

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 1, 2010

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	G0105	COLORECTAL SCRNI; HI RISK IND	386.43			
15	G0121	COLON CA SCRNI; NOT HIGH RSK IN	386.43			
15	G0260	INJ FOR SACROILIAC JT ANESTH	288.52			
15	03210	NASAL SINUS THERAPY	288.52			
15	10022	FNA W/IMAGE	288.52			
15	10060	DRAINAGE OF SKIN ABSCESS	288.52			
15	10061	DRAIN SKIN ABSCESS COMPLICATED	288.52			
15	10080	INCISE/DRAIN SIMPLE CYST	288.52			
15	10081	INCISE/DRAIN COMPLICATED PILONIDAL CYST	288.52			
15	10120	SIMPLE REMOVAL FOREIGN BODY	288.52			
15	10121	REMOVE FOREIGN BODY	386.43			
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	288.52			
15	10160	PUNCTURE DRAINAGE OF LESION	288.52			
15	10180	COMPLEX DRAINAGE, WOUND	386.43			
15	11004	DEBRIDE GENITALIA & PERINEUM	386.43			
15	11005	DEBRIDE ABDOM WALL	386.43			
15	11006	DEBRIDE GENIT/ABDOM WALL	386.43			
15	11008	REMOVE MESH FROM ABD WALL	386.43			
15	11010	DEBRIDE SKIN, FX	386.43			
15	11011	DEBRIDE SKIN/MUSCLE, FX	386.43			
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	386.43			
15	11041	DEBRIDE SKIN, FULL THICKNESS	386.43			
15	11042	DEBRIDE SKIN/TISSUE	386.43			
15	11043	DEBRIDE TISSUE/MUSCLE	386.43			
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	386.43			
15	11144	EXCISE BENIGN LESION TO 0.5 CM	288.52			
15	11175	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	288.52			
15	11400	EXCISE BENIGN LESION TO 0.5 CM	288.52			
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	288.52			
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	288.52			
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	288.52			
15	11404	REMOVAL OF SKIN LESION	288.52			
15	11406	REMOVAL OF SKIN LESION	386.43			
15	11420	EXCISE BENIGN LESION TO 0.5 CM	386.43			
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	386.43			
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	386.43			
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	386.43			
15	11424	REMOVAL OF SKIN LESION	386.43			
15	11426	REMOVAL OF SKIN LESION	386.43			
15	11440	EXCISE BENIGN LESION TO 0.5 CM	288.52			
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	288.52			
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	288.52			
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	288.52			
15	11444	REMOVAL OF SKIN LESION	288.52			
15	11446	REMOVAL OF SKIN LESION	386.43			
15	11450	REMOVAL, SWEAT GLAND LESION	386.43			
15	11451	REMOVAL, SWEAT GLAND LESION	386.43			
15	11462	REMOVAL, SWEAT GLAND LESION	386.43			

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1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	11463	REMOVAL, SWEAT GLAND LESION	386.43			
15	11470	REMOVAL, SWEAT GLAND LESION	386.43			
15	11471	REMOVAL, SWEAT GLAND LESION	386.43			
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	386.43			
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	386.43			
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	386.43			
15	11604	REMOVAL OF SKIN LESION	386.43			
15	11606	REMOVAL OF SKIN LESION	386.43			
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	386.43			
15	11624	REMOVAL OF SKIN LESION	386.43			
15	11626	REMOVAL OF SKIN LESION	386.43			
15	11640	EXC FACE MM MALIG + MAG 0.5<	386.43			
15	11641	EXC FACE-MM-MALIG+MAG .6-1	386.43			
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	386.43			
15	11644	REMOVAL OF SKIN LESION	386.43			
15	11646	REMOVAL OF SKIN LESION	386.43			
15	11750	EXCISION NAIL & NAIL MATRIX	288.52			
15	11752	EXCISE NAIL, MATRIX-AMPUTATE TUFT	288.52			
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	288.52			
15	11770	REMOVAL OF PILONIDAL LESION	441.87			
15	11771	REMOVAL OF PILONIDAL LESION	441.87			
15	11772	REMOVAL OF PILONIDAL LESION	441.87			
15	11960	INSERT TISSUE EXPANDER(S)	386.43			
15	11970	REPLACE TISSUE EXPANDER	441.87			
15	11971	REMOVE TISSUE EXPANDER(S)	288.52			
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	288.52			
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	288.52			
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	288.52			
15	12005	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12006	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12007	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	386.43			
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	386.43			
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	386.43			
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	386.43			
15	12016	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12017	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12018	REPAIR SUPERFICIAL WOUND(S)	386.43			
15	12020	CLOSURE OF SPLIT WOUND	288.52			
15	12021	CLOSURE OF SPLIT WOUND	288.52			
15	12031	LAYER CLOSURE WOUND TO 2.5 CM	288.52			
15	12032	LAYER CLOSEURE 2.6 TO 7.5 CM	288.52			
15	12034	LAYER CLOSURE OF WOUND(S)	386.43			
15	12035	LAYER CLOSURE OF WOUND(S)	386.43			
15	12036	LAYER CLOSURE OF WOUND(S)	386.43			
15	12037	LAYER CLOSURE OF WOUND(S)	386.43			
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	288.52			
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	288.52			

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1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	12044	LAYER CLOSURE OF WOUND(S)	386.43			
15	12045	LAYER CLOSURE OF WOUND(S)	386.43			
15	12046	LAYER CLOSURE OF WOUND(S)	386.43			
15	12047	LAYER CLOSURE OF WOUND(S)	386.43			
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	288.52			
15	12052	LAYER CLOSURE 2.6 TO 5 CM	288.52			
15	12053	LAYER CLOSURE 5.1 TO 7.5	288.52			
15	12054	LAYER CLOSURE OF WOUND(S)	386.43			
15	12055	LAYER CLOSURE OF WOUND(S)	386.43			
15	12056	LAYER CLOSURE OF WOUND(S)	386.43			
15	12057	LAYER CLOSURE OF WOUND(S)	386.43			
15	13100	REPAIR OF WOUND OR LESION	386.43			
15	13101	REPAIR OF WOUND OR LESION	441.87			
15	13102	REPAIR WOUND/LESION ADD-ON	441.87			
15	13120	REPAIR OF WOUND OR LESION	386.43			
15	13121	REPAIR OF WOUND OR LESION	441.87			
15	13122	REPAIR WOUND/LESION ADD-ON	441.87			
15	13131	REPAIR OF WOUND OR LESION	386.43			
15	13132	REPAIR OF WOUND OR LESION	441.87			
15	13133	REPAIR WOUND/LESION ADD-ON	441.87			
15	13150	REPAIR OF WOUND OR LESION	441.87			
15	13151	REPAIR OF WOUND OR LESION	441.87			
15	13152	REPAIR OF WOUND OR LESION	441.87			
15	13153	REPAIR WOUND/LESION ADD-ON	288.52			
15	13160	LATE CLOSURE OF WOUND	386.43			
15	14000	SKIN TISSUE REARRANGEMENT	386.43			
15	14001	SKIN TISSUE REARRANGEMENT	441.87			
15	14020	SKIN TISSUE REARRANGEMENT	441.87			
15	14021	SKIN TISSUE REARRANGEMENT	441.87			
15	14040	SKIN TISSUE REARRANGEMENT	386.43			
15	14041	SKIN TISSUE REARRANGEMENT	441.87			
15	14060	SKIN TISSUE REARRANGEMENT	441.87			
15	14061	SKIN TISSUE REARRANGEMENT	441.87			
15	14221	EXCISE BENIGN LESION 1.1 TO 2CM	386.43			
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	545.85			
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	545.85			
15	14350	SKIN TISSUE REARRANGEMENT	441.87			
15	15040	HARVEST CULTURED SKIN GRAFT	386.43			
15	15050	SKIN PINCH GRAFT	386.43			
15	15100	SKIN SPLIT GRAFT	386.43			
15	15101	SKIN SPLIT GRAFT ADD-ON	441.87			
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	386.43			
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	288.52			
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	386.43			
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	288.52			
15	15120	SKIN SPLIT GRAFT	386.43			
15	15121	SKIN SPLIT GRAFT ADD-ON	441.87			
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	386.43			

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TS	CODE	DESCRIPTION				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	288.52			
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	386.43			
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	288.52			
15	15150	CULT EPIDERM GRFT T/ARM/LEG	386.43			
15	15151	CULT EPIDERM GRFT T/A/L ADDL	288.52			
15	15152	CULT EPIDERM GRAFT T/A/L +%	288.52			
15	15155	CULT EPIDERM GRAFT, F/N/HF/G	386.43			
15	15156	CULT EPIDERM GRFT F/N/HFG/ADD	288.52			
15	15157	CUKT EPIDERM GRFT F/N/HFG+%	288.52			
15	15200	SKIN FULL GRAFT	441.87			
15	15201	SKIN FULL GRAFT ADD-ON	386.43			
15	15220	SKIN FULL GRAFT	386.43			
15	15221	SKIN FULL GRAFT ADD-ON	386.43			
15	15240	SKIN FULL GRAFT	441.87			
15	15241	SKIN FULL GRAFT ADD-ON	441.87			
15	15260	SKIN FULL GRAFT	386.43			
15	15261	SKIN FULL GRAFT ADD-ON	386.43			
15	15300	APPLY SKINALLOGRFT,T/ARM/LG	386.43			
15	15301	APPLY SKINALLOGRFT T/A/L ADDL	288.52			
15	15320	APPLYSKIN ALLOGRFT F/N/HG/G	386.43			
15	15321	APPLY SKINALLOGRFT F/N/HFG ADD	288.52			
15	15330	APLY ACELL ALOGRDT T/ARM/LEG	386.43			
15	15331	APLY ACELL GRFT T/A/L ADD-ON	288.52			
15	15335	APPLY ACELL FRAFT, F/N/HF/G	386.43			
15	15336	APLY ACELL GRFT F/N/HF/G ADD	288.52			
15	15400	SKIN HETEROGRAFT	386.43			
15	15401	SKIN HETEROGRAFT ADD-ON	386.43			
15	15420	APPLY SKIN XGRFT, F/N/HF/G	386.43			
15	15421	APPLY SKN F/N/HF/G ADD	288.52			
15	15430	APPLY ACELLULAR XENOGRAFT	386.43			
15	15431	APPLY ACELLULAR XGRAFT ADD	288.52			
15	15570	FORM SKIN PEDICLE FLAP	441.87			
15	15572	FORM SKIN PEDICLE FLAP	441.87			
15	15574	FORM SKIN PEDICLE FLAP	441.87			
15	15576	FORM SKIN PEDICLE FLAP	441.87			
15	15600	SKIN GRAFT	441.87			
15	15610	SKIN GRAFT	441.87			
15	15620	SKIN GRAFT	545.85			
15	15630	SKIN GRAFT	441.87			
15	15650	TRANSFER SKIN PEDICLE FLAP	621.23			
15	15732	MUSCLE-SKIN GRAFT, HEAD/NECK	441.87			
15	15734	MUSCLE-SKIN GRAFT, TRUNK	441.87			
15	15736	MUSCLE-SKIN GRAFT, ARM	441.87			
15	15738	MUSCLE-SKIN GRAFT, LEG	441.87			
15	15740	ISLAND PEDICLE FLAP GRAFT	386.43			
15	15750	NEUROVASCULAR PEDICLE GRAFT	386.43			
15	15760	COMPOSITE SKIN GRAFT	386.43			
15	15770	DERMA-FAT-FASCIA GRAFT	441.87			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	15775	HAIR TRANSPLANT PUNCH GRAFTS	441.87			
15	15776	HAIR TRANSPLANT PUNCH GRAFTS	441.87			
15	15820	REVISION OF LOWER EYELID	441.87		X	
15	15821	REVISION OF LOWER EYELID	441.87		X	
15	15822	REVISION OF UPPER EYELID	441.87		X	
15	15823	REVISION OF UPPER EYELID	621.23		X	
15	15840	GRAFT FOR FACE NERVE PALSY	545.85			
15	15841	GRAFT FOR FACE NERVE PALSY	545.85			
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	545.85			
15	15845	SKIN AND MUSCLE REPAIR, FACE	545.85			
15	15852	CHANGE DRESSING UNDER ANESTHESIA	288.52			
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	288.52			
15	15920	REMOVAL OF TAIL BONE ULCER	441.87			
15	15922	REMOVAL OF TAIL BONE ULCER	545.85			
15	15931	REMOVE SACRUM PRESSURE SORE	441.87			
15	15933	REMOVE SACRUM PRESSURE SORE	441.87			
15	15934	REMOVE SACRUM PRESSURE SORE	441.87			
15	15935	REMOVE SACRUM PRESSURE SORE	545.85			
15	15936	REMOVE SACRUM PRESSURE SORE	545.85			
15	15937	REMOVE SACRUM PRESSURE SORE	545.85			
15	15940	REMOVE HIP PRESSURE SORE	441.87			
15	15941	REMOVE HIP PRESSURE SORE	441.87			
15	15944	REMOVE HIP PRESSURE SORE	441.87			
15	15945	REMOVE HIP PRESSURE SORE	545.85			
15	15946	REMOVE HIP PRESSURE SORE	545.85			
15	15950	REMOVE THIGH PRESSURE SORE	441.87			
15	15951	REMOVE THIGH PRESSURE SORE	545.85			
15	15952	REMOVE THIGH PRESSURE SORE	441.87			
15	15953	REMOVE THIGH PRESSURE SORE	545.85			
15	15956	REMOVE THIGH PRESSURE SORE	441.87			
15	15958	REMOVE THIGH PRESSURE SORE	545.85			
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X	
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	288.52			
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	386.43			
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	386.43			
15	16035	ESCHAROTOMY	386.43			
15	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	386.43			
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	386.43			
15	17999	SKIN TISSUR PROCEDURE	MP		X	
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	386.43			
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	288.52			
15	19020	INCISION OF BREAST LESION	386.43			
15	19100	BX BREAST PERCUT W/O IMAGE	288.52			
15	19101	BIOPSY OF BREAST, OPEN	386.43			
15	19102	BX BREAST PERCUT W/IMAGE	386.43			
15	19103	BX BREAST PERCUT W/DEVICE	386.43			
15	19110	NIPPLE EXPLORATION	386.43			
15	19112	EXCISE BREAST DUCT FISTULA	441.87			

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15	19120	REMOVAL OF BREAST LESION	441.87			
15	19125	EXCISION, BREAST LESION	441.87			
15	19126	EXCISION, ADDL BREAST LESION	441.87			
15	19290	PLACE NEEDLE WIRE, BREAST	288.52			
15	19291	PLACE NEEDLE WIRE, BREAST	288.52			
15	19295	PLACE BREAST CLIP, PERCUT	288.52			
15	19296	PLACE PO BREAST CATH FOR RAD	288.52			
15	19297	PLACE BREAST CATH FOR RAD	288.52			
15	19298	PLACE BREAST RAD TUBE/CATHS	288.52			
15	19300	MASTECTOMY FOR GYNECOMASTIA	545.85			M
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	441.87			
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	862.09			
15	19303	MASTECTOMY, SIMPLE, COMPLETE	545.85			
15	19304	MASTECTOMY, SUBCUTANEOUS	545.85			
15	19307	MAST, MOD RAD	862.09			
15	19316	SUSPENSION OF BREAST	545.85			F
15	19318	REDUCTION OF LARGE BREAST	545.85			
15	19324	ENLARGE BREAST	545.85			F
15	19325	ENLARGE BREAST WITH IMPLANT	1,160.14			F
15	19328	REMOVAL OF BREAST IMPLANT	288.52		X	F
15	19330	REMOVAL OF IMPLANT MATERIAL	288.52			
15	19340	IMMEDIATE BREAST PROSTHESIS	386.43			F
15	19342	DELAYED BREAST PROSTHESIS	441.87		X	F
15	19350	BREAST RECONSTRUCTION	545.85		X	
15	19355	CORRECT INVERTED NIPPLE(S)	545.85			
15	19357	BREAST RECONSTRUCTION	621.23		X	F
15	19361	BREAST RECONSTRUCTION WITH LATISSIMU	621.23		X	
15	19366	BREAST RECONSTRUCTION	621.23		X	F
15	19370	SURGERY OF BREAST CAPSULE	545.85			
15	19371	REMOVAL OF BREAST CAPSULE	545.85			
15	19380	REVISE BREAST RECONSTRUCTION	621.23			
15	19499	BREAST SURGERY PROCEDURE	MP		X	
15	20000	INCISION OF ABSCESS; SUPERFICIAL	288.52			
15	20005	INCISION OF DEEP ABSCESS	386.43			
15	20100	EXPLORE WOUND, NECK	441.87			
15	20101	EXPLORE WOUND, CHEST	441.87			
15	20102	EXPLORE WOUND, ABDOMEN	441.87			
15	20103	EXPLORE WOUND, EXTREMITY	441.87			
15	20200	MUSCLE BIOPSY	386.43			
15	20205	DEEP MUSCLE BIOPSY	441.87			
15	20206	NEEDLE BIOPSY, MUSCLE	288.52			
15	20220	BONE BIOPSY, TROCAR/NEEDLE	288.52			
15	20225	BONE BIOPSY, TROCAR/NEEDLE	386.43			
15	20240	BONE BIOPSY, EXCISIONAL	386.43			
15	20245	BONE BIOPSY, EXCISIONAL	441.87			
15	20250	OPEN BONE BIOPSY	441.87			
15	20251	OPEN BONE BIOPSY	441.87			
15	20500	INJECT SINUS TRACT, THERAPEUTICI	288.52			

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15	20501	INJECT SINUS TRACT; DIAGNOSTIC	288.52			
15	20520	REMOVE FOREGIN BODY; SIMPLE	288.52			
15	20525	REMOVAL OF FOREIGN BODY	441.87			
15	20612	ASPIRATE/INJ GANGLION CYST	288.52			
15	20615	ASPIRATE/INJECTION-BONE CYST	288.52			
15	20650	INSERT AND REMOVE BONE PIN	441.87			
15	20660	APPLY TONGS OR CALIPERAND REMOVE	288.52	00 00		
15	20661	APPLY HALO;	288.52			
15	20662	APPLY HALO; PELVIC	288.52			
15	20663	APPLY HALO; FEMORAL	288.52			
15	20664	HALO BRACE APPLICATION	386.43			
15	20665	REMOVE HALO OR TONGS BY OTHER MD	288.52			
15	20670	REMOVAL OF SUPPORT IMPLANT	288.52			
15	20680	REMOVAL OF SUPPORT IMPLANT	441.87			
15	20690	APPLY BONE FIXATION DEVICE	386.43			
15	20692	APPLY BONE FIXATION DEVICE	441.87			
15	20693	ADJUST BONE FIXATION DEVICE	441.87			
15	20694	REMOVE BONE FIXATION DEVICE	288.52			
15	20900	REMOVAL OF BONE FOR GRAFT	441.87			
15	20902	REMOVAL OF BONE FOR GRAFT	545.85			
15	20910	REMOVE CARTILAGE FOR GRAFT	441.87			
15	20912	REMOVE CARTILAGE FOR GRAFT	441.87			
15	20920	REMOVAL OF FASCIA FOR GRAFT	545.85			
15	20922	REMOVAL OF FASCIA FOR GRAFT	441.87			
15	20924	REMOVAL OF TENDON FOR GRAFT	545.85			
15	20926	REMOVAL OF TISSUE FOR GRAFT	545.85			
15	20930	SPINAL BONE ALLOGRAFT	288.52			
15	20931	SPINAL BONE ALLOGRAFT	288.52			
15	20936	SPINAL BONE AUTOGRAFT	288.52			
15	20937	SPINAL BONE AUTOGRAFT	288.52			
15	20938	SPINAL BONE AUTOGRAFT	288.52			
15	20950	MONITOR INTERSTITIAL FLUID	288.52			
15	20975	ELECTRICAL BONE STIMULATION	386.43			
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X
15	21010	INCISION OF JAW JOINT	386.43			
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	288.52			
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	288.52			
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	288.52			
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	288.52			
15	21015	RESECTION OF FACIAL TUMOR	441.87			
15	21016	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	21025	EXCISION OF BONE, LOWER JAW	386.43			
15	21026	EXCISION OF FACIAL BONE(S)	386.43			
15	21029	CONTOUR OF FACE BONE LESION	386.43			
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	386.43			
15	21031	EXCISION OF TORUS MANDIBULARIS	386.43			
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	386.43			
15	21034	REMOVAL OF FACE BONE LESION	441.87			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	21040	REMOVAL OF JAW BONE LESION	386.43			
15	21044	REMOVAL OF JAW BONE LESION	386.43			
15	21045	RADICAL RESECTION OF MANDIBLE	441.70			
15	21046	EXCISION, BENIGN TUMOR, MANDIB	386.43			
15	21047	EXCISION, BENIGN TUMOR, MANDIB	386.43			
15	21048	REMOVE MAXILLA CYST COMPLEX	386.43			
15	21049	EXCIS UPPER JAW CYST W/REPAIR	441.87			
15	21050	REMOVAL OF JAW JOINT	441.87			
15	21060	REMOVE JAW JOINT CARTILAGE	386.43			
15	21070	REMOVE CORONOID PROCESS	441.87			
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X	
15	21100	MAXILLOFACIAL FIXATION	386.43			
15	21110	INTERDENTAL FIXATION	288.52			
15	21120	GENIOPLASTY; AUGMENTATION	862.09			
15	21121	RECONSTRUCTION OF CHIN	862.09			
15	21122	RECONSTRUCTION OF CHIN	862.09			
15	21123	RECONSTRUCTION OF CHIN	862.09			
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	862.09			
15	21127	AUGMENTATION, LOWER JAW BONE	1,160.14			
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	862.09			
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	862.09			
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	862.09			
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	862.09			
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	862.09			
15	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	862.09			
15	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	862.09			
15	21181	CONTOUR CRANIAL BONE LESION	862.09			
15	21206	RECONSTRUCT UPPER JAW BONE	621.23			
15	21208	AUGMENTATION OF FACIAL BONES	862.09			
15	21209	REDUCTION OF FACIAL BONES	621.23			
15	21210	FACE BONE GRAFT	862.09			
15	21215	LOWER JAW BONE GRAFT	862.09			
15	21230	RIB CARTILAGE GRAFT	862.09			
15	21235	EAR CARTILAGE GRAFT	862.09			
15	21240	RECONSTRUCTION OF JAW JOINT	545.85			
15	21242	RECONSTRUCTION OF JAW JOINT	621.23			
15	21243	RECONSTRUCTION OF JAW JOINT	621.23			
15	21244	RECONSTRUCTION OF LOWER JAW	862.09			
15	21245	RECONSTRUCTION OF JAW	862.09			
15	21246	RECONSTRUCTION OF JAW	862.09			
15	21248	RECONSTRUCTION OF JAW	862.09			
15	21249	RECONSTRUCTION OF JAW	862.09			
15	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	862.09			
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	862.09			
15	21260	ORBITAL REVISION; EXTRACRANIAL	862.09			
15	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	862.09			
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	862.09			
15	21267	REVISE EYE SOCKETS	862.09			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	862.09			
15	21270	AUGMENTATION, CHEEK BONE	621.23			
15	21275	REVISION, ORBITOFACIAL BONES	862.09			
15	21280	REVISION OF EYELID	621.23			
15	21282	REVISION OF EYELID	621.23			
15	21295	RECONST LWR JAW W/O FIXATION	288.52			
15	21296	RECONST LWR JAW W/FIXATION	288.52			
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X	
15	21310	TREATMENT OF NOSE FRACTURE	386.43			
15	21315	TREATMENT OF NOSE FRACTURE	386.43			
15	21320	TREATMENT OF NOSE FRACTURE	386.43			
15	21325	TREATMENT OF NOSE FRACTURE	545.85			
15	21330	TREATMENT OF NOSE FRACTURE	621.23			
15	21335	TREATMENT OF NOSE FRACTURE	862.09			
15	21336	TREAT NASAL SEPTAL FRACTURE	545.85			
15	21337	TREAT NASAL SEPTAL FRACTURE	386.43			
15	21338	TREAT NASOETHMOID FRACTURE	545.85			
15	21339	TREAT NASOETHMOID FRACTURE	621.23			
15	21340	TREATMENT OF NOSE FRACTURE	545.85			
15	21343	OPEN TREATMENT CLOSED OR OPEN DEP	621.23			
15	21344	OPEN TREATMENT OF COMPLICATED (EG,C	862.09			
15	21345	TREAT NOSE/JAW FRACTURE	862.09			
15	21346	OPEN TREATMENT NASOMAXILLARY FX	621.23			
15	21347	OPEN TREATMENT NASOMAXILLARY FX	862.09			
15	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	862.09			
15	21355	TREAT CHEEK BONE FRACTURE	441.87			
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	441.87			
15	21385	TREAT ORBITAL FX; TRANSANTRAL	545.85			
15	21386	TREAT ORBITAL FX; PERIORBITAL	545.85			
15	21387	TREAT ORBITAL FX; COMBINATION	545.85			
15	21390	TREAT ORBITAL WITH IMPLANT	545.85			
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	545.85			
15	21400	TREAT EYE SOCKET FRACTURE	386.43			
15	21401	TREAT EYE SOCKET FRACTURE	441.87			
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	545.85			
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	545.85			
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	545.85			
15	21421	TREAT MOUTH ROOF FRACTURE	545.85			
15	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	621.23			
15	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	621.23			
15	21431	TREAT CRANIOFACIAL SEPARATION	545.85			
15	21432	OPEN TX CRANIOFACIAL SEPARATION	545.85			
15	21433	COMPLICATED TX CRANIOFACIAL FX	621.23			
15	21435	COMPLICATED TX CRANIOFACIAL FX	621.23			
15	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	621.23			
15	21440	TREAT DENTAL RIDGE FRACTURE	441.87			
15	21445	TREAT DENTAL RIDGE FRACTURE	545.85			
15	21450	TREAT LOWER JAW FRACTURE	441.87			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	21451	TREAT LOWER JAW FRACTURE	545.85			
15	21452	TREAT LOWER JAW FRACTURE	386.43			
15	21453	TREAT LOWER JAW FRACTURE	441.87			
15	21454	TREAT LOWER JAW FRACTURE	621.23			
15	21460	TREAT OPEN FX ORBIT W/O IMPLANT	545.85			
15	21461	TREAT LOWER JAW FRACTURE	545.85			
15	21462	TREAT LOWER JAW FRACTURE	621.23			
15	21465	TREAT LOWER JAW FRACTURE	545.85			
15	21470	TREAT COMPLICATED MANDIBULAR FX	621.23			
15	21480	RESET DISLOCATED JAW	288.52			
15	21485	RESET DISLOCATED JAW	386.43			
15	21490	REPAIR DISLOCATED JAW	441.87			
15	21497	INTERDENTAL WIRING	386.43			
15	21499	UNLISTED PROCEDURE; HEAD	MP			X
15	21501	DRAIN NECK/CHEST LESION	386.43			
15	21502	DRAIN CHEST LESION	386.43			
15	21510	INCISION WITH OPENING OF BONE CORTEX	441.87			
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	288.52			
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	386.43			
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	386.43			
15	21555	REMOVE LESION, NECK/CHEST	386.43			
15	21556	REMOVE LESION, NECK/CHEST	386.43			
15	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	386.43			
15	21558	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	21600	PARTIAL REMOVAL OF RIB	386.43			
15	21610	PARTIAL REMOVAL OF RIB	386.43			
15	21615	EXCISION CERVICAL RIB	386.43			
15	21616	EXCISE RIB WITH SYMPATHECTOMY	386.43			
15	21620	OSTECTOMY OF STERNUM; PARTIAL	386.43			
15	21627	STERNAL DEBRIDEMENT	386.43			
15	21630	RADICAL RESECTOPM PF STERNUM	621.23			
15	21632	MEDIASTINAL LYMPHADENECTOMY	621.23			
15	21700	REVISION OF NECK MUSCLE	386.43			
15	21705	DIVIDE SCALENUS AND RESECTION RIB	386.43			
15	21720	REVISION OF NECK MUSCLE	441.87			
15	21725	REVISION OF NECK MUSCLE	441.87			
15	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	441.87			
15	21800	TREATMENT OF RIB FRACTURE	288.52			
15	21805	TREATMENT OF RIB FRACTURE	386.43			
15	21810	TREAT RIB FX W/EXTERNAL FIXATION	386.43			
15	21820	TREAT STERNUM FRACTURE	288.52			
15	21825	TREAT STERNUM FRACTURE;OPEN	386.43			
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X
15	21920	BX, SFT TISS-BACK/FLANK/SUPERFICIAL	288.52			
15	21925	BIOPSY SOFT TISSUE OF BACK	386.43			
15	21930	REMOVE LESION, BACK OR FLANK	386.43			
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	386.43			
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	386.43			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	386.43			
15	21935	REMOVE TUMOR, BACK	441.87			
15	21936	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	22100	RESECT VERTEBRA, CERVICAL	386.43			
15	22101	RESECT VERTEBRA, THORACIC	386.43			
15	22305	TREAT SPINE PROCESS FRACTURE	288.52			
15	22310	TREAT SPINE FRACTURE	288.52			
15	22315	TREAT SPINE FRACTURE	386.43			
15	22505	MANIPULATION OF SPINE	386.43			
15	22520	PERCUT VERTEBROPLASTY THOR	1,160.14			
15	22521	PERCUT VERTEBROPLASTY LUMB	1,160.14			
15	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	1,160.14			
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,160.14			
15	22899	SPINE SURGERY PROCEDURE	MP			X
15	22900	REMOVE ABDOMINAL WALL LESION	545.85			
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	386.43			
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	386.43			
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	386.43			
15	22904	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	22905	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	22999	ABDOMEN SURGERY PROCEDURE	MP			X
15	23000	REMOVAL OF CALCIUM DEPOSITS	386.43			
15	23020	RELEASE SHOULDER JOINT	386.43			
15	23030	DRAIN SHOULDER LESION	288.52			
15	23031	DRAIN SHOULDER BURSA	441.87			
15	23035	DRAIN SHOULDER BONE LESION	441.87			
15	23040	EXPLORATORY SHOULDER SURGERY	441.87			
15	23044	EXPLORATORY SHOULDER SURGERY	545.85			
15	23066	BIOPSY SHOULDER TISSUES	386.43			
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHO	386.43			
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHO	386.43			
15	23075	REMOVAL OF SHOULDER LESION	386.43			
15	23076	REMOVAL OF SHOULDER LESION	386.43			
15	23077	REMOVE TUMOR OF SHOULDER	441.87			
15	23078	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	23100	BIOPSY OF SHOULDER JOINT	386.43			
15	23101	SHOULDER JOINT SURGERY	862.09			
15	23105	REMOVE SHOULDER JOINT LINING	545.85			
15	23106	INCISION OF COLLARBONE JOINT	545.85			
15	23107	EXPLORE TREAT SHOULDER JOINT	545.85			
15	23120	PARTIAL REMOVAL, COLLAR BONE	621.23			
15	23125	REMOVAL OF COLLAR BONE	621.23			
15	23130	REMOVE SHOULDER BONE, PART	621.23			
15	23140	REMOVAL OF BONE LESION	545.85			
15	23145	REMOVAL OF BONE LESION	621.23			
15	23146	REMOVAL OF BONE LESION	621.23			
15	23150	REMOVAL OF HUMERUS LESION	545.85			
15	23155	REMOVAL OF HUMERUS LESION	621.23			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	23156	REMOVAL OF HUMERUS LESION	621.23			
15	23170	REMOVE COLLAR BONE LESION	386.43			
15	23172	REMOVE SHOULDER BLADE LESION	386.43			
15	23174	REMOVE HUMERUS LESION	386.43			
15	23180	REMOVE COLLAR BONE LESION	545.85			
15	23182	REMOVE SHOULDER BLADE LESION	545.85			
15	23184	REMOVE HUMERUS LESION	545.85			
15	23190	PARTIAL REMOVAL OF SCAPULA	545.85			
15	23195	REMOVAL OF HEAD OF HUMERUS	621.23			
15	23330	REMOVE SHOULDER FOREIGN BODY	288.52			
15	23331	REMOVE SHOULDER FOREIGN BODY	288.52			
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	621.23			
15	23397	MUSCLE TRANSFERS	862.09			
15	23400	FIXATION OF SHOULDER BLADE	862.09			
15	23405	INCISION OF TENDON & MUSCLE	386.43			
15	23406	INCISE TENDON(S) & MUSCLE(S)	386.43			
15	23410	REPAIR OF TENDON(S)	621.23			
15	23412	REPAIR OF TENDON(S)	862.09			
15	23415	RELEASE OF SHOULDER LIGAMENT	621.23			
15	23420	REPAIR OF SHOULDER	862.09			
15	23430	REPAIR BICEPS TENDON	545.85			
15	23440	REMOVE/TRANSPLANT TENDON	545.85			
15	23450	REPAIR SHOULDER CAPSULE	621.23			
15	23455	REPAIR SHOULDER CAPSULE	862.09			
15	23460	REPAIR SHOULDER CAPSULE	621.23			
15	23462	REPAIR SHOULDER CAPSULE	862.09			
15	23465	REPAIR SHOULDER CAPSULE	621.23			
15	23466	REPAIR SHOULDER CAPSULE	862.09			
15	23480	REVISION OF COLLAR BONE	545.85			
15	23485	REVISION OF COLLAR BONE	862.09			
15	23490	REINFORCE CLAVICLE	441.87			
15	23491	REINFORCE SHOULDER BONES	441.87			
15	23500	TREAT CLAVICLE FRACTURE	288.52			
15	23505	TREAT CLAVICLE FRACTURE	288.52			
15	23515	TREAT CLAVICLE FRACTURE	441.87			
15	23520	TREAT CLAVICLE DISLOCATION	288.52			
15	23525	TREAT CLAVICLE DISLOCATION	288.52			
15	23530	TREAT CLAVICLE DISLOCATION	441.87			
15	23532	TREAT CLAVICLE DISLOCATION	545.85			
15	23540	TREAT CLAVICLE DISLOCATION	288.52			
15	23545	TREAT CLAVICLE DISLOCATION	288.52			
15	23550	TREAT CLAVICLE DISLOCATION	441.87			
15	23552	TREAT CLAVICLE DISLOCATION	545.85			
15	23570	TREAT SHOULDER BLADE FX	288.52			
15	23575	TREAT SHOULDER BLADE FX	288.52			
15	23585	TREAT SCAPULA FRACTURE	441.87			
15	23600	TREAT HUMERUS FRACTURE	288.52			
15	23605	TREAT HUMERUS FRACTURE	386.43			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	23615	TREAT HUMERUS FRACTURE	545.85			
15	23616	TREAT HUMERUS FRACTURE	545.85			
15	23620	TREAT HUMERUS FRACTURE	288.52			
15	23625	TREAT HUMERUS FRACTURE	386.43			
15	23630	TREAT HUMERUS FRACTURE	621.23			
15	23650	TREAT SHOULDER DISLOCATION	288.52			
15	23655	TREAT SHOULDER DISLOCATION	288.52			
15	23660	TREAT SHOULDER DISLOCATION	441.87			
15	23665	TREAT DISLOCATION/FRACTURE	386.43			
15	23670	TREAT DISLOCATION/FRACTURE	441.87			
15	23675	TREAT DISLOCATION/FRACTURE	386.43			
15	23680	TREAT DISLOCATION/FRACTURE	441.87			
15	23700	FIXATION OF SHOULDER	288.52			
15	23800	FUSION OF SHOULDER JOINT	545.85			
15	23802	FUSION OF SHOULDER JOINT	862.09			
15	23921	AMPUTATION FOLLOW-UP SURGERY	441.87			
15	23929	SHOULDER SURGERY PROCEDURE	MP		X	
15	23930	DRAINAGE OF ARM LESION	288.52			
15	23931	DRAINAGE OF ARM BURSA	386.43			
15	23935	DRAIN ARM/ELBOW BONE LESION	386.43			
15	24000	EXPLORATORY ELBOW SURGERY	545.85			
15	24006	RELEASE ELBOW JOINT	545.85			
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	386.43			
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	386.43			
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	386.43			
15	24075	REMOVE ARM/ELBOW LESION	386.43			
15	24076	REMOVE ARM/ELBOW LESION	386.43			
15	24077	REMOVE TUMOR OF ARM/ELBOW	441.87			
15	24079	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	24100	BIOPSY ELBOW JOINT LINING	288.52			
15	24101	EXPLORE/TREAT ELBOW JOINT	545.85			
15	24102	REMOVE ELBOW JOINT LINING	545.85			
15	24105	REMOVAL OF ELBOW BURSA	441.87			
15	24110	REMOVE HUMERUS LESION	386.43			
15	24115	REMOVE/GRAFT BONE LESION	441.87			
15	24116	REMOVE/GRAFT BONE LESION	441.87			
15	24120	REMOVE ELBOW LESION	441.87			
15	24125	REMOVE/GRAFT BONE LESION	441.87			
15	24126	REMOVE/GRAFT BONE LESION	441.87			
15	24130	REMOVAL OF HEAD OF RADIUS	441.87			
15	24134	REMOVAL OF ARM BONE LESION	386.43			
15	24136	REMOVE RADIUS BONE LESION	386.43			
15	24138	REMOVE ELBOW BONE LESION	386.43			
15	24140	PARTIAL REMOVAL OF ARM BONE	441.87			
15	24145	PARTIAL REMOVAL OF RADIUS	441.87			
15	24147	PARTIAL REMOVAL OF ELBOW	386.43			
15	24155	REMOVAL OF ELBOW JOINT	441.87			
15	24160	REMOVE ELBOW JOINT IMPLANT	386.43			

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 1, 2010

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	SEX
				MIN-MAX	REV	
TS	CODE	DESCRIPTION				
15	24164	REMOVE RADIUS HEAD IMPLANT	441.87			
15	24200	REMOVAL OF ARM FOREIGN BODY	288.52			
15	24201	REMOVAL OF ARM FOREIGN BODY	386.43			
15	24301	MUSCLE/TENDON TRANSFER	545.85			
15	24305	ARM TENDON LENGTHENING	545.85			
15	24310	REVISION OF ARM TENDON	441.87			
15	24320	REPAIR OF ARM TENDON	441.87			
15	24330	REVISION OF ARM MUSCLES	441.87			
15	24331	REVISION OF ARM MUSCLES	441.87			
15	24340	REPAIR OF BICEPS TENDON	441.87			
15	24341	REPAIR ARM TENDON/MUSCLE	441.87			
15	24342	REPAIR OF RUPTURED TENDON	441.87			
15	24345	REPR ELBW MED LIGMNT W/TISSU	386.43			
15	24360	RECONSTRUCT ELBOW JOINT	621.23			
15	24361	RECONSTRUCT ELBOW JOINT	621.23			
15	24362	RECONSTRUCT ELBOW JOINT	621.23			
15	24363	REPLACE ELBOW JOINT	862.09			
15	24365	RECONSTRUCT HEAD OF RADIUS	621.23			
15	24366	RECONSTRUCT HEAD OF RADIUS	621.23			
15	24400	REVISION OF HUMERUS	545.85			
15	24410	REVISION OF HUMERUS	545.85			
15	24420	REVISION OF HUMERUS	441.87			
15	24430	REPAIR OF HUMERUS	441.87			
15	24435	REPAIR HUMERUS WITH GRAFT	545.85			
15	24470	REVISION OF ELBOW JOINT	441.87			
15	24495	DECOMPRESSION OF FOREARM	386.43			
15	24498	REINFORCE HUMERUS	441.87			
15	24500	TREAT HUMERUS FRACTURE	288.52			
15	24505	TREAT HUMERUS FRACTURE	288.52			
15	24515	TREAT HUMERUS FRACTURE	545.85			
15	24516	TREAT HUMERUS FRACTURE	545.85			
15	24530	TREAT HUMERUS FRACTURE	288.52			
15	24535	TREAT HUMERUS FRACTURE	288.52			
15	24538	TREAT HUMERUS FRACTURE	386.43			
15	24545	TREAT HUMERUS FRACTURE	545.85			
15	24546	TREAT HUMERUS FRACTURE	621.23			
15	24560	TREAT HUMERUS FRACTURE	288.52			
15	24565	TREAT HUMERUS FRACTURE	386.43			
15	24566	TREAT HUMERUS FRACTURE	386.43			
15	24575	TREAT HUMERUS FRACTURE	441.87			
15	24576	TREAT HUMERUS FRACTURE	288.52			
15	24577	TREAT HUMERUS FRACTURE	288.52			
15	24579	TREAT HUMERUS FRACTURE	441.87			
15	24582	TREAT HUMERUS FRACTURE	386.43			
15	24586	TREAT ELBOW FRACTURE	545.85			
15	24587	TREAT ELBOW FRACTURE	621.23			
15	24600	TREAT ELBOW DISLOCATION	288.52			
15	24605	TREAT ELBOW DISLOCATION	386.43			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
15	24615	TREAT ELBOW DISLOCATION	441.87			
15	24620	TREAT ELBOW FRACTURE	386.43			
15	24635	TREAT ELBOW FRACTURE	441.87			
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	288.52			
15	24655	TREAT RADIUS FRACTURE	288.52			
15	24665	TREAT RADIUS FRACTURE	545.85			
15	24666	TREAT RADIUS FRACTURE	545.85			
15	24670	TREAT ULNAR FRACTURE	288.52			
15	24675	TREAT ULNAR FRACTURE	288.52			
15	24685	TREAT ULNAR FRACTURE	441.87			
15	24800	FUSION OF ELBOW JOINT	545.85			
15	24802	FUSION/GRAFT OF ELBOW JOINT	621.23			
15	24925	AMPUTATION FOLLOW-UP SURGERY	441.87			
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X	
15	25000	INCISION OF TENDON SHEATH	441.87			
15	25020	DECOMPRESS FOREARM 1 SPACE	441.87			
15	25023	DECOMPRESS FOREARM 1 SPACE	441.87			
15	25024	DECOMPRESS FOREARM 2 SPACES	441.87			
15	25025	DECOMPRESS FORARM 2 SPACES	441.87			
15	25028	DRAINAGE OF FOREARM LESION	288.52			
15	25031	DRAINAGE OF FOREARM BURSA	386.43			
15	25035	TREAT FOREARM BONE LESION	386.43			
15	25040	EXPLORE/TREAT WRIST JOINT	621.23			
15	25066	BIOPSY FOREARM SOFT TISSUES	386.43			
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	386.43			
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	386.43			
15	25075	REMOVE FOREARM LESION SUBCUT	386.43			
15	25076	REMOVE FOREARM LESION DEEP	441.87			
15	25077	REMOVE TUMOR, FOREARM/WRIST	441.87			
15	25078	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	25085	INCISION OF WRIST CAPSULE	441.87			
15	25100	BIOPSY OF WRIST JOINT	386.43			
15	25101	EXPLORE/TREAT WRIST JOINT	441.87			
15	25105	REMOVE WRIST JOINT LINING	545.85			
15	25107	REMOVE WRIST JOINT CARTILAGE	441.87			
15	25110	REMOVE WRIST TENDON LESION	441.87			
15	25111	REMOVE WRIST TENDON LESION	441.87			
15	25112	REREMOVE WRIST TENDON LESION	545.85			
15	25115	REMOVE WRIST/FOREARM LESION	545.85			
15	25116	REMOVE WRIST/FOREARM LESION	545.85			
15	25118	EXCISE WRIST TENDON SHEATH	386.43			
15	25119	PARTIAL REMOVAL OF ULNA	441.87			
15	25120	REMOVAL OF FOREARM LESION	441.87			
15	25125	REMOVE/GRAFT FOREARM LESION	441.87			
15	25126	REMOVE/GRAFT FOREARM LESION	441.87			
15	25130	REMOVAL OF WRIST LESION	441.87			
15	25135	REMOVE & GRAFT WRIST LESION	441.87			
15	25136	REMOVE & GRAFT WRIST LESION	441.87			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	25145	REMOVE FOREARM BONE LESION	386.43			
15	25150	PARTIAL REMOVAL OF ULNA	386.43			
15	25151	PARTIAL REMOVAL OF RADIUS	386.43			
15	25210	REMOVAL OF WRIST BONE	441.87			
15	25215	REMOVAL OF WRIST BONES	545.85			
15	25230	PARTIAL REMOVAL OF RADIUS	545.85			
15	25240	PARTIAL REMOVAL OF ULNA	545.85			
15	25248	REMOVE FOREARM FOREIGN BODY	386.43			
15	25250	REMOVAL OF WRIST PROSTHESIS	288.52			
15	25251	REMOVAL OF WRIST PROSTHESIS	288.52			
15	25260	REPAIR FOREARM TENDON/MUSCLE	545.85			
15	25263	REPAIR FOREARM TENDON/MUSCLE	386.43			
15	25265	REPAIR FOREARM TENDON/MUSCLE	441.87			
15	25270	REPAIR FOREARM TENDON/MUSCLE	545.85			
15	25272	REPAIR FOREARM TENDON/MUSCLE	441.87			
15	25274	REPAIR FOREARM TENDON/MUSCLE	545.85			
15	25275	REPAIR FOREARM TENDON SHEATH	545.85			
15	25280	REVISE WRIST/FOREARM TENDON	545.85			
15	25290	INCISE WRIST/FOREARM TENDON	441.87			
15	25295	RELEASE WRIST/FOREARM TENDON	441.87			
15	25300	FUSION OF TENDONS AT WRIST	441.87			
15	25301	FUSION OF TENDONS AT WRIST	441.87			
15	25310	TRANSPLANT FOREARM TENDON	441.87			
15	25312	TRANSPLANT FOREARM TENDON	545.85			
15	25315	REVISE PALSY HAND TENDON(S)	441.87			
15	25316	REVISE PALSY HAND TENDON(S)	441.87			
15	25320	REPAIR/REVISE WRIST JOINT	441.87			
15	25332	REVISE WRIST JOINT	621.23			
15	25335	REALIGNMENT OF HAND	441.87			
15	25337	RECONSTRUCT ULNA/RADIOULNAR	621.23			
15	25350	REVISION OF RADIUS	441.87			
15	25355	REVISION OF RADIUS	441.87			
15	25360	REVISION OF ULNA	441.87			
15	25365	REVISE RADIUS & ULNA	441.87			
15	25370	REVISE RADIUS OR ULNA	441.87			
15	25375	REVISE RADIUS & ULNA	545.85			
15	25390	SHORTEN RADIUS OR ULNA	441.87			
15	25391	LENGTHEN RADIUS OR ULNA	545.85			
15	25392	SHORTEN RADIUS & ULNA	441.87			
15	25393	LENGTHEN RADIUS & ULNA	545.85			
15	25400	REPAIR RADIUS OR ULNA	441.87			
15	25405	REPAIR/GRAFT RADIUS OR ULNA	545.85			
15	25415	REPAIR RADIUS & ULNA	441.87			
15	25420	REPAIR/GRAFT RADIUS & ULNA	545.85			
15	25425	REPAIR/GRAFT RADIUS OR ULNA	441.87			
15	25426	REPAIR/GRAFT RADIUS & ULNA	545.85			
15	25431	REPAIR NONUNION CARPAL BONE	441.87			
15	25440	REPAIR/GRAFT WRIST BONE	545.85			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	25441	RECONSTRUCT WRIST JOINT	621.23			
15	25442	RECONSTRUCT WRIST JOINT	621.23			
15	25443	RECONSTRUCT WRIST JOINT	621.23			
15	25444	RECONSTRUCT WRIST JOINT	621.23			
15	25445	RECONSTRUCT WRIST JOINT	621.23			
15	25446	WRIST REPLACEMENT	862.09			
15	25447	REPAIR WRIST JOINT(S)	621.23			
15	25449	REMOVE WRIST JOINT IMPLANT	621.23			
15	25450	REVISION OF WRIST JOINT	441.87			
15	25455	REVISION OF WRIST JOINT	441.87			
15	25490	REINFORCE RADIUS	441.87			
15	25491	REINFORCE ULNA	441.87			
15	25492	REINFORCE RADIUS AND ULNA	441.87			
15	25505	TREAT FRACTURE OF RADIUS	288.52			
15	25515	TREAT FRACTURE OF RADIUS	441.87			
15	25520	TREAT FRACTURE OF RADIUS	288.52			
15	25525	TREAT FRACTURE OF RADIUS	545.85			
15	25526	TREAT FRACTURE OF RADIUS	621.23			
15	25535	TREAT FRACTURE OF ULNA	288.52			
15	25545	TREAT FRACTURE OF ULNA	441.87			
15	25565	TREAT FRACTURE RADIUS & ULNA	386.43			
15	25574	TREAT FRACTURE RADIUS & ULNA	441.87			
15	25575	TREAT FRACTURE RADIUS/ULNA	441.87			
15	25599	UNLISTED PROCEDURE, FOREMAN OR WRIST	MP		X	
15	25605	TREAT FRACTURE RADIUS/ULNA	441.87			
15	25606	TREAT FX DISTAL RADIAL	441.87			
15	25607	TREAT FX RAD EXTRA-ARTICUL	621.23			
15	25608	TREAT FX RAD INTRA-ARTICUL	621.23			
15	25609	TREAT FX RADIAL 3 + FRAG	621.23			
15	25624	TREAT WRIST BONE FRACTURE	386.43			
15	25628	TREAT WRIST BONE FRACTURE	441.87			
15	25635	TREAT WRIST BONE FRACTURE	288.52			
15	25645	TREAT WRIST BONE FRACTURE	441.87			
15	25651	PIN ULAR STYLOID FRACTURE	441.87			
15	25660	TREAT WRIST DISLOCATION	288.52			
15	25670	TREAT WRIST DISLOCATION	441.87			
15	25671	PIN RADIOULNAR DISLOCATION	288.52			
15	25675	TREAT WRIST DISLOCATION	288.52			
15	25676	TREAT WRIST DISLOCATION	386.43			
15	25680	TREAT WRIST FRACTURE	386.43			
15	25685	TREAT WRIST FRACTURE	441.87			
15	25690	TREAT WRIST DISLOCATION	288.52			
15	25695	TREAT WRIST DISLOCATION	386.43			
15	25800	FUSION OF WRIST JOINT	545.85			
15	25805	FUSION/GRAFT OF WRIST JOINT	621.23			
15	25810	FUSION/GRAFT OF WRIST JOINT	621.23			
15	25820	FUSION OF HAND BONES	545.85			
15	25825	FUSE HAND BONES WITH GRAFT	621.23			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	25830	FUSION, RADIOULNAR JNT/ULNA	621.23			
15	25907	AMPUTATION FOLLOW-UP SURGERY	441.87			
15	25922	AMPUTATE HAND AT WRIST	441.87			
15	25929	AMPUTATION FOLLOW-UP SURGERY	441.87			
15	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP		X	
15	26011	DRAINAGE OF FINGER ABSCESS	288.52			
15	26020	DRAIN HAND TENDON SHEATH	386.43			
15	26025	DRAINAGE OF PALM BURSA	288.52			
15	26030	DRAINAGE OF PALM BURSA(S)	386.43			
15	26034	TREAT HAND BONE LESION	386.43			
15	26040	RELEASE PALM CONTRACTURE	545.85			
15	26045	RELEASE PALM CONTRACTURE	441.87			
15	26055	INCISE FINGER TENDON SHEATH	386.43			
15	26060	INCISION OF FINGER TENDON	386.43			
15	26070	EXPLORE/TREAT HAND JOINT	386.43			
15	26075	EXPLORE/TREAT FINGER JOINT	545.85			
15	26080	EXPLORE/TREAT FINGER JOINT	545.85			
15	26100	BIOPSY HAND JOINT LINING	386.43			
15	26105	BIOPSY FINGER JOINT LINING	288.52			
15	26110	BIOPSY FINGER JOINT LINING	288.52			
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	386.43			
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	386.43			
15	26115	REMOVE HAND LESION SUBCUT	386.43			
15	26116	REMOVE HAND LESION, DEEP	386.43			
15	26117	REMOVE TUMOR, HAND/FINGER	441.87			
15	26118	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	26121	RELEASE PALM CONTRACTURE	545.85			
15	26123	RELEASE PALM CONTRACTURE	545.85			
15	26125	RELEASE PALM CONTRACTURE	545.85			
15	26130	REMOVE WRIST JOINT LINING	441.87			
15	26135	REVISE FINGER JOINT, EACH	545.85			
15	26140	REVISE FINGER JOINT, EACH	386.43			
15	26145	TENDON EXCISION, PALM/FINGER	441.87			
15	26160	REMOVE TENDON SHEATH LESION	441.87			
15	26170	REMOVAL OF PALM TENDON, EACH	441.87			
15	26180	REMOVAL OF FINGER TENDON	441.87			
15	26185	REMOVE FINGER BONE	545.85			
15	26200	REMOVE HAND BONE LESION	386.43			
15	26205	REMOVE/GRAFT BONE LESION	441.87			
15	26210	REMOVAL OF FINGER LESION	386.43			
15	26215	REMOVE/GRAFT FINGER LESION	441.87			
15	26230	PARTIAL REMOVAL OF HAND BONE	862.09			
15	26235	PARTIAL REMOVAL, FINGER BONE	441.87			
15	26236	PARTIAL REMOVAL, FINGER BONE	441.87			
15	26250	EXTENSIVE HAND SURGERY	441.87			
15	26260	EXTENSIVE FINGER SURGERY	441.87			
15	26262	PARTIAL REMOVAL OF FINGER	386.43			
15	26320	REMOVAL OF IMPLANT FROM HAND	386.43			

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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	MED	SEX
				MIN-MAX	REV	
15	26340	MANIPULATE FINGER WITH ANESTH	288.52			
15	26350	REPAIR FINGER/HAND TENDON	288.52			
15	26352	REPAIR/GRAFT HAND TENDON	545.85			
15	26356	REPAIR FINGER/HAND TENDON	545.85			
15	26357	REPAIR FINGER/HAND TENDON	545.85			
15	26358	REPAIR/GRAFT HAND TENDON	545.85			
15	26370	REPAIR FINGER/HAND TENDON	545.85			
15	26372	REPAIR/GRAFT HAND TENDON	545.85			
15	26373	REPAIR FINGER/HAND TENDON	441.87			
15	26390	REVISE HAND/FINGER TENDON	545.85			
15	26392	REPAIR/GRAFT HAND TENDON	441.87			
15	26410	REPAIR HAND TENDON	441.87			
15	26412	REPAIR/GRAFT HAND TENDON	441.87			
15	26415	EXCISION, HAND/FINGER TENDON	545.85			
15	26416	GRAFT HAND OR FINGER TENDON	441.87			
15	26418	REPAIR FINGER TENDON	545.85			
15	26420	REPAIR/GRAFT FINGER TENDON	545.85			
15	26426	REPAIR FINGER/HAND TENDON	441.87			
15	26428	REPAIR/GRAFT FINGER TENDON	441.87			
15	26432	REPAIR FINGER TENDON	441.87			
15	26433	REPAIR FINGER TENDON	441.87			
15	26434	REPAIR/GRAFT FINGER TENDON	441.87			
15	26437	REALIGNMENT OF TENDONS	441.87			
15	26440	RELEASE PALM/FINGER TENDON	441.87			
15	26442	RELEASE PALM & FINGER TENDON	441.87			
15	26445	RELEASE HAND/FINGER TENDON	441.87			
15	26449	RELEASE FOREARM/HAND TENDON	441.87			
15	26450	INCISION OF PALM TENDON	441.87			
15	26455	INCISION OF FINGER TENDON	441.87			
15	26460	INCISE HAND/FINGER TENDON	441.87			
15	26471	FUSION OF FINGER TENDONS	386.43			
15	26474	FUSION OF FINGER TENDONS	386.43			
15	26476	TENDON LENGTHENING	288.52			
15	26477	TENDON SHORTENING	288.52			
15	26478	LENGTHENING OF HAND TENDON	288.52			
15	26479	SHORTENING OF HAND TENDON	288.52			
15	26480	TRANSPLANT HAND TENDON	441.87			
15	26483	TRANSPLANT/GRAFT HAND TENDON	441.87			
15	26485	TRANSPLANT PALM TENDON	386.43			
15	26489	TRANSPLANT/GRAFT PALM TENDON	441.87			
15	26490	REVISE THUMB TENDON	441.87			
15	26492	TENDON TRANSFER WITH GRAFT	441.87			
15	26494	HAND TENDON/MUSCLE TRANSFER	441.87			
15	26496	REVISE THUMB TENDON	441.87			
15	26497	FINGER TENDON TRANSFER	441.87			
15	26498	FINGER TENDON TRANSFER	545.85			
15	26499	REVISION OF FINGER	441.87			
15	26500	HAND TENDON RECONSTRUCTION	545.85			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	26502	HAND TENDON RECONSTRUCTION	545.85			
15	26508	RELEASE THUMB CONTRACTURE	441.87			
15	26510	THUMB TENDON TRANSFER	441.87			
15	26516	FUSION OF KNUCKLE JOINT	288.52			
15	26517	FUSION OF KNUCKLE JOINTS	441.87			
15	26518	FUSION OF KNUCKLE JOINTS	441.87			
15	26520	RELEASE KNUCKLE CONTRACTURE	441.87			
15	26525	RELEASE FINGER CONTRACTURE	441.87			
15	26530	REVISE KNUCKLE JOINT	441.87			
15	26531	REVISE KNUCKLE WITH IMPLANT	862.09			
15	26535	REVISE FINGER JOINT	621.23			
15	26536	REVISE/IMPLANT FINGER JOINT	621.23			
15	26540	REPAIR HAND JOINT	545.85			
15	26541	REPAIR HAND JOINT WITH GRAFT	862.09			
15	26542	REPAIR HAND JOINT WITH GRAFT	545.85			
15	26545	RECONSTRUCT FINGER JOINT	545.85			
15	26546	REPAIR NONUNION HAND	545.85			
15	26548	RECONSTRUCT FINGER JOINT	545.85			
15	26550	CONSTRUCT THUMB REPLACEMENT	386.43			
15	26555	POSITIONAL CHANGE OF FINGER	441.87			
15	26560	REPAIR OF WEB FINGER	386.43			
15	26561	REPAIR OF WEB FINGER	441.87			
15	26562	REPAIR OF WEB FINGER	545.85			
15	26565	CORRECT METACARPAL FLAW	621.23			
15	26567	CORRECT FINGER DEFORMITY	621.23			
15	26568	LENGTHEN METACARPAL/FINGER	441.87			
15	26580	REPAIR HAND DEFORMITY	621.23			
15	26587	RECONSTRUCT EXTRA FINGER	621.23			
15	26590	REPAIR FINGER DEFORMITY	621.23			
15	26591	REPAIR MUSCLES OF HAND	441.87			
15	26593	RELEASE MUSCLES OF HAND	441.87			
15	26596	EXCISION CONSTRICTING TISSUE	386.43			
15	26605	TREAT METACARPAL FRACTURE	386.43			
15	26607	TREAT METACARPAL FRACTURE	386.43			
15	26608	TREAT METACARPAL FRACTURE	545.85			
15	26615	TREAT METACARPAL FRACTURE	545.85			
15	26641	TREAT THUMB DISLOCATION W/MANIPU	288.52			
15	26645	TREAT THUMB FRACTURE	288.52			
15	26650	TREAT THUMB FRACTURE	386.43			
15	26665	TREAT THUMB FRACTURE	545.85			
15	26675	TREAT HAND DISLOCATION	386.43			
15	26676	PIN HAND DISLOCATION	386.43			
15	26685	TREAT HAND DISLOCATION	441.87			
15	26686	TREAT HAND DISLOCATION	441.87			
15	26705	TREAT KNUCKLE DISLOCATION	386.43			
15	26706	PIN KNUCKLE DISLOCATION	386.43			
15	26715	TREAT KNUCKLE DISLOCATION	545.85			
15	26727	TREAT FINGER FRACTURE, EACH	862.09			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	26735	TREAT FINGER FRACTURE, EACH	545.85			
15	26742	TREAT FINGER FRACTURE, EACH	386.43			
15	26746	TREAT FINGER FRACTURE, EACH	621.23			
15	26756	PIN FINGER FRACTURE, EACH	386.43			
15	26765	TREAT FINGER FRACTURE, EACH	545.85			
15	26776	PIN FINGER DISLOCATION	386.43			
15	26785	TREAT FINGER DISLOCATION	386.43			
15	26820	THUMB FUSION WITH GRAFT	621.23			
15	26841	FUSION OF THUMB	545.85			
15	26842	THUMB FUSION WITH GRAFT	545.85			
15	26843	FUSION OF HAND JOINT	441.87			
15	26844	FUSION/GRAFT OF HAND JOINT	441.87			
15	26850	FUSION OF KNUCKLE	545.85			
15	26852	FUSION OF KNUCKLE WITH GRAFT	545.85			
15	26860	FUSION OF FINGER JOINT	441.87			
15	26861	FUSION OF FINGER JNT, ADD-ON	386.43			
15	26862	FUSION/GRAFT OF FINGER JOINT	545.85			
15	26863	FUSE/GRAFT ADDED JOINT	441.87			
15	26910	AMPUTATE METACARPAL BONE	441.87			
15	26951	AMPUTATION OF FINGER/THUMB	386.43			
15	26952	AMPUTATION OF FINGER/THUMB	545.85			
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP		X	
15	26990	DRAINAGE OF PELVIS LESION	288.52			
15	26991	DRAINAGE OF PELVIS BURSA	288.52			
15	27000	INCISION OF HIP TENDON	386.43			
15	27001	INCISION OF HIP TENDON	441.87			
15	27003	INCISION OF HIP TENDON	441.87			
15	27033	EXPLORATION OF HIP JOINT	441.87			
15	27035	DENERVATION OF HIP JOINT	545.85			
15	27040	BIOPSY OF SOFT TISSUES	288.52			
15	27041	BIOPSY OF SOFT TISSUES	386.43			
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	386.43			
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	386.43			
15	27047	REMOVE HIP/PELVIS LESION	386.43			
15	27048	REMOVE HIP/PELVIS LESION	441.87			
15	27049	REMOVE TUMOR, HIP/PELVIS	441.87			
15	27050	BIOPSY OF SACROILIAC JOINT	441.87			
15	27052	BIOPSY OF HIP JOINT	441.87			
15	27059	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	27060	REMOVAL OF ISCHIAL BURSA	621.23			
15	27062	REMOVE FEMUR LESION/BURSA	621.23			
15	27065	REMOVAL OF HIP BONE LESION	621.23			
15	27066	REMOVAL OF HIP BONE LESION	621.23			
15	27067	REMOVE/GRAFT HIP BONE LESION	621.23			
15	27080	REMOVAL OF TAIL BONE	386.43			
15	27086	REMOVE HIP FOREIGN BODY	288.52			
15	27087	REMOVE HIP FOREIGN BODY	441.87			
15	27095	WITH ANES	288.52			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	27097	REVISION OF HIP TENDON	441.87			
15	27098	TRANSFER TENDON TO PELVIS	441.87			
15	27100	TRANSFER OF ABDOMINAL MUSCLE	545.85			
15	27105	TRANSFER OF SPINAL MUSCLE	545.85			
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	545.85			
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	545.85			
15	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	441.87			
15	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	386.43			
15	27193	TREAT PELVIC RING FRACTURE	288.52			
15	27194	TREAT PELVIC RING FRACTURE	386.43			
15	27202	TREAT TAIL BONE FRACTURE	386.43			
15	27230	TREAT THIGH FRACTURE	288.52			
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	288.52			
15	27238	TREAT THIGH FRACTURE	288.52			
15	27246	TREAT THIGH FRACTURE	288.52			
15	27250	TREAT HIP DISLOCATION	288.52			
15	27252	TREAT HIP DISLOCATION	386.43			
15	27257	TREAT HIP DISLOCATION	441.87			
15	27265	TREAT HIP DISLOCATION	288.52			
15	27266	TREAT HIP DISLOCATION	386.43			
15	27275	MANIPULATION OF HIP JOINT	386.43			
15	27299	PELVIS/HIP JOINT SURGERY	MP			X
15	27301	DRAIN THIGH/KNEE LESION	441.87			
15	27305	INCISE THIGH TENDON & FASCIA	386.43			
15	27306	INCISION OF THIGH TENDON	441.87			
15	27307	INCISION OF THIGH TENDONS	441.87			
15	27310	EXPLORATION OF KNEE JOINT	545.85			
15	27323	BIOPSY, THIGH SOFT TISSUES	288.52			
15	27324	BIOPSY, THIGH SOFT TISSUES	288.52			
15	27327	REMOVAL OF THIGH LESION	386.43			
15	27328	REMOVAL OF THIGH LESION	441.87			
15	27329	REMOVE TUMOR, THIGH/KNEE	545.85			
15	27330	BIOPSY, KNEE JOINT LINING	545.85			
15	27331	EXPLORE/TREAT KNEE JOINT	545.85			
15	27332	REMOVAL OF KNEE CARTILAGE	545.85			
15	27333	REMOVAL OF KNEE CARTILAGE	545.85			
15	27334	REMOVE KNEE JOINT LINING	545.85			
15	27335	REMOVE KNEE JOINT LINING	545.85			
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	386.43			
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	386.43			
15	27340	REMOVAL OF KNEECAP BURSA	441.87			
15	27345	REMOVAL OF KNEE CYST	545.85			
15	27347	REMOVE KNEE CYST	545.85			
15	27350	REMOVAL OF KNEECAP	545.85			
15	27355	REMOVE FEMUR LESION	441.87			
15	27356	REMOVE FEMUR LESION/GRAFT	545.85			
15	27357	REMOVE FEMUR LESION/GRAFT	621.23			
15	27358	REMOVE FEMUR LESION/FIXATION	621.23			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	27360	PARTIAL REMOVAL, LEG BONE(S)	621.23			
15	27364	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	27372	REMOVAL OF FOREIGN BODY	862.09			
15	27380	REPAIR OF KNEECAP TENDON	288.52			
15	27381	REPAIR/GRAFT KNEECAP TENDON	441.87			
15	27385	REPAIR OF THIGH MUSCLE	441.87			
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	441.87			
15	27390	INCISION OF THIGH TENDON	288.52			
15	27391	INCISION OF THIGH TENDONS	386.43			
15	27392	INCISION OF THIGH TENDONS	441.87			
15	27393	LENGTHENING OF THIGH TENDON	386.43			
15	27394	LENGTHENING OF THIGH TENDONS	441.87			
15	27395	LENGTHENING OF THIGH TENDONS	441.87			
15	27396	TRANSPLANT OF THIGH TENDON	441.87			
15	27397	TRANSPLANTS OF THIGH TENDONS	441.87			
15	27400	REVISE THIGH MUSCLES/TENDONS	441.87			
15	27403	REPAIR OF KNEE CARTILAGE	545.85			
15	27405	REPAIR OF KNEE LIGAMENT	545.85			
15	27407	REPAIR OF KNEE LIGAMENT	545.85			
15	27409	REPAIR OF KNEE LIGAMENTS	545.85			
15	27418	REPAIR DEGENERATED KNEECAP	441.87			
15	27420	REVISION OF UNSTABLE KNEECAP	441.87			
15	27422	REVISION OF UNSTABLE KNEECAP	862.09			
15	27424	REVISION/REMOVAL OF KNEECAP	441.87			
15	27425	LATERAL RETINACULAR RELEASE	862.09			
15	27427	RECONSTRUCTION, KNEE	441.87			
15	27428	RECONSTRUCTION, KNEE	545.85			
15	27429	RECONSTRUCTION, KNEE	545.85			
15	27430	REVISION OF THIGH MUSCLES	545.85			
15	27435	INCISION OF KNEE JOINT	545.85			
15	27437	REVISE KNEECAP	545.85			
15	27438	REVISE KNEECAP WITH IMPLANT	621.23			
15	27441	REVISION OF KNEE JOINT	621.23			
15	27442	REVISION OF KNEE JOINT	621.23			
15	27443	REVISION OF KNEE JOINT	621.23			
15	27455	REALIGNMENT OF KNEE	545.85			
15	27465	SHORTENING OF FEMUR	621.23			
15	27477	REPAIR LOWER LEG EPIPHYSES	386.43			
15	27496	DECOMPRESSION OF THIGH/KNEE	621.23			
15	27497	DECOMPRESSION OF THIGH/KNEE	441.87			
15	27498	DECOMPRESSION OF THIGH/KNEE	441.87			
15	27499	DECOMPRESSION OF THIGH/KNEE	441.87			
15	27500	TREATMENT OF THIGH FRACTURE	288.52			
15	27501	TREATMENT OF THIGH FRACTURE	386.43			
15	27502	TREATMENT OF THIGH FRACTURE	386.43			
15	27503	TREATMENT OF THIGH FRACTURE	441.87			
15	27508	TREATMENT OF THIGH FRACTURE	288.52			
15	27509	TREATMENT OF THIGH FRACTURE	441.87			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	27510	TREATMENT OF THIGH FRACTURE	288.52			
15	27514	REPAIR OF FEMUR FRACTURE	288.52			
15	27516	TREAT THIGH FX GROWTH PLATE	288.52			
15	27517	TREAT THIGH FX GROWTH PLATE	288.52			
15	27520	TREAT KNEECAP FRACTURE	288.52			
15	27530	TREAT KNEE FRACTURE	288.52			
15	27532	TREAT KNEE FRACTURE	288.52			
15	27538	TREAT KNEE FRACTURE(S)	288.52			
15	27540	REPAIR OF KNEE FRACTURE	288.52			
15	27550	TREAT KNEE DISLOCATION	288.52			
15	27552	TREAT KNEE DISLOCATION	288.52			
15	27560	TREAT KNEECAP DISLOCATION	288.52			
15	27562	TREAT KNEECAP DISLOCATION	288.52			
15	27566	TREAT KNEECAP DISLOCATION	386.43			
15	27570	FIXATION OF KNEE JOINT	288.52			
15	27594	AMPUTATION FOLLOW-UP SURGERY	441.87			
15	27599	LEG SURGERY PROCEDURE	MP		X	
15	27600	DECOMPRESSION OF LOWER LEG	441.87			
15	27601	DECOMPRESSION OF LOWER LEG	441.87			
15	27602	DECOMPRESSION OF LOWER LEG	441.87			
15	27603	DRAIN LOWER LEG LESION	386.43			
15	27604	DRAIN LOWER LEG BURSA	386.43			
15	27605	INCISION OF ACHILLES TENDON	288.52			
15	27606	INCISION OF ACHILLES TENDON	288.52			
15	27607	TREAT LOWER LEG BONE LESION	386.43			
15	27610	EXPLORE/TREAT ANKLE JOINT	386.43			
15	27612	EXPLORATION OF ANKLE JOINT	441.87			
15	27614	BIOPSY LOWER LEG SOFT TISSUE	386.43			
15	27615	REMOVE TUMOR, LOWER LEG	441.87			
15	27616	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15	27618	REMOVE LOWER LEG LESION	386.43			
15	27619	REMOVE LOWER LEG LESION	441.87			
15	27620	EXPLORE/TREAT ANKLE JOINT	545.85			
15	27625	REMOVE ANKLE JOINT LINING	545.85			
15	27626	REMOVE ANKLE JOINT LINING	545.85			
15	27630	REMOVAL OF TENDON LESION	441.87			
15	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	386.43			
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	386.43			
15	27635	REMOVE LOWER LEG BONE LESION	441.87			
15	27637	REMOVE/GRAFT LEG BONE LESION	441.87			
15	27638	REMOVE/GRAFT LEG BONE LESION	441.87			
15	27640	PARTIAL REMOVAL OF TIBIA	386.43			
15	27641	PARTIAL REMOVAL OF FIBULA	386.43			
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	441.87			
15	27650	REPAIR ACHILLES TENDON	441.87			
15	27652	REPAIR/GRAFT ACHILLES TENDON	441.87			
15	27654	REPAIR OF ACHILLES TENDON	441.87			
15	27656	REPAIR LEG FASCIA DEFECT	386.43			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	27658	REPAIR OF LEG TENDON, EACH	288.52			
15	27659	REPAIR OF LEG TENDON, EACH	386.43			
15	27664	REPAIR OF LEG TENDON, EACH	386.43			
15	27665	REPAIR OF LEG TENDON, EACH	386.43			
15	27675	REPAIR LOWER LEG TENDONS	386.43			
15	27676	REPAIR LOWER LEG TENDONS	441.87			
15	27680	RELEASE OF LOWER LEG TENDON	441.87			
15	27681	RELEASE OF LOWER LEG TENDONS	386.43			
15	27685	REVISION OF LOWER LEG TENDON	441.87			
15	27686	REVISE LOWER LEG TENDONS	441.87			
15	27687	REVISION OF CALF TENDON	441.87			
15	27690	REVISE LOWER LEG TENDON	545.85			
15	27691	REVISE LOWER LEG TENDON	545.85			
15	27692	REVISE ADDITIONAL LEG TENDON	441.87			
15	27695	REPAIR OF ANKLE LIGAMENT	386.43			
15	27696	REPAIR OF ANKLE LIGAMENTS	386.43			
15	27698	REPAIR OF ANKLE LIGAMENT	386.43			
15	27700	REVISION OF ANKLE JOINT	621.23			
15	27704	REMOVAL OF ANKLE IMPLANT	386.43			
15	27705	INCISION OF TIBIA	386.43			
15	27707	INCISION OF FIBULA	386.43			
15	27709	INCISION OF TIBIA & FIBULA	386.43			
15	27715	REVISION OF LOWER LEG	621.23			
15	27720	REPAIR OF TIBIA	288.52			
15	27730	REPAIR OF TIBIA EPIPHYSIS	386.43			
15	27732	REPAIR OF FIBULA EPIPHYSIS	386.43			
15	27734	REPAIR LOWER LEG EPIPHYSES	386.43			
15	27740	REPAIR OF LEG EPIPHYSES	386.43			
15	27742	REPAIR OF LEG EPIPHYSES	386.43			
15	27745	REINFORCE TIBIA	441.87			
15	27750	TREATMENT OF TIBIA FRACTURE	288.52			
15	27752	TREATMENT OF TIBIA FRACTURE	288.52			
15	27756	TREATMENT OF TIBIA FRACTURE	441.87			
15	27758	TREATMENT OF TIBIA FRACTURE	545.85			
15	27759	TREATMENT OF TIBIA FRACTURE	545.85			
15	27760	CLTX MEDIAL ANKLE FX	288.52			
15	27762	CLTX MED ANKLE FX W/MNPJ	288.52			
15	27766	TREATMENT OF ANKLE FRACTURE	441.87			
15	27780	TREATMENT OF FIBULA FRACTURE	288.52			
15	27781	TREATMENT OF FIBULA FRACTURE	288.52			
15	27784	TREATMENT OF FIBULA FRACTURE	441.87			
15	27786	TREATMENT OF ANKLE FRACTURE	288.52			
15	27788	TREATMENT OF ANKLE FRACTURE	288.52			
15	27792	TREATMENT OF ANKLE FRACTURE	441.87			
15	27808	TREATMENT OF ANKLE FRACTURE	288.52			
15	27810	TREATMENT OF ANKLE FRACTURE	288.52			
15	27814	TREATMENT OF ANKLE FRACTURE	441.87			
15	27816	TREATMENT OF ANKLE FRACTURE	288.52			

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COLUMN:

1	2	3	4	5	6	7	
	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15		27818	TREATMENT OF ANKLE FRACTURE	288.52			
15		27822	TREATMENT OF ANKLE FRACTURE	441.87			
15		27823	TREATMENT OF ANKLE FRACTURE	441.87			
15		27824	TREAT LOWER LEG FRACTURE	288.52			
15		27825	TREAT LOWER LEG FRACTURE	386.43			
15		27826	TREAT LOWER LEG FRACTURE	441.87			
15		27827	TREAT LOWER LEG FRACTURE	441.87			
15		27828	TREAT LOWER LEG FRACTURE	545.85			
15		27829	TREAT LOWER LEG JOINT	386.43			
15		27830	TREAT LOWER LEG DISLOCATION	288.52			
15		27831	TREAT LOWER LEG DISLOCATION	288.52			
15		27832	TREAT LOWER LEG DISLOCATION	386.43			
15		27840	TREAT ANKLE DISLOCATION	288.52			
15		27842	TREAT ANKLE DISLOCATION	288.52			
15		27846	TREAT ANKLE DISLOCATION	441.87			
15		27848	TREAT ANKLE DISLOCATION	441.87			
15		27860	FIXATION OF ANKLE JOINT	288.52			
15		27870	FUSION OF ANKLE JOINT	545.85			
15		27871	FUSION OF TIBIOFIBULAR JOINT	545.85			
15		27884	AMPUTATION FOLLOW-UP SURGERY	441.87			
15		27888	AMPUTATION OF FOOT AT ANKLE	441.87			
15		27889	AMPUTATION OF FOOT AT ANKLE	441.87			
15		27892	DECOMPRESSION OF LEG	441.87			
15		27893	DECOMPRESSION OF LEG	441.87			
15		27894	DECOMPRESSION OF LEG	441.87			
15		27899	LEG ANKLE SURGERY PROCEDURE	MP		X	
15		28002	TREATMENT OF FOOT INFECTION	441.87			
15		28003	TREATMENT OF FOOT INFECTION	441.87			
15		28005	TREAT FOOT BONE LESION	441.87			
15		28008	INCISION OF FOOT FASCIA	441.87			
15		28011	INCISION OF TOE TENDONS	441.87			
15		28020	EXPLORATION OF FOOT JOINT	386.43			
15		28022	EXPLORATION OF FOOT JOINT	386.43			
15		28024	EXPLORATION OF TOE JOINT	386.43			
15		28035	DECOMPRESSION OF TIBIA NERVE	545.85			
15		28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	288.52			
15		28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	386.43			
15		28043	EXCISION OF FOOT LESION	386.43			
15		28045	EXCISION OF FOOT LESION	441.87			
15		28046	RESECTION OF TUMOR, FOOT	441.87			
15		28047	RADICAL RESECTION OF TUMOR (EG, MALI	386.43			
15		28050	BIOPSY OF FOOT JOINT LINING	386.43			
15		28052	BIOPSY OF FOOT JOINT LINING	386.43			
15		28054	BIOPSY OF TOE JOINT LINING	386.43			
15		28060	PARTIAL REMOVAL, FOOT FASCIA	386.43			
15		28062	REMOVAL OF FOOT FASCIA	441.87			
15		28070	REMOVAL OF FOOT JOINT LINING	441.87			
15		28072	REMOVAL OF FOOT JOINT LINING	441.87			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	28080	REMOVAL OF FOOT LESION	441.87			
15	28086	EXCISE FOOT TENDON SHEATH	386.43			
15	28088	EXCISE FOOT TENDON SHEATH	386.43			
15	28090	REMOVAL OF FOOT LESION	441.87			
15	28092	REMOVAL OF TOE LESIONS	441.87			
15	28100	REMOVAL OF ANKLE/HEEL LESION	386.43			
15	28102	REMOVE/GRAFT FOOT LESION	441.87			
15	28103	REMOVE/GRAFT FOOT LESION	441.87			
15	28104	REMOVAL OF FOOT LESION	386.43			
15	28106	REMOVE/GRAFT FOOT LESION	441.87			
15	28107	REMOVE/GRAFT FOOT LESION	441.87			
15	28108	REMOVAL OF TOE LESIONS	441.87			
15	28110	PART REMOVAL OF METATARSAL	441.87			
15	28111	PART REMOVAL OF METATARSAL	441.87			
15	28112	PART REMOVAL OF METATARSAL	441.87			
15	28113	PART REMOVAL OF METATARSAL	441.87			
15	28114	REMOVAL OF METATARSAL HEADS	441.87			
15	28116	REVISION OF FOOT	441.87			
15	28118	REMOVAL OF HEEL BONE	545.85			
15	28119	REMOVAL OF HEEL SPUR	545.85			
15	28120	PART REMOVAL OF ANKLE/HEEL	862.09			
15	28122	PARTIAL REMOVAL OF FOOT BONE	441.87			
15	28124	PARTIAL REMOVAL OF TOE	441.87			
15	28126	PARTIAL REMOVAL OF TOE	441.87			
15	28130	REMOVAL OF ANKLE BONE	441.87			
15	28140	REMOVAL OF METATARSAL	441.87			
15	28150	REMOVAL OF TOE	441.87			
15	28153	PARTIAL REMOVAL OF TOE	441.87			
15	28160	PARTIAL REMOVAL OF TOE	441.87			
15	28171	EXTENSIVE FOOT SURGERY	441.87			
15	28173	EXTENSIVE FOOT SURGERY	441.87			
15	28175	EXTENSIVE FOOT SURGERY	441.87			
15	28190	REMOVAL OF FOOT FOREIGN BODY	288.52			
15	28192	REMOVAL OF FOOT FOREIGN BODY	386.43			
15	28193	REMOVAL OF FOOT FOREIGN BODY	545.85			
15	28200	REPAIR OF FOOT TENDON	441.87			
15	28202	REPAIR/GRAFT OF FOOT TENDON	441.87			
15	28208	REPAIR OF FOOT TENDON	441.87			
15	28210	REPAIR/GRAFT OF FOOT TENDON	441.87			
15	28222	RELEASE OF FOOT TENDONS	288.52			
15	28225	RELEASE OF FOOT TENDON	288.52			
15	28226	RELEASE OF FOOT TENDONS	288.52			
15	28230	INCISION OF FOOT TENDON (S)	288.52			
15	28232	INCISION OF TOE TENDON	386.43			
15	28234	INCISION OF FOOT TENDON	386.43			
15	28238	REVISION OF FOOT TENDON	441.87			
15	28240	RELEASE OF BIG TOE	386.43			
15	28250	REVISION OF FOOT FASCIA	441.87			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	28260	RELEASE OF MIDFOOT JOINT	441.87			
15	28261	REVISION OF FOOT TENDON	441.87			
15	28262	REVISION OF FOOT AND ANKLE	545.85			
15	28264	RELEASE OF MIDFOOT JOINT	288.52			
15	28270	RELEASE OF FOOT CONTRACTURE	441.87			
15	28280	FUSION OF TOES	386.43			
15	28285	REPAIR OF HAMMERTOES	441.87			
15	28286	REPAIR OF HAMMERTOES	545.85			
15	28288	PARTIAL REMOVAL OF FOOT BONE	441.87			
15	28289	REPAIR HALLUX RIGIDUS	441.87			
15	28290	CORRECTION OF BUNION	386.43			
15	28292	CORRECTION OF BUNION	386.43			
15	28293	CORRECTION OF BUNION	441.87			
15	28294	CORRECTION OF BUNION	441.87			
15	28296	CORRECTION OF BUNION	441.87			
15	28297	CORRECTION OF BUNION	441.87			
15	28298	CORRECTION OF BUNION	441.87			
15	28299	CORRECTION OF BUNION	621.23			
15	28300	INCISION OF HEEL BONE	386.43			
15	28302	INCISION OF ANKLE BONE	386.43			
15	28304	INCISION OF MIDFOOT BONES	386.43			
15	28305	INCISE/GRAFT MIDFOOT BONES	441.87			
15	28306	INCISION OF METATARSAL	545.85			
15	28307	INCISION OF METATARSAL	545.85			
15	28308	INCISION OF METATARSAL	386.43			
15	28309	INCISION OF METATARSALS	545.85			
15	28310	REVISION OF BIG TOE	441.87			
15	28312	REVISION OF TOE	441.87			
15	28313	REPAIR DEFORMITY OF TOE	386.43			
15	28315	REMOVAL OF SESAMOID BONE	545.85			
15	28320	REPAIR OF FOOT BONES	545.85			
15	28322	REPAIR OF METATARSALS	545.85			
15	28340	RESECT ENLARGED TOE TISSUE	545.85			
15	28341	RESECT ENLARGED TOE	545.85			
15	28344	REPAIR EXTRA TOE(S)	545.85			
15	28345	REPAIR WEBBED TOE(S)	545.85			
15	28400	TREATMENT OF HEEL FRACTURE	288.52			
15	28405	TREATMENT OF HEEL FRACTURE	386.43			
15	28406	TREATMENT OF HEEL FRACTURE	386.43			
15	28415	TREAT HEEL FRACTURE	441.87			
15	28420	TREAT/GRAFT HEEL FRACTURE	545.85			
15	28435	TREATMENT OF ANKLE FRACTURE	386.43			
15	28436	TREATMENT OF ANKLE FRACTURE	386.43			
15	28445	TREAT ANKLE FRACTURE	441.87			
15	28456	TREAT MIDFOOT FRACTURE	386.43			
15	28465	TREAT MIDFOOT FRACTURE, EACH	441.87			
15	28476	TREAT METATARSAL FRACTURE	386.43			
15	28485	TREAT METATARSAL FRACTURE	545.85			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	28496	TREAT BIG TOE FRACTURE	386.43			
15	28505	TREAT BIG TOE FRACTURE	441.87			
15	28525	TREAT TOE FRACTURE	441.87			
15	28531	TREAT SESAMOID BONE FRACTURE	441.87			
15	28545	TREAT FOOT DISLOCATION	288.52			
15	28546	TREAT FOOT DISLOCATION	386.43			
15	28555	REPAIR FOOT DISLOCATION	386.43			
15	28575	TREAT FOOT DISLOCATION	288.52			
15	28576	TREAT FOOT DISLOCATION	441.87			
15	28585	REPAIR FOOT DISLOCATION	441.87			
15	28600	TREAT FOOT DISLOCATION	288.52			
15	28605	TREAT FOOT DISLOCATION	288.52			
15	28606	TREAT FOOT DISLOCATION	386.43			
15	28615	REPAIR FOOT DISLOCATION	441.87			
15	28635	TREAT TOE DISLOCATION	288.52			
15	28636	TREAT TOE DISLOCATION	441.87			
15	28645	REPAIR TOE DISLOCATION	441.87			
15	28660	TREAT TOE DISLOCATION	288.52			
15	28665	TREAT TOE DISLOCATION	288.52			
15	28666	TREAT TOE DISLOCATION	441.87			
15	28675	REPAIR OF TOE DISLOCATION	441.87			
15	28705	FUSION OF FOOT BONES	545.85			
15	28715	FUSION OF FOOT BONES	545.85			
15	28725	FUSION OF FOOT BONES	545.85			
15	28730	FUSION OF FOOT BONES	545.85			
15	28735	FUSION OF FOOT BONES	545.85			
15	28737	REVISION OF FOOT BONES	621.23			
15	28740	FUSION OF FOOT BONES	545.85			
15	28750	FUSION OF BIG TOE JOINT	545.85			
15	28755	FUSION OF BIG TOE JOINT	545.85			
15	28760	FUSION OF BIG TOE JOINT	545.85			
15	28810	AMPUTATION TOE & METATARSAL	386.43			
15	28820	AMPUTATION OF TOE	386.43			
15	28825	PARTIAL AMPUTATION OF TOE	386.43			
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			
15	29030	SPINAL BONE ALLOGRAFT	288.52			X
15	29031	SPINAL BONE ALLOGRAFT	288.52			
15	29800	JAW ARTHROSCOPY/SURGERY	441.87			
15	29804	JAW ARTHROSCOPY/SURGERY	441.87			
15	29805	SHOULDER ARTHROSCOPY, DX	441.87			
15	29806	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29807	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29819	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29820	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29821	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29822	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29823	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29824	SHOULDER ARTHROSCOPY/SURGERY	621.23			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
TS	29825	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29826	SHOULDER ARTHROSCOPY/SURGERY	441.87			
15	29827	ARTHROSCOP ROTATOR CUFF REPR	621.23			
15	29830	ELBOW ARTHROSCOPY	441.87			
15	29834	ELBOW ARTHROSCOPY/SURGERY	441.87			
15	29835	ELBOW ARTHROSCOPY/SURGERY	441.87			
15	29836	ELBOW ARTHROSCOPY/SURGERY	441.87			
15	29837	ELBOW ARTHROSCOPY/SURGERY	441.87			
15	29838	ELBOW ARTHROSCOPY/SURGERY	441.87			
15	29840	WRIST ARTHROSCOPY	441.87			
15	29843	WRIST ARTHROSCOPY/SURGERY	441.87			
15	29844	WRIST ARTHROSCOPY/SURGERY	441.87			
15	29845	WRIST ARTHROSCOPY/SURGERY	441.87			
15	29846	WRIST ARTHROSCOPY/SURGERY	441.87			
15	29847	WRIST ARTHROSCOPY/SURGERY	441.87			
15	29848	WRIST ENDOSCOPY/SURGERY	1,160.14			
15	29850	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29851	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29855	TIBIAL ARTHROSCOPY/SURGERY	545.85			
15	29856	TIBIAL ARTHROSCOPY/SURGERY	545.85			
15	29860	HIP ARTHROSCOPY, DX	545.85			
15	29861	HIP ARTHROSCOPY/SURGERY	545.85			
15	29862	HIP ARTHROSCOPY/SURGERY	1,160.14			
15	29863	HIP ARTHROSCOPY/SURGERY	545.85			
15	29870	KNEE ARTHROSCOPY, DX	441.87			
15	29871	KNEE ARTHROSCOPY/DRAINAGE	441.87			
15	29873	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29874	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29875	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29876	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29877	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29879	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29880	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29881	KNEE ARTHROSCOPY/SURGERY	545.85			
15	29882	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29883	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29884	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29885	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29886	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29887	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29888	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29889	KNEE ARTHROSCOPY/SURGERY	441.87			
15	29891	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29892	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,160.14			
15	29894	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29895	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29897	ANKLE ARTHROSCOPY/SURGERY	441.87			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	29898	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29899	ANKLE ARTHROSCOPY/SURGERY	441.87			
15	29900	MCP JOINT ARTHROSCOPY, DX	441.87			
15	29901	MCP JOINT ARTHROSCOPY, SURG	441.87			
15	29902	MCP JOINT ARTHROSCOPY, SURG	441.87			
15	29999	ARTHROSCOPY OF JOINT	MP		X	
15	30000	DRAINAGE OF NOSE LESION	288.52			
15	30100	INTRANASAL BIOPSY	288.52			
15	30110	REMOVAL OF NOSE POLY(S)	288.52			
15	30115	REMOVAL OF NOSE POLYP(S)	386.43			
15	30117	REMOVAL OF INTRANASAL LESION	441.87			
15	30118	REMOVAL OF INTRANASAL LESION	441.87			
15	30120	REVISION OF NOSE	288.52			
15	30125	REMOVAL OF NOSE LESION	386.43			
15	30130	REMOVAL OF TURBINATE BONES	441.87			
15	30140	REMOVAL OF TURBINATE BONES	386.43			
15	30150	PARTIAL REMOVAL OF NOSE	441.87			
15	30160	REMOVAL OF NOSE	545.85			
15	30210	NASAL SINUS THERAPY	288.52			
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	441.87			
15	30300	REMOVE NASAL FOREIGN BODY	288.52			
15	30310	REMOVE NASAL FOREIGN BODY	288.52			
15	30320	REMOVE NASAL FOREIGN BODY	386.43			
15	30400	RECONSTRUCTION OF NOSE	545.85			
15	30410	RECONSTRUCTION OF NOSE	621.23			
15	30420	RECONSTRUCTION OF NOSE	621.23			
15	30430	REVISION OF NOSE	441.87			
15	30435	REVISION OF NOSE	621.23			
15	30450	REVISION OF NOSE	862.09			
15	30460	REVISION OF NOSE	862.09			
15	30462	REVISION OF NOSE	1,160.14			
15	30465	REPAIR NASAL STENOSIS	1,160.14			
15	30520	REPAIR OF NASAL SEPTUM	545.85			
15	30540	REPAIR NASAL DEFECT	621.23			
15	30545	REPAIR NASAL DEFECT	621.23			
15	30560	RELEASE OF NASAL ADHESIONS	386.43			
15	30580	REPAIR UPPER JAW FISTULA	545.85			
15	30600	REPAIR MOUTH/NOSE FISTULA	545.85			
15	30620	INTRANASAL RECONSTRUCTION	862.09			
15	30630	REPAIR NASAL SEPTUM DEFECT	862.09			
15	30801	CAUTERIZATION, INNER NOSE	288.52			
15	30802	CAUTERIZATION, INNER NOSE	288.52			
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	288.52			
15	30903	CONTROL OF NOSEBLEED	288.52			
15	30905	CONTROL OF NOSEBLEED	288.52			
15	30906	REPEAT CONTROL OF NOSEBLEED	288.52			
15	30915	LIGATION, NASAL SINUS ARTERY	386.43			
15	30920	LIGATION, UPPER JAW ARTERY	441.87			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	30930	THERAPY, FRACTURE OF NOSE	545.85			
15	30999	NASAL SURGERY PROCEDURE	MP		X	
15	31000	IRRIGATION MAXILLARY SINUS	288.52			
15	31002	IRRIGATION SPHENOID SINUS	288.52			
15	31020	EXPLORATION, MAXILLARY SINUS	386.43			
15	31030	EXPLORATION, MAXILLARY SINUS	441.87			
15	31032	EXPLORE SINUS, REMOVE POLYPS	545.85			
15	31050	EXPLORATION, SPHENOID SINUS	386.43			
15	31051	SPHENOID SINUS SURGERY	545.85			
15	31070	EXPLORATION OF FRONTAL SINUS	386.43			
15	31075	EXPLORATION OF FRONTAL SINUS	545.85			
15	31080	REMOVAL OF FRONTAL SINUS	545.85			
15	31081	REMOVAL OF FRONTAL SINUS	545.85			
15	31084	REMOVAL OF FRONTAL SINUS	545.85			
15	31085	REMOVAL OF FRONTAL SINUS	545.85			
15	31086	REMOVAL OF FRONTAL SINUS	545.85			
15	31087	REMOVAL OF FRONTAL SINUS	545.85			
15	31090	EXPLORATION OF SINUSES	621.23			
15	31200	REMOVAL OF ETHMOID SINUS	386.43			
15	31201	REMOVAL OF ETHMOID SINUS	621.23			
15	31205	REMOVAL OF ETHMOID SINUS	441.87			
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	386.43			
15	31233	NASAL/SINUS ENDOSCOPY, DX	386.43			
15	31235	NASAL/SINUS ENDOSCOPY, DX	288.52			
15	31237	NASAL/SINUS ENDOSCOPY, SURG	386.43			
15	31238	NASAL/SINUS ENDOSCOPY, SURG	288.52			
15	31239	NASAL/SINUS ENDOSCOPY, SURG	545.85			
15	31240	NASAL/SINUS ENDOSCOPY, SURG	386.43			
15	31254	REVISION OF ETHMOID SINUS	441.87			
15	31255	REMOVAL OF ETHMOID SINUS	621.23			
15	31256	EXPLORATION MAXILLARY SINUS	441.87			
15	31267	ENDOSCOPY, MAXILLARY SINUS	441.87			
15	31276	SINUS ENDOSCOPY, SURGICAL	441.87			
15	31287	NASAL/SINUS ENDOSCOPY, SURG	441.87			
15	31288	NASAL/SINUS ENDOSCOPY, SURG	441.87			
15	31299	SINUS SURGERY PROCEDURE	MP		X	
15	31300	REMOVAL OF LARYNX LESION	621.23			
15	31320	DIAGNOSTIC INCISION, LARYNX	386.43			
15	31400	REVISION OF LARYNX	386.43			
15	31420	REMOVAL OF EPIGLOTTIS	386.43			
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	288.52			
15	31510	LARYNGOSCOPY WITH BIOPSY	386.43			
15	31511	REMOVE FOREIGN BODY, LARYNX	386.43			
15	31512	REMOVAL OF LARYNX LESION	386.43			
15	31513	INJECTION INTO VOCAL CORD	386.43			
15	31515	LARYNGOSCOPY FOR ASPIRATION	288.52			
15	31520	DIAGNOSTIC LARYNGOSCOPY	288.52			
15	31525	DIAGNOSTIC LARYNGOSCOPY	288.52			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	31526	DIAGNOSTIC LARYNGOSCOPY	386.43			
15	31527	LARYNGOSCOPY FOR TREATMENT	288.52			
15	31528	LARYNGOSCOPY AND DILATION	386.43			
15	31529	LARYNGOSCOPY AND DILATION	386.43			
15	31530	OPERATIVE LARYNGOSCOPY	386.43			
15	31531	OPERATIVE LARYNGOSCOPY	441.87			
15	31535	OPERATIVE LARYNGOSCOPY	386.43			
15	31536	OPERATIVE LARYNGOSCOPY	441.87			
15	31540	OPERATIVE LARYNGOSCOPY	441.87			
15	31541	OPERATIVE LARYNGOSCOPY	545.85			
15	31545	REMOVE VC LESION W/SCOPE	545.85			
15	31546	REMOVE VC SCOPE/GRAFT	545.85			
15	31560	OPERATIVE LARYNGOSCOPY	621.23			
15	31561	OPERATIVE LARYNGOSCOPY	621.23			
15	31570	LARYNGOSCOPY WITH INJECTION	386.43			
15	31571	LARYNGOSCOPY WITH INJECTION	386.43			
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	386.43			
15	31576	LARYNGOSCOPY WITH BIOPSY	386.43			
15	31577	REMOVE FOREIGN BODY, LARYNX	386.43			
15	31578	REMOVAL OF LARYNX LESION	386.43			
15	31580	REVISION OF LARYNX	621.23			
15	31582	REVISION OF LARYNX	621.23			
15	31588	REVISION OF LARYNX	621.23			
15	31590	REINNERVATE LARYNX	621.23			
15	31595	LARYNX NERVE SURGERY	386.43			
15	31599	LARYNX SURGERY PROCEDURE	MP			X
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	288.52	15 99		
15	31611	SURGERY/SPEECH PROSTHESIS	441.87			
15	31612	PUNCTURE/CLEAR WINDPIPE	288.52			
15	31613	REPAIR WINDPIPE OPENING	386.43			
15	31614	REPAIR WINDPIPE OPENING	386.43			
15	31615	VISUALIZATION OF WINDPIPE	288.52			
15	31620	ENDOBONCHIAL US ADD-ON	288.52			
15	31622	DX BRONCHOSCOPE/WASH	288.52			
15	31623	DX BRONCHOSCOPE/BRUSH	386.43			
15	31624	DX BRONCHOSCOPE/LAVAGE	386.43			
15	31625	BRONCHOSCOPY WITH BIOPSY	386.43			
15	31628	BRONCHOSCOPY WITH BIOPSY	386.43			
15	31629	BRONCHOSCOPY WITH BIOPSY	386.43			
15	31630	BRONCHOSCOPY WITH REPAIR	386.43			
15	31631	BRONCHOSCOPY WITH DILATION	386.43			
15	31635	REMOVE FOREIGN BODY, AIRWAY	386.43			
15	31636	BRONCHOSCOPY, BRONCH STENTS	386.43			
15	31637	BRONCHOSCOPY, STENT ADD-ON	288.52			
15	31638	BRONCHOSCOPY, REVISE STENT	386.43			
15	31640	BRONCHOSCOPY & REMOVE LESION	386.43			
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	386.43			
15	31643	DIAG BRONCHOSCOPE/CATHETER	386.43			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	288.52			
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	288.52			
15	31656	BRONCHOSCOPY, INJ FOR XRAY	288.52			
15	31717	BRONCHIAL BRUSH BIOPSY	288.52			
15	31720	CLEARANCE OF AIRWAYS	288.52			
15	31730	INTRO, WINDPIPE WIRE/TUBE	288.52			
15	31750	REPAIR OF WINDPIPE	621.23			
15	31755	REPAIR OF WINDPIPE	386.43			
15	31820	CLOSURE OF WINDPIPE LESION	288.52			
15	31825	REPAIR OF WINDPIPE DEFECT	386.43			
15	31830	REVISE WINDPIPE SCAR	386.43			
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X	
15	32400	NEEDLE BIOPSY CHEST LINING	288.52			
15	32405	BIOPSY, LUNG OR MEDIASTINUM	288.52			
15	32420	PUNCTURE/CLEAR LUNG	288.52			
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	288.52			
15	32999	CHEST SURGERY PROCEDURE	MP		X	
15	33010	DRAINAGE OF HEART SAC	386.43			
15	33011	REPEAT DRAINAGE OF HEART SAC	386.43			
15	33212	INSERTION OF PULSE GENERATOR	441.87			
15	33222	REVISE POCKET, PACEMAKER	386.43			
15	33223	REVISE POCKET, PACING-DEFIB	386.43			
15	33233	REMOVAL OF PERMANENT PACEMAKERS	386.43			
15	33999	CARDIAC SURGERY PROCEDURE	MP		X	
15	35188	REPAIR BLOOD VESSEL LESION	545.85			
15	35190	REPAIR BLOOD VESSEL LESION	545.85			
15	35206	REPAIR BLOOD VESSEL LESION	545.85			
15	35207	REPAIR BLOOD VESSEL LESION	545.85			
15	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	288.52			
15	35875	REMOVAL OF CLOT IN GRAFT	1,160.14			
15	35876	REMOVAL OF CLOT IN GRAFT	1,160.14			
15	36260	INSERTION OF INFUSION PUMP	441.87			
15	36261	REVISION OF INFUSION PUMP	386.43			
15	36262	REMOVAL OF INFUSION PUMP	288.52			
15	36299	UNLISTED VASCULAR INJECTION	MP		X	
15	36475	ENDOVENOUS RF, 1ST VEIN	441.87			
15	36476	ENDOVENOUS RF, VEIN ADD-ON	441.87			
15	36478	ENDOVENOUS LASER, 1ST VEIN	441.87			
15	36479	ENDOVENOUS LASER VEIN ADDON	441.87			
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,160.14			
15	36555	INSERT NON-TUNNEL CV CATH	288.52			
15	36556	INSERT NON-TUNNEL CV CATH	288.52			
15	36557	INSERT TUNNELED CV CATH	386.43			
15	36558	INSERT TUNNELED CV CATH	386.43			
15	36560	INSERT TUNNELED CV CATH	441.87			
15	36561	INSERT TUNNELED CV CATH	441.87			
15	36563	INSERT TUNNELED CV CATH	441.87			
15	36565	INSERT TUNNELED CV CATH	441.87			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	36566	INSERT TUNNELED CV CATH	441.87			
15	36568	INSERT PERIPHERALLY CV CATH	288.52			
15	36569	INSERT PERIPHERALLY CV CATH	288.52			
15	36570	INSERT PERIPHERALLY CV CATH	441.87			
15	36571	INSERT PERIPHERALLY CV CATH	441.87			
15	36575	REPAIR TUNNELED/NON-TUNNELED	386.43			
15	36576	REPAIR CV ACCESS	386.43			
15	36578	REPLACE CV ACCESS	386.43			
15	36580	REPLACE COMPLETE non-tunnel	288.52			
15	36581	REPLACE COMPLETE tunneled	386.43			
15	36582	REPLACE COMPLETE tunneled	441.87			
15	36583	REPLACE COMPLETE tunneled	441.87			
15	36584	REPLACE COMPLETE peripherally	288.52			
15	36585	REPLACE COMPLETE peripherally	441.87			
15	36589	REMOVE TUNNELED CV CATH	288.52			
15	36590	REMOVE TUNNELED CV ACCESS	288.52			
15	36640	INSERTION CATHETER, ARTERY	288.52			
15	36660	INSERTION CATHETER, ARTERY	1,160.14			
15	36800	INSERTION OF CANNULA	441.87			
15	36810	INSERTION OF CANNULA	441.87			
15	36815	INSERTION OF CANNULA	441.87			
15	36818	AV FUSE, UPPER ARM, CEPHALIC	441.87			
15	36819	AV FUSION/UPPR ARM VEIN	441.87			
15	36820	AV FUSION/FOREARM VEIN	441.87			
15	36821	AV FUSION DIRECT ANY SITE	441.87			
15	36825	ARTERY-VEIN GRAFT	545.85			
15	36830	ARTERY-VEIN GRAFT	545.85			
15	36831	OPEN THROMBECT AV FISTULA	1,160.14			
15	36832	AV FISTULA REVISION, OPEN	545.85			
15	36833	AV FISTULA REVISION	545.85			
15	36835	ARTERY TO VEIN SHUNT	545.85			
15	36860	EXTERNAL CANNULA DECLOTTING	386.43			
15	36861	CANNULA DECLOTTING	441.87			
15	36870	PERCUT THROMBECT AV FISTULA	1,160.14			
15	37183	REMOVE HEPATIC SHUNT (TIPS)	545.85			
15	37200	TRANSCATHETER BIOPSY	545.85			
15	37201	TRANSCATHETER THERAPY, INFUSION FOR	545.85			
15	37204	TRANSCATHETER OCCULUSION OR EMBOLIZA	621.23			
15	37205	TRANSCATHETER PLACEMENT OF AN INTRA	545.85			
15	37206	TRANSCATHETER PLACEMENT OF AN INTRA	545.85			
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	441.87			
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X
15	37607	LIGATION OF A-V FISTULA	441.87			
15	37609	TEMPORAL ARTERY PROCEDURE	386.43			
15	37620	REVISION OF MAJOR VEIN	386.43			
15	37650	REVISION OF MAJOR VEIN	386.43			
15	37700	REVISE LEG VEIN	386.43			
15	37718	LIGATE/STRIP SHORT LEG VEIN	441.87			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	37722	LIGATE/STRIP LONG LEG VIEW	441.87			
15	37735	REMOVAL OF LEG VEINS/LESION	441.87			
15	37760	REVISION OF LEG VEINS	441.87			
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	441.87			
15	37780	REVISION OF LEG VEIN	441.87			
15	37785	REVISE SECONDARY VARICOSITY	441.87			
15	37790	PENILE VENOUS OCCLUSION	441.87			
15	37799	VASCULAR SURGERY PROCEDURE	MP		X	
15	37813	REMOVE HEPATIC SHUNT (TIPS)	545.85			
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,160.14			
15	38206	HARVEST AUTO STEM CELLS	1,160.14			
15	38300	DRAINAGE, LYMPH NODE LESION	288.52			
15	38305	DRAINAGE, LYMPH NODE LESION	386.43			
15	38308	INCISION OF LYMPH CHANNELS	386.43			
15	38500	BIOPSY/REMOVAL, LYMPH NODES	386.43			
15	38505	NEEDLE BIOPSY, LYMPH NODES	288.52			
15	38510	BIOPSY/REMOVAL, LYMPH NODES	386.43			
15	38520	BIOPSY/REMOVAL, LYMPH NODES	386.43			
15	38525	BIOPSY/REMOVAL, LYMPH NODES	386.43			
15	38530	BIOPSY/REMOVAL, LYMPH NODES	386.43			
15	38542	EXPLORE DEEP NODE(S), NECK	386.43			
15	38550	REMOVAL, NECK/ARMPIT LESION	441.87			
15	38555	REMOVAL, NECK/ARMPIT LESION	545.85			
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,160.14			
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,160.14			
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,160.14			
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X	
15	38700	REMOVAL OF LYMPH NODES, NECK	441.87			
15	38740	REMOVE ARMPIT LYMPH NODES	386.43			
15	38745	REMOVE ARMPIT LYMPH NODES	545.85			
15	38760	REMOVE GROIN LYMPH NODES	386.43			
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X	
15	39400	VISUALIZATION OF MEDIASTINUM	441.87			
15	39499	MEDIASTINAL PROCEDURE	MP		X	
15	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X	
15	40490	BIOPSY OF LIP	288.52			
15	40500	PARTIAL EXCISION OF LIP	386.43			
15	40510	PARTIAL EXCISION OF LIP	386.43			
15	40520	PARTIAL EXCISION OF LIP	386.43			
15	40525	RECONSTRUCT LIP WITH FLAP	386.43			
15	40527	RECONSTRUCT LIP WITH FLAP	386.43			
15	40530	PARTIAL REMOVAL OF LIP	386.43			
15	40650	REPAIR LIP	441.87			
15	40652	REPAIR LIP	441.87			
15	40654	REPAIR LIP	441.87			
15	40700	REPAIR CLEFT LIP/NASAL	862.09			
15	40701	REPAIR CLEFT LIP/NASAL	862.09			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	40702	REPAIR CLEFT LIP	862.09			
15	40720	REPAIR CLEFT LIP/NASAL	862.09			
15	40761	REPAIR CLEFT LIP/NASAL	441.87			
15	40799	LIP SURGERY PROCEDURE	MP		X	
15	40800	DRAINAGE OF MOUTH LESION	288.52			
15	40801	DRAINAGE OF MOUTH LESION	386.43			
15	40804	REMOVAL FOREIGN BODY, MOUTH	288.52			
15	40806	INCISION OF LIP FOLD	288.52			
15	40808	BIOPSY OF MOUTH LESION	288.52			
15	40810	EXCISION OF MOUTH LESION	288.52			
15	40812	EXCISE/REPAIR MOUTH LESION	386.43			
15	40814	EXCISE/REPAIR MOUTH LESION	386.43			
15	40816	EXCISION OF MOUTH LESION	386.43			
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	288.52			
15	40819	EXCISE LIP OR CHEEK FOLD	288.52			
15	40820	TREATMENT OF MOUTH LESION	288.52			
15	40830	REPAIR MOUTH LACERATION	288.52			
15	40831	REPAIR MOUTH LACERATION	288.52			
15	40840	RECONSTRUCTION OF MOUTH	386.43			
15	40842	RECONSTRUCTION OF MOUTH	441.87			
15	40843	RECONSTRUCTION OF MOUTH	441.87			
15	40844	RECONSTRUCTION OF MOUTH	621.23			
15	40845	RECONSTRUCTION OF MOUTH	621.23			
15	40899	MOUTH SURGERY PROCEDURE	MP		X	
15	41005	DRAINAGE OF MOUTH LESION	288.52			
15	41006	DRAINAGE OF MOUTH LESION	288.52			
15	41007	DRAINAGE OF MOUTH LESION	288.52			
15	41008	DRAINAGE OF MOUTH LESION	288.52			
15	41009	DRAINAGE OF MOUTH LESION	288.52			
15	41010	INCISION OF TONGUE FOLD	288.52			
15	41015	DRAINAGE OF MOUTH LESION	288.52			
15	41016	DRAINAGE OF MOUTH LESION	288.52			
15	41017	DRAINAGE OF MOUTH LESION	288.52			
15	41018	DRAINAGE OF MOUTH LESION	288.52			
15	41100	BIOPSY OF TONGUE	288.52			
15	41108	BIOPSY OF FLOOR OF MOUTH	288.52			
15	41112	EXCISION OF TONGUE LESION	386.43			
15	41113	EXCISION OF TONGUE LESION	386.43			
15	41114	EXCISION OF TONGUE LESION	386.43			
15	41115	EXCISION OF TONGUE FOLD	288.52			
15	41116	EXCISION OF MOUTH LESION	288.52			
15	41120	PARTIAL REMOVAL OF TONGUE	621.23			
15	41250	REPAIR TONGUE LACERATION	386.43			
15	41251	REPAIR TONGUE LACERATION	386.43			
15	41252	REPAIR TONGUE LACERATION	386.43			
15	41500	FIXATION OF TONGUE	288.52			
15	41510	TONGUE TO LIP SURGERY	288.52			
15	41520	RECONSTRUCTION, TONGUE FOLD	386.43			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
TS	41599	TONGUE AND MOUTH SURGERY	MP		X	
15	41800	DRAINAGE OF GUM LESION	288.52			
15	41820	GINGIVECTOMY, EXC. CING, EACH QUADRANT	288.52			
15	41821	EXCISION OF GUM FLAP	288.52			
15	41822	EXCISION OF GUM LESION	288.52			
15	41823	EXCISION OF GUM LESION	288.52			
15	41826	EXCISON OF GUM LESION	288.52			
15	41827	EXCISION OF GUM LESION	386.43			
15	41870	GUM GRAFT	288.52			
15	41874	REPAIR TOOTH SOCKET	288.52			
15	41899	GUM SURGERY PROCEDURE	288.52			
15	42000	DRAINAGE MOUTH ROOF LESION	386.43			
15	42100	BIOPSY ROOF OF MOUTH	288.52			
15	42104	EXCISION LESION, MOUTH ROOF	288.52			
15	42106	EXCISION LESION, MOUTH ROOF	288.52			
15	42107	EXCISION LESION, MOUTH ROOF	386.43			
15	42120	REMOVE PALATE/LESION	545.85			
15	42140	EXCISION OF UVULA	386.43			
15	42145	REPAIR PALATE, PHARYNX/UVULA	621.23			
15	42160	TREATMENT MOUTH ROOF LESION	288.52			
15	42180	REPAIR PALATE	288.52			
15	42182	REPAIR PALATE	386.43			
15	42200	RECONSTRUCT CLEFT PALATE	621.23			
15	42205	RECONSTRUCT CLEFT PALATE	621.23			
15	42210	RECONSTRUCT CLEFT PALATE	621.23			
15	42215	RECONSTRUCT CLEFT PALATE	862.09			
15	42220	RECONSTRUCT CLEFT PALATE	621.23			
15	42226	LENGTHENING OF PALATE	621.23			
15	42235	REPAIR PALATE	621.23			
15	42260	REPAIR NOSE TO LIP FISTULA	545.85			
15	42299	PALATE/UVULA SURGERY	MP		X	
15	42300	DRAINAGE OF SALIVARY GLAND	288.52			
15	42305	DRAINAGE OF SALIVARY GLAND	386.43			
15	42310	DRAINAGE OF SALIVARY GLAND	288.52			
15	42320	DRAINAGE OF SALIVARY GLAND	288.52			
15	42340	REMOVAL OF SALIVARY STONE	386.43			
15	42405	BIOPSY OF SALIVARY GLAND	386.43			
15	42408	EXCISION OF SALIVARY CYST	441.87			
15	42409	DRAINAGE OF SALIVARY CYST	441.87			
15	42410	EXCISE PAROTID GLAND/LESION	441.87			
15	42415	EXCISE PAROTID GLAND/LESION	862.09			
15	42420	EXCISE PAROTID GLAND/LESION	862.09			
15	42425	EXCISE PAROTID GLAND/LESION	862.09			
15	42440	EXCISE SUBMAXILLARY GLAND	441.87			
15	42450	EXCISE SUBLINGUAL GLAND	386.43			
15	42500	REPAIR SALIVARY DUCT	441.87			
15	42505	REPAIR SALIVARY DUCT	545.85			
15	42507	PAROTID DUCT DIVERSION	441.87			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE MIN-MAX	MED REV	SEX
TS	CODE	DESCRIPTION				
15	42508	PAROTID DUCT DIVERSION	545.85			
15	42509	PAROTID DUCT DIVERSION	545.85			
15	42510	PAROTID DUCT DIVERSION	545.85			
15	42600	CLOSURE OF SALIVARY FISTULA	288.52			
15	42650	DILATION OF SALIVARY DUCT	288.52			
15	42665	LIGATION OF SALIVARY DUCT	862.09			
15	42699	SALIVARY SURGERY PROCEDURE	MP		X	
15	42700	DRAINAGE OF TONSIL ABSCESS	288.52			
15	42720	DRAINAGE OF THROAT ABSCESS	288.52			
15	42725	DRAINAGE OF THROAT ABSCESS	386.43			
15	42800	BIOPSY OF THROAT	288.52			
15	42802	BIOPSY OF THROAT	288.52			
15	42804	BIOPSY OF UPPER NOSE/THROAT	288.52			
15	42806	BIOPSY OF UPPER NOSE/THROAT	386.43			
15	42808	EXCISE PHARYNX LESION	386.43			
15	42810	EXCISION OF NECK CYST	441.87			
15	42815	EXCISION OF NECK CYST	621.23			
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	441.87	00 11		
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	621.23	12 99		
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	545.85	00 11		
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	545.85	12 99		
15	42830	ADENOIDECTOMY,PRIMARY;<12	545.85	00 11		
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	545.85	12 99		
15	42835	ADENOIDECTOMY,SECONDARY;<12	545.85	00 11		
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	545.85	12 99		
15	42860	EXCISION OF TONSIL TAGS	441.87			
15	42870	EXCISION OF LINGUAL TONSIL	441.87			
15	42890	PARTIAL REMOVAL OF PHARYNX	862.09			
15	42892	REVISION OF PHARYNGEAL WALLS	862.09			
15	42900	REPAIR THROAT WOUND	288.52			
15	42950	RECONSTRUCTION OF THROAT	386.43			
15	42955	SURGICAL OPENING OF THROAT	386.43			
15	42960	CONTROL THROAT BLEEDING	288.52			
15	42962	CONTROL THROAT BLEEDING	386.43			
15	42970	CONTROL NOSE/THROAT BLEEDING	386.43			
15	42972	CONTROL NOSE/THROAT BLEEDING	441.87			
15	42999	THROAT SURGERY PROCEDURE	MP		X	
15	43200	ESOPHAGUS ENDOSCOPY	288.52			
15	43201	ESOPH SCOPE W/SUBMUCOUS INJ	288.52			
15	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	288.52			
15	43204	ESOPHAGUS ENDOSCOPY & INJECT	288.52			
15	43205	ESOPHAGUS ENDOSCOPY/LIGATION	288.52			
15	43215	ESOPHAGUS ENDOSCOPY	288.52			
15	43216	ESOPHAGUS ENDOSCOPY/LESION	288.52			
15	43217	ESOPHAGUS ENDOSCOPY	288.52			
15	43219	ESOPHAGUS ENDOSCOPY	288.52			
15	43220	ESOPH ENDOSCOPY, DILATION	288.52			
15	43226	ESOPH ENDOSCOPY, DILATION	288.52			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	43227	ESOPH ENDOSCOPY, REPAIR	386.43			
15	43228	ESOPH ENDOSCOPY, ABLATION	386.43			
15	43231	ESOPH ENDOSCOPY W/US EXAM	386.43			
15	43232	ESOPH ENDOSCOPY W/US FN BX	386.43			
15	43234	UPPER GI ENDOSCOPY, EXAM	288.52			
15	43235	UPPR GI ENDOSCOPY, DIAGNOSIS	288.52			
15	43236	UPPR GI SCOPE W/SUBMUC INJ	386.43			
15	43237	ENDOSCOPIC US EXAM, ESOPH	386.43			
15	43238	UPPR GI ENDOSCOPY W/US FN BX	386.43			
15	43239	UPPER GI ENDOSCOPY, BIOPSY	386.43			
15	43240	ESOPH ENDOSCOPE W/DRAIN CYST	386.43			
15	43241	UPPER GI ENDOSCOPY WITH TUBE	386.43			
15	43242	UPPR GI ENDOSCOPY W/US FN BX	386.43			
15	43243	UPPER GI ENDOSCOPY & INJECT	386.43			
15	43244	UPPER GI ENDOSCOPY/LIGATION	386.43			
15	43245	OPERATIVE UPPER GI ENDOSCOPY	386.43			
15	43246	PLACE GASTROSTOMY TUBE	386.43			
15	43247	OPERATIVE UPPER GI ENDOSCOPY	386.43			
15	43248	UPPR GI ENDOSCOPY/GUIDE WIRE	386.43			
15	43249	ESOPH ENDOSCOPY, DILATION	386.43			
15	43250	UPPER GI ENDOSCOPY/TUMOR	386.43			
15	43251	OPERATIVE UPPER GI ENDOSCOPY	386.43			
15	43255	OPERATIVE UPPER GI ENDOSCOPY	386.43			
15	43256	UPPR GI ENDOSCOPY W STENT	441.87			
15	43257	UPPR GI SCOPE W/THRML TXMNT	441.87			
15	43258	OPERATIVE UPPER GI ENDOSCOPY	441.87			
15	43259	ENDOSCOPIC ULTRASOUND EXAM	441.87			
15	43260	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43263	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43264	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43265	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43267	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43268	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43269	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43271	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43272	ENDO CHOLANGIOPANCREATOGRAPH	386.43			
15	43280	LAPAROSCOPY, FUNDOPLASTY	545.85			
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	545.85			
15	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	545.85			
15	43289	LAPAROSCOPE PROC, ESOPH	MP			X
15	43420	REPAIR ESOPHAGUS OPENING	441.87			
15	43450	DILATE ESOPHAGUS	288.52			
15	43453	DILATE ESOPHAGUS	288.52			
15	43456	DILATE ESOPHAGUS	386.43			
15	43458	DILATE ESOPHAGUS	386.43			
15	43499	ESOPHAGUS 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	43500	SURGICAL OPENING OF STOMACH	545.85			
15	43600	BIOPSY OF STOMACH	288.52			
15	43653	LAPAROSCOPY, GASTROSTOMY	1,160.14			
15	43659	LAPAROSCOPE PROC,STOM	MP		X	
15	43760	CHANGE GASTROSTOMY TUBE	288.52			
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	288.52			
15	43820	FUSION OF STOMACH AND BOWEL	545.85			
15	43830	SURGICAL OPENING OF STOMACH	386.43			
15	43840	REPAIR OF STOMACH LESION	441.87			
15	43870	REPAIR STOMACH OPENING	288.52			
15	43880	REPAIR STOMACH-BOWEL FISTULA	441.87			
15	43999	STOMACH SURGERY PROCEDURE	MP		X	
15	44100	BIOPSY OF BOWEL	288.52			
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X	
15	44312	REVISION OF ILEOSTOMY	288.52			
15	44340	REVISION OF COLOSTOMY	441.87			
15	44360	SMALL BOWEL ENDOSCOPY	386.43			
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	386.43			
15	44363	SMALL BOWEL ENDOSCOPY	386.43			
15	44364	SMALL BOWEL ENDOSCOPY	386.43			
15	44365	SMALL BOWEL ENDOSCOPY	386.43			
15	44366	SMALL BOWEL ENDOSCOPY	386.43			
15	44369	SMALL BOWEL ENDOSCOPY	386.43			
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,160.14			
15	44372	SMALL BOWEL ENDOSCOPY	386.43			
15	44373	SMALL BOWEL ENDOSCOPY	386.43			
15	44376	SMALL BOWEL ENDOSCOPY	386.43			
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	386.43			
15	44378	SMALL BOWEL ENDOSCOPY	386.43			
15	44379	S BOWEL ENDOSCOPE W/STENT	1,160.14			
15	44380	SMALL BOWEL ENDOSCOPY	288.52			
15	44382	SMALL BOWEL ENDOSCOPY	288.52			
15	44383	ILEOSCOPY W/STENT	1,160.14			
15	44385	ENDOSCOPY OF BOWEL POUCH	288.52			
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	288.52			
15	44388	COLON ENDOSCOPY	288.52			
15	44389	COLONOSCOPY WITH BIOPSY	288.52			
15	44390	COLONOSCOPY FOR FOREIGN BODY	288.52			
15	44391	COLONOSCOPY FOR BLEEDING	288.52			
15	44392	COLONOSCOPY & POLYPECTOMY	288.52			
15	44393	COLONOSCOPY, LESION REMOVAL	288.52			
15	44394	COLONOSCOPY W/SNARE	288.52			
15	44397	COLONOSCOPY W STENT	288.52			
15	44604	SUTURE OF LARGE INTESTINE (COLORHAP)	545.85			
15	44620	REPAIR BOWEL OPENING	441.87			
15	44799	INTESTINE SURGERY PROCEDURE	MP		X	
15	44899	BOWEL SURGERY PROCEDURE	MP		X	
15	44950	APPENDECTOMY	1,160.14		X	

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	44970	LAPAROSCOPY, APPENDECTOMY	621.19		X	
15	44979	LAPAROSCOPE PROC, APP	MP		X	
15	45000	DRAINAGE OF PELVIC ABSCESS	288.52			
15	45005	DRAINAGE OF RECTAL ABSCESS	386.43			
15	45020	DRAINAGE OF RECTAL ABSCESS	386.43			
15	45100	BIOPSY OF RECTUM	288.52			
15	45108	REMOVAL OF ANORECTAL LESION	386.43			
15	45150	EXCISION OF RECTAL STRICTURE	386.43			
15	45160	EXCISION OF RECTAL LESION	386.43			
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	386.43			
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	386.43			
15	45190	DESTRUCTION, RECTAL TUMOR	1,160.14			
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	288.52			
15	45305	PROTOSIGMOIDOSCOPY W/BX	288.52			
15	45307	PROTOSIGMOIDOSCOPY FB	288.52			
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	288.52			
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	288.52			
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	288.52			
15	45317	PROTOSIGMOIDOSCOPY BLEED	288.52			
15	45320	PROTOSIGMOIDOSCOPY ABLATE	288.52			
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	288.52			
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	288.52			
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	288.52			
15	45331	SIGMOIDOSCOPY AND BIOPSY	288.52			
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	288.52			
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	288.52			
15	45334	SIGMOIDOSCOPY FOR BLEEDING	288.52			
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	288.52			
15	45337	SIGMOIDOSCOPY & DECOMPRESS	288.52			
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	288.52			
15	45339	SIGMOIDOSCOPY W/ABLATE TUMR	288.52			
15	45340	SIG W/BALLOON DILATION	288.52			
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	288.52			
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	288.52			
15	45345	SIGMODOSCOPY W/STENT	288.52			
15	45355	SURGICAL COLONOSCOPY	288.52			
15	45378	DIAGNOSTIC COLONOSCOPY	386.43			
15	45379	COLONOSCOPY W/FB REMOVAL	386.43			
15	45380	COLONOSCOPY AND BIOPSY	386.43			
15	45381	COLONOSCOPE, SUBMUCOUS INJ	386.43			
15	45382	COLONOSCOPY/CONTROL BLEEDING	386.43			
15	45383	LESION REMOVAL COLONOSCOPY	386.43			
15	45384	LESION REMOVE COLONOSCOPY	386.43			
15	45385	LESION REMOVAL COLONOSCOPY	386.43			
15	45386	COLONOSCOPE DILATE STRICTURE	386.43			
15	45387	COLONOSCOPY W/STENT	288.52			
15	45391	COLONOSCOPY W/ENDOSCOPE US	386.43			
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	386.43			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X	
15	45500	REPAIR OF RECTUM	386.43			
15	45505	REPAIR OF RECTUM	386.43			
15	45560	REPAIR OF RECTOCELE	386.43			
15	45900	REDUCTION OF RECTAL PROLAPSE	288.52			
15	45905	DILATION OF ANAL SPHINCTER	288.52			
15	45910	DILATION OF RECTAL NARROWING	288.52			
15	45915	REMOVE RECTAL OBSTRUCTION	288.52			
15	45990	SURG DX EXAM, ANORECTAL	386.43		X	
15	45999	RECTUM SURGERY PROCEDURE	MP		X	
15	46020	PLACEMENT OF SETON	441.87			
15	46030	REMOVAL OF RECTAL MARKER	288.52			
15	46040	INCISION OF RECTAL ABSCESS	441.87			
15	46045	INCISION OF RECTAL ABSCESS	386.43			
15	46050	INCISION OF ANAL ABSCESS	288.52			
15	46060	INCISION OF RECTAL ABSCESS	386.43			
15	46080	INCISION OF ANAL SPHINCTER	441.87			
15	46083	EXC EXT. THROMBOSED HEMORRHOID	288.52			
15	46200	REMOVAL OF ANAL FISSURE	386.43			
15	46220	REMOVAL OF ANAL TAB	288.52			
15	46230	REMOVAL OF ANAL TABS	288.52			
15	46250	HEMORRHOIDECTOMY	441.87			
15	46255	HEMORRHOIDECTOMY	441.87			
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	441.87			
15	46258	REMOVE HEMORRHOIDS & FISTULA	441.87			
15	46260	HEMORRHOIDECTOMY	441.87			
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	545.85			
15	46262	REMOVE HEMORRHOIDS & FISTULA	545.85			
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	441.87			
15	46275	REMOVAL OF ANAL FISTULA	441.87			
15	46280	REMOVAL OF ANAL FISTULA	545.85			
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	288.52			
15	46288	REPAIR ANAL FISTULA	545.85			
15	46302	REMOVAL OF HEMORRHOID CLOT	288.52			
15	46320	REMOVAL OF HEMORRHOID CLOT	288.52			
15	46600	ANOSCOPY; DIAGNOSTIC	288.52			
15	46604	ANOSCOPY WITH DIRECT DILATION	288.52			
15	46608	ANOSCOPY/ REMOVE FOR BODY	288.52			
15	46610	ANOSCOPY/REMOVE LESION	288.52			
15	46611	ANOSCOPY	288.52			
15	46612	ANOSCOPY/ REMOVE LESIONS	288.52			
15	46615	ANOSCOPY	386.43			
15	46700	REPAIR OF ANAL STRICTURE	441.87			
15	46705	REPAIR OF NAL STRICTURE	441.87			
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	441.87			
15	46750	REPAIR OF ANAL SPHINCTER	441.87			
15	46753	RECONSTRUCTION OF ANUS	441.87			
15	46754	REMOVAL OF SUTURE FROM ANUS	386.43			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	46760	REPAIR OF ANAL SPHINCTER	386.43			
15	46761	REPAIR OF ANAL SPHINCTER	441.87			
15	46762	IMPLANT ARTIFICIAL SPHINCTER	862.09			
15	46900	REMOVAL OF ANAL LESION	288.52			
15	46910	REMOVAL OF ANAL LESION	288.52			
15	46917	LASER SURGERY, ANAL LESIONS	288.52			
15	46922	EXCISION OF ANAL LESION(S)	288.52			
15	46924	DESTRUCTION, ANAL LESION(S)	288.52			
15	46940	TREATMENT OF ANAL FISSURE	288.52			
15	46945	LIGATION OF HEMORRHOIDS	288.52			
15	46946	LIGATION OF HEMORRHOIDS	288.52			
15	46947	HEMORRHOIDOPEXY BY STAPLING	441.87			
15	46999	ANUS SURGERY PROCEDURE	MP			X
15	47000	NEEDLE BIOPSY OF LIVER	288.52			
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	288.52			
15	47100	WEDGE BIOPSY OF LIVER	386.43			
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X
15	47399	LIVER SURGERY PROCEDURE	MP			X
15	47480	INCISION OF GALLBLADDER	441.87			
15	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	288.52			
15	47510	INSERT CATHETER, BILE DUCT	386.43			
15	47511	INSERT BILE DUCT DRAIN	1,160.14			
15	47525	CHANGE BILE DUCT CATHETER	288.52			
15	47530	REVISE/REINSERT BILE TUBE	288.52			
15	47549	LAPAROSCOPE PROC, BILLIARY	MP			X
15	47552	BILIARY ENDOSCOPY THRU SKIN	386.43			
15	47553	BILIARY ENDOSCOPY THRU SKIN	441.87			
15	47554	BILIARY ENDOSCOPY THRU SKIN	441.87			
15	47555	BILIARY ENDOSCOPY THRU SKIN	441.87			
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,160.14			
15	47560	LAPAROSCOPY W/CHOLANGIO	441.87			
15	47561	LAPARO W/CHOLANGIO/BIOPSY	441.87			
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	441.87			
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	441.87			
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	441.87			
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X
15	47605	REMOVAL OF GALLBLADDER	1,160.14			
15	47630	REMOVE BILE DUCT STONE	441.87			
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X
15	48102	NEEDLE BIOPSY, PANCREAS	288.52			
15	48511	DRAIN PANCREATIC PSEUDOCYST	288.52			
15	48999	PANCREAS SURGERY PROCEDURE	MP			X
15	49000	EXPLORATION OF ABDOMEN	441.87			X
15	49010	EXPLORE,RETROPERITONEAL AREA	1,160.14			
15	49021	DRAIN ABDOMINAL ABSCESS	288.52			
15	49041	PERCUT DRAIN ABDOM ABSCESS	288.52			
15	49061	PERCUTDRAIN RETROPER ABSCESS	288.52			
15	49080	PUNCTURE, PERITONEAL CAVITY	386.43			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	49081	REMOVAL OF ABDOMINAL FLUID	386.43			
15	49180	BIOPSY, ABDOMINAL MASS	288.52			
15	49250	EXCISION OF UMBILICUS	545.85			
15	49320	DIAG LAPARO SEPARATE PROC	441.87		X	
15	49321	LAPAROSCOPY, BIOPSY	545.85		X	
15	49322	LAPAROSCOPY, ASPIRATION	545.85		X	
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X	
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	288.52			
15	49419	INSRT ABDOM CATH FOR CHEMOTX	288.52			
15	49420	INSERT ABDOMINAL DRAIN	288.52			
15	49421	INSERT ABDOMINAL DRAIN	288.52			
15	49422	REMOVE PERM CANNULA/CATHETER	288.52			
15	49426	REVISE ABDOMEN-VEINOUS SHUNT	386.43			
15	49491	REPARING HERN PREMIE REDUC	621.23			
15	49492	RPR HERN PREMIE, BLOCKED	620.53			
15	49495	RPR ING HERNIA BABY, REDUC	545.85			
15	49496	RPR ING HERNIA BABY, BLOCKED	545.85			
15	49500	REPAIR INITIAL INGUINAL HERNIA..	545.85	00	04	
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,160.14	00	04	
15	49505	RPR I/HERN INIT REDUC>5 YR	545.85	05	99	
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,160.14	05	99	
15	49520	REREPAIR ING HERNIA, REDUCE	862.09			
15	49521	REREPAIR ING HERNIA, BLOCKED	1,160.14			
15	49525	REPAIR ING HERNIA, SLIDING	545.85			
15	49540	REPAIR LUMBAR HERNIA	386.43			
15	49550	RPR FEM HERNIA, INIT, REDUCE	621.23			
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,160.14			
15	49555	REREPAIR FEM HERNIA, REDUCE	621.23			
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,160.14			
15	49560	RPR VENTRAL HERN INIT, REDUC	545.85			
15	49561	RPR VENTRAL HERN INIT, BLOCK	1,160.14			
15	49565	REREPAIR VENTRL HERN, REDUCE	545.85			
15	49566	REREPAIR VENTRL HERN, BLOCK	1,160.14			
15	49568	HERNIA REPAIR W/MESH	862.09			
15	49570	RPR EPIGASTRIC HERN, REDUCE	545.85			
15	49572	RPR EPIGASTRIC HERN, BLOCKED	1,160.14			
15	49580	RPR UMBIL HERN, REDUC <5 YR	545.85	00	04	
15	49582	RPR UMBIL HERN, BLOCK < 5 YR	1,160.14	00	04	
15	49585	RPR UMBIL HERN, REDUC	545.85	05	99	
15	49587	RPR UMBIL HERN, BLOCK	1,160.14	05	99	
15	49590	REPAIR SPIGELIAN HERNIA	441.87			
15	49600	REPAIR UMBILICAL LESION	545.85			
15	49650	LAP ING HERNIA REPAIR INIT	545.85			
15	49651	LAP ING HERNIA REPAIR RECUR	862.09			
15	49652	LAP VENT/ABD HERNIA REPAIR	862.09			
15	49653	LAP VENT/ABD HERNIA PROC COMP	862.09			
15	49656	LAP INC HERN REPAIR RECUR	862.09			
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X	

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	49900	REPAIR OF ABDOMINAL WALL	545.85			
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X	
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	386.43			
15	50200	BIOPSY OF KIDNEY	288.52			
15	50390	DRAINAGE OF KIDNEY LESION	288.52			
15	50392	INTRO CATH RENAL PELVIS,PERC	288.52			
15	50393	INTR URETH CATH/STENT IN URETER	288.52			
15	50395	CREATE PASSAGE TO KIDNEY	288.52			
15	50396	MEASURE KIDNEY PRESSURE	288.52			
15	50398	CHANGE KIDNEY TUBE	288.52			
15	50549	LAPAROSCOPE PROC, RENAL	MP		X	
15	50551	KIDNEY ENDOSCOPY	288.52			
15	50553	KIDNEY ENDOSCOPY	288.52			
15	50555	KIDNEY ENDOSCOPY & BIOPSY	288.52			
15	50557	KIDNEY ENDOSCOPY & TREATMENT	288.52			
15	50561	KIDNEY ENDOSCOPY & TREATMENT	288.52			
15	50590	LITHOTRIPSY, ESW	441.87			
15	50684	INJECTION FOR URETER X-RAY	288.52			
15	50688	CHANGE OF URETER TUBE	288.52			
15	50947	LAPARO NEW URETER/BLADDER	1,160.14			
15	50948	LAPARO NEW URETER/BLADDER	1,160.14			
15	50949	LAPAROSCOPE PROC, URETER	MP		X	
15	50951	ENDOSCOPY OF URETER	288.52			
15	50953	ENDOSCOPY OF URETER	288.52			
15	50955	URETER ENDOSCOPY & BIOPSY	288.52			
15	50957	URETER ENDOSCOPY & TREATMENT	288.52			
15	50961	URETER ENDOSCOPY & TREATMENT	288.52			
15	50970	URETER ENDOSCOPY	288.52			
15	50972	URETER ENDOSCOPY & CATHETER	288.52			
15	50974	URETER ENDOSCOPY & BIOPSY	288.52			
15	50976	URETER ENDOSCOPY & TREATMENT	288.52			
15	50980	URETER ENDOSCOPY & TREATMENT	288.52			
15	51020	INCISE & TREAT BLADDER	545.85			
15	51030	INCISE & TREAT BLADDER	545.85			
15	51040	INCISE & DRAIN BLADDER	545.85			
15	51045	INCISE BLADDER/DRAIN URETER	545.85			
15	51050	REMOVAL OF BLADDER STONE	545.85			
15	51065	REMOVE URETER CALCULUS	545.85			
15	51080	DRAINAGE OF BLADDER ABSCESS	288.52			
15	51500	REMOVAL OF BLADDER CYST	545.85			
15	51520	REMOVAL OF BLADDER LESION	545.85			
15	51605	PREPARATION FOR BLADDER XRAY	288.52			
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	288.52			
15	51705	CHANGE OF BLADDER TUBE	288.52			
15	51710	CHANGE OF BLADDER TUBE	288.52			
15	51715	ENDOSCOPIC INJECTION/IMPLANT	441.87			
15	51720	TREATMENT OF BLADDER LESION	288.52			
15	51726	COMPLEX CYSTOMETROGRAM	288.52			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	288.52			
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	288.52			
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	288.52			
15	51784	ANAL/URINARY MUSCLE STUDY	288.52			
15	51785	ANAL/URINARY MUSCLE STUDY	288.52			
15	51840	ATTACH BLADDER/URETHRA	386.43			
15	51880	REPAIR OF BLADDER OPENING	288.52			
15	51992	LAPARO SLING OPERATION	386.43			
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X	
15	52000	CYSTOSCOPY	288.52			
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	386.43			
15	52005	CYSTOSCOPY & URETER CATHETER	386.43			
15	52007	CYSTOSCOPY AND BIOPSY	386.43			
15	52010	CYSTOSCOPY & DUCT CATHETER	386.43			
15	52204	CYSTOSCOPY	386.43			
15	52214	CYSTOSCOPY AND TREATMENT	386.43			
15	52224	CYSTOSCOPY AND TREATMENT	386.43			
15	52234	CYSTOSCOPY AND TREATMENT	386.43			
15	52235	CYSTOSCOPY AND TREATMENT	441.87			
15	52240	CYSTOSCOPY AND TREATMENT	441.87			
15	52250	CYSTOSCOPY AND RADIOTRACER	545.85			
15	52260	CYSTOSCOPY AND TREATMENT	386.43			
15	52265	CYSTOSCOPY & TREATMENT	386.43			
15	52270	CYSTOSCOPY & REVISE URETHRA	386.43			
15	52275	CYSTOSCOPY & REVISE URETHRA	386.43			
15	52276	CYSTOSCOPY AND TREATMENT	441.87			
15	52277	CYSTOSCOPY AND TREATMENT	386.43			
15	52281	CYSTOSCOPY AND TREATMENT	386.43			
15	52282	CYSTOSCOPY, IMPLANT STENT	1,160.14			
15	52283	CYSTOSCOPY AND TREATMENT	386.43			
15	52285	CYSTOSCOPY AND TREATMENT	386.43			
15	52290	CYSTOSCOPY AND TREATMENT	386.43			
15	52300	CYSTOSCOPY AND TREATMENT	386.43			
15	52301	CYSTOSCOPY AND TREATMENT	386.43			
15	52305	CYSTOSCOPY AND TREATMENT	386.43			
15	52310	CYSTOSCOPY AND TREATMENT	386.43			
15	52315	CYSTOSCOPY AND TREATMENT	386.43			
15	52317	REMOVE BLADDER STONE	288.52			
15	52318	REMOVE BLADDER STONE	386.43			
15	52320	CYSTOSCOPY AND TREATMENT	621.23			
15	52325	CYSTOSCOPY, STONE REMOVAL	545.85			
15	52327	CYSTOSCOPY, INJECT MATERIAL	386.43			
15	52330	CYSTOSCOPY AND TREATMENT	386.43			
15	52332	CYSTOSCOPY AND TREATMENT	386.43			
15	52334	CREATE PASSAGE TO KIDNEY	441.87			
15	52341	CYSTO W/URETER STRICTURE TX	441.87			
15	52342	CYSTO W/UP STRICTURE TX	441.87			
15	52343	CYSTO W/RENAL STRICTURE TX	441.87			

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 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	52344	CYSTO/URETERO, STONE REMOVE	441.87			
15	52345	CYSTO/URETERO W/UP STRICTURE	441.87			
15	52346	CYSTOURETERO W/RENAL STRICT	441.87			
15	52351	CYSTOURETRO & OR PYELOSCOPE	441.87			
15	52352	CYSTOURETRO W/STONE REMOVE	545.85			
15	52353	CYSTOURETERO W/LITHOTRIPSY	545.85			
15	52354	CYSTOURETERO W/BIOPSY	545.85			
15	52355	CYSTOURETERO W/EXCISE TUMOR	545.85			
15	52400	CYSTOURETERO W/CONGEN REPR	441.87			
15	52402	CYSTOURETHRO CUT EJACUL DUCT	441.87			
15	52450	INCISION OF PROSTATE	441.87			
15	52500	REVISION OF BLADDER NECK	441.87			
15	52601	PROSTATECTOMY (TURP)	545.85			
15	52630	REMOVE PROSTATE REGROWTH	386.43			
15	52640	RELIEVE BLADDER CONTRACTURE	386.43			
15	52647	LASER SURGERY OF PROSTATE	1,160.14			
15	52648	LASER SURGERY OF PROSTATE	1,160.14			
15	52700	DRAINAGE OF PROSTATE ABSCESS	386.43			
15	53000	INCISION OF URETHRA	288.52			
15	53010	INCISION OF URETHRA	288.52			
15	53020	INCISION OF URETHRA	288.52			
15	53040	DRAINAGE OF URETHRA ABSCESS	386.43			
15	53080	DRAINAGE OF URINARY LEAKAGE	441.87			
15	53200	BIOPSY OF URETHRA	288.52			
15	53210	REMOVAL OF URETHRA	621.23			F
15	53215	REMOVAL OF URETHRA	621.23			M
15	53220	TREATMENT OF URETHRA LESION	386.43			
15	53230	REMOVAL OF URETHRA LESION	386.43			F
15	53235	REMOVAL OF URETHRA LESION	441.87			M
15	53240	SURGERY FOR URETHRA POUCH	386.43			
15	53250	REMOVAL OF URETHRA GLAND	386.43			
15	53260	TREATMENT OF URETHRA LESION	386.43			
15	53265	TREATMENT OF URETHRA LESION	386.43			
15	53270	REMOVAL OF URETHRA GLAND	386.43			F
15	53275	REPAIR OF URETHRA DEFECT	386.43			F
15	53400	REVISE URETHRA, STAGE 1	441.87			
15	53405	REVISE URETHRA, STAGE 2	386.43			
15	53410	RECONSTRUCTION OF URETHRA	386.43			M
15	53420	RECONSTRUCT URETHRA, STAGE 1	441.87			
15	53425	RECONSTRUCT URETHRA, STAGE 2	386.43			
15	53430	RECONSTRUCTION OF URETHRA	386.43			F
15	53431	RECONSTRUCT URETHRA/BLADDER	386.43			
15	53440	CORRECT BLADDER FUNCTION	386.43			M
15	53442	REMOVE PERINEAL PROSTHESIS	288.52			
15	53444	INSERT TANDEM CUFF	386.43			
15	53445	INSERT URO/VES NCK SPHINCTER	288.52			
15	53446	REMOVE URO SPHINCTER	288.52			
15	53447	REMOVE/REPLACE UR SPHINCTER	288.52			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	53449	REPAIR URO SPHINCTER	288.52			
15	53450	REVISION OF URETHRA	288.52			
15	53460	REVISION OF URETHRA	288.52			
15	53502	REPAIR OF URETHRA INJURY	386.43			F
15	53505	REPAIR OF URETHRA INJURY	386.43			M
15	53510	REPAIR OF URETHRA INJURY	386.43			
15	53515	REPAIR OF URETHRA INJURY	386.43			
15	53520	REPAIR OF URETHRA DEFECT	386.43			M
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	288.52			M
15	53605	DILATE URETHRA STRICTURE	386.43			M
15	53665	DILATION OF URETHRA	288.52			F
15	53850	PROSTATIC MICROWAVE THERMOTX	1,160.14			M
15	53899	UROLOGY SURGERY PROCEDURE	MP		X	
15	54000	SLITTING OF PREPUCE	386.43	00 00		M
15	54001	SLITTING OF PREPUCE	386.43			M
15	54015	DRAIN PENIS LESION	545.85			M
15	54057	LASER SURG, PENIS LESION(S)	288.52			M
15	54060	EXCISION OF PENIS LESION(S)	288.52			M
15	54065	DESTRUCTION, PENIS LESION(S)	288.52			M
15	54100	BIOPSY OF PENIS	288.52			M
15	54105	BIOPSY OF PENIS	288.52			M
15	54110	TREATMENT OF PENIS LESION	386.43			M
15	54111	TREAT PENIS LESION, GRAFT	386.43			M
15	54112	TREAT PENIS LESION, GRAFT	386.43			M
15	54115	TREATMENT OF PENIS LESION	288.52			M
15	54120	PARTIAL REMOVAL OF PENIS	386.43			M
15	54160	CIRCUMCISION	386.43	00 01		M
15	54161	CIRCUMCISION	386.43			M
15	54162	LYSIS PENIL CIRCUMCIS LESION	386.43			M
15	54163	REPAIR OF CIRCUMCISION	386.43			M
15	54164	FRENULOTOMY OF PENIS	386.43			M
15	54205	TREATMENT OF PENIS LESION	545.85			M
15	54220	TREATMENT OF PENIS LESION	288.52			M
15	54300	REVISION OF PENIS	441.87			M
15	54304	REVISION OF PENIS	441.87			M
15	54308	RECONSTRUCTION OF URETHRA	441.87			M
15	54312	RECONSTRUCTION OF URETHRA	441.87			M
15	54316	RECONSTRUCTION OF URETHRA	441.87			M
15	54318	RECONSTRUCTION OF URETHRA	441.87			M
15	54322	RECONSTRUCTION OF URETHRA	441.87			M
15	54324	RECONSTRUCTION OF URETHRA	441.87			M
15	54326	RECONSTRUCTION OF URETHRA	441.87			M
15	54328	REVISE PENIS/URETHRA	441.87			M
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	441.87			M
15	54340	SECONDARY URETHRAL SURGERY	441.87			M
15	54344	SECONDARY URETHRAL SURGERY	441.87			M
15	54348	SECONDARY URETHRAL SURGERY	441.87			M
15	54352	RECONSTRUCT URETHRA/PENIS	441.87			M

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	54360	PENIS PLASTIC SURGERY	441.87			M
15	54380	REPAIR PENIS	441.87			M
15	54385	REPAIR PENIS	441.87			M
15	54400	INSERT SEMI-RIGID PROSTHESIS	441.87			M
15	54401	INSERT SELF-CONTD PROSTHESIS	441.87			
15	54405	INSERT MULTI-COMP PENIS PROS	441.87			M
15	54406	REMOVE MULTI-COMP PENIS PROS	441.87			
15	54408	REPAIR MULTI-COMP PENIS PROS	441.87			
15	54410	REMOVE/REPLACE PENIS PROSTH	441.87			
15	54415	REMOVE SELF-CONTD PENIS PROS	441.87			
15	54416	REMV/REPL PENIS CONTAIN PROS	441.87			
15	54420	REVISION OF PENIS	545.85			M
15	54435	REVISION OF PENIS	545.85			M
15	54440	REPAIR OF PENIS	545.85		X	M
15	54450	PREPUTIAL STRETCHING	288.52			M
15	54500	BIOPSY OF TESTIS	288.52			M
15	54505	BIOPSY OF TESTIS	288.52			M
15	54512	EXCISE LESION TESTIS	386.43			M
15	54520	REMOVAL OF TESTIS	441.87			M
15	54522	ORCHIECTOMY, PARTIAL	441.87			M
15	54530	REMOVAL OF TESTIS	545.85			M
15	54535	EXTENSIVE TESTIS SURGERY	441.87			M
15	54550	EXPLORATION FOR TESTIS	545.85			M
15	54600	REDUCE TESTIS TORSION	545.85			M
15	54620	SUSPENSION OF TESTIS	441.87			M
15	54640	SUSPENSION OF TESTIS	545.85			M
15	54660	REVISION OF TESTIS	386.43			M
15	54670	REPAIR TESTIS INJURY	441.87			M
15	54680	RELOCATION OF TESTIS(ES)	441.87			M
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,160.14			
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,160.14			
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X	
15	54700	DRAINAGE OF SCROTUM	386.43			M
15	54800	BIOPSY OF EPIDIDYMIS	288.52			M
15	54830	REMOVE EPIDIDYMIS LESION	441.87			M
15	54840	REMOVE EPIDIDYMIS LESION	545.85			M
15	54860	REMOVAL OF EPIDIDYMIS	441.87			M
15	54861	REMOVAL OF EPIDIDYMIS	545.85			M
15	54900	FUSION OF SPERMATIC DUCTS	545.85			M
15	54901	FUSION OF SPERMATIC DUCTS	545.85			M
15	55000	DRAINAGE OF HYDROCELE	288.52			M
15	55040	REMOVAL OF HYDROCELE	441.87			M
15	55041	REMOVAL OF HYDROCELES	621.23			M
15	55060	REPAIR OF HYDROCELE	545.85			M
15	55100	DRAINAGE OF SCROTUM ABSCESS	288.52			M
15	55110	EXPLORE SCROTUM	386.43			M
15	55120	REMOVAL OF SCROTUM LESION	386.43			M
15	55150	REMOVAL OF SCROTUM	288.52			M

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	55175	REVISION OF SCROTUM	288.52			
15	55180	REVISION OF SCROTUM	386.43			
15	55200	INCISION OF SPERM DUCT	386.43			M
15	55250	REMOVAL OF SPERM DUCT(S)	386.43	21 99	X	M
15	55400	REPAIR OF SPERM DUCT	288.52			M
15	55500	REMOVAL OF HYDROCELE	441.87			M
15	55520	REMOVAL OF SPERM CORD LESION	545.85			M
15	55530	REVISE SPERMATIC CORD VEINS	545.85			M
15	55535	REVISE SPERMATIC CORD VEINS	545.85			M
15	55540	REVISE HERNIA & SPERM VEINS	621.23			M
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,160.14			
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X	
15	55680	REMOVE SPERM POUCH LESION	288.52			M
15	55700	BIOPSY OF PROSTATE	386.43			M
15	55705	BIOPSY OF PROSTATE	386.43			M
15	55720	DRAINAGE OF PROSTATE ABSCESS	288.52			M
15	55725	DRAINAGE OF PROSTATE ABSCESS	386.43			M
15	55873	CRYOABLATE PROSTATE	1,160.14			
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M
15	56405	INCISION AND DRAINAGE OF VULVA OR PE	288.52			F
15	56420	DRAINAGE OF VULVA ABSCESS	288.52	10 60		F
15	56440	SURGERY FOR VULVA LESION	386.43			F
15	56441	LYSIS OF LABIAL LESION(S)	288.52			F
15	56501	DESTROY VULVA LESION (S); SIMPLE	288.52			F
15	56515	DESTROY VULVA LESION/S COMPL	441.87			F
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	288.52			F
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	288.52	10 60		F
15	56620	PARTIAL REMOVAL OF VULVA	621.23			F
15	56625	COMPLETE REMOVAL OF VULVA	862.09			F
15	56700	PARTIAL REMOVAL OF HYMEN	288.52			F
15	56740	REMOVE VAGINA GLAND LESION	441.87			F
15	56800	REPAIR OF VAGINA	441.87			F
15	56810	REPAIR OF PERINEUM	621.23			
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	288.52			F
15	57000	EXPLORATION OF VAGINA	288.52			
15	57010	DRAINAGE OF PELVIC ABSCESS	386.43			F
15	57020	DRAINAGE OF PELVIC FLUID	386.43			F
15	57023	I & D VAG HEMATOMA, NON-OB	288.52			F
15	57061	DESTROY VAG LESIONS, SIMPLE	288.52			F
15	57065	DESTROY VAG LESIONS, COMPLEX	288.52			F
15	57100	BIOPSY OF VAGINA	288.52	10 60		F
15	57105	BIOPSY OF VAGINA	288.52			F
15	57130	REMOVE VAGINA LESION	386.43			F
15	57135	REMOVE VAGINA LESION	386.43			F
15	57155	INSERT UTERI TANDEM/OVOIDS	386.43			F
15	57180	TREAT VAGINAL BLEEDING	288.52			F
15	57200	REPAIR OF VAGINA	288.52			F
15	57210	REPAIR VAGINA/PERINEUM	386.43			F

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	57220	REVISION OF URETHRA	441.87			F
15	57230	REPAIR OF URETHRAL LESION	441.87			F
15	57240	REPAIR BLADDER & VAGINA	621.23			F
15	57250	REPAIR RECTUM & VAGINA	621.23			F
15	57260	REPAIR OF VAGINA	621.23			F
15	57265	EXTENSIVE REPAIR OF VAGINA	862.09			F
15	57268	REPAIR OF BOWEL BULGE	441.87			F
15	57288	REPAIR BLADDER DEFECT	621.23			
15	57289	REPAIR BLADDER & VAGINA	621.23			F
15	57291	CONSTRUCTION OF VAGINA	621.23			F
15	57300	REPAIR RECTUM-VAGINA FISTULA	441.87			F
15	57400	DILATION OF VAGINA	386.43		X	F
15	57410	PELVIC EXAMINATION	386.43		X	F
15	57415	REMOVE VAGINAL FOREIGN BODY	386.43			
15	57420	EXAM OF VAGINA W/SCOPE	288.52			
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	288.52			F
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	288.52			F
15	57454	VAGINA EXAMINATION & BIOPSY	288.52			F
15	57455	BIOPSY OF CERVIX W/SCOPE	288.52			F
15	57456	ENDOCERV CURETTAGE W/SCOPE	288.52	10 60		F
15	57460	COLPOSCOPY (VAGINOSCOPY;	288.52			F
15	57461	CONZ OF CERVIX W/SCOPE, LEEP	288.52			
15	57500	BIOPSY OF CERVIX	288.52			F
15	57505	ENDOCERVICAL CURETTAGE	386.43			F
15	57510	CAUTHERUZATION OF CERVIX	441.87			F
15	57511	CRYOCAUTERY OF CERVIX	441.87			F
15	57513	LASER SURGERY OF CERVIX	386.43			F
15	57520	CONIZATION OF CERVIX	386.43			F
15	57522	CONIZATION OF CERVIX	386.43			
15	57530	REMOVAL OF CERVIX	441.87			F
15	57550	REMOVAL OF RESIDUAL CERVIX	441.87			F
15	57556	REMOVE CERVIX, REPAIR BOWEL	621.23			
15	57700	REVISION OF CERVIX	288.52			F
15	57720	REVISION OF CERVIX	441.87			F
15	57800	DILATION OF CERVICAL CANAL	288.52			F
15	58120	DILATION AND CURETTAGE	386.43	12 99		F
15	58145	REMOVAL OF UTERUS LESION	621.23			F
15	58300	INSERT INTRAUTERINE DEVICE	288.52	10 60		F
15	58301	REMOVE INTRAUTERINE DEVICE	288.52	10 60		F
15	58340	INJECT FOR UTERUS/TUBE X-RAY	386.43	21 59	X	F
15	58346	INSERT HEYMAN UTERI CAPSULE	386.43			
15	58353	ENDOMETR ABLATE, THERMAL	545.85		X	F
15	58428	MICROSUR MUSCLE GRAFT FACE PALSY	545.85			
15	58528	CHANGE DRESSING UNDER ANESTHESIA	288.52			
15	58545	LAPAROSCOPIC MYOMECTOMY	1,160.14			F
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,160.14			F
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,160.14		X	
15	58552	LAPARO-VAG HYST INCL T/O	1,160.14			

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1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	58555	HYSTEROSCOPY, DX, SEP PROC	288.52		X	
15	58558	HYSTEROSCOPY, BIOPSY	441.87		X	
15	58559	HYSTEROSCOPY, LYSIS	386.43		X	
15	58560	HYSTEROSCOPY, RESECT SEPTUM	441.87		X	
15	58561	HYSTEROSCOPY, REMOVE MYOMA	441.87		X	
15	58562	HYSTEROSCOPY, REMOVE FB	441.87		X	
15	58563	HYSTEROSCOPY, ABLATION	545.85		X	
15	58565	HYSTEROSCOPY, STERILIZATION	1,267.05	21 59	X	F
15	58578	LAPARO PROC, UTERUS	MP		X	
15	58579	HYSTEROSCOPE PROCEDURE	MP		X	
15	58600	DIVISION OF FALLOPIAN TUBE	441.87	21 55	X	F
15	58615	OCCULSION OF FALLOPIAN TUBE, DEVICE	545.85	21 55	X	F
15	58621	EXAM/BIOPSY OF VULVA W/SCOPE	288.52			
15	58660	LAPAROSCOPY, LYSIS	621.23		X	
15	58661	LAPAROSCOPY, REMOVE ADNEXA	621.23		X	
15	58662	LAPAROSCOPY, EXCISE LESIONS	621.23		X	
15	58670	LAPAROSCOPY, TUBAL CAUTERY	441.87	10 59	X	F
15	58671	LAPAROSCOPY, TUBAL BLOCK	441.87		X	
15	58672	LAPAROSCOPY, FIMBRIOPLASTY	621.23			
15	58673	LAPAROSCOPY, SALPINGOSTOMY	621.23		X	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X	
15	58700	REMOVAL OF FALLOPIAN TUBE	545.85		X	F
15	58720	REMOVAL OF OVARY/TUBE(S)	545.85		X	F
15	58800	DRAINAGE OF OVARIAN CYST(S)	441.87			F
15	58805	DRAINAGE OF OVARIAN CYST(S)	441.87			F
15	58820	DRAIN OVARY ABSCESS, OPEN	441.87			F
15	58822	DRAINAGE OF OVARIAN ABSCESS	288.52	10 60		F
15	58900	BIOPSY OF OVARY(S)	441.87			F
15	58925	REMOVAL OF OVARIAN CYST(S)	441.87			F
15	58999	GENITAL SURGERY PROCEDURE	MP		X	
15	59000	AMNIOCENTESIS	288.52	10 60		F
15	59001	AMNIOCENTESIS, THERAPETUIC	288.52			
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	441.87		X	
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	441.87	10 60	X	F
15	59160	D & C AFTER DELIVERY	441.87	10 60		F
15	59320	REVISION OF CERVIX	288.52	10 60		F
15	59812	TREATMENT OF MISCARRIAGE	621.23	10 60	X	F
15	59820	CARE OF MISCARRIAGE	621.23	10 60	X	
15	59821	TREATMENT OF MISCARRIAGE	621.23	10 55	X	F
15	59840	ABORTION	621.23	10 60	X	F
15	59841	ABORTION	621.23	10 60	X	
15	59870	EVACUATE MOLE OF UTERUS	621.23	10 60	X	F
15	59871	REMOVE CERCLAGE SUTURE	621.23			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	288.52			
15	60100	BIOPSY OF THYROID	288.52			

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	60200	REMOVE THYROID LESION	386.43			
15	60220	PARTIAL REMOVAL OF THYROID	545.85			
15	60240	REMOVAL OF THYROID	1,160.14			
15	60280	REMOVE THYROID DUCT LESION	545.85			
15	60281	REMOVE THYROID DUCT LESION	545.85			
15	60659	LAPARO PROC, ENDOCRINE	MP		X	
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X	
15	61020	REMOVE BRAIN CAVITY FLUID	288.52			
15	61026	INJECTION INTO BRAIN CANAL	288.52			
15	61050	REMOVE BRAIN CANAL FLUID	288.52			
15	61055	INJECTION INTO BRAIN CANAL	288.52			
15	61070	BRAIN CANAL SHUNT PROCEDURE	288.52			
15	61215	INSERT BRAIN-FLUID DEVICE	441.87			
15	61790	TREAT TRIGEMINAL NERVE	441.87			
15	61791	TREAT TRIGEMINAL TRACT	441.87			
15	61795	STEREOTAC COMP ASSIST VOLUME PROC	288.52			
15	61885	IMPLANT NEUROSTIM ONE ARRAY	386.43			
15	61886	IMPLANT NEUROSTIM ARRAYS	441.87			
15	61888	REVISE/REMOVE NEURORECEIVER	288.52			
15	62194	REPLACE/IRRIGATE CATHETER	288.52			
15	62225	REPLACE/IRRIGATE CATHETER	288.52			
15	62230	REPLACE/REVISE BRAIN SHUNT	386.43			
15	62263	LYSIS EPIDURAL ADHESIONS	288.52			
15	62268	DRAIN SPINAL CORD CYST	288.52			
15	62269	NEEDLE BIOPSY, SPINAL CORD	288.52			
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	288.52			
15	62272	DRAIN CEREBRO SPINAL FLUID	288.52			
15	62273	TREAT EPIDURAL SPINE LESION	288.52			
15	62280	TREAT SPINAL CORD LESION	288.52			
15	62281	TREAT SPINAL CORD LESION	288.52			
15	62282	TREAT SPINAL CANAL LESION	288.52			
15	62287	PERCUTANEOUS DISKECTOMY	1,160.14			
15	62294	INJECTION INTO SPINAL ARTERY	441.87			
15	62310	INJECT SPINE C/T	288.52			
15	62311	INJECT SPINE L/S (CD)	288.52			
15	62318	INJECT SPINE W/CATH, C/T	288.52			
15	62319	INJECT SPINE W/CATH L/S (CD)	288.52			
15	62350	IMPLANT SPINAL CANAL CATH	386.43			
15	62355	REMOVE SPINAL CANAL CATHETER	386.43			
15	62360	INSERT SPINE INFUSION DEVICE	386.43			
15	62361	IMPLANT SPINE INFUSION PUMP	386.43			
15	62362	IMPLANT SPINE INFUSION PUMP	386.43			
15	62365	REMOVE SPINE INFUSION DEVICE	386.43			
15	62367	ANALYZE SPINE INFUSION PUMP	386.43			
15	62368	ANALYZE SPINE INFUSION PUMP	386.43			
15	63600	REMOVE SPINAL CORD LESION	386.43			
15	63610	STIMULATION OF SPINAL CORD	288.52			
15	63650	IMPLANT NEUROELECTRODES	386.43			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	
				MIN-MAX	REV	SEX
TS	CODE	DESCRIPTION				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	288.52			
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	288.52			
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	288.52			
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	288.52			
15	63685	IMPLANT NEURORECEIVER	386.43			
15	63688	REVISE/REMOVE NEURORECEIVER	288.52			
15	63744	REVISION OF SPINAL SHUNT	441.87			
15	63746	REMOVAL OF SPINAL SHUNT	386.43			
15	64402	INJECTION FOR NERVE BLOCK	288.52			
15	64410	INJECTION FOR NERVE BLOCK	288.52			
15	64415	INJECTION FOR NERVE BLOCK	288.52			
15	64417	INJECTION FOR NERVE BLOCK	288.52			
15	64420	INJECTION FOR NERVE BLOCK	288.52			
15	64421	INJECTION FOR NERVE BLOCK	288.52			
15	64430	INJECTION FOR NERVE BLOCK	288.52			
15	64450	INJECTION FOR NERVE BLOCK	288.52			
15	64479	INJ FORAMEN EPIDURAL C/T	288.52			
15	64480	INJ FORAMEN EPIDURAL ADD-ON	288.52			
15	64483	INJ FORAMEN EPIDURAL L/S	288.52			
15	64484	INJ FORAMEN EPIDURAL ADD-ON	288.52			
15	64505	INJECTION FOR NERVE BLOCK	288.52			
15	64510	INJECTION FOR NERVE BLOCK	288.52			
15	64517	N BLOCK INJ, HYPOGAS PLXS	386.43			
15	64520	INJECTION FOR NERVE BLOCK	288.52			
15	64530	INJECTION FOR NERVE BLOCK	288.52			
15	64553	IMPLANT NEUROELECTRODES	288.52			
15	64561	IMPLANT NEUROELECTRODES	441.87			
15	64573	IMPLANT NEUROELECTRODES	288.52			
15	64575	IMPLANT NEUROELECTRODES	288.52			
15	64577	IMPLANT NEUROELECTRODES	288.52			
15	64580	IMPLANT NEUROELECTRODES	288.52			
15	64581	IMPLANT NEUROELECTRODES	441.87			
15	64585	REVISE/REMOVE NEUROELECTRODE	288.52			
15	64590	IMPLANT NEURORECEIVER	386.43			
15	64595	REVISE/REMOVE NEURORECEIVER	288.52			
15	64600	INJECTION TREATMENT OF NERVE	288.52			
15	64605	INJECTION TREATMENT OF NERVE	288.52			
15	64610	INJECTION TREATMENT OF NERVE	288.52			
15	64614	DESTROY NERVE, EXTREM MUSIC	288.52			
15	64620	INJECTION TREATMENT OF NERVE	288.52			
15	64622	DESTR PARAVERTEBRAL NERVE L/S	288.52			
15	64623	DESTR PARAVERTEBRAL N ADD-ON	288.52			
15	64626	DESTR PARAVERTEBRAL NERVE C/T	288.52			
15	64627	DESTR PARAVERTEBRAL N ADD-ON	288.52			
15	64630	INJECTION TREATMENT OF NERVE	386.43			
15	64640	INJECTION TREATMENT OF NERVE	288.52			
15	64680	INJECTION TREATMENT OF NERVE	386.43			
15	64681	INJECTION TREATMENT OF NERVE	386.43			

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COLUMN:

1	2	3	4	5	6	7
			FEE	AGE	MED	SEX
				MIN-MAX	REV	
TS	CODE	DESCRIPTION				
15	64702	REVISE FINGER/TOE NERVE	288.52			
15	64704	REVISE HAND/FOOT NERVE	288.52			
15	64708	REVISE ARM/LEG NERVE	386.43			
15	64712	REVISION OF SCIATIC NERVE	386.43			
15	64713	REVISION OF ARM NERVE(S)	386.43			
15	64714	REVISE LOW BACK NERVE(S)	386.43			
15	64716	REVISION OF CRANIAL NERVE	441.87			
15	64718	REVISE ULNAR NERVE AT ELBOW	386.43			
15	64719	REVISE ULNAR NERVE AT WRIST	386.43			
15	64721	CARPAL TUNNEL SURGERY	386.43			
15	64722	RELIEVE PRESSURE ON NERVE(S)	288.52			
15	64726	RELEASE FOOT/TOE NERVE	288.52			
15	64727	INTERNAL NERVE REVISION	288.52			
15	64732	INCISION OF BROW NERVE	386.43			
15	64734	INCISION OF CHEEK NERVE	386.43			
15	64736	INCISION OF CHIN NERVE	386.43			
15	64738	INCISION OF JAW NERVE	386.43			
15	64740	INCISION OF TONGUE NERVE	386.43			
15	64742	INCISION OF FACIAL NERVE	386.43			
15	64744	INCISE NERVE, BACK OF HEAD	386.43			
15	64746	INCISE DIAPHRAGM NERVE	386.43			
15	64771	SEVER CRANIAL NERVE	386.43			
15	64772	INCISION OF SPINAL NERVE	386.43			
15	64774	REMOVE SKIN NERVE LESION	386.43			
15	64776	REMOVE DIGIT NERVE LESION	441.87			
15	64778	DIGIT NERVE SURGERY ADD-ON	386.43			
15	64782	REMOVE LIMB NERVE LESION	441.87			
15	64783	LIMB NERVE SURGERY ADD-ON	386.43			
15	64784	REMOVE NERVE LESION	441.87			
15	64786	REMOVE SCIATIC NERVE LESION	441.87			
15	64787	IMPLANT NERVE END	386.43			
15	64788	REMOVE SKIN NERVE LESION	441.87			
15	64790	REMOVAL OF NERVE LESION	441.87			
15	64792	REMOVAL OF NERVE LESION	441.87			
15	64795	BIOPSY OF NERVE	386.43			
15	64802	REMOVE SYMPATHETIC NERVES	386.43			
15	64821	REMOVE SYMPATHETIC NERVES	545.85			
15	64831	REPAIR OF DIGIT NERVE	545.85			
15	64832	REPAIR NERVE ADD-ON	288.52			
15	64834	REPAIR OF HAND OR FOOT NERVE	386.43			
15	64835	REPAIR OF HAND OR FOOT NERVE	441.87			
15	64836	REPAIR OF HAND OR FOOT NERVE	441.87			
15	64837	REPAIR NERVE ADD-ON	288.52			
15	64840	REPAIR OF LEG NERVE	386.43			
15	64856	REPAIR/TRANSPOSE NERVE	386.43			
15	64857	REPAIR ARM/LEG NERVE	386.43			
15	64858	REPAIR SCIATIC NERVE	386.43			
15	64859	NERVE SURGERY	288.52			

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	64861	REPAIR OF ARM NERVES	441.87			
15	64862	REPAIR OF LOW BACK NERVES	441.87			
15	64864	REPAIR OF FACIAL NERVE	441.87			
15	64865	REPAIR OF FACIAL NERVE	545.85			
15	64870	FUSION OF FACIAL/OTHER NERVE	545.85			
15	64872	SUBSEQUENT REPAIR OF NERVE	386.43			
15	64874	REPAIR & REVISE NERVE ADD-ON	441.87			
15	64876	REPAIR NERVE/SHORTEN BONE	441.87			
15	64885	NERVE GRAFT, HEAD OR NECK	386.43			
15	64886	NERVE GRAFT, HEAD OR NECK	386.43			
15	64890	NERVE GRAFT, HAND OR FOOT	386.43			
15	64891	NERVE GRAFT, HAND OR FOOT	386.43			
15	64892	NERVE GRAFT, ARM OR LEG	386.43			
15	64893	NERVE GRAFT, ARM OR LEG	386.43			
15	64895	NERVE GRAFT, HAND OR FOOT	441.87			
15	64896	NERVE GRAFT, HAND OR FOOT	441.87			
15	64897	NERVE GRAFT, ARM OR LEG	441.87			
15	64898	NERVE GRAFT, ARM OR LEG	441.87			
15	64901	NERVE GRAFT ADD-ON	386.43			
15	64902	NERVE GRAFT ADD-ON	386.43			
15	64905	NERVE PEDICLE TRANSFER	386.43			
15	64907	NERVE PEDICLE TRANSFER	288.52			
15	64999	NERVOUS SYSTEM SURGERY	MP			X
15	65091	REVISE EYE	441.87			
15	65093	REVISE EYE WITH IMPLANT	441.87			
15	65101	REMOVAL OF EYE	441.87			
15	65103	REMOVE EYE/INSERT IMPLANT	441.87			
15	65105	REMOVE EYE/ATTACH IMPLANT	545.85			
15	65110	REMOVAL OF EYE	621.23			
15	65112	REMOVE EYE/REVISE SOCKET	862.09			
15	65114	REMOVE EYE/REVISE SOCKET	862.09			
15	65130	INSERT OCULAR IMPLANT	441.87			
15	65135	INSERT OCULAR IMPLANT	386.43			
15	65140	ATTACH OCULAR IMPLANT	441.87			
15	65150	REVISE OCULAR IMPLANT	386.43			
15	65155	REINSERT OCULAR IMPLANT	441.87			
15	65175	REMOVAL OF OCULAR IMPLANT	288.52			
15	65235	REMOVE FOREIGN BODY FROM EYE	386.43			
15	65260	REMOVE FOREIGN BODY FROM EYE	441.87			
15	65265	REMOVE FOREIGN BODY FROM EYE	545.85			
15	65270	REPAIR OF EYE WOUND	386.43			
15	65272	REPAIR OF EYE WOUND	386.43			
15	65275	REPAIR OF EYE WOUND	545.85			
15	65280	REPAIR OF EYE WOUND	545.85			
15	65285	REPAIR OF EYE WOUND	545.85			
15	65290	REPAIR OF EYE SOCKET WOUND	441.87			
15	65400	REMOVAL OF EYE LESION	288.52			
15	65410	BIOPSY OF CORNEA	386.43			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	65420	REMOVAL OF EYE LESION	386.43			
15	65426	REMOVAL OF EYE LESION	621.23			
15	65710	CORNEAL TRANSPLANT	862.09			
15	65730	CORNEAL TRANSPLANT	862.09			
15	65750	CORNEAL TRANSPLANT	862.09			
15	65755	CORNEAL TRANSPLANT	862.09			
15	65770	REVISE CORNEA WITH IMPLANT	862.09			
15	65772	CORRECTION OF ASTIGMATISM	545.85			
15	65775	CORRECTION OF ASTIGMATISM	545.85			
15	65780	OCULAR RECONST, TRANSPLANT	621.23			
15	65781	OCULAR RECONST, TRANSPLANT	621.23			
15	65782	OCULAR RECONST, TRANSPLANT	621.23		X	
15	65800	DRAINAGE OF EYE	288.52			
15	65805	DRAINAGE OF EYE	288.52			
15	65810	DRAINAGE OF EYE	441.87			
15	65815	DRAINAGE OF EYE	386.43			
15	65820	RELIEVE INNER EYE PRESSURE	288.52			
15	65850	INCISION OF EYE	545.85			
15	65855	LASER TRABECULOPLASTY-1/MORE	545.85			
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	386.43			
15	65865	INCISE INNER EYE ADHESIONS	288.52			
15	65870	INCISE INNER EYE ADHESIONS	545.85			
15	65875	INCISE INNER EYE ADHESIONS	545.85			
15	65880	INCISE INNER EYE ADHESIONS	545.85			
15	65900	REMOVE EYE LESION	621.23			
15	65920	REMOVE IMPLANT OF EYE	862.09			
15	65930	REMOVE BLOOD CLOT FROM EYE	621.23			
15	66020	INJECTION TREATMENT OF EYE	288.52			
15	66030	INJECTION TREATMENT OF EYE	288.52			
15	66130	REMOVE EYE LESION	862.09			
15	66150	GLAUCOMA SURGERY	545.85			
15	66155	GLAUCOMA SURGERY	545.85			
15	66160	GLAUCOMA SURGERY	386.43			
15	66165	GLAUCOMA SURGERY	545.85			
15	66170	GLAUCOMA SURGERY	545.85			
15	66172	INCISION OF EYE	545.85			
15	66180	IMPLANT EYE SHUNT	621.23			
15	66185	REVISE EYE SHUNT	386.43			
15	66220	REPAIR EYE LESION	441.87			
15	66225	REPAIR/GRAFT EYE LESION	545.85			
15	66250	FOLLOW-UP SURGERY OF EYE	386.43			
15	66500	INCISION OF IRIS	288.52			
15	66505	INCISION OF IRIS	288.52			
15	66600	REMOVE IRIS AND LESION	441.87			
15	66605	REMOVAL OF IRIS	441.87			
15	66625	REMOVAL OF IRIS	441.87			
15	66630	REMOVAL OF IRIS	441.87			
15	66635	REMOVAL OF IRIS	441.87			

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COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	66680	REPAIR IRIS & CILIARY BODY	441.87			
15	66682	REPAIR IRIS & CILIARY BODY	386.43			
15	66700	DESTRUCTION, CILIARY BODY	386.43			
15	66710	DESTRUCTION, CILIARY BODY	386.43			
15	66711	CILIARY ENDOSCOPIC ABLATION	386.43			
15	66720	DESTRUCTION, CILIARY BODY	386.43			
15	66740	DESTRUCTION, CILIARY BODY	386.43			
15	66761	REVISION OF IRIS	386.43			
15	66820	INCISION OF LENS LESION	386.43			
15	66821	AFTER CATARACT LASER SURGERY	386.43			
15	66825	REPOSITION INTRAOCULAR LENS	545.85			
15	66830	REMOVAL OF LENS LESION	545.85			
15	66840	REMOVAL OF LENS MATERIAL	545.85			
15	66850	REMOVAL OF LENS MATERIAL	862.09			
15	66852	REMOVAL OF LENS MATERIAL	545.85			
15	66920	EXTRACTION OF LENS	545.85			
15	66930	EXTRACTION OF LENS	621.23			
15	66940	EXTRACTION OF LENS	621.23			
15	66982	CATARACT SURGERY, COMPLEX	713.06			
15	66983	CATARACT SURG W/IOL, 1 STAGE	713.06			
15	66984	CATARACT SURG W/IOL, I STAGE	713.06			
15	66985	INSERT LENS PROSTHESIS	585.71			
15	66986	EXCHANGE LENS PROSTHESIS	585.71			
15	66999	EYE SURGERY PROCEDURE	MP		X	
15	67005	PARTIAL REMOVAL OF EYE FLUID	545.85			
15	67010	PARTIAL REMOVAL OF EYE FLUID	545.85			
15	67015	RELEASE OF EYE FLUID	288.52			
15	67025	REPLACE EYE FLUID	288.52			
15	67027	IMPLANT EYE DRUG SYSTEM	545.85			
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	288.52			
15	67030	INCISE INNER EYE STRANDS	288.52			
15	67031	LASER SURGERY, EYE STRANDS	386.43			
15	67036	REMOVAL OF INNER EYE FLUID	545.85			
15	67039	LASER TREATMENT OF RETINA	862.09			
15	67040	LASER TREATMENT OF RETINA	862.09			
15	67042	VIT FOR MACULAR HOLE	621.23			
15	67101	REPAIR DETACHED RETINA	621.23			
15	67105	PHOTOCOAGULATION/DETACHED RET	621.23			
15	67107	REPAIR DETACHED RETINA	621.23			
15	67108	REPAIR DETACHED RETINA	862.09			
15	67112	REREPAIR DETACHED RETINA	862.09			
15	67113	REPAIR RETINAL DETACH,CPLX	862.09			
15	67115	RELEASE ENCIRCLING MATERIAL	386.43			
15	67120	REMOVE EYE IMPLANT MATERIAL	386.43			
15	67121	REMOVE EYE IMPLANT MATERIAL	386.43			
15	67141	TREATMENT OF RETINA	386.43			
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	386.43			
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	621.23			

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COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	67218	TREATMENT OF RETINAL LESION	621.23			
15	67220	TREAT CHOROID LESION	288.52			
15	67227	TREATMENT OF RETINAL LESION	288.52			
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	288.52			
15	67250	REINFORCE EYE WALL	441.87			
15	67255	REINFORCE/GRAFT EYE WALL	441.87			
15	67299	EYE SURGERY PROCEDURE	MP		X	
15	67311	REVISE EYE MUSCLE	441.87			
15	67312	REVISE TWO EYE MUSCLES	545.85			
15	67314	REVISE EYE MUSCLE	545.85			
15	67316	REVISE TWO EYE MUSCLES	545.85			
15	67318	REVISE EYE MUSCLE(S)	545.85			
15	67320	REVISE EYE MUSCLE(S) ADD-ON	545.85			
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	545.85			
15	67332	REREVISE EYE MUSCLES ADD-ON	545.85			
15	67334	REVISE EYE MUSCLE W/SUTURE	545.85			
15	67335	EYE SUTURE DURING SURGERY	545.85			
15	67340	REVISE EYE MUSCLE ADD-ON	545.85			
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	862.09			
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X	
15	67400	EXPLORE/BIOPSY EYE SOCKET	441.87			
15	67405	EXPLORE/DRAIN EYE SOCKET	545.85			
15	67412	EXPLORE/TREAT EYE SOCKET	621.23			
15	67413	EXPLORE/TREAT EYE SOCKET	621.23			
15	67415	ASPIRATION, ORBITAL CONTENTS	288.52			
15	67420	EXPLORE/TREAT EYE SOCKET	621.23			
15	67430	EXPLORE/TREAT EYE SOCKET	621.23			
15	67440	EXPLORE/DRAIN EYE SOCKET	621.23			
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	621.23			
15	67450	EXPLORE/BIOPSY EYE SOCKET	621.23			
15	67470	OPTIC NERVE DECOMPRESSION (EG, INCIS	288.52			
15	67500	INJECT/TREAT EYE SOCKET	288.52			
15	67550	INSERT EYE SOCKET IMPLANT	545.85			
15	67560	REVISE EYE SOCKET IMPLANT	386.43			
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	288.52			
15	67599	ORBIT SURGERY PROCEDURE	MP		X	
15	67700	DRAINAGE OF EYELID ABSCESS	288.52			
15	67715	INCISION OF EYELID FOLD	288.52			
15	67800	REMOVE EYELID LESION	288.52			
15	67801	REMOVE EYELID LESIONS	288.52			
15	67805	REMOVE EYELID LESIONS	288.52			
15	67808	REMOVE EYELID LESION(S)	386.43			
15	67810	BIOPSY OF EYELID	288.52			
15	67820	REVISE EYELASHES	288.52			
15	67830	REVISE EYELASHES	386.43			
15	67835	REVISE EYELASHES	386.43			
15	67840	REMOVE EYELID LESION	288.52			
15	67880	REVISION OF EYELID	441.87			

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 1, 2010

COLUMN:

1	2	3	4	5	6	7
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	67882	REVISION OF EYELID	441.87			
15	67900	REPAIR BROW DEFECT	545.85			
15	67901	REPAIR EYELID DEFECT	621.23			
15	67902	REPAIR EYELID DEFECT	621.23			
15	67903	REPAIR EYELID DEFECT	545.85			
15	67904	REPAIR EYELID DEFECT	545.85			
15	67906	REPAIR EYELID DEFECT	621.23			
15	67908	REPAIR EYELID DEFECT	545.85			
15	67909	REVISE EYELID DEFECT	545.85			
15	67911	REVISE EYELID DEFECT	441.87			
15	67912	CORRECTION EYELID W/IMPLANT	441.87			
15	67914	REPAIR EYELID DEFECT	441.87			
15	67916	REPAIR EYELID DEFECT	545.85			
15	67917	REPAIR EYELID DEFECT	545.85			
15	67921	REPAIR EYELID DEFECT	441.87			
15	67923	REPAIR EYELID DEFECT	545.85			
15	67924	REPAIR EYELID DEFECT	545.85			
15	67930	REPAIR EYELID WOUND	386.43			
15	67935	REPAIR EYELID WOUND	386.43			
15	67938	REMOVE EYELID FOREIGN BODY	288.52			
15	67950	REVISION OF EYELID	386.43			
15	67961	REVISION OF EYELID	441.87			
15	67966	REVISION OF EYELID	441.87			
15	67971	RECONSTRUCTION OF EYELID	441.87			
15	67973	RECONSTRUCTION OF EYELID	441.87			
15	67974	RECONSTRUCTION OF EYELID	441.87			
15	67975	RECONSTRUCTION OF EYELID	441.87			
15	67999	EYELID SURGERY PROCEDURE	MP			X
15	68110	REMOVE EYELID LINING LESION	288.52			
15	68115	REMOVE EYELID LINING LESION	386.43			
15	68130	REMOVE EYELID LINING LESION	386.43			
15	68320	REVISE/GRAFT EYELID LINING	545.85			
15	68325	REVISE/GRAFT EYELID LINING	545.85			
15	68326	REVISE/GRAFT EYELID LINING	545.85			
15	68328	REVISE/GRAFT EYELID LINING	545.85			
15	68330	REVISE EYELID LINING	545.85			
15	68335	REVISE/GRAFT EYELID LINING	545.85			
15	68340	SEPARATE EYELID ADHESIONS	545.85			
15	68360	REVISE EYELID LINING	386.43			
15	68362	REVISE EYELID LINING	386.43			
15	68371	HARVEST EYE TISSUE, ALOGRAFT	386.43			
15	68399	EYELID LINING SURGERY	MP			X
15	68500	REMOVAL OF TEAR GLAND	441.87			
15	68505	PARTIAL REMOVAL, TEAR GLAND	441.87			
15	68510	BIOPSY OF TEAR GLAND	288.52			
15	68520	REMOVAL OF TEAR SAC	441.87			
15	68525	BIOPSY OF TEAR SAC	288.52			
15	68540	REMOVE TEAR GLAND LESION	441.87			

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 1, 2010

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX
15	68550	REMOVE TEAR GLAND LESION	441.87			
15	68700	REPAIR TEAR DUCTS	386.43			
15	68720	CREATE TEAR SAC DRAIN	545.85			
15	68745	CREATE TEAR DUCT DRAIN	545.85			
15	68750	CREATE TEAR DUCT DRAIN	545.85			
15	68770	CLOSE TEAR SYSTEM FISTULA	545.85			
15	68810	PROBE NASOLACRIMAL DUCT	288.52			
15	68811	PROBE NASOLACRIMAL DUCT	386.43			
15	68815	PROBE NASOLACRIMAL DUCT	386.43			
15	68899	TEAR DUCT SYSTEM SURGERY	MP			
15	69000	DRAIN EXTERNAL EAR LESION	288.52			X
15	69005	DRAIN EXTERNAL EAR LESION	288.52			
15	69020	DRAIN OUTER EAR CANAL LESION	288.52			
15	69100	BIOPSY OF EXTERNAL EAR	288.52			
15	69105	BIOPSY OF EXTERNAL EAR CANAL	288.52			
15	69110	REMOVE EXTERNAL EAR, PARTIAL	288.52			
15	69120	REMOVAL OF EXTERNAL EAR	386.43			
15	69140	REMOVE EAR CANAL LESION(S)	386.43			
15	69145	REMOVE EAR CANAL LESION(S)	386.43			
15	69150	EXTENSIVE EAR CANAL SURGERY	441.87			
15	69205	CLEAR OUTER EAR CANAL	288.52			
15	69222	CLEAN OUT MASTOID CAVITY	386.43			
15	69300	REVISE EXTERNAL EAR	441.87			
15	69310	REBUILD OUTER EAR CANAL	441.87			
15	69320	REBUILD OUTER EAR CANAL	862.09			
15	69399	OUTER EAR SURGERY PROCEDURE	MP			X
15	69420	INCISION OF EARDRUM	386.43			
15	69421	INCISION OF EARDRUM	441.87			
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	288.52			
15	69433	OFFICE TYMPANOSTOMY, UNILAT	441.87			
15	69436	CREATE EARDRUM OPENING	441.87			
15	69440	EXPLORATION OF MIDDLE EAR	441.87			
15	69449	INNER EAR SURGERY PROCEDURE	MP			X
15	69450	EARDRUM REVISION	288.52			
15	69501	MASTOIDECTOMY	862.09			
15	69502	MASTOIDECTOMY	862.09			
15	69505	REMOVE MASTOID STRUCTURES	862.09			
15	69511	EXTENSIVE MASTOID SURGERY	862.09			
15	69530	EXTENSIVE MASTOID SURGERY	862.09			
15	69540	REMOVE EAR LESION	441.87			
15	69550	REMOVE EAR LESION	621.23			
15	69552	REMOVE EAR LESION	862.09			
15	69601	MASTOID SURGERY REVISION	862.09			
15	69602	MASTOID SURGERY REVISION	862.09			
15	69603	MASTOID SURGERY REVISION	862.09			
15	69604	MASTOID SURGERY REVISION	862.09			
15	69605	MASTOID SURGERY REVISION	862.09			
15	69610	REPAIR EARDRUM	386.43			

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 1, 2010

COLUMN:

1	2	3	4	5	6	7
	CODE	DESCRIPTION	FEE	AGE	MED	SEX
				MIN-MAX	REV	
15	69620	REPAIR OF EARDRUM	386.43			
15	69631	REPAIR EARDRUM STRUCTURES	621.23			
15	69632	REBUILD EARDRUM STRUCTURES	621.23			
15	69633	REBUILD EARDRUM STRUCTURES	621.23			
15	69635	REPAIR EARDRUM STRUCTURES	862.09			
15	69636	REBUILD EARDRUM STRUCTURES	862.09			
15	69637	REBUILD EARDRUM STRUCTURES	862.09			
15	69641	REVISE MIDDLE EAR & MASTOID	862.09			
15	69642	REVISE MIDDLE EAR & MASTOID	862.09			
15	69643	REVISE MIDDLE EAR & MASTOID	862.09			
15	69644	REVISE MIDDLE EAR & MASTOID	862.09			
15	69645	REVISE MIDDLE EAR & MASTOID	862.09			
15	69646	REVISE MIDDLE EAR & MASTOID	862.09			
15	69650	RELEASE MIDDLE EAR BONE	862.09			
15	69660	REVISE MIDDLE EAR BONE	621.23			
15	69661	REVISE MIDDLE EAR BONE	621.23			
15	69662	REVISE MIDDLE EAR BONE	621.23			
15	69666	REPAIR MIDDLE EAR STRUCTURES	545.85			
15	69667	REPAIR MIDDLE EAR STRUCTURES	545.85			
15	69670	REMOVE MASTOID AIR CELLS	441.87			
15	69676	REMOVE MIDDLE EAR NERVE	441.87			
15	69700	CLOSE MASTOID FISTULA	441.87			
15	69711	REMOVE/REPAIR HEARING AID	288.52			
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,160.14			
15	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,160.14			
15	69717	TEMPLE BONE IMPLANT REVISION	1,160.14			
15	69718	REVISE TEMPLE BONE IMPLANT	1,160.14			
15	69720	RELEASE FACIAL NERVE	621.23			
15	69725	RELEASE FACIAL NERVE	621.23			
15	69740	REPAIR FACIAL NERVE	621.23			
15	69745	REPAIR FACIAL NERVE	621.23			
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X
15	69801	INCISE INNER EAR	621.23			
15	69802	INCISE INNER EAR	862.09			
15	69805	EXPLORE INNER EAR	862.09			
15	69806	EXPLORE INNER EAR	862.09			
15	69820	ESTABLISH INNER EAR WINDOW	621.23			
15	69840	REVISE INNER EAR WINDOW	621.23			
15	69905	REMOVE INNER EAR	862.09			
15	69910	REMOVE INNER EAR & MASTOID	862.09			
15	69915	INCISE INNER EAR NERVE	862.09			
15	69930	IMPLANT COCHLEAR DEVICE	862.09	01 99		
15	69949	INNER EAR SURGERY PROCEDURE	MP			X
15	69979	TEMPORAL BONE SURGERY	MP			X
15	69990	MICROSURGERY ADD-ON	288.52			
15	91105	GASTRIC INTUBATION, AND ASPIRATION O	288.52			
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	288.52			
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	288.52			

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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.