
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 Molina 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 types of service found on this schedule.

09 - Transportation and use of Portable X-ray equipment.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

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. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

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. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 13. SPEC IND: Indicate if code was related to a particular process.

Code E - Medicaid Expansion

LOUISIANA MEDICAID PORTABLE RADIOLOGY/EKG (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2017

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS	SPEC
				MIN-MAX	REV					OVERS	>001	IND
09	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	7.21					X	X		X	
09	R0070	TRANSPORTATION OF PORTABLE X-RAY EQU	69.24					X				
09	R0075	TRANSPORTATION OF PORTABLE X-RAY EQU	13.86					X				
09	R0076	TRANSPORTATION OF PORTABLE ECG TO FO	87.50					X				
09	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PA	36.64					X			X	
09	70110	RADIOLOGIC EXAMINATION, MANDIBLE; CO	46.17					X			X	
09	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LE	40.98					X			X	
09	70130	RADIOLOGIC EXAMINATION, MASTOIDS; CO	59.59					X			X	
09	70140	RADIOLOGIC EXAMINATION, FACIAL BONES	41.40					X			X	
09	70150	RADIOLOGIC EXAMINATION, FACIAL BONES	53.82					X			X	
09	70160	RADIOLOGIC EXAMINATION, NASAL BONES	35.63					X			X	
09	70250	RADIOLOGIC EXAMINATION, SKULL; LESS	43.87					X			X	
09	70260	RADIOLOGIC EXAMINATION, SKULL; COMPL	63.91					X			X	
09	70320	RADIOLOGIC EXAMINATION, TEETH; COMPL	50.78					X			X	
09	70360	RADIOLOGIC EXAMINATION; NECK, SOFT T	31.02					X			X	
09	70380	RADIOLOGIC EXAMINATION, SALIVARY GLA	28.42					X			X	
09	71010	RADIOLOGIC EXAMINATION, CHEST; SINGL	32.55					X			X	
09	71020	RADIOLOGIC EXAMINATION, CHEST; 2 VIE	41.95					X			X	
09	71100	RADIOLOGIC EXAMINATION, RIBS, UNILAT	40.14					X			X	
09	71110	RADIOLOGIC EXAMINATION, RIBS, BILATE	54.39					X			X	
09	71120	RADIOLOGIC EXAMINATION, STERNUM, MIN	43.29					X			X	
09	71130	RADIOLOGIC EXAMINATION; STERNOCLAVIC	47.18					X			X	
09	72040	RADIOLOGIC EXAMINATION, SPINE, CERVI	42.71					X				
09	72050	RADIOLOGIC EXAMINATION, SPINE, CERVI	61.89					X				
09	72070	RADIOLOGIC EXAMINATION, SPINE; THORA	44.88					X				
09	72080	RADIOLOGIC EXAMINATION, SPINE; THORA	46.01					X				
09	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBO	46.01					X				
09	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBO	63.05					X				
09	72170	RADIOLOGIC EXAMINATION, PELVIS; 1 OR	33.24					X				
09	72190	RADIOLOGIC EXAMINATION, PELVIS; COMP	45.30					X				
09	72200	RADIOLOGIC EXAMINATION, SACROILIAC J	36.07					X			X	
09	72220	RADIOLOGIC EXAMINATION, SACRUM AND C	38.09					X			X	
09	73000	RADIOLOGIC EXAMINATION; CLAVICLE, CO	34.04					X			X	
09	73010	RADIOLOGIC EXAMINATION; SCAPULA, COM	35.51					X			X	
09	73020	RADIOLOGIC EXAMINATION, SHOULDER; 1	29.80					X			X	
09	73030	RADIOLOGIC EXAMINATION, SHOULDER; CO	36.70					X			X	
09	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVI	44.13					X			X	
09	73060	RADIOLOGIC EXAMINATION; HUMERUS, MIN	36.93					X			X	
09	73070	RADIOLOGIC EXAMINATION, ELBOW; 2 VIE	32.28					X			X	
09	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPL	38.09					X			X	
09	73090	RADIOLOGIC EXAMINATION; FOREARM, 2 V	34.49					X			X	
09	73100	RADIOLOGIC EXAMINATION, WRIST; 2 VIE	31.33					X			X	
09	73120	RADIOLOGIC EXAMINATION, HAND; 2 VIEW	31.33					X			X	
09	73130	RADIOLOGIC EXAMINATION, HAND; MINIMU	36.93					X			X	
09	73140	RADIOLOGIC EXAMINATION, FINGER(S), M	27.55					X			X	
09	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	20.49					X				

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

LOUISIANA MEDICAID PORTABLE RADIOLOGY/EKG (NON-HOSPITAL) FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2016 THRU DECEMBER 31, 2017

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS	SPEC
				MIN-MAX	REV					OVERS	>001	IND
09	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	28.47					X				
09	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	35.61					X				
09	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	27.28					X				
09	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	33.77					X				
09	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	39.07					X				
09	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	19.24					X				
09	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	22.40					X				
09	73560	RADIOLOGIC EXAMINATION, KNEE; 1 OR 2	33.11					X			X	
09	73562	RADIOLOGIC EXAMINATION, KNEE; 3 VIEW	38.82					X			X	
09	73590	RADIOLOGIC EXAMINATION, TIBIA AND FI	33.11					X			X	
09	73600	RADIOLOGIC EXAMINATION, ANKLE; 2 VIE	32.75					X			X	
09	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPL	36.93					X			X	
09	73620	RADIOLOGIC EXAMINATION, FOOT; 2 VIEW	31.33					X			X	
09	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLE	36.93					X			X	
09	73650	RADIOLOGIC EXAMINATION; CALCANEOUS,	31.75					X			X	
09	73660	RADIOLOGIC EXAMINATION; TOE(S), MINI	27.55					X			X	
09	74000	RADIOLOGIC EXAMINATION, ABDOMEN; SIN	36.21					X			X	
09	74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANT	42.27					X			X	
09	74020	RADIOLOGIC EXAMINATION, ABDOMEN; COM	47.76					X			X	
09	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COM	55.83					X			X	
09	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH	29.40					X			X	
09	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	191.70					X		X		