LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	G0105	COLORECTAL SCRN, HI RISK. IND	212.68								
08	G0121	COLON CA SCRN; NOT HIGH RISK IND	212.68								
08	G0260	INJ FOR SACROILIAC JT ANESTH	212.68								
08	V2785	CORNEAL TISSUE PROCESSING	1,920.00								
08	00170	ANES;INTRAORAL,INC BIOPSY, NOS	212.68					X			
08	10061	DRAIN SKIN ABSCESS COMPLICATED	253.18					X			
08	10120	SIMPLE REMOVAL FOREIGN BODY	253.18					X			
08	10121	COMPLICATED REMOVAL FOREIGN BODY	253.18					X			
08	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	212.68								
08	11010	DEBRIDE SKIN, FX	212.68								
08	11011	DEBRIDE SKIN/MUSCLE, FX	212.68								
08	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	212.68								
08	11042	DEBRIDE SKIN, SUBCUTANEOUS TISSUE	212.68								
08	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	212.68								
08	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	212.68								
08	11100	BIOPSY OF SINGLE LESION	212.68					X			
08	11101	DEBRIDE SKIN/MUSCLE, FX	212.68								
08	11400	EXCISE BENIGN LESION TO 0.5 CM	212.68					X			
08	11401	EXCISE BENIGN LESION 0.6 TO 1CM	212.68					X			
08	11402	EXCISE BENIGN LESION 1.1 TO 2CM	212.68					X			
08	11403	EXCISE BENIGN LESION 2.1 TO 3CM	212.68					X			
08	11404	EXCISE BENIGN LESION 3.1 TO 4CM	212.68					X			
08	11406	EXCISE BENIGN LESION OVER 4CM	212.68								
08	11420	EXCISE BENIGN LESION TO 0.5CM	212.68					X			
08	11421	EXCISE BENIGN LESION 0.6 TO 1CM	212.68					X			
08	11424	EXCISE BENIGN LESION 3.1 TO 4CM	212.68								
08	11426	EXCISE BENIGN LESION OVER 4.0CM	212.68								
08	11440	EXCISE BENIGN LESION TO 0.5CM	212.68					X			
08	11441	EXCISE BENIGN LESION 0.6 TO 1CM	212.68					X			
08	11442	EXCISE BENIGN LESION 1.1 TO 2CM	212.68					X			
08	11443	EXCISE BENIGN LESION 2.1 TO 3CM	212.68					X			
08	11444	EXCISE BENIGN LESION 3.1 TO 4CM	212.68					X			
08	11446	EXCISE BENIGN LESION OVER 4.0CM	212.68								
08	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	212.68								
08	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	212.68								
08	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	212.68								
08	11463	EXCISE/HIDRADENITS/OTHER CLOSURE	212.68								
08	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	212.68								
08	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	212.68								
08	11600	EXCISE MALIGNANCY TO 0.5CM	212.68					X			
08	11601	EXCISE MALIGNANCY 0.6 TO 1CM	212.68					X			
08	11602	EXCISE MALIGNANCY 1.1 TO 2CM	212.68					X			
08	11603	EXCISE MALIGNANCY 2.1 TO 3CM	212.68					X			
08	11604	EXCISE MALIGNANCY 3.1 TO 4CM	212.68					X			
08	11606	EXCISE MALIGNANCY OVER 4CM	212.68					X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	11620	EXCISE MALIGNANCY TO 0.5CM	212.68					X			
08	11621	EXCISE MALIGNANCY 0.6 TO 1CM	212.68					X			
08	11622	EXCISE MALIGNANCY 1.1 TO 2CM	212.68					X			
08	11623	EXCISE MALIGNANCY 2.1 TO 3CM	212.68					X			
08	11624	EXCISE MALIGNANCY 3.1 TO 4CM	212.68					X			
08	11626	EXCISE MALIGNANCY OVER 4CM	212.68					X			
08	11640	EXCISE MALIGNANCY TO 0.5CM	212.68					X			
08	11641	EXCISE MALIGNANCY 0.6 TO 1CM	212.68					X			
08	11642	EXCISE MALIGNANCY 1.1 TO 2CM	212.68					X			
08	11643	EXCISE MALIGNANCY 2.1 TO 3CM	212.68					X			
08	11644	EXCISE MALIGNANCY 3.1 TO 4CM	212.68					X			
08	11646	EXCISE MALIGNANCY OVER 4CM	212.68					X			
08	11730	SIMPLE REMOVAL OF NAIL PLATE	212.68					X			
08	11732	REMOVE ADDITIONAL NAIL PLATES	212.68					X			
08	11740	EVACUATE HEMATOMA UNDER NAIL	212.68					X			
08	11750	EXCISION NAIL AND NAIL MATRIX	212.68					X			
08	11760	SIMPLE RECONSTRUCTION NAIL BED	212.68					X			
08	11762	NAIL RECONSTRUCTION COMPLICATED	212.68					X			
08	11770	SIMPLE EXCISION PILONIDAL CYST	272.52					X			
08	11771	EXCISE PILONIDAL CYST;EXTENSIVE	272.52					X			
08	11960	INSERTION OF TISSUE EXPANDER	212.68								
08	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	212.68								
08	12005	SIMPLE WOUND REPAIR 12.6 TO 20 CM	212.68								
08	12006	SIMPLE WOUND REPAIR 20.1 TO 30 CM	212.68								
08	12007	SIMPLE WOUND REPAIR OVER 30 CM	212.68								
08	12016	SIMPLE WOUND RPAIR 12.6 TO 20 CM	212.68								
08	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	212.68								
08	12018	SIMPLE WOUND REPAIR OVER 30CM	212.68								
08	12020	TREAT SUPER DEHISCENCE; SIMPLE CLOSE	212.68								
08	12021	TREAT SUPER DEHISCENCE; W/PACKING	212.68								
08	12034	LAYER CLOSURE 7.6 - 12.5 CM	212.68								
08	12035	LAYER CLOSURE 12.6 TO 20CM	212.68								
08	12036	LAYER CLOSURE 20.1 TO 30 CM	212.68								
08	12037	LAYER CLOSURE WOUND/OVER 30 CM	212.68								
08	12044	LAYER CLOSURE 7.6 TO 12.5 CM	212.68								
08	12045	LAYER CLOSURE 12.6 TO 20 CM	212.68								
08	12046	LAYER CLOSURE 20.1 TO 30 CM	212.68								
08	12047	LAYERCLOSURE WOUND OVER 30 CM	212.68								
08	12054	LAYER CLOSURE 7.6 TO 12.5 CM	212.68								
08	12055	LAYER CLOSURE 12.6 TO 20 CM	212.68								
08	12056	LAYER CLOSURE 20.1 TI 30 CM	212.68								
08	12057	LAYER CLOSURE WOUND OVER 30 CM	212.68								
08	13100	COMPLEX REPAIR 1.1 TO 2.5 CM	212.68								
08	13102	REPAIR WOUND/LESION ADD-ON	212.68								
08	13120	COMPLEX REPAIR 1.1 TO 2.5 CM	212.68								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	13122	REPAIR WOUND/LESION ADD-ON	212.68								
08	13131	COMPLEX REPAIR 1.1 TO 2.5 CM	212.68								
08	13133	REPAIR WOUND/LESION ADD-ON	212.68								
08	13153	REPAIR WOUND/LESION ADD-ON	253.18								
08	13160	EXT/COMP SECONDARY CLOSE /DEHISCENCE	212.68								
08	14000	SKIN TISSUE REARRANGEMENT	212.68								
08	14040	TISSUE TRANSFER; TO 10 SQ CM	212.68								
08	15002	WOUND PREP, TRK/ARM/LEG	212.68								
08	15003	SURGICAL PREPARATION OR CREATION +	212.68								
08	15004	WOUND PREP, F/N/HF/G	212.68								
08	15005	SURGICAL PREPARATION OR CREATION +	212.68								
08	15040	HARVEST CULTURED SKIN GRAFT	212.68								
08	15050	PINCH GRAFT;DEFECT UP TO 2CM	272.52					X			
08	15100	SPLIT GRAFT; UP TO 100 SQ CM	212.68								
08	15110	EPIDRM AUTOGRPT TRNK/ARM/LEG	212.68								
08	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	212.68								
08	15115	E›ODR, A-GRFT FACE/NCK/HF/G	212.68								
08	15116	EPIDRM A-GRFT F/N/HF/G ADDL	212.68								
08	15120	SPLIT GRAFT; UP TO 100 SQ CM	212.68								
08	15130	DERM AUTOGRAFT,TRNK/ARM/LEG	212.68								
08	15131	DERM AUTOGRAFT T/A/L ADD-ON	212.68								
08	15135	DERM AUTPGRAFT FACE/NCK/HF/G	212.68								
08	15136	DERM AUTOGRAFT, F/N/HF/G	212.68								
08	15150	CULT EPIDERM GRFT T/ARM/LEG	212.68								
08	15151	CULT EPIDERM GRFT T/A/L ADDL	212.68								
08	15152	CULT EPIDERM GRAFT T/A/L	212.68								
08	15155	CULT EPIDERM GRAFT, F/N/HF/G	212.68								
08	15156	CULT EPIDRM GRFT F/N/HFG ADD	212.68								
08	15157	CULT EPIDERM GRFT F/N/HFG	212.68								
08	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	212.68								
08	15220	FULL THICK GRAFT TO 20 SQ CM	212.68								
08	15221	SKIN FULL GRAFT ADD - ON	212.68								
08	15260	FULL THICK GRAFT TO 20 SQ CM	212.68								
08	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	212.68								
08	15300	APPLY SKIN ALLOGRFT, T/ARM/LG	212.68								
08	15301	APPLY SKNALLOGRFT T/A/L	212.68								
08	15320	APPLY SKIN ALLOGRFT F/N/HF/G	212.68								
08	15321	APLY SKNALLOGRFT F/N/HFG ADD	212.68								
08	15330	APLY ACELL ALOGRFT T/ARM/LEG	212.68								
08	15331	APLY ACELL GRFT T/A/L ADD-ON	212.68								
08	15335	APPLY ACELL GRAFT, F/N/HF/G	212.68								
08	15336	APLY ACELL GRFT F/N/HF/G	212.68								
08	15400	APPLY XENOGRAFT, SKIN	212.68								
08	15401	SKIN HETEROGRAFT ADD - ON	212.68								
08	15420	APPLY SKIN XGRFT, F/N/HF/G	212.68								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	15421	APPLY SKN XGRFT F/N/HF/G ADD	212.68								
08	15430	APPLY ACELLULAR XENOGRAFT	212.68								
08	15431	APPLY ACELLULAR XGRAFT ADD	212.68								
08	15620	INTERM DELAY FLAP CHIN/NECK/FEET	253.18								
08	15650	BLEPHAROPLASTY, UPPER; EXCESSIVE	272.52								
08	15731	FOREHEAD FLAP WITH PRESERVATION OF V	253.18								
08	15740	ISLAND PEDICULE FLAP GRAFT	212.68								
08	15750	NEUROVASCULAR PEDICLE GRAFT	212.68								
08	15760	COMPOSITE SKIN GRAFT	212.68								
08	15823	REVISION OF UPPER EYELID	272.52								
08	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	253.18								
08	15832	EXCISE EXCESS SKIN THIGHS	253.18								
08	15833	EXCISE EXCESS SKIN THIGHS	253.18								
08	15834	EXCISE EXCESS SKIN THIGHS	253.18								
08	15835	EXCISE EXCESS SKIN THIGHS	253.18								
08	15840	GRAFT FACIAL NERVE PARALYSIS	253.18								
08	15841	FACIAL NERVE PALSY MUSCLE GRAFT	253.18								
08	15845	REANIMATION MUSCLE TRANS FACE	253.18								
08	15847	EXCISION, EXCESSIVE SKIN AND SUBCUT+	253.18								
08	15876	SUCTION ASST LIPECTOMY HEAD & NECK	253.18								
08	15877	SUCTION ASSISTED LIPECTOMY TRUNK	253.18								
08	15878	SUCTION ASST LIPECOMY UPPER EXTREM	253.18								
08	15879	SUCTION ASST LIPECTOMY LOWER EXTREM	253.18								
08	15920	COCCYGECTOMY PRIMARY SUTURE	253.18								
08	15922	COCCYGECTOMY FLAP CLOSURE	253.18								
08	15931	EXCISE SACRAL PRESSURE ULCER	253.18								
08	15933	REMOVAL OF PRESSURE SORE	253.18								
08	15934	EXCISE,WITH SKIN FLAP CLOSURE	253.18								
08	15935	ESC SAC ULCER/FLAP/OSTECTOMY	253.18								
08	15936	IXCISE ULCER W/OTHER FLAP CLO	253.18								
08	15937	EXC SAC ULCER/FLAP/OSTECTOMY	253.18								
08	15940	EXC ISCHIAL ULCER DIRECT SUTURE	253.18								
08	15941	EXC ISCHIAL ULCER OSTECTOMY	253.18								
08	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	253.18								
08	15945	IXC ISCHIAL ULC/OSTECTOMY/FLAP	253.18								
08	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	253.18								
08	15950	EXC TROCHANTERIC ULCER DIR SUTUR	253.18								
08	15951	EXC TROCHAN ULCER OSTECTOMY	253.18								
08	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	253.18								
08	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	253.18								
08	15956	EXC TROCH/ULC FLAP CLOSURE	253.18								
08	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	253.18								
08	16025	DRESS/DEBRID BURN MED,NO ANESTH	212.68								
08	16030	DRESS/DEBRID BURN LG, NO ANESTH	212.68								
08	19000	PUNCTURE ASPIRATION BREAST CYSTS	272.52					X			

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	19020	MASTOTOMY/DRAIN ABSCESS DEEP	272.52					X			
08	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	272.52					X			
08	19100	BREAST BIOPSY NEEDLE	272.52					X			
08	19101	BREAST BIOPSY INCISIONAL	272.52					X			
08	19102	BX BREAST PERCUT W/IMAGE	212.68								
08	19103	BX BREAST PERCUT W/DEVICE	212.68								
08	19110	NIPPLE EXPLORATION	212.68								
08	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	253.18								
08	19120	EXCISE BREAST LESIONS,1 OR MORE	272.52					X			
08	19125	EXCISION OF BREAST LESION IDENTIFIED	253.18								
08	19126	EXCISION OF BREAST LESION IDENTIFIED	253.18								
08	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	212.68								
08	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	212.68								
08	19295	PLACE BREAST CLIP, PERCUT	212.68								
08	19297	PLACE BREAST CATH FOR RAD	309.34								
08	19300	MASTECTOMY FOR GYNECOMASTIA	253.18				M				
08	19318	REDUCTION MAMMAPLASTY	253.18								
08	19325	CATARACT SURGERY, COMPLEX	309.34								
08	19328	REMOVE INTACT MAMMARY IMPLANT	212.68								
08	19330	REMOVE IMPLANT MATERIAL	212.68								
08	19340	IMMEDIATE INSERTION OF BREAST PROSTH	212.68								
08	19342	EDLAYED INSERTION OF BREAST PROSTH	253.18								
08	19350	NIPPLE/AREOLA RECONSTRUCTION	253.18								
08	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	272.52								
08	19366	RECONSTRUCTION BREAST-OTHER	272.52								
08	19440	NIPPLE EXPLORATION, W-W/O EXCISION	212.68								
08	20000	INCISION OF ABSCESS; SUPERFICIAL	253.18					X			
08	20005	INCISION OF ABSCESS;DEEP	212.68								
08	20200	BIOPSY,MUSCLE,SUPERFICIAL	253.18					X			
08	20205	BIOPSY,MUSCLE,DEEP	253.18					X			
08	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	253.18					X			
08	20220	BIOPSY, BONE, SUPERFICIAL, NEEDLE	212.68								
08	20225	BIOPSY,BONE;DEEP;TROCAR/NEEDLE	212.68								
08	20240	BIOPSY, EXCISIONAL, SUPERFICAL	212.68								
08	20245	BIOPSY,EXCISIONAL,BONE,DEEP	253.18								
08	20250	BIOPSY,OPEN,VERTEBRAL BODY	253.18								
08	20251	BIOPSY,OPEN,VERTEBRAL BODY	253.18								
08	20520	REMOVE FOREIGN BODY; SIMPLE	253.18					X			
08	20525	REMOVE FOREIGN BODY; COMPLICATED	253.18								
08	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	212.68								
08	20650	SKELETAL TRACTION; WIRE OR PIN	253.18								
08	20670	REMOVE IMPLANT, SUPERFICIAL	212.68								
08	20680	REMOVE IMPLANT; DEEP	253.18					X			
08	20690	APPLY ESTERNAL FIXATION SYS,STND CON	212.68								
08	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	253.18								
08	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	212.68								
08	20900	BONE GRAFT; ANY DONOR AREA, SMALL	253.18								
08	20902	BONE GRAFT, ANY DONOR AREA; LARGE	253.18								
08	20910	CARTILAGE GRAFT; COSTOCHONDRAL	253.18								
08	20912	CARTILAGE GRAFT;NASAL SEPTUM	253.18								
08	20920	FASCIA LATA GRAFT;BY STRIPPER	253.18								
08	20922	FASCIA LATA GRAFT;BY INCISION	253.18								
08	20924	TENDON GRAFT; DISTANT	253.18								
08	20926	TISSUE GRAFTS; OTHER	253.18								
08	20975	BONES INVASIVE (OPERATIVE)	212.68								
08	21010	ARTHROTOMY, JAW,UNILATERAL	212.68								
08	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	253.18								
08	21025	EXCISE BONE;MANDIBLE	212.68								
08	21026	EXCISE BONE (S); FACIAL	212.68								
08	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	212.68								
08	21034	EXCISE MALIGNANCY OF FACIAL BONE	253.18								
08	21040	EXCISE BENIGN CYST;MANDIBLE	272.52					X			
08	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	212.68								
08	21046	REMOVE MANDIBLE CYST COMPLEX	212.68								
08	21047	EXCISE LWR JAW CYST W/REPAIR	212.68								
08	21050	TEMPRORMANDIBULAR ARTHRECTOMY	253.18								
08	21060	TEMPOROMANDIBULAR MENISCECTOMY	212.68								
08	21070	CORONOIDECTOMY; UNILATERAL	253.18								
08	21100	MAXILLOFACIAL FIXATION	212.68								
08	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	309.34								
08	21122	GENIOPLASTY; SLIDING OSTEOTOMIES,2+	309.34								
08	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	309.34								
08	21127	AUGMENTATION,LOWER JAW BONE	309.34								
08	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	309.34								
08	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	272.52								
08	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	309.34								
08	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	272.52								
08	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	309.34								
08	21215	BONE GRAFT; MANDIBLE	309.34								
08	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	309.34								
08	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	309.34								
08	21240	TEMPOROMANDIBULAR ARTHROPLASTY	253.18								
08	21242	ARTHOPLASTY TEMPORMANDIBULAR JOINT	272.52								
08	21243	ARTHPLASTY,TEMPOROMAND,PROSTH REP	272.52								
08	21244	RECONSTRUCT MANDIBLE, EXTRAORAL	309.34								
08	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	309.34								
08	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	309.34								
08	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	309.34								
08	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	309.34								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	21267	REPOSITION ORBIT/ EXTRACRANIAL	309.34								
08	21270	RECONSTRUCT ORBITOLFACIAL BONES	272.52								
08	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	309.34								
08	21310	TREATMENT OF NASAL FRACTURE	212.68					X			
08	21315	DIGITAL MANIPULATION OF NASAL FX	212.68					X			
08	21320	MANIPULATE NASAL FX; INSTRUMENTAL	212.68								
08	21325	OPEN TREATMENT NASAL FX; SIMPLE	253.18								
08	21330	TREATMENT NASAL FX; COMPLICATED	272.52								
08	21335	TREATMENT OF NOSE FRACTURE	309.34								
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	253.18								
08	21337	CLOSED TREATMENT FX NASAL SEPTUM	212.68					X			
08	21338	OPEN TREATMENT NASOETHMOID FRACTURE	253.18								
08	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	272.52								
08	21340	TREAT NASOETHMOID COMPLEX FX	253.18								
08	21345	TREAT NOSE/JAW FRACTURE	309.34								
08	21355	TREAT CHEEK BONE FRACTURE	253.18								
08	21356	OPEN TREATMENT OF DEPRESSED ZY GOMAT	253.18								
08	21360	TREAT DEPRESSED MALAR FRACTURE	253.18					X			
08	21400	TREAT FX OF ORBIT W/O MANIPULATION	212.68								
08	21401	TREAT EYE SOCKET FRACTURE	253.18								
08	21421	TREAT PALATAL/ALVEOLAR RIDGE FX	253.18								
08	21440	TREAT DENTAL RIDGE FRACTURE	253.18								
08	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	253.18								
08	21450	TREAT LOWER JAW FRACTURE	253.18								
08	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	253.18								
08	21452	TREAT OPEN MANIBULAT FX W/O MANIPUL	212.68								
08	21453	TREAT LOWER JAW FRACTURE	253.18								
08	21454	OPEN TS CLOSED/OPEN MAND FX/EXT FIX	272.52								
08	21461	TREAT MANDIBULAR FX W/O FIXATION	253.18								
08	21462	TREAT MANDIBULAR FX WITH FIXATION	272.52								
08	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	253.18								
08	21480	TX TEMPOROMANDIBULAR DISLOCATION	212.68								
08	21485	TEMPORMANDIBULAR MANIPULATION	212.68								
08	21490	REPAIR DISLOCATED JAW	253.18								
08	21497	INTERDENTAL WIRING OTHER THAB FRACTU	212.68								
08	21501	I & D DEEP ABSCESS OR HEMATOMA	253.18					X			
08	21502	I & D WITH PARTIAL RIB REMOVAL	212.68								
08	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	212.68								
08	21556	EXCISE BENIGN TUMOR; DEEP	212.68								
08	21600	EXCSION OF RIB; PARTIAL	212.68								
08	21610	PARTIAL REMOVAL OF RIB	212.68								
08	21700	DIVISION OF SCALENUS ANTIGICUS	212.68								
08	21720	REVISION OF NECK MUSCLE	253.18								
08	21725	REVISION OF NECK MUSCLE	253.18								
08	21800	TREAT RIB BX, UNCOMPLICATED	212.68								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	21805	TREAT RIB FX; OPEN, COMPLICATED	212.68								
08	21820	TREAT STERNUM FRACTURE; CLOSED	212.68								
08	21925	BX, SFT TIS-BACK/FLANK;DEEP	212.68								
08	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	212.68								
08	21935	REMOVE TUMOR, BACK	253.18								
08	22305	TREAT VERTEBRAL PROCESS FRACTURE	212.68								
08	22310	TREAT SPINE FRACTURE	212.68								
08	22315	CLSD MANIP VERT FX/DISLOCAT EACH	212.68								
08	22505	MANIPULATION SPINE W/ANESTHESIA	212.68								
08	22520	PERCUT VERTEBROPLASTY THOR	309.34								
08	22521	PERCUT VERTEBROPLASTY LUMB	309.34								
08	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	309.34								
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	253.18								
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	212.68								
08	23015	EXC BENIGN SHOULDER TUMOR SUBCU	212.68								
08	23020	RELEASE SHOULDER MUSCLE	212.68								
08	23030	I & D SHOULDER DEEP ABSC HEMATOMA	212.68								
08	23031	DRAIN SHOULDER BURSA	253.18								
08	23035	DRAIN SHOULDER BONE LESION	253.18								
08	23040	EXPLORATORY SHOULDER SURGERY	253.18								
08	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	253.18								
08	23066	BIOPSY OF SHOULDER DEEP	212.68								
08	23075	REMOVAL OF SHOULDER LESION	212.68								
08	23076	EXC BENIGN SHOULD TUMOR DEEP	212.68								
08	23077	REMOVE TUMOR OF SHULDER	253.18								
08	23100	BIOPSY SHOULDER JOINT	212.68								
08	23101	SHOULDER JOINT SURGERY	309.34								
08	23105	ARTHROTOMY;GLENOHUMERAL JOINT	253.18								
08	23106	ARTHROTOMY;STERNOCLAVICULAR JT	253.18								
08	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	253.18								
08	23120	CLAVICULECTOMY PARTIAL	272.52								
08	23125	CLAVICULECTOMY TOTAL	272.52								
08	23130	ACROMIONECTOMY PARTIAL/TOTAL	272.52								
08	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	253.18								
08	23145	EXC CLAVICLE/SCAPULA GRAFR PRI	272.52								
08	23146	EXCSION TUMOR CLAVICLE/SCAPULA GRAF	272.52								
08	23150	EXCISION TUMOR PROXIMAL HUMEROUS	253.18								
08	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	272.52								
08	23156	EXCSION TUMOR PROX HUMEROUS HOMOGEN	272.52								
08	23170	SEQUESTRECTOMY CLAVICLE	212.68								
08	23172	SEQUESTRECTOMY SCAPULA	212.68								
08	23174	SEQUESTRECTOMY	212.68								
08	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	253.18								
08	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	253.18								
08	23184	PARTIAL EXCISION PROXIMAL HUMERUS	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	23190	OSTECTOMY OF SCAPULA PATTIAL	253.18								
08	23195	RESECTION HUMERAL HEAD	272.52								
08	23330	REMOVE SHOULDER FOREIGN BODY	212.68								
08	23395	MUSCLE TRANSFER, SHOULDER/ARM	272.52								
08	23397	MUSCLE TRANFERS	309.34								
08	23400	FIXATION OF SHOULDER BLADE	309.34								
08	23405	INCISION OF TENDON & MUSCLE	212.68								
08	23406	INCISE TENDON (S) & MUSCLES (S)	212.68								
08	23410	REPIR OF TENDON (S)	272.52								
08	23412	REPAIR OF TENDON(S)	309.34								
08	23415	CORACOACROMIAL LIGAMENT RELEAS	272.52								
08	23420	REPAIR OF SHOULDER	309.34								
08	23430	REPAIR BICEPS TENDON RUPTURE	253.18								
08	23440	REMOVAL/TRANSPLANT TENDON	253.18								
08	23450	CAPSULORRAPHY, ANTERIOR	272.52								
08	23455	REPAIR SHOULDER CAPSULE	309.34								
08	23456	REPAIR SHOULDER CAPSULE	272.52								
08	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	272.52								
08	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	309.34								
08	23465	REPAIR SHOUDER CAPSULE	272.52								
08	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	309.34								
08	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	253.18								
08	23485	OSTEOTOMY CLAVICLE; BONES GRAFT NONU	309.34								
08	23490	REINFORCE CLAVICLE	253.18								
08	23491	REINFORCE SHOULDER BONES	253.18								
08	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	212.68								
08	23515	TREAT CLAVILCE FRACTURE	253.18								
08	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	212.68								
08	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	212.68								
08	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	212.68								
08	23530	TREAT CLAIVICLE DISLOCATION	253.18								
08	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	253.18								
08	23540	TREAT CLAVICLE DISLOCATION	212.68								
08	23545	TREAT CLAVICLE DISLOCATION	212.68								
08	23550	TREAT CLAIVICLE DISLOCATION	253.18								
08	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	253.18								
08	23570	TREAT CLSD SCAP FX W/O MANIPULATION	212.68								
08	23575	TREAT SHOULDER BLADE FX	212.68								
08	23585	TREAT SCAPULA FRACTURE	253.18								
08	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	212.68								
08	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	212.68								
08	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	253.18								
08	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	253.18								
08	23625	TRT CLSD GRTR TUBEROS FX W/MANIPULAT	212.68								
08	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX	272.52								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	212.68								
08	23655	TRT CLSD SHLD DISLOC W/ MANIP,W/ANES	212.68								
08	23660	TREAT SHOULDER DISLOCATION	253.18								
08	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	212.68								
08	23670	TREAT DISLOCATION/FRACTURE	253.18								
08	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	212.68								
08	23680	TREAT DISLOCATION/FRACTURE	253.18								
08	23700	FIXATION OF SHOULDER	212.68								
08	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	253.18								
08	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	309.34								
08	23921	AMPUTATION FOLLOW-UP SURGERY	253.18								
08	23930	DRAINAGE OF ARM LESION	253.18					X			
08	23931	DRAINAGE OF ARM BURSA	253.18					X			
08	23935	DRAIN ARM/ELBOW BONE LESION	212.68								
08	24000	EXPLORATORY ELBOW SURGERY	253.18								
08	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	253.18								
08	24066	BIOPSY ARM/ELBOW SOFT TISSUE;DEEP	212.68								
08	24075	REMOVE ARM/ELBOW LESION	212.68								
08	24076	REMOVE ARM/ELBOW LESION; DEEP SUBFAS	212.68								
08	24077	REMOVE TUMOR OF ARM/ELBOW	253.18								
08	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP	212.68								
08	24101	EXPLORE/TREAT ELBOW JOINT	253.18								
08	24102	REMOVE ELBOW JOINT LINING	253.18								
08	24105	REMOVAL OF ELBOW BURSA	272.52					X			
08	24110	REMOVE HUMERUS LESION	212.68								
08	24115	REMOVE/GRAFT BONE LESION	253.18								
08	24116	REMOVE/GRAFT BONE LESION	253.18								
08	24120	REMOVE ELBOW LESION	253.18								
08	24125	REMOVE/GRAFT BONE LESION	253.18								
08	24126	REMOVE/GRAFT BONE LESION	253.18								
08	24130	REMOVAL OF HEAD OF RADIUS	253.18								
08	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	253.18					X			
08	24136	REMOVEAL LESION/RADIAL HEAD OR NECK	212.68								X
08	24138	REMOVE BONE LESION/OLECRANON PROCESS	253.18					X			
08	24140	PARTIAL REMOVAL OF ARM BONE	253.18								
08	24145	PARTIAL REMOVAL OF RADIUS	253.18								
08	24147	PART EXCIS BONE, OLECRANON PROCESS	212.68								
08	24155	REMOVAL OF ELBOW JOINT	253.18								
08	24160	REMOVE ELBOW JOINT IMPLANT	212.68								
08	24164	REMOVE RADIUS HEAD IMPLANT	253.18								
08	24165	REMOVE RADIUS HEAD IMPLANT	253.18								
08	24201	REMOVAL OF ARM FOREIGN BODY DEEP	212.68								
08	24301	MUSCLE/TENDON TRANSFER	253.18								
08	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	253.18								
08	24310	REVISION OF ARM TENDON	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	24320	REPAIR OF ARM TENDON	253.18								
08	24330	REVISION OF ARM MUSCLES	253.18								
08	24331	REVISION OF ARM MUSCLES	253.18								
08	24340	REPAIR OF BICEPS TENDON	253.18								
08	24341	REPAIR ARM TENDON/MUSCLE	253.18								
08	24342	REPAIR OF RUPTURED TENDON	253.18								
08	24345	REPR ELBW LIGMT W/TISS	212.68								
08	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	272.52								
08	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	272.52								
08	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	272.52								
08	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	309.34								
08	24365	ARTHROPLASTY RADIAL HEAD	272.52								
08	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	272.52								
08	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	253.18								
08	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	253.18								
08	24420	REVISION OF HUMEROUS	253.18								
08	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	253.18								
08	24470	REVISION OF ELBOW JOINT	253.18								
08	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	212.68								
08	24498	REINFORCE HUMERUS	253.18								
08	24500	TREAT CLSD HUMERAL SHAFT W/MANI	212.68								
08	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	212.68								
08	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	253.18								
08	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	253.18								
08	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	212.68								
08	24535	TRT CLSD HUM SUPRA/TRANS FX,W/MANIP	212.68								
08	24538	TREAT SUPRA/TRANS CONDYLAR FRAC/PERC	212.68								
08	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	253.18								
08	24546	OPEN TREATMENT OF HUMERAL	272.52								
08	24560	TREAT CLSD EPICON FX, W/O MANIP	212.68								
08	24565	TREAT CLSD EPICONDYLAR FRAC, MEDIAL/	212.68								
08	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	212.68								
08	24575	TREAT HUMERUS FRACTURE	253.18								
08	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	212.68								
08	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	212.68								
08	24579	TREAT HUMERUS FRACTURE	253.18								
08	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	212.68								
08	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	253.18								
08	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	272.52								
08	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	212.68								
08	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	212.68								
08	24615	TREAT ELBOW DISLOCATION	253.18								
08	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	212.68								X
08	24635	TREAT ELBOW FRACTURE	253.18								
08	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	253.18								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	253.18								
08	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	212.68								
08	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	212.68								
08	24685	TREAT ULNAR FACTURE	253.18								
08	24800	FUSION OF ELBOW JOINT	253.18								
08	24802	FUNSION/GRAFT OF ELBOW JOINT	272.52								
08	24925	AMPUTATION FOLLOW-UP SURGERY	253.18								
08	25000	TENDON SHEATH INCISION AT RADIAL	253.18					X			
08	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	309.34					X			
08	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	309.34					X			
08	25024	DECOMPRESS FOREARM 1 SPACE	253.18								
08	25025	DECOMPRESS FOREARM 2 SPACES	253.18								
08	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	212.68								
08	25031	INCISION/DRAINAGE INFECTED BURSA; FO	212.68								
08	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	212.68								
08	25040	EXPLORE/TREAT WRIST JOINT	272.52								
08	25066	BIOPSY FOREARM SOFT TISSUE	212.68								
08	25075	EXCISE SUBCUTANEOUS	212.68								
08	25076	REMOVE FOREARM LESION DEEP	253.18								
08	25077	REMOVE RUMOR, FOREARM/WRIST	253.18								
08	25085	INCISION OF WRIST CAPSULE	272.52					X			
08	25100	BIOPSY OF WRIST JOINT	212.68								
08	25101	EXPLORE/TREAT WRIST JOINT	253.18								
08	25105	REMOVE WRIST JOINT LINING	253.18								
08	25107	REMOVE WRIST JOINT CARTILAGE	253.18								
08	25110	EXCISION,LESION OF TENDON SHEATH	272.52					X			
08	25111	EXCISION GANGLION;WRIST,PRIMARY	272.52					X			
08	25112	EXCISION GANGLION;WRIST,RECURRENT	253.18					X			
08	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	253.18								
08	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	309.34					X			
08	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	212.68								
08	25119	PARTIAL REMOVAL OF ULNA	253.18								
08	25120	REMOVAL OF FOREARM LESION	253.18								
08	25125	REMOVE/GRAFT FOREARM LESION	253.18								
08	25126	REMOVE/GRAFT FOREARM LESION	253.18								
08	25130	REMOVAL OF WRIST LESION	253.18								
08	25135	REMOVE & GRAFT WRIST LESION	253.18								
08	25136	REMOVE & GRAFT WRIST LESION	253.18								
08	25145	SEQESTRECTOMY FORE ARM BONE ABSCESS	212.68								
08	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	212.68								
08	25151	PARTIAL REMOVAL OF RADIUS	212.68								
08	25210	REMOVAL OF WRIST BONE	253.18								
08	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	253.18								
08	25230	RADIAL STYLOIDECTOMY	253.18								
08	25240	EXCISION DISTAL ULNA	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	25248	REMOVE FOREARM FOREIGN BODY	212.68								X
08	25250	REMOVAL OF WRIST PROSTHESIS	212.68								
08	25251	REMOV WRIST PROSTH, COMPLICATED	212.68								
08	25260	REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	272.52					X			
08	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	272.52					X			
08	25265	REPAIR FOREARM TENDON/MUSCLE	253.18								
08	25270	REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM	272.52					X			
08	25272	REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO	272.52					X			
08	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	253.18								
08	25275	REPAIR FOREARM TENDON SHEATH	253.18								
08	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	253.18								
08	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	212.68					X			
08	25295	RELEASE WRIST/FOREARM TENDON	253.18								
08	25300	FUSION OF TENDONS AT WRIST	253.18								
08	25301	FUSION OF TENDONS AT WRIST	253.18								
08	25310	TEND TRANSPLAT...SING.;EACH TENDON	253.18								
08	25312	TENDON TRANSPLANT,W/GRFT..EACH TEND	253.18								
08	25315	REVISE PALSY HAND TENDON (S)	253.18								
08	25316	REVISE PALSY HAND TENDON W/TENDONS	253.18								
08	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	253.18								
08	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	272.52								
08	25335	CENTRALIZATION-WRIST ON ULNA	253.18								
08	25337	RECONSTRUCT ULNA/RADIOULNAR	272.52								
08	25350	REVISION OF RADIUS;DISTAL THIRD	309.34					X			
08	25355	REVISION OF RADIUS;MIDDLE OR P	309.34					X			
08	25360	REVISION OF ULNA	309.34					X			
08	25365	REVISE RADIUS & ULNA	309.34					X			
08	25370	REVSION,MULTIPLE,RADIUS OR ULNA	253.18								X
08	25375	REVISION,MULTIPLE,RADIUS AND ULNA	253.18								
08	25390	SHORTEN RADIUS/ULNA	253.18								
08	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	253.18								
08	25392	SHORTEN RADIUS & ULNA	253.18								
08	25393	LENGTHENING RADIUS & ULNA 2/AUTOGENO	253.18								
08	25400	REPAIR RADIUS OR ULNA	253.18								
08	25405	REPAIR/GRAFT RADIUS OR ULNA	253.18								
08	25415	REPAIR RADIUS & ULNA	253.18								
08	25420	REPAIR/GRAFT RADIUS & ULNA	253.18								
08	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	253.18								
08	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	253.18								
08	25440	REPAIR/GRAFT WRIST BONE	253.18								
08	25441	RECONSTRUCT WRIST JOINT;DISTAL RADI	272.52								
08	25442	RECONSTRUCT WRIST JOINT;DISTAL ULNA	272.52					X			
08	25443	RECONSTRUCT WRIST JOINT;SCAPHOID	272.52								
08	25444	RECONSTRUCT WRIST JOINT;LUNATE	309.34					X			
08	25445	RECONSTRUCT WRIST JOINT TRAPEZ	309.34					X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	309.34								
08	25449	REVISE ARTHROPLASTY,REVDVE	309.34					X			
08	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	253.18								
08	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	253.18								
08	25490	PROPHYLACIC TREATMENT/RADIUS	253.18								
08	25491	PROPHYLACTIC TREATMENT; ULNA	253.18								
08	25492	PROHPYLACTIC TREATMENT;RADIUS & ULNA	253.18								
08	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	212.68								
08	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	253.18								
08	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	212.68								
08	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	253.18								
08	25526	TREAT FRACTURE OF RADIUS	272.52								
08	25535	TREA CLOSED ULNAR SHAFT W/MANI	212.68								
08	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	253.18								
08	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	272.52								
08	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	212.68								
08	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	253.18								
08	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	253.18								
08	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	253.18								
08	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	253.18								
08	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	272.52								
08	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	272.52								
08	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	272.52								
08	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	212.68								
08	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	253.18								
08	25635	TREAT WRIST BONE FRACTURE	212.68								
08	25645	OPEN TX, CLSD/OPEN FX... EACH BONE	253.18								
08	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	212.68								
08	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	253.18								
08	25671	PIN RADIOULNAR DISLOCATION	212.68								
08	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	212.68								
08	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	212.68								
08	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	212.68								
08	25685	OPEN TREAT CLSD/OPEN TRANS/SCRAPHOPE	253.18								
08	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	212.68								
08	25695	OPEN TREATMENT LUNATE DISLOCATION	212.68								
08	25800	FUSION OF WRIST JOINT	253.18								
08	25805	FUSION WRIST JOINT; W/SLIDING GRAFT	272.52								
08	25810	FUSION/GRAFT OF WRIST JOINT	272.52								
08	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	253.18								
08	25825	INTERCARPAL FUSION;W/BONEGRAFT	272.52								
08	25830	FUSION DADIOULNAR JNT/ULNA	272.52								
08	25907	AMPUTATION, FOREARM, SECONDARY CLOSU	253.18								
08	25922	DISARTICULATION WRIST; SECOND CLOSUR	253.18								
08	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	26010	DRAINAGE OF FINGER ABSCESS	253.18					X			
08	26011	DRAINAGE OF FINGER ABSCESS	253.18					X			
08	26020	DRAIN HAND TENDON SHEATH	212.68					X			
08	26025	DRAINAGE OF PALM BURSA	212.68					X			
08	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	212.68								
08	26034	TREAT HAND BONE LESION	212.68								
08	26040	RELEASE PALM CONTRACTURE,CLOSED	253.18					X			
08	26045	RELEASE PALM CONTRACTURE,OPEN	309.34					X			
08	26055	INCISE FINGER TENDON SHEATH	212.68					X			
08	26060	INCISION FINGER TENDON	212.68					X			
08	26070	EXPLORE/TREAT HAND JOINT	212.68								
08	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	253.18								
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	253.18								
08	26100	BIOPSY HAND JOINT LINING	212.68								
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	212.68								
08	26110	ARTHROTOMY,INTERPHALANGEAL, EACH JOI	212.68								
08	26115	EXCISION BENIGN TUMOR,HAND SUBCUTANE	212.68								
08	26116	EXCISION BENIGN TUMOR, HAND; DEEP	212.68								
08	26117	RAD TUMOR TESECT, SFT TISS/HAND-FING	253.18								
08	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	253.18								
08	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	253.18								
08	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	253.18								
08	26130	REMOVE WRIST JOINT LINING	309.34					X			
08	26135	REVISE FINGER JOINT EACH DIGIT	309.34					X			
08	26140	REVISE FINGER JOINT EACH INTER	309.34					X			
08	26145	TENDON EXCISION PALM,FINGER	309.34					X			
08	26160	REMOVE TENDON SHEATH LESION	272.52					X			
08	26170	EXCISION OF TENDON PALM,FLEXOR	272.52					X			
08	26180	EXCISION OF TENDON, FIINGER, FLEXOR	253.18								
08	26185	REMOVE FINGER BONE	253.18								
08	26200	REMOVE BONE CYST/BENING TUMOR OF HAN	212.68								
08	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	253.18								
08	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	212.68								
08	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	253.18								
08	26230	PARTIAL REMOVAL OF HAND BONE	309.34								
08	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	253.18								
08	26236	PARTIAL REMOVAL DISTAL PHALANX(FLING	253.18								
08	26250	RADICAL RESECTION FOR TUMOR, HAND	253.18								
08	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	253.18								
08	26262	RADICAL RESECTION FOR RUMOR,DISTAL P	212.68								
08	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	212.68								
08	26350	FLEXOR TENDON REPAIR,PRIMARY/S	272.52					X			
08	26352	FLEX TEND REP,SECONDARY..EACH TENDON	253.18								
08	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	253.18								
08	26357	FLEXOR REP,SECONDARY,EACH TENDON	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	26358	FLEX TEND REP/ADV,SGN;...EACH TENDON	253.18								
08	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	253.18								
08	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	253.18								
08	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	253.18								
08	26390	FLEXOR TENDON EXCISE IMPLANT P	272.52					X			
08	26392	REMOVAL ROD AND INSERTION OF TENDON	253.18								X
08	26410	EXTENSOR TENDON REPAIR,DORSUM	272.52					X			
08	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	253.18								
08	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	253.18								
08	26416	REMOVE TUB/ROD,INSERT GRAFT...	253.18								
08	26418	EXTENSOR TENDON REPAIR,DORSUM F	272.52					X			
08	26420	EXTENSOR TENDON REPAIR,DORSUM	309.34					X			
08	26426	EXTENSOR TENDON,CENTRAL SLIP R	309.34					X			
08	26428	EXTENSOR TENDON,CENTRAL SLIP R	309.34					X			
08	26432	TENDON REPAIR,DISTAL INSERT CLOSED	272.52					X			
08	26433	TENDON REPAIR,OPEN,PRIMARY/SEC	272.52					X			
08	26434	TENDON REPAIR,OPEN,PRIMARY/SECONDARY	309.34					X			
08	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	253.18								
08	26440	TENOLYSIS,SIMPLE,FLEXOR,TENDON P	272.52					X			
08	26441	RECONSTRUCT/GRAFT HAND JOINT	309.34								
08	26442	TENOLYSIS,SIMP...;PALM&FLING EACH TE	253.18								
08	26445	TENOLYSIS,EXT TEND...;EACH TENDON	253.18								
08	26449	TENOLSIS,COMPLEX TENDON,HAND,F	272.52					X			
08	26450	TENOTOMY,FLEXOR,SINGLE,PALM,OPEN	212.68					X			
08	26455	TENOTOMY,FLEXOR,SINGLE,FINGER	212.68					X			
08	26460	TENOTOMY,EXTENSOR,HAND OR FINGER	212.68					X			
08	26471	TENODESIS;FOR PROXIMAL FINGER J	272.52					X			
08	26474	TENODESIS,FOR DISTAL JOINT STA	272.52					X			
08	26476	TEND LENGTHEN, EXT SINGLE, EACH	212.68								
08	26477	TEND SHORTEN, EXT...SINGLE, EACH	212.68								
08	26478	TENDON LENGTHENING,FLEXOE,HAND/FINGE	212.68								
08	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	212.68								
08	26480	TRANSPLANT HAND TENDON	253.18								
08	26483	TRANSPLANT/GRAFT HAND TENDON	253.18								
08	26485	TEND TRANS/PLNT, EA TEND; W/GRAFT	212.68								X
08	26489	TRANSPLANT/GRAFT HAND TENDON	253.18								
08	26490	REVISE THUMB TENDON	253.18								
08	26492	TENDON TRANSFER/MUSCLE TRANSFER	253.18								
08	26494	HAND TENDON/MUSCLE TRANSFER	253.18								
08	26496	REVISE THUMB TENDON	253.18								
08	26497	FINGER TENDON TRANSFER	253.18								
08	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	253.18								
08	26499	REVISION OF FINGER	253.18								
08	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	253.18								
08	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	253.18								

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	26508	RELEASE THUMB CONTRACTURE	253.18									
08	26510	THUMB TENDON TRANSFER	253.18									
08	26516	FUSION OF KNUCKLE JOINT	212.68									
08	26517	FUSION OF KNUCKLE JOINTS	253.18									
08	26518	FUSION OF KNUCKLE JOINTS	253.18									
08	26520	RELEASE KNUCKLE CONTRACTURE	272.52						X			
08	26525	RELEASE FINGER CONTRACTURE	272.52						X			
08	26530	REVISE KNUCKLE JOINT	309.34						X			
08	26531	REVISE KNUCKLE WITH IMPLANT	309.34						X			
08	26535	REVISE FINGER JOINT	309.34						X			
08	26536	REVISE/IMPLANT FINGER JOINT	309.34						X			
08	26540	REPAIR COLLATERAL LIGAMENT	253.18									
08	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	253.18									
08	26545	RECONSTRUCT FINGER JOINT W/GRAFT	253.18	00	00				X			
08	26546	REPAIR NON-UNION HAND	253.18	00	00							
08	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	253.18	00	00							
08	26550	CONSTRUCT THUMB REPLACEMENT	212.68	00	00							
08	26555	SITIONAL CHANGE OF FINGER	253.18	00	00							X
08	26560	REPAIR WEB FINGER; WITH SKIN FLAPS	212.68	00	00							
08	26561	REPAIR OF WEB FINGER	253.18	00	00							
08	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	253.18	00	00							
08	26565	CORRECT METACARPAL FLAW	309.34	00	00				X			
08	26567	CORRECT FINGER DEFORMITY	309.34	00	00				X			
08	26568	LENTHEN METACARPAL/FINGER	253.18	00	00							
08	26580	REPAIR HAND DEFORMITY	272.52	00	00							
08	26587	REPAIR SUPERNUMERARY DIGIT	272.52	00	00							
08	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	272.52	00	00							
08	26591	REPAIR MUSCLES OF HAND	253.18	00	00							
08	26593	RELEASE MUSCLES OF HAND	253.18	00	00							
08	26596	EXCISE CONSTRICTING RING,Z-PLASTIES	212.68	00	00							
08	26605	TREAT CLSD FX; W/MANIP,EACH BONE	212.68	00	00							
08	26607	TREAT CLSD FX.,W/MANIP & FIX,EACH BO	212.68	00	00							
08	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	253.18	00	00							
08	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	253.18	00	00							
08	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	212.68	00	00							
08	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	212.68	00	00							
08	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	253.18	00	00							
08	26675	TREAT HAND DISLOCATION W/ANESTHESIA	212.68	00	00							
08	26676	PERC. PINNING,CLOSED CARPOMETACARPAL	212.68	00	00							
08	26685	TREAT HAND DISLOCATION	253.18	00	00							
08	26686	TREAT HAND DISLOCATION	253.18	00	00							
08	26705	TREAT KNUCKLE DISLOCATION W/ANETHES	212.68	00	00							
08	26706	PERC PINNING,CLOSED METACARPOPHALANG	212.68	00	00							
08	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	253.18	00	00							
08	26727	TREAT FX,MANIP,TRACT/FIX,EACH	309.34	00	00							

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	26735	OPEN TREAT....W/W/O FIX, EACH	253.18	00	00							
08	26742	TREAT CLSD ART FX..W/MANIP, EACH	212.68	00	00							
08	26746	OPEN TX, CLSD/OPEN FX...EACH	272.52	00	00							
08	26756	TREAT CLSD FX...;W/PERC PIN,EACH	212.68	00	00							
08	26765	OPEN TX,CLSD/OPEN FX..;EACH	253.18	00	00							
08	26776	PERC PINNING, CLOSED INTERPHALANGEAL	212.68	00	00							
08	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	212.68	00	00							
08	26820	THUMB FUSION WITH GRAFT	272.52	00	00							
08	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	253.18	00	00							
08	26842	ARTHRODESIS OF THUMB W/ GRAFT	253.18	00	00							
08	26844	FUSION/GRAFT OF HAND JOINT	253.18	00	00							
08	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	253.18	00	00							
08	26852	ARTHRODESIS KNUCKLE W/ GRAFT	253.18	00	00							
08	26860	ARTHRODESIS FINGER JOINT W/WO INTERN	309.34	00	00				X			
08	26861	EACH ADDITIONAL JOINT	309.34	00	00				X			
08	26862	FUSION/GRAFT OF FINGER JOINT	253.18	00	00							
08	26863	FUSE/GRAFT ADDED JOINT	253.18	00	00							
08	26910	AMPUTATE METACARPAL BONE	253.18	00	00							
08	26951	AMPUTATION OF FINGER/THUMB	212.68	00	00							
08	26952	WITH LOCAL ADVANCEMENT FLAPS	253.18	00	00							
08	26990	DRAINAGE OF PELVIS LESION	212.68	00	00							
08	26991	DRAINAGE OF PELVIS BURSA	212.68	00	00							
08	27000	TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O	212.68	00	00							
08	27001	INCISION OF HIP TENDON	253.18	00	00							
08	27003	INCISION OF HIP TENDON	253.18	00	00							
08	27033	EXPLORATION OF HIP JOINT	253.18	00	00							
08	27035	DENERVATION OF HIP JOINT	253.18	00	00							
08	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	212.68	00	00							
08	27041	DEEP BIOPSY OF SOFT TISSUES	212.68	00	00							
08	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	212.68	00	00							
08	27048	REMOVE HIP/PELVIS LESION	253.18	00	00							
08	27049	REMOVE TUMOR, HIP/PELVIS	253.18	00	00							
08	27050	BIOPSY OF SACROILIAC JOINT	253.18	00	00							
08	27052	BIOPSY OF HIP JOINT	253.18	00	00							
08	27060	REMOVAL OF ISCHIAL BURSA	272.52	00	00							
08	27062	EXCISION TROCHANTERIC BURSA	272.52	00	00							
08	27065	EXC CYST OR TUMOR SUPERFICIAL	272.52	00	00							
08	27066	DEEP W OR W/O BONE GRAFT	272.52	00	00							
08	27067	W/BONE REQUIRING SEPARATE INC	272.52	00	00							
08	27080	COCCYGECTOMY	212.68	00	00							
08	27086	SUPERFICIAL BIOPSY OF SOFT TISSUES	212.68	00	00							
08	27087	REMOVE HIP FOREIGN BODY	253.18	00	00							
08	27097	REVISION OF HIP TENDON	253.18	00	00							
08	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	253.18	00	00							
08	27105	TRANSFER PARASPINAL MUSCLE TO HIP	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	253.18	00	00							
08	27111	TO FEMORAL NECK S MUSCLE	253.18	00	00							
08	27193	CLOSED TREATMENT OF PELVIC RING FRAC	212.68	00	00							
08	27194	CLOSED TREATMENT OF PELVIC RING FRAC	212.68	00	00							
08	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	212.68	00	00							
08	27230	TRMT OF CLOSED FEMORAL FX	212.68	00	00							
08	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	212.68	00	00							
08	27246	TRMT PF CLOSED GREATER TROCHANTERIC	212.68	00	00							
08	27250	TREAT HIP DISLOCATION	212.68	00	00							
08	27252	REQUIRING ANES	212.68	00	00							
08	27257	TREAT HIP DISOLOCATION	253.18	00	00							
08	27265	TX A TRAUMA TIC DISLOCATI; NO ANESTH	212.68	00	00							
08	27266	SEE 27265;REQUIRING GEN ANESTHESIA	212.68	00	00							
08	27275	MANIPULATION OF HIP JOINT	212.68	00	00							
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	253.18	00	00				X			
08	27305	FASCIOTOMY	212.68	00	00							
08	27306	INCISION OF THIGH TENDON	253.18	00	00							
08	27307	INCISION OF THIGH TENDONS	253.18	00	00							
08	27310	ARTHROTOMY, KNEE JOINT	253.18	00	00							
08	27323	BIOPSY THIGH SOFT TISSUES	212.68	00	00							
08	27324	BIOPSY THIGH SOFT TISSUES	212.68	00	00							
08	27325	NEURECTOMY,HAMSTRING MUSCLE	212.68	00	00							
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	212.68	00	00							
08	27327	REMOVAL OF THIGH LESION	212.68	00	00							
08	27328	REMOVAL OF THIGH LESION	253.18	00	00							
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	253.18	00	00							
08	27330	BIOPSY KNEE JOINT LINING	253.18	00	00							
08	27331	EXPLORE/TREAT KNEE JOINT	253.18	00	00							
08	27332	REMOVAL OF KNEE CARTILAGE	253.18	00	00							
08	27333	REMOVAL OF KNEE CARTILAGE	253.18	00	00							
08	27334	REMOVE KNEE JOINT LINING	253.18	00	00							
08	27335	REMOVE KNEE JOINT LINING	253.18	00	00							
08	27340	REMOVAL OF KNEECAP BURSA	253.18	00	00							
08	27345	REMOVAL OF KNEE CYST	253.18	00	00				X			
08	27347	REMOVE KNEE CYST	253.18	00	00							
08	27350	REMOVAL OF KNEECAP	253.18	00	00							
08	27355	REMOVE FEMUR LESION	253.18	00	00							
08	27356	REMOVE FEMUR LESION/GRAFT	253.18	00	00							
08	27357	REMOVE FEMUR LESION/GRAFT	272.52	00	00							
08	27358	REMOVE FEMUR LESION/FIXATION	272.52	00	00							
08	27360	PARTIAL REMOVAL LEG BONE(S)	272.52	00	00							
08	27372	REMOVAL OF FOREIGN BODY	309.34	00	00							
08	27380	REPAIR OF KNEECAP TENDON	212.68	00	00							
08	27381	REPAIR/GRAFT KNEECAP TENDON	253.18	00	00							
08	27385	REPAIR OF THIGH MUSCLE	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	27390	INCISION OF THIGH TENDON	212.68	00	00							
08	27391	INCISION OF THIGH TENDONS	212.68	00	00							
08	27392	INCISION OF THIGH TENDONS	253.18	00	00							
08	27393	LENGTHENING OF THIGH TENDON	212.68	00	00							
08	27394	LENGTHENING OF THIGH TENDONS	253.18	00	00							
08	27395	LENGTHENING OF THIGH TENDONS	253.18	00	00							
08	27396	TRANSPLANTS OF THIGH TENDON	253.18	00	00							
08	27397	TRANSPLANTS OF THIGH TENDON	253.18	00	00							
08	27400	REVISE THIGH MUSCLES/TENDONS	253.18	00	00							
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	253.18	00	00							
08	27405	REPAIR OF KNEE LIGAMENT	253.18	00	00							
08	27407	REPAIR OF KNEE LIGAMENT	253.18	00	00							
08	27409	REPAIR OF KNEE LIGAMENTS	253.18	00	00							
08	27418	REPAIR OF DEGENERATED KNEECAP	253.18	00	00							
08	27420	REVSION/REMOVAL OF KNEECAP	253.18	00	00							
08	27422	REVISION OF UNSTABLE KNEECAP	309.34	00	00							
08	27424	RECONSTRUCTION, KNEE	253.18	00	00							
08	27425	LATERAL RETINACULAR RELEASE ANY METH	309.34	00	00							
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	253.18	00	00							
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	253.18	00	00							
08	27430	REVISION OF THIGH MUSCLES	253.18	00	00							
08	27435	INCISION OF KNEE JOINT	253.18	00	00							
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	253.18	00	00							
08	27438	REVISE KNEECAP WITH IMPLANT	272.52	00	00							
08	27441	REVISION OF KNEE JOINT	272.52	00	00							
08	27442	REVISION OF KNEE JOINT	272.52	00	00							
08	27443	REVISIOSN OF KNEE JOINT	272.52	00	00							
08	27483	REVISE KNEECAP WITH IMPLANT	272.52	00	00							
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	272.52	00	00							
08	27497	DECOMPTESSION OF THIGH/KNEE	253.18	00	00							
08	27499	DECOMPRESSION OF THIGH/KNEE	253.18	00	00							
08	27500	TREATMENT OF FEMUR FRACTURE	212.68	00	00							
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	212.68	00	00							
08	27502	TREATMENT OF FEMUR FRACTURE	212.68	00	00							
08	27503	TREATMENT OF THIGH FRACTURE	253.18	00	00							
08	27508	TREATMENT OF FEMUR FRACTURE	212.68	00	00							
08	27509	TREATMENT OF THIGH FRACTURE	253.18	00	00							
08	27510	TREATMENT OF FEMUR FRACTURE	212.68	00	00							
08	27516	TREATMENT OF FEMUR EPIPHYSIS	212.68	00	00							
08	27517	TREATMENT OF FEMUR EPIPHYSIS	212.68	00	00							
08	27530	TREAT KNEE FRACTURE	212.68	00	00							
08	27532	TREATMENT OF KNEE FRACTURE	212.68	00	00							
08	27538	TREAT KNEE FRACTURE (S)	212.68	00	00							X
08	27550	TREAT KNEE DISLOCATION	212.68	00	00							
08	27552	TREAT KNEE DISLOCATION	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	27560	TREAT KNEECAP DISLOCATION	212.68	00	00							
08	27562	TREAT KNEECAP DISLOCATION	212.68	00	00							
08	27566	REPAIR KNEECAP DISLOCATION	212.68	00	00							
08	27570	FIXATION OF KNEE JOINT	212.68	00	00							
08	27594	AMPUTATION FOLLOW-UP SURGERY	253.18	00	00							
08	27600	DECOMPRESSION OF LOWER LEG	253.18	00	00							
08	27601	DECOMPRESSION OF LOWER LEG	253.18	00	00							
08	27602	DECOMPRESSION OF LOWER LEG	253.18	00	00							
08	27603	DRAIN LOWER LEG LESION	253.18	00	00				X			
08	27604	DRAIN LOWER LEG BURSA	253.18	00	00				X			
08	27605	INCISION OF ACHILLES TENDON	212.68	00	00							
08	27606	INCISION OF ACHILLES TENDON	212.68	00	00							
08	27607	TREAT LOWER LEG BONE LESION	212.68	00	00							
08	27610	EXPLORE/TREAT ANKLE JOINT	212.68	00	00							
08	27612	EXPLORATION OF ANKLE JOINT	253.18	00	00							
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	212.68	00	00							
08	27615	REMOVE TUMOR, LOWER LEG	253.18	00	00							
08	27618	REMOVE LOWER LEGLES ION	212.68	00	00							
08	27619	REMOVE LOWER LEG LESION	253.18	00	00							
08	27620	BIOPSY OF ANKLE JOINT	253.18	00	00							
08	27625	REMOVE ANKLE JOINT LINING	253.18	00	00							
08	27626	REMOVE ANKLE JOINT LINING	253.18	00	00							
08	27630	REMOVAL OF TENDON LESION	272.52	00	00				X			
08	27635	REMOVE LOWER LEG BONE LESION	253.18	00	00							
08	27637	REMOVE/GRAFT LEG BONE LESION	253.18	00	00							
08	27638	REMOVE/GRAFT LEG BONE LESION	253.18	00	00							
08	27640	PARTIAL REMOVAL OF TIBIA	212.68	00	00							
08	27641	PARTIAL REMOVAL OF FIBULA	212.68	00	00							
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	253.18	00	00							
08	27650	REPAIR ACHILLES TENDON	253.18	00	00							
08	27652	REPAIR/GRAFT ACHILLES TENDON	253.18	00	00							
08	27654	REPAIR OF ACHILLES TENDON	253.18	00	00							
08	27656	REPAIR FASCIAL DEFECT OF LEG\	212.68	00	00							
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	272.52	00	00							
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	212.68	00	00							
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	212.68	00	00							
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	212.68	00	00							
08	27675	REPAIR LOWER LEG TENSIONS	212.68	00	00							
08	27676	REPAIR LOWER LEG TENDONS	253.18	00	00							
08	27680	RELEASE OF LOWER LEG TENDON	253.18	00	00							
08	27681	TENOLYSIS....MULTIPLE, EACHS	212.68	00	00							
08	27685	REVISION OF LOWER LEG TENDON	253.18	00	00							
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	253.18	00	00							
08	27687	REVISION OF CALF TENDON	253.18	00	00							
08	27690	REVISE LOWER LEG TENDON	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	27691	REVISE LOWER LEG TENDON	253.18	00	00							
08	27692	EACH ADDITIONAL TENDON	253.18	00	00							
08	27695	REPAIR OF ANKLE LIGAMENT	212.68	00	00							
08	27696	REPAIR OF ANKLE LIGAMENTS	212.68	00	00							
08	27698	REPAIR OF ANKLE LIGAMENT	212.68	00	00							
08	27700	REVISION OF ANKLE JOINT	272.52	00	00							
08	27704	REMOVAL OF ANKLE IMPLANT	212.68	00	00							
08	27705	INCISION OF TIBIA	212.68	00	00							
08	27707	INCISION OF FIBULA	212.68	00	00							
08	27709	INCISION OF TIBIA & FIBULA	212.68	00	00							
08	27730	REPAIR OF TIBIA EPIPHYSIS	212.68	00	00							
08	27732	REPAIR OF FIBULA EPIPHYSIS	212.68	00	00							
08	27734	REPAIR LOWER LEG EPIPHYSES	212.68	00	00							
08	27740	REPAIR OF LEG EPIPHYSES	212.68	00	00							
08	27742	REPAIR OF LEG EPIPHYSES	212.68	00	00							
08	27743	REVISION OF KNEE JOINT	272.52	00	00							
08	27745	PROPHYLACTIC TREATMENT (NAILING, PIN	253.18	00	00							
08	27750	TREATMENT OF TIBIA FRACTURE	212.68	00	00							
08	27752	TREATMENT OF TIBIA FRACTURE	212.68	00	00							
08	27756	REPAIR OF TIBIA FRACTURE	253.18	00	00							
08	27758	REPAIR OF TIBIA FRACTURE	253.18	00	00							
08	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	253.18	00	00							
08	27760	CLTX MEDIAL ANKLE FX	212.68	00	00							
08	27762	CLTX MED ANKLE FX W/MNPJ	212.68	00	00							
08	27766	REPAIR OF ANKLE FRACTURE	253.18	00	00							
08	27780	TREATMENT OF FIBULA FRACTURE	212.68	00	00							
08	27781	TREATMENT OF FIBULA FRACTURE	212.68	00	00							
08	27784	REPAIR OF FIBULA FRACTURE	253.18	00	00							
08	27786	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27788	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27792	REPAIR OF ANKLE FRACTURE	253.18	00	00							
08	27808	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27810	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27814	REPAIR OF ANKLE FRACTURE	253.18	00	00							
08	27816	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27818	TREATMENT OF ANKLE FRACTURE	212.68	00	00							
08	27822	REPAIR OF ANKLE FRACTURE	253.18	00	00							
08	27823	REPAIR OF ANKLE FRACTURE	253.18	00	00							
08	27824	CLOSED TREATMENT OF FRACTURE	212.68	00	00							
08	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	212.68	00	00							
08	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	253.18	00	00							
08	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	253.18	00	00							
08	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	253.18	00	00							
08	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	212.68	00	00							
08	27830	TREAT LOWER LEG DISLOCATION	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	27831	TREAT LOWER LEG DISLOCATION	212.68	00	00							
08	27832	REPAIR LOWER LEG DISLOCATION	212.68	00	00							
08	27840	TREAT ANKLE DISLOCATION	212.68	00	00							
08	27842	TREAT ANKLE DISLOCATION	212.68	00	00							
08	27846	REPAIR ANKLE DISLOCATION	253.18	00	00							
08	27848	REPAIR ANKLE DISLOCATION	253.18	00	00							
08	27860	FIXATION OF ANKLE JOINT	212.68	00	00							
08	27870	FUSION OF ANKLE JOINT	253.18	00	00							
08	27871	FUSION OF TIBIOFIBULAR JOINT	253.18	00	00							
08	27884	AMPUTATION FOLLOW-UP SURGERY	253.18	00	00							
08	27889	AMPUTATION OF FOOT AT ANKLE	253.18	00	00							
08	27892	DECOMPRESSION FASCIOTOMY, LEG;	253.18	00	00							
08	27893	DECOMPRESSION FASCIOTOMY, LEG;	253.18	00	00							
08	27894	DECOMPRESSION FASCIOTOMY, LEG;	253.18	00	00							
08	28001	DRAINAGE OF BURSA OF FOOT	253.18	00	00				X			
08	28002	TREATMENT OF FOOT INFECTION	253.18	00	00							
08	28003	TREATMENT OF FOOT INFECTION	253.18	00	00							
08	28005	TREAT FOOT BONE LESION	253.18	00	00							
08	28008	INCISION OF FOOT FASCIA	309.34	00	00				X			
08	28011	INCISION OF TOE TENDONS	253.18	00	00							
08	28020	EXPLORATION OF A FOOT JOINT	212.68	00	00							
08	28022	EXPLORATION OF A FOOT JOINT	212.68	00	00							
08	28024	EXPLORATION OF A TOE JOINT	212.68	00	00							
08	28035	DECOMPRESSION OF TIBIA NERVE	253.18	00	00							
08	28043	EXCISION OF FOOT LESION	212.68	00	00							
08	28045	EXCISION OF FOOT LESION	253.18	00	00							
08	28046	RAD RESECT TUMOR,SFT TISS-FOOT	253.18	00	00							
08	28050	BIOPSY OF FOOT JOINT LINING	212.68	00	00							
08	28052	BIOPSY OF FOOT JOINT LINING	212.68	00	00							
08	28054	BIOPSY OF TOE JOINT LINING	212.68	00	00							
08	28055	NEURECTOMY,INTRINSIC MUSCULATURE	253.18	00	00							
08	28060	PARTIAL REMOVAL FOOT FASCIA	212.68	00	00							
08	28062	REMOVAL OF FOOT FASCIA	253.18	00	00							
08	28070	REMOVAL OF FOOT JOINT LINING	309.34	00	00				X			
08	28072	REMOVAL OF FOOT JOINT LINING	309.34	00	00				X			
08	28080	REMOVAL OF FOOT LESION	272.52	00	00				X			
08	28086	EXCISE FOOT TENDON SHEATH	212.68	00	00							
08	28088	EXCISE FOOT TENDON SHEATH	212.68	00	00							
08	28090	REMOVAL OF FOOT LESION	253.18	00	00							
08	28092	REMOVAL OF TOE LESIONS	253.18	00	00							
08	28100	REMOVAL OF ANKLE/HEEL LESION	212.68	00	00							
08	28102	REMOVE/GRAFT FOOT LESION	253.18	00	00							
08	28103	REMOVE/GRAFT FOOT LESION	253.18	00	00							
08	28104	REMOVAL OF FOOT LESION	212.68	00	00							
08	28106	REMOVE/GRAFT FOOT LESION	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	28107	REMOVE/GRAFT FOOT LESION	253.18	00	00							
08	28110	PART REMOVAL OF METATARSAL	272.52	00	00				X			
08	28111	PART REMOVAL OF METATARSAL	272.52	00	00				X			
08	28112	PART REMOVAL OF METATARSAL	272.52	00	00				X			
08	28113	PART REMOVAL OF METATARSAL	272.52	00	00				X			
08	28114	REMOVAL OF METARSAL HEADS	253.18	00	00				X			
08	28116	REVISION OF FOOT	253.18	00	00							
08	28118	PARTIAL REMOVAL OF HEEL	253.18	00	00							
08	28119	REMOVAL OF HEEL SPUR	253.18	00	00							
08	28120	PART REMOVAL OF ANKLE/HEEL	309.34	00	00							
08	28122	PARTIAL REMOVAL OF FOOT BONE	253.18	00	00							
08	28126	CONDYLECTOMY...SING. TOE, EACH	253.18	00	00							
08	28130	REMOVAL OF ANKLE BONE	253.18	00	00							
08	28140	REMOVAL OF METATARSAL	253.18	00	00							
08	28150	PHALANGECTOMY,TOE, SINGLE, EACH	253.18	00	00							
08	28153	PARTIAL REMOVAL OF TOE	253.18	00	00							
08	28160	PARTIAL REMOVAL OF TOE	253.18	00	00				X			
08	28171	RADICAL RESECTION FOR TUMOR,TARSAL	253.18	00	00							
08	28173	RADICAL RESECTION FOR TUMOR,METATARS	253.18	00	00							
08	28175	RADICAL RESECTION FOR TUMOR PHALANX	253.18	00	00							
08	28192	REMOVAL OF FOOT FOREIGN BODY	212.68	00	00							
08	28193	REMOVAL OF FOOT FOREIGN BODY	253.18	00	00							
08	28200	REPAIR OF FOOT TENDON	272.52	00	00				X			
08	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	253.18	00	00							
08	28208	REPAIR OF FOOT TENDON	272.52	00	00				X			
08	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	253.18	00	00							
08	28222	RELEASE OF FOOT TENDONS	212.68	00	00							
08	28225	RELEASE OF FOOT TENDON	212.68	00	00							
08	28226	RELEASE OF FOOT TENDONS	212.68	00	00							
08	28234	INCISION OF FOOT TENDON	212.68	00	00							
08	28238	REVISION OF FOOT TENDON	253.18	00	00							
08	28240	RELEASE OF BIG TOE	212.68	00	00							
08	28250	REVISION OF FOOT FASCIA	253.18	00	00							
08	28260	RELEASE OF MIDFOOT JOINT	253.18	00	00							
08	28261	REVISION OF FOOT TENDON	253.18	00	00							
08	28262	REVISION OF FOOT AND ANKLE	253.18	00	00							
08	28264	RELEASE OF MIDFOOT JOINT	272.52	00	00				X			
08	28270	RELEASE OT FOOT CONTRACTURE	272.52	00	00				X			
08	28272	RELEASE OF TOE JOINT,EACH	272.52	00	00				X			
08	28280	FUSION OF TOES	212.68	00	00							
08	28285	REVISION OF HAMMERTOE	309.34	00	00				X			
08	28286	REVISION OF HAMMERTOE	253.18	00	00				X			
08	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	253.18	00	00							
08	28289	REPAIR HALLUX RIGIDUS	253.18	00	00							
08	28290	CORRECTION OF BUNION	309.34	00	00				X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	28292	CORRECTION OF BUNION	309.34	00	00				X			
08	28293	CORRECTION OF BUNION	309.34	00	00				X			
08	28294	CORRECTION OF BUNION	309.34	00	00				X			
08	28296	CORRECTION OF BUNION	253.18	00	00							
08	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	253.18	00	00							
08	28298	CORRECTION OF BUNION	309.34	00	00				X			
08	28299	CORRECTION OF BUNION	309.34	00	00				X			
08	28300	INCISION OF HEEL BONE	309.34	00	00				X			
08	28302	INCISION OF ANKLE BONE	309.34	00	00				X			
08	28304	INCISION OF MIDFOOT BONES	212.68	00	00							
08	28305	INCISE/GRAFT MIDFOOT BONES	253.18	00	00							
08	28306	INCISION OF METATARSAL	253.18	00	00				X			
08	28307	SEE 28306; METATARSAL W/BONE GRFT	253.18	00	00							
08	28308	INCISION OF METATARSAL	309.34	00	00				X			
08	28309	INCISION OF METATARSALS	253.18	00	00							
08	28310	REVISION OF BIG TOE	309.34	00	00				X			
08	28312	REVISION OF TOE	309.34	00	00				X			
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	212.68	00	00							
08	28315	SESAMOIDECTOMY FIRST TOE	253.18	00	00							
08	28320	REPAIR OF FOOT BONES	253.18	00	00							
08	28322	REPAIR OF METATARSALS	253.18	00	00							
08	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	253.18	00	00							
08	28341	SEE 28340; REQUIRING BONE RESECTION	253.18	00	00							
08	28344	RECONSTRUCT TOE; POLYDATYLY	253.18	00	00							
08	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	253.18	00	00							
08	28400	TREAT CLSD CALC FX; W/O MANIP	212.68	00	00							
08	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	212.68	00	00							
08	28406	TREAT CLSD CAC FX, MANIP/FIXATION	212.68	00	00							
08	28415	REPAIR OF HEEL FRACTURE	253.18	00	00							
08	28420	REPAIR/GRAFT HEEL FRACTURE	253.18	00	00							
08	28435	TREAT CLSD TALUS FX, W/MANIP	212.68	00	00							
08	28436	TREAT CLSD TA; FX,W/MANIP & PERC PIN	212.68	00	00							
08	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	253.18	00	00							
08	28456	OPEN TX CLSD/OPEN FX W RED & PIN-EAC	212.68	00	00							
08	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	253.18	00	00							
08	28476	TREAT CLSD FX,W/MANIP & PINNING,EACH	212.68	00	00							
08	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	253.18	00	00							
08	28496	TREAT CLSD FX GREAT TOE...PINNING	212.68	00	00							
08	28505	REPAIR BIG TOE FRACTURE	253.18	00	00							
08	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	253.18	00	00							
08	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	253.18	00	00							
08	28545	TREAT FOOT DISLOCATION	212.68	00	00							
08	28546	TREAT FOOT SLOCATION	212.68	00	00							
08	28555	REPAIR FOOT DISLOCATION	212.68	00	00							
08	28575	TREAT FOOT DISLOCATION	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	253.18	00	00							
08	28585	REPAIR FOOT DISLOCATION	253.18	00	00							
08	28605	TREAT FOOT DISLOCATION	212.68	00	00							
08	28606	TREAT FOOT DISLOCATION	212.68	00	00							
08	28615	REPAIR FOOT DISLOCATION	253.18	00	00							
08	28635	TREAT TOE DISLOCATION	212.68	00	00							
08	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	253.18	00	00							
08	28645	REPAIR TOE DISLOCATION	253.18	00	00							
08	28665	TREAT TOE DISLOCATION	212.68	00	00							
08	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	253.18	00	00							
08	28675	REPAIR OF TOE DISLOCATION	253.18	00	00							
08	28705	FUSION OF FOOT BONES	253.18	00	00							
08	28715	FUSION OF FOOT BONES	253.18	00	00							
08	28725	FUSION OF FOOT BONES	253.18	00	00							
08	28730	FUSION OF FOOT BONES	253.18	00	00							
08	28735	FUSION OF FOOT BONES	253.18	00	00							
08	28737	REVISION FOOT BONES	272.52	00	00							
08	28740	FUSION OF FOOT BONES	253.18	00	00							
08	28750	FUSION OF BIG TOE JOINT	309.34	00	00				X			
08	28755	FUSION OF BIG TOE JOINT	309.34	00	00				X			
08	28760	FUSION OF BIG TOE JOINT	309.34	00	00				X			
08	28810	AMPUTATION TOE & METATARSAL	253.18	00	00				X			
08	28819	REMOVAL OF HEEL SPUR	253.18	00	00							
08	28820	AMPUTATION OF TOE	253.18	00	00				X			
08	28825	PARTIAL AMPUTATION OF TOE	253.18	00	00				X			
08	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	253.18	00	00							
08	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	253.18	00	00							
08	29805	SHOULDER ARTHROSCOPY, DX	253.18	00	00							
08	29806	SHOULDER ARTHROSCOPY/SURGERY	253.18	00	00							
08	29807	SHOULDER ARTHROSCOPY/SURGERY	253.18	00	00							
08	29819	ARTHROSCOPY/SURGICALLY REMOVE BODY	309.34	00	00				X			
08	29820	ARTHROSCOPY-SYNOVECTOMY-PARTIAL	309.34	00	00				X			
08	29821	ARTHROSCOPY-SYNOVECTOMY-COMPLETE	309.34	00	00				X			
08	29822	ARTHROSCOPY-LIMITED DEBRIDEMENT	309.34	00	00				X			
08	29823	ARTHROSCOPY EXT DEBRIDEMENT	309.34	00	00				X			
08	29824	SHOULDER ARTHROSCOPY/SURGEON	272.52	00	00							
08	29825	ARTHROSCOPY W/LYSIS & RESECTION	309.34	00	00				X			
08	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	253.18	00	00							
08	29827	ARTHROSCOP ROTATOR CUFF REPR	272.52	00	00							
08	29830	ARTHROSCOPY ELBOW-DX	309.34	00	00				X			
08	29834	ARTHROSCOPY-ELBOW-SURGICAL	309.34	00	00				X			
08	29835	ARTHROSCOPY SYNOVECTOMY-PARTIAL	309.34	00	00				X			
08	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	309.34	00	00				X			
08	29837	ARTHROSCOPY-LIMITED DEBRIDEMENT	309.34	00	00				X			
08	29838	ARTHROSCOPY EXT DEBRIDEMENT	309.34	00	00				X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	253.18	00	00							
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	253.18	00	00							
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	253.18	00	00							
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	253.18	00	00							
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART	253.18	00	00							
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	253.18	00	00							
08	29848	WRIST ENDOSCOPY/SURGERY	309.34	00	00							
08	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	253.18	00	00							
08	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	253.18	00	00							
08	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	253.18	00	00							
08	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	253.18	00	00							
08	29860	HIP ARTHROSCOPY, DX	253.18	00	00							
08	29861	HIP ARTHROSCOPY/SURGERY	253.18	00	00							
08	29862	HIP ARTHROSCOPY/SURGERY	309.34	00	00							
08	29863	HIP ARTHROSCOPY/SURGERY	253.18	00	00							
08	29870	ARTHROSCOPY KNEE-DX	309.34	00	00				X			
08	29871	ARTHROSCOPY-KNEE-SURGICAL	309.34	00	00				X			
08	29874	ARTHROSCPOY REMOVE FOREIGN BODY	309.34	00	00				X			
08	29875	ARTHROSCOPY LIMITED SYNOVECTOMY	309.34	00	00				X			
08	29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	309.34	00	00				X			
08	29877	ARTHROSCOPY-DEBRIDEMENT	309.34	00	00				X			
08	29879	ARTHROSCOPY-ABRASION ARTHOPLA	309.34	00	00				X			
08	29880	ARTHROSCOPY, KNEE, W/MENISCECTOMY	253.18	00	00							
08	29881	ARTHROSCOPY W/ MENISCECTOMY	309.34	00	00				X			
08	29882	ARTHROSCOPY W/ MENISCUS REPAIR	309.34	00	00				X			
08	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	253.18	00	00							
08	29884	ARTHROSCOPY W/LYSIS ADHESIONS	253.18	00	00							
08	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	253.18	00	00							
08	29886	ARTHROSCOPY-OSTEOCHONDRITIS	212.68	00	00							
08	29887	ARTHROSCOPY-INTERNAL FIXATION	253.18	00	00							
08	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	253.18	00	00							
08	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	253.18	00	00							
08	29891	ANKLE ARTHROSCOPY/SURGERY	253.18	00	00							
08	29892	ANKLE ARTHROSCOPY/SURGERY	253.18	00	00							
08	29893	SCOPE, PLANTAR FASCIOTOMY	309.34	00	00							
08	29894	ARTHROSCOPY-ANKLE-SURGICAL	309.34	00	00				X			
08	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	309.34	00	00				X			
08	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	309.34	00	00				X			
08	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	309.34	00	00				X			
08	29899	ANKLE ARTHROSCOPY/SURGERY	253.18	00	00							
08	29900	MCP JOINT ARTHROSCOPY, DX	253.18	00	00							
08	29901	MCP JOINT ARTHROSCOPY, SURG	253.18	00	00							
08	29902	MCP JOINT ARTHROSCOPY, SURG	253.18	00	00							
08	30110	REMOVAL OF NOSE POLYP(S)	253.18	00	00				X			
08	30115	REMOVAL OF NOSE POLYP(S)	253.18	00	00				X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	30117	REMOVAL OF INTRANASAL LESION	253.18	00	00							
08	30118	REMOVAL OF INTRANASAL LESION	253.18	00	00							
08	30120	REVISION OF NOSE	212.68	00	00							
08	30125	REMOVAL OF NOSE LESION	212.68	00	00							
08	30130	REMOVAL OF TURBINATE BONES	212.68	00	00				X			
08	30140	REMOVAL OF TURBINATE BONES	212.68	00	00				X			
08	30150	PARTIAL REMOVAL OF NOSE	253.18	00	00							
08	30160	REMOVAL OF NOSE	253.18	00	00							
08	30310	REMOVE NASAL FOREIGN BODY	212.68	00	00							
08	30320	REMOVE NASAL FOREIGN BODY	212.68	00	00							
08	30400	RECONSTRUCTION OF NOSE	253.18	00	00							
08	30410	RECONSTRUCTION OF NOSE	272.52	00	00							
08	30420	RECONSTRUCTION OF NOSE	272.52	00	00							
08	30430	REVISION OF NOSE	253.18	00	00							
08	30435	REVISION WORK WITH OSTEOTOMIES	272.52	00	00							
08	30450	REVISION OF NOSE	309.34	00	00							
08	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	309.34	00	00							
08	30462	REVISION OF NOSE	309.34	00	00							
08	30465	REPAIR NASAL STENOSIS	309.34	00	00							
08	30520	REPAIR OF NASAL SEPTUM	253.18	00	00							
08	30540	REPAIR NASAL DEFECT	272.52	00	00							
08	30545	REPAIR NASAL DEFECT	272.52	00	00							
08	30560	RELEASE OF NASAL ADHESIONS	212.68	00	00							
08	30580	UPPER JAW FISTULA	253.18	00	00							
08	30600	MOUTH/NOSE FISTULA	253.18	00	00							
08	30620	RECONSTRUCTION INNER NOSE	309.34	00	00				X			
08	30630	REPAIR NASAL SEPTUM DEFECT	309.34	00	00							
08	30801	CAUTERIZATION AND/OR ABLATION,MUCOS	212.68	00	00							
08	30802	CAUTERIZATION AND/OR ABLATION,MUCOS	212.68	00	00							
08	30903	CAUER NASAL W LOC.ANESTH.UNILATER	212.68	00	00							
08	30905	CONTROL OF NOSEBLEED	212.68	00	00							
08	30906	REPEAT CONTROL OF NOSEBLEED	212.68	00	00							
08	30915	LIGATION NASAL SINUS ARTERY	212.68	00	00							
08	30920	LIGATION UPPER JAW ARTERY	253.18	00	00							
08	30930	NASAL TURBINATES, THERAPEUTI	253.18	00	00							
08	31000	IRRIGATION MAXILLARY SINUS	253.18	00	00				X			
08	31002	IRRIGATION SPHENOID SINUS	272.52	00	00				X			
08	31020	EXPLORATION MAXILLARY SINUS	212.68	00	00							
08	31030	EXPLORATION MAXILLARY SINUS	253.18	00	00							
08	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	253.18	00	00							
08	31050	EXPLORATION SPHENOID SINUS	212.68	00	00							
08	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	253.18	00	00							
08	31070	EXPLORATION OF FRONTAL SINUS	212.68	00	00							
08	31075	EXPLORATION OF FRONTAL SINUS	253.18	00	00							
08	31080	REMOVAL OF FRONTAL SINUS	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	31081	REMOVAL OF FRONTAL SINUS	253.18	00	00							
08	31084	REMOVAL OF FRONTAL SINUS	253.18	00	00							
08	31085	REMOVAL OF FRONTAL SINUS	253.18	00	00							
08	31086	REMOVAL OF FRONTAL SINUS	253.18	00	00							
08	31087	REMOVAL OF FRONTAL SINUS	253.18	00	00							
08	31090	EXPLORATION OF SINUSES	272.52	00	00							
08	31200	REMOVAL OF ETHMOID SINUS	272.52	00	00				X			
08	31201	REMOVAL OF ETHMOID SINUS	272.52	00	00							
08	31205	REMOVAL OF ETHMOID SINUS	253.18	00	00							
08	31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI	212.68	00	00							
08	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF	212.68	00	00							
08	31237	NASAL/SINUS ENDOSCOPY,SURGICAL	212.68	00	00							
08	31238	NASAL/SINUS ENDOSCOPY, SURGICAL	212.68	00	00							
08	31239	NASAL/SINUS ENDOSCOPY,SURGICAL;	253.18	00	00							
08	31240	NASAL/SINUS ENDOSCOPY	212.68	00	00							
08	31254	NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT	309.34	00	00				X		X	
08	31255	NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	309.34	00	00				X		X	
08	31256	NASAL ENDOSCOPY, MAX ANTROSTOMY	309.34	00	00				X		X	
08	31267	SURG MAX ENDO, REMOVE MEMBRANE/POLYP	309.34	00	00				X		X	
08	31276	SINUS SURGICAL ENDOSCOPY	253.18	00	00							
08	31287	NASAL/SINUS ENDOSCOPY,SURGICAL, WIT	253.18	00	00							
08	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	253.18	00	00							
08	31300	REMOVAL OF LARYNX LESION	272.52	00	00							
08	31320	DIAGNOSTIC INCISION LARYNX	212.68	00	00							
08	31400	REVISION OF LARYNX	212.68	00	00							
08	31420	REMOVAL OF EPIGLOTTIS	212.68	00	00							
08	31505	DIAGNOSTIC LARYNGOSCOPY	212.68	00	00				X			
08	31510	LARYNGOSCOPY WITH BIOPSY	212.68	00	00				X			
08	31511	REMOVE FOREIGN BODY,LARYNX	212.68	00	00				X			
08	31512	REMOVAL OF LARYNX LESION	212.68	00	00				X			
08	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	212.68	00	00							
08	31515	LARYNGOSCOPY FOR ASPIRATION	212.68	00	00							
08	31525	DIAGNOSTIC LARYNGOSCOPY	212.68	00	00				X			
08	31526	DIAGNOSTIC LARYNGOSCOPY	212.68	00	00							
08	31527	LARYNGOSCOPY, INSERT OBTURATOR	212.68	00	00							
08	31528	LARYNGOSCOPY,W DILATATION INITIAL	212.68	00	00							
08	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	212.68	00	00							
08	31530	OPERATIVE LARYNGOSCOPY	212.68	00	00				X			
08	31531	OPERATIVE LARYNGOSCOPY	253.18	00	00							
08	31535	OPERATIVE LARYNGOSCOPY	212.68	00	00							
08	31536	OPERATIVE LARYNGOSCOPY	253.18	00	00							
08	31540	OPERATIVE LARYINGOSCOPY	253.18	00	00							
08	31541	OPERATIVE LARYNGOSCOPY	253.18	00	00							
08	31560	OPERATIVE LARYNGOSCOPY	272.52	00	00							
08	31561	OPERATIVE LARYNGOSCOPY	272.52	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	31570	LARYNGOSCOPY WITH INJECTIONS	212.68	00	00							
08	31571	LARYNGOSCOPY WITH INJECTION	212.68	00	00							
08	31575	LARYNGOSCOPY,FIBERSCOPIC;DIAGN	212.68	00	00				X			
08	31576	LARYNGOSCOPY,FIBERSCOPIC;BIOPSY	212.68	00	00				X			
08	31577	LARYNGOSCOPY,FIBERSCOPIC;FOREIGN	212.68	00	00				X			
08	31578	LARYNGOSCOPY,FIBERSCOPIC;REMOVAL	212.68	00	00				X			
08	31580	REVISION OF LARYNX	272.52	00	00							
08	31582	REVISION OF LARYNX	272.52	00	00							
08	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	272.52	00	00							
08	31590	LARYNGEAL REINNVATION REPAIR	272.52	00	00							
08	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	212.68	00	00							
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	253.18	00	00							
08	31612	PUNCTURE/CLEAR WINDPIPE	212.68	00	00							
08	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	212.68	00	00							
08	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	212.68	00	00							
08	31615	VISUALIZATION OF WINDPIPE	212.68	00	00							
08	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	212.68	00	00							
08	31623	DX BRONCHOSCOPE/BRUSH	212.68	00	00							
08	31624	DX BRONCHOSCOPELAVAGE	212.68	00	00							
08	31625	BRONCHOSCOPY WITH BIOPSY	212.68	00	00				X			
08	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	212.68	00	00							
08	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	212.68	00	00							
08	31630	BRONCHOSCOPY WITH REPAIR	212.68	00	00							
08	31631	BRONCHOSCOPY-PLACE TRACH STENT	212.68	00	00							
08	31635	REMOVE FOREIGN BODY, AIRWAY	212.68	00	00							
08	31640	BRONCHOSCOPY & REMOVE LESION	212.68	00	00							
08	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	212.68	00	00							
08	31643	DX BRONCHOSCOPE/CATHETER	212.68	00	00							
08	31645	BRONCHOSCOPY, CLEAR AIRWAYS	212.68	00	00							
08	31646	BRONSCHOSCOPY,RECLEAR AIRWAYS	212.68	00	00							
08	31656	BRONCHOSCOPY, INJECT FOR XRAY	212.68	00	00							
08	31717	BRONCHIAL BRUSH BIOPSY	212.68	00	00							
08	31720	CLEARANCE OF AIRWAYS	212.68	00	00							
08	31730	TRANSTRACHEAL (PERUTANEOUS) INTRODU	212.68	00	00							
08	31750	REPAIR OF WINDPIPE	272.52	00	00							
08	31755	REPAIR OF WINDPIPE	212.68	00	00							
08	31820	CLOSURE OF WINDPIPE LESION	212.68	00	00							
08	31825	REPAIR OF WINDPIPE DEFECT	212.68	00	00							
08	31830	REVISE WINDPIPE SCAR	212.68	00	00							
08	32400	NEEDLE BIOPSY CHEST LINING	212.68	00	00							
08	32405	NEEDLE BIOPSY OF LUNG	212.68	00	00							
08	32420	PUNCTURE/CLEAR LUNG	212.68	00	00							
08	32507	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	253.18	00	00							
08	33010	DRAINAGE OF HEART SAC	212.68	00	00							
08	33011	REPEAT DRAINAGE OF HEART SAC	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	33222	REVISE/RELOCATE SKIN POCKET	212.68	00	00							
08	33223	REVISION OR RELOCATION OF SKIN POCKI	212.68	00	00							
08	35188	REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT	253.18	00	00							
08	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	253.18	00	00							
08	35476	TRANSLUMINAL ANGIOPLASTY,PERCUTANEO	309.34	00	00							
08	35875	REMOVAL OF CLOT IN GRAFT	309.34	00	00							
08	35876	REMOVAL OF CLOT IN GRAFT	309.34	00	00							
08	36260	INSERT IMPLANTABLE FUSION PUMP	253.18	00	00							
08	36261	REVISION OF IMPLANTED INFUSION PUMP	212.68	00	00							
08	36262	REMOVAL OF IMPLANTED INFUSION PUMP	212.68	00	00							
08	36555	INSERT NON-TUNNEL CV CATH	212.68	00	00							
08	36556	INSERT NON-TUNNEL CV CATH	212.68	00	00							
08	36557	INSERT TUNNELED CV CATH	212.68	00	00							
08	36558	INSERT TUNNELED CV CATH	212.68	00	00							
08	36560	INSERT TUNNELED CV CATH	253.18	00	00							
08	36561	INSERT TUNNELED CV CATH	253.18	00	00							
08	36563	INSERT TUNNELED CV CATH	253.18	00	00							
08	36565	INSERT TUNNELED CV CATH	253.18	00	00							
08	36566	INSERT TUNNELED CV CATH	253.18	00	00							
08	36568	INSERT TUNNELED CV CATH	212.68	00	00							
08	36569	INSERT TUNNELED CV CATH	212.68	00	00							
08	36570	INSERT TUNNELED CV CATH	253.18	00	00							
08	36571	INSERT TUNNELED CV CATH	253.18	00	00							
08	36575	REPAIR TUNNELED CV CATH	212.68	00	00							
08	36576	REPAIR TUNNELED CV CATH	212.68	00	00							
08	36578	REPLACE TUNNELED CV CATH	212.68	00	00							
08	36580	REPLACE TUNNELED DV CATH	212.68	00	00							
08	36581	REPLACE TUNNELED CV CATH	212.68	00	00							
08	36582	REPLACE TUNNELED CV CATH	253.18	00	00							
08	36583	REPLACE TUNNELED CV CATH	253.18	00	00							
08	36584	REPLACE TUNNELED CV CATH	212.68	00	00							
08	36585	REPLACE TUNNELED CV CATH	253.18	00	00							
08	36589	REMOVAL TUNNELED CV CATH	212.68	00	00							
08	36590	REMOVAL TUNNELED CV CATH	212.68	00	00							
08	36640	INSERTION CATHETER, ARTERY	212.68	00	00							
08	36800	INSERTION OF CANNULA	253.18	00	00							
08	36810	INSERTION OF CANNULA	253.18	00	00							
08	36815	INSERTION OF CANNULA	253.18	00	00							
08	36818	AV FUSE, UPPER ARM, CEPHALIC	253.18	00	00							
08	36819	AV FUSION BY BASILIC VEIN	253.18	00	00							
08	36820	INSERTION OF CANNULA	253.18	00	00							
08	36821	ARTERY-VEIN FUSION	253.18	00	00							
08	36825	ARTERY - VEIN GRAFT	253.18	00	00							
08	36830	ARTERY - VEIN GRAFT	253.18	00	00							
08	36831	OPEN THROMBECT AV FISTULA	309.34	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	36832	REVISION O ARTERIO FISTULA WW THROMB	253.18	00	00							
08	36833	AV FISTULA REVISION	253.18	00	00							
08	36835	ARTERY TO VEIN SHUNT	253.18	00	00							
08	36860	CANNULA DECLOTTING	212.68	00	00							
08	36861	CANNULA DECLOTTING	253.18	00	00							
08	36870	PERCUT THROMBECT AV FISTULA	309.34	00	00							
08	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	212.68	00	00							
08	37607	LIGATION OR BANDING OF ANGIOACCESS	253.18	00	00							
08	37609	TEMPORAL ARTERY PROCEDURE	212.68	00	00				X			
08	37650	INTERRUPT FEMORAL VEIN; UNILATERAL	212.68	00	00							
08	37700	REVISE LEG VEIN	309.34	00	00				X			
08	37718	LIGATE/STRIP SHORT LEG VEIN	253.18	00	00							
08	37722	LIGATE/STRIP LONG LEG VEIN	253.18	00	00							
08	37735	REMOVAL OF LEG VEINS/LESION	253.18	00	00							
08	37760	REVISION OF LEG VEINS	253.18	00	00							
08	37780	REVISION OF LEG VEIN	309.34	00	00				X			
08	37785	REVISION OF LEG VEIN	309.34	00	00				X			
08	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	253.18	00	00							
08	38300	DRAINAGE LYMPH NODE LESION	212.68	00	00							
08	38305	DRAINAGE LYMPH NODE LESION	212.68	00	00							
08	38308	INCISION OF LYMPH CHANNELS	212.68	00	00							
08	38500	BIOPSY/REMOVAL OF LYMPH NODE	253.18	00	00				X			
08	38505	NEEEDLE BX, LYMPHNODES(S), SUPERFICI	212.68	00	00							
08	38510	BIOPSY/REMOVAL OF LYMPH NODE	253.18	00	00				X			
08	38520	BIOPSY/REMOVAL OF LYMPH NODE	253.18	00	00				X			
08	38525	BX,EXCISE-DEEP AXILLARY NODES	212.68	00	00							
08	38530	BIOPSY/REMOVAL OF LYMPH NODE	253.18	00	00				X			
08	38542	DISSECTION: DEEP JUGULAR NODE	212.68	00	00							
08	38550	REMOVAL NECK/ARMPIT LESION	253.18	00	00							
08	38555	REMOVAL NECK/ARMPIT LESION	253.18	00	00							
08	38570	LAPAROSCOPY, LYMPH NODE BIOP	309.34	00	00							
08	38571	LAPAROSCOPY, LYMPHADENECTOMY	309.34	00	00							
08	38572	LAPAROSCOPY, LYMPHADENECTOMY	309.34	00	00							
08	38740	REMOVE ARMPIT LYMPH NODES	212.68	00	00							
08	38745	REMOVE ARMPITS LYMPH NODES	253.18	00	00							
08	38760	REMOVE GROIN LYMPH NODES	212.68	00	00							
08	40000	TISSUE TRANSDER; DEFECT TO 10 CM	212.68	00	00							
08	40500	VERMILIONECTOMY (LIP SHAVE)	253.18	00	00				X			
08	40510	PARTIAL EXCISION OF LIP	272.52	00	00				X			
08	40520	PARTIAL EXCISION OF LIP	212.68	00	00							
08	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	212.68	00	00							
08	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	212.68	00	00							
08	40530	PARTIAL REMOVAL OF LIP	272.52	00	00				X			
08	40650	REPAIR LIP	253.18	00	00							
08	40652	REPAIR LIP	253.18	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	40654	REPAIR LIP	253.18	00	00							
08	40700	REPAIR CLEFT LIP	309.34	00	00							
08	40701	REPAIR CLEFT LIP	309.34	00	00							
08	40720	REPAIR CLEFT LIP	309.34	00	00							
08	40761	REPAIR CLEFT LIP	253.18	00	00							
08	40801	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	40804	REMOVAL FOREIGN BODY; MOUTH	253.18	00	00				X			
08	40805	REMOVAL FOREIGN BODY;MOUTH	253.18	00	00				X			
08	40814	EXCISE/REPAIR MOUTH LESION	212.68	00	00							
08	40816	EXCISION OF MOUTH LESION	212.68	00	00							
08	40818	EXCISE ORAL MUCOSA FOR GRAFT	212.68	00	00							
08	40819	EXCISE LIP OR CHEEK FOLD	309.34	00	00				X			
08	40831	REPAIR MOUTH LACERATION	212.68	00	00							
08	40840	RECONSTRUCTION OF MOUTH	212.68	00	00							
08	40842	RECONSTRUCTION OF MOUTH	253.18	00	00							
08	40843	RECONSTRUCTION OF MOUTH	253.18	00	00							
08	40844	RECONSTRUCTION OF MOUTH	272.52	00	00							
08	40845	RECONSTRUCTION OF MOUTH	272.52	00	00							
08	41000	DRAINAGE OF MOUTH LESION	253.18	00	00				X			
08	41005	DRAINAGE OF MOUTH LESION	253.18	00	00				X			
08	41006	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41007	DRAINAGE OF MOUTH LESION	253.18	00	00				X			
08	41008	DRAINAGE OF MOUTH LESION	253.18	00	00				X			
08	41009	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41015	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41016	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41017	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41018	DRAINAGE OF MOUTH LESION	212.68	00	00							
08	41100	BIOPSY OF TONGUE	212.68	00	00				X			
08	41105	BIOPSY OF TONGUE	212.68	00	00				X			
08	41112	EXCISION OF TONGUE LESION	212.68	00	00							
08	41113	EXCISION OF TONGUE LESION	212.68	00	00							
08	41114	EXCISE TONGUE LESION/LOCAL FLP	212.68	00	00							
08	41116	EXCISION OF MOUTH LESION	212.68	00	00							
08	41120	PARTIAL REMOVAL OF TONGUE	272.52	00	00							
08	41250	REPAIR TONGUE LACERATION	212.68	00	00							
08	41251	REPAIR TONGUE LACERATION	212.68	00	00							
08	41252	REPAIR TONGUE LACERATION	212.68	00	00							
08	41500	FIXATION OF TONGUE	212.68	00	00							
08	41520	RECONSTRUCTION, TONGUE FOLD	212.68	00	00							
08	41800	DRAINAGE OF GUM LESION	212.68	00	00							
08	41827	EXCISION OF GUM LESION	212.68	00	00							
08	41874	REPAIR TOOTH SOCKET	212.68	00	00				X			X
08	41899	FACILITY FEE--DENTAL RESTORATION	212.68	00	00				X			
08	42000	DRAINAGE MOUTH ROOF LESION	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	212.68	00	00							
08	42120	REMOVE PALATE/LESION	253.18	00	00							
08	42140	EXCISION OF UVULA	212.68	00	00							
08	42145	PALATOPHARYNGOPLASTY	272.52	00	00							
08	42180	REPAIR PALATE	212.68	00	00							
08	42182	REPAIR PALATE	212.68	00	00							
08	42200	RECONSTRUCT CLEFT PALATE	272.52	00	00							
08	42205	RECONSTRUCT FLEFT PALATE	272.52	00	00							
08	42210	RECONSTRUCT CLEFT PALATE	272.52	00	00							
08	42215	RECONSTRUCT CLEFT PALATE	309.34	00	00							
08	42220	RECONSTRUCT CLEFT PALATE	272.52	00	00							
08	42226	LENGHTENING OF PALATE, AND PHARYNGEA	272.52	00	00							
08	42235	REPAIR PALATE	272.52	00	00							
08	42260	REPAIR NOSE TO LIP FISTULA	253.18	00	00							
08	42300	DRAINAGE OF SALIVARY GLAND	212.68	00	00							
08	42305	DRAINAGE OF SALIVARY GLAND	212.68	00	00							
08	42310	DRAINAGE OF SALIVARY GLAND	212.68	00	00							
08	42340	REMOVAL OF SALIVARY STONE	212.68	00	00							
08	42405	BIOPSY OF SALIVARY GLAND	212.68	00	00							
08	42408	EXCISION OF SALIVARY CYST	253.18	00	00							
08	42409	DRAINAGE OF SALIVARY CYST	253.18	00	00							
08	42410	EXCISE PAROTID GLAND/LESION	253.18	00	00							
08	42415	EXCISE PAROTID GLAND/LESION	309.34	00	00							
08	42420	EXCISE PAROTID GLAND/LESION	309.34	00	00							
08	42425	EXCISE PAROTID GLAND/LESION	309.34	00	00							
08	42440	EXCISION SUBMAXILLARY GLAND	253.18	00	00							
08	42450	EXCISION SUBLINGUAL GLAND	212.68	00	00							
08	42500	REPAIR SALVARY DUCT	253.18	00	00							
08	42505	REPAIR SALIVARY DUCT	253.18	00	00							
08	42507	PAROTID DUCT DIVERSION	253.18	00	00							
08	42508	PAROTID DUCT DIVERSION	253.18	00	00							
08	42509	PAROTID DUCT DIVERSION	253.18	00	00							
08	42510	BILAT,PARTID DUCT DIV W/LIGAT	253.18	00	00							
08	42600	CLOSURE OF SALIVARY FISTULA	212.68	00	00							
08	42700	DRAINAGE OF TONSIL ABSCESS	253.18	00	00				X			
08	42720	DRAINAGE OF THROAT ABSCESS	253.18	00	00				X			
08	42725	DRAINAGE OF THROAT ABSCESS	212.68	00	00							
08	42802	BIOPSY OF THROAT	212.68	00	00							
08	42804	BIOPSY OF UPPER NOSE/THROAT	212.68	00	00							
08	42806	BIOPSY OF UPPER NOSE/THROAT	212.68	00	00							
08	42808	EXCISE PHARYNX LESION	212.68	00	00							
08	42810	EXCISION OF NECK CYST	253.18	00	00				X			
08	42815	EXCISION OF NECK CYST	253.18	00	00				X			
08	42820	REMOVE TONSILS AND ADENOIDS	309.34	00	00				X			
08	42821	REMOVE TONSILS AND ADENOIDS	309.34	00	00				X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	42825	REMOVAL OF TONSILS	253.18	00 00							
08	42826	REMOVAL OF TONSILS	309.34	00 00				X			
08	42830	REMOVAL OF ADENOIDS	309.34	00 00				X			
08	42831	REMOVAL OF ADENOIDS	309.34	00 00				X			
08	42835	REMOVAL OF ADENOIDS	309.34	00 00				X			
08	42836	REMOVAL OF ADENOIDS	309.34	00 00				X			
08	42860	EXCISION OF TONSIL TAGS	253.18	00 00							
08	42870	EXCISION OF LINGUAL TONSIL	253.18	00 00							
08	42890	PARTIAL REMOVAL OF PHARYNX	309.34	00 00							
08	42892	RESECTION OF LATERAL PHARYNGEAL WALL	309.34	00 00							
08	42900	REPAIR THROAT WOUND	212.68	00 00							
08	42950	RECONSTRUCTION OF THROAT	212.68	00 00							
08	42955	SURGICAL OPENING OF THROAT	212.68	00 00							
08	42960	CONTROL THROAT BLEEDING	212.68	00 00							
08	42962	CONTROL THROAT BLEEDING	212.68	00 00							
08	42972	CONTROL NOSE/THROAT BLEEDING	253.18	00 00							
08	43200	ESOPHAGUS ENDOSCOPY	212.68	00 00				X			
08	43201	ESOP SCOPE W/SUBMUCOUS	212.68	00 00							
08	43202	ESOPHAGUS ENDOSCOPY,BIOPSY	212.68	00 00				X			
08	43204	ESOPHAGUS ENDOSCOPY	212.68	00 00							
08	43205	ESOPHAGOSCOPY,RIDID OR FLEXIBLE	212.68	00 00							
08	43215	ESOPHAGUS ENDOSCOPY	212.68	00 00							
08	43216	ESOPHAGOSCOPY,RIGID OR FLEXIBLE	212.68	00 00							
08	43217	ESOPHAGUS ENDOSCOPY	212.68	00 00				X			
08	43219	ESOPHAGUS ENDOSCOPY	212.68	00 00							
08	43220	ESOPHAGUS ENDOSCOPY,DILATION	212.68	00 00				X			
08	43226	ESOPHAGUS/STOMACH ENDOSCOPY	212.68	00 00				X			
08	43227	ESOPHAGUS/STOMACH ENDOSCOPY	212.68	00 00							
08	43228	ESOPHAGUS/STOMACH ENDOSCOPY	212.68	00 00				X			
08	43231	ESOPH ENDOSCOPY 2/US EXAM	212.68	00 00							
08	43232	ESOPH ENDOSCOPY W/US FN BX	212.68	00 00							
08	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	212.68	00 00				X			
08	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	212.68	00 00				X			
08	43236	UPPR GI SCOPE W/SUBMUC INJ	212.68	00 00							
08	43239	UPPER GI ENDOSCOPY,BIOPSY	212.68	00 00				X			
08	43240	ESOPH ENDOSCOPE W/DRAIN CYST	212.68	00 00							
08	43241	UPPER ENDOSCOPY W/TUBE/CATH.PLACE	212.68	00 00							
08	43242	UPPR GI ENDOSCOPY W/US FN BX	212.68	00 00							
08	43243	SEE 43235;INJECT SCLEROSIS ESOPH ...	212.68	00 00							
08	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	212.68	00 00							
08	43245	UPPER GI ENDOSCOPY FOR DILAT	212.68	00 00				X			
08	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	212.68	00 00				X			
08	43247	OPERATIVE UPPER GI ENDOSCOPY	212.68	00 00				X			
08	43248	UPPER GASTROINTESTINAL ENDOSCOPY	212.68	00 00							
08	43249	ESOPHAGUS ENDOSCOPY, DILATION	212.68	00 00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	212.68	00	00							
08	43251	OPERATIVE UPPER GI ENDOSCOPY	212.68	00	00				X			
08	43255	OPERATIVE UPPER GI ENDOSCOPY	212.68	00	00							
08	43256	UPPR GI ENDOSCOPY W STENT	253.18	00	00							
08	43257	UPPR GI SCOPE W/THRML TXMNT	253.18	00	00							
08	43258	OPERATIVE UPPER GI ENDOSCOPY	212.68	00	00				X			
08	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	253.18	00	00							
08	43260	UPPER GI ENDOSCOPY, DIAGNOSIS	212.68	00	00							
08	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	212.68	00	00							
08	43262	OPERATIVE UPPER GI ENDOSCOPY	212.68	00	00							
08	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	212.68	00	00							
08	43264	OPERATIVE UPPER GI ENDOSCOPY	212.68	00	00							
08	43265	SEE 43260; DISTRUCT LITHOTRIPSY-STON	212.68	00	00							
08	43267	ERCP-INSERT DRAINAGE TUBES	212.68	00	00							
08	43268	ERCP-INSERT TUBE/STENT	212.68	00	00							
08	43269	SEE 43260; REMOVE/CHANGE TUBE/STENT.	212.68	00	00							
08	43271	ERCP-BALLOON DILATION/AMPULLA	212.68	00	00							
08	43272	ERCP-ABLATION TUMOR OR LESION	212.68	00	00							
08	43450	DILATE ESOPHAGUS	212.68	00	00							
08	43453	DILATE ESOPHAGUS	212.68	00	00							
08	43456	DILATE ESOPHAGUS	212.68	00	00							
08	43458	DILATION OF ESOPHAGUS WITH BALLOON	212.68	00	00							
08	43600	BIOPSY OF STOMACH	212.68	00	00							
08	43653	LAPAROSCOPY, GASTROSTOMY	309.34	00	00							
08	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	212.68	00	00							
08	43761	REPOSITIONING OF THE GASTRIC FEEDING	212.68	00	00							
08	43870	REPAIR STOMACH OPENING	212.68	00	00							
08	44100	BIOPSY OF BOWEL	212.68	00	00							
08	44312	REVISION OF ILEOSTOMY	212.68	00	00							
08	44340	REVISION OF COLOSTOMY	272.52	00	00				X			
08	44360	SMALL BOWEL ENDOSCOPY	212.68	00	00							
08	44361	SMALL BOWEL ENDOSCOPY, BIOPSY	212.68	00	00							
08	44363	SMALL BOWEL ENDOSCOPY	212.68	00	00							
08	44364	SMALL BOWEL ENDOSCOPY	212.68	00	00							
08	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	212.68	00	00							
08	44366	SMALL BOWEL ENDOSCOPY	212.68	00	00							
08	44369	SMALL BOWEL ENDOSCOPY	212.68	00	00							
08	44370	SMALL BOWEL ENDOSCOPY/STENT	309.34	00	00							
08	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	212.68	00	00							
08	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	212.68	00	00							
08	44376	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	212.68	00	00							
08	44377	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	212.68	00	00							
08	44378	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	212.68	00	00							
08	44379	S BOWEL ENDOSCOPE W/STENT	309.34	00	00							
08	44380	SMALL BOWEL ENDOSCOPY	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	44382	SMALL BOWEL ENDSCOPY	212.68	00 00							
08	44383	LLEOSCOPY W/STENT	309.34	00 00							
08	44385	ENDSCOPY OF BOWEL POUCH	212.68	00 00							
08	44386	FIBEROPTIC EVAL/BX/SPEC COLL	212.68	00 00							
08	44388	COLON ENDOSCOPY	212.68	00 00							
08	44389	COLON ENDOSCOPY	212.68	00 00							
08	44390	COLON ENDOSCOPY	212.68	00 00							
08	44391	COLON ENDOSCOPY	212.68	00 00							
08	44392	COLON ENDOSCOPY	212.68	00 00							
08	44393	FIBEROPTIC COLONSCOPY THROUGH COLOS	212.68	00 00							
08	44394	COLONOSCOPY THROUGH STOMACH	212.68	00 00							
08	45000	DRAINAGE OF PELVIC ABSCESS	212.68	00 00							
08	45005	DRAINAGE OF RECTAL ABSCESS	212.68	00 00							
08	45020	DRAINAGE OF RECTAL ABSCESS	212.68	00 00				X			
08	45100	BIOPSY OF RECTUM	212.68	00 00							
08	45108	REMOVAL OF ANORECTAL LESION	212.68	00 00							
08	45150	EXCISION OF RECTAL STRICTURE	212.68	00 00							
08	45160	EXCISION OF RECTAL LESION	212.68	00 00							
08	45190	DESTRUCTION, RECTAL TUMOR	309.34	00 00							X
08	45300	PROCTOSIGMOIDOSCOPY;DIAGNOSTIC	212.68	00 00				X			
08	45303	PROCTOSIGMOIDOSCOPY W/DILATION	212.68	00 00				X			
08	45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	212.68	00 00				X			
08	45307	PROCTOSIGMOIDOSCOPY;REMOVE FOR	212.68	00 00				X			
08	45308	PROCTOSIGMIDOSCOPY,RIGID;	212.68	00 00							
08	45309	PROCTOSIGMOIDOSCOPY, RIGID;	212.68	00 00							
08	45315	PROCTOSIGMOIDOSCOPY;REMOVE MUL	212.68	00 00				X			
08	45317	PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT	212.68	00 00							
08	45320	PROCTOSIGMOIDOSCIPY; ABLATE TUMOR	212.68	00 00							
08	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	212.68	00 00							
08	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC	212.68	00 00				X			
08	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A	212.68	00 00				X			
08	45332	SIGMOIDOSCOPY;DIAGNOSTIC	212.68	00 00				X			
08	45333	SIGMOIDOSCOPY;DIAGNOSTIC	212.68	00 00				X			
08	45334	SIGMOIDOSCOPY; DIAGNOSTIC	212.68	00 00							
08	45335	SIGMOIDOSCOPY W/SUBMUC INJ	212.68	00 00							
08	45337	SIGMOIDOSCOPY; DECOMPRESS	212.68	00 00							
08	45338	SIGMOIDOSCOPY, FLEXIBLE;	212.68	00 00							
08	45339	SIGMOIDOSCOPY, FLEXIBLE;	212.68	00 00							
08	45340	SIG W/BALLOON DILATION	212.68	00 00							
08	45355	COLON, TRANSABD VIA COLOT, SING/MULT	212.68	00 00							
08	45378	DIAGNOSTIC COLONOSCOPY	212.68	00 00							
08	45379	COLONOSCOPY	212.68	00 00							
08	45380	COLONOSCOPY AND BIOPSY	212.68	00 00							
08	45381	COLONOSCOPY, SUBMUCOUS INJ	212.68	00 00							
08	45382	COLONOSCOPY, CONTROL BLEEDING	212.68	00 00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	212.68	00	00							
08	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	212.68	00	00							
08	45385	COLONOSCOPY, LESION REMOVAL	212.68	00	00							
08	45386	COLONOSCOPY DILATE STRICTURE	212.68	00	00							
08	45500	REPAIR OF RECTUM	212.68	00	00							
08	45505	REPAIR OF RECTUM	212.68	00	00							
08	45560	REPAIR OF RECTOCELE	212.68	00	00							
08	45900	REDUCTION OF RECTAL PROLAPSE	212.68	00	00				X			
08	45905	DILATION OF ANAL SPHINCTER	212.68	00	00				X			
08	45910	DILATION OF RECTAL NARROWING	212.68	00	00				X			
08	45915	REMOVE RECTAL OBSTRUCTION	212.68	00	00							
08	45990	SURG DX EXAM ANORECTAL	212.68	00	00							
08	46020	PLACEMENT OF SETION	253.18	00	00							
08	46030	REMOVAL OF RECTAL MARKER	212.68	00	00							
08	46040	INCISION OF RECTAL ABSCESS	253.18	00	00							
08	46045	INCISION OF RECTAL ABSCESS	212.68	00	00							
08	46050	INCISION OF ANAL ABSCESS	212.68	00	00							
08	46060	INCISION OF RECTAL ABSCESS	253.18	00	00				X			
08	46080	INCISION OF ANAL SPHINCTER	253.18	00	00							
08	46200	REMOVAL OF ANAL FISSURE	253.18	00	00				X			
08	46220	REMOVAL OF ANAL TAB	212.68	00	00							
08	46221	LIGATION OF HEMORRHOIDS	272.52	00	00				X			
08	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	253.18	00	00							
08	46255	HEMORRHOIDECTOMY	253.18	00	00							
08	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	253.18	00	00							
08	46258	REMOVE HEMORRHOIDS & FISTULA	253.18	00	00							
08	46260	HEMORRHOIDECTOMY	253.18	00	00							
08	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	253.18	00	00							
08	46262	REMOVE HEMORRHOIDS & FISTULA	253.18	00	00							
08	46270	SURGICAL TREATMENT OF ANAL FISTULA	253.18	00	00				X			
08	46275	REMOVAL OF ANAL FISTULA	253.18	00	00				X			
08	46280	REMOVAL PF ANAL FISTULA	253.18	00	00							
08	46285	SURGICAL TREATMENT OF ANAL FISTULA	212.68	00	00							
08	46288	REPAIR ANAL FISTULA	253.18	00	00							
08	46320	REMOVAL OF HEMORRHOID CLOT	272.52	00	00				X			
08	46608	ANOSCOPY, REMOVE FOREIGN BODY	212.68	00	00							
08	46610	ANPSCOPY; REMOVE POLYP	212.68	00	00							
08	46611	ANOSCOPY;	212.68	00	00							
08	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	212.68	00	00							
08	46615	ANOSCOPY	212.68	00	00							
08	46700	REPAIR OF ANAL STRICTURE	253.18	00	00							
08	46750	REPAIR OF ANAL SPHINCTER	253.18	00	00							
08	46753	RECONSTRUCTION OF ANUS	253.18	00	00							
08	46754	REMOVAL OF SUTURE FROM ANUS	212.68	00	00							
08	46760	REPAIR OF ANAL SPHINCTER	212.68	00	00							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	253.18	00	00							
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	309.34	00	00							
08	46917	DESTROY ANAL ESOPM (S); LASER SURG	212.68	00	00							
08	46922	DESTROY ANAL LESION(S)-SURG EXCISION	212.68	00	00							
08	46924	DESTRUCTION, ANAL LESION(S)	212.68	00	00							
08	46946	LIGATION OF HEMORRHOIDS	212.68	00	00							
08	47000	NEEDLE BIOPSY OF LIVER	253.18	00	00				X			
08	47510	INSERT CATHETER FOR BILARY DRAINAGE	212.68	00	00							
08	47511	INSERT BILE DUCT DRAIN	309.34	00	00							
08	47525	CHANGE PERCU BILLIARY DRAIN CATHETER	212.68	00	00							
08	47530	T-TUBE REVISION AND/OR REINSERTION	212.68	00	00							
08	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	212.68	00	00							
08	47553	BILIARY ENDOSCOPY...; BX &SPEC. COLL	253.18	00	00							
08	47554	BILIARY ENDOSCOPY...; REMOVE STONES	253.18	00	00							
08	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	253.18	00	00							
08	47556	BILIARY ENDOSCOPY THRU SKIN	309.34	00	00							X
08	47560	LAPAROSCOPY W/CHOLANGIO	253.18	00	00							
08	47561	LAPARO W/CHOLANGIO/BIOPSY	253.18	00	00							
08	47630	REMOVE BILE DUCT STONE	253.18	00	00							
08	48102	BX PANCREAS; PERCUTANEOUS NEEDLE	212.68	00	00							
08	49080	REMOVAL OF ABDOMINAL FLUID	212.68	00	00							
08	49081	REMOVAL OF ABDOMINAL FLUID	212.68	00	00							
08	49180	NEEDLE BX, ABDOMINAL/RETROPERI MASS	212.68	00	00							
08	49250	EXCISION OF UMBILICUS	253.18	00	00							
08	49320	DIAG LAPARO SEPARATE PROC	253.18	00	00							
08	49321	LAPAROSCOPY, BIOPSY	253.18	00	00							
08	49322	LAPAROSCOPY, ASPIRATION	253.18	00	00							
08	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	212.68	00	00							
08	49420	INSERT ABDOMINAL DRAIN	212.68	00	00							
08	49421	INSERT PERM CANNULA/CATH-DRAIN/DIALY	212.68	00	00							
08	49422	REMOVE PERM CANNULA/CATHETER	212.68	00	00							
08	49426	REVISION OF PERITONEAL-VENOUS SHUNT	212.68	00	00							
08	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	253.18	00	00							
08	49496	REPAIR INITIAL INGUINAL HERVIA, UNDE	253.18	00	00							
08	49500	REPAIR INGUINAL HERNIA	309.34	00	05				X			
08	49501	RPR ING HERINIA, BLOCKED	309.34	00	05							X
08	49505	REPAIR INGUINAL HERNIA	309.34	05	99				X			
08	49507	RPR I/HERN INIT BLOCK>5 YR	309.34	05	99							
08	49520	REPAIR INGUINAL HERNIA	309.34	05	99				X			
08	49521	REREPAIRING HERNIA BLOCKED	309.34	05	99							
08	49525	REPAIR INGUINAL HERNIA	253.18	05	99							
08	49540	REPAIR LUMBAR HERNIA	212.68	05	99							
08	49550	REPAIR FEMORAL HERNIA	309.34	05	99				X			
08	49553	RPR FEM HERNIA, INIT BLOCKED	309.34	05	99							
08	49555	REPAIR FEMORAL HERNIA	272.52	05	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	49557	REREPAIR FEM HERNIA, BLOCKED	309.34	05	99							
08	49560	REPAIR ABDOMINAL HERNIA	309.34	05	99				X			
08	49561	RPR VENTRAL HERN INIT, BLOC	309.34	05	99							
08	49565	REREPAIR ABDOMINAL HERNIA	253.18	05	99							
08	49566	REREPAIR VENTRAL HERN INIT, BLOC	309.34	05	99							
08	49568	IMPLANTATION OF MESH OR OTHER PROSTH	309.34	05	99							
08	49570	REPAIR EPIGASTRIC HERNIA	253.18	05	99							
08	49572	RPR EPIGASTRIC HERN, BLOCKED	309.34	05	99							
08	49580	REPAIR UMBILICAL HERNIA	309.34	00	05				X			
08	49582	RPR UMBIL HERN, BLOCK<5 YR	309.34	00	05							
08	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	253.18	00	05							
08	49587	RPR UMBIL HERN, BLOCK > 5 YR	309.34	00	05							
08	49590	REPAIR ABDOMINAL HERNIA	309.34	00	05				X			
08	49600	REPAIR UMBLICAL LESION	253.18	00	05							
08	49650	LAP ING HERNIA REPAIR INIT	253.18	00	05							
08	49651	LAP ING HERNIA REPAIR RECUR	309.34	00	05							
08	50200	BIOPSY OF KIDNEY	212.68	00	05							
08	50390	DTAINAGE OF KIDNEY LESION	212.68	00	05							
08	50392	INTROD CATH RENAL PELVIS, PERC	212.68	00	05							
08	50393	INTR URET CATH/STENT IN URETER	212.68	00	05							
08	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	212.68	00	05							
08	50396	MEASURE KIDNEY PRESSURE	212.68	00	05							
08	50398	CHANGE KIDNEY TUBE	212.68	00	05							
08	50551	KIDNEY ENDOSCOPY	212.68	00	05							
08	50553	KIDNEY ENDOSCOPY	212.68	00	05							
08	50555	KIDNEY ENDOSCOPY & BIOPSY	212.68	00	05							
08	50557	KIDNEY ENDOSCOPY AND TREATMENT	212.68	00	05							
08	50561	KIDNEY ENDOSCOPY AND TREATMENT	212.68	00	05							
08	50688	CHANGE OF URETER TUBE	212.68	00	05							
08	50947	LAPARO NEW URETER/BLADDER	309.34	00	05							
08	50948	LAPARO NEW URETER/BLADDER	309.34	00	05							
08	50951	ENDOSCOPY OF URETER	212.68	00	05							
08	50953	ENDOSCOPY OF URETER	212.68	00	05							
08	50955	URETER ENDOSCOPY & BIOPSY	212.68	00	05							
08	50957	URETER ENDOSCOPY AND TREATMENT	212.68	00	05							
08	50961	URETER ENDOSCOPY	212.68	00	05							
08	50970	URETER ENDOSCOPY	212.68	00	05							
08	50972	URETER ENDOSCOPY AND CATHETER	212.68	00	05							
08	50974	URETER ENDOSCOPY AND BIOPSY	212.68	00	05							
08	50976	URETER ENDOSCOPY AND TREATMENT	212.68	00	05							
08	50980	URETER ENDOSCOPY AND TREATMENT	212.68	00	05							
08	51020	INCISE & TREAT BLADDER	253.18	00	05							
08	51030	INCISE & TREAT BLADDER	253.18	00	05							
08	51040	INCISE BLADDER, DRAIN URETER	253.18	00	05							
08	51045	INCISE BLADDER,DRAIN URETER	253.18	00	05							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	51050	REMOVAL OF BLADDER STONE	253.18	00	05							
08	51065	REMOVAL OF URETER STONE	253.18	00	05							
08	51080	DRAINAGE OF BLADDER ABSCESS	253.18	00	05				X			
08	51500	REMOVAL OF BLADDER CYST	253.18	00	05							
08	51520	REMOVAL OF BLADDER LESION	253.18	00	05							
08	51710	CHANGE OF BLADDER TUBE	212.68	00	05							
08	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	253.18	00	05							
08	51726	COMPLEX CYSTOMETROGRAM	212.68	00	05							
08	51785	ELECTROMYOGRAPHY	212.68	00	05							
08	51880	REPAIR OF BLADDER OPENING	212.68	00	05							
08	52000	CYSTOSCOPY	212.68	00	05				X			
08	52001	CYSTOSCOPY, REMOVAL OF CLOTS	212.68	00	05							
08	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	212.68	00	05							
08	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	212.68	00	05							
08	52010	CYSTOSCOPY & DUCT CATHETER	212.68	00	05							
08	52204	CYSTOURETHROSCOPY WITH BIOPSY	212.68	00	05				X			
08	52214	CYSTOURETHROSCOPY W/FULGURATIO	212.68	00	05				X			
08	52224	CYSTOURETHROSCOPY W/ FULGURATION	212.68	00	05				X			
08	52234	CYSTOURETHROSCOPY WITH FULGURATION	272.52	00	05				X			
08	52235	CYSTOURETHROSCOPY WITH FULGURATION	253.18	00	05				X			
08	52240	CYSTOURETHROSCOPY WITH FULGURATION	272.52	00	05				X			
08	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	253.18	00	05							
08	52260	CYSTOSCOPY & TREATMENT	212.68	00	05				X			
08	52270	CYSTOSCOPY & REVISE URETHRA	212.68	00	05							
08	52275	CYSTOSCOPY & REVISE URETHRA	212.68	00	05							
08	52276	CYSTOURETHROSCOPY W/DIRECT VISION	253.18	00	05							
08	52277	CYSTOSCOPY AND TREATMENT	212.68	00	05				X			
08	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	212.68	00	05							
08	52282	CYSTOSCOPY, IMPLANT STENT	309.34	00	05							
08	52283	CYSTOURETHROSCOPY,STEROID INJECTION	212.68	00	05							
08	52285	CYSTOSCOPY AND TREATMENT	212.68	00	05				X			
08	52290	CYSTOSCOPY AND TREATMENT	212.68	00	05				X			
08	52300	CYSTOSCOPY AND TREATMENT	212.68	00	05							
08	52305	CYSTOSCOPY AND TREATMENT	212.68	00	05				X			
08	52310	CYSTOSCOPY AND TREATMENT	212.68	00	05				X			
08	52315	CYSTOSCOPY AND TREATMENT	212.68	00	05							
08	52317	LITHOLAPAXY, SIMPLE; SMALL	212.68	00	05							
08	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	212.68	00	05							
08	52320	CYSTOSCOPY AND TREATMENT	272.52	00	05							
08	52325	CYSTOURETHROSCOPY, FRAGMENT CALCULUS	253.18	00	05							
08	52327	CYSTOSCOPY, INJECT MATERIAL	212.68	00	05							
08	52330	CYSTOSCOPY AND TREATMENT	212.68	00	05							
08	52332	CYSTOURETHROSCOPY/INSERT STENT	212.68	00	05							
08	52334	CYSTO TO EST PERC NEPHROSTOMY,RETRO	253.18	00	05							
08	52341	CYSTO W/URETER STRICTURE TX	253.18	00	05							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12
				AGE	MED					X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	52342	CYSTO W/UP STRICTURE TX	253.18	00 05							
08	52343	CYSTO W/RENAL STRICTURE TX	253.18	00 05							
08	52344	CYSTO/URETERO, STONE REMOVE	253.18	00 05							
08	52345	CYSTO/URETERO W/UP STRICTURE	253.18	00 05							
08	52346	CYSTOURETERO W/RENAL STRICT	253.18	00 05							
08	52351	CYSTOURETRO & OR PYELOSCOPE	253.18	00 05							
08	52352	CYSTOURETRO W/STONE REMOVE	253.18	00 05							
08	52353	CYTOURETERO W/LITHOTRIPSY	253.18	00 05							
08	52354	CYSTOURETERO W/BIOPSY	253.18	00 05							
08	52355	CYSTOURETERO W/EXCISE TUMOR	253.18	00 05							
08	52400	CYSTOURETRO & OR PYELOSCOPE	253.18	00 05							
08	52450	TRANSURETHRAL INCISION OF PROSTATE	253.18	00 05			M				
08	52500	REVISION OF BLADDER NECK	253.18	00 05			M				
08	52601	PROSTATECTOMY (TUR)	253.18	00 05			M				
08	52630	REMOVE PROSTATE REGROWTH	212.68	00 05			M				
08	52640	RELIEVE BLADDER CONTRAC	212.68	00 05			M				
08	52647	LASER SURGERY OF PROSTATE	309.34	00 05			M				
08	52648	LASER SURGERY OF PROSTATE	309.34	00 05			M				
08	52700	DRAINAGE OF PROSTATE ABSCESS	212.68	00 05			M				
08	53000	INCISION OF URETHRA	212.68	00 05							
08	53010	INCISION OF URETHA	212.68	00 05							
08	53020	INCISION OF URETHRA	212.68	01 99							
08	53040	DRAINAGE OF URETHRA ABSCESS	212.68	01 99							
08	53080	DRAINAGE OF URINARY LEAKAGE	253.18	01 99							
08	53200	BIOPSY OF URETHRA	212.68	01 99							
08	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	272.52	01 99			F				
08	53215	URETHRECTOMY,TOTO,W/CYSTOSTOMY;MALE	272.52	01 99			M				
08	53220	TREATMENT OF URETHRA LESION	212.68	01 99							
08	53230	EXCISE URETHRAL DIVERTICULUM,FEMALE	212.68	01 99			F				
08	53235	EXCISE URETHRAL DIVERTICULUM;MALE	253.18	01 99			M				
08	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	212.68	01 99							
08	53250	REMOVAL OF URETHRA GLAND	212.68	01 99							
08	53260	TREATMENT OF URETHRA LESION	212.68	01 99							
08	53265	TREATMENT OF URETHRA LESION	212.68	01 99							
08	53270	REMOVAL OF URETHRA GLAND	212.68	01 99			F				
08	53275	REPAIR OF URETHRA DEFECT	212.68	01 99							
08	53400	REVISE URETHRA, 1ST STAGE	253.18	01 99							
08	53405	REVISE URETHRA, 2ND STAGE	212.68	01 99							
08	53410	URETHROPLASTY...MALE ANTERIOR URETH.	212.68	01 99			M				
08	53420	RECONSTRUCT URETHRA, STAGE 1	253.18	01 99							
08	53425	RECONSTRUCT URETHRA, STAGE 2	212.68	01 99							
08	53430	URETHROPLASTY, RECON FEMALE URETHRA	212.68	01 99			F				
08	53431	RECONSTRUCT URETHRA/BLADDER	212.68	01 99							
08	53440	CORRECT MALE URIN.INCONT,WIWO PROSTH	212.68	01 99			M				
08	53442	PERINEAL PROSTHESIS REMOVAL	212.68	01 99			M				

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	53444	INSERT TANDEM CUFF	212.68	01	99							
08	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	212.68	01	99							
08	53446	REMOVE URO SPHINCTER	212.68	01	99							
08	53447	INFLATABLE SPHINCTER REMOVAL	212.68	01	99							
08	53449	CORRECTION OF ABNORMAL SPHINCTER	212.68	01	99							
08	53450	REVISION OF URETHRA	212.68	01	99							
08	53460	REVSION OF URETHRA	212.68	01	99							
08	53502	URETHRORRHAPHY...SUTURE...,FEMALE	212.68	01	99			F				
08	53505	URETHRORRHAPHY...SUTURE...;PENILE	212.68	01	99			M				
08	53510	REPAIR OF URETHRA INJURY	212.68	01	99							
08	53515	REPAIR OF URETHRA INJURY	212.68	01	99							
08	53520	CLOSE URETHROSTOMY....FISTYLE,MALE	212.68	01	99			M				
08	53600	DILATE URETHRA STRICTURE	212.68	01	99			M	X			
08	53601	DILATE URETHRA STRICTURE	212.68	01	99			M	X			
08	53605	DILATE URETHRA STRICTURE	212.68	01	99			M	X			
08	53620	DILATE URETHRA STRICTURE	212.68	01	99			M	X			
08	53621	DILATE URETHRA STRICTURE	212.68	01	99			M	X			
08	53660	DILATION OF URETHRA	212.68	01	99			F	X			
08	53661	DILATION OF URETHRA	212.68	01	99			F	X			
08	53665	DILATION OF URETHRA	212.68	01	99			F	X			
08	53850	PROSTATIC MICROWAVE THERMOTX	309.34	01	99							
08	54000	SLITTING OF PREPUCE	212.68	01	99			M	X			
08	54001	SLITTING OF PREPUCE	212.68	01	99			M	X			
08	54015	DRAIN PENIS LESION	253.18	01	99							
08	54057	DESTROY PENILE LESION; LASER SURGERY	212.68	01	99			M				
08	54060	TREATMENT OF PENIS LESION	212.68	01	99			M				
08	54065	TREATMENT OF PENIS LESION	212.68	01	99			M				
08	54100	BIOPSY OF PENIS	212.68	01	99			M				
08	54105	BIOPSY OF PENIS	212.68	01	99			M				
08	54110	TREATMENT OF PENIS LESION	212.68	01	99			M				
08	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	212.68	01	99			M				
08	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	212.68	01	99			M				
08	54115	TREATMENT OF PENIS LESION	212.68	01	99			M				
08	54120	PARTIAL REMOVAL OF PENIS	212.68	01	99			M				
08	54150	CIRCUMCISION	212.68	01	99			M				
08	54160	CIRCU	212.68	01	99			M				
08	54161	CIRCUMCISION	272.52	01	99			M	X			
08	54162	LYSIS PENIL CIRCUMIS LESION	212.68	01	99			M				
08	54163	REPAIR OF CIRCUMCISION	212.68	01	99			M				
08	54164	FRENULOTOMY OF PENIS	212.68	01	99			M				
08	54205	TREATMENT OF PENIS LESION	253.18	01	99			M				
08	54220	TREATMENT OF PENIS LESION	212.68	01	99			M				
08	54300	REVISION OF PENIS	253.18	01	99			M				
08	54304	PLASTIC OPERATION ON PENIS FOR CORRE	253.18	01	99			M				
08	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	253.18	01	99			M				

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	54312	URETHROPLASTY...; MORE THAN 3 CM	253.18	01	99			M				
08	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	253.18	01	99			M				
08	54318	URETHROPLASTY/RELEASE FROM SCROTUM	253.18	01	99			M				
08	54322	ONE STAGE REP,W/SIMP.MEATAL ADVANCE	253.18	01	99			M				
08	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	253.18	01	99			M				
08	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	253.18	01	99			M				
08	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	253.18	01	99			M				
08	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	253.18	01	99			M				
08	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	253.18	01	99			M				
08	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	253.18	01	99			M				
08	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	253.18	01	99			M				
08	54360	PLASTIC PENILE REPAIR/ANGULATION	253.18	01	99			M				
08	54380	REPAIR PENIS	253.18	01	99			M				
08	54385	REPAIR PENIS	253.18	01	99			M				
08	54400	INSERT PENILE PROSTH.,NON-INFLATABLE	253.18	01	99			M				
08	54401	SEE 54400; INFLATABLE (SELF-CONTAIN-	253.18	01	99			M				
08	54405	INSERT INFLATABLE PENILE PROSTH	253.18	01	99			M				
08	54406	REMOVE MULTI-COMP PENIS PROS	253.18	01	99			M				
08	54408	REPAIR MULTI-COMP PENIS PROS	253.18	01	99			M				
08	54410	REMOVE/REPLACE PENIS PROSTH	253.18	01	99			M				
08	54415	REMOVE SELF-CONTD PENIS PROS	253.18	01	99			M				
08	54416	REMV/REPL PENIS CONTAIN PROS	253.18	01	99			M				
08	54420	REVISION OF PENIS	253.18	01	99			M				
08	54435	PENILE FISTULATION FOR PRIAPISM	253.18	01	99			M				
08	54440	PLASTIC REPAIR - PENIS, FOR INJURY	253.18	01	99			M				
08	54450	PREPUTIAL STRECHING	212.68	01	99			M				
08	54500	BIOPSY OF TESTIS	212.68	01	99			M	X			
08	54505	BIOPSY OF TESTIS	212.68	01	99			M	X			
08	54512	EXCISE LESION TESTIS	212.68	01	99			M				
08	54520	REMOVAL OF TESTIS	253.18	01	99			M	X			
08	54522	ORCHIECTOMY, PARTIAL	253.18	01	99			M				
08	54530	REMOVAL TO TESTIS	253.18	01	99			M				
08	54550	EXPLORATION FOR TESTIS	253.18	01	99			M				
08	54600	REDUCE TESTIS TORSION	253.18	01	99			M				
08	54620	SUSPENSION OF TESTIS	253.18	01	99			M				
08	54640	SUSPENSION OF TESTIS	253.18	01	99			M				
08	54660	REVSION OF TESTIS	253.18	01	99			M				
08	54670	REPAIR TESTIS INJURY	253.18	01	99			M				
08	54680	RELOCATION OF TESTIS (ES)	253.18	01	99			M				
08	54690	LAPAROSCOPY, ORCHIECTOMY	309.34	01	99			M				
08	54700	DRAINAGE OF SCROTUM	253.18	01	99			M	X			
08	54800	BIOPSY OF EPIDIDYMIS	212.68	01	99			M				
08	54830	REMOVE EPIDIDYMIS LESION	253.18	01	99			M				
08	54840	REMOVE EPIDIDYMIS LESION	253.18	01	99			M				
08	54860	REMOVAL OF EPIDIDYMIS	253.18	01	99			M				

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	54861	REMOVAL OF EPIDIDYMES	253.18	01	99			M				
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	212.68	01	99			M				
08	55000	DRAINAGE OF HYDROCELLE	272.52	01	99			M	X			
08	55040	REMOVAL OF HYDROCELLE	272.52	01	99			M	X			
08	55041	REMOVAL OF HYDROCELLE	272.52	01	99			M	X			
08	55060	REPAIR OF HYDROCELE	253.18	01	99			M				
08	55100	DRAINAGE OF SCROTUM ABSCESS	212.68	01	99			M				
08	55110	SCROTAL EXPLORATION	212.68	01	99			M				
08	55120	REMOVAL OF SCROTUM LESION	212.68	01	99			M				
08	55150	REMOVAL OF SCROTUM	212.68	01	99			M				
08	55175	SCROTOPLASTY	212.68	01	99			M				
08	55180	SCROTOPLASTY;	212.68	01	99			M				
08	55200	INCISION OF SPERM DUCT	212.68	01	99			M				
08	55250	VASECTOMY UNILATERAL OR BILATERAL	309.34	21	99	X		M	X			
08	55400	REPAIR OF SPERM DUCT	212.68	21	99			M				
08	55450	LIGATION OF VAS DEFERENS	309.34	21	99			M	X			
08	55500	REMOVAL OF HYDROCELLE	272.52	21	99			M	X			
08	55520	REMOVAL OF SPERM CORD LESION	253.18	21	99			M				
08	55530	REVISE SPERMATIC CORD VEINS	309.34	21	99			M	X			
08	55535	REVISE SPERMATIC CORD VEINS	253.18	21	99			M				
08	55540	REVISE HERNIA & SPERM VEINS	272.52	21	99			M				
08	55550	LAPARO LIGATE SPERMATIC VEIN	309.34	21	99			M				
08	55680	REMOVE SPERM POUCH LESION	212.68	21	99			M				
08	55700	BIOPSY OF PROSTATE	212.68	21	99			M	X			
08	55705	BIOPSY OF PROSTATE	212.68	21	99			M				
08	55720	DRAINAGE OF PROSTATE ABSCESS	212.68	21	99			M				
08	55725	DRAINAGE OF PROSTATE ABSCESS	212.68	21	99			M				
08	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	309.34	21	99			M				
08	56420	DRAINAGE OF VULVA ABSCESS	212.68	21	99			F	X			
08	56440	SURGERY FOR VULVA LESION	212.68	21	99			F	X			
08	56441	LYSIS OF LABIAL ADHESIONS	212.68	21	99							
08	56442	HYMENOTOMY, SIMPLE INCISION	212.68	21	99			F				
08	56515	TREATMENT OF VULVA LESIONS	253.18	21	99			F				
08	56620	PARTIAL REMOVAL OF VULVA	272.52	21	99			F				
08	56625	REMOVAL OF VULVAL	309.34	21	99			F				
08	56700	PARTIAL REMOVAL OF HYMEN	309.34	21	99			F	X			
08	56740	REMOVE VAGINA GLAND LESION	253.18	21	99			F				
08	56800	REPAIR OF VAGINA	253.18	21	99			F				
08	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	272.52	21	99			F				
08	57000	EXPLORATION OF VAGINA	272.52	21	99			F	X			
08	57010	DRAINAGE OF PELVIC ABSCESS	272.52	21	99			F	X			
08	57020	DRAINAGE OF PELVIC FLUID	212.68	21	99			F	X			
08	57023	I & D VAG HEMOTOMA TRAUMA	212.68	21	99			F				
08	57065	DESTROY VAGINAL LESION(S);TEXTENSIVE	212.68	21	99			F				
08	57100	BIOPSY OF VAGINA	212.68	21	99			F	X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	57105	BIOPSY OF VAGINA	212.68	21	99			F	X			
08	57130	REMOVE VAGINA LESION	212.68	21	99			F				
08	57135	REMOVE VAGINA LESION	253.18	21	99			F	X			
08	57180	TREAT NON-OBSTERTRICAL HEMORRHAGE	212.68	21	99			F				
08	57200	REPAIR OF VAGINA	212.68	21	99			F				
08	57210	REPAIR VAGINA/PERINEUM	212.68	21	99			F				
08	57220	REVISION OF URETHRA	253.18	21	99			F				
08	57230	REPAIR OF URETHRAL LESION	253.18	21	99			F				
08	57240	REPAIR BLADDER & VAGINA	272.52	21	99			F				
08	57250	REPAIR RECTUM & VAGINA	272.52	21	99			F				
08	57260	REPAIR OF VAGINA	272.52	21	99			F				
08	57265	EXTENSIVE REPAIR OF VAGINA	309.34	21	99			F				
08	57267	INSERT MESH/PELVIC FLR ADD-ON	309.34	21	99			F				
08	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	253.18	21	99			F				
08	57289	REPAIR BLADDER & VAGINA	272.52	21	99			F				
08	57291	CONSTRUCTION OF VAGINA	272.52	21	99			F				
08	57300	REPAIR RECTUM-VAGINA FISTULA	253.18	21	99			F				
08	57400	DILATION OF VAGINA	212.68	21	99			F	X			
08	57410	PELVIC EXAMINATION	212.68	21	99			F	X			
08	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	212.68	21	99			F				
08	57500	BIOPSY OF CERVIX	212.68	21	99			F	X			
08	57505	ENDOCERVICAL CURETTAGE	212.68	21	99			F	X			
08	57510	CAUTERIZATION OF CERVIX	309.34	21	99			F	X			
08	57511	CRYOCAUTERY OF CERVIX	309.34	21	99			F	X			
08	57513	LASER SURGERY	309.34	21	99			F	X			
08	57520	BIOPSY OF CERVIX	212.68	21	99			F				
08	57522	CONIZATION OF CERVIX	212.68	21	99			F				
08	57530	REMOVAL OF CERVIX	253.18	21	99			F				
08	57550	REMOVAL OF RESIDUAL CERVIX	253.18	21	99			F				
08	57556	REMOVE CERVIX, REPAIR BOWEL	272.52	21	99			F				
08	57558	DILATION AND CURETTAGE OF CERVICALS	212.68	21	99			F				
08	57700	REVISON OF CERVIX	212.68	21	99			F				
08	57720	REVISION OF CERVIX	253.18	21	99			F				
08	57800	DILATION OF CERVICAL CANAL	272.52	21	99			F	X			
08	58120	DILATION AND CURETTAGE	272.52	12	99			F	X			
08	58145	REMOVAL OF UTERUS LESION	272.52	12	99			F				
08	58350	REOPEN FALLOPIAN TUBE	253.18	12	99			F				
08	58353	ENDOMETER ABILGATE, THERMAL	253.18	12	99			F				
08	58545	LAPAROSCOPIC MYOMECTOMY	309.34	12	99			F				
08	58546	LAPARO-MYMECTOMY, COMPLEX	309.34	12	99			F				
08	58550	LAPARO-ASST VAG HYSTERECTOMY	309.34	12	99			F				
08	58555	HYSTEROSCOPY	212.68	12	99			F				
08	58558	HYSTEROSCOPY, BIOPSY	253.18	12	99			F				
08	58559	HYSTEROSCOPY, LYSIS	212.68	12	99			F				
08	58560	HYSTEROSCOPY, RESCT SEPTUM	253.18	12	99			F				

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	58561	HYSTEROSCOPY, REMOVE MYOMA	253.18	12	99			F				
08	58562	HYSTEROSCOPY, REMOVE FB	253.18	12	99			F				
08	58563	HYSTEROSCOPY, ABLATION	253.18	12	99			F				
08	58600	DIVISION OF FALLOPIAN TUBE	309.34	21	55	X		F	X			
08	58615	OCCLUSION OF FALLOPIAN TUBES	309.34	21	55	X		F	X			
08	58660	LAPAROSCOPY LYSIS	272.52	21	55			F				
08	58661	LAPAROSCOPY, REMOVE ADNEXA	272.52	21	55			F				
08	58662	LAPAROSCOPY, EXCISE LESIONS	272.52	21	55			F				
08	58670	LAPAROSCOPY, TUBAL CAUTERY	253.18	21	55			F				
08	58671	LAPAROSCOPY, TUBAL BLOCK	253.18	21	55			F				
08	58673	LAPAROSCOPY, SALPINGOSTOMY	272.52	21	55			F				
08	58800	DRAINAGE OF OVARIAN CYST (S)	253.18	21	55			F				
08	58820	DRAINAGE OF OVARIAN ABSCESS	253.18	21	55			F				
08	58900	BIOPSY OF OVARY (S)	253.18	21	55							
08	59160	D&C AFTER DELIVERY	253.18	10	60			F				
08	59320	CERLAGE OF CERVIX DURING PREG, VAGIN	212.68	10	60			F				
08	59812	TREAMENT OF MISCARRIAGE	272.52	10	60	X		F				
08	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	272.52	10	60	X		F				
08	59821	TREAT MISSED ABORTION; SECOND TRIMES	272.52	10	60	X		F				
08	59840	THERAPEUTIC ABORTION	309.34	10	60	X		F	X			
08	59841	ABORTION BY DILATION & EVACUATION	309.34	10	60	X		F	X			
08	59870	UTERINE EVACUATION & CURETTAGE HYDAI	272.52	10	60	X		F				
08	59871	REMOVE CERCLAGE SUTURE	272.52	10	60			F				
08	60000	DRAIN THYROID/TONGE CYST	212.68	10	60							
08	60200	REMOVE THYROID LESION	272.52	10	60				X			
08	60280	REMOVE THYROID DUCT LESION	272.52	10	60				X			
08	60281	EXC. RECURRENT THYRO.DUCT CYST/SINUS	253.18	10	60							
08	61020	REMOVE BRAIN CAVITY FLUID	212.68	10	60							
08	61026	PUNCTURE BURR HOLE FOR INJECTION	212.68	10	60							
08	61050	REMOVE BRAIN CANL FLUID	212.68	10	60							
08	61055	CERVICAL PUNCTURE FOR INJECTION	212.68	10	60							
08	61070	BRAIN CANAL SHUNT PROCEDURE	212.68	10	60							
08	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	253.18	10	60							
08	61790	TREAT TRIGEMINAL NERVE	253.18	10	60							
08	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	253.18	10	60							
08	61795	STEREOTAC COMP ASSIST VOLUME	212.68	10	60							
08	61885	IMPLANT NEURORECEIVER	212.68	10	60							
08	61886	IMPLANT NEUROSTIM ARRAYS	253.18	10	60							
08	61888	REVISE/REMOVE NEURORECEIVER	212.68	10	60							
08	62194	REPLACE/IRRIGATE CATHETER	212.68	10	60							
08	62225	REPLACE/IRRIGATE CATHETER	212.68	10	60							
08	62230	REPLACE/REVISE BRAIN SHUNT	212.68	10	60							
08	62263	LYSIS EPIDURAL ADHESIONS	212.68	10	60							
08	62268	PERC ASPIRATE-SPINAL CORD OR SYRINX	212.68	10	60							
08	62269	BX SPINAL CORD, PERCUTANEOUS	212.68	10	60							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	212.68	10	60							
08	62272	REDUCE SPINAL FLUID PRESSURE	212.68	10	60							
08	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	212.68	10	60							
08	62280	TREAT SPINAL CORD LESION	212.68	10	60							
08	62281	TREAT SPINAL CORD LESION	212.68	10	60							
08	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	212.68	10	60							
08	62287	PERCUTANEOUS DISKECTOMY	309.34	10	60							
08	62294	INJECTION INTO SPINAL ARTERY	253.18	10	60							
08	62310	INJECT SPINE C/T	212.68	10	60							
08	62311	INJECT SPINE L/S	212.68	10	60							
08	62318	INJECT SPINE 2/CAT, C/T	212.68	10	60							
08	62319	INJECT SPINE W/CATH L/S (CD)	212.68	10	60							
08	62350	IMPLANT SPINAL CATHETER	212.68	10	60							
08	62355	REMOVE SPINAL CANAL CATHETER	212.68	01	99							
08	62360	INSERT SPINE INFUSION DEVICE	212.68	01	99							
08	62361	IMPLANT SPINE INFUSION PUMP	212.68	01	99							
08	62362	IMPLANT SPINE INFUSION PUMP	212.68	01	99							
08	62365	REMOVE SPINE INFUSION DEVICE	212.68	01	99							
08	62881	INJECTION OF NEUROLYTIC SUBSTANCE	212.68	01	99							
08	63600	REMOVE SPINAL CORD LESION	212.68	01	99							
08	63610	STIMULATION OF SPINAL CORD	212.68	01	99							
08	63650	IMPLANT NEUROELECTRODES	212.68	01	99							
08	63685	IMPLANT NEURORECEIVER	212.68	01	99							
08	63688	REVISE/REMOVE NEURORECEIVER	212.68	01	99							
08	63744	REVISION OF SPINAL SHUNT	253.18	01	99							
08	63746	REMOVAL OF SPINAL SHUNT	212.68	01	99							
08	64410	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64415	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64417	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64420	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64421	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64430	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64479	INJ FORAMEN EPIDURAL C/T	212.68	01	99							
08	64480	INJ FORAMN EPIDURAL ADD-ON	212.68	01	99							
08	64483	INJ FORAMEN EPIDURAL L/S	212.68	01	99							
08	64484	INJ FORAMEN EPIDURAL ADD-ON	212.68	01	99							
08	64510	INJECT SYMPATH NRV STELLATE GANGLION	212.68	01	99							
08	64520	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64530	INJECTION FOR NERVE BLOCK	212.68	01	99							
08	64553	IMPLANT NEUROELECTRODES	212.68	01	99							
08	64573	IMPLANT NEUROELECTRODES	212.68	01	99							
08	64575	IMPLANT NEUROELECTRODES	212.68	01	99							
08	64577	IMPLANT NEUROELECTRODES	212.68	01	99							
08	64580	IMPLANT NEUROELECTRODES	212.68	01	99							
08	64585	REVISE/REMOVE NEUROELECTRODES	212.68	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	212.68	01	99							
08	64590	IMPLANT NEURORECEIVER	212.68	01	99							
08	64595	REVISE/REMOVE NEURORECEIVER	212.68	01	99							
08	64600	INJECTIVE TREATMENT OF NERVE	212.68	01	99							
08	64605	INJECTION TREATMENT OF NERVE	212.68	01	99							
08	64610	INJECTION TREATMENT OF NERVE	212.68	01	99							
08	64620	INJECTION TREATMENT OF NERVE	212.68	01	99							
08	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	212.68	01	99							
08	64623	DESTROY, EACH ADD LEVEL, LUMBAR	212.68	01	99							
08	64626	DESTR PARAVERTEBREL NERV C/T	212.68	01	99							
08	64627	DESTR PARAVERTEBRAL N ADD-ON	212.68	01	99							
08	64630	INJECTION TREATMENT OF NERVE	212.68	01	99							
08	64680	INJECTION TREATMENT OF NERVE	212.68	01	99							
08	64702	REVISE FINGER TOE NERVE	212.68	01	99				X			
08	64704	REVISE HAND FOOT NERVE	212.68	01	99				X			
08	64708	REVISE ARM LEG NERVE	272.52	01	99				X			
08	64712	REVISION OF SCIATIC NERVE	212.68	01	99							
08	64713	REVSION OF ARM NERVE(S)	212.68	01	99							
08	64714	REVISE LOW BACK NERVE (S)	212.68	01	99							
08	64716	REVISION OF CRANIAL NERVE	253.18	01	99							
08	64718	REVISE ULNAR NERVE AT ELBOW	272.52	01	99				X			
08	64719	REVISE ULNAR NERVE AT WRIST	272.52	01	99				X			
08	64721	REVISE MEDIUM NERVE AT WRIST	272.52	01	99				X			
08	64722	RELIEVE PRESSURE ON NERVE (S)	212.68	01	99							
08	64726	RELEASE FOOT/TOE NERVE	212.68	01	99							
08	64727	INTERNAL NEUROLYSIS, MICROSCOPE	212.68	01	99							
08	64732	INCISION OF BROW NERVE	212.68	01	99							
08	64734	INCISION OF CHEEK NERVE	212.68	01	99							
08	64736	INCISION OF CHIN NERVE	212.68	01	99							
08	64738	INCISION OF JAW NERVE	212.68	01	99							
08	64740	INCISION OF TONGUE NERVE	212.68	01	99							
08	64742	INCISION OF FACIAL NERVE	212.68	01	99							
08	64744	INCISE NERVE, BACK OF HEAD	212.68	01	99							
08	64746	INCISE DIAPHRAGM NERVE	212.68	01	99							
08	64762	INCISION OF BROW NERVE	212.68	01	99							
08	64771	INCISE CRANIAL NERVE,EXTRADURAL	212.68	01	99							
08	64772	INCISION OF SPINAL NERVE	212.68	01	99							
08	64774	REMOVE SKIN NERVE LESION	272.52	01	99				X			
08	64776	REMOVE DIGIT NERVE LESION	272.52	01	99				X			
08	64778	EXCISE NEUROMA; EACH ADD DIGIT	212.68	01	99							
08	64782	REMOVE LIMB NERVE LESION	253.18	01	99							
08	64783	EXCISE NEUROMA,HAND/FOOT,& ADD NERVE	212.68	01	99							
08	64784	REMOVE NERVE LESION	253.18	01	99							
08	64786	REMOVE SCIATIC NERVE LESION	253.18	01	99							
08	64787	INSERT CAP ON NERVE END	212.68	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	64788	REMOVE SKIN NERVE LESION	253.18	01	99							
08	64790	REMOVAL OF NERVE LESION	253.18	01	99							
08	64792	REMOVAL OF NERVE LESION	253.18	01	99							
08	64795	BIOPSY OF NERVE	212.68	01	99							
08	64802	REMOVE SYMPATHETIC NERVES	212.68	01	99							
08	64821	REMOVE SYMPATHETIC NERVES	253.18	01	99							
08	64831	REPAIR OF DIGIT NERVE	253.18	01	99							
08	64832	SUTURE DIGIT NERVE; ADD DIGIT NERVE	212.68	01	99							
08	64834	REPAIR OF HAND OR FOOT NERVE	212.68	01	99							
08	64835	REPAIR OF AND OR FOOT NERVE	253.18	01	99							
08	64836	REPAIR OF HAND OR FOOT NERVE	309.34	01	99				X			
08	64837	REPAIR ADDITIONAL NERVE	309.34	01	99				X			
08	64840	REPAIR OF LEG NERVE	212.68	01	99							
08	64856	REPAIR/TRANSPOSE NERVE	212.68	01	99							
08	64857	REPAIR ARM/LEG NERVE	212.68	01	99							
08	64858	REPAIR SCIATIC NERVE	212.68	01	99							
08	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	212.68	01	99							
08	64861	REPAIR OF ARM NERVES	253.18	01	99							
08	64862	REPAIR OF LOW BACK NERVES	253.18	01	99							
08	64864	REPAIR OF FACIAL NERVE	253.18	01	99							
08	64865	REPAIR OF FACIAL NERVE	253.18	01	99							
08	64870	FUSION OF FACIAL/OTHER NERVE	253.18	01	99							
08	64872	SUBSEQUENT REPAIR OF NERVE	212.68	01	99							
08	64874	REPAIR & REVISE NERVE	253.18	01	99							
08	64876	REPAIR NERVE; SHORTEN BONE	253.18	01	99							
08	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	212.68	01	99							
08	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	212.68	01	99							
08	64890	NERVE GRAFT,HAND OR FOOT	212.68	01	99							
08	64891	NERVE GRAFT,HAND OR FOOT	212.68	01	99							
08	64892	NERVE GRAFT, ARM OR LEG	212.68	01	99							
08	64893	NERVE GRAFT,ARM OR LEG	212.68	01	99							
08	64895	NERVE GRAFT, HAND OR FOOT	253.18	01	99							
08	64896	NERVE GRAFT, HAND OR FOOT	253.18	01	99							
08	64897	NERVE GRAFT, ARM OR LEG	253.18	01	99							
08	64898	NERVE GRAFT, ARM OR LEG	253.18	01	99							
08	64901	NERVE GRAFT, @ ADD NERVE;SING.STRAND	212.68	01	99							
08	64902	NERVE GRAT, @ ADD NERVE;MULTI STRAND	212.68	01	99							
08	64905	NERVE PEDICLE TRANSFER	212.68	01	99							
08	64907	NERV PEDICLE TRANSFER	212.68	01	99							
08	65091	EVISCERATION EYE	309.34	01	99				X			
08	65093	EVISCERATION EYE WITH IMPLANT	309.34	01	99				X			
08	65101	REMOVAL OF EYE	309.34	01	99				X			
08	65103	REMOVE EYE/INSERT IMPLANT	309.34	01	99				X			
08	65105	REMOVE EYE/ATTACH IMPLANT	253.18	01	99							
08	65110	REMOVAL OF EYE	272.52	01	99							

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION. PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	65112	REMOVE EYE, REVISE SOCKET	309.34	01	99							
08	65114	REMOVE EYE, REVISE SOCKET	309.34	01	99							
08	65130	INSERT OCULAR IMPLANT	309.34	01	99				X			
08	65135	INSERT OCULAR IMPLANT	309.34	01	99				X			
08	65140	ATTACH OCULAR IMPLANT	309.34	01	99				X			
08	65150	REVISE OCULAR IMPLANT	309.34	01	99				X			
08	65155	REINSERT OCULAR IMPLANT	309.34	01	99				X			
08	65175	REMOVAL OF OCULAR IMPLANT	309.34	01	99				X			
08	65205	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65210	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65220	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65222	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65235	REMOVE FOREIGN BODY FROM EYE	212.68	01	99							
08	65260	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65265	REMOVE FOREIGN BODY FROM EYE	212.68	01	99				X			
08	65270	REPAIR OF EYE WOUND	212.68	01	99							
08	65272	REPAIR OF EYE WOUND	212.68	01	99							
08	65275	REPAIR OF EYE WOUND	253.18	01	99							
08	65280	REPAIR OF EYE WOUND	253.18	01	99							
08	65285	REPAIR OF EYE WOUND	253.18	01	99							
08	65290	REPAIR OF EYE SOCKET WOUND	253.18	01	99							
08	65400	REMOVE OF EYE LESION	212.68	01	99							
08	65410	BIOPSY OF CORNEA	212.68	01	99							
08	65420	REMOVAL OF EYE LESION	212.68	01	99				X			
08	65426	REMOVAL OF EYE LESION	212.68	01	99				X			
08	65710	CORNEAL TRANSPLANT	309.34	01	99							
08	65730	CORNEAL TRANSPLANT	309.34	01	99							
08	65750	CORNEAL TRANSPLANT	309.34	01	99							
08	65755	KERATOPLASTY, PENETRATING	309.34	01	99							
08	65770	KERATOPROSTHESIS	309.34	01	99							
08	65772	CORNEAL RELAX INCISION,COR SURG AST	253.18	01	99							
08	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	253.18	01	99							
08	65800	DRAINAGE OF EYE	212.68	01	99							
08	65805	DRAINAGE OF EYE	212.68	01	99							
08	65810	DRAINAGE OF EYE	253.18	01	99							
08	65815	DRAINAGE OF EYE	212.68	01	99							
08	65850	TRABECULOTOMY AB EXTERNO	253.18	01	99							
08	65865	INCISE INNER EYE ADHESIONS	212.68	01	99							
08	65870	INCISE INNER EYE ADHESIONS	253.18	01	99							
08	65875	INCISE INNER EYE ADHESIONS	253.18	01	99							
08	65880	INCISE INNER EYE ADHESIONS	253.18	01	99							
08	65900	REMOVE EYE LESION	272.52	01	99							
08	65920	REMOVE IMPLANT FROM EYE	309.34	01	99							
08	65930	REMOVE BLOOD CLOT FROM EYE	272.52	01	99							
08	66020	INJECTION TREATMENT OF EYE	212.68	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	66030	INJECTION TREATMENT OF EYE	212.68	01	99							
08	66130	REMOVE EYE LESION	309.34	01	99							
08	66150	INCISION OF EYE	253.18	01	99							
08	66155	INCISION OF EYE	253.18	01	99							
08	66160	INCISION OF EYE	212.68	01	99							
08	66165	INCISION OF EYE	253.18	01	99							
08	66170	INCISION OF EYE	253.18	01	99							
08	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	253.18	01	99							
08	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	272.52	01	99							
08	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	212.68	01	99							
08	66220	REPAIR EYE LESION	253.18	01	99							
08	66225	REPAIR/GRAFT EYE LESION	253.18	01	99							
08	66250	FOLLOW - UP SURGERY OF EYE	212.68	01	99							
08	66500	INCISION OF IRIS	309.34	01	99				X			
08	66505	INCISION OF THE IRIS	309.34	01	99				X			
08	66600	REMOVE IRIS AND LESION	309.34	01	99				X			
08	66605	REMOVAL OF IRIS	309.34	01	99				X			
08	66625	REMOVAL OF IRIS	309.34	01	99				X			
08	66630	REMOVAL OF IRIS	309.34	01	99				X			
08	66635	REMOVAL OF IRIS	309.34	01	99				X			
08	66680	REPAIR IRIS & CILIARY BODY	253.18	01	99							
08	66682	SUTURE OF IRIS, CILLIARY BODY	212.68	01	99							
08	66700	RELIVE INNER EYE PRESSURE	212.68	01	99							
08	66710	CILIARY BODY DESTRUCTION;	212.68	01	99							
08	66740	RELIEVE INNER EYE PRESSURE	212.68	01	99							
08	66782	RELIEVE INNER EYE PRESSURE	212.68	01	99							
08	66821	DISCISSION OF SECONDARY; LASER	212.68	01	99							
08	66825	REPOSITIONING OF INTRAOCULAR LENS PR	253.18	01	99							
08	66830	REMOVAL OF LENS LESION	309.34	01	99				X			
08	66840	REMOVAL OF LENS MATERIAL	309.34	01	99				X			
08	66850	REMOVAL OF LENS MATERIAL	309.34	01	99				X			
08	66852	REMOVAL LENS MATERIAL,ASPIRATION	253.18	01	99							
08	66920	EXTRACTION OF LENS	309.34	01	99				X			
08	66930	EXTRACTION OF LENS	309.34	01	99				X			
08	66940	EXTRACTION OF LENS	309.34	01	99				X			
08	66983	INTRA CATARACT EXTRAC W LENS	309.34	01	99				X			
08	66984	EXTRA CATARACT REMOVAL W LENS	309.34	01	99				X			
08	66985	INSERT LENS PROSTHESIS	272.52	01	99							
08	66986	EXHANGE OF INTRAOCULAR LENS	272.52	01	99							
08	67005	PARTIAL REMOVAL OF EYE FLUID	253.18	01	99							
08	67010	PARTIAL REMOVAL OF EYE FLUID	253.18	01	99							
08	67015	RELEASE OF EYE FLUID	212.68	01	99							
08	67025	REPLACE EYE FLUID	212.68	01	99							
08	67027	IMPLANT EYE DRUG SYSTEM	253.18	01	99							
08	67030	INCISE INNER EYE STRANDS	212.68	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	67031	SERVERING OF VITREOUS STRANDS,VITREO	212.68	01	99							
08	67036	VITRECTOMY, MECHANICLA, PARS PLANA A	253.18	01	99							
08	67039	LASER TREATMENT OF RETINA	309.34	01	99							
08	67040	LASER TREATMENT OF RETINA	309.34	01	99							
08	67107	REPAIR DETACHED RETINA	272.52	01	99							
08	67108	REPAIR DETACHED RETINA	309.34	01	99							
08	67112	RE-REPAIR DETACHED RETINA	309.34	01	99							
08	67115	RELEASSE ENCIRCLING MATERIAL(POSTERI	212.68	01	99							
08	67120	REMOVE EYE IMPLANT MATERIAL	212.68	01	99							
08	67121	REMOVE IMPLANT POSTERIOR,INTRAOCULAR	212.68	01	99							
08	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	212.68	01	99							
08	67218	RETINAL LESION; IMPLANT RADIATI	272.52	01	99							
08	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	212.68	01	99							
08	67250	REINFORCE EYE WALL	253.18	01	99							
08	67255	REINFORCE/GRAFT EYE WALL	253.18	01	99							
08	67311	REVISE EYE MUSCLE	309.34	01	99				X			
08	67312	REVISE TWO EYE MUSCLES	309.34	01	99				X			
08	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	253.18	01	99							
08	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	253.18	01	99							
08	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	253.18	01	99							
08	67320	REVISE EYE MUSCLE (S)	253.18	01	99							
08	67331	STRABISMUS SURG W/PREV EYE SURG	253.18	01	99							
08	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	253.18	01	99							
08	67334	STRABISMUS SURG,POST FIX SUTURE TECH	253.18	01	99							
08	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	253.18	01	99							
08	67340	STRABISMUD DURG EXPLOR/REP DET EXTRA	253.18	01	99							
08	67346	BIOPSY OF EXTRAOCULAR MUSCLE	212.68	01	99							
08	67400	EXPLORE/BIOPSY EYE SOCKET	253.18	01	99							
08	67405	EXPLORE/DRAIN EYE SOCKET	253.18	01	99							
08	67412	EXPLORE/TREAT EYE SOCKET	272.52	01	99							
08	67413	EXPLORE/TREAT EYE SOCKET	272.52	01	99							
08	67415	BIOPSY OF EYE	212.68	01	99							
08	67420	EXPLORE/TREAT EYE SOCKET	272.52	01	99							
08	67430	EXPLORE/TREAT EYE SOCKET	272.52	01	99							
08	67440	EXPLORE/DRAIN EYE SOCKET	272.52	01	99							
08	67450	EXPLORE/BIOPSY EYE SOCKET	272.52	01	99							
08	67550	INSERT EYE SOCKET IMPLANT	253.18	01	99							
08	67560	REVISE EYE SOCKET IMPLANT	212.68	01	99							
08	67700	DRAINAGE OF EYELID ABSCESS	253.18	01	99				X			
08	67710	INCISION OF EYELID	253.18	01	99				X			
08	67715	INCISION OF EYELID FOLD	212.68	01	99							
08	67800	REMOVE EYELID LESION	212.68	01	99				X			
08	67801	REMOVE EYELID LESIONS	212.68	01	99				X			
08	67805	REMOVE EYELID LESIONS	212.68	01	99				X			
08	67808	REMOVE EYELID LESION (S)	212.68	01	99				X			

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	67830	REVISE EYELASHES	212.68	01	99							
08	67835	REVISE EYELASHES	212.68	01	99							
08	67880	REVISION OF EYELID	253.18	01	99				X			
08	67882	REVISION OF EYELID	253.18	01	99				X			
08	67900	REPAIR OF BROW PTOSIS (SUPRACILLIARY	253.18	01	99							
08	67901	REPAIR EYELID DEFECT	272.52	01	99							
08	67902	REPAIR EYELID DEFECT	272.52	01	99							
08	67903	REPAIR EYELID DEFECT	253.18	01	99							
08	67904	REPAIR EYELID DEFECT	253.18	01	99							
08	67906	REPAIR EYELID DEFECT	272.52	01	99							
08	67908	REPAIR EYELID DEFECT	253.18	01	99							
08	67909	REVISE EYELID DEFECT	253.18	01	99							
08	67911	REVISE EYELID DEFECT	253.18	01	99							
08	67914	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67915	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67916	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67917	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67921	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67922	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67923	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67924	REPAIR EYELID DEFECT	272.52	01	99				X			
08	67935	REPAIR EYELID WOUND	212.68	01	99							
08	67938	REMOVE EYELID FOREIGN BODY	212.68	01	99				X			
08	67950	REVISION OF EYELID	253.18	01	99				X			
08	67961	REVISION OF EYELID	253.18	01	99							
08	67966	REVISION OF EYELID	253.18	01	99							
08	67971	RECONSTRUCTION OF EYELID	253.18	01	99							
08	67973	RECONSTRUCTION OF EYELID	253.18	01	99							
08	67974	RECONSTRUCTION OF EYELID	253.18	01	99							
08	67975	RECONSTRUCTION OF EYELID	253.18	01	99							
08	68115	REMOVE EYELID LINING LESION	212.68	01	99							
08	68130	REMOVE EYELID LESION	212.68	01	99							
08	68320	REVISE/GRAFT EYELID LINING	253.18	01	99							
08	68325	REVISE/GRAFT EYELID LINIG	253.18	01	99							
08	68326	REVISE/GRAFT EYELID LINING	253.18	01	99							
08	68328	REVISE/GRAFT EYELID LINING	212.68	01	99							
08	68330	REVISE EYELID LINING	253.18	01	99							
08	68335	REVISE/GRAFT EYELID LINING	253.18	01	99							
08	68340	SEPARATE EYELID ADHESIONS	253.18	01	99							
08	68360	REVISE EYELID LINING	212.68	01	99							
08	68362	REVISE EYELID LINING	212.68	01	99							
08	68500	REMOVAL OF TEAR GLAND	253.18	01	99							
08	68505	PARTIAL REMOVAL TEAR GLAND	253.18	01	99							
08	68510	BIOPSY OF TEAR GLAND	212.68	01	99							
08	68520	REMOVAL OF TEAR SAC	253.18	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 X-	12 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	OVERS	>001
08	68525	BIOPSY OF TEAR SAC	212.68	01	99							
08	68540	REMOVE TEAR GLAND LESION	253.18	01	99							
08	68550	REMOVE TEAR GLAND LESION	253.18	01	99							
08	68700	REPAIR TEAR DUCTS	212.68	01	99							
08	68720	CREATE TEAR SAC DRAIN	253.18	01	99							
08	68745	CREAT TEAR DUCT DRAIN	253.18	01	99							
08	68750	CREATE TEAR DUCT DRAIN	253.18	01	99							
08	68770	CLOSE TEAR SYSTEM FISTULA	253.18	01	99							
08	68810	PROBE NASOLACRIMAL DUCT	212.68	01	99							
08	68811	PROVE NASOLACRIMAL DUCT	212.68	01	99							
08	68815	PROBE NASONLACRIMAL DUCT	212.68	01	99							
08	69000	DRAIN EXTERNAL EAR LESION	253.18	01	99				X			
08	69005	DRAIN EXTERNAL EAR LESION	253.18	01	99				X			
08	69020	DRAIN OUTER EAR CANAL LESION	253.18	01	99				X			
08	69110	PARTIAL REMOVAL EXTERNAL EAR	212.68	01	99							
08	69120	REMOVAL OF EXTERNAL EAR	212.68	01	99							
08	69140	REMOVE EAR CANAL LESION(S)	212.68	01	99							
08	69145	REMOVE EAR CANAL LESION (S)	212.68	01	99							
08	69150	EXTENSIVE EAR CANAL SURGERY	253.18	01	99							
08	69205	CLEAR OUTER EAR CANAL	212.68	01	99							
08	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	253.18	01	99							
08	69320	REBUILD OUTER EAR CANAL	309.34	01	99							
08	69420	INCISION OF EARDRUM	212.68	01	99				X			
08	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	253.18	01	99							
08	69424	VENT TUBE REMOVAL;UNILATERAL	212.68	01	99				X			
08	69433	OFFICE TYMPANOSTOMY UNILAT	309.34	01	99				X			
08	69436	HOSPITAL TYMPANOSTOMY UNILAT	309.34	01	99				X			
08	69440	EXPLORATION OF MIDDLE EAR	253.18	01	99							
08	69450	TYMPANOLYSIS, TRANSCANAL	212.68	01	99							
08	69501	MASTOIDECTOMY	309.34	01	99				X			
08	69502	MASTOIDECTOMY	309.34	01	99							
08	69505	REMOVE MASTOID STRUCTURES	309.34	01	99							
08	69511	EXTENSIVE MASTOID SURGERY	309.34	01	99							
08	69530	EXTENSIVE MASTOID SURGERY	309.34	01	99							
08	69550	REMOVE EAR LESION	272.52	01	99							
08	69552	REMOVE EAR LESION	309.34	01	99							
08	69601	MASTOID SURGERY REVISION	309.34	01	99							
08	69602	MASTOID SURGERY REVISION	309.34	01	99							
08	69603	MASTOID SURGERY REVISION	309.34	01	99							
08	69604	MASTOID SURGERY REVISION	309.34	01	99							
08	69605	MASTOID SURGERY REVISION	309.34	01	99							
08	69610	REPAIR OF EARDRUM	309.34	01	99				X			
08	69620	REPAIR OF EARDRUM	309.34	01	99				X			
08	69631	REPAIR EARDRUM STRUCTURES	272.52	01	99				X			
08	69633	REBUILD EARDRUM STRUCTURES - TOTAL	272.52	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR FEBRUARY 26, 2009-FEBRUARY 04, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	X-OVERS	UVS >001
08	69635	REPAIR EARDRUM STRUCTURES	309.34	01	99							
08	69636	REBUILD EARDRUM STRUCTURES	309.34	01	99							
08	69637	REBUILD EARDRUM STRUCTURES-TOTAL-	309.34	01	99							
08	69641	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69642	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69643	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69644	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69645	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69646	REVISE MIDDLE EAR & MASTOID	309.34	01	99							
08	69650	RELEASE MIDDLE EAR BONE	309.34	01	99							
08	69660	REVISE MIDDLE EAR BONE	309.34	01	99				X			
08	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	272.52	01	99							
08	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	272.52	01	99							
08	69666	REPAIR MIDDLE EAR STRUCTURES	253.18	01	99							
08	69667	REPAIR MIDDLE EAR STRUCTURES	253.18	01	99							
08	69670	REMOVE MASTOID AIR CELLS	253.18	01	99							
08	69676	TYMPANIC NEURECTOMY; UNILATERAL	253.18	01	99							
08	69700	CLOSE MASTOID FISTULA	253.18	01	99							
08	69711	REMOVAL/REPAIR OF ELCTROMAGNETIC BO	212.68	01	99							
08	69714	IMPLANT TEMPLE BONE W/STIMUL	309.34	01	99							
08	69715	TEMPLE BNE IMPLNT W/STIMUL	309.34	01	99							
08	69717	TEMPLE BONE IMPLANT REVISION	309.34	01	99							
08	69718	REVISE TEMPLE BONE IMPLANT	309.34	01	99							
08	69720	RELEASE FACIAL NERVE	272.52	01	99							
08	69725	RELEASE FACIAL NERVE	272.52	01	99							
08	69740	REPAIR FACIAL NERVE	272.52	01	99							
08	69745	REPAIR FACIAL NERVE	272.52	01	99							
08	69801	INCISE INNER EAR	272.52	01	99							
08	69802	INCISE INNER EAR	309.34	01	99							
08	69805	EXPLORE INNER EAR	309.34	01	99							
08	69806	EXPLORE INNER EAR	309.34	01	99							
08	69820	ESTABLISH INNER EAR WINDOW	272.52	01	99							
08	69840	REVISE INNER EAR WINDOW	272.52	01	99							
08	69905	REMOVE INNER EAR	309.34	01	99							
08	69910	REMOVE INNER EAR & MASTOID	309.34	01	99							
08	69915	INCISE INNER EAR NERVE	309.34	01	99							
08	69930	IMPLANT COCHLEAR DEVICE	309.34	01	99							
08	69982	CATARACT SURGERY, COMPLEX	309.34	01	99							
08	91010	ESOPHAGEAL MOTILITY STUDY	212.68	01	99				X			
08	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	212.68	01	99				X			
08	92511	NASOPHARYNGOSCOPY	212.68	01	99				X			
08	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	212.68	01	99							

 PROCEDURES NOT FOUND ON FEE SCHEDULE UNDER TOS 08, BUT THAT ARE LISTED AS TOS 03 ON THE PROFESSIONAL SERVICES FEE SCHEDULE ARE REIMBURSED AT $289.50 TO AMBULATORY SURGICAL CENTERS.

LOUISIANA MEDICAID AMBULATORY SURGICAL CENTERS (NON-HOSPITAL) FEE SCHEDULE
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 types of service found on this schedule.

08 - Ambulatory Surgical Centers (non-hospital) are paid from this file.

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.

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.

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.