318.35	15 99		
15	31611	SURGERY/SPEECH PROSTHESIS	487.56			
15	31612	PUNCTURE/CLEAR WINDPIPE	318.35			
15	31613	REPAIR WINDPIPE OPENING	426.38			
15	31614	REPAIR WINDPIPE OPENING	426.38			
15	31615	VISUALIZATION OF WINDPIPE	318.35			
15	31620	ENDOBONCHIAL US ADD-ON	318.35			
15	31622	DX BRONCHOSCOPE/WASH	318.35			
15	31623	DX BRONCHOSCOPE/BRUSH	426.38			
15	31624	DX BRONCHOSCOPE/LAVAGE	426.38			
15	31625	BRONCHOSCOPY WITH BIOPSY	426.38			
15	31628	BRONCHOSCOPY WITH BIOPSY	426.38			
15	31629	BRONCHOSCOPY WITH BIOPSY	426.38			
15	31630	BRONCHOSCOPY WITH REPAIR	426.38			
15	31631	BRONCHOSCOPY WITH DILATION	426.38			
15	31635	REMOVE FOREIGN BODY, AIRWAY	426.38			
15	31636	BRONCHOSCOPY, BRONCH STENTS	426.38			
15	31637	BRONCHOSCOPY, STENT ADD-ON	318.35			
15	31638	BRONCHOSCOPY, REVISE STENT	426.38			
15	31640	BRONCHOSCOPY & REMOVE LESION	426.38			
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	426.38			
15	31643	DIAG BRONCHOSCOPE/CATHETER	426.38			
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	318.35			
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	31656	BRONCHOSCOPY, INJ FOR XRAY	318.35			
15	31717	BRONCHIAL BRUSH BIOPSY	318.35			
15	31720	CLEARANCE OF AIRWAYS	318.35			
15	31730	INTRO, WINDPIPE WIRE/TUBE	318.35			
15	31750	REPAIR OF WINDPIPE	685.45			
15	31755	REPAIR OF WINDPIPE	426.38			
15	31820	CLOSURE OF WINDPIPE LESION	318.35			
15	31825	REPAIR OF WINDPIPE DEFECT	426.38			
15	31830	REVISE WINDPIPE SCAR	426.38			
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X	
15	32400	NEEDLE BIOPSY CHEST LINING	318.35			
15	32405	BIOPSY, LUNG OR MEDIASTINUM	318.35			
15	32420	PUNCTURE/CLEAR LUNG	318.35			
15	32999	CHEST SURGERY PROCEDURE	MP		X	
15	33010	DRAINAGE OF HEART SAC	426.38			
15	33011	REPEAT DRAINAGE OF HEART SAC	426.38			
15	33212	INSERTION OF PULSE GENERATOR	487.56			
15	33222	REVISE POCKET, PACEMAKER	426.38			
15	33223	REVISE POCKET, PACING-DEFIB	426.38			
15	33233	REMOVAL OF PERMANENT PACEMAKERS	426.38			
15	33999	CARDIAC SURGERY PROCEDURE	MP		X	
15	35188	REPAIR BLOOD VESSEL LESION	602.28			
15	35206	REPAIR BLOOD VESSEL LESION	602.28			
15	35207	REPAIR BLOOD VESSEL LESION	602.28			
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	318.35			
15	35875	REMOVAL OF CLOT IN GRAFT	1,280.08			
15	35876	REMOVAL OF CLOT IN GRAFT	1,280.08			
15	36145	ARTERY TO VEIN SHUNT	318.35			
15	36260	INSERTION OF INFUSION PUMP	487.56			
15	36261	REVISION OF INFUSION PUMP	426.38			
15	36262	REMOVAL OF INFUSION PUMP	318.35			
15	36299	UNLISTED VASCULAR INJECTION	MP		X	
15	36475	ENDOVENOUS RF, 1ST VEIN	487.56			
15	36476	ENDOVENOUS RF, VEIN ADD-ON	487.56			
15	36478	ENDOVENOUS LASER, 1ST VEIN	487.56			
15	36479	ENDOVENOUS LASER VEIN ADDON	487.56			
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,280.08			
15	36555	INSERT NON-TUNNEL CV CATH	318.35			
15	36556	INSERT NON-TUNNEL CV CATH	318.35			
15	36557	INSERT TUNNELED CV CATH	426.38			
15	36558	INSERT TUNNELED CV CATH	426.38			
15	36560	INSERT TUNNELED CV CATH	487.56			
15	36561	INSERT TUNNELED CV CATH	487.56			
15	36563	INSERT TUNNELED CV CATH	487.56			
15	36565	INSERT TUNNELED CV CATH	487.56			
15	36566	INSERT TUNNELED CV CATH	487.56			
15	36568	INSERT PERIPHERALLY CV CATH	318.35			
15	36569	INSERT PERIPHERALLY CV CATH	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	36570	INSERT PERIPHERALLY CV CATH	487.56			
15	36571	INSERT PERIPHERALLY CV CATH	487.56			
15	36575	REPAIR TUNNELED/NON-TUNNELED	426.38			
15	36576	REPAIR CV ACCESS	426.38			
15	36578	REPLACE CV ACCESS	426.38			
15	36580	REPLACE COMPLETE non-tunnel	318.35			
15	36581	REPLACE COMPLETE tunneled	426.38			
15	36582	REPLACE COMPLETE tunneled	487.56			
15	36583	REPLACE COMPLETE tunneled	487.56			
15	36584	REPLACE COMPLETE peripherally	318.35			
15	36585	REPLACE COMPLETE peripherally	487.56			
15	36589	REMOVE TUNNELED CV CATH	318.35			
15	36590	REMOVE TUNNELED CV ACCESS	318.35			
15	36640	INSERTION CATHETER, ARTERY	318.35			
15	36660	INSERTION CATHETER, ARTERY	1,280.08			
15	36800	INSERTION OF CANNULA	487.56			
15	36810	INSERTION OF CANNULA	487.56			
15	36815	INSERTION OF CANNULA	487.56			
15	36818	AV FUSE, UPPER ARM, CEPHALIC	487.56			
15	36819	AV FUSION/UPPR ARM VEIN	487.56			
15	36820	AV FUSION/FOREARM VEIN	487.56			
15	36821	AV FUSION DIRECT ANY SITE	487.56			
15	36825	ARTERY-VEIN GRAFT	602.28			
15	36830	ARTERY-VEIN GRAFT	602.28			
15	36831	OPEN THROMBECT AV FISTULA	1,280.08			
15	36832	AV FISTULA REVISION, OPEN	602.28			
15	36833	AV FISTULA REVISION	602.28			
15	36834	REPAIR A-V ENEURYSM	487.56			
15	36835	ARTERY TO VEIN SHUNT	602.28			
15	36860	EXTERNAL CANNULA DECLOTTING	426.38			
15	36861	CANNULA DECLOTTING	487.56			
15	36870	PERCUT THROMBECT AV FISTULA	1,280.08			
15	37183	REMOVE HEPATIC SHUNT (TIPS)	602.28			
15	37200	TRANSCATHETER BIOPSY	602.28			
15	37201	TRANSCATHETER THERAPY, INFUSION FOR	602.28			
15	37204	TRANSCATHETER OCCULUSION OR EMBOLIZA	685.45			
15	37205	TRANSCATHETER PLACEMENT OF AN INTRA	602.28			
15	37206	TRANSCATHETER PLACEMENT OF AN INTRA	602.28			
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	487.56			
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X
15	37607	LIGATION OF A-V FISTULA	487.56			
15	37609	TEMPORAL ARTERY PROCEDURE	426.38			
15	37620	REVISION OF MAJOR VEIN	426.38			
15	37650	REVISION OF MAJOR VEIN	426.38			
15	37700	REVISE LEG VEIN	426.38			
15	37718	LIGATE/STRIP SHORT LEG VEIN	487.56			
15	37722	LIGATE/STRIP LONG LEG VIEW	487.56			
15	37735	REMOVAL OF LEG VEINS/LESION	487.56			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	37760	REVISION OF LEG VEINS	487.56			
15	37780	REVISION OF LEG VEIN	487.56			
15	37785	REVISE SECONDARY VARICOSITY	487.56			
15	37790	PENILE VENOUS OCCLUSION	487.56			
15	37799	VASCULAR SURGERY PROCEDURE	MP		X	
15	37813	REMOVE HEPATIC SHUNT (TIPS)	602.28			
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,280.08			
15	38206	HARVEST AUTO STEM CELLS	1,280.08			
15	38300	DRAINAGE, LYMPH NODE LESION	318.35			
15	38305	DRAINAGE, LYMPH NODE LESION	426.38			
15	38308	INCISION OF LYMPH CHANNELS	426.38			
15	38500	BIOPSY/REMOVAL, LYMPH NODES	426.38			
15	38505	NEEDLE BIOPSY, LYMPH NODES	318.35			
15	38510	BIOPSY/REMOVAL, LYMPH NODES	426.38			
15	38520	BIOPSY/REMOVAL, LYMPH NODES	426.38			
15	38525	BIOPSY/REMOVAL, LYMPH NODES	426.38			
15	38530	BIOPSY/REMOVAL, LYMPH NODES	426.38			
15	38542	EXPLORE DEEP NODE(S), NECK	426.38			
15	38550	REMOVAL, NECK/ARMPIT LESION	487.56			
15	38555	REMOVAL, NECK/ARMPIT LESION	602.28			
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,280.08			
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,280.08			
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,280.08			
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X	
15	38700	REMOVAL OF LYMPH NODES, NECK	487.56			
15	38740	REMOVE ARMPIT LYMPH NODES	426.38			
15	38745	REMOVE ARMPIT LYMPH NODES	602.28			
15	38760	REMOVE GROIN LYMPH NODES	426.38			
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X	
15	39400	VISUALIZATION OF MEDIASTINUM	487.56			
15	39499	MEDIASTINAL PROCEDURE	MP		X	
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X	
15	40500	PARTIAL EXCISION OF LIP	426.38			
15	40510	PARTIAL EXCISION OF LIP	426.38			
15	40520	PARTIAL EXCISION OF LIP	426.38			
15	40525	RECONSTRUCT LIP WITH FLAP	426.38			
15	40527	RECONSTRUCT LIP WITH FLAP	426.38			
15	40530	PARTIAL REMOVAL OF LIP	426.38			
15	40650	REPAIR LIP	487.56			
15	40652	REPAIR LIP	487.56			
15	40654	REPAIR LIP	487.56			
15	40700	REPAIR CLEFT LIP/NASAL	951.22			
15	40701	REPAIR CLEFT LIP/NASAL	951.22			
15	40720	REPAIR CLEFT LIP/NASAL	951.22			
15	40761	REPAIR CLEFT LIP/NASAL	487.56			
15	40799	LIP SURGERY PROCEDURE	MP		X	
15	40800	DRAINAGE OF MOUTH LESION	318.35			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	40801	DRAINAGE OF MOUTH LESION	426.38			
15	40804	REMOVAL FOREIGN BODY, MOUTH	318.35			
15	40808	BIOPSY OF MOUTH LESION	318.35			
15	40810	EXCISION OF MOUTH LESION	318.35			
15	40812	EXCISE/REPAIR MOUTH LESION	426.38			
15	40814	EXCISE/REPAIR MOUTH LESION	426.38			
15	40816	EXCISION OF MOUTH LESION	426.38			
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	318.35			
15	40819	EXCISE LIP OR CHEEK FOLD	318.35			
15	40820	TREATMENT OF MOUTH LESION	318.35			
15	40830	REPAIR MOUTH LACERATION	318.35			
15	40831	REPAIR MOUTH LACERATION	318.35			
15	40840	RECONSTRUCTION OF MOUTH	426.38			
15	40842	RECONSTRUCTION OF MOUTH	487.56			
15	40843	RECONSTRUCTION OF MOUTH	487.56			
15	40844	RECONSTRUCTION OF MOUTH	685.45			
15	40845	RECONSTRUCTION OF MOUTH	685.45			
15	40899	MOUTH SURGERY PROCEDURE	MP		X	
15	41005	DRAINAGE OF MOUTH LESION	318.35			
15	41006	DRAINAGE OF MOUTH LESION	318.35			
15	41007	DRAINAGE OF MOUTH LESION	318.35			
15	41008	DRAINAGE OF MOUTH LESION	318.35			
15	41009	DRAINAGE OF MOUTH LESION	318.35			
15	41010	INCISION OF TONGUE FOLD	318.35			
15	41015	DRAINAGE OF MOUTH LESION	318.35			
15	41016	DRAINAGE OF MOUTH LESION	318.35			
15	41017	DRAINAGE OF MOUTH LESION	318.35			
15	41018	DRAINAGE OF MOUTH LESION	318.35			
15	41100	BIOPSY OF TONGUE	318.35			
15	41108	BIOPSY OF FLOOR OF MOUTH	318.35			
15	41112	EXCISION OF TONGUE LESION	426.38			
15	41113	EXCISION OF TONGUE LESION	426.38			
15	41114	EXCISION OF TONGUE LESION	426.38			
15	41115	EXCISION OF TONGUE FOLD	318.35			
15	41116	EXCISION OF MOUTH LESION	318.35			
15	41120	PARTIAL REMOVAL OF TONGUE	685.45			
15	41250	REPAIR TONGUE LACERATION	426.38			
15	41251	REPAIR TONGUE LACERATION	426.38			
15	41252	REPAIR TONGUE LACERATION	426.38			
15	41500	FIXATION OF TONGUE	318.35			
15	41510	TONGUE TO LIP SURGERY	318.35			
15	41520	RECONSTRUCTION, TONGUE FOLD	426.38			
15	41599	TONGUE AND MOUTH SURGERY	MP		X	
15	41800	DRAINAGE OF GUM LESION	318.35			
15	41820	GINGIVECTOMY,EXC.CING, EACH QUADRANT	318.35			
15	41822	EXCISION OF GUM LESION	318.35			
15	41823	EXCISION OF GUM LESION	318.35			
15	41826	EXCSION OF GUM LESION	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	41827	EXCISION OF GUM LESION	426.38			
15	41870	GUM GRAFT	318.35			
15	41874	REPAIR TOOTH SOCKET	318.35			
15	41899	GUM SURGERY PROCEDURE	318.35			
15	42000	DRAINAGE MOUTH ROOF LESION	426.38			
15	42100	BIOPSY ROOF OF MOUTH	318.35			
15	42104	EXCISION LESION, MOUTH ROOF	318.35			
15	42106	EXCISION LESION, MOUTH ROOF	318.35			
15	42107	EXCISION LESION, MOUTH ROOF	426.38			
15	42120	REMOVE PALATE/LESION	602.28			
15	42140	EXCISION OF UVULA	426.38			
15	42145	REPAIR PALATE, PHARYNX/UVULA	685.45			
15	42160	TREATMENT MOUTH ROOF LESION	318.35			
15	42180	REPAIR PALATE	318.35			
15	42182	REPAIR PALATE	426.38			
15	42200	RECONSTRUCT CLEFT PALATE	685.45			
15	42205	RECONSTRUCT CLEFT PALATE	685.45			
15	42210	RECONSTRUCT CLEFT PALATE	685.45			
15	42215	RECONSTRUCT CLEFT PALATE	951.22			
15	42220	RECONSTRUCT CLEFT PALATE	685.45			
15	42226	LENGTHENING OF PALATE	685.45			
15	42235	REPAIR PALATE	685.45			
15	42260	REPAIR NOSE TO LIP FISTULA	602.28			
15	42299	PALATE/UVULA SURGERY	MP		X	
15	42300	DRAINAGE OF SALIVARY GLAND	318.35			
15	42305	DRAINAGE OF SALIVARY GLAND	426.38			
15	42310	DRAINAGE OF SALIVARY GLAND	318.35			
15	42320	DRAINAGE OF SALIVARY GLAND	318.35			
15	42340	REMOVAL OF SALIVARY STONE	426.38			
15	42405	BIOPSY OF SALIVARY GLAND	426.38			
15	42408	EXCISION OF SALIVARY CYST	487.56			
15	42409	DRAINAGE OF SALIVARY CYST	487.56			
15	42410	EXCISE PAROTID GLAND/LESION	487.56			
15	42415	EXCISE PAROTID GLAND/LESION	951.22			
15	42420	EXCISE PAROTID GLAND/LESION	951.22			
15	42425	EXCISE PAROTID GLAND/LESION	951.22			
15	42440	EXCISE SUBMAXILLARY GLAND	487.56			
15	42450	EXCISE SUBLINGUAL GLAND	426.38			
15	42500	REPAIR SALIVARY DUCT	487.56			
15	42505	REPAIR SALIVARY DUCT	602.28			
15	42507	PAROTID DUCT DIVERSION	487.56			
15	42508	PAROTID DUCT DIVERSION	602.28			
15	42509	PAROTID DUCT DIVERSION	602.28			
15	42510	PAROTID DUCT DIVERSION	602.28			
15	42600	CLOSURE OF SALIVARY FISTULA	318.35			
15	42650	DILATION OF SALIVARY DUCT	318.35			
15	42665	LIGATION OF SALIVARY DUCT	951.22			
15	42699	SALIVARY SURGERY PROCEDURE	MP		X	

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	42700	DRAINAGE OF TONSIL ABSCESS	318.35			
15	42720	DRAINAGE OF THROAT ABSCESS	318.35			
15	42725	DRAINAGE OF THROAT ABSCESS	426.38			
15	42800	BIOPSY OF THROAT	318.35			
15	42802	BIOPSY OF THROAT	318.35			
15	42804	BIOPSY OF UPPER NOSE/THROAT	318.35			
15	42806	BIOPSY OF UPPER NOSE/THROAT	426.38			
15	42808	EXCISE PHARYNX LESION	426.38			
15	42810	EXCISION OF NECK CYST	487.56			
15	42815	EXCISION OF NECK CYST	685.45			
15	42820	REMOVE TONSILS AND ADENOIDS	487.56			
15	42821	REMOVE TONSILS AND ADENOIDS	685.45			
15	42825	REMOVAL OF TONSILS	602.28			
15	42826	REMOVAL OF TONSILS	602.28			
15	42830	REMOVAL OF ADENOIDS	602.28			
15	42831	REMOVAL OF ADENOIDS	602.28			
15	42835	REMOVAL OF ADENOIDS	602.28			
15	42836	REMOVAL OF ADENOIDS	602.28			
15	42860	EXCISION OF TONSIL TAGS	487.56			
15	42870	EXCISION OF LINGUAL TONSIL	487.56			
15	42890	PARTIAL REMOVAL OF PHARYNX	951.22			
15	42892	REVISION OF PHARYNGEAL WALLS	951.22			
15	42900	REPAIR THROAT WOUND	318.35			
15	42950	RECONSTRUCTION OF THROAT	426.38			
15	42955	SURGICAL OPENING OF THROAT	426.38			
15	42960	CONTROL THROAT BLEEDING	318.35			
15	42962	CONTROL THROAT BLEEDING	426.38			
15	42970	CONTROL NOSE/THROAT BLEEDING	426.38			
15	42972	CONTROL NOSE/THROAT BLEEDING	487.56			
15	42999	THROAT SURGERY PROCEDURE	MP		X	
15	43200	ESOPHAGUS ENDOSCOPY	318.35			
15	43201	ESOPH SCOPE W/SUBMUCOUS INJ	318.35			
15	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	318.35			
15	43204	ESOPHAGUS ENDOSCOPY & INJECT	318.35			
15	43205	ESOPHAGUS ENDOSCOPY/LIGATION	318.35			
15	43215	ESOPHAGUS ENDOSCOPY	318.35			
15	43216	ESOPHAGUS ENDOSCOPY/LESION	318.35			
15	43217	ESOPHAGUS ENDOSCOPY	318.35			
15	43219	ESOPHAGUS ENDOSCOPY	318.35			
15	43220	ESOPH ENDOSCOPY, DILATION	318.35			
15	43226	ESOPH ENDOSCOPY, DILATION	318.35			
15	43227	ESOPH ENDOSCOPY, REPAIR	426.38			
15	43228	ESOPH ENDOSCOPY, ABLATION	426.38			
15	43231	ESOPH ENDOSCOPY W/US EXAM	426.38			
15	43232	ESOPH ENDOSCOPY W/US FN BX	426.38			
15	43234	UPPER GI ENDOSCOPY, EXAM	318.35			
15	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	318.35			
15	43236	UPPR GI SCOPE W/SUBMUC INJ	426.38			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	43237	ENDOSCOPIC US EXAM, ESOPH	426.38			
15	43238	UPPR GI ENDOSCOPY W/US FN BX	426.38			
15	43239	UPPER GI ENDOSCOPY, BIOPSY	426.38			
15	43240	ESOPH ENDOSCOPE W/DRAIN CYST	426.38			
15	43241	UPPER GI ENDOSCOPY WITH TUBE	426.38			
15	43242	UPPR GI ENDOSCOPY W/US FN BX	426.38			
15	43243	UPPER GI ENDOSCOPY & INJECT	426.38			
15	43244	UPPER GI ENDOSCOPY/LIGATION	426.38			
15	43245	OPERATIVE UPPER GI ENDOSCOPY	426.38			
15	43246	PLACE GASTROSTOMY TUBE	426.38			
15	43247	OPERATIVE UPPER GI ENDOSCOPY	426.38			
15	43248	UPPR GI ENDOSCOPY/GUIDE WIRE	426.38			
15	43249	ESOPH ENDOSCOPY, DILATION	426.38			
15	43250	UPPER GI ENDOSCOPY/TUMOR	426.38			
15	43251	OPERATIVE UPPER GI ENDOSCOPY	426.38			
15	43255	OPERATIVE UPPER GI ENDOSCOPY	426.38			
15	43256	UPPR GI ENDOSCOPY W STENT	487.56			
15	43257	UPPR GI SCOPE W/THRML TXMNT	487.56			
15	43258	OPERATIVE UPPER GI ENDOSCOPY	487.56			
15	43259	ENDOSCOPIC ULTRASOUND EXAM	487.56			
15	43260	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43263	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43264	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43265	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43267	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43268	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43269	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43271	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43272	ENDO CHOLANGIOPANCREATOGRAPH	426.38			
15	43280	LAPAROSCOPY, FUNDOPLASTY	602.28			
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X	
15	43420	REPAIR ESOPHAGUS OPENING	487.56			
15	43450	DILATE ESOPHAGUS	318.35			
15	43453	DILATE ESOPHAGUS	318.35			
15	43456	DILATE ESOPHAGUS	426.38			
15	43458	DILATE ESOPHAGUS	426.38			
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X	
15	43500	SURGICAL OPENING OF STOMACH	602.28			
15	43600	BIOPSY OF STOMACH	318.35			
15	43653	LAPAROSCOPY, GASTROSTOMY	1,280.08			
15	43659	LAPAROSCOPE PROC, STOM	MP		X	
15	43760	CHANGE GASTROSTOMY TUBE	318.35			
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	318.35			
15	43820	FUSION OF STOMACH AND BOWEL	602.28			
15	43830	SURGICAL OPENING OF STOMACH	426.38			
15	43840	REPAIR OF STOMACH LESION	487.56			

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	43870	REPAIR STOMACH OPENING	318.35			
15	43880	REPAIR STOMACH-BOWEL FISTULA	487.56			
15	43999	STOMACH SURGERY PROCEDURE	MP		X	
15	44100	BIOPSY OF BOWEL	318.35			
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X	
15	44312	REVISION OF ILEOSTOMY	318.35			
15	44340	REVISION OF COLOSTOMY	487.56			
15	44360	SMALL BOWEL ENDOSCOPY	426.38			
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	426.38			
15	44363	SMALL BOWEL ENDOSCOPY	426.38			
15	44364	SMALL BOWEL ENDOSCOPY	426.38			
15	44365	SMALL BOWEL ENDOSCOPY	426.38			
15	44366	SMALL BOWEL ENDOSCOPY	426.38			
15	44369	SMALL BOWEL ENDOSCOPY	426.38			
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,280.08			
15	44372	SMALL BOWEL ENDOSCOPY	426.38			
15	44373	SMALL BOWEL ENDOSCOPY	426.38			
15	44376	SMALL BOWEL ENDOSCOPY	426.38			
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	426.38			
15	44378	SMALL BOWEL ENDOSCOPY	426.38			
15	44379	S BOWEL ENDOSCOPE W/STENT	1,280.08			
15	44380	SMALL BOWEL ENDOSCOPY	318.35			
15	44382	SMALL BOWEL ENDOSCOPY	318.35			
15	44383	ILEOSCOPY W/STENT	1,280.08			
15	44385	ENDOSCOPY OF BOWEL POUCH	318.35			
15	44386	ENDOSCOPY, BOWEL POUCH/BIO	318.35			
15	44388	COLON ENDOSCOPY	318.35			
15	44389	COLONOSCOPY WITH BIOPSY	318.35			
15	44390	COLONOSCOPY FOR FOREIGN BODY	318.35			
15	44391	COLONOSCOPY FOR BLEEDING	318.35			
15	44392	COLONOSCOPY & POLYPECTOMY	318.35			
15	44393	COLONOSCOPY, LESION REMOVAL	318.35			
15	44394	COLONOSCOPY W/SNARE	318.35			
15	44397	COLONOSCOPY W STENT	318.35			
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	602.28			
15	44620	REPAIR BOWEL OPENING	487.56			
15	44799	INTESTINE SURGERY PROCEDURE	MP		X	
15	44899	BOWEL SURGERY PROCEDURE	MP		X	
15	44950	APPENDECTOMY	1,280.08		X	
15	44970	LAPAROSCOPY, APPENDECTOMY	685.41		X	
15	44979	LAPAROSCOPE PROC, APP	MP		X	
15	45000	DRAINAGE OF PELVIC ABSCESS	318.35			
15	45005	DRAINAGE OF RECTAL ABSCESS	426.38			
15	45020	DRAINAGE OF RECTAL ABSCESS	426.38			
15	45100	BIOPSY OF RECTUM	318.35			
15	45108	REMOVAL OF ANORECTAL LESION	426.38			
15	45150	EXCISION OF RECTAL STRICTURE	426.38			
15	45160	EXCISION OF RECTAL LESION	426.38			

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 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	45170	EXCISION OF RECTAL LESION	426.38			
15	45190	DESTRUCTION, RECTAL TUMOR	1,280.08			
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	318.35			
15	45305	PROTOSIGMOIDOSCOPY W/BX	318.35			
15	45307	PROTOSIGMOIDOSCOPY FB	318.35			
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	318.35			
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	318.35			
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	318.35			
15	45317	PROTOSIGMOIDOSCOPY BLEED	318.35			
15	45320	PROTOSIGMOIDOSCOPY ABLATE	318.35			
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	318.35			
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	318.35			
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	318.35			
15	45331	SIGMOIDOSCOPY AND BIOPSY	318.35			
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	318.35			
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	318.35			
15	45334	SIGMOIDOSCOPY FOR BLEEDING	318.35			
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	318.35			
15	45337	SIGMOIDOSCOPY & DECOMPRESS	318.35			
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	318.35			
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	318.35			
15	45340	SIG W/BALLOON DILATION	318.35			
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	318.35			
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	318.35			
15	45345	SIGMODOSCOPY W/STENT	318.35			
15	45355	SURGICAL COLONOSCOPY	318.35			
15	45378	DIAGNOSTIC COLONOSCOPY	426.38			
15	45379	COLONOSCOPY W/FB REMOVAL	426.38			
15	45380	COLONOSCOPY AND BIOPSY	426.38			
15	45381	COLONOSCOPE, SUBMUCOUS INJ	426.38			
15	45382	COLONOSCOPY/CONTROL BLEEDING	426.38			
15	45383	LESION REMOVAL COLONOSCOPY	426.38			
15	45384	LESION REMOVE COLONOSCOPY	426.38			
15	45385	LESION REMOVAL COLONOSCOPY	426.38			
15	45386	COLONOSCOPE DILATE STRICTURE	426.38			
15	45387	COLONOSCOPY W/STENT	318.35			
15	45391	COLONOSCOPY W/ENDOSCOPE US	426.38			
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	426.38			
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X	
15	45500	REPAIR OF RECTUM	426.38			
15	45505	REPAIR OF RECTUM	426.38			
15	45560	REPAIR OF RECTOCELE	426.38			
15	45900	REDUCTION OF RECTAL PROLAPSE	318.35			
15	45905	DILATION OF ANAL SPHINCTER	318.35			
15	45910	DILATION OF RECTAL NARROWING	318.35			
15	45915	REMOVE RECTAL OBSTRUCTION	318.35			
15	45990	SURG DX EXAM, ANORECTAL	426.38		X	
15	45999	RECTUM SURGERY PROCEDURE	MP		X	

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	46020	PLACEMENT OF SETON	487.56			
15	46030	REMOVAL OF RECTAL MARKER	318.35			
15	46040	INCISION OF RECTAL ABSCESS	487.56			
15	46045	INCISION OF RECTAL ABSCESS	426.38			
15	46050	INCISION OF ANAL ABSCESS	318.35			
15	46060	INCISION OF RECTAL ABSCESS	426.38			
15	46080	INCISION OF ANAL SPHINCTER	487.56			
15	46083	EXC EXT. THROMBOSED HEMORRHOID	318.35			
15	46200	REMOVAL OF ANAL FISSURE	426.38			
15	46210	REMOVAL OF ANAL CRYPT	426.38			
15	46211	REMOVAL OF ANAL CRYPTS	426.38			
15	46220	REMOVAL OF ANAL TAB	318.35			
15	46230	REMOVAL OF ANAL TABS	318.35			
15	46250	HEMORRHOIDECTOMY	487.56			
15	46255	HEMORRHOIDECTOMY	487.56			
15	46257	REMOVE HEMORRHOIDS & FISSURE	487.56			
15	46258	REMOVE HEMORRHOIDS & FISTULA	487.56			
15	46260	HEMORRHOIDECTOMY	487.56			
15	46261	REMOVE HEMORRHOIDS & FISSURE	602.28			
15	46262	REMOVE HEMORRHOIDS & FISTULA	602.28			
15	46270	REMOVAL OF ANAL FISTULA	487.56			
15	46275	REMOVAL OF ANAL FISTULA	487.56			
15	46280	REMOVAL OF ANAL FISTULA	602.28			
15	46285	REMOVAL OF ANAL FISTULA	318.35			
15	46288	REPAIR ANAL FISTULA	602.28			
15	46302	REMOVAL OF HEMORRHOID CLOT	318.35			
15	46320	REMOVAL OF HEMORRHOID CLOT	318.35			
15	46600	ANOSCOPY; DIAGNOSTIC	318.35			
15	46604	ANOSCOPY WITH DIRECT DILATION	318.35			
15	46608	ANOSCOPY/ REMOVE FOR BODY	318.35			
15	46610	ANOSCOPY/REMOVE LESION	318.35			
15	46611	ANOSCOPY	318.35			
15	46612	ANOSCOPY/ REMOVE LESIONS	318.35			
15	46615	ANOSCOPY	426.38			
15	46700	REPAIR OF ANAL STRICTURE	487.56			
15	46750	REPAIR OF ANAL SPHINCTER	487.56			
15	46753	RECONSTRUCTION OF ANUS	487.56			
15	46754	REMOVAL OF SUTURE FROM ANUS	426.38			
15	46760	REPAIR OF ANAL SPHINCTER	426.38			
15	46761	REPAIR OF ANAL SPHINCTER	487.56			
15	46762	IMPLANT ARTIFICIAL SPHINCTER	951.22			
15	46900	REMOVAL OF ANAL LESION	318.35			
15	46910	REMOVAL OF ANAL LESION	318.35			
15	46917	LASER SURGERY, ANAL LESIONS	318.35			
15	46922	EXCISION OF ANAL LESION(S)	318.35			
15	46924	DESTRUCTION, ANAL LESION(S)	318.35			
15	46937	CRYOTHERAPY OF RECTAL LESION	426.38			
15	46938	CRYOTHERAPY OF RECTAL LESION	426.38			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	46940	TREATMENT OF ANAL FISSURE	318.35			
15	46945	LIGATION OF HEMORRHOIDS	318.35			
15	46946	LIGATION OF HEMORRHOIDS	318.35			
15	46947	HEMORRHOIDOPEXY BY STAPLING	487.56			
15	46999	ANUS SURGERY PROCEDURE	MP		X	
15	47000	NEEDLE BIOPSY OF LIVER	318.35			
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	318.35			
15	47100	WEDGE BIOPSY OF LIVER	426.38			
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		X	
15	47399	LIVER SURGERY PROCEDURE	MP		X	
15	47480	INCISION OF GALLBLADDER	487.56			
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	318.35			
15	47510	INSERT CATHETER, BILE DUCT	426.38			
15	47511	INSERT BILE DUCT DRAIN	1,280.08			
15	47525	CHANGE BILE DUCT CATHETER	318.35			
15	47530	REVISE/REINSERT BILE TUBE	318.35			
15	47549	LAPAROSCOPE PROC, BILLIARY	MP		X	
15	47552	BILIARY ENDOSCOPY THRU SKIN	426.38			
15	47553	BILIARY ENDOSCOPY THRU SKIN	487.56			
15	47554	BILIARY ENDOSCOPY THRU SKIN	487.56			
15	47555	BILIARY ENDOSCOPY THRU SKIN	487.56			
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,280.08			
15	47560	LAPAROSCOPY W/CHOLANGIO	487.56			
15	47561	LAPARO W/CHOLANGIO/BIOPSY	487.56			
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	487.56			
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	487.56			
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	487.56			
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X	
15	47605	REMOVAL OF GALLBLADDER	1,280.08			
15	47630	REMOVE BILE DUCT STONE	487.56			
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X	
15	48102	NEEDLE BIOPSY, PANCREAS	318.35			
15	48511	DRAIN PANCREATIC PSEUDOCYST	318.35			
15	48999	PANCREAS SURGERY PROCEDURE	MP		X	
15	49000	EXPLORATION OF ABDOMEN	487.56		X	
15	49010	EXPLORE,RETROPERITONEAL AREA	1,280.08			
15	49021	DRAIN ABDOMINAL ABSCESS	318.35			
15	49041	PERCUT DRAIN ABDOM ABSCESS	318.35			
15	49061	PERCUTDRAIN RETROPER ABSCESS	318.35			
15	49080	PUNCTURE, PERITONEAL CAVITY	426.38			
15	49081	REMOVAL OF ABDOMINAL FLUID	426.38			
15	49180	BIOPSY, ABDOMINAL MASS	318.35			
15	49250	EXCISION OF UMBILICUS	602.28			
15	49320	DIAG LAPARO SEPARATE PROC	487.56		X	
15	49321	LAPAROSCOPY, BIOPSY	602.28		X	
15	49322	LAPAROSCOPY, ASPIRATION	602.28		X	
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X	
15	49419	INSRT ABDOM CATH FOR CHEMOTX	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	49420	INSERT ABDOMINAL DRAIN	318.35			
15	49421	INSERT ABDOMINAL DRAIN	318.35			
15	49422	REMOVE PERM CANNULA/CATHETER	318.35			
15	49426	REVISE ABDOMEN-VEINOUS SHUNT	426.38			
15	49491	REPAIRING HERN PREMIE REDUC	685.45			
15	49492	RPR HERN PREMIE, BLOCKED	684.68			
15	49495	RPR ING HERNIA BABY, REDUC	602.28			
15	49496	RPR ING HERNIA BABY, BLOCKED	602.28			
15	49500	RPR ING HERNIA, INIT, REDUCE	602.28	00 05		
15	49501	RPR ING HERNIA, INIT BLOCKED	1,280.08			
15	49505	RPR I/HERN INIT REDUC>5 YR	602.28	05 99		
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,280.08			
15	49520	REREPAIR ING HERNIA, REDUCE	951.22			
15	49521	REREPAIR ING HERNIA, BLOCKED	1,280.08			
15	49525	REPAIR ING HERNIA, SLIDING	602.28			
15	49540	REPAIR LUMBAR HERNIA	426.38			
15	49550	RPR FEM HERNIA, INIT, REDUCE	685.45			
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,280.08			
15	49555	REREPAIR FEM HERNIA, REDUCE	685.45			
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,280.08			
15	49560	RPR VENTRAL HERN INIT, REDUC	602.28			
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,280.08			
15	49565	REREPAIR VENTRL HERN, REDUCE	602.28			
15	49566	REREPAIR VENTRL HERN, BLOCK	1,280.08			
15	49568	HERNIA REPAIR W/MESH	951.22			
15	49570	RPR EPIGASTRIC HERN, REDUCE	602.28			
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,280.08			
15	49580	RPR UMBIL HERN, REDUC <5 YR	602.28	00 05		
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,280.08			
15	49585	RPR UMBIL HERN, REDUC > 5 YR	602.28			
15	49587	RPR UMBIL HERN, BLOCK > 5 YR	1,280.08			
15	49590	REPAIR SPIGELIAN HERNIA	487.56			
15	49600	REPAIR UMBILICAL LESION	602.28			
15	49650	LAP ING HERNIA REPAIR INIT	602.28			
15	49651	LAP ING HERNIA REPAIR RECUR	951.22			
15	49659	LAPARO PROC, HERNIA REPAIR	MP			X
15	49900	REPAIR OF ABDOMINAL WALL	602.28			
15	49999	ABDPMEN SURGERY PROCEDURE	MP			X
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	426.38			
15	50200	BIOPSY OF KIDNEY	318.35			
15	50390	DRAINAGE OF KIDNEY LESION	318.35			
15	50392	INTRO CATH RENAL PELVIS,PERC	318.35			
15	50393	INTR URETH CATH/STENT IN URETER	318.35			
15	50395	CREATE PASSAGE TO KIDNEY	318.35			
15	50396	MEASURE KIDNEY PRESSURE	318.35			
15	50398	CHANGE KIDNEY TUBE	318.35			
15	50549	LAPAROSCOPE PROC, RENAL	MP			X
15	50551	KIDNEY ENDOSCOPY	318.35			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX
15	50553	KIDNEY ENDOSCOPY	318.35			
15	50555	KIDNEY ENDOSCOPY & BIOPSY	318.35			
15	50557	KIDNEY ENDOSCOPY & TREATMENT	318.35			
15	50561	KIDNEY ENDOSCOPY & TREATMENT	318.35			
15	50590	LITHOTRIPSY, ESW	487.56			
15	50684	INJECTION FOR URETER X-RAY	318.35			
15	50688	CHANGE OF URETER TUBE	318.35			
15	50947	LAPARO NEW URETER/BLADDER	1,280.08			
15	50948	LAPARO NEW URETER/BLADDER	1,280.08			
15	50949	LAPAROSCOPE PROC, URETER	MP		X	
15	50951	ENDOSCOPY OF URETER	318.35			
15	50953	ENDOSCOPY OF URETER	318.35			
15	50955	URETER ENDOSCOPY & BIOPSY	318.35			
15	50957	URETER ENDOSCOPY & TREATMENT	318.35			
15	50961	URETER ENDOSCOPY & TREATMENT	318.35			
15	50970	URETER ENDOSCOPY	318.35			
15	50972	URETER ENDOSCOPY & CATHETER	318.35			
15	50974	URETER ENDOSCOPY & BIOPSY	318.35			
15	50976	URETER ENDOSCOPY & TREATMENT	318.35			
15	50980	URETER ENDOSCOPY & TREATMENT	318.35			
15	51020	INCISE & TREAT BLADDER	602.28			
15	51030	INCISE & TREAT BLADDER	602.28			
15	51040	INCISE & DRAIN BLADDER	602.28			
15	51045	INCISE BLADDER/DRAIN URETER	602.28			
15	51050	REMOVAL OF BLADDER STONE	602.28			
15	51065	REMOVE URETER CALCULUS	602.28			
15	51080	DRAINAGE OF BLADDER ABSCESS	318.35			
15	51500	REMOVAL OF BLADDER CYST	602.28			
15	51520	REMOVAL OF BLADDER LESION	602.28			
15	51605	PREPARATION FOR BLADDER XRAY	318.35			
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	318.35			
15	51705	CHANGE OF BLADDER TUBE	318.35			
15	51710	CHANGE OF BLADDER TUBE	318.35			
15	51715	ENDOSCOPIC INJECTION/IMPLANT	487.56			
15	51720	TREATMENT OF BLADDER LESION	318.35			
15	51726	COMPLEX CYSTOMETROGRAM	318.35			
15	51772	URETHRA PRESSURE PROFILE	318.35			
15	51784	ANAL/URINARY MUSCLE STUDY	318.35			
15	51785	ANAL/URINARY MUSCLE STUDY	318.35			
15	51840	ATTACH BLADDER/URETHRA	426.38			
15	51880	REPAIR OF BLADDER OPENING	318.35			
15	51992	LAPARO SLING OPERATION	426.38			
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X	
15	52000	CYSTOSCOPY	318.35			
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	426.38			
15	52005	CYSTOSCOPY & URETER CATHETER	426.38			
15	52007	CYSTOSCOPY AND BIOPSY	426.38			
15	52010	CYSTOSCOPY & DUCT CATHETER	426.38			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	52204	CYSTOSCOPY	426.38			
15	52214	CYSTOSCOPY AND TREATMENT	426.38			
15	52224	CYSTOSCOPY AND TREATMENT	426.38			
15	52234	CYSTOSCOPY AND TREATMENT	426.38			
15	52235	CYSTOSCOPY AND TREATMENT	487.56			
15	52240	CYSTOSCOPY AND TREATMENT	487.56			
15	52250	CYSTOSCOPY AND RADIOTRACER	602.28			
15	52260	CYSTOSCOPY AND TREATMENT	426.38			
15	52265	CYSTOSCOPY & TREATMENT	426.38			
15	52270	CYSTOSCOPY & REVISE URETHRA	426.38			
15	52275	CYSTOSCOPY & REVISE URETHRA	426.38			
15	52276	CYSTOSCOPY AND TREATMENT	487.56			
15	52277	CYSTOSCOPY AND TREATMENT	426.38			
15	52281	CYSTOSCOPY AND TREATMENT	426.38			
15	52282	CYSTOSCOPY, IMPLANT STENT	1,280.08			
15	52283	CYSTOSCOPY AND TREATMENT	426.38			
15	52285	CYSTOSCOPY AND TREATMENT	426.38			
15	52290	CYSTOSCOPY AND TREATMENT	426.38			
15	52300	CYSTOSCOPY AND TREATMENT	426.38			
15	52301	CYSTOSCOPY AND TREATMENT	426.38			
15	52305	CYSTOSCOPY AND TREATMENT	426.38			
15	52310	CYSTOSCOPY AND TREATMENT	426.38			
15	52315	CYSTOSCOPY AND TREATMENT	426.38			
15	52317	REMOVE BLADDER STONE	318.35			
15	52318	REMOVE BLADDER STONE	426.38			
15	52320	CYSTOSCOPY AND TREATMENT	685.45			
15	52325	CYSTOSCOPY, STONE REMOVAL	602.28			
15	52327	CYSTOSCOPY, INJECT MATERIAL	426.38			
15	52330	CYSTOSCOPY AND TREATMENT	426.38			
15	52332	CYSTOSCOPY AND TREATMENT	426.38			
15	52334	CREATE PASSAGE TO KIDNEY	487.56			
15	52341	CYSTO W/URETER STRICTURE TX	487.56			
15	52342	CYSTO W/UP STRICTURE TX	487.56			
15	52343	CYSTO W/RENAL STRICTURE TX	487.56			
15	52344	CYSTO/URETERO, STONE REMOVE	487.56			
15	52345	CYSTO/URETERO W/UP STRICTURE	487.56			
15	52346	CYSTOURETERO W/RENAL STRICT	487.56			
15	52351	CYSTOURETRO & OR PYELOSCOPE	487.56			
15	52352	CYSTOURETRO W/STONE REMOVE	602.28			
15	52353	CYSTOURETERO W/LITHOTRIPSY	602.28			
15	52354	CYSTOURETERO W/BIOPSY	602.28			
15	52355	CYSTOURETERO W/EXCISE TUMOR	602.28			
15	52400	CYSTOURETERO W/CONGEN REPR	487.56			
15	52402	CYSTOURETHRO CUT EJACUL DUCT	487.56			
15	52450	INCISION OF PROSTATE	487.56			
15	52500	REVISION OF BLADDER NECK	487.56			
15	52601	PROSTATECTOMY (TURP)	602.28			
15	52630	REMOVE PROSTATE REGROWTH	426.38			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	52640	RELIEVE BLADDER CONTRACTURE	426.38			
15	52647	LASER SURGERY OF PROSTATE	1,280.08			
15	52648	LASER SURGERY OF PROSTATE	1,280.08			
15	52700	DRAINAGE OF PROSTATE ABSCESS	426.38			
15	53000	INCISION OF URETHRA	318.35			
15	53010	INCISION OF URETHRA	318.35			
15	53020	INCISION OF URETHRA	318.35			
15	53040	DRAINAGE OF URETHRA ABSCESS	426.38			
15	53080	DRAINAGE OF URINARY LEAKAGE	487.56			
15	53200	BIOPSY OF URETHRA	318.35			
15	53210	REMOVAL OF URETHRA	685.45			F
15	53215	REMOVAL OF URETHRA	685.45			M
15	53220	TREATMENT OF URETHRA LESION	426.38			
15	53230	REMOVAL OF URETHRA LESION	426.38			F
15	53235	REMOVAL OF URETHRA LESION	487.56			M
15	53240	SURGERY FOR URETHRA POUCH	426.38			
15	53250	REMOVAL OF URETHRA GLAND	426.38			
15	53260	TREATMENT OF URETHRA LESION	426.38			
15	53265	TREATMENT OF URETHRA LESION	426.38			
15	53270	REMOVAL OF URETHRA GLAND	426.38			F
15	53275	REPAIR OF URETHRA DEFECT	426.38			F
15	53400	REVISE URETHRA, STAGE 1	487.56			
15	53405	REVISE URETHRA, STAGE 2	426.38			
15	53410	RECONSTRUCTION OF URETHRA	426.38			M
15	53420	RECONSTRUCT URETHRA, STAGE 1	487.56			
15	53425	RECONSTRUCT URETHRA, STAGE 2	426.38			
15	53430	RECONSTRUCTION OF URETHRA	426.38			F
15	53431	RECONSTRUCT URETHRA/BLADDER	426.38			
15	53440	CORRECT BLADDER FUNCTION	426.38			M
15	53442	REMOVE PERINEAL PROSTHESIS	318.35			
15	53444	INSERT TANDEM CUFF	426.38			
15	53445	INSERT URO/VES NCK SPHINCTER	318.35			
15	53446	REMOVE URO SPHINCTER	318.35			
15	53447	REMOVE/REPLACE UR SPHINCTER	318.35			
15	53449	REPAIR URO SPHINCTER	318.35			
15	53450	REVISION OF URETHRA	318.35			
15	53460	REVISION OF URETHRA	318.35			
15	53502	REPAIR OF URETHRA INJURY	426.38			F
15	53505	REPAIR OF URETHRA INJURY	426.38			M
15	53510	REPAIR OF URETHRA INJURY	426.38			
15	53515	REPAIR OF URETHRA INJURY	426.38			
15	53520	REPAIR OF URETHRA DEFECT	426.38			M
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	318.35			M
15	53605	DILATE URETHRA STRICTURE	426.38			M
15	53665	DILATION OF URETHRA	318.35			F
15	53850	PROSTATIC MICROWAVE THERMOTX	1,280.08			M
15	53899	UROLOGY SURGERY PROCEDURE	MP		X	
15	54000	SLITTING OF PREPUCE	426.38			M

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX
15	54001	SLITTING OF PREPUCE	426.38			M
15	54015	DRAIN PENIS LESION	602.28			M
15	54057	LASER SURG, PENIS LESION(S)	318.35			M
15	54060	EXCISION OF PENIS LESION(S)	318.35			M
15	54065	DESTRUCTION, PENIS LESION(S)	318.35			M
15	54100	BIOPSY OF PENIS	318.35			M
15	54105	BIOPSY OF PENIS	318.35			M
15	54110	TREATMENT OF PENIS LESION	426.38			M
15	54111	TREAT PENIS LESION, GRAFT	426.38			M
15	54112	TREAT PENIS LESION, GRAFT	426.38			M
15	54115	TREATMENT OF PENIS LESION	318.35			M
15	54120	PARTIAL REMOVAL OF PENIS	426.38			M
15	54160	CIRCUMCISION	426.38	00	01	M
15	54161	CIRCUMCISION	426.38			M
15	54162	LYSIS PENIL CIRCUMCIS LESION	426.38			M
15	54163	REPAIR OF CIRCUMCISION	426.38			M
15	54164	FRENULOTOMY OF PENIS	426.38			M
15	54205	TREATMENT OF PENIS LESION	602.28			M
15	54220	TREATMENT OF PENIS LESION	318.35			M
15	54300	REVISION OF PENIS	487.56			M
15	54304	REVISION OF PENIS	487.56			M
15	54308	RECONSTRUCTION OF URETHRA	487.56			M
15	54312	RECONSTRUCTION OF URETHRA	487.56			M
15	54316	RECONSTRUCTION OF URETHRA	487.56			M
15	54318	RECONSTRUCTION OF URETHRA	487.56			M
15	54322	RECONSTRUCTION OF URETHRA	487.56			M
15	54324	RECONSTRUCTION OF URETHRA	487.56			M
15	54326	RECONSTRUCTION OF URETHRA	487.56			M
15	54328	REVISE PENIS/URETHRA	487.56			M
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	487.56			M
15	54340	SECONDARY URETHRAL SURGERY	487.56			M
15	54344	SECONDARY URETHRAL SURGERY	487.56			M
15	54348	SECONDARY URETHRAL SURGERY	487.56			M
15	54352	RECONSTRUCT URETHRA/PENIS	487.56			M
15	54360	PENIS PLASTIC SURGERY	487.56			M
15	54380	REPAIR PENIS	487.56			M
15	54385	REPAIR PENIS	487.56			M
15	54400	INSERT SEMI-RIGID PROSTHESIS	487.56			M
15	54401	INSERT SELF-CONTD PROSTHESIS	487.56			M
15	54405	INSERT MULTI-COMP PENIS PROS	487.56			M
15	54406	REMOVE MULTI-COMP PENIS PROS	487.56			M
15	54408	REPAIR MULTI-COMP PENIS PROS	487.56			M
15	54410	REMOVE/REPLACE PENIS PROSTH	487.56			M
15	54415	REMOVE SELF-CONTD PENIS PROS	487.56			M
15	54416	REMOV/REPL PENIS CONTAIN PROS	487.56			M
15	54420	REVISION OF PENIS	602.28			M
15	54435	REVISION OF PENIS	602.28			M
15	54440	REPAIR OF PENIS	602.28		X	M

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX
15	54450	PREPUTIAL STRETCHING	318.35			M
15	54500	BIOPSY OF TESTIS	318.35			M
15	54505	BIOPSY OF TESTIS	318.35			M
15	54512	EXCISE LESION TESTIS	426.38			M
15	54520	REMOVAL OF TESTIS	487.56			M
15	54522	ORCHIECTOMY, PARTIAL	487.56			M
15	54530	REMOVAL OF TESTIS	602.28			M
15	54535	EXTENSIVE TESTIS SURGERY	487.56			M
15	54550	EXPLORATION FOR TESTIS	602.28			M
15	54600	REDUCE TESTIS TORSION	602.28			M
15	54620	SUSPENSION OF TESTIS	487.56			M
15	54640	SUSPENSION OF TESTIS	602.28			M
15	54660	REVISION OF TESTIS	426.38			M
15	54670	REPAIR TESTIS INJURY	487.56			M
15	54680	RELOCATION OF TESTIS(ES)	487.56			M
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,280.08			
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,280.08			
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X	
15	54700	DRAINAGE OF SCROTUM	426.38			M
15	54800	BIOPSY OF EPIDIDYMIS	318.35			M
15	54830	REMOVE EPIDIDYMIS LESION	487.56			M
15	54840	REMOVE EPIDIDYMIS LESION	602.28			M
15	54860	REMOVAL OF EPIDIDYMIS	487.56			M
15	54861	REMOVAL OF EPIDIDYMIS	602.28			M
15	54900	FUSION OF SPERMATIC DUCTS	602.28			M
15	54901	FUSION OF SPERMATIC DUCTS	602.28			M
15	55000	DRAINAGE OF HYDROCELE	318.35			M
15	55040	REMOVAL OF HYDROCELE	487.56			M
15	55041	REMOVAL OF HYDROCELES	685.45			M
15	55060	REPAIR OF HYDROCELE	602.28			M
15	55100	DRAINAGE OF SCROTUM ABSCESS	318.35			M
15	55110	EXPLORE SCROTUM	426.38			
15	55120	REMOVAL OF SCROTUM LESION	426.38			M
15	55150	REMOVAL OF SCROTUM	318.35			M
15	55175	REVISION OF SCROTUM	318.35			
15	55180	REVISION OF SCROTUM	426.38			
15	55200	INCISION OF SPERM DUCT	426.38			M
15	55250	REMOVAL OF SPERM DUCT(S)	426.38	21 99	X	M
15	55400	REPAIR OF SPERM DUCT	318.35			M
15	55500	REMOVAL OF HYDROCELE	487.56			M
15	55520	REMOVAL OF SPERM CORD LESION	602.28			M
15	55530	REVISE SPERMATIC CORD VEINS	602.28			M
15	55535	REVISE SPERMATIC CORD VEINS	602.28			M
15	55540	REVISE HERNIA & SPERM VEINS	685.45			M
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,280.08			
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X	
15	55680	REMOVE SPERM POUCH LESION	318.35			M
15	55700	BIOPSY OF PROSTATE	426.38			M

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	55705	BIOPSY OF PROSTATE	426.38			M
15	55720	DRAINAGE OF PROSTATE ABSCESS	318.35			M
15	55725	DRAINAGE OF PROSTATE ABSCESS	426.38			M
15	55873	CRYOABLATE PROSTATE	1,280.08			
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	318.35			F
15	56420	DRAINAGE OF VULVA ABSCESS	318.35	10 60		F
15	56440	SURGERY FOR VULVA LESION	426.38			F
15	56441	LYSIS OF LABIAL LESION(S)	318.35			F
15	56501	DESTROY VULVA LESION (S); SIMPLE	318.35			F
15	56515	DESTROY VULVA LESION/S COMPL	487.56			F
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	318.35			F
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	318.35	10 60		F
15	56620	PARTIAL REMOVAL OF VULVA	685.45			F
15	56625	COMPLETE REMOVAL OF VULVA	951.22			F
15	56700	PARTIAL REMOVAL OF HYMEN	318.35			F
15	56740	REMOVE VAGINA GLAND LESION	487.56			F
15	56800	REPAIR OF VAGINA	487.56			F
15	56810	REPAIR OF PERINEUM	685.45			
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	318.35			F
15	57000	EXPLORATION OF VAGINA	318.35			
15	57010	DRAINAGE OF PELVIC ABSCESS	426.38			F
15	57020	DRAINAGE OF PELVIC FLUID	426.38			F
15	57023	I & D VAG HEMATOMA, NON-OB	318.35			F
15	57065	DESTROY VAG LESIONS, COMPLEX	318.35			F
15	57100	BIOPSY OF VAGINA	318.35	10 60		F
15	57105	BIOPSY OF VAGINA	318.35			F
15	57130	REMOVE VAGINA LESION	426.38			F
15	57135	REMOVE VAGINA LESION	426.38			F
15	57155	INSERT UTERI TANDEMS/OVOIDS	426.38			F
15	57180	TREAT VAGINAL BLEEDING	318.35			F
15	57200	REPAIR OF VAGINA	318.35			F
15	57210	REPAIR VAGINA/PERINEUM	426.38			F
15	57220	REVISION OF URETHRA	487.56			F
15	57230	REPAIR OF URETHRAL LESION	487.56			F
15	57240	REPAIR BLADDER & VAGINA	685.45			F
15	57250	REPAIR RECTUM & VAGINA	685.45			F
15	57260	REPAIR OF VAGINA	685.45			F
15	57265	EXTENSIVE REPAIR OF VAGINA	951.22			F
15	57268	REPAIR OF BOWEL BULGE	487.56			F
15	57289	REPAIR BLADDER & VAGINA	685.45			F
15	57291	CONSTRUCTION OF VAGINA	685.45			F
15	57300	REPAIR RECTUM-VAGINA FISTULA	487.56			F
15	57400	DILATION OF VAGINA	426.38		X	F
15	57410	PELVIC EXAMINATION	426.38		X	F
15	57415	REMOVE VAGINAL FOREIGN BODY	426.38			
15	57420	EXAM OF VAGINA W/SCOPE	318.35			
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	318.35			F

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	57454	VAGINA EXAMINATION & BIOPSY	318.35			F
15	57455	BIOPSY OF CERVIX W/SCOPE	318.35			F
15	57456	ENDOCERV CURETTAGE W/SCOPE	318.35	10 60		F
15	57460	COLPOSCOPY (VAGINOSCOPY;	318.35			F
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	318.35			
15	57500	BIOPSY OF CERVIX	318.35			F
15	57505	ENDOCERVICAL CURETTAGE	426.38			F
15	57510	CAUTHERUZATION OF CERVIX	487.56			F
15	57511	CRYOCAUTERY OF CERVIX	487.56			F
15	57513	LASER SURGERY OF CERVIX	426.38			F
15	57520	CONIZATION OF CERVIX	426.38			F
15	57522	CONIZATION OF CERVIX	426.38			
15	57530	REMOVAL OF CERVIX	487.56			F
15	57550	REMOVAL OF RESIDUAL CERVIX	487.56			F
15	57556	REMOVE CERVIX, REPAIR BOWEL	685.45			
15	57700	REVISION OF CERVIX	318.35			F
15	57720	REVISION OF CERVIX	487.56			F
15	57800	DILATION OF CERVICAL CANAL	318.35			F
15	58120	DILATION AND CURETTAGE	426.38	12 99		F
15	58145	REMOVAL OF UTERUS LESION	685.45			F
15	58300	INSERT INTRAUTERINE DEVICE	318.35	10 60		F
15	58301	REMOVE INTRAUTERINE DEVICE	318.35	10 60		F
15	58340	INJECT FOR UTERUS/TUBE X-RAY	426.38	21 59	X	F
15	58346	INSERT HEYMAN UTERI CAPSULE	426.38			
15	58353	ENDOMETR ABLATE, THERMAL	602.28		X	F
15	58428	MICROSUR MUSCLE GRAFT FACE PALSY	602.28			
15	58528	CHANGE DRESSING UNDER ANESTHESIA	318.35			
15	58545	LAPAROSCOPIC MYOMECTOMY	1,280.08			F
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,280.08			F
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,280.08		X	
15	58552	LAPARO-VAG HYST INCL T/O	1,280.08			
15	58555	HYSTEROSCOPY, DX, SEP PROC	318.35		X	
15	58558	HYSTEROSCOPY, BIOPSY	487.56		X	
15	58559	HYSTEROSCOPY, LYSIS	426.38		X	
15	58560	HYSTEROSCOPY, RESECT SEPTUM	487.56		X	
15	58561	HYSTEROSCOPY, REMOVE MYOMA	487.56		X	
15	58562	HYSTEROSCOPY, REMOVE FB	487.56		X	
15	58563	HYSTEROSCOPY, ABLATION	602.28		X	
15	58565	HYSTEROSCOPY, STERILIZATION	1,398.04	21 59	X	F
15	58578	LAPARO PROC, UTERUS	MP		X	
15	58579	HYSTEROSCOPE PROCEDURE	MP		X	
15	58600	DIVISION OF FALLOPIAN TUBE	487.56	21 55	X	F
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	602.28	21 55	X	F
15	58621	EXAM/BIOPSY OF VULVA W/SCOPE	318.35			
15	58660	LAPAROSCOPY, LYSIS	685.45		X	
15	58661	LAPAROSCOPY, REMOVE ADNEXA	685.45		X	
15	58662	LAPAROSCOPY, EXCISE LESIONS	685.45		X	
15	58670	LAPAROSCOPY, TUBAL CAUTERY	487.56	10 59	X	F

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	58671	LAPAROSCOPY, TUBAL BLOCK	487.56		X	
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	685.45			
15	58673	LAPAROSCOPY, SALPINGOSTOMY	685.45		X	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X	
15	58700	REMOVAL OF FALLOPIAN TUBE	602.28		X	F
15	58720	REMOVAL OF OVARY/TUBE(S)	602.28		X	F
15	58800	DRAINAGE OF OVARIAN CYST(S)	487.56			F
15	58820	DRAIN OVARY ABSCESS, OPEN	487.56			F
15	58822	DRAINAGE OF OVARIAN ABSCESS	318.35	10 60		F
15	58900	BIOPSY OF OVARY(S)	487.56			F
15	58925	REMOVAL OF OVARIAN CYST(S)	487.56			F
15	58999	GENITAL SURGERY PROCEDURE	MP		X	
15	59000	AMNIOCENTESIS	318.35	10 60		F
15	59001	AMNIOCENTESIS, THERAPETUIC	318.35			
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	487.56		X	
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	487.56	10 60	X	F
15	59160	D & C AFTER DELIVERY	487.56	10 60		F
15	59320	REVISION OF CERVIX	318.35	10 60		F
15	59812	TREATMENT OF MISCARRIAGE	685.45	10 60	X	F
15	59820	CARE OF MISCARRIAGE	685.45	10 60	X	
15	59821	TREATMENT OF MISCARRIAGE	685.45	10 55	X	F
15	59840	ABORTION	685.45	10 60	X	F
15	59841	ABORTION	685.45	10 60	X	
15	59870	EVACUATE MOLE OF UTERUS	685.45	10 60	X	F
15	59871	REMOVE CERCLAGE SUTURE	685.45			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	318.35			
15	60100	BIOPSY OF THYROID	318.35			
15	60200	REMOVE THYROID LESION	426.38			
15	60240	REMOVAL OF THYROID	1,280.08			
15	60280	REMOVE THYROID DUCT LESION	602.28			
15	60281	REMOVE THYROID DUCT LESION	602.28			
15	60659	LAPARO PROC, ENDOCRINE	MP		X	
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X	
15	61020	REMOVE BRAIN CAVITY FLUID	318.35			
15	61026	INJECTION INTO BRAIN CANAL	318.35			
15	61050	REMOVE BRAIN CANAL FLUID	318.35			
15	61055	INJECTION INTO BRAIN CANAL	318.35			
15	61070	BRAIN CANAL SHUNT PROCEDURE	318.35			
15	61215	INSERT BRAIN-FLUID DEVICE	487.56			
15	61790	TREAT TRIGEMINAL NERVE	487.56			
15	61791	TREAT TRIGEMINAL TRACT	487.56			
15	61795	STEREOTAC COMP ASSIST VOLUME PROC	318.35			
15	61885	IMPLANT NEUROSTIM ONE ARRAY	426.38			
15	61886	IMPLANT NEUROSTIM ARRAYS	487.56			
15	61888	REVISE/REMOVE NEURORECEIVER	318.35			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
TS						
15	62194	REPLACE/IRRIGATE CATHETER	318.35			
15	62225	REPLACE/IRRIGATE CATHETER	318.35			
15	62230	REPLACE/REVISE BRAIN SHUNT	426.38			
15	62263	LYSIS EPIDURAL ADHESIONS	318.35			
15	62268	DRAIN SPINAL CORD CYST	318.35			
15	62269	NEEDLE BIOPSY, SPINAL CORD	318.35			
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	318.35			
15	62272	DRAIN CEREBRO SPINAL FLUID	318.35			
15	62273	TREAT EPIDURAL SPINE LESION	318.35			
15	62280	TREAT SPINAL CORD LESION	318.35			
15	62281	TREAT SPINAL CORD LESION	318.35			
15	62282	TREAT SPINAL CANAL LESION	318.35			
15	62287	PERCUTANEOUS DISKECTOMY	1,280.08			
15	62294	INJECTION INTO SPINAL ARTERY	487.56			
15	62310	INJECT SPINE C/T	318.35			
15	62311	INJECT SPINE L/S (CD)	318.35			
15	62318	INJECT SPINE W/CATH, C/T	318.35			
15	62319	INJECT SPINE W/CATH L/S (CD)	318.35			
15	62350	IMPLANT SPINAL CANAL CATH	426.38			
15	62355	REMOVE SPINAL CANAL CATHETER	426.38			
15	62360	INSERT SPINE INFUSION DEVICE	426.38			
15	62361	IMPLANT SPINE INFUSION PUMP	426.38			
15	62362	IMPLANT SPINE INFUSION PUMP	426.38			
15	62365	REMOVE SPINE INFUSION DEVICE	426.38			
15	62367	ANALYZE SPINE INFUSION PUMP	426.38			
15	62368	ANALYZE SPINE INFUSION PUMP	426.38			
15	63600	REMOVE SPINAL CORD LESION	426.38			
15	63610	STIMULATION OF SPINAL CORD	318.35			
15	63650	IMPLANT NEUROELECTRODES	426.38			
15	63660	REVISE/REMOVE NEUROELECTRODE	318.35			
15	63685	IMPLANT NEURORRECEIVER	426.38			
15	63688	REVISE/REMOVE NEURORRECEIVER	318.35			
15	63744	REVISION OF SPINAL SHUNT	487.56			
15	63746	REMOVAL OF SPINAL SHUNT	426.38			
15	64402	INJECTION FOR NERVE BLOCK	318.35			
15	64410	INJECTION FOR NERVE BLOCK	318.35			
15	64415	INJECTION FOR NERVE BLOCK	318.35			
15	64417	INJECTION FOR NERVE BLOCK	318.35			
15	64420	INJECTION FOR NERVE BLOCK	318.35			
15	64421	INJECTION FOR NERVE BLOCK	318.35			
15	64430	INJECTION FOR NERVE BLOCK	318.35			
15	64450	INJECTION FOR NERVE BLOCK	318.35			
15	64470	INJ PARAVERTEBRAL C/T	318.35			
15	64472	INJ PARAVERTEBRAL C/T ADD-ON	318.35			
15	64475	INJ PARAVERTEBRAL L/S	318.35			
15	64476	INJ PARAVERTEBRAL L/S ADD-ON	318.35			
15	64479	INJ FORAMEN EPIDURAL C/T	318.35			
15	64480	INJ FORAMEN EPIDURAL ADD-ON	318.35			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	64483	INJ FORAMEN EPIDURAL L/S	318.35			
15	64484	INJ FORAMEN EPIDURAL ADD-ON	318.35			
15	64505	INJECTION FOR NERVE BLOCK	318.35			
15	64510	INJECTION FOR NERVE BLOCK	318.35			
15	64517	N BLOCK INJ, HYOGAS PLXS	426.38			
15	64520	INJECTION FOR NERVE BLOCK	318.35			
15	64530	INJECTION FOR NERVE BLOCK	318.35			
15	64553	IMPLANT NEUROELECTRODES	318.35			
15	64561	IMPLANT NEUROELECTRODES	487.56			
15	64573	IMPLANT NEUROELECTRODES	318.35			
15	64575	IMPLANT NEUROELECTRODES	318.35			
15	64577	IMPLANT NEUROELECTRODES	318.35			
15	64580	IMPLANT NEUROELECTRODES	318.35			
15	64581	IMPLANT NEUROELECTRODES	487.56			
15	64585	REVISE/REMOVE NEUROELECTRODE	318.35			
15	64590	IMPLANT NEURORECEIVER	426.38			
15	64595	REVISE/REMOVE NEURORECEIVER	318.35			
15	64600	INJECTION TREATMENT OF NERVE	318.35			
15	64605	INJECTION TREATMENT OF NERVE	318.35			
15	64610	INJECTION TREATMENT OF NERVE	318.35			
15	64614	DESTROY NERVE, EXTREM MUSIC	318.35			
15	64620	INJECTION TREATMENT OF NERVE	318.35			
15	64622	DESTR PARAVERTEBRL NERVE L/S	318.35			
15	64623	DESTR PARAVERTEBRAL N ADD-ON	318.35			
15	64626	DESTR PARAVERTEBRL NERVE C/T	318.35			
15	64627	DESTR PARAVERTEBRAL N ADD-ON	318.35			
15	64630	INJECTION TREATMENT OF NERVE	426.38			
15	64640	INJECTION TREATMENT OF NERVE	318.35			
15	64680	INJECTION TREATMENT OF NERVE	426.38			
15	64681	INJECTION TREATMENT OF NERVE	426.38			
15	64702	REVISE FINGER/TOE NERVE	318.35			
15	64704	REVISE HAND/FOOT NERVE	318.35			
15	64708	REVISE ARM/LEG NERVE	426.38			
15	64712	REVISION OF SCIATIC NERVE	426.38			
15	64713	REVISION OF ARM NERVE(S)	426.38			
15	64714	REVISE LOW BACK NERVE(S)	426.38			
15	64716	REVISION OF CRANIAL NERVE	487.56			
15	64718	REVISE ULNAR NERVE AT ELBOW	426.38			
15	64719	REVISE ULNAR NERVE AT WRIST	426.38			
15	64721	CARPAL TUNNEL SURGERY	426.38			
15	64722	RELIEVE PRESSURE ON NERVE(S)	318.35			
15	64726	RELEASE FOOT/TOE NERVE	318.35			
15	64727	INTERNAL NERVE REVISION	318.35			
15	64732	INCISION OF BROW NERVE	426.38			
15	64734	INCISION OF CHEEK NERVE	426.38			
15	64736	INCISION OF CHIN NERVE	426.38			
15	64738	INCISION OF JAW NERVE	426.38			
15	64740	INCISION OF TONGUE NERVE	426.38			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	64742	INCISION OF FACIAL NERVE	426.38			
15	64744	INCISE NERVE, BACK OF HEAD	426.38			
15	64746	INCISE DIAPHRAGM NERVE	426.38			
15	64771	SEVER CRANIAL NERVE	426.38			
15	64772	INCISION OF SPINAL NERVE	426.38			
15	64774	REMOVE SKIN NERVE LESION	426.38			
15	64776	REMOVE DIGIT NERVE LESION	487.56			
15	64778	DIGIT NERVE SURGERY ADD-ON	426.38			
15	64782	REMOVE LIMB NERVE LESION	487.56			
15	64783	LIMB NERVE SURGERY ADD-ON	426.38			
15	64784	REMOVE NERVE LESION	487.56			
15	64786	REMOVE SCIATIC NERVE LESION	487.56			
15	64787	IMPLANT NERVE END	426.38			
15	64788	REMOVE SKIN NERVE LESION	487.56			
15	64790	REMOVAL OF NERVE LESION	487.56			
15	64792	REMOVAL OF NERVE LESION	487.56			
15	64795	BIOPSY OF NERVE	426.38			
15	64802	REMOVE SYMPATHETIC NERVES	426.38			
15	64821	REMOVE SYMPATHETIC NERVES	602.28			
15	64831	REPAIR OF DIGIT NERVE	602.28			
15	64832	REPAIR NERVE ADD-ON	318.35			
15	64834	REPAIR OF HAND OR FOOT NERVE	426.38			
15	64835	REPAIR OF HAND OR FOOT NERVE	487.56			
15	64836	REPAIR OF HAND OR FOOT NERVE	487.56			
15	64837	REPAIR NERVE ADD-ON	318.35			
15	64840	REPAIR OF LEG NERVE	426.38			
15	64856	REPAIR/TRANSPOSE NERVE	426.38			
15	64857	REPAIR ARM/LEG NERVE	426.38			
15	64858	REPAIR SCIATIC NERVE	426.38			
15	64859	NERVE SURGERY	318.35			
15	64861	REPAIR OF ARM NERVES	487.56			
15	64862	REPAIR OF LOW BACK NERVES	487.56			
15	64864	REPAIR OF FACIAL NERVE	487.56			
15	64865	REPAIR OF FACIAL NERVE	602.28			
15	64870	FUSION OF FACIAL/OTHER NERVE	602.28			
15	64872	SUBSEQUENT REPAIR OF NERVE	426.38			
15	64874	REPAIR & REVISE NERVE ADD-ON	487.56			
15	64876	REPAIR NERVE/SHORTEN BONE	487.56			
15	64885	NERVE GRAFT, HEAD OR NECK	426.38			
15	64886	NERVE GRAFT, HEAD OR NECK	426.38			
15	64890	NERVE GRAFT, HAND OR FOOT	426.38			
15	64891	NERVE GRAFT, HAND OR FOOT	426.38			
15	64892	NERVE GRAFT, ARM OR LEG	426.38			
15	64893	NERVE GRAFT, ARM OR LEG	426.38			
15	64895	NERVE GRAFT, HAND OR FOOT	487.56			
15	64896	NERVE GRAFT, HAND OR FOOT	487.56			
15	64897	NERVE GRAFT, ARM OR LEG	487.56			
15	64898	NERVE GRAFT, ARM OR LEG	487.56			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	64901	NERVE GRAFT ADD-ON	426.38			
15	64902	NERVE GRAFT ADD-ON	426.38			
15	64905	NERVE PEDICLE TRANSFER	426.38			
15	64907	NERVE PEDICLE TRANSFER	318.35			
15	64999	NERVOUS SYSTEM SURGERY	MP		X	
15	65091	REVISE EYE	487.56			
15	65093	REVISE EYE WITH IMPLANT	487.56			
15	65101	REMOVAL OF EYE	487.56			
15	65103	REMOVE EYE/INSERT IMPLANT	487.56			
15	65105	REMOVE EYE/ATTACH IMPLANT	602.28			
15	65110	REMOVAL OF EYE	685.45			
15	65112	REMOVE EYE/REVISE SOCKET	951.22			
15	65114	REMOVE EYE/REVISE SOCKET	951.22			
15	65130	INSERT OCULAR IMPLANT	487.56			
15	65135	INSERT OCULAR IMPLANT	426.38			
15	65140	ATTACH OCULAR IMPLANT	487.56			
15	65150	REVISE OCULAR IMPLANT	426.38			
15	65155	REINSERT OCULAR IMPLANT	487.56			
15	65175	REMOVAL OF OCULAR IMPLANT	318.35			
15	65235	REMOVE FOREIGN BODY FROM EYE	426.38			
15	65260	REMOVE FOREIGN BODY FROM EYE	487.56			
15	65265	REMOVE FOREIGN BODY FROM EYE	602.28			
15	65270	REPAIR OF EYE WOUND	426.38			
15	65272	REPAIR OF EYE WOUND	426.38			
15	65275	REPAIR OF EYE WOUND	602.28			
15	65280	REPAIR OF EYE WOUND	602.28			
15	65285	REPAIR OF EYE WOUND	602.28			
15	65290	REPAIR OF EYE SOCKET WOUND	487.56			
15	65400	REMOVAL OF EYE LESION	318.35			
15	65410	BIOPSY OF CORNEA	426.38			
15	65420	REMOVAL OF EYE LESION	426.38			
15	65426	REMOVAL OF EYE LESION	685.45			
15	65710	CORNEAL TRANSPLANT	951.22			
15	65730	CORNEAL TRANSPLANT	951.22			
15	65750	CORNEAL TRANSPLANT	951.22			
15	65755	CORNEAL TRANSPLANT	951.22			
15	65770	REVISE CORNEA WITH IMPLANT	951.22			
15	65772	CORRECTION OF ASTIGMATISM	602.28			
15	65775	CORRECTION OF ASTIGMATISM	602.28			
15	65780	OCULAR RECONST, TRANSPLANT	685.45			
15	65781	OCULAR RECONST, TRANSPLANT	685.45			
15	65782	OCULAR RECONST, TRANSPLANT	685.45		X	
15	65800	DRAINAGE OF EYE	318.35			
15	65805	DRAINAGE OF EYE	318.35			
15	65810	DRAINAGE OF EYE	487.56			
15	65815	DRAINAGE OF EYE	426.38			
15	65820	RELIEVE INNER EYE PRESSURE	318.35			
15	65850	INCISION OF EYE	602.28			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	65855	LASER TRABECULOPLASTY-1/MORE	602.28			
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	426.38			
15	65865	INCISE INNER EYE ADHESIONS	318.35			
15	65870	INCISE INNER EYE ADHESIONS	602.28			
15	65875	INCISE INNER EYE ADHESIONS	602.28			
15	65880	INCISE INNER EYE ADHESIONS	602.28			
15	65900	REMOVE EYE LESION	685.45			
15	65920	REMOVE IMPLANT OF EYE	951.22			
15	65930	REMOVE BLOOD CLOT FROM EYE	685.45			
15	66020	INJECTION TREATMENT OF EYE	318.35			
15	66030	INJECTION TREATMENT OF EYE	318.35			
15	66130	REMOVE EYE LESION	951.22			
15	66150	GLAUCOMA SURGERY	602.28			
15	66155	GLAUCOMA SURGERY	602.28			
15	66160	GLAUCOMA SURGERY	426.38			
15	66165	GLAUCOMA SURGERY	602.28			
15	66170	GLAUCOMA SURGERY	602.28			
15	66172	INCISION OF EYE	602.28			
15	66180	IMPLANT EYE SHUNT	685.45			
15	66185	REVISE EYE SHUNT	426.38			
15	66220	REPAIR EYE LESION	487.56			
15	66225	REPAIR/GRAFT EYE LESION	602.28			
15	66250	FOLLOW-UP SURGERY OF EYE	426.38			
15	66500	INCISION OF IRIS	318.35			
15	66505	INCISION OF IRIS	318.35			
15	66600	REMOVE IRIS AND LESION	487.56			
15	66605	REMOVAL OF IRIS	487.56			
15	66625	REMOVAL OF IRIS	487.56			
15	66630	REMOVAL OF IRIS	487.56			
15	66635	REMOVAL OF IRIS	487.56			
15	66680	REPAIR IRIS & CILIARY BODY	487.56			
15	66682	REPAIR IRIS & CILIARY BODY	426.38			
15	66700	DESTRUCTION, CILIARY BODY	426.38			
15	66710	DESTRUCTION, CILIARY BODY	426.38			
15	66711	CILIARY ENDOSCOPIC ABLATION	426.38			
15	66720	DESTRUCTION, CILIARY BODY	426.38			
15	66740	DESTRUCTION, CILIARY BODY	426.38			
15	66761	REVISION OF IRIS	426.38			
15	66820	INCISION OF LENS LESION	426.38			
15	66821	AFTER CATARACT LASER SURGERY	426.38			
15	66825	REPOSITION INTRAOCULAR LENS	602.28			
15	66830	REMOVAL OF LENS LESION	602.28			
15	66840	REMOVAL OF LENS MATERIAL	602.28			
15	66850	REMOVAL OF LENS MATERIAL	951.22			
15	66852	REMOVAL OF LENS MATERIAL	602.28			
15	66920	EXTRACTION OF LENS	602.28			
15	66930	EXTRACTION OF LENS	685.45			
15	66940	EXTRACTION OF LENS	685.45			

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	66982	CATARACT SURGERY, COMPLEX	786.78			
15	66983	CATARACT SURG W/IOL, 1 STAGE	786.78			
15	66984	CATARACT SURG W/IOL, I STAGE	786.78			
15	66985	INSERT LENS PROSTHESIS	646.26			
15	66986	EXCHANGE LENS PROSTHESIS	646.26			
15	66999	EYE SURGERY PROCEDURE	MP		X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	602.28			
15	67010	PARTIAL REMOVAL OF EYE FLUID	602.28			
15	67015	RELEASE OF EYE FLUID	318.35			
15	67025	REPLACE EYE FLUID	318.35			
15	67027	IMPLANT EYE DRUG SYSTEM	602.28			
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	318.35			
15	67030	INCISE INNER EYE STRANDS	318.35			
15	67031	LASER SURGERY, EYE STRANDS	426.38			
15	67036	REMOVAL OF INNER EYE FLUID	602.28			
15	67039	LASER TREATMENT OF RETINA	951.22			
15	67040	LASER TREATMENT OF RETINA	951.22			
15	67101	REPAIR DETACHED RETINA	685.45			
15	67105	PHOTOCOAGULATION/DETACHED RET	685.45			
15	67107	REPAIR DETACHED RETINA	685.45			
15	67108	REPAIR DETACHED RETINA	951.22			
15	67112	REREPAIR DETACHED RETINA	951.22			
15	67115	RELEASE ENCIRCLING MATERIAL	426.38			
15	67120	REMOVE EYE IMPLANT MATERIAL	426.38			
15	67121	REMOVE EYE IMPLANT MATERIAL	426.38			
15	67141	TREATMENT OF RETINA	426.38			
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	426.38			
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	685.45			
15	67218	TREATMENT OF RETINAL LESION	685.45			
15	67220	TREAT CHOROID LESION	318.35			
15	67227	TREATMENT OF RETINAL LESION	318.35			
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	318.35			
15	67250	REINFORCE EYE WALL	487.56			
15	67255	REINFORCE/GRAFT EYE WALL	487.56			
15	67299	EYE SURGERY PROCEDURE	MP		X	
15	67311	REVISE EYE MUSCLE	487.56			
15	67312	REVISE TWO EYE MUSCLES	602.28			
15	67314	REVISE EYE MUSCLE	602.28			
15	67316	REVISE TWO EYE MUSCLES	602.28			
15	67318	REVISE EYE MUSCLE(S)	602.28			
15	67320	REVISE EYE MUSCLE(S) ADD-ON	602.28			
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	602.28			
15	67332	REREVISE EYE MUSCLES ADD-ON	602.28			
15	67334	REVISE EYE MUSCLE W/SUTURE	602.28			
15	67335	EYE SUTURE DURING SURGERY	602.28			
15	67340	REVISE EYE MUSCLE ADD-ON	602.28			
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	951.22			
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X	

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COLUMN:

1	2	3	4	5	6	7
				AGE	MED	
			FEE	MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	67400	EXPLORE/BIOPSY EYE SOCKET	487.56			
15	67405	EXPLORE/DRAIN EYE SOCKET	602.28			
15	67412	EXPLORE/TREAT EYE SOCKET	685.45			
15	67413	EXPLORE/TREAT EYE SOCKET	685.45			
15	67415	ASPIRATION, ORBITAL CONTENTS	318.35			
15	67420	EXPLORE/TREAT EYE SOCKET	685.45			
15	67430	EXPLORE/TREAT EYE SOCKET	685.45			
15	67440	EXPLORE/DRAIN EYE SOCKET	685.45			
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	685.45			
15	67450	EXPLORE/BIOPSY EYE SOCKET	685.45			
15	67470	OPTIC NERVE DECOMPRESSION (EG, INCIS	318.35			
15	67500	INJECT/TREAT EYE SOCKET	318.35			
15	67550	INSERT EYE SOCKET IMPLANT	602.28			
15	67560	REVISE EYE SOCKET IMPLANT	426.38			
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	318.35			
15	67599	ORBIT SURGERY PROCEDURE	MP		X	
15	67700	DRAINAGE OF EYELID ABSCESS	318.35			
15	67715	INCISION OF EYELID FOLD	318.35			
15	67800	REMOVE EYELID LESION	318.35			
15	67801	REMOVE EYELID LESIONS	318.35			
15	67805	REMOVE EYELID LESIONS	318.35			
15	67808	REMOVE EYELID LESION(S)	426.38			
15	67810	BIOPSY OF EYELID	318.35			
15	67820	REVISE EYELASHES	318.35			
15	67830	REVISE EYELASHES	426.38			
15	67835	REVISE EYELASHES	426.38			
15	67880	REVISION OF EYELID	487.56			
15	67882	REVISION OF EYELID	487.56			
15	67900	REPAIR BROW DEFECT	602.28			
15	67901	REPAIR EYELID DEFECT	685.45			
15	67902	REPAIR EYELID DEFECT	685.45			
15	67903	REPAIR EYELID DEFECT	602.28			
15	67904	REPAIR EYELID DEFECT	602.28			
15	67906	REPAIR EYELID DEFECT	685.45			
15	67908	REPAIR EYELID DEFECT	602.28			
15	67909	REVISE EYELID DEFECT	602.28			
15	67911	REVISE EYELID DEFECT	487.56			
15	67912	CORRECTION EYELID W/IMPLANT	487.56			
15	67914	REPAIR EYELID DEFECT	487.56			
15	67916	REPAIR EYELID DEFECT	602.28			
15	67917	REPAIR EYELID DEFECT	602.28			
15	67921	REPAIR EYELID DEFECT	487.56			
15	67923	REPAIR EYELID DEFECT	602.28			
15	67924	REPAIR EYELID DEFECT	602.28			
15	67930	REPAIR EYELID WOUND	426.38			
15	67935	REPAIR EYELID WOUND	426.38			
15	67938	REMOVE EYELID FOREIGN BODY	318.35			
15	67950	REVISION OF EYELID	426.38			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	67961	REVISION OF EYELID	487.56			
15	67966	REVISION OF EYELID	487.56			
15	67971	RECONSTRUCTION OF EYELID	487.56			
15	67973	RECONSTRUCTION OF EYELID	487.56			
15	67974	RECONSTRUCTION OF EYELID	487.56			
15	67975	RECONSTRUCTION OF EYELID	487.56			
15	67999	EYELID SURGERY PROCEDURE	MP		X	
15	68110	REMOVE EYELID LINING LESION	318.35			
15	68115	REMOVE EYELID LINING LESION	426.38			
15	68130	REMOVE EYELID LINING LESION	426.38			
15	68320	REVISE/GRAFT EYELID LINING	602.28			
15	68325	REVISE/GRAFT EYELID LINING	602.28			
15	68326	REVISE/GRAFT EYELID LINING	602.28			
15	68328	REVISE/GRAFT EYELID LINING	602.28			
15	68330	REVISE EYELID LINING	602.28			
15	68335	REVISE/GRAFT EYELID LINING	602.28			
15	68340	SEPARATE EYELID ADHESIONS	602.28			
15	68360	REVISE EYELID LINING	426.38			
15	68362	REVISE EYELID LINING	426.38			
15	68371	HARVEST EYE TISSUE, ALOGRAFT	426.38			
15	68399	EYELID LINING SURGERY	MP		X	
15	68500	REMOVAL OF TEAR GLAND	487.56			
15	68505	PARTIAL REMOVAL, TEAR GLAND	487.56			
15	68510	BIOPSY OF TEAR GLAND	318.35			
15	68520	REMOVAL OF TEAR SAC	487.56			
15	68525	BIOPSY OF TEAR SAC	318.35			
15	68540	REMOVE TEAR GLAND LESION	487.56			
15	68550	REMOVE TEAR GLAND LESION	487.56			
15	68700	REPAIR TEAR DUCTS	426.38			
15	68720	CREATE TEAR SAC DRAIN	602.28			
15	68745	CREATE TEAR DUCT DRAIN	602.28			
15	68750	CREATE TEAR DUCT DRAIN	602.28			
15	68770	CLOSE TEAR SYSTEM FISTULA	602.28			
15	68810	PROBE NASOLACRIMAL DUCT	318.35			
15	68811	PROBE NASOLACRIMAL DUCT	426.38			
15	68815	PROBE NASOLACRIMAL DUCT	426.38			
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X	
15	69000	DRAIN EXTERNAL EAR LESION	318.35			
15	69005	DRAIN EXTERNAL EAR LESION	318.35			
15	69020	DRAIN OUTER EAR CANAL LESION	318.35			
15	69100	BIOPSY OF EXTERNAL EAR	318.35			
15	69105	BIOPSY OF EXTERNAL EAR CANAL	318.35			
15	69110	REMOVE EXTERNAL EAR, PARTIAL	318.35			
15	69120	REMOVAL OF EXTERNAL EAR	426.38			
15	69140	REMOVE EAR CANAL LESION(S)	426.38			
15	69145	REMOVE EAR CANAL LESION(S)	426.38			
15	69150	EXTENSIVE EAR CANAL SURGERY	487.56			
15	69205	CLEAR OUTER EAR CANAL	318.35			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	69300	REVISE EXTERNAL EAR	487.56			
15	69310	REBUILD OUTER EAR CANAL	487.56			
15	69320	REBUILD OUTER EAR CANAL	951.22			
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X	
15	69420	INCISION OF EARDRUM	426.38			
15	69421	INCISION OF EARDRUM	487.56			
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	318.35			
15	69433	OFFICE TYMPANOSTOMY, UNILAT	487.56			
15	69436	CREATE EARDRUM OPENING	487.56			
15	69440	EXPLORATION OF MIDDLE EAR	487.56			
15	69449	INNER EAR SURGERY PROCEDURE	MP		X	
15	69450	EARDRUM REVISION	318.35			
15	69501	MASTOIDECTOMY	951.22			
15	69502	MASTOIDECTOMY	951.22			
15	69505	REMOVE MASTOID STRUCTURES	951.22			
15	69511	EXTENSIVE MASTOID SURGERY	951.22			
15	69530	EXTENSIVE MASTOID SURGERY	951.22			
15	69540	REMOVE EAR LESION	487.56			
15	69550	REMOVE EAR LESION	685.45			
15	69552	REMOVE EAR LESION	951.22			
15	69601	MASTOID SURGERY REVISION	951.22			
15	69602	MASTOID SURGERY REVISION	951.22			
15	69603	MASTOID SURGERY REVISION	951.22			
15	69604	MASTOID SURGERY REVISION	951.22			
15	69605	MASTOID SURGERY REVISION	951.22			
15	69610	REPAIR EARDRUM	426.38			
15	69620	REPAIR OF EARDRUM	426.38			
15	69631	REPAIR EARDRUM STRUCTURES	685.45			
15	69632	REBUILD EARDRUM STRUCTURES	685.45			
15	69633	REBUILD EARDRUM STRUCTURES	685.45			
15	69635	REPAIR EARDRUM STRUCTURES	951.22			
15	69636	REBUILD EARDRUM STRUCTURES	951.22			
15	69637	REBUILD EARDRUM STRUCTURES	951.22			
15	69641	REVISE MIDDLE EAR & MASTOID	951.22			
15	69642	REVISE MIDDLE EAR & MASTOID	951.22			
15	69643	REVISE MIDDLE EAR & MASTOID	951.22			
15	69644	REVISE MIDDLE EAR & MASTOID	951.22			
15	69645	REVISE MIDDLE EAR & MASTOID	951.22			
15	69646	REVISE MIDDLE EAR & MASTOID	951.22			
15	69650	RELEASE MIDDLE EAR BONE	951.22			
15	69660	REVISE MIDDLE EAR BONE	685.45			
15	69661	REVISE MIDDLE EAR BONE	685.45			
15	69662	REVISE MIDDLE EAR BONE	685.45			
15	69666	REPAIR MIDDLE EAR STRUCTURES	602.28			
15	69667	REPAIR MIDDLE EAR STRUCTURES	602.28			
15	69670	REMOVE MASTOID AIR CELLS	487.56			
15	69676	REMOVE MIDDLE EAR NERVE	487.56			
15	69700	CLOSE MASTOID FISTULA	487.56			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 04, 2009

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	69711	REMOVE/REPAIR HEARING AID	318.35			
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,280.08			
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,280.08			
15	69717	TEMPLE BONE IMPLANT REVISION	1,280.08			
15	69718	REVISE TEMPLE BONE IMPLANT	1,280.08			
15	69720	RELEASE FACIAL NERVE	685.45			
15	69725	RELEASE FACIAL NERVE	685.45			
15	69740	REPAIR FACIAL NERVE	685.45			
15	69745	REPAIR FACIAL NERVE	685.45			
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X
15	69801	INCISE INNER EAR	685.45			
15	69802	INCISE INNER EAR	951.22			
15	69805	EXPLORE INNER EAR	951.22			
15	69806	EXPLORE INNER EAR	951.22			
15	69820	ESTABLISH INNER EAR WINDOW	685.45			
15	69840	REVISE INNER EAR WINDOW	685.45			
15	69905	REMOVE INNER EAR	951.22			
15	69910	REMOVE INNER EAR & MASTOID	951.22			
15	69915	INCISE INNER EAR NERVE	951.22			
15	69930	IMPLANT COCHLEAR DEVICE	951.22	01 99		
15	69949	INNER EAR SURGERY PROCEDURE	MP			X
15	69979	TEMPORAL BONE SURGERY	MP			X
15	69990	MICROSURGERY ADD-ON	318.35			X
15	91105	GASTRIC INTUBATION, AND ASPIRATION O	318.35			
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	318.35			
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	318.35			

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
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 Unisys 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 or for manual pricing.

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