LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	99201	OFFICE,NEW,PROBLEM, STRAIGHTFORWARD	25.73									
03	99201 TH	OFFICE,NEW PT,PROBLEM,STRAIGHTFWD	27.44	10 59			F					
07	99201	NEW PATIENT OFFICE	30.87									
07	99201 TH	OFFICE,NEW PT,PROBLEM,STRAIGHTFWD	30.87	10 15			F					
03	99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD	44.72									
03	99202 TH	OFFICE,NEW PT,EXPANDED,STRAIGHTFWD	47.70	10 59			F					
07	99202	NEW PATIENT OFFICE	53.67									
07	99202 TH	OFFICE,NEW PT,EXPANDED,STRAIGHTFWD	53.67	10 15			F					
03	99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX	65.02									
03	99203 TH	OFFICE,NEW PT,DETAILED,LOW COMPLEXIT	69.35	10 59			F					
07	99203	NEW PATIENT OFFICE	78.02									
07	99203 TH	OFFICE,NEW PT,DETAILED,LOW COMPLEXIT	78.02	10 15			F					
03	99204	OFFICE,NEW PT, COMPREHEN, MOD COMPLX	100.97									
03	99204 TH	OFFICE,NEW PT,COMPREHEN,MOD COMPLEXI	107.70	10 59			F					
07	99204	NEW PATIENT OFFICE	121.17									
07	99204 TH	OFFICE,NEW PT,COMPREHEN,MOD COMPLEXI	121.17	10 15			F					
03	99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX	127.76									
03	99205 TH	OFFICE,NEW PT,COMPREHEN,HIGH COMPLEX	136.27	10 59			F					
07	99205	NEW PATIENT OFFICE	153.31									
07	99205 TH	OFFICE,NEW PT,COMPREHEN,HIGH COMPLEX	153.31	10 15			F					
03	99211	OFFICE,EST PT, MINIMAL PROBLEMS	12.92									X
03	99211 TH	OFFICE,EST PT,MINIMAL	13.78	10 59			F					
07	99211	EST PATIENT OFFICE VISIT	15.50									
07	99211 TH	OFFICE,EST PT,MINIMAL	15.50	10 15			F					
03	99212	OFFICE,EST PT, PROBLEM,STRAITFORWD	25.96									X
03	99212 TH	OFFICE,EST PT,PROBLEM,STRAIGHTFWD	27.69	10 59			F					
07	99212	OFFICE,EST PT, PROBLEM,STRAITFORWD	31.15	00 15								X
07	99212 TH	OFFICE,EST PT,PROBLEM,STRAIGHTFWD	31.15	10 15			F					
03	99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX	43.43									
03	99213 TH	OFFICE,EST PT,EXPANDED,LOW COMPLEXIT	46.32	10 59			F					
07	99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX	52.11	00 15								
07	99213 TH	OFFICE,EST PT,EXPANDED,LOW COMPLEXIT	52.11	10 15			F					
03	99214	OFFICE,EST PT, DETAILED, MOD COMPLX	65.51									
03	99214 TH	OFFICE,EST PT,DETAILED,MOD COMPLEXIT	69.87	10 59			F					
07	99214	EST PATIENT OFFICE VISIT	78.61									
07	99214 TH	OFFICE,EST PT,DETAILED,MOD COMPLEXIT	78.61	10 15			F					
03	99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX	88.81									
03	99215 TH	OFFICE,EST PT, COMPREHEN,HIGH COMPLE	94.73	10 59			F					
07	99215	EST PATIENT OFFICE VISIT	106.57									
07	99215 TH	OFFICE,EST PT, COMPREHEN,HIGH COMPLE	106.57	10 15			F					
03	99218	INITIAL OBSERVATION CARE, PER DAY, F	45.57									
07	99218	HOSPITAL	54.68									
03	99219	INITIAL OBSERVATION CARE, PER DAY, F	75.50									
07	99219	HOSPITAL	90.60									
03	99220	INITIAL OBSERVATION CARE, PER DAY, F	105.87									
07	99220	HOSPITAL	127.04									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	99221	INITIAL HOSP,COMPRE,STRTFWD,LOCMPLX	65.37									
07	99221	HOSPITAL	78.44									
03	99222	INITIAL HOSP,COMPRE,MOD CMPLX	89.24									
07	99222	HOSPITAL	107.08									
03	99223	INITIAL HOSP,COMPRE, HIGH CMPLX	131.27									
07	99223	HOSPITAL	157.53									
03	99231	SUBSEQNT HOSP,PRBLM,STRTFWD R LO CLX	26.99									
07	99231	SUBSEQNT HOSP,PRBLM,STRTFWD R LO CLX	32.38	00 15								
03	99232	SBSQNT HOSP,XPANDED,MOD CMPLXTY	48.54									
07	99232	HOSPITAL	58.25									
03	99233	SBSQNT HOSP,DETAILED, HIGH CMPLXTY	69.56									
07	99233	HOSPITAL	83.48									
03	99234	OBSERV/HOSP SAME DATE	92.33								X	
07	99234	OBSERV/HOSP SAME DATE	110.80	00 15							X	
03	99235	OBSERV/HOSP SAME DATE	121.28								X	
07	99235	OBSERV/HOSP SAME DATE	145.53	00 15							X	
03	99236	OBSERV/HOSP SAME DATE	150.69								X	
07	99236	OBSERV/HOSP SAME DATE	180.83	00 15							X	
03	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	47.94									
07	99238	HOSPITAL	57.53									
03	99239	HOSPITAL DISCHARGE DAY	69.71									
07	99239	HOSPITAL DISCHARGE DAY	83.66	00 15								
03	99241	OFF CONSULT,NRE PT,PRBLM,STRTFWD	34.19									
07	99241	OFF CONSULT,NRE PT,PRBLM,STRTFWD	41.03	00 15								
03	99242	OFF CONSLT,NRE PT,XPND PBLM, STRTFWD	64.31									
07	99242	OFF CONSLT,NRE PT,XPND PBLM, STRTFWD	77.18	00 15								
03	99243	OFF CNSLT,NRE PT,DTLD, LO CMPLXY	88.43									
07	99243	OFF CNSLT,NRE PT,DTLD, LO CMPLXY	103.21	00 15								
03	99244	OFF CNSLT,NRE PT,CMPHSV,MOD CMPLXY	131.39									
07	99244	OFF CNSLT,NRE PT,CMPHSV,MOD CMPLXY	152.25	00 15								
03	99245	OFF CNSLT,NRE PT,CMPHSV,HI CMPLXY	161.67									
07	99245	OFF CNSLT,NRE PT,CMPHSV,HI CMPLXY	189.03	00 15								
03	99251	INIT INPT CNSLT,NREST PT,PBLM,STRFWD	35.39									
07	99251	INIT INPT CNSLT,NREST PT,PBLM,STRFWD	42.46	00 15								
03	99252	INIT INPT CNSLT,NRE PT,XPND,STRTFWD	54.86									
07	99252	INIT INPT CNSLT,NRE PT,XPND,STRTFWD	65.84	00 15								
03	99253	INIT INPT CNSLT,NRE PT,DTLD,LO CMPLX	83.06									
07	99253	INIT INPT CNSLT,NRE PT,DTLD,LO CMPLX	99.67	00 15								
03	99254	INIT INPT CNSLT,NRE PT,CMPHSV,MOD CX	119.92									
07	99254	INIT INPT CNSLT,NRE PT,CMPHSV,MOD CX	143.90	00 15								
03	99255	INIT INPT CNSLT,NRE PT,CMPHSV,HI CPX	146.27									
07	99255	INIT INPT CNSLT,NRE PT,CMPHSV,HI CPX	175.52	00 15								
03	99281	EMER DEPT VST,PRBLM,STRTFWD	14.79									
07	99281	EMER DEPT VST,PRBLM,STRTFWD	17.75	00 15								
03	99282	EMER DEPT VST,PRBLM,LOW CMPLXTY	28.81									
07	99282	EMER DEPT VST,PRBLM,LOW CMPLXTY	34.57	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	99283	EMER DEPT VSTXXPAND,LOW CMPLSTY	44.83										
07	99283	HOSPITAL	53.79										
03	99284	EMER DEPT VST,DETAILED,MOD CMPLXTY	83.79										
07	99284	HOSPITAL	100.55										
03	99285	EMER DEPT VST,COMPHSV,HIGH CMPLXTY	124.73										
07	99285	HOSPITAL	149.67										
03	99289	CRIT CARE, TRANSP, FIRST 30-74 MIN	189.86	00	01								
07	99289	CRIT CARE, TRANSP, FIRST 30-74 MIN	189.86	00	01								
03	99290	CRIT CARE, TRANSP, EA ADD'L 30 MIN	101.44	00	01								X
07	99290	CRIT CARE, TRANSP, EA ADD'L 30 MIN	101.44	00	01								X
03	99291	CRITICAL CARE, FIRST HOUR	182.13			X							
07	99291	CRITICAL CARE, FIRST HOUR	218.56	00	15	X							
03	99292	CRITICAL CARE, EVALUATION AND MANAGE	83.00			X							X
07	99292	CRITICAL CARE, EVALUATION AND MANAGE	99.59	00	15	X							X
03	99304	INITIAL NURSING FACILITY CARE, PER D	58.06										
07	99304	INITIAL NURSING FACILITY CARE, PER D	69.67	00	15								
03	99305	INITIAL NURSING FACILITY CARE, PER D	81.24										
07	99305	INITIAL NURSING FACILITY CARE, PER D	97.49	00	15								
03	99306	INITIAL NURSING FACILITY CARE, PER D	104.46										
07	99306	INITIAL NURSING FACILITY CARE, PER D	125.35	00	15								
03	99307	SUBSEQUENT NURSING FACILITY CARE, PE	28.64										
07	99307	SUBSEQUENT NURSING FACILITY CARE, PE	34.37	00	15								
03	99308	SUBSEQUENT NURSING FACILITY CARE, PE	43.74										
07	99308	SUBSEQUENT NURSING FACILITY CARE, PE	52.49	00	15								
03	99309	SUBSEQUENT NURSING FACILTIY CARE, PR	58.10										
07	99309	SUBSEQUENT NURSING FACILTIY CARE, PR	69.72	00	15								
03	99310	SEBSEQUENT NURSING FACILITY CARE, PE	85.92										
07	99310	SEBSEQUENT NURSING FACILITY CARE, PE	103.10	00	15								
03	99315	NURSING FAC DISCHARGE DAY	41.99										
07	99315	NURSING FAC DISCHARGE DAY	50.38	00	15								
03	99316	NURSING FAC DISCHARGE DAY	54.85										
07	99316	NURSING FAC DISCHARGE DAY	65.82	00	15								
03	99324	DOMICIL/R-HOME VISIT NEW PAT	38.98										
07	99324	DOMICIL/R-HOME VISIT NEW PAT	46.77	00	15								
03	99325	DOMICIL/R-HOME VISIT NEW PAT	56.82										
07	99325	DOMICIL/R-HOME VISIT NEW PAT	68.18	00	15								
03	99326	DOMICIL/R-HOME VISIT NEW PAT	93.98										
07	99326	DOMICIL/R-HOME VISIT NEW PAT	112.78	00	15								
03	99327	DOMICIL/R-HOME VISIT NEW PAT	122.62										
07	99327	DOMICIL/R-HOME VISIT NEW PAT	147.14	00	15								
03	99328	DOMICIL/R-HOME VISIT NEW PAT	144.42										
07	99328	DOMICIL/R-HOME VISIT NEW PAT	173.30	00	15								
03	99334	DOMICIL/R-HOME VISIT EST PAT	40.12										
07	99334	DOMICIL/R-HOME VISIT EST PAT	48.14	00	15								
03	99335	DOMICIL/R-HOME VISIT EST PAT	62.22										
07	99335	DOMICIL/R-HOME VISIT EST PAT	74.66	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	99336	DOMICIL/R-HOME VISIT EST PAT	87.71										
07	99336	DOMICIL/R-HOME VISIT EST PAT	105.26	00	15								
03	99337	DOMICIL/R-HOME VISIT EST PAT	126.10										
07	99337	DOMICIL/R-HOME VISIT EST PAT	151.32	00	15								
03	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	38.98										
07	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	46.77	00	15								
03	99342	HOME,NEW PT, EXPANDED, MOD COMPLEX	56.82										
07	99342	HOME VISIT	68.18										
03	99343	HOME,NEW PT, DETAILED, HIGH COMPLEX	91.52										
07	99343	HOME VISIT	109.82										
03	99344	HOME VISIT, NEW PATIENT	120.22										
07	99344	HOME VISIT	144.26										
03	99345	HOME VISIT, NEW PATIENT	144.66										
07	99345	HOME VISIT	173.59										
03	99347	HOME VISIT, ESTAB PATIENT	37.99										
07	99347	HOME VISIT	45.59										
03	99348	HOME VISIT, ESTAB PATIENT	57.42										
07	99348	HOSPITAL	68.90										
03	99349	HOME VISIT, ESTAB PATIENT	83.72										
07	99349	HOME VISIT	100.47										
03	99350	HOME VISIT, ESTAB PATIENT	116.80										
07	99350	HOME VISIT	140.16										
03	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	43.19										X
07	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	51.82	00	15								X
03	99374	HOME HEALTH CARE SUPERVISION	47.36									X	
07	99374	HOME HEALTH CARE SUPERVISION	56.84	00	15							X	
03	99377	HOSPICE CARE SUPERVISION	47.36									X	
07	99377	HOSPICE CARE SUPERVISION	56.84	00	15							X	
03	99379	NURSING FAC CARE SUPERVISION	47.12									X	
07	99379	NURSING FAC CARE SUPERVISION	56.55	00	15							X	
03	99380	NURSING FAC CARE SUPERVISION	71.30									X	
07	99380	NURSING FAC CARE SUPERVISION	85.56	00	15							X	
03	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	67.82	00	00								
07	99381	INIT E&M HEALTHY INDV, NEW PT, TO 1Y	76.29	00	00								
03	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	73.99	01	04								
07	99382	INIT E&M HEALTHY IND AGE 1-4 YRS	83.24	01	04								
03	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	73.49	05	11								
07	99383	INIT E&M HEALTHY INDIV, LTE CHILD 5-	82.67	05	11								
03	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	90.19	12	17								
07	99384	INIT E&M HEALTHY IND,ADOLS, 12-17YRS	90.19	12	17								
03	99385	INIT COMP PREV MED 18-39 YRS	80.17	18	39					X			
03	99386	INIT COMP PREV MED 40-64 YRS	94.08	40	64					X			
03	99387	INIT COMP PREV MED 65+	103.07	65	99					X			
03	99391	PERDC REEVAL &MGT HLTHY INDV,INFANT	56.58	00	00								
07	99391	PERD REEVAL & MGT HLTHY INDV, INFANT	63.65	00	00								
03	99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	63.26	01	04								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	71.16	01	04								
03	99393	PERDC REEVAL & MGT,LTE CHLD 5-11 YRS	63.00	05	11								
07	99393	PERDC REEVAL &MGT,LTE CHLD 5-11 YRS	70.88	05	11								
03	99394	PERDC REEVAL & MGT, ADOLS 12-17 YRS	69.43	12	17								
07	99394	PERD REEVAL & MGT, ADOLS 12-17 YRS	78.11	12	17								
03	99395	PERIODIC COMP PREV MED 18-39 YRS	69.69	18	39					X			
03	99396	PERIODIC COMP PREV MED 40-64 YRS	76.37	40	64					X			
03	99397	PERIODIC COMP PREV MED 65+	85.62	65	99					X			
03	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP			X							
03	99436	ATTENDANCE, BIRTH	78.76	00	00								
07	99436	ATTENDANCE, BIRTH	78.76	00	00								
03	99460	INITIAL HOSPITAL OR BIRTHING CENTER	40.93	00	00					X			
07	99460	INITIAL HOSPITAL OR BIRTHING CENTER	49.11	00	00					X			
03	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	59.76	00	00					X			
07	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	71.71	00	00					X			
03	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	21.77	00	00								
07	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	26.12	00	00								
03	99463	INITIAL HOSPITAL OR BIRTHING CENTER	54.61	00	00					X			
07	99463	INITIAL HOSPITAL OR BIRTHING CENTER	65.53	00	00					X			
03	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	51.53	00	00								
07	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	61.83	00	00								
03	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	105.19	00	00								
07	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	126.23	00	00								
03	99466	CRITICAL CARE SERVICES DELIVERED BY	168.61	00	01								
07	99466	CRITICAL CARE SERVICES DELIVERED BY	202.33	00	01								
03	99467	CRITICAL CARE SERVICES DELIVERED BY	84.20	00	01								X
07	99467	CRITICAL CARE SERVICES DELIVERED BY	101.04	00	01								X
03	99468	INITIAL INPATIENT NEONATAL CRITICAL	634.68	00	00								
07	99468	INITIAL INPATIENT NEONATAL CRITICAL	761.62	00	00								
03	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	276.34	00	00								
07	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	331.61	00	00								
03	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	565.45	00	01								
07	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	678.54	00	01								
03	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	279.47	00	01								
07	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	335.37	00	01								
03	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	390.59	02	05								
07	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	468.70	02	05								
03	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	232.13	02	05								
07	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	278.56	02	05								
03	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	245.76	00	00								
07	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	294.91	00	00								
03	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	100.10	00	00								
07	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	120.12	00	00								
03	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	88.35	00	00								
07	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	106.02	00	00								
03	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	84.93	00	00								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	101.92	00 00								
03	99499	UNLISTED EVALUATION AND MANAGEMENT S	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	90586	BCG VACCINE FOR BLADDER CANCER, LIVE	115.09										
03	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	109.97										
07	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	131.96	00	15								
03	90802	INTERACTIVE PSYCHIATRIC DX INTERVIEW	117.31										
07	90802	INTERACTIVE PSYCHIATRIC DX INTERVIEW	140.77	00	15								
03	90804	INDIV PSYCHOTH INSIGHT ORIE 20-30MIN	48.35										
07	90804	INDIV PSYCHOTH INSIGHT ORIE 20-30MIN	58.01	00	15								
03	90805	PSYCHOTH INSIGHT ORIE 20-30MIN W/E&M	53.89										
07	90805	PSYCHOTH INSIGHT ORIE 20-30MIN W/E&M	64.67	00	15								
03	90806	INDIV PSYCHOTH INSIGHT ORIE 45-50MIN	68.06										
07	90806	INDIV PSYCHOTH INSIGHT ORIE 45-50MIN	81.67	00	15								
03	90807	PSYCHOTH INSIGHT ORIE 45-50MIN W/E&M	76.10										
07	90807	PSYCHOTH INSIGHT ORIE 45-50MIN W/E&M	91.31	00	15								
03	90808	INDIV PSYCHOTH INSIGHT ORIE 75-80MIN	100.22										
07	90808	INDIV PSYCHOTH INSIGHT ORIE 75-80MIN	120.26	00	15								
03	90809	PSYCHOTH INSIGHT ORIE 75-80MIN W/E&M	108.01										
07	90809	PSYCHOTH INSIGHT ORIE 75-80MIN W/E&M	129.61	00	15								
03	90810	INDIV PSYCHOTH INTERACTIVE 20-30 MIN	51.47										
07	90810	INDIV PSYCHOTH INTERACTIVE 20-30 MIN	61.77	00	15								
03	90811	PSYCHOTH INTERACTIVE 20-30 MIN W/E&M	59.75										
07	90811	PSYCHOTH INTERACTIVE 20-30 MIN W/E&M	71.70	00	15								
03	90812	INDIV PSYCHOTH INTERACTIVE 45-50 MIN	73.92										
07	90812	INDIV PSYCHOTH INTERACTIVE 45-50 MIN	88.70	00	15								
03	90813	PSYCHOTH INTERACTIVE 45-50 MIN W/E&M	81.96										
07	90813	PSYCHOTH INTERACTIVE 45-50 MIN W/E&M	98.35	00	15								
03	90814	INDIV PSYCHOTH INTERACTIVE 75-80 MIN	107.33										
07	90814	INDIV PSYCHOTH INTERACTIVE 75-80 MIN	128.79	00	15								
03	90815	PSYCHOTH INTERACTIVE 75-80 MIN W/E&M	113.87										
07	90815	PSYCHOTH INTERACTIVE 75-80 MIN W/E&M	136.65	00	15								
03	90845	MEDICAL PSYCHOANALYSIS	59.84									X	X
07	90845	MEDICAL PSYCHOANALYSIS	71.80	00	15							X	X
03	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	63.53									X	X
07	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	76.24	00	15							X	X
03	90847	SPECIAL FAMILY THERAPY	78.80									X	
07	90847	SPECIAL FAMILY THERAPY	94.56	00	15							X	
03	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	23.57									X	
07	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	28.28	00	15							X	
03	90853	GROUP PSYCHOTHERAPY Y	22.37							X		X	
07	90853	GROUP PSYCHOTHERAPY Y	26.85	00	15					X		X	
03	90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER	25.12									X	X
07	90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER	30.14	00	15							X	X
03	90862	PHARMACOLOGIC MANAGEMENT INCLUDING	39.48									X	
07	90862	PHARMACOLOGIC MANAGEMENT INCLUDING	47.38	00	15							X	
03	90870	ELECTROCONLULSIVE THERAPY	96.23									X	
07	90870	ELECTROCONLULSIVE THERAPY	115.48	00	15							X	
03	90875	PSYCHOPHYSIOLOGICAL THERAPY	50.78									X	

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	90875	PSYCHOPHYSIOLOGICAL THERAPY	60.94	00	15							X	
03	90876	PSYCHOPHYSIOLOGICAL THERAPY	75.43						X			X	
07	90876	PSYCHOPHYSIOLOGICAL THERAPY	90.51	00	15				X			X	
03	90880	MEDICAL HYPNOTHERAPY	77.07									X	
07	90880	MEDICAL HYPNOTHERAPY	92.48	00	15							X	
03	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	47.74										
07	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	57.29	00	15								
03	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	78.71										
07	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	94.46	00	15								
03	90940	HEMODIALYSIS ACCESS STUDY	84.64										
07	90940	HEMODIALYSIS ACCESS STUDY	84.64	00	15								
03	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	49.61										
07	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	59.53	00	15								
03	90947	DIAL. PROC(EG PERITONEAL)REPEAT/CHNG	80.54										
07	90947	DIAL. PROC(EG PERITONEAL)REPEAT/CHNG	96.65	00	15								
03	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	694.56	00	01					X			
07	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	833.47	00	01					X			
03	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	143.10	00	01					X			
07	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	577.57	00	01					X			
03	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	143.10	00	01					X			
07	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	577.57	00	01					X			
03	90954	END-STATE RENAL DISEASE (ESRD) RELAT	571.88	02	11					X			
07	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	686.26	02	11					X			
03	90955	END-STATE REANL DISEASE (ESRD) RELAT	323.39	02	11					X			
07	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	388.06	02	11					X			
03	90956	END-STATE RENAL DISEASE (ESRD) RELAT	218.97	02	11					X			
07	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	262.76	02	11					X			
03	90957	END-STATE RENAL DISEASE (ESRD) RELAT	458.28	12	19					X			
07	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	549.94	12	15					X			
03	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	309.07	12	19					X			
07	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	370.88	12	15					X			
03	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	202.76	12	19					X			
07	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	243.31	12	15					X			
03	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	202.64	20	99					X			
03	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	163.73	20	99					X			
03	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	118.49	20	99					X			
03	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	392.66	00	01					X			
07	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	471.19	00	01					X			
03	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	328.35	02	11					X			
07	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	394.02	02	11					X			
03	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	312.12	12	19					X			
07	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	374.54	12	15					X			
03	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	162.08	20	99					X			
03	90967	END-STAGE REANL DISEASE (ESRD) RELAT	13.98	00	01								
07	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	16.78	00	01								
03	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	10.97	02	11								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	13.17	02	11								
03	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	10.70	12	19								
07	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	12.83	12	15								
03	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	5.69	20	99								
03	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	297.00							X			
07	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	297.00	00	15					X			
03	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.90										
07	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.90	00	15								
03	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	64.52										
07	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	77.43	00	15								
03	90999	UNLISTED DIALYSIS PROCEDURE	MP			X							
07	90999	UNLISTED DIALYSIS PROCEDURE	MP	00	15	X							
03	91000	ESOPHAGEAL INTUBATION W/WASHINGS	59.90										
05	91000	ESOPHAGEAL INTUBATION W WASHINGS	23.96										
07	91000	ESOPHAGEAL INTUBATION W/WASHINGS	71.88	00	15								
03	91010	ESOPHAGEAL MOTILITY STUDY	126.01										
05	91010	ESOPHAGEAL MOTILITY STUDY	50.40										
07	91010	ESOPHAGEAL MOTILITY STUDY	151.21	00	15								
03	91011	ESOPHAGEAL MOTILITY STUDY WITH STIMU	167.93										
05	91011	ESOPHAGEAL MOTILITY STUDY W/ STIMULA	67.17										
07	91011	ESOPHAGEAL MOTILITY STUDY WITH STIMU	201.51	00	15								
03	91012	ESOPHAGEAL MOTILITY/ ACID PERFUS STU	170.41										
05	91012	ESOPHAGEAL STUDY/ACID PERFUSION STDS	68.16										
07	91012	ESOPHAGEAL MOTILITY/ ACID PERFUS STU	204.49	00	15								
03	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	152.76										
05	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	61.10										
07	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	183.31	00	15								
03	91022	DUODENAL MOTILITY STUDY	126.64										
05	91022	DUODENAL MOTILITY STUDY	50.66									X	
07	91022	DUODENAL MOTILITY STUDY	151.97	00	15								
03	91030	ACID PERFUSION FOR ESOPHAGITIS	91.61										
05	91030	ACID PERFUSION FOR ESOPHAGITIS	36.64										
07	91030	ACID PERFUSION FOR ESOPHAGITIS	109.94	00	15								
07	91032	ESOPHAGUS; ACID REFLUX TEST	117.46	00	15								
07	91033	ESOPH, ACID REFLUX TEST; PROLONGED	134.13	00	15								
03	91034	GASTROESOPHAGEAL REFLUX TEST	131.02										
05	91034	GASTROESOPHAGEAL REFLUX TEST	52.41										
07	91034	GASTROESOPHAGEAL REFLUX TEST	157.22	00	15								
03	91035	G-ESOPH REFLX TST W/ELECTROD	305.25										
05	91035	G-ESOPH REFLX TST W/ELECTROD	122.10										
07	91035	G-ESOPH REFLX TST W/ELECTROD	366.30	00	15								
03	91037	ESOPH IMPED FUNCTION TEST	105.85										
05	91037	ESOPH IMPED FUNCTION TEST	42.34										
07	91037	ESOPH IMPED FUNCTION TEST	127.02	00	15								
03	91038	ESOPH IMPED FUNCT TEST > 1H	94.16										
05	91038	ESOPH IMPED FUNCT TEST > 1H	37.66										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	91038	ESOPH IMPED FUNCT TEST > 1H	113.00	00 15								
03	91040	ESOPH BALLOON DISTENSION TST	246.21									
05	91040	ESOPH BALLOON DISTENSION TST	98.48									
07	91040	ESOPH BALLOON DISTENSION TST	295.45	00 15								
03	91052	GASTRIC ANALYSIS TEST	81.47									
05	91052	GASTRIC ANALYSIS TEST	32.59									
07	91052	GASTRIC ANALYSIS TEST	97.77	00 15								
03	91055	GASTRIC INTUBATION W/WASHINGS	88.39									
05	91055	GASTRIC INTUBATION WITH WASHINGS	35.36									
07	91055	GASTRIC INTUBATION W/WASHINGS	106.07	00 15								
03	91105	GASTRIC INTUBATION, AND ASPIRATION O	52.06									
07	91105	GASTRIC INTUBATION, AND ASPIRATION O	62.47	00 15								
03	91120	RECTAL SENSATION TEST	252.14									
05	91120	RECTAL SENSATION TEST	100.86									
07	91120	RECTAL SENSATION TEST	302.57	00 15								
03	91122	ANORECTAL MANOMETRY	155.31									
05	91122	ANORECTAL MANOMETRY	62.12									
07	91122	ANORECTAL MANOMETRY	186.37	00 15								
03	91132	ELECTROGASTROGRAPHY	35.53									
07	91132	ELECTROGASTROGRAPHY	35.53	00 15								
03	91133	ELECTROGASTROGRAPHY W/TEST	39.08									
07	91133	ELECTROGASTROGRAPHY W/TEST	39.08	00 15								
07	91222	HOSPITAL	71.64									
03	91299	UNLISTED DX GASTRO. PROC	148.13		X							
05	91299	UNLISTED DX GASTROL PROC	MP		X							
07	91299	UNLISTED DX GASTRO. PROC	148.13	00 15	X							
03	92002	EYE EXAM; INTERMEDIATE; NEW PT	47.09									
07	92002	EYE EXAM; INTERMEDIATE; NEW PT	56.50	00 15								
03	92004	EYE EXAM; COMPREHENSIVE; NEW PT	89.15									
07	92004	EYE EXAM; COMPREHENSIVE; NEW PT	106.97	00 15								
03	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	49.59									
07	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	59.51	00 15								
03	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	72.62									
07	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	87.15	00 15								
03	92018	EYE EXAM W/ANESTHESIA-COMPLETE	92.35									
07	92018	EYE EXAM W/ANESTHESIA-COMPLETE	110.82	00 15								
03	92019	EYE EXAM W/ANESTHESIA-LIMITED	46.13									
07	92019	EYE EXAM W/ANESTHESIA-LIMITED	55.36	00 15								
03	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	16.90									
07	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	20.28	00 15								
03	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	21.59									
05	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	8.64									
07	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	25.90	00 15								
03	92060	SENSORIMOTOR EXAM EYE	37.67									
05	92060	SENSORIMOTOR EXAM EYE	15.07									
07	92060	SENSORIMOTOR EXAM EYE	45.21	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	92065	ORTHOPTIC/PLEOPTIC TRAINING	29.02	00 21					X			
05	92065	ORTHOPTIC / PLEOPTIC TRAINING	11.61									
07	92065	ORTHOPTIC/PLEOPTIC TRAINING	34.82	00 15					X			
03	92081	TANGENT SCREEN; AUTOPLOT	32.78									
05	92081	TANGENT SCREEN; AUTOPLOT	13.11									
07	92081	TANGENT SCREEN; AUTOPLOT	39.34	00 15								
03	92082	QUANTITATIVE PERIMETRY	43.26									
05	92082	QUANTITATIVE PERIMETRY	17.30									
07	92082	QUANTITATIVE PERIMETRY	51.91	00 15								
03	92083	STATIC AND KINETIC PERIMETRY	49.40									
05	92083	STATIC AND KINETIC PERIMERTY	19.76									
07	92083	STATIC AND KINETIC PERIMETRY	59.27	00 15								
03	92100	SERIAL TONOGRAPHY W/EVALUATION	56.00									
07	92100	SERIAL TONOGRAPHY W/EVALUATION	67.20	00 15								
03	92120	TONOGRAPHY; RECORDING INDENTATION	46.38									
07	92120	TONOGRAPHY; RECORDING INDENTATION	55.66	00 15								
03	92130	TONOGRAPHY W/WATER PROVOCATION	50.90									
07	92130	TONOGRAPHY W/WATER PROVOCATION	61.07	00 15								
03	92135	OPTHALMIC DX IMAGING	28.95									X
05	92135	OPTHALMIC DX IMAGING	11.58									X
07	92135	OPTHALMIC DX IMAGING	34.74	00 15								X
03	92136	OPHTHALMIC BIOMETRY	51.69									
05	92136	OPHTHALMIC BIOMETRY	20.68									
07	92136	OPHTHALMIC BIOMETRY	62.03	00 15								
03	92140	PROVOCATIVE TESTS FOR GLAUCOMA	35.85									
07	92140	PROVOCATIVE TESTS FOR GLAUCOMA	43.02	00 15								
03	92225	OPHTHALMOSCOPY; INITIAL	16.22									X
07	92225	OPHTHALMOSCOPY; INITIAL	19.47	00 15								X
03	92226	OPHTHALMOSCOPY; SUBSEQUENT	14.63									X
07	92226	OPHTHALMOSCOPY; SUBSEQUENT	17.56	00 15								X
03	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	38.09									
07	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	45.70	00 15								
03	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	79.65									X
05	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	31.86									X
07	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	95.58	00 15								X
03	92240	ICG ANGIOGRAPHY	146.21									
05	92240	ICG ANGIOGRAPHY	58.49									
07	92240	ICG ANGIOGRAPHY	175.46	00 15								
03	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	44.45									
05	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	17.78									
07	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	53.33	00 15								
03	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	11.35									
07	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	13.62	00 15								
03	92265	OCULOELECTROMYOGRAPHY	49.49									
05	92265	OCULOELECTROMYOGRAPHY	19.80									
07	92265	OCULOELECTROMYOGRAPHY	59.38	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	92270	ELECTRO-OCULOGRAPHY	56.37									
05	92270	ELECTRO-OCULOGRAPHY	22.55									
07	92270	ELECTRO-OCULOGRAPHY	67.64	00 15								
03	92275	ELECTRORETINOGRAPHY	83.39									
05	92275	ELECTRORETINOGRAPHY	33.36									
07	92275	ELECTRORETINOGRAPHY	100.07	00 15								
03	92283	COLOR VISION EXAMINATION	27.88									
05	92283	COLOR VISION EXAMINATION	11.15									
07	92283	COLOR VISION EXAMINATION	33.45	00 15								
03	92284	DARK ADAPTATION EXAMINATION	37.37									
05	92284	DARK ADAPTATION EXAMINATION	14.95									
07	92284	DARK ADAPTATION EXAMINATION	44.85	00 15								
03	92285	EXTERNAL OCULAR PHOTOGRAPHY	25.85									
05	92285	EXTERNAL OCULAR PHOTOGRAPHY	10.34									
07	92285	EXTERNAL OCULAR PHOTOGRAPHY	31.01	00 15								
03	92286	SPECULAR ENDOTHELIAL MICROSCOPY	73.92									
05	92286	SPECULAR ENDOTHELIAL MICROSCOPY	29.57									
07	92286	SPECULAR ENDOTHELIAL MICROSCOPY	88.70	00 15								
03	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	70.61									
07	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	84.73	00 15								
03	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP		X							
07	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP	00 15	X							
03	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	65.09									
07	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	78.11	00 15								
03	92506	SPEECH LANGUAGE HEARING EVALUATION	99.75	01 99		X		X	X			
07	92506	SPEECH LANGUAGE HEARING EVALUATION	119.70	01 99		X		X	X			
07	92507	SPEECH LANGUAGE HEARING THERAPY	50.52	00 02		X						X
07	92508	SPEECH LANGUAGE HEARING THERAPY	24.12	00 02		X						X
03	92511	NASOPHARYNGOSCOPY	98.02									
07	92511	NASOPHARYNGOSCOPY	117.62	00 15								
03	92526	ORAL FUNCTION THERAPY	53.36									
07	92526	ORAL FUNCTION THERAPY	64.04	00 15								
03	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.84									
07	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.84	00 15								
03	92532	POSITIONAL NYSTAGMUS STUDY	11.84									
07	92532	POSITIONAL NYSTAGMUS STUDY	11.84	00 15								
03	92533	CALORIC VESTIBULAR TEST; EACH	7.35									X
07	92533	CALORIC VESTIBULAR TEST; EACH	7.35	00 15								X
03	92534	OPTOKINETIC NYSTAGMUS	11.84									
07	92534	OPTOKINETIC NYSTAGMUS	11.84	00 15								
03	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	69.25									
05	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	27.70									
07	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	83.10	00 15								
03	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	38.86									
05	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	15.54									
07	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	46.63	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	92542	POSITIONAL NYSTAGMUS W/RECORDING	40.05									
05	92542	POSITIONAL NYSTAGMUS W/RECORDING	16.02									
07	92542	POSITIONAL NYSTAGMUS W/RECORDING	48.06	00 15								
03	92543	CALORIC VESTIBULAR TEST W/RECORDING	18.39									X
05	92543	CALORIC VESTIBULAR TEST W/RECORDING	7.36									
07	92543	CALORIC VESTIBULAR TEST W/RECORDING	22.07	00 15								X
03	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	32.22									
05	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	12.89									
07	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	38.66	00 15								
03	92545	OSCILLATING TRACKING W/RECORDING	30.22									
05	92545	OSCILLATING TRACKING W/RECORDING	12.09									
07	92545	OSCILLATING TRACKING W/RECORDING	36.26	00 15								
03	92546	TORSION SWING TEST W/RECORDING	53.69									
05	92546	TORSION SWING TEST W/RECORDING	21.48									
07	92546	TORSION SWING TEST W/RECORDING	64.43	00 15								
03	92547	ADDED USE OF VERTICAL ELECTRODES	3.83									
07	92547	ADDED USE OF VERTICAL ELECTRODES	4.59	00 15								
03	92548	POSTUROGRAPHY	62.27									
05	92548	POSTUROGRAPHY	24.91									
07	92548	POSTUROGRAPHY	74.73	00 15								
03	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	15.05						X			
07	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	18.05	00 15					X			
03	92551	SCREENING; PURE TONE; AIR ONLY	6.89									
07	92551	SCREENING; PURE TONE; AIR ONLY	8.27	00 15								
03	92552	PURE TONE AUDIOMETRY; AIR ONLY	14.03						X			
07	92552	PURE TONE AUDIOMETRY; AIR ONLY	16.83	00 15					X			
03	92553	PURE TONE AUDIOMETRY; AIR AND BONE	18.79						X			
07	92553	PURE TONE AUDIOMETRY; AIR AND BONE	22.55	00 15					X			
03	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	10.46						X			
07	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	12.56	00 15					X			
03	92556	SPEECH AUDIOMETRY, COMPLETE	16.17						X			
07	92556	SPEECH AUDIOMETRY, COMPLETE	19.40	00 15					X			
03	92557	BASIC COMPREHENSIVE AUDIOMETRY	31.71						X			
07	92557	BASIC COMPREHENSIVE AUDIOMETRY	38.05	00 15					X			
03	92563	TONE DECAY HEARING TEST	13.31						X			
07	92563	TONE DECAY HEARING TEST	15.98	00 15					X			
03	92564	SHORT INCREMENT SENSITIVITY INDEX	12.85						X			
07	92564	SHORT INCREMENT SENSITIVITY INDEX	15.42	00 15					X			
03	92565	STENGER TEST, PURE TONE	8.33						X			
07	92565	STENGER TEST, PURE TONE	9.99	00 15					X			
03	92567	TYMPANOMETRY	12.32						X			
07	92567	TYMPANOMETRY	14.79	00 15					X			
03	92568	ACOUSTIC REFLEX TESTING	12.85						X			
07	92568	ACOUSTIC REFLEX TESTING	15.42	00 15					X			
03	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	22.99						X			
07	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	27.59	00 15					X			

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	92571	FILTERED SPEECH TEST	10.70							X			
07	92571	FILTERED SPEECH TEST	12.84	00	15					X			
03	92572	STAGGERED SPONDAIC WORD TEST	11.17							X			
07	92572	STAGGERED SPONDAIC WORD TEST	13.40	00	15					X			
03	92575	SENSORINEURAL ACUITY LEVEL TEST	22.57							X			
07	92575	SENSORINEURAL ACUITY LEVEL TEST	27.08	00	15					X			
03	92576	SYNTHETIC SENTENCE ID TEST	13.79							X			
07	92576	SYNTHETIC SENTENCE ID TEST	16.55	00	15					X			
03	92577	STENGER TEST, SPEECH	11.43							X			
07	92577	STENGER TEST, SPEECH	13.72	00	15					X			
03	92579	VISUAL AUDIOMETRY (VRA)	31.07							X			
07	92579	VISUAL AUDIOMETRY (VRA)	37.29	00	15					X			
03	92582	CONDITIONING PLAY AUDIOMETRY	26.63							X			
07	92582	CONDITIONING PLAY AUDIOMETRY	31.95	00	15					X			
03	92583	SELECT PICTURE AUDIOMETRY	21.65							X			
07	92583	SELECT PICTURE AUDIOMETRY	25.97	00	15					X			
03	92584	ELECTROCOCHLEOGRAPHY	44.26							X			
07	92584	ELECTROCOCHLEOGRAPHY	53.11	00	15					X			
03	92585	BRAINSTEM EVOKED RESPONSE RECORDING	67.27							X			
05	92585	BRAINSTEM EVOKED RESPONSE RECORDING	26.91							X			
07	92585	BRAINSTEM EVOKED RESPONSE RECORDING	80.72	00	15					X			
03	92586	AUDITOR EVOKE POTENT, LIMIT	40.67	00	20								
05	92586	AUDITOR EVOKE POTENT, LIMIT	16.27	00	20								
07	92586	AUDITOR EVOKE POTENT, LIMIT	48.80	00	15								
03	92587	EVOKED AUDITORY TEST	25.89										
05	92587	EVOKED AUDITORY TEST	10.36										
07	92587	EVOKED AUDITORY TEST	31.07	00	15								
03	92588	EVOKED AUDITORY TEST	42.56										
05	92588	EVOKED AUDITORY TEST COMPREHENSIVE	17.02										
07	92588	EVOKED AUDITORY TEST	51.08	00	15								
03	92590	HEARING AID EXAM/SELECTION;MONAURAL	58.50										
07	92590	HEARING AID EXAM/SELECTION;MONAURAL	58.50	00	15								
03	92591	HEARING AID EXAM/SELECTION;BINAURAL	58.50										
07	92591	HEARING AID EXAM/SELECTION;BINAURAL	58.50	00	15								
03	92592	HEARING AID CHECK; MONAURAL	22.50										
07	92592	HEARING AID CHECK; MONAURAL	22.50	00	15								
03	92593	HEARING AID CHECK; BINAURAL	45.00										
07	92593	HEARING AID CHECK; BINAURAL	45.00	00	15								
03	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	22.50										
07	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	22.50	00	15								
03	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	45.00										
07	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	45.00	00	15								
03	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	107.60	01	06					X			
07	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	129.12	01	06					X			
03	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	67.02	01	06					X			
07	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	80.42	01	06					X			

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	97.46	07	99					X			
07	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	116.96	07	99					X			
03	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	57.83	07	99					X			
07	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	69.39	07	99					X			
03	92610	EVALUATE SWALLOWING FUNCTION	51.33										
07	92610	EVALUATE SWALLOWING FUNCTION	61.60	00	15								
03	92611	MOTION FLUOROSCOPY/SWALLOW	55.85										
07	92611	MOTION FLUOROSCOPY/SWALLOW	67.01	00	15								
03	92612	ENDOSCOPY SWALLOW TST	103.96										
07	92612	ENDOSCOPY SWALLOW TST	124.75	00	15								
03	92620	AUDITORY FUNCTION, 60 MIN	51.99										
07	92620	AUDITORY FUNCTION, 60 MIN	62.39	00	15								
03	92621	AUDITORY FUNCTION, + 15 MIN	12.08										X
07	92621	AUDITORY FUNCTION, + 15 MIN	14.50	00	15								X
03	92625	TINNITUS ASSESSMENT	41.09										
07	92625	TINNITUS ASSESSMENT	49.31	00	15								
03	92626	EVAL AUD REHAB STATUS	56.18	02	99		X		X				
07	92626	EVAL AUD REHAB STATUS	67.41	02	15		X		X				
03	92627	EVAL AUD STATUS REHAB ADD-ON	13.68	02	99		X		X				X
07	92627	EVAL AUD STATUS REHAB ADD-ON	16.42	02	15		X		X				X
03	92630	AUD REHAB PRE-LING HEAR LOSS	MP			X	X						
07	92630	AUD REHAB PRE-LING HEAR LOSS	MP	00	15	X	X						
03	92633	AUD REHAB POSTLING HEAR LOSS	MP	02	99	X	X						
07	92633	AUD REHAB POSTLING HEAR LOSS	MP	02	15	X	X						
03	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	54.99										
07	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	65.99	00	15								
03	92700	ENT PROCEDURE/SERVICE	MP			X							
07	92700	ENT PROCEDURE/SERVICE	MP	00	15	X							
03	92950	CARDIOPULMONARY RESUSCITATION	190.50										X
07	92950	CARDIOPULMONARY RESUSCITATION	228.60	00	15								X
03	92960	ELECTRICAL CARDIOVERSION	175.37										X
07	92960	ELECTRICAL CARDIOVERSION	210.44	00	15								X
03	92961	CARDIOVERSION, ELECTRIC, INT	187.92										
07	92961	CARDIOVERSION, ELECTRIC, INT	225.50	00	15								
03	92970	CARDIOASSIST, INTERNAL	131.34										
07	92970	CARDIOASSIST, INTERNAL	157.61	00	15								
03	92971	CARDIOASSIST, EXTERNAL	74.03										
07	92971	CARDIOASSIST, EXTERNAL	88.83	00	15								
03	92973	PERCUT CORONARY THROMBECTOMY	133.46										
07	92973	PERCUT CORONARY THROMBECTOMY	160.16	00	15								
03	92974	CATH PLACE, CARDIO BRACHYTX	122.32										
07	92974	CATH PLACE, CARDIO BRACHYTX	146.78	00	15								
03	92978	INTRAVASCULAR US, HEART	190.31										
05	92978	INTRAVASCULAR US, HEART	76.12										
07	92978	INTRAVASCULAR US, HEART	228.37	00	15								
03	92979	INTRAVASCULAR US, HEART	117.35										X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
05	92979	INTRAVASCULAR US, HEART	46.94										X
07	92979	INTRAVASCULAR US, HEART	140.81	00	15								X
03	92980	INSERT INTRACORONARY STENT	607.66										
07	92980	INSERT INTRACORONARY STENT	729.19	00	15								
03	92981	INSERT INTRACORONARY STENT	169.16										X
07	92981	INSERT INTRACORONARY STENT	203.00	00	15								X
03	92982	PTCA-SINGLE VESSEL	450.42										
07	92982	PTCA-SINGLE VESSEL	540.50	00	15								
03	92984	PTCA, EACH ADD VESSEL	120.80										X
07	92984	PTCA, EACH ADD VESSEL	144.95	00	15								X
03	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	991.52										
07	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,189.82	00	15								
03	92987	REVISION OF MITRAL VALVE	1,026.42										
07	92987	REVISION OF MITRAL VALVE	1,231.70	00	15								
03	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	789.85										
07	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	947.82	00	15								
03	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	684.00										
07	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	684.00	00	15								
03	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	496.39										
07	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	595.67	00	15								
03	92996	PERCUTANEOUS TRANSLUMINAL CORONARY A	129.55										X
07	92996	PERCUTANEOUS TRANSLUMINAL CORONARY A	155.46	00	15								X
03	92997	PUL ART BALLOON REPAIR, PERC	458.40										
07	92997	PUL ART BALLOON REPAIR, PERC	550.08	00	15								
03	92998	PUL ART BALLOON REPAIR, PERC	235.05										X
07	92998	PUL ART BALLOON REPAIR, PERC	282.06	00	15								X
03	93000	ROUTINE ECG W/AT LEAST 12 LEADS	14.35										X
07	93000	ROUTINE ECG W/AT LEAST 12 LEADS	17.22	00	15								X
03	93005	ECG; TRACING ONLY	7.85									X	X
07	93005	ECG; TRACING ONLY	9.41	00	15							X	X
03	93010	ECG; INTERPRETATION AND REPORT	6.50										X
05	93010	ECG; INTERPRETATION AND REPORT	2.60									X	X
07	93010	ECG; INTERPRETATION AND REPORT	7.80	00	15								X
03	93012	TELEPHONIC OR TELEMETRIC TRANSMISSIO	120.01									X	X
07	93012	TELEPHONIC OR TELEMETRIC TRANSMISSIO	144.01	00	15							X	X
03	93014	MD REVIEW/INTERP ELECTRONIC ECG	20.01										
07	93014	MD REVIEW/INTERP ELECTRONIC ECG	24.01	00	15								
03	93015	CARDIOVASCULAR STRESS TEST	68.55										
07	93015	CARDIOVASCULAR STRESS TEST	82.26	00	15								
03	93016	CARDIOVASCULAR STRESS TEST USING MAX	17.64										
05	93016	CARDIOVASCULAR STRESS TEST USING MAX	7.06									X	
07	93016	CARDIOVASCULAR STRESS TEST USING MAX	21.17	00	15								
03	93017	CARDIOVASCULAR STRESS TEST; TRACING	39.23										
07	93017	CARDIOVASCULAR STRESS TEST; TRACING	47.08	00	15								
03	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	11.69										
07	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.02	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	93025	MICROVOLT T-WAVE ASSESS	142.89									
07	93025	MICROVOLT T-WAVE ASSESS	171.47	00 15								
03	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	9.32									X
07	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	11.19	00 15								X
03	93041	RHYTHM ECG; TRACING ONLY	3.57								X	X
07	93041	RHYTHM ECG; TRACING ONLY	4.28	00 15							X	X
03	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	5.76									X
07	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.91	00 15								X
03	93224	ECG MONITORING 24 HR BY CONT ORIG	80.42									
07	93224	ECG MONITORING 24 HR BY CONT ORIG	96.51	00 15								
03	93225	ECG MONITORING 24 HR BY RECORDING	23.54								X	
07	93225	ECG MONITORING 24 HR BY RECORDING	28.25	00 15							X	
03	93226	ECG SCANNING ANALYSIS W REPORT	36.39								X	
07	93226	ECG SCANNING ANALYSIS W REPORT	43.67	00 15							X	
03	93227	PHYSICIAN REVIEW & INTERPRETATION	20.48									
05	93227	ECG PHYS REVIEW & INTERPRETATION	8.19								X	
07	93227	PHYSICIAN REVIEW & INTERPRETATION	24.58	00 15								
03	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	18.59						X			
07	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	22.30	00 15					X			
03	93230	ECG MONITOR 24 HR CONT ORIG ECG	82.33									
07	93230	ECG MONITOR 24 HR CONT ORIG ECG	98.79	00 15								
03	93231	RECORDING INCLUDES HOOK-UP RECORD	23.79								X	
07	93231	RECORDING INCLUDES HOOK-UP RECORD	28.55	00 15							X	
03	93232	MICROPROCESSOR-BASED ANAL WITH REPOR	38.76								X	
07	93232	MICROPROCESSOR-BASED ANAL WITH REPOR	46.51	00 15							X	
03	93233	ECG REVIEW & INTERPRETATION	19.77									
07	93233	ECG REVIEW & INTERPRETATION	23.72	00 15								
03	93235	ECG MONITOR 24 HRS CONT COMP MONITOR	86.14									
07	93235	ECG MONITOR 24 HRS CONT COMP MONITOR	103.37	00 15								
03	93236	MONITORING AND REAL-TIME DATA ANALYS	68.61								X	
07	93236	MONITORING AND REAL-TIME DATA ANALYS	82.33	00 15							X	
03	93237	ECG PHYSICIAN REVIEW & INTERPRETATIO	17.64									
07	93237	ECG PHYSICIAN REVIEW & INTERPRETATIO	21.17	00 15								
03	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	176.62						X			
05	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	70.65						X			
07	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	176.62	00 15					X			
03	93270	ECG MONITORING UP TO 12 HOURS	14.28						X		X	
07	93270	ECG MONITORING UP TO 12 HOURS	17.14	00 15					X		X	
03	93271	ECG MONITORING; RECORDING ONLY	142.57						X		X	
07	93271	ECG MONITORING; RECORDING ONLY	171.08	00 15					X		X	
03	93272	ECG MONITORING; SCANNING ANALYSIS	19.77						X			
07	93272	ECG MONITORING; SCANNING ANALYSIS	23.72	00 15					X			
03	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	27.71									
05	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	11.08									
07	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	33.25	00 15								
03	93279	PROGRAMMING DEVICE EVALUATION (IN PE	38.98									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
05	93279	PROGRAMMING DEVICE EVALUATION WITH I	15.59										
07	93279	PROGRAMMING DEVICE EVALUATION WITH I	46.77	00	15								
03	93280	PROGRAMMING DEVICE EVALUATION (IN PE	46.02										
05	93280	PROGRAMMING DEVICE EVALUATION WITH I	18.41										
07	93280	PROGRAMMING DEVICE EVALUATION WITH I	55.22	00	15								
03	93281	PROGRAMMING DEVICE EVALUATION (IN PE	53.82										
05	93281	PROGRAMMING DEVICE EVALUATION WITH I	21.53										
07	93281	PROGRAMMING DEVICE EVALUATION WITH I	64.58	00	15								
03	93282	PROGRAMMING DEVICE EVALUATION (IN PE	49.86										
05	93282	PROGRAMMING DEVICE EVALUATION WITH I	19.94										
07	93282	PROGRAMMING DEVICE EVALUATION WITH I	59.83	00	15								
03	93283	PROGRAMMING DEVICE EVALUATION (IN PE	60.74										
05	93283	PROGRAMMING DEVICE EVALUATION WITH I	24.30										
07	93283	PROGRAMMING DEVICE EVALUATION WITH I	72.88	00	15								
03	93284	PROGRAMMING DEVICE EVALUATION (IN PE	71.13										
05	93284	PROGRAMMING DEVICE EVALUATION WITH I	28.45										
07	93284	PROGRAMMING DEVICE EVALUATION WITH I	85.36	00	15								
03	93285	PROGRAMMING DEVICE EVALUATION (IN PE	33.56										
05	93285	PROGRAMMING DEVICE EVALUATION WITH I	13.42										
07	93285	PROGRAMMING DEVICE EVALUATION WITH I	40.28	00	15								
03	93286	PERI-PROCEDURAL DEVICE EVALUATION (I	19.06										
05	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	7.62										
07	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	22.87	00	15								
03	93287	PERI-PROCEDURAL DEVICE EVALUATION (I	25.25										
05	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	10.10										
07	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	30.30	00	15								
03	93288	INTERROGATION DEVICE EVALUATION (IN	29.94										
05	93288	INTERROGATION DEVICE EVALUATION (IN	11.98										
07	93288	INTERROGATION DEVICE EVALUATION (IN	35.93	00	15								
03	93289	INTERROGATION DEVICE EVALUATION (IN	46.29										
05	93289	INTERROGATION DEVICE EVALUATION (IN	18.52										
07	93289	INTERROGATION DEVICE EVALUATION (IN	55.55	00	15								
03	93290	INTERROGATION DEVICE EVALUATION (IN	22.58										
05	93290	INTERROGATION DEVICE EVALUATION (IN	9.03										
07	93290	INTERROGATION DEVICE EVALUATION (IN	27.10	00	15								
03	93291	INTERROGATION DEVICE EVALUATION (IN	28.75										
05	93291	INTERROGATION DEVICE EVALUATION (IN	11.50										
07	93291	INTERROGATION DEVICE EVALUATION (IN	34.50	00	15								
03	93292	INTERROGATION DEVICE EVALUATION (IN	26.14										
05	93292	INTERROGATION DEVICE EVALUATION (IN	10.46										
07	93292	INTERROGATION DEVICE EVALUATION (IN	31.37	00	15								
03	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	40.53							X			
05	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	16.21							X			
07	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	48.64	00	15					X			
03	93294	INTERROGATION DEVICE EVALUATION(S) (	26.39							X			
07	93294	INTERROGATION DEVICE EVALUATION(S) (	31.66	00	15					X			

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	93295	INTERROGATION DEVICE EVALUATION(S) (	47.57							X			
07	93295	INTERROGATION DEVICE EVALUATION(S) (	57.09	00	15					X			
03	93297	INTERROGATION DEVICE EVALUATION(S),	18.59							X			
07	93297	INTERROGATION DEVICE EVALUATION(S),	22.30	00	15					X			
03	93298	INTERROGATION DEVICE EVALUATION(S),	21.20							X			
07	93298	INTERROGATION DEVICE EVALUATION(S),	25.43	00	15					X			
03	93303	ECHO TRANSTHORACIC	148.08										
05	93303	ECHO TRANSTHORACIC	59.23										
07	93303	ECHO TRANSTHORACIC	177.70	00	15								
03	93304	ECHO TRANSTHORACIC	91.36										
05	93304	ECHO TRANSTHORACIC	36.54										
07	93304	ECHO TRANSTHORACIC	109.63	00	15								
03	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	180.65										
05	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	72.26										
07	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	216.78	00	15								
03	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	119.75										
05	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	47.90										
07	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	143.69	00	15								
03	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	75.43										
05	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	30.17										
07	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	90.51	00	15								
03	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	221.87										
05	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	88.75										
07	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	266.24	00	15								
03	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	30.47										
07	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	36.57	00	15								
03	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	188.79										
05	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	75.52										
07	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	226.55	00	15								
03	93315	ECHO TRANSESOPHAGEAL	218.93										
05	93315	ECHO TRANSESOPHAGEAL	87.57										
07	93315	ECHO TRANSESOPHAGEAL	258.64	00	15								
03	93316	ECHO TRANSESOPHAGEAL	33.08									X	
07	93316	ECHO TRANSESOPHAGEAL	39.70	00	15							X	
03	93317	ECHO TRANSESOPHAGEAL	173.53										
05	93317	ECHO TRANSESOPHAGEAL	69.41										
07	93317	ECHO TRANSESOPHAGEAL	211.51	00	15								
03	93318	ECHO TRANSESOPHAGEAL INTRAOP	218.93										
05	93318	ECHO TRANSESOPHAGEAL INTRAOP	87.57										
07	93318	ECHO TRANSESOPHAGEAL INTRAOP	218.93	00	15								
03	93320	DOPPLER ECHOCARDIOGRAPHY	52.84										
05	93320	DOPPLER ECHOCARDIOGRAPHY	21.14										
07	93320	DOPPLER ECHOCARDIOGRAPHY	63.41	00	15								
03	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	23.57										
05	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	9.43										
07	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	28.28	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	93325	DOPPLER COLOR FLOW VELOCITY	35.94									
05	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	14.38									
07	93325	DOPPLER COLOR FLOW VELOCITY	43.13	00 15								
03	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	144.30									
05	93350	ECG,REAL-TIME,WINTER + REPORT	57.72									
07	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	173.16	00 15								
03	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	188.30									
05	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	75.32									
07	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	225.96	00 15								
03	93501	RT HEART CATHETERIZATION ONLY	539.84									
05	93501	RT HEART CATHETERIZATION ONLY	215.94									
07	93501	RT HEART CATHETERIZATION ONLY	647.80	00 15								
03	93503	INSERTION AND PLACEMENT OF FLOW DIR	83.54									
07	93503	INSERTION AND PLACEMENT OF FLOW DIR	100.25	00 15								
03	93505	ENDOCARDIAL BIOPSY 000	506.22									
05	93505	ENDOCARDIAL BIOPSY	202.49									
07	93505	ENDOCARDIAL BIOPSY 000	607.46	00 15								
03	93508	CATH PLACEMENT, ANGIOGRAPHY	712.34									
05	93508	CATH PLACEMENT, ANGIOGRAPHY	284.94									
07	93508	CATH PLACEMENT, ANGIOGRAPHY	854.80	00 15								
03	93510	LEFT HEART CATHETERIZAT;PERCUTANEOUS	893.51									
05	93510	LEFT HEART CATHETERIZA; PERCUTANEOUS	357.40									
07	93510	LEFT HEART CATHETERIZAT;PERCUTANEOUS	1,072.22	00 15								
03	93511	LEFT HEART CATH BY CUTDOWN	1,166.34									
05	93511	LEFT HEART CATH BY CUTDOWN	466.54									
07	93511	LEFT HEART CATH BY CUTDOWN	1,399.61	00 15								
03	93514	LT HEART CATH; LT VENT PUNCTURE	317.25									
05	93514	LT HEART CATH; LT VENT PUNCTURE	317.25									
07	93514	LT HEART CATH; LT VENT PUNCTURE	1,491.91	00 15								
03	93524	TRANSSEPTAL & RETROGRADE LT CATH	1,536.10									
05	93524	TRANSSEPTAL & RETOGRADE LT CATH	614.44									
07	93524	TRANSSEPTAL & RETROGRADE LT CATH	1,843.32	00 15								
03	93526	RT HRT & RETROGRADE LT HRT CATH	1,148.21									
05	93526	RT HRT & RETROGRADE LT HRT CATH	459.28									
07	93526	RT HRT & RETROGRADE LT HRT CATH	1,377.86	00 15								
03	93527	RT HRT & TRANSSEPTAL LT HRT CATH	1,549.97									
05	93527	RT HRT & TRANSSEPTAL LT HRT CATH	619.99									
07	93527	RT HRT & TRANSSEPTAL LT HRT CATH	1,859.97	00 15								
03	93528	RT HRT CATH W/LT VENT PUNCTURE	1,620.62									
05	93528	RT HRT W/LT VENT PUNCTURE	648.25									
07	93528	RT HRT CATH W/LT VENT PUNCTURE	1,944.74	00 15								
03	93529	RT/LFT HEART CATH THRU SEPTAL OPEN..	1,447.41									
05	93529	RT/LFT HEART CATH THRU SEPTAL OPEN	578.96									
07	93529	RT/LFT HEART CATH THRU SEPTAL OPEN..	1,736.89	00 15								
03	93530	RT HEART CATH, CONGENITAL	624.89									
05	93530	RT HEART CATH, CONGENITAL	249.96									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93530	RT HEART CATH, CONGENITAL	749.86	00 15								
03	93531	R & L HEART CATH, CONGENITAL	1,623.92									
05	93531	R & L HEART CATH, CONGENITAL	649.57									
07	93531	R & L HEART CATH, CONGENITAL	1,948.71	00 15								
03	93532	R & L HEART CATH, CONGENITAL	573.29									
05	93532	R & L HEART CATH, CONGENITAL	229.32									
07	93532	R & L HEART CATH, CONGENITAL	1,994.94	00 15								
03	93533	R & L HEART CATH, CONGENITAL	1,534.14									
05	93533	R & L HEART CATH, CONGENITAL	613.66									
07	93533	R & L HEART CATH, CONGENITAL	1,826.36	00 15								
03	93539	INJECTION PROCEDURE DURING CARDIAC C	54.05									
07	93539	INJECTION PROCEDURE DURING CARDIAC C	64.85	00 15								
03	93540	INJECTION PROCEDURE DURING CARDIAC C	158.65									
07	93540	INJECTION PROCEDURE DURING CARDIAC C	190.38	00 15								
03	93541	INJECTION FOR PULM ANGIOGRAPHY	11.41									
07	93541	INJECTION FOR PULM ANGIOGRAPHY	13.69	00 15								
03	93542	INJECT RT VENT/ATRIAL ANGIOGRAM	96.44									
07	93542	INJECT RT VENT/ATRIAL ANGIOGRAM	115.72	00 15								
03	93543	INJECT LT VENT/ATRIAL ANGIOGRAM	53.21									
07	93543	INJECT LT VENT/ATRIAL ANGIOGRAM	63.86	00 15								
03	93544	INJECTION FOR AORTOGRAPHY	38.83									
07	93544	INJECTION FOR AORTOGRAPHY	46.59	00 15								
03	93545	SELECTIVE CORONARY ANGIOGRAPHY	111.29									
07	93545	SELECTIVE CORONARY ANGIOGRAPHY	133.54	00 15								
03	93555	IMAGING, CARDIAC CATH	80.48									
05	93555	IMAGING SUPERVISION, INTERPRETATION	32.19									
07	93555	IMAGING, CARDIAC CATH	96.57	00 15								
03	93556	IMAGING, CARDIAC CATH	111.48									
05	93556	IMAGING SUPERVISION, INTERPRETATION	44.59									
07	93556	IMAGING, CARDIAC CATH	133.78	00 15								
03	93561	INDICATOR DILUTION STUDIES	33.52									
05	93561	INDICATOR DILUTION STUDIES	13.41									
07	93561	INDICATOR DILUTION STUDIES	40.22	00 15								
03	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	15.20									
05	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	6.08									
07	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	18.24	00 15								
03	93571	HEART FLOW RESERVE MEASURE	189.56									
05	93571	HEART FLOW RESERVE MEASURE	75.82									
07	93571	HEART FLOW RESERVE MEASURE	227.48	00 15								
03	93572	HEART FLOW RESERVE MEASURE	215.75									
05	93572	HEART FLOW RESERVE MEASURE	86.30									
07	93572	HEART FLOW RESERVE MEASURE	215.75	00 15								
03	93580	TRANSCATH CLOSURE OF ASD	730.71									
07	93580	TRANSCATH CLOSURE OF ASD	876.85	00 15								
03	93581	TRANSCATH CLOSURE OF VSD	959.89									
07	93581	TRANSCATH CLOSURE OF VSD	1,151.87	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	93600	BUNDLE OF HIS RECORDING	138.34									
05	93600	BUNDLE OF HIS RECORDING	55.34									
07	93600	BUNDLE OF HIS RECORDING	166.01	00 15								
03	93602	INTRA-ATRIAL RECORDING	115.77									
05	93602	INTRA-ATRIAL RECORDING	46.31									
07	93602	INTRA-ATRIAL RECORDING	138.92	00 15								
03	93603	RIGHT VENTRICULAR RECORDING;	131.00		X							
05	93603	RIGHT VENTRICULAR RECORDING	52.40		X							
07	93603	RIGHT VENTRICULAR RECORDING;	157.19	00 15	X							
03	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	274.72									
05	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	109.89									
07	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	329.66	00 15								
03	93610	INTRA-ATRIAL PACING	159.00									
05	93610	INTR-ATRIAL PAGING	63.60									
07	93610	INTRA-ATRIAL PACING	190.80	00 15								
03	93612	INTRAVENTRICULAR PACING	165.98									
05	93612	INTRAVENTRICULAR PACING	66.39									
07	93612	INTRAVENTRICULAR PACING	199.17	00 15								
03	93613	ELECTROPHYS MAP, 3D, ADD-ON	283.55									
05	93613	ELECTROPHYS MAP, 3D, ADD-ON	113.42									
07	93613	ELECTROPHYS MAP, 3D, ADD-ON	340.26	00 15								
03	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	44.55									
05	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	17.82									
07	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	53.46	00 15								
03	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	277.20									
05	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	110.88									
07	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	332.64	00 15								
03	93619	ELECTROPHYSIOLOGY EVALUATION	507.92									
05	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	203.17									
07	93619	ELECTROPHYSIOLOGY EVALUATION	609.51	00 15								
03	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	691.14									
05	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	276.46									
07	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	829.37	00 15								
03	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	765.00									
05	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	765.00									
07	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	765.00	00 15								
03	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	765.00									
05	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	765.00									
07	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	765.00	00 15								
03	93623	PROGRAMMED ST IMULATION & PACING	450.00									
05	93623	PROGRAMMED STIMULATION & PACING	450.00									
07	93623	PROGRAMMED ST IMULATION & PACING	450.00	00 15								
03	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	255.17									
05	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	102.07									
07	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	306.20	00 15								
03	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	418.50									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	418.50										
07	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	584.17	00	15								
03	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	330.68										
05	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	132.27										
07	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	396.81	00	15								
03	93641	ELECTROPHYSIOLOGY EVALUATION	428.95										
05	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	171.58										
07	93641	ELECTROPHYSIOLOGY EVALUATION	514.74	00	15								
03	93642	ELECTROPHYSIOLOGY EVALUATION	327.68										
05	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	131.07										
07	93642	ELECTROPHYSIOLOGY EVALUATION	393.22	00	15								
02	93650	INTRACARDIAC CATHETER ABLATION	86.26										
03	93650	INTRACARDIAC CATHETER ABLATION OF	431.28										
05	93650	INTRACARDIAC CATHETER ABLATION OF	172.51									X	
07	93650	INTRACARDIAC CATHETER ABLATION OF	517.54	00	15								
02	93651	INTRACARDIAC CATHETER ABLATION	131.40										
03	93651	INTRACARDIAC CATHETER ABLATION OF AR	657.00										
05	93651	INTRACARDIAC CATHETER ABLATION OF AR	262.80										
07	93651	INTRACARDIAC CATHETER ABLATION OF AR	788.40	00	15								
02	93652	INTRACARDIAC CATHETER ABLATION	142.98										
03	93652	INTRACARDIAC CATHETER ABLATION OF AR	714.92										
05	93652	INTRACARDIAC CATHETER ABLATION OF AR	285.97										
07	93652	INTRACARDIAC CATHETER ABLATION OF AR	857.91	00	15								
03	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	119.08										
05	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	47.63										
07	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	142.89	00	15								
03	93662	INTRACARDIAC ECHO DURING TX/DX	145.81										
07	93662	INTRACARDIA ECHO DURING TX/DX	145.81	00	15								
03	93668	PERIPHERAL VASCULAR REHAB	11.17										X
07	93668	PERIPHERAL VASCULAR REHAB	13.40	00	15								X
03	93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CAR	22.89										
05	93701	BIOIMPEDANCE, THORACIC	9.16										
07	93701	BIOIMPEDANCE, THORACIC	27.47	00	15								
03	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	30.99										
05	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	12.40										
07	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	37.19	00	15								
03	93721	PLETHYSMOGRAPHY TRACING ONLY	24.96										
05	93721	PLETHYSMOGRAPHY TRACING ONLY	9.98										
07	93721	PLETHYSMOGRAPHY TRACING ONLY	29.95	00	15								
03	93722	PLETHYSMOG.;INTERP & REPORT ONLY	6.03										
05	93722	PLETHYSMOG.;INTERP. & REPORT ONLY	2.41										
07	93722	PLETHYSMOG.;INTERP & REPORT ONLY	7.24	00	15								
03	93724	ANALYZE PACEMAKER SYSTEM	236.65										
05	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	94.66										
07	93724	ANALYZE PACEMAKER SYSTEM	283.98	00	15								
03	93740	TEMPERATURE GRADIENT STUDIES	6.95										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
05	93740	TEMPERATURE GRADIENT STUDIES	2.78										
07	93740	TEMPERATURE GRADIENT STUDIES	8.34	00	15								
03	93770	DETERMINATION OF VENOUS PRESSURE	6.24										X
05	93770	DETERMINATION OF VENOUS PRESSURE	2.50										X
07	93770	DETERMINATION OF VENOUS PRESSURE	7.49	00	15								X
03	93799	CARDIOVASCULAR PROCEDURE	MP			X							
07	93799	CARDIOVASCULAR PROCEDURE	MP	00	15	X							
03	93875	EXTRACRANIAL STUDY	67.51										
05	93875	NON-INVASIVE PHYSIOLOGICAL STUDIES	27.00										
07	93875	EXTRACRANIAL STUDY	81.01	00	15								
03	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	165.83										
05	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	66.33										
07	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	198.99	00	15								
03	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	109.25										
05	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	43.70										
07	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	131.09	00	15								
03	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	199.52										
05	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	79.81										
07	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	239.42	00	15								
03	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	135.92										
05	93888	TRANSCRANIAL DOPPLER STUDY OF THE	54.37										
07	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	163.11	00	15								
07	93890	TCD, VASOREACTIVITY STUDY	211.15	00	15								
03	93892	TCD, EMBOLI DETECT W/O INJ	192.84										
05	93892	TCD, EMBOLI DETECT W/O INJ	77.14										
07	93892	TCD, EMBOLI DETECT W/O INJ	231.41	00	15								
03	93893	TCD, EMBOLI DETECT W/INJ	192.37										
05	93893	TCD, EMBOLI DETECT W/INJ	76.95										
07	93893	TCD, EMBOLI DETECT W/INJ	230.84	00	15								
03	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	80.21										
05	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	32.08										
07	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	96.25	00	15								
03	93923	EXTREMITY STUDY	124.13										
05	93923	NONINVASIVE PHYSIOLOGIC STUDIES OF U	49.65										
07	93923	EXTREMITY STUDY	148.96	00	15								
03	93924	EXTREMITY STUDY	152.57										
05	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	61.03										
07	93924	EXTREMITY STUDY	183.09	00	15								
03	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	205.19										
05	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	82.08										
07	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	246.23	00	15								
03	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	131.11										
05	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	52.44										
07	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	157.33	00	15								
03	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	162.52										
05	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	65.01										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	195.02	00 15								
03	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	108.75									
05	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	43.50									
07	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	130.50	00 15								
03	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	82.19									
05	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	32.88									
07	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	98.63	00 15								
03	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	169.67									
05	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	67.87									
07	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	203.61	00 15								
03	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	112.31									
05	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	44.93									
07	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	134.78	00 15								
03	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	255.38									
05	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	102.15									
07	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	306.45	00 15								
03	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	147.86									
05	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	59.15									
07	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	177.44	00 15								
03	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	159.59									
05	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	63.83									
07	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	191.50	00 15								
03	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	110.13									
05	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	44.05									
07	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	132.16	00 15								
03	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	126.12									
05	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	50.45									
07	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	151.34	00 15								
03	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	87.32									
05	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	34.93									
07	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	104.78	00 15								
03	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	27.12									
07	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	32.54	00 15								
03	93990	DOPPLER FLOW TESTING	128.03									
05	93990	DOPPLER FLOW TESTING	51.21									
07	93990	DOPPLER FLOW TESTING	153.64	00 15								
03	94002	VENTILATION ASSIST AND MANAGEMENT, I	64.31									
07	94002	VENTILATION ASSIST AND MANAGEMENT, I	77.18	00 15								
03	94003	VENTILATION ASSIST AND MANAGEMENT, I	46.34									
07	94003	VENTILATION ASSIST AND MANAGEMENT, I	55.61	00 15								
03	94004	VENTILATION ASSIST AND MANAGEMENT, I	33.71									
07	94004	VENTILATION ASSIST AND MANAGEMENT, I	40.46	00 15								
03	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	22.19									
05	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.88									
07	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	26.62	00 15								
03	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	72.54	00 02								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	87.05	00 02								
03	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	111.87	00 02								
07	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	134.24	00 02								
03	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	23.16	00 02								
07	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	27.79	00 02								
03	94014	PATIENT RECORDED SPIROMETRY	33.56									
05	94014	PATIENT RECORDED SPIROMETRY	13.42									
07	94014	PATIENT RECORDED SPIROMETRY	40.27	00 15								
03	94015	PATIENT RECORDED SPIROMETRY	15.44									
07	94015	PATIENT RECORDED SPIROMETRY	18.53	00 15								
03	94016	REVIEW PATIENT SPIROMETRY	18.11									
07	94016	REVIEW PATIENT SPIROMETRY	21.74	00 15								
03	94060	BRONCHOSPASM EVALUATION	39.05									
05	94060	BRONCHOSPASM EVALUATION	15.62									
07	94060	BRONCHOSPASM EVALUATION	46.86	00 15								
03	94070	BRONCHOSPASM EVALUATION; PROLONGED	41.69									
05	94070	BRONCHOSPASM EVALUATION, PROLONGED	16.68									
07	94070	BRONCHOSPASM EVALUATION; PROLONGED	50.03	00 15								
03	94150	VITAL CAPACITY; TOTAL	14.97									
05	94150	VITAL CAPACITY; TOTAL	5.99									
07	94150	VITAL CAPACITY; TOTAL	17.96	00 15								
03	94200	MAXIMUM BREATHING CAPACITY	15.10									
05	94200	MAXIMUM BREATHING CAPACITY	6.04									
07	94200	MAXIMUM BREATHING CAPACITY	18.12	00 15								
03	94240	FUNCTIONAL RESIDUAL CAPACITY	26.53									
05	94240	FUNCTIONAL RESIDUAL CAPACITY	10.61									
07	94240	FUNCTIONAL RESIDUAL CAPACITY	31.83	00 15								
03	94250	EXPIRED GAS COLLECTION	16.28									
05	94250	EXPIRED GAS COLLECTION	6.51									
07	94250	EXPIRED GAS COLLECTION	19.54	00 15								
03	94260	THORACIC GAS VOLUME	21.11									
05	94260	THORACIC GAS VOLUME	8.44									
07	94260	THORACIC GAS VOLUME	25.34	00 15								
03	94350	DETERMINE MALDISTRIBUTION OF GAS	23.68									
05	94350	DETERMINE MALDISTRIBUTION OF GAS	9.47									
07	94350	DETERMINE MALDISTRIBUTION OF GAS	28.41	00 15								
03	94360	DETERMINE RESISTANCE TO AIRFLOW	29.39									
05	94360	DETERMINE RESISTANCE TO AIRFLOW	11.76									
07	94360	DETERMINE RESISTANCE TO AIRFLOW	35.26	00 15								
03	94370	BREATH AIRWAY CLOSING VOLUME	22.72									
05	94370	BREATH AIRWAY CLOSING VOLUME	9.09									
07	94370	BREATH AIRWAY CLOSING VOLUME	27.26	00 15								
03	94375	RESPIRATORY FLOW VOLUME LOOP	25.26									
05	94375	RESPIRATORY FLOW VOLUME LOOP	10.10									
07	94375	RESPIRATORY FLOW VOLUME LOOP	30.31	00 15								
03	94400	CO2 BREATHING RESPONSE CURVE	36.03									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	94400	CO2 BREATHING RESPONSE CURVE	14.41									
07	94400	CO2 BREATHING RESPONSE CURVE	43.24	00 15								
03	94450	HYPOXIA RESPONSE CURVE	34.35									
05	94450	HYPOXIA RESPONSE CURVE	13.74									
07	94450	HYPOXIA RESPONSE CURVE	41.22	00 15								
03	94452	HAST W/REPORT	37.37									
05	94452	HAST W/REPORT	14.95									
07	94452	HAST W/REPORT	44.85	00 15								
03	94453	HAST W/OXYGEN TITRATE	49.79									
05	94453	HAST W/OXYGEN TITRATE	19.92									
07	94453	HAST W/OXYGEN TITRATE	59.74	00 15								
03	94620	PULMONARY STRESS TESTING	49.43									
05	94620	PULMONARY STRESS TESTING	19.77									
07	94620	PULMONARY STRESS TESTING	59.31	00 15								
03	94621	PULM STRESS TEST/COMPLEX	110.67									
05	94621	PULM STRESS TEST/COMPLEX	44.27									
07	94621	PULM STRESS TEST/COMPLEX	132.80	00 15								
03	94640	NONPRESSURIZED INHALATION	8.80									X
07	94640	NONPRESSURIZED INHALATION	10.56	00 15								X
03	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.30									
07	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.30	00 15								
03	94644	CONTINUOUS INHALATION TREATMENT WITH	22.34									
07	94644	CONTINUOUS INHALATION TREATMENT WITH	26.80	00 15								
03	94645	CONTINUOUS INHALATION TREATMENT WITH	8.80									
07	94645	CONTINUOUS INHALATION TREATMENT WITH	10.56	00 15								
07	94651	IPPB; SUBSEQUENT IT	20.30	00 15								X
03	94652	IPPB; NEWBORN INFANTS	5.92									X
07	94652	IPPB; NEWBORN INFANTS	26.58	00 15								X
03	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	39.34									
07	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	47.21	00 15								
03	94662	CONTINUOUS NEGATIVE PRESSURE	26.03									
07	94662	CONTINUOUS NEGATIVE PRESSURE	31.24	00 15								
03	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	9.75									
07	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	11.70	00 15								
03	94667	MANIPULATION CHEST WALL; INITIAL	13.56									
07	94667	MANIPULATION CHEST WALL; INITIAL	16.27	00 15								
03	94668	MANIPULATION CHEST WALL; SUBSEQUENT	12.59									X
07	94668	MANIPULATION CHEST WALL; SUBSEQUENT	15.11	00 15								X
03	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	38.65									X
05	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	15.46									X
07	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	46.38	00 15								X
03	94681	OXYGEN UPTAKE W/CO2 OUTPUT	42.04									X
05	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	16.82									X
07	94681	OXYGEN UPTAKE W/CO2 OUTPUT	50.45	00 15								X
03	94690	OXYGEN UPTAKE; REST; INDIRECT	33.26									X
05	94690	OXYGEN UPTAKE; REST, INDIRECT	13.30									X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	94690	OXYGEN UPTAKE; REST; INDIRECT	39.92	00 15								X
03	94720	CARBON MONOXIDE DIFFUSING CAPACITY	34.61									
05	94720	CARBON MONOXIDE DIFFUSING CAPACITY	13.84									
07	94720	CARBON MONOXIDE DIFFUSING CAPACITY	41.54	00 15								
03	94725	MEMBRANE DIFFUSION CAPACITY	44.84									
05	94725	MEMBRANE DIFFUSION CAPACITY	17.94									
07	94725	MEMBRANE DIFFUSION CAPACITY	53.81	00 15								
03	94750	PULMONARY COMPLIANCE STUDY	47.09									
05	94750	PULMONARY COMPLIANCE STUDY	18.84									
07	94750	PULMONARY COMPLIANCE STUDY	56.51	00 15								
03	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	1.91									
07	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	2.29	00 15								
03	94761	SEE 94760;MULTIPLE DETERMINATIONS	3.83									
07	94761	SEE 94760;MULTIPLE DETERMINATIONS	4.59	00 15								
03	94762	SEE 94760;CONT.OVERNIGHT MONITORING	19.52									
07	94762	SEE 94760;CONT.OVERNIGHT MONITORING	23.42	00 15								
03	94770	EXPIRED CARBON DIOXIDE ANALYSIS	24.51									
05	94770	EXPIRED CARBON DIOXIDE ANALYSIS	9.80									
07	94770	EXPIRED CARBON DIOXIDE ANALYSIS	29.41	00 15								
03	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	169.20									
05	94772	CIRCADIAN RESPIRA PATTERN RECORDING	67.50									
07	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	169.20	00 15								
03	94799	PULMONARY SERVICE/PROCEDURE	MP		X							
05	94799	PULMONARY SERVICE/PROCEDURE UNLISTED	21.60		X							
07	94799	PULMONARY SERVICE/PROCEDURE	MP	00 15	X							
03	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.84									X
07	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.61	00 15								X
03	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	11.66									X
07	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	14.00	00 15								X
03	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	12.83									
07	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	15.39	00 15								
03	95015	INTRACUTANEOUS (INTRADERMAL) TESTS,	8.81									X
07	95015	INTRACUTANEOUS (INTRADERMAL) TESTS,	10.58	00 15								X
03	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	4.55									X
07	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	5.46	00 15								X
03	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.13									X
07	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.55	00 15								X
03	95044	PATCH OR APPLICATION TEST(S) (SPECIF	4.04									X
07	95044	PATCH OR APPLICATION TEST(S) (SPECIF	4.85	00 15								X
03	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	4.52									X
07	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	5.42	00 15								X
03	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	15.21									X
07	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	18.25	00 15								X
03	95065	NASAL MUCOUS MEMBRANE TEST	13.78									
07	95065	NASAL MUCOUS MEMBRANE TEST	16.53	00 15								
03	95070	INHALATION BRONCH CHALLENGE TESTING	28.04									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	95070	INHALATION BRONCH CHALLENGE TESTING	33.64	00 15								
03	95071	BRONCHIAL INHALATIONS W/ANTIGENS	34.68									
07	95071	BRONCHIAL INHALATIONS W/ANTIGENS	41.62	00 15								
03	95075	INGESTION CHALLENGE TEST	44.00									
07	95075	INGESTION CHALLENGE TEST	52.79	00 15								
03	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	6.89									
07	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	8.27	00 15								
03	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	8.32									
07	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	9.98	00 15								
03	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	8.19									
07	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	8.19	00 15								
03	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.46									
07	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.46	00 15								
03	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.46									
07	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.46	00 15								
03	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	11.00									
07	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	11.00	00 15								
03	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	13.54									
07	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	13.54	00 15								
03	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	16.07									
07	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	16.07	00 15								
03	95144	PROFESSIONAL SERVICES FOR THE SUPERV	7.80									X
07	95144	PROFESSIONAL SERVICES FOR THE SUPERV	9.36	00 15								X
03	95145	PROFESSIONAL SERVICES FOR THE SUPERV	10.18									X
07	95145	PROFESSIONAL SERVICES FOR THE SUPERV	12.21	00 15								X
03	95146	PROFESSIONAL SERVICES FOR THE SUPERV	16.59									X
07	95146	PROFESSIONAL SERVICES FOR THE SUPERV	19.91	00 15								X
03	95147	PROFESSIONAL SERVICES FOR THE SUPERV	16.12									X
07	95147	PROFESSIONAL SERVICES FOR THE SUPERV	19.34	00 15								X
03	95165	PROFESSIONAL SERVICES FOR THE SUPERV	7.80						X			X
07	95165	PROFESSIONAL SERVICES FOR THE SUPERV	9.36	00 15					X			X
03	95170	PROFESSIONAL SERVICES FOR THE SUPERV	6.14									
07	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	7.37	00 15								
03	95180	RAPID DESENSITIZATION; EACH HOUR	98.09		X							X
07	95180	RAPID DESENSITIZATION; EACH HOUR	117.70	00 15	X							X
03	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP		X							
07	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP	00 15	X							
03	95250	GLUCOSE MONITORING, CONT	84.56									
07	95250	GLUCOSE MONITORING, CONT	101.47	00 15								
03	95251	GLUC MONITOR, CONT, PHYS I&R	28.94									
07	95251	GLUC MONITOR, CONT, PHYS I&R	34.72	00 15								
03	95806	SLEEP STUDY, UNATTENDED, SIMULTANEOU	143.38									
05	95806	SLEEP STUDY, UNATTENDED	57.35									
07	95806	SLEEP STUDY, UNATTENDED	172.05	00 15								
03	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	330.56									
05	95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF	132.22									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	396.68	00 15								
03	95808	POLYSOMNOGRAPHY, 1-3	433.84									
05	95808	POLYSOMNOGRAPHY;	173.54									
07	95808	POLYSOMNOGRAPHY, 1-3	520.61	00 15								
03	95810	POLYSOMNOGRAPHY, 4 OR MORE	517.24									
05	95810	POLYSOMNOGRAPHY;	206.90									
07	95810	POLYSOMNOGRAPHY, 4 OR MORE	620.69	00 15								
03	95811	POLYSOMNOGRAPHY W/CPAP	569.44									
05	95811	POLYSOMNOGRAPHY W/CPAP	227.78									
07	95811	POLYSOMNOGRAPHY W/CPAP	683.33	00 15								
03	95812	ELECTROENCEPHALOGRAM (EEG)	158.48									
05	95812	ELECTROENCEPHALOGRAM (EEG)	63.39									
07	95812	ELECTROENCEPHALOGRAM (EEG)	190.17	00 15								
03	95813	ELECTROENCEPHALOGRAM (EEG)	195.55									
05	95813	ELECTROENCEPHALOGRAM (EEG)	78.22									
07	95813	ELECTROENCEPHALOGRAM (EEG)	234.66	00 15								
03	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	145.65									
05	95816	EEG W/RECORD,AWAKE,DROWSY-SAME FA	58.26									
07	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	174.78	00 15								
03	95819	EEG-STD/PORT; SAME FACILITY	156.10									
05	95819	EEG-STD/PORT;SAME FACILITY	62.44									
07	95819	EEG-STD/PORT; SAME FACILITY	187.32	00 15								
03	95822	EEG; SLEEP ONLY	155.63									
05	95822	EEG; SLEEP ONLY	62.25									
07	95822	EEG; SLEEP ONLY	186.76	00 15								
03	95824	EEG; CEREBRAL DEATH RECORDING	88.91									X
05	95824	EEG; CEREBRAL DEATH RECORDING	35.56									X
07	95824	EEG; CEREBRAL DEATH RECORDING	88.91	00 15								X
03	95827	EEG; ALL NIGHT SLEEP RECORDING	248.97									
05	95827	EEG;ALL-NIGHT SLEEP RECORDING ONLY	99.59									
07	95827	EEG; ALL NIGHT SLEEP RECORDING	298.76	00 15								
03	95829	ELECTROCORTICOGRAM AT SURGERY	809.15									
05	95829	ELECTROCORTICOGRAM AT SURGERY	323.66									
07	95829	ELECTROCORTICOGRAM AT SURGERY	970.97	00 15								
03	95830	MD INSERT SPHENOIDAL ELECTRODE	120.36									
05	95830	MD INSERT SPHENOIDAL ELECTRODE	48.14									
07	95830	MD INSERT SPHENOIDAL ELECTRODE	144.43	00 15								
03	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	17.55									
05	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRAUMA	7.02									
07	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	21.06	00 15								
03	95832	MUSCLE TESTING; MANUAL; HAND	16.64									
05	95832	MUSCLE TESTING,MANUAL;HAND	6.66									
07	95832	MUSCLE TESTING; MANUAL; HAND	19.97	00 15								
03	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	24.59									
05	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	9.84									
07	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	29.51	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	29.30									
05	95834	MUSCLE TESTING,MANUAL;TOTAL W/HANDS	11.72									
07	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	35.16	00 15								
03	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	11.22									X
05	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	4.49									X
07	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	13.46	00 15								X
03	95852	RANGE OF MOTION; HAND	8.68									
05	95852	RANGE OF MOTION;HAND	3.47									
07	95852	RANGE OF MOTION; HAND	10.41	00 15								
03	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	28.60									
05	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	11.44									
07	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	34.32	00 15								
03	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	56.16									
05	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	22.46									
07	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	67.39	00 15								
03	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	82.08									
05	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	32.83									
07	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	98.50	00 15								
03	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	97.91									
05	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	39.16									
07	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	117.49	00 15								
03	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	112.10									
05	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	44.84									
07	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	134.51	00 15								
03	95865	MUSCLE TEST, LARYNX	78.85									
05	95865	MUSCLE TEST, LARYNX	31.54									
07	95865	MUSCLE TEST, LARYNX	94.62	00 15								
03	95866	MUSCLE TEST, HEMIDIAPHRAGM	64.49									
05	95866	MUSCLE TEST, HEMIDIAPHRAGM	25.80									
07	95866	MUSCLE TEST, HEMIDIAPHRAGM	77.38	00 15								
03	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	48.71									
05	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	19.48									
07	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	58.45	00 15								
03	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	67.11									
05	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	26.84									
07	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	80.53	00 15								
03	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	30.68									
05	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	12.27									
07	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	36.82	00 15								
03	95870	MUSCLE TEST, NON-PARASPINAL	29.97									
05	95870	MUSCLE TEST, NON-PARASPINAL	11.99									
07	95870	MUSCLE TEST, NON-PARASPINAL	35.96	00 15								
03	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	117.62									
05	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	47.05									
07	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	141.14	00 15								
03	95873	GUIDE NERV DESTR, ELEC STIM	31.16									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	95873	GUIDE NERV DESTR, ELEC STIM	12.46									
07	95873	GUIDE NERV DESTR, ELEC STIM	37.40	00 15								
03	95874	GUIDE NERV DESTR, NEEDLE EMG	29.50									
05	95874	GUIDE NERV DESTR, NEEDLE EMG	11.80									
07	95874	GUIDE NERV DESTR, NEEDLE EMG	35.40	00 15								
03	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	64.24									
05	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	25.70									
07	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	77.09	00 15								
03	95900	NERVE CONDUCTION; MOTOR; EACH NERVE	35.84									X
05	95900	NERVE CONDUCTION,MOTOR,EACH NERVE	14.34									X
07	95900	NERVE CONDUCTION; MOTOR; EACH NERVE	43.00	00 15								X
03	95903	MOTOR NERVE CONDUCTION TEST	42.38									X
05	95903	MOTOR NERVE CONDUCTION TEST	16.95									
07	95903	MOTOR NERVE CONDUCTION TEST	50.85	00 15								X
03	95904	NERVE CONDUCTION; SENSORY; EACH NERV	31.54									X
05	95904	NERVE CONDUCTION,SENSORY,@ NERVE	12.62									X
07	95904	NERVE CONDUCTION; SENSORY; EACH NERV	37.85	00 15								X
03	95905	MOTOR AND/OR SENSORY NERVE CONDUCTIO	53.42									X
05	95905	MOTOR AND/OR SENSORY NERVE CONDUCTIO	21.37									X
07	95905	MOTOR AND/OR SENSORY NERVE CONDUCTIO	64.10	00 15								X
03	95920	INTRAOPER NEUROPH TESTING PER HR	105.85									X
05	95920	INTRAOPER NEUROPH TESTING PER HR	42.34									X
07	95920	INTRAOPER NEUROPH TESTING PER HR	127.02	00 15								X
03	95925	SOMATOSENSORY TESTING,ONE > NERVES	78.29									
05	95925	SOMATOSENSORY TESTING,ONE > NERVES	31.32									
07	95925	SOMATOSENSORY TESTING,ONE > NERVES	93.95	00 15								
03	95926	SOMATOSENSORY TESTING	76.87									
05	95926	SOMATOSENSORY TESTING	30.75									
07	95926	SOMATOSENSORY TESTING	92.24	00 15								
03	95927	SOMATOSENSORY TESTING	78.77									
05	95927	SOMATOSENSORY TESTING	31.51									
07	95927	SOMATOSENSORY TESTING	94.53	00 15								
03	95928	C MOTOR EVOKED, UPPR LIMBS	126.82									
05	95928	C MOTOR EVOKED, UPPR LIMBS	50.73									
07	95928	C MOTOR EVOKED, UPPR LIMBS	152.18	00 15								
03	95929	C MOTOR EVOKED, LWR LIMBS	133.47									
05	95929	C MOTOR EVOKED, LWR LIMBS	53.39									
07	95929	C MOTOR EVOKED, LWR LIMBS	160.16	00 15								
03	95930	VISUAL EVOKED POTENTIAL TEST	68.62									
05	95930	VISUAL EVOKED POTENTIAL TEST	27.45									
07	95930	VISUAL EVOKED POTENTIAL TEST	82.34	00 15								
03	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	43.79									
05	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	17.52									
07	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	52.54	00 15								
03	95934	'H' REFLEX TEST	32.81									
05	95934	'H' REFLEX TEST	13.12									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	95934	'H' REFLEX TEST	39.38	00 15								
03	95936	'H' REFLEX TEST	29.39									
05	95936	'H' REFLEX TEST	11.76									
07	95936	'H' REFLEX TEST	35.26	00 15								
03	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	39.47									X
05	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	15.79									X
07	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	47.37	00 15								X
03	95950	AMBULATORY 24 HOUR EEG MONITORING	161.45									
05	95950	AMBULATORY 24 HOUR EEG MONITORING	64.58									
07	95950	AMBULATORY 24 HOUR EEG MONITORING	193.74	00 15								
03	95951	MONITORING FOR LOCALIZATION OF CEREB	704.42									
05	95951	MONITORING FOR LOCALIZATION OF CEREB	281.77									
07	95951	MONITORING FOR LOCALIZATION OF CEREB	845.30	00 15								
03	95953	MONITORING FOR LOCALIZATION OF CEREB	273.79									
05	95953	MONITORING FOR LOCALIZATION OF CEREB	109.52									
07	95953	MONITORING FOR LOCALIZATION OF CEREB	328.55	00 15								
03	95956	MONITORING FOR LOCALIZATION OF CEREB	471.61									
05	95956	MONITORING FOR LOCALIZATION OF CEREB	188.64									
07	95956	MONITORING FOR LOCALIZATION OF CEREB	565.93	00 15								
03	95957	EEG DIGITAL ANALYSIS	175.49									
05	95957	EEG DIGITAL ANALYSIS	70.20									
07	95957	EEG DIGITAL ANALYSIS	210.58	00 15								
03	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	262.79									
05	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	105.12									
07	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	315.34	00 15								
03	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	162.48									
05	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	64.99									
07	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	194.98	00 15								
03	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	150.63									
05	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	60.25									
07	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	180.76	00 15								
03	95965	MEG, SPONTANEOUS	388.56									
05	95965	MEG, SPONTANEOUS	155.42									
07	95965	MEG, SPONTANEOUS	388.56	00 15								
03	95966	MEG, EVOKED, SINGLE	197.54									
05	95966	MEG, EVOKED, SINGLE	79.02									
07	95966	MEG, EVOKED, SINGLE	197.54	00 15								
03	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	173.34									X
05	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	69.34									
07	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	173.34	00 15								X
03	95970	NEUROSTIM ANALYZE,NO PROGRAM	33.80									
07	95970	NEUROSTIM ANALYZE,NO PROGRAM	40.55	00 15								
03	95971	SIMPLE NEUROSTIM ANALYZE	39.89									
07	95971	SIMPLE NEUROSTIM ANALYZE	47.86	00 15								
03	95972	COMPLEX NEUROSTIM ANALYZE	71.51									
07	95972	COMPLEX NEUROSTIM ANALYZE	85.81	00 15				X				

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	95973	COMPLEX NEUROSTIM ANALYZE	39.40										
07	95973	COMPLEX NEUROSTIM ANALYZE	47.28	00	15								
03	95974	COMPLEX CRANIAL NEUROSTIM	121.11							X			
07	95974	COMPLEX CRANIAL NEUROSTIM	145.33	00	15					X			
03	95975	COMPLEX CRANIAL NEUROSTIM	67.40										
07	95975	COMPLEX CRANIAL NEUROSTIM	80.88	00	15								
03	95990	SPIN/BRAIN PUMP REFIL & MAIN	38.50	04	99				X				
07	95990	SPIN/BRAIN PUMP REFILLE & MAIN	46.20	04	15				X				
03	95991	SPIN/BRAIN PUMP REFIL & MAIN	59.57	04	99				X				
07	95991	SPIN/BRAIN PUMP REFILL & MAIN	71.48	04	15				X				
03	95992	CANALITH REPOSITIONING PROCEDURE(S)	MP			X							
07	95992	CANALITH REPOSITIONING PROCEDURE(S)	MP	00	15	X							
03	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP			X							
05	95999	UNLISTED NUEROLOGICAL/MUSCULAR DX PR	MP			X							
07	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP	00	15	X							
03	96000	MOTION ANALYSIS, VIDEO/3D	62.99										
07	96000	MOTION ANALYSIS, VIDEO/3D	75.58	00	15								
03	96001	MOTION TEST W/FT PRESS MEAS	74.35										
07	96001	MOTION TEST W/FT PRESS MEAS	89.22	00	15								
03	96002	DYNAMIC SURFACE EMG	14.66										
07	96002	DYNAMIC SURFACE EMG	17.60	00	15								
03	96003	DYNAMIC FINE WIRE EMG	12.86										
07	96003	DYNAMIC FINE WIRE EMG	15.44	00	15								
03	96004	PHYS REVIEW OF MOTION TESTS	79.31										
07	96004	PHYS REVIEW OF MOTION TESTS	95.17	00	15								
03	96101	PSYCHOLOGICAL TESTING PER HOUR	61.73										X
07	96101	PSYCHOLOGICAL TESTING PER HOUR	74.08	00	15								X
03	96105	ASSESSMENT OF APHASIA	48.52										X
07	96105	ASSESSMENT OF APHASIA	58.22	00	15								X
03	96116	NEUROBEHAVIORAL STATUS EXAM	69.14							X			X
07	96116	NEUROBEHAVIORAL STATUS EXAM	82.97	00	15					X			X
03	96118	NEUROPSYCH TST BY PSYCH/PHYS	77.45							X			X
07	96118	NEUROPSYCH TST BY PSYCH/PHYS	92.94	00	15					X			X
03	96150	ASSESS HLTH/BEHAVE, INIT	16.61									X	
07	96150	ASSESS HLTH/BEHAVE, INIT	19.94	00	15							X	
03	96151	ASSESS HLTH/BEHAVE, SUBSEQ	16.07									X	
07	96151	ASSESS HLTH/BEHAVE, SUBSEQ	19.29	00	15							X	
03	96152	INTERVENE HLTH/BEHAVE, INDIV	15.30									X	
07	96152	INTERVENE HLTH/BEHAVE, INDIV	18.36	00	15							X	
03	96153	INTERVENE HLTH/BEHAVE, GROUP	3.66									X	
07	96153	INTERVENE HLTH/BEHAVE, GROUP	4.39	00	15							X	
03	96154	INTERV HLTH/BEHAV, FAM W/PT	15.02									X	
07	96154	INTERV HLTH/BEHAV, FAM W/PT	18.03	00	15							X	
03	96155	INTERV HLTH/BEHAV FAM NO PT	16.19									X	
07	96155	INTERV HLTH/BEHAV FAM NO PT	19.43	00	15							X	
03	96401	CHEMO, ANTI-NEOPL, SQ/IM	45.11										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	96401	CHEMO, ANTI-NEOPL, SQ/IM	54.14	00 15								
03	96402	CHEMO HORMON ANTINEOPL SQ/IM	24.86									
07	96402	CHEMO HORMON ANTINEOPL SQ/IM	29.83	00 15								
03	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	57.30									
07	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	68.76	00 15								
03	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	79.37									
07	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	95.24	00 15								
03	96409	CHEMO, IV PUSH, SNGL DRUG	74.44									
07	96409	CHEMO, IV PUSH, SNGL DRUG	89.33	00 15								
03	96411	CHEMO, IV PUSH, ADDL DRUG	42.72									X
07	96411	CHEMO, IV PUSH, ADDL DRUG	51.26	00 15								X
03	96413	CHEMO, IV INFUSION, 1 HR	98.09									
07	96413	CHEMO, IV INFUSION, 1 HR	117.71	00 15								
03	96415	CHEMO, IV INFUSION, ADDL HR	22.74									X
07	96415	CHEMO, IV INFUSION, ADDL HR	27.29	00 15								X
03	96416	CHEMO PROLONG INFUSE W/PUMP	106.65									
07	96416	CHEMO PROLONG INFUSE W/PUMP	127.98	00 15								
03	96417	CHEMO IV INFUS EACH ADDL SEQ	49.17									
07	96417	CHEMO IV INFUS EACH ADDL SEQ	59.00	00 15								
03	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	71.60									
07	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	85.92	00 15								
03	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	115.07									
07	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	138.08	00 15								
03	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	51.63									
07	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	61.96	00 15								
03	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	113.40									
07	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	136.08	00 15								
03	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	401.66									
07	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	481.99	00 15								
03	96445	CHEMOTHERAPY ADMINISTRATION INTO PER	195.17									
07	96445	CHEMOTHERAPY ADMINISTRATION INTO PER	234.21	00 15								
03	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	142.12									
07	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	170.54	00 15								
03	96521	REFILL/MAINT, PORTABLE PUMP	84.32									
07	96521	REFILL/MAINT, PORTABLE PUMP	101.18	00 15								
03	96522	REFILL/MAINT PUMP/RESVR SYST	71.73									
07	96522	REFILL/MAINT PUMP/RESVR SYST	86.08	00 15								
03	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	90.85									
07	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	109.02	00 15								
03	96567	PHOTODYNAMIC TX, SKIN	76.97									
07	96567	PHOTODYNAMIC TX, SKIN	92.36	00 15								
03	96570	PHOTODYNAMIC TX, 30 MIN	41.91									
07	96570	PHOTODYNAMIC TX, 30 MIN	50.29	00 15								
03	96571	PHOTODYNAMIC TX, ADDL 15 MIN	20.12									X
07	96571	PHOTODYNAMIC TX, ADDL 15 MIN	24.14	00 15								X
03	96900	ACTINOTHERAPY	12.83									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	96900	ACTINOTHERAPY	15.40	00 15								
03	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	42.28						X			
07	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	50.73	00 15					X			
03	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	41.34									
07	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	49.61	00 15								
03	96912	PHOTOCHEMOTHERAPY/PUVA	52.98									
07	96912	PHOTOCHEMOTHERAPY/PUVA	63.58	00 15								
03	96913	PHOTOCHEMOTHERAPY	73.67									
07	96913	PHOTOCHEMOTHERAPY	88.40	00 15								
03	96920	LASER TX, SKIN < 250 SQ CM	109.25									
07	96920	LASER TX, SKIN < 250 SQ CM	131.10	00 15								
03	96921	LASER TX, SKIN 250-500 SQ CM	107.18									
07	96921	LASER TX, SKIN 250-500 SQ CM	128.62	00 15								
03	96922	LASER TX, SKIN > 500 SQ CM	159.89									
07	96922	LASER TX, SKIN > 500 SQ CM	191.87	00 15								
03	96999	DERMATOLOGICAL PROCEDURE	16.92		X							
07	96999	DERMATOLOGICAL PROCEDURE	16.92	00 15	X							
03	97001	PHYSICAL THERAPY EVALUATION	50.06						X			
07	97001	PHYSICAL THERAPY EVALUATION	60.07	00 15					X			
03	97003	OCCUPATIONAL THERAPY EVALUATION	52.91						X			
07	97003	OCCUPATIONAL THERAPY EVALUATION	63.49	00 15					X			
03	97016	PT-VASOPNEUMATIC DEVICES	10.58									
07	97016	PT-VASOPNEUMATIC DEVICES	12.69	00 15								
03	97018	PT-PARAFFIN BATH	5.43									
07	97018	PT-PARAFFIN BATH	6.52	00 15								
03	97032	ELECTRICAL STIMULATION,EACH 15 MIN	11.51									X
07	97032	ELECTRICAL STIMULATION,EACH 15 MIN	13.82	00 15								X
03	97033	ELECTRIC CURRENT THERAPY	16.78									
07	97033	ELECTRIC CURRENT THERAPY	20.13	00 15								
03	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	20.02									X
07	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	24.02	00 15								X
03	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	20.49									X
07	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	24.59	00 15								X
03	97116	GAIT TRAINING, EACH 15 MIN	17.48									X
07	97116	GAIT TRAINING, EACH 15 MIN	20.97	00 15								X
03	97124	MASSAGE, EACH 15 MIN	15.89									X
07	97124	MASSAGE, EACH 15 MIN	19.06	00 15								X
03	97139	PT-UNLISTED PROCEDUR-SPECIFY	6.65		X							
07	97139	PT-UNLISTED PROCEDUR-SPECIFY	14.36	00 15	X							
03	97140	MANUAL THERAPY	18.53								X	
07	97140	MANUAL THERAPY	22.23	00 15							X	
03	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	20.93			X						X
07	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	25.12	00 15		X						X
03	97532	COGNITIVE SKILLS DEVELOPMENT	17.37									
07	97532	COGNITIVE SKILLS DEVELOPMENT	20.84	00 15								
03	97533	SENSORY INTEGRATION	18.56									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	97533	SENSORY INTEGRATION	22.27	00	15								
03	97597	ACTIVE WOUND CARE/20 CM OR <	40.41										
07	97597	ACTIVE WOUND CARE/20 CM OR <	48.49	00	15								
03	97598	ACTIVE WOUND CARE > 20 CM	50.16										
07	97598	ACTIVE WOUND CARE > 20 CM	60.19	00	15								
07	97601	WOUND CARE SELECTIVE	38.28	00	15								
03	97602	WOUND CARE NON-SELECTIVE	25.20										
07	97602	WOUND CARE NON-SELECTIVE	25.20	00	15								
03	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	20.49										X
07	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	24.59	00	15								X
03	97760	ORTHOTIC MGMT AND TRAINING	22.64				X						X
07	97760	ORTHOTIC MGMT AND TRAINING	27.16	00	15		X						X
03	97761	PROSTHETIC TRAINING	20.26				X						X
07	97761	PROSTHETIC TRAINING	24.31	00	15		X						X
03	97762	C/O FOR ORTHOTIC/PROSTH USE	22.68				X						X
07	97762	C/O FOR ORTHOTIC/PROSTH USE	27.22	00	15		X						X
03	97799	UNLISTED PHYSICAL MED SER/PROC	MP			X							
07	97799	UNLISTED PHYSICAL MED SER/PROC	MP	00	15	X							
03	97802	MEDICAL NUTRITION, INDIV, IN	20.99									X	
07	97802	MEDICAL NUTRITION, INDIV, IN	25.19	00	15							X	
03	97803	MED NUTRITION, INDIV, SUBSEQ	18.35									X	
07	97803	MED NUTRITION, INDIV, SUBSEQ	22.02	00	15							X	
03	97804	MEDICAL NUTRITION, GROUP	9.38									X	
07	97804	MEDICAL NUTRITION, GROUP	11.26	00	15							X	
03	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	14.00										
07	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	14.00										
03	99051	SVCS @ REG SCHED EVE,WKND,HOLID HRS	14.00										
07	99051	SVCS @ REG SCHED EVE.WKND.HOLID HRS	14.00	00	15								
03	99082	NEO-NATAL ESCORT-PER HOUR	.63	00	01								X
07	99082	NEO-NATAL ESCORT-PER HOUR	.76	00	01								X
03	99143	MOD CS BY SAME PHYS, < 5 YRS	44.68	00	04	X							
07	99143	MOD CS BY SAME PHYS, < 5 YRS	53.61	00	04	X							
03	99144	MOD CS BY SAME PHYS, 5 YRS +	66.33	05	20	X							
07	99144	MOD CS BY SAME PHYS, 5 YRS +	79.60	05	15	X							
03	99145	MOD CS BY SAME PHYS ADD-ON	16.47	00	20	X							X
07	99145	MOD CS BY SAME PHYS ADD-ON	19.76	00	15	X							X
03	99148	MOD CS DIFF PHYS < 5 YRS	44.68	00	04	X							
07	99148	MOD CS DIFF PHYS<5 YRS	53.61	00	04	X							
03	99149	MOD CS DIFF PHYS 5 YRS +	66.33	05	20	X							
07	99149	MOD CS DIFF PHYS 5 YRS +	79.60	05	15	X							
03	99150	MOD CS DIFF PHYS ADD-ON	16.47	00	20	X							X
07	99150	MOD CS DIFF PHYS ADD-ON	19.76	00	15	X							X
03	99170	GASTRIC INTUBATION W/ASPIRATION	99.38										X
07	99170	GASTRIC INTUBATION W/ASPIRATION	119.26	00	15								X
03	99172	VISUAL FUNCTION SCREENING	76.50									X	
07	99172	VISUAL FUNCTION SCREENING	76.50	00	15							X	

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	99173	SCREENING TEST VISUAL ACUITY BILAT	1.67									X	
07	99173	SCREENING TEST VISUAL ACUITY BILAT	2.00	00	15							X	
03	99175	EMESIS INDUCTION WITH MEDICATION	17.14										
07	99175	EMESIS INDUCTION WITH MEDICATION	20.57	00	15								
03	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	132.47			X							X
07	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	158.97	00	15	X							X
03	99190	SPECIAL PUMP SERVICES; EACH HOUR	91.53			X							X
07	99190	SPECIAL PUMP SERVICES; EACH HOUR	91.53	00	15	X							X
03	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	63.45			X							
07	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	63.45	00	15	X							
03	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	45.68			X							
07	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	45.68	00	15	X							
03	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	46.32										
07	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	55.58	00	15								
03	E0785	REPLACEMENT IMPL PUMP CATHETER	345.04	04	99	X							
03	J0128	ABARELIX INJECTION 10 MG	69.92					M					X
03	J0130	INJECTION ABCIXIMAB 10 MG	399.89									X	X
03	J0152	ADENOSINE INJECTION	63.38										X
03	J0170	ADRENALIN/EPINEPHRINE INJ 1ML	.60										X
03	J0207	AMIFOSTINE 500MG	347.66										
03	J0275	ALPROSTADIL URETHRAL SUPPOS	22.01									X	
03	J0278	AMIKACIN SULFATE INJECTION 100MG	.48	00	20								X
03	J0285	AMPHOTERICIN B 50MG	11.91	00	20								X
03	J0287	AMPHOTERICIN B LIPID COMPLEX	9.52									X	
03	J0288	AMPHO B CHOLESTERYL SULFATE	12.60									X	
03	J0289	AMPHOTERICIN B LIPOSOME INJ	14.03									X	
03	J0290	AMPICILLIN SODIUM,500MG INJECTION	2.00	00	20								X
03	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	3.25	00	20								X
03	J0348	INJECTION, ANADULAFUNGIN, 1 MG	1.15	12	99								X
03	J0395	ARBUTAMINE HCL INJECTION	MP									X	
03	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	.03										X
03	J0475	BACLOFEN INJ 10MG	168.20	04	99								X
03	J0476	BACLOFEN INTRATHECAL TRIAL	62.97	04	99								
03	J0559	INJECTION, PENICILLIN G BENZATHINE A	.07	00	20								X
03	J0560	PCN G BENZ, UP TO 600,000 U	22.20	00	20								X
03	J0570	PCN G BENZ, UP TO 1,200,000 U	38.77	00	20								X
03	J0580	PCN G BENZ, UP TO 2,4002000 U	44.40	00	20								X
03	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	8.21									X	
03	J0592	BUPRENORPHINE HYDROCHLORIDE	.68									X	
03	J0594	INJECTION, BUSULFAN, 1 MG	11.55										X
03	J0610	CALCIUM GLUCONATE INJ.10ML	.26										
03	J0636	INJECTION, CALCITRIOL, 0.1 MCG	.41						X				X
03	J0637	CASPOFUNGIN ACETATE	12.11									X	
03	J0640	CALCIUM LEUCOVORIN INJ. 50MG	.80										X
03	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	.95										X
03	J0690	CEFAZOLIN SODIUM INJ 500MG	.53	00	20								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	J0692	CEFEPIME HCL 500 MG	4.73	00 20								X
03	J0694	CEFOXITIN SODIUM, 1GM	6.17	00 20								X
03	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	1.08	00 20								X
03	J0697	STERILE CEFUROXIME SODIUM 750MG	3.55	00 20								X
03	J0698	CEFOTAXIME SODIUM/PER GM	4.08	00 20								X
03	J0704	BETAMETHASONE SOD PHOSP/4 MG	1.02									X
03	J0706	CAFFEINE CITRATE INJECTION	.56								X	
03	J0710	INJECTION CEPHAPIRIN SODIUM UP TO1GM	4.85									X
03	J0713	CEFTAZIDIME 500MG	2.93	00 20								X
03	J0715	CEFTIZOXIME SODIUM, 500 MG	3.35	00 20								X
03	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	14.00	00 20								X
03	J0744	CIPROFLOXACIN IV	1.59								X	
03	J0770	COLISTIMETHATE INJ, UP TO 150MG	14.77	00 20								X
03	J0780	COMPAZINE INJ, UP TO 10MG	1.84									X
03	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	2.75	10 99								X
03	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	2.75									X
03	J0885	EPOETIN ALFA, NON-ESRD 1000 U	8.28									X
03	J0894	INJECTION, DECITABINE, 1 MG	25.09									X
03	J1051	INJECTION MEDROXYPROGESTE ACETA 50MG	6.55									X
03	J1055	DEPO-PROVERA INJ 150MG	57.35	10 55			F					
03	J1056	LUNELLE MONTHLY CONTRACEPTION INJ	21.10	10 60			F					
03	J1070	TETOST. CYP INJ, TO 100 MG	3.54									X
03	J1094	INJ DEXAMETHASONE ACETATE	.21								X	
03	J1100	DEXAMETHOSONE INJ, 1MG	.08									X
03	J1190	DEXRAZOXANE HCL 250MG	407.30									
03	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	.66									X
03	J1260	DOLASETRON MESYLATE INJ 10MG	4.17									X
03	J1267	INJECTION, DORIPENEM, 10 MG	.59	00 20								X
03	J1364	ERYTHRO LACTOBIONATE 500MG	6.49	00 20								X
03	J1440	FILGRASTIM 300 MCG	181.90									X
03	J1441	FILGRASTIM INJ (G-CSF) 480MCG	279.12									X
03	J1450	FLUCONAZOLE 200MG	6.70	00 20								X
03	J1453	INJECTION, FOSAPREPITANT, 1 MG	1.41									X
03	J1580	GENTAMYCIN, UP TO 80MG	.78	00 20								X
03	J1590	GATIFLOXACIN, 10MG	1.68	18 20								X
03	J1626	GRANISETRON HCL INJECTION	3.65									X
03	J1642	HEPARIN SODIUM 10U (HEPLOCK)	.08									X
03	J1644	HEPARIN SODIUM INJ 1000U	.18									X
03	J1650	ENOXAPARIN SODIUM, 10MG	5.59									X
03	J1652	FONDAPARINUX SODIUM	6.00								X	
03	J1655	TINZAPARIN SODIUM INJ 1000 IVS	1.91								X	
03	J1720	HYDROCORTISONE SODIUM 100MG	2.22									X
03	J1756	INJECTION,IRON SUCROSE,1MG	.33								X	X
03	J1815	INSULIN INJECTION	.28								X	
03	J1817	INSULIN FOR INSULIN PUMP USE	2.77								X	
03	J1835	INTRACONAZOLE INJ	38.05								X	

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	J1840	KANAMYCIN SULFATE, UP TO 500MG	3.92	00	20								X
03	J1850	KANAMYCIN SULFATE,UP TO 75MG	.59	00	20								X
03	J1950	LEUPROLIDE ACETATE /3.75 MG	420.61										
03	J1956	LEVOFLOXACIN, 250MG	5.37	18	20								X
03	J2010	LINCOMYCIN, HCL, UP TO 300MG	4.24	00	20								X
03	J2020	LINEZOLID INJ, 200MG	26.48	00	20								X
03	J2175	INJECTION MEPERIDINE HCL	1.28										
03	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	1.08	12	99								X
03	J2271	MORPHINE SO4 INJ 100MG	2.20									X	
03	J2322	INJ NANDROLONE DECANOATE,UP TO 200MG	15.30						X				
03	J2353	OCTREOTIDE INJ, DEPOT 1MG	95.25										
03	J2354	OCTRETIDE, NON-DEPOT 25 MCG	1.76										X
03	J2355	OPRELVEKIN INJ 5MG	222.11										
03	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	.19										X
03	J2425	PALIFERMIN INJECTION 50MCG	10.23										X
03	J2430	PAMIDRONATE DISODIUM 30MG	27.75										X
03	J2460	OXYTETRACYCLINE,UP TO 50MG	.94	08	20								X
03	J2469	PALONOSETRON HCL	14.98										X
03	J2501	PARICALCITOL	3.29									X	
03	J2505	PEGFILGRASTIM 6MG	1,958.54										
03	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	8.82	00	20								X
03	J2540	PCN G POTASSIUM,UP TO 600,000U	.72	00	20								X
03	J2550	PHENERGAN INJ, UP TO 50MG	1.48										X
03	J2562	INJECTION, PLERIXAFOR, 1 MG	268.71										X
03	J2700	OXACILLIN SODIUM,UP TO 250MG	1.64	00	20								X
03	J2720	INJECTION PROTAMINE SULFATE PER 10MG	.46										
03	J2765	REGLAN INJ, UP TO 10MG	.32										X
03	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	130.46	16	20								
03	J2785	INJECTION, REGADENOSON, 0.1 MG	42.66										X
03	J2788	RHO D IMMUNE GLOBULIN 50 MCG	21.15									X	
03	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	77.63										X
03	J2792	RHO(D) IMMUNE GLOBULIN H, SD	14.75									X	
03	J2820	SARGRAMOSTIM 50MCG	21.66										X
03	J2910	GOLD THERAPY INJ-ARTHRITIS	10.14										X
03	J2916	NA FERRIC GLUCONATE COMPLEX	4.27									X	
03	J2941	SOMATROPIN INJ	46.76									X	
03	J3000	STREPTOMYCIN, UP TO 1GM	4.16	00	20								X
03	J3070	INJECTION PENTAZOCINE 30 MG	5.75										
03	J3120	INJ TESTOSTERONE ENANTHATE	3.86						X				X
03	J3243	INJECTION, TIGECYCLINE, 1 MG	.99	00	20								X
03	J3250	INJECTION TRIMETHOBENZAMIDE HCL	4.42										
03	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	1.96	00	20								X
03	J3315	TRIPTORELIN PAMOATE	150.97									X	
03	J3360	INJECTION DIAZEPAM UP TO 5 MG	.96										
03	J3370	VANCOMYCIN HCL, 500MG	2.77	00	20								X
03	J3485	ZIDOVUDINE, 10MG	1.06	00	20								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	J3487	ZOLEDRONIC ACID 1 MG (ZOMETA)	193.69										X
03	J3490 TH	UNCLASSIFED DRUGS (17P 250MG IM)	20.00	10	60			F					
03	J7030	NORMAL SALINE SOL INFUSION, 1	.97										X
03	J7040	NORMAL SALINE, 500ML	.49										X
03	J7050	NORMAL SALINE SOL 250 ML	.24										X
03	J7060	DEXTROSE/WATER 5%, 500ML	.98										X
03	J7070	D5W INFUSION, 1000ML	1.96										X
03	J7120	RINGERS INJ, UP TO 1000 CC	.86										X
03	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	.77										X
03	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	444.60	10	60			F		X			
03	J7302	MIRENA-LEV-REL INTRA CONT SYS, 52MG	506.21	10	60			F					
03	J7306	LEVONORGESTREL IMPLANT SYS	MP			X							
03	J7513	DACLIZUMAB PARENTERAL 25MG	312.85									X	
03	J7633	BUDESONIDE CONCENTRATED SOL	153.33									X	
03	J9000	DOXORUBICIN HCL 10MG	3.41										X
03	J9001	DOXORUBICIN HCL LIPOSOME 10 MG	397.13										X
03	J9010	ALEMTUZUMAB, 10MG	498.52										X
03	J9015	ALDESLEUKIN/SINGLE USE VIAL	731.30										
03	J9017	ARSENIC TRIOXIDE 1MG	31.15										X
03	J9020	ASPARAGINASE, 10,000 UNITS	52.26										X
03	J9025	AZACITIDINE INJECTION 1MG	4.18										X
03	J9027	CLOFARABINE INJECTION 1MG	104.96	01	21								X
03	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	16.75										X
03	J9035	BEVACIZUMAB 10MG	51.64										X
03	J9040	BLEOMYCIN INJ, 15 UNITS	28.65										X
03	J9041	BORTEZOMIB INJECTION 0.1MG	32.64										X
03	J9045	CARBOPLATIN INJ 50MG.	5.18										X
03	J9050	CARMUSTINE, 100MG	151.41										X
03	J9055	CETUXIMAB 10 MG	44.77										X
03	J9060	CISPLATIN 10MG	2.01										X
03	J9062	PLATINAL/CISPLATIN INJ 50MG	10.03										X
03	J9065	CLADRIBINE INJ 1MG	26.33										X
03	J9070	CYTOXIN INJ 100MG	2.61										X
03	J9080	CYTOXIN INJ 200MG	5.22										X
03	J9090	CYTOXIN INJ 500MG	13.05										X
03	J9093	CYTOXAN INJ,LYOPHILIZED 100MG	1.63										X
03	J9098	CYTARABINE LIPSOME 10MG	403.25										X
03	J9100	CYTARABINE 100 MG	1.23										X
03	J9110	CYTARABINE 500MG	6.15										X
03	J9120	DACTINOMYCIN 0.5MG	453.07										X
03	J9130	DTIC-DOME INJ 100MG/10ML	3.95										X
03	J9140	DARCARBAZINE 200 MG	7.70										X
03	J9150	DAUNORUBICIN 10 MG	14.85										X
03	J9151	DAUNORUBICIN CITRATE 10MG	50.55										X
03	J9155	INJECTION, DEGARELIX, 1 MG	2.87					M					X
03	J9160	DENILEUKIN DIFTITOX, 300 MCG	1,288.94										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	J9171	INJECTION, DOCETAXEL, 1 MG	17.62									X
03	J9178	INJ, EPIRUBICIN HCL, 2 MG	3.17									X
03	J9181	ETOPOSIDE INJ, UP TO 10MG	.43									X
03	J9185	FLUDARABINE PHOSPHATE, 50 MG	178.68									X
03	J9190	FLUOROURACIL INJ, 500MG	1.40									X
03	J9200	FLOXURIDINE, FUDR, 500MG	51.47									
03	J9201	GEMCITABINE HCL, 200MG	124.37									X
03	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	164.69									X
03	J9206	IRINOTECAN, 20MG	19.55									X
03	J9207	INJECTION, IXABEPILONE, 1MG	57.37									X
03	J9208	IFOSFOMIDE, 1GM	30.15									X
03	J9209	MESNA, 200MG	5.25									X
03	J9211	IDARUBICIN HYDROCHLORIDE 5MG	139.91									X
03	J9212	INTERFERON ALFACON-1 1MCG	4.77									X
03	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	13.28									X
03	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	189.06				M		X			X
03	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	4,337.84									
03	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	1,319.15				M		X			
03	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50	MP		X		M		X			
03	J9230	MUSTARGEN INJ 10MG	132.46									X
03	J9245	MELPHALAN HCL INJ 50MG	1,462.14									
03	J9250	METHOTREXATE SOD INJ, 5 MG	.20									X
03	J9260	METHOTREXATE SOD INJ 50MG	2.07									X
03	J9261	INJECTION, NELARABINE, 50 MG	87.66									X
03	J9263	OXALIPLATIN 0.5MG	8.61									X
03	J9264	PACLITAXEL INJECTION 1MG	8.16	10 99								X
03	J9265	PACLITAXEL, 30 MG	6.80									X
03	J9268	PENTOSTATIN, PER 10 MG	1,441.13									X
03	J9280	MITOMYCIN 5 MG	13.77									X
03	J9290	MITIMYCIN, 20 MG	55.06									X
03	J9293	MITOXANTRONE HCL 5MG	76.31									X
03	J9300	GEMTUZUMAB OZOGAMICIN 5MG	2,246.45									X
03	J9303	INJECTION, PANITUMUMAB, 10 MG	75.20									X
03	J9305	PEMETREXED 10 MG	43.40									X
03	J9310	RITUXIMAB 100 MG	481.79									X
03	J9320	STREPTOZOCIN, 1GM	248.72									X
03	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	MP		X							
03	J9330	INJECTION, TEMSIROLIMUS, 1 MG	43.12									X
03	J9340	THIOTEPA, 15MG	84.70									X
03	J9350	TOPOTECAN 4 MG	845.41									X
03	J9355	TRASTUZUMAB 10MG	55.48									X
03	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	669.44									X
03	J9360	VINBLASTINE SULF 1MG	.71									X
03	J9370	ONCOVIN INJ 1MG	5.78									X
03	J9375	VINCRISTINE SULFATE 2MG	11.55									X
03	J9380	ONCOVIN INJ 5MG	28.87									X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	J9390	VINORELDINE TARTRATE 10MG	14.13									X
03	J9395	FULVESTRANT 25 MG	73.24						X			X
01	00100	ANES;SALIVARY GLANDS, BIOPSY	MP					X		5		X
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	MP					X		6		X
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	MP					X		5		X
01	00120	ANES;ALL OF EAR;NOS	MP					X		5		X
01	00124	ANES; OTOSCOPY	MP					X		4		X
01	00126	ANES; TYPANOTOMY	MP					X		4		X
01	00140	ANES;EYE;NOS	MP					X		5		X
01	00142	ANES;LENS SURGERY	MP					X		4		X
01	00144	ANES;CORNEAL TRANSPLANT	MP					X		6		X
01	00145	ANES;VITEORETINAL SURGERY	MP					X		6		X
01	00147	ANES;IRIDECTOMY	MP					X		4		X
01	00148	ANES;OPHTHALMOSCOPY	MP					X		4		X
01	00160	ANES;NOSE/ACC.SINUSES;NOS	MP					X		5		X
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	MP					X		7		X
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	MP					X		4		X
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	MP					X		5		X
01	00172	ANES;INTRAORAL REPAIR CLEFT PALATE	MP					X		6		X
01	00174	ANES;NOSE/SIN;EXCISE RETROPHARY TUMO	MP					X		6		X
01	00176	ANES;NOSE/SINUS;RADICAL SURGERY	MP					X		7		X
01	00190	ANES;FACIAL BONES OR SKULL;NOS	MP					X		5		X
01	00192	ANES; FACIAL BONES; RADICAL SURGERY	MP					X		7		X
01	00210	ANESTH, CRANIAL SURG NOS	MP					X		11		X
01	00211	ANESTHESIA FOR INTRACRANIAL PROCEDUR	MP					X		10		X
01	00212	ANES;INTRACRANIAL;SUBDURAL TABS	MP					X		5		X
01	00214	ANES;INTRACRANIAL;BURR HOLES	MP					X		9		X
01	00215	ANES FOR INTRACRANIAL PROCUEDURE	MP					X		9		X
01	00216	ANES;INTRACRANIAL;VASCULAR PROCEDURE	MP					X		15		X
01	00218	INTRACRANIAL,PROC.IN SITTING POSITIO	MP					X		13		X
01	00220	ANES;INTRACAN;SPINAL FLUID SHUNTING	MP					X		10		X
01	00222	ANES;ELECTROAG.INTRACRANIAL NERVE	MP					X		6		X
01	00300	ANES;NECK INTEGUMENTARY,SUBCUT TISS.	MP					X		5		X
01	00320	ANES;ESOPH,THYROID,ETC; NOS	MP	01 99				X		6		X
01	00322	ANES;NEEDLE BIOPSY OF THYROID	MP					X		3		X
01	00326	ANES; THE LARYNX AND TRACHEA	MP	00 00				X		7		X
01	00350	ANES;MAJOR VESSEL,NECK;NOS	MP					X		10		X
01	00352	ANES;MAJOR VESSELS NECK;SIMPL.LIGATI	MP					X		5		X
01	00400	ANES;ANTERIOR...CHEST...;NOS	MP					X		3		X
01	00402	ANES;RECONSTRUCT BREAST;NOS	MP					X		5		X
01	00404	ANES;RAD OR MOD BREAST PROC	MP					X		5		X
01	00406	ANES,RAD/MOD PROC W/NODE DISSECTION	MP					X		13		X
01	00410	ANES;ELECTRICAL CONVER.ARRHYTHMIAS	MP					X		4		X
01	00450	ANES,CLAV/SCAP;NOS	MP					X		5		X
01	00452	ANES,CLAV/SCAP;RADICAL SURGERY	MP					X		6		X
01	00454	ANES;BX OF CLAVICLE	MP					X		3		X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	00470	ANES;PARTIAL RIB RESECTION;NOS	MP					X		6		X
01	00472	ANES;THORACOPLASTY (ANY TYPE	MP					X		10		X
01	00474	ANES;RADICAL PROCEDURES	MP					X		13		X
01	00500	ANES;ALL PROCEDURES ON ESOPHAGUS	MP							15		X
01	00520	ANES;CLOSED CHEST PROC;NOS	MP					X		6		X
01	00522	ANES;NEEDLE BX OF PLEURA	MP					X		4		X
01	00524	ANES;PNEUMOCENTESIS	MP					X		4		X
01	00528	ANES;MEDIASTINOSCOPY/DX THORACOSCOPY	MP					X		8		X
01	00529	ANESTH, CHEST PARTITION VIEW	MP					X		11		X
01	00530	ANES;TRANSVENOUS PACEMAKER INSERT	MP					X		4		X
01	00532	ANESTHESIA FOR ACCESS TO CENTRAL VEN	MP					X		4		X
01	00534	ANESTHESIA FOR TRANSVENOUS INSERTION	MP					X		7		X
01	00537	ANES;CARDIAC ELECTROPHYS	MP					X		7		X
01	00539	ANES;TRACHEOBRONCHIAL RECONSTRUCTION	MP					X		18		X
01	00540	ANES;THORACOT,LUNGS,PLEURA,ETC;NOS	MP					X		12		X
01	00541	ANES;THORACOT,UTILIZING ONE LUNG	MP					X		15		X
01	00542	ANES;DECORTICATION	MP					X		15		X
01	00546	ANES;PULM.RESECTION W/THORACOPLASTY	MP					X		15		X
01	00548	ANES;INTRATHOR,TRACHEA AND BRONCHI	MP					X		17		X
01	00550	ANESTH,STERNAL DEBRIDEMENT	MP					X		10		X
01	00560	ANES;HEART,PERICAR,ETC.W/OPUMP OXYGE	MP					X		15		X
01	00561	ANESTH, HEART SURG < AGE 1	MP	00 00				X		25		X
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	MP	01 99				X		20		X
01	00563	ANESTH,HEART PROC W/PUMP	MP					X		25		X
01	00566	ANES;CORONARY ARTERY BYPASS W/O PUMP	MP					X		25		X
01	00567	ANESTHESIA FOR DIRECT CORONARY ARTER	MP					X		18		X
01	00580	ANES;HEART OR HEART/LUNG TRANSPLANT	MP		X			X		20		X
01	00600	ANES;CERV.SPINE-CORD;NOS	MP					X	X	10		X
01	00604	ANES;CERV.SPINE-CORD;SITTING POSITIO	MP					X	X	13		X
01	00620	ANES;THORAC SPINE/CORD;NOS	MP					X	X	10		X
01	00622	ANES;THORACOLUMBAR SYMPATHECTOMY	MP					X		13		X
01	00625	ANESTHESIA FOR PROCEDURES ON THE THO	MP					X		13		X
01	00626	ANESTHESIA FOR PROCEDURES ON THE THO	MP					X		15		X
01	00630	ANES;LUMBAR REGIONS;NOS	MP					X	X	8		X
01	00632	ANES;LUMBAR SYMPATHECTOMY	MP					X		7		X
01	00634	ANES;(LUMBAR)-CHEMONUCLEOLYSIS	MP					X		10		X
01	00635	ANES;LUMBAR PUNCTURE	MP							4		X
01	00640	ANES;MANIP OF SPINE FOR CLOSED PROCE	MP					X		3		X
01	00670	ANES;EXT SPINE CORD PROCEDURES	MP					X		13		X
01	00700	ANES;UPPER ANT. WALL;NOS	MP					X		4		X
01	00702	ANES;PERCUTANEOUS LIVER BX	MP							4		X
01	00730	ANES;UPPER POSTERIOR ABDOM WALL;NOS	MP					X		5		X
01	00740	ANES;UPPER GASTRO.ENDOSCOPIES	MP					X		5		X
01	00750	ANES;HERNIA REP.UPPER ABDOMEN;NOS	MP					X		4		X
01	00752	ANES;HERNIA,LUMBAR,VENTRAL/WND DEHIS	MP					X		6		X
01	00754	ANES;OMPHALOCELE	MP					X		7		X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	00756	ANES;TRANSABDOM.REP DIAPHRA.HERNIA	MP					X		7		X
01	00770	ANES;ALL PROC,MAJOR ABDO.BLD.VESSELS	MP					X		15		X
01	00790	ANES;INTRAPERI,UPPER ABDO/SHUNTS,NOS	MP					X		7		X
01	00792	ANES;PARTIAL HEPATECTOMY/NO LIVER BX	MP					X		13		X
01	00794	ANES;PART./TOT.PANCREATECTOMY	MP					X		8		X
01	00796	ANES;LIVER TRANSPLANT (RECIPIENT)	MP		X			X		30		X
01	00797	ANES;GASTRIC RESTR.PROC.MORB.OBESITY	MP		X			X		11		X
01	00800	ANES;LOWER ANTER.ABDO.WALL;NOS	MP					X		4		X
01	00802	ANES;PANNICULECTOMY	MP		X			X		5		X
01	00810	ANES;INTESTINAL ENDOS COPIC PROC.	MP					X		5		X
01	00820	ANES;LOWER POST. ABDOMINAL WALL	MP					X		5		X
01	00830	ANES;HERNIA REP. LOWER ABDO;NOS	MP					X		4		X
01	00832	ANES;LOWER ABDO;VENT/INCIS.HERNIAS	MP					X		6		X
01	00834	ANES;HERNIA REPAIRS IN LOW ABDOM NOS	MP	00 00				X		5		X
01	00836	ANES;HENIA REPAIRS NOS INFANTS	MP	00 02				X		6		X
01	00840	ANES;INTRAPERI,LOWER ABDO;NOSS	MP					X		6		X
01	00842	ANES;AMNIOCENTESIS	MP				F	X		4		X
01	00844	ANES;ABDOMINOPERINAEAL RESECTION	MP					X		7		X
01	00846	ANES;RADICAL HYSTERECTOMY	MP		X		F	X	X	8		X
01	00848	ANES;PELVIC EXENTERATION	MP		X			X		8		X
01	00851	ANES;TUBAL LIGATION/TRANSECTION	MP	21 64	X		F	X	X	6		X
01	00860	ANES;EXTRAPERI,LOWER ABDO,NOT URINAR	MP					X		6		X
01	00862	ANES;RENAL PROC/DONOR NEPHRECTOMY	MP		X					7		X
01	00864	ANES;TOTAL CYSTECTOMY	MP		X			X	X	8		X
01	00865	ANES;REMOVAL OF PROSTATE	MP		X			X	X	7		X
01	00866	ANES;ADRENALECTOMY	MP					X		10		X
01	00868	ANES;RENAL TRANSPLANT (RECEPIENT)	MP		X			X		10		X
01	00870	ANES;CYSTOLITHOTOMY	MP		X			X		5		X
01	00872	ANES;LITHOTRIPSY,ESW;WITH WATER BATH	MP					X		7		X
01	00873	ANES;LITHOTRIPSY,ESW;W/O WATER BATH	MP					X		5		X
01	00880	ANES;MAJOR LOW.ABDO VESSEL;NOS	MP					X		15		X
01	00882	ANES;INFERIOR VENA CAVA LIGATION	MP					X		10		X
01	00902	ANES;ANORECTAL (INCLUDES ENDOS & BX)	MP					X		5		X
01	00904	ANES;RADICAL PERINEAL PROCEDURE	MP					X		7		X
01	00906	ANES;VULVECTOMY	MP					X	X	4		X
01	00908	ANES;PERIENEAL PROSTATECTOMY	MP				M	X	X	6		X
01	00910	ANES;TRANSURETHAL (INCL URETHROC;NOS	MP					X		3		X
01	00912	ANES;TRANURETHRAL RESECT.BLADDER TU	MP					X		5		X
01	00914	ANES;TRANURETHRAL RESECT-PROSTATE	MP				M	X		5		X
01	00916	ANES;POST-TRANSURETH.RESECT-BLEEDING	MP					X		5		X
01	00918	ANES;W/FRAGMENT,MANIP/REMO.URET CALC	MP					X		5		X
01	00920	ANES;MALE EXT GENITALIA;NOS	MP				M	X		3		X
01	00921	ANES;VASECTOMY,UNILATERNAL/BILATERAL	MP	21 55	X		M	X	X	3		X
01	00922	ANES;SEMINAL VESICLES	MP		X		M	X	X	6		X
01	00924	ANES;UNDESCENDED TETIS,UNI-BILATERAL	MP				M	X		4		X
01	00926	ANES;RAD ORCHIECTOMY, INGUINAL	MP				M	X	X	4		X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	00928	ANES;RAD ORCHIECTOMY,ABDOMINAL	MP				M	X	X	6		X
01	00930	ANES;ORCHIOPEXY,UNI-BILATERAL	MP				M	X		4		X
01	00932	ANES;COMPLETE PENIS AMPUTATION	MP				M	X	X	4		X
01	00934	ANES;RAD AMPU.PENIS,BILAT...LYMPHAD.	MP				M	X	X	6		X
01	00936	ANES;RAD AMPU PENIS...LYMPHAD	MP				M	X	X	8		X
01	00940	ANES;VAGINAL PROC;NOS	MP				F	X		3		X
01	00942	ANES;COLPOTOMY,VAGINECTOMY,COLPORRHA	MP				F	X		4		X
01	00944	ANES;VAGINAL HYSTERECTOMY	MP		X		F	X	X	6		X
01	00948	ANES; CERVICAL CERCLAGE	MP				F	X		4		X
01	00950	ANES;CULDOSCOPY	MP				F	X		5		X
01	00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	MP		X		F	X		4		X
01	01112	ANES;BONE APSIRATE/BX,ANTORPOST ILIA	MP					X		5		X
01	01120	ANES;FOR BONY PELVIS PROCEDURES	MP					X		6		X
01	01130	ANES;FOR BODY CASRT APPLI./REVISION	MP					X		3		X
01	01140	ANES;INTERPELVIABDOMINAL AMPUTATION	MP					X		15		X
01	01150	ANES;RAD PROC,TUMORS,NOT HIND QUART.	MP					X		10		X
01	01160	ANES;CLSD PROC,SYMPHYSIS PUBIS/SACRO	MP					X		4		X
01	01170	ANES;OPEN PROC,SYMPHYSIS PUBIS/SACRO	MP					X		8		X
01	01173	ANESTH, FX REPAIR, PELVIS	MP					X		12		X
01	01180	ANES;OBTURATOR NEUREC;EXTRAPELVIC	MP					X		3		X
01	01190	ANES;OBTURATOR NEURECT;INTRAPELVIC	MP					X		4		X
01	01200	ANES;ALL CLSD HIP JOINT PROC.	MP					X		4		X
01	01202	ANES;ARTHROSCOPIC PROC,HIP JOINT	MP					X		4		X
01	01210	ANES;OPEN HIP JOINT PROC; NOS	MP					X		6		X
01	01212	ANES; HIP DISARTICULATION	MP					X		10		X
01	01214	ANES;TOTAL HIP ARTHROPLASTY	MP					X		8		X
01	01215	ANES;REVISION TOTAL HIP ARTHROPLASTY	MP					X		10		X
01	01220	ANES;CLSD PROC,2/3 UPPER FEMUR	MP					X		4		X
01	01230	ANES;OPEN PROC,2/3 UPPER FEMUR; NOS	MP					X		6		X
01	01232	ANES;AMPUTATION UPPER LEG	MP					X		5		X
01	01234	ANES;RADICAL RESECTION,UPPER LEG	MP					X		8		X
01	01250	ANES;NERVES,MUSCLS,TENDONS,FASCIA,ET	MP					X		4		X
01	01260	ANES;VEINS,UPPER LEG-PLUS EXPLORAT.	MP					X		3		X
01	01270	ANES;ART.UPPER LEG,BY-PASS GRFT, NOS	MP					X		8		X
01	01272	ANES;FEMORAL ARTERY LIGATION	MP					X		4		X
01	01274	ANES;FEMORAL ARTERY EMBOLECTOMY	MP					X		6		X
01	01320	ANES;NERVES,MUSCLES...KNEE POPLITEAL	MP					X		4		X
01	01340	ANES;CLSD PROC,LOWER 1/3 FEMUR	MP					X		4		X
01	01360	ANES;OPEN PROC, LOWER 1/3 FEMUR	MP					X		5		X
01	01380	ANES;CLSD PROC ON KNEE JOINT	MP					X		3		X
01	01382	ANES;ARTHROSCOPY, KNEE JOINT	MP					X		3		X
01	01390	ANES;CLSD,UPPER END TIBIA,FIBULA....	MP					X		3		X
01	01392	ANES;OPEN,UPPER END TIBIA,FIBULA	MP					X		4		X
01	01400	ANES;OPEN KNEE JOINT PROC; NOS	MP					X		4		X
01	01402	ANES;TOTAL KNEE REPLACEMENT	MP					X		7		X
01	01404	ANES; DISARTICULATION AT KNEE	MP					X		5		X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
01	01420	ANES;CAST APPLI,REMOVAL,REPAIR,KNEE	MP					X		3		X
01	01430	ANES;KNEE,POPLITEAL AREA;NOS	MP					X		3		X
01	01432	ANES; ARTERIOVENOUS FISTULA	MP					X		6		X
01	01440	ANES;ARTERIES-KNEE/POPLITEAS..; NOS	MP					X		8		X
01	01442	ANES;POPLITEAL THROMBOENDARTERECTOMY	MP					X		8		X
01	01444	ANES;POPLITEAL EXC,GRFT,REP,ANEURYSM	MP					X		8		X
01	01462	ANES;CLSD PROC LOWER LED,ANKLE,FOOT	MP					X		3		X
01	01464	ANES; ARTHROSCOPY OF ANKLE/FOOT	MP					X		3		X
01	01470	ANES;NERVES,MUSCLES,ETC,LOWER LEG/FT	MP					X		3		X
01	01472	ANES;REP RUPT ACHILLES TEND.W/WO GFT	MP					X		5		X
01	01474	ANES; GASTROCNEMIUS RECESSION	MP					X		5		X
01	01480	ANES;OPEN,LOW LEG,ANKLE,FOOT; NOS	MP					X		3		X
01	01482	ANES;RADICAL RESECTION	MP					X		4		X
01	01484	ANES;OSTEOTOMY/OSTEOPLASTY,TIB/FIB	MP					X		4		X
01	01486	ANES; TOTAL ANKLE REPLACEMENT	MP					X		7		X
01	01490	ANES;LOWER LEG CAST APPL REMO/REPAIR	MP					X		3		X
01	01500	ANES;LOW LEG ARTERIES,BYPASS GFT;NOS	MP					X		8		X
01	01502	ANES; EMBOLECTOMY, DIRECT OR CATHET.	MP					X		6		X
01	01520	ANES;PROC,VEINS,LOWER LEG; NOS	MP					X		3		X
01	01522	ANES; VENOUS THROMBECTOMY,DIR.W/CATH	MP					X		5		X
01	01610	ANES;NERVES,MUSCLES,ETC;SHOUL.-AXILL	MP					X		5		X
01	01620	ANES;CLSD PROC,SHOULDER, AXILLA	MP					X		4		X
01	01622	ANES;ARTHROSCOPY,SHOULDER JOINT	MP					X		4		X
01	01630	ANES;OPEN PROC,SHOLDER/AXILLA;NOS	MP					X		5		X
01	01634	ANES;SHOULDER DISARTICULATION	MP					X		9		X
01	01636	ANES;INTERTHORACOSCAPULAR AMPUTATION	MP					X		15		X
01	01638	ANES;TOTAL SHOULDER REPLACEMENT	MP					X		10		X
01	01650	ANES;ARTERIES,SHOULDER,AXILLA; NOS	MP					X		6		X
01	01652	ANES;AXILLARY-BRACHIAL ANEURYSM	MP					X		10		X
01	01654	ANES; BYPASS GRAFT (SHOULDER, AXILLA	MP					X		8		X
01	01656	ANES;AXILLA-FEMORAL BYPASS GRAFT	MP					X		10		X
01	01670	ANES;PROC VEINS SHOULDER, AXILLA	MP					X		4		X
01	01680	ANES;SHOULDER CAST APPLI,REM,REP;NOS	MP					X		3		X
01	01682	ANES;SHOULDER SPICA	MP					X		4		X
01	01710	ANES;NERVES,MUSCLES,ETC,ARM/ELB;NOS	MP					X		3		X
01	01712	ANES; TENOTOMY,ELBOW-SHOULDER,OPEN	MP					X		5		X
01	01714	ANES;TENOPLASTY,ELBOW TO SHOULDER	MP					X		5		X
01	01716	ANES;TENODESIS,RUP,LNG TENDON,BICEPS	MP					X		5		X
01	01730	ANES;CLSD PROC,HUMERUS AND ELBOW	MP					X		3		X
01	01732	ANES;ARTHROSCOPY,ELBOW JOINT	MP					X		3		X
01	01740	ANES;OPEN/SURG.PROC ELBOW;NOS	MP					X		4		X
01	01742	ANES; OSTEOTOMY OF HUMERUS	MP					X		5		X
01	01744	ANES;REP NON OR MALUNION OF HUMERUS	MP					X		5		X
01	01756	ANES; RADICAL PROC,UPPER ARM, ELBOW	MP					X		6		X
01	01758	ANES;EXCISE CYST,TUMOR,HUMERES	MP					X		5		X
01	01760	ANES;TOTAL ELBOW REPLACEMENT	MP					X		7		X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
01	01770	ANES;ARTERIAL PROC UP-ARM,ELBOW;NOS	MP						X		6		X
01	01772	ANES;EMBOLECTOMY,UPPER ARM, ELBOW	MP						X		6		X
01	01780	ANES;VENOUS PROC,UPPER ARM,ELBOW;NOS	MP						X		3		X
01	01782	ANES;PHEBORRHAPHY	MP						X		4		X
01	01810	ANES;NERVE,MUSCLES,ETC.FORARM,ETC...	MP						X		3		X
01	01820	ANES;CLSD PROC,RADIUS,ULNA,WRIST,ETC	MP						X		3		X
01	01829	ANES;FOR DIAGNOSTIC ARTH PROC WRIST	MP						X		3		X
01	01830	ANES;OPEN PROC,RADIUS,ULNA,WRIST,NOS	MP						X		3		X
01	01832	ANES;TOTAL WRIST REPLACEMENT	MP						X		6		X
01	01840	ANES;ARTERIAL PROC,FOREARM,ETC; NOS	MP						X		6		X
01	01842	ANES;EMBOLECTOMY,FOREARM,WRIST,ETC	MP						X		6		X
01	01844	ANES;ANY TYPE,VASCULAR SHUNT/REVISE.	MP						X		6		X
01	01850	ANES;VEINS,FOREARM,WRIST,ETC;NOS	MP						X		3		X
01	01852	ANES;PHLEBORRHPHY,FOREARM,WRIST,HAND	MP						X		4		X
01	01860	ANES;CAST APPLI.REM.REP.,FOREARM,ETC	MP						X		3		X
01	01916	ANES;DIAG ARTERIOGRAPHY/VENOGRAPHY	MP						X		5		X
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	MP						X		7		X
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	MP						X		7		X
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	MP						X		5		X
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	MP						X		7		X
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	MP						X		8		X
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	MP						X		5		X
01	01931	ANES;THER INTERVEN RAD TIPS	MP						X		7		X
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	MP						X		6		X
01	01933	ANES;THER INTERV RAD INTRACRANIAL	MP						X		7		X
01	01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	MP						X		5		X
01	01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	MP						X		5		X
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	MP						X		3		X
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	MP						X		5		X
01	01953	ANES;BURN, EACH ADD 9 PERCENT	MP						X		1		X
01	01958	ANESTH, ANTEPARTUM MANIPUL	MP					F	X		5		X
01	01960	ANES;VAGINAL DELIVERY	MP	09	60			F	X	X	5		X
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	MP	09	60	X		F	X	X	8		X
01	01963	ANES;CESAREAN HYSTERECTOMY W/O LABOR	MP	09	60	X		F	X	X	8		X
01	01965	ANESTH, INC/MISSED AB PROC	MP	09	60	X		F	X		4		X
01	01966	ANESTH, INDUCED AB PROCEDURE	MP	09	60	X		F	X		4		X
01	01990	ANES;HARVESTING ORGAN,BRAIN-DEAD PT	MP			X			X		7		X
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	MP						X	X	3		X
01	01992	ANES;PRONE POSITION	MP						X	X	5		X
01	01999	ANES;UNLISTED PROCEDURE (S)	MP			X			X		1		X
03	10021	FNA W/O IMAGE	87.83										
05	10021	FNA W/O IMAGE	35.13										
07	10021	FNA W/O IMAGE	105.39	00	15								
03	10022	FNA W/IMAGE	89.96										
05	10022	FNA W/IMAGE	35.98										
07	10022	FNA W/IMAGE	107.95	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	10060	DRAINAGE OF SKIN ABSCESS	68.57									
07	10060	DRAINAGE OF SKIN ABSCESS	82.29	00 15								
03	10061	DRAIN SKIN ABSCESS COMPLICATED	119.00									
07	10061	DRAIN SKIN ABSCESS COMPLICATED	142.79	00 15								
03	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	99.92									
07	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	119.90	00 15								
03	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	159.05									
07	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	190.86	00 15								
03	10120	SIMPLE REMOVAL FOREIGN BODY	83.19									
07	10120	SIMPLE REMOVAL FOREIGN BODY	99.83	00 15								
03	10121	COMPLICATED REMOVAL FOREIGN BODY	163.44									
07	10121	COMPLICATED REMOVAL FOREIGN BODY	196.13	00 15								
03	10140	INCISE/DRAIN SIMPLE HEMATOMA	96.39									
07	10140	INCISE/DRAIN SIMPLE HEMATOMA	115.67	00 15								
03	10160	PUNCTURE DRAINAGE OF LESION	78.18									
07	10160	PUNCTURE DRAINAGE OF LESION	93.82	00 15								
03	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	145.13									
07	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	174.16	00 15								
03	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	34.07									
07	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	40.89	00 15								
03	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	14.54									X
07	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	17.45	00 15								X
03	11004	DEBRIDE GENITALIA & PERINEUM	392.86									
07	11004	DEBRIDE GENITALIA & PERINEUM	471.43	00 15								
03	11005	DEBRIDE ABDOM WALL	513.57									
07	11005	DEBRIDE ABDOM WALL	616.28	00 15								
03	11006	DEBRIDE GENIT/PER/ABDOM WALL	488.31									
07	11006	DEBRIDE GENIT/PER/ABDOM WALL	585.97	00 15								
03	11008	REMOVE MESH FROM ABD WALL	187.02									
07	11008	REMOVE MESH FROM ABD WALL	224.42	00 15								
03	11010	DEBRIDE SKIN, FX	291.95									
07	11010	DEBRIDE SKIN, FX	350.34	00 15								
03	11011	DEBRIDE SKIN/MUSCLE, FX	326.04									
07	11011	DEBRIDE SKIN/MUSCLE, FX	391.25	00 15								
03	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	446.81									X
07	11012	DEBRIDEMT;SKIN;SQ;MUSC.FASCIA,MUSC&B	536.17	00 15								X
03	11040	DEBRIDE SKIN,PARTIAL THICKNESS	29.70									X
07	11040	DEBRIDE SKIN,PARTIAL THICKNESS	35.64	00 15								X
03	11041	DEBRIDE SKIN,FULL THICKNESS	35.03									X
07	11041	DEBRIDE SKIN,FULL THICKNESS	42.04	00 15								X
03	11042	DEBRIDE SKIN,SUBCUTANEOUS TISSUE	47.34									X
07	11042	DEBRIDE SKIN,SUBCUTANEOUS TISSUE	56.81	00 15								X
03	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	171.65									X
07	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	205.98	00 15								X
03	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	234.36									X
07	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	281.23	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	11055	TRIM SKIN LESION	30.17									
07	11055	TRIM SKIN LESION	36.21	00 15								
03	11056	TRIM 2 TO 4 SKIN LESIONS	37.19									
07	11056	TRIM 2 TO 4 SKIN LESIONS	44.63	00 15								
03	11057	TRIM OVER 4 SKIN LESIONS	45.16									
07	11057	TRIM OVER 4 SKIN LESIONS	54.19	00 15								
03	11100	BIOPSY OF SINGLE LESION	63.25									
07	11100	BIOPSY OF SINGLE LESION	75.90	00 15								
03	11101	IOPSY OF SKIN,EACH ADD LESION	21.08									X
07	11101	IOPSY OF SKIN,EACH ADD LESION	25.29	00 15								X
03	11200	EXCISE UP TO 15 SKIN TAGS	50.36									
07	11200	EXCISE UP TO 15 SKIN TAGS	60.44	00 15								
03	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	12.13									X
07	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	14.55	00 15								X
03	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	41.36									
07	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	49.63	00 15								
03	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	57.21									
07	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	68.65	00 15								
03	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	68.56									
07	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	82.27	00 15								
03	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	80.60									
07	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	96.71	00 15								
03	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	43.33									
07	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	51.99	00 15								
03	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	59.82									
07	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	71.78	00 15								
03	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	70.52									
07	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	84.63	00 15								
03	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	79.99									
07	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	95.99	00 15								
03	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	51.83									
07	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	62.19	00 15								
03	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	66.18									
07	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	79.42	00 15								
03	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	76.42									
07	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	91.70	00 15								
03	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	96.11									
07	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	115.33	00 15								
03	11400	EXCISE BENIGN LESION TO 0.5 CM	70.34									X
07	11400	EXCISE BENIGN LESION TO 0.5 CM	84.41	00 15								X
03	11401	EXCISE BENIGN LESION 0.6 TO 1CM	87.29									X
07	11401	EXCISE BENIGN LESION 0.6 TO 1CM	104.74	00 15								X
03	11402	EXCISE BENIGN LESION 1.1 TO 2CM	97.60									X
07	11402	EXCISE BENIGN LESION 1.1 TO 2CM	117.12	00 15								X
03	11403	EXCISE BENIGN LESION 2.1 TO 3CM	112.91									X
07	11403	EXCISE BENIGN LESION 2.1 TO 3CM	135.50	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	11404	EXCISE BENIGN LESION 3.1 TO 4CM	128.78									X
07	11404	EXCISE BENIGN LESION 3.1 TO 4CM	154.54	00 15								X
03	11406	EXCISE BENIGN LESION OVER 4 CM	183.29									X
07	11406	EXCISE BENIGN LESION OVER 4 CM	219.94	00 15								X
03	11420	EXCISE BENIGN LESION TO 0.5 CM	71.74									X
07	11420	EXCISE BENIGN LESION TO 0.5 CM	86.09	00 15								X
03	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	93.62									X
07	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	112.35	00 15								X
03	11422	EXCISE BENIGN LESION 1.1 TO 2CM	104.78									X
07	11422	EXCISE BENIGN LESION 1.1 TO 2CM	125.74	00 15								X
03	11423	EXCISE BENIGN LESION 2.1 TO 3CM	122.44									X
07	11423	EXCISE BENIGN LESION 2.1 TO 3CM	146.93	00 15								X
03	11424	EXCISE BENIGN LESION 3.1 TO 4CM	141.65									X
07	11424	EXCISE BENIGN LESION 3.1 TO 4CM	169.98	00 15								X
03	11426	EXCISE BENIGN LESION OVER 4.0 CM	205.16									X
07	11426	EXCISE BENIGN LESION OVER 4.0 CM	246.20	00 15								X
03	11440	EXCISE BENIGN LESION TO 0.5 CM	78.21									X
07	11440	EXCISE BENIGN LESION TO 0.5 CM	93.85	00 15								X
03	11441	EXCISE BENIGN LESION 0.6 TO 1CM	100.00									X
07	11441	EXCISE BENIGN LESION 0.6 TO 1CM	120.00	00 15								X
03	11442	EXCISE BENIGN LESION 1.1 TO 2CM	112.91									X
07	11442	EXCISE BENIGN LESION 1.1 TO 2CM	135.50	00 15								X
03	11443	EXCISE BENIGN LESION 2.1 TO 3CM	136.43									X
07	11443	EXCISE BENIGN LESION 2.1 TO 3CM	163.72	00 15								X
03	11444	EXCISE BENIGN LESION 3.1 TO 4CM	172.99									X
07	11444	EXCISE BENIGN LESION 3.1 TO 4CM	207.59	00 15								X
03	11446	EXCISE BENIGN LESION OVER 4.0 CM	236.95									X
07	11446	EXCISE BENIGN LESION OVER 4.0 CM	284.34	00 15								X
03	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	214.03									
07	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	256.83	00 15								
03	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	281.27									
07	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	337.52	00 15								
03	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	210.68									
07	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	252.82	00 15								
03	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	288.87									
07	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	346.64	00 15								
03	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	235.72									
07	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	282.86	00 15								
03	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	297.53									
07	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	357.04	00 15								
03	11600	EXCISE MALIGNANCY TO 0.5 CM	109.04									X
07	11600	EXCISE MALIGNANCY TO 0.5 CM	130.85	00 15								X
03	11601	EXCISE MALIGNANCY 0.6 TO 1CM	134.96									X
07	11601	EXCISE MALIGNANCY 0.6 TO 1CM	161.96	00 15								X
03	11602	EXCISE MALIGNANCY 1.1 TO 2CM	148.21									X
07	11602	EXCISE MALIGNANCY 1.1 TO 2CM	177.85	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	11603	EXCISE MALIGNANCY 2.1 TO 3CM	169.28									X
07	11603	EXCISE MALIGNANCY 2.1 TO 3CM	203.13	00 15								X
03	11604	EXCISE MALIGNANCY 3.1 TO 4CM	187.31									X
07	11604	EXCISE MALIGNANCY 3.1 TO 4CM	224.77	00 15								X
03	11606	EXCISE MALIGNANCY OVER 4CM	265.91									X
07	11606	EXCISE MALIGNANCY OVER 4CM	319.10	00 15								X
03	11620	EXCISE MALIGNANCY TO 0.5CM	111.20									X
07	11620	EXCISE MALIGNANCY TO 0.5CM	133.44	00 15								X
03	11621	EXCISE MALIGNANCY 0.6 TO 1CM	136.19									X
07	11621	EXCISE MALIGNANCY 0.6 TO 1CM	163.42	00 15								X
03	11622	EXCISE MALIGNANCY 1.1 TO 2CM	154.38									X
07	11622	EXCISE MALIGNANCY 1.1 TO 2CM	185.26	00 15								X
03	11623	EXCISE MALIGNANCY 2.1 TO 3CM	181.41									X
07	11623	EXCISE MALIGNANCY 2.1 TO 3CM	217.69	00 15								X
03	11624	EXCISE MALIGNANCY 3.1 TO 4CM	204.74									X
07	11624	EXCISE MALIGNANCY 3.1 TO 4CM	245.68	00 15								X
03	11626	EXCISE MALIGNANCY OVER 4CM	250.82									X
07	11626	EXCISE MALIGNANCY OVER 4CM	300.98	00 15								X
03	11640	EXCISE MALIGNANCY TO 0.5CM	116.30									X
07	11640	EXCISE MALIGNANCY TO 0.5CM	139.56	00 15								X
03	11641	EXCISE MALIGNANCY 0.6 TO 1CM	143.62									X
07	11641	EXCISE MALIGNANCY 0.6 TO 1CM	172.34	00 15								X
03	11642	EXCISE MALIGNANCY 1.1 TO 2CM	166.01									X
07	11642	EXCISE MALIGNANCY 1.1 TO 2CM	199.22	00 15								X
03	11643	EXCISE MALIGNANCY 2.1 TO 3CM	196.47									X
07	11643	EXCISE MALIGNANCY 2.1 TO 3CM	235.76	00 15								X
03	11644	EXCISE MALIGNANCY 3.1 TO 4CM	243.25									X
07	11644	EXCISE MALIGNANCY 3.1 TO 4CM	291.90	00 15								X
03	11646	EXCISE MALIGNANCY OVER 4CM	323.06									X
07	11646	EXCISE MALIGNANCY OVER 4CM	387.68	00 15								X
03	11719	TRIM NAIL(S)	13.16		X						X	
07	11719	TRIM NAIL(S)	15.79	00 15	X						X	
03	11720	DEBRIDE NAIL, 1-5	19.60									
07	11720	DEBRIDE NAIL, 1-5	23.52	00 15								
03	11721	DEBRIDE NAIL, 6 OR MORE	28.41									
07	11721	DEBRIDE NAIL, 6 OR MORE	34.09	00 15								
03	11730	SIMPLE REMOVAL OF NAIL PLATE	62.35									
07	11730	SIMPLE REMOVAL OF NAIL PLATE	74.82	00 15								
03	11732	REMOVE ADDITIONAL NAIL PLATES	29.22									X
07	11732	REMOVE ADDITIONAL NAIL PLATES	35.06	00 15								X
03	11740	EVACUATE HEMATOMA UNDER NAIL	27.83									X
07	11740	EVACUATE HEMATOMA UNDER NAIL	33.40	00 15								X
03	11750	EXCISION NAIL & NAIL MATRIX	134.36									X
07	11750	EXCISION NAIL & NAIL MATRIX	161.23	00 15								X
03	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	191.64									X
07	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	229.97	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	83.23										
07	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	99.87	00	15								
03	11760	SIMPLE RECONSTRUCTION NAIL BED	123.87										X
07	11760	SIMPLE RECONSTRUCTION NAIL BED	148.64	00	15								X
03	11762	NAIL RECONSTRUCTION; COMPLICATED	169.10										X
07	11762	NAIL RECONSTRUCTION; COMPLICATED	202.92	00	15								X
03	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	77.66										X
07	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	93.20	00	15								X
03	11770	SIMPLE EXCISION PILONIDAL CYST	161.04										
07	11770	SIMPLE EXCISION PILONIDAL CYST	193.25	00	15								
03	11771	EXCISE PILONIDAL CYST; EXTENSIVE	332.57										
07	11771	EXCISE PILONIDAL CYST; EXTENSIVE	399.08	00	15								
03	11772	PILONIDAL CYST; COMPLICATED	403.49										
07	11772	PILONIDAL CYST; COMPLICATED	484.18	00	15								
03	11900	INTRALESIONAL INJECTION; UP TO 7	34.73										
07	11900	INTRALESIONAL INJECTION; UP TO 7	41.68	00	15								
03	11901	INTRALESIONAL INJECTION; OVER 7	44.45										
07	11901	INTRALESIONAL INJECTION; OVER 7	53.34	00	15								
03	11960	INSERTION OF TISSUE EXPANDER	MP				X						
07	11960	INSERTION OF TISSUE EXPANDER	715.78	00	15		X						
03	11970	REPLACE EXPANDER-PERM. PROSTHESIS	457.46				X						X
07	11970	REPLACE EXPANDER-PERM. PROSTHESIS	457.46	00	15		X						X
03	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	MP				X						
07	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	361.57	00	15		X						
03	11975	INSERTION OR REINSERTION, IMPLANTABL	84.78	10	60			F					
05	11975	NORPLANT INSERTION	33.91	10	60			F					
07	11975	INSERTION OR REINSERTION, IMPLANTABL	101.74	10	15			F					
03	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	95.73	10	60			F					
07	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	95.73	10	15			F					
03	11977	REMOVAL WITH REINSERTION, IMPLANTABL	155.48	10	60			F					
07	11977	REMOVAL WITH REINSERTION, IMPLANTABL	186.58	10	15			F					
03	11980	IMPLANT HORMONE PELLET(S)	68.35					F					
07	11980	IMPLANT HORMONE PELLET(S)	68.35	00	15			F					
03	11981	INSERT DRUG IMPLANT DEVICE	86.87										
07	11981	INSERT DRUG IMPLANT DEVICE	104.24	00	15								
03	11982	REMOVE DRUG IMPLANT DEVICE	100.46										
07	11982	REMOVE DRUG IMPLANT DEVICE	120.56	00	15								
03	11983	REMOVE/INSERT DRUG IMPLANT	156.80										
07	11983	REMOVE/INSERT DRUG IMPLANT	188.16	00	15								
03	12001	SIMPLE WOUND REPAIR TO 2.5CM	92.18										
07	12001	SIMPLE WOUND REPAIR TO 2.5CM	110.62	00	15								
03	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	98.42										
07	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	118.10	00	15								
03	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	116.31										
07	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	139.57	00	15								
03	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	145.22										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	174.26	00 15								
03	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	180.66									
07	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	216.79	00 15								
03	12007	SIMPLE WOUND REPAIR OVER 30CM	204.98									
07	12007	SIMPLE WOUND REPAIR OVER 30CM	245.98	00 15								
03	12011	SIMPLE WOUND REPAIR TO 2.5CM	97.85									
07	12011	SIMPLE WOUND REPAIR TO 2.5CM	117.41	00 15								
03	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	108.11									
07	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	129.74	00 15								
03	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	127.97									
07	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	153.57	00 15								
03	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	161.04									
07	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	193.25	00 15								
03	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	192.93									
07	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	231.52	00 15								
03	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	176.54									
07	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	211.85	00 15								
03	12018	SIMPLE WOUND REPAIR OVER 30 CM	218.26									
07	12018	SIMPLE WOUND REPAIR OVER 30 CM	261.91	00 15								
03	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	166.05									
07	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	199.26	00 15								
03	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	99.80									
07	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	119.76	00 15								
03	12031	LAYER CLOSURE WOUND TO 2.5CM	145.69									
07	12031	LAYER CLOSURE WOUND TO 2.5CM	174.83	00 15								
03	12032	LAYER CLOSURE 2.6 TO 7.5CM	186.41									
07	12032	LAYER CLOSURE 2.6 TO 7.5CM	223.69	00 15								
03	12034	LAYER CLOSURE 7.6-12.5CM	185.78									
07	12034	LAYER CLOSURE 7.6-12.5CM	222.94	00 15								
03	12035	LAYER CLOSURE 12.6 TO 20CM	226.91									
07	12035	LAYER CLOSURE 12.6 TO 20CM	272.30	00 15								
03	12036	LAYER CLOSURE 20.1 TO 30CM	250.63									
07	12036	LAYER CLOSURE 20.1 TO 30CM	300.75	00 15								
03	12037	LAYER CLOSURE WOUND/ OVER 30CM	283.36									
07	12037	LAYER CLOSURE WOUND/ OVER 30CM	340.03	00 15								
03	12041	LAYER CLOSURE WOUND TO 2.5CM	153.07									
07	12041	LAYER CLOSURE WOUND TO 2.5CM	183.68	00 15								
03	12042	LAYER CLOSURE 2.6 TO 7.5CM	178.04									
07	12042	LAYER CLOSURE 2.6 TO 7.5CM	213.64	00 15								
03	12044	LAYER CLOSURE 7.6 TO 12.5CM	206.00									
07	12044	LAYER CLOSURE 7.6 TO 12.5CM	247.19	00 15								
03	12045	LAYER CLOSURE 12.6 TO 20CM	229.52									
07	12045	LAYER CLOSURE 12.6 TO 20CM	275.42	00 15								
03	12046	LAYER CLOSURE 20.1 TO 30CM	272.19									
07	12046	LAYER CLOSURE 20.1 TO 30CM	326.63	00 15								
03	12047	LAYER CLOSURE WOUND OVER 30CM	292.28									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	12047	LAYER CLOSURE WOUND OVER 30CM	350.74	00 15								
03	12051	LAYER CLOSURE WOUND TO 2.5CM	164.33									
07	12051	LAYER CLOSURE WOUND TO 2.5CM	197.20	00 15								
03	12052	LAYER CLOSURE 2.6 TO 5CM	185.80									
07	12052	LAYER CLOSURE 2.6 TO 5CM	222.96	00 15								
03	12053	LAYER CLOSURE 5.1 TO 7.5CM	204.72									
07	12053	LAYER CLOSURE 5.1 TO 7.5CM	245.66	00 15								
03	12054	LAYER CLOSURE 7.6 TO 12.5CM	217.48									
07	12054	LAYER CLOSURE 7.6 TO 12.5CM	260.97	00 15								
03	12055	LAYER CLOSURE 12.6 TO 20CM	263.48									
07	12055	LAYER CLOSURE 12.6 TO 20CM	316.18	00 15								
03	12056	LAYER CLOSURE 20.1 TO 30CM	311.57									
07	12056	LAYER CLOSURE 20.1 TO 30CM	373.89	00 15								
03	12057	LAYER CLOSURE WOUND OVER 30CM	347.66									
07	12057	LAYER CLOSURE WOUND OVER 30CM	417.20	00 15								
03	13100	COMPLEX REPAIR 1.1 TO 2.5CM	195.71									
07	13100	COMPLEX REPAIR 1.1 TO 2.5CM	234.86	00 15								
03	13101	COMPLEX REPAIR 2.6 TO 7.5CM	246.53									
07	13101	COMPLEX REPAIR 2.6 TO 7.5CM	295.84	00 15								
03	13102	REPAIR WOUND/LESION ADD-ON	67.79									
07	13102	REPAIR WOUND/LESION ADD-ON	81.35	00 15								
03	13120	COMPLEX REPAIR 1.1 TO 2.5CM	203.43									
07	13120	COMPLEX REPAIR 1.1 TO 2.5CM	244.12	00 15								
03	13121	COMPLEX REPAIR 2.6 TO 7.5CM	272.65									
07	13121	COMPLEX REPAIR 2.6 TO 7.5CM	327.18	00 15								
03	13122	REPAIR WOUND/LESION ADD-ON	76.06									
07	13122	REPAIR WOUND/LESION ADD-ON	91.27	00 15								
03	13131	COMPLEX REPAIR 1.1 TO 2.5CM	224.72									
07	13131	COMPLEX REPAIR 1.1 TO 2.5CM	269.67	00 15								
03	13132	COMPLEX REPAIR 2.6 TO 7.5CM	360.18									
07	13132	COMPLEX REPAIR 2.6 TO 7.5CM	432.22	00 15								
03	13133	REPAIR WOUND/LESION ADD-ON	107.76									
07	13133	REPAIR WOUND/LESION ADD-ON	129.31	00 15								
03	13150	COMPLEX WOUND REPAIR TO 1CM	224.59									
07	13150	COMPLEX WOUND REPAIR TO 1CM	269.51	00 15								
03	13151	COMPLEX REPAIR 1.1 TO 2.5CM	255.66									
07	13151	COMPLEX REPAIR 1.1 TO 2.5CM	306.79	00 15								
03	13152	COMPLEX REPAIR 2.6 TO 7.5CM	352.62									
07	13152	COMPLEX REPAIR 2.6 TO 7.5CM	423.14	00 15								
03	13153	REPAIR WOUND/LESION ADD-ON	118.62									
07	13153	REPAIR WOUND/LESION ADD-ON	142.34	00 15								
03	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	528.19									
07	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	633.83	00 15								
03	14000	TISSUE TRANSFER; DEFECT TO 10CM	381.89									
07	14000	TISSUE TRANSFER; DEFECT TO 10CM	458.26	00 15								
03	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	498.40									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	598.08	00 15								
03	14020	TISSUE TRANSFER; TO 10 SQ CM	430.01									
07	14020	TISSUE TRANSFER; TO 10 SQ CM	516.01	00 15								
03	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	546.62									
07	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	655.95	00 15								
03	14040	TISSUE TRANSFER; TO 10 SQ CM	478.86									
07	14040	TISSUE TRANSFER; TO 10 SQ CM	574.63	00 15								
03	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	595.85									
07	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	715.02	00 15								
03	14060	TISSUE TRANSFER; TO 10 SQ CM	488.80									
07	14060	TISSUE TRANSFER; TO 10 SQ CM	586.56	00 15								
03	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	637.81									
07	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	765.37	00 15								
02	14301	ADJACENT TISSUE TRANSFER OR REARRANG	148.91									
03	14301	ADJACENT TISSUE TRANSFER OR REARRANG	744.56									
07	14301	ADJACENT TISSUE TRANSFER OR REARRANG	893.47	00 15								
03	14302	ADJACENT TISSUE TRANSFER OR REARRANG	165.14									X
07	14302	ADJACENT TISSUE TRANSFER OR REARRANG	198.16	00 15								X
03	14350	FILLETED FINGER OR TOE FLAP	489.60									
07	14350	FILLETED FINGER OR TOE FLAP	587.52	00 15								
03	15002	WOUND PREP, TRK/ARM/LEG	209.83									
07	15002	WOUND PREP, TRK/ARM/LEG	251.79	00 15								
03	15003	SURGICAL PREPARATION OR CREATION +	45.67									X
07	15003	SURGICAL PREPARATION OR CREATION +	54.80	00 15								X
03	15004	WOUND PREP, F/N/HF/G	255.23									
07	15004	WOUND PREP, F/N/HF/G	306.27	00 15								
03	15005	SURGICAL PREPARATION OR CREATION +	77.80									X
07	15005	SURGICAL PREPARATION OR CREATION +	93.36	00 15								X
03	15040	HARVEST CULTURED SKIN GRAFT	156.08									
07	15040	HARVEST CULTURED SKIN GRAFT	187.29	00 15								
03	15050	PINCH GRAFT; DEFECT UP TO 2CM	334.76									
07	15050	PINCH GRAFT; DEFECT UP TO 2CM	401.72	00 15								
03	15100	SPLIT GRAFT; UP TO 100 SQ CM	543.96									
07	15100	SPLIT GRAFT; UP TO 100 SQ CM	652.75	00 15								
03	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	118.10									X
07	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	141.72	00 15								X
03	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	541.09									
07	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	649.31	00 15								
03	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	80.30									X
07	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	96.36	00 15								X
03	15115	EPIDRM A-GRFT FACE/NCK/HF/G	546.80									
07	15115	EPIDRM A-GRFT FACE/NCK/HF/G	656.15	00 15								
03	15116	EPIDRM A-GRFT F/N/HF/G ADDL	108.84									X
07	15116	EPIDRM A-GRFT F/N/HF/G ADDL	130.61	00 15								X
03	15120	SPLIT GRAFT; UP TO 100 SQ CM	590.22									
07	15120	SPLIT GRAFT; UP TO 100 SQ CM	708.26	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	167.60										X
07	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	201.11	00	15								X
03	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	422.39										
07	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	506.87	00	15								
03	15131	DERM AUTOGRAFT T/A/L ADD-ON	65.36										X
07	15131	DERM AUTOGRAFT T/A/L ADD-ON	78.43	00	15								X
03	15135	DERM AUTOGRAFT FACE/NCK/HF/G	548.28										
07	15135	DERM AUTOGRAFT FACE/NCK/HF/G	657.94	00	15								
03	15136	DERM AUTOGRAFT, F/N/HF/G ADD	60.60										X
07	15136	DERM AUTOGRAFT, F/N/HF/G ADD	72.72	00	15								X
03	15150	CULT EPIDERM GRFT T/ARM/LEG	447.46										
07	15150	CULT EPIDERM GRFT T/ARM/LEG	536.95	00	15								
03	15151	CULT EPIDERM GRFT T/A/L ADDL	84.84										
07	15151	CULT EPIDERM GRFT T/A/L ADDL	101.81	00	15								
03	15152	CULT EPIDERM GRAFT T/A/L +%	110.03										X
07	15152	CULT EPIDERM GRAFT T/A/L +%	132.04	00	15								X
03	15155	CULT EPIDERM GRAFT, F/N/HF/G	470.56										
07	15155	CULT EPIDERM GRAFT, F/N/HF/G	564.67	00	15								
03	15156	CULT EPIDRM GRFT F/N/HFG ADD	117.51										
07	15156	CULT EPIDRM GRFT F/N/HFG ADD	141.01	00	15								
03	15157	CULT EPIDERM GRFT F/N/HFG +%	129.51										X
07	15157	CULT EPIDERM GRFT F/N/HFG +%	155.41	00	15								X
03	15170	ACELL GRAFT TRUNK/ARMS/LEGS	272.91										
07	15170	ACELL GRAFT TRUNK/ARMS/LEGS	327.49	00	15								
03	15171	ACELL GRAFT T/ARM/LEG ADD-ON	62.42										X
07	15171	ACELL GRAFT T/ARM/LEG ADD-ON	74.91	00	15								X
03	15175	ACELLULAR GRAFT, F/N/HF/G	349.20										
07	15175	ACELLULAR GRAFT, F/N/HF/G	419.04	00	15								
03	15176	ACELL GRAFT, F/N/HF/G ADD-ON	99.63										X
07	15176	ACELL GRAFT, F/N/HF/G ADD-ON	119.56	00	15								X
03	15200	FULL THICK GRAFT TO 20 SQ CM	503.31										
07	15200	FULL THICK GRAFT TO 20 SQ CM	603.97	00	15								
03	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	92.06										X
07	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	110.48	00	15								X
03	15220	FULL THICK GRAFT TO 20 SQ CM	476.61										
07	15220	FULL THICK GRAFT TO 20 SQ CM	571.93	00	15								
03	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	85.45										X
07	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	102.54	00	15								X
03	15240	FULL THICK GRAFT TO 20 SQ CM	573.20										
07	15240	FULL THICK GRAFT TO 20 SQ CM	687.84	00	15								
03	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	115.24										X
07	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	138.29	00	15								X
03	15260	FULL THICK GRAFT TO 20 SQ CM	620.20										
07	15260	FULL THICK GRAFT TO 20 SQ CM	744.24	00	15								
03	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	134.03										X
07	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	160.83	00	15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	15300	APPLY SKINALLOGRFT, T/ARM/LG	219.07										
07	15300	APPLY SKINALLOGRFT, T/ARM/LG	262.88	00	15								
03	15301	APPLY SKNALLOGRFT T/A/L ADDL	42.07										X
07	15301	APPLY SKNALLOGRFT T/A/L ADDL	50.48	00	15								X
03	15320	APPLY SKIN ALLOGRFT F/N/HF/G	247.57										
07	15320	APPLY SKIN ALLOGRFT F/N/HF/G	297.08	00	15								
03	15321	APLY SKNALLOGRFT F/N/HFG ADD	62.75										X
07	15321	APLY SKNALLOGRFT F/N/HFG ADD	75.29	00	15								X
03	15330	APLY ACELL ALOGRFT T/ARM/LEG	201.93										
07	15330	APLY ACELL ALOGRFT T/ARM/LEG	242.32	00	15								
03	15331	APLY ACELL GRFT T/A/L ADD-ON	42.07										X
07	15331	APLY ACELL GRFT T/A/L ADD-ON	50.48	00	15								X
03	15335	APPLY ACELL GRAFT, F/N/HF/G	213.85										
07	15335	APPLY ACELL GRAFT, F/N/HF/G	256.62	00	15								
03	15336	APLY ACELL GRFT F/N/HF/G ADD	58.71										X
07	15336	APLY ACELL GRFT F/N/HF/G ADD	70.45	00	15								X
03	15340	APPLY CULT SKIN SUBSTITUTE	200.66										
07	15340	APPLY CULT SKIN SUBSTITUTE	240.80	00	15								
03	15341	APPLY CULT SKIN SUB ADD-ON	29.70										X
07	15341	APPLY CULT SKIN SUB ADD-ON	35.64	00	15								X
03	15360	APPLY CULT DERM SUB, T/A/L	226.17										
07	15360	APPLY CULT DERM SUB, T/A/L	271.40	00	15								
03	15361	APLY CULT DERM SUB T/A/L ADD	47.07										X
07	15361	APLY CULT DERM SUB T/A/L ADD	56.48	00	15								X
03	15365	APPLY CULT DERM SUB F/N/HF/G	223.78										
07	15365	APPLY CULT DERM SUB F/N/HF/G	268.53	00	15								
03	15366	APPLY CULT DERM F/HF/G ADD	58.05										X
07	15366	APPLY CULT DERM F/HF/G ADD	69.66	00	15								X
03	15400	XENOGRAFT, SKIN; 100SQ. CM OR <	247.62										
07	15400	XENOGRAFT, SKIN; 100SQ.CM OR <	297.14	00	15								
03	15401	XENOGRAFT,SKIN;EA ADDIT'NL 100 SQ.CM	59.40										X
07	15401	XENOGRAFT,SKIN;EA ADDIT'NL 100 SQ.CM	71.28	00	15								X
03	15420	APPLY SKIN XGRAFT, F/N/HF/G	279.01										
07	15420	APPLY SKIN XGRAFT, F/N/HF/G	334.81	00	15								
03	15421	APPLY SKN XGRFT F/N/HF/G ADD	74.15										X
07	15421	APPLY SKN XGRFT F/N/HF/G ADD	88.97	00	15								X
03	15430	APPLY ACELLULAR XENOGRAFT	329.52										
07	15430	APPLY ACELLULAR XENOGRAFT	395.42	00	15								
03	15431	APPLY ACELLULAR XGRAFT ADD	MP			X							X
07	15431	APPLY ACELLULAR XGRAFT ADD	MP	00	15	X							X
03	15570	FORMATION OF DIRECT OR TUBED PEDICLE	555.77										
07	15570	FORMATION OF DIRECT OR TUBED PEDICLE	666.92	00	15								
03	15572	FORMATION OF DIRECT OR TUBED PEDICLE	539.13										
07	15572	FORMATION OF DIRECT OR TUBED PEDICLE	646.96	00	15								
03	15574	FORMATION OF DIRECT OR TUBED PEDICLE	568.36										
07	15574	FORMATION OF DIRECT OR TUBED PEDICLE	682.03	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	15576	FORMATION OF DIRECT OR TUBED PEDICLE	503.21									
07	15576	FORMATION OF DIRECT OR TUBED PEDICLE	603.85	00 15								
03	15600	INTERM DELAY FLAP TRUNK	197.72									
07	15600	INTERM DELAY FLAP TRUNK	237.27	00 15								
03	15610	INTERM DELAY FLAP SCALP/LIMBS	200.87									
07	15610	INTERM DELAY FLAP SCALP/LIMBS	241.04	00 15								
03	15620	INTERM DELAY FLAP CHIN/NECK/FEET	266.68									
07	15620	INTERM DELAY FLAP CHIN/NECK/FEET	320.01	00 15								
03	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	282.02									
07	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	338.42	00 15								
03	15650	TRANS INTER ANY PEDICLE FLAP	315.67									
07	15650	TRANS INTER ANY PEDICLE FLAP	378.80	00 15								
02	15731	FOREHEAD FLAP WITH PRESERVATIO	143.32									
03	15731	FOREHEAD FLAP WITH PRESERVATION OF V	716.59									
07	15731	FOREHEAD FLAP WITH PRESERVATION OF V	859.91	00 15								
02	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	190.80									
03	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	954.02									
07	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	1,144.82	00 15								
02	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	196.64									
03	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	983.20									
07	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,179.84	00 15								
03	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	870.92									
07	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,045.10	00 15								
02	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	186.44									
03	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	932.21									
07	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,118.66	00 15								
03	15740	ISLAND PEDICLE FLAP GRAFT	633.59									
07	15740	ISLAND PEDICLE FLAP GRAFT	760.31	00 15								
02	15750	NEUROVASCULAR PEDICLE GRAFT	118.14									
03	15750	NEUROVASCULAR PEDICLE GRAFT	590.69									
07	15750	NEUROVASCULAR PEDICLE GRAFT	708.83	00 15								
02	15756	FREE MUSCLE FLAP, MICROVASC	314.49									
03	15756	FREE MUSCLE FLAP, MICROVASC	1,572.45									
07	15756	FREE MUSCLE FLAP, MICROVASC	1,886.94	00 15								
02	15757	FREE SKIN FLAP, MICROVASC	310.58									
03	15757	FREE SKIN FLAP, MICROVASC	1,552.92									
07	15757	FREE SKIN FLAP, MICROVASC	1,863.50	00 15								
02	15758	FREE FASCIAL FLAP, MICROVASC	311.21									
03	15758	FREE FASCIAL FLAP, MICROVASC	1,556.03									
07	15758	FREE FASCIAL FLAP, MICROVASC	1,867.23	00 15								
03	15760	COMPOSITE SKIN GRAFT	528.88									
07	15760	COMPOSITE SKIN GRAFT	634.65	00 15								
03	15770	DERMA-FAT-FASCIA GRAFT	422.27									
07	15770	DERMA-FAT-FASCIA GRAFT	506.72	00 15								
03	15820	BLEPHAROPLASTY LOWER EYELIDS	211.77		X							
07	15820	BLEPHAROPLASTY LOWER EYELIDS	517.75	00 15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	15821	BLEPHAROPLASTY HERNIATED FAT PAD	232.95			X							
07	15821	BLEPHAROPLASTY HERNIATED FAT PAD	586.30	00	15	X							
03	15822	BLEPHAROPLASTY UPPER EYELID	635.36			X							
07	15822	BLEPHAROPLASTY UPPER EYELID	635.36	00	15	X							
03	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90			X							
07	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90	00	15	X							
02	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	153.69			X							
03	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	768.43				X						
07	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	922.11	00	15		X						
02	15840	GRAFT FACIAL NERVE PARALYSIS	131.01										
03	15840	GRAFT FACIAL NERVE PARALYSIS	655.07										
07	15840	GRAFT FACIAL NERVE PARALYSIS	786.08	00	15								
02	15841	FACIAL NERVE PALSY MUSCLE GRAF	220.31										
03	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,101.53										
07	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,321.83	00	15								
02	15842	MICROSUR MUSCLE GRAFT FACE PAL	349.51										
03	15842	MICROSUR MUSCLE GRAFT FACE PALSY	1,747.55										
07	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,097.05	00	15								
02	15845	REANIMATION MUSCLE TRANS FACE	122.28										
03	15845	REANIMATION MUSCLE TRANS FACE	611.42										
07	15845	REANIMATION MUSCLE TRANS FACE	733.70	00	15								
02	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	128.31										
03	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	641.53				X						
07	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	641.53	00	15		X						
03	15852	CHANGE DRESSING UNDER ANESTHESIA	32.33										X
07	15852	CHANGE DRESSING UNDER ANESTHESIA	38.79	00	15								X
03	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	76.37										
07	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	91.64	00	15								
03	15920	COCCYGECTOMY PRIMARY SUTURE	378.79										
07	15920	COCCYGECTOMY PRIMARY SUTURE	454.55	00	15								
03	15922	COCCYGECTOMY FLAP CLOSURE	481.75										
07	15922	COCCYGECTOMY FLAP CLOSURE	578.10	00	15								
03	15931	EXCISE SACRAL PRESSURE ULCER	433.76										
07	15931	EXCISE SACRAL PRESSURE ULCER	520.52	00	15								
03	15933	REMOVAL OF PRESSURE SORE	532.14										
07	15933	REMOVAL OF PRESSURE SORE	638.57	00	15								
03	15934	EXCISE,WITH SKIN FLAP CLOSURE	595.64										
07	15934	EXCISE,WITH SKIN FLAP CLOSURE	714.77	00	15								
02	15935	ESC SAC ULCER/FLAP/OSTECTOMY	141.45										
03	15935	ESC SAC ULCER/FLAP/OSTECTOMY	707.24										
07	15935	ESC SAC ULCER/FLAP/OSTECTOMY	848.68	00	15								
03	15936	EXCISE ULCER W/ OTHER FLAP CLO	577.60										
07	15936	EXCISE ULCER W/ OTHER FLAP CLO	693.12	00	15								
03	15937	EXC SAC ULCER/FLAP/OSTECTOMY	674.67										
07	15937	EXC SAC ULCER/FLAP/OSTECTOMY	809.60	00	15								
03	15940	EXC ISCHIAL ULCER DIRECT SUTURE	445.92										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	15940	EXC ISCHIAL ULCER DIRECT SUTURE	535.10	00	15								
03	15941	EXC ISCHIAL ULCER OSTECTOMY	576.58										
07	15941	EXC ISCHIAL ULCER OSTECTOMY	691.89	00	15								
03	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	568.61										
07	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	682.33	00	15								
03	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	631.63										
07	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	757.95	00	15								
03	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,059.90										
07	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,271.88	00	15								
03	15950	EXC TROCHANTERIC ULCER DIR SUTUR	367.79										
07	15950	EXC TROCHANTERIC ULCER DIR SUTUR	441.34	00	15								
03	15951	EXC TROCHAN ULCER OSTECTOMY	524.85										
07	15951	EXC TROCHAN ULCER OSTECTOMY	629.82	00	15								
03	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	552.48										
07	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	662.98	00	15								
03	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	615.11										
07	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	738.13	00	15								
02	15956	EXC TROCH/ULC FLAP CLOSURE	148.44										
03	15956	EXC TROCH/ULC FLAP CLOSURE	742.20										
07	15956	EXC TROCH/ULC FLAP CLOSURE	890.64	00	15								
02	15958	TROCH ULC/EXC-FLAP-OSTECTOMYUR	151.27										
03	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	756.33										
07	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	907.60	00	15								
03	15999	UNLISTED EXCISE PRESSURE ULCER	MP			X							
07	15999	UNLISTED EXCISE PRESSURE ULCER	MP	00	15	X							
03	16000	INIT TREAT 1ST DEGREE BURN	43.82										
07	16000	INIT TREAT 1ST DEGREE BURN	52.58	00	15								
03	16020	DRESS/DEBRID BURN SMALL,NO ANES	50.65										X
07	16020	DRESS/DEBRID BURN SMALL,NO ANES	60.78	00	15								X
03	16025	DRESS/DEBRID BURN MED,NO ANESTH	93.34										X
07	16025	DRESS/DEBRID BURN MED,NO ANESTH	112.01	00	15								X
03	16030	DRESS/DEBRID BURN LG,NO ANESTH	111.46										X
07	16030	DRESS/DEBRID BURN LG,NO ANESTH	133.75	00	15								X
03	16035	ESCHAROTOMY B	144.56										
07	16035	ESCHAROTOMY B	173.48	00	15								
03	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	57.75										X
07	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	69.30	00	15								X
03	17000	DESTROY LESION,FACE-1 LESION	48.14										
07	17000	DESTROY LESION,FACE-1 LESION	57.76	00	15								
03	17003	DESTROY 2-14 LESIONS	4.75										X
07	17003	DESTROY 2-14 LESIONS	5.70	00	15								X
03	17004	DESTROY 15 & MORE LESIONS	109.36										
07	17004	DESTROY 15 & MORE LESIONS	131.23	00	15								
03	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	216.06										
07	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	259.27	00	15								
03	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	287.39										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	344.86	00 15								
03	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	366.08									
07	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	439.29	00 15								
03	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	66.35									
07	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	79.62	00 15								
03	17111	DESTRUCT LESION, 15 OR MORE	79.12									
07	17111	DESTRUCT LESION, 15 OR MORE	94.94	00 15								
03	17250	CHEMICAL CAUTERY OF WOUND	45.38									
07	17250	CHEMICAL CAUTERY OF WOUND	54.45	00 15								
03	17260	DESTRUCTION, MALIGNANT LESION, ANY M	58.66									
07	17260	DESTRUCTION, MALIGNANT LESION, ANY M	70.39	00 15								
03	17261	DESTRUCTION, MALIGNANT LESION, ANY M	86.84									
07	17261	DESTRUCTION, MALIGNANT LESION, ANY M	104.20	00 15								
03	17262	DESTRUCTION, MALIGNANT LESION, ANY M	106.24									
07	17262	DESTRUCTION, MALIGNANT LESION, ANY M	127.49	00 15								
03	17263	DESTRUCTION, MALIGNANT LESION, ANY M	117.39									
07	17263	DESTRUCTION, MALIGNANT LESION, ANY M	140.87	00 15								
03	17264	DESTRUCTION, MALIGNANT LESION, ANY M	125.72									
07	17264	DESTRUCTION, MALIGNANT LESION, ANY M	150.87	00 15								
03	17266	DESTRUCTION, MALIGNANT LESION, ANY M	143.20									
07	17266	DESTRUCTION, MALIGNANT LESION, ANY M	171.84	00 15								
03	17270	DESTRUCTION, MALIGNANT LESION, ANY M	90.41									
07	17270	DESTRUCTION, MALIGNANT LESION, ANY M	108.50	00 15								
03	17271	DESTRUCTION, MALIGNANT LESION, ANY M	100.01									
07	17271	DESTRUCTION, MALIGNANT LESION, ANY M	120.01	00 15								
03	17272	DESTRUCTION, MALIGNANT LESION, ANY M	114.71									
07	17272	DESTRUCTION, MALIGNANT LESION, ANY M	137.65	00 15								
03	17273	DESTRUCTION, MALIGNANT LESION, ANY M	128.22									
07	17273	DESTRUCTION, MALIGNANT LESION, ANY M	153.86	00 15								
03	17274	DESTRUCTION, MALIGNANT LESION, ANY M	152.34									
07	17274	DESTRUCTION, MALIGNANT LESION, ANY M	182.81	00 15								
03	17276	DESTRUCTION, MALIGNANT LESION, ANY M	177.41									
07	17276	DESTRUCTION, MALIGNANT LESION, ANY M	212.90	00 15								
03	17280	DESTRUCTION, MALIGNANT LESION, ANY M	84.70									
07	17280	DESTRUCTION, MALIGNANT LESION, ANY M	101.64	00 15								
03	17281	DESTRUCTION, MALIGNANT LESION, ANY M	108.84									
07	17281	DESTRUCTION, MALIGNANT LESION, ANY M	130.61	00 15								
03	17282	DESTRUCTION, MALIGNANT LESION, ANY M	126.29									
07	17282	DESTRUCTION, MALIGNANT LESION, ANY M	151.55	00 15								
03	17283	DESTRUCTION, MALIGNANT LESION, ANY M	153.22									
07	17283	DESTRUCTION, MALIGNANT LESION, ANY M	183.86	00 15								
03	17284	DESTRUCTION, MALIGNANT LESION, ANY M	178.62									
07	17284	DESTRUCTION, MALIGNANT LESION, ANY M	214.34	00 15								
03	17286	DESTRUCTION, MALIGNANT LESION, ANY M	227.57									
07	17286	DESTRUCTION, MALIGNANT LESION, ANY M	273.09	00 15								
03	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	426.44									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	511.72	00 15								
03	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	254.14									
07	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	304.97	00 15								
03	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	388.93									
07	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	466.71	00 15								
03	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	235.53									
07	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	282.64	00 15								
03	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	51.33									
07	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	61.60	00 15								
03	17999	SKIN TISSUE PROCEDURE	MP		X							
07	17999	SKIN TISSUE PROCEDURE	MP	00 15	X							
03	19000	PUNCTURE ASPIRATION BREAST CYSTS	70.49									
07	19000	PUNCTURE ASPIRATION BREAST CYSTS	84.59	00 15								
03	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	18.50									X
07	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	22.20	00 15								X
03	19020	MASTOTOMY/DRAIN ABSCESS DEEP	266.63									
07	19020	MASTOTOMY/DRAIN ABSCESS DEEP	319.96	00 15								
03	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	108.63									
07	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	130.36	00 15								
03	19100	BREAST BIOPSY NEEDLE	87.38									X
07	19100	BREAST BIOPSY NEEDLE	104.85	00 15								X
03	19101	BREAST BIOPSY INCISIONAL	200.24									
07	19101	BREAST BIOPSY INCISIONAL	240.28	00 15								
03	19102	BX BREAST PERCUT W/IMAGE	142.50									X
07	19102	BX BREAST PERCUT W/IMAGE	171.00	00 15								X
03	19103	BX BREAST PERCUT W/DEVICE	354.53									X
07	19103	BX BREAST PERCUT W/DEVICE	425.43	00 15								X
03	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,323.52									
07	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,588.22	00 15								
03	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	278.67									
07	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	334.40	00 15								
03	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	259.22									
07	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	311.07	00 15								
03	19120	EXCISE BREAST LESIONS,1 OR MORE	293.63									
07	19120	EXCISE BREAST LESIONS,1 OR MORE	352.35	00 15								
03	19125	EXCISION OF BREAST LESION IDENTIFIED	325.34									
07	19125	EXCISION OF BREAST LESION IDENTIFIED	390.40	00 15								
03	19126	EXCISION OF BREAST LESION IDENTIFIED	108.62									
07	19126	EXCISION OF BREAST LESION IDENTIFIED	130.34	00 15								
02	19260	EXCISE CHEST WALL TUMOR/RIBS	155.80									
03	19260	EXCISE CHEST WALL TUMOR/RIBS	778.99									
07	19260	EXCISE CHEST WALL TUMOR/RIBS	934.79	00 15								
02	19271	EXC CH TUMOR/RIBS PLAST RECONST	209.99									
03	19271	EXC CH TUMOR/RIBS PLAST RECONST	1,049.97									
07	19271	EXC CH TUMOR/RIBS PLAST RECONST	1,259.96	00 15								
02	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	233.16									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,165.80									
07	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,398.96	00 15								
03	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	104.68									
07	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	125.61	00 15								
03	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	45.56									
07	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	54.67	00 15								
03	19295	IMAGE GUIDED PLACEMENT, METALLIC LOC	56.06			X						X
07	19295	PLACE BREAST CLIP, PERCUT	67.27	00 15		X						X
03	19296	PLACE PO BREAST CATH FOR RAD	2,351.00									
07	19296	PLACE PO BREAST CATH FOR RAD	2,821.20	00 15								
03	19297	PLACE BREAST CATH FOR RAD	62.74									
07	19297	PLACE BREAST CATH FOR RAD	75.29	00 15								
03	19298	PLACE BREAST RAD TUBE/CATHS	816.29									
07	19298	PLACE BREAST RAD TUBE/CATHS	979.55	00 15								
03	19300	MASTECTOMY FOR GYNECOMASTIA	309.55				M					
07	19300	MASTECTOMY FOR GYNECOMASTIA	371.46	00 15			M					
03	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	394.77									
07	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	473.72	00 15								
02	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	113.94									
03	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	569.70									
07	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	683.64	00 15								
02	19303	MASTECTOMY, SIMPLE, COMPLETE	122.15									
03	19303	MASTECTOMY, SIMPLE, COMPLETE	610.76									
07	19303	MASTECTOMY, SIMPLE, COMPLETE	732.91	00 15								
02	19304	MASTECTOMY, SUBCUTANEOUS	70.69									
03	19304	MASTECTOMY, SUBCUTANEOUS	353.44									
07	19304	MASTECTOMY, SUBCUTANEOUS	424.13	00 15								
02	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	141.53									
03	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	707.63									
07	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	849.15	00 15								
02	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	148.31									
03	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	741.56									
07	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	889.87	00 15								
02	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	149.24									
03	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	746.18									
07	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	895.41	00 15								
02	19318	REDUCTION MAMMAPLASTY	MP			X						
03	19318	REDUCTION MAMMAPLASTY	MP			X						
07	19318	REDUCTION MAMMAPLASTY	948.07	00 15		X						
03	19328	REMOVE INTACT MAMMARY IMPLANT	313.90		X		F					
07	19328	REMOVE INTACT MAMMARY IMPLANT	376.68	00 15	X		F					
03	19340	IMMEDIATE INSERTION OF BREAST PROSTH	MP			X	F					
07	19340	IMMEDIATE INSERTION OF BREAST PROSTH	352.15	00 15		X	F					
03	19342	DELAYED INSERTION OF BREAST PROSTH	595.70		X		F					
07	19342	DELAYED INSERTION OF BREAST PROSTHES	714.84	00 15	X		F					
03	19350	NIPPLE/AREOLA RECONSTRUCTION	535.13		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	19350	NIPPLE/AREOLA RECONSTRUCTION	642.15	00 15	X							
02	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	199.76		X							X
03	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	998.81		X		F					
07	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,198.57	00 15	X		F					
02	19361	BREAST RECONSTRUCTION W LATISSIMUS	214.82		X							X
03	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,074.12		X		F					
07	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,288.94	00 15	X		F					
02	19364	RECONSTRUCTION BREAST-FREE FLAP	370.46		X		F					
03	19364	RECONSTRUCTION BREAST-FREE FLAP	1,852.28		X		F					
07	19364	RECONSTRUCTION BREAST-FREE FLAP	2,222.73	00 15	X		F					
02	19366	RECONSTRUCTION BREAST-OTHER	183.53		X		F					
03	19366	RECONSTRUCTION BREAST-OTHER	917.63		X		F					
07	19366	RECONSTRUCTION BREAST-OTHER	1,101.15	00 15	X		F					
02	19367	BREAST RECONSTRUCTION	239.16		X		F					
03	19367	BREAST RECONSTRUCTION	1,195.79		X		F					
07	19367	BREAST RECONSTRUCTION	1,434.94	00 15	X		F					
02	19368	BREAST RECONSTRUCTION	297.67		X		F					
03	19368	BREAST RECONSTRUCTION	1,488.37		X		F					
07	19368	BREAST RECONSTRUCTION	1,786.04	00 15	X		F					
02	19369	BREAST RECONSTRUCTION	270.66		X		F					
03	19369	BREAST RECONSTRUCTION	1,353.32		X		F					
07	19369	BREAST RECONSTRUCTION	1,623.99	00 15	X		F					
02	19499	BREAST SURGERY PROCEDURE	MP		X							
03	19499	BREAST SURGERY PROCEDURE	MP		X							
07	19499	BREAST SURGERY PROCEDURE	MP	00 15	X							
03	20000	INCISION OF ABSCESS; SUPERFICIAL	128.75									
07	20000	INCISION OF ABSCESS; SUPERFICIAL	154.50	00 15								
03	20005	INCISION OF ABSCESS; DEEP	193.10									
07	20005	INCISION OF ABSCESS; DEEP	231.72	00 15								
02	20100	EXPLORE WOUND, NECK	79.20									
03	20100	EXPLORE WOUND, NECK	396.02									
07	20100	EXPLORE WOUND, NECK	475.23	00 15								
03	20101	EXPLORE WOUND, CHEST	243.78									
07	20101	EXPLORE WOUND, CHEST	292.54	00 15								
03	20102	EXPLORE WOUND, ABDOMEN	285.63									
07	20102	EXPLORE WOUND, ABDOMEN	342.76	00 15								
03	20103	EXPLORE WOUND, EXTREMITY	350.78									
07	20103	EXPLORE WOUND, EXTREMITY	420.94	00 15								
02	20150	EXCISE EPIPHYSEAL BAR	127.40									
03	20150	EXCISE EPIPHYSEAL BAR	637.00									
07	20150	EXCISE EPIPHYSEAL BAR	764.40	00 15								
03	20200	BIOPSY,MUSCLE,SUPERFICIAL	118.19									
07	20200	BIOPSY,MUSCLE,SUPERFICIAL	141.83	00 15								
03	20205	BIOPSY,MUSCLE,DEEP	162.50									
07	20205	BIOPSY,MUSCLE,DEEP	194.99	00 15								
03	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	159.57									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	191.48	00 15								
03	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	111.81									
07	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	134.17	00 15								
03	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	414.04									
07	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	496.85	00 15								
03	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	150.54									
07	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	180.65	00 15								
03	20245	BIOPSY,EXCISIONAL,BONE,DEEP	411.57									
07	20245	BIOPSY,EXCISIONAL,BONE,DEEP	493.88	00 15								
02	20250	BIOPSY,OPEN,VERTEBRAL BODY	49.84									
03	20250	BIOPSY,OPEN,VERTEBRAL BODY	249.21									
07	20250	BIOPSY,OPEN,VERTEBRAL BODY	299.05	00 15								
02	20251	BIOPSY,IPEN VERTEBRAL BODY	55.29									
03	20251	BIOPSY,OPEN,VERTEBRAL BODY	276.43									
07	20251	BIOPSY,OPEN,VERTEBRAL BODY	331.71	00 15								
03	20500	INJECT SINUS TRACT; THERAPEUTIC	74.24									
07	20500	INJECT SINUS TRACT; THERAPEUTIC	89.08	00 15								
03	20501	INJECT SINUS TRACT; DIAGNOSTIC	81.14									
07	20501	INJECT SINUS TRACT; DIAGNOSTIC	97.36	00 15								
03	20520	REMOVE FOREIGN BODY; SIMPLE	118.82									
07	20520	REMOVE FOREIGN BODY; SIMPLE	142.59	00 15								
03	20525	REMOVE FOREIGN BODY; COMPLICATED	287.04									
07	20525	REMOVE FOREIGN BODY; COMPLICATED	344.45	00 15								
03	20526	THER INJECTION CARPAL TUNNEL	48.99								X	
07	20526	THER INJECTION CARPAL TUNNEL	58.79	00 15							X	
03	20550	INJECT TENDON SHEATH/LIGAMENT	37.90									X
07	20550	INJECT TENDON SHEATH/LIGAMENT	45.48	00 15								X
03	20551	INJECT TENDON ORIGIN/INSERT	37.42								X	
07	20551	INJECT TENDON ORIGIN/INSERT	44.90	00 15							X	
03	20552	INJECT TRIGGER POINT, 1 OR 2	33.79								X	
07	20552	INJECT TRIGGER POINT, 1 OR 2	40.55	00 15							X	
03	20553	INJECT TRIGGER POINTS, > 3	37.64								X	
07	20553	INJECT TRIGGER POINTS, > 3	45.17	00 15							X	
03	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	228.02									
07	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	273.62	00 15								
03	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	35.46									X
07	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	42.55	00 15								X
03	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	37.90									X
07	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	45.48	00 15								X
03	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	48.72									X
07	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	58.46	00 15								X
03	20612	ASPIRATE/INJ GANGLION CYST	37.97									X
07	20612	ASPIRATE/INJ GANGLION CYST	45.57	00 15								X
03	20615	ASPIRATE/INJECTION-BONE CYST	136.63									
07	20615	ASPIRATE/INJECTION-BONE CYST	163.95	00 15								
03	20650	SKELETAL TRACTION; WIRE OR PIN	125.82									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	20650	SKELETAL TRACTION; WIRE OR PIN	150.98	00 15								
03	20660	APPLY TONGS OR CALIPER AND REMOVE	168.98									
07	20660	APPLY TONGS OR CALIPER AND REMOVE	202.78	00 15								
03	20661	APPLY HALO; CRANIAL	300.73									
07	20661	APPLY HALO; CRANIAL	360.87	00 15								
03	20662	APPLY HALO; PELVIC	308.96									
07	20662	APPLY HALO; PELVIC	370.75	00 15								
03	20663	APPLY HALO; FEMORAL	288.94									
07	20663	APPLY HALO; FEMORAL	346.73	00 15								
03	20664	HALO BRACE APPLICATION	495.85									
07	20664	HALO BRACE APPLICATION	595.02	00 15								
03	20665	REMOVE HALO OR TONGS BY OTHER MD	77.85									
07	20665	REMOVE HALO OR TONGS BY OTHER MD	93.42	00 15								
03	20670	REMOVE IMPLANT; SUPERFICIAL	238.19									
07	20670	REMOVE IMPLANT; SUPERFICIAL	285.82	00 15								
03	20680	REMOVE IMPLANT; DEEP	369.52									
07	20680	REMOVE IMPLANT; DEEP	443.42	00 15								
03	20690	APPLY ESTERNAL FIXATION SYS,STND CON	355.10									
07	20690	APPLY ESTERNAL FIXATION SYS,STND CON	426.11	00 15								
03	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	663.33									
07	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	796.00	00 15								
03	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	299.84									
07	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	359.81	00 15								
03	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	268.01									
07	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	321.62	00 15								
02	20696	APPLICATION OF MULTIPLANE (PINS OR W	145.31									
03	20696	APPLICATION OF MULTIPLANE (PINS OR W	726.56									
07	20696	APPLICATION OF MULTIPLANE (PINS OR W	871.88	00 15								
03	20697	APPLICATION OF MULTIPLANE (PINS OR W	785.89									
07	20697	APPLICATION OF MULTIPLANE (PINS OR W	943.07	00 15								
02	20802	REPLANT ARM; COMPLETE AMPUTATION	328.93									
03	20802	REPLANTATION, ARM, COMPLETE	1,644.65									
07	20802	REPLANTATION, ARM, COMPLETE	1,973.57	00 15								
02	20805	REPLANT FOREARM-COMPLETE AMPUTATION	402.96									
03	20805	REPLANT FOREARM-COMPLETE AMPUTATION	2,014.78									
07	20805	REPLANT FOREARM-COMPLETE AMPUTATION	2,417.73	00 15								
02	20808	REPLANT HAND; COMPLETE AMPUTATION	542.93									
03	20808	REPLANT HAND; COMPLETE AMPUTATION	2,714.65									
07	20808	REPLANT HAND; COMPLETE AMPUTATION	3,257.58	00 15								
02	20816	REPLANT DIGIT, TOTAL AMPUTATIO	299.93									
03	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,499.63									
07	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,799.55	00 15								
02	20822	REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	254.68									X
03	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,273.42									X
07	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,528.10	00 15								X
02	20824	REPLANT THUMB,COMPLETE AMPUTATION	298.98									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,494.91										
07	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,793.89	00	15								
02	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	263.50										
03	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,317.49										
07	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,580.99	00	15								
02	20838	REPLANT FOOT; TOTAL AMPUTATION	327.71										
03	20838	REPLANT FOOT; TOTAL AMPUTATION	1,638.54										
07	20838	REPLANT FOOT; TOTAL AMPUTATION	1,966.25	00	15								
03	20900	BONE GRAFT; ANY DONOR AREA, SMALL	265.57										
07	20900	BONE GRAFT; ANY DONOR AREA, SMALL	318.68	00	15								
02	20902	BONE GRAFT, ANY DONOR AREA;LA	48.86										
03	20902	BONE GRAFT, ANY DONOR AREA; LARGE	244.32										
07	20902	BONE GRAFT, ANY DONOR AREA; LARGE	293.18	00	15								
03	20910	CARTILAGE GRAFT; COSTOCHONDRAL	279.61										
07	20910	CARTILAGE GRAFT; COSTOCHONDRAL	335.53	00	15								
03	20912	CARTILAGE GRAFT;NASAL SEPTUM	313.81										
07	20912	CARTILAGE GRAFT;NASAL SEPTUM	376.57	00	15								
03	20920	FASCIA LATA GRAFT;BY STRIPPER	265.13										
07	20920	FASCIA LATA GRAFT;BY STRIPPER	318.16	00	15								
03	20922	FASCIA LATA GRAFT;BY INCISION	386.69										
07	20922	FASCIA LATA GRAFT;BY INCISION	464.02	00	15								
03	20924	TENDON GRAFT; DISTANT	329.70										
07	20924	TENDON GRAFT; DISTANT	395.64	00	15								
03	20926	TISSUE GRAFTS; OTHER	342.48			X							
07	20926	TISSUE GRAFTS; OTHER	428.10	00	15	X							
03	20930	SPINAL BONE ALLOGRAFT	141.68										
07	20930	SPINAL BONE ALLOGRAFT	141.68	00	15								
03	20931	SPINAL BONE ALLOGRAFT	77.86										
07	20931	SPINAL BONE ALLOGRAFT	93.43	00	15								
02	20936	SPINAL BONE AUTOGRAFT	43.70										
03	20936	SPINAL BONE AUTOGRAFT	174.78										
07	20936	SPINAL BONE AUTOGRAFT	174.78	00	15								
02	20937	SPINAL BONE AUTOGRAFT	23.54										
03	20937	SPINAL BONE AUTOGRAFT	117.71										
07	20937	SPINAL BONE AUTOGRAFT	141.26	00	15								
02	20938	SPINALB ONE AUTOGRAFT	25.65										
03	20938	SPINAL BONE AUTOGRAFT	128.24										
07	20938	SPINAL BONE AUTOGRAFT	153.89	00	15								
03	20950	MONITOR INTERSTITIAL FLUID	150.06										
07	20950	MONITOR INTERSTITIAL FLUID	180.07	00	15								
02	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	341.09				X						
03	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	1,705.46				X						
07	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,046.55	00	15		X						
02	20956	ILIAC BONE GRAFT, MICROVASC	358.71										
03	20956	ILIAC BONE GRAFT, MICROVASC	1,793.57										
07	20956	ILIAC BONE GRAFT, MICROVASC	2,152.29	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	20957	MT BONE GRAFT, MICROVASC	344.68									
03	20957	MT BONE GRAFT, MICROVASC	1,723.40									
07	20957	MT BONE GRAFT, MICROVASC	2,068.07	00 15								
02	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	350.47			X						
03	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	1,752.34			X						
07	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,102.81	00 15		X						
03	20963	SPINAL BONE AUTOGRAFT	196.63									X
02	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	377.17			X						
03	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	1,885.85			X						
07	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,263.02	00 15		X						
02	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	381.45			X						
03	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	1,907.24			X						
07	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,288.69	00 15		X						
02	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	348.96			X						
03	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	1,744.79			X						
07	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,093.74	00 15		X						
03	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	1,832.36			X						
07	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	2,198.84	00 15		X						
03	20979	US BONE STIMULATION	34.38									
07	20979	US BONE STIMULATION	41.26	00 15								
03	20982	ABLATE, BONE TUMOR(S) PERQ	2,268.62									
07	20982	ABLATE, BONE TUMOR(S) PERQ	2,722.34	00 15								
03	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	104.39									
07	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	125.26	00 15								
02	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X							
03	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X							
07	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP	00 15	X							
03	21010	ARTHROTOMY,JAW,UNILATERAL	476.72									
07	21010	ARTHROTOMY,JAW,UNILATERAL	572.06	00 15								
02	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	44.00									
03	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	219.98									
07	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	263.98	00 15								
02	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	47.63									
03	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	238.15									
07	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	285.78	00 15								
02	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	68.67									
03	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	343.33									
07	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	411.99	00 15								
02	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	73.69									
03	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	368.45									
07	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	442.13	00 15								
02	21015	RAD.RESECT TUMOR,SOFT TIS FACE	55.28									
03	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	276.40									
07	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	331.68	00 15								
02	21016	RADICAL RESECTION OF TUMOR (EG, MALI	148.36									
03	21016	RADICAL RESECTION OF TUMOR (EG, MALI	741.79									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21016	RADICAL RESECTION OF TUMOR (EG, MALI	890.15	00 15								
03	21025	EXCISE BONE;MANDIBLE	562.70									
07	21025	EXCISE BONE;MANDIBLE	675.23	00 15								
03	21026	EXCISE BONE(S);FACIAL	367.16									
07	21026	EXCISE BONE(S);FACIAL	440.59	00 15								
03	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	472.69									
07	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	567.23	00 15								
03	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	307.93									
07	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	369.51	00 15								
03	21031	EXCISION OF TORUS MANDIBULARIS	236.33									
07	21031	EXCISION OF TORUS MANDIBULARIS	283.59	00 15								
03	21032	EXCISION OF MAXILLARY TORUS PALATINU	239.24									
07	21032	EXCISION OF MAXILLARY TORUS PALATINU	287.08	00 15								
02	21034	EXCISE MALIGNANCY OF FACIAL BO	170.59									
03	21034	EXCISE MALIGNANCY OF FACIAL BONE	852.94									
07	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,023.53	00 15								
03	21040	EXCISE BENIGN CYST;MANDIBLE	310.31									
07	21040	EXCISE BENIGN CYST;MANDIBLE	372.37	00 15								
02	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	114.38									
03	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	571.90									
07	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	686.28	00 15								
02	21045	RADICAL RESECTION OF MANDIBLE	159.71									
03	21045	RADICAL RESECTION OF MANDIBLE	798.56									
07	21045	RADICAL RESECTION OF MANDIBLE	958.27	00 15								
03	21046	REMOVE MANDIBLE CYST COMPLEX	704.92									
07	21046	REMOVE MANDIBLE CYST COMPLEX	845.90	00 15								
02	21047	EXCISE LWR JAW CYST W/REPAIR	171.80									
03	21047	EXCISE LWR JAW CYST W/REPAIR	859.02									
07	21047	EXCISE LWR JAW CYST W/REPAIR	1,030.82	00 15								
02	21048	REMOVE MAXILLA CYST COMPLEX	142.83									
03	21048	REMOVE MAXILLA CYST COMPLEX	714.13									
07	21048	REMOVE MAXILLA CYST COMPLEX	856.95	00 15								
02	21049	EXCIS UPPR JAW CYST W/REPAIR	165.33									
03	21049	EXCIS UPPR JAW CYST W/REPAIR	826.65									
07	21049	EXCIS UPPR JAW CYST W/REPAIR	991.98	00 15								
03	21050	TEMPRORMANDIBULAR ARTHRECTOMY	562.33									
07	21050	TEMPRORMANDIBULAR ARTHRECTOMY	674.79	00 15								
02	21060	TEMPOROMANDIBULAR MENISCECTOMY	102.97									
03	21060	TEMPOROMANDIBULAR MENISCECTOMY	514.85									
07	21060	TEMPOROMANDIBULAR MENISCECTOMY	617.81	00 15								
03	21070	CORONOIDECTOMY; UNILATERAL	418.74									
07	21070	CORONOIDECTOMY; UNILATERAL	502.49	00 15								
03	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	228.70								X	
07	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	274.44	00 15							X	
03	21076	PREPARE FACE/ORAL PROSTHESIS	633.26									
07	21076	PREPARE FACE/ORAL PROSTHESIS	759.92	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21077	PREPARE FACE/ORAL PROSTHESIS	1,559.54									
07	21077	PREPARE FACE/ORAL PROSTHESIS	1,871.45	00 15								
03	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,064.96									
07	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,277.95	00 15								
03	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,210.10									
07	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,452.12	00 15								
03	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,102.62									
07	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,323.14	00 15								
03	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,026.36									
07	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,231.63	00 15								
03	21083	IMPRESS & CUST PREP PALAT LIFT PROST	972.65									
07	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,167.17	00 15								
03	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,100.06									
07	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,320.08	00 15								
03	21085	IMPRES & CUST PREP ORAL SURG SPLINT	448.15									
07	21085	IMPRES & CUST PREP ORAL SURG SPLINT	537.78	00 15								
03	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,142.28									
07	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,370.74	00 15								
03	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,136.24									
07	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,363.49	00 15								
03	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,134.00									
07	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,134.00	00 15								
03	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X							
07	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP	00 15	X							
03	21100	MAXILLOFACIAL FIXATION	432.47									
07	21100	MAXILLOFACIAL FIXATION	518.96	00 15								
03	21110	INTERDENTAL FIXATION	460.92									
07	21110	INTERDENTAL FIXATION	553.10	00 15								
03	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	91.28									
07	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	109.54	00 15								
03	21120	GENIOPLASTY;AUGMENTATION	383.39									
07	21120	GENIOPLASTY;AUGMENTATION	460.07	00 15								
02	21121	GENIOPLASTY;SLIDING OSTEOTOMY	96.73									
03	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	483.65									
07	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	580.38	00 15								
02	21122	GENIOPLASTY;SLIDING OSTEOTOMIE	92.30									
03	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	461.48									
07	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	553.77	00 15								
02	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	111.16									
03	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	555.78									
07	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	666.94	00 15								
03	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,819.40									
07	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,183.27	00 15								
02	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	433.84									
03	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,169.20									
07	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,603.03	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	21137	REDUCTION FOREHEAD;CONTOURING	94.18									
03	21137	REDUCTION FOREHEAD;CONTOURING ONLY	470.90									
07	21137	REDUCTION FOREHEAD;CONTOURING ONLY	565.07	00 15								
02	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	117.83									
03	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	589.16									
07	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	706.99	00 15								
02	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	131.24									
03	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	656.19									
07	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	787.43	00 15								
02	21141	RECONSTRUCT MIDFACE, LEFORT	176.96									
03	21141	RECONSTRUCT MIDFACE, LEFORT	884.81									
07	21141	RECONSTRUCT MIDFACE, LEFORT	1,061.77	00 15								
02	21142	RECONSTRUCT MIDFACE, LEFORT	175.39									
03	21142	RECONSTRUCT MIDFACE, LEFORT	876.95									
07	21142	RECONSTRUCT MIDFACE, LEFORT	1,052.33	00 15								
02	21143	RECONSTRUCT MIDFACE, LEFORT	180.69									
03	21143	RECONSTRUCT MIDFACE, LEFORT	903.44									
07	21143	RECONSTRUCT MIDFACE, LEFORT	1,084.12	00 15								
02	21145	RECONSTR MIDFACE,LEFORT I;SING	204.25									
03	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,021.25									
07	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,225.50	00 15								
02	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	217.88									
03	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,089.39									
07	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,307.27	00 15								
02	21147	RECONSTR MIDFACE,3 OR MORE PIE	222.50									
03	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,112.48									
07	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,334.98	00 15								
02	21150	RECONSTR MIDFAVE LEFORT II,ANT	221.98									
03	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,109.90									
07	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,331.88	00 15								
02	21151	RECONSTR MIDFACE,LEFORT II,ANY	266.16									
03	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,330.81									
07	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,596.97	00 15								
02	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	269.91									
03	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,349.57									
07	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,619.48	00 15								
02	21155	RECONSTR MIDFACE III W/LEFORT	312.25									
03	21155	RECONSTR MIDFACE III W/LEFORT I	1,561.24									
07	21155	RECONSTR MIDFACE III W/LEFORT I	1,873.49	00 15								
02	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	378.15									
03	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	1,890.77									
07	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,268.93	00 15								
02	21160	RECONSTR MIDFACE,LEF III,FOREH	383.42									
03	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	1,917.08									
07	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,300.50	00 15								
02	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	237.06									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,185.29									
07	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,422.34	00 15								
02	21175	RECON BIFRONT,SUP-LAT ORB RIMS	286.96									
03	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,434.79									
07	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,721.75	00 15								
02	21179	RECON ALL OR MAJ FOREHEAD W/GR	195.63									
03	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	978.15									
07	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,173.78	00 15								
02	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	223.41									
03	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,117.04									
07	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,340.44	00 15								
02	21181	REMOVAL/CONTOUR BENIGN TUMOR/C	92.94									
03	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	464.68									
07	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	557.61	00 15								
02	21182	RECON ORB WALLS,RIMS,FOREHEAD	270.05									
03	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,350.27									
07	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,620.32	00 15								
02	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	303.92									
03	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,519.61									
07	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,823.54	00 15								
02	21184	RECON ORB WALLS,RIMS,FOREHEAD	326.65									
03	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,633.27									
07	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,959.92	00 15								
02	21188	RECONSTRUCT MIDFACE OSTEOTOMIE	211.99									
03	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,059.93									
07	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,271.92	00 15								
02	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	163.91									
03	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	819.54									
07	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	983.45	00 15								
02	21194	RECONSTR MAND RAMUS W/BONE GRA	186.41									
03	21194	RECONSTR MAND RAMUS W/BONE GRAFT	932.07									
07	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,118.48	00 15								
02	21195	RECONSTR MAND RAMUS W/O RIGID F	174.13									
03	21195	RECONST MAND RAMUS W/O RIGID FIX	870.66									
07	21195	RECONST MAND RAMUS W/O RIGID FIX	1,044.79	00 15								
02	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	190.23									
03	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	951.15									
07	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,141.38	00 15								
02	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	148.98									
03	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	744.89									
07	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	893.87	00 15								
02	21199	RECONSTR LWR JAW W/ADVANCE	136.19									
03	21199	RECONSTR LWR JAW W/ADVANCE	680.95									
07	21199	RECONSTR LWR JAW W/ADVANCE	817.14	00 15								
02	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	146.66									
03	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	733.29									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	879.95	00 15								
03	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,052.99			X						
07	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,263.59	00 15		X						
02	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	101.78			X						
07	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	610.69	00 15		X						
03	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,254.82									
07	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,505.78	00 15								
03	21215	BONE GRAFT; MANDIBLE	2,109.78									
07	21215	BONE GRAFT; MANDIBLE	2,531.74	00 15								
03	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	502.01									
07	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	602.42	00 15								
03	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	451.85									
07	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	542.22	00 15								
02	21240	TEMPOROMANDIBULAR ARTHROPLASTY	145.72									
03	21240	TEMPOROMANDIBULAR ARTHROPLASTY	728.58									
07	21240	TEMPOROMANDIBULAR ARTHROPLASTY	874.30	00 15								
02	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	132.99									
03	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	664.96									
07	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	797.95	00 15								
02	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	219.12									
03	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,095.61									
07	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,314.73	00 15								
02	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	134.40									
03	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	672.00									
07	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	806.40	00 15								
02	21245	RECON.MAND/MAX,SUBPERI IMPLANT	143.87									
03	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	719.36									
07	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	863.23	00 15								
02	21246	RECON MAND/MAX,SUBPERI IMPLANT	111.99									
03	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	559.96									
07	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	671.95	00 15								
02	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	212.93									
03	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,064.64									
07	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,277.57	00 15								
03	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	681.56									
07	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	817.87	00 15								
03	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	951.42									
07	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,141.70	00 15								
02	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	186.76									
03	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	933.81									
07	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,120.57	00 15								
02	21256	RECONST ORBIT W/OSTEO,W/BONE GRAFTS	152.92									
03	21256	RECON OF ORBIT WITH OSTEOTOMIES	764.62									
07	21256	RECON OF ORBIT WITH OSTEOTOMIES	917.54	00 15								
02	21260	ORBITAL REVISION; EXTRACRANIAL	170.34									
03	21260	ORBITAL REVISION; EXTRACRANIAL	851.68									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21260	ORBITAL REVISION; EXTRACRANIAL	1,022.01	00 15								
02	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	295.82									
03	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,479.11									
07	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,774.93	00 15								
02	21263	REVISE ORBIT; ADVANCE FOREHEAD	265.62									
03	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,328.11									
07	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,593.73	00 15								
02	21267	REPOSITION ORBIT; EXTRACRANIAL	199.64									
03	21267	REPOSITION ORBIT; EXTRACRANIAL	998.18									
07	21267	REPOSITION ORBIT; EXTRACRANIAL	1,197.82	00 15								
02	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	251.13									
03	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,255.64									
07	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,506.77	00 15								
03	21270	RECONSTRUCT ORBITOFACIAL BONES	573.40									
07	21270	RECONSTRUCT ORBITOFACIAL BONES	688.08	00 15								
02	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	105.45									
03	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	527.24									
07	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	632.68	00 15								
02	21299	UNLISTED CRANIOFACIAL MAXILLOFACIAL	MP		X							
03	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X							
07	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP	00 15	X							
03	21310	TREATMENT OF NASAL FRACTURE	64.40									
07	21310	TREATMENT OF NASAL FRACTURE	77.27	00 15								
03	21315	DIGITAL MANIPULATION OF NASAL FX	158.64									
07	21315	DIGITAL MANIPULATION OF NASAL FX	190.37	00 15								
03	21320	MANIPULATE NASAL FX; INSTRUMENTAL	153.46									
07	21320	MANIPULATE NASAL FX; INSTRUMENTAL	184.15	00 15								
03	21325	OPEN TREATMENT NASAL FX; SIMPLE	290.71									
07	21325	OPEN TREATMENT NASAL FX; SIMPLE	348.85	00 15								
03	21330	TREATMENT NASAL FX; COMPLICATED	360.01									
07	21330	TREATMENT NASAL FX; COMPLICATED	432.01	00 15								
03	21335	OPEN TREATMENT FX NASAL SEPTUM	469.53									
07	21335	OPEN TREATMENT FX NASAL SEPTUM	563.44	00 15								
03	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	401.86									
07	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	482.23	00 15								
03	21337	CLOSED TREATMENT FX NASAL SEPTUM	239.81									
07	21337	CLOSED TREATMENT FX NASAL SEPTUM	287.78	00 15								
03	21338	OPEN TREATMENT NASOETHMOID FRACTURE	459.86									
07	21338	OPEN TREATMENT NASOETHMOID FRACTURE	551.83	00 15								
02	21339	OPEN TREATMENT NASOETHMOID FX,	103.03									
03	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	515.16									
07	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	618.19	00 15								
02	21340	TREAT NASOETHMOID COMPLEX FX	104.70									
03	21340	TREAT NASOETHMOID COMPLEX FX	523.51									
07	21340	TREAT NASOETHMOID COMPLEX FX	628.21	00 15								
02	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	147.36									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	736.82									
07	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	884.18	00 15								
02	21344	OPEN TREATMENT OF COMPLICATED (EG, C	195.97									
03	21344	OPEN TREATMENT OF COMPLICATED (EG, C	979.85									
07	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,175.81	00 15								
03	21345	TREAT NASOMAXILLARY COMPLEX FX	506.04									
07	21345	TREAT NASOMAXILLARY COMPLEX FX	607.25	00 15								
02	21346	OPEN TREATMENT NASOMAXILLARY FX	121.83									
03	21346	OPEN TREATMENT NASOMAXILLARY FX	609.14									
07	21346	OPEN TREATMENT NASOMAXILLARY FX	730.96	00 15								
02	21347	OPEN TREATMENT NASOMAXILLARY FX	141.51									
03	21347	OPEN TREATMENT NASOMAXILLARY FX	707.54									
07	21347	OPEN TREATMENT NASOMAXILLARY FX	849.04	00 15								
02	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	153.34									
03	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	766.69									
07	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	920.03	00 15								
03	21355	MANIPULATE FX OF MALAR AREA	271.60									
07	21355	MANIPULATE FX OF MALAR AREA	325.92	00 15								
03	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	304.49									
07	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	365.38	00 15								
02	21360	TREAT DEPRESSED MALAR FRACTURE	68.25									
03	21360	TREAT DEPRESSED MALAR FRACTURE	341.25									
07	21360	TREAT DEPRESSED MALAR FRACTURE	409.50	00 15								
02	21365	TREAT COMPLICATED FX MALAR AREA	144.27									
03	21365	TREAT COMPLICATED FX MALAR AREA	721.34									
07	21365	TREAT COMPLICATED FX MALAR AREA	865.61	00 15								
02	21366	OPEN TREATMENT OF COMPLICATED (EG, C	161.37									
03	21366	OPEN TREATMENT OF COMPLICATED (EG, C	806.84									
07	21366	OPEN TREATMENT OF COMPLICATED (EG, C	968.20	00 15								
02	21385	TREAT ORBITAL FX; TRANSANTRAL	92.05									
03	21385	TREAT ORBITAL FX; TRANSANTRAL	460.27									
07	21385	TREAT ORBITAL FX; TRANSANTRAL	552.32	00 15								
02	21386	TREAT ORBITAL FX; PERIORBITAL	86.36									
03	21386	TREAT ORBITAL FX; PERIORBITAL	431.78									
07	21386	TREAT ORBITAL FX; PERIORBITAL	518.13	00 15								
02	21387	TREAT ORBITAL FX; COMBINATION	96.22									
03	21387	TREAT ORBITAL FX; COMBINATION	481.10									
07	21387	TREAT ORBITAL FX; COMBINATION	577.31	00 15								
02	21390	TREAT ORBITAL FX WITH IMPLANT	99.62									
03	21390	TREAT ORBITAL FX WITH IMPLANT	498.10									
07	21390	TREAT ORBITAL FX WITH IMPLANT	597.72	00 15								
02	21395	TREAT ORBITAL FX WITH BONE GRAFT	126.51									
03	21395	TREAT ORBITAL FX WITH BONE GRAFT	632.57									
07	21395	TREAT ORBITAL FX WITH BONE GRAFT	759.08	00 15								
03	21400	TREAT FX OF ORBIT W/O MANIPULATION	108.59									
07	21400	TREAT FX OF ORBIT W/O MANIPULATION	130.31	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	21401	TREAT FX OF ORBIT WITH MANIPULATION	288.61										
07	21401	TREAT FX OF ORBIT WITH MANIPULATION	346.33	00	15								
02	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	69.67										
03	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	348.35										
07	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	418.01	00	15								
02	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	82.76										
03	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	413.80										
07	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	496.56	00	15								
02	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	114.30										
03	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	571.51										
07	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	685.81	00	15								
03	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	447.86										
07	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	537.44	00	15								
02	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	86.28										
03	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	431.39										
07	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	517.66	00	15								
02	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	102.92										
03	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	514.62										
07	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	617.54	00	15								
02	21431	TREAT CRANIOFACIAL SEPARATION	92.70										
03	21431	TREAT CRANIOFACIAL SEPARATION	463.52										
07	21431	TREAT CRANIOFACIAL SEPARATION	556.22	00	15								
02	21432	OPEN TX CRANIOFACIAL SEPARATIO	85.83										
03	21432	OPEN TX CRANIOFACIAL SEPARATION	429.17										
07	21432	OPEN TX CRANIOFACIAL SEPARATION	515.00	00	15								
02	21433	COMPLICATED TX CRANIOFACIAL FX	223.65										
03	21433	COMPLICATED TX CRANIOFACIAL FX	1,118.27										
07	21433	COMPLICATED TX CRANIOFACIAL FX	1,341.93	00	15								
02	21435	COMPLICATED TX CRANIOFACIAL FX	175.72										
03	21435	COMPLICATED TX CRANIOFACIAL FX	878.60										
07	21435	COMPLICATED TX CRANIOFACIAL FX	1,054.31	00	15								
02	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	259.16										
03	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,295.78										
07	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,554.93	00	15								
03	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	321.62										
07	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	385.94	00	15								
02	21445	OPEN TREATMENT ALVEOLAR RIDGE	92.54										
03	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	462.69										
07	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	555.23	00	15								
03	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	334.84										
07	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	401.81	00	15								
03	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	446.00										
07	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	535.19	00	15								
03	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	358.21										
07	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	429.85	00	15								
03	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	516.59										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	619.90	00	15								
03	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	355.52										
07	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	426.63	00	15								
02	21461	TREAT MANDIBULAR FX W/O FIXATION	229.74										
03	21461	TREAT MANDIBULAR FX W/O FIXATION	1,148.69										
07	21461	TREAT MANDIBULAR FX W/O FIXATION	1,378.42	00	15								
02	21462	TREAT MANDIBULAR FX WITH FIXAT	249.22										
03	21462	TREAT MANDIBULAR FX WITH FIXATION	1,246.08										
07	21462	TREAT MANDIBULAR FX WITH FIXATION	1,495.30	00	15								
02	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	118.67										
03	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	593.36										X
07	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	712.03	00	15								X
02	21470	TREAT COMPLICATED MANDIBULAR FX	155.12										
03	21470	TREAT COMPLICATED MANDIBULAR FX	775.60										
07	21470	TREAT COMPLICATED MANDIBULAR FX	930.72	00	15								
03	21480	TX TEMPOROMANDIBULAR DISLOCATION	55.24										
07	21480	TX TEMPOROMANDIBULAR DISLOCATION	66.29	00	15								
03	21485	TEMPOROMANDIBULAR MANIPULATION	397.44										
07	21485	TEMPOROMANDIBULAR MANIPULATION	476.93	00	15								
02	21490	OPEN TX TEMPOROMANDIBULAR DISL	120.83										
03	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	604.14										
07	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	724.97	00	15								
02	21495	OPEN TREATMENT HYOIDFRACTURE	84.82										
03	21495	OPEN TREATMENT HYOIDFRACTURE	424.11										
07	21495	OPEN TREATMENT HYOIDFRACTURE	508.93	00	15								
02	21499	UNLISTED PROCEDURE; HEAD	MP			X							
03	21499	UNLISTED PROCEDURE; HEAD	MP			X							
07	21499	UNLISTED PROCEDURE; HEAD	MP	00	15	X							
03	21501	I & D DEEP ABSCESS OR HEMATOMA	269.43										
07	21501	I & D DEEP ABSCESS OR HEMATOMA	323.32	00	15								
02	21502	I & D WITH PARTIAL RIB REMOVAL	68.15										
03	21502	I & D WITH PARTIAL RIB REMOVAL	340.76										
07	21502	I & D WITH PARTIAL RIB REMOVAL	408.92	00	15								
03	21510	INCISION WITH OPENING OF BONE CORTEX	299.36										
07	21510	INCISION WITH OPENING OF BONE CORTEX	359.24	00	15								
03	21550	EXCISIONAL BIOPSY SOFT TISSUES	157.03										
07	21550	EXCISIONAL BIOPSY SOFT TISSUES	188.43	00	15								
02	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	63.75										
03	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	318.74										
07	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	382.49	00	15								
02	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	104.82										
03	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	524.09										
07	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	628.91	00	15								
03	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	268.62										
07	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	322.34	00	15								
03	21556	EXCISE BENIGN TUMOR; DEEP	267.25										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	21556	EXCISE BENIGN TUMOR; DEEP	320.70	00	15								
02	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	76.45										
03	21557	RAD.RESECT.TUMOR,SFT TISS.NECK/THORA	382.26										
07	21557	RAD.RESECT.TUMOR,SFT TISS.NECK/THORA	458.71	00	15								
02	21558	RADICAL RESECTION OF TUMOR (EG, MALI	197.03										
03	21558	RADICAL RESECTION OF TUMOR (EG, MALI	985.14										
07	21558	RADICAL RESECTION OF TUMOR (EG, MALI	1,182.17	00	15								
02	21600	EXCISION OF RIB; PARTIAL	71.52										
03	21600	EXCISION OF RIB; PARTIAL	357.62										
07	21600	EXCISION OF RIB; PARTIAL	429.15	00	15								
02	21610	COSTOTRANSVERSECTOMY	142.07										
03	21610	COSTOTRANSVERSECTOMY	710.33										
07	21610	COSTOTRANSVERSECTOMY	852.40	00	15								
02	21615	EXCISION CERVICAL RIB	89.14										
03	21615	EXCISION CERVICAL RIB	445.68										
07	21615	EXCISION CERVICAL RIB	534.82	00	15								
02	21616	EXCISE RIB WITH SYMPATHECTOMY	113.49										
03	21616	EXCISE RIB WITH SYMPATHECTOMY	567.44										
07	21616	EXCISE RIB WITH SYMPATHECTOMY	680.92	00	15								
02	21620	OSTECTOMY OF STERNUM; PARTIAL	68.26										
03	21620	OSTECTOMY OF STERNUM; PARTIAL	341.30										
07	21620	OSTECTOMY OF STERNUM; PARTIAL	409.55	00	15								
03	21627	STERNAL DEBRIDEMENT	357.53										
07	21627	STERNAL DEBRIDEMENT	429.04	00	15								
02	21630	RADICAL RESECTION OF STERNUM	168.11										
03	21630	RADICAL RESECTION OF STERNUM	840.57										
07	21630	RADICAL RESECTION OF STERNUM	1,008.68	00	15								
02	21632	MEDIASTINAL LYMPHADENECTOMY	166.83										
03	21632	MEDIASTINAL LYMPHADENECTOMY	834.17										
07	21632	MEDIASTINAL LYMPHADENECTOMY	1,001.01	00	15								
02	21685	HYOID MYOTOMY & SUSPENSION	129.65										
03	21685	HYOID MYOTOMY & SUSPENSION	648.27										
07	21685	HYOID MYOTOMY & SUSPENSION	777.92	00	15								
03	21700	DIVISION OF SCALENUS ANTICUS	274.10										
07	21700	DIVISION OF SCALENUS ANTICUS	328.91	00	15								
02	21705	DIVIDE SCALENUS AND RESECTION	85.92										
03	21705	DIVIDE SCALENUS AND RESECTION RIB	429.61										
07	21705	DIVIDE SCALENUS AND RESECTION RIB	515.53	00	15								
03	21720	DIVISION STERNOCLEIDOMASTOID	268.60										
07	21720	DIVISION STERNOCLEIDOMASTOID	322.32	00	15								
03	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	348.08										
07	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	417.69	00	15								
02	21740	RECONSTRUCT PECTUS EXCAVATUM	145.61										
03	21740	RECONSTRUCT PECTUS EXCAVATUM	728.06										
07	21740	RECONSTRUCT PECTUS EXCAVATUM	873.67	00	15								
02	21742	REPAIR STERN/NUSS W/O SCOPE	MP			X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	21742	REPAIR STERN/NUSS W/O SCOPE	MP			X							
07	21742	REPAIR STERN/NUSS W/O SCOPE	MP	00	15	X							
02	21743	REPAIR STERNUM/NUSS W/SCOPE	MP			X							
03	21743	REPAIR STERNUM/NUSS W/SCOPE	MP			X							
07	21743	REPAIR STERNUM/NUSS W/SCOPE	MP	00	15	X							
02	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	96.53										X
03	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	482.67										
07	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	579.20	00	15								
03	21800	TREAT RIB FX;UNCOMPLICATED	60.50										X
07	21800	TREAT RIB FX;UNCOMPLICATED	72.60	00	15								X
03	21805	TREAT RIB FX;OPEN,COMPLICATED	163.76										X
07	21805	TREAT RIB FX;OPEN,COMPLICATED	196.51	00	15								X
02	21810	TREAT RIB FX W EXTERNAL FIXATI	65.25										
03	21810	TREAT RIB FX W/EXTERNAL FIXATION	326.24										X
07	21810	TREAT RIB FX W/EXTERNAL FIXATION	391.49	00	15								X
03	21820	TREAT STERNUM FRACTURE; CLOSED	81.10										
07	21820	TREAT STERNUM FRACTURE; CLOSED	97.32	00	15								
03	21825	TREAT STERNUM FRACTURE; OPEN	370.28										
07	21825	TREAT STERNUM FRACTURE; OPEN	444.33	00	15								
02	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X							
03	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X							
07	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP	00	15	X							
03	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	156.54										
07	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	187.85	00	15								
03	21925	BX,SFT TISS-BACK/FLANK; DEEP	263.87										
07	21925	BX,SFT TISS-BACK/FLANK; DEEP	316.65	00	15								
03	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	294.35										
07	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	353.21	00	15								
02	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	66.75										
03	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	333.74										
07	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	400.49	00	15								
02	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	95.80										
03	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	478.99										
07	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	574.79	00	15								
02	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	105.73										
03	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	528.67										
07	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	634.40	00	15								
03	21935	RAD RESECT TUMOR,SFT TISS BACK/FLANK	771.24										
07	21935	RAD RESECT TUMOR,SFT TISS BACK/FLANK	925.49	00	15								
02	21936	RADICAL RESECTION OF TUMOR (EG, MALI	205.23										
03	21936	RADICAL RESECTION OF TUMOR (EG, MALI	1,026.15										
07	21936	RADICAL RESECTION OF TUMOR (EG, MALI	1,231.38	00	15								
07	22010	I&D, P-SPINE, C/T/CERV-THOR	706.07	00	15								
03	22015	I&D, P-SPINE, L/S/LS	584.93										
07	22015	I&D, P-SPINE, L/S/LS	701.92	00	15								
02	22100	RESECT VERTEBRA,CERVICAL	106.90										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	22100	RESECT VERTEBRA,CERVICAL	534.49									
07	22100	RESECT VERTEBRA,CERVICAL	641.39	00 15								
02	22101	RESECT VERTEBRA,THORACIC	106.32									
03	22101	RESECT VERTEBRA,THORACIC	531.58									
07	22101	RESECT VERTEBRA,THORACIC	637.89	00 15								
02	22102	RESECT VERTEBRA,LUMBAR	105.89									
03	22102	RESECT VERTEBRA,LUMBAR	529.43									
07	22102	RESECT VERTEBRA,LUMBAR	635.31	00 15								
02	22103	REMOVE EXTRA SPINE SEGMENT	19.68									
03	22103	REMOVE EXTRA SPINE SEGMENT	98.38									
07	22103	REMOVE EXTRA SPINE SEGMENT	118.05	00 15								
02	22110	EXCISE CERVICAL VERTEBRA	133.20									
03	22110	EXCISE CERVICAL VERTEBRA	665.99									
07	22110	EXCISE CERVICAL VERTEBRA	799.18	00 15								
02	22112	EXCISE THORACIC VERTEBRA	129.00									
03	22112	EXCISE THORACIC VERTEBRA	644.99									
07	22112	EXCISE THORACIC VERTEBRA	773.99	00 15								
02	22114	EXCISE LUMBAR VERTEBRAE FOR OS	132.24									
03	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	661.18									
07	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	793.41	00 15								
02	22116	REMOVE EXTRA SPINE SEGMENT	19.67									
03	22116	REMOVE EXTRA SPINE SEGMENT	98.33									
07	22116	REMOVE EXTRA SPINE SEGMENT	118.00	00 15								
07	22206	OSTEOTOMY OF SPINE, POSTERIOR OR POS	1,912.64	00 15								
07	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	1,886.93	00 15								
02	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	81.20									
03	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	406.01									
07	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	487.22	00 15								
02	22210	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	234.50									
03	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,172.51									
07	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,407.01	00 15								
02	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	192.96									
03	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	964.82									
07	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,157.79	00 15								
02	22214	OSTEOTOMY,SPINE,CORR DEFORM;THORACIC	194.08									
03	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	970.39									
07	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,164.47	00 15								
02	22216	REVISE, EXTRA SPINE SEGMENT	51.48									
03	22216	REVISE, EXTRA SPINE SEGMENT	257.42									
07	22216	REVISE, EXTRA SPINE SEGMENT	308.90	00 15								
02	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	211.44									
03	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,057.20									
07	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,268.64	00 15								
02	22222	OSTEOTOMY SPINE,CORR DEFORM;TH	193.23									
03	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	966.14									
07	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,159.36	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	208.15									
03	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,040.73									
07	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,248.88	00 15								
02	22226	REVISE, EXTRA SPINE SEGMENT	51.29									
03	22226	REVISE, EXTRA SPINE SEGMENT	256.46									
07	22226	REVISE, EXTRA SPINE SEGMENT	307.76	00 15								
03	22305	TREAT VERTEBRAL PROCESS FRACTURE	117.92									
07	22305	TREAT VERTEBRAL PROCESS FRACTURE	141.51	00 15								
03	22310	TR VERT BODY FX/DISLOCATION EACH	182.89									
07	22310	TR VERT BODY FX/DISLOCATION EACH	219.47	00 15								
03	22315	CLSD MANIP VERT FX/DISLOCAT EACH	545.45									
07	22315	CLSD MANIP VERT FX/DISLOCAT EACH	654.54	00 15								
02	22318	TREAT ADONTOID FX W/O GRAFT	211.50									
03	22318	TREAT ODONTOID FX W/O GRAFT	1,057.50									
07	22318	TREAT ODONTOID FX W/O GRAFT	1,269.00	00 15								
02	22319	TREAT ODONTOID FX W/GRAFT	232.99									
03	22319	TREAT ODONTOID FX W/GRAFT	1,164.96									
07	22319	TREAT ODONTOID FX W/GRAFT	1,397.95	00 15								
02	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	183.96									
03	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	919.79									
07	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	1,103.74	00 15								
02	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	192.46									
03	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	962.31									
07	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	1,154.77	00 15								
02	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	190.35									
03	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	951.77									
07	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	1,142.13	00 15								
02	22328	REPAIR EACH ADD SPINE FX	38.78									
03	22328	REPAIR EACH ADD SPINE FX	193.90									
07	22328	REPAIR EACH ADD SPINE FX	232.68	00 15								
03	22520	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	1,408.40									
07	22520	PERCUT VERTEBROPLASTY THOR	1,690.08	00 15								
03	22521	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	1,370.14									
07	22521	PERCUT VERTEBROPLASTY LUMB	1,644.17	00 15								
03	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	175.76									X
07	22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTE	210.92	00 15								X
03	22523	PERCUT KYPHOPLASTY, THOR	412.70									
07	22523	PERCUT KYPHOPLASTY, THOR	495.24	00 15								
03	22524	PERCUT KYPHOPLASTY, LUMBAR	394.95									
07	22524	PERCUT KYPHOPLASTY, LUMBAR	473.94	00 15								
03	22525	PERCUT KYPHOPLASTY, ADD-ON	186.30									X
07	22525	PERCUT KYPHOPLASTY, ADD-ON	223.56	00 15								X
03	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,179.47									
07	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,415.36	00 15								
03	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	907.73									
07	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	1,089.27	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	22532	LAT THORAX SPINE FUSION	229.07									
03	22532	LAT THORAX SPINE FUSION	1,145.36									
07	22532	LAT THORAX SPINE FUSION	1,374.43	00 15								
02	22533	LAT LUMBAR SPINE FUSION	214.51									
03	22533	LAT LUMBAR SPINE FUSION	1,072.55									
07	22533	LAT LUMBAR SPINE FUSION	1,287.05	00 15								
02	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	50.79									X
03	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	253.94									X
07	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	304.73	00 15								X
02	22548	ARTHRODESIS,W/BONE GRAFT	245.11									
03	22548	ANTHRODESIS,W/BONE GRAFT	1,225.53									
07	22548	ANTHRODESIS,W/BONE GRAFT	1,470.64	00 15								
02	22554	ARTHRODESIS,W/BONE ALLOGRAFT	169.90									
03	22554	ARTHRODESIS,W/BONE ALLOGRAFT	849.50									
07	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,019.39	00 15								
02	22556	ARTHRODESIS,THORACIC,BONE/BONE ALLOG	218.75									
03	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,093.77									
07	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,312.52	00 15								
02	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	200.17									
03	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,000.87									
07	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,201.04	00 15								
02	22585	ARTHRODESIS-EACH ADD INTERSPACE	47.06									X
03	22585	ARTHRODESIS-EACH ADD.INTERSPACE	235.29									X
07	22585	ARTHRODESIS-EACH ADD.INTERSPACE	282.35	00 15								X
02	22590	ARTHRODESIS,W/BONE ALLO/INT FIX	203.40									
03	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,017.02									
07	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,220.43	00 15								
02	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	192.90									
03	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	964.49									
07	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,157.39	00 15								
02	22600	ARTHRODESIS,POST TECH.,BELOW C1	165.11									
03	22600	ARTHRODESIS,POST.TECH.,BELOW C1	825.53									
07	22600	ARTHRODESIS,POST.TECH.,BELOW C1	990.64	00 15								
02	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	162.78									
03	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	813.90									
07	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	976.68	00 15								
02	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	211.33									
03	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	1,056.63									
07	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	1,267.96	00 15								
02	22614	SPINE FUSION, EXTRA SEGMENT	54.79									X
03	22614	SPINE FUSION, EXTRA SEGMENT	273.97									X
07	22614	SPINE FUSION, EXTRA SEGMENT	328.76	00 15								X
02	22630	ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	203.57									
03	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,017.85									
07	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,221.42	00 15								
02	22632	SPINE FUSION, EXTRA SEGMENT	44.57									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	22632	SPINE FUSION, EXTRA SEGMENT	222.86									
07	22632	SPINE FUSION, EXTRA SEGMENT	267.44	00 15								
02	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	179.18									
03	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	895.88									
07	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,075.06	00 15								
02	22802	FUSE PRIMARY 7/MORE VERTEBRAE	285.91									
03	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,429.56									
07	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,715.47	00 15								
02	22804	FUSION OF SPINE	330.33									
03	22804	FUSION OF SPINE	1,651.67									
07	22804	FUSION OF SPINE	1,982.01	00 15								
02	22808	FUSION OF SPINE	242.84									
03	22808	FUSION OF SPINE	1,214.18									
07	22808	FUSION OF SPINE	1,457.01	00 15								
02	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	270.75									
03	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,353.77									
07	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,624.53	00 15								
02	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	295.63									
03	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,478.17									
07	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,773.80	00 15								
02	22818	KYPHECTOMY, 1-2 SEGMENTS	299.74									
03	22818	KYPHECTOMY, 1-2 SEGMENTS	1,498.68									
07	22818	KYPHECTOMY, 1-2 SEGMENTS	1,798.42	00 15								
02	22819	KYPHECTOMY, 3 & MORE SEGMENT	345.54									
03	22819	KYPHECTOMY, 3 & MORE SEGMENT	1,727.72									
07	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,073.26	00 15								
02	22830	EXPLORE SPINAL FUSION	106.70									
03	22830	EXPLORE SPINAL FUSION	533.50									
07	22830	EXPLORE SPINAL FUSION	640.20	00 15								
02	22840	POSTERIOR INSTRU(NO SEG FIX)	107.08									
03	22840	POSTERIOR INSTRU(NO SEG FIX)	535.42									
07	22840	POSTERIOR INSTRU(NO SEG FIX)	642.50	00 15								
02	22842	POST.INSTRUMENTATION;SEGMENTAL FIX.	107.25									
03	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	536.25									
07	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	643.50	00 15								
02	22843	INSERT SPINE FIXATION DEVICE	114.11									
03	22843	INSERT SPINE FIXATION DEVICE	570.55									
07	22843	INSERT SPINE FIXATION DEVICE	684.66	00 15								
02	22844	INSERT SPINE FIXATION DEVICE	139.28									
03	22844	INSERT SPINE FIXATION DEVICE	696.41									
07	22844	INSERT SPINE FIXATION DEVICE	835.69	00 15								
02	22845	ARTHRODESIS;ANTERIOR INSTRUMENTATION	102.72									
03	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	513.59									
07	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	616.30	00 15								
02	22846	INSERT SPINE FIXATION DEVICE	106.64									
03	22846	INSERT SPINE FIXATION DEVICE	533.19									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	22846	INSERT SPINE FIXATION DEVICE	639.83	00 15								
02	22847	INSERT SPINE FIXATION DEVICE	117.29									
03	22847	INSERT SPINE FIXATION DEVICE	586.45									
07	22847	INSERT SPINE FIXATION DEVICE	703.74	00 15								
02	22848	INSERT PELVIC FIXATIONDEVICE	50.73									
03	22848	INSERT PELVIC FIXATIONDEVICE	253.67									
07	22848	INSERT PELVIC FIXATIONDEVICE	304.40	00 15								
02	22849	REINSERT SPINAL FIXATION DEVICE	173.91									
03	22849	REINSERT SPINAL FIXATION DEVICE	869.57									
07	22849	REINSERT SPINAL FIXATION DEVICE	1,043.48	00 15								
02	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	94.36									
03	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	471.82									
07	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	566.18	00 15								
02	22851	APPLY SPINE PROSTH DEVICE	57.12									
03	22851	APPLY SPINE PROSTH DEVICE	285.59									
07	22851	APPLY SPINE PROSTH DEVICE	342.70	00 15								
02	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	90.11									
03	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	450.56									
07	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	540.68	00 15								
02	22855	REMOVE ANTERIOR INSTRUMENTATION	147.38									
03	22855	REMOVE ANTERIOR INSTRUMENTATION	736.90									
07	22855	REMOVE ANTERIOR INSTRUMENTATION	884.28	00 15								
02	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	221.16									
03	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,105.81									
07	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,326.97	00 15								
02	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	228.23									
03	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,141.15									
07	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,369.38	00 15								
02	22861	REVISION INCLUDING REPLACEMENT OF TO	270.47									
03	22861	REVISION INCLUDING REPLACEMENT OF TO	1,352.37									
07	22861	REVISION INCLUDING REPLACEMENT OF TO	1,622.84	00 15								
02	22862	REVISION INCLUDING REPLACEMENT OF TO	266.48									
03	22862	REVISION INCLUDING REPLACEMENT OF TO	1,332.41									
07	22862	REVISION INCLUDING REPLACEMENT OF TO	1,598.89	00 15								
02	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	250.26									
03	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,251.30									
07	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,501.56	00 15								
02	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY	282.23									
03	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,411.13									
07	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,693.36	00 15								
02	22899	SPINE SURGERY PROCEDURE	MP		X							
03	22899	SPINE SURGERY PROCEDURE	MP		X							
07	22899	SPINE SURGERY PROCEDURE	MP	00 15	X							
02	22900	EXC TUMOR ABDOMEN WALL SUBFASC	53.61									
03	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	268.03									
07	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	321.63	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	96.53										
03	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	482.66										
07	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	543.00	00	15								
02	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	58.95										
03	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	294.77										
07	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	353.73	00	15								
02	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	62.41										
03	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	312.03										
07	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	374.44	00	15								
02	22904	RADICAL RESECTION OF TUMOR (EG, MALI	148.25										
03	22904	RADICAL RESECTION OF TUMOR (EG, MALI	741.26										
07	22904	RADICAL RESECTION OF TUMOR (EG, MALI	889.52	00	15								
02	22905	RADICAL RESECTION OF TUMOR (EG, MALI	192.21										
03	22905	RADICAL RESECTION OF TUMOR (EG, MALI	961.03										
07	22905	RADICAL RESECTION OF TUMOR (EG, MALI	1,153.23	00	15								
02	22999	ABDOMEN SURGERY PROCEDURE	MP			X							
03	22999	ABDOMEN SURGERY PROCEDURE	MP			X							
07	22999	ABDOMEN SURGERY PROCEDURE	MP	00	15	X							
03	23000	REMOVE SUBDELTOID CAL DEPOSITS	327.56										
07	23000	REMOVE SUBDELTOID CAL DEPOSITS	393.08	00	15								
02	23020	RELEASE SHOULDER MUSCLE ERBS P	90.20										
03	23020	RELEASE SHOULDER MUSCLE ERBS PAL	450.98										
07	23020	RELEASE SHOULDER MUSCLE ERBS PAL	541.17	00	15								
03	23030	I&D SHOULDER DEEP ABSC HEMATOMA	261.42										
07	23030	I&D SHOULDER DEEP ABSC HEMATOMA	313.70	00	15								
03	23031	I&D INFECTED SHOULDER BURSA	237.05										
07	23031	I&D INFECTED SHOULDER BURSA	284.45	00	15								
03	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	446.49										
07	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	535.79	00	15								
03	23040	ARTHROTOMY REMOVE FOREIGN BODY	469.62										
07	23040	ARTHROTOMY REMOVE FOREIGN BODY	563.54	00	15								
03	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	371.66										
07	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	446.00	00	15								
03	23065	BIOPSY SHOULDER SUPERFICIAL	133.48										
07	23065	BIOPSY SHOULDER SUPERFICIAL	160.17	00	15								
03	23066	BIOPSY OF SHOULDER DEEP	311.48										
07	23066	BIOPSY OF SHOULDER DEEP	373.78	00	15								
02	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	60.44										
03	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	302.20										
07	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	339.98	00	15								
02	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	100.29										
03	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	501.46										
07	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	564.15	00	15								
03	23075	EXC BENIGN SHOULDER TUMOR SUBCU	160.55										
07	23075	EXC BENIGN SHOULDER TUMOR SUBCU	192.66	00	15								
03	23076	EXC BENIGN SHOULDER TUMOR DEEP	366.41										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	23076	EXC BENIGN SHOULDER TUMOR DEEP	439.69	00 15								
02	23077	RAD TUMOR RESECT,SOFT TISS/SHO	156.46									
03	23077	RAD TUMOR RESECT,SOFT TISS/SHOULDER	782.31									
07	23077	RAD TUMOR RESECT,SOFT TISS/SHOULDER	938.77	00 15								
02	23078	RADICAL RESECTION OF TUMOR (EG, MALI	200.06									
03	23078	RADICAL RESECTION OF TUMOR (EG, MALI	1,000.28									
07	23078	RADICAL RESECTION OF TUMOR (EG, MALI	1,200.34	00 15								
03	23100	BIOPSY SHOULDER JOINT	315.23									
07	23100	BIOPSY SHOULDER JOINT	378.27	00 15								
03	23101	EXCISION TORN CARTILAGE SHOULDER JOI	289.93									
07	23101	EXCISION TORN CARTILAGE SHOULDER JOI	347.91	00 15								
03	23105	ARTHROTOMY;GLENOHUMERAL JOINT	414.77									
07	23105	ARTHROTOMY;GLENOHUMERAL JOINT	497.73	00 15								
03	23106	ARTHROTOMY;STERNOCLAVICULAR JT	307.61									
07	23106	ARTHROTOMY;STERNOCLAVICULAR JT	369.14	00 15								
02	23107	ARTHROTOMY,GLENOHUMERAL,W/EXP	86.26									
03	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	431.29									
07	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	517.55	00 15								
02	23120	CLAVICULECTOMY PARTIAL	74.31									
03	23120	CLAVICULECTOMY PARTIAL	371.55									
07	23120	CLAVICULECTOMY PARTIAL	445.86	00 15								
02	23125	CLAVICULECTOMY TOTAL	91.95									
03	23125	CLAVICULECTOMY TOTAL	459.77									
07	23125	CLAVICULECTOMY TOTAL	551.72	00 15								
03	23130	ACROMIONECTOMY PARTIAL/TOTAL	390.95									
07	23130	ACROMIONECTOMY PARTIAL/TOTAL	469.13	00 15								
03	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	334.19									
07	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	401.03	00 15								
02	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	90.08									
03	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	450.38									
07	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	540.45	00 15								
03	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	391.34									
07	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	469.61	00 15								
03	23150	EXCISION TUMOR PROXIMAL HUMEROUS	425.42									
07	23150	EXCISION TUMOR PROXIMAL HUMEROUS	510.50	00 15								
02	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	103.49									
03	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	517.47									
07	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	620.96	00 15								
02	23156	EXCISION TUMOR PROX HUMEROUS H	87.79									
03	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	438.97									
07	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	526.76	00 15								
03	23170	SEQUESTRECTOMY CLAVICLE	344.48									
07	23170	SEQUESTRECTOMY CLAVICLE	413.37	00 15								
03	23172	SEQUESTRECTOMY SCAPULA	351.89									
07	23172	SEQUESTRECTOMY SCAPULA	422.27	00 15								
03	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	490.25									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	588.29	00 15								
03	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	445.39									
07	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	534.47	00 15								
03	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	429.13									
07	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	514.95	00 15								
03	23184	PARTIAL EXCISION PROXIMAL HUMERUS	485.74									
07	23184	PARTIAL EXCISION PROXIMAL HUMERUS	582.89	00 15								
03	23190	OSTECTOMY OF SCAPULA PATTIAL	361.51									
07	23190	OSTECTOMY OF SCAPULA PATTIAL	433.81	00 15								
02	23195	RESECTION HUMERAL HEAD	98.47									
03	23195	RESECTION HUMERAL HEAD	492.34									
07	23195	RESECTION HUMERAL HEAD	590.81	00 15								
02	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	116.44									
03	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	582.21									
07	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	698.65	00 15								
02	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	121.75									
03	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	608.73									
07	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	730.48	00 15								
02	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	141.33									
03	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	706.65									
07	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	847.98	00 15								
03	23330	REMOVE SHOULDER FOREIGN BODY	137.60									
07	23330	REMOVE SHOULDER FOREIGN BODY	165.12	00 15								
02	23331	REMOVAL FOREIGN BODY SHOULDER	76.21									
03	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	381.04									
07	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	457.25	00 15								
02	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	116.43									
03	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	582.15									
07	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	698.58	00 15								
03	23350	INJECTION FOR SHOULDER X-RAY	97.61									
07	23350	INJECTION FOR SHOULDER X-RAY	117.14	00 15								
02	23395	MUSCLE TRANSFER,SHOULDER/ARM	169.90									
03	23395	MUSCLE TRANSFER,SHOULDER/ARM	849.50									
07	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,019.39	00 15								
02	23397	MUSCLE TRANSFER MULTIPLE	152.49									
03	23397	MUSCLE TRANSFER MULTIPLE	762.44									
07	23397	MUSCLE TRANSFER MULTIPLE	914.93	00 15								
02	23400	FIXATION OF SHOULDERBLADE	128.98									
03	23400	FIXATION OF SHOULDERBLADE	644.92									
07	23400	FIXATION OF SHOULDERBLADE	773.90	00 15								
02	23405	INCISION OF TENDON & MUSCLE	82.62									
03	23405	INCISION OF TENDON & MUSCLE	413.12									
07	23405	INCISION OF TENDON & MUSCLE	495.74	00 15								
02	23406	INCISE TENDON(S) & MUSCLE(S)	103.62									
03	23406	INCISE TENDON(S) & MUSCLE(S)	518.09									
07	23406	INCISE TENDON(S) & MUSCLE(S)	621.71	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	23410	REPAIR OF TENDON(S)	110.03									
03	23410	REPAIR OF TENDON(S)	550.16									
07	23410	REPAIR OF TENDON(S)	660.20	00 15								
02	23412	REPAIR OF TENDON(S),CHRONIC	115.10									
03	23412	REPAIR OF TENDON(S),CHRONIC	575.52									
07	23412	REPAIR OF TENDON(S),CHRONIC	690.62	00 15								
03	23415	CORACOACROMIAL LIGAMENT RELEAS	456.66									
07	23415	CORACOACROMIAL LIGAMENT RELEAS	547.99	00 15								
02	23420	REPAIR COMPLETE SHOULDER	128.64									
03	23420	REPAIR COMPLETE SHOULDER	643.19									
07	23420	REPAIR COMPLETE SHOULDER	771.83	00 15								
02	23430	REPAIR BICEPS TENDON RUPTURE	97.30									
03	23430	REPAIR BICEPS TENDON RUPTURE	486.50									
07	23430	REPAIR BICEPS TENDON RUPTURE	583.79	00 15								
02	23440	REMOVAL/TRANSPLANT TENDON	100.52									
03	23440	REMOVAL/TRANSPLANT TENDON	502.61									
07	23440	REMOVAL/TRANSPLANT TENDON	603.13	00 15								
02	23450	CAPSULORRHAPHY,ANTERIOR	126.42									
03	23450	CAPSULORRHAPHY,ANTERIOR	632.09									
07	23450	CAPSULORRHAPHY,ANTERIOR	758.50	00 15								
02	23455	CAPSULORRHAPHY;BANKART TYPE	134.91									
03	23455	CAPSULORRHAPHY;BANKART TYPE	674.54									
07	23455	CAPSULORRHAPHY;BANKART TYPE	809.44	00 15								
02	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	145.93									
03	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	729.63									
07	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	875.56	00 15								
02	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	143.25									
03	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	716.27									
07	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	859.53	00 15								
02	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	149.48									
03	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	747.40									
07	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	896.88	00 15								
02	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	146.68									
03	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	733.40									
07	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	880.07	00 15								
02	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	162.71									
03	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	813.53									
07	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	976.24	00 15								
02	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	201.74									
03	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,008.68									
07	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,210.41	00 15								
03	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	541.92									
07	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	650.30	00 15								
02	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	128.31									
03	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	641.57									
07	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	769.88	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	23490	PROPHYLACTIC TREATMENT;CLAVICL	109.99									
03	23490	PROPHYLACTIC TREATMENT;CLAVICLE	549.96									
07	23490	PROPHYLACTIC TREATMENT;CLAVICLE	659.95	00 15								
02	23491	PROPHYLACTIC TREAT.PROX HUMER.	135.04									
03	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	675.22									
07	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	810.26	00 15								
03	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	128.75									
07	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	154.49	00 15								
03	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	213.98									
07	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	256.77	00 15								
03	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	456.35									
07	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	547.61	00 15								
03	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	133.77									
07	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	160.52	00 15								
03	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	208.22									
07	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	249.87	00 15								
02	23530	OPEN TREAT CLSD/OPEN CLAVICLE	70.32									
03	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	351.58									
07	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	421.89	00 15								
02	23532	OPEN TREAT CLSD/OPEN CLAVICLE	80.68									
03	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	403.39									
07	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	484.07	00 15								
03	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	132.08									
07	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	158.50	00 15								
03	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	190.40									
07	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	228.48	00 15								
02	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	74.38									
03	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	371.90									
07	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	446.28	00 15								
02	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	85.75									
03	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	428.74									
07	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	514.49	00 15								
03	23570	TREAT CLSD SCAP FX W/O MANIPULATION	138.05									
07	23570	TREAT CLSD SCAP FX W/O MANIPULATION	165.65	00 15								
03	23575	TREAT CLSD SCAPULAR W/MANIPULATION	236.36									
07	23575	TREAT CLSD SCAPULAR W/MANIPULATION	283.63	00 15								
02	23585	OPEN TREAT CLSD/OPEN SCAPULAR	124.21									
03	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	621.05									
07	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	745.26	00 15								
03	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	192.24									
07	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	230.69	00 15								
03	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	286.90									
07	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	344.28	00 15								
03	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	568.10									
07	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	681.71	00 15								
03	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	859.67									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,031.60	00 15								
03	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	158.37									
07	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	190.04	00 15								
03	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	232.40									
07	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	278.87	00 15								
02	23630	OPEN TRMT CLSD/OPEN GRTR TUBER	97.35									
03	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	486.73									
07	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	584.07	00 15								
03	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	179.85									
07	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	215.82	00 15								
03	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	241.91									
07	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	290.30	00 15								
02	23660	OPEN TREAT CLSD/OPEN SHOULDER	75.43									
03	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	377.14									
07	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	452.57	00 15								
03	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	258.69									
07	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	310.43	00 15								
02	23670	OPEN TREAT CLSD/OPEN W/FRAC OF	109.52									
03	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	547.58									
07	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	657.09	00 15								
03	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	339.34									
07	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	407.21	00 15								
02	23680	OPEN TREAT SHOULDER DISLO/SURG	119.00									
03	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	595.01									
07	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	714.01	00 15								
03	23700	FIXATION OF SHOULDER MANIP W/ANESTH	126.83									
07	23700	FIXATION OF SHOULDER MANIP W/ANESTH	152.19	00 15								
02	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	135.73									
03	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	678.65									
07	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	814.38	00 15								
02	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	164.86									
03	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	824.31									
07	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	989.17	00 15								
02	23900	AMPUTATION OF ARM & GIRDLE	177.22									
03	23900	AMPUTATION OF ARM & GIRDLE	886.09									
07	23900	AMPUTATION OF ARM & GIRDLE	1,063.31	00 15								
02	23920	AMPUTATION AT SHOULDER JOINT	142.96									
03	23920	AMPUTATION AT SHOULDER JOINT	714.80									
07	23920	AMPUTATION AT SHOULDER JOINT	857.75	00 15								
03	23921	AMPUTATION FOLLOW-UP SURGERY	257.26									
07	23921	AMPUTATION FOLLOW-UP SURGERY	308.71	00 15								
02	23929	SHOULDER SURGERY PROCEDURE	MP		X							
03	23929	SHOULDER SURGERY PROCEDURE	MP		X							
07	23929	SHOULDER SURGERY PROCEDURE	MP	00 15	X							
03	23930	DRAINAGE OF ARM LESION	217.03									
07	23930	DRAINAGE OF ARM LESION	260.43	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	23931	DRAINAGE OF ARM BURSA	167.34									
07	23931	DRAINAGE OF ARM BURSA	200.81	00 15								
03	23935	DRAIN ARM/ELBOW BONE LESION	320.57									
07	23935	DRAIN ARM/ELBOW BONE LESION	384.69	00 15								
03	24000	EXPLORATORY ELBOW SURGERY	304.66									
07	24000	EXPLORATORY ELBOW SURGERY	365.59	00 15								
02	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	92.67									
03	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	463.37									
07	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	556.05	00 15								
03	24065	BIOPSY ARM/ELBOW SOFT TISSUE	153.77									
07	24065	BIOPSY ARM/ELBOW SOFT TISSUE	184.52	00 15								
03	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	361.56									
07	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	433.87	00 15								
02	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	57.51									
03	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	287.57									
07	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	345.09	00 15								
02	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	98.71									
03	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	493.54									
07	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	592.25	00 15								
03	24075	REMOVE ARM/ELBOW LESION	291.39									
07	24075	REMOVE ARM/ELBOW LESION	349.67	00 15								
03	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	307.06									
07	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	368.47	00 15								
03	24077	RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	535.28									
07	24077	RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	642.33	00 15								
02	24079	RADICAL RESECTION OF TUMOR (EG, MALI	184.35									
03	24079	RADICAL RESECTION OF TUMOR (EG, MALI	921.77									
07	24079	RADICAL RESECTION OF TUMOR (EG, MALI	1,106.13	00 15								
03	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	259.72									
07	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	311.66	00 15								
03	24101	EXPLORE/TREAT ELBOW JOINT	320.06									
07	24101	EXPLORE/TREAT ELBOW JOINT	384.08	00 15								
03	24102	REMOVE ELBOW JOINT LINING	399.32									
07	24102	REMOVE ELBOW JOINT LINING	479.19	00 15								
03	24105	REMOVAL OF ELBOW BURSA	212.55									
07	24105	REMOVAL OF ELBOW BURSA	255.06	00 15								
03	24110	REMOVE HUMERUS LESION	377.08									
07	24110	REMOVE HUMERUS LESION	452.49	00 15								
02	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	95.74									
03	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	478.71									
07	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	574.45	00 15								
02	24116	REMOVE HUMERUS LESION W/HOMOGE	113.98									
03	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	569.89									
07	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	683.87	00 15								
03	24120	REMOVE ELBOW LESION	337.25									
07	24120	REMOVE ELBOW LESION	404.69	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	24125	EXCISION BONE CYST HEAD/NECK RADIUS	77.76									
03	24125	EXCISION BONE CYST HEAD/NECK RADIUS	388.82									
07	24125	EXCISION BONE CYST HEAD/NECK RADIUS	466.58	00 15								
02	24126	EXCISION BONE CYST HEAD/NECK R	82.60									
03	24126	EXCISION BONE CYST HEAD/NECK RADIUS	413.00									
07	24126	EXCISION BONE CYST HEAD/NECK RADIUS	495.60	00 15								
03	24130	REMOVAL OF HEAD OF RADIUS	324.98									
07	24130	REMOVAL OF HEAD OF RADIUS	389.97	00 15								
02	24134	REMOVE BONE LESION,SHAFT OR DI	98.28									
03	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	491.38									
07	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	589.65	00 15								
03	24136	REMOVAL LESION/RADIAL HEAD OR NECK	390.07									
07	24136	REMOVAL LESION/RADIAL HEAD OR NECK	468.08	00 15								
02	24138	REMOVE BONE LESION/OLECRANON P	85.40									
03	24138	REMOVE BONE LESION/OLECRANON PROCESS	427.00									
07	24138	REMOVE BONE LESION/OLECRANON PROCESS	512.40	00 15								
03	24140	PART.EXCIS.BONE/HUMERUS	467.03									
07	24140	PART.EXCIS.BONE/HUMERUS	560.43	00 15								
03	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	390.68									
07	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	468.82	00 15								
03	24147	PART.EXCIS.BONE,OLECRANON PROCESS	404.92									
07	24147	PART.EXCIS.BONE,OLECRANON PROCESS	485.90	00 15								
02	24149	RADICAL RESECTION OF ELBOW	150.90									
03	24149	RADICAL RESECTION OF ELBOW	754.52									
07	24149	RADICAL RESECTION OF ELBOW	905.43	00 15								
02	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	128.59									
03	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	642.93									
07	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	771.52	00 15								
03	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	480.85									
07	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	577.02	00 15								
02	24155	RESECTION OF ELBOW JOINT	111.79									
03	24155	RESECTION OF ELBOW JOINT	558.93									
07	24155	RESECTION OF ELBOW JOINT	670.72	00 15								
03	24160	REMOVE ELBOW JOINT IMPLANT	392.51									
07	24160	REMOVE ELBOW JOINT IMPLANT	471.02	00 15								
03	24164	REMOVE RADIUS HEAD IMPLANT	320.09									
07	24164	REMOVE RADIUS HEAD IMPLANT	384.10	00 15								
03	24200	REMOVAL OF ARM FOREIGN BODY	120.90									
07	24200	REMOVAL OF ARM FOREIGN BODY	145.08	00 15								
03	24201	REMOVAL OF ARM FOREIGN BODY DEEP	338.01									
07	24201	REMOVAL OF ARM FOREIGN BODY DEEP	405.61	00 15								
03	24220	INJECTION FOR ELBOW X-RAY	107.90									
07	24220	INJECTION FOR ELBOW X-RAY	129.48	00 15								
03	24300	MANIPULATE ELBOW W/ANESTH	245.50									
07	24300	MANIPULATE ELBOW W/ANESTH	294.60	00 15								
03	24301	MUSCLE/TENDON TRANSFER	492.86									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24301	MUSCLE/TENDON TRANSFER	591.44	00 15								
03	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	374.11									X
07	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	448.93	00 15								X
03	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	305.98									X
07	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	367.17	00 15								X
02	24320	TENOPLASTY W/MUSCLE TRANSFER/E	101.70									
03	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	508.49									
07	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	610.18	00 15								
02	24330	FLEXOR-PLASTY ELBOW	93.67									
03	24330	FLEXOR-PLASTY ELBOW	468.33									
07	24330	FLEXOR-PLASTY ELBOW	562.00	00 15								
02	24331	FLEXOR-PLASTY ELBOW/EXTENSOR A	103.71									
03	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	518.54									
07	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	622.24	00 15								
03	24332	TENOLYSIS, TRICEPS	390.43									
07	24332	TENOLYSIS, TRICEPS	468.51	00 15								
02	24340	TENODESIS FOR RUPTURE OF BICEP	79.65									
03	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	398.24									
07	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	477.88	00 15								
02	24341	REPAIR TENDON/MUSCLE ARM	93.27									
03	24341	REPAIR TENDON/MUSCLE ARM	466.34									
07	24341	REPAIR TENDON/MUSCLE ARM	559.61	00 15								
02	24342	REINSERTION RUPTURED BICEPS TE	103.23									
03	24342	REINSERTION RUPTURED BICEPS TENDON/D	516.14									
07	24342	REINSERTION RUPTURED BICEPS TENDON/D	619.36	00 15								
02	24343	REPR ELBOW LAT LIGMNT W/TISS	90.83									
03	24343	REPR ELBOW LAT LIGMNT W/TISS	454.15									
07	24343	REPR ELBOW LAT LIGMNT W/TISS	544.98	00 15								
02	24344	RECONSTRUCT ELBOW LAT LIGMNT	142.58									
03	24344	RECONSTRUCT ELBOW LAT LIGMNT	712.92									
07	24344	RECONSTRUCT ELBOW LAT LIGMNT	855.50	00 15								
02	24345	REPR ELBW MED LIGMNT W/TISS	90.31									
03	24345	REPR ELBW MED LIGMNT W/TISS	451.54									
07	24345	REPR ELBW MED LIGMNT W/TISS	541.85	00 15								
02	24346	RECONSTRUCT ELBOW MED LIGMNT	142.82									
03	24346	RECONSTRUCT ELBOW MED LIGMNT	714.10									
07	24346	RECONSTRUCT ELBOW MED LIGMNT	856.92	00 15								
03	24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	283.17									
07	24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	339.80	00 15								
03	24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	335.48									
07	24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	402.58	00 15								
03	24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	424.97									
07	24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	509.97	00 15								
02	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	118.67									
03	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	593.36									
07	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	712.04	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	133.04									
03	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	665.18									
07	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	798.22	00 15								
02	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG	141.27									
03	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	706.34									
07	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	847.61	00 15								
02	24363	ARTHROPLASTY W/DISTAL HUMERUS/	197.84									
03	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	989.19									
07	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,187.03	00 15								
02	24365	ARTHROPLASTY RADIAL HEAD	83.43									
03	24365	ARTHROPLASTY RADIAL HEAD	417.17									
07	24365	ARTHROPLASTY RADIAL HEAD	500.60	00 15								
02	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	89.49									
03	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	447.44									
07	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	536.92	00 15								
02	24400	OSTEOTOMY HUMERUS W/WO INTERNA	108.23									
03	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	541.16									
07	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	649.39	00 15								
02	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	138.94									
03	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	694.68									
07	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	833.62	00 15								
02	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	129.78									
03	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	648.89									
07	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	778.66	00 15								
02	24430	REPAIR NONUNION OR MALUNION HUMERUS	138.08									
03	24430	REPAIR NONUNION OR MALUNION HUMERUS	690.40									
07	24430	REPAIR NONUNION OR MALUNION HUMERUS	828.48	00 15								
02	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	139.81									
03	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	699.07									
07	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	838.88	00 15								
02	24470	HEMIEPIPHYSEAL ARREST	82.64									
03	24470	HEMIEPIPHYSEAL ARREST	413.20									
07	24470	HEMIEPIPHYSEAL ARREST	495.84	00 15								
03	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	424.46									
07	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	509.36	00 15								
02	24498	PROPHYLACTIC TREAT...HUMERUS	115.20									
03	24498	PROPHYLACTIC TREAT...HUMERUS	576.00									
07	24498	PROPHYLACTIC TREAT...HUMERUS	691.20	00 15								
03	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	209.12									
07	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	250.95	00 15								
03	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	306.94									
07	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	368.33	00 15								
02	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	115.26									
03	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	576.31									
07	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	691.57	00 15								
02	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	114.19									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	570.94									
07	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	685.13	00 15								
03	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	225.51									
07	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	270.61	00 15								
03	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	386.08									
07	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	463.29	00 15								
03	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	483.89									
07	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	580.66	00 15								
03	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	598.83									
07	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	718.60	00 15								
02	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	140.03									
03	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	700.16									
07	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	840.19	00 15								
03	24560	TREAT CLSD EPICON FX,W/O MANIP	187.52									
07	24560	TREAT CLSD EPICON FX,W/O MANIP	225.03	00 15								
03	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	316.79									
07	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	380.14	00 15								
03	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	450.58									
07	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	540.69	00 15								
02	24575	OPEN TREAT CLSD/OPEN EPICONDYL	96.44									
03	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	482.22									
07	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	578.66	00 15								
03	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	197.03									
07	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	236.43	00 15								
03	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	329.43									
07	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	395.32	00 15								
02	24579	OPEN TREAT CLSD/OPEN CONDYLAR	109.71									
03	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	548.55									
07	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	658.26	00 15								
03	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	502.97									
07	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	603.57	00 15								
02	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	145.47									
03	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	727.35									
07	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	872.82	00 15								
02	24587	OPEN TREAT CLSD/OPEN ELBOW FRA	144.71									
03	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	723.54									
07	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	868.25	00 15								
03	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	223.07									
07	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	267.69	00 15								
03	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	291.14									
07	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	349.36	00 15								
02	24615	OPEN TREATMENT OF CLOSED/OPEN	93.75									
03	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	468.73									
07	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	562.47	00 15								
03	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	353.15									
07	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	423.77	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	492.74									
07	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	591.29	00 15								
03	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	72.71									
07	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	87.25	00 15								
03	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	151.86									
07	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	182.23	00 15								
03	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	265.37									
07	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	318.45	00 15								
03	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	419.77									
07	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	503.72	00 15								
02	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	95.66									
03	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	478.31									
07	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	573.97	00 15								
03	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	171.19									
07	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	205.43	00 15								
03	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	281.16									
07	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	337.39	00 15								
03	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	422.39									
07	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	506.87	00 15								
02	24800	FUSION OF ELBOW JOINT	104.08									
03	24800	FUSION OF ELBOW JOINT	520.41									
07	24800	FUSION OF ELBOW JOINT	624.49	00 15								
02	24802	FUSION/GRAFT OF ELBOW JOINT	132.37									
03	24802	FUSION/GRAFT OF ELBOW JOINT	661.87									
07	24802	FUSION/GRAFT OF ELBOW JOINT	794.24	00 15								
02	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	94.05									
03	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	470.24									
07	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	564.28	00 15								
02	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	93.61									
03	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	468.06									
07	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	561.67	00 15								
02	24925	AMPUTATION UPPER ARM SECONDARY	72.09									
03	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	360.46									
07	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	432.55	00 15								
02	24930	REAMPUTATION UPPER ARM	99.30									
03	24930	REAMPUTATION UPPER ARM	496.52									
07	24930	REAMPUTATION UPPER ARM	595.83	00 15								
02	24931	AMPUTATE UPPER ARM & IMPLANT	111.87									
03	24931	AMPUTATE UPPER ARM & IMPLANT	559.34									
07	24931	AMPUTATE UPPER ARM & IMPLANT	671.20	00 15								
03	24935	STUMP ELONGATION/REVISION UPPER ARM	677.80									
07	24935	STUMP ELONGATION/REVISION UPPER ARM	813.36	00 15								
03	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	444.48									
07	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	444.48	00 15								
02	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X							
03	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP	00	15	X							
03	25000	TENDON SHEATH INCISION; AT RADIAL ST	218.90										
07	25000	TENDON SHEATH INCISION; AT RADIAL ST	262.67	00	15								
03	25001	INCISE FLEXOR CARPI RADIALIS	208.76										
07	25001	INCISE FLEXOR CARPI RADIALIS	250.52	00	15								
03	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	363.71										
07	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	436.46	00	15								
03	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	709.05										
07	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	850.86	00	15								
03	25024	DECOMPRESS FOREARM 2 SPACES	498.45										
07	25024	DECOMPRESS FOREARM 2 SPACES	598.14	00	15								
03	25025	DECOMPRESS FORARM 2 SPACES	770.88										
07	25025	DECOMPRESS FORARM 2 SPACES	925.06	00	15								
03	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	323.69										
07	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	388.43	00	15								
03	25031	INCISION/DRAINAGE INFECTED BURSA; FO	239.18										
07	25031	INCISION/DRAINAGE INFECTED BURSA; FO	287.02	00	15								
03	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	416.04										
07	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	499.25	00	15								
03	25040	EXPLORE/TREAT WRIST JOINT	370.69										
07	25040	EXPLORE/TREAT WRIST JOINT	444.83	00	15								
03	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	152.28										
07	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	182.74	00	15								
03	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	239.66										
07	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	287.60	00	15								
02	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	60.22										
03	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	301.12										
07	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	361.34	00	15								
02	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	74.92										
03	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	374.60										
07	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	449.52	00	15								
03	25075	EXCISE SUBCUTANEOUS TUMOR	210.05										
07	25075	EXCISE SUBCUTANEOUS TUMOR	252.05	00	15								
03	25076	EXCISE TUMOR,DEEP	283.40										
07	25076	EXCISE TUMOR,DEEP	340.07	00	15								
02	25077	RAD RESECT TUMOR/SFT TISS FORE	97.27										
03	25077	RAD RESECT TUMOR/SFT TISS FOREARM/WR	486.35										
07	25077	RAD RESECT TUMOR/SFT TISS FOREARM/WR	583.62	00	15								
02	25078	RADICAL RESECTION OF TUMOR (EG, MALI	160.94										
03	25078	RADICAL RESECTION OF TUMOR (EG, MALI	804.70										
07	25078	RADICAL RESECTION OF TUMOR (EG, MALI	965.64	00	15								
03	25085	INCISION OF WRIST CAPSULE	296.75										
07	25085	INCISION OF WRIST CAPSULE	356.09	00	15								
03	25100	BIOPSY OF WRIST JOINT	219.38										
07	25100	BIOPSY OF WRIST JOINT	263.25	00	15								
03	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	259.37										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	311.24	00 15								
03	25105	REMOVE WRIST JOINT LINING	315.77									
07	25105	REMOVE WRIST JOINT LINING	378.93	00 15								
03	25107	ARTHROTOMY,WRIST,COMPLEX	391.82									
07	25107	ARTHROTOMY,WRIST,COMPLEX	470.19	00 15								
03	25109	EXCISION OF TENDON, FOREARM AND/OR W	336.81									X
07	25109	EXCISION OF TENDON, FOREARM AND/OR W	404.17	00 15								X
03	25110	EXCISION,LESION OF TENDON SHEATH	229.43									
07	25110	EXCISION,LESION OF TENDON SHEATH	275.31	00 15								
03	25111	EXCISION GANGLION;WRIST,PRIMARY	198.94									
07	25111	EXCISION GANGLION;WRIST,PRIMARY	238.73	00 15								
03	25112	EXCISION GANGLION;WRIST,RECURRENT	244.80									
07	25112	EXCISION GANGLION;WRIST,RECURRENT	293.76	00 15								
02	25115	RADICAL EXCISE BURSA,WRIST/FOR	103.34									
03	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	516.68									
07	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	620.02	00 15								
02	25116	RADICAL EXCISE BURSA,WRIST/FOR	83.28									
03	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	416.41									
07	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	499.69	00 15								
03	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	244.74									
07	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	293.69	00 15								
03	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	325.44									
07	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	390.53	00 15								
03	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	355.34									
07	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	426.41	00 15								
02	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	82.77									
03	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	413.87									
07	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	496.64	00 15								
03	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	419.64									
07	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	503.57	00 15								
03	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	287.66									
07	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	345.19	00 15								
02	25135	EXCISE BONE CYST OF CARPAL BONES W/A	72.07									
03	25135	EXCISE BONE CYST OF CARPAL BONES W/A	360.37									
07	25135	EXCISE BONE CYST OF CARPAL BONES W/A	432.44	00 15								
03	25136	EXCISE BONE CYST OF CARPAL BONES W/H	319.30									
07	25136	EXCISE BONE CYST OF CARPAL BONES W/H	383.16	00 15								
02	25145	SEQUESTRECTOMY FORE ARM BONE A	73.01									
03	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	365.03									
07	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	438.03	00 15								
03	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	374.50									
07	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	449.40	00 15								
03	25151	PARTIAL REMOVAL OF RADIUS	412.31									
07	25151	PARTIAL REMOVAL OF RADIUS	494.78	00 15								
02	25170	RADICAL RESECTION FOR TUMOR, RADIUS	115.49									
03	25170	RADICAL RESECTION FOR TUMOR, RADIUS	577.46									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	25170	RADICAL RESECTION FOR TUMOR, RADIUS	692.95	00 15								
03	25210	CARPECTOMY; ONE BONE	315.86									
07	25210	CARPECTOMY; ONE BONE	379.03	00 15								
03	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	408.34									
07	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	490.01	00 15								
03	25230	RADIAL STYLOIDECTOMY	279.68									
07	25230	RADIAL STYLOIDECTOMY	335.62	00 15								
03	25240	EXCISION DISTAL ULNA	283.30									
07	25240	EXCISION DISTAL ULNA	339.96	00 15								
03	25246	INJECTION FOR WRIST X-RAY	110.03									
07	25246	INJECTION FOR WRIST X-RAY	132.04	00 15								
03	25248	REMOVE FOREARM FOREIGN BODY	281.30									
07	25248	REMOVE FOREARM FOREIGN BODY	337.55	00 15								
03	25250	REMOVAL OF WRIST PROSTHESIS	337.28									
07	25250	REMOVAL OF WRIST PROSTHESIS	404.74	00 15								
02	25251	REMOVE WRIST PROSTH,COMPLICATED	92.33									
03	25251	REMOVE WRIST PROTH,COMPLICATED	461.65									
07	25251	REMOVE WRIST PROTH,COMPLICATED	553.98	00 15								
03	25259	MANIPULATE WRIST W/ANESTHES	245.96									
07	25259	MANIPULATE WRIST W/ANESTHES	295.16	00 15								
03	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	436.41									X
07	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	523.69	00 15								X
02	25263	REP,TEND/MUSC;SECOND,SING;EA T	87.15									
03	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	435.73									X
07	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	522.87	00 15								X
02	25265	REP,TEND/MUSC;SECON W/GRAFT,EA	103.92									
03	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	519.59									X
07	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	623.50	00 15								X
03	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	349.53									X
07	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	419.44	00 15								X
03	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	394.59									X
07	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	473.51	00 15								X
03	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	469.23									X
07	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	563.08	00 15								X
03	25275	REPAIR FOREARM TENDON SHEATH	434.78									
07	25275	REPAIR FOREARM TENDON SHEATH	521.73	00 15								
03	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	399.68									X
07	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	479.62	00 15								X
03	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	335.47									X
07	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	402.56	00 15								X
03	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	371.55									X
07	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	445.86	00 15								X
02	25300	TENODESIS AT WRIST,FLEXORS OF	88.42									
03	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	442.08									
07	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	530.50	00 15								
02	25301	TENODESIS AT WRIST; EXTENSORS	84.35									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25301	TENODESIS AT WRIST; EXTENSORS OF FI	421.74									
07	25301	TENODESIS AT WRIST; EXTENSORS OF FI	506.09	00 15								
03	25310	TEND TRANSPLANT...SING.;EACH TENDON	433.26									X
07	25310	TEND TRANSPLANT...SING.;EACH TENDON	519.91	00 15								X
02	25312	TENDON TRANSPLANT,W/GRAFT..EAC	100.65									
03	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	503.27									X
07	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	603.92	00 15								X
02	25315	REVISE PALSY HAND TENDON(S)	108.12									
03	25315	REVISE PALSY HAND TENDON(S)	540.61									
07	25315	REVISE PALSY HAND TENDON(S)	648.73	00 15								
02	25316	REVISE PALSY HAND TENDON W/TEN	125.26									
03	25316	REVISE PALSY HAND TENDON W/TENDON S	626.30									
07	25316	REVISE PALSY HAND TENDON W/TENDON S	751.56	00 15								
02	25320	REPAIR/REVISE/RECONSTRUCT WRIS	124.14									
03	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	620.72									
07	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	744.87	00 15								
02	25332	ARTHROPLASTY WRIST;W/INTERNAL	110.73									
03	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	553.64									
07	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	664.36	00 15								
02	25335	CENTRALIZATION-WRIST ON ULNA	125.50									
03	25335	CENTRALIZATION-WRIST ON ULNA	627.52									
07	25335	CENTRALIZATION-WRIST ON ULNA	753.02	00 15								
03	25337	RECONSTRUCT ULNA/RADIOULNAR	572.50									
07	25337	RECONSTRUCT ULNA/RADIOULNAR	687.00	00 15								
02	25350	REVISION OF RADIUS;DISTAL THIR	95.76									
03	25350	REVISION OF RADIUS;DISTAL THIRD	478.79									
07	25350	REVISION OF RADIUS;DISTAL THIRD	574.55	00 15								
02	25355	REVISION OF RADIUS;MIDDLE OR P	108.03									
03	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	540.17									
07	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	648.21	00 15								
02	25360	REVISION OF ULNA	92.86									
03	25360	REVISION OF ULNA	464.32									
07	25360	REVISION OF ULNA	557.18	00 15								
02	25365	REVISE RADIUS & ULNA	127.44									
03	25365	REVISE RADIUS & ULNA	637.19									
07	25365	REVISE RADIUS & ULNA	764.62	00 15								
02	25370	REVISION,MULTIPLE,RADIUS OR UL	138.80									
03	25370	REVISION,MULTIPLE,RADIUS OR ULNA	694.02									
07	25370	REVISION,MULTIPLE,RADIUS OR ULNA	832.82	00 15								
02	25375	REVISION,MULTIPLE,RADIUS AND ULNA	134.04									
03	25375	REVISION,MULTIPLE,RADIUS AND ULNA	670.21									
07	25375	REVISION,MULTIPLE,RADIUS AND ULNA	804.25	00 15								
02	25390	SHORTEN RADIUS/ULNA	108.57									
03	25390	SHORTEN RADIUS/ULNA	542.84									
07	25390	SHORTEN RADIUS/ULNA	651.40	00 15								
02	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	138.60									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	693.02									
07	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	831.63	00 15								
02	25392	SHORTEN RADIUS & ULNA	140.51									
03	25392	SHORTEN RADIUS & ULNA	702.53									
07	25392	SHORTEN RADIUS & ULNA	843.03	00 15								
02	25393	LENGTHENING RADIUS & ULNA W/AU	158.68									
03	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	793.38									
07	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	952.06	00 15								
03	25394	REPAIR CARPAL BONE, SHORTEN	507.86									
07	25394	REPAIR CARPAL BONE, SHORTEN	609.43	00 15								
02	25400	REPAIR RADIUS OR ULNA	114.09									
03	25400	REPAIR RADIUS OR ULNA	570.47									
07	25400	REPAIR RADIUS OR ULNA	684.57	00 15								
02	25405	REPAIR/GRAFT RADIUS OR ULNA	145.46									
03	25405	REPAIR/GRAFT RADIUS OR ULNA	727.30									
07	25405	REPAIR/GRAFT RADIUS OR ULNA	872.76	00 15								
02	25415	REPAIR RADIUS & ULNA	136.48									
03	25415	REPAIR RADIUS & ULNA	682.40									
07	25415	REPAIR RADIUS & ULNA	818.88	00 15								
02	25420	REPAIR/GRAFT RADIUS & ULNA	162.87									
03	25420	REPAIR/GRAFT RADIUS & ULNA	814.35									
07	25420	REPAIR/GRAFT RADIUS & ULNA	977.22	00 15								
02	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	139.94									
03	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	699.68									
07	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	839.61	00 15								
02	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	148.33									
03	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	741.64									
07	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	889.97	00 15								
02	25430	VASC GRAFT INTO CARPAL BONE	92.20									
03	25430	VASC GRAFT INTO CARPAL BONE	460.99									
07	25430	VASC GRAFT INTO CARPAL BONE	553.19	00 15								
02	25431	REPAIR NONUNION CARPAL BONE	103.05									
03	25431	REPAIR NONUNION CARPAL BONE	515.24									
07	25431	REPAIR NONUNION CARPAL BONE	618.28	00 15								
02	25440	REPAIR/GRAFT WRIST BONE	101.90									
03	25440	REPAIR/GRAFT WRIST BONE	509.51									
07	25440	REPAIR/GRAFT WRIST BONE	611.42	00 15								
02	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	123.88									
03	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	619.40									
07	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	743.28	00 15								
02	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	105.02									
03	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	525.11									
07	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	630.14	00 15								
02	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	100.57									
03	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	502.87									
07	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	603.44	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	25444	RECONSTRUCT WRIST JOINT; LUNAT	107.75									
03	25444	RECONSTRUCT WRIST JOINT; LUNATE	538.76									
07	25444	RECONSTRUCT WRIST JOINT; LUNATE	646.52	00 15								
02	25445	RECONSTRUCT WRIST JOINT; TRAPEZIUM	94.34									
03	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	471.69									
07	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	566.03	00 15								
02	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	155.91									
03	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	779.57									
07	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	935.48	00 15								
02	25449	REVISE ARTHROPLASTY,REVDVE	136.52									
03	25449	REVISE ARTHROPLASTY,REVDVE	682.61									
07	25449	REVISE ARTHROPLASTY,REVDVE	819.14	00 15								
03	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	395.08									
07	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	474.09	00 15								
03	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	446.86									
07	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	536.23	00 15								
02	25490	PROPHYLACTIC TREATMENT/RADIUS	98.65									
03	25490	PROPHYLACTIC TREATMENT/RADIUS	493.24									
07	25490	PROPHYLACTIC TREATMENT/RADIUS	591.89	00 15								
02	25491	PROPHYLACTIC TREATMENT;ULNA	104.21									
03	25491	PROPHYLACTIC TREATMENT; ULNA	521.06									
07	25491	PROPHYLACTIC TREATMENT; ULNA	625.27	00 15								
02	25492	PROPHYLACTIC TREATMENT;RADIUS	126.23									
03	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	631.13									
07	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	757.35	00 15								
03	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	156.38									
07	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	187.65	00 15								
03	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	308.53									
07	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	370.23	00 15								
03	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	435.24									
07	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	522.29	00 15								
03	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	342.70									
07	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	411.24	00 15								
02	25525	OPEN TREATMENT OF RADIAL SHAFT	105.52									
03	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	527.60									
07	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	633.12	00 15								
02	25526	OPEN TREATMENT OF RADIAL SHAFT	128.99									
03	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	644.95									
07	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	773.94	00 15								
03	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	150.68									
07	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	180.81	00 15								
03	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	299.48									
07	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	359.37	00 15								
03	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	406.73									
07	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	488.07	00 15								
03	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	158.24									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	189.89	00 15								
03	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	323.43									
07	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	388.12	00 15								
02	25574	OPEN TREATMENT OF RADIAL AND U	85.12									
03	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	425.60									
07	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	510.71	00 15								
03	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	581.64									
07	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	697.97	00 15								
03	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	172.67									
07	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	207.21	00 15								
03	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	380.27									
07	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	456.32	00 15								
03	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	424.78									
07	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	509.73	00 15								
02	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	92.15									
03	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	460.77									
07	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	552.92	00 15								
02	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	105.73									
03	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	528.63									
07	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	634.36	00 15								
02	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	135.18									
03	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	675.92									
07	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	811.11	00 15								
03	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	176.67									
07	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	212.00	00 15								
03	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	281.77									
07	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	338.12	00 15								
02	25628	OPEN TREAT CLSD/OPEN CARPAL SC	92.64									
03	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	463.20									
07	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	555.84	00 15								
03	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	181.82									X
07	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	218.19	00 15								X
03	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	267.02									X
07	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	320.42	00 15								X
02	25645	OPEN TX,CLSD/OPEN FX...EACH BO	73.17									
03	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	365.87									X
07	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	439.04	00 15								X
03	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	189.54									
07	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	227.45	00 15								
03	25651	PIN ULNAR STYLOID FRACTURE	300.50									
07	25651	PIN ULNAR STYLOID FRACTURE	360.60	00 15								
03	25652	TREAT FRACTURE ULNAR STYLOID	397.81									
07	25652	TREAT FRACTURE ULNAR STYLOID	477.37	00 15								
03	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	250.13									
07	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	300.15	00 15								
02	25670	OPEN TREAT CLSD/OPEN RADIO/INT	78.99									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	394.94									
07	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	473.93	00 15								
03	25671	PIN RADIOULNAR DISLOCATION	331.41									
07	25671	PIN RADIOULNAR DISLOCATION	397.69	00 15								
03	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	263.15									
07	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	315.77	00 15								
02	25676	OPEN TREAT CLSD/OPEN DISTAL RA	81.78									
03	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	408.89									
07	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	490.67	00 15								
03	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	291.35									
07	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	349.61	00 15								
02	25685	OPEN TREAT CLSD/OPEN TRANS/SCA	95.48									
03	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	477.39									
07	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	572.87	00 15								
03	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	293.54									
07	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	352.24	00 15								
03	25695	OPEN TREATMENT LUNATE DISLOCATION	410.60									
07	25695	OPEN TREATMENT LUNATE DISLOCATION	492.71	00 15								
02	25800	FUSION WRIST JOINT;W/O BONE GRAFT	97.17									
03	25800	FUSION OF WRIST JOINT	485.87									
07	25800	FUSION OF WRIST JOINT	583.04	00 15								
02	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	112.10									
03	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	560.48									
07	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	672.58	00 15								
02	25810	FUSION WRIST JOINT; W/DISTANT BONE	112.95									
03	25810	FUSION WRIST JOINT; W/DISTANT BONE	564.76									
07	25810	FUSION WRIST JOINT; W/DISTANT BONE	677.71	00 15								
02	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	78.97									
03	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	394.83									
07	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	473.80	00 15								
02	25825	INTERCARPAL FUSION;W/BONE GRAFT	97.32									
03	25825	INTERCARPAL FUSION;W/ BONEGRAFT	486.59									
07	25825	INTERCARPAL FUSION;W/ BONEGRAFT	583.91	00 15								
02	25830	FUSION RADIOULNAR JNT/ULNA	120.56									
03	25830	FUSION RADIOULNAR JNT/ULNA	602.78									
07	25830	FUSION RADIOULNAR JNT/ULNA	723.33	00 15								
03	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	483.91									
07	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	580.69	00 15								
02	25905	AMPUTATION,FOREARM,OPEN FLAP O	95.95									
03	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	479.74									
07	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	575.69	00 15								
02	25907	AMPUTATION,FOREARM,SECONDARY C	83.39									
03	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	416.96									
07	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	500.36	00 15								
02	25909	REAMPUTATION FOREARM SURGERY	94.39									
03	25909	REAMPUTATION FOREARM SURGERY	471.94									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	25909	REAMPUTATION FOREARM SURGERY	566.33	00	15								
02	25915	AMPUTATION FOREARM, KRUKENBER	166.64										
03	25915	AMPUTATION FOREARM, KRUKENBERO PROC	833.19										
07	25915	AMPUTATION FOREARM, KRUKENBERO PROC	999.83	00	15								
03	25920	DISARTICULATION THROUGH WRIST	444.38										
07	25920	DISARTICULATION THROUGH WRIST	533.26	00	15								
02	25922	DISARTICULATION WRIST;SECOND C	75.08										
03	25922	DISARTICULATION WRIST;SECOND CLOSURE	375.38										
07	25922	DISARTICULATION WRIST;SECOND CLOSURE	450.46	00	15								
02	25924	REAMPUTATION WRIST SURGERY	86.78										
03	25924	REAMPUTATION WRIST SURGERY	433.91										
07	25924	REAMPUTATION WRIST SURGERY	520.69	00	15								
03	25927	TRANSMETACARPAL AMPUTATION	498.94										
07	25927	TRANSMETACARPAL AMPUTATION	598.73	00	15								
02	25929	TRANSMETACARPAL AMPUTATION;SE	72.96										
03	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	364.79										
07	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	437.74	00	15								
03	25931	AMPUTATION FOLLOW-UP SURGERY	453.86										
07	25931	AMPUTATION FOLLOW-UP SURGERY	544.64	00	15								
02	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP			X							
03	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP			X							
07	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP	00	15	X							
03	26010	DRAINAGE OF FINGER ABSCESS	151.04										
07	26010	DRAINAGE OF FINGER ABSCESS	181.25	00	15								
03	26011	DRAIN FINGER ABSCESS; COMPLICATED	230.43										
07	26011	DRAIN FINGER ABSCESS; COMPLICATED	276.52	00	15								
03	26020	DRAIN HAND TENDON SHEATH	269.62										
07	26020	DRAIN HAND TENDON SHEATH	323.54	00	15								
03	26025	DRAINAGE OF PALM BURSA	264.23										
07	26025	DRAINAGE OF PALM BURSA	317.08	00	15								
03	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	313.28										
07	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	375.93	00	15								
03	26034	TREAT HAND BONE LESION	339.10										
07	26034	TREAT HAND BONE LESION	406.92	00	15								
03	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	530.60										
07	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	636.72	00	15								
03	26037	DECOMPRESSIVE FASCIOTOMY, HAND	367.11										
07	26037	DECOMPRESSIVE FASCIOTOMY, HAND	440.53	00	15								
03	26040	RELEASE PALM CONTRACTURE; CLOSED	192.80										
07	26040	RELEASE PALM CONTRACTURE; CLOSED	231.36	00	15								
03	26045	RELEASE PALM CONTRACTURE; OPEN PARTI	296.54										
07	26045	RELEASE PALM CONTRACTURE; OPEN PARTI	355.84	00	15								
03	26055	INCISE FINGER TENDON SHEATH	335.67										X
07	26055	INCISE FINGER TENDON SHEATH	402.80	00	15								X
03	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	164.90										X
07	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	197.88	00	15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	26070	EXPLORE/TREAT HAND JOINT	188.96									
07	26070	EXPLORE/TREAT HAND JOINT	226.75	00 15								
03	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	199.99									
07	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	239.99	00 15								
03	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	240.74									X
07	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	288.88	00 15								X
03	26100	BIOPSY HAND JOINT LINING	202.21									
07	26100	BIOPSY HAND JOINT LINING	242.65	00 15								
03	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	207.11									
07	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	248.54	00 15								
03	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	198.42									X
07	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	238.10	00 15								X
02	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	58.32									
03	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	291.58									
07	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	349.89	00 15								
02	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	76.62									
03	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	383.09									
07	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	459.71	00 15								
03	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	371.31									
07	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	445.57	00 15								
03	26116	EXCISION BENIGN TUMOR,HAND; DEEP	303.59									
07	26116	EXCISION BENIGN TUMOR,HAND; DEEP	364.31	00 15								
03	26117	RAD TUMOR RESECT,SFT TISS/HAND-FINGE	418.43									
07	26117	RAD TUMOR RESECT,SFT TISS/HAND-FINGE	502.11	00 15								
02	26118	RADICAL RESECTION OF TUMOR (EG, MALI	150.74									
03	26118	RADICAL RESECTION OF TUMOR (EG, MALI	753.72									
07	26118	RADICAL RESECTION OF TUMOR (EG, MALI	904.46	00 15								
03	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	383.71									
07	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	460.45	00 15								
03	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	524.39									
07	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	629.27	00 15								
03	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	191.67									X
07	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	230.00	00 15								X
03	26130	REMOVE WRIST JOINT LINING	290.14									
07	26130	REMOVE WRIST JOINT LINING	348.17	00 15								
03	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	353.69									X
07	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	424.43	00 15								X
03	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	320.63									X
07	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	384.76	00 15								X
03	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	326.37									X
07	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	391.64	00 15								X
03	26160	REMOVE TENDON SHEATH LESION	337.93									
07	26160	REMOVE TENDON SHEATH LESION	405.51	00 15								
03	26170	EXCISE TENDON,PALM...EACH	255.33									X
07	26170	EXCISE TENDON,PALM...EACH	306.40	00 15								X
03	26180	EXCISION OF TENDON,FINGER,FLEXOR	279.32									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26180	EXCISION OF TENDON,FINGER,FLEXOR	335.18	00 15								
03	26185	REMOVE FINGER BONE	333.00									
07	26185	REMOVE FINGER BONE	399.60	00 15								
03	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	288.01									
07	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	345.61	00 15								
03	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	388.21									
07	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	465.85	00 15								
03	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	278.03									
07	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	333.63	00 15								
03	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	354.83									
07	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	425.80	00 15								
03	26230	PARTIAL REMOVAL OF HAND BONE	323.06									
07	26230	PARTIAL REMOVAL OF HAND BONE	387.68	00 15								
03	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	316.88									
07	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	380.25	00 15								
03	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	279.99									
07	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	335.99	00 15								
03	26250	RADICAL RESECTION FOR TUMOR,HAND	374.64									
07	26250	RADICAL RESECTION FOR TUMOR,HAND	449.57	00 15								
02	26260	RADICAL RESECT FOR TUMOR,PROXI	70.16									
03	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	350.81									
07	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	420.98	00 15								
03	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	292.57									
07	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	351.08	00 15								
03	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	217.03									
07	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	260.43	00 15								
03	26340	MANIPULATE FINGER W/ANESTH	190.72									X
07	26340	MANIPULATE FINGER W/ANESTH	228.86	00 15								X
03	26350	FLEX TENDON REP,SING,EACH TENDON	442.18									X
07	26350	FLEX TENDON REP,SING,EACH TENDON	530.61	00 15								X
02	26352	FLEX TEND.REP,SECONDARY..EACH TENDON	101.20									X
03	26352	FLEX TEND REP,SECONDARY..EACH TENDON	505.99									X
07	26352	FLEX TEND REP,SECONDARY..EACH TENDON	607.19	00 15								X
03	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	659.28									X
07	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	791.14	00 15								X
02	26357	FLEXOR REP,SECONDARY,EACH TEND	109.07									
03	26357	FLEXOR REP,SECONDARY,EACH TENDON	545.37									X
07	26357	FLEXOR REP,SECONDARY,EACH TENDON	654.44	00 15								X
02	26358	FLEX TEND REP/ADV,SNG;...EACH	115.34									
03	26358	FLEX TEND REP/ADV,SNG;...EACH TENDON	576.72									X
07	26358	FLEX TEND REP/ADV,SNG;...EACH TENDON	692.06	00 15								X
03	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	481.51									X
07	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	577.81	00 15								X
02	26372	PROFUNDUS TENDON REPAIR;SECOND	112.18									
03	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	560.92									X
07	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	673.10	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	26373	PROFUNDUS TENDON REPAIR;SECOND	106.36									
03	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	531.80									X
07	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	638.15	00 15								X
02	26390	FLEXOR TENDON EXCISE,IMPLANT P	105.43									
03	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	527.15									
07	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	632.58	00 15								
02	26392	REMOVAL ROD AND INSERTION OF T	122.87									
03	26392	REMOVAL ROD AND INSERTION OF TENDON	614.35									
07	26392	REMOVAL ROD AND INSERTION OF TENDON	737.22	00 15								
03	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	351.07									X
07	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	421.28	00 15								X
03	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	429.17									X
07	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	515.01	00 15								X
03	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	456.30									
07	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	547.56	00 15								
03	26416	REMOVE TUBE/ROD,INSERT GRAFT...	487.93									
07	26416	REMOVE TUBE/ROD,INSERT GRAFT...	585.51	00 15								
03	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	350.84									X
07	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	421.01	00 15								X
03	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	447.12									X
07	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	536.54	00 15								X
03	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	362.85									
07	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	435.42	00 15								
03	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	469.99									
07	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	563.99	00 15								
03	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	306.98									
07	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	368.38	00 15								
03	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	330.41									
07	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	396.50	00 15								
02	26434	TENDON REPAIR,OPEN,PRIMARY/SEC	79.80									
03	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	398.99									
07	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	478.78	00 15								
03	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	388.34									
07	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	466.01	00 15								
03	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	386.33									X
07	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	463.59	00 15								X
03	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	591.35									X
07	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	709.62	00 15								X
03	26445	TENOLYSIS,EXT TEND...;EACH TENDON	357.11									X
07	26445	TENOLYSIS,EXT TEND...;EACH TENDON	428.53	00 15								X
03	26449	TENOLYSIS,COMP,EXT TENDON.....	477.75									
07	26449	TENOLYSIS,COMP,EXT TENDON.....	573.30	00 15								
03	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	250.44									X
07	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	300.53	00 15								X
03	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	248.68									X
07	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	298.41	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	241.42										X
07	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	289.70	00	15								X
03	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	382.58										
07	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	459.09	00	15								
03	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	365.74										
07	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	438.89	00	15								
03	26476	TEND LENGTHEN,EXT...SINGLE, EACH	356.51										X
07	26476	TEND LENGTHEN,EXT...SINGLE, EACH	427.81	00	15								X
03	26477	TEND SHORTEN,EXT...SINGLE,EACH	359.50										X
07	26477	TEND SHORTEN,EXT...SINGLE,EACH	431.40	00	15								X
03	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	387.14										X
07	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	464.56	00	15								X
03	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	469.19										X
07	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	563.03	00	15								X
03	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	532.99										X
07	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	639.59	00	15								X
03	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	509.39										X
07	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	611.26	00	15								X
03	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	555.12										X
07	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	666.14	00	15								X
03	26490	REVISE THUMB TENDON	496.08										
07	26490	REVISE THUMB TENDON	595.30	00	15								
03	26492	REVISE THUMB TENDON W/GRAFT	554.09										
07	26492	REVISE THUMB TENDON W/GRAFT	664.90	00	15								
03	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	502.48										
07	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	602.97	00	15								
03	26496	REVISE THUMB TENDON; OTHER METHODS	546.85										
07	26496	REVISE THUMB TENDON; OTHER METHODS	656.22	00	15								
02	26497	SUBLIMIS TRANSFER TO CORRECT C	109.35										
03	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	546.77										
07	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	656.13	00	15								
02	26498	SUBLIMIS TRANSFER TO CORRECT C	147.24										
03	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	736.22										
07	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	883.46	00	15								
03	26499	CORRECTION CLAW FINGER,OTHER METHODS	649.04			X							
07	26499	CORRECTION CLAW FINGER,OTHER METHODS	811.30	00	15	X							
03	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	390.95										
07	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	469.13	00	15								
03	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	443.61										
07	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	532.33	00	15								
03	26508	RELEASE THUMB CONTRACTURE	393.75										X
07	26508	RELEASE THUMB CONTRACTURE	472.50	00	15								X
03	26510	CROSS INTRINSIC TRANSFER	371.34										
07	26510	CROSS INTRINSIC TRANSFER	445.61	00	15								
03	26516	FUSION OF KNUCKLE JOINT	442.21										
07	26516	FUSION OF KNUCKLE JOINT	530.65	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	26517	FUSION KNUCKLE JOINT,TWO DIGITS	523.15										
07	26517	FUSION KNUCKLE JOINT,TWO DIGITS	627.78	00	15								
03	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	527.79										X
07	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	633.35	00	15								X
03	26520	CAPSULECTOMY/OTOMY....;EACH	404.17										X
07	26520	CAPSULECTOMY/OTOMY....;EACH	485.00	00	15								X
03	26525	CAPSULECTOMY/OTOMY...;EACH	405.93										X
07	26525	CAPSULECTOMY/OTOMY...;EACH	487.12	00	15								X
02	26530	ARTHROPLASTY,META....;SINGLE,EA	68.57										
03	26530	ARTHROPLASTY,META...;SINGLE,EACH	342.85										X
07	26530	ARTHROPLASTY,META...;SINGLE,EACH	411.42	00	15								X
02	26531	ARTHROPLASTY,META...;PROSTH...EACH	79.84										X
03	26531	ARTHROPLASTY,META..;PROSTH...EACH	399.21										X
07	26531	ARTHROPLASTY,META..;PROSTH...EACH	479.05	00	15								X
03	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	257.16										X
07	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	308.59	00	15								X
03	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	419.42										X
07	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	503.31	00	15								X
03	26540	REPAIR COLLATERAL LIGAMENT	413.90										X
07	26540	REPAIR COLLATERAL LIGAMENT	496.68	00	15								X
02	26541	RECONSTRUCT/GRAFT HAND JOINT	101.78										
03	26541	RECONSTRUCT/GRAFT HAND JOINT	508.91										X
07	26541	RECONSTRUCT/GRAFT HAND JOINT	610.70	00	15								X
03	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	428.37										
07	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	514.04	00	15								
03	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	436.24										X
07	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	523.49	00	15								X
02	26546	REPAIR NON-UNION HAND	122.91										
03	26546	REPAIR NON-UNION HAND	614.56										
07	26546	REPAIR NON-UNION HAND	737.47	00	15								
03	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	482.00										X
07	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	578.39	00	15								X
02	26550	CONSTRUCT THUMB REPLACEMENT	193.52										
03	26550	CONSTRUCT THUMB REPLACEMENT	967.62										X
07	26550	CONSTRUCT THUMB REPLACEMENT	1,161.14	00	15								X
02	26551	GREAT TOE-HAND TRANSFER	426.73										
03	26551	GREAT TOE-HAND TRANSFER	2,133.66										
07	26551	GREAT TOE-HAND TRANSFER	2,560.39	00	15								
02	26553	SINGLE TOE-HAND TRANSFER	369.25										
03	26553	SINGLE TOE-HAND TRANSFER	1,846.25										
07	26553	SINGLE TOE-HAND TRANSFER	2,215.49	00	15								
02	26554	DOUBLE TOE-HAND TRANSFER	489.74										
03	26554	DOUBLE TOE-HAND TRANSFER	2,448.69										
07	26554	DOUBLE TOE-HAND TRANSFER	2,938.43	00	15								
02	26555	POSITIONAL CHANGE OF FINGER	176.43										
03	26555	POSITIONAL CHANGE OF FINGER	882.16										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26555	POSITIONAL CHANGE OF FINGER	1,058.59	00 15								
02	26556	TOE JOINT TRANSFER	381.56									
03	26556	TOE JOINT TRANSFER	1,907.81									
07	26556	TOE JOINT TRANSFER	2,289.38	00 15								
03	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	355.97									X
07	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	427.16	00 15								X
03	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	578.75									X
07	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	694.50	00 15								X
02	26562	REPAIR WEB FINGER,COMPLEX,INVO	168.98									
03	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	844.89									X
07	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,013.87	00 15								X
03	26565	CORRECT METACARPAL FLAW	424.43									X
07	26565	CORRECT METACARPAL FLAW	509.32	00 15								X
03	26567	CORRECT FINGER DEFORMITY	428.99									X
07	26567	CORRECT FINGER DEFORMITY	514.78	00 15								X
03	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	566.09									
07	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	679.30	00 15								
02	26580	REPAIR HAND DEFORMITY	180.67									
03	26580	REPAIR HAND DEFORMITY	903.35									X
07	26580	REPAIR HAND DEFORMITY	1,084.02	00 15								X
03	26587	REPAIR SUPERNUMERARY DIGIT	621.29									X
07	26587	REPAIR SUPERNUMERARY DIGIT	745.55	00 15								X
03	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	830.45									X
07	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	996.53	00 15								X
03	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	268.28									X
07	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	321.94	00 15								X
03	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	470.15									
07	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	564.18	00 15								
03	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	163.86									X
07	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	196.63	00 15								X
03	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	190.56									X
07	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	228.67	00 15								X
03	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	278.69									X
07	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	334.42	00 15								X
03	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	299.93									
07	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	359.91	00 15								
03	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	348.50									X
07	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	418.20	00 15								X
03	26641	TREAT THUMB DISLOCATION W/MANIPU	219.53									X
07	26641	TREAT THUMB DISLOCATION W/MANIPU	263.44	00 15								X
03	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	252.26									X
07	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	302.72	00 15								X
03	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	299.87									X
07	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	359.85	00 15								X
03	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	386.78									X
07	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	464.13	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	198.93										
07	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	238.72	00	15								
03	26675	TREAT HAND DISLOCATION W/ANESTHESIA	269.48										
07	26675	TREAT HAND DISLOCATION W/ANESTHESIA	323.38	00	15								
03	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	314.03										
07	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	376.84	00	15								
03	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	358.80										
07	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	430.56	00	15								
03	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	399.23										
07	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	479.07	00	15								
03	26700	TREAT KNUCKLE DISLOCATION	190.13										
07	26700	TREAT KNUCKLE DISLOCATION	228.15	00	15								
03	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	246.59										
07	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	295.90	00	15								
03	26706	PERC.PINNING,CLOSED METACARPOPHALANG	273.46										
07	26706	PERC.PINNING,CLOSED METACARPOPHALANG	328.15	00	15								
03	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	349.34										
07	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	419.21	00	15								
03	26720	TREAT CLSD FX;W/O MANIP, EACH	113.76										X
07	26720	TREAT CLSD FX;W/O MANIP, EACH	136.51	00	15								X
03	26725	TREAT CLSD FX;W/ MANIP, EACH	205.43										X
07	26725	TREAT CLSD FX;W/ MANIP, EACH	246.51	00	15								X
03	26727	TREAT FX,MANIP,TRACT/FIX, EACH	294.50										X
07	26727	TREAT FX,MANIP,TRACT/FIX, EACH	353.39	00	15								X
03	26735	OPEN TREAT....W/W/O FIX, EACH	364.18										X
07	26735	OPEN TREAT....W/W/O FIX, EACH	437.01	00	15								X
03	26740	TREAT CLSD ART FX...W/O MANIP,EACH	132.80										X
07	26740	TREAT CLSD ART FX...W/O MANIP,EACH	159.35	00	15								X
03	26742	TREAT CLSD ART FX....W/ MANIP, EACH	225.65										X
07	26742	TREAT CLSD ART FX....W/ MANIP, EACH	270.78	00	15								X
03	26746	OPEN TX,CLSD/OPEN FX...EACH	445.95										X
07	26746	OPEN TX,CLSD/OPEN FX...EACH	535.14	00	15								X
03	26750	TREAT CLSD FX...W/O MANIP, EACH	106.76										X
07	26750	TREAT CLSD FX...W/O MANIP, EACH	128.12	00	15								X
03	26755	TREAT CLSD FX...W/ MANIP, EACH	188.21										X
07	26755	TREAT CLSD FX...W/ MANIP, EACH	225.85	00	15								X
03	26756	TREAT CLSD FX..;W/PERC PIN, EACH	258.66										X
07	26756	TREAT CLSD FX..;W/PERC PIN, EACH	310.39	00	15								X
03	26765	OPEN TX,CLSD/OPEN FX..;EACH	294.56										X
07	26765	OPEN TX,CLSD/OPEN FX..;EACH	353.48	00	15								X
03	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	160.81										
07	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	192.97	00	15								
03	26775	TRMT OF SAME W/ ANESTION	228.80										
07	26775	TRMT OF SAME W/ ANESTION	274.56	00	15								
03	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	275.72										
07	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	330.86	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	321.71										
07	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	386.05	00	15								
02	26820	THUMB FUSION WITH GRAFT	99.46										
03	26820	THUMB FUSION WITH GRAFT	497.28										
07	26820	THUMB FUSION WITH GRAFT	596.74	00	15								
03	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	458.63										
07	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	550.35	00	15								
03	26842	ARTHRODESIS OF THUMB W/ GRAFT	500.27										X
07	26842	ARTHRODESIS OF THUMB W/ GRAFT	600.33	00	15								X
03	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	462.27										
07	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	554.72	00	15								
03	26844	ARTHRODESIS OF DIGITS W/ GRAFT	517.09										
07	26844	ARTHRODESIS OF DIGITS W/ GRAFT	620.51	00	15								
03	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	437.09										
07	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	524.50	00	15								
03	26852	ARTHRODESIS KNUCKLE W/ GRAFT	502.86										
07	26852	ARTHRODESIS KNUCKLE W/ GRAFT	603.43	00	15								
03	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	346.82										
07	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	416.19	00	15								
03	26861	ARTHRODESIS...EACH ADD JOINT	72.35										X
07	26861	ARTHRODESIS...EACH ADD JOINT	86.81	00	15								X
03	26862	FUSION/GRAFT OF FINGER JOINT	456.03										
07	26862	FUSION/GRAFT OF FINGER JOINT	547.24	00	15								
03	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	161.01										X
07	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	193.21	00	15								X
03	26910	AMPUTATE METACARPAL BONE	450.64										X
07	26910	AMPUTATE METACARPAL BONE	540.77	00	15								X
03	26951	AMPUTATION OF FINGER/THUMB	384.61										X
07	26951	AMPUTATION OF FINGER/THUMB	461.53	00	15								X
03	26952	WITH LOCAL ADVANCEMENT FLAPS	405.65										X
07	26952	WITH LOCAL ADVANCEMENT FLAPS	486.78	00	15								X
03	26989	MISC PROCEDURE HAND S OR FINGERS	MP			X							
07	26989	MISC PROCEDURE HAND S OR FINGERS	MP	00	15	X							
03	26990	DRAINAGE OF PELVIS LESION	397.79										
07	26990	DRAINAGE OF PELVIS LESION	477.34	00	15								
03	26991	DRAINAGE OF PELVIS BURSA	436.91										
07	26991	DRAINAGE OF PELVIS BURSA	524.29	00	15								
03	26992	DRAINAGE OF BONE LESION	632.28										
07	26992	DRAINAGE OF BONE LESION	758.74	00	15								
03	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	289.56										
07	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	347.47	00	15								
03	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	352.19										
07	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	422.63	00	15								
03	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	376.86										
07	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	452.23	00	15								
02	27005	TENOTOMY, ILIOPSOAS, OPEN	95.86										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27005	TENOTOMY, ILIOPSOAS, OPEN	479.31									
07	27005	TENOTOMY, ILIOPSOAS, OPEN	575.17	00 15								
02	27006	TENOTOMY, ABDUCTORS, OPEN	96.74									
03	27006	TENOTOMY, ABDUCTORS, OPEN	483.68									
07	27006	TENOTOMY, ABDUCTORS, OPEN	580.41	00 15								
02	27025	OBER-YOUNT FASCIOTOMY, UNILATE	117.18									
03	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	585.88									
07	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	703.05	00 15								
02	27027	DECOMPRESSION FASCIOTOMY(IES),	66.65									
03	27027	DECOMPRESSION FASCIOTOMY(IES), PELVI	574.34									
07	27027	DECOMPRESSION FASCIOTOMY(IES), PELVI	689.20	00 15								
02	27030	ARTHROTOMY OF HIP FOR DRAINAGE	125.53									
03	27030	ARTHROTOMY OF HIP FOR DRAINAGE	627.65									
07	27030	ARTHROTOMY OF HIP FOR DRAINAGE	753.18	00 15								
02	27033	HIP ARTHROTOMY FOR EXPLORATION	129.92									
03	27033	HIP ARTHROTOMY FOR EXPLORATION	649.58									
07	27033	HIP ARTHROTOMY FOR EXPLORATION	779.50	00 15								
02	27035	DENERVATION OF HIP JOINT	145.63									
03	27035	DENERVATION OF HIP JOINT	728.14									
07	27035	DENERVATION OF HIP JOINT	873.77	00 15								
02	27036	EXCISION OF HIP JOINT/MUSCLE	132.56									
03	27036	EXCISION OF HIP JOINT/MUSCLE	662.78									
07	27036	EXCISION OF HIP JOINT/MUSCLE	795.33	00 15								
03	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	209.38									
07	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	251.25	00 15								
03	27041	DEEP BIOPSY OF SOFT TISSUES	452.45									
07	27041	DEEP BIOPSY OF SOFT TISSUES	542.94	00 15								
03	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	333.23									
07	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	399.88	00 15								
02	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	106.01									
03	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	530.03									
07	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	636.03	00 15								
03	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	395.44									
07	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	474.53	00 15								
02	27048	DEEP TUMOR EXCISION,HIP-PELVI	61.75									
03	27048	DEEP TUMOR EXCISION, HIP-PELVIS	308.74									
07	27048	DEEP TUMOR EXCISION, HIP-PELVIS	370.49	00 15								
02	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	132.12									
03	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	660.61									
07	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	792.73	00 15								
03	27050	BIOPSY OF SACROILLIAC JOINT	225.05									
07	27050	BIOPSY OF SACROILLIAC JOINT	270.05	00 15								
02	27052	BIOPSY OF HIP JOINT	71.95									
03	27052	BIOPSY OF HIP JOINT	359.75									
07	27052	BIOPSY OF HIP JOINT	431.69	00 15								
02	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	88.71									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27054	REMOVAL OF HIP JOINT LINING	443.57									
07	27054	REMOVAL OF HIP JOINT LINING	532.28	00 15								
02	27057	DECOMPRESSION FASCIOTOMY(IES)	126.76									
03	27057	DECOMPRESSION FASCIOTOMY(IES), PELVI	633.80									
07	27057	DECOMPRESSION FASCIOTOMY(IES), PELVI	760.56	00 15								
02	27059	RADICAL RESECTION OF TUMOR (EG, MALI	260.61									
03	27059	RADICAL RESECTION OF TUMOR (EG, MALI	1,303.06									
07	27059	RADICAL RESECTION OF TUMOR (EG, MALI	1,563.67	00 15								
03	27060	REMOVAL OF ISCHIAL BURSA	278.25									
07	27060	REMOVAL OF ISCHIAL BURSA	333.90	00 15								
03	27062	EXCISION TROCHANTERIC BURSA	290.26									
07	27062	EXCISION TROCHANTERIC BURSA	348.31	00 15								
02	27065	EXC BONE CYST OR TUMOR SUPERFI	64.79									
03	27065	EXC BONE CYST OR TUMOR SUPERFICIAL,	323.97									
07	27065	EXC BONE CYST OR TUMOR SUPERFICIAL,	388.76	00 15								
02	27066	DEEP W/ OR W/O BONE GRAFT	106.00									
03	27066	DEEP W/ OR W/O BONE GRAFT	529.99									
07	27066	DEEP W/ OR W/O BONE GRAFT	635.99	00 15								
02	27067	W/BONE GRAFT REQUIRING SEPARA	134.11									
03	27067	W/ BONE GRAFT REQUIRING SEPARATE INC	670.55									
07	27067	W/ BONE GRAFT REQUIRING SEPARATE INC	804.66	00 15								
03	27070	PARTIAL REMOVAL OF HIP BONE	553.55									
07	27070	PARTIAL REMOVAL OF HIP BONE	664.26	00 15								
02	27071	DEEP IP BONE	118.91									
03	27071	DEEP IP BONE	594.53									
07	27071	DEEP IP BONE	713.43	00 15								
02	27075	RADICAL RESECTION FOR TUMOR-WING OF	310.84									
03	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,554.18									
07	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,865.02	00 15								
02	27076	RADICAL RESECTION FOR TUMOR-ILIUM	213.41									
03	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,067.06									
07	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,280.47	00 15								
02	27077	INNOMINATE BONE-TOTAL	358.62									
03	27077	INNOMINATE BONE-TOTAL	1,793.09									
07	27077	INNOMINATE BONE-TOTAL	2,151.70	00 15								
02	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	134.17									
03	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	670.84									
07	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	805.01	00 15								
02	27080	COCCYGECTOMY	64.08									
03	27080	COCCYGECTOMY	320.38									
07	27080	COCCYGECTOMY	384.45	00 15								
03	27086	REMOVE HIP FOREIGN BODY	150.02									
07	27086	REMOVE HIP FOREIGN BODY	180.02	00 15								
03	27087	DEEP ODY	413.56									
07	27087	DEEP ODY	496.27	00 15								
02	27090	REMOVAL OF HIP PROSTHESIS	109.81									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27090	REMOVAL OF HIP PROSTHESIS	549.07									
07	27090	REMOVAL OF HIP PROSTHESIS	658.88	00 15								
02	27091	XOMPLICATED HESIS	214.02									
03	27091	COMPLICATED HESIS	1,070.10									
07	27091	COMPLICATED HESIS	1,284.12	00 15								
03	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	120.71									
07	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	144.86	00 15								
03	27095	WITH ANES RAY	145.37									
07	27095	WITH ANES RAY	174.44	00 15								
03	27096	INJECT SACROILIAC JOINT	111.05									
07	27096	INJECT SACROILIAC JOINT	133.26	00 15								
02	27097	HAMSTRING RECESSION PROXIMAL	87.53									
03	27097	HAMSTRING RECESSION PROXIMAL	437.66									
07	27097	HAMSTRING RECESSION PROXIMAL	525.19	00 15								
02	27098	ADDUCTOR TRANSFER TO ISCHIUM	81.24									
03	27098	ADDUCTOR TRANSFER TO ISCHIUM	406.21									
07	27098	ADDUCTOR TRANSFER TO ISCHIUM	487.45	00 15								
02	27100	TRAN EXTERNAL OBLIQUE MUSCLE T	107.76									
03	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	538.82									
07	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	646.59	00 15								
02	27105	TRANSFER PARASPINAL MUSCLE TO	112.58									
03	27105	TRANSFER PARASPINAL MUSCLE TO HIP	562.90									
07	27105	TRANSFER PARASPINAL MUSCLE TO HIP	675.48	00 15								
02	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	126.39									
03	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	631.96									
07	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	758.35	00 15								
02	27111	TO FEMORAL NECK S MUSCLE	112.92									
03	27111	TO FEMORAL NECK S MUSCLE	564.59									
07	27111	TO FEMORAL NECK S MUSCLE	677.51	00 15								
02	27120	ACETABULOPLASTY P SOCKET	172.01									
03	27120	ACETABULOPLASTY P SOCKET	860.06									
07	27120	ACETABULOPLASTY P SOCKET	1,032.08	00 15								
02	27122	RESECTION FEMORAL HEAD	147.00									
03	27122	RESECTION FEMORAL HEAD	735.02									
07	27122	RESECTION FEMORAL HEAD	882.02	00 15								
02	27125	HEMIARTHROPLASTY; PROSTHESIS	149.61									
03	27125	HEMIARTHROPLASTY; PROSTHESIS	748.07									
07	27125	HEMIARTHROPLASTY; PROSTHESIS	897.68	00 15								
02	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	193.60									
03	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	968.02									
07	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,161.62	00 15								
02	27132	CONVERT PREV.HIP SURG TO TOT.HIP REP	226.32									
03	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,131.60									
07	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,357.92	00 15								
02	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	263.37									
03	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,316.83									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,580.19	00 15								
02	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	200.27									
03	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,001.34									
07	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,201.61	00 15								
02	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	208.54									
03	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,042.71									
07	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,251.25	00 15								
02	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	119.10									
03	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	595.48									
07	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	714.57	00 15								
02	27146	OSTEOTOMY, ILIAC	168.52									
03	27146	OSTEOTOMY, ILIAC	842.61									
07	27146	OSTEOTOMY, ILIAC	1,011.13	00 15								
02	27147	WITH OPEN REDUCTION OF HIP	196.63									
03	27147	WITH OPEN REDUCTION OF HIP	983.15									
07	27147	WITH OPEN REDUCTION OF HIP	1,179.77	00 15								
02	27151	WITH FEMORAL OSTEOTOMY	205.89									
03	27151	WITH FEMORAL OSTEOTOMY	1,029.47									
07	27151	WITH FEMORAL OSTEOTOMY	1,235.36	00 15								
02	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	229.82									
03	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,149.12									
07	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,378.94	00 15								
02	27158	OSTEOTOMY, PELVIS, BILATERAL	184.31									
03	27158	OSTEOTOMY, PELVIS, BILATERAL	921.57									
07	27158	OSTEOTOMY, PELVIS, BILATERAL	1,105.88	00 15								
02	27161	INCISION OF NECK OF FEMUR	162.89									
03	27161	INCISION OF NECK OF FEMUR	814.43									
07	27161	INCISION OF NECK OF FEMUR	977.32	00 15								
02	27165	INCISION/FIXATION OF FEMUR	181.82									
03	27165	INCISION/FIXATION OF FEMUR	909.08									
07	27165	INCISION/FIXATION OF FEMUR	1,090.89	00 15								
02	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	157.75									
03	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	788.76									
07	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	946.51	00 15								
03	27175	TREAT SLIPPED EPIPHYSIS	436.15									
07	27175	TREAT SLIPPED EPIPHYSIS	523.38	00 15								
02	27176	BY SINGLE/MULTI PINNING,IN SIT	120.89									
03	27176	BY SINGLE OR MULITPLE PINNING, IN SI	604.47									
07	27176	BY SINGLE OR MULITPLE PINNING, IN SI	725.36	00 15								
02	27177	REPAIR SLIPPED EPIPHYSIS	147.57									
03	27177	REPAIR SLIPPED EPIPHYSIS	737.83									
07	27177	REPAIR SLIPPED EPIPHYSIS	885.39	00 15								
02	27178	CLOSED MANIPULATION YSIS	119.51									
03	27178	CLOSED MANIPULATION YSIS	597.53									
07	27178	CLOSED MANIPULATION YSIS	717.03	00 15								
02	27179	OSTEOPLASTY OF FEMORAL NECK	128.81									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27179	OSTEOPLASTY OF FEMORAL NECK	644.04									
07	27179	OSTEOPLASTY OF FEMORAL NECK	772.85	00 15								
02	27181	OSTEOTOMY & INTERNAL FIXATION	142.24									
03	27181	OSTEOTOMY & INTERNAL FIXATION	711.20									
07	27181	OSTEOTOMY & INTERNAL FIXATION	853.44	00 15								
03	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	461.51									
07	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	553.81	00 15								
03	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	660.62									
07	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	792.75	00 15								
03	27193	CLOSED TREATMENT OF PELVIC RING FRAC	299.63									
07	27193	CLOSED TREATMENT OF PELVIC RING FRAC	359.56	00 15								
03	27194	CLOSED TREATMENT OF PELVIC RING FRAC	470.89									
07	27194	CLOSED TREATMENT OF PELVIC RING FRAC	565.07	00 15								
03	27200	TRMT OF CLOSED COCCYGEAL FX	107.21									
07	27200	TRMT OF CLOSED COCCYGEAL FX	128.66	00 15								
02	27202	OPEN TRMT OF CLOSED OR OPEN CO	82.01									
03	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	410.03									
07	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	492.03	00 15								
03	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	705.60									
07	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	739.20	00 15								
03	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	883.39									
07	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	1,104.24	00 15								
03	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	818.62									
07	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	974.23	00 15								
03	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1,095.84									
07	27218	OPEN TREATMENT OF POSTERIOR RING FRA	2.00	00 15								
03	27220	TREAT HIP SOCKET FRACTURE	337.51									
07	27220	TREAT HIP SOCKET FRACTURE	405.01	00 15								
03	27222	WITH MANIPULATION CTURE	646.86									
07	27222	WITH MANIPULATION CTURE	776.23	00 15								
02	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	138.30									
03	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	691.52									
07	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	829.82	00 15								
02	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	224.24									
03	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,121.18									
07	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,345.41	00 15								
02	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	257.03									
03	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,285.16									
07	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,542.19	00 15								
03	27230	TRMT OF CLOSED FEMORAL FX	299.39									
07	27230	TRMT OF CLOSED FEMORAL FX	359.26	00 15								
03	27232	WITH MANIPULATION MUR	516.56									
07	27232	WITH MANIPULATION MUR	619.87	00 15								
03	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	603.57									
07	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	724.28	00 15								
02	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	158.25									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	791.24									
07	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	949.48	00 15								
03	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	289.70									
07	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	347.63	00 15								
03	27240	WITH MANIPULATION RACTURE	631.58									
07	27240	WITH MANIPULATION RACTURE	757.89	00 15								
03	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	814.04									
07	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	976.84	00 15								
02	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	169.42									
03	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	847.10									
07	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,016.51	00 15								
03	27246	TRMT OF CLOSED GREATER TROCHANTERIC	245.64									
07	27246	TRMT OF CLOSED GREATER TROCHANTERIC	294.77	00 15								
03	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	499.16									
07	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	599.00	00 15								
03	27250	TREAT HIP DISLOCATION	159.14									
07	27250	TREAT HIP DISLOCATION	190.97	00 15								
03	27252	REQUIRING ANES N	498.84									
07	27252	REQUIRING ANES N	598.61	00 15								
03	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	627.86									
07	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	753.43	00 15								
02	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	170.40									
03	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	851.98									
07	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,022.37	00 15								
03	27256	TRMT OF CONGENITAL HIP DISLOCATION	190.19									
07	27256	TRMT OF CONGENITAL HIP DISLOCATION	228.22	00 15								
03	27257	WITH MANIPULATION REQUIRING ANES	223.59									
07	27257	WITH MANIPULATION REQUIRING ANES	268.31	00 15								
02	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	147.44									
03	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	737.22									
07	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	884.66	00 15								
02	27259	W/ FEMORAL SHAFT SHORTENING	207.24									
03	27259	W/ FEMORAL SHAFT SHORTENING	1,036.20									
07	27259	W/ FEMORAL SHAFT SHORTENING	1,243.44	00 15								
03	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	250.60									
07	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	300.72	00 15								
03	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	377.30									
07	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	452.75	00 15								
03	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	268.65									
07	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	322.38	00 15								
03	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	334.43									
07	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	401.31	00 15								
03	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	812.77									
07	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	975.32	00 15								
03	27275	MANIPULATION OF HIP JOINT	116.72									
07	27275	MANIPULATION OF HIP JOINT	140.06	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	27280	FUSION OF SACROILIAC JOINT	136.34										
03	27280	FUSION OF SACROILIAC JOINT	681.71										
07	27280	FUSION OF SACROILIAC JOINT	818.06	00	15								
02	27282	FUSION OF PUBIC BONES	106.86										
03	27282	FUSION OF PUBIC BONES	534.30										
07	27282	FUSION OF PUBIC BONES	641.16	00	15								
02	27284	FUSION OF HIP JOINT	209.45										
03	27284	FUSION OF HIP JOINT	1,047.23										
07	27284	FUSION OF HIP JOINT	1,256.67	00	15								
02	27286	WITH SUBTROCHANTERIC OSTEOTOMY	218.73										
03	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,093.67										
07	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,312.41	00	15								
02	27290	AMPUTATION OF LEG AT HIP	209.96										
03	27290	AMPUTATION OF LEG AT HIP	1,049.81										
07	27290	AMPUTATION OF LEG AT HIP	1,259.77	00	15								
02	27295	DISARTICULATION OF HIP	169.77										
03	27295	DISARTICULATION OF HIP	848.87										
07	27295	DISARTICULATION OF HIP	1,018.65	00	15								
03	27299	PELVIS/HIP JOINT SURGERY	MP			X							
07	27299	PELVIS/HIP JOINT SURGERY	MP	00	15	X							
03	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	412.61										
07	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	495.14	00	15								
03	27303	INCISION, DEEP W/ OPENING OF BONE CO	416.73										
07	27303	INCISION, DEEP W/ OPENING OF BONE CO	500.08	00	15								
03	27305	FASCIOTOMY & FASCIA	303.11										
07	27305	FASCIOTOMY & FASCIA	363.73	00	15								
03	27306	TENOTOMY, SINGLE NDON	244.65										
07	27306	TENOTOMY, SINGLE NDON	293.58	00	15								
03	27307	MULTIPLE NDONS	302.00										
07	27307	MULTIPLE NDONS	362.40	00	15								
03	27310	ARTHROTOMY, KNEE JOINT	475.67										
07	27310	ARTHROTOMY, KNEE JOINT	570.81	00	15								
03	27323	BIOPSY THIGH SOFT TISSUES	163.25										
07	27323	BIOPSY THIGH SOFT TISSUES	195.89	00	15								
03	27324	BIOPSY THIGH SOFT TISSUES	246.28										
07	27324	BIOPSY THIGH SOFT TISSUES	295.53	00	15								
02	27325	NEURECTOMY, HAMSTRING MUSCLE	68.51										
03	27325	NEURECTOMY, HAMSTRING MUSCLE	342.53										
07	27325	NEURECTOMY, HAMSTRING MUSCLE	411.04	00	15								
02	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	63.18										
03	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	315.89										
07	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	379.06	00	15								
03	27327	REMOVAL OF THIGH LESION	280.68										
07	27327	REMOVAL OF THIGH LESION	336.82	00	15								
03	27328	REMOVAL OF THIGH LESION	272.27										
07	27328	REMOVAL OF THIGH LESION	326.73	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	27329	RAD RESECT TUMOR.....THIGH OR KNEE	137.19									
03	27329	RAD RESECT TUMOR...THIGH OR KNEE	685.97									
07	27329	RAD RESECT TUMOR...THIGH OR KNEE	823.16	00 15								
03	27330	BIOPSY KNEE JOINT LINING	258.19									
07	27330	BIOPSY KNEE JOINT LINING	309.83	00 15								
02	27331	EXPLORE/TREAT KNEE JOINT	61.04									
03	27331	EXPLORE/TREAT KNEE JOINT	305.19									
07	27331	EXPLORE/TREAT KNEE JOINT	366.23	00 15								
02	27332	REMOVAL OF KNEE CARTILAGE	83.13									
03	27332	REMOVAL OF KNEE CARTILAGE	415.67									
07	27332	REMOVAL OF KNEE CARTILAGE	498.80	00 15								
02	27333	REMOVAL OF KNEE CARTILAGE	75.16									
03	27333	REMOVAL OF KNEE CARTILAGE	375.78									
07	27333	REMOVAL OF KNEE CARTILAGE	450.94	00 15								
03	27334	REMOVE KNEE JOINT LINING	443.04									
07	27334	REMOVE KNEE JOINT LINING	531.65	00 15								
02	27335	REMOVE KNEE JOINT LINING	100.45									
03	27335	REMOVE KNEE JOINT LINING	502.25									
07	27335	REMOVE KNEE JOINT LINING	602.69	00 15								
02	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	59.40									
03	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	297.02									
07	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	356.42	00 15								
02	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	107.07									
03	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	535.36									
07	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	642.43	00 15								
03	27340	REMOVAL OF KNEECAP BURSA	232.02									
07	27340	REMOVAL OF KNEECAP BURSA	278.42	00 15								
03	27345	REMOVAL OF KNEE CYST	308.68									
07	27345	REMOVAL OF KNEE CYST	370.41	00 15								
03	27347	REMOVE KNEE CYST	330.83									
07	27347	REMOVE KNEE CYST	397.00	00 15								
03	27350	REMOVAL OF KNEECAP	422.73									
07	27350	REMOVAL OF KNEECAP	507.28	00 15								
03	27355	REMOVE FEMUR LESION	391.81									
07	27355	REMOVE FEMUR LESION	470.17	00 15								
03	27356	REMOVE FEMUR LESION/GRAFT	481.93									
07	27356	REMOVE FEMUR LESION/GRAFT	578.31	00 15								
02	27357	REMOVE FEMUR LESION/GRAFT	107.08									
03	27357	REMOVE FEMUR LESION/GRAFT	535.38									
07	27357	REMOVE FEMUR LESION/GRAFT	642.46	00 15								
02	27358	WITH INTERNAL/FIXATION	39.71									
03	27358	WITH INTERNAL FIXATION	198.56									
07	27358	WITH INTERNAL FIXATION	238.27	00 15								
03	27360	PARTIAL REMOVAL LEG BONE(S)	555.16									
07	27360	PARTIAL REMOVAL LEG BONE(S)	666.19	00 15								
02	27364	RADICAL RESECTION OF TUMOR (EG, MALI	224.20									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27364	RADICAL RESECTION OF TUMOR (EG, MALI	1,120.99									
07	27364	RADICAL RESECTION OF TUMOR (EG, MALI	1,345.19	00 15								
02	27365	EXTENSIVE LEG SURGERY	163.00									
03	27365	EXTENSIVE LEG SURGERY	815.00									
07	27365	EXTENSIVE LEG SURGERY	978.00	00 15								
03	27370	INJECTION FOR KNEE X-RAY	102.47									
07	27370	INJECTION FOR KNEE X-RAY	122.97	00 15								
03	27372	REMOVAL OF FOREIGN BODY	367.05									
07	27372	REMOVAL OF FOREIGN BODY	440.46	00 15								
03	27380	REPAIR OF KNEECAP TENDON	381.89									
07	27380	REPAIR OF KNEECAP TENDON	458.27	00 15								
02	27381	REPAIR/GRAFT KNEECAP TENDON	104.82									
03	27381	REPAIR/GRAFT KNEECAP TENDON	524.09									
07	27381	REPAIR/GRAFT KNEECAP TENDON	628.91	00 15								
03	27385	REPAIR OF THIGH MUSCLE	409.76									
07	27385	REPAIR OF THIGH MUSCLE	491.72	00 15								
02	27386	REPAIR/GRAFT OF THIGH MUSCLE	108.66									
03	27386	REPAIR/GRAFT OF THIGH MUSCLE	543.32									
07	27386	REPAIR/GRAFT OF THIGH MUSCLE	651.99	00 15								
02	27390	INCISION OF THIGH TENDON	56.62									
03	27390	INCISION OF THIGH TENDON	283.11									
07	27390	INCISION OF THIGH TENDON	339.73	00 15								
03	27391	INCISION OF THIGH TENDONS	370.38									
07	27391	INCISION OF THIGH TENDONS	444.46	00 15								
02	27392	INCISION OF THIGH TENDONS	91.71									
03	27392	INCISION OF THIGH TENDONS	458.53									
07	27392	INCISION OF THIGH TENDONS	550.23	00 15								
03	27393	LENGTHENING OF THIGH TENDON	328.24									
07	27393	LENGTHENING OF THIGH TENDON	393.89	00 15								
02	27394	LENGTHENING OF THIGH TENDONS	85.17									
03	27394	LENGTHENING OF THIGH TENDONS	425.83									
07	27394	LENGTHENING OF THIGH TENDONS	510.99	00 15								
02	27395	LENGTHENING OF THIGH TENDONS	115.73									
03	27395	LENGTHENING OF THIGH TENDONS	578.64									
07	27395	LENGTHENING OF THIGH TENDONS	694.37	00 15								
02	27396	TRANSPLANT OF THIGH TENDON	79.89									
03	27396	TRANSPLANT OF THIGH TENDON	399.44									
07	27396	TRANSPLANT OF THIGH TENDON	479.32	00 15								
02	27397	TRANSPLANTS OF THIGH TENDONS	117.90									
03	27397	TRANSPLANTS OF THIGH TENDONS	589.49									
07	27397	TRANSPLANTS OF THIGH TENDONS	707.38	00 15								
02	27400	REVISE THIGH MUSCLES/TENDONS	88.88									
03	27400	REVISE THIGH MUSCLES/TENDONS	444.38									
07	27400	REVISE THIGH MUSCLES/TENDONS	533.25	00 15								
02	27403	ARTHROTOMY WITH OPN MENISCUS REPAIR	83.77									
03	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	418.84									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	502.61	00	15								
02	27405	REPAIR OF KNEE LIGAMENT	88.25										
03	27405	REPAIR OF KNEE LIGAMENT	441.25										
07	27405	REPAIR OF KNEE LIGAMENT	529.50	00	15								
02	27407	REPAIR OF KNEE LIGAMENT	101.25										
03	27407	REPAIR OF KNEE LIGAMENT	506.27										
07	27407	REPAIR OF KNEE LIGAMENT	607.53	00	15								
02	27409	REPAIR OF KNEE LIGAMENTS	127.45										
03	27409	REPAIR OF KNEE LIGAMENTS	637.25										
07	27409	REPAIR OF KNEE LIGAMENTS	764.69	00	15								
02	27412	AUTOCHONDROCYTE IMPLANT KNEE	222.29										
03	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,111.45										
07	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,333.74	00	15								
02	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	186.77			X							
03	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	933.83			X							
07	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,120.60	00	15	X							
02	27416	OSTEOCHONDRAL AUTOGRAFT(S),KN	128.12										
03	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	640.59			X							
07	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	768.71	00	15	X							
02	27418	PLASTY FOR CHONDROMALACIA PATELLAE	109.69										
03	27418	PLASTY FOR CHONDROMALACIA PATELLAE	548.45										
07	27418	PLASTY FOR CHONDROMALACIA PATELLAE	658.13	00	15								
03	27420	REVISION OF UNSTABLE KNEECAP	490.82										
07	27420	REVISION OF UNSTABLE KNEECAP	588.99	00	15								
02	27422	REVISION OF UNSTABLE KNEECAP	97.75										
03	27422	REVISION OF UNSTABLE KNEECAP	488.75										
07	27422	REVISION OF UNSTABLE KNEECAP	586.50	00	15								
02	27424	REVISION/REMOVAL OF KNEECAP	98.01										
03	27424	REVISION/REMOVAL OF KNEECAP	490.04										
07	27424	REVISION/REMOVAL OF KNEECAP	588.05	00	15								
03	27425	LATERAL RETINACULAR RELEASE ANY METH	282.58										
07	27425	LATERAL RETINACULAR RELEASE ANY METH	339.09	00	15								
02	27427	RECONSTRUCT(AUGMENT)KNEE;ESTRA-ARTIC	94.05										
03	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	470.24										
07	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	564.29	00	15								
02	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	145.06										
03	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	725.30										
07	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	870.35	00	15								
02	27429	RECONSTRUCT KNEE;INTRA&EXTRA ARTIC	162.49										
03	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	812.45										
07	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	974.94	00	15								
02	27430	REVISION OF THIGH MUSCLES	97.15										
03	27430	REVISION OF THIGH MUSCLES	485.74										
07	27430	REVISION OF THIGH MUSCLES	582.89	00	15								
02	27435	INCISION OF KNEE JOINT	103.94										
03	27435	INCISION OF KNEE JOINT	519.68										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27435	INCISION OF KNEE JOINT	623.61	00 15								
03	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	431.28									
07	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	517.54	00 15								
03	27438	REVISE KNEECAP WITH IMPLANT	554.96									
07	27438	REVISE KNEECAP WITH IMPLANT	665.95	00 15								
03	27440	REVISION OF KNEE JOINT	507.85									
07	27440	REVISION OF KNEE JOINT	609.42	00 15								
03	27441	REVISION OF KNEE JOINT	524.80									
07	27441	REVISION OF KNEE JOINT	629.76	00 15								
02	27442	REVISION OF KNEE JOINT	115.12									
03	27442	REVISION OF KNEE JOINT	575.60									
07	27442	REVISION OF KNEE JOINT	690.71	00 15								
02	27443	REVISION OF KNEE JOINT	107.58									
03	27443	REVISION OF KNEE JOINT	537.92									
07	27443	REVISION OF KNEE JOINT	645.50	00 15								
02	27445	REVISE KNEE JOINT, IMPLANT	168.54									
03	27445	REVISE KNEE JOINT, IMPLANT	842.71									
07	27445	REVISE KNEE JOINT, IMPLANT	1,011.25	00 15								
03	27446	TOTAL KNEE REPLACEMENT	747.27									
07	27446	TOTAL KNEE REPLACEMENT	896.72	00 15								
02	27447	TOTAL KNEE REPLACEMENT	207.30									
03	27447	TOTAL KNEE REPLACEMENT	1,036.49									
07	27447	TOTAL KNEE REPLACEMENT	1,243.79	00 15								
02	27448	INCISION OF FEMUR	108.47									
03	27448	INCISION OF FEMUR	542.36									
07	27448	INCISION OF FEMUR	650.83	00 15								
02	27450	INCISION OF FEMUR	135.32									
03	27450	INCISION OF FEMUR	676.62									
07	27450	INCISION OF FEMUR	811.94	00 15								
02	27454	REALIGNMENT OF FEMUR	171.36									
03	27454	REALIGNMENT OF FEMUR	856.79									
07	27454	REALIGNMENT OF FEMUR	1,028.15	00 15								
03	27455	REALIGNMENT OF KNEE	624.76									
07	27455	REALIGNMENT OF KNEE	749.71	00 15								
03	27457	REALIGNMENT OF KNEE	644.85									
07	27457	REALIGNMENT OF KNEE	773.82	00 15								
02	27465	SHORTENING OF FEMUR	162.27									
03	27465	SHORTENING OF FEMUR	811.34									
07	27465	SHORTENING OF FEMUR	973.60	00 15								
02	27466	LENGTHENING OF FEMUR	157.53									
03	27466	LENGTHENING OF FEMUR	787.66									
07	27466	LENGTHENING OF FEMUR	945.19	00 15								
02	27468	REVISION OF FEMURS	179.01									
03	27468	REVISION OF FEMURS	895.06									
07	27468	REVISION OF FEMURS	1,074.07	00 15								
02	27470	REPAIR OF FEMUR	157.05									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27470	REPAIR OF FEMUR	785.24									
07	27470	REPAIR OF FEMUR	942.28	00 15								
02	27472	REPAIR/GRAFT OF FEMUR	170.05									
03	27472	REPAIR/GRAFT OF FEMUR	850.23									
07	27472	REPAIR/GRAFT OF FEMUR	1,020.28	00 15								
03	27475	REPAIR OF FEMUR EPIPHYSIS	428.15									
07	27475	REPAIR OF FEMUR EPIPHYSIS	513.77	00 15								
03	27477	REPAIR LOWER LEG EPIPHYSES	482.39									
07	27477	REPAIR LOWER LEG EPIPHYSES	578.87	00 15								
02	27479	REPAIR OF LEG EPIPHYSES	182.80									
03	27479	REPAIR OF LEG EPIPHYSES	626.44									
07	27479	REPAIR OF LEG EPIPHYSES	751.73	00 15								
03	27485	REPAIR OF LEG EPIPHYSIS	439.32									
07	27485	REPAIR OF LEG EPIPHYSIS	527.18	00 15								
02	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	188.86									
03	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	944.31									
07	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,133.17	00 15								
02	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	238.92									
03	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,194.60									
07	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,433.52	00 15								
03	27488	REMOVAL OF KNEE PROSTHESIS	796.85									
07	27488	REMOVAL OF KNEE PROSTHESIS	956.21	00 15								
03	27495	PROPHYLACTIC TREAT. FEMUR	755.54									
07	27495	PROPHYLACTIC TREAT. FEMUR	906.64	00 15								
03	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	325.88									
07	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	391.05	00 15								
03	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	356.21									
07	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	427.45	00 15								
03	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	388.70									
07	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	466.44	00 15								
03	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	431.47									
07	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	517.76	00 15								
03	27500	TREATMENT OF FEMUR FRACTURE	326.78									
07	27500	TREATMENT OF FEMUR FRACTURE	392.13	00 15								
03	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	322.22									
07	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	386.67	00 15								
03	27502	TREATMENT OF FEMUR FRACTURE	519.65									
07	27502	TREATMENT OF FEMUR FRACTURE	623.58	00 15								
03	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	528.11									
07	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	633.73	00 15								
02	27506	REPAIR OF FEMUR FRACTURE	177.16									
03	27506	REPAIR OF FEMUR FRACTURE	885.80									
07	27506	REPAIR OF FEMUR FRACTURE	1,062.95	00 15								
02	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	131.57									
03	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	657.83									
07	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	789.40	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27508	TREATMENT OF FEMUR FRACTURE	328.47									
07	27508	TREATMENT OF FEMUR FRACTURE	394.16	00 15								
03	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	416.00									
07	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	499.19	00 15								
03	27510	TREATMENT OF FEMUR FRACTURE	457.88									
07	27510	TREATMENT OF FEMUR FRACTURE	549.46	00 15								
02	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	136.08									
03	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	680.39									
07	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	816.46	00 15								
02	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	171.59									
03	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	857.97									
07	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,029.56	00 15								
03	27514	REPAIR OF FEMUR FRACTURE	690.58									
07	27514	REPAIR OF FEMUR FRACTURE	828.69	00 15								
03	27516	TREATMENT OF FEMUR EPIPHYSIS	305.66									
07	27516	TREATMENT OF FEMUR EPIPHYSIS	366.80	00 15								
03	27517	TREATMENT OF FEMUR EPIPHYSIS	436.22									
07	27517	TREATMENT OF FEMUR EPIPHYSIS	523.47	00 15								
02	27519	REPAIR OF FEMUR EPIPHYSIS	124.65									
03	27519	REPAIR OF FEMUR EPIPHYSIS	623.26									
07	27519	REPAIR OF FEMUR EPIPHYSIS	747.91	00 15								
03	27520	TREAT KNEECAP FRACTURE	190.58									
07	27520	TREAT KNEECAP FRACTURE	228.70	00 15								
02	27524	REPAIR OF KNEECAP FRACTURE	99.19									
03	27524	REPAIR OF KNEECAP FRACTURE	495.95									
07	27524	REPAIR OF KNEECAP FRACTURE	595.13	00 15								
03	27530	TREATMENT OF KNEE FRACTURE	240.87									
07	27530	TREATMENT OF KNEE FRACTURE	289.04	00 15								
03	27532	TREATMENT OF KNEE FRACTURE	391.22									
07	27532	TREATMENT OF KNEE FRACTURE	469.47	00 15								
02	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	121.20									
03	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	606.00									
07	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	727.20	00 15								
02	27536	REPAIR OF KNEE FRACTURE	157.85									
03	27536	REPAIR OF KNEE FRACTURE	789.26									
07	27536	REPAIR OF KNEE FRACTURE	947.12	00 15								
03	27538	TREAT KNEE FRACTURE(S)	289.54									
07	27538	TREAT KNEE FRACTURE(S)	347.45	00 15								
02	27540	REPAIR OF KNEE FRACTURE	110.14									
03	27540	REPAIR OF KNEE FRACTURE	550.69									
07	27540	REPAIR OF KNEE FRACTURE	660.83	00 15								
03	27550	TREAT KNEE DISLOCATION	307.17									
07	27550	TREAT KNEE DISLOCATION	368.60	00 15								
03	27552	TREAT KNEE DISLOCATION	402.77									
07	27552	TREAT KNEE DISLOCATION	483.33	00 15								
02	27556	REPAIR OF KNEE DISLOCATION	122.54									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	27556	REPAIR OF KNEE DISLOCATION	612.68										
07	27556	REPAIR OF KNEE DISLOCATION	735.21	00	15								
02	27557	REPAIR OF KNEE DISLOCATION	146.86										
03	27557	REPAIR OF KNEE DISLOCATION	734.29										
07	27557	REPAIR OF KNEE DISLOCATION	881.15	00	15								
02	27558	OPEN TREATMENT OF KNEE DISLOCATION,	164.75										
03	27558	OPEN TREATMENT OF KNEE DISLOCATION,	823.77										
07	27558	OPEN TREATMENT OF KNEE DISLOCATION,	988.52	00	15								
03	27560	TREAT KNEECAP DISLOCATION	222.20										
07	27560	TREAT KNEECAP DISLOCATION	266.63	00	15								
03	27562	TREAT KNEECAP DISLOCATION	296.38										
07	27562	TREAT KNEECAP DISLOCATION	355.65	00	15								
02	27566	REPAIR KNEECAP DISLOCATION	118.48										
03	27566	REPAIR KNEECAP DISLOCATION	592.40										
07	27566	REPAIR KNEECAP DISLOCATION	710.88	00	15								
03	27570	FIXATION OF KNEE JOINT	94.75										
07	27570	FIXATION OF KNEE JOINT	113.70	00	15								
02	27580	FUSION OF KNEE	192.32										
03	27580	FUSION OF KNEE	961.58										
07	27580	FUSION OF KNEE	1,153.90	00	15								
02	27590	AMPUTATE LEG AT THIGH	110.69										
03	27590	AMPUTATE LEG AT THIGH	553.44										
07	27590	AMPUTATE LEG AT THIGH	664.13	00	15								
02	27591	AMPUTATE LEG AT THIGH	122.13										
03	27591	AMPUTATE LEG AT THIGH	610.67										
07	27591	AMPUTATE LEG AT THIGH	732.81	00	15								
02	27592	AMPUTATE LEG AT THIGH	93.54										
03	27592	AMPUTATE LEG AT THIGH	467.69										
07	27592	AMPUTATE LEG AT THIGH	561.22	00	15								
03	27594	AMPUTATION FOLLOW-UP SURGERY	335.65										
07	27594	AMPUTATION FOLLOW-UP SURGERY	402.78	00	15								
03	27596	AMPUTATION FOLLOW-UP SURGERY	489.59										
07	27596	AMPUTATION FOLLOW-UP SURGERY	587.50	00	15								
02	27598	AMPUTATE LOWER LEG AT KNEE	99.45										
03	27598	AMPUTATE LOWER LEG AT KNEE	497.23										
07	27598	AMPUTATE LOWER LEG AT KNEE	596.67	00	15								
02	27599	LEG SURGERY PROCEDURE	MP			X							
03	27599	LEG SURGERY PROCEDURE	MP			X							
07	27599	LEG SURGERY PROCEDURE	MP	00	15	X							
03	27600	DECOMPRESSION OF LOWER LEG	278.81										
07	27600	DECOMPRESSION OF LOWER LEG	334.57	00	15								
03	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	287.57										
07	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	345.08	00	15								
03	27602	DECOMPRESSION OF LOWER LEG	343.64										
07	27602	DECOMPRESSION OF LOWER LEG	412.36	00	15								
03	27603	DRAIN LOWER LEG LESION	325.69										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27603	DRAIN LOWER LEG LESION	390.83	00 15								
03	27604	DRAIN LOWER LEG BURSA	286.13									
07	27604	DRAIN LOWER LEG BURSA	343.36	00 15								
03	27605	INCISION OF ACHILLES TENDON	224.63									
07	27605	INCISION OF ACHILLES TENDON	269.55	00 15								
03	27606	INCISION OF ACHILLES TENDON	196.59									
07	27606	INCISION OF ACHILLES TENDON	235.91	00 15								
03	27607	TREAT LOWER LEG BONE LESION	403.83									
07	27607	TREAT LOWER LEG BONE LESION	484.60	00 15								
03	27610	EXPLORE/TREAT ANKLE JOINT	430.93									
07	27610	EXPLORE/TREAT ANKLE JOINT	517.11	00 15								
03	27612	EXPLORATION OF ANKLE JOINT	375.75									
07	27612	EXPLORATION OF ANKLE JOINT	450.90	00 15								
03	27613	BIOPSY LOWER LEG SOFT TISSUE	153.13									
07	27613	BIOPSY LOWER LEG SOFT TISSUE	183.75	00 15								
03	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	350.45									
07	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	420.54	00 15								
02	27615	RAD RESECT TUMOR...LEG OR ANKLE	116.50									
03	27615	RAD RESECT TUMOR...LEG OR ANKLE	582.49									
07	27615	RAD RESECT TUMOR...LEG OR ANKLE	698.99	00 15								
03	27616	RADICAL RESECTION OF TUMOR (EG, MALI	913.99									
07	27616	RADICAL RESECTION OF TUMOR (EG, MALI	1,096.79	00 15								
03	27618	REMOVE LOWER LEGLES ION	306.74									
07	27618	REMOVE LOWER LEGLES ION	368.09	00 15								
03	27619	REMOVE LOWER LEG LESION DEEP	491.07									
07	27619	REMOVE LOWER LEG LESION DEEP	589.28	00 15								
03	27620	BIOPSY OF ANKLE JOINT	301.97									
07	27620	BIOPSY OF ANKLE JOINT	362.37	00 15								
03	27625	REMOVE ANKLE JOINT LINING	392.90									
07	27625	REMOVE ANKLE JOINT LINING	471.48	00 15								
02	27626	REMOVE ANKLE JOINT LINING	84.98									
03	27626	REMOVE ANKLE JOINT LINING	424.92									
07	27626	REMOVE ANKLE JOINT LINING	509.90	00 15								
03	27630	REMOVAL OF TENDON LESION	332.87									
07	27630	REMOVAL OF TENDON LESION	399.45	00 15								
02	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	58.71									
03	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	293.53									
07	27632	EXCISION, TUMOR, SOFT TISSUE OF LEG	352.23	00 15								
02	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	95.80									
03	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	479.00									
07	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	574.80	00 15								
03	27635	REMOVE LOWER LEG BONE LESION	389.50									
07	27635	REMOVE LOWER LEG BONE LESION	467.40	00 15								
03	27637	REMOVE/GRAFT LEG BONE LESION	494.46									
07	27637	REMOVE/GRAFT LEG BONE LESION	593.35	00 15								
03	27638	REMOVE/GRAFT LEG BONE LESION	517.27									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27638	REMOVE/GRAFT LEG BONE LESION	620.72	00 15								
03	27640	PARTIAL REMOVAL OF TIBIA	571.93									
07	27640	PARTIAL REMOVAL OF TIBIA	686.31	00 15								
03	27641	PARTIAL REMOVAL OF FIBULA	458.03									
07	27641	PARTIAL REMOVAL OF FIBULA	549.63	00 15								
02	27645	EXTENSIVE LOWER LEG SURGERY	139.04									
03	27645	EXTENSIVE LOWER LEG SURGERY	695.21									
07	27645	EXTENSIVE LOWER LEG SURGERY	834.26	00 15								
02	27646	EXTENSIVE LOWER LEG SURGERY	122.92									
03	27646	EXTENSIVE LOWER LEG SURGERY	614.61									
07	27646	EXTENSIVE LOWER LEG SURGERY	737.53	00 15								
02	27647	EXTENSIVE ANKLE/HEEL SURGERY	109.41									
03	27647	EXTENSIVE ANKLE/HEEL SURGERY	547.04									
07	27647	EXTENSIVE ANKLE/HEEL SURGERY	656.45	00 15								
03	27648	INJECTION FOR ANKLE X-RAY	98.91									
07	27648	INJECTION FOR ANKLE X-RAY	118.69	00 15								
02	27650	REPAIR ACHILLES TENDON	89.14									
03	27650	REPAIR ACHILLES TENDON	445.69									
07	27650	REPAIR ACHILLES TENDON	534.83	00 15								
03	27652	REPAIR/GRAFT ACHILLES TENDON	492.95									
07	27652	REPAIR/GRAFT ACHILLES TENDON	591.54	00 15								
02	27654	REPAIR OF ACHILLES TENDON	96.04									
03	27654	REPAIR OF ACHILLES TENDON	480.20									
07	27654	REPAIR OF ACHILLES TENDON	576.24	00 15								
03	27656	REPAIR FASCIAL DEFECT OF LEG	333.52									
07	27656	REPAIR FASCIAL DEFECT OF LEG	400.22	00 15								
03	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	251.55									X
07	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	301.86	00 15								X
03	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	332.23									X
07	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	398.67	00 15								X
03	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	239.33									X
07	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	287.19	00 15								X
03	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	274.85									X
07	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	329.82	00 15								X
03	27675	REPAIR LOWER LEG TENDONS	339.00									
07	27675	REPAIR LOWER LEG TENDONS	406.80	00 15								
03	27676	REPAIR LOWER LEG TENDONS	411.07									
07	27676	REPAIR LOWER LEG TENDONS	493.28	00 15								
03	27680	RELEASE OF LOWER LEG TENDON	285.70									
07	27680	RELEASE OF LOWER LEG TENDON	342.84	00 15								
03	27681	TENOLYSIS....MULTIPLE, EACHS	340.88									X
07	27681	TENOLYSIS....MULTIPLE, EACHS	409.05	00 15								X
03	27685	REVISION OF LOWER LEG TENDON	398.48									
07	27685	REVISION OF LOWER LEG TENDON	478.18	00 15								
03	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	372.20									X
07	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	446.63	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27687	REVISION OF CALF TENDON	306.17									
07	27687	REVISION OF CALF TENDON	367.40	00 15								
03	27690	REVISE LOWER LEG TENDON	422.18									
07	27690	REVISE LOWER LEG TENDON	506.62	00 15								
03	27691	REVISE LOWER LEG TENDON	495.29									
07	27691	REVISE LOWER LEG TENDON	594.35	00 15								
03	27692	EACH ADDITIONAL TENDON	77.07									X
07	27692	EACH ADDITION TENDON	92.48	00 15								X
03	27695	REPAIR OF ANKLE LIGAMENT	325.40									
07	27695	REPAIR OF ANKLE LIGAMENT	390.47	00 15								
02	27696	REPAIR OF ANKLE LIGAMENTS	78.17									
03	27696	REPAIR OF ANKLE LIGAMENTS	390.83									
07	27696	REPAIR OF ANKLE LIGAMENTS	468.99	00 15								
02	27698	REPAIR OF ANKLE LIGAMENT	87.84									
03	27698	REPAIR OF ANKLE LIGAMENT	439.19									
07	27698	REPAIR OF ANKLE LIGAMENT	527.02	00 15								
02	27700	REVISION OF ANKLE JOINT	83.30									
03	27700	REVISION OF ANKLE JOINT	416.48									
07	27700	REVISION OF ANKLE JOINT	499.78	00 15								
02	27702	RECONSTRUCT ANKLE JOINT	132.96									
03	27702	RECONSTRUCT ANKLE JOINT	664.81									
07	27702	RECONSTRUCT ANKLE JOINT	797.77	00 15								
02	27703	ARTHROPLASTY,SECONDARY RECON.T	154.08									
03	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	770.38									
07	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	924.45	00 15								
03	27704	REMOVAL OF ANKLE IMPLANT	374.51									
07	27704	REMOVAL OF ANKLE IMPLANT	449.41	00 15								
02	27705	INCISION OF TIBIA	101.85									
03	27705	INCISION OF TIBIA	509.23									
07	27705	INCISION OF TIBIA	611.07	00 15								
03	27707	INCISION OF FIBULA	254.63									
07	27707	INCISION OF FIBULA	305.55	00 15								
02	27709	INCISION OF TIBIA & FIBULA	148.27									
03	27709	INCISION OF TIBIA & FIBULA	741.34									
07	27709	INCISION OF TIBIA & FIBULA	889.61	00 15								
02	27712	REALIGNMENT OF LOWER LEG	145.29									
03	27712	REALIGNMENT OF LOWER LEG	726.44									
07	27712	REALIGNMENT OF LOWER LEG	871.72	00 15								
02	27715	REVISION OF LOWER LEG	142.04									
03	27715	REVISION OF LOWER LEG	710.22									
07	27715	REVISION OF LOWER LEG	852.26	00 15								
02	27720	REPAIR OF TIBIA	116.47									
03	27720	REPAIR OF TIBIA	582.36									
07	27720	REPAIR OF TIBIA	698.83	00 15								
02	27722	REPAIR/GRAFT OF TIBIA	116.30									
03	27722	REPAIR/GRAFT OF TIBIA	581.48									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27722	REPAIR/GRAFT OF TIBIA	697.77	00 15								
02	27724	REPAIR/GRAFT OF TIBIA	172.21									
03	27724	REPAIR/GRAFT OF TIBIA	861.07									
07	27724	REPAIR/GRAFT OF TIBIA	1,033.28	00 15								
02	27725	REPAIR OF LOWER LEG	159.35									
03	27725	REPAIR OF LOWER LEG	796.73									
07	27725	REPAIR OF LOWER LEG	956.07	00 15								
03	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	605.53									
07	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	726.63	00 15								
02	27727	REPAIR OF LOWER LEG	130.25									
03	27727	REPAIR OF LOWER LEG	651.23									
07	27727	REPAIR OF LOWER LEG	781.47	00 15								
03	27730	REPAIR OF TIBIA EPIPHYSIS	388.84									
07	27730	REPAIR OF TIBIA EPIPHYSIS	466.61	00 15								
03	27732	REPAIR OF FIBULA EPIPHYSIS	261.45									
07	27732	REPAIR OF FIBULA EPIPHYSIS	313.74	00 15								
03	27734	REPAIR LOWER LEG EPIPHYSES	395.99									
07	27734	REPAIR LOWER LEG EPIPHYSES	475.18	00 15								
02	27740	REPAIR OF LEG EPIPHYSES	87.99									
03	27740	REPAIR OF LEG EPIPHYSES	439.96									
07	27740	REPAIR OF LEG EPIPHYSES	527.95	00 15								
02	27742	REPAIR OF LEG EPIPHYSES	93.13									
03	27742	REPAIR OF LEG EPIPHYSES	465.65									
07	27742	REPAIR OF LEG EPIPHYSES	558.77	00 15								
03	27750	TREATMENT OF TIBIA FRACTURE	206.66									
07	27750	TREATMENT OF TIBIA FRACTURE	248.00	00 15								
03	27752	TREATMENT OF TIBIA FRACTURE	337.26									
07	27752	TREATMENT OF TIBIA FRACTURE	404.71	00 15								
02	27756	REPAIR OF TIBIA FRACTURE	73.75									
03	27756	REPAIR OF TIBIA FRACTURE	368.77									
07	27756	REPAIR OF TIBIA FRACTURE	442.52	00 15								
02	27758	REPAIR OF TIBIA FRACTURE	117.40									
03	27758	REPAIR OF TIBIA FRACTURE	586.99									
07	27758	REPAIR OF TIBIA FRACTURE	704.39	00 15								
02	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	133.36									
03	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	666.81									
07	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	800.17	00 15								
03	27760	CLTX MEDIAL ANKLE FX	198.48									
07	27760	CLTX MEDIAL ANKLE FX	238.18	00 15								
03	27762	CLTX MED ANKLE FX W/MNPJ	300.77									
07	27762	CLTX MED ANKLE FX W/MNPJ	360.93	00 15								
03	27766	REPAIR OF ANKLE FRACTURE	397.98									
07	27766	REPAIR OF ANKLE FRACTURE	477.58	00 15								
03	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	157.04									
07	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	188.44	00 15								
03	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	259.05									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	310.86	00 15								
03	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	456.06									
07	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	547.27	00 15								
03	27780	TREATMENT OF FIBULA FRACTURE	177.28									
07	27780	TREATMENT OF FIBULA FRACTURE	212.73	00 15								
03	27781	TREATMENT OF FIBULA FRACTURE	259.89									
07	27781	TREATMENT OF FIBULA FRACTURE	311.87	00 15								
03	27784	REPAIR OF FIBULA FRACTURE	450.56									
07	27784	REPAIR OF FIBULA FRACTURE	540.68	00 15								
03	27786	TREATMENT OF ANKLE FRACTURE	188.14									
07	27786	TREATMENT OF ANKLE FRACTURE	225.77	00 15								
03	27788	TREATMENT OF ANKLE FRACTURE	262.19									
07	27788	TREATMENT OF ANKLE FRACTURE	314.63	00 15								
03	27792	REPAIR OF ANKLE FRACTURE	455.95									
07	27792	REPAIR OF ANKLE FRACTURE	547.14	00 15								
03	27808	TREATMENT OF ANKLE FRACTURE	196.22									
07	27808	TREATMENT OF ANKLE FRACTURE	235.46	00 15								
03	27810	TREATMENT OF ANKLE FRACTURE	294.16									
07	27810	TREATMENT OF ANKLE FRACTURE	352.99	00 15								
02	27814	REPAIR OF ANKLE FRACTURE	102.33									
03	27814	REPAIR OF ANKLE FRACTURE	511.64									
07	27814	REPAIR OF ANKLE FRACTURE	613.97	00 15								
03	27816	TREATMENT OF ANKLE FRACTURE	186.39									
07	27816	TREATMENT OF ANKLE FRACTURE	223.67	00 15								
03	27818	TREATMENT OF ANKLE FRACTURE	303.69									
07	27818	TREATMENT OF ANKLE FRACTURE	364.43	00 15								
02	27822	REPAIR OF ANKLE FRACTURE	111.59									
03	27822	REPAIR OF ANKLE FRACTURE	557.96									
07	27822	REPAIR OF ANKLE FRACTURE	669.56	00 15								
02	27823	REPAIR OF ANKLE FRACTURE	127.53									
03	27823	REPAIR OF ANKLE FRACTURE	637.67									
07	27823	REPAIR OF ANKLE FRACTURE	765.21	00 15								
03	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	188.15									
07	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	225.77	00 15								
03	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	347.54									
07	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	417.05	00 15								
02	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	106.64									
03	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	533.21									
07	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	639.85	00 15								
02	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	143.03									
03	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	715.16									
07	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	858.19	00 15								
02	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	171.40									
03	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	856.99									
07	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	1,028.39	00 15								
02	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	84.77									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	423.83									
07	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	508.60	00 15								
03	27830	TREAT LOWER LEG DISLOCATION	219.29									
07	27830	TREAT LOWER LEG DISLOCATION	263.15	00 15								
03	27831	TREAT LOWER LEG DISLOCATION	242.10									
07	27831	TREAT LOWER LEG DISLOCATION	290.52	00 15								
03	27832	REPAIR LOWER LEG DISLOCATION	458.55									
07	27832	REPAIR LOWER LEG DISLOCATION	550.26	00 15								
03	27840	TREAT ANKLE DISLOCATION	222.62									
07	27840	TREAT ANKLE DISLOCATION	267.14	00 15								
03	27842	TREAT ANKLE DISLOCATION	314.14									
07	27842	TREAT ANKLE DISLOCATION	376.97	00 15								
02	27846	REPAIR ANKLE DISLOCATION	97.65									
03	27846	REPAIR ANKLE DISLOCATION	488.27									
07	27846	REPAIR ANKLE DISLOCATION	585.93	00 15								
02	27848	REPAIR ANKLE DISLOCATION	110.61									
03	27848	REPAIR ANKLE DISLOCATION	553.07									
07	27848	REPAIR ANKLE DISLOCATION	663.69	00 15								
03	27860	FIXATION OF ANKLE JOINT	117.42									
07	27860	FIXATION OF ANKLE JOINT	140.90	00 15								
02	27870	FUSION OF ANKLE JOINT	139.75									
03	27870	FUSION OF ANKLE JOINT	698.75									
07	27870	FUSION OF ANKLE JOINT	838.50	00 15								
02	27871	FUSION OF TIBIOFIBULAR JOINT	91.46									
03	27871	FUSION OF TIBIOFIBULAR JOINT	457.29									
07	27871	FUSION OF TIBIOFIBULAR JOINT	548.75	00 15								
02	27880	AMPUTATION OF LOWER LEG	124.10									
03	27880	AMPUTATION OF LOWER LEG	620.48									
07	27880	AMPUTATION OF LOWER LEG	744.58	00 15								
02	27881	AMPUTATION OF LOWER LEG	119.28									
03	27881	AMPUTATION OF LOWER LEG	596.42									
07	27881	AMPUTATION OF LOWER LEG	715.71	00 15								
03	27882	AMPUTATION OF LOWER LEG	420.23									
07	27882	AMPUTATION OF LOWER LEG	504.28	00 15								
03	27884	AMPUTATION FOLLOW-UP SURGERY	389.74									
07	27884	AMPUTATION FOLLOW-UP SURGERY	467.69	00 15								
03	27886	AMPUTATION FOLLOW-UP SURGERY	444.72									
07	27886	AMPUTATION FOLLOW-UP SURGERY	533.66	00 15								
02	27888	AMPUTATION OF FOOT AT ANKLE	93.98									
03	27888	AMPUTATION OF FOOT AT ANKLE	469.91									
07	27888	AMPUTATION OF FOOT AT ANKLE	563.89	00 15								
03	27889	AMPUTATION OF FOOT AT ANKLE	461.06									
07	27889	AMPUTATION OF FOOT AT ANKLE	553.27	00 15								
03	27892	DECOMPRESSION FASCIOTOMY, LEG;	359.91									
07	27892	DECOMPRESSION FASCIOTOMY, LEG;	431.89	00 15								
03	27893	DECOMPRESSION FASCIOTOMY, LEG;	363.82									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27893	DECOMPRESSION FASCIOTOMY, LEG;	436.58	00 15								
02	27894	DECOMPRESSION FASCIOTOMY,LEG;	111.97									
03	27894	DECOMPRESSION FASCIOTOMY, LEG;	559.84									
07	27894	DECOMPRESSION FASCIOTOMY, LEG;	671.81	00 15								
02	27899	LEG/ANKLE SURGERY PROCEDURE	MP		X							
03	27899	LEG/ANKLE SURGERY PROCEDURE	MP		X							
07	27899	LEG/ANKLE SURGERY PROCEDURE	MP	00 15	X							
03	28001	DRAINAGE OF BURSA OF FOOT	169.28									
07	28001	DRAINAGE OF BURSA OF FOOT	203.13	00 15								
03	28002	TREATMENT OF FOOT INFECTION	317.60									
07	28002	TREATMENT OF FOOT INFECTION	381.12	00 15								
03	28003	TREATMENT OF FOOT INFECTION	443.21									
07	28003	TREATMENT OF FOOT INFECTION	531.85	00 15								
03	28005	TREAT FOOT BONE LESION	414.22									
07	28005	TREAT FOOT BONE LESION	497.06	00 15								
03	28008	INCISION OF FOOT FASCIA	268.24									
07	28008	INCISION OF FOOT FASCIA	321.89	00 15								
03	28010	INCISION OF TOE TENDON	150.75									
07	28010	INCISION OF TOE TENDON	180.90	00 15								
03	28011	INCISION OF TOE TENDONS	214.50									
07	28011	INCISION OF TOE TENDONS	257.40	00 15								
03	28020	EXPLORATION OF A FOOT JOINT	317.88									
07	28020	EXPLORATION OF A FOOT JOINT	381.46	00 15								
03	28022	EXPLORATION OF A FOOT JOINT	293.21									
07	28022	EXPLORATION OF A FOOT JOINT	351.86	00 15								
03	28024	EXPLORATION OF A TOE JOINT	278.46									
07	28024	EXPLORATION OF A TOE JOINT	334.15	00 15								
03	28035	DECOMPRESSION OF TIBIA NERVE	319.80									
07	28035	DECOMPRESSION OF TIBIA NERVE	383.76	00 15								
02	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	66.89									
03	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	334.43									
07	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	401.32	00 15								
03	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	318.53									
07	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	382.23	00 15								
03	28043	EXCISION OF FOOT LESION	213.62									
07	28043	EXCISION OF FOOT LESION	256.35	00 15								
03	28045	EXCISION OF FOOT LESION	298.61									
07	28045	EXCISION OF FOOT LESION	358.33	00 15								
03	28046	RAD RESECT TUMOR,SFT TISS-FOOT	551.42									
07	28046	RAD RESECT TUMOR,SFT TISS-FOOT	661.70	00 15								
02	28047	RADICAL RESECTION OF TUMOR (EG, MALI	135.10									
03	28047	RADICAL RESECTION OF TUMOR (EG, MALI	675.48									
07	28047	RADICAL RESECTION OF TUMOR (EG, MALI	810.58	00 15								
03	28050	BIOPSY OF FOOT JOINT LINING	280.18									
07	28050	BIOPSY OF FOOT JOINT LINING	336.21	00 15								
03	28052	BIOPSY OF FOOT JOINT LINING	258.20									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28052	BIOPSY OF FOOT JOINT LINING	309.83	00 15								
03	28054	BIOPSY OF TOE JOINT LINING	241.35									
07	28054	BIOPSY OF TOE JOINT LINING	289.62	00 15								
03	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	269.40									
07	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	323.28	00 15								
03	28060	PARTIAL REMOVAL FOOT FASCIA	316.02									
07	28060	PARTIAL REMOVAL FOOT FASCIA	379.22	00 15								
03	28062	REMOVAL OF FOOT FASCIA	373.05									
07	28062	REMOVAL OF FOOT FASCIA	447.66	00 15								
03	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	313.43									X
07	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	376.12	00 15								X
03	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	307.19									X
07	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	368.62	00 15								X
03	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	300.05									X
07	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	360.05	00 15								X
03	28086	EXCISE FOOT TENDON SHEATH	329.49									
07	28086	EXCISE FOOT TENDON SHEATH	395.39	00 15								
03	28088	EXCISE FOOT TENDON SHEATH	278.63									
07	28088	EXCISE FOOT TENDON SHEATH	334.35	00 15								
03	28090	REMOVAL OF FOOT LESION	282.84									
07	28090	REMOVAL OF FOOT LESION	339.41	00 15								
03	28092	REMOVAL OF TOE LESIONS	253.90									
07	28092	REMOVAL OF TOE LESIONS	304.68	00 15								
03	28100	REMOVAL OF ANKLE/HEEL LESION	365.22									
07	28100	REMOVAL OF ANKLE/HEEL LESION	438.26	00 15								
02	28102	REMOVE/GRAFT FOOT LESION	75.01									
03	28102	REMOVE/GRAFT FOOT LESION	375.06									
07	28102	REMOVE/GRAFT FOOT LESION	450.07	00 15								
02	28103	REMOVE/GRAFT FOOT LESION	60.73									
03	28103	REMOVE/GRAFT FOOT LESION	303.67									
07	28103	REMOVE/GRAFT FOOT LESION	364.40	00 15								
03	28104	REMOVAL OF FOOT LESION	314.20									
07	28104	REMOVAL OF FOOT LESION	377.04	00 15								
02	28106	REMOVE/GRAFT FOOT LESION	64.36									
03	28106	REMOVE/GRAFT FOOT LESION	321.81									
07	28106	REMOVE/GRAFT FOOT LESION	386.17	00 15								
02	28107	REMOVE/GRAFT FOOT LESION	69.60									
03	28107	REMOVE/GRAFT FOOT LESION	348.00									
07	28107	REMOVE/GRAFT FOOT LESION	417.60	00 15								
03	28108	REMOVAL OF TOE LESIONS	263.47									
07	28108	REMOVAL OF TOE LESIONS	316.16	00 15								
03	28110	PART REMOVAL OF METATARSAL	275.56									
07	28110	PART REMOVAL OF METATARSAL	330.67	00 15								
03	28111	PART REMOVAL OF METATARSAL	315.25									
07	28111	PART REMOVAL OF METATARSAL	378.30	00 15								
03	28112	PART REMOVAL OF METATARSAL	297.36									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28112	PART REMOVAL OF METATARSAL	356.83	00 15								
03	28113	PART REMOVAL OF METATARSAL	356.18									
07	28113	PART REMOVAL OF METATARSAL	427.41	00 15								
03	28114	REMOVAL OF METATARSAL HEADS	652.79									
07	28114	REMOVAL OF METATARSAL HEADS	783.34	00 15								
02	28116	REVISION OF FOOT	93.76									
03	28116	REVISION OF FOOT	468.79									
07	28116	REVISION OF FOOT	562.55	00 15								
03	28118	PARTIAL REMOVAL OF HEEL	360.76									
07	28118	PARTIAL REMOVAL OF HEEL	432.91	00 15								
03	28119	REMOVAL OF HEEL SPUR	321.30									
07	28119	REMOVAL OF HEEL SPUR	385.56	00 15								
03	28120	PART REMOVAL OF ANKLE/HEEL	355.20									
07	28120	PART REMOVAL OF ANKLE/HEEL	426.24	00 15								
03	28122	PARTIAL REMOVAL OF FOOT BONE	416.96									
07	28122	PARTIAL REMOVAL OF FOOT BONE	500.35	00 15								
03	28124	PARTIAL REMOVAL OF TOE	293.49									
07	28124	PARTIAL REMOVAL OF TOE	352.19	00 15								
03	28126	CONDYLECTOMY...SING. TOE, EACH	235.64									X
07	28126	CONDYLECTOMY...SING. TOE, EACH	282.77	00 15								X
02	28130	REMOVAL OF ANKLE BONE	85.61									
03	28130	REMOVAL OF ANKLE BONE	428.03									
07	28130	REMOVAL OF ANKLE BONE	513.63	00 15								
03	28140	REMOVAL OF METATARSAL	392.15									
07	28140	REMOVAL OF METATARSAL	470.57	00 15								
03	28150	PHALANGECTOMY,TOE, SINGLE, EACH	263.48									X
07	28150	PHALANGECTOMY,TOE, SINGLE, EACH	316.17	00 15								X
03	28153	PARTIAL REMOVAL OF TOE	244.94									
07	28153	PARTIAL REMOVAL OF TOE	293.92	00 15								
03	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	251.38									X
07	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	301.65	00 15								X
02	28171	RADICAL RESECTION FOR TUMOR,TA	84.50									
03	28171	RADICAL RESECTION FOR TUMOR,TARSAL	422.51									
07	28171	RADICAL RESECTION FOR TUMOR,TARSAL	507.01	00 15								
03	28173	RADICAL RESECTION FOR TUMOR,METATARS	469.67									
07	28173	RADICAL RESECTION FOR TUMOR,METATARS	563.60	00 15								
03	28175	RADICAL RESECTION FOR TUMOR PHALANX	342.21									
07	28175	RADICAL RESECTION FOR TUMOR PHALANX	410.65	00 15								
03	28190	REMOVAL OF FOOT FOREIGN BODY	148.64									
07	28190	REMOVAL OF FOOT FOREIGN BODY	178.37	00 15								
03	28192	REMOVAL OF FOOT FOREIGN BODY	290.02									
07	28192	REMOVAL OF FOOT FOREIGN BODY	348.02	00 15								
03	28193	REMOVAL OF FOOT FOREIGN BODY	334.31									
07	28193	REMOVAL OF FOOT FOREIGN BODY	401.17	00 15								
03	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	289.89									X
07	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	347.87	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	28202	REP SUT TEND,SECOND,W/GRFT,EA	77.76									
03	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	388.82									X
07	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	466.59	00 15								X
03	28208	REP/SUT TEND....EACH TENDON	278.90									X
07	28208	REP/SUT TEND....EACH TENDON	334.68	00 15								X
02	28210	REP/SUT TEND..W/GRAFT,EACH TE	72.36									
03	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	361.79									X
07	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	434.15	00 15								X
03	28220	RELEASE OF FOOT TENDON	276.11									
07	28220	RELEASE OF FOOT TENDON	331.33	00 15								
03	28222	RELEASE OF FOOT TENDONS	320.60									
07	28222	RELEASE OF FOOT TENDONS	384.71	00 15								
03	28225	RELEASE OF FOOT TENDON	238.72									
07	28225	RELEASE OF FOOT TENDON	286.46	00 15								
03	28226	RELEASE OF FOOT TENDONS	287.51									
07	28226	RELEASE OF FOOT TENDONS	345.01	00 15								
03	28230	INCISION OF FOOT TENDON(S)	264.89									
07	28230	INCISION OF FOOT TENDON(S)	317.87	00 15								
03	28232	INCISION OF TOE TENDON	233.31									
07	28232	INCISION OF TOE TENDON	279.97	00 15								
03	28234	INCISION OF FOOT TENDON	241.39									
07	28234	INCISION OF FOOT TENDON	289.67	00 15								
02	28238	REVISION OF FOOT TENDON	85.54									
03	28238	REVISION OF FOOT TENDON	427.68									
07	28238	REVISION OF FOOT TENDON	513.22	00 15								
03	28240	RELEASE OF BIG TOE	272.66									
07	28240	RELEASE OF BIG TOE	327.20	00 15								
03	28250	REVISION OF FOOT FASCIA	348.71									
07	28250	REVISION OF FOOT FASCIA	418.46	00 15								
02	28260	RELEASE OF MIDFOOT JOINT	85.98									
03	28260	RELEASE OF MIDFOOT JOINT	429.89									
07	28260	RELEASE OF MIDFOOT JOINT	515.87	00 15								
02	28261	REVISION OF FOOT TENDON	125.30									
03	28261	REVISION OF FOOT TENDON	626.50									
07	28261	REVISION OF FOOT TENDON	751.80	00 15								
02	28262	REVISION OF FOOT AND ANKLE	175.20									
03	28262	REVISION OF FOOT AND ANKLE	876.02									
07	28262	REVISION OF FOOT AND ANKLE	1,051.22	00 15								
02	28264	RELEASE OF MIDFOOT JOINT	111.66									
03	28264	RELEASE OF MIDFOOT JOINT	558.31									
07	28264	RELEASE OF MIDFOOT JOINT	669.97	00 15								
03	28270	CAPSULOTOMY...EACH JOINT	294.97									X
07	28270	CAPSULOTOMY...EACH JOINT	353.96	00 15								X
03	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	240.37									X
07	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	288.44	00 15								X
03	28280	FUSION OF TOES	323.94									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28280	FUSION OF TOES	388.73	00 15								
03	28285	REVISION OF HAMMERTOE	285.61									X
07	28285	REVISION OF HAMMERTOE	342.73	00 15								X
03	28286	REVISION OF HAMMERTOE	279.29									
07	28286	REVISION OF HAMMERTOE	335.15	00 15								
03	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	356.90									X
07	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	428.28	00 15								X
03	28289	REPAIR HALLUX RIGIDUS	455.36									
07	28289	REPAIR HALLUX RIGIDUS	546.44	00 15								
03	28290	CORRECTION OF BUNION	353.35									
07	28290	CORRECTION OF BUNION	424.02	00 15								
03	28292	CORRECTION OF BUNION	482.75									
07	28292	CORRECTION OF BUNION	579.29	00 15								
03	28293	CORRECTION OF BUNION	641.73									
07	28293	CORRECTION OF BUNION	770.08	00 15								
03	28294	CORRECTION OF BUNION	468.98									
07	28294	CORRECTION OF BUNION	562.77	00 15								
02	28296	CORRECTION OF BUNION	92.02									
03	28296	CORRECTION OF BUNION	460.10									
07	28296	CORRECTION OF BUNION	552.12	00 15								
02	28297	BUNION CORREDTION-LAPIDUS TYPE	103.95									
03	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	519.76									
07	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	623.71	00 15								
03	28298	CORRECTION OF BUNION	447.92									
07	28298	CORRECTION OF BUNION	537.50	00 15								
02	28299	CORRECTION OF BUNION	115.83									
03	28299	CORRECTION OF BUNION	579.13									
07	28299	CORRECTION OF BUNION	694.95	00 15								
02	28300	INCISION OF HEEL BONE	89.73									
03	28300	INCISION OF HEEL BONE	448.64									
07	28300	INCISION OF HEEL BONE	538.36	00 15								
02	28302	INCISION OF ANKLE BONE	88.77									
03	28302	INCISION OF ANKLE BONE	443.87									
07	28302	INCISION OF ANKLE BONE	532.65	00 15								
03	28304	INCISION OF MIDFOOT BONES	499.73									
07	28304	INCISION OF MIDFOOT BONES	599.67	00 15								
03	28305	INCISE/GRAFT MIDFOOT BONES	468.52									
07	28305	INCISE/GRAFT MIDFOOT BONES	562.22	00 15								
03	28306	INCISION OF METATARSAL	370.13									
07	28306	INCISION OF METATARSAL	444.16	00 15								
03	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	433.73									
07	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	520.47	00 15								
03	28308	INCISION OF METATARSAL	334.78									X
07	28308	INCISION OF METATARSAL	401.73	00 15								X
03	28309	INCISION OF METATARSALS	608.30									
07	28309	INCISION OF METATARSALS	729.95	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	28310	REVISION OF BIG TOE	330.42									
07	28310	REVISION OF BIG TOE	396.50	00 15								
03	28312	REVISION OF TOE	301.13									
07	28312	REVISION OF TOE	361.36	00 15								
03	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	317.65									X
07	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	381.18	00 15								X
03	28315	SESAMOIDECTOMY FIRST TOE	292.18									
07	28315	SESAMOIDECTOMY FIRST TOE	350.61	00 15								
02	28320	REPAIR OF FOOT BONES	84.92									
03	28320	REPAIR OF FOOT BONES	424.61									
07	28320	REPAIR OF FOOT BONES	509.53	00 15								
02	28322	REPAIR OF METATARSALS	96.80									
03	28322	REPAIR OF METATARSALS	484.00									
07	28322	REPAIR OF METATARSALS	580.80	00 15								
02	28340	RECONSTRUCT TOE,MACRODAC;SFT T	77.05									
03	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	385.26									X
07	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	462.31	00 15								X
02	28341	SEE 28340;REQUIRING BONE RESEC	89.16									
03	28341	SEE 28340;REQUIRING BONE RESECTION	445.81									X
07	28341	SEE 28340;REQUIRING BONE RESECTION	534.97	00 15								X
03	28344	RECONSTRUCT TOE;POLYDATYLY	291.11									X
07	28344	RECONSTRUCT TOE;POLYDATYLY	349.33	00 15								X
03	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	355.39									X
07	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	426.47	00 15								X
03	28360	RECONSTRUCT CLEFT FOOT	655.61									
07	28360	RECONSTRUCT CLEFT FOOT	786.74	00 15								
03	28400	TREAT CLSD CALC FX;W/O MANIP	149.01									
07	28400	TREAT CLSD CALC FX;W/O MANIP	178.81	00 15								
03	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	248.07									
07	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	297.68	00 15								
03	28406	TREAT CLSD CALC FX,MANIP/FIXATION	341.82									
07	28406	TREAT CLSD CALC FX,MANIP/FIXATION	410.18	00 15								
02	28415	REPAIR OF HEEL FRACTURE	151.91									
03	28415	REPAIR OF HEEL FRACTURE	759.53									
07	28415	REPAIR OF HEEL FRACTURE	911.43	00 15								
02	28420	REPAIR/GRAFT HEEL FRACTURE	160.25									
03	28420	REPAIR/GRAFT HEEL FRACTURE	801.26									
07	28420	REPAIR/GRAFT HEEL FRACTURE	961.51	00 15								
03	28430	TREAT CLSD TALUS FX,W/O MANIP	139.47									
07	28430	TREAT CLSD TALUS FX,W/O MANIP	167.36	00 15								
03	28435	TREAT CLSD TALUS FX,W/ MANIP	199.46									
07	28435	TREAT CLSD TALUS FX,W/ MANIP	239.35	00 15								
03	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	272.11									
07	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	326.53	00 15								
02	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIX	143.68									
03	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	718.42									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	862.10	00	15								
02	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	157.08			X							
03	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	785.42			X							
07	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	942.51	00	15	X							
03	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	128.85										X
07	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	154.62	00	15								X
03	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	180.85										X
07	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	217.02	00	15								X
03	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	172.88										X
07	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	207.45	00	15								X
02	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX	80.98										
03	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	404.89										X
07	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	485.87	00	15								X
03	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	128.99										X
07	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	154.79	00	15								X
03	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	165.77										X
07	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	198.92	00	15								X
03	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	214.21										X
07	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	257.05	00	15								X
02	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX	69.56										
03	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	347.81										X
07	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	417.38	00	15								X
03	28490	TREAT BIG TOE FRACTURE	82.13										
07	28490	TREAT BIG TOE FRACTURE	98.55	00	15								
03	28495	TREAT BIG TOE FRACTURE	104.70										
07	28495	TREAT BIG TOE FRACTURE	125.64	00	15								
03	28496	TREAT CLSD FX GREAT TOE...PINNING	248.14										X
07	28496	TREAT CLSD FX GREAT TOE...PINNING	297.77	00	15								X
03	28505	REPAIR BIG TOE FRACTURE	407.09										
07	28505	REPAIR BIG TOE FRACTURE	488.50	00	15								
03	28510	TREAT CLSD FX....W/O MANIP,EACH	71.91										X
07	28510	TREAT CLSD FX....W/O MANIP,EACH	86.29	00	15								X
03	28515	TREAT CLSD FX...W/ MANIP., EACH	94.79										X
07	28515	TREAT CLSD FX...W/ MANIP., EACH	113.75	00	15								X
03	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	340.73										X
07	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	408.87	00	15								X
03	28530	TREAT CLOSED SESAMOID FRACTURE	69.41										X
07	28530	TREAT CLOSED SESAMOID FRACTURE	83.29	00	15								X
03	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	220.73										
07	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	264.88	00	15								
03	28540	TREAT FOOT DISLOCATION	123.88										
07	28540	TREAT FOOT DISLOCATION	148.65	00	15								
03	28545	TREAT FOOT DISLOCATION	152.59										
07	28545	TREAT FOOT DISLOCATION	183.11	00	15								
03	28546	TREAT FOOT DISLOCATION	281.54										
07	28546	TREAT FOOT DISLOCATION	337.84	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	28555	REPAIR FOOT DISLOCATION	106.99									
03	28555	REPAIR FOOT DISLOCATION	534.97									
07	28555	REPAIR FOOT DISLOCATION	641.96	00 15								
03	28570	TREAT FOOT DISLOCATION	106.64									
07	28570	TREAT FOOT DISLOCATION	127.96	00 15								
03	28575	TREAT FOOT DISLOCATION	205.64									
07	28575	TREAT FOOT DISLOCATION	246.77	00 15								
03	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	229.04									
07	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	274.84	00 15								
02	28585	REPAIR FOOT DISLOCATION	114.89									
03	28585	REPAIR FOOT DISLOCATION	574.45									
07	28585	REPAIR FOOT DISLOCATION	689.34	00 15								
03	28600	TREAT FOOT DISLOCATION	128.34									
07	28600	TREAT FOOT DISLOCATION	154.01	00 15								
03	28605	TREAT FOOT DISLOCATION	167.27									
07	28605	TREAT FOOT DISLOCATION	200.72	00 15								
03	28606	TREAT FOOT DISLOCATION	253.97									
07	28606	TREAT FOOT DISLOCATION	304.77	00 15								
02	28615	REPAIR FOOT DISLOCATION	101.53									
03	28615	REPAIR FOOT DISLOCATION	507.63									
07	28615	REPAIR FOOT DISLOCATION	609.16	00 15								
03	28630	TREAT TOE DISLOCATION	92.68									
07	28630	TREAT TOE DISLOCATION	111.21	00 15								
03	28635	TREAT TOE DISLOCATION	110.49									
07	28635	TREAT TOE DISLOCATION	132.59	00 15								
03	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	180.78									
07	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	216.94	00 15								
02	28645	REPAIR TOE DISLOCATION	77.38									
03	28645	REPAIR TOE DISLOCATION	386.90									
07	28645	REPAIR TOE DISLOCATION	464.28	00 15								
03	28660	TREAT TOE DISLOCATION	67.35									
07	28660	TREAT TOE DISLOCATION	80.82	00 15								
03	28665	TREAT TOE DISLOCATION	99.36									
07	28665	TREAT TOE DISLOCATION	119.23	00 15								
03	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	129.83									
07	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	155.79	00 15								
03	28675	REPAIR OF TOE DISLOCATION	347.84									
07	28675	REPAIR OF TOE DISLOCATION	417.40	00 15								
02	28705	FUSION OF FOOT BONES	177.63									
03	28705	FUSION OF FOOT BONES	888.13									
07	28705	FUSION OF FOOT BONES	1,065.75	00 15								
02	28715	FUSION OF FOOT BONES	130.98									
03	28715	FUSION OF FOOT BONES	654.92									
07	28715	FUSION OF FOOT BONES	785.90	00 15								
02	28725	FUSION OF FOOT BONES	108.03									
03	28725	FUSION OF FOOT BONES	540.14									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28725	FUSION OF FOOT BONES	648.17	00 15								
02	28730	FUSION OF FOOT BONES	112.40									
03	28730	FUSION OF FOOT BONES	562.01									
07	28730	FUSION OF FOOT BONES	674.42	00 15								
02	28735	FUSION OF FOOT BONES	107.82									
03	28735	FUSION OF FOOT BONES	539.09									
07	28735	FUSION OF FOOT BONES	646.90	00 15								
02	28737	REVISION OF FOOT BONES	95.66									
03	28737	REVISION OF FOOT BONES	478.28									
07	28737	REVISION OF FOOT BONES	573.94	00 15								
02	28740	FUSION OF FOOT BONES	106.08									
03	28740	FUSION OF FOOT BONES	530.39									
07	28740	FUSION OF FOOT BONES	636.47	00 15								
02	28750	FUSION OF BIG TOE JOINT	102.89									
03	28750	FUSION OF BIG TOE JOINT	514.45									
07	28750	FUSION OF BIG TOE JOINT	617.34	00 15								
03	28755	FUSION OF BIG TOE JOINT	308.66									
07	28755	FUSION OF BIG TOE JOINT	370.39	00 15								
02	28760	FUSION OF BIG TOE JOINT	97.94									
03	28760	FUSION OF BIG TOE JOINT	489.70									
07	28760	FUSION OF BIG TOE JOINT	587.64	00 15								
02	28800	AMPUTATION OF MIDFOOT	77.14									
03	28800	AMPUTATION OF MIDFOOT	385.70									
07	28800	AMPUTATION OF MIDFOOT	462.84	00 15								
03	28805	AMPUTATION THRU METATARSAL	508.55									
07	28805	AMPUTATION THRU METATARSAL	610.25	00 15								
03	28810	AMPUTATION TOE & METATARSAL	296.39									X
07	28810	AMPUTATION TOE & METATARSAL	355.67	00 15								X
03	28820	AMPUTATION OF TOE	325.36									X
07	28820	AMPUTATION OF TOE	390.43	00 15								X
03	28825	PARTIAL AMPUTATION OF TOE	352.94									X
07	28825	PARTIAL AMPUTATION OF TOE	423.53	00 15								X
03	28890	HIGH ENERGY ESWT, PLANTAR F	214.55									
07	28890	HIGH ENERGY ESWT, PLANTAR F	257.45	00 15								
03	28899	FOOT/TOES SURGERY PROCEDURE	MP		X							
07	28899	FOOT/TOES SURGERY PROCEDURE	MP	00 15	X							
03	29000	APPLICATION OF BODY CAST	165.28									
07	29000	APPLICATION OF BODY CAST	198.33	00 15								
03	29010	APPLICATION OF BODY CAST	151.37									
07	29010	APPLICATION OF BODY CAST	181.64	00 15								
03	29015	APPLICATION OF BODY CAST	146.99									
07	29015	APPLICATION OF BODY CAST	176.39	00 15								
03	29020	APPLICATION OF BODY CAST	140.07									
07	29020	APPLICATION OF BODY CAST	168.08	00 15								
03	29025	APPLICATION OF BODY CAST	160.09									
07	29025	APPLICATION OF BODY CAST	192.11	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	29035	APPLICATION OF BODY CAST	145.60									
07	29035	APPLICATION OF BODY CAST	174.72	00 15								
03	29040	APPLICATION OF BODY CAST	143.08									
07	29040	APPLICATION OF BODY CAST	171.69	00 15								
03	29044	APPLICATION OF BODY CAST	158.89									
07	29044	APPLICATION OF BODY CAST	190.67	00 15								
03	29046	APPLICATION OF BODY CAST	174.13									
07	29046	APPLICATION OF BODY CAST	208.95	00 15								
03	29049	APPLICATION OF SHOULDER CAST	53.33									
07	29049	APPLICATION OF SHOULDER CAST	64.00	00 15								
03	29055	APPLICATION OF SHOULDER CAST	126.40									X
07	29055	APPLICATION OF SHOULDER CAST	151.68	00 15								X
03	29058	APPLICATION OF SHOULDER CAST	69.47									X
07	29058	APPLICATION OF SHOULDER CAST	83.36	00 15								X
03	29065	APPLICATION OF LONG ARM CAST	57.79									X
07	29065	APPLICATION OF LONG ARM CAST	69.35	00 15								X
03	29075	APPLICATION OF FOREARM CAST	53.42									X
07	29075	APPLICATION OF FOREARM CAST	64.10	00 15								X
03	29085	APPLY HAND/WRIST CAST	57.08									X
07	29085	APPLY HAND/WRIST CAST	68.49	00 15								X
03	29086	APPLY FINGER CAST	43.16									X
07	29086	APPLY FINGER CAST	51.80	00 15								X
03	29105	APPLY LONG ARM SPLINT	53.03									X
07	29105	APPLY LONG ARM SPLINT	63.63	00 15								X
03	29125	APPLY FOREARM SPLINT	40.69									X
07	29125	APPLY FOREARM SPLINT	48.83	00 15								X
03	29126	APPLY FOREARM SPLINT	46.98									X
07	29126	APPLY FOREARM SPLINT	56.38	00 15								X
03	29130	APPLICATION OF FINGER SPLINT	25.43									X
07	29130	APPLICATION OF FINGER SPLINT	30.51	00 15								X
03	29131	APPLICATION OF FINGER SPLINT	30.80									X
07	29131	APPLICATION OF FINGER SPLINT	36.96	00 15								X
03	29200	STRAPPING OF CHEST	33.27									
07	29200	STRAPPING OF CHEST	39.92	00 15								
03	29240	STRAPPING OF SHOULDER	37.28									X
07	29240	STRAPPING OF SHOULDER	44.73	00 15								X
03	29260	STRAPPING OF ELBOW OR WRIST	32.00									X
07	29260	STRAPPING OF ELBOW OR WRIST	38.39	00 15								X
03	29280	STRAPPING OF HAND OR FINGER	30.67									X
07	29280	STRAPPING OF HAND OR FINGER	36.80	00 15								X
03	29305	APPLICATION OF HIP CAST	142.92									
07	29305	APPLICATION OF HIP CAST	171.50	00 15								
03	29325	APPLICATION OF HIP CASTS	159.33									
07	29325	APPLICATION OF HIP CASTS	191.20	00 15								
03	29345	APPLICATION OF LONG LEG CAST	83.80									X
07	29345	APPLICATION OF LONG LEG CAST	100.56	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	29355	APPLICATION OF LONG LEG CAST	87.08									X
07	29355	APPLICATION OF LONG LEG CAST	104.50	00 15								X
03	29358	APPLY LONG LEG CAST BRACE	93.64									X
07	29358	APPLY LONG LEG CAST BRACE	112.37	00 15								X
03	29365	APPLICATION OF LONG LEG CAST	74.75									X
07	29365	APPLICATION OF LONG LEG CAST	89.69	00 15								X
03	29405	APPLY SHORT LEG CAST	54.90									X
07	29405	APPLY SHORT LEG CAST	65.88	00 15								X
03	29425	APPLY SHORT LEG CAST	59.68									X
07	29425	APPLY SHORT LEG CAST	71.61	00 15								X
03	29435	APPLY SHORT LEG CAST	73.08									X
07	29435	APPLY SHORT LEG CAST	87.70	00 15								X
03	29440	ADDITION OF WALKER TO CAST	32.78									X
07	29440	ADDITION OF WALKER TO CAST	39.34	00 15								X
03	29445	APPLY RIGID LEG CAST	92.90									
07	29445	APPLY RIGID LEG CAST	111.48	00 15								
03	29450	APPLICATION OF LEG CAST	98.64									
07	29450	APPLICATION OF LEG CAST	118.37	00 15								
03	29505	APPLICATION LONG LEG SPLINT	46.25									X
07	29505	APPLICATION LONG LEG SPLINT	55.49	00 15								X
03	29515	APPLICATION LOWER LEG SPLINT	43.77									X
07	29515	APPLICATION LOWER LEG SPLINT	52.52	00 15								X
03	29520	STRAPPING OF HIP	31.01									X
07	29520	STRAPPING OF HIP	37.21	00 15								X
03	29530	STRAPPING OF KNEE	32.54									X
07	29530	STRAPPING OF KNEE	39.04	00 15								X
03	29540	STRAPPING OF ANKLE	27.12									X
07	29540	STRAPPING OF ANKLE	32.54	00 15								X
03	29550	STRAPPING OF TOES	26.27									X
07	29550	STRAPPING OF TOES	31.53	00 15								X
03	29580	APPLICATION OF PASTE BOOT	32.96									X
07	29580	APPLICATION OF PASTE BOOT	39.55	00 15								X
03	29581	APPLICATION OF MULTI-LAYER VENOUS WO	61.65									X
07	29581	APPLICATION OF MULTI-LAYER VENOUS WO	73.98	00 15								X
03	29590	APPLICATION OF FOOT SPLINT	36.03									X
07	29590	APPLICATION OF FOOT SPLINT	43.24	00 15								X
03	29700	REMOVAL/REVISION OF CAST	39.44									
07	29700	REMOVAL/REVISION OF CAST	47.32	00 15								
03	29705	REMOVAL/REVISION OF CAST	42.46									
07	29705	REMOVAL/REVISION OF CAST	50.95	00 15								
03	29710	REMOVAL/REVISION OF CAST	74.09									
07	29710	REMOVAL/REVISION OF CAST	88.90	00 15								
03	29715	REMOVAL/REVISION OF CAST	55.62									
07	29715	REMOVAL/REVISION OF CAST	66.74	00 15								
03	29720	REPAIR OF BODY CAST	48.84									
07	29720	REPAIR OF BODY CAST	58.61	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	29730	WINDOWING OF CAST	41.24										
07	29730	WINDOWING OF CAST	49.48	00	15								
03	29740	WEDGING OF CAST	59.34										
07	29740	WEDGING OF CAST	71.21	00	15								
03	29750	WEDGING OF CLUBFOOT CAST	65.04										
07	29750	WEDGING OF CLUBFOOT CAST	78.05	00	15								
03	29799	CASTING/STRAPPING PROCEDURE	MP			X							
07	29799	CASTING/STRAPPING PROCEDURE	MP	00	15	X							
03	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	336.32										
07	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	403.59	00	15								
03	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	419.96										
07	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	503.95	00	15								
03	29805	SHOULDER ARTHROSCOPY, DX	304.99										
07	29805	SHOULDER ARTHROSCOPY, DX	365.99	00	15								
02	29806	SHOULDER ARTHROSCOPY/SURGERY	140.87										
03	29806	SHOULDER ARTHROSCOPY/SURGERY	704.36										
07	29806	SHOULDER ARTHROSCOPY/SURGERY	845.23	00	15								
02	29807	SHOULDER ARTHROSCOPY/SURGERY	137.13										
03	29807	SHOULDER ARTHROSCOPY/SURGERY	685.67										
07	29807	SHOULDER ARTHROSCOPY/SURGERY	822.81	00	15								
03	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	383.52										
07	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	460.22	00	15								
03	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	354.08										
07	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	424.90	00	15								
03	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	386.70										
07	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	464.04	00	15								
02	29822	ARTHROSCOPY,SHOULDER,SURGICA	75.06										
03	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	375.28										
07	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	450.33	00	15								
02	29823	ARTHROSCOPY-EXT DEBRIDEMENT	82.16										
03	29823	ARTHROSCOPY-EXT DEBRIDEMENT	410.81										
07	29823	ARTHROSCOPY-EXT DEBRIDEMENT	492.98	00	15								
03	29824	SHOULDER ARTHROSCOPY/SURGERY	437.19										
07	29824	SHOULDER ARTHROSCOPY/SURGERY	524.63	00	15								
02	29825	ARTHROSCOPY-W/LYSIS & RESECTIO	76.61										
03	29825	ARTHROSCOPY-W/LYSIS & RESECTION	383.04										
07	29825	ARTHROSCOPY-W/LYSIS & RESECTION	459.65	00	15								
02	29826	ARTHROSCOPY,SHOULDER,SURGI DEC	88.12										
03	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	440.61										
07	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	528.73	00	15								
02	29827	ARTHROSCOP ROTATOR CUFF REPR	144.68										
03	29827	ARTHROSCOP ROTATOR CUFF REPR	723.38										
07	29827	ARTHROSCOP ROTATOR CUFF REPR	868.05	00	15								
03	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	604.94										
07	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	725.92	00	15								
03	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	294.54										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	353.45	00 15								
03	29834	ARTHROSCOPY, ELBOW, SURGICAL;	321.02									
07	29834	ARTHROSCOPY, ELBOW, SURGICAL;	385.23	00 15								
02	29835	ARTHROSCOPY,SYNOVECTOMY-PARTI	65.96									
03	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	329.78									
07	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	395.73	00 15								
02	29836	ARTHROSCOPY SYNOVECTOMY COMPLE	75.75									
03	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	378.74									
07	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	454.48	00 15								
02	29837	ARTHROSCOPY LIMITED DEBRIDEMEN	69.21									
03	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	346.05									
07	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	415.26	00 15								
03	29838	ARTHROSCOPY EXT DEBRIDEMENT	386.66									
07	29838	ARTHROSCOPY EXT DEBRIDEMENT	463.99	00 15								
03	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	287.38									
07	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	344.85	00 15								
03	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	309.14									
07	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	370.97	00 15								
02	29844	ARTHROSCOPY,WRIST,PARTIAL SYNO	64.45									
03	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	322.25									
07	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	386.70	00 15								
02	29845	ARTHROSCOPY,WRIST,COMPLETE SYN	73.43									
03	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	367.15									
07	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	440.58	00 15								
03	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	338.96									
07	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	406.75	00 15								
02	29847	ARTHROSCOPY,WRIST,INT FIX-FX I	70.38									
03	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	351.92									
07	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	422.31	00 15								
03	29848	ARTHROSCOPY, WRIST, SURGICAL;	318.74									
07	29848	ARTHROSCOPY, WRIST, SURGICAL;	382.49	00 15								
03	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	375.88									
07	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	451.05	00 15								
02	29851	ARTHROSCOPICALLY AIDED TREATME	124.14									
03	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	620.70									
07	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	744.84	00 15								
02	29855	ARTHROSCOPICALLY AIDED TREATME	103.51									
03	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	517.57									
07	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	621.08	00 15								
02	29856	ARTHROSCOPICALLY AIDED TREATME	132.91									
03	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	664.53									
07	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	797.44	00 15								
03	29860	HIP ARTHROSCOPY, DX	425.15									
07	29860	HIP ARTHROSCOPY, DX	510.18	00 15								
03	29861	HIP ARTHROSCOPY/SURGERY	472.81									
07	29861	HIP ARTHROSCOPY/SURGERY	567.37	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	29862	HIP ARTHROSCOPY/SURGERY	526.30										
07	29862	HIP ARTHROSCOPY/SURGERY	631.56	00	15								
03	29863	HIP ARTHROSCOPY/SURGERY	519.58										
07	29863	HIP ARTHROSCOPY/SURGERY	623.49	00	15								
02	29866	AUTGRFT IMPLNT,KNEE W/SCOPE	137.89										
03	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	689.47										
07	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	827.36	00	15								
02	29867	ALLGRFT IMPLNT,KNEE W/SCOPE	167.34										
03	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	836.72			X							
07	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,004.07	00	15	X							
02	29868	MENISCAL TRNSPL, KNEE W/SCPE	225.28										
03	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,126.41			X							
07	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,351.69	00	15	X							
03	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	264.19										
07	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	317.03	00	15								
03	29871	ARTHROSCOPY, KNEE, SURGICAL;	333.34										
07	29871	ARTHROSCOPY, KNEE, SURGICAL;	400.01	00	15								
03	29873	KNEE ARTHROSCOPY/SURGERY	330.43										
07	29873	KNEE ARTHROSCOPY/SURGERY	396.51	00	15								
03	29874	ARTHROSCOPY, KNEE, SURGICAL;	349.46										
07	29874	ARTHROSCOPY, KNEE, SURGICAL;	419.36	00	15								
03	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	322.31										
07	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	386.78	00	15								
03	29876	ARTHROSCOPY, KNEE, SURGICAL;	424.25										
07	29876	ARTHROSCOPY, KNEE, SURGICAL;	509.10	00	15								
03	29877	ARTHROSCOPY-DEBRIDEMENT	400.97										
07	29877	ARTHROSCOPY-DEBRIDEMENT	481.16	00	15								
03	29879	ARTHROSCOPY-ABRASION ARTHROPLA	429.65										
07	29879	ARTHROSCOPY-ABRASION ARTHROPLA	515.57	00	15								
03	29880	ARTHROSCOPY,KNEE,W/MENISCECTOMY	449.01										
07	29880	ARTHROSCOPY,KNEE,W/MENISCECTOMY	538.81	00	15								
03	29881	ARTHROSCOPY W/ MENISCTOMY	417.78										
07	29881	ARTHROSCOPY W/ MENISCTOMY	501.34	00	15								
02	29882	ARTHROSCOPY W/MENISCUS REPAIR	90.71										
03	29882	ARTHROSCOPY W/ MENISCUS REPAIR	453.56										
07	29882	ARTHROSCOPY W/ MENISCUS REPAIR	544.27	00	15								
02	29883	ARTHROSCOPY,KNEE,MENISCUS REPA	110.98										
03	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	554.90										
07	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	665.87	00	15								
03	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	399.71										
07	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	479.65	00	15								
02	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCH	97.18										
03	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	485.90										
07	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	583.07	00	15								
03	29886	ARTHROSCOPY-OSTEOCHONDRITIS	408.96										
07	29886	ARTHROSCOPY-OSTEOCHONDRITIS	490.75	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	29887	ARTHROSCOPY-INTERNAL FIXATION	96.62										
03	29887	ARTHROSCOPY-INTERNAL FIXATION	483.11										
07	29887	ARTHROSCOPY-INTERNAL FIXATION	579.74	00	15								
02	29888	ARTHROSCOPY-AIDED REP/AUGMENT/	132.02										
03	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	660.09										
07	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	792.11	00	15								
02	29889	ARTHROSCOPY-AIDED REP/AUGMENT/	160.92										
03	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	804.59										
07	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	965.50	00	15								
03	29891	ANKLE ARTHROSCOPY/SURGERY	455.00										
07	29891	ANKLE ARTHROSCOPY/SURGERY	546.00	00	15								
03	29892	ANKLE ARTHROSCOPY/SURGERY	466.25										
07	29892	ANKLE ARTHROSCOPY/SURGERY	559.50	00	15								
03	29893	SCOPE, PLANTAR FASCIOTOMY	369.19										
07	29893	SCOPE, PLANTAR FASCIOTOMY	443.03	00	15								
03	29894	ARTHROSCOPY, ANKLE, SURGICAL;	342.88										
07	29894	ARTHROSCOPY, ANKLE, SURGICAL;	411.45	00	15								
03	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	331.69										
07	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	398.03	00	15								
02	29897	ARTHROSCOPY-LIMITED DEBRIDEMEN	69.41										
03	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	347.06										
07	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	416.48	00	15								
03	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	388.67										
07	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	466.40	00	15								
02	29899	ANKLE ARTHROSCOPY/SURGERY	140.09										
03	29899	ANKLE ARTHROSCOPY/SURGERY	700.43										
07	29899	ANKLE ARTHROSCOPY/SURGERY	840.51	00	15								
03	29900	MCP JOINT ARTHROSCOPY, DX	295.99										X
07	29900	MCP JOINT ARTHROSCOPY, DX	355.19	00	15								X
03	29901	MCP JOINT ARTHROSCOPY, SURG	325.21										X
07	29901	MCP JOINT ARTHROSCOPY, SURG	390.25	00	15								X
03	29902	MCP JOINT ARTHROSCOPY, SURG	348.02										X
07	29902	MCP JOINT ARTHROSCOPY, SURG	417.62	00	15								X
03	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	404.48										
07	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	485.38	00	15								
03	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	434.66										
07	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	521.60	00	15								
03	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	457.85										
07	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	549.42	00	15								
03	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	564.01										
07	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	676.81	00	15								
03	29999	ARTHROSCOPY OF JOINT	MP			X							
07	29999	ARTHROSCOPY OF JOINT	MP	00	15	X							
03	30000	DRAINAGE OF NOSE LESION	138.07										
07	30000	DRAINAGE OF NOSE LESION	165.68	00	15								
03	30020	DRAINAGE OF NOSE LESION	133.79										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	30020	DRAINAGE OF NOSE LESION	160.55	00 15								
03	30100	INTRANASAL BIOPSY	84.11									
07	30100	INTRANASAL BIOPSY	100.94	00 15								
03	30110	REMOVAL OF NOSE POLYP(S)	136.13									
07	30110	REMOVAL OF NOSE POLYP(S)	163.35	00 15								
03	30115	REMOVAL OF NOSE POLYP(S)	269.21									
07	30115	REMOVAL OF NOSE POLYP(S)	323.05	00 15								
03	30117	REMOVAL OF INTRANASAL LESION	488.51									
07	30117	REMOVAL OF INTRANASAL LESION	586.21	00 15								
03	30118	REMOVAL OF INTRANASAL LESION	492.71									
07	30118	REMOVAL OF INTRANASAL LESION	591.25	00 15								
03	30120	REVISION OF NOSE	324.09									
07	30120	REVISION OF NOSE	388.91	00 15								
03	30124	REMOVAL OF NOSE LESION	171.48									
07	30124	REMOVAL OF NOSE LESION	205.78	00 15								
02	30125	REMOVAL OF NOSE LESION	78.19									
03	30125	REMOVAL OF NOSE LESION	390.97									
07	30125	REMOVAL OF NOSE LESION	469.16	00 15								
03	30130	REMOVAL OF TURBINATE BONES	233.20									
07	30130	REMOVAL OF TURBINATE BONES	279.84	00 15								
03	30140	REMOVAL OF TURBINATE BONES	265.03									
07	30140	REMOVAL OF TURBINATE BONES	318.03	00 15								
03	30150	PARTIAL REMOVAL OF NOSE	503.66									
07	30150	PARTIAL REMOVAL OF NOSE	604.39	00 15								
02	30160	REMOVAL OF NOSE	101.40									
03	30160	REMOVAL OF NOSE	506.99									
07	30160	REMOVAL OF NOSE	608.38	00 15								
03	30200	INJECTION TREATMENT OF NOSE	67.43									
07	30200	INJECTION TREATMENT OF NOSE	80.92	00 15								
03	30210	NASAL SINUS THERAPY	88.93									
07	30210	NASAL SINUS THERAPY	106.71	00 15								
03	30220	INSERTION,NASAL SEPTAL PROSTHESIS	172.63									
07	30220	INSERTION,NASAL SEPTAL PROSTHESIS	207.15	00 15								
03	30300	REMOVE NASAL FOREIGN BODY	133.44									
07	30300	REMOVE NASAL FOREIGN BODY	160.13	00 15								
03	30310	REMOVE NASAL FOREIGN BODY	127.49									
07	30310	REMOVE NASAL FOREIGN BODY	152.98	00 15								
03	30320	REMOVE NASAL FOREIGN BODY	282.14									
07	30320	REMOVE NASAL FOREIGN BODY	338.57	00 15								
03	30400	RECONSTRUCTION OF NOSE	651.38									
07	30400	RECONSTRUCTION OF NOSE	781.66	00 15								
03	30410	RECONSTRUCTION OF NOSE	777.55									
07	30410	RECONSTRUCTION OF NOSE	933.06	00 15								
03	30420	RECONSTRUCTION OF NOSE	876.67									
07	30420	RECONSTRUCTION OF NOSE	1,052.00	00 15								
03	30430	REVISION OF NOSE	564.26									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	30430	REVISION OF NOSE	677.11	00 15								
03	30435	REVISION WORK WITH OSTEOTOMIES	752.86									
07	30435	REVISION WORK WITH OSTEOTOMIES	903.43	00 15								
03	30450	REVISION OF NOSE	1,012.08									
07	30450	REVISION OF NOSE	1,214.50	00 15								
03	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	493.27									
07	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	591.92	00 15								
03	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	994.55									
07	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,193.46	00 15								
03	30465	REPAIR NASAL STENOSIS	626.57			X						
07	30465	REPAIR NASAL STENOSIS	751.89	00 15		X						
03	30520	REPAIR OF NASAL SEPTUM	379.74									
07	30520	REPAIR OF NASAL SEPTUM	455.69	00 15								
03	30540	REPAIR NASAL DEFECT	425.74									
07	30540	REPAIR NASAL DEFECT	510.89	00 15								
03	30545	REPAIR NASAL DEFECT	622.61									
07	30545	REPAIR NASAL DEFECT	747.13	00 15								
03	30560	RELEASE OF NASAL ADHESIONS	158.16									
07	30560	RELEASE OF NASAL ADHESIONS	189.79	00 15								
03	30580	REPAIR UPPER JAW FISTULA	397.66									
07	30580	REPAIR UPPER JAW FISTULA	477.19	00 15								
03	30600	REPAIR MOUTH/NOSE FISTULA	364.43									
07	30600	REPAIR MOUTH/NOSE FISTULA	437.32	00 15								
03	30620	RECONSTRUCTION INNER NOSE	385.19									
07	30620	RECONSTRUCTION INNER NOSE	462.22	00 15								
03	30630	REPAIR NASAL SEPTUM DEFECT	394.90									
07	30630	REPAIR NASAL SEPTUM DEFECT	473.88	00 15								
03	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	133.13									
07	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	159.76	00 15								
03	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	174.50									
07	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	209.40	00 15								
03	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	66.02									
07	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	79.23	00 15								
03	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	118.18									
07	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	141.81	00 15								
03	30905	CONTROL OF NOSEBLEED	147.41									
07	30905	CONTROL OF NOSEBLEED	176.89	00 15								
03	30906	REPEAT CONTROL OF NOSEBLEED	170.14									X
07	30906	REPEAT CONTROL OF NOSEBLEED	204.17	00 15								X
03	30915	LIGATION NASAL SINUS ARTERY	369.12									
07	30915	LIGATION NASAL SINUS ARTERY	442.94	00 15								
03	30920	LIGATION UPPER JAW ARTERY	532.60									
07	30920	LIGATION UPPER JAW ARTERY	639.12	00 15								
03	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	76.47									
07	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	91.76	00 15								
02	30999	NASAL SURGERY PROCEDURE	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	30999	NASAL SURGERY PROCEDURE	MP			X							
07	30999	NASAL SURGERY PROCEDURE	MP	00	15	X							
03	31000	IRRIGATION MAXILLARY SINUS	107.21										
07	31000	IRRIGATION MAXILLARY SINUS	128.65	00	15								
03	31002	IRRIGATION SPHENOID SINUS	125.18										
07	31002	IRRIGATION SPHENOID SINUS	150.21	00	15								
03	31020	EXPLORATION MAXILLARY SINUS	290.23										
07	31020	EXPLORATION MAXILLARY SINUS	348.27	00	15								
03	31030	EXPLORATION MAXILLARY SINUS	429.55										
07	31030	EXPLORATION MAXILLARY SINUS	515.46	00	15								
03	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	361.90										
07	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	434.28	00	15								
03	31040	EXPLORATION BEHIND UPPER JAW	480.61										
07	31040	EXPLORATION BEHIND UPPER JAW	576.73	00	15								
03	31050	EXPLORATION SPHENOID SINUS	311.02										
07	31050	EXPLORATION SPHENOID SINUS	373.22	00	15								
03	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	406.95										
07	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	488.34	00	15								
03	31070	EXPLORATION OF FRONTAL SINUS	271.61										
07	31070	EXPLORATION OF FRONTAL SINUS	325.94	00	15								
03	31075	EXPLORATION OF FRONTAL SINUS	498.94										
07	31075	EXPLORATION OF FRONTAL SINUS	598.73	00	15								
02	31080	REMOVAL OF FRONTAL SINUS	129.59										
03	31080	REMOVAL OF FRONTAL SINUS	647.95										
07	31080	REMOVAL OF FRONTAL SINUS	777.54	00	15								
02	31081	REMOVAL OF FRONTAL SINUS	159.09										
03	31081	REMOVAL OF FRONTAL SINUS	795.47										
07	31081	REMOVAL OF FRONTAL SINUS	954.56	00	15								
02	31084	REMOVAL OF FRONTAL SINUS	150.99										
03	31084	REMOVAL OF FRONTAL SINUS	754.97										
07	31084	REMOVAL OF FRONTAL SINUS	905.97	00	15								
02	31085	REMOVAL OF FRONTAL SINUS	160.37										
03	31085	REMOVAL OF FRONTAL SINUS	801.87										
07	31085	REMOVAL OF FRONTAL SINUS	962.24	00	15								
02	31086	REMOVAL OF FRONTAL SINUS	142.95										
03	31086	REMOVAL OF FRONTAL SINUS	714.74										
07	31086	REMOVAL OF FRONTAL SINUS	857.69	00	15								
02	31087	REMOVAL OF FRONTAL SINUS	142.51										
03	31087	REMOVAL OF FRONTAL SINUS	712.55										
07	31087	REMOVAL OF FRONTAL SINUS	855.06	00	15								
03	31090	EXPLORATION OF SINUSES	630.72										
07	31090	EXPLORATION OF SINUSES	756.86	00	15								
03	31200	REMOVAL OF ETHMOID SINUS	331.64										
07	31200	REMOVAL OF ETHMOID SINUS	397.96	00	15								
03	31201	REMOVAL OF ETHMOID SINUS	465.09										
07	31201	REMOVAL OF ETHMOID SINUS	558.11	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	31205	REMOVAL OF ETHMOID SINUS	108.94									
03	31205	REMOVAL OF ETHMOID SINUS	544.72									
07	31205	REMOVAL OF ETHMOID SINUS	653.66	00 15								
02	31225	REMOVAL OF UPPER JAW	237.50									
03	31225	REMOVAL OF UPPER JAW	1,187.48									
07	31225	REMOVAL OF UPPER JAW	1,424.97	00 15								
02	31230	REMOVAL OF UPPER JAW	266.83									
03	31230	REMOVAL OF UPPER JAW	1,334.15									
07	31230	REMOVAL OF UPPER JAW	1,600.97	00 15								
03	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	115.05									
07	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	138.06	00 15								
03	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	164.73									
07	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	197.68	00 15								
03	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	190.02									
07	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	228.02	00 15								
03	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	205.16									
07	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	246.20	00 15								
03	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	211.79									
07	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	254.14	00 15								
03	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	430.88									
07	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	517.06	00 15								
03	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	110.36									
07	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	132.43	00 15								
03	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	189.81									
07	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	227.77	00 15								
03	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	281.14									
07	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	337.37	00 15								
03	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	137.33									
07	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	164.80	00 15								
03	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	221.73									
07	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	266.08	00 15								
03	31276	SINUS SURGICAL ENDOSCOPY	354.66									
07	31276	SINUS SURGICAL ENDOSCOPY	425.59	00 15								
03	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	161.49									
07	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	193.79	00 15								
03	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	187.44									
07	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	224.93	00 15								
03	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	774.56									
07	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	929.47	00 15								
03	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	817.94									
07	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	981.52	00 15								
03	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	669.59									
07	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	803.50	00 15								
03	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	729.66									
07	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	875.59	00 15								
03	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	839.12									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,006.94	00 15								
02	31299	SINUS SURGERY PROCEDURE	MP		X							
03	31299	SINUS SURGERY PROCEDURE	MP		X							
07	31299	SINUS SURGERY PROCEDURE	MP	00 15	X							
02	31300	REMOVAL OF LARYNX LESION	161.36									
03	31300	REMOVAL OF LARYNX LESION	806.82									
07	31300	REMOVAL OF LARYNX LESION	968.18	00 15								
03	31320	DIAGNOSTIC INCISION LARYNX	402.05									
07	31320	DIAGNOSTIC INCISION LARYNX	482.45	00 15								
02	31360	REMOVAL OF LARYNX	259.73									
03	31360	REMOVAL OF LARYNX	1,298.66									
07	31360	REMOVAL OF LARYNX	1,558.40	00 15								
02	31365	REMOVAL OF LARYNX	326.45									
03	31365	REMOVAL OF LARYNX	1,632.26									
07	31365	REMOVAL OF LARYNX	1,958.71	00 15								
02	31367	PARTIAL REMOVAL OF LARYNX	280.10									
03	31367	PARTIAL REMOVAL OF LARYNX	1,400.51									
07	31367	PARTIAL REMOVAL OF LARYNX	1,680.61	00 15								
02	31368	PARTIAL REMOVAL OF LARYNX	313.35									
03	31368	PARTIAL REMOVAL OF LARYNX	1,566.75									
07	31368	PARTIAL REMOVAL OF LARYNX	1,880.10	00 15								
02	31370	PARTIAL REMOVAL OF LARYNX	262.82									
03	31370	PARTIAL REMOVAL OF LARYNX	1,314.12									
07	31370	PARTIAL REMOVAL OF LARYNX	1,576.94	00 15								
02	31375	PARTIAL REMOVAL OF LARYNX	248.52									
03	31375	PARTIAL REMOVAL OF LARYNX	1,242.62									
07	31375	PARTIAL REMOVAL OF LARYNX	1,491.15	00 15								
02	31380	PARTIAL REMOVAL OF LARYNX	245.02									
03	31380	PARTIAL REMOVAL OF LARYNX	1,225.09									
07	31380	PARTIAL REMOVAL OF LARYNX	1,470.11	00 15								
02	31382	PARTIAL REMOVAL OF LARYNX	268.42									
03	31382	PARTIAL REMOVAL OF LARYNX	1,342.09									
07	31382	PARTIAL REMOVAL OF LARYNX	1,610.51	00 15								
02	31390	REMOVAL OF LARYNX & PHARYNX	363.35									
03	31390	REMOVAL OF LARYNX & PHARYNX	1,816.76									
07	31390	REMOVAL OF LARYNX & PHARYNX	2,180.11	00 15								
02	31395	RECONSTRUCT LARYNX & PHARYNX	384.88									
03	31395	RECONSTRUCT LARYNX & PHARYNX	1,924.42									
07	31395	RECONSTRUCT LARYNX & PHARYNX	2,309.30	00 15								
02	31400	REVISION OF LARYNX	127.48									
03	31400	REVISION OF LARYNX	637.41									
07	31400	REVISION OF LARYNX	764.89	00 15								
03	31420	REMOVAL OF EPIGLOTTIS	541.17									
07	31420	REMOVAL OF EPIGLOTTIS	649.40	00 15								
03	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	78.05									X
07	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	93.66	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	24.49									
07	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	29.39	00 15								
03	31505	DIAGNOSTIC LARYNGOSCOPY	51.44									
07	31505	DIAGNOSTIC LARYNGOSCOPY	61.72	00 15								
03	31510	LARYNGOSCOPY WITH BIOPSY	132.74									
07	31510	LARYNGOSCOPY WITH BIOPSY	159.29	00 15								
03	31511	REMOVE FOREIGN BODY LARYNX	134.03									
07	31511	REMOVE FOREIGN BODY LARYNX	160.83	00 15								
03	31512	REMOVAL OF LARYNX LESION	132.06									
07	31512	REMOVAL OF LARYNX LESION	158.47	00 15								
03	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	89.88									
07	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	107.86	00 15								
03	31515	LARYNGOSCOPY FOR ASPIRATION	130.68									
07	31515	LARYNGOSCOPY FOR ASPIRATION	156.82	00 15								
03	31520	DIAGNOSTIC LARYNGOSCOPY	104.95									
07	31520	DIAGNOSTIC LARYNGOSCOPY	125.94	00 15								
03	31525	DIAGNOSTIC LARYNGOSCOPY	159.10									
07	31525	DIAGNOSTIC LARYNGOSCOPY	190.92	00 15								
03	31526	DIAGNOSTIC LARYNGOSCOPY	108.08									
07	31526	DIAGNOSTIC LARYNGOSCOPY	129.69	00 15								
03	31527	LARYNGOSCOPY, INSERT OBTURATOR	132.49									
07	31527	LARYNGOSCOPY, INSERT OBTURATOR	158.99	00 15								
03	31528	LARYNGOSCOPY,W DILATATION INITIAL	98.62									
07	31528	LARYNGOSCOPY,W DILATATION INITIAL	118.34	00 15								
03	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	111.29									
07	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	133.55	00 15								
03	31530	OPERATIVE LARYNGOSCOPY	136.67									
07	31530	OPERATIVE LARYNGOSCOPY	164.00	00 15								
03	31531	OPERATIVE LARYNGOSCOPY	146.82									
07	31531	OPERATIVE LARYNGOSCOPY	176.18	00 15								
03	31535	OPERATIVE LARYNGOSCOPY	130.46									
07	31535	OPERATIVE LARYNGOSCOPY	156.56	00 15								
03	31536	OPERATIVE LARYNGOSCOPY	145.78									
07	31536	OPERATIVE LARYNGOSCOPY	174.93	00 15								
03	31540	OPERATIVE LARYNGOSCOPY	167.62									
07	31540	OPERATIVE LARYNGOSCOPY	201.14	00 15								
03	31541	OPERATIVE LARYNGOSCOPY	183.44									
07	31541	OPERATIVE LARYNGOSCOPY	220.13	00 15								
03	31545	REMOVE VC LESION W/SCOPE	247.74									
07	31545	REMOVE VC LESION W/SCOPE	297.29	00 15								
03	31546	REMOVE VC LESION SCOPE/GRAFT	379.63									
07	31546	REMOVE VC LESION SCOPE/GRAFT	455.55	00 15								
03	31560	OPERATIVE LARYNGOSCOPY	217.41									
07	31560	OPERATIVE LARYNGOSCOPY	260.89	00 15								
03	31561	OPERATIVE LARYNGOSCOPY	238.46									
07	31561	OPERATIVE LARYNGOSCOPY	286.15	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	31570	LARYNGOSCOPY WITH INJECTION	222.33									
07	31570	LARYNGOSCOPY WITH INJECTION	266.80	00 15								
03	31571	LARYNGOSCOPY WITH INJECTION	173.08									
07	31571	LARYNGOSCOPY WITH INJECTION	207.69	00 15								
03	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	73.25									
07	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	87.90	00 15								
03	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	141.45									
07	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	169.74	00 15								
03	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	154.29									
07	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	185.15	00 15								
03	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	179.03									
07	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	214.84	00 15								
03	31579	SEE 31575;WITH STROBOSCOPY	139.10									
07	31579	SEE 31575;WITH STROBOSCOPY	166.92	00 15								
02	31580	REVISION OF LARYNX	153.50									
03	31580	REVISION OF LARYNX	767.48									
07	31580	REVISION OF LARYNX	920.98	00 15								
03	31582	REVISION OF LARYNX	1,221.36									
07	31582	REVISION OF LARYNX	1,465.63	00 15								
02	31584	REPAIR OF LARYNX FRACTURE	197.29									
03	31584	REPAIR OF LARYNX FRACTURE	986.45									
07	31584	REPAIR OF LARYNX FRACTURE	1,183.74	00 15								
02	31587	LARYNGOPLASTY,CRICOID SPLIT	129.80									
03	31587	LARYNGOPLASTY, CRICOID SPLIT	649.00									
07	31587	LARYNGOPLASTY, CRICOID SPLIT	778.80	00 15								
02	31588	LARYNGOPLASTY, NOT OTHERWISE S	145.63									
03	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	728.13									
07	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	873.76	00 15								
02	31590	LARYNGEAL REINNERVATION REPAIR	111.50									
03	31590	LARYNGEAL REINNERVATION REPAIR	557.50									
07	31590	LARYNGEAL REINNERVATION REPAIR	669.00	00 15								
03	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	488.45									
07	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	586.14	00 15								
02	31599	LARYNX SURGERY PROCEDURE	MP		X							
03	31599	LARYNX SURGERY PROCEDURE	MP		X							
07	31599	LARYNX SURGERY PROCEDURE	MP	00 15	X							
03	31600	TRACHEOSTOMY, PLANNED	275.48	02 99								
07	31600	TRACHEOSTOMY, PLANNED	330.57	02 15								
02	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	36.02	00 01								
03	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	180.11	00 01								
07	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	216.13	00 01								
03	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	155.62									
07	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	186.74	00 15								
03	31605	INCISION OF NECK CARTILAGES	129.02									
07	31605	INCISION OF NECK CARTILAGES	154.83	00 15								
03	31610	INCISION OF WINDPIPE	458.93									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	31610	INCISION OF WINDPIPE	550.72	00 15								
02	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL	67.92									
03	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	339.62									
07	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	407.55	00 15								
03	31612	PUNCTURE/CLEAR WINDPIPE	51.96									
07	31612	PUNCTURE/CLEAR WINDPIPE	62.35	00 15								
03	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	280.49									
07	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	336.58	00 15								
03	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	466.83									
07	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	560.20	00 15								
03	31615	VISUALIZATION OF WINDPIPE	118.11									
07	31615	VISUALIZATION OF WINDPIPE	141.73	00 15								
03	31620	ENDOBRONCHIAL US ADD-ON	178.04									
07	31620	ENDOBRONCHIAL US ADD-ON	213.64	00 15								
03	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	204.23									
07	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	245.07	00 15								
03	31623	DX BRONCHOSCOPE/BRUSH	222.59									
07	31623	DX BRONCHOSCOPE/BRUSH	267.11	00 15								
03	31624	DX BRONCHOSCOPE/LAVAGE	207.63									
07	31624	DX BRONCHOSCOPE/LAVAGE	249.16	00 15								
03	31625	BRONCHOSCOPY WITH BIOPSY	224.90									
07	31625	BRONCHOSCOPY WITH BIOPSY	269.88	00 15								
03	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	303.35									X
07	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	364.01	00 15								X
03	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	817.78									
07	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	981.33	00 15								
03	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	269.11									
07	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	322.93	00 15								
03	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	405.67									
07	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	486.80	00 15								
03	31630	BRONCHOSCOPY WITH REPAIR	144.50									
07	31630	BRONCHOSCOPY WITH REPAIR	173.40	00 15								
03	31631	BRONCHOSCOPY-PLACE TRACH STENT	162.95									
07	31631	BRONCHOSCOPY-PLACE TRACH STENT	195.54	00 15								
03	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	51.92									X
07	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	62.30	00 15								X
03	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	62.37									X
07	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	74.84	00 15								X
03	31635	REMOVE FOREIGN BODY, AIRWAY	232.13									
07	31635	REMOVE FOREIGN BODY, AIRWAY	278.55	00 15								
03	31636	BRONCHOSCOPY, BRONCH STENTS	159.18									
07	31636	BRONCHOSCOPY, BRONCH STENTS	191.02	00 15								
03	31637	BRONCHOSCOPY, STENT ADD-ON	56.80									
07	31637	BRONCHOSCOPY, STENT ADD-ON	68.16	00 15								
03	31638	BRONCHOSCOPY, REVISE STENT	177.69									
07	31638	BRONCHOSCOPY, REVISE STENT	213.23	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	31640	BRONCHOSCOPY & REMOVE LESION	185.54										
07	31640	BRONCHOSCOPY & REMOVE LESION	222.65	00	15								
03	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	182.95										
07	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	219.54	00	15								
03	31643	DX BRONCHOSCOPE/CATHETER	125.36										
07	31643	DX BRONCHOSCOPE/CATHETER	150.43	00	15								
03	31645	BRONCHOSCOPY, CLEAR AIRWAYS	201.92										
07	31645	BRONCHOSCOPY, CLEAR AIRWAYS	242.30	00	15								
03	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	182.88										
07	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	219.46	00	15								
03	31656	BRONCHOSCOPY,INJECT FOR XRAY	206.00										
07	31656	BRONCHOSCOPY,INJECT FOR XRAY	247.20	00	15								
03	31715	INJECTION FOR BRONCHUS X-RAY	39.56										
07	31715	INJECTION FOR BRONCHUS X-RAY	47.47	00	15								
03	31717	BRONCHIAL BRUSH BIOPSY	193.73										
07	31717	BRONCHIAL BRUSH BIOPSY	232.47	00	15								
03	31720	CLEARANCE OF AIRWAYS	37.25										X
07	31720	CLEARANCE OF AIRWAYS	44.70	00	15								X
03	31725	CLEARANCE OF AIRWAYS	67.32										X
07	31725	CLEARANCE OF AIRWAYS	80.78	00	15								X
03	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODU	539.58										
07	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODU	647.50	00	15								
02	31750	REPAIR OF WINDPIPE	170.65										
03	31750	REPAIR OF WINDPIPE	853.27										
07	31750	REPAIR OF WINDPIPE	1,023.92	00	15								
02	31755	REPAIR OF WINDPIPE	214.93										
03	31755	REPAIR OF WINDPIPE	1,074.66										
07	31755	REPAIR OF WINDPIPE	1,289.59	00	15								
02	31760	REPAIR OF WINDPIPE	191.72										
03	31760	REPAIR OF WINDPIPE	958.61										
07	31760	REPAIR OF WINDPIPE	1,150.34	00	15								
02	31766	CARINAL RECONSTRUCTION	252.08										
03	31766	CARINAL RECONSTRUCTION	1,260.41										
07	31766	CARINAL RECONSTRUCTION	1,512.50	00	15								
02	31770	REPAIR/GRAFT OF BRONCHUS	185.95										
03	31770	REPAIR/GRAFT OF BRONCHUS	929.76										
07	31770	REPAIR/GRAFT OF BRONCHUS	1,115.71	00	15								
02	31775	RECONSTRUCT BRONCHUS	214.93										
03	31775	RECONSTRUCT BRONCHUS	962.67										
07	31775	RECONSTRUCT BRONCHUS	1,155.20	00	15								
02	31780	RECONSTRUCT WINDPIPE	160.66										
03	31780	RECONSTRUCT WINDPIPE	803.31										
07	31780	RECONSTRUCT WINDPIPE	963.97	00	15								
02	31781	RECONSTRUCT WINDPIPE	195.74										
03	31781	RECONSTRUCT WINDPIPE	978.68										
07	31781	RECONSTRUCT WINDPIPE	1,174.41	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	31785	REMOVE WINDPIPE LESION	147.38									
03	31785	REMOVE WINDPIPE LESION	736.88									
07	31785	REMOVE WINDPIPE LESION	884.26	00 15								
02	31786	REMOVE WINDPIPE LESION	206.78									
03	31786	REMOVE WINDPIPE LESION	1,033.92									
07	31786	REMOVE WINDPIPE LESION	1,240.70	00 15								
03	31800	REPAIR OF WINDPIPE INJURY	449.30									
07	31800	REPAIR OF WINDPIPE INJURY	539.16	00 15								
02	31805	REPAIR OF WINDPIPE INJURY	113.58									
03	31805	REPAIR OF WINDPIPE INJURY	567.92									
07	31805	REPAIR OF WINDPIPE INJURY	681.51	00 15								
03	31820	CLOSURE OF WINDPIPE LESION	271.28									
07	31820	CLOSURE OF WINDPIPE LESION	325.54	00 15								
03	31825	REPAIR OF WINDPIPE DEFECT	381.38									
07	31825	REPAIR OF WINDPIPE DEFECT	457.66	00 15								
03	31830	REVISE WINDPIPE SCAR	273.55									
07	31830	REVISE WINDPIPE SCAR	328.26	00 15								
02	31899	AIRWAYS SURGICAL PROCEDURE	MP		X							
03	31899	AIRWAYS SURGICAL PROCEDURE	MP		X							
07	31899	AIRWAYS SURGICAL PROCEDURE	MP	00 15	X							
02	32035	EXPLORATION OF CHEST	96.12									
03	32035	EXPLORATION OF CHEST	480.61									
07	32035	EXPLORATION OF CHEST	576.73	00 15								
02	32036	EXPLORATION OF CHEST	104.40									
03	32036	EXPLORATION OF CHEST	522.01									
07	32036	EXPLORATION OF CHEST	626.41	00 15								
02	32095	BIOPSY THROUGH CHEST WALL	85.77									
03	32095	BIOPSY THROUGH CHEST WALL	428.86									
07	32095	BIOPSY THROUGH CHEST WALL	514.63	00 15								
02	32100	EXPLORATION/BIOPSY OF CHEST	133.47									
03	32100	EXPLORATION/BIOPSY OF CHEST	667.37									
07	32100	EXPLORATION/BIOPSY OF CHEST	800.85	00 15								
02	32110	EXPLORE/REPAIR CHEST	201.43									
03	32110	EXPLORE/REPAIR CHEST	1,007.14									
07	32110	EXPLORE/REPAIR CHEST	1,208.57	00 15								
02	32120	RE-EXPLORATION OF CHEST	118.93									
03	32120	RE-EXPLORATION OF CHEST	594.67									
07	32120	RE-EXPLORATION OF CHEST	713.60	00 15								
02	32124	EXPLORE CHEST,FREE ADHESIONS	126.83									
03	32124	EXPLORE CHEST,FREE ADHESIONS	634.13									
07	32124	EXPLORE CHEST,FREE ADHESIONS	760.96	00 15								
02	32140	REMOVAL OF LUNG LESION(S)	135.66									
03	32140	REMOVAL OF LUNG LESION(S)	678.29									
07	32140	REMOVAL OF LUNG LESION(S)	813.94	00 15								
02	32141	REMOVE/TREAT LUNG LESIONS	204.57									
03	32141	REMOVE/TREAT LUNG LESIONS	1,022.85									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	32141	REMOVE/TREAT LUNG LESIONS	1,227.42	00 15								
02	32150	REMOVAL OF LUNG LESION(S)	136.76									
03	32150	REMOVAL OF LUNG LESION(S)	683.82									
07	32150	REMOVAL OF LUNG LESION(S)	820.58	00 15								
02	32151	REMOVE LUNG FOREIGN BODY	139.70									
03	32151	REMOVE LUNG FOREIGN BODY	698.48									
07	32151	REMOVE LUNG FOREIGN BODY	838.17	00 15								
02	32160	OPEN CHEST HEART MASSAGE	104.74									
03	32160	OPEN CHEST HEART MASSAGE	523.69									
07	32160	OPEN CHEST HEART MASSAGE	628.43	00 15								
02	32200	DRAINAGE OF LUNG LESION	153.15									
03	32200	DRAINAGE OF LUNG LESION	765.74									
07	32200	DRAINAGE OF LUNG LESION	918.89	00 15								
03	32201	PERCUT DRAINAGE, LUNG LESION	589.67									
07	32201	PERCUT DRAINAGE, LUNG LESION	707.60	00 15								
02	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	109.93									
03	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	549.66									
07	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	659.59	00 15								
02	32220	RELEASE OF LUNG	220.38									
03	32220	RELEASE OF LUNG	1,101.92									
07	32220	RELEASE OF LUNG	1,322.30	00 15								
02	32225	PARTIAL RELEASE OF LUNG	136.96									
03	32225	PARTIAL RELEASE OF LUNG	684.80									
07	32225	PARTIAL RELEASE OF LUNG	821.75	00 15								
02	32310	REMOVAL OF CHEST LINING	126.39									
03	32310	REMOVAL OF CHEST LINING	631.94									
07	32310	REMOVAL OF CHEST LINING	758.33	00 15								
02	32320	FREE/REMOVE CHEST LINING	221.08									
03	32320	FREE/REMOVE CHEST LINING	1,105.40									
07	32320	FREE/REMOVE CHEST LINING	1,326.48	00 15								
03	32400	NEEDLE BIOPSY CHEST LINING	101.56									X
07	32400	NEEDLE BIOPSY CHEST LINING	121.87	00 15								X
02	32402	OPEN BIOPSY CHEST LINING	77.10									
03	32402	OPEN BIOPSY CHEST LINING	385.52									X
07	32402	OPEN BIOPSY CHEST LINING	462.62	00 15								X
03	32405	NEEDLE BIOPSY OF LUNG	72.44									X
07	32405	NEEDLE BIOPSY OF LUNG	86.92	00 15								X
03	32420	PUNCTURE/CLEAR LUNG	79.91									X
07	32420	PUNCTURE/CLEAR LUNG	95.90	00 15								X
03	32421	THORACENTESIS, PUNCTURE OF PLEURAL C	104.63									
07	32421	THORACENTESIS, PUNCTURE OF PLEURAL C	125.55	00 15								
03	32422	THORACENTESIS WITH INSERTION OF TUBE	132.91									
07	32422	THORACENTESIS WITH INSERTION OF TUBE	159.49	00 15								
02	32440	REMOVAL OF LUNG	221.42									
03	32440	REMOVAL OF LUNG	1,107.08									
07	32440	REMOVAL OF LUNG	1,328.50	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	409.94									
03	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	2,049.71									
07	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	2,459.66	00 15								
02	32445	REMOVAL OF LUNG	464.48									
03	32445	REMOVAL OF LUNG	2,322.42									
07	32445	REMOVAL OF LUNG	2,786.90	00 15								
02	32480	PARTIAL REMOVAL OF LUNG	209.04									
03	32480	PARTIAL REMOVAL OF LUNG	1,045.19									
07	32480	PARTIAL REMOVAL OF LUNG	1,254.23	00 15								
02	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	222.77									
03	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,113.85									
07	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,336.62	00 15								
02	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	201.37									
03	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,006.85									
07	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,208.22	00 15								
02	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	320.50									
03	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,602.48									
07	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,922.98	00 15								
02	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	324.81									
03	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,624.07									
07	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,948.88	00 15								
02	32500	PARTIAL REMOVAL OF LUNG	201.65									
03	32500	PARTIAL REMOVAL OF LUNG	1,008.26									
07	32500	PARTIAL REMOVAL OF LUNG	1,209.92	00 15								
02	32501	REPAIR BRONCHUS (ADD-ON)	35.58									
03	32501	REPAIR BRONCHUS (ADD-ON)	177.90									
07	32501	REPAIR BRONCHUS (ADD-ON)	213.48	00 15								
02	32503	RESECT APICAL LUNG TUMOR	255.46									
03	32503	RESECT APICAL LUNG TUMOR	1,277.32									
07	32503	RESECT APICAL LUNG TUMOR	1,532.78	00 15								
02	32504	RESECT APICAL LUNG TUM/CHEST	293.60									
03	32504	RESECT APICAL LUNG TUM/CHEST	1,467.99									
07	32504	RESECT APICAL LUNG TUM/CHEST	1,761.59	00 15								
02	32540	REMOVAL OF LUNG LESION	229.91									
03	32540	REMOVAL OF LUNG LESION	1,149.55									
07	32540	REMOVAL OF LUNG LESION	1,379.46	00 15								
03	32550	INSERTION OF INDWELLING TUNNELED PLE	506.26									
07	32550	INSERTION OF INDWELLING TUNNELED PLE	607.51	00 15								
03	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	126.21									
07	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	151.45	00 15								
03	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	131.17									
07	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	157.40	00 15								
02	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	82.70									
03	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	413.51									
07	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	496.22	00 15								
03	32560	INSTILLATION VIA CHEST TUBE/CATHETER	192.09									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	230.51	00 15								
02	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	13.63									
03	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	68.13									
07	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	81.76	00 15								
02	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	12.21									
03	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	61.04									
07	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	73.24	00 15								
02	32601	THORACOSCOPY,DIAGNOSTIC (SEPA	44.03									
03	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	220.16									
07	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	264.20	00 15								
02	32602	THORACOSCOPY,DIAGNOSTIC (SEPA	47.79									
03	32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	238.94									
07	32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	286.72	00 15								
02	32603	THORACOSCOPY,DIAGNOSTIC (SEPA	62.00									
03	32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	309.98									
07	32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	371.98	00 15								
02	32604	THORACOSCOPY,DIAGNOSTIC (SEPA	69.58									
03	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	347.90									
07	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	417.48	00 15								
02	32605	THORACOSCOPY,DIAGNOSTIC (SEPA	54.95									
03	32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	274.73									
07	32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	329.67	00 15								
02	32606	THORACOSCOPY,DIAGNOSTIC (SEPA	66.53									
03	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	332.63									
07	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	399.15	00 15								
02	32650	THORACOSCOPY, SURGICAL;	93.49									
03	32650	THORACOSCOPY, SURGICAL;	467.44									
07	32650	THORACOSCOPY, SURGICAL;	560.93	00 15								
02	32651	THORACOSCOPY, SURGICAL;	147.57									
03	32651	THORACOSCOPY, SURGICAL;	737.87									
07	32651	THORACOSCOPY, SURGICAL;	885.44	00 15								
02	32652	THORACOSCOPY, SURGICAL;	224.26									
03	32652	THORACOSCOPY, SURGICAL;	1,121.30									
07	32652	THORACOSCOPY, SURGICAL;	1,345.56	00 15								
02	32653	THORACOSCOPY, SURGICAL;	143.13									
03	32653	THORACOSCOPY, SURGICAL;	715.67									
07	32653	THORACOSCOPY, SURGICAL;	858.81	00 15								
02	32654	THORACOSCOPY, SURGICAL;	157.68									
03	32654	THORACOSCOPY, SURGICAL;	788.41									
07	32654	THORACOSCOPY, SURGICAL;	946.09	00 15								
02	32655	THORACOSCOPY, SURGICAL;	130.70									
03	32655	THORACOSCOPY, SURGICAL;	653.51									
07	32655	THORACOSCOPY, SURGICAL;	784.21	00 15								
02	32656	THORACOSCOPY, SURGICAL;	112.11									
03	32656	THORACOSCOPY, SURGICAL;	560.54									
07	32656	THORACOSCOPY, SURGICAL;	672.64	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	32657	THORACOSCOPY, SURGICAL;	110.71									
03	32657	THORACOSCOPY, SURGICAL;	553.55									
07	32657	THORACOSCOPY, SURGICAL;	664.25	00 15								
02	32658	THORACOSCOPY, SURGICAL;	100.92									
03	32658	THORACOSCOPY, SURGICAL;	504.59									
07	32658	THORACOSCOPY, SURGICAL;	605.50	00 15								
02	32659	THORACOSCOPY, SURGICAL;	102.38									
03	32659	THORACOSCOPY, SURGICAL;	511.90									
07	32659	THORACOSCOPY, SURGICAL;	614.28	00 15								
02	32660	THORACOSCOPY, SURGICAL;	144.74									
03	32660	THORACOSCOPY, SURGICAL;	723.69									
07	32660	THORACOSCOPY, SURGICAL;	868.43	00 15								
02	32661	THORACOSCOPY, SURGICAL;	112.93									
03	32661	THORACOSCOPY, SURGICAL;	564.65									
07	32661	THORACOSCOPY, SURGICAL;	677.57	00 15								
02	32662	THORACOSCOPY, SURGICAL;	126.48									
03	32662	THORACOSCOPY, SURGICAL;	632.38									
07	32662	THORACOSCOPY, SURGICAL;	758.85	00 15								
02	32663	THORACOSCOPY, SURGICAL;	194.64									
03	32663	THORACOSCOPY, SURGICAL;	973.18									
07	32663	THORACOSCOPY, SURGICAL;	1,167.81	00 15								
02	32664	THORACOSCOPY, SURGICAL;	120.62									
03	32664	THORACOSCOPY, SURGICAL;	603.08									
07	32664	THORACOSCOPY, SURGICAL;	723.70	00 15								
02	32665	THORACOSCOPY, SURGICAL;	168.27									
03	32665	THORACOSCOPY, SURGICAL;	841.34									
07	32665	THORACOSCOPY, SURGICAL;	1,009.60	00 15								
02	32800	REPAIR LUNG HERNIA	129.00									
03	32800	REPAIR LUNG HERNIA	645.00									
07	32800	REPAIR LUNG HERNIA	774.00	00 15								
02	32810	CLOSE CHEST AFTER DRAINAGE	124.70									
03	32810	CLOSE CHEST AFTER DRAINAGE	623.48									
07	32810	CLOSE CHEST AFTER DRAINAGE	748.17	00 15								
02	32815	CLOSE BRONCHIAL FISTULA	368.41									
03	32815	CLOSE BRONCHIAL FISTULA	1,842.05									
07	32815	CLOSE BRONCHIAL FISTULA	2,210.46	00 15								
02	32820	RECONSTRUCT INJURED CHEST	185.31									
03	32820	RECONSTRUCT INJURED CHEST	926.56									
07	32820	RECONSTRUCT INJURED CHEST	1,111.87	00 15								
02	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X							
03	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X							
07	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP	00 15	X							
02	32851	LUNG TRANSPLANT SINGLE WITHOUT CARDI	MP		X							
03	32851	LUNG TRANSPLANT, SINGLE;	MP		X							
07	32851	LUNG TRANSPLANT, SINGLE;	2,171.93	00 15	X							
02	32852	LUNG TRANSPLANT SINGLE WITH CARDIOPU	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	32852	LUNG TRANSPLANT, SINGLE;	MP			X							
07	32852	LUNG TRANSPLANT, SINGLE;	2,339.48	00	15	X							
02	32853	LUNG TRANSPLANT DOUBLE (BILATERAL SE	MP			X							
03	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP			X							
07	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,653.18	00	15	X							
03	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP			X							
07	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,802.22	00	15	X							
03	32855	PREPARE DONOR LUNG, SINGLE	MP			X							
07	32855	PREPARE DONOR LUNG, SINGLE	MP	00	15	X							
03	32856	PREPARE DONOR LUNG, DOUBLE	MP			X							
07	32856	PREPARE DONOR LUNG, DOUBLE	MP	00	15	X							
02	32900	REMOVAL OF RIB(S)	190.18										
03	32900	REMOVAL OF RIB(S)	950.91										
07	32900	REMOVAL OF RIB(S)	1,141.09	00	15								
02	32905	REVISE & REPAIR CHEST WALL	187.91										
03	32905	REVISE & REPAIR CHEST WALL	939.54										
07	32905	REVISE & REPAIR CHEST WALL	1,127.45	00	15								
02	32906	REVISE & REPAIR CHEST WALL	233.69										
03	32906	REVISE & REPAIR CHEST WALL	1,168.45										
07	32906	REVISE & REPAIR CHEST WALL	1,402.14	00	15								
02	32940	REVISION OF LUNG	172.16										
03	32940	REVISION OF LUNG	860.81										
07	32940	REVISION OF LUNG	1,032.97	00	15								
03	32960	THERAPEUTIC PNEUMOTHORAX	94.01										
07	32960	THERAPEUTIC PNEUMOTHORAX	112.81	00	15								
03	32997	TOTAL LUNG LAVAGE	255.18										
07	32997	TOTAL LUNG LAVAGE	306.22	00	15								
03	32998	ABLATION THERAPY FOR REDUCTION OR ER	1,782.31										
07	32998	ABLATION THERAPY FOR REDUCTION OR ER	2,138.77	00	15								
02	32999	CHEST SURGERY PROCEDURE	MP			X							
03	32999	CHEST SURGERY PROCEDURE	MP				X						
07	32999	CHEST SURGERY PROCEDURE	MP	00	15		X						
03	33010	DRAINAGE OF HEART SAC	87.72										
07	33010	DRAINAGE OF HEART SAC	105.26	00	15								
03	33011	REPEAT DRAINAGE OF HEART SAC	86.06										X
07	33011	REPEAT DRAINAGE OF HEART SAC	103.28	00	15								X
03	33015	INCISION OF HEART SAC	369.62										
07	33015	INCISION OF HEART SAC	443.55	00	15								
02	33020	INCISION OF HEART SAC	121.38										
03	33020	INCISION OF HEART SAC	606.92										
07	33020	INCISION OF HEART SAC	728.31	00	15								
02	33025	INCISION OF HEART SAC	112.27										
03	33025	INCISION OF HEART SAC	561.34										
07	33025	INCISION OF HEART SAC	673.61	00	15								
02	33030	PARTIAL REMOVAL OF HEART SAC	179.83										
03	33030	PARTIAL REMOVAL OF HEART SAC	899.16										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33030	PARTIAL REMOVAL OF HEART SAC	1,078.99	00 15								
02	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	201.00									
03	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,004.99									
07	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,205.98	00 15								
02	33050	REMOVAL OF HEART SAC LESION	138.73									
03	33050	REMOVAL OF HEART SAC LESION	693.63									
07	33050	REMOVAL OF HEART SAC LESION	832.36	00 15								
02	33120	REMOVAL OF HEART LESION	220.05									
03	33120	REMOVAL OF HEART LESION	1,100.25									
07	33120	REMOVAL OF HEART LESION	1,320.30	00 15								
02	33130	REMOVAL OF HEART LESION	193.37									
03	33130	REMOVAL OF HEART LESION	966.86									
07	33130	REMOVAL OF HEART LESION	1,160.23	00 15								
02	33140	HEART REVASCULARIZE (TMR)	220.17									
03	33140	HEART REVASCULARIZE (TMR)	1,100.87		X							
07	33140	HEART REVASCULARIZE (TMR)	1,321.04	00 15	X							
02	33141	HEART TMR W/OTHER PROCEDURE	21.96									
03	33141	HEART TMR W/OTHER PROCEDURE	109.82		X							
07	33141	HEART TMR W/OTHER PROCEDURE	131.78	00 15	X							
02	33202	INSERTION OF EPICARDIAL ELECTR	109.37									
03	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	546.83									
07	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	656.19	00 15								
02	33203	INSERTION OF EPICARDIAL ELECTR	114.65									
03	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	573.23									
07	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	687.88	00 15								
03	33206	INSERTION HEART PACEMAKER/ATRIUM	328.32									
07	33206	INSERTION HEART PACEMAKER/ATRIUM	393.98	00 15								
03	33207	INSERT HEART PACEMAKER/VENTRICULAR	352.24									
07	33207	INSERT HEART PACEMAKER/VENTRICULAR	422.69	00 15								
03	33208	INSERT HEART PACEMAKER/AV SEQUENTIAL	379.30									
07	33208	INSERT HEART PACEMAKER/AV SEQUENTIAL	455.16	00 15								
03	33210	INSERTION OF HEART ELECTRODE	131.13									
07	33210	INSERTION OF HEART ELECTRODE	157.36	00 15								
03	33211	INSERTION OR REPLACEMENT OF TEMPORAR	132.15									
07	33211	INSERTION OR REPLACEMENT OF TEMPORAR	158.58	00 15								
03	33212	INSERTION OF PULSE GENERATOR	245.87									
07	33212	INSERTION OF PULSE GENERATOR	295.05	00 15								
03	33213	INSERTION OR REPLACEMENT OF PACEMAKE	280.51									
07	33213	INSERTION OR REPLACEMENT OF PACEMAKE	336.61	00 15								
03	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	347.71									
07	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	417.25	00 15								
03	33215	REPOSITION PACING-DEFIB LEAD	221.96									
07	33215	REPOSITION PACING-DEFIB LEAD	266.35	00 15								
03	33216	REVISION IMPLANTED ELECTRODE	272.01									
07	33216	REVISION IMPLANTED ELECTRODE	326.41	00 15								
03	33217	INSERTION, REPLACEMENT OR REPOSITION	270.02									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33217	INSERTION, REPLACEMENT OR REPOSITION	324.03	00 15								
03	33218	REPAIR PACEMAKER ELECTRODES	281.09									
07	33218	REPAIR PACEMAKER ELECTRODES	337.31	00 15								
03	33220	REPAIR OF PACEMAKER ELECTRODE(S) ONL	283.73									
07	33220	REPAIR OF PACEMAKER ELECTRODE(S) ONL	340.48	00 15								
03	33222	REVISE/RELOCATE SKIN POCKET-.....	247.54									
07	33222	REVISE/RELOCATE SKIN POCKET-.....	297.05	00 15								
03	33223	REVISION OR RELOCATION OF SKIN POCKE	300.41									
07	33223	REVISION OR RELOCATION OF SKIN POCKE	360.50	00 15								
03	33224	INSERT PACING LEAD & CONNECT	369.90									
07	33224	INSERT PACING LEAD & CONNECT	443.88	00 15								
03	33225	L VENTRIC PACING LEAD ADD-ON	333.80									
07	33225	L VENTRIC PACING LEAD ADD-ON	400.55	00 15								
03	33226	REPOSITION L VENTRIC LEAD	357.80									
07	33226	REPOSITION L VENTRIC LEAD	429.36	00 15								
03	33233	REMOVAL OF PERMANENT PACEMAKER;	172.10									
07	33233	REMOVAL OF PERMANENT PACEMAKER;	206.51	00 15								
03	33234	REMOVAL OF PERMANENT PACEMAKER;	352.68									
07	33234	REMOVAL OF PERMANENT PACEMAKER;	423.22	00 15								
03	33235	REMOVAL OF PERMANENT PACEMAKER;	455.32									
07	33235	REMOVAL OF PERMANENT PACEMAKER;	546.38	00 15								
02	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	109.36									
03	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	546.80									
07	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	656.16	00 15								
02	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	120.25									
03	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	601.25									
07	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	721.50	00 15								
02	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	130.51									
03	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	652.54									
07	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	783.05	00 15								
03	33240	INSERTION OR REPLACEMENT OF IMPLANTA	336.39									
07	33240	INSERTION OR REPLACEMENT OF IMPLANTA	403.67	00 15								
03	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-	162.83									
07	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-	195.39	00 15								
02	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	191.08									
03	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	955.40									
07	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,146.48	00 15								
03	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	619.85									
07	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	743.81	00 15								
02	33249	INSERTION OR REPLACEMENT OF IMPLANTA	130.95									
03	33249	INSERTION OR REPLACEMENT OF IMPLANTA	654.77									
07	33249	INSERTION OR REPLACEMENT OF IMPLANTA	785.72	00 15								
02	33250	OPERATIVE ABLATION O SUPRAVENTRICUL	206.59									
03	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,032.95									
07	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,239.54	00 15								
02	33251	OPERATIVE ABLATION W CARDIO BYPASS	229.18									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,145.91									
07	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,375.09	00 15								
02	33254	OPERATIVE TISSUE ABLATION AND RECONS	193.04									
03	33254	OPERATIVE TISSUE ABLATION AND RECONS	965.19									
07	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,158.23	00 15								
02	33255	OPERATIVE TISSUE ABLATION AND RECONS	235.93									
03	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,179.65									
07	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,415.58	00 15								
02	33256	OPERATIVE TISSUE ABLATION AND RECONS	281.96									
03	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,409.80									
07	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,691.76	00 15								
02	33257	OPERATIVE TISSUE ABLATION AND RECONS	80.38									
03	33257	OPERATIVE TISSUE ABLATION AND RECONS	401.90									
07	33257	OPERATIVE TISSUE ABLATION AND RECONS	482.28	00 15								
02	33258	OPERATIVE TISSUE ABLATION AND RECONS	90.99									
03	33258	OPERATIVE TISSUE ABLATION AND RECONS	454.95									
07	33258	OPERATIVE TISSUE ABLATION AND RECONS	545.94	00 15								
02	33259	OPERATIVE TISSUE ABLATION AND RECONS	119.19									
03	33259	OPERATIVE TISSUE ABLATION AND RECONS	595.96									
07	33259	OPERATIVE TISSUE ABLATION AND RECONS	715.15	00 15								
02	33261	OPER ABLATION O ARRHYTH FOCUS; W CAR	227.94									
03	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,139.69									
07	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,367.62	00 15								
02	33265	ABLATE ATRIA, LMTD, ENDO	192.66									
03	33265	ABLATE ATRIA, LMTD, ENDO	963.29									
07	33265	ABLATE ATRIA, LMTD, ENDO	1,155.95	00 15								
02	33266	ABLATE ATRIA, X10SV, ENDO	265.05									
03	33266	ABLATE ATRIA, X10SV, ENDO	1,325.23									
07	33266	ABLATE ATRIA, X10SV, ENDO	1,590.27	00 15								
03	33282	IMPLANT PAT-ACTIVE HT RECORD	231.25									
07	33282	IMPLANT PAT-ACTIVE HT RECORD	277.50	00 15								
03	33284	REMOVE PAT-ACTIVE HT RECORD	165.41									
07	33284	REMOVE PAT-ACTIVE HT RECORD	198.50	00 15								
02	33300	REPAIR OF HEART WOUND	324.99									
03	33300	REPAIR OF HEART WOUND	1,624.97									
07	33300	REPAIR OF HEART WOUND	1,949.96	00 15								
02	33305	REPAIR OF HEART WOUND	541.30									
03	33305	REPAIR OF HEART WOUND	2,706.50									
07	33305	REPAIR OF HEART WOUND	3,247.79	00 15								
02	33310	EXPLORATORY HEART SURGERY	164.64									
03	33310	EXPLORATORY HEART SURGERY	823.19									
07	33310	EXPLORATORY HEART SURGERY	987.83	00 15								
02	33315	EXPLORATORY HEART SURGERY	209.53									
03	33315	EXPLORATORY HEART SURGERY	1,047.65									
07	33315	EXPLORATORY HEART SURGERY	1,257.18	00 15								
02	33320	REPAIR MAJOR BLOOD VESSEL(S)	148.90									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33320	REPAIR MAJOR BLOOD VESSEL(S)	744.52									
07	33320	REPAIR MAJOR BLOOD VESSEL(S)	893.42	00 15								
02	33321	REPAIR MAJOR VESSEL	168.79									
03	33321	REPAIR MAJOR VESSEL	843.93									
07	33321	REPAIR MAJOR VESSEL	1,012.72	00 15								
02	33322	REPAIR MAJOR BLOOD VESSEL(S)	195.28									
03	33322	REPAIR MAJOR BLOOD VESSEL(S)	976.41									
07	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,171.69	00 15								
02	33330	INSERT MAJOR VESSEL GRAFT	197.37									
03	33330	INSERT MAJOR VESSEL GRAFT	986.87									
07	33330	INSERT MAJOR VESSEL GRAFT	1,184.24	00 15								
02	33332	INSERT MAJOR VESSEL GRAFT	197.11									
03	33332	INSERT MAJOR VESSEL GRAFT	985.55									
07	33332	INSERT MAJOR VESSEL GRAFT	1,182.66	00 15								
02	33335	INSERT MAJOR VESSEL GRAFT	266.96									
03	33335	INSERT MAJOR VESSEL GRAFT	1,334.82									
07	33335	INSERT MAJOR VESSEL GRAFT	1,601.78	00 15								
02	33400	REPAIR OF AORTIC VALVE	320.31									
03	33400	REPAIR OF AORTIC VALVE	1,601.55									
07	33400	REPAIR OF AORTIC VALVE	1,921.86	00 15								
02	33401	VALVULOPLASTY, AORTIC VALVE;	211.42									
03	33401	VALVULOPLASTY, AORTIC VALVE;	1,057.08									
07	33401	VALVULOPLASTY, AORTIC VALVE;	1,268.50	00 15								
02	33403	VALVULOPLASTY, AORTIC VALVE;	212.92									
03	33403	VALVULOPLASTY, AORTIC VALVE;	1,064.58									
07	33403	VALVULOPLASTY, AORTIC VALVE;	1,277.50	00 15								
02	33404	CONSTRUCT APICAL-AORTIC CONDUIT	253.18									
03	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,265.90									
07	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,519.07	00 15								
02	33405	REPLACEMENT OF AORTIC VALVE	328.12									
03	33405	REPLACEMENT OF AORTIC VALVE	1,640.60									
07	33405	REPLACEMENT OF AORTIC VALVE	1,968.72	00 15								
02	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	404.07									
03	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,020.37									
07	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,424.45	00 15								
02	33410	REPLACEMENT OF AORTIC VALVE	356.32									
03	33410	REPLACEMENT OF AORTIC VALVE	1,781.61									
07	33410	REPLACEMENT OF AORTIC VALVE	2,137.93	00 15								
02	33411	REPLACE AORTIC VALVE;ANNULUS E	26.43									
03	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	2,325.68									
07	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	2,790.82	00 15								
02	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	354.79									
03	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	1,773.97									
07	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	2,128.76	00 15								
02	33413	REPLACEMENT, AORTIC VALVE;	459.58									
03	33413	REPLACEMENT, AORTIC VALVE;	2,297.92									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33413	REPLACEMENT, AORTIC VALVE;	2,757.50	00 15								
02	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	307.14									
03	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,535.72									
07	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,842.87	00 15								
02	33415	REVISION OF AORTIC VALVE	284.97									
03	33415	REVISION OF AORTIC VALVE	1,424.84									
07	33415	REVISION OF AORTIC VALVE	1,709.81	00 15								
02	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	286.40									
03	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,432.00									
07	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,718.40	00 15								
02	33417	REPAIR OF AORTIC VALVE	238.58									
03	33417	REPAIR OF AORTIC VALVE	1,192.92									
07	33417	REPAIR OF AORTIC VALVE	1,431.50	00 15								
02	33420	REVISION OF MITRAL VALVE	192.31									
03	33420	REVISION OF MITRAL VALVE	961.54									
07	33420	REVISION OF MITRAL VALVE	1,153.85	00 15								
02	33422	REVISION OF MITRAL VALVE	239.43									
03	33422	REVISION OF MITRAL VALVE	1,197.17									
07	33422	REVISION OF MITRAL VALVE	1,436.60	00 15								
02	33425	REPAIR OF MITRAL VALVE	371.97									
03	33425	REPAIR OF MITRAL VALVE	1,859.83									
07	33425	REPAIR OF MITRAL VALVE	2,231.79	00 15								
02	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	338.51									
03	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,692.56									
07	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,031.07	00 15								
02	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	354.44									
03	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,772.18									
07	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,126.61	00 15								
02	33430	REPLACEMENT OF MITRAL VALVE	390.89									
03	33430	REPLACEMENT OF MITRAL VALVE	1,954.45									
07	33430	REPLACEMENT OF MITRAL VALVE	2,345.34	00 15								
02	33460	REVISION OF TRICUSPID VALVE	330.86									
03	33460	REVISION OF TRICUSPID VALVE	1,654.30									
07	33460	REVISION OF TRICUSPID VALVE	1,985.16	00 15								
02	33463	VALVULOPLASTY, TRICUSPID VALVE;	417.59									
03	33463	VALVULOPLASTY, TRICUSPID VALVE;	2,087.97									
07	33463	VALVULOPLASTY, TRICUSPID VALVE;	2,505.56	00 15								
02	33464	VALVULOPLASTY, TRICUSPID VALVE;	337.29									
03	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,686.44									
07	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,023.72	00 15								
02	33465	REPLACE TRICUSPID VALVE	377.57									
03	33465	REPLACE TRICUSPID VALVE	1,887.87									
07	33465	REPLACE TRICUSPID VALVE	2,265.44	00 15								
02	33468	REVISION OF TRICUSPID VALVE	266.17									
03	33468	REVISION OF TRICUSPID VALVE	1,330.83									
07	33468	REVISION OF TRICUSPID VALVE	1,597.00	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	33470	REVISION OF PULMONARY VALVE	165.91									
03	33470	REVISION OF PULMONARY VALVE	829.55									
07	33470	REVISION OF PULMONARY VALVE	995.46	00 15								
02	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	188.18									
03	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	940.88									
07	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,129.06	00 15								
02	33472	REVISION OF PULMONARY VALVE	190.13									
03	33472	REVISION OF PULMONARY VALVE	950.67									
07	33472	REVISION OF PULMONARY VALVE	1,140.80	00 15								
02	33474	REVISION OF PULMONARY VALVE	290.59									
03	33474	REVISION OF PULMONARY VALVE	1,452.97									
07	33474	REVISION OF PULMONARY VALVE	1,743.56	00 15								
02	33475	REPLACEMENT, PULMONARY VALVE	328.28									
03	33475	REPLACEMENT, PULMONARY VALVE	1,641.41									
07	33475	REPLACEMENT, PULMONARY VALVE	1,969.69	00 15								
02	33476	REVISION OF HEART CHAMBER	206.43									
03	33476	REVISION OF HEART CHAMBER	1,032.13									
07	33476	REVISION OF HEART CHAMBER	1,238.55	00 15								
02	33478	REVISION OF HEART CHAMBER	223.52									
03	33478	REVISION OF HEART CHAMBER	1,117.58									
07	33478	REVISION OF HEART CHAMBER	1,341.10	00 15								
02	33496	REPAIR, PROSTH VALVE CLOT	239.28									
03	33496	REPAIR, PROSTH VALVE CLOT	1,196.38									
07	33496	REPAIR, PROSTH VALVE CLOT	1,435.65	00 15								
02	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	224.47									
03	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,122.35									
07	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,346.82	00 15								
02	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	154.57									
03	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	772.83									
07	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	927.40	00 15								
02	33502	CORONARY ARTERY CORRECTION	179.46									
03	33502	CORONARY ARTERY CORRECTION	897.31									
07	33502	CORONARY ARTERY CORRECTION	1,076.77	00 15								
02	33503	CORONARY ARTERY GRAFT	189.41									
03	33503	CORONARY ARTERY GRAFT	947.04									
07	33503	CORONARY ARTERY GRAFT	1,136.45	00 15								
02	33504	CORONARY ARTERY GRAFT	205.10									
03	33504	CORONARY ARTERY GRAFT	1,025.50									
07	33504	CORONARY ARTERY GRAFT	1,230.60	00 15								
02	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	280.12									
03	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,400.62									
07	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,680.74	00 15								
02	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	293.20									
03	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,466.00									
07	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,759.20	00 15								
02	33507	REPAIR ART, INTRAMURAL	247.86									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33507	REPAIR ART, INTRAMURAL	1,239.29									
07	33507	REPAIR ART, INTRAMURAL	1,487.14	00 15								
02	33508	ENDOSCOPIC VEIN HARVEST	2.34									
03	33508	ENDOSCOPIC VEIN HARVEST	11.72									
07	33508	ENDOSCOPIC VEIN HARVEST	14.07	00 15								
02	33510	CORONARY ARTERY BYPASS	278.76									
03	33510	CORONARY ARTERY BYPASS	1,393.78									
07	33510	CORONARY ARTERY BYPASS	1,672.53	00 15								
02	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	304.00									
03	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,520.00									
07	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,823.99	00 15								
02	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	342.00									
03	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	1,710.00									
07	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,052.00	00 15								
02	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	349.77									
03	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	1,748.87									
07	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,098.64	00 15								
02	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	370.03									
03	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	1,850.15									
07	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,220.18	00 15								
02	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	384.89									
03	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	1,924.47									
07	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,309.36	00 15								
02	33517	CORONARY ARTERY BYPASS, USING VENOUS	26.64									
03	33517	CORONARY ARTERY BYPASS, USING VENOUS	133.19									
07	33517	CORONARY ARTERY BYPASS, USING VENOUS	159.82	00 15								
02	33518	CORONARY ARTERY BYPASS, USING VENOUS	57.54									
03	33518	CORONARY ARTERY BYPASS, USING VENOUS	287.69									
07	33518	CORONARY ARTERY BYPASS, USING VENOUS	345.23	00 15								
02	33519	CORONARY ARTERY BYPASS, USING VENOUS	76.83									
03	33519	CORONARY ARTERY BYPASS, USING VENOUS	384.14									
07	33519	CORONARY ARTERY BYPASS, USING VENOUS	460.96	00 15								
02	33521	CORONARY ARTERY BYPASS, USING VENOUS	93.11									
03	33521	CORONARY ARTERY BYPASS, USING VENOUS	465.53									
07	33521	CORONARY ARTERY BYPASS, USING VENOUS	558.63	00 15								
02	33522	CORONARY ARTERY BYPASS, USING VENOUS	106.18									
03	33522	CORONARY ARTERY BYPASS, USING VENOUS	530.89									
07	33522	CORONARY ARTERY BYPASS, USING VENOUS	637.07	00 15								
02	33523	CORONARY ARTERY BYPASS, USING VENOUS	121.31									
03	33523	CORONARY ARTERY BYPASS, USING VENOUS	606.53									
07	33523	CORONARY ARTERY BYPASS, USING VENOUS	727.84	00 15								
02	33530	REOPERATION,CORON ART BYPASS >1MONTH	73.11									
03	33530	REOPERATION,CORON ART BYPASS >1MONTH	365.55									
07	33530	REOPERATION,CORON ART BYPASS >1MONTH	438.66	00 15								
02	33533	CORONARY ARTERY BYPASS, USING ARTERI	271.73									
03	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,358.66									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,630.40	00 15								
02	33534	CORONARY ARTERY BYPASS, USING ARTERI	315.31									
03	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,576.54									
07	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,891.85	00 15								
02	33535	CORONARY ARTERY BYPASS, USING ARTERI	350.04									
03	33535	CORONARY ARTERY BYPASS, USING ARTERI	1,750.20									
07	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,100.24	00 15								
02	33536	CORONARY ARTERY BYPASS, USING ARTERI	375.39									
03	33536	CORONARY ARTERY BYPASS, USING ARTERI	1,876.97									
07	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,252.37	00 15								
02	33542	REMOVAL OF HEART LESION	361.14									
03	33542	REMOVAL OF HEART LESION	1,805.72									
07	33542	REMOVAL OF HEART LESION	2,166.86	00 15								
02	33545	REPAIR OF HEART DAMAGE	426.28									
03	33545	REPAIR OF HEART DAMAGE	2,131.40									
07	33545	REPAIR OF HEART DAMAGE	2,557.67	00 15								
02	33548	RESTORE/REMODEL, VENTRICLE	417.93									
03	33548	RESTORE/REMODEL, VENTRICLE	2,089.66									
07	33548	RESTORE/REMODEL, VENTRICLE	2,507.59	00 15								
02	33572	OPEN CORONARY ENDARTERECTOMY	34.00									
03	33572	OPEN CORONARY ENDARTERECTOMY	169.99									
07	33572	OPEN CORONARY ENDARTERECTOMY	203.99	00 15								
02	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	243.82									
03	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,219.08									
07	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,462.90	00 15								
02	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	231.87									
03	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,159.37									
07	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,391.24	00 15								
02	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	252.79									
03	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,263.95									
07	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,516.74	00 15								
02	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	259.65									
03	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,298.24									
07	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,557.89	00 15								
02	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	253.38									
03	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,266.90									
07	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,520.28	00 15								
02	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	278.07									
03	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,390.34									
07	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,668.41	00 15								
02	33612	REPAIR OF DOUBLE OUTLET RIGH VENTRI	288.35									
03	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,441.73									
07	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,730.08	00 15								
02	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	285.51									
03	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,427.55									
07	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,713.06	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	33617	REPAIR OF COMPLEX ANOMALIES	308.29									
03	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,541.46									
07	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,849.75	00 15								
02	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	377.41									
03	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	1,887.07									
07	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,264.48	00 15								
02	33641	REPAIR HEART SEPTUM DEFECT	228.14									
03	33641	REPAIR HEART SEPTUM DEFECT	1,140.72									
07	33641	REPAIR HEART SEPTUM DEFECT	1,368.86	00 15								
02	33645	REVISION OF HEART VEINS	225.14									
03	33645	REVISION OF HEART VEINS	1,125.71									
07	33645	REVISION OF HEART VEINS	1,350.85	00 15								
02	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	238.14									
03	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,190.68									
07	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,428.81	00 15								
02	33660	REPAIR OF HEART DEFECTS	251.62									
03	33660	REPAIR OF HEART DEFECTS	1,258.11									
07	33660	REPAIR OF HEART DEFECTS	1,509.73	00 15								
02	33665	REPAIR OF HEART DEFECTS	271.11									
03	33665	REPAIR OF HEART DEFECTS	1,355.53									
07	33665	REPAIR OF HEART DEFECTS	1,626.63	00 15								
02	33670	REPAIR OF HEART CHAMBERS	282.94									
03	33670	REPAIR OF HEART CHAMBERS	1,414.71									
07	33670	REPAIR OF HEART CHAMBERS	1,697.65	00 15								
02	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	282.54									
03	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,412.72									
07	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,695.26	00 15								
02	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	294.31									
03	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,471.54									
07	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,765.85	00 15								
02	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	305.96									
03	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,529.78									
07	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,835.74	00 15								
02	33681	REPAIR HEART SEPTUM DEFECT	260.58									
03	33681	REPAIR HEART SEPTUM DEFECT	1,302.91									
07	33681	REPAIR HEART SEPTUM DEFECT	1,563.49	00 15								
02	33684	REPAIR HEART SEPTUM DEFECT	264.85									
03	33684	REPAIR HEART SEPTUM DEFECT	1,324.26									
07	33684	REPAIR HEART SEPTUM DEFECT	1,589.11	00 15								
02	33688	REPAIR HEART SEPTUM DEFECT	268.25									
03	33688	REPAIR HEART SEPTUM DEFECT	1,341.23									
07	33688	REPAIR HEART SEPTUM DEFECT	1,609.47	00 15								
02	33690	REINFORCE PULMONARY ARTERY	162.77									
03	33690	REINFORCE PULMONARY ARTERY	813.86									
07	33690	REINFORCE PULMONARY ARTERY	976.64	00 15								
02	33692	REPAIR OF HEART DEFECTS	252.10									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33692	REPAIR OF HEART DEFECTS	1,260.49									
07	33692	REPAIR OF HEART DEFECTS	1,512.59	00 15								
02	33694	REPAIR OF HEART DEFECTS	284.22									
03	33694	REPAIR OF HEART DEFECTS	1,421.09									
07	33694	REPAIR OF HEART DEFECTS	1,705.30	00 15								
02	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	303.17									
03	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,515.83									
07	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,818.99	00 15								
02	33702	REPAIR OF HEART DEFECTS	218.15									
03	33702	REPAIR OF HEART DEFECTS	1,090.73									
07	33702	REPAIR OF HEART DEFECTS	1,308.87	00 15								
02	33710	REPAIR OF HEART DEFECTS	262.76									
03	33710	REPAIR OF HEART DEFECTS	1,313.80									
07	33710	REPAIR OF HEART DEFECTS	1,576.56	00 15								
02	33720	REPAIR OF HEART DEFECT	221.07									
03	33720	REPAIR OF HEART DEFECT	1,105.34									
07	33720	REPAIR OF HEART DEFECT	1,326.41	00 15								
02	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	216.97									
03	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,084.83									
07	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,301.80	00 15								
02	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	224.54									
03	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,122.70									
07	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,347.24	00 15								
02	33726	REPAIR OF PULMONARY VENOUS STENOSIS	293.53									
03	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,467.67									
07	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,761.20	00 15								
02	33730	REPAIR HEART-VEIN DEFECT(S)	280.46									
03	33730	REPAIR HEART-VEIN DEFECT(S)	1,402.28									
07	33730	REPAIR HEART-VEIN DEFECT(S)	1,682.74	00 15								
02	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	232.66									
03	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,163.28									
07	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,395.94	00 15								
02	33735	REVISION OF HEART CHAMBER	175.81									
03	33735	REVISION OF HEART CHAMBER	879.06									
07	33735	REVISION OF HEART CHAMBER	1,054.87	00 15								
02	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	197.39									
03	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	986.96									
07	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,184.35	00 15								
02	33737	REVISION OF HEART CHAMBER	184.61									
03	33737	REVISION OF HEART CHAMBER	923.06									
07	33737	REVISION OF HEART CHAMBER	1,107.68	00 15								
02	33750	MAJOR VESSEL SHUNT	182.27									
03	33750	MAJOR VESSEL SHUNT	911.37									
07	33750	MAJOR VESSEL SHUNT	1,093.64	00 15								
02	33755	MAJOR VESSEL SHUNT	183.68									
03	33755	MAJOR VESSEL SHUNT	918.41									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33755	MAJOR VESSEL SHUNT	1,102.09	00 15								
02	33762	MAJOR VESSEL SHUNT	183.20									
03	33762	MAJOR VESSEL SHUNT	915.99									
07	33762	MAJOR VESSEL SHUNT	1,099.19	00 15								
02	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	180.53									
03	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	902.64									
07	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,083.17	00 15								
02	33766	MAJOR VESSEL SHUNT	198.80									
03	33766	MAJOR VESSEL SHUNT	993.98									
07	33766	MAJOR VESSEL SHUNT	1,192.77	00 15								
02	33767	SHUNT;	201.89									
03	33767	SHUNT;	1,009.47									
07	33767	SHUNT;	1,211.36	00 15								
02	33768	CAVOPULMONARY SHUNTING	61.75									
03	33768	CAVOPULMONARY SHUNTING	308.76									
07	33768	CAVOPULMONARY SHUNTING	370.51	00 15								
02	33770	REPAIR OF TRANSPOSITION OF THE GREAT	307.25									
03	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,536.23									
07	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,843.47	00 15								
02	33771	REPAIR OF TRANSPOSITION OF THE GREAT	314.87									
03	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,574.36									
07	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,889.24	00 15								
02	33774	REPAIR TRANS GREAT ARTERIES W CARDIO	258.35									
03	33774	REPAIR TRANSPO GREAT ARTERIES	1,291.74									
07	33774	REPAIR TRANSPO GREAT ARTERIES	1,550.09	00 15								
03	33775	REAPAIR W REMOVAL PULMONARY BAND	1,343.80									
07	33775	REAPAIR W REMOVAL PULMONARY BAND	1,612.56	00 15								
02	33776	REPAIR W CLOSURE VENTRI SEPTAL CEFEC	282.53									
03	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,412.63									
07	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,695.15	00 15								
03	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,388.06									
07	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,665.68	00 15								
02	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	340.62									
03	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	1,703.12									
07	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,043.75	00 15								
02	33779	REPAIR W REMOVAL O PULMONARY BAND	322.96									
03	33779	REPAIR W REMOVAL O PULMONARY BAND	1,614.81									
07	33779	REPAIR W REMOVAL O PULMONARY BAND	1,937.77	00 15								
02	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	336.31									
03	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,681.53									
07	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,017.84	00 15								
02	33781	REPAIR W REPAIR O SUBPULMONIC	334.46									
03	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	1,672.28									
07	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,006.74	00 15								
02	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	480.20									
03	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,401.01									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,881.21	00 15								
02	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	519.09									
03	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	2,595.43									
07	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,114.51	00 15								
02	33786	REPAIR ARTERIAL TRUNK	328.28									
03	33786	REPAIR ARTERIAL TRUNK	1,641.38									
07	33786	REPAIR ARTERIAL TRUNK	1,969.65	00 15								
02	33788	REVISION OF PULMONARY ARTERY	221.45									
03	33788	REVISION OF PULMONARY ARTERY	1,107.27									
07	33788	REVISION OF PULMONARY ARTERY	1,328.72	00 15								
02	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	138.86									
03	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	694.29									
07	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	833.15	00 15								
02	33802	REPAIR VESSEL DEFECT	148.58									
03	33802	REPAIR VESSEL DEFECT	742.91									
07	33802	REPAIR VESSEL DEFECT	891.50	00 15								
02	33803	REPAIR VESSEL DEFECT	163.00									
03	33803	REPAIR VESSEL DEFECT	814.98									
07	33803	REPAIR VESSEL DEFECT	977.98	00 15								
02	33813	OBLITERATION O AORTOPULMON SEPTAL DE	183.25									
03	33813	OBLITERATION O AORTOPULMON SEPTAL DE	916.27									
07	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,099.52	00 15								
02	33814	OBLITERATION W CARDIOPULMONARY BYPAS	216.89									
03	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,084.45									
07	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,301.34	00 15								
02	33820	REVISE MAJOR VESSEL	138.54									
03	33820	REVISE MAJOR VESSEL	692.68									
07	33820	REVISE MAJOR VESSEL	831.21	00 15								
02	33822	REPAIR POTENT DUCTUS ARTERIOSUS;	147.40	00 17								
03	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	737.02	00 17								
07	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	884.42	00 15								
02	33824	REPAIR PATENT DUCTUS ARTERIOSUS	166.53	18 99								
03	33824	REPAIR PATENT DUCTUS ARTERIOSUS	832.65	18 99								
02	33840	REMOVE AORTA CONSTRICTION	167.54									
03	33840	REMOVE AORTA CONSTRICTION	837.70									
07	33840	REMOVE AORTA CONSTRICTION	1,005.24	00 15								
02	33845	REMOVE AORTA CONSTRICTION	193.68									
03	33845	REMOVE AORTA CONSTRICTION	968.41									
07	33845	REMOVE AORTA CONSTRICTION	1,162.09	00 15								
02	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	178.87									
03	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	894.35									
07	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,073.21	00 15								
02	33852	EXCISION O COARCTATION W REPAI	192.46									
03	33852	EXCISION O COARCTATION W REPAIR ARCH	962.30									
07	33852	EXCISION O COARCTATION W REPAIR ARCH	1,154.76	00 15								
02	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	267.36									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,336.80									
07	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,604.16	00 15								
02	33860	ASCENDING AORTA GRAFT	446.34									
03	33860	ASCENDING AORTA GRAFT	2,231.68									
07	33860	ASCENDING AORTA GRAFT	2,678.01	00 15								
02	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	349.58									
03	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	1,747.92									
07	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,097.50	00 15								
02	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	447.03									
03	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,235.17									
07	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,682.21	00 15								
02	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	459.20									
03	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,296.01									
07	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,755.21	00 15								
02	33870	TRANSVERSE AORTIC ARCH GRAFT	364.88									
03	33870	TRANSVERSE AORTIC ARCH GRAFT	1,824.41									
07	33870	TRANSVERSE AORTIC ARCH GRAFT	2,189.29	00 15								
02	33875	THORACIC AORTA GRAFT	282.79									
03	33875	THORACIC AORTA GRAFT	1,413.97									
07	33875	THORACIC AORTA GRAFT	1,696.76	00 15								
02	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	501.27									
03	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,506.36									
07	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,007.63	00 15								
02	33880	ENDOVASC TAA REPR INCL SUBCL	258.33									
03	33880	ENDOVASC TAA REPR INCL SUBCL	1,291.64									
07	33880	ENDOVASC TAA REPR INCL SUBCL	1,549.96	00 15								
02	33881	ENDOVASC TAA REPR W/O SUBCL	221.65									
03	33881	ENDOVASC TAA REPR W/O SUBCL	1,108.25									
07	33881	ENDOVASC TAA REPR W/O SUBCL	1,329.90	00 15								
02	33883	INSERT ENDOVASC PROSTH, TAA	162.26									
03	33883	INSERT ENDOVASC PROSTH, TAA	811.30									
07	33883	INSERT ENDOVASC PROSTH, TAA	973.56	00 15								
02	33884	ENDOVASC PROSTH, TAA, ADD-ON	59.77									X
03	33884	ENDOVASC PROSTH, TAA, ADD-ON	298.85									X
07	33884	ENDOVASC PROSTH, TAA, ADD-ON	358.61	00 15								X
02	33886	ENDOVASC PROSTH, DELAYED	139.36									
03	33886	ENDOVASC PROSTH, DELAYED	696.79									
07	33886	ENDOVASC PROSTH, DELAYED	836.15	00 15								
02	33889	ARTERY TRANSPOSE/ENDOVAS TAA	118.07									
03	33889	ARTERY TRANSPOSE/ENDOVAS TAA	590.35									
07	33889	ARTERY TRANSPOSE/ENDOVAS TAA	708.42	00 15								
02	33891	CAR-CAR BP GRFT/ENDOVAS TAA	147.74									
03	33891	CAR-CAR BP GRFT/ENDOVAS TAA	738.68									
07	33891	CAR-CAR BP GRFT/ENDOVAS TAA	886.42	00 15								
02	33910	REMOVE LUNG ARTERY EMBOLI	235.89									
03	33910	REMOVE LUNG ARTERY EMBOLI	1,179.44									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33910	REMOVE LUNG ARTERY EMBOLI	1,415.32	00 15								
02	33915	REMOVE LUNG ARTERY EMBOLI	186.74									
03	33915	REMOVE LUNG ARTERY EMBOLI	933.68									
07	33915	REMOVE LUNG ARTERY EMBOLI	1,120.42	00 15								
02	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	235.46									
03	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,177.30									
07	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,412.76	00 15								
02	33917	REPAIR OF PULMONARY ARTERY STENOSIS	213.47									
03	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,067.37									
07	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,280.84	00 15								
02	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	258.81									
03	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,294.06									
07	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,552.87	00 15								
02	33922	TRANSECTION OF PULMONARY ARTERY WITH	195.11									
03	33922	TRANSECTION OF PULMONARY ARTERY WITH	975.57									
07	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,170.68	00 15								
02	33924	REMOVE PULMONARY SHUNT	41.73									
03	33924	REMOVE PULMONARY SHUNT	208.67									
07	33924	REMOVE PULMONARY SHUNT	250.40	00 15								
02	33925	RPR PUL ART UNIFOCAL W/O CPB	252.20									
03	33925	RPR PUL ART UNIFOCAL W/O CPB	1,261.02									
07	33925	RPR PUL ART UNIFOCAL W/O CPB	1,513.22	00 15								
02	33926	REPR PUL ART, UNIFOCAL W/CPB	337.38									
03	33926	REPR PUL ART, UNIFOCAL W/CPB	1,686.89									
07	33926	REPR PUL ART, UNIFOCAL W/CPB	2,024.27	00 15								
02	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP		X	X						
03	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP		X							
07	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP	00 15	X							
03	33933	PREPARE DONOR HEART/LUNG	MP		X							
07	33933	PREPARE DONOR HEART/LUNG	MP	00 15	X							
02	33935	HEART-LUNG TRANSPLANT,W/ ORG REMOVAL	MP		X	X						
03	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	MP		X							
07	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	3,332.26	00 15	X							
02	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X	X						
03	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X							
07	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP	00 15	X							
03	33944	PREPARE DONOR HEART	MP		X							
07	33944	PREPARE DONOR HEART	MP	00 15	X							
02	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X							
03	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X							
07	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP	00 15	X							
02	33960	EXTERNAL CIRCULATION ASSIST	144.87									
03	33960	EXTERNAL CIRCULATION ASSIST	724.34									
07	33960	EXTERNAL CIRCULATION ASSIST	869.20	00 15								
03	33961	PROLONGED EXTRACORPOREAL CIRCULATION	399.00									
07	33961	PROLONGED EXTRACORPOREAL CIRCULATION	478.80	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33967	INSERT IA PERCUT DEVICE	194.23									
07	33967	INSERT IA PERCUT DEVICE	233.07	00 15								
03	33968	REMOVE AORTIC ASSIST DEVICE	25.18									
07	33968	REMOVE AORTIC ASSIST DEVICE	30.21	00 15								
02	33970	INTERNAL CIRCULATION ASSIST	52.87									
03	33970	INTERNAL CIRCULATION ASSIST	264.33									
07	33970	INTERNAL CIRCULATION ASSIST	317.20	00 15								
02	33971	REMOVE INTRA-AORTIC BALOON,W/REPAIR	100.44									
03	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	502.19									
07	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	602.62	00 15								
02	33973	INSERTION OF INTRA-AORTIC BALLOON AS	77.12									
03	33973	INSERTION OF INTRA-AORTIC BALLOON AS	385.58									
07	33973	INSERTION OF INTRA-AORTIC BALLOON AS	462.69	00 15								
02	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	128.07									
03	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	640.35									
07	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	768.42	00 15								
02	33975	IMPLANTATION OF VENTRICULAR ASSIST D	160.75									
03	33975	IMPLANTATION OF VENTRICULAR ASSIST D	803.76									
07	33975	IMPLANTATION OF VENTRICULAR ASSIST D	964.51	00 15								
02	33976	IMPLANTATION OF VENTRICULAR ASSIST D	178.19									
03	33976	IMPLANTATION OF VENTRICULAR ASSIST D	890.95									
07	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,069.14	00 15								
02	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	170.64									
03	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	853.18									
07	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,023.81	00 15								
02	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	188.48									
03	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	942.41									
07	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,130.89	00 15								
02	33979	INSERT INTRACORPOREAL DEVICE	352.89								X	
03	33979	INSERT INTRACORPOREAL DEVICE	1,764.45									
07	33979	INSERT INTRACORPOREAL DEVICE	2,117.34	00 15								
02	33980	REMOVE INTRACORPOREAL DEVICE	514.42									
03	33980	REMOVE INTRACORPOREAL DEVICE	2,572.10								X	
07	33980	REMOVE INTRACORPOREAL DEVICE	3,086.51	00 15								
02	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	122.41								X	
03	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	612.06								X	
07	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	612.06	00 15								
02	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	208.43								X	
03	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	1,042.13								X	
07	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	1,042.13	00 15								
02	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	250.11								X	
03	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,250.55								X	
07	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,250.55	00 15								
02	33999	CARDIAC SURGERY PROCEDURE	MP		X							
03	33999	CARDIAC SURGERY PROCEDURE	MP		X							
07	33999	CARDIAC SURGERY PROCEDURE	MP	00 15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	34001	REMOVAL OF ARTERY CLOT	137.61									
03	34001	REMOVAL OF ARTERY CLOT	688.04									
07	34001	REMOVAL OF ARTERY CLOT	825.64	00 15								
02	34051	REMOVAL OF ARTERY CLOT	138.06									
03	34051	REMOVAL OF ARTERY CLOT	690.29									
07	34051	REMOVAL OF ARTERY CLOT	828.34	00 15								
02	34101	REMOVAL OF ARTERY CLOT	87.73									
03	34101	REMOVAL OF ARTERY CLOT	438.66									
07	34101	REMOVAL OF ARTERY CLOT	526.39	00 15								
03	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	438.42									
07	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	526.10	00 15								
02	34151	REMOVAL OF ARTERY CLOT	204.33									
03	34151	REMOVAL OF ARTERY CLOT	1,021.64									
07	34151	REMOVAL OF ARTERY CLOT	1,225.96	00 15								
02	34201	REMOVAL OF ARTERY CLOT	142.67									
03	34201	REMOVAL OF ARTERY CLOT	713.35									
07	34201	REMOVAL OF ARTERY CLOT	856.02	00 15								
02	34203	EMBOL-THROMBECTOMY,POPLITEAL-TIBIO	140.70									
03	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	703.50									
07	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	844.20	00 15								
02	34401	REMOVAL OF VEIN CLOT	209.28									
03	34401	REMOVAL OF VEIN CLOT	1,046.40									
07	34401	REMOVAL OF VEIN CLOT	1,255.68	00 15								
02	34421	REMOVAL OF VEIN CLOT	106.12									
03	34421	REMOVAL OF VEIN CLOT	530.60									
07	34421	REMOVAL OF VEIN CLOT	636.72	00 15								
02	34451	REMOVAL OF VEIN CLOT	220.58									
03	34451	REMOVAL OF VEIN CLOT	1,102.92									
07	34451	REMOVAL OF VEIN CLOT	1,323.50	00 15								
02	34471	REMOVAL OF VEIN CLOT	152.60									
03	34471	REMOVAL OF VEIN CLOT	763.01									
07	34471	REMOVAL OF VEIN CLOT	915.61	00 15								
03	34490	REMOVAL OF VEIN CLOT	440.74									
07	34490	REMOVAL OF VEIN CLOT	528.89	00 15								
02	34501	EXCISION O COARCTATION W REPAI	136.91									
03	34501	VALVULOPLASTY, FEMORAL VEIN	684.56									
07	34501	VALVULOPLASTY, FEMORAL VEIN	821.47	00 15								
02	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	221.77									
03	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,108.86									
07	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,330.63	00 15								
02	34510	TRANSPOSE VENOUS VALVE,ANY VEI	155.36									
03	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	776.82									
07	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	932.18	00 15								
02	34520	CROSS-OVER VEIN GRAFT TO VENOU	149.31									
03	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	746.54									
07	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	895.85	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	34530	SEPHENOPOPLITEAL VEIN ANASTOMO	139.59									
03	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	697.94									
07	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	837.52	00 15								
02	34800	ENDOVASC ABDO REPAIR W/TUBE	166.97									
03	34800	ENDOVASC ABDO REPAIR W/TUBE	834.83									
07	34800	ENDOVASC ABDO REPAIR W/TUBE	1,001.80	00 15								
02	34802	ENDOVASC ABDO REPR W/DEVICE	181.88									
03	34802	ENDOVASC ABDO REPR W/DEVICE	909.42									
07	34802	ENDOVASC ABDO REPR W/DEVICE	1,091.30	00 15								
02	34803	ENDOVAS AAA REPR W/3-P PART	185.77									
03	34803	ENDOVAS AAA REPR W/3-P PART	928.85									
07	34803	ENDOVAS AAA REPR W/3-P PART	1,114.62	00 15								
02	34804	ENDOVASC ABDO REPR W/DEVICE	181.74									
03	34804	ENDOVASC ABDO REPR W/DEVICE	908.70									
07	34804	ENDOVASC ABDO REPR W/DEVICE	1,090.44	00 15								
02	34805	ENDOVASC ABDO REPAIR W/PROS	170.62									
03	34805	ENDOVASC ABDO REPAIR W/PROS	853.12									
07	34805	ENDOVASC ABDO REPAIR W/PROS	1,023.74	00 15								
03	34806	TRANSCATHETER PLACEMENT OF WIRELESS	78.17									
07	34806	TRANSCATHETER PLACEMENT OF WIRELESS	93.80	00 15								
02	34808	ENDOVASC ABDO OCCLUD DEVICE	30.79									
03	34808	ENDOVASC ABDO OCCLUD DEVICE	153.95									
07	34808	ENDOVASC ABDO OCCLUD DEVICE	184.73	00 15								
03	34812	XPOSE FOR ENDOPROSTH, AORTIC	256.15									
07	34812	XPOSE FOR ENDOPROSTH, AORTIC	307.38	00 15								
02	34813	XPOSE FOR ENDOPROSTH, FEMORL	35.42									
03	34813	XPOSE FOR ENDOPROSTH, FEMORL	177.08									
07	34813	XPOSE FOR ENDOPROSTH, FEMORL	212.50	00 15								
02	34820	XPOSE FOR ENDOPROSTH, ILIAC	73.28									
03	34820	XPOSE FOR ENDOPROSTH, ILIAC	366.40									
07	34820	XPOSE FOR ENDOPROSTH, ILIAC	439.68	00 15								
02	34825	ENDOVASC EXTEND PROSTH, INIT	101.50									
03	34825	ENDOVASC EXTEND PROSTH, INIT	507.49									
07	34825	ENDOVASC EXTEND PROSTH, INIT	608.99	00 15								
02	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	30.35									X
03	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	151.75									X
07	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	182.10	00 15								X
02	34830	OPEN AORTIC TUBE PROSTH REPR	268.23									
03	34830	OPEN AORTIC TUBE PROSTH REPR	1,341.15									
07	34830	OPEN AORTIC TUBE PROSTH REPR	1,609.38	00 15								
02	34831	OPEN AORTOILIAC PROSTH REPR	284.70									
03	34831	OPEN AORTOILIAC PROSTH REPR	1,423.50									
07	34831	OPEN AORTOILIAC PROSTH REPR	1,708.20	00 15								
02	34832	OPEN AORTOFEMOR PROSTH REPR	288.21									
03	34832	OPEN AORTOFEMOR PROSTH REPR	1,441.07									
07	34832	OPEN AORTOFEMOR PROSTH REPR	1,729.28	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	34833	XPOSE FOR ENDOPROSTH, ILIAC	90.83									
03	34833	XPOSE FOR ENDOPROSTH, ILIAC	454.14									
07	34833	XPOSE FOR ENDOPROSTH, ILIAC	544.97	00 15								
03	34834	XPOSE, ENDOPROSTH, BRACHIAL	205.54									
07	34834	XPOSE, ENDOPROSTH, BRACHIAL	246.65	00 15								
02	34900	ENDOVASC ILIAC REPR W/GRAFT	132.49									
03	34900	ENDOVASC ILIAC REPR W/GRAFT	662.44									
07	34900	ENDOVASC ILIAC REPR W/GRAFT	794.93	00 15								
02	35001	REPAIR DEFECT OF ARTERY	165.64									
03	35001	REPAIR DEFECT OF ARTERY	828.19									
07	35001	REPAIR DEFECT OF ARTERY	993.83	00 15								
02	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	175.09									
03	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	875.45									
07	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,050.54	00 15								
02	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	150.92									
03	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	754.61									
07	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	905.54	00 15								
02	35011	REPAIR DEFECT OF ARTERY	145.69									
03	35011	REPAIR DEFECT OF ARTERY	728.44									
07	35011	REPAIR DEFECT OF ARTERY	874.13	00 15								
02	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	180.73									
03	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	903.66									
07	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,084.39	00 15								
02	35021	REPAIR DEFECT OF ARTERY	176.68									
03	35021	REPAIR DEFECT OF ARTERY	883.38									
07	35021	REPAIR DEFECT OF ARTERY	1,060.06	00 15								
02	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	199.98									
03	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	999.88									
07	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,199.85	00 15								
02	35045	REPAIR ANEURYSM,OCCLU DIS/ULNAR	141.61									
03	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	708.03									
07	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	849.64	00 15								
02	35081	REPAIR DEFECT OF ARTERY	253.84									
03	35081	REPAIR DEFECT OF ARTERY	1,269.21									
07	35081	REPAIR DEFECT OF ARTERY	1,523.05	00 15								
02	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	319.50									
03	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,597.49									
07	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,916.98	00 15								
02	35091	REPAIR DEFECT OF ARTERY	270.05									
03	35091	REPAIR DEFECT OF ARTERY	1,350.27									
07	35091	REPAIR DEFECT OF ARTERY	1,620.32	00 15								
02	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	381.86									
03	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	1,909.31									
07	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,291.17	00 15								
02	35102	REPAIR DEFECT OF ARTERY	275.71									
03	35102	REPAIR DEFECT OF ARTERY	1,378.56									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35102	REPAIR DEFECT OF ARTERY	1,654.27	00 15								
02	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	330.48									
03	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,652.39									
07	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,982.87	00 15								
02	35111	REPAIR DEFECT OF ARTERY	203.12									
03	35111	REPAIR DEFECT OF ARTERY	1,015.58									
07	35111	REPAIR DEFECT OF ARTERY	1,218.70	00 15								
02	35112	REP.RUPTURED ANCURYSM,SPLENIC ARTERY	248.82									
03	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,244.08									
07	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,492.89	00 15								
02	35121	REPAIR DEFECT OF ARTERY	241.65									
03	35121	REPAIR DEFECT OF ARTERY	1,208.23									
07	35121	REPAIR DEFECT OF ARTERY	1,449.87	00 15								
02	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	288.72									
03	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,443.58									
07	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,732.29	00 15								
02	35131	REPAIR DEFECT OF ARTERY	206.02									
03	35131	REPAIR DEFECT OF ARTERY	1,030.12									
07	35131	REPAIR DEFECT OF ARTERY	1,236.14	00 15								
02	35132	REPAIR RUPTURED ANEURYSM,ILIAC ARTER	248.88									X
03	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,244.40									
07	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,493.28	00 15								
02	35141	REPAIR DEFECT OF ARTERY	163.21									
03	35141	REPAIR DEFECT OF ARTERY	816.06									
07	35141	REPAIR DEFECT OF ARTERY	979.27	00 15								
02	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	195.14									
03	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	975.68									
07	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,170.82	00 15								
02	35151	REPAIR DEFECT OF ARTERY	184.07									
03	35151	REPAIR DEFECT OF ARTERY	920.36									
07	35151	REPAIR DEFECT OF ARTERY	1,104.44	00 15								
02	35152	REP.RUPTURED ANEURYSM/POPLITIAL ART	213.57									
03	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,067.87									
07	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,281.44	00 15								
02	35180	REPAIR CONGENITAL FISTULA-HEAD	120.09									
03	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	600.44									
07	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	720.52	00 15								
02	35182	REP.CONGENITAL FIST-THORAX/ABD	250.83									
03	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,254.17									
07	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,505.01	00 15								
02	35184	REP.CONGENITAL FISTULA,EXTREMI	147.78									
03	35184	REP.CONGENITAL FISTULA,EXTREMITIES	738.89									
07	35184	REP.CONGENITAL FISTULA,EXTREMITIES	886.67	00 15								
02	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD	123.62									
03	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	618.11									
07	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	741.73	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	35189	REP.ACQUIRED/TRAUMA FIST.THORA	231.81									
03	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,159.04									
07	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,390.84	00 15								
02	35190	REP.ACQUIRED/TRAUMA FISTULA-EX	107.92									
03	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	539.62									
07	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	647.54	00 15								
02	35201	REPAIR BLOOD VESSEL LESION	135.60									
03	35201	REPAIR BLOOD VESSEL LESION	677.99									
07	35201	REPAIR BLOOD VESSEL LESION	813.59	00 15								
02	35206	REPAIR BLOOD VESSEL LESION	110.73									
03	35206	REPAIR BLOOD VESSEL LESION	553.65									
07	35206	REPAIR BLOOD VESSEL LESION	664.38	00 15								
02	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	98.90									X
03	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	494.50									X
07	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	593.40	00 15								X
02	35211	REPAIR BLOOD VESSEL LESION	196.58									
03	35211	REPAIR BLOOD VESSEL LESION	982.90									
07	35211	REPAIR BLOOD VESSEL LESION	1,179.48	00 15								
02	35216	REPAIR BLOOD VESSEL LESION	271.98									
03	35216	REPAIR BLOOD VESSEL LESION	1,359.92									
07	35216	REPAIR BLOOD VESSEL LESION	1,631.90	00 15								
02	35221	REPAIR BLOOD VESSEL LESION	203.31									
03	35221	REPAIR BLOOD VESSEL LESION	1,016.53									
07	35221	REPAIR BLOOD VESSEL LESION	1,219.83	00 15								
02	35226	REPAIR BLOOD VESSEL LESION	122.20									
03	35226	REPAIR BLOOD VESSEL LESION	611.02									
07	35226	REPAIR BLOOD VESSEL LESION	733.22	00 15								
02	35231	REPAIR BLOOD VESSEL LESION	169.93									
03	35231	REPAIR BLOOD VESSEL LESION	849.65									
07	35231	REPAIR BLOOD VESSEL LESION	1,019.58	00 15								
02	35236	REPAIR BLOOD VESSEL LESION	141.94									
03	35236	REPAIR BLOOD VESSEL LESION	709.68									
07	35236	REPAIR BLOOD VESSEL LESION	851.62	00 15								
02	35241	REPAIR BLOOD VESSEL LESION	205.58									
03	35241	REPAIR BLOOD VESSEL LESION	1,027.88									
07	35241	REPAIR BLOOD VESSEL LESION	1,233.46	00 15								
02	35246	REPAIR BLOOD VESSEL LESION	223.79									
03	35246	REPAIR BLOOD VESSEL LESION	1,118.93									
07	35246	REPAIR BLOOD VESSEL LESION	1,342.71	00 15								
02	35251	REPAIR BLOOD VESSEL LESION	242.10									
03	35251	REPAIR BLOOD VESSEL LESION	1,210.50									
07	35251	REPAIR BLOOD VESSEL LESION	1,452.60	00 15								
02	35256	REPAIR BLOOD VESSEL LESION	149.43									
03	35256	REPAIR BLOOD VESSEL LESION	747.15									
07	35256	REPAIR BLOOD VESSEL LESION	896.58	00 15								
02	35261	REPAIR BLOOD VESSEL LESION	150.79									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	35261	REPAIR BLOOD VESSEL LESION	753.94									
07	35261	REPAIR BLOOD VESSEL LESION	904.73	00 15								
02	35266	REPAIR BLOOD VESSEL LESION	124.93									
03	35266	REPAIR BLOOD VESSEL LESION	624.67									
07	35266	REPAIR BLOOD VESSEL LESION	749.60	00 15								
02	35271	REPAIR BLOOD VESSEL LESION	196.24									
03	35271	REPAIR BLOOD VESSEL LESION	981.22									
07	35271	REPAIR BLOOD VESSEL LESION	1,177.46	00 15								
02	35276	REPAIR BLOOD VESSEL LESION	206.29									
03	35276	REPAIR BLOOD VESSEL LESION	1,031.45									
07	35276	REPAIR BLOOD VESSEL LESION	1,237.73	00 15								
02	35281	REPAIR BLOOD VESSEL LESION	231.10									
03	35281	REPAIR BLOOD VESSEL LESION	1,155.48									
07	35281	REPAIR BLOOD VESSEL LESION	1,386.58	00 15								
02	35286	REPAIR BLOOD VESSEL LESION	136.79									
03	35286	REPAIR BLOOD VESSEL LESION	683.95									
07	35286	REPAIR BLOOD VESSEL LESION	820.74	00 15								
02	35301	RECHANNELING OF ARTERY	153.74									
03	35301	RECHANNELING OF ARTERY	768.70									
07	35301	RECHANNELING OF ARTERY	922.44	00 15								
02	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	164.03									
03	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	820.16									
07	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	984.19	00 15								
02	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	180.55									
03	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	902.74									
07	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,083.29	00 15								
02	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	187.82									
03	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	939.11									
07	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,126.93	00 15								
02	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	180.36									
03	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	901.79									
07	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,082.14	00 15								
02	35306	THROMBOENDARTERECTOMY, INCLUDING P +	67.96									X
03	35306	THROMBOENDARTERECTOMY, INCLUDING P +	339.78									X
07	35306	THROMBOENDARTERECTOMY, INCLUDING P +	407.74	00 15								X
02	35311	RECHANNELING OF ARTERY	220.01									
03	35311	RECHANNELING OF ARTERY	1,100.03									
07	35311	RECHANNELING OF ARTERY	1,320.04	00 15								
02	35321	RECHANNELING OF ARTERY	130.62									
03	35321	RECHANNELING OF ARTERY	653.12									
07	35321	RECHANNELING OF ARTERY	783.75	00 15								
02	35331	RECHANNELING OF ARTERY	216.06									
03	35331	RECHANNELING OF ARTERY	1,080.32									
07	35331	RECHANNELING OF ARTERY	1,296.39	00 15								
02	35341	RECHANNELING OF ARTERY	203.71									
03	35341	RECHANNELING OF ARTERY	1,018.56									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35341	RECHANNELING OF ARTERY	1,222.27	00 15								
02	35351	RECHANNELING OF ARTERY	189.25									
03	35351	RECHANNELING OF ARTERY	946.24									
07	35351	RECHANNELING OF ARTERY	1,135.49	00 15								
02	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	153.52									
03	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	767.62									
07	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	921.14	00 15								
02	35361	RECHANNELING OF ARTERY	232.94									
03	35361	RECHANNELING OF ARTERY	1,164.69									
07	35361	RECHANNELING OF ARTERY	1,397.63	00 15								
02	35363	THROMBOENDARECTOMY/COMB.AORTOILIO	253.01									
03	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,265.06									
07	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,518.08	00 15								
02	35371	RECHANNELING OF ARTERY	120.84									
03	35371	RECHANNELING OF ARTERY	604.21									
07	35371	RECHANNELING OF ARTERY	725.05	00 15								
02	35372	SEE 35301; DEEP (PRODUNDA) FEMORAL	145.27									
03	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	726.33									
07	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	871.60	00 15								
02	35390	REOPERATION, CAROTID, THROMBOENDARTE	23.90									
03	35390	REOPERATION, CAROTID, THROMBOENDARTE	119.48									
07	35390	REOPERATION, CAROTID, THROMBOENDARTE	143.37	00 15								
03	35400	ANGIOSCOPY	112.90									
07	35400	ANGIOSCOPY	135.48	00 15								
02	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	76.03									
03	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	380.15									
07	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	456.18	00 15								
02	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	52.84									
03	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	264.19									
07	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	317.03	00 15								
02	35454	TRANSLUMINAL ANGILPLASTY; ILIAC	46.42									
03	35454	TRANSLUMINAL ANGIOPLASTY;ILIAC	232.08									
07	35454	TRANSLUMINAL ANGIOPLASTY;ILIAC	278.50	00 15								
03	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	280.88									
07	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	337.05	00 15								
03	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	359.99									
07	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	431.98	00 15								
02	35459	TRANSLUMINAL ANGIOPLASTY OPEN; TIBIA	66.15									X
03	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	330.77									
07	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	396.92	00 15								
02	35460	TRANSLUMINAL ANGIOPLASTY, OPEN	45.99									
03	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	229.93									
07	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	275.91	00 15								
03	35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,838.45									
07	35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	2,206.13	00 15								
03	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	2,021.52									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	2,425.82	00 15								
03	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,402.86									
07	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,683.43	00 15								
03	35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,337.50									
07	35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,605.00	00 15								
03	35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,781.01									
07	35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	2,137.21	00 15								
03	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,452.00									
07	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,742.40	00 15								
03	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,092.10									
07	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,310.52	00 15								
02	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	82.45									
03	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	412.23									
07	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	494.68	00 15								
02	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	59.54									
03	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	297.68									
07	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	357.22	00 15								
02	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	51.90									
03	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	259.51									
07	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	311.41	00 15								
02	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	62.81									
03	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	314.03									
07	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	376.84	00 15								
02	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	78.18									
03	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	390.88									
07	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	469.05	00 15								
02	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	72.91									
03	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	364.53									
07	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	437.44	00 15								
03	35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	441.94									
07	35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	530.33	00 15								
03	35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	299.20									
07	35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	359.04	00 15								
03	35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	268.60									
07	35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	322.32	00 15								
03	35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	327.59									
07	35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	393.10	00 15								
03	35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	414.85									
07	35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	497.82	00 15								
03	35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	380.20									
07	35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	456.24	00 15								
02	35500	HARVEST VEIN FOR BYPASS	47.88								X	
03	35500	HARVEST VEIN FOR BYPASS	239.39									
07	35500	HARVEST VEIN FOR BYPASS	287.27	00 15								
02	35501	ARTERY BYPASS GRAFT	229.16									
03	35501	ARTERY BYPASS GRAFT	1,145.78									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35501	ARTERY BYPASS GRAFT	1,374.93	00 15								
02	35506	ARTERY BYPASS GRAFT	194.28									
03	35506	ARTERY BYPASS GRAFT	971.41									
07	35506	ARTERY BYPASS GRAFT	1,165.69	00 15								
02	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	200.38									
03	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,001.90									
07	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,202.28	00 15								
02	35509	ARTERY BYPASS GRAFT	220.31									
03	35509	ARTERY BYPASS GRAFT	1,101.56									
07	35509	ARTERY BYPASS GRAFT	1,321.88	00 15								
02	35510	ARTERY BYPASS GRAFT	183.39									
03	35510	ARTERY BYPASS GRAFT	916.96									
07	35510	ARTERY BYPASS GRAFT	1,100.35	00 15								
02	35511	ARTERY BYPASS GRAFT	173.61									
03	35511	ARTERY BYPASS GRAFT	868.06									
07	35511	ARTERY BYPASS GRAFT	1,041.67	00 15								
02	35512	ARTERY BYPASS GRAFT	178.93									
03	35512	ARTERY BYPASS GRAFT	894.65									
07	35512	ARTERY BYPASS GRAFT	1,073.57	00 15								
02	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	194.11									
03	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	970.55									
07	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,164.66	00 15								
02	35516	ARTERY BYPASS GRAFT	177.59									
03	35516	ARTERY BYPASS GRAFT	887.95									
07	35516	ARTERY BYPASS GRAFT	1,065.54	00 15								
02	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	176.86									
03	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	884.31									
07	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,061.17	00 15								
02	35521	ARTERY BYPASS GRAFT	186.13									
03	35521	ARTERY BYPASS GRAFT	930.63									
07	35521	ARTERY BYPASS GRAFT	1,116.76	00 15								
02	35522	ARTERY BYPASS GRAFT	174.78									
03	35522	ARTERY BYPASS GRAFT	873.92									
07	35522	ARTERY BYPASS GRAFT	1,048.70	00 15								
02	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	184.67									
03	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	923.37									
07	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,108.04	00 15								
02	35525	ARTERY BYPASS GRAFT	164.22									
03	35525	ARTERY BYPASS GRAFT	821.12									
07	35525	ARTERY BYPASS GRAFT	985.35	00 15								
02	35526	ARTERY BYPASS GRAFT	242.96									
03	35526	ARTERY BYPASS GRAFT	1,214.82									
07	35526	ARTERY BYPASS GRAFT	1,457.78	00 15								
02	35531	ARTERY BYPASS GRAFT	297.87									
03	35531	ARTERY BYPASS GRAFT	1,489.33									
07	35531	ARTERY BYPASS GRAFT	1,787.19	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	230.14									
03	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,150.70									
07	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,380.84	00 15								
02	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	295.32									
03	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,476.62									
07	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,771.94	00 15								
02	35536	ARTERY BYPASS GRAFT	257.08									
03	35536	ARTERY BYPASS GRAFT	1,285.40									
07	35536	ARTERY BYPASS GRAFT	1,542.48	00 15								
02	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	318.88									
03	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,594.39									
07	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,913.27	00 15								
02	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	357.85									
03	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	1,789.26									
07	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,147.11	00 15								
02	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	332.29									
03	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,661.47									
07	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,993.76	00 15								
03	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	1,861.14									
07	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,233.37	00 15								
02	35548	ARTERY BYPASS GRAFT	176.43									
03	35548	ARTERY BYPASS GRAFT	882.16									
07	35548	ARTERY BYPASS GRAFT	1,058.59	00 15								
02	35549	ARTERY BYPASS GRAFT	191.73									
03	35549	ARTERY BYPASS GRAFT	958.66									
07	35549	ARTERY BYPASS GRAFT	1,150.39	00 15								
02	35551	ARTERY BYPASS GRAFT	218.46									
03	35551	ARTERY BYPASS GRAFT	1,092.29									
07	35551	ARTERY BYPASS GRAFT	1,310.75	00 15								
02	35556	ARTERY BYPASS GRAFT	202.82									
03	35556	ARTERY BYPASS GRAFT	1,014.08									
07	35556	ARTERY BYPASS GRAFT	1,216.90	00 15								
02	35558	ARTERY BYPASS GRAFT	179.71									
03	35558	ARTERY BYPASS GRAFT	898.55									
07	35558	ARTERY BYPASS GRAFT	1,078.25	00 15								
02	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	262.32									
03	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,311.62									
07	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,573.94	00 15								
02	35563	ARTERY BYPASS GRAFT	200.87									
03	35563	ARTERY BYPASS GRAFT	1,004.33									
07	35563	ARTERY BYPASS GRAFT	1,205.19	00 15								
02	35565	ARTERY BYPASS GRAFT	194.30									
03	35565	ARTERY BYPASS GRAFT	971.52									
07	35565	ARTERY BYPASS GRAFT	1,165.82	00 15								
02	35566	ARTERY BYPASS GRAFT	243.71									
03	35566	ARTERY BYPASS GRAFT	1,218.56									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35566	ARTERY BYPASS GRAFT	1,462.28	00 15								
02	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	227.77									
03	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,138.85									
07	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,366.62	00 15								
02	35571	ARTERY BYPASS GRAFT	197.28									
03	35571	ARTERY BYPASS GRAFT	986.39									
07	35571	ARTERY BYPASS GRAFT	1,183.67	00 15								
02	35572	HARVEST FEMOROPOPLITEAL VEIN	51.74									
03	35572	HARVEST FEMOROPOPLITEAL VEIN	258.68									
07	35572	HARVEST FEMOROPOPLITEAL VEIN	310.42	00 15								
02	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	209.47									
03	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,047.33									
07	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,256.80	00 15								
02	35585	IN-SITU BYPASS;FEM.-ANTER,POST,PERON	245.72									
03	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,228.61									
07	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,474.33	00 15								
02	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	203.35									
03	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,016.73									
07	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,220.08	00 15								
02	35600	HARVEST ARTERY FOR CABG	38.04									
03	35600	HARVEST ARTERY FOR CABG	190.19									
07	35600	HARVEST ARTERY FOR CABG	228.23	00 15								
02	35601	ARTERY BYPASS GRAFT	211.80									
03	35601	ARTERY BYPASS GRAFT	1,059.00									
07	35601	ARTERY BYPASS GRAFT	1,270.80	00 15								
02	35606	ARTERY BYPASS GRAFT	172.09									
03	35606	ARTERY BYPASS GRAFT	860.46									
07	35606	ARTERY BYPASS GRAFT	1,032.55	00 15								
02	35612	ARTERY BYPASS GRAFT	134.21									
03	35612	ARTERY BYPASS GRAFT	671.06									
07	35612	ARTERY BYPASS GRAFT	805.27	00 15								
02	35616	ARTERY BYPASS GRAFT	164.28									
03	35616	ARTERY BYPASS GRAFT	821.41									
07	35616	ARTERY BYPASS GRAFT	985.69	00 15								
02	35621	ARTERY BYPASS GRAFT	163.10									
03	35621	ARTERY BYPASS GRAFT	815.51									
07	35621	ARTERY BYPASS GRAFT	978.62	00 15								
02	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	200.02									
03	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,000.08									
07	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,200.10	00 15								
02	35626	ARTERY BYPASS GRAFT	229.53									
03	35626	ARTERY BYPASS GRAFT	1,147.67									
07	35626	ARTERY BYPASS GRAFT	1,377.20	00 15								
02	35631	ARTERY BYPASS GRAFT	274.39									
03	35631	ARTERY BYPASS GRAFT	1,371.97									
07	35631	ARTERY BYPASS GRAFT	1,646.36	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	280.35									
03	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,401.75									
07	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,682.10	00 15								
02	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	302.82									
03	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,514.11									
07	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,816.93	00 15								
02	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	274.35									
03	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,371.76									
07	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,646.11	00 15								
02	35636	ARTERY BYPASS GRAFT	242.96									
03	35636	ARTERY BYPASS GRAFT	1,214.78									
07	35636	ARTERY BYPASS GRAFT	1,457.74	00 15								
02	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	251.77									
03	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,258.86									
07	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,510.63	00 15								
02	35638	BYPASS GRAFT WITH OTHER THAN VIEN;	257.13									
03	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,285.65									
07	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,542.78	00 15								
02	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	151.17									
03	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	755.85									
07	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	907.02	00 15								
02	35645	BYPASS GRAFT;NOT1VEIN;SUBCLAV-VERTEB	144.11									
03	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	720.53									
07	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	864.64	00 15								
02	35646	ARTERY BYPASS GRAFT	253.76									
03	35646	ARTERY BYPASS GRAFT	1,268.81									
07	35646	ARTERY BYPASS GRAFT	1,522.58	00 15								
02	35647	ARTERY BYPASS GRAFT	229.61									
03	35647	ARTERY BYPASS GRAFT	1,148.06									
07	35647	ARTERY BYPASS GRAFT	1,377.67	00 15								
02	35650	BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	156.91									
03	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	784.55									
07	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	941.45	00 15								
02	35651	ARTERY BYPASS GRAFT	202.88									
03	35651	ARTERY BYPASS GRAFT	1,014.41									
07	35651	ARTERY BYPASS GRAFT	1,217.29	00 15								
02	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEM	202.69									
03	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,013.47									
07	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,216.16	00 15								
02	35656	ARTERY BYPASS GRAFT	159.64									
03	35656	ARTERY BYPASS GRAFT	798.18									
07	35656	ARTERY BYPASS GRAFT	957.82	00 15								
02	35661	ARTERY BYPASS GRAFT	159.57									
03	35661	ARTERY BYPASS GRAFT	797.83									
07	35661	ARTERY BYPASS GRAFT	957.39	00 15								
02	35663	ARTERY BYPASS GRAFT	185.14									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	35663	ARTERY BYPASS GRAFT	925.69									
07	35663	ARTERY BYPASS GRAFT	1,110.83	00 15								
02	35665	ARTERY BYPASS GRAFT	173.54									
03	35665	ARTERY BYPASS GRAFT	867.71									
07	35665	ARTERY BYPASS GRAFT	1,041.26	00 15								
02	35666	ARTERY BYPASS GRAFT	186.77									
03	35666	ARTERY BYPASS GRAFT	933.84									
07	35666	ARTERY BYPASS GRAFT	1,120.61	00 15								
02	35671	ARTERY BYPASS GRAFT	164.50									
03	35671	ARTERY BYPASS GRAFT	822.51									
07	35671	ARTERY BYPASS GRAFT	987.01	00 15								
02	35681	BYPASS GRAFT, COMPOSITE, PROSTH/VEIN	11.95									
03	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	59.75									
07	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	71.70	00 15								
02	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2	53.37									
03	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	266.84									
07	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	320.21	00 15								
02	35683	AUTOG COMPO >/=3 VENSGMTS/./=2	62.93									
03	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	314.66									
07	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	377.59	00 15								
02	35685	BYPASS GRAFT PATENCY/PATCH	29.97									
03	35685	BYPASS GRAFT PATENCY/PATCH	149.87									
07	35685	BYPASS GRAFT PATENCY/PATCH	179.85	00 15								
02	35686	BYPASS GRAFT/AV FIST PATENCY	25.04									
03	35686	BYPASS GRAFT/AV FIST PATENCY	125.20									
07	35686	BYPASS GRAFT/AV FIST PATENCY	150.24	00 15								
02	35691	TRANSPOSITION AND/OR REIMPLANTATION;	145.29									
03	35691	TRANSPOSITION AND/OR REIMPLANTATION;	726.44									
07	35691	TRANSPOSITION AND/OR REIMPLANTATION;	871.72	00 15								
02	35693	TRANSPOSITION AND/OR REIMPLANTATION;	128.39									
03	35693	TRANSPOSITION AND/OR REIMPLANTATION;	641.93									
07	35693	TRANSPOSITION AND/OR REIMPLANTATION;	770.31	00 15								
02	35694	TRANSPOSITION AND/OR REIMPLANTATION;	150.38									
03	35694	TRANSPOSITION AND/OR REIMPLANTATION;	751.91									
07	35694	TRANSPOSITION AND/OR REIMPLANTATION;	902.30	00 15								
02	35695	TRANSPOSITION AND/OR REIMPLANTATION;	156.50									
03	35695	TRANSPOSITION AND/OR REIMPLANTATION;	782.52									
07	35695	TRANSPOSITION AND/OR REIMPLANTATION;	939.02	00 15								
02	35697	REIMPLANT ARTERY EACH	22.29									
03	35697	REIMPLANT ARTERY EACH	111.47									
07	35697	REIMPLANT ARTERY EACH	133.76	00 15								
02	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	22.97									
03	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	114.83									
07	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	137.80	00 15								
02	35701	EXPLORATION, CAROTID ARTERY	77.01									
03	35701	EXPLORATION, CAROTID ARTERY	385.07									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35701	EXPLORATION, CAROTID ARTERY	462.09	00 15								
02	35721	EXPLORATION, FEMORAL ARTERY	65.51									
03	35721	EXPLORATION, FEMORAL ARTERY	327.53									
07	35721	EXPLORATION, FEMORAL ARTERY	393.04	00 15								
02	35741	EXPLORATION POPLITEAL ARTERY	71.84									
03	35741	EXPLORATION POPLITEAL ARTERY	359.20									
07	35741	EXPLORATION POPLITEAL ARTERY	431.04	00 15								
02	35761	EXPLORATION OF ARTERY/VEIN	52.65									
03	35761	EXPLORATION OF ARTERY/VEIN	263.23									
07	35761	EXPLORATION OF ARTERY/VEIN	315.87	00 15								
02	35800	EXPLORE NECK VESSELS	67.95									
03	35800	EXPLORE NECK VESSELS	339.75									
07	35800	EXPLORE NECK VESSELS	407.70	00 15								
02	35820	EXPLORE CHEST VESSELS	266.50									
03	35820	EXPLORE CHEST VESSELS	1,332.51									
07	35820	EXPLORE CHEST VESSELS	1,599.01	00 15								
02	35840	EXPLORE ABDOMINAL VESSELS	89.21									
03	35840	EXPLORE ABDOMINAL VESSELS	446.06									
07	35840	EXPLORE ABDOMINAL VESSELS	535.28	00 15								
02	35860	EXPLORE LIMB VESSELS	57.36									
03	35860	EXPLORE LIMB VESSELS	286.81									
07	35860	EXPLORE LIMB VESSELS	344.17	00 15								
02	35870	REPAIR OF GRAFT-ENTERIC FISTULA	187.94									
03	35870	REPAIR OF GRAFT-ENTERIC FISTULA	939.71									
07	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,127.66	00 15								
02	35875	THROMBECTOMY OF ARTERIAL GRAFT	86.31									
03	35875	THROMBECTOMY OF ARTERIAL GRAFT	431.56									
07	35875	THROMBECTOMY OF ARTERIAL GRAFT	517.87	00 15								
02	35876	THROMBECTOMY OF ARTERIAL OR VE	138.86									
03	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	694.28									
07	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	833.14	00 15								
02	35879	REVISE GRAFT W/VEIN	135.74									
03	35879	REVISE GRAFT W/VEIN	678.71									
07	35879	REVISE GRAFT W/VEIN	814.46	00 15								
02	35881	REVISE GRAFT W/VEIN	150.96									
03	35881	REVISE GRAFT W/VEIN	754.81									
07	35881	REVISE GRAFT W/VEIN	905.77	00 15								
02	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	176.73									
03	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	883.65									
07	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,060.38	00 15								
02	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	186.62									
03	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	933.10									
07	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,119.72	00 15								
02	35901	EXCISION OF INFECTED GRAFT;	71.99									
03	35901	EXCISION OF INFECTED GRAFT;	359.96									
07	35901	EXCISION OF INFECTED GRAFT;	431.95	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	35903	EXCISION OF INFECTED GRAFT;	81.47										
03	35903	EXCISION OF INFECTED GRAFT;	407.37										
07	35903	EXCISION OF INFECTED GRAFT;	488.84	00	15								
02	35905	EXCISION OF INFECTED GRAFT;	256.36										
03	35905	EXCISION OF INFECTED GRAFT;	1,281.79										
07	35905	EXCISION OF INFECTED GRAFT;	1,538.15	00	15								
02	35907	EXCISION OF INFECTED GRAFT;	282.67										
03	35907	EXCISION OF INFECTED GRAFT;	1,413.33										
07	35907	EXCISION OF INFECTED GRAFT;	1,696.00	00	15								
03	36000	ESTABLISH ACCESS TO VEIN	16.51			X							X
07	36000	ESTABLISH ACCESS TO VEIN	19.81	00	15	X							X
03	36002	PSEUDOANEURYSM INJECTION TRT	114.83										
07	36002	PSEUDOANEURYSM INJECTION TRT	137.80	00	15								
03	36005	INJECTION PROCEDURE FOR CONTRAST VEN	218.33										
07	36005	INJECTION PROCEDURE FOR CONTRAST VEN	261.99	00	15								
03	36010	ESTABLISH ACCESS TO VEIN	380.49										
07	36010	ESTABLISH ACCESS TO VEIN	456.59	00	15								
03	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	599.70										
07	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	719.64	00	15								
03	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	565.52										
07	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	678.62	00	15								
03	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	520.46										
07	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	624.55	00	15								
03	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	543.70										
07	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	652.44	00	15								
03	36015	SELECTIVE CATHETER PLACEMENT, EACH S	596.86										
07	36015	SELECTIVE CATHETER PLACEMENT, EACH S	716.23	00	15								
03	36100	ESTABLISH ACCESS TO ARTERY	350.40										X
07	36100	ESTABLISH ACCESS TO ARTERY	420.48	00	15								X
03	36120	ESTABLISH ACCESS TO ARTERY	287.65										X
07	36120	ESTABLISH ACCESS TO ARTERY	345.18	00	15								X
03	36140	ESTABLISH ACCESS TO ARTERY	317.11										X
07	36140	ESTABLISH ACCESS TO ARTERY	380.53	00	15								X
02	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	108.87										
03	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	544.34										
07	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	653.20	00	15								
02	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	34.10										X
03	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	170.51										X
07	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	204.61	00	15								X
03	36160	ESTABLISH ACCESS TO AORTA	350.65										
07	36160	ESTABLISH ACCESS TO AORTA	420.78	00	15								
03	36200	ESTABLISH ACCESS TO AORTA	425.21										
07	36200	ESTABLISH ACCESS TO AORTA	510.25	00	15								
03	36215	INTRODUCE CATHETER; EACH ADD....	745.58										X
07	36215	INTRODUCE CATHETER; EACH ADD....	894.70	00	15								X
03	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	815.51										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	978.61	00 15								
03	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,320.76									
07	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,584.91	00 15								
03	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	125.91									
07	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	151.09	00 15								
03	36245	INTRO.CATH,@ ADD...ABD.ART PLACEMENT	820.89									X
07	36245	INTRO.CATH,@ ADD...ABD.ART PLACEMENT	985.07	00 15								X
03	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	809.36									
07	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	971.23	00 15								
03	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,263.29									
07	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,515.95	00 15								
03	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	108.81									
07	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	130.57	00 15								
03	36260	INSERT IMPLANTABLE FUSION PUMP	410.28									
07	36260	INSERT IMPLANTABLE FUSION PUMP	492.34	00 15								
02	36261	REVISION OF IMPLANTED INFUSION	49.60									
03	36261	REVISION OF IMPLANTED INFUSION PUMP	248.00									
07	36261	REVISION OF IMPLANTED INFUSION PUMP	297.60	00 15								
03	36262	REMOVAL OF IMPLANTED INFUSION PUMP	188.37									
07	36262	REMOVAL OF IMPLANTED INFUSION PUMP	226.04	00 15								
03	36299	UNLISTED VASCULAR INJECTION	261.00		X							
07	36299	UNLISTED VASCULAR INJECTION	261.00	00 15	X							
03	36400	ESTABLISH ACCESS TO VEIN	17.66	00 02				X				X
07	36400	ESTABLISH ACCESS TO VEIN	21.19	00 02				X				X
03	36405	ESTABLISH ACCESS TO VEIN	16.00	00 02				X				X
07	36405	ESTABLISH ACCESS TO VEIN	19.20	00 02				X				X
03	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	11.29	00 02				X				X
07	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	13.55	00 02				X				X
03	36410	ESTABLISH ACCESS TO VEIN	12.47	03 99				X				
07	36410	ESTABLISH ACCESS TO VEIN	14.97	03 15				X				
03	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.25					X				X
07	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.70	00 15				X				X
03	36416	CAPILLARY BLOOD DRAW	2.65					X				
07	36416	CAPILLARY BLOOD DRAW	2.65	00 15				X				
03	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	34.95	00 00								X
07	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	41.94	00 00								X
03	36425	ESTABLISH ACCESS TO VEIN	27.47	01 99								X
07	36425	ESTABLISH ACCESS TO VEIN	32.96	01 15								X
03	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	23.78									X
07	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	28.53	00 15								X
03	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	36.92	00 01								X
07	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	44.31	00 01								X
03	36450	EXCHANGE TRANSFUSION SERVICE	84.39									X
07	36450	EXCHANGE TRANSFUSION SERVICE	101.27	00 15								X
03	36455	EXCHANGE TRANSFUSION SERVICE	91.44									X
07	36455	EXCHANGE TRANSFUSION SERVICE	109.73	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	36460	TRANSFUSION SERVICE, FETAL	48.53										
03	36460	TRANSFUSION SERVICE, FETAL	242.65										X
07	36460	TRANSFUSION SERVICE, FETAL	291.18	00	15								X
03	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	9.00										X
07	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	9.00	00	15								X
03	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	10.80										X
07	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	10.80	00	15								X
03	36470	INJECTION THERAPY OF VEIN	90.09										
07	36470	INJECTION THERAPY OF VEIN	108.11	00	15								
03	36471	INJECTION THERAPY OF VEINS	112.23										
07	36471	INJECTION THERAPY OF VEINS	134.68	00	15								
03	36475	ENDOVENOUS RF, 1ST VEIN	1,140.94										
07	36475	ENDOVENOUS RF, 1ST VEIN	1,369.13	00	15								
03	36476	ENDOVENOUS RF, VEIN ADD-ON	251.81										
07	36476	ENDOVENOUS RF, VEIN ADD-ON	302.17	00	15								
03	36478	ENDOVENOUS LASER, 1ST VEIN	944.52										
07	36478	ENDOVENOUS LASER, 1ST VEIN	1,133.42	00	15								
03	36479	ENDOVENOUS LASER VEIN ADDON	264.16										
07	36479	ENDOVENOUS LASER VEIN ADDON	316.99	00	15								
03	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	293.04										
07	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	351.65	00	15								
03	36500	VEIN CATH/SELECT. ORGAN SAMPLE	131.12										
07	36500	VEIN CATH/SELECT. ORGAN SAMPLE	157.35	00	15								
03	36510	UMBILICAL CATH-DX/THER/NEWBORN	72.98	00	01								
07	36510	UMBILICAL CATH-DX/THER/NEWBORN	87.58	00	01								
03	36511	APHERESIS WBC	63.72										
07	36511	APHERESIS WBC	76.46	00	15								
03	36512	APHERESIS RBC	64.67										
07	36512	APHERESIS RBC	77.61	00	15								
03	36513	APHERESIS PLATELETS	67.32										
07	36513	APHERESIS PLATELETS	80.78	00	15								
03	36514	APHERESIS PLASMA	331.86										
07	36514	APHERESIS PLASMA	398.23	00	15								
03	36515	APHERESIS, ADSORP/REINFUSE	1,221.05										
07	36515	APHERESIS, ADSORP/REINFUSE	1,465.26	00	15								
03	36516	APHERESIS, SELECTIVE	1,379.89										
07	36516	APHERESIS, SELECTIVE	1,655.87	00	15								
03	36522	PHOTOPHERESIS,EXTRACORPOREAL	864.12										
07	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,036.94	00	15								
03	36555	INSERT NON-TUNNEL CV CATH	181.79	00	04								
07	36555	INSERT NON-TUNNEL CV CATH	218.14	00	04								
03	36556	INSERT NON-TUNNEL CV CATH	156.53	05	99								
07	36556	INSERT NON-TUNNEL CV CATH	187.83	05	15								
03	36557	INSERT TUNNELED CV CATH	550.26	00	04								
07	36557	INSERT TUNNELED CV CATH	660.31	00	04								
03	36558	INSERT TUNNELED CV CATH	532.17	05	99								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	36558	INSERT TUNNELED CV CATH	638.60	05 15								
03	36560	INSERT TUNNELED CV CATH	751.42	00 04								
07	36560	INSERT TUNNELED CV CATH	901.70	00 04								
03	36561	INSERT TUNNELED CV CATH	743.00	05 99								
07	36561	INSERT TUNNELED CV CATH	891.59	05 15								
03	36563	INSERT TUNNELED CV CATH	753.74									
07	36563	INSERT TUNNELED CV CATH	904.48	00 15								
03	36565	INSERT TUNNELED CV CATH	632.09									
07	36565	INSERT TUNNELED CV CATH	758.50	00 15								
03	36566	INSERT TUNNELED CV CATH	2,295.51									
07	36566	INSERT TUNNELED CV CATH	2,754.61	00 15								
03	36568	INSERT TUNNELED CV CATH	202.79	00 04								
07	36568	INSERT TUNNELED CV CATH	243.35	00 04								
03	36569	INSERT TUNNELED CV CATH	177.56	05 99								
07	36569	INSERT TUNNELED CV CATH	213.07	05 15								
03	36570	INSERT TUNNELED CV CATH	760.70	00 04								
07	36570	INSERT TUNNELED CV CATH	912.84	00 04								
03	36571	INSERT TUNNELED CV CATH	788.18	05 99								
07	36571	INSERT TUNNELED CV CATH	945.82	05 15								
03	36575	REPAIR TUNNELED CV CATH	105.12									
07	36575	REPAIR TUNNELED CV CATH	126.14	00 15								
03	36576	REPAIR TUNNELED CV CATH	237.48									
07	36576	REPAIR TUNNELED CV CATH	284.98	00 15								
03	36578	REPLACE TUNNELED CV CATH	328.48									
07	36578	REPLACE TUNNELED CV CATH	394.17	00 15								
03	36580	REPLACE TUNNELED CV CATH	151.88									
07	36580	REPLACE TUNNELED CV CATH	182.26	00 15								
03	36581	REPLACE TUNNELED CV CATH	489.31									
07	36581	REPLACE TUNNELED CV CATH	587.17	00 15								
03	36582	REPLACE TUNNELED CV CATH	683.21									
07	36582	REPLACE TUNNELED CV CATH	819.86	00 15								
03	36583	REPLACE TUNNELED CV CATH	683.62									
07	36583	REPLACE TUNNELED CV CATH	820.34	00 15								
03	36584	REPLACE TUNNELED CV CATH	149.38									
07	36584	REPLACE TUNNELED CV CATH	179.25	00 15								
03	36585	REPLACE TUNNELED CV CATH	699.95									
07	36585	REPLACE TUNNELED CV CATH	839.93	00 15								
03	36589	REMOVAL TUNNELED CV CATH	114.46									
07	36589	REMOVAL TUNNELED CV CATH	137.35	00 15								
03	36590	REMOVAL TUNNELED CV CATH	185.45									
07	36590	REMOVAL TUNNELED CV CATH	222.53	00 15								
03	36591	COLLECTION OF BLOOD SPECIMEN FROM A	14.49									
07	36591	COLLECTION OF BLOOD SPECIMEN FROM A	17.39	00 15								
03	36592	COLLECTION OF BLOOD SPECIMEN USING E	15.92									
07	36592	COLLECTION OF BLOOD SPECIMEN USING E	19.10	00 15								
03	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	25.79									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	30.95	00 15								
03	36595	MECH REMOV TUNNELED CV CATH	397.86									
07	36595	MECH REMOV TUNNELED CV CATH	477.43	00 15								
03	36596	MECH REMOV TUNNELED CV CATH	89.18									
07	36596	MECH REMOV TUNNELED CV CATH	107.02	00 15								
03	36597	REPOSITION VENOUS CATHETER	85.49									
07	36597	REPOSITION VENOUS CATHETER	102.58	00 15								
03	36598	INJ W/FLUOR, EVAL CV DEVICE	75.61									X
07	36598	INJ W/FLUOR, EVAL CV DEVICE	90.73	00 15								X
03	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	20.54									X
07	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	24.64	00 15								X
03	36620	ARTERIAL CATHETERIZATION OR CANNULAT	36.83									X
07	36620	ARTERIAL CATHETERIZATION OR CANNULAT	44.20	00 15								X
03	36625	ESTABLISH ACCESS TO ARTERY	76.65									
07	36625	ESTABLISH ACCESS TO ARTERY	91.98	00 15								
03	36640	INSERTION CATHETER, ARTERY	84.68									
07	36640	INSERTION CATHETER, ARTERY	101.61	00 15								
03	36660	INSERTION CATHETER, ARTERY	48.61									
07	36660	INSERTION CATHETER, ARTERY	58.33	00 15								
03	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	42.71									
07	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	51.26	00 15								
03	36800	INSERTION OF CANNULA	110.24									
07	36800	INSERTION OF CANNULA	132.28	00 15								
03	36810	INSERTION OF CANNULA	150.51									
07	36810	INSERTION OF CANNULA	180.61	00 15								
03	36815	INSERTION OF CANNULA	106.16									
07	36815	INSERTION OF CANNULA	127.39	00 15								
03	36818	AV FUSE, UPPR ARM, CEPHALIC	485.00									
07	36818	AV FUSE, UPPR ARM, CEPHALIC	582.00	00 15								
03	36819	AV FUSION BY BASILIC VEIN	570.26									
07	36819	AV FUSION BY BASILIC VEIN	684.31	00 15								
03	36820	INSERTION OF CANNULA	571.91									
07	36820	INSERTION FO CANNULA	686.30	00 15								
02	36821	ARTERY-VEIN FUSION	94.42									
03	36821	ARTERY-VEIN FUSION	472.08									
07	36821	ARTERY-VEIN FUSION	566.50	00 15								
03	36822	INSERT CANNULA(S),PROLONGED ECMO	262.87									X
07	36822	INSERT CANNULA(S),PROLONGED ECMO	315.44	00 15								X
03	36823	INSERTION CANNULA(S)	908.12								X	
07	36823	INSERTION CANNULA(S)	1,089.75	00 15							X	
02	36825	ARTERY-VEIN GRAFT	82.28									
03	36825	ARTERY-VEIN GRAFT	411.38									
07	36825	ARTERY-VEIN GRAFT	493.65	00 15								
02	36830	ARTERY-VEIN GRAFT	94.59									
03	36830	ARTERY-VEIN GRAFT	472.95									
07	36830	ARTERY-VEIN GRAFT	567.54	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	36831	AV FISTULA EXCISION	325.38									
07	36831	AV FISTULA EXCISION	390.46	00 15								
02	36832	REVISION O ARTERIO FISTULA WW THROMB	83.32									
03	36832	REVISION O ARTERIO FISTULA WW THROMB	416.62									
07	36832	REVISION O ARTERIO FISTULA WW THROMB	499.94	00 15								
02	36833	AV FISTULA REVISION	94.22									
03	36833	AV FISTULA REVISION	471.12									
07	36833	AV FISTULA REVISION	565.34	00 15								
02	36835	ARTERY TO VEIN SHUNT	64.64									
03	36835	ARTERY TO VEIN SHUNT	323.19									
07	36835	ARTERY TO VEIN SHUNT	387.83	00 15								
02	36838	DIST REVAS LIGATION, HEMO	168.62									
03	36838	DIST REVAS LIGATION, HEMO	843.08									
07	36838	DIST REVAS LIGATION, HEMO	1,011.69	00 15								
03	36860	CANNULA DECLOTTING	127.56									
07	36860	CANNULA DECLOTTING	153.07	00 15								
03	36861	CANNULA DECLOTTING	106.27									
07	36861	CANNULA DECLOTTING	127.52	00 15								
03	36870	AV FISTULA REVISION, OPEN	1,182.82									
07	36870	AV FISTULA REVISION, OPEN	1,419.38	00 15								
02	37140	REVISION OF CIRCULATION	190.68									
03	37140	REVISION OF CIRCULATION	953.39									
07	37140	REVISION OF CIRCULATION	1,144.06	00 15								
02	37145	REVISION OF CIRCULATION	207.02									
03	37145	REVISION OF CIRCULATION	1,035.08									
07	37145	REVISION OF CIRCULATION	1,242.10	00 15								
02	37160	REVISION OF CIRCULATION	180.21									
03	37160	REVISION OF CIRCULATION	901.04									
07	37160	REVISION OF CIRCULATION	1,081.25	00 15								
02	37180	REVISION OF CIRCULATION	202.32									
03	37180	REVISION OF CIRCULATION	1,011.61									
07	37180	REVISION OF CIRCULATION	1,213.93	00 15								
02	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	218.36									
03	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,091.81									
07	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,310.17	00 15								
03	37182	INSERT HEPATIC SHUNT (TIP'S)	644.90									
07	37182	INSERT HEPATIC SHUNT (TIPS)	773.88	00 15								
03	37183	REMOVE HEPATIC SHUNT (TIPS)	306.32									
07	37183	REMOVE HEPATIC SHUNT (TIP'S)	367.59	00 15								
03	37184	PRIM ART MECH THROMBECTOMY	1,563.03									
07	37184	PRIM ART MECH THROMBECTOMY	1,875.64	00 15								
03	37185	PRIM ART M-THROMBECT ADD-ON	518.20									X
07	37185	PRIM ART M-THROMBECT ADD-ON	621.84	00 15								X
03	37186	SEC ART M-THROMBECT ADD-ON	1,050.43									
07	37186	SEC ART M-THROMBECT ADD-ON	1,260.51	00 15								
03	37187	VENOUS MECH THROMBECTOMY	1,496.81									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	37187	VENOUS MECH THROMBECTOMY	1,796.18	00 15								
03	37188	VENOUS M-THROMBECTOMY ADD-ON	1,268.23									
07	37188	VENOUS M-THROMBECTOMY ADD-ON	1,521.87	00 15								
03	37195	THROMBOLYTIC THERAPY, STROKE	266.08									
07	37195	THROMBOLYTIC THERAPY, STROKE	266.08	00 15								
03	37200	TRANSCATHETER BIOPSY	171.39									
07	37200	TRANSCATHETER BIOPSY	205.67	00 15								
03	37201	TRANSCATHETER THERAPY, INFUSION FOR	201.84									
07	37201	TRANSCATHETER THERAPY, INFUSION FOR	242.21	00 15								
03	37202	TRANSCATHETER THERAPY, INFUSION OTHE	242.12									
07	37202	TRANSCATHETER THERAPY, INFUSION OTHE	290.55	00 15								
03	37203	TRANSCATHETER RETRIEVAL, PERCUTANEOU	867.16									
07	37203	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,040.59	00 15								
03	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	684.23									
07	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	821.08	00 15								
03	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	2,137.22									
07	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	2,564.66	00 15								
03	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	1,274.12									
07	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	1,528.94	00 15								
02	37207	TRANSCATHETER PLACEMENT OF AN	63.21									
03	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	316.06									
07	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	379.27	00 15								
02	37208	TRANSCATHETER PLACEMENT OF AN	30.69									
03	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	153.47									
07	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	184.17	00 15								
03	37209	EXCHANGE ARTERIAL CATHETER	84.26									
07	37209	EXCHANGE ARTERIAL CATHETER	101.12	00 15								
03	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	2,273.16				F					
07	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	2,727.79	00 15			F					
03	37215	TRANSCATH STENT, CCA W/EPS	790.35									
07	37215	TRANSCATH STENT, CCA W/EPS	948.42	00 15								
03	37216	TRANSCATH STENT, CCA W/O EPS	807.65									
07	37216	TRANSCATH STENT, CCA W/O EPS	8.34	00 15								
03	37250	INTRAVASCULAR US	80.40									
07	37250	INTRAVASCULAR US	96.48	00 15								
03	37251	INTRAVASCULAR US	60.22									X
07	37251	INTRAVASCULAR US	72.26	00 15								X
03	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	488.49									
07	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	586.19	00 15								
02	37501	VASCULAR ENDOSCOPY PROCEDURE	MP		X							
03	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X							
07	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP	00 15	X							
03	37565	LIGATION OF NECK VEIN	485.08									
07	37565	LIGATION OF NECK VEIN	582.09	00 15								
02	37600	LIGATION OF NECK ARTERY	99.36									
03	37600	LIGATION OF NECK ARTERY	496.78									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	37600	LIGATION OF NECK ARTERY	596.13	00 15								
02	37605	LIGATION OF NECK ARTERY	114.36									
03	37605	LIGATION OF NECK ARTERY	571.78									
07	37605	LIGATION OF NECK ARTERY	686.13	00 15								
02	37606	LIGATION OF NECK ARTERY	74.15									
03	37606	LIGATION OF NECK ARTERY	370.76									
07	37606	LIGATION OF NECK ARTERY	444.92	00 15								
03	37607	LIGATION OR BANDING OF ANGIOACCESS A	264.42									
07	37607	LIGATION OR BANDING OF ANGIOACCESS A	317.30	00 15								
03	37609	TEMPORAL ARTERY PROCEDURE	191.79									
07	37609	TEMPORAL ARTERY PROCEDURE	230.15	00 15								
02	37615	LIGATION OF NECK ARTERY	64.95									
03	37615	LIGATION OF NECK ARTERY	324.74									
07	37615	LIGATION OF NECK ARTERY	389.69	00 15								
02	37616	LIGATE MAJOR ARTERY;CHEST	152.82									
03	37616	LIGATE MAJOR ARTERY,CHEST	764.08									
07	37616	LIGATE MAJOR ARTERY,CHEST	916.89	00 15								
02	37617	LIGATION OF ABDOMEN ARTERY	182.93									
03	37617	LIGATION OF ABDOMEN ARTERY	914.66									
07	37617	LIGATION OF ABDOMEN ARTERY	1,097.59	00 15								
02	37618	LIGATION OF EXTREMITY ARTERY	52.00									
03	37618	LIGATION OF EXTREMITY ARTERY	260.00									
07	37618	LIGATION OF EXTREMITY ARTERY	312.00	00 15								
02	37620	REVISION OF MAJOR VEIN	94.01									
03	37620	REVISION OF MAJOR VEIN	470.03									
07	37620	REVISION OF MAJOR VEIN	564.04	00 15								
02	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	71.32									
03	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	356.60									
07	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	427.91	00 15								
02	37660	REVISION OF MAJOR VEIN	170.78									
03	37660	REVISION OF MAJOR VEIN	853.91									
07	37660	REVISION OF MAJOR VEIN	1,024.70	00 15								
03	37700	REVISE LEG VEIN	174.35									
07	37700	REVISE LEG VEIN	209.21	00 15								
03	37718	LIGATE/STRIP SHORT LEG VEIN	283.38									
07	37718	LIGATE/STRIP SHORT LEG VEIN	340.06	00 15								
03	37722	LIGATE/STRIP LONG LEG VEIN	333.36									
07	37722	LIGATE/STRIP LONG LEG VEIN	400.03	00 15								
03	37735	REMOVAL OF LEG VEINS/LESION	446.39									
07	37735	REMOVAL OF LEG VEINS/LESION	535.67	00 15								
03	37760	REVISION OF LEG VEINS	439.57									
07	37760	REVISION OF LEG VEINS	527.48	00 15								
02	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	83.65									
03	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	418.25									
07	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	501.90	00 15								
03	37765	PHLEB VEINS - EXTREM - TO 20	311.31									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	37765	PHLEB VEINS - EXTREM - TO 20	373.57	00 15								
03	37766	PHLEB VEINS - EXTREM 20+	378.55									
07	37766	PHLEB VEINS - EXTREM 20+	454.26	00 15								
03	37780	REVISION OF LEG VEIN	179.69									
07	37780	REVISION OF LEG VEIN	215.63	00 15								
03	37785	REVISION OF LEG VEIN	235.52									
07	37785	REVISION OF LEG VEIN	282.62	00 15								
02	37788	PENILE REVASCULARIZATION, ARTERY WIT	193.04				M					
03	37788	PENILE REVASCULARIZATION, ARTERY, WI	965.22									
07	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,158.26	00 15								
02	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	69.60									
03	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	347.99									
07	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	417.59	00 15								
02	37799	VASCULAR SURGERY PROCEDURE	MP		X							
03	37799	VASCULAR SURGERY PROCEDURE	MP		X							
07	37799	VASCULAR SURGERY PROCEDURE	MP	00 15	X							
02	38100	REMOVAL OF SPLEEN	147.51									
03	38100	REMOVAL OF SPLEEN	737.57									
07	38100	REMOVAL OF SPLEEN	885.09	00 15								
02	38101	SPLENECTOMY;PARTIAL	148.43									
03	38101	SPLENECTOMY;PARTIAL	742.14									
07	38101	SPLENECTOMY;PARTIAL	890.57	00 15								
02	38102	SPLENECTOMY;	35.65									
03	38102	SPLENECTOMY;	178.26									
07	38102	SPLENECTOMY;	213.91	00 15								
02	38115	REP.RUP.SPLEEN-W/ORW/OUT SPLENECTOMY	164.08									
03	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	820.38									
07	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	984.46	00 15								
02	38120	LAPAROSCOPY SPLENECTOMY	136.91									X
03	38120	LAPAROSCOPY, SPLENECTOMY	684.56									
07	38120	LAPAROSCOPY, SPLENECTOMY	821.48	00 15								
03	38129	LAPAROSCOPE PROC, SPLEEN	MP		X							
07	38129	LAPAROSCOPE PROC, SPLEEN	MP	00 15	X							
03	38200	INJECTION FOR SPLEEN X-RAY	98.06									
07	38200	INJECTION FOR SPLEEN X-RAY	117.68	00 15								
03	38204	BL DONOR SEARCH MANAGEMENT	71.48								X	
07	38204	BL DONOR SEARCH MANAGEMENT	85.78	00 15							X	
03	38205	HARVEST ALLOGENIC STEM CELLS	56.51									
07	38205	HARVEST ALLOGENIC STEM CELLS	67.82	00 15								
03	38206	HARVEST AUTO STEM CELLS	56.51									
07	38206	HARVEST AUTO STEM CELLS	67.82	00 15								
03	38207	CRYOPRESERVE STEM CELLS	MP		X				X			
07	38207	CRYOPRESERVE STEM CELLS	MP	00 15	X							
03	38208	THAW PRESERVED STEM CELLS	MP		X				X			
07	38208	THAW PRESERVED STEM CELLS	MP	00 15	X							
03	38209	WASH HARVEST STEM CELLS	MP		X				X			

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	38209	WASH HARVEST STEM CELLS	MP	00	15	X							
03	38210	T-CELL DEPLETION OF HARVEST	MP			X				X			
07	38210	T-CELL DEPLETION OF HARVEST	MP	00	15	X							
03	38211	TUMOR CELL DEPLETE OF HARVST	MP			X				X			
07	38211	TUMOR CELL DEPLETE OF HARVST	MP	00	15	X							
03	38212	RBC DEPLETION OF HARVEST	MP			X				X			
07	38212	RBC DEPLETION OF HARVEST	MP	00	15	X							
03	38213	PLATELET DEPLETE OF HARVEST	MP			X				X			
07	38213	PLATELET DEPLETE OF HARVEST	MP	00	15	X							
03	38214	VOLUME DEPLETE OF HARVEST	MP			X				X			
07	38214	VOLUME DEPLETE OF HARVEST	MP	00	15	X							
03	38215	HARVEST STEM CELL CONCENTRTE	MP			X				X			
07	38215	HARVEST STEM CELL CONCENTRTE	MP	00	15	X							
03	38220	BONE MARROW ASPIRATION	100.49										
07	38220	BONE MARROW ASPIRATION	120.58	00	15								
03	38221	BONE MARROW BIOPSY	112.13										
07	38221	BONE MARROW BIOPSY	134.56	00	15								
03	38230	BONE MARROW HARVEST,FOR TRANSPLANT	MP			X							
07	38230	BONE MARROW HARVEST,FOR TRANSPLANT	245.95	00	15	X							
03	38240	BONE MARROW TRANSPLANTATION	87.23										
07	38240	BONE MARROW TRANSPLANTATION	104.68	00	15								
03	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	87.71										
07	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	108.68	00	15	X							
03	38242	LYMPHOCYTE INFUSE TRANSPLANT	66.47										
07	38242	LYMPHOCYTE INFUSE TRANSPLANT	79.77	00	15								
03	38300	DRAINAGE LYMPH NODE LESION	168.65										
07	38300	DRAINAGE LYMPH NODE LESION	202.37	00	15								
03	38305	DRAINAGE LYMPH NODE LESION	300.06										
07	38305	DRAINAGE LYMPH NODE LESION	360.07	00	15								
02	38308	INCISION OF LYMPH CHANNELS	57.85										
03	38308	INCISION OF LYMPH CHANNELS	289.25										
07	38308	INCISION OF LYMPH CHANNELS	347.09	00	15								
02	38380	THORACIC DUCT PROCEDURE	73.77										
03	38380	THORACIC DUCT PROCEDURE	368.85										
07	38380	THORACIC DUCT PROCEDURE	442.62	00	15								
02	38381	THORACIC DUCT PROCEDURE	111.67										
03	38381	THORACIC DUCT PROCEDURE	558.37										
07	38381	THORACIC DUCT PROCEDURE	670.04	00	15								
02	38382	SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	89.88										
03	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	449.40										
07	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	539.28	00	15								
03	38500	BIOPSY/REMOVAL OF LYMPH NODE	202.36										
07	38500	BIOPSY/REMOVAL OF LYMPH NODE	242.83	00	15								
03	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	82.88										
07	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	99.46	00	15								
03	38510	BIOPSY/REMOVAL OF LYMPH NODE	328.49										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	38510	BIOPSY/REMOVAL OF LYMPH NODE	394.18	00 15								
03	38520	BIOPSY/REMOVAL OF LYMPH NODE	301.61									
07	38520	BIOPSY/REMOVAL OF LYMPH NODE	361.93	00 15								
03	38525	BX,EXCISE-DEEP AXILLARY NODES	273.72									
07	38525	BX,EXCISE-DEEP AXILLARY NODES	328.46	00 15								
02	38530	BIOPSY/REMOVAL OF LYMPH NODE	70.61									
03	38530	BIOPSY/REMOVAL OF LYMPH NODE	353.06									
07	38530	BIOPSY/REMOVAL OF LYMPH NODE	423.67	00 15								
02	38542	DISSECTION: DEEP JUGULAR NODE	66.69									
03	38542	DISSECTION: DEEP JUGULAR NODE	333.46									
07	38542	DISSECTION: DEEP JUGULAR NODE	400.15	00 15								
03	38550	REMOVAL NECK/ARMPIT LESION	310.78									
07	38550	REMOVAL NECK/ARMPIT LESION	372.93	00 15								
02	38555	REMOVAL NECK/ARMPIT LESION	129.68									
03	38555	REMOVAL NECK/ARMPIT LESION	648.39									
07	38555	REMOVAL NECK/ARMPIT LESION	778.07	00 15								
02	38562	LIM.LYMPHADECTOMY/STAGING;PELVIC	92.99									
03	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	464.94									
07	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	557.93	00 15								
02	38564	LIM.LYMPHADECTOMY/STAGE;RETROPERIT	92.72									
03	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	463.59									
07	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	556.31	00 15								
02	38570	LAPAROSCOPY LYMPH NODE BIOP	75.75									
03	38570	LAPAROSCOPY, LYMPH NODE BIOP	378.75									
07	38570	LAPAROSCOPY, LYMPH NODE BIOP	454.50	00 15								
02	38571	LAPAROSCOPY LYMPHADENECTOMY	118.18									X
03	38571	LAPAROSCOPY, LYMPHADENECTOMY	590.92									
07	38571	LAPAROSCOPY, LYMPHADENECTOMY	709.10	00 15								
02	38572	LAPAROSCOPY LYMPHADENECTOMY	131.26									X
03	38572	LAPAROSCOPY, LYMPHADENECTOMY	656.29									
07	38572	LAPAROSCOPY, LYMPHADENECTOMY	787.55	00 15								
03	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X							
07	38589	LAPAROSCOPE PROC, LYMPHATIC	MP	00 15	X							
02	38700	REMOVAL OF LYMPH NODES, NECK	103.57									
03	38700	REMOVAL OF LYMPH NODES, NECK	517.83									
07	38700	REMOVAL OF LYMPH NODES, NECK	621.40	00 15								
02	38720	REMOVAL OF LYMPH NODES, NECK	172.36									
03	38720	REMOVAL OF LYMPH NODES, NECK	861.82									
07	38720	REMOVAL OF LYMPH NODES, NECK	1,034.18	00 15								
02	38724	CERVICAL LYMPHADENECTOMY	186.99									
03	38724	CERVICAL LYMPHADENECTOMY	934.94									
07	38724	CERVICAL LYMPHADENECTOMY	1,121.93	00 15								
02	38740	REMOVE ARMPIT LYMPH NODES	87.87									
03	38740	REMOVE ARMPIT LYMPH NODES	439.37									
07	38740	REMOVE ARMPIT LYMPH NODES	527.24	00 15								
02	38745	REMOVE ARMPITS LYMPH NODES	112.07									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	38745	REMOVE ARMPITS LYMPH NODES	560.33										
07	38745	REMOVE ARMPITS LYMPH NODES	672.39	00	15								
02	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	37.33										
03	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	186.66										
07	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	223.99	00	15								
02	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	36.33										
03	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	181.64										
07	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	217.97	00	15								
02	38760	REMOVE GROIN LYMPH NODES	110.54										
03	38760	REMOVE GROIN LYMPH NODES	552.71										
07	38760	REMOVE GROIN LYMPH NODES	663.25	00	15								
02	38765	REMOVE GROIN LYMPH NODES	171.98										
03	38765	REMOVE GROIN LYMPH NODES	859.88										
07	38765	REMOVE GROIN LYMPH NODES	1,031.86	00	15								
02	38770	REMOVE PELVIS LYMPH NODES	114.59										
03	38770	REMOVE PELVIS LYMPH NODES	572.96										
07	38770	REMOVE PELVIS LYMPH NODES	687.56	00	15								
02	38780	REMOVE ABDOMEN LYMPH NODES	144.50										
03	38780	REMOVE ABDOMEN LYMPH NODES	722.48										
07	38780	REMOVE ABDOMEN LYMPH NODES	866.97	00	15								
03	38790	INJECTION FOR LYMPHATIC XRAY	56.08										
07	38790	INJECTION FOR LYMPHATIC XRAY	67.29	00	15								
03	38792	IDENTIFY SENTINEL NODE	26.91										
07	38792	IDENTIFY SENTINEL NODE	32.29	00	15								
03	38794	ACCESS THORACIC LYMPH DUCT	210.47										
07	38794	ACCESS THORACIC LYMPH DUCT	252.56	00	15								
02	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP			X							
03	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP			X							
07	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP	00	15	X							
02	39000	EXPLORATION OF MEDIASTINUM	66.43										
03	39000	EXPLORATION OF MEDIASTINUM	332.14										
07	39000	EXPLORATION OF MEDIASTINUM	398.57	00	15								
02	39010	EXPLORATION OF MEDIASTINUM	110.96										
03	39010	EXPLORATION OF MEDIASTINUM	554.79										
07	39010	EXPLORATION OF MEDIASTINUM	665.75	00	15								
02	39200	REMOVAL MEDIASTINAL LESION	123.37										
03	39200	REMOVAL MEDIASTINAL LESION	616.84										
07	39200	REMOVAL MEDIASTINAL LESION	740.21	00	15								
02	39220	REMOVAL MEDIASTINAL LESION	158.67										
03	39220	REMOVAL MEDIASTINAL LESION	793.36										
07	39220	REMOVAL MEDIASTINAL LESION	952.03	00	15								
03	39400	VISUALIZATION OF MEDIASTINUM	342.11										
07	39400	VISUALIZATION OF MEDIASTINUM	410.54	00	15								
02	39499	MEDIASTINAL PROCEDURE	MP			X							
03	39499	MEDIASTINAL PROCEDURE	MP			X							
07	39499	MEDIASTINAL PROCEDURE	MP	00	15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	39501	REPAIR,LACERAYION OF DIAPHRAGM	113.00										
03	39501	REPAIR, LACERATION OF DIAPHRAGM	564.98										
07	39501	REPAIR, LACERATION OF DIAPHRAGM	677.97	00	15								
02	39502	REPAIR DIAPHRAMATIC HERNIA	135.85										
03	39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA	679.23										
07	39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA	815.08	00	15								
02	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	793.93	00	00								
03	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	3,969.67	00	00								
07	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	4,763.60	00	00								
02	39520	REPAIR OF DIAPHRAGM HERNIA	135.60										
03	39520	REPAIR OF DIAPHRAGM HERNIA	677.98										
07	39520	REPAIR OF DIAPHRAGM HERNIA	813.57	00	15								
02	39530	REPAIR OF DIAPHRAGM HERNIA	129.90										
03	39530	REPAIR OF DIAPHRAGM HERNIA	649.50										
07	39530	REPAIR OF DIAPHRAGM HERNIA	779.40	00	15								
02	39531	REPAIR OF DIAPHRAGM HERNIA	135.89										
03	39531	REPAIR OF DIAPHRAGM HERNIA	679.47										
07	39531	REPAIR OF DIAPHRAGM HERNIA	815.36	00	15								
02	39540	REPAIR OF DIAPHRAGM HERNIA	115.59										
03	39540	REPAIR OF DIAPHRAGM HERNIA	577.95										
07	39540	REPAIR OF DIAPHRAGM HERNIA	693.54	00	15								
02	39541	REPAIR OF DIAPHRAGM HERNIA	124.68										
03	39541	REPAIR OF DIAPHRAGM HERNIA	623.39										
07	39541	REPAIR OF DIAPHRAGM HERNIA	748.07	00	15								
02	39545	REVISION OF DIAPHRAGM	122.29										
03	39545	REVISION OF DIAPHRAGM	611.45										
07	39545	REVISION OF DIAPHRAGM	733.73	00	15								
02	39560	RESECT DIAPHRAGM SIMPLE	105.82										X
03	39560	RESECT DIAPHRAGM, SIMPLE	529.09										
07	39560	RESECT DIAPHRAGM, SIMPLE	634.91	00	15								
02	39561	RESECT DIAPHRAGM COMPLEX	164.32										
03	39561	RESECT DIAPHRAGM, COMPLEX	821.59										
07	39561	RESECT DIAPHRAGM, COMPLEX	985.91	00	15								
02	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X							
03	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X							
07	39599	DIAPHRAGM SURGERY PROCEDURE	MP	00	15	X							
03	40490	BIOPSY OF LIP	80.99										
07	40490	BIOPSY OF LIP	97.19	00	15								
03	40500	VERMILIONECTOMY (LIP SHAVE)	306.86										
07	40500	VERMILIONECTOMY (LIP SHAVE)	368.24	00	15								
03	40510	PARTIAL EXCISION OF LIP	299.88										
07	40510	PARTIAL EXCISION OF LIP	359.86	00	15								
03	40520	PARTIAL EXCISION OF LIP	307.86										
07	40520	PARTIAL EXCISION OF LIP	369.43	00	15								
03	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	362.92										
07	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	435.50	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	429.02										
07	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	514.82	00	15								
03	40530	PARTIAL REMOVAL OF LIP	340.25										
07	40530	PARTIAL REMOVAL OF LIP	408.29	00	15								
03	40650	REPAIR LIP	254.57										
07	40650	REPAIR LIP	305.49	00	15								
03	40652	REPAIR LIP	300.17										
07	40652	REPAIR LIP	360.20	00	15								
03	40654	REPAIR LIP	354.72										
07	40654	REPAIR LIP	425.66	00	15								
03	40700	REPAIR CLEFT LIP	607.19										
07	40700	REPAIR CLEFT LIP	728.63	00	15								
03	40701	REPAIR CLEFT LIP	756.74										
07	40701	REPAIR CLEFT LIP	908.08	00	15								
03	40702	REPAIR CLEFT LIP	589.17										
07	40702	REPAIR CLEFT LIP	707.00	00	15								
03	40720	REPAIR CLEFT LIP	650.72										
07	40720	REPAIR CLEFT LIP	780.87	00	15								
03	40761	REPAIR CLEFT LIP	704.45										
07	40761	REPAIR CLEFT LIP	845.33	00	15								
03	40799	LIP SURGERY PROCEDURE	MP			X							
07	40799	LIP SURGERY PROCEDURE	MP	00	15	X							
03	40800	DRAINAGE OF MOUTH LESION	120.83										
07	40800	DRAINAGE OF MOUTH LESION	144.99	00	15								
03	40801	DRAINAGE OF MOUTH LESION	188.63										
07	40801	DRAINAGE OF MOUTH LESION	226.35	00	15								
03	40804	REMOVAL FOREIGN BODY, MOUTH	123.19										
07	40804	REMOVAL FOREIGN BODY, MOUTH	147.83	00	15								
03	40805	REMOVAL FOREIGN BODY, MOUTH	197.71										
07	40805	REMOVAL FOREIGN BODY, MOUTH	237.25	00	15								
03	40806	INCISION OF LIP FOLD	62.79										
07	40806	INCISION OF LIP FOLD	75.35	00	15								
03	40808	BIOPSY OF MOUTH LESION	108.25										
07	40808	BIOPSY OF MOUTH LESION	129.90	00	15								
03	40810	EXCISION OF MOUTH LESION	121.29										
07	40810	EXCISION OF MOUTH LESION	145.55	00	15								
03	40812	EXCISE/REPAIR MOUTH LESION	172.86										
07	40812	EXCISE/REPAIR MOUTH LESION	207.43	00	15								
03	40814	EXCISE/REPAIR MOUTH LESION	233.84										
07	40814	EXCISE/REPAIR MOUTH LESION	280.61	00	15								
03	40816	EXCISION OF MOUTH LESION	246.30										
07	40816	EXCISION OF MOUTH LESION	295.56	00	15								
03	40818	EXCISE ORAL MUCOSA FOR GRAFT	213.78										
07	40818	EXCISE ORAL MUCOSA FOR GRAFT	256.54	00	15								
03	40819	EXCISE LIP OR CHEEK FOLD	184.90										
07	40819	EXCISE LIP OR CHEEK FOLD	221.88	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	40820	TREATMENT OF MOUTH LESION	156.33									
07	40820	TREATMENT OF MOUTH LESION	187.60	00 15								
03	40830	REPAIR MOUTH LACERATION	146.54									
07	40830	REPAIR MOUTH LACERATION	175.85	00 15								
03	40831	REPAIR MOUTH LACERATION	195.28									
07	40831	REPAIR MOUTH LACERATION	234.33	00 15								
03	40840	RECONSTRUCTION OF MOUTH	510.91									
07	40840	RECONSTRUCTION OF MOUTH	613.09	00 15								
03	40842	RECONSTRUCTION OF MOUTH	503.54									
07	40842	RECONSTRUCTION OF MOUTH	604.25	00 15								
03	40843	RECONSTRUCTION OF MOUTH	659.43									
07	40843	RECONSTRUCTION OF MOUTH	791.32	00 15								
03	40844	RECONSTRUCTION OF MOUTH	875.52									
07	40844	RECONSTRUCTION OF MOUTH	1,050.62	00 15								
03	40845	RECONSTRUCTION OF MOUTH	954.51									
07	40845	RECONSTRUCTION OF MOUTH	1,145.41	00 15								
03	40899	MOUTH SURGERY PROCEDURE	MP		X							
07	40899	MOUTH SURGERY PROCEDURE	MP	00 15	X							
03	41000	DRAINAGE OF MOUTH LESION	97.50									
07	41000	DRAINAGE OF MOUTH LESION	117.00	00 15								
03	41005	DRAINAGE OF MOUTH LESION	134.66									
07	41005	DRAINAGE OF MOUTH LESION	161.59	00 15								
03	41006	DRAINAGE OF MOUTH LESION	221.38									
07	41006	DRAINAGE OF MOUTH LESION	265.65	00 15								
03	41007	DRAINAGE OF MOUTH LESION	221.14									
07	41007	DRAINAGE OF MOUTH LESION	265.37	00 15								
03	41008	DRAINAGE OF MOUTH LESION	228.93									
07	41008	DRAINAGE OF MOUTH LESION	274.72	00 15								
03	41009	DRAINAGE OF MOUTH LESION	243.48									
07	41009	DRAINAGE OF MOUTH LESION	292.18	00 15								
03	41010	INCISION OF TONGUE FOLD	120.44									
07	41010	INCISION OF TONGUE FOLD	144.53	00 15								
03	41015	DRAINAGE OF MOUTH LESION	261.80									
07	41015	DRAINAGE OF MOUTH LESION	314.15	00 15								
03	41016	DRAINAGE OF MOUTH LESION	269.31									
07	41016	DRAINAGE OF MOUTH LESION	323.17	00 15								
03	41017	DRAINAGE OF MOUTH LESION	271.22									
07	41017	DRAINAGE OF MOUTH LESION	325.46	00 15								
03	41018	DRAINAGE OF MOUTH LESION	312.67									
07	41018	DRAINAGE OF MOUTH LESION	375.20	00 15								
03	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	337.19									
07	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	404.63	00 15								
03	41100	BIOPSY OF TONGUE	103.21									
07	41100	BIOPSY OF TONGUE	123.85	00 15								
03	41105	BIOPSY OF TONGUE	103.37									
07	41105	BIOPSY OF TONGUE	124.04	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	41108	BIOPSY OF FLOOR OF MOUTH	88.12									
07	41108	BIOPSY OF FLOOR OF MOUTH	105.74	00 15								
03	41110	EXCISION OF TONGUE LESION	126.70									
07	41110	EXCISION OF TONGUE LESION	152.04	00 15								
03	41112	EXCISION OF TONGUE LESION	201.62									
07	41112	EXCISION OF TONGUE LESION	241.95	00 15								
03	41113	EXCISION OF TONGUE LESION	221.93									
07	41113	EXCISION OF TONGUE LESION	266.31	00 15								
03	41114	EXCISE TONGUE LESION/LOCAL FLP	414.28									
07	41114	EXCISE TONGUE LESION/LOCAL FLP	497.13	00 15								
03	41115	EXCISION OF TONGUE FOLD	147.66									
07	41115	EXCISION OF TONGUE FOLD	177.19	00 15								
03	41116	EXCISION OF MOUTH LESION	196.34									
07	41116	EXCISION OF MOUTH LESION	235.60	00 15								
03	41120	PARTIAL REMOVAL OF TONGUE	662.35									
07	41120	PARTIAL REMOVAL OF TONGUE	794.82	00 15								
02	41130	PARTIAL REMOVAL OF TONGUE	164.68									
03	41130	PARTIAL REMOVAL OF TONGUE	823.41									
07	41130	PARTIAL REMOVAL OF TONGUE	988.09	00 15								
02	41135	TONGUE AND NECK SURGERY	277.61									
03	41135	TONGUE AND NECK SURGERY	1,388.06									
07	41135	TONGUE AND NECK SURGERY	1,665.68	00 15								
02	41140	REMOVAL OF TONGUE	284.90									
03	41140	REMOVAL OF TONGUE	1,424.51									
07	41140	REMOVAL OF TONGUE	1,709.41	00 15								
02	41145	TONGUE REMOVAL; NECK SURGERY	357.22									
03	41145	TONGUE REMOVAL; NECK SURGERY	1,786.08									
07	41145	TONGUE REMOVAL; NECK SURGERY	2,143.30	00 15								
02	41150	TONGUE, MOUTH, JAW SURGERY	282.26									
03	41150	TONGUE, MOUTH, JAW SURGERY	1,411.29									
07	41150	TONGUE, MOUTH, JAW SURGERY	1,693.55	00 15								
02	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	306.69									
03	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,533.44									
07	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,840.13	00 15								
02	41155	TONGUE, JAW, & NECK SURGERY	382.64									
03	41155	TONGUE, JAW, & NECK SURGERY	1,913.18									
07	41155	TONGUE, JAW, & NECK SURGERY	2,295.82	00 15								
03	41250	REPAIR TONGUE LACERATION	138.96									
07	41250	REPAIR TONGUE LACERATION	166.75	00 15								
03	41251	REPAIR TONGUE LACERATION	144.92									
07	41251	REPAIR TONGUE LACERATION	173.90	00 15								
03	41252	REPAIR TONGUE LACERATION	190.00									
07	41252	REPAIR TONGUE LACERATION	228.00	00 15								
03	41500	FIXATION OF TONGUE	277.51									
07	41500	FIXATION OF TONGUE	333.01	00 15								
03	41510	TONGUE TO LIP SURGERY	254.18									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	41510	TONGUE TO LIP SURGERY	305.02	00 15								
03	41512	TONGUE BASE SUSPENSION, PERMANENT SU	394.37									
07	41512	TONGUE BASE SUSPENSION, PERMANENT SU	473.25	00 15								
03	41520	RECONSTRUCTION, TONGUE FOLD	210.41									
07	41520	RECONSTRUCTION, TONGUE FOLD	252.49	00 15								
03	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	1,862.55									
07	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	2,235.06	00 15								
03	41599	TONGUE AND MOUTH SURGERY	MP		X							
07	41599	TONGUE AND MOUTH SURGERY	MP	00 15	X							
03	41800	DRAINAGE OF GUM LESION	135.38									
07	41800	DRAINAGE OF GUM LESION	162.45	00 15								
03	41805	REMOVAL FOREIGN BODY, GUM	139.88									
07	41805	REMOVAL FOREIGN BODY, GUM	167.86	00 15								
03	41806	REMOVAL FOREIGN BODY,JAWBONE	208.65									
07	41806	REMOVAL FOREIGN BODY,JAWBONE	250.38	00 15								
03	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	37.04									X
07	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	37.04	00 15								X
03	41821	EXCISION OF GUM FLAP	148.13									
07	41821	EXCISION OF GUM FLAP	148.13	00 15								
03	41822	EXCISION OF GUM LESION	175.31									
07	41822	EXCISION OF GUM LESION	210.38	00 15								
03	41823	EXCISION OF GUM LESION	261.53									
07	41823	EXCISION OF GUM LESION	313.84	00 15								
03	41825	EXCISION OF GUM LESION	123.74									
07	41825	EXCISION OF GUM LESION	148.48	00 15								
03	41826	EXCISION OF GUM LESION	176.02									
07	41826	EXCISION OF GUM LESION	211.22	00 15								
03	41827	EXCISION OF GUM LESION	261.07									
07	41827	EXCISION OF GUM LESION	313.28	00 15								
03	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	189.74									X
07	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	227.69	00 15								X
03	41830	REMOVAL OF GUM TISSUE	236.95									
07	41830	REMOVAL OF GUM TISSUE	284.34	00 15								
03	41850	TREATMENT OF GUM LESION	17.85									
07	41850	TREATMENT OF GUM LESION	17.85	00 15								
03	41870	GUM GRAFT	237.13									
07	41870	GUM GRAFT	237.13	00 15								
03	41872	REPAIR GUM	220.58									
07	41872	REPAIR GUM	264.70	00 15								
03	41874	REPAIR TOOTH SOCKET	225.68									X
07	41874	REPAIR TOOTH SOCKET	270.81	00 15								X
03	41899	GUM SURGERY PROCEDURE	MP		X							
07	41899	GUM SURGERY PROCEDURE	MP	00 15	X							
03	42000	DRAINAGE MOUTH ROOF LESION	96.08									
07	42000	DRAINAGE MOUTH ROOF LESION	115.30	00 15								
03	42100	BIOPSY ROOF OF MOUTH	91.84									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	42100	BIOPSY ROOF OF MOUTH	110.21	00 15								
03	42104	EXCISION LESION, MOUTH ROOF	127.14									
07	42104	EXCISION LESION, MOUTH ROOF	152.57	00 15								
03	42106	EXCISION LESION, MOUTH ROOF	161.70									
07	42106	EXCISION LESION, MOUTH ROOF	194.04	00 15								
03	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	283.33									
07	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	339.99	00 15								
02	42120	REMOVE PALATE/LESION	123.76									
03	42120	REMOVE PALATE/LESION	618.78									
07	42120	REMOVE PALATE/LESION	742.54	00 15								
03	42140	EXCISION OF UVULA	150.37									
07	42140	EXCISION OF UVULA	180.44	00 15								
03	42145	PALATOPHARYNGOPLASTY	455.48									
07	42145	PALATOPHARYNGOPLASTY	546.58	00 15								
03	42160	TREATMENT MOUTH ROOF LESION	146.43									
07	42160	TREATMENT MOUTH ROOF LESION	175.72	00 15								
03	42180	REPAIR PALATE	151.13									
07	42180	REPAIR PALATE	181.36	00 15								
03	42182	REPAIR PALATE	209.00									
07	42182	REPAIR PALATE	250.79	00 15								
02	42200	RECONSTRUCT CLEFT PALATE	116.35									
03	42200	RECONSTRUCT CLEFT PALATE	581.75									
07	42200	RECONSTRUCT CLEFT PALATE	698.09	00 15								
02	42205	RECONSTRUCT CLEFT PALATE	124.60									
03	42205	RECONSTRUCT CLEFT PALATE	622.98									
07	42205	RECONSTRUCT CLEFT PALATE	747.58	00 15								
02	42210	RECONSTRUCT CLEFT PALATE	141.01									
03	42210	RECONSTRUCT CLEFT PALATE	705.05									
07	42210	RECONSTRUCT CLEFT PALATE	846.05	00 15								
02	42215	RECONSTRUCT CLEFT PALATE	91.79									
03	42215	RECONSTRUCT CLEFT PALATE	458.96									
07	42215	RECONSTRUCT CLEFT PALATE	550.76	00 15								
02	42220	RECONSTRUCT CLEFT PALATE	70.94									
03	42220	RECONSTRUCT CLEFT PALATE	354.68									
07	42220	RECONSTRUCT CLEFT PALATE	425.62	00 15								
02	42225	RECONSTRUCT CLEFT PALATE	119.82									
03	42225	RECONSTRUCT CLEFT PALATE	599.12									
07	42225	RECONSTRUCT CLEFT PALATE	718.94	00 15								
02	42226	LENGTHENING OF PALATE, AND PHA	119.65									
03	42226	LENGTHENING OF PALATE, AND PHARYNGEA	598.24									
07	42226	LENGTHENING OF PALATE, AND PHARYNGEA	717.89	00 15								
02	42227	LENGTHEN PALATE, WITH ISLAND F	116.23									
03	42227	LENGTHEN PALATE, WITH ISLAND FLAP	581.13									
07	42227	LENGTHEN PALATE, WITH ISLAND FLAP	697.36	00 15								
02	42235	REPAIR PALATE	94.72									
03	42235	REPAIR PALATE	473.62									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	42235	REPAIR PALATE	568.34	00 15								
02	42260	REPAIR NOSE TO LIP FISTULA	107.13									
03	42260	REPAIR NOSE TO LIP FISTULA	535.64									
07	42260	REPAIR NOSE TO LIP FISTULA	642.77	00 15								
03	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	98.09									
07	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	117.70	00 15								
03	42281	INSERT PIN-RETAINED PALATAL PROSTH.	125.96									
07	42281	INSERT PIN-RETAINED PALATAL PROSTH.	151.16	00 15								
03	42299	PALATE/UVULA SURGERY	MP		X							
07	42299	PALATE/UVULA SURGERY	MP	00 15	X							
03	42300	DRAINAGE OF SALIVARY GLAND	128.57									
07	42300	DRAINAGE OF SALIVARY GLAND	154.29	00 15								
03	42305	DRAINAGE OF SALIVARY GLAND	283.19									
07	42305	DRAINAGE OF SALIVARY GLAND	339.82	00 15								
03	42310	DRAINAGE OF SALIVARY GLAND	100.26									
07	42310	DRAINAGE OF SALIVARY GLAND	120.31	00 15								
03	42320	DRAINAGE OF SALIVARY GLAND	154.91									
07	42320	DRAINAGE OF SALIVARY GLAND	185.90	00 15								
03	42330	REMOVAL OF SALIVARY STONE	144.23									
07	42330	REMOVAL OF SALIVARY STONE	173.08	00 15								
03	42335	REMOVAL OF SALIVARY STONE	229.19									
07	42335	REMOVAL OF SALIVARY STONE	275.03	00 15								
03	42340	REMOVAL OF SALIVARY STONE	289.79									
07	42340	REMOVAL OF SALIVARY STONE	347.74	00 15								
03	42400	BIOPSY OF SALIVARY GLAND	67.20									X
07	42400	BIOPSY OF SALIVARY GLAND	80.64	00 15								X
03	42405	BIOPSY OF SALIVARY GLAND	191.29									
07	42405	BIOPSY OF SALIVARY GLAND	229.55	00 15								
03	42408	EXCISION OF SALIVARY CYST	284.13									
07	42408	EXCISION OF SALIVARY CYST	340.96	00 15								
02	42409	DRAINAGE OF SALIVARY CYST	40.76									
03	42409	DRAINAGE OF SALIVARY CYST	203.78									
07	42409	DRAINAGE OF SALIVARY CYST	244.54	00 15								
03	42410	EXCISE PAROTID GLAND/LESION	413.22									
07	42410	EXCISE PAROTID GLAND/LESION	495.86	00 15								
02	42415	EXCISE PAROTID GLAND/LESION	149.35									
03	42415	EXCISE PAROTID GLAND/LESION	746.75									
07	42415	EXCISE PAROTID GLAND/LESION	896.10	00 15								
02	42420	EXCISE PAROTID GLAND/LESION	171.36									
03	42420	EXCISE PAROTID GLAND/LESION	856.81									
07	42420	EXCISE PAROTID GLAND/LESION	1,028.17	00 15								
02	42425	EXCISE PAROTID GLAND/LESION	112.51									
03	42425	EXCISE PAROTID GLAND/LESION	562.55									
07	42425	EXCISE PAROTID GLAND/LESION	675.05	00 15								
02	42426	EXCISE PAROTID GLAND/LESION	183.54									
03	42426	EXCISE PAROTID GLAND/LESION	917.72									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	42426	EXCISE PAROTID GLAND/LESION	1,101.26	00 15								
02	42440	EXCISION SUBMAXILLARY GLAND	61.98									
03	42440	EXCISION SUBMAXILLARY GLAND	309.92									
07	42440	EXCISION SUBMAXILLARY GLAND	371.90	00 15								
03	42450	EXCISION SUBLINGUAL GLAND	283.91									
07	42450	EXCISION SUBLINGUAL GLAND	340.70	00 15								
03	42500	REPAIR SALIVARY DUCT	270.50									
07	42500	REPAIR SALIVARY DUCT	324.60	00 15								
03	42505	REPAIR SALIVARY DUCT	353.03									
07	42505	REPAIR SALIVARY DUCT	423.63	00 15								
02	42507	PAROTID DUCT DIVERSION	66.38									
03	42507	PAROTID DUCT DIVERSION	331.88									
07	42507	PAROTID DUCT DIVERSION	398.25	00 15								
02	42508	PAROTID DUCT DIVERSION	95.27									
03	42508	PAROTID DUCT DIVERSION	476.37									
07	42508	PAROTID DUCT DIVERSION	571.64	00 15								
03	42509	PAROTID DUCT DIVERSION	546.57									
07	42509	PAROTID DUCT DIVERSION	655.88	00 15								
02	42510	BILAT,PAROTID DUCT DIV W/LIGAT	82.26									
03	42510	BILAT,PAROTID DUCT DIV W/LIGAT	411.31									
07	42510	BILAT,PAROTID DUCT DIV W/LIGAT	493.57	00 15								
03	42550	INJECTION FOR SALIVARY X-RAY	95.35									X
07	42550	INJECTION FOR SALIVARY X-RAY	114.42	00 15								X
03	42600	CLOSURE OF SALIVARY FISTULA	303.81									
07	42600	CLOSURE OF SALIVARY FISTULA	364.57	00 15								
03	42650	DILATION OF SALIVARY DUCT	51.73									
07	42650	DILATION OF SALIVARY DUCT	62.07	00 15								
03	42660	DILATION OF SALIVARY DUCT	66.94									
07	42660	DILATION OF SALIVARY DUCT	80.33	00 15								
03	42665	LIGATION OF SALIVARY DUCT	190.25									
07	42665	LIGATION OF SALIVARY DUCT	228.30	00 15								
03	42699	SALIVARY SURGERY PROCEDURE	MP		X							
07	42699	SALIVARY SURGERY PROCEDURE	MP	00 15	X							
03	42700	DRAINAGE OF TONSIL ABSCESS	115.90									
07	42700	DRAINAGE OF TONSIL ABSCESS	139.08	00 15								
03	42720	DRAINAGE OF THROAT ABSCESS	296.49									
07	42720	DRAINAGE OF THROAT ABSCESS	355.79	00 15								
02	42725	DRAINAGE OF THROAT ABSCESS	107.26									
03	42725	DRAINAGE OF THROAT ABSCESS	536.30									
07	42725	DRAINAGE OF THROAT ABSCESS	643.55	00 15								
03	42800	BIOPSY OF THROAT	97.32									
07	42800	BIOPSY OF THROAT	116.78	00 15								
03	42802	BIOPSY OF THROAT	146.27									
07	42802	BIOPSY OF THROAT	175.52	00 15								
03	42804	BIOPSY OF UPPER NOSE/THROAT	122.00									
07	42804	BIOPSY OF UPPER NOSE/THROAT	146.39	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	42806	BIOPSY OF UPPER NOSE/THROAT	138.33									
07	42806	BIOPSY OF UPPER NOSE/THROAT	166.00	00 15								
03	42808	EXCISE PHARYNX LESION	143.10									
07	42808	EXCISE PHARYNX LESION	171.72	00 15								
03	42809	REMOVE PHARYNX FOREIGN BODY	107.04									
07	42809	REMOVE PHARYNX FOREIGN BODY	128.45	00 15								
02	42810	EXCISION OF NECK CYST	47.75									
03	42810	EXCISION OF NECK CYST	238.76									
07	42810	EXCISION OF NECK CYST	286.52	00 15								
03	42815	EXCISION OF NECK CYST	361.34									
07	42815	EXCISION OF NECK CYST	433.60	00 15								
03	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	191.77	00 11								
07	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	230.12	00 11								
03	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	200.32	12 99								
07	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	240.38	12 15								
03	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	170.60	00 11								
07	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	204.72	00 11								
03	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	165.23	12 99								
07	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	198.27	12 15								
03	42830	ADENOIDECTOMY,PRIMARY;<12	134.06	00 11								
07	42830	ADENOIDECTOMY,PRIMARY;<12	160.87	00 11								
03	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	144.53	12 99								
07	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	173.44	12 15								
03	42835	ADENOIDECTOMY,SECONDARY;<12	121.06	00 11								
07	42835	ADENOIDECTOMY,SECONDARY;<12	145.27	00 11								
03	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	158.42	12 99								
07	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	190.10	12 15								
03	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	623.95									
07	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	748.74	00 15								
02	42844	RAD..RESECT.TONSIL,ETC.W/LOCAL FLAP	176.08									
03	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	880.40									
07	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,056.48	00 15								
02	42845	RAD,RESECT.TONSIL,ETC.W/OTHER FLAP	290.30									
03	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,451.51									
07	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,741.82	00 15								
03	42860	EXCISION OF TONSIL TAGS	121.02									
07	42860	EXCISION OF TONSIL TAGS	145.22	00 15								
03	42870	EXCISION OF LINGUAL TONSIL	363.68									
07	42870	EXCISION OF LINGUAL TONSIL	436.42	00 15								
02	42890	PARTIAL REMOVAL OF PHARYNX	179.53									
03	42890	PARTIAL REMOVAL OF PHARYNX	897.65									
07	42890	PARTIAL REMOVAL OF PHARYNX	1,077.17	00 15								
02	42892	RESECTION OF LATERAL PHARYNGEAL WALL	235.89									
03	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,179.45									
07	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,415.34	00 15								
02	42894	RESECT PHARY. WALL-MYOCUTANEOUS FLAP	302.95									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	42894	RESECT.PHARY.WALL-MYOCUTANEOUS FLAP	1,514.77										
07	42894	RESECT.PHARY.WALL-MYOCUTANEOUS FLAP	1,817.72	00	15								
03	42900	REPAIR THROAT WOUND	230.35										
07	42900	REPAIR THROAT WOUND	276.42	00	15								
02	42950	RECONSTRUCTION OF THROAT	101.20										
03	42950	RECONSTRUCTION OF THROAT	506.00										
07	42950	RECONSTRUCTION OF THROAT	607.19	00	15								
02	42953	PHARYNGOESOPHAGEAL REPAIR	124.07										
03	42953	PHARYNGOESOPHAGEAL REPAIR	620.36										
07	42953	PHARYNGOESOPHAGEAL REPAIR	744.43	00	15								
02	42955	SURGICAL OPENING OF THROAT	95.63										
03	42955	SURGICAL OPENING OF THROAT	478.16										
07	42955	SURGICAL OPENING OF THROAT	573.80	00	15								
03	42960	CONTROL THROAT BLEEDING	111.14										X
07	42960	CONTROL THROAT BLEEDING	133.37	00	15								X
03	42961	CONTROL THROAT BLEEDING	275.21										X
07	42961	CONTROL THROAT BLEEDING	330.26	00	15								X
03	42962	CONTROL THROAT BLEEDING	341.88										X
07	42962	CONTROL THROAT BLEEDING	410.26	00	15								X
03	42970	CONTROL NOSE/THROAT BLEEDING	256.18										
07	42970	CONTROL NOSE/THROAT BLEEDING	307.41	00	15								
03	42971	CONTROL NOSE/THROAT BLEEDING	301.55										
07	42971	CONTROL NOSE/THROAT BLEEDING	361.86	00	15								
03	42972	CONTROL NOSE/THROAT BLEEDING	339.77										
07	42972	CONTROL NOSE/THROAT BLEEDING	407.73	00	15								
02	42999	THROAT SURGERY PROCEDURE	MP			X							
03	42999	THROAT SURGERY PROCEDURE	MP			X							
07	42999	THROAT SURGERY PROCEDURE	MP	00	15	X							
02	43020	INCISION OF ESOPHAGUS	70.47										
03	43020	INCISION OF ESOPHAGUS	352.33										
07	43020	INCISION OF ESOPHAGUS	422.79	00	15								
03	43030	THROAT MUSCLE SURGERY	347.23										
07	43030	THROAT MUSCLE SURGERY	416.67	00	15								
02	43045	INCISION OF ESOPHAGUS	178.53										
03	43045	INCISION OF ESOPHAGUS	892.67										
07	43045	INCISION OF ESOPHAGUS	1,071.21	00	15								
02	43100	EXCISION OF ESOPHAGUS LESION	83.23										
03	43100	EXCISION OF ESOPHAGUS LESION	416.14										
07	43100	EXCISION OF ESOPHAGUS LESION	499.37	00	15								
02	43101	EXCISION OF ESOPHAGUS LESION	139.97										
03	43101	EXCISION OF ESOPHAGUS LESION	699.86										
07	43101	EXCISION OF ESOPHAGUS LESION	839.83	00	15								
02	43107	REMOVAL OF ESOPHAGUS	346.48										
03	43107	REMOVAL OF ESOPHAGUS	1,732.40										
07	43107	REMOVAL OF ESOPHAGUS	2,078.87	00	15								
02	43108	REMOVAL OF ESOPHAGUS	580.64										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	43108	REMOVAL OF ESOPHAGUS	2,903.21									
07	43108	REMOVAL OF ESOPHAGUS	3,483.85	00 15								
02	43112	REMOVAL OF ESOPHAGUS	370.83									
03	43112	REMOVAL OF ESOPHAGUS	1,854.17									
07	43112	REMOVAL OF ESOPHAGUS	2,225.01	00 15								
02	43113	REMOVAL OF ESOPHAGUS	579.19									
03	43113	REMOVAL OF ESOPHAGUS	2,895.96									
07	43113	REMOVAL OF ESOPHAGUS	3,475.15	00 15								
02	43116	PARTIAL REMOVAL OF ESOPHAGUS	656.69									
03	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,283.43									
07	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,940.12	00 15								
02	43117	PARTIAL REMOVAL OF ESOPHAGUS	339.15									
03	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,695.74									
07	43117	PARTIAL REMOVAL OF ESOPHAGUS	2,034.88	00 15								
02	43118	PARTIAL REMOVAL OF ESOPHAGUS	478.54									
03	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,392.70									
07	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,871.24	00 15								
02	43121	PARTIAL REMOVAL OF ESOPHAGUS	380.14									
03	43121	PARTIAL REMOVAL OF ESOPHAGUS	1,900.69									
07	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,280.83	00 15								
02	43122	PARTIAL REMOVAL OF ESOPHAGUS	343.22									
03	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,716.08									
07	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,059.29	00 15								
02	43123	PARTIAL REMOVAL OF ESOPHAGUS	583.71									
03	43123	PARTIAL REMOVAL OF ESOPHAGUS	2,918.54									
07	43123	PARTIAL REMOVAL OF ESOPHAGUS	3,502.25	00 15								
02	43124	REMOVAL OF ESOPHAGUS	498.05									
03	43124	REMOVAL OF ESOPHAGUS	2,490.26									
07	43124	REMOVAL OF ESOPHAGUS	2,988.32	00 15								
02	43130	REMOVAL OF ESOPHAGUS POUCH	105.56									
03	43130	REMOVAL OF ESOPHAGUS POUCH	527.79									
07	43130	REMOVAL OF ESOPHAGUS POUCH	633.35	00 15								
02	43135	REMOVAL OF ESOPHAGUS POUCH	199.32									
03	43135	REMOVAL OF ESOPHAGUS POUCH	996.61									
07	43135	REMOVAL OF ESOPHAGUS POUCH	1,195.93	00 15								
03	43200	ESOPHAGUS ENDOSCOPY	135.68									
07	43200	ESOPHAGUS ENDOSCOPY	162.82	00 15								
03	43201	ESOPH SCOPE W/SUBMUCOUS INJ	186.03									
07	43201	ESOPH SCOPE W/SUBMUCOUS INJ	223.24	00 15								
03	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	177.53									
07	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	213.04	00 15								
03	43204	ESOPHAGUS ENDOSCOPY	154.79									
07	43204	ESOPHAGUS ENDOSCOPY	185.74	00 15								
03	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	155.08									
07	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	186.09	00 15								
03	43215	ESOPHAGUS ENDOSCOPY	106.28									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43215	ESOPHAGUS ENDOSCOPY	127.53	00 15								
03	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	129.83									
07	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	155.80	00 15								
03	43217	ESOPHAGUS ENDOSCOPY	239.33									
07	43217	ESOPHAGUS ENDOSCOPY	287.20	00 15								
03	43219	ESOPHAGUS ENDOSCOPY	117.87									
07	43219	ESOPHAGUS ENDOSCOPY	141.44	00 15								
03	43220	ESOPHAGUS ENDOSCOPY,DILATION	87.27									
07	43220	ESOPHAGUS ENDOSCOPY,DILATION	104.72	00 15								
03	43226	ESOPHAGUS/STOMACH ENDOSCOPY	97.33									
07	43226	ESOPHAGUS/STOMACH ENDOSCOPY	116.79	00 15								
03	43227	ESOPHAGUS/STOMACH ENDOSCOPY	145.19									
07	43227	ESOPHAGUS/STOMACH ENDOSCOPY	174.23	00 15								
03	43228	ESOPHAGUS/STOMACH ENDOSCOPY	155.03									
07	43228	ESOPHAGUS/STOMACH ENDOSCOPY	186.04	00 15								
03	43231	ESOPH ENDOSCOPY W/US EXAM	131.50									
07	43231	ESOPH ENDOSCOPY W/US EXAM	157.80	00 15								
03	43232	ESOPH ENDOSCOPY W/US FN BX	181.61									
07	43232	ESOPH ENDOSCOPY W/US FN BX	217.93	00 15								
03	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	176.75									
07	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	212.09	00 15								
03	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	191.78									
07	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	230.14	00 15								
03	43236	UPPR GI SCOPE W/SUBMUC INJ	238.43									
07	43236	UPPR GI SCOPE W/SUBMUC INJ	286.11	00 15								
03	43237	ENDOSCOPIC US EXAM, ESOPH	166.73									
07	43237	ENDOSCOPIC US EXAM, ESOPH	200.07	00 15								
03	43238	UPPR GI ENDOSCOPY W/US FN BX	206.02									
07	43238	UPPR GI ENDOSCOPY W/US FN BX	247.22	00 15								
03	43239	UPPER GI ENDOSCOPY, BIOPSY	222.35									
07	43239	UPPER GI ENDOSCOPY, BIOPSY	266.82	00 15								
03	43240	ESOPH ENDOSCOPE W/DRAIN CYST	276.71									
07	43240	ESOPH ENDOSCOPE W/DRAIN CYST	332.05	00 15								
03	43241	UPPER ENDOSCOPY W/TUBE/CATH. PLACE	107.66									
07	43241	UPPER ENDOSCOPY W/TUBE/CATH. PLACE	129.20	00 15								
03	43242	UPPR GI ENDOSCOPY W/US FN BX	294.56									
07	43242	UPPR GI ENDOSCOPY W/US FN BX	353.48	00 15								
03	43243	SEE 43235;INJECT SCLEROSIS ESOPH....	185.46									
07	43243	SEE 43235;INJECT SCLEROSIS ESOPH....	222.55	00 15								
03	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	205.58									
07	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	246.70	00 15								
03	43245	UPPER GI ENDOSCOPY FOR DLAT	129.82									
07	43245	UPPER GI ENDOSCOPY FOR DLAT	155.78	00 15								
03	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	173.99									
07	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	208.78	00 15								
03	43247	OPERATIVE UPPER GI ENDOSCOPY	138.80									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43247	OPERATIVE UPPER GI ENDOSCOPY	166.55	00 15								
03	43248	UPPER GASTROINTESTINAL ENDOSCOPY INC	130.90									
07	43248	UPPER GASTROINTESTINAL ENDOSCOPY INC	157.08	00 15								
03	43249	ESOPHAGUS ENDOSCOPY,DILATION	120.56									
07	43249	ESOPHAGUS ENDOSCOPY,DILATION	144.68	00 15								
03	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	129.89									
07	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	155.86	00 15								
03	43251	OPERATIVE UPPER GI ENDOSCOPY	150.99									
07	43251	OPERATIVE UPPER GI ENDOSCOPY	181.19	00 15								
03	43255	OPERATIVE UPPER GI ENDOSCOPY	196.27									
07	43255	OPERATIVE UPPER GI ENDOSCOPY	235.52	00 15								
03	43256	UPPR GI ENDOSCOPY W STENT	176.42									
07	43256	UPPR GI ENDOSCOPY W STENT	211.70	00 15								
03	43257	UPPR GI SCOPE W/THRML TXMNT	216.83									
07	43257	UPPR GI SCOPE W/THRML TXMNT	260.20	00 15								
03	43258	OPERATIVE UPPER GI ENDOSCOPY	184.92									
07	43258	OPERATIVE UPPER GI ENDOSCOPY	221.90	00 15								
03	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	210.59									
07	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	252.70	00 15								
03	43260	UPPER GI ENDOSCOPY,DIAGNOSIS	241.39									
07	43260	UPPER GI ENDOSCOPY,DIAGNOSIS	289.67	00 15								
03	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	253.82									
07	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	304.59	00 15								
03	43262	OPERATIVE UPPER GI ENDOSCOPY	298.16									
07	43262	OPERATIVE UPPER GI ENDOSCOPY	357.79	00 15								
03	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	294.98									
07	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	353.97	00 15								
03	43264	OPERATIVE UPPER GI ENDOSCOPY	358.04									
07	43264	OPERATIVE UPPER GI ENDOSCOPY	429.65	00 15								
03	43265	SEE 43260;DISTRUCT LITHOTRIPSY-STONE	401.87									
07	43265	SEE 43260;DISTRUCT LITHOTRIPSY-STONE	482.25	00 15								
03	43267	ERCP-INSERT DRAINAGE TUBES	296.97									
07	43267	ERCP-INSERT DRAINAGE TUBES	356.36	00 15								
03	43268	ERCP-INSERT TUBE/STENT	301.49									
07	43268	ERCP-INSERT TUBE/STENT	361.78	00 15								
03	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	330.57									
07	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	396.68	00 15								
03	43271	ERCP-BALLOON DILATION /AMPULLA	297.92									
07	43271	ERCP-BALLOON DILATION /AMPULLA	357.51	00 15								
03	43272	ERCP-ABLATION TUMOR OR LESION	297.44									
07	43272	ERCP-ABLATION TUMOR OR LESION	356.93	00 15								
03	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	90.11									
07	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	108.13	00 15								
02	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	170.00									
03	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	849.98									
07	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,019.97	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	43280	LAPAROSCOPY FUNDOPLASTY	141.82										X
03	43280	LAPAROSCOPY, FUNDOPLASTY	709.11										
07	43280	LAPAROSCOPY, FUNDOPLASTY	850.93	00	15								
02	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	225.32										
03	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,126.62										
07	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,351.94	00	15								
02	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	253.38										
03	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,266.89										
07	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,520.27	00	15								
03	43289	LAPAROSCOPE PROC, ESOPH	MP			X							
07	43289	LAPAROSCOPE PROC, ESOPH	MP	00	15	X							
02	43300	REPAIR OF ESOPHAGUS	82.83										
03	43300	REPAIR OF ESOPHAGUS	414.14										
07	43300	REPAIR OF ESOPHAGUS	496.97	00	15								
02	43305	REPAIR ESOPHAGUS AND FISTULA	148.40										
03	43305	REPAIR ESOPHAGUS AND FISTULA	742.01										
07	43305	REPAIR ESOPHAGUS AND FISTULA	890.42	00	15								
02	43310	REPAIR OF ESOPHAGUS	210.02										
03	43310	REPAIR OF ESOPHAGUS	1,050.11										
07	43310	REPAIR OF ESOPHAGUS	1,260.13	00	15								
02	43312	REPAIR ESOPHAGUS AND FISTULA	232.11										
03	43312	REPAIR ESOPHAGUS AND FISTULA	1,160.55										
07	43312	REPAIR ESOPHAGUS AND FISTULA	1,392.66	00	15								
02	43313	ESOPHAGOPLASTY CONGENTIAL	368.79										
03	43313	ESOPHAGOPLASTY CONGENTIAL	1,843.95										
07	43313	ESOPHAGOPLASTY CONGENTIAL	2,212.74	00	15								
02	43314	TRACHEO-ESOPHAGOPLASTY CONG	422.33										
03	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,111.63										
07	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,533.96	00	15								
02	43320	FUSE ESOPHAGUS & STOMACH	183.89										
03	43320	FUSE ESOPHAGUS & STOMACH	919.46										
07	43320	FUSE ESOPHAGUS & STOMACH	1,103.36	00	15								
02	43324	REVISE ESOPHAGUS & STOMACH	178.70										
03	43324	REVISE ESOPHAGUS & STOMACH	893.48										
07	43324	REVISE ESOPHAGUS & STOMACH	1,072.18	00	15								
02	43325	REVISE ESOPHAGUS & STOMACH	175.67										
03	43325	REVISE ESOPHAGUS & STOMACH	878.36										
07	43325	REVISE ESOPHAGUS & STOMACH	1,054.03	00	15								
02	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	179.00										
03	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	894.98										
07	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	1,073.97	00	15								
02	43330	REPAIR OF ESOPHAGUS	172.46										
03	43330	REPAIR OF ESOPHAGUS	862.29										
07	43330	REPAIR OF ESOPHAGUS	1,034.75	00	15								
02	43331	REPAIR OF ESOPHAGUS	186.59										
03	43331	REPAIR OF ESOPHAGUS	932.97										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43331	REPAIR OF ESOPHAGUS	1,119.56	00 15								
02	43340	FUSE ESOPHAGUS & INTESTINE	178.58									
03	43340	FUSE ESOPHAGUS & INTESTINE	892.89									
07	43340	FUSE ESOPHAGUS & INTESTINE	1,071.47	00 15								
02	43341	FUSE ESOPHAGUS & INTESTINE	196.44									
03	43341	FUSE ESOPHAGUS & INTESTINE	982.19									
07	43341	FUSE ESOPHAGUS & INTESTINE	1,178.62	00 15								
02	43350	SURGICAL OPENING, ESOPHAGUS	151.17									
03	43350	SURGICAL OPENING, ESOPHAGUS	755.86									
07	43350	SURGICAL OPENING, ESOPHAGUS	907.03	00 15								
02	43351	SURGICAL OPENING, ESOPHAGUS	178.40									
03	43351	SURGICAL OPENING, ESOPHAGUS	892.01									
07	43351	SURGICAL OPENING, ESOPHAGUS	1,070.41	00 15								
02	43352	SURGICAL OPENING, ESOPHAGUS	145.87									
03	43352	SURGICAL OPENING, ESOPHAGUS	729.35									
07	43352	SURGICAL OPENING, ESOPHAGUS	875.21	00 15								
02	43360	GASTROINTESTINAL REPAIR	314.32									
03	43360	GASTROINTESTINAL REPAIR	1,571.61									
07	43360	GASTROINTESTINAL REPAIR	1,885.93	00 15								
02	43361	GASTROINTESTINAL REPAIR	349.85									
03	43361	GASTROINTESTINAL REPAIR	1,749.27									
07	43361	GASTROINTESTINAL REPAIR	2,099.12	00 15								
02	43400	LIGATE ESOPHAGUS VEINS	212.85									
03	43400	LIGATE ESOPHAGUS VEINS	1,064.24									
07	43400	LIGATE ESOPHAGUS VEINS	1,277.09	00 15								
02	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	204.45									
03	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	1,022.23									
07	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	1,226.67	00 15								
02	43405	LIGATE/STAPLE ESOPHAGUS	197.39									
03	43405	LIGATE/STAPLE ESOPHAGUS	986.96									
07	43405	LIGATE/STAPLE ESOPHAGUS	1,184.36	00 15								
02	43410	REPAIR ESOPHAGUS WOUND	134.47									
03	43410	REPAIR ESOPHAGUS WOUND	672.35									
07	43410	REPAIR ESOPHAGUS WOUND	806.81	00 15								
02	43415	REPAIR ESOPHAGUS WOUND	230.49									
03	43415	REPAIR ESOPHAGUS WOUND	1,152.44									
07	43415	REPAIR ESOPHAGUS WOUND	1,382.93	00 15								
03	43420	REPAIR ESOPHAGUS OPENING	671.33									
07	43420	REPAIR ESOPHAGUS OPENING	805.59	00 15								
02	43425	REPAIR ESOPHAGUS OPENING	202.25									
03	43425	REPAIR ESOPHAGUS OPENING	1,011.26									
07	43425	REPAIR ESOPHAGUS OPENING	1,213.52	00 15								
03	43450	DILATE ESOPHAGUS	102.21									
07	43450	DILATE ESOPHAGUS	122.65	00 15								
03	43453	DILATE ESOPHAGUS	187.90									
07	43453	DILATE ESOPHAGUS	225.48	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	43456	DILATE ESOPHAGUS	378.58										
07	43456	DILATE ESOPHAGUS	454.29	00	15								
03	43458	DILATION OF ESOPHAGUS WITH BALLOON (	248.40										
07	43458	DILATION OF ESOPHAGUS WITH BALLOON (	298.08	00	15								
03	43460	PRESSURE TREATMENT ESOPHAGUS	152.51										
07	43460	PRESSURE TREATMENT ESOPHAGUS	183.02	00	15								
02	43496	FREE JEJUNUM FLAP, MICROVASC	MP									X	
03	43496	FREE JEJUNUM FLAP, MICROVASC	2,756.01										
07	43496	FREE JEJUNUM FLAP, MICROVASC	2,756.01	00	15								
02	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X							
03	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X							
07	43499	ESOPHAGUS SURGERY PROCEDURE	MP	00	15	X							
02	43500	SURGICAL OPENING OF STOMACH	101.03										
03	43500	SURGICAL OPENING OF STOMACH	505.14										
07	43500	SURGICAL OPENING OF STOMACH	606.17	00	15								
02	43501	GASTROTOMY;WITH SUTURE REPAIR	174.35										
03	43501	GASTROTOMY WITH SUTURE REPAIR	871.73										
07	43501	GASTROTOMY WITH SUTURE REPAIR	1,046.07	00	15								
02	43502	SURGICAL REPAIR OF STOMACH	197.65										
03	43502	SURGICAL REPAIR OF STOMACH	988.26										
07	43502	SURGICAL REPAIR OF STOMACH	1,185.91	00	15								
02	43510	SURGICAL OPENING OF STOMACH	124.02										
03	43510	SURGICAL OPENING OF STOMACH	620.09										
07	43510	SURGICAL OPENING OF STOMACH	744.11	00	15								
02	43520	INCISION OF PYLORIC MUSCLE	91.34										
03	43520	INCISION OF PYLORIC MUSCLE	456.70										
07	43520	INCISION OF PYLORIC MUSCLE	548.04	00	15								
03	43600	BIOPSY OF STOMACH	74.04										
07	43600	BIOPSY OF STOMACH	88.85	00	15								
02	43605	BIOPSY,STOMACH,BY LAPAROTOMY	107.40										
03	43605	BIOPSY,STOMACH,BY LAPAROTOMY	536.99										
07	43605	BIOPSY,STOMACH,BY LAPAROTOMY	644.39	00	15								
02	43610	EXCISION OF STOMACH LESION	127.06										
03	43610	EXCISION OF STOMACH LESION	635.32										
07	43610	EXCISION OF STOMACH LESION	762.38	00	15								
02	43611	EXCISION, LOCAL;	158.04										
03	43611	EXCISION, LOCAL;	790.19										
07	43611	EXCISION, LOCAL;	948.23	00	15								
02	43620	REMOVAL OF STOMACH	258.23										
03	43620	REMOVAL OF STOMACH	1,291.16										
07	43620	REMOVAL OF STOMACH	1,549.40	00	15								
02	43621	GASTRECTOMY, TOTAL;	293.64										
03	43621	GASTRECTOMY, TOTAL;	1,468.19										
07	43621	GASTRECTOMY, TOTAL;	1,761.83	00	15								
02	43622	GASTRECTOMY, TOTAL;	298.26										
03	43622	GASTRECTOMY, TOTAL;	1,491.32										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43622	GASTRECTOMY, TOTAL;	1,789.59	00 15								
02	43631	GASTRECTOMY, PARTIAL, DISTAL;	189.26									
03	43631	GASTRECTOMY, PARTIAL, DISTAL;	946.32									
07	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,135.58	00 15								
02	43632	GASTRECTOMY, PARTIAL, DISTAL;	256.98									
03	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,284.92									
07	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,541.91	00 15								
02	43633	GASTRECTOMY, PARTIAL, DISTAL;	244.74									
03	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,223.72									
07	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,468.47	00 15								
02	43634	GASTRECTOMY, PARTIAL, DISTAL;	270.26									
03	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,351.28									
07	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,621.53	00 15								
02	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	15.25									
03	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	76.25									
07	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	91.50	00 15								
02	43640	VAGOTOMY & PYLORUS REPAIR	151.84									
03	43640	VAGOTOMY & PYLORUS REPAIR	759.19									
07	43640	VAGOTOMY & PYLORUS REPAIR	911.03	00 15								
02	43641	VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	153.14									
03	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	765.71									
07	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	918.85	00 15								
02	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	224.69	16 99	X							
03	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,123.45	16 99		X						
02	43645	LAP GASTR BYPASS INCL SMLL I	240.71	16 99	X							
03	43645	LAP GASTR BYPASS INCL SMLL I	1,203.53	16 99		X						
02	43651	LAPAROSCOPY,VAGUS NERVE	84.12									
03	43651	LAPAROSCOPY, VAGUS NERVE	420.59									
07	43651	LAPAROSCOPY, VAGUS NERVE	504.70	00 15								
02	43652	LAPAROSCOPY, VAGUS NERVE	98.61									
03	43652	LAPAROSCOPY, VAGUS NERVE	493.05									
07	43652	LAPAROSCOPY, VAGUS NERVE	591.66	00 15								
02	43653	LAPAROSCOPY GASTROSTOMY	71.44									
03	43653	LAPAROSCOPY, GASTROSTOMY	357.21									
07	43653	LAPAROSCOPY, GASTROSTOMY	428.65	00 15								
02	43659	LAPAROSCOPE PROC, STOM	MP		X							
03	43659	LAPAROSCOPE PROC, STOM	MP		X							
07	43659	LAPAROSCOPE PROC, STOM	MP	00 15	X							
03	43752	NASAL/OROGASTRIC W/STENT	29.04									
07	43752	NASAL/OROGASTRIC W/STENT	34.85	00 15								
03	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	208.68									
07	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	250.42	00 15								
03	43761	REPOSITIONING OF A NASO- OR ORO-GAST	84.35									
07	43761	REPOSITIONING OF THE GASTRIC FEEDING	101.21	00 15								
02	43770	LAP, PLACE GASTR ADJUST BAND	143.81	16 99	X							
03	43770	LAP, PLACE GASTR ADJUST BAND	719.03	16 99		X						

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	43771	LAP, REVISE ADJUST GAST BAND	164.25	16	99	X							
03	43771	LAP, REVISE ADJUST GAST BAND	821.24	16	99		X						
02	43772	LAP, REMOVE ADJUST GAST BAND	124.22	16	99	X							
03	43772	LAP, REMOVE ADJUST GAST BAND	621.09	16	99		X						
02	43773	LAP, CHANGE ADJUST GAST BAND	164.39	16	99	X							
03	43773	LAP, CHANGE ADJUST GAST BAND	821.96	16	99		X						
02	43774	LAP REMOV ADJ GAST BAND/PORT	124.24	16	99	X							
03	43774	LAP REMOV ADJ GAST BAND/PORT	621.19	16	99		X						
02	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	193.29	16	99	X							
03	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	966.47	16	99		X						
02	43800	RECONSTRUCTION OF PYLORUS	120.52										
03	43800	RECONSTRUCTION OF PYLORUS	602.58										
07	43800	RECONSTRUCTION OF PYLORUS	723.10	00	15								
02	43810	FUSION OF STOMACH AND BOWEL	130.65										
03	43810	FUSION OF STOMACH AND BOWEL	653.25										
07	43810	FUSION OF STOMACH AND BOWEL	783.90	00	15								
02	43820	FUSION OF STOMACH AND BOWEL	168.79										
03	43820	FUSION OF STOMACH AND BOWEL	843.95										
07	43820	FUSION OF STOMACH AND BOWEL	1,012.74	00	15								
02	43825	FUSION OF STOMACH AND BOWEL	168.18										
03	43825	FUSION OF STOMACH AND BOWEL	840.89										
07	43825	FUSION OF STOMACH AND BOWEL	1,009.06	00	15								
02	43830	SURGICAL OPENING OF STOMACH	88.94										
03	43830	SURGICAL OPENING OF STOMACH	444.68										
07	43830	SURGICAL OPENING OF STOMACH	533.62	00	15								
02	43831	GASTROSTOMY, OPEN, NEONATAL	74.01	00	00								
03	43831	GASTROSTOMY, OPEN, NEONATAL	370.04	00	00								
07	43831	GASTROSTOMY, OPEN, NEONATAL	444.05	00	00								
02	43832	SURGICAL OPENING OF STOMACH	137.37										
03	43832	SURGICAL OPENING OF STOMACH	686.84										
07	43832	SURGICAL OPENING OF STOMACH	824.21	00	15								
02	43840	REPAIR OF STOMACH LESION	171.18										
03	43840	REPAIR OF STOMACH LESION	855.88										
07	43840	REPAIR OF STOMACH LESION	1,027.05	00	15								
02	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	153.30	16	99	X							
03	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	766.49	16	99		X						
02	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	163.91	16	99	X							
03	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	819.57	16	99		X						
02	43845	GASTROPLASTY DUODENAL SWITCH	MP	16	99	X	X						
03	43845	GASTROPLASTY DUODENAL SWITCH	MP	16	99	X	X						
02	43846	ROUX-EN-Y/GASTRIC BYPASS	211.44	16	99	X							
03	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,057.22	16	99		X						
02	43847	GASTRIC BYPASS FOR OBESITY	231.32	16	99	X							
03	43847	GASTRIC BYPASS FOR OBESITY	1,156.60	16	99		X						
02	43848	REVISION GASTROPLASTY	251.03	16	99	X							
03	43848	REVISION GASTROPLASTY	1,255.13	16	99		X						

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	43850	REVISE STOMACH-BOWEL FUSION	210.36										
03	43850	REVISE STOMACH-BOWEL FUSION	1,051.80										
07	43850	REVISE STOMACH-BOWEL FUSION	1,262.16	00	15								
02	43855	REVISE STOMACH-BOWEL FUSION	219.85										
03	43855	REVISE STOMACH-BOWEL FUSION	1,099.23										
07	43855	REVISE STOMACH-BOWEL FUSION	1,319.08	00	15								
02	43860	REVISE STOMACH-BOWEL FUSION	213.51										
03	43860	REVISE STOMACH-BOWEL FUSION	1,067.56										
07	43860	REVISE STOMACH-BOWEL FUSION	1,281.07	00	15								
02	43865	REVISE STOMACH-BOWEL FUSION	222.23										
03	43865	REVISE STOMACH-BOWEL FUSION	1,111.13										
07	43865	REVISE STOMACH-BOWEL FUSION	1,333.35	00	15								
02	43870	REPAIR STOMACH OPENING	90.96										
03	43870	REPAIR STOMACH OPENING	454.78										
07	43870	REPAIR STOMACH OPENING	545.73	00	15								
02	43880	REPAIR STOMACH-BOWEL FISTULA	208.62										
03	43880	REPAIR STOMACH-BOWEL FISTULA	1,043.12										
07	43880	REPAIR STOMACH-BOWEL FISTULA	1,251.74	00	15								
02	43886	REVISE GASTRIC PORT, OPEN	41.92	16	99	X							
03	43886	REVISE GASTRIC PORT, OPEN	209.59	16	99		X						
02	43887	REMOVE GASTRIC PORT, OPEN	39.79	16	99	X							
03	43887	REMOVE GASTRIC PORT, OPEN	198.96	16	99		X						
02	43888	CHANGE GASTRIC PORT, OPEN	56.34	16	99	X							
03	43888	CHANGE GASTRIC PORT, OPEN	281.72	16	99		X						
02	43999	STOMACH SURGERY PROCEDURE	MP			X							
03	43999	STOMACH SURGERY PROCEDURE	MP			X							
07	43999	STOMACH SURGERY PROCEDURE	MP	00	15	X							
02	44005	FREEING OF BOWEL ADHESION	142.35			X							
03	44005	FREEING OF BOWEL ADHESION	711.74			X							
07	44005	FREEING OF BOWEL ADHESION	854.09	00	15	X							
02	44010	INCISION OF SMALL BOWEL	111.70										
03	44010	INCISION OF SMALL BOWEL	558.51										
07	44010	INCISION OF SMALL BOWEL	670.21	00	15								
02	44015	NEEDLE CATHETER JEJUNOSTOMY	19.57										
03	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	97.84										
07	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	117.41	00	15								
02	44020	EXPLORATION OF SMALL BOWEL	125.70										
03	44020	EXPLORATION OF SMALL BOWEL	628.48										
07	44020	EXPLORATION OF SMALL BOWEL	754.17	00	15								
02	44021	ENTEROTOMY...;FOR DECOMPRESSION	127.09										
03	44021	ENTEROTOMY...;FOR DECOMPRESSION	635.43										
07	44021	ENTEROTOMY...;FOR DECOMPRESSION	762.52	00	15								
02	44025	EXPLORATION OF LARGE BOWEL	127.98										
03	44025	EXPLORATION OF LARGE BOWEL	639.90										
07	44025	EXPLORATION OF LARGE BOWEL	767.88	00	15								
02	44050	REDUCE BOWEL OBSTRUCTION	121.20										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	44050	REDUCE BOWEL OBSTRUCTION	605.98										
07	44050	REDUCE BOWEL OBSTRUCTION	727.17	00	15								
02	44055	CORRECT MALROTATION-CG, LADD PROC	194.43										
03	44055	CORRECT MALROTATION-CG, LADD PROC.	972.17										
07	44055	CORRECT MALROTATION-CG, LADD PROC.	1,166.61	00	15								
03	44100	BIOPSY OF BOWEL	79.85										
07	44100	BIOPSY OF BOWEL	95.81	00	15								
02	44110	EXCISION OF BOWEL LESION(S)	109.46										
03	44110	EXCISION OF BOWEL LESION(S)	547.31										
07	44110	EXCISION OF BOWEL LESION(S)	656.77	00	15								
02	44111	EXCISION OF BOWEL LESION(S)	127.65										
03	44111	EXCISION OF BOWEL LESION(S)	638.26										
07	44111	EXCISION OF BOWEL LESION(S)	765.91	00	15								
02	44120	REMOVAL OF SMALL INTESTINE	158.21										
03	44120	REMOVAL OF SMALL INTESTINE	791.06										
07	44120	REMOVAL OF SMALL INTESTINE	949.27	00	15								
02	44121	REMOVAL OF SMALL INTESTINE	32.90										
03	44121	REMOVAL OF SMALL INTESTINE	164.50										
07	44121	REMOVAL OF SMALL INTESTINE	197.40	00	15								
02	44125	REMOVAL OF SMALL INTESTINE	153.64										
03	44125	REMOVAL OF SMALL INTESTINE	768.20										
07	44125	REMOVAL OF SMALL INTESTINE	921.84	00	15								
02	44126	ENTERECTOMY W/TAPER, CONG	317.74										
03	44126	ENTERECTOMY W/TAPER, CONG	1,588.71										
07	44126	ENTERECTOMY W/TAPER, CONG	1,906.45	00	15								
02	44127	ENTERECTOMY W/O TAPER, CONG	370.56										
03	44127	ENTERECTOMY W/O TAPER, CONG	1,852.80										
07	44127	ENTERECTOMY W/O TAPER, CONG	2,223.36	00	15								
02	44128	ENTERECTOMY CONG, ADD-ON	33.09										
03	44128	ENTERECTOMY CONG, ADD-ON	165.46										
07	44128	ENTERECTOMY CONG, ADD-ON	198.55	00	15								
02	44130	BOWEL TO BOWEL FUSION	165.03										
03	44130	BOWEL TO BOWEL FUSION	825.17										
07	44130	BOWEL TO BOWEL FUSION	990.20	00	15								
03	44132	ENTERECTOMY, CADAVER DONOR	1,224.89			X							
07	44132	ENTERECTOMY, CADAVER DONOR	1,224.89	00	15	X							
03	44133	ENTERECTOMY, LIVE DONOR	1,224.89			X							
07	44133	ENTERECTOMY, LIVE DONOR	1,224.89	00	15	X							
03	44135	INTESTINE TRANSPLNT, CADAVER	3,062.23			X							
07	44135	INTESTINE TRANSPLNT, CADAVER	3,062.23	00	15	X							
03	44136	INTESTINE TRANSPLANT, LIVE	3,062.23			X							
07	44136	INTESTINE TRANSPLANT, LIVE	3,062.23	00	15	X							
03	44137	REMOVE INTESTINAL ALLOGRAFT	MP			X							
07	44137	REMOVE INTESTINAL ALLOGRAFT	MP	00	15	X							
02	44139	MOBILIZATION OF COLON	16.46										
03	44139	MOBILIZATION OF COLON	82.28										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	44139	MOBILIZATION OF COLON	98.73	00 15								
02	44140	PARTIAL REMOVAL OF COLON	174.96									
03	44140	PARTIAL REMOVAL OF COLON	874.81									
07	44140	PARTIAL REMOVAL OF COLON	1,049.77	00 15								
02	44141	PARTIAL REMOVAL OF COLON	228.83									
03	44141	PARTIAL REMOVAL OF COLON	1,144.13									
07	44141	PARTIAL REMOVAL OF COLON	1,372.96	00 15								
02	44143	PARTIAL REMOVAL OF COLON	215.12									
03	44143	PARTIAL REMOVAL OF COLON	1,075.58									
07	44143	PARTIAL REMOVAL OF COLON	1,290.70	00 15								
02	44144	PARTIAL REMOVAL OF COLON	225.76									
03	44144	PARTIAL REMOVAL OF COLON	1,128.82									
07	44144	PARTIAL REMOVAL OF COLON	1,354.58	00 15								
02	44145	PARTIAL REMOVAL OF COLON	218.15									
03	44145	PARTIAL REMOVAL OF COLON	1,090.73									
07	44145	PARTIAL REMOVAL OF COLON	1,308.87	00 15								
02	44146	PARTIAL REMOVAL OF COLON	271.40									
03	44146	PARTIAL REMOVAL OF COLON	1,357.00									
07	44146	PARTIAL REMOVAL OF COLON	1,628.40	00 15								
02	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	244.79									
03	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,223.93									
07	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,468.71	00 15								
02	44150	REMOVAL OF COLON	237.62									
03	44150	REMOVAL OF COLON	1,188.11									
07	44150	REMOVAL OF COLON	1,425.73	00 15								
02	44151	COLECTOMY; W/ CONTINENT ILEOSTOMY	271.94									
03	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,359.71									
07	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,631.66	00 15								
02	44155	REMOVAL OF COLON	266.33									
03	44155	REMOVAL OF COLON	1,331.63									
07	44155	REMOVAL OF COLON	1,597.95	00 15								
02	44156	COLECTOMY....;W/ CONTINENT ILEOSTOMY	293.06									
03	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,465.28									
07	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,758.33	00 15								
02	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	278.70									
03	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,393.50									
07	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,672.20	00 15								
02	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	285.78									
03	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,428.92									
07	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,714.70	00 15								
02	44160	REMOVAL OF COLON	161.05									
03	44160	REMOVAL OF COLON	805.25									
07	44160	REMOVAL OF COLON	966.29	00 15								
02	44186	LAP, JEJUNOSTOMY	84.41									
03	44186	LAP, JEJUNOSTOMY	422.07									
07	44186	LAP, JEJUNOSTOMY	506.48	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	44187	LAP, ILEO/JEJUNO-STOMY	141.93									
03	44187	LAP, ILEO/JEJUNO-STOMY	709.67									
07	44187	LAP, ILEO/JEJUNO-STOMY	851.60	00 15								
02	44188	LAP, COLOSTOMY	157.19									
03	44188	LAP, COLOSTOMY	785.97									
07	44188	LAP, COLOSTOMY	943.16	00 15								
02	44202	LAPARO RESECT INTESTINE	181.15									
03	44202	LAPARO, RESECT INTESTINE	905.76									
07	44202	LAPARO, RESECT INTESTINE	1,086.91	00 15								
02	44203	LAP RESECT S/INTESTINE, ADDL	32.76									
03	44203	LAP RESECT S/INTESTINE, ADDL	163.78									
07	44203	LAP RESECT S/INTESTINE, ADDL	196.53	00 15								
02	44204	LAPARO PARTIAL COLECTOMY	202.31									
03	44204	LAPARO PARTIAL COLECTOMY	1,011.57									
07	44204	LAPARO PARTIAL COLECTOMY	1,213.88	00 15								
02	44205	LAP COLECTOMY PART W/ILEUM	176.65									
03	44205	LAP COLECTOMY PART W/ILEUM	883.27									
07	44205	LAP COLECTOMY PART W/ILEUM	1,059.92	00 15								
02	44206	LAP PART COLECTOMY W/STOMA	229.34									
03	44206	LAP PART COLECTOMY W/STOMA	1,146.70									
07	44206	LAP PART COLECTOMY W/STOMA	1,376.04	00 15								
02	44207	L COLECTOMY/COLOPROCTOSTOMY	241.33									
03	44207	L COLECTOMY/COLOPROCTOSTOMY	1,206.63									
07	44207	L COLECTOMY/COLOPROCTOSTOMY	1,447.96	00 15								
02	44208	L COLECTOMY/COLOPROCTOSTOMY	261.85									
03	44208	L COLECTOMY/COLOPROCTOSTOMY	1,309.25									
07	44208	L COLECTOMY/COLOPROCTOSTOMY	1,571.10	00 15								
02	44210	LAPARO TOTAL PROCTOCOLECTOMY	233.78									
03	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,168.88									
07	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,402.66	00 15								
02	44211	LAPARO TOTAL PROCTOCOLECTOMY	287.04									
03	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,435.19									
07	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,722.23	00 15								
02	44212	LAPARO TOTAL PROCTOCOLECTOMY	268.92									
03	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,344.62									
07	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,613.55	00 15								
02	44213	LAP, MOBIL SPLENIC FL ADD-ON	25.81									
03	44213	LAP, MOBIL SPLENIC FL ADD-ON	129.04									
07	44213	LAP, MOBIL SPLENIC FL ADD-ON	154.85	00 15								
02	44227	LAP, CLOSE ENTEROSTOMY	219.08									
03	44227	LAP, CLOSE ENTEROSTOMY	1,095.41									
07	44227	LAP, CLOSE ENTEROSTOMY	1,314.49	00 15								
02	44238	LAPAROSCOPE PROC, INTESTINE	MP		X							
03	44238	LAPAROSCOPE PROC, INTESTINE	MP		X							
07	44238	LAPAROSCOPE PROC, INTESTINE	MP	00 15	X							
02	44300	OPEN BOWEL TO SKIN	108.64									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	44300	OPEN BOWEL TO SKIN	543.21									
07	44300	OPEN BOWEL TO SKIN	651.85	00 15								
02	44310	ILEOSTOMY	136.05									
03	44310	ILEOSTOMY	680.24									
07	44310	ILEOSTOMY	816.29	00 15								
03	44312	REVISION OF ILEOSTOMY	383.59									
07	44312	REVISION OF ILEOSTOMY	460.31	00 15								
02	44314	REVISION OF ILEOSTOMY	131.27									
03	44314	REVISION OF ILEOSTOMY	656.35									
07	44314	REVISION OF ILEOSTOMY	787.62	00 15								
02	44316	DEVISE BOWEL POUCH	180.06									
03	44316	DEVISE BOWEL POUCH	900.31									
07	44316	DEVISE BOWEL POUCH	1,080.37	00 15								
02	44320	COLOSTOMY	155.04									
03	44320	COLOSTOMY	775.20									
07	44320	COLOSTOMY	930.24	00 15								
02	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	121.47									
03	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	607.33									
07	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	728.79	00 15								
03	44340	REVISION OF COLOSTOMY	385.77									
07	44340	REVISION OF COLOSTOMY	462.92	00 15								
02	44345	REVISION OF COLOSTOMY	135.57									
03	44345	REVISION OF COLOSTOMY	677.87									
07	44345	REVISION OF COLOSTOMY	813.44	00 15								
02	44346	REVISE COLOSTOMY; REPAIR HERNIA	152.23									
03	44346	REVISE COLOSTOMY;REPAIR HERNIA	761.17									
07	44346	REVISE COLOSTOMY;REPAIR HERNIA	913.40	00 15								
03	44360	SMALL BOWEL ENDOSCOPY	108.84									
07	44360	SMALL BOWEL ENDOSCOPY	130.61	00 15								
03	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	119.99									
07	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	143.98	00 15								
03	44363	SMALL BOWEL ENDOSCOPY	142.49									
07	44363	SMALL BOWEL ENDOSCOPY	170.98	00 15								
03	44364	SMALL BOWEL ENDOSCOPY	153.25									
07	44364	SMALL BOWEL ENDOSCOPY	183.90	00 15								
03	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	136.41									
07	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	163.69	00 15								
03	44366	SMALL BOWEL ENDOSCOPY	180.65									
07	44366	SMALL BOWEL ENDOSCOPY	216.78	00 15								
03	44369	SMALL BOWEL ENDOSCOPY	184.58									
07	44369	SMALL BOWEL ENDOSCOPY	221.50	00 15								
03	44370	SMALL BOWEL ENDOSCOPY/STENT	198.83									
07	44370	SMALL BOWEL ENDOSCOPY/STENT	238.59	00 15								
03	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	176.39									
07	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	211.67	00 15								
03	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	142.49									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	170.98	00 15								
03	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	211.04									
07	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	253.25	00 15								
03	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	223.33									
07	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	267.99	00 15								
03	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	286.61									
07	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	343.93	00 15								
03	44379	S BOWEL ENDOSCOPE W/STENT	304.16									
07	44379	S BOWEL ENDOSCOPE W/STENT	364.99	00 15								
03	44380	SMALL BOWEL ENDOSCOPY	47.20									
07	44380	SMALL BOWEL ENDOSCOPY	56.64	00 15								
03	44382	SMALL BOWEL ENDOSCOPY	56.96									
07	44382	SMALL BOWEL ENDOSCOPY	68.36	00 15								
03	44383	ILEOSCOPY W/STENT	122.36									
07	44383	ILEOSCOPY W/STENT	146.83	00 15								
03	44385	ENDOSCOPY OF BOWEL POUCH	157.35									
07	44385	ENDOSCOPY OF BOWEL POUCH	188.82	00 15								
03	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	217.49									
07	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	260.99	00 15								
03	44388	COLON ENDOSCOPY	219.35									
07	44388	COLON ENDOSCOPY	263.22	00 15								
03	44389	COLON ENDOSCOPY	254.11									
07	44389	COLON ENDOSCOPY	304.93	00 15								
03	44390	COLON ENDOSCOPY	294.17									
07	44390	COLON ENDOSCOPY	353.00	00 15								
03	44391	COLON ENDOSCOPY	329.51									
07	44391	COLON ENDOSCOPY	395.42	00 15								
03	44392	COLON ENDOSCOPY	277.04									
07	44392	COLON ENDOSCOPY	332.44	00 15								
03	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	323.42									
07	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	388.11	00 15								
03	44394	COLONOSCOPY THROUGH STOMA;	323.96									
07	44394	COLONOSCOPY THROUGH STOMA;	388.75	00 15								
03	44397	COLONOSCOPY W STENT	191.41									
07	44397	COLONOSCOPY W STENT	229.69	00 15								
03	44500	INTRODUCTION OF LONG GASTROINTESTINA	18.26									
07	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.91	00 15								
02	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	179.44									
03	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	897.21									
07	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,076.65	00 15								
02	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	205.55									
03	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,027.74									
07	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,233.29	00 15								
02	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	138.29									
03	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	691.43									
07	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	829.72	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	44605	REPAIR OF BOWEL LESION	170.23										
03	44605	REPAIR OF BOWEL LESION	851.13										
07	44605	REPAIR OF BOWEL LESION	1,021.36	00	15								
02	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	140.20										
03	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	700.98										
07	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	841.18	00	15								
02	44620	REPAIR BOWEL OPENING	111.66										
03	44620	REPAIR BOWEL OPENING	558.32										
07	44620	REPAIR BOWEL OPENING	669.98	00	15								
02	44625	REPAIR BOWEL OPENING	132.48										
03	44625	REPAIR BOWEL OPENING	662.38										
07	44625	REPAIR BOWEL OPENING	794.85	00	15								
02	44626	REPAIR BOWEL OPENING	211.41										
03	44626	REPAIR BOWEL OPENING	1,057.05										
07	44626	REPAIR BOWEL OPENING	1,268.46	00	15								
02	44640	REPAIR BOWEL-SKIN FISTULA	184.23										
03	44640	REPAIR BOWEL-SKIN FISTULA	921.16										
07	44640	REPAIR BOWEL-SKIN FISTULA	1,105.39	00	15								
02	44650	REPAIR BOWEL FISTULA	191.64										
03	44650	REPAIR BOWEL FISTULA	958.22										
07	44650	REPAIR BOWEL FISTULA	1,149.86	00	15								
02	44660	REPAIR BOWEL-BLADDER FISTULA	184.47										
03	44660	REPAIR BOWEL-BLADDER FISTULA	922.34										
07	44660	REPAIR BOWEL-BLADDER FISTULA	1,106.80	00	15								
02	44661	REPAIR BOWEL-BLADDER FISTULA	207.74										
03	44661	REPAIR BOWEL-BLADDER FISTULA	1,038.68										
07	44661	REPAIR BOWEL-BLADDER FISTULA	1,246.41	00	15								
02	44680	SURGICAL REVISION, INTESTINE	138.40										
03	44680	SURGICAL REVISION, INTESTINE	691.99										
07	44680	SURGICAL REVISION, INTESTINE	830.39	00	15								
02	44700	SUSPEND BOWEL W/PROSTHESIS	133.89										
03	44700	SUSPEND BOWEL W/PROSTHESIS	669.44										
07	44700	SUSPEND BOWEL W/PROSTHESIS	803.33	00	15								
02	44701	INTRAOP COLON LAVAGE ADD-ON	22.74										
03	44701	INTRAOP COLON LAVAGE ADD-ON	113.69										
07	44701	INTRAOP COLON LAVAGE ADD-ON	136.42	00	15								
03	44715	PREPARE DONOR INTESTINE	MP			X							
07	44715	PREPARE DONOR INTESTINE	MP	00	15	X							
02	44720	PREP DONOR INTESTINE/VENOUS	36.86			X							
03	44720	PREP DONOR INTESTINE/VENOUS	184.31			X							
07	44720	PREP DONOR INTESTINE/VENOUS	221.18	00	15	X							
02	44721	PREP DONOR INTESTINE/ARTERY	52.43			X							
03	44721	PREP DONOR INTESTINE/ARTERY	262.16			X							
07	44721	PREP DONOR INTESTINE/ARTERY	314.59	00	15	X							
02	44799	INTESTINE SURGERY PROCEDURE	MP			X							
03	44799	INTESTINE SURGERY PROCEDURE	MP			X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	44799	INTESTINE SURGERY PROCEDURE	MP	00	15	X							
02	44800	EXCISION OF BOWEL POUCH	98.19										
03	44800	EXCISION OF BOWEL POUCH	490.97										
07	44800	EXCISION OF BOWEL POUCH	589.17	00	15								
02	44820	EXCISION OF MESENTERY LESION	108.63										
03	44820	EXCISION OF MESENTERY LESION	543.14										
07	44820	EXCISION OF MESENTERY LESION	651.77	00	15								
02	44850	REPAIR OF MESENTERY	95.82										
03	44850	REPAIR OF MESENTERY	479.12										
07	44850	REPAIR OF MESENTERY	574.95	00	15								
02	44899	BOWEL SURGERY PROCEDURE	MP			X							
03	44899	BOWEL SURGERY PROCEDURE	MP			X							
07	44899	BOWEL SURGERY PROCEDURE	MP	00	15	X							
02	44900	DRAINAGE OF APPENDIX ABSCESS	98.09										
03	44900	DRAINAGE OF APPENDIX ABSCESS	490.43										
07	44900	DRAINAGE OF APPENDIX ABSCESS	588.52	00	15								
03	44901	DRAIN, APP ABSCESS, PERC	615.40										
07	44901	DRAIN, APP ABSCESS, PERC	738.48	00	15								
03	44950	APPENDECTOMY	416.87			X							
07	44950	APPENDECTOMY	500.25	00	15	X							
03	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	57.14										
07	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	68.56	00	15								
02	44960	APPENDECTOMY	112.17			X							
03	44960	APPENDECTOMY	560.87			X							
07	44960	APPENDECTOMY	673.04	00	15	X							
02	44970	LAPAROSCOPY APPENDECTOMY	76.37			X							
03	44970	LAPAROSCOPY, APPENDECTOMY	381.83			X							
07	44970	LAPAROSCOPY, APPENDECTOMY	458.20	00	15	X							
03	44979	LAPAROSCOPE PROC, APP	MP			X							
07	44979	LAPAROSCOPE PROC, APP	MP	00	15	X							
03	45000	DRAINAGE OF PELVIC ABSCESS	263.62										
07	45000	DRAINAGE OF PELVIC ABSCESS	316.34	00	15								
03	45005	DRAINAGE OF RECTAL ABSCESS	153.71										
07	45005	DRAINAGE OF RECTAL ABSCESS	184.45	00	15								
03	45020	DRAINAGE OF RECTAL ABSCESS	343.90										
07	45020	DRAINAGE OF RECTAL ABSCESS	412.68	00	15								
03	45100	BIOPSY OF RECTUM	182.81										
07	45100	BIOPSY OF RECTUM	219.38	00	15								
03	45108	REMOVAL OF ANORECTAL LESION	223.48										
07	45108	REMOVAL OF ANORECTAL LESION	268.17	00	15								
02	45110	REMOVAL OF RECTUM	240.21										
03	45110	REMOVAL OF RECTUM	1,201.07										
07	45110	REMOVAL OF RECTUM	1,441.28	00	15								
02	45111	PARTIAL REMOVAL OF RECTUM	141.21										
03	45111	PARTIAL REMOVAL OF RECTUM	706.06										
07	45111	PARTIAL REMOVAL OF RECTUM	847.27	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	45112	REMOVAL OF RECTUM	248.41										
03	45112	REMOVAL OF RECTUM	1,242.05										
07	45112	REMOVAL OF RECTUM	1,490.45	00	15								
02	45113	PARTIAL PROCTECTOMY	254.24										
03	45113	PARTIAL PROCTECTOMY	1,271.18										
07	45113	PARTIAL PROCTECTOMY	1,525.41	00	15								
02	45114	PARTIAL REMOVAL OF RECTUM	232.70										
03	45114	PARTIAL REMOVAL OF RECTUM	1,163.50										
07	45114	PARTIAL REMOVAL OF RECTUM	1,396.20	00	15								
02	45116	PARTIAL REMOVAL OF RECTUM	208.88										
03	45116	PARTIAL REMOVAL OF RECTUM	1,044.41										
07	45116	PARTIAL REMOVAL OF RECTUM	1,253.30	00	15								
02	45119	REMOVE, RECTUM W/RESERVOIR	254.49										
03	45119	REMOVE, RECTUM W/RESERVOIR	1,272.46										
07	45119	REMOVE, RECTUM W/RESERVOIR	1,526.95	00	15								
02	45120	REMOVAL OF RECTUM	203.51										
03	45120	REMOVAL OF RECTUM	1,017.53										
07	45120	REMOVAL OF RECTUM	1,221.04	00	15								
02	45121	PROCTECTOMY;W/COLECTOMY,W/MULTI BX	222.92										
03	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,114.62										
07	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,337.54	00	15								
02	45123	PARTIAL PROCTECTOMY	144.06										
03	45123	PARTIAL PROCTECTOMY	720.29										
07	45123	PARTIAL PROCTECTOMY	864.34	00	15								
02	45126	PELVIC EXENTERATION	374.83			X							
03	45126	PELVIC EXENTERATION	1,874.16			X							
07	45126	PELVIC EXENTERATION	2,248.99	00	15	X							
02	45130	EXCISION OF RECTAL PROLAPSE	140.89										
03	45130	EXCISION OF RECTAL PROLAPSE	704.45										
07	45130	EXCISION OF RECTAL PROLAPSE	845.34	00	15								
02	45135	EXCISION OF RECTAL PROLAPSE	172.59										
03	45135	EXCISION OF RECTAL PROLAPSE	862.96										
07	45135	EXCISION OF RECTAL PROLAPSE	1,035.55	00	15								
02	45136	EXCISE ILEOANAL RESERVOIR	238.22										
03	45136	EXCISE ILEOANAL RESERVOIR	1,191.08										
07	45136	EXCISE ILEOANAL RESERVOIR	1,429.30	00	15								
03	45150	EXCISION OF RECTAL STRICTURE	253.92										
07	45150	EXCISION OF RECTAL STRICTURE	304.70	00	15								
02	45160	EXCISION OF RECTAL LESION	127.98										
03	45160	EXCISION OF RECTAL LESION	639.91										
07	45160	EXCISION OF RECTAL LESION	767.89	00	15								
02	45171	EXCISION OF RECTAL TUMOR TRANSANAL	84.37										
03	45171	EXCISION OF RECTAL TUMOR TRANSANAL	421.85										
07	45171	EXCISION OF RECTAL TUMOR TRANSANAL	506.22	00	15								
02	45172	EXCISION OF RECTAL TUMOR TRANSANAL	116.05										
03	45172	EXCISION OF RECTAL TUMOR TRANSANAL	580.23										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	45172	EXCISION OF RECTAL TUMOR TRANSANAL	696.28	00	15								
03	45190	DESTRUCTION RECTAL TUMOR	433.15										
07	45190	DESTRUCTION RECTAL TUMOR	519.78	00	15								
03	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	66.31										
07	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	79.57	00	15								
03	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	498.26										
07	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	597.91	00	15								
03	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	108.19										
07	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	129.83	00	15								
03	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	121.31										
07	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	145.58	00	15								
03	45308	PROCTOSIGMOIDOSCOPY, RIGID;	110.58										
07	45308	PROCTOSIGMOIDOSCOPY, RIGID;	132.70	00	15								
03	45309	PROCTOSIGMOIDOSCOPY, RIGID;	125.21										
07	45309	PROCTOSIGMOIDOSCOPY, RIGID;	150.25	00	15								
03	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	134.72										
07	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	161.67	00	15								
03	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	131.11										
07	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	157.33	00	15								
03	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	131.33										
07	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	157.60	00	15								
03	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	69.24										
07	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	83.09	00	15								
03	45327	PROCTOSIGMOIDOSCOPY W/STENT	80.76										
07	45327	PROCTOSIGMOIDOSCOPY W/STENT	96.91	00	15								
03	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	85.61										
07	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	102.74	00	15								
03	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	108.56										
07	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	130.28	00	15								
03	45332	SIGMOIDOSCOPY; DIAGNOSTIC	178.16										
07	45332	SIGMOIDOSCOPY; DIAGNOSTIC	213.79	00	15								
03	45333	SIGMOIDOSCOPY; DIAGNOSTIC	179.10										
07	45333	SIGMOIDOSCOPY; DIAGNOSTIC	214.92	00	15								
03	45334	SIGMOIDOSCOPY; DIAGNOSTIC	113.35										
07	45334	SIGMOIDOSCOPY; DIAGNOSTIC	136.02	00	15								
03	45335	SIGMOIDOSCOPY W/SUBMUC INJ	152.82										
07	45335	SIGMOIDOSCOPY W/SUBMUC INJ	183.38	00	15								
03	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	97.40										
07	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	116.88	00	15								
03	45338	SIGMOIDOSCOPY, FLEXIBLE;	201.12										
07	45338	SIGMOIDOSCOPY, FLEXIBLE;	241.34	00	15								
03	45339	SIGMOIDOSCOPY, FLEXIBLE;	211.39										
07	45339	SIGMOIDOSCOPY, FLEXIBLE;	253.67	00	15								
03	45340	SIG W/BALLOON DILATION	269.92										
07	45340	SIG W/BALLOON DILATION	323.90	00	15								
03	45341	SIGMOIDOSCOPY W/ULTRASOUND	108.17				X						

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	45341	SIGMOIDOSCOPY W/ULTRASOUND	129.80	00 15		X						
03	45342	SIGMOIDOSCOPY W/US GUIDE BX	165.71									
07	45342	SIGMOIDOSCOPY W/US GUIDE BX	198.86	00 15								
03	45345	SIGMODOSCOPY W/STENT	120.40									
07	45345	SIGMODOSCOPY W/STENT	144.48	00 15								
03	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	139.73									
07	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	167.68	00 15								
03	45378	DIAGNOSTIC COLONOSCOPY	255.26									
07	45378	DIAGNOSTIC COLONOSCOPY	306.31	00 15								
03	45379	COLONOSCOPY	324.11									
07	45379	COLONOSCOPY	388.93	00 15								
03	45380	COLONOSCOPY AND BIOPSY	306.40									
07	45380	COLONOSCOPY AND BIOPSY	367.68	00 15								
03	45381	COLONOSCOPY, SUBMUCOUS INJ	297.52									
07	45381	COLONOSCOPY, SUBMUCOUS INJ	357.02	00 15								
03	45382	COLONOSCOPY,CONTROL BLEEDING	402.94									
07	45382	COLONOSCOPY,CONTROL BLEEDING	483.53	00 15								
03	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	366.98									
07	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	440.38	00 15								
03	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	302.28									
07	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	362.74	00 15								
03	45385	COLONOSCOPY, LESION REMOVAL	346.58									
07	45385	COLONOSCOPY, LESION REMOVAL	415.90	00 15								
03	45386	COLONOSCOPY DILATE STRICTURE	420.64									
07	45386	COLONOSCOPY DILATE STRICTURE	504.77	00 15								
03	45387	COLONOSCOPY W/STENT	239.34									
07	45387	COLONOSCOPY W/STENT	287.21	00 15								
03	45391	COLONOSCOPY W/ENDOSCOPE US	206.72									
07	45391	COLONOSCOPY W/ENDOSCOPE US	248.06	00 15								
03	45392	COLONOSCOPY W/ENDOSCOPIC FNB	260.90									
07	45392	COLONOSCOPY W/ENDOSCOPIC FNB	313.08	00 15								
02	45395	LAP, REMOVAL OF RECTUM	259.51									
03	45395	LAP, REMOVAL OF RECTUM	1,297.55									
07	45395	LAP, REMOVAL OF RECTUM	1,557.06	00 15								
02	45397	LAP, REMOVE RECTUM W/POUCH	281.11									
03	45397	LAP, REMOVE RECTUM W/POUCH	1,405.55									
07	45397	LAP, REMOVE RECTUM W/POUCH	1,686.65	00 15								
02	45400	LAPAROSCOPIC PROCTOPEXY	149.89									
03	45400	LAPAROSCOPIC PROCTOPEXY	749.44									
07	45400	LAPAROSCOPIC PROCTOPEXY	899.33	00 15								
02	45402	LAP PROCTOPEXY W/SIG RESECT	200.97									
03	45402	LAP PROCTOPEXY W/SIG RESECT	1,004.87									
07	45402	LAP PROCTOPEXY W/SIG RESECT	1,205.85	00 15								
03	45499	LAPAROSCOPE PROC, RECTUM	MP		X							
07	45499	LAPAROSCOPE PROC, RECTUM	MP	00 15	X							
03	45500	REPAIR OF RECTUM	326.17									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	45500	REPAIR OF RECTUM	391.40	00 15								
03	45505	REPAIR OF RECTUM	357.51									
07	45505	REPAIR OF RECTUM	429.01	00 15								
03	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	75.93									
07	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	91.12	00 15								
02	45540	CORRECT RECTAL PROLAPSE	138.38									
03	45540	CORRECT RECTAL PROLAPSE	691.91									
07	45540	CORRECT RECTAL PROLAPSE	830.30	00 15								
02	45541	CORRECT RECTAL PROLAPSE	118.42									
03	45541	CORRECT RECTAL PROLAPSE	592.09									
07	45541	CORRECT RECTAL PROLAPSE	710.51	00 15								
02	45550	REPAIR RECTUM;REMOVE SIGMOID	190.38									
03	45550	REPAIR RECTUM;REMOVE SIGMOID	951.89									
07	45550	REPAIR RECTUM;REMOVE SIGMOID	1,142.26	00 15								
02	45560	REPAIR OF RECTOCELE	93.45									
03	45560	REPAIR OF RECTOCELE	467.27									
07	45560	REPAIR OF RECTOCELE	560.73	00 15								
03	45562	EXPLORATION/REPAIR OF RECTUM	718.09									
07	45562	EXPLORATION/REPAIR OF RECTUM	861.71	00 15								
02	45563	EXPLORATION/REPAIR OF RECTUM	208.97									
03	45563	EXPLORATION/REPAIR OF RECTUM	1,044.83									
07	45563	EXPLORATION/REPAIR OF RECTUM	1,253.79	00 15								
02	45800	REPAIR RECTUMBLADDER FISTULA	161.04									
03	45800	REPAIR RECTUMBLADDER FISTULA	805.21									
07	45800	REPAIR RECTUMBLADDER FISTULA	966.25	00 15								
02	45805	REPAIR FISTULA; COLOSTOMY	182.04									
03	45805	REPAIR FISTULA; COLOSTOMY	910.21									
07	45805	REPAIR FISTULA; COLOSTOMY	1,092.25	00 15								
02	45820	REPAIR RECTOURETHRAL FISTULA	159.59									
03	45820	REPAIR RECTOURETHRAL FISTULA	797.94									
07	45820	REPAIR RECTOURETHRAL FISTULA	957.53	00 15								
02	45825	REPAIR FISTULA; COLOSTOMY	192.58									
03	45825	REPAIR FISTULA; COLOSTOMY	962.90									
07	45825	REPAIR FISTULA; COLOSTOMY	1,155.47	00 15								
03	45900	REDUCTION OF RECTAL PROLAPSE	126.26									
07	45900	REDUCTION OF RECTAL PROLAPSE	151.51	00 15								
03	45905	DILATION OF ANAL SPHINCTER	106.79									
07	45905	DILATION OF ANAL SPHINCTER	128.15	00 15								
03	45910	DILATION OF RECTAL NARROWING	126.51									
07	45910	DILATION OF RECTAL NARROWING	151.81	00 15								
03	45915	REMOVE RECTAL OBSTRUCTION	192.47									
07	45915	REMOVE RECTAL OBSTRUCTION	230.96	00 15								
03	45990	SURG DX EXAM, ANORECTAL	71.08		X							
07	45990	SURG DX EXAM, ANORECTAL	85.29	00 15	X							
02	45999	RECTUM SURGERY PROCEDURE	MP		X							
03	45999	RECTUM SURGERY PROCEDURE	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	45999	RECTUM SURGERY PROCEDURE	MP	00	15	X							
03	46020	PLACEMENT OF SETON	157.31										
07	46020	PLACEMENT OF SETON	188.77	00	15								
03	46030	REMOVAL OF RECTAL MARKER	78.25										
07	46030	REMOVAL OF RECTAL MARKER	93.90	00	15								
03	46040	INCISION OF RECTAL ABSCESS	305.68										
07	46040	INCISION OF RECTAL ABSCESS	366.81	00	15								
03	46045	INCISION OF RECTAL ABSCESS	257.76										
07	46045	INCISION OF RECTAL ABSCESS	309.31	00	15								
03	46050	INCISION OF ANAL ABSCESS	106.88										
07	46050	INCISION OF ANAL ABSCESS	128.26	00	15								
03	46060	INCISION OF RECTAL ABSCESS	284.00										
07	46060	INCISION OF RECTAL ABSCESS	340.79	00	15								
03	46070	INCISION OF ANAL SEPTUM	143.84										
07	46070	INCISION OF ANAL SEPTUM	172.61	00	15								
03	46080	INCISION OF ANAL SPHINCTER	143.27										
07	46080	INCISION OF ANAL SPHINCTER	171.92	00	15								
03	46083	EXC EXT.THROMBOSED HEMORRHOID	106.40										X
07	46083	EXC EXT.THROMBOSED HEMORRHOID	127.67	00	15								X
03	46200	REMOVAL OF ANAL FISSURE	237.26										
07	46200	REMOVAL OF ANAL FISSURE	284.71	00	15								
03	46220	REMOVAL OF ANAL TAB	113.81										
07	46220	REMOVAL OF ANAL TAB	136.58	00	15								
03	46221	LIGATION OF HEMORRHOID(S)	149.74										
07	46221	LIGATION OF HEMORRHOID(S)	179.69	00	15								
03	46230	REMOVAL OF ANAL TABS	157.81										
07	46230	REMOVAL OF ANAL TABS	189.37	00	15								
03	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	262.13										
07	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	314.56	00	15								
03	46255	HEMORRHOIDECTOMY	293.48										
07	46255	HEMORRHOIDECTOMY	352.18	00	15								
03	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	255.06										
07	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	306.07	00	15								
03	46258	REMOVE HEMORRHOIDS & FISTULA	278.90										
07	46258	REMOVE HEMORRHOIDS & FISTULA	334.68	00	15								
03	46260	HEMORRHOIDECTOMY	290.61										
07	46260	HEMORRHOIDECTOMY	348.73	00	15								
03	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	324.97										
07	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	389.96	00	15								
03	46262	REMOVE HEMORRHOIDS & FISTULA	338.84										
07	46262	REMOVE HEMORRHOIDS & FISTULA	406.61	00	15								
03	46270	SURGICAL TREATMENT OF ANAL FISTULA	283.71										
07	46270	SURGICAL TREATMENT OF ANAL FISTULA	340.45	00	15								
03	46275	REMOVAL OF ANAL FISTULA	301.29										
07	46275	REMOVAL OF ANAL FISTULA	361.55	00	15								
03	46280	REMOVAL OF ANAL FISTULA	281.99										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	46280	REMOVAL OF ANAL FISTULA	338.38	00 15								
03	46285	SURGICAL TREATMENT OF ANAL FISTULA	292.71									
07	46285	SURGICAL TREATMENT OF ANAL FISTULA	351.25	00 15								
03	46288	REPAIR ANAL FISTULA	334.16									
07	46288	REPAIR ANAL FISTULA	400.99	00 15								
03	46320	REMOVAL OF HEMORRHOID CLOT	103.50									
07	46320	REMOVAL OF HEMORRHOID CLOT	124.20	00 15								
03	46500	INJECTION TREATMENT OF ANUS	124.46									
07	46500	INJECTION TREATMENT OF ANUS	149.36	00 15								
03	46505	CHEMODENERVATION ANAL MUSC	164.76									
07	46505	CHEMODENERVATION ANAL MUSC	197.71	00 15								
03	46600	ANOSCOPY; DIAGNOSTIC	49.57									
07	46600	ANOSCOPY; DIAGNOSTIC	59.48	00 15								
03	46604	ANOSCOPY WITH DIRECT DILATION	299.84									
07	46604	ANOSCOPY WITH DIRECT DILATION	359.81	00 15								
03	46606	ANOSCOPY WITH BIOPSY	125.83									
07	46606	ANOSCOPY WITH BIOPSY	150.99	00 15								
03	46608	ANOSCOPY;REMOVE FOREIGN BODY	130.70									
07	46608	ANOSCOPY;REMOVE FOREIGN BODY	156.84	00 15								
03	46610	ANOSCOPY; REMOVE POLYP	129.20									
07	46610	ANOSCOPY; REMOVE POLYP	155.04	00 15								
03	46611	ANOSCOPY;	103.40									
07	46611	ANOSCOPY;	124.08	00 15								
03	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	155.63									
07	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	186.76	00 15								
03	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	79.85									
07	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	95.82	00 15								
03	46615	ANOSCOPY;	93.90									
07	46615	ANOSCOPY;	112.68	00 15								
03	46700	REPAIR OF ANAL STRICTURE	403.51									
07	46700	REPAIR OF ANAL STRICTURE	484.21	00 15								
03	46705	REPAIR OF ANAL STRICTURE	332.06									
07	46705	REPAIR OF ANAL STRICTURE	398.48	00 15								
03	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	106.62									X
07	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	127.94	00 15								X
03	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	322.49									
07	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	386.99	00 15								
02	46710	REPR PER/VAG POUCH SNGL PROC	137.35									
03	46710	REPR PER/VAG POUCH SNGL PROC	686.74									
07	46710	REPR PER/VAG POUCH SNGL PROC	824.09	00 15								
02	46712	REPR PER/VAG POUCH DBL PROC	282.60									
03	46712	REPR PER/VAG POUCH DBL PROC	1,413.01									
07	46712	REPR PER/VAG POUCH DBL PROC	1,695.61	00 15								
02	46715	REPAIR OF ANOVAGINAL FISTULA	65.85									
03	46715	REPAIR OF ANOVAGINAL FISTULA	329.23									
07	46715	REPAIR OF ANOVAGINAL FISTULA	395.07	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	46716	REPAIR OF ANOVAGINAL FISTULA	159.25										
03	46716	REPAIR OF ANOVAGINAL FISTULA	796.26										
07	46716	REPAIR OF ANOVAGINAL FISTULA	955.51	00	15								
02	46730	CONSTRUCTION OF ABSENT ANUS	243.63										
03	46730	CONSTRUCTION OF ABSENT ANUS	1,218.17										
07	46730	CONSTRUCTION OF ABSENT ANUS	1,461.80	00	15								
02	46735	CONSTRUCTION OF ABSENT ANUS	285.31										
03	46735	CONSTRUCTION OF ABSENT ANUS	1,426.57										
07	46735	CONSTRUCTION OF ABSENT ANUS	1,711.88	00	15								
02	46740	CONSTRUCTION OF ABSENT ANUS	261.64										
03	46740	CONSTRUCTION OF ABSENT ANUS	1,308.20										
07	46740	CONSTRUCTION OF ABSENT ANUS	1,569.83	00	15								
02	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	309.90										
03	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,549.49										
07	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,859.38	00	15								
02	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	446.19										
03	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,230.95										
07	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,677.14	00	15								
02	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	514.54										
03	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,572.70										
07	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,087.24	00	15								
02	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	531.36										
03	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,656.82										
07	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,188.19	00	15								
02	46750	REPAIR OF ANAL SPHINCTER	97.70										
03	46750	REPAIR OF ANAL SPHINCTER	488.48										
07	46750	REPAIR OF ANAL SPHINCTER	586.18	00	15								
02	46751	REPAIR OF ANAL SPHINCTER	80.76										
03	46751	REPAIR OF ANAL SPHINCTER	403.79										
07	46751	REPAIR OF ANAL SPHINCTER	484.55	00	15								
03	46753	RECONSTRUCTION OF ANUS	369.05										
07	46753	RECONSTRUCTION OF ANUS	442.86	00	15								
03	46754	REMOVAL OF SUTURE FROM ANUS	170.12										
07	46754	REMOVAL OF SUTURE FROM ANUS	204.15	00	15								
02	46760	REPAIR OF ANAL SPHINCTER	138.40										
03	46760	REPAIR OF ANAL SPHINCTER	692.00										
07	46760	REPAIR OF ANAL SPHINCTER	830.39	00	15								
02	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	119.93										
03	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	599.67										
07	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	719.60	00	15								
02	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	133.98				X						
03	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	669.92				X						
07	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	669.92	00	15		X						
03	46900	REMOVAL OF ANAL LESION	136.52										
07	46900	REMOVAL OF ANAL LESION	163.82	00	15								
03	46910	REMOVAL OF ANAL LESION	142.13										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	46910	REMOVAL OF ANAL LESION	170.55	00 15								
03	46916	CRYSOSURGERY-ANAL LESIONS ,	140.20									X
07	46916	CRYSOSURGERY-ANAL LESIONS ,	168.24	00 15								X
03	46917	DESTROY ANAL LESION(S); LASER SURG	264.68									
07	46917	DESTROY ANAL LESION(S); LASER SURG	317.62	00 15								
03	46922	DESTROY ANAL LESION(S)-SURG EXCISION	148.07									
07	46922	DESTROY ANAL LESION(S)-SURG EXCISION	177.69	00 15								
03	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	302.11									
07	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	362.53	00 15								
03	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	130.13									
07	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	156.16	00 15								
03	46940	TREATMENT OF ANAL FISSURE	130.80									
07	46940	TREATMENT OF ANAL FISSURE	156.96	00 15								
03	46942	TREATMENT OF ANAL FISSURE	120.60									
07	46942	TREATMENT OF ANAL FISSURE	144.72	00 15								
03	46945	LIGATION OF HEMORRHOIDS	165.28									
07	46945	LIGATION OF HEMORRHOIDS	198.33	00 15								
03	46946	LIGATION OF HEMORRHOIDS	180.40									
07	46946	LIGATION OF HEMORRHOIDS	216.48	00 15								
03	46947	HEMORRHOIDOPEXY BY STAPLING	239.27									
07	46947	HEMORRHOIDOPEXY BY STAPLING	287.13	00 15								
02	46999	ANUS SURGERY PROCEDURE	MP		X							
03	46999	ANUS SURGERY PROCEDURE	MP		X							
07	46999	ANUS SURGERY PROCEDURE	MP	00 15	X							
03	47000	NEEDLE BIOPSY OF LIVER	208.19									
07	47000	NEEDLE BIOPSY OF LIVER	249.83	00 15								
03	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	70.49									
07	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	84.59	00 15								
02	47010	DRAINAGE OF LIVER LESION	153.55									
03	47010	DRAINAGE OF LIVER LESION	767.75									
07	47010	DRAINAGE OF LIVER LESION	921.30	00 15								
03	47011	PERCUT DRAIN, LIVER LESION	138.61									
07	47011	PERCUT DRAIN, LIVER LESION	166.33	00 15								
02	47015	INJECT/ASPIRATE LIVER CYST	145.93									
03	47015	INJECT/ASPIRATE LIVER CYST	729.64									
07	47015	INJECT/ASPIRATE LIVER CYST	875.57	00 15								
02	47100	WEDGE BIOPSY OF LIVER	106.83									
03	47100	WEDGE BIOPSY OF LIVER	534.14									
07	47100	WEDGE BIOPSY OF LIVER	640.97	00 15								
02	47120	PARTIAL REMOVAL OF LIVER	302.90									
03	47120	PARTIAL REMOVAL OF LIVER	1,514.49									
07	47120	PARTIAL REMOVAL OF LIVER	1,817.39	00 15								
02	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	452.11									
03	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,260.55									
07	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,712.66	00 15								
02	47125	PARTIAL REMOVAL OF LIVER	404.82									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	47125	PARTIAL REMOVAL OF LIVER	2,024.09									
07	47125	PARTIAL REMOVAL OF LIVER	2,428.90	00 15								
02	47130	PARTIAL REMOVAL OF LIVER	435.38									
03	47130	PARTIAL REMOVAL OF LIVER	2,176.91									
07	47130	PARTIAL REMOVAL OF LIVER	2,612.29	00 15								
02	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	171.87		X							
03	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37		X							
07	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37	00 15	X							
02	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC	551.20		X							
03	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	2,756.01		X							
07	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	4,535.34	00 15	X							
02	47136	TRANSPLANTATION OF LIVER	545.32		X							
03	47136	TRANSPLANTATION OF LIVER	2,726.61		X							
07	47136	TRANSPLANTATION OF LIVER	3,271.93	00 15	X							
02	47140	PARTIAL REMOVAL, DONOR LIVER	476.84		X							
03	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23		X							
07	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23	00 15	X							
02	47141	PARTIAL REMOVAL, DONOR LIVER	575.57		X							
03	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85		X							
07	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85	00 15	X							
02	47142	PARTIAL REMOVAL, DONOR LIVER	633.72		X							
03	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62		X							
07	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62	00 15	X							
03	47143	PREP DONOR LIVER, WHOLE	MP		X							
07	47143	PREP DONOR LIVER, WHOLE	MP	00 15	X							
03	47144	PREP DONOR LIVER, 3-SEGMENT	MP		X							
07	47144	PREP DONOR LIVER, 3-SEGMENT	MP	00 15	X							
03	47145	PREP DONOR LIVER, LOBE SPLIT	MP		X							
07	47145	PREP DONOR LIVER, LOBE SPLIT	MP	00 15	X							
02	47146	PREP DONOR LIVER/VENOUS	44.73		X							
03	47146	PREP DONOR LIVER/VENOUS	223.65		X							
07	47146	PREP DONOR LIVER/VENOUS	268.38	00 15	X							
02	47147	PREP DONOR LIVER/ARTERIAL	52.19		X							
03	47147	PREP DONOR LIVER/ARTERIAL	260.97		X							
07	47147	PREP DONOR LIVER/ARTERIAL	313.16	00 15	X							
02	47300	SURGERY FOR LIVER LESION	143.85									
03	47300	SURGERY FOR LIVER LESION	719.25									
07	47300	SURGERY FOR LIVER LESION	863.10	00 15								
02	47350	REPAIR LIVER WOUND	176.93									
03	47350	REPAIR LIVER WOUND	884.64									
07	47350	REPAIR LIVER WOUND	1,061.57	00 15								
02	47360	REPAIR LIVER WOUND	240.95									
03	47360	REPAIR LIVER WOUND	1,204.75									
07	47360	REPAIR LIVER WOUND	1,445.70	00 15								
02	47361	REPAIR LIVER WOUND	397.31									
03	47361	REPAIR LIVER WOUND	1,986.54									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	47361	REPAIR LIVER WOUND	2,383.85	00 15								
02	47362	REPAIR LIVER WOUND	183.41									
03	47362	REPAIR LIVER WOUND	917.05									
07	47362	REPAIR LIVER WOUND	1,100.46	00 15								
02	47370	LAPARO ABLATE LIVER TUMOR RF	162.23									
03	47370	LAPARO ABLATE LIVER TUMOR RF	811.13									
07	47370	LAPARO ABLATE LIVER TUMOR RF	973.35	00 15								
02	47371	LAPARO ABLATE LIVER CRYOSUG	165.03									
03	47371	LAPARO ABLATE LIVER CRYOSUG	825.16									
07	47371	LAPARO ABLATE LIVER CRYOSUG	990.19	00 15								
03	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		X							
07	47379	LAPAROSCOPE PROCEDURE, LIVER	MP	00 15	X							
02	47380	OPEN ABLATE LIVER TUMOR RF	189.62									
03	47380	OPEN ABLATE LIVER TUMOR RF	948.11									
07	47380	OPEN ABLATE LIVER TUMOR RF	1,137.73	00 15								
02	47381	OPEN ABLATE LIVER TUMOR CRYO	193.09									
03	47381	OPEN ABLATE LIVER TUMOR CRYO	965.44									
07	47381	OPEN ABLATE LIVER TUMOR CRYO	1,158.53	00 15								
02	47382	PERCUT ABLATE LIVER RF	118.35									
03	47382	PERCUT ABLATE LIVER RF	591.75									
07	47382	PERCUT ABLATE LIVER RF	710.10	00 15								
02	47399	LIVER SURGERY PROCEDURE	MP		X							
03	47399	LIVER SURGERY PROCEDURE	MP		X							
07	47399	LIVER SURGERY PROCEDURE	MP	00 15	X							
02	47400	INCISION OF LIVER DUCT	273.99									
03	47400	INCISION OF LIVER DUCT	1,369.97									
07	47400	INCISION OF LIVER DUCT	1,643.97	00 15								
02	47420	INCISION OF BILE DUCT	173.41									
03	47420	INCISION OF BILE DUCT	867.05									
07	47420	INCISION OF BILE DUCT	1,040.46	00 15								
02	47425	INCISION OF BILE DUCT	175.11									
03	47425	INCISION OF BILE DUCT	875.57									
07	47425	INCISION OF BILE DUCT	1,050.69	00 15								
02	47460	INCISE BILE DUCT SPHINCTER	164.59									
03	47460	INCISE BILE DUCT SPHINCTER	822.96									
07	47460	INCISE BILE DUCT SPHINCTER	987.55	00 15								
02	47480	INCISION OF GALLBLADDER	109.23									
03	47480	INCISION OF GALLBLADDER	546.14									
07	47480	INCISION OF GALLBLADDER	655.37	00 15								
03	47490	PERCUTANEOUS CHOLECYSTOSTOMY	360.89									
07	47490	PERCUTANEOUS CHOLECYSTOSTOMY	433.07	00 15								
03	47500	INJECTION FOR LIVER X-RAYS	73.73									
07	47500	INJECTION FOR LIVER X-RAYS	88.47	00 15								
03	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	28.41									
07	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	34.09	00 15								
03	47510	INSERT CATHETER FOR BILARY DRAINAGE	343.20									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	47510	INSERT CATHETER FOR BILARY DRAINAGE	411.84	00 15								
03	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	433.73									
07	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	520.47	00 15								
03	47525	CHANGE PERCUTANEOUS BILIARY DRAINAG	378.32									
07	47525	CHANGE PERCU.BILIARY DRAIN CATHETER	453.98	00 15								
03	47530	T-TUBE REVISION AND/OR REINSERTION	917.08									
07	47530	T-TUBE REVISION AND/OR REINSERTION	1,100.49	00 15								
03	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	112.72									
07	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	135.26	00 15								
03	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	236.66									
07	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	283.99	00 15								
03	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	237.19									
07	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	284.63	00 15								
03	47554	BILIARY ENDOSCOPY...; REMOVE STONES	350.14									
07	47554	BILIARY ENDOSCOPY...; REMOVE STONES	420.17	00 15								
03	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	284.44									
07	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	341.33	00 15								
03	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	321.71									
07	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	386.06	00 15								
03	47560	LAPAROSCOPY W/CHOLANGIO	182.12									
07	47560	LAPAROSCOPY W/CHOLANGIO	218.55	00 15								
03	47561	LAPARO W/CHOLANGIO/BIOPSY	196.86									
07	47561	LAPARO W/CHOLANGIO/BIOPSY	236.23	00 15								
02	47562	LAPAROSCOPIC CHOLECYSTECTOMY	95.23									X
03	47562	LAPAROSCOPIC CHOLECYSTECTOMY	476.17									
07	47562	LAPAROSCOPIC CHOLECYSTECTOMY	571.40	00 15								
02	47563	LAPARO CHOLECYSTECTOMY/GRAPH	97.69									
03	47563	LAPARO CHOLECYSTECTOMY/GRAPH	488.46									
07	47563	LAPARO CHOLECYSTECTOMY/GRAPH	586.15	00 15								
02	47564	LAPARO CHOLECYSTECTOMY/EXPLR	113.17									
03	47564	LAPARO CHOLECYSTECTOMY/EXPLR	565.83									
07	47564	LAPARO CHOLECYSTECTOMY/EXPLR	679.00	00 15								
02	47570	LAPARO CHOLECYSTOENTERSTOMY	100.90									
03	47570	LAPARO CHOLECYSTOENTEROSTOMY	504.48									
07	47570	LAPARO CHOLECYSTOENTEROSTOMY	605.38	00 15								
03	47579	LAPAROSCOPE PROC, BILIARY	MP		X							
07	47579	LAPAROSCOPE PROC, BILIARY	MP	00 15	X							
02	47600	REMOVAL OF GALLBLADDER	136.46									
03	47600	REMOVAL OF GALLBLADDER	682.32									
07	47600	REMOVAL OF GALLBLADDER	818.78	00 15								
02	47605	REMOVAL OF GALLBLADDER	126.68									
03	47605	REMOVAL OF GALLBLADDER	633.42									
07	47605	REMOVAL OF GALLBLADDER	760.10	00 15								
02	47610	REMOVAL OF GALLBLADDER	162.66									
03	47610	REMOVAL OF GALLBLADDER	813.32									
07	47610	REMOVAL OF GALLBLADDER	975.99	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	47612	CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	164.33									
03	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	821.64									
07	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	985.97	00 15								
02	47620	REMOVAL OF GALLBLADDER	178.50									
03	47620	REMOVAL OF GALLBLADDER	892.48									
07	47620	REMOVAL OF GALLBLADDER	1,070.97	00 15								
03	47630	REMOVE BILE DUCT STONE	393.77									
07	47630	REMOVE BILE DUCT STONE	472.53	00 15								
02	47700	EXPLORATION OF BILE DUCTS	134.85									
03	47700	EXPLORATION OF BILE DUCTS	674.27									
07	47700	EXPLORATION OF BILE DUCTS	809.12	00 15								
02	47701	PORTOENTEROSTOMY	232.44									
03	47701	PORTENTEROSTOMY	1,162.21									
07	47701	PORTENTEROSTOMY	1,394.65	00 15								
02	47711	EXCISION OF BILE DUCT TUMOR	201.82									
03	47711	EXCISION OF BILE DUCT TUMOR	1,009.12									
07	47711	EXCISION OF BILE DUCT TUMOR	1,210.94	00 15								
02	47712	EXCISION OF BILE DUCT TUMOR	258.83									
03	47712	EXCISION OF BILE DUCT TUMOR	1,294.13									
07	47712	EXCISION OF BILE DUCT TUMOR	1,552.96	00 15								
02	47715	EXCISE CHOLEDOCHAL CYST	169.37									
03	47715	EXCISE CHOLEDOCHAL CYST	846.83									
07	47715	EXCISE CHOLEDOCHAL CYST	1,016.19	00 15								
02	47720	FUSE GALLBLADDER & BOWEL	146.08									
03	47720	FUSE GALLBLADDER & BOWEL	730.40									
07	47720	FUSE GALLBLADDER & BOWEL	876.48	00 15								
02	47721	FUSE UPPER GI STRUCTURES	172.65									
03	47721	FUSE UPPER GI STRUCTURES	863.26									
07	47721	FUSE UPPER GI STRUCTURES	1,035.91	00 15								
02	47740	FUSE GALLBLADDER & BOWEL	166.77									
03	47740	FUSE GALLBLADDER & BOWEL	833.87									
07	47740	FUSE GALLBLADDER & BOWEL	1,000.65	00 15								
02	47741	FUSE GALLBLADDER & BOWEL	189.20									
03	47741	FUSE GALLBLADDER & BOWEL	945.98									
07	47741	FUSE GALLBLADDER & BOWEL	1,135.18	00 15								
02	47760	FUSE BILE DUCTS AND BOWEL	284.54									
03	47760	FUSE BILE DUCTS AND BOWEL	1,422.71									
07	47760	FUSE BILE DUCTS AND BOWEL	1,707.26	00 15								
02	47765	FUSE LIVER DUCTS & BOWEL	374.49									
03	47765	FUSE LIVER DUCTS & BOWEL	1,872.43									
07	47765	FUSE LIVER DUCTS & BOWEL	2,246.91	00 15								
02	47780	FUSE BILE DUCTS AND BOWEL	310.99									
03	47780	FUSE BILE DUCTS AND BOWEL	1,554.93									
07	47780	FUSE BILE DUCTS AND BOWEL	1,865.92	00 15								
02	47785	FUSE BILE DUCTS AND BOWEL	405.26									
03	47785	FUSE BILE DUCTS AND BOWEL	2,026.29									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	47785	FUSE BILE DUCTS AND BOWEL	2,431.55	00 15								
02	47800	RECONSTRUCTION OF BILE DUCTS	203.81									
03	47800	RECONSTRUCTION OF BILE DUCTS	1,019.05									
07	47800	RECONSTRUCTION OF BILE DUCTS	1,222.86	00 15								
02	47801	PLACEMENT OF CHOLEDOCHAL STENT	141.91									
03	47801	PLACEMENT OF CHOLEDOCHAL STENT	709.55									
07	47801	PLACEMENT OF CHOLEDOCHAL STENT	851.46	00 15								
02	47802	U-TUBE HEPATICOENTEROSTOMY	195.37									
03	47802	U-TUBE HEPATICOENTEROSTOMY	976.87									
07	47802	U-TUBE HEPATICOENTEROSTOMY	1,172.24	00 15								
02	47900	SUTURE BILE DUCT INJURY	176.19									
03	47900	SUTURE BILE DUCT INJURY	880.94									
07	47900	SUTURE BILE DUCT INJURY	1,057.12	00 15								
02	47999	BILE TRACT SURGERY PROCEDURE	MP		X							
03	47999	BILE TRACT SURGERY PROCEDURE	MP		X							
07	47999	BILE TRACT SURGERY PROCEDURE	MP	00 15	X							
02	48000	DRAINAGE OF ABDOMEN	244.42									
03	48000	DRAINAGE OF ABDOMEN	1,222.10									
07	48000	DRAINAGE OF ABDOMEN	1,466.51	00 15								
02	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	301.39									
03	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,506.97									
07	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,808.36	00 15								
02	48020	REMOVAL OF PANCREATIC STONE	150.33									
03	48020	REMOVAL OF PANCREATIC STONE	751.65									
07	48020	REMOVAL OF PANCREATIC STONE	901.98	00 15								
02	48100	BIOPSY OF PANCREAS	114.11									
03	48100	BIOPSY OF PANCREAS	570.56									
07	48100	BIOPSY OF PANCREAS	684.68	00 15								
03	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	353.75									
07	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	424.49	00 15								
02	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	371.28									
03	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	1,856.39									
07	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,227.67	00 15								
02	48120	REMOVAL OF PANCREAS LESION	142.88									
03	48120	REMOVAL OF PANCREAS LESION	714.41									
07	48120	REMOVAL OF PANCREAS LESION	857.29	00 15								
02	48140	PARTIAL REMOVAL OF PANCREAS	202.53									
03	48140	PARTIAL REMOVAL OF PANCREAS	1,012.64									
07	48140	PARTIAL REMOVAL OF PANCREAS	1,215.16	00 15								
02	48145	PARTIAL REMOVAL OF PANCREAS	210.42									
03	48145	PARTIAL REMOVAL OF PANCREAS	1,052.09									
07	48145	PARTIAL REMOVAL OF PANCREAS	1,262.50	00 15								
02	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	239.51									
03	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,197.53									
07	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,437.04	00 15								
02	48148	REMOVAL OF PANCREATIC DUCT	159.04									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	48148	REMOVAL OF PANCREATIC DUCT	795.19									
07	48148	REMOVAL OF PANCREATIC DUCT	954.23	00 15								
02	48150	PARTIAL REMOVAL OF PANCREAS	405.76									
03	48150	PARTIAL REMOVAL OF PANCREAS	2,028.80									
07	48150	PARTIAL REMOVAL OF PANCREAS	2,434.56	00 15								
02	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	375.00									
03	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,874.99									
07	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,249.99	00 15								
02	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	405.23									
03	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,026.13									
07	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,431.35	00 15								
02	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	376.06									
03	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,880.28									
07	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,256.34	00 15								
02	48155	REMOVAL OF PANCREAS	231.99									
03	48155	REMOVAL OF PANCREAS	1,159.93									
07	48155	REMOVAL OF PANCREAS	1,391.91	00 15								
02	48160	PANCREATECTOMY,WITH TRANSPLANTATION	355.60		X	X						
03	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01		X							
07	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01	00 15	X							
02	48500	SURGERY OF PANCREAS CYST	145.15									
03	48500	SURGERY OF PANCREAS CYST	725.74									
07	48500	SURGERY OF PANCREAS CYST	870.89	00 15								
02	48510	EXT..DRAINAGE,PANCREAS PSEUDOCYST	137.65									
03	48510	EXT.DRAINAGE,PANCREAS PSEUDOCYST	688.27									
07	48510	EXT.DRAINAGE,PANCREAS PSEUDOCYST	825.92	00 15								
03	48511	DRAIN PANCREATIC PSEUDOCYST	598.93									
07	48511	DRAIN PANCREATIC PSEUDOCYST	718.71	00 15								
02	48520	FUSE PANCREAS CYST AND BOWEL	141.19									
03	48520	FUSE PANCREAS CYST AND BOWEL	705.94									
07	48520	FUSE PANCREAS CYST AND BOWEL	847.13	00 15								
02	48540	FUSE PANCREAS CYST AND BOWEL	169.14									
03	48540	FUSE PANCREAS CYST AND BOWEL	845.72									
07	48540	FUSE PANCREAS CYST AND BOWEL	1,014.86	00 15								
02	48545	PANCREATORRHAPHY FOR TRAUMA	170.80									
03	48545	PANCREATORRHAPHY FOR TRAUMA	854.02									
07	48545	PANCREATORRHAPHY FOR TRAUMA	1,024.82	00 15								
02	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	230.98									
03	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,154.90									
07	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,385.88	00 15								
02	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	216.25									
03	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,081.27									
07	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,297.52	00 15								
02	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP		X							
03	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP		X							
07	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP	00 15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	48551	PREP DONOR PANCREAS	MP			X							
07	48551	PREP DONOR PANCREAS	MP	00	15	X							
02	48552	PREP DONOR PANCREAS/VENOUS	30.89			X							
03	48552	PREP DONOR PANCREAS/VENOUS	154.43			X							
07	48552	PREP DONOR PANCREAS/VENOUS	185.32	00	15	X							
02	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X							
03	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X							
07	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	1,711.95	00	15	X							
02	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X							X
03	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X							
07	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	883.84	00	15	X							
02	48999	PANCREAS SURGERY PROCEDURE	MP			X							
03	48999	PANCREAS SURGERY PROCEDURE	MP			X							
07	48999	PANCREAS SURGERY PROCEDURE	MP	00	15	X							
02	49000	EXPLORATION OF ABDOMEN	100.33			X							
03	49000	EXPLORATION OF ABDOMEN	501.66			X							
07	49000	EXPLORATION OF ABDOMEN	601.99	00	15	X							
02	49002	REEXPLORATION OF ABDOMEN	131.29										
03	49002	REEXPLORATION OF ABDOMEN	656.46										
07	49002	REEXPLORATION OF ABDOMEN	787.75	00	15								
02	49010	EXPLORE,RETROPERITONEAL AREA	124.04										
03	49010	EXPLORE,RETROPERITONEAL AREA	620.22										
07	49010	EXPLORE,RETROPERITONEAL AREA	744.26	00	15								
02	49020	DRAIN ABDOMINAL ABSCESS	205.83										
03	49020	DRAIN ABDOMINAL ABSCESS	1,029.14										
07	49020	DRAIN ABDOMINAL ABSCESS	1,234.96	00	15								
03	49021	DRAIN ABDOMINAL ABSCESS	570.74										
07	49021	DRAIN ABDOMINAL ABSCESS	684.89	00	15								
02	49040	DRAIN ABDOMINAL ABSCESS	128.76										
03	49040	DRAIN ABDOMINAL ABSCESS	643.79										
07	49040	DRAIN ABDOMINAL ABSCESS	772.55	00	15								
03	49041	PERCUT DRAIN ABDOM ABSCESS	584.68										
07	49041	PERCUT DRAIN ABDOM ABSCESS	701.61	00	15								
02	49060	DRAIN ABDOMINAL ABSCESS	143.91										
03	49060	DRAIN ABDOMINAL ABSCESS	719.56										
07	49060	DRAIN ABDOMINAL ABSCESS	863.47	00	15								
03	49061	PERCUTDRAIN RETROPER ABSCESS	573.71										
07	49061	PERCUTDRAIN RETROPER ABSCESS	688.45	00	15								
02	49062	DRAIN TO PERITONEAL CAVITY	97.93										
03	49062	DRAIN TO PERITONEAL CAVITY	489.63										
07	49062	DRAIN TO PERITONEAL CAVITY	587.56	00	15								
03	49080	REMOVAL OF ABDOMINAL FLUID	110.89										
07	49080	REMOVAL OF ABDOMINAL FLUID	133.07	00	15								
03	49081	REMOVAL OF ABDOMINAL FLUID	103.70										
07	49081	REMOVAL OF ABDOMINAL FLUID	124.44	00	15								
03	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	112.62										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	135.14	00 15								
02	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	157.30									
03	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	786.48									
07	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	943.78	00 15								
02	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	201.21									
03	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,006.04									
07	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,207.24	00 15								
02	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	230.58									
03	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,152.89									
07	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,383.46	00 15								
02	49215	EXCISE PRESACRAL/SACROCOCCYGEAL CYST	289.33									
03	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,446.67									
07	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,736.00	00 15								
02	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	125.45									
03	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	627.27									
07	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	752.72	00 15								
03	49250	EXCISION OF UMBILICUS	373.07									
07	49250	EXCISION OF UMBILICUS	447.68	00 15								
02	49255	OMENTECTOMY,...RESECT OMENTUM	101.40									
03	49255	OMENTECTOMY,...RESECT OMENTUM	506.99		X							
07	49255	OMENTECTOMY,...RESECT OMENTUM	608.39	00 15	X							
03	49320	DIAG LAPARO SEPARATE PROC	213.93		X							
07	49320	DIAG LAPARO SEPARATE PROC	256.72	00 15	X							
03	49321	LAPAROSCOPY, BIOPSY	225.39		X							
07	49321	LAPAROSCOPY, BIOPSY	270.47	00 15	X							
03	49322	LAPAROSCOPY, ASPIRATION	244.85		X							
07	49322	LAPAROSCOPY, ASPIRATION	293.81	00 15	X							
02	49323	LAPARO DRAIN LYMPHOCELE	83.16									
03	49323	LAPARO DRAIN LYMPHOCELE	415.79		X							
07	49323	LAPARO DRAIN LYMPHOCELE	498.94	00 15	X							
02	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	50.98									
03	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	254.90									
07	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	305.88	00 15								
02	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	54.88									
03	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	274.42									
07	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	329.30	00 15								
02	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	25.57									
03	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	127.85									
07	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	153.42	00 15								
03	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X							
07	49329	LAPARO PROC, ABDM/PER/OMENT	MP	00 15	X							
03	49400	AIR INJECTION INTO ABDOMEN	117.89									
07	49400	AIR INJECTION INTO ABDOMEN	141.46	00 15								
02	49402	REMOVAL OF PERITONEAL FOREIGN	110.78									
03	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	553.91									
07	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	664.69	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	360.43										
07	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	432.51	00	15								
02	49419	INSRT ABDOM CATH FOR CHEMOTX	58.95										
03	49419	INSRT ABDOM CATH FOR CHEMOTX	294.73										
07	49419	INSRT ABDOM CATH FOR CHEMOTX	353.67	00	15								
03	49420	INSERT ABDOMINAL DRAIN	93.14										
07	49420	INSERT ABDOMINAL DRAIN	111.77	00	15								
03	49421	INSERT PERM.CANNULA/CATH-DRAIN/DIALY	252.64										
07	49421	INSERT PERM.CANNULA/CATH-DRAIN/DIALY	303.17	00	15								
03	49422	REMOVE PERM CANNULA/CATHETER	255.15										
07	49422	REMOVE PERM CANNULA/CATHETER	306.18	00	15								
03	49423	EXCHANGE DRAINAGE CATH	358.73										
07	49423	EXCHANGE DRAINAGE CATH	430.47	00	15								
03	49424	ASSESS CYST, CONTRAST INJ	98.71										
07	49424	ASSESS CYST, CONTRAST INJ	118.45	00	15								
02	49425	PERITONEAL-VENOUS SHUNT	99.47										
03	49425	PERITONEAL-VENOUS SHUNT	497.33										
07	49425	PERITONEAL-VENOUS SHUNT	596.79	00	15								
03	49426	REVISION OF PERITONEAL-VENOUS SHUNT	423.36										
07	49426	REVISION OF PERITONEAL-VENOUS SHUNT	508.03	00	15								
03	49427	INJECTION PROCEDURE (EG, CONTRAST ME	33.84										
07	49427	INJECTION PROCEDURE (EG, CONTRAST ME	40.61	00	15								
03	49428	LIGATION OF SHUNT	283.96										
07	49428	LIGATION OF SHUNT	340.75	00	15								
03	49429	REMOVAL OF SHUNT	302.00										
07	49429	REMOVAL OF SHUNT	362.40	00	15								
02	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	16.37										
03	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	81.87										
07	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	98.24	00	15								
02	49436	DELAYED CREATION OF EXIT SITE FROM E	23.55										
03	49436	DELAYED CREATION OF EXIT SITE FROM E	117.76										
07	49436	DELAYED CREATION OF EXIT SITE FROM E	141.31	00	15								
03	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	704.87										
07	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	845.84	00	15								
03	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	763.97										
07	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	916.77	00	15								
03	49442	INSERTION OF CECOSTOMY OR OTHER COLO	683.75										
07	49442	INSERTION OF CECOSTOMY OR OTHER COLO	820.50	00	15								
03	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	637.04										
07	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	764.44	00	15								
03	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	472.63										
07	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	567.15	00	15								
03	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	451.90										
07	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	542.28	00	15								
03	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	571.19										
07	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	685.43	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	516.19										
07	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	619.43	00	15								
03	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	109.41										
07	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	131.29	00	15								
03	49491	REPAIRING HERN PREMIE REDUC	499.42										
07	49491	REPAIRING HERN PREMIE REDUC	599.30	00	15								
02	49492	RPR ING HERN PREMIE, BLOCKED	122.25										
03	49492	RPR ING HERN PREMIE, BLOCKED	611.27										
07	49492	RPR ING HERN PREMIE, BLOCKED	733.52	00	15								
02	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	50.76										
03	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	253.80										
07	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	304.56	00	15								
02	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	76.91										
03	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	384.56										
07	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	461.48	00	15								
02	49500	REPAIR INITIAL INGUINAL HERNIA..	50.26	00	04								
03	49500	REPAIR INITIAL INGUINAL HERNIA..	251.31	00	04					X			
07	49500	REPAIR INITIAL INGUINAL HERNIA..	301.57	00	04					X			
02	49501	REPAIR INITIAL INGUINAL HERNIA..	76.46	00	04								
03	49501	REPAIR INITIAL INGUINAL HERNIA..	382.31	00	04								
07	49501	REPAIR INITIAL INGUINAL HERNIA..	458.78	00	04								
03	49505	REPAIR INGUINAL HERNIA	331.34	05	99								
07	49505	REPAIR INGUINAL HERNIA	397.61	05	15								
02	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	81.73	05	99								
03	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	408.63	05	99								
07	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	490.36	05	15								
03	49520	REREPAIR INGUINAL HERNIA	405.83										
07	49520	REREPAIR INGUINAL HERNIA	486.99	00	15								
02	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	99.19										
03	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	495.96										
07	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	595.15	00	15								
02	49525	REPAIR INGUINAL HERNIA	73.28										
03	49525	REPAIR INGUINAL HERNIA	366.41										
07	49525	REPAIR INGUINAL HERNIA	439.69	00	15								
02	49540	REPAIR LUMBAR HERNIA	86.84										
03	49540	REPAIR LUMBAR HERNIA	434.22										
07	49540	REPAIR LUMBAR HERNIA	521.06	00	15								
02	49550	REPAIR FEMORAL HERNIA	73.65										
03	49550	REPAIR FEMORAL HERNIA	368.27										
07	49550	REPAIR FEMORAL HERNIA	441.93	00	15								
02	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	80.64										
03	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	403.20										
07	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	483.84	00	15								
02	49555	REPAIR FEMORAL HERNIA	76.73										
03	49555	REPAIR FEMORAL HERNIA	383.63										
07	49555	REPAIR FEMORAL HERNIA	460.35	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	49557	REPAIR RECURRENT FEMORAL HERNIA;	93.32									
03	49557	REPAIR RECURRENT FEMORAL HERNIA;	466.61									
07	49557	REPAIR RECURRENT FEMORAL HERNIA;	559.94	00 15								
02	49560	REPAIR ABDOMINAL HERNIA	95.47									
03	49560	REPAIR ABDOMINAL HERNIA	477.36									
07	49560	REPAIR ABDOMINAL HERNIA	572.83	00 15								
02	49561	REPAIR INITIAL INCISIONAL HERNIA;	120.58									
03	49561	REPAIR INITIAL INCISIONAL HERNIA;	602.92									
07	49561	REPAIR INITIAL INCISIONAL HERNIA;	723.50	00 15								
02	49565	REREPAIR ABDOMINAL HERNIA	98.90									
03	49565	REREPAIR ABDOMINAL HERNIA	494.52									
07	49565	REREPAIR ABDOMINAL HERNIA	593.42	00 15								
02	49566	REPAIR RECURRENT INCISIONAL HERNIA;	121.82									
03	49566	REPAIR RECURRENT INCISIONAL HERNIA;	609.12									
07	49566	REPAIR RECURRENT INCISIONAL HERNIA;	730.94	00 15								
02	49568	IMPLANTATION OF MESH OR OTHER	36.23									
03	49568	IMPLANTATION OF MESH OR OTHER PROSTH	181.17									
07	49568	IMPLANTATION OF MESH OR OTHER PROSTH	217.40	00 15								
02	49570	REPAIR EPIGASTRIC HERNIA	51.92									
03	49570	REPAIR EPIGASTRIC HERNIA	259.62									
07	49570	REPAIR EPIGASTRIC HERNIA	311.54	00 15								
02	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	64.49									
03	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	322.44									
07	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	386.93	00 15								
02	49580	REPAIR UMBILICAL HERNIA	40.23	00 04								
03	49580	REPAIR UMBILICAL HERNIA	201.13	00 04								
07	49580	REPAIR UMBILICAL HERNIA	241.35	00 04								
02	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	60.15	00 04								
03	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	300.76	00 04								
07	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	360.91	00 04								
02	49585	REPAIR UMBILICAL HERNIA	55.90	05 99								
03	49585	REPAIR UMBILICAL HERNIA	279.48	05 99								
07	49585	REPAIR UMBILICAL HERNIA	335.38	05 15								
02	49587	REPAIR UMBILICAL HERNIA	66.41	05 99								
03	49587	REPAIR UMBILICAL HERNIA	332.07	05 99								
07	49587	REPAIR UMBILICAL HERNIA	398.48	05 15								
02	49590	REPAIR ABDOMINAL HERNIA	73.02									
03	49590	REPAIR ABDOMINAL HERNIA	365.12									
07	49590	REPAIR ABDOMINAL HERNIA	438.15	00 15								
02	49600	REPAIR UMBILICAL LESION	94.07									
03	49600	REPAIR UMBILICAL LESION	470.36									
07	49600	REPAIR UMBILICAL LESION	564.44	00 15								
02	49605	REPAIR UMBILICAL LESION	654.49									
03	49605	REPAIR UMBILICAL LESION	3,272.44									
07	49605	REPAIR UMBILICAL LESION	3,926.93	00 15								
02	49606	REPAIR UMBILICAL LESION	148.33									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	49606	REPAIR UMBILICAL LESION	741.67									
07	49606	REPAIR UMBILICAL LESION	890.00	00 15								
02	49610	REPAIR UMBILICAL LESION	87.31									
03	49610	REPAIR UMBILICAL LESION	436.57									
07	49610	REPAIR UMBILICAL LESION	523.88	00 15								
02	49611	REPAIR UMBILICAL LESION	78.09									
03	49611	REPAIR UMBILICAL LESION	390.43									
07	49611	REPAIR UMBILICAL LESION	468.51	00 15								
02	49650	LAP ING HERNIA REPAIR INIT	54.58									
03	49650	LAP ING HERNIA REPAIR INIT	272.90									
07	49650	LAP ING HERNIA REPAIR INIT	327.47	00 15								
02	49651	LAP ING HERNIA REPAIR RECUR	70.54									
03	49651	LAP ING HERNIA REPAIR RECUR	352.69									
07	49651	LAP ING HERNIA REPAIR RECUR	423.23	00 15								
02	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	102.95									
03	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	514.77									
07	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	617.72	00 15								
02	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	128.58									
03	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	642.89									
07	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	771.46	00 15								
02	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	118.31									
03	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	591.53									
07	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	709.83	00 15								
02	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	142.44									
03	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	712.18									
07	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	854.61	00 15								
02	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	118.77									
03	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	593.84									
07	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	712.61	00 15								
02	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	171.71									
03	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	858.57									
07	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	1,030.28	00 15								
03	49659	LAPARO PROC, HERNIA REPAIR	MP		X							
07	49659	LAPARO PROC, HERNIA REPAIR	MP	00 15	X							
02	49900	REPAIR OF ABDOMINAL WALL	104.59									
03	49900	REPAIR OF ABDOMINAL WALL	522.96									
07	49900	REPAIR OF ABDOMINAL WALL	627.55	00 15								
02	49904	OMENTAL FLAP, EXTRA-ABDOM	194.05									
03	49904	OMENTAL FLAP, EXTRA-ABDOM	970.24									
07	49904	OMENTAL FLAP, EXTRA-ABDOM	1,164.29	00 15								
02	49905	OMENTAL FLAP (EG, FOR RECONSTR	48.22									
03	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	241.08									
07	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	289.30	00 15								
03	49906	FREE OMENTAL FLAP, MICROVASC	295.90									
07	49906	FREE OMENTAL FLAP, MICROVASC	295.90	00 15								
02	49999	ABDOMEN SURGERY PROCEDURE	MP		X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	49999	ABDOMEN SURGERY PROCEDURE	MP			X							
07	49999	ABDOMEN SURGERY PROCEDURE	MP	00	15	X							
02	50010	EXPLORATION OF KIDNEY	101.41										
03	50010	EXPLORATION OF KIDNEY	507.07										
07	50010	EXPLORATION OF KIDNEY	608.48	00	15								
02	50020	DRAINAGE OF KIDNEY ABSCESS	145.00										
03	50020	DRAINAGE OF KIDNEY ABSCESS	724.99										
07	50020	DRAINAGE OF KIDNEY ABSCESS	869.99	00	15								
03	50021	PERCUT DRAIN RENAL ABSCESS	599.96										
07	50021	PERCUT DRAIN RENAL ABSCESS	719.95	00	15								
02	50040	DRAINAGE OF KIDNEY	136.07										
03	50040	DRAINAGE OF KIDNEY	680.35										
07	50040	DRAINAGE OF KIDNEY	816.42	00	15								
02	50045	EXPLORATION OF KIDNEY	137.73										
03	50045	EXPLORATION OF KIDNEY	688.65										
07	50045	EXPLORATION OF KIDNEY	826.38	00	15								
02	50060	REMOVAL OF KIDNEY STONE	169.49										
03	50060	REMOVAL OF KIDNEY STONE	847.44										
07	50060	REMOVAL OF KIDNEY STONE	1,016.93	00	15								
02	50065	INCISION OF KIDNEY	178.58										
03	50065	INCISION OF KIDNEY	892.90										
07	50065	INCISION OF KIDNEY	1,071.48	00	15								
02	50070	INCISION OF KIDNEY	177.12										
03	50070	INCISION OF KIDNEY	885.59										
07	50070	INCISION OF KIDNEY	1,062.71	00	15								
02	50075	REMOVAL OF KIDNEY STONE	217.92										
03	50075	REMOVAL OF KIDNEY STONE	1,089.60										
07	50075	REMOVAL OF KIDNEY STONE	1,307.52	00	15								
03	50080	PERCUT NEPHRO/PYELO,W/OR W/O	646.61										
07	50080	PERCUT NEPHRO/PYELO,W/OR W/O	775.93	00	15								
02	50081	PERCUT NEPHRO/PYELO, W OR W/O	190.16										
03	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	950.82										
07	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,140.98	00	15								
02	50100	REVISE KIDNEY BLOOD VESSELS	140.25										
03	50100	REVISE KIDNEY BLOOD VESSELS	701.26										
07	50100	REVISE KIDNEY BLOOD VESSELS	841.51	00	15								
02	50120	EXPLORATION OF KIDNEY	140.36										
03	50120	EXPLORATION OF KIDNEY	701.81										
07	50120	EXPLORATION OF KIDNEY	842.17	00	15								
02	50125	EXPLORE AND DRAIN KIDNEY	145.44										
03	50125	EXPLORE AND DRAIN KIDNEY	727.18										
07	50125	EXPLORE AND DRAIN KIDNEY	872.61	00	15								
02	50130	REMOVAL OF KIDNEY STONE	153.44										
03	50130	REMOVAL OF KIDNEY STONE	767.21										
07	50130	REMOVAL OF KIDNEY STONE	920.65	00	15								
02	50135	EXPLORATION OF KIDNEY	166.30										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	50135	EXPLORATION OF KIDNEY	831.52										
07	50135	EXPLORATION OF KIDNEY	997.82	00	15								
03	50200	BIOPSY OF KIDNEY	105.17										
07	50200	BIOPSY OF KIDNEY	126.20	00	15								
02	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	98.54										
03	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	492.68										
07	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	591.22	00	15								
02	50220	REMOVAL OF KIDNEY	151.36										
03	50220	REMOVAL OF KIDNEY	756.82										
07	50220	REMOVAL OF KIDNEY	908.18	00	15								
02	50225	REMOVAL OF KIDNEY	175.38										
03	50225	REMOVAL OF KIDNEY	876.92										
07	50225	REMOVAL OF KIDNEY	1,052.31	00	15								
02	50230	REMOVAL OF KIDNEY	190.12										
03	50230	REMOVAL OF KIDNEY	950.59										
07	50230	REMOVAL OF KIDNEY	1,140.71	00	15								
02	50234	REMOVAL OF KIDNEY & URETER	192.97										
03	50234	REMOVAL OF KIDNEY & URETER	964.87										
07	50234	REMOVAL OF KIDNEY & URETER	1,157.84	00	15								
02	50236	REMOVAL OF KIDNEY & URETER	218.18										
03	50236	REMOVAL OF KIDNEY & URETER	1,090.92										
07	50236	REMOVAL OF KIDNEY & URETER	1,309.10	00	15								
02	50240	PARTIAL REMOVAL OF KIDNEY	195.89										
03	50240	PARTIAL REMOVAL OF KIDNEY	979.47										
07	50240	PARTIAL REMOVAL OF KIDNEY	1,175.36	00	15								
02	50250	CRYOABLATE RENAL MASS OPEN	181.58										
03	50250	CRYOABLATE RENAL MASS OPEN	907.90										
07	50250	CRYOABLATE RENAL MASS OPEN	1,089.48	00	15								
02	50280	REMOVAL OF KIDNEY LESION	139.71										
03	50280	REMOVAL OF KIDNEY LESION	698.55										
07	50280	REMOVAL OF KIDNEY LESION	838.26	00	15								
02	50290	REMOVAL OF KIDNEY LESION	129.61										
03	50290	REMOVAL OF KIDNEY LESION	648.03										
07	50290	REMOVAL OF KIDNEY LESION	777.64	00	15								
02	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	73.49			X							
03	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42			X							
07	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42	00	15	X							
02	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	165.95			X							
03	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	829.76			X							
07	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,193.19	00	15	X							
03	50323	PREP CADAVER RENAL ALLOGRAFT	MP			X							
07	50323	PREP CADAVER RENAL ALLOGRAFT	MP	00	15	X							
03	50325	PREP DONOR RENAL GRAFT	MP			X							
07	50325	PREP DONOR RENAL GRAFT	MP	00	15	X							
02	50327	PREP RENAL GRAFT/VENOUS	28.88			X							
03	50327	PREP RENAL GRAFT/VENOUS	144.41			X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	50327	PREP RENAL GRAFT/VENOUS	173.30	00 15	X							
02	50328	PREP RENAL GRAFT/ARTERIAL	25.37		X							
03	50328	PREP RENAL GRAFT/ARTERIAL	126.83		X							
07	50328	PREP RENAL GRAFT/ARTERIAL	152.20	00 15	X							
02	50329	PREP RENAL GRAFT/URETERAL	24.98		X							
03	50329	PREP RENAL GRAFT/URETERAL	124.88		X							
07	50329	PREP RENAL GRAFT/URETERAL	149.86	00 15	X							
02	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	136.31		X	X						
03	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	681.53		X							
07	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	763.62	00 15	X							
02	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	331.90		X							
03	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,659.51		X							
07	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,782.98	00 15	X							
02	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	379.64		X	X						
03	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	1,898.22		X							
07	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,096.68	00 15	X							
02	50370	REMOVE TRANSPLANTED KIDNEY	151.35									
03	50370	REMOVE TRANSPLANTED KIDNEY	756.73									
07	50370	REMOVE TRANSPLANTED KIDNEY	908.07	00 15								
02	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	207.43		X	X						
03	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,037.20		X							
07	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,223.15	00 15	X							
03	50382	CHANGE URETER STENT, PERCUT	847.39									
07	50382	CHANGE URETER STENT, PERCUT	1,016.87	00 15								
03	50384	REMOVE URETER STENT, PERCUT	729.83									
07	50384	REMOVE URETER STENT, PERCUT	875.79	00 15								
03	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	825.81									
07	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	990.97	00 15								
03	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	536.79									
07	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	644.15	00 15								
03	50387	CHANGE EXT/INT URETER STENT	390.20									
07	50387	CHANGE EXT/INT URETER STENT	468.24	00 15								
03	50389	REMOVE RENAL TUBE W/FLUORO	226.19									
07	50389	REMOVE RENAL TUBE W/FLUORO	271.43	00 15								
03	50390	DRAINAGE OF KIDNEY LESION	73.73									
07	50390	DRAINAGE OF KIDNEY LESION	88.47	00 15								
03	50391	INSTLL RX AGNT INTO RNAL TUB	92.97									
07	50391	INSTLL RX AGNT INTO RNAL TUB	111.56	00 15								
03	50392	INTROD CATH RENAL PELVIS,PERC	134.46									
07	50392	INTROD CATH RENAL PELVIS, PERC	161.35	00 15								
03	50393	INSERT KIDNEY DRAIN	164.13									
07	50393	INTR URET CATH/STENT IN URETER	196.96	00 15								
03	50394	INJECTION FOR KIDNEY X-RAY	71.40									
07	50394	INJECTION FOR KIDNEY X-RAY	85.68	00 15								
03	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	135.41									
07	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	162.50	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	50396	MEASURE KIDNEY PRESSURE	87.22									
07	50396	MEASURE KIDNEY PRESSURE	104.66	00 15								
03	50398	CHANGE KIDNEY TUBE	348.99									
07	50398	CHANGE KIDNEY TUBE	418.79	00 15								
02	50400	REVISION OF KIDNEY/URETER	171.22									
03	50400	REVISION OF KIDNEY/URETER	856.10									
07	50400	REVISION OF KIDNEY/URETER	1,027.32	00 15								
02	50405	REVISION OF KIDNEY/URETER	207.94									
03	50405	REVISION OF KIDNEY/URETER	1,039.70									
07	50405	REVISION OF KIDNEY/URETER	1,247.63	00 15								
02	50500	REPAIR OF KIDNEY WOUND	167.25									
03	50500	REPAIR OF KIDNEY WOUND	836.23									
07	50500	REPAIR OF KIDNEY WOUND	1,003.47	00 15								
02	50520	CLOSE KIDNEY-SKIN FISTULA	153.83									
03	50520	CLOSE KIDNEY-SKIN FISTULA	769.17									
07	50520	CLOSE KIDNEY-SKIN FISTULA	923.00	00 15								
02	50525	REPAIR RENAL-ABDOMEN FISTULA	192.68									
03	50525	REPAIR RENAL-ABDOMEN FISTULA	963.38									
07	50525	REPAIR RENAL-ABDOMEN FISTULA	1,156.05	00 15								
02	50526	REPAIR RENAL-ABDOMEN FISTULA	202.22									
03	50526	REPAIR RENAL-ABDOMEN FISTULA	1,011.08									
07	50526	REPAIR RENAL-ABDOMEN FISTULA	1,213.30	00 15								
02	50540	REVISION OF HORSESHOE KIDNEY	167.88									
03	50540	REVISION OF HORSESHOE KIDNEY	839.39									
07	50540	REVISION OF HORSESHOE KIDNEY	1,007.26	00 15								
02	50541	LAPARO ABLATE RENAL CYST	136.69									
03	50541	LAPARO ABLATE RENAL CYST	683.45									
07	50541	LAPARO ABLATE RENAL CYST	820.13	00 15								
02	50542	LAPARO ABLATE RENAL MASS	173.30									
03	50542	LAPARO ABLATE RENAL MASS	866.52									
07	50542	LAPARO ABLATE RENAL MASS	1,039.82	00 15								
02	50543	LAPARO PARTIAL NEPHRECTOMY	221.28									
03	50543	LAPARO PARTIAL NEPHRECTOMY	1,106.40									
07	50543	LAPARO PARTIAL NEPHRECTOMY	1,327.68	00 15								
02	50544	LAPAROSCOPY PYELOPLASTY	186.81									
03	50544	LAPAROSCOPY, PYELOPLASTY	934.05									
07	50544	LAPAROSCOPY, PYELOPLASTY	1,120.86	00 15								
02	50545	LAPARO RADICAL NEPHRECTOMY	200.50									
03	50545	LAPARO RADICAL NEPHRECTOMY	1,002.51									
07	50545	LAPARO RADICAL NEPHRECTOMY	1,203.01	00 15								
02	50546	LAPAROSCOPIC NEPHRECTOMY	177.64									
03	50546	LAPAROSCOPIC NEPHRECTOMY	888.22									
07	50546	LAPAROSCOPIC NEPHRECTOMY	1,065.86	00 15								
02	50547	LAPARO REMOVAL DONOR KIDNEY	214.84									
03	50547	LAPARO REMOVAL DONOR KIDNEY	1,074.21									
07	50547	LAPARO REMOVAL DONOR KIDNEY	1,289.05	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	50548	LAPARO-ASSIST REMOVE K/URETER	202.24										
03	50548	LAPARO-ASST REMOVE K/URETER	1,011.21										
07	50548	LAPARO-ASST REMOVE K/URETER	1,213.45	00	15								
03	50549	LAPAROSCOPE PROC, RENAL	MP			X							
07	50549	LAPAROSCOPE PROC, RENAL	MP	00	15	X							
03	50551	KIDNEY ENDOSCOPY	269.87										
07	50551	KIDNEY ENDOSCOPY	323.85	00	15								
03	50553	KIDNEY ENDOSCOPY	281.84										
07	50553	KIDNEY ENDOSCOPY	338.21	00	15								
03	50555	KIDNEY ENDOSCOPY & BIOPSY	307.64										
07	50555	KIDNEY ENDOSCOPY & BIOPSY	369.16	00	15								
03	50557	KIDNEY ENDOSCOPY & TREATMENT	313.88										
07	50557	KIDNEY ENDOSCOPY & TREATMENT	376.65	00	15								
03	50561	KIDNEY ENDOSCOPY & TREATMENT	356.30										
07	50561	KIDNEY ENDOSCOPY & TREATMENT	427.55	00	15								
03	50562	RENAL SCOPE W/TUMOR RESECT	439.76										
07	50562	RENAL SCOPE W/TUMOR RESECT	527.71	00	15								
03	50570	KIDNEY ENDOSCOPY	374.18										
07	50570	KIDNEY ENDOSCOPY	449.02	00	15								
03	50572	KIDNEY ENDOSCOPY	408.00										
07	50572	KIDNEY ENDOSCOPY	489.60	00	15								
03	50574	KIDNEY ENDOSCOPY & BIOPSY	430.13										
07	50574	KIDNEY ENDOSCOPY & BIOPSY	516.15	00	15								
03	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	544.24										
07	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	653.09	00	15								
03	50576	KIDNEY ENDOSCOPY & TREATMENT	429.56										
07	50576	KIDNEY ENDOSCOPY & TREATMENT	515.47	00	15								
03	50580	KIDNEY ENDOSCOPY & TREATMENT	460.24										
07	50580	KIDNEY ENDOSCOPY & TREATMENT	552.29	00	15								
03	50590	LITHOTRIPSY,ESW	655.97										
07	50590	LITHOTRIPSY,ESW	787.16	00	15								
03	50592	PERC RF ABLATE RENAL TUMOR	2,374.22										
07	50592	PERC RF ABLATE RENAL TUMOR	2,849.06	00	15								
02	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	613.13										
03	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,065.66										
07	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,678.79	00	15								
02	50600	EXPLORATION OF URETER	138.73										
03	50600	EXPLORATION OF URETER	693.63										
07	50600	EXPLORATION OF URETER	832.36	00	15								
02	50605	URETOROTOMY-INSERT STENT	134.37										
03	50605	URETEROTOMY-INSERT STEAT	671.84										
07	50605	URETEROTOMY-INSERT STEAT	806.20	00	15								
02	50610	REMOVAL OF URETER STONE	141.89										
03	50610	REMOVAL OF URETER STONE	709.45										
07	50610	REMOVAL OF URETER STONE	851.34	00	15								
02	50620	REMOVAL OF URETER STONE	134.15										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	50620	REMOVAL OF URETER STONE	670.74									
07	50620	REMOVAL OF URETER STONE	804.89	00 15								
02	50630	REMOVAL OF URETER STONE	130.97									
03	50630	REMOVAL OF URETER STONE	654.83									
07	50630	REMOVAL OF URETER STONE	785.79	00 15								
02	50650	REMOVAL OF URETER	153.02									
03	50650	REMOVAL OF URETER	765.08									
07	50650	REMOVAL OF URETER	918.09	00 15								
02	50660	REMOVAL OF URETER	169.35									
03	50660	REMOVAL OF URETER	846.73									
07	50660	REMOVAL OF URETER	1,016.07	00 15								
03	50684	INJECTION FOR URETER X-RAY	121.28									
07	50684	INJECTION FOR URETER X-RAY	145.53	00 15								
03	50686	MEASURE URETER PRESSURE	66.77									
07	50686	MEASURE URETER PRESSURE	80.13	00 15								
03	50688	CHANGE OF URETER TUBE	57.59									
07	50688	CHANGE OF URETER TUBE	69.11	00 15								
03	50690	INJECTION FOR URETER X-RAY	70.59									
07	50690	INJECTION FOR URETER X-RAY	84.71	00 15								
02	50700	REVISION OF URETER	137.22									
03	50700	REVISION OF URETER	686.10									
07	50700	REVISION OF URETER	823.32	00 15								
02	50715	RELEASE OF URETER	163.64									
03	50715	RELEASE OF URETER	818.21									
07	50715	RELEASE OF URETER	981.86	00 15								
02	50722	RELEASE OF URETER	142.42									
03	50722	RELEASE OF URETER	712.11									
07	50722	RELEASE OF URETER	854.53	00 15								
02	50725	RELEASE/REVISE URETER	161.69									
03	50725	RELEASE/REVISE URETER	808.45									
07	50725	RELEASE/REVISE URETER	970.14	00 15								
02	50727	REVISION OF URINARY-CUTANEOUS ANASTO	73.51									
03	50727	REVISION OF URINARY-CUTANEOUS ANASTO	367.53									
07	50727	REVISION OF URINARY-CUTANEOUS ANASTO	441.04	00 15								
02	50728	REVISION OF URINARY-CUTANEOUS ANASTO	101.90									
03	50728	REVISION OF URINARY-CUTANEOUS ANASTO	509.51									
07	50728	REVISION OF URINARY-CUTANEOUS ANASTO	611.42	00 15								
02	50740	FUSION OF URETER & KIDNEY	159.98									
03	50740	FUSION OF URETER & KIDNEY	799.88									
07	50740	FUSION OF URETER & KIDNEY	959.86	00 15								
02	50750	FUSION OF URETER & KIDNEY	172.19									
03	50750	FUSION OF URETER & KIDNEY	860.93									
07	50750	FUSION OF URETER & KIDNEY	1,033.11	00 15								
02	50760	FUSION OF URETERS	161.18									
03	50760	FUSION OF URETERS	805.90									
07	50760	FUSION OF URETERS	967.08	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	50770	SPLICING OF URETERS	167.25									
03	50770	SPLICING OF URETERS	836.25									
07	50770	SPLICING OF URETERS	1,003.50	00 15								
02	50780	REIMPLANT URETER IN BLADDER	161.48									
03	50780	REIMPLANT URETER IN BLADDER	807.38									
07	50780	REIMPLANT URETER IN BLADDER	968.86	00 15								
02	50782	URETERONEOCYSTOSTOMY;	158.78									
03	50782	URETERONEOCYSTOSTOMY;	793.88									
07	50782	URETERONEOCYSTOSTOMY;	952.65	00 15								
02	50783	URETERONEOCYSTOSTOMY;	165.36									
03	50783	URETERONEOCYSTOSTOMY;	826.81									
07	50783	URETERONEOCYSTOSTOMY;	992.17	00 15								
02	50785	REIMPLANT URETER IN BLADDER	178.89									
03	50785	REIMPLANT URETER IN BLADDER	894.45									
07	50785	REIMPLANT URETER IN BLADDER	1,073.34	00 15								
02	50800	IMPLANT URETER IN BOWEL	135.73									
03	50800	IMPLANT URETER IN BOWEL	678.63									
07	50800	IMPLANT URETER IN BOWEL	814.36	00 15								
02	50810	FUSION OF URETER & BOWEL	180.29									
03	50810	FUSION OF URETER & BOWEL	901.47									
07	50810	FUSION OF URETER & BOWEL	1,081.76	00 15								
02	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	181.16									
03	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	905.81									
07	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,086.98	00 15								
02	50820	CONSTRUCT BOWEL BLADDER	193.56									
03	50820	CONSTRUCT BOWEL BLADDER	967.80									
07	50820	CONSTRUCT BOWEL BLADDER	1,161.36	00 15								
02	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	245.19									
03	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,225.93									
07	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,471.11	00 15								
02	50830	URINARY UNDIVERSION	266.63									
03	50830	URINARY UNDIVERSION	1,333.14									
07	50830	URINARY UNDIVERSION	1,599.77	00 15								
02	50840	REPLACE URETER BY BOWEL	182.19									
03	50840	REPLACE URETER BY BOWEL	910.97									
07	50840	REPLACE URETER BY BOWEL	1,093.16	00 15								
02	50845	CUTANEOUS APPENDICO-VESICOSTOMY	184.78									
03	50845	CUTANEOUS APPENDICO-VESICOSTOMY	923.90									
07	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,108.67	00 15								
02	50860	TRANSPLANT URETER TO SKIN	140.19									
03	50860	TRANSPLANT URETER TO SKIN	700.93									
07	50860	TRANSPLANT URETER TO SKIN	841.11	00 15								
02	50900	REPAIR OF URETER	123.34									
03	50900	REPAIR OF URETER	616.72									
07	50900	REPAIR OF URETER	740.06	00 15								
02	50920	CLOSURE URETER/SKIN FISTULA	130.06									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	50920	CLOSURE URETER/SKIN FISTULA	650.32										
07	50920	CLOSURE URETER/SKIN FISTULA	780.38	00	15								
02	50930	CLOSURE URETER/BOWEL FISTULA	158.10										
03	50930	CLOSURE URETER/BOWEL FISTULA	790.52										
07	50930	CLOSURE URETER/BOWEL FISTULA	948.62	00	15								
02	50940	RELEASE OF URETER	131.25										
03	50940	RELEASE OF URETER	656.27										
07	50940	RELEASE OF URETER	787.53	00	15								
02	50945	LAPAROSCOPY URETEROLITHOTOMY	145.80										
03	50945	LAPAROSCOPY URETEROLITHOTOMY	728.99										
07	50945	LAPAROSCOPY URETEROLITHOTOMY	874.79	00	15								
02	50947	LAPARO NEW URETER/BLADDER	207.27										
03	50947	LAPARO NEW URETER/BLADDER	1,036.35										
07	50947	LAPARO NEW URETER/BLADDER	1,243.62	00	15								
02	50948	LAPRAO NEW URETER/BLADDER	191.85										
03	50948	LAPARO NEW URETER/BLADDER	959.24										
07	50948	LAPARO NEW URETER/BLADDER	1,151.08	00	15								
03	50949	LAPAROSCOPE PROC, URETER	MP			X							
07	50949	LAPAROSCOPE PROC, URETER	MP	00	15	X							
03	50951	ENDOSCOPY OF URETER	281.83										
07	50951	ENDOSCOPY OF URETER	338.19	00	15								
03	50953	ENDOSCOPY OF URETER	297.65										
07	50953	ENDOSCOPY OF URETER	357.17	00	15								
03	50955	URETER ENDOSCOPY & BIOPSY	328.80										
07	50955	URETER ENDOSCOPY & BIOPSY	394.56	00	15								
03	50957	URETER ENDOSCOPY & TREATMENT	320.62										
07	50957	URETER ENDOSCOPY & TREATMENT	384.74	00	15								
03	50961	URETER ENDOSCOPY & TREATMENT	288.94										
07	50961	URETER ENDOSCOPY & TREATMENT	346.73	00	15								
03	50970	URETER ENDOSCOPY	282.13										
07	50970	URETER ENDOSCOPY	338.55	00	15								
03	50972	URETER ENDOSCOPY & CATHETER	271.55										
07	50972	URETER ENDOSCOPY & CATHETER	325.86	00	15								
03	50974	URETER ENDOSCOPY & BIOPSY	359.65										
07	50974	URETER ENDOSCOPY & BIOPSY	431.58	00	15								
03	50976	URETER ENDOSCOPY & TREATMENT	354.47										
07	50976	URETER ENDOSCOPY & TREATMENT	425.37	00	15								
03	50980	URETER ENDOSCOPY & TREATMENT	270.71										
07	50980	URETER ENDOSCOPY & TREATMENT	324.85	00	15								
02	51020	INCISE & TREAT BLADDER	67.96										
03	51020	INCISE & TREAT BLADDER	339.81										
07	51020	INCISE & TREAT BLADDER	407.77	00	15								
03	51030	INCISE & TREAT BLADDER	338.12										
07	51030	INCISE & TREAT BLADDER	405.74	00	15								
02	51040	INCISE & DRAIN BLADDER	42.32										
03	51040	INCISE & DRAIN BLADDER	211.62										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	51040	INCISE & DRAIN BLADDER	253.94	00 15								
02	51045	INCISE BLADDER, DRAIN URETER	67.90									
03	51045	INCISE BLADDER, DRAIN URETER	339.52									
07	51045	INCISE BLADDER, DRAIN URETER	407.42	00 15								
02	51050	REMOVAL OF BLADDER STONE	69.12									
03	51050	REMOVAL OF BLADDER STONE	345.59									
07	51050	REMOVAL OF BLADDER STONE	414.71	00 15								
02	51060	REMOVAL OF URETER STONE	85.24									
03	51060	REMOVAL OF URETER STONE	426.18									
07	51060	REMOVAL OF URETER STONE	511.42	00 15								
03	51065	REMOVAL OF URETER STONE	423.57									
07	51065	REMOVAL OF URETER STONE	508.28	00 15								
02	51080	DRAINAGE OF BLADDER ABSCESS	59.16									
03	51080	DRAINAGE OF BLADDER ABSCESS	295.82									
07	51080	DRAINAGE OF BLADDER ABSCESS	354.98	00 15								
03	51100	ASPIRATION OF BLADDER; BY NEEDLE	43.44									
07	51100	ASPIRATION OF BLADDER; BY NEEDLE	52.13	00 15								
03	51101	ASPIRATION OF BLADDER; BY TROCAR OR	87.24									
07	51101	ASPIRATION OF BLADDER; BY TROCAR OR	104.69	00 15								
03	51102	ASPIRATION OF BLADDER; WITH INSERTIO	168.14									
07	51102	ASPIRATION OF BLADDER; WITH INSERTIO	201.77	00 15								
02	51500	REMOVAL OF BLADDER CYST	91.98									
03	51500	REMOVAL OF BLADDER CYST	459.89									
07	51500	REMOVAL OF BLADDER CYST	551.86	00 15								
02	51520	REMOVAL OF BLADDER LESION	86.08									
03	51520	REMOVAL OF BLADDER LESION	430.39									
07	51520	REMOVAL OF BLADDER LESION	516.47	00 15								
02	51525	REMOVAL OF BLADDER LESION	126.83									
03	51525	REMOVAL OF BLADDER LESION	634.13									
07	51525	REMOVAL OF BLADDER LESION	760.96	00 15								
02	51530	REMOVAL OF BLADDER LESION	113.26									
03	51530	REMOVAL OF BLADDER LESION	566.29									
07	51530	REMOVAL OF BLADDER LESION	679.55	00 15								
02	51535	REPAIR OF URETER LESION	115.30									
03	51535	REPAIR OF URETER LESION	576.48									
07	51535	REPAIR OF URETER LESION	691.78	00 15								
02	51550	PARTIAL REMOVAL OF BLADDER	139.97									
03	51550	PARTIAL REMOVAL OF BLADDER	699.84									
07	51550	PARTIAL REMOVAL OF BLADDER	839.81	00 15								
02	51555	PARTIAL REMOVAL OF BLADDER	186.23									
03	51555	PARTIAL REMOVAL OF BLADDER	931.16									
07	51555	PARTIAL REMOVAL OF BLADDER	1,117.40	00 15								
02	51565	REVISE BLADDER & URETER(S)	190.20									
03	51565	REVISE BLADDER & URETER(S)	950.98									
07	51565	REVISE BLADDER & URETER(S)	1,141.17	00 15								
02	51570	REMOVAL OF BLADDER	217.23									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	51570	REMOVAL OF BLADDER	1,086.14									
07	51570	REMOVAL OF BLADDER	1,303.36	00 15								
02	51575	REMOVAL OF BLADDER & NODES	271.55									
03	51575	REMOVAL OF BLADDER & NODES	1,357.76									
07	51575	REMOVAL OF BLADDER & NODES	1,629.31	00 15								
02	51580	REMOVE BLADDER; REVISE TRACT	282.81									
03	51580	REMOVE BLADDER; REVISE TRACT	1,414.04									
07	51580	REMOVE BLADDER; REVISE TRACT	1,696.84	00 15								
02	51585	REMOVAL OF BLADDER & NODES	315.14									
03	51585	REMOVAL OF BLADDER & NODES	1,575.71									
07	51585	REMOVAL OF BLADDER & NODES	1,890.85	00 15								
02	51590	REMOVE BLADDER; REVISE TRACT	287.23									
03	51590	REMOVE BLADDER; REVISE TRACT	1,436.15									
07	51590	REMOVE BLADDER; REVISE TRACT	1,723.37	00 15								
02	51595	REMOVE BLADDER; REVISE TRACT	326.49									
03	51595	REMOVE BLADDER; REVISE TRACT	1,632.45									
07	51595	REMOVE BLADDER; REVISE TRACT	1,958.94	00 15								
02	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	350.83									
03	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	1,754.15									
07	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,104.98	00 15								
02	51597	PELVIC EXENTER.W/W/O HYSTERECTOMY	338.65		X							
03	51597	PELVIC EXENTERATION	1,693.26		X							
07	51597	PELVIC EXENTERATION	2,031.91	00 15	X							
03	51600	INJECTION FOR BLADDER X-RAY	130.70									
07	51600	INJECTION FOR BLADDER X-RAY	156.84	00 15								
03	51605	PREPARATION FOR BLADDER XRAY	28.25									
07	51605	PREPARATION FOR BLADDER XRAY	33.90	00 15								
03	51610	INJECTION FOR BLADDER X-RAY	77.83									
07	51610	INJECTION FOR BLADDER X-RAY	93.39	00 15								
03	51700	IRRIGATION OF BLADDER	61.35									X
07	51700	IRRIGATION OF BLADDER	73.62	00 15								X
03	51701	INSERTION NON-INDWELLNG BLADDR CATH	42.28									
07	51701	INSERTION NON-INDWELLNG BLADDR CATH	50.73	00 15								
03	51702	INSERT TEMP INDWELL BLADDER CATHETER	53.92									
07	51702	INSERT TEMP INDWELL BLADDER CATHETER	64.70	00 15								
03	51703	INSERT INDWELL BLADDER CATH;COMPLICA	99.17									
07	51703	INSERT INDWELL BLADDER CATH;COMPLICA	119.01	00 15								
03	51705	CHANGE OF BLADDER TUBE	79.19									
07	51705	CHANGE OF BLADDER TUBE	95.02	00 15								
03	51710	CHANGE OF BLADDER TUBE	111.86									
07	51710	CHANGE OF BLADDER TUBE	134.24	00 15								
03	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	210.73									
07	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	252.87	00 15								
03	51720	TREATMENT OF BLADDER LESION	83.85									
07	51720	TREATMENT OF BLADDER LESION	100.62	00 15								
03	51725	SIMPLE CYSTOMETROGRAM	152.53									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
05	51725	SIMPLE CYSTOMETROGRAM	61.01										
07	51725	SIMPLE CYSTOMETROGRAM	183.03	00	15								
03	51726	COMPLEX CYSTOMETROGRAM	219.94										
05	51726	COMPLEX CYSTOMETROGRAM	87.98										
07	51726	COMPLEX CYSTOMETROGRAM	263.93	00	15								
03	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	208.06										
05	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	83.22										
07	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	249.67	00	15								
03	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	207.08										
05	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	82.83										
07	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	248.50	00	15								
03	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	226.99										
05	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	90.80										
07	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	272.39	00	15								
03	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-	38.14										
05	51736	SIMPLE UROFLOWMETRY	15.26										
07	51736	SIMPLE UROFLOWMETRY	45.77	00	15								
03	51741	COMPLEX UROFLOWMETRY	61.04										
05	51741	COMPLEX UROFLOWMETRY	24.42										
07	51741	COMPLEX UROFLOWMETRY	73.25	00	15								
03	51784	ANAL/URINARY MUSCLE STUDY	140.48										
05	51784	ANAL/URINARY MUSCLE STUDY	56.19										
07	51784	ANAL/URINARY MUSCLE STUDY	168.58	00	15								
03	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	151.88										
05	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	60.75										
07	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	182.26	00	15								
03	51797	51797 VOIDING PRESSURE STUDIES, INTR	103.17										
05	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	41.27										
07	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	123.80	00	15								
03	51798	MEASURE POST-VOIDING RESIDUAL URINE	14.28										
07	51798	MEASURE POST-VOIDING RESIDUAL URINE	17.14	00	15								
02	51800	REVISION OF BLADDER/URETHRA	154.40										
03	51800	REVISION OF BLADDER/URETHRA	771.99										
07	51800	REVISION OF BLADDER/URETHRA	926.39	00	15								
02	51820	REVISION OF URINARY TRACT	158.15										
03	51820	REVISION OF URINARY TRACT	790.75										
07	51820	REVISION OF URINARY TRACT	948.90	00	15								
02	51840	ATTACH BLADDER/URETHRA	94.31										
03	51840	ATTACH BLADDER/URETHRA	471.54										
07	51840	ATTACH BLADDER/URETHRA	565.85	00	15								
02	51841	ATTACH BLADDER/URETHRA	112.00										
03	51841	ATTACH BLADDER/URETHRA	560.01										
07	51841	ATTACH BLADDER/URETHRA	672.01	00	15								
02	51845	ABCOMINO-VAGINAL VESICAL NECK SUSPEN	85.56										
03	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	427.78					F					
07	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	513.33	00	15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	51860	REPAIR OF BLADDER WOUND	104.99										
03	51860	REPAIR OF BLADDER WOUND	524.97										
07	51860	REPAIR OF BLADDER WOUND	629.96	00	15								
02	51865	REPAIR OF BLADDER WOUND	129.86										
03	51865	REPAIR OF BLADDER WOUND	649.31										
07	51865	REPAIR OF BLADDER WOUND	779.18	00	15								
02	51880	REPAIR OF BLADDER OPENING	67.91										
03	51880	REPAIR OF BLADDER OPENING	339.55										
07	51880	REPAIR OF BLADDER OPENING	407.46	00	15								
02	51900	REPAIR BLADDER/VAGINA LESION	120.51										
03	51900	REPAIR BLADDER/VAGINA LESION	602.57										
07	51900	REPAIR BLADDER/VAGINA LESION	723.08	00	15								
02	51920	CLOSE BLADDER-UTERUS FISTULA	111.44										
03	51920	CLOSE BLADDER-UTERUS FISTULA	557.21										
07	51920	CLOSE BLADDER-UTERUS FISTULA	668.65	00	15								
02	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	146.13			X		F		X			
03	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	730.63			X		F		X			
07	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	876.75	00	15	X		F		X			
02	51940	CORRECTION OF BLADDER DEFECT	238.78										
03	51940	CORRECTION OF BLADDER DEFECT	1,193.90										
07	51940	CORRECTION OF BLADDER DEFECT	1,432.67	00	15								
02	51960	REVISION OF BLADDER & BOWEL	205.19										
03	51960	REVISION OF BLADDER & BOWEL	1,025.94										
07	51960	REVISION OF BLADDER & BOWEL	1,231.13	00	15								
02	51980	CONSTRUCT BLADDER OPENING	104.89										
03	51980	CONSTRUCT BLADDER OPENING	524.45										
07	51980	CONSTRUCT BLADDER OPENING	629.34	00	15								
02	51990	LAPARO URETHRAL SUSPENSION	104.89										
03	51990	LAPARO URETHRAL SUSPENSION	544.46										
07	51990	LAPARO URETHRAL SUSPENSION	653.35	00	15								
02	51992	LAPARO SLING OPERATION	118.77										
03	51992	LAPARO SLING OPERATION	593.86										
07	51992	LAPARO SLING OPERATION	712.63	00	15								
03	51999	LAPAROSCOPE PROC, BLADDER	MP			X							
07	51999	LAPAROSCOPE PROC, BLADDER	MP	00	15	X							
03	52000	CYSTOSCOPY	148.97										
07	52000	CYSTOSCOPY	178.76	00	15								
03	52001	CYSTOSCOPY, REMOVAL OF CLOTS	279.35										
07	52001	CYSTOSCOPY, REMOVAL OF CLOTS	335.21	00	15								
03	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	203.11										
07	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	243.73	00	15								
03	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	374.85										
07	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	449.82	00	15								
03	52010	CYSTOSCOPY & DUCT CATHETER	281.99										
07	52010	CYSTOSCOPY & DUCT CATHETER	338.38	00	15								
03	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	307.39										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	368.87	00 15								
03	52214	CYSTOURETHROSCOPY WITH FULGURATION;	405.14									
07	52214	CYSTOURETHROSCOPY WITH FULGURATION;	486.16	00 15								
03	52224	CYSTOURETHROSCOPY WITH FULGURATION;	570.47									
07	52224	CYSTOURETHROSCOPY WITH FULGURATION;	684.56	00 15								
03	52234	CYSTOURETHROSCOPY WITH FULGURATION;	186.14									
07	52234	CYSTOURETHROSCOPY WITH FULGURATION;	223.36	00 15								
03	52235	CYSTOURETHROSCOPY WITH FULGURATION;	218.31									
07	52235	CYSTOURETHROSCOPY WITH FULGURATION;	261.97	00 15								
03	52240	CYSTOURETHROSCOPY WITH FULGURATION;	382.38									
07	52240	CYSTOURETHROSCOPY WITH FULGURATION;	458.86	00 15								
03	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	182.61									
07	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	219.13	00 15								
03	52260	CYSTOSCOPY & TREATMENT	157.64									
07	52260	CYSTOSCOPY & TREATMENT	189.17	00 15								
03	52265	CYSTOSCOPY & TREATMENT	295.97									
07	52265	CYSTOSCOPY & TREATMENT	355.17	00 15								
03	52270	CYSTOSCOPY & REVISE URETHRA	287.39									
07	52270	CYSTOSCOPY & REVISE URETHRA	344.87	00 15								
03	52275	CYSTOSCOPY & REVISE URETHRA	393.47									
07	52275	CYSTOSCOPY & REVISE URETHRA	472.16	00 15								
03	52276	CYSTOURETHROSCOPY W/DIRECT VISION	200.66									
07	52276	CYSTOURETHROSCOPY W/DIRECT VISION	240.80	00 15								
03	52277	CYSTOSCOPY AND TREATMENT	245.41									
07	52277	CYSTOSCOPY AND TREATMENT	294.49	00 15								
03	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	217.13									
07	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	260.55	00 15								
03	52282	CYSTOSCOPY, IMPLANT STENT	253.30									
07	52282	CYSTOSCOPY, IMPLANT STENT	303.96	00 15								
03	52283	CYSTOURETHROSCOPY, STEROID INJECTION	204.55									
07	52283	CYSTOURETHROSCOPY, STEROID INJECTION	245.46	00 15								
03	52285	CYSTOSCOPY AND TREATMENT	205.54									
07	52285	CYSTOSCOPY AND TREATMENT	246.65	00 15								
03	52290	CYSTOSCOPY AND TREATMENT	184.58									
07	52290	CYSTOSCOPY AND TREATMENT	221.49	00 15								
03	52300	CYSTOSCOPY AND TREATMENT	212.15									
07	52300	CYSTOSCOPY AND TREATMENT	254.57	00 15								
03	52301	CYSTOSCOPY AND TREATMENT	223.28									
07	52301	CYSTOSCOPY AND TREATMENT	267.94	00 15								
03	52305	CYSTOSCOPY AND TREATMENT	210.96									
07	52305	CYSTOSCOPY AND TREATMENT	253.15	00 15								
03	52310	CYSTOSCOPY AND TREATMENT	180.83									
07	52310	CYSTOSCOPY AND TREATMENT	216.99	00 15								
03	52315	CYSTOSCOPY AND TREATMENT	320.83									
07	52315	CYSTOSCOPY AND TREATMENT	384.99	00 15								
03	52317	LITHOLAPAXY,SIMPLE;SMALL	668.56									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	52317	LITHOLAPAXY,SIMPLE;SMALL	802.27	00 15								
03	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	359.96									
07	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	431.95	00 15								
03	52320	CYSTOSCOPY AND TREATMENT	186.60									
07	52320	CYSTOSCOPY AND TREATMENT	223.92	00 15								
03	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	243.00									
07	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	291.60	00 15								
03	52327	CYSTOSCOPY, INJECT MATERIAL	377.99									
07	52327	CYSTOSCOPY, INJECT MATERIAL	453.59	00 15								
03	52330	CYSTOSCOPY AND TREATMENT	542.32									
07	52330	CYSTOSCOPY AND TREATMENT	650.78	00 15								
03	52332	CYSTOURETHROSCOPY/INSERT STENT	334.55									
07	52332	CYSTOURETHROSCOPY/INSERT STENT	401.46	00 15								
03	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	193.93									
07	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	232.71	00 15								
03	52341	CYSTO W/URETER STRICTURE TX	220.40									
07	52341	CYSTO W/URETER STRICTURE TX	264.48	00 15								
03	52342	CYSTO W/UP STRICTURE TX	239.64									
07	52342	CYSTO W/UP STRICTURE TX	287.57	00 15								
03	52343	CYSTO W/RENAL STRICTURE TX	266.67									
07	52343	CYSTO W/RENAL STRICTURE TX	320.00	00 15								
03	52344	CYSTO/URETERO, STONE REMOVE	289.00									
07	52344	CYSTO/URETERO, STONE REMOVE	346.80	00 15								
03	52345	CYSTO/URETERO W/UP STRICTURE	308.24									
07	52345	CYSTO/URETERO W/UP STRICTURE	369.88	00 15								
03	52346	CYSTOURETERO W/RENAL STRICT	348.00									
07	52346	CYSTOURETERO W/RENAL STRICT	417.60	00 15								
03	52351	CYSTOURETRO & OR PYELOSCOPE	237.01									
07	52351	CYSTOURETRO & OR PYELOSCOPE	284.41	00 15								
03	52352	CYSTOURETRO W/STONE REMOVE	278.41									
07	52352	CYSTOURETRO W/STONE REMOVE	334.09	00 15								
03	52353	CYSTOURETERO W/LITHOTRIPSY	320.51									
07	52353	CYSTOURETERO W/LITHOTRIPSY	384.61	00 15								
03	52354	CYSTOURETERO W/BIOPSY	296.09									
07	52354	CYSTOURETERO W/BIOPSY	355.30	00 15								
03	52355	CYSTOURETERO W/EXCISE TUMOR	353.26									
07	52355	CYSTOURETERO W/EXCISE TUMOR	423.91	00 15								
03	52400	CYSTOURETERO W/CONGEN REPR	362.05			X						
07	52400	CYSTOURETERO W/CONGEN REPR	434.46	00 15		X						
03	52402	CYSTOURETHRO CUT EJACUL DUCT	204.22				M					
07	52402	CYSTOURETHRO CUT EJACUL DUCT	245.06	00 15			M					
03	52450	TRANSURETHRAL INCISION OF PROSTATE	342.68				M					
07	52450	TRANSURETHRAL INCISION OF PROSTATE	411.22	00 15			M					
03	52500	REVISION OF BLADDER NECK	358.38				M					
07	52500	REVISION OF BLADDER NECK	430.06	00 15			M					
03	52601	PROSTATECTOMY (TUR)	611.47				M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	52601	PROSTATECTOMY (TUR)	733.76	00	15			M					
03	52630	REMOVE PROSTATE REGROWTH	326.59					M					
07	52630	REMOVE PROSTATE REGROWTH	391.91	00	15			M					
03	52640	RELIEVE BLADDER CONTRACTURE	222.65					M					
07	52640	RELIEVE BLADDER CONTRACTURE	267.17	00	15			M					
03	52647	LASER SURGERY OF PROSTATE	1,500.06					M					
07	52647	LASER SURGERY OF PROSTATE	1,800.07	00	15			M					
03	52648	LASER SURGERY OF PROSTATE	1,534.24					M					
07	52648	LASER SURGERY OF PROSTATE	1,841.09	00	15			M					
03	52649	PROSTATE LASER ENUCLEATION	725.37				X	M					
07	52649	PROSTATE LASER ENUCLEATION	870.44	00	15		X	M					
03	52700	DRAINAGE OF PROSTATE ABSCESS	318.59					M					
07	52700	DRAINAGE OF PROSTATE ABSCESS	382.31	00	15			M					
03	53000	INCISION OF URETHRA	108.35										
07	53000	INCISION OF URETHRA	130.02	00	15								
03	53010	INCISION OF URETHRA	211.34										
07	53010	INCISION OF URETHRA	253.60	00	15								
03	53020	INCISION OF URETHRA	72.86	01	99								
07	53020	INCISION OF URETHRA	87.44	01	15								
03	53025	INCISION OF URETHRA	47.70	00	00								
07	53025	INCISION OF URETHRA	57.24	00	00								
03	53040	DRAINAGE OF URETHRA ABSCESS	287.59										
07	53040	DRAINAGE OF URETHRA ABSCESS	345.11	00	15								
03	53060	DRAINAGE OF URETHRA ABSCESS	126.65					F					
07	53060	DRAINAGE OF URETHRA ABSCESS	151.98	00	15			F					
03	53080	DRAINAGE OF URINARY LEAKAGE	317.92										
07	53080	DRAINAGE OF URINARY LEAKAGE	381.50	00	15								
02	53085	DRAINAGE OF URINARY LEAKAGE	91.15										
03	53085	DRAINAGE OF URINARY LEAKAGE	455.76										
07	53085	DRAINAGE OF URINARY LEAKAGE	546.91	00	15								
03	53200	BIOPSY OF URETHRA	114.31										
07	53200	BIOPSY OF URETHRA	137.17	00	15								
02	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	113.58					F					
03	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	567.92					F					
07	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	681.51	00	15			F					
02	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;	138.13					M					
03	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	690.67					M					
07	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	828.80	00	15			M					
03	53220	TREATMENT OF URETHRA LESION	330.22										
07	53220	TREATMENT OF URETHRA LESION	396.26	00	15								
02	53230	EXCISE URETHRAL DIVERTICULUM;F	88.32					F					
03	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	441.61					F					
07	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	529.93	00	15			F					
02	53235	EXCISE URETHRAL DIVERTICULUM;M	93.81					M					
03	53235	EXCISE URETHRAL DIVERTICULUM;MALE	469.07					M					
07	53235	EXCISE URETHRAL DIVERTICULUM;MALE	562.89	00	15			M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	314.41										
07	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	377.29	00	15								
03	53250	REMOVAL OF URETHRA GLAND	291.65										
07	53250	REMOVAL OF URETHRA GLAND	349.97	00	15								
03	53260	TREATMENT OF URETHRA LESION	144.66										
07	53260	TREATMENT OF URETHRA LESION	173.59	00	15								
03	53265	TREATMENT OF URETHRA LESION	159.84										
07	53265	TREATMENT OF URETHRA LESION	191.81	00	15								
03	53270	REMOVAL OF URETHRA GLAND	147.89					F					
07	53270	REMOVAL OF URETHRA GLAND	177.46	00	15			F					
03	53275	REPAIR OF URETHRA DEFECT	195.60										
07	53275	REPAIR OF URETHRA DEFECT	234.72	00	15								
02	53400	REVISE URETHRA, 1ST STAGE	118.12										
03	53400	REVISE URETHRA, 1ST STAGE	590.62										
07	53400	REVISE URETHRA, 1ST STAGE	708.74	00	15								
02	53405	REVISE URETHRA, 2ND STAGE	130.21										
03	53405	REVISE URETHRA, 2ND STAGE	651.05										
07	53405	REVISE URETHRA, 2ND STAGE	781.25	00	15								
03	53410	URETHROPLASTY...MALE ANTERIOR URETH.	726.61					M					
07	53410	URETHROPLASTY...MALE ANTERIOR URETH.	871.93	00	15			M					
02	53415	URETHROOPLASTY,TRANSPUBIC, ONE STAGE	167.85										
03	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	839.26										
07	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,007.11	00	15								
02	53420	RECONSTRUCT URETHRA, STAGE 1	119.49										
03	53420	RECONSTRUCT URETHRA, STAGE 1	597.43										
07	53420	RECONSTRUCT URETHRA, STAGE 1	716.91	00	15								
02	53425	RECONSTRUCT URETHRA, STAGE 2	140.04										
03	53425	RECONSTRUCT URETHRA, STAGE 2	700.19										
07	53425	RECONSTRUCT URETHRA, STAGE 2	840.23	00	15								
02	53430	URETHROPLASTY,RECON FEMALE URETHRA	139.94					F					
03	53430	URETHROPLASTY,RECON FEMALE URETHRA	699.72					F					
07	53430	URETHROPLASTY,RECON FEMALE URETHRA	839.66	00	15			F					
02	53431	RECONSTRUCT URETHRA/BLADDER	171.59										
03	53431	RECONSTRUCT URETHRA/BLADDER	857.96										
07	53431	RECONSTRUCT URETHRA/BLADDER	1,029.55	00	15								
02	53440	CORRECT MALE URIN.INCONT,W/W/O PROST	129.37					M					
03	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	646.87					M					
07	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	776.24	00	15			M					
02	53442	PERINEAL PROSTHESIS REMOVAL	113.76					M					
03	53442	PERINEAL PROSTHESIS REMOVAL	568.80					M					
07	53442	PERINEAL PROSTHESIS REMOVAL	682.56	00	15			M					
02	53444	INSERT TANDEM CUFF	117.84										
03	53444	INSERT TANDEM CUFF	589.20										
07	53444	INSERT TANDEM CUFF	707.04	00	15								
02	53445	PLMT INFLAT.URETH/BLADDER SPHI	252.00			X							
03	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00			X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00	00 15	X							
02	53446	REMOVE URO SPHINCTER	94.78			X						
03	53446	REMOVE URO SPHINCTER	473.92			X						
07	53446	REMOVE URO SPHINCTER	568.70	00 15		X						
03	53447	INFLATABLE SPHINCTER REMOVAL	MP			X						
07	53447	INFLATABLE SPHINCTER REMOVAL	752.18	00 15		X						
02	53448	REMOV/REPLC UR SPHINCTR COMP	190.46			X						
03	53448	REMOV/REPLC UR SPHINCTR COMP	952.28			X						
07	53448	REMOV/REPLC UR SPHINCTR COMP	1,142.73	00 15		X						
03	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00		X							
07	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00	00 15	X							
02	53450	REVISION OF URETHRA	59.77									
03	53450	REVISION OF URETHRA	298.86									
07	53450	REVISION OF URETHRA	358.63	00 15								
02	53460	REVISION OF URETHRA	67.26									
03	53460	REVISION OF URETHRA	336.32									
07	53460	REVISION OF URETHRA	403.59	00 15								
02	53500	URETHRLYS, TRANSVAG W/ SCOPE	108.65				F					
03	53500	URETHRLYS, TRANSVAG W/ SCOPE	543.23				F					
07	53500	URETHRLYS, TRANSVAG W/ SCOPE	651.87	00 15			F					
03	53502	URETHRORRHAPHY...SUTURE...,FEMALE	356.57				F					
07	53502	URETHRORRHAPHY...SUTURE...,FEMALE	427.89	00 15			F					
02	53505	URETHRORRHAPHY...SUTURE...;PEN	71.50				M					
03	53505	URETHRORRHAPHY...SUTURE...;PENILE	357.50				M					
07	53505	URETHRORRHAPHY...SUTURE...;PENILE	428.99	00 15			M					
02	53510	REPAIR OF URETHRA INJURY	93.23									
03	53510	REPAIR OF URETHRA INJURY	466.13									
07	53510	REPAIR OF URETHRA INJURY	559.36	00 15								
02	53515	REPAIR OF URETHRA INJURY	118.01									
03	53515	REPAIR OF URETHRA INJURY	590.06									
07	53515	REPAIR OF URETHRA INJURY	708.07	00 15								
02	53520	CLOSE URETHROSTOMY...FISTULE,	81.65				M					
03	53520	CLOSE URETHROSTOMY....FISTULE,MALE	408.23				M					
07	53520	CLOSE URETHROSTOMY....FISTULE,MALE	489.88	00 15			M					
03	53600	DILATE URETHRAL STRICTURE,MALE;INIT	62.69				M					
07	53600	DILATE URETHRAL STRICTURE,MALE;INIT	75.23	00 15			M					
03	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	60.26				M					
07	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	72.32	00 15			M					
03	53605	DILATE URETH STRICT...MALE	48.91				M					
07	53605	DILATE URETH STRICT...MALE	58.69	00 15			M					
03	53620	DILATE URETH STRICT.,MALE;INITIAL	89.23				M					
07	53620	DILATE URETH STRICT.,MALE;INITIAL	107.07	00 15			M					
03	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	83.82				M					
07	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	100.58	00 15			M					
03	53660	DILATE FEMALE URETHRA...;INITIAL	51.77				F					
07	53660	DILATE FEMALE URETHRA...;INITIAL	62.12	00 15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	51.56					F					
07	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	61.87	00	15			F					
03	53665	DILATE FEMALE URETHRA...	28.66					F					
07	53665	DILATE FEMALE URETHRA...	34.39	00	15			F					
03	53850	PROSTATIC MICROWAVE THERMOTX	1,712.78					M					
07	53850	PROSTATIC MICROWAVE THERMOTX	2,055.33	00	15			M					
03	53855	INSERTION OF A TEMPORARY PROSTATIC U	459.41					M					
07	53855	INSERTION OF A TEMPORARY PROSTATIC U	551.29	00	15			M					
02	53899	UROLOGY SURGERY PROCEDURE	MP			X							
03	53899	UROLOGY SURGERY PROCEDURE	MP			X							
07	53899	UROLOGY SURGERY PROCEDURE	MP	00	15	X							
03	54000	SLITTING OF PREPUCE	110.88	00	00			M					
07	54000	SLITTING OF PREPUCE	133.06	00	00			M					
03	54001	SLITTING OF PREPUCE	137.27					M					
07	54001	SLITTING OF PREPUCE	164.72	00	15			M					
03	54015	DRAIN PENIS LESION	228.63					M					
07	54015	DRAIN PENIS LESION	274.36	00	15			M					
03	54050	TREATMENT OF PENIS LESION	83.75					M					
07	54050	TREATMENT OF PENIS LESION	100.50	00	15			M					
03	54055	TREATMENT OF PENIS LESION	80.09					M					
07	54055	TREATMENT OF PENIS LESION	96.11	00	15			M					
03	54056	DESTROY PENILE LESION;CRYOSURGERY	87.07					M					
07	54056	DESTROY PENILE LESION;CRYOSURGERY	104.48	00	15			M					
03	54057	DESTROY PENILE LESION; LASER SURGERY	95.63					M					
07	54057	DESTROY PENILE LESION; LASER SURGERY	114.76	00	15			M					
03	54060	TREATMENT OF PENIS LESION	129.98					M					
07	54060	TREATMENT OF PENIS LESION	155.98	00	15			M					
03	54065	TREATMENT OF PENIS LESION	143.24					M					
07	54065	TREATMENT OF PENIS LESION	171.88	00	15			M					
03	54100	BIOPSY OF PENIS	130.28					M					
07	54100	BIOPSY OF PENIS	156.34	00	15			M					
03	54105	BIOPSY OF PENIS	198.83					M					
07	54105	BIOPSY OF PENIS	238.59	00	15			M					
02	54110	TREATMENT OF PENIS LESION	91.92					M					
03	54110	TREATMENT OF PENIS LESION	459.58					M					
07	54110	TREATMENT OF PENIS LESION	551.49	00	15			M					
02	54111	EXCISION OF PENILE PLAQUE/,5CM	119.04					M					
03	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	595.19					M					
07	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	714.23	00	15			M					
02	54112	EXCISION OF PENILE PLAQUE/>5CM	139.73					M					
03	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	698.63					M					
07	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	838.36	00	15			M					
02	54115	TREATMENT OF PENIS LESION	65.48					M					
03	54115	TREATMENT OF PENIS LESION	327.38					M					
07	54115	TREATMENT OF PENIS LESION	392.86	00	15			M					
02	54120	PARTIAL REMOVAL OF PENIS	92.87					M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	54120	PARTIAL REMOVAL OF PENIS	464.37					M					
07	54120	PARTIAL REMOVAL OF PENIS	557.24	00	15			M					
02	54125	REMOVAL OF PENIS	120.08					M					
03	54125	REMOVAL OF PENIS	600.41					M					
07	54125	REMOVAL OF PENIS	720.49	00	15			M					
02	54130	REMOVE PENIS & NODES	178.10					M					
03	54130	REMOVE PENIS & NODES	890.48					M					
07	54130	REMOVE PENIS & NODES	1,068.57	00	15			M					
02	54135	REMOVE PENIS & NODES	226.29					M					
03	54135	REMOVE PENIS & NODES	1,131.43					M					
07	54135	REMOVE PENIS & NODES	1,357.71	00	15			M					
03	54150	CIRCUMCISION USING CLAMP OR OTHER DE	120.09					M		X			
07	54150	CIRCUMCISION USING CLAMP OR OTHER DE	144.11	00	15			M		X			
03	54160	CIRCUMCISION	165.78	00	01			M		X			
07	54160	CIRCUMCISION	198.94	00	15			M		X			
03	54161	CIRCUMCISION	144.89					M		X			
07	54161	CIRCUMCISION	173.87	00	15			M		X			
03	54162	LYSIS PENIL CIRCUMCIS LESION	193.27					M					
07	54162	LYSIS PENIL CIRCUMCIS LESION	231.92	00	15			M					
03	54163	REPAIR OF CIRCUMCISION	158.12					M					
07	54163	REPAIR OF CIRCUMCISION	189.75	00	15			M					
03	54164	FRENULOTOMY OF PENIS	138.89					M					
07	54164	FRENULOTOMY OF PENIS	166.66	00	15			M					
03	54200	TREATMENT OF PENIS LESION	77.93					M					
07	54200	TREATMENT OF PENIS LESION	93.52	00	15			M					
02	54205	TREATMENT OF PENIS LESION	78.65					M					
03	54205	TREATMENT OF PENIS LESION	393.23					M					
07	54205	TREATMENT OF PENIS LESION	471.88	00	15			M					
03	54220	TREATMENT OF PENIS LESION	151.97					M					
07	54220	TREATMENT OF PENIS LESION	182.37	00	15			M					
03	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	70.72					M					
07	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	84.86	00	15			M					
03	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	102.98					M					
07	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	123.58	00	15			M					
03	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	65.24					M					
07	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	78.28	00	15			M					
02	54300	REVISION OF PENIS	95.71					M					
03	54300	REVISION OF PENIS	478.57					M					
07	54300	REVISION OF PENIS	574.28	00	15			M					
02	54304	REVISE PENIS/CORRECT CHORDER	112.20					M					
03	54304	PLASTIC OPERATION ON PENIS FOR CORRE	561.00					M					
07	54304	PLASTIC OPERATION ON PENIS FOR CORRE	673.20	00	15			M					
02	54308	URETHROPLASTY...; LESS THAN 3 CM	106.82					M					
03	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	534.11					M					
07	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	640.93	00	15			M					
02	54312	URETHROPLASTY...; MORE THAN 3 CM	123.86					M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	54312	URETHROPLASTY...; MORE THAN 3 CM	619.28				M					
07	54312	URETHROPLASTY...; MORE THAN 3 CM	743.14	00 15			M					
02	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	149.66				M					
03	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	748.28				M					
07	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	897.93	00 15			M					
03	54318	URETHROPLASTY/RELEASE FROM SCROTUM	541.94				M					
07	54318	URETHROPLASTY/RELEASE FROM SCROTUM	650.32	00 15			M					
03	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	584.70				M					
07	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	701.64	00 15			M					
02	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	145.43				M					
03	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	727.13				M					
07	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	872.55	00 15			M					
02	54326	1 STAGE REP,URETHROPLASTY-MOB	137.00				M					
03	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	684.99				M					
07	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	821.99	00 15			M					
02	54328	1 STAGE REP.CORRECT CHORDEE&UR	138.52				M					
03	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	692.59				M					
07	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	831.11	00 15			M					
02	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	151.62				M					
03	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	758.12				M					
07	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	909.75	00 15			M					
02	54336	1STAGE PERINEAL HYPOSPADIAS REPAIR	173.82				M					
03	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	869.11				M					
07	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,042.93	00 15			M					
02	54340	REP.HYPOSPADIAS COMPLICATIONS.	83.04				M					
03	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	415.18				M					
07	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	498.21	00 15			M					
02	54344	REP.HYPOSPADIAS COMPLICATION/F	144.09				M					
03	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	720.44				M					
07	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	864.52	00 15			M					
02	54348	REP HYPOSPADIAS COMPLICATION/EST DIS	152.40				M					
03	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	762.00				M					
07	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	914.40	00 15			M					
02	54352	REP HYPOSPADIAS CRIPPLE..EXTENSIVE	215.89				M					
03	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,079.47				M					
07	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,295.36	00 15			M					
02	54360	PLASTIC PENILE REPAIR/ANGULATION	107.69				M					
03	54360	PLASTIC PENILE REPAIR/ANGULATION	538.44				M					
07	54360	PLASTIC PENILE REPAIR/ANGULATION	646.13	00 15			M					
02	54380	REPAIR PENIS	119.34				M					
03	54380	REPAIR PENIS	596.70				M					
07	54380	REPAIR PENIS	716.04	00 15			M					
02	54385	REPAIR PENIS	143.50				M					
03	54385	REPAIR PENIS	717.48				M					
07	54385	REPAIR PENIS	860.98	00 15			M					
02	54390	REPAIR PENIS AND BLADDER	176.53				M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	54390	REPAIR PENIS AND BLADDER	882.63				M					
07	54390	REPAIR PENIS AND BLADDER	1,059.16	00 15			M					
02	54406	REMOVE MULTI-COMP PENIS PROS	108.14				M					
03	54406	REMOVE MULTI-COMP PENIS PROS	540.71				M				X	
07	54406	REMOVE MULTI-COMP PENIS PROS	648.85	00 15			M				X	
02	54408	REPAIR MULTI-COMP PENIS PROS	116.39				M					
03	54408	REPAIR MULTI-COMP PENIS PROS	581.93				M				X	
07	54408	REPAIR MULTI-COMP PENIS PROS	698.31	00 15			M				X	
02	54410	REMOVE/REPLACE PENIS PROSTH	127.88				M					
03	54410	REMOVE/REPLACE PENIS PROSTH	639.39				M				X	
07	54410	REMOVE/REPLACE PENIS PROSTH	767.27	00 15			M				X	
02	54411	REMV/REPLC PENIS PROS,COMP	151.23				M					
03	54411	REMV/REPLC PENIS PROS, COMP	756.17				M				X	
07	54411	REMV/REPLC PENIS PROS, COMP	907.40	00 15			M				X	
02	54415	REMOVE SELF -CONTD PENIS PROS	77.40				M					
03	54415	REMOVE SELF-CONTD PENIS PROS	387.01				M				X	
07	54415	REMOVE SELF-CONTD PENIS PROS	464.41	00 15			M				X	
02	54416	REMV/REPL PENIS CONTAIN PROS	103.79				M					
03	54416	REMV/REPL PENIS CONTAIN PROS	518.97				M				X	
07	54416	REMV/REPL PENIS CONTAIN PROS	622.76	00 15			M				X	
02	54417	REMV/REPLC PENIS PROS, COMPL	132.72				M					
03	54417	REMV/REPLC PENIS PROS, COMPL	663.59				M				X	
07	54417	REMV/REPLC PENIS PROS, COMPL	796.31	00 15			M				X	
02	54420	REVISION OF PENIS	104.72				M					
03	54420	REVISION OF PENIS	523.60				M					
07	54420	REVISION OF PENIS	628.32	00 15			M					
02	54430	REVISION OF PENIS	94.76				M					
03	54430	REVISION OF PENIS	473.81				M					
07	54430	REVISION OF PENIS	568.58	00 15			M					
03	54435	PENILE FISTULATION FOR PRIAPISM	305.41				M					
07	54435	PENILE FISTULATION FOR PRIAPISM	366.49	00 15			M					
02	54440	PLASTIC REPAIR-PENIS,FOR INJURY	66.38		X		M					
03	54440	PLASTIC REPAIR-PENIS,FOR INJURY	331.90		X		M					
07	54440	PLASTIC REPAIR-PENIS,FOR INJURY	331.90	00 15	X		M					
03	54450	PREPUTIAL STRETCHING	53.60				M					
07	54450	PREPUTIAL STRETCHING	64.32	00 15			M					
07	54500	BIOPSY OF TESTIS	67.37	00 15			M					X
03	54505	BIOPSY OF TESTIS	156.90				M					
07	54505	BIOPSY OF TESTIS	188.28	00 15			M					
03	54512	EXCISE LESION TESTIS	395.27				M					
07	54512	EXCISE LESION TESTIS	474.33	00 15			M					
03	54520	REMOVAL OF TESTIS	239.34				M					
07	54520	REMOVAL OF TESTIS	287.21	00 15			M					
02	54522	ORCHIECTOMY, PARTIAL	86.14				M					
03	54522	ORCHIECTOMY, PARTIAL	430.70				M					
07	54522	ORCHIECTOMY, PARTIAL	516.83	00 15			M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	54530	REMOVAL OF TESTIS	74.58				M					
03	54530	REMOVAL OF TESTIS	372.89				M					
07	54530	REMOVAL OF TESTIS	447.47	00 15			M					
02	54535	EXTENSIVE TESTIS SURGERY	108.77				M					
03	54535	EXTENSIVE TESTIS SURGERY	543.87				M					
07	54535	EXTENSIVE TESTIS SURGERY	652.64	00 15			M					
02	54550	PREPUTIAL STRETCHING	10.72				M					
03	54550	EXPLORATION FOR TESTIS	359.91				M					
07	54550	EXPLORATION FOR TESTIS	431.89	00 15			M					
02	54560	EXPLORATION FOR TESTIS	98.65				M					
03	54560	EXPLORATION FOR TESTIS	493.23				M					
07	54560	EXPLORATION FOR TESTIS	591.88	00 15			M					
03	54600	REDUCE TESTIS TORSION	332.16				M					
07	54600	REDUCE TESTIS TORSION	398.59	00 15			M					
03	54620	SUSPENSION OF TESTIS	223.55				M					
07	54620	SUSPENSION OF TESTIS	268.26	00 15			M					
03	54640	SUSPENSION OF TESTIS	341.57				M					
07	54640	SUSPENSION OF TESTIS	409.88	00 15			M					
02	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	105.30				M					
03	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	526.52				M					
07	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	631.82	00 15			M					
03	54660	REVISION OF TESTIS	260.08				M					
07	54660	REVISION OF TESTIS	312.09	00 15			M					
03	54670	REPAIR TESTIS INJURY	296.41				M					
07	54670	REPAIR TESTIS INJURY	355.69	00 15			M					
02	54680	RELOCATION OF TESTIS(ES)	116.29				M					
03	54680	RELOCATION OF TESTIS(ES)	581.43				M					
07	54680	RELOCATION OF TESTIS(ES)	697.72	00 15			M					
02	54690	LAPAROSCOPY, ORCHIECTOMY	94.23				M					
03	54690	LAPAROSCOPY, ORCHIECTOMY	471.15				M					
07	54690	LAPAROSCOPY, ORCHIECTOMY	565.38	00 15			M					
02	54692	LAPAROSCOPY, ORCHIOPEXY	115.07				M					
03	54692	LAPAROSCOPY, ORCHIOPEXY	575.36				M					
07	54692	LAPAROSCOPY, ORCHIOPEXY	690.44	00 15			M					
03	54699	LAPAROSCOPE PROC, TESTIS	MP		X		M					
07	54699	LAPAROSCOPE PROC, TESTIS	MP	00 15	X		M					
03	54700	DRAINAGE OF SCROTUM	154.91				M					
07	54700	DRAINAGE OF SCROTUM	185.89	00 15			M					
03	54800	BIOPSY OF EPIDIDYMIS	98.74				M					X
07	54800	BIOPSY OF EPIDIDYMIS	118.49	00 15			M					X
03	54830	REMOVE EPIDIDYMIS LESION	269.51				M					
07	54830	REMOVE EPIDIDYMIS LESION	323.41	00 15			M					
03	54840	REMOVE EPIDIDYMIS LESION	236.81				M					
07	54840	REMOVE EPIDIDYMIS LESION	284.18	00 15			M					
03	54860	REMOVAL OF EPIDIDYMIS	305.87				M					
07	54860	REMOVAL OF EPIDIDYMIS	367.05	00 15			M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	54861	REMOVAL OF EPIDIDYMES	414.67					M					
07	54861	REMOVAL OF EPIDIDYMES	497.60	00	15			M					
03	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	260.16					M					
07	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	312.19	00	15			M					
03	55000	DRAINAGE OF HYDROCELE	86.93					M					X
07	55000	DRAINAGE OF HYDROCELE	104.32	00	15			M					X
03	55040	REMOVAL OF HYDROCELE	246.43					M					
07	55040	REMOVAL OF HYDROCELE	295.71	00	15			M					
03	55041	REMOVAL OF HYDROCELES	371.17					M					
07	55041	REMOVAL OF HYDROCELES	445.40	00	15			M					
03	55060	REPAIR OF HYDROCELE	275.45					M					
07	55060	REPAIR OF HYDROCELE	330.54	00	15			M					
03	55100	DRAINAGE OF SCROTUM ABSCESS	153.10					M					
07	55100	DRAINAGE OF SCROTUM ABSCESS	183.72	00	15			M					
03	55110	SCROTAL EXPLORATION	280.07					M					
07	55110	SCROTAL EXPLORATION	336.09	00	15			M					
03	55120	REMOVAL OF SCROTUM LESION	256.67					M					
07	55120	REMOVAL OF SCROTUM LESION	308.00	00	15			M					
02	55150	REMOVAL OF SCROTUM	71.07					M					
03	55150	REMOVAL OF SCROTUM	355.34					M					
07	55150	REMOVAL OF SCROTUM	426.41	00	15			M					
03	55175	SCROTOPLASTY;	263.09					M					
07	55175	SCROTOPLASTY;	315.71	00	15			M					
03	55180	SCROTOPLASTY;	503.75					M					
07	55180	SCROTOPLASTY;	604.49	00	15			M					
03	55250	VASECTOMY, UNILATERAL OR BILATERAL	302.46	21	99	X		M					
03	55450	LIGATION OF VAS DEFERENS	272.25	21	99	X		M					
03	55500	REMOVAL OF HYDROCELE	274.29					M					
07	55500	REMOVAL OF HYDROCELE	329.15	00	15			M					
02	55520	REMOVAL OF SPERM CORD LESION	56.87					M					
03	55520	REMOVAL OF SPERM CORD LESION	284.37					M					
07	55520	REMOVAL OF SPERM CORD LESION	341.24	00	15			M					
03	55530	REVISE SPERMATIC CORD VEINS	258.59					M					
07	55530	REVISE SPERMATIC CORD VEINS	310.30	00	15			M					
02	55535	REVISE SPERMATIC CORD VEINS	62.52					M					
03	55535	REVISE SPERMATIC CORD VEINS	312.62					M					
07	55535	REVISE SPERMATIC CORD VEINS	375.14	00	15			M					
03	55540	REVISE HERNIA & SPERM VEINS	345.67					M					
07	55540	REVISE HERNIA & SPERM VEINS	414.80	00	15			M					
02	55550	LAPARO LIGATE SPERMATIC VEIN	62.11					M					X
03	55550	LAPARO LIGATE SPERMATIC VEIN	310.55					M					
07	55550	LAPARO LIGATE SPERMATIC VEIN	372.65	00	15			M					
03	55559	LAPARO PROC, SPERMATIC CORD	MP			X		M					
07	55559	LAPARO PROC, SPERMATIC CORD	MP	00	15	X		M					
02	55600	INCISE SPERM DUCT POUCH	62.56					M					
03	55600	INCISE SPERM DUCT POUCH	312.79					M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	55600	INCISE SPERM DUCT POUCH	375.35	00 15			M					
02	55605	INCISE SPERM DUCT POUCH	74.00				M					
03	55605	INCISE SPERM DUCT POUCH	370.01				M					
07	55605	INCISE SPERM DUCT POUCH	444.01	00 15			M					
02	55650	REMOVE SPERM DUCT POUCH	105.47				M					
03	55650	REMOVE SPERM DUCT POUCH	527.35				M					
07	55650	REMOVE SPERM DUCT POUCH	632.82	00 15			M					
02	55680	REMOVE SPERM POUCH LESION	49.80				M					
03	55680	REMOVE SPERM POUCH LESION	249.00				M					
07	55680	REMOVE SPERM POUCH LESION	298.80	00 15			M					
03	55700	BIOPSY OF PROSTATE	164.12				M					
07	55700	BIOPSY OF PROSTATE	196.94	00 15			M					
02	55705	BIOPSY OF PROSTATE	39.77				M					
03	55705	BIOPSY OF PROSTATE	198.83				M					
07	55705	BIOPSY OF PROSTATE	238.59	00 15			M					
03	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	280.03				M					
07	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	336.03	00 15			M					
02	55720	DRAINAGE OF PROSTATE ABSCESS	68.64				M					
03	55720	DRAINAGE OF PROSTATE ABSCESS	343.21				M					
07	55720	DRAINAGE OF PROSTATE ABSCESS	411.85	00 15			M					
02	55725	DRAINAGE OF PROSTATE ABSCESS	86.39				M					
03	55725	DRAINAGE OF PROSTATE ABSCESS	431.93				M					
07	55725	DRAINAGE OF PROSTATE ABSCESS	518.32	00 15			M					
02	55801	REMOVAL OF PROSTATE	161.30				M					
03	55801	REMOVAL OF PROSTATE	806.49				M					
07	55801	REMOVAL OF PROSTATE	967.79	00 15			M					
02	55810	EXTENSIVE PROSTATE SURGERY	195.32				M					
03	55810	EXTENSIVE PROSTATE SURGERY	976.59				M					
07	55810	EXTENSIVE PROSTATE SURGERY	1,171.91	00 15			M					
02	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	240.20				M					
03	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,200.99				M					
07	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,441.19	00 15			M					
02	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	263.46				M					
03	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,317.29				M					
07	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,580.75	00 15			M					
02	55821	REMOVAL OF PROSTATE	129.57				M					
03	55821	REMOVAL OF PROSTATE	647.85				M					
07	55821	REMOVAL OF PROSTATE	777.42	00 15			M					
02	55831	REMOVAL OF PROSTATE	140.49				M					
03	55831	REMOVAL OF PROSTATE	702.47				M					
07	55831	REMOVAL OF PROSTATE	842.97	00 15			M					
02	55840	EXTENSIVE PROSTATE SURGERY	199.18				M					
03	55840	EXTENSIVE PROSTATE SURGERY	995.90				M					
07	55840	EXTENSIVE PROSTATE SURGERY	1,195.08	00 15			M					
02	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	213.53				M					
03	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,067.64				M					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,281.17	00 15								
02	55845	EXTENSIVE PROSTATE SURGERY	244.59				M					
03	55845	EXTENSIVE PROSTATE SURGERY	1,222.96				M					
07	55845	EXTENSIVE PROSTATE SURGERY	1,467.55	00 15			M					
02	55860	EXPOSE PROSTATE-INSERT RADIOAC	130.00				M					
03	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	650.02				M					
07	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	780.02	00 15			M					
02	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	164.62				M					
03	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	823.11				M					
07	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	987.73	00 15			M					
02	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	199.33				M					
03	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	996.66				M					
07	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,195.99	00 15			M					
02	55866	LAPARO RADICAL PROSTATECTOMY	259.80				M					
03	55866	LAPARO RADICAL PROSTATECTOMY	1,299.02				M					
07	55866	LAPARO RADICAL PROSTATECTOMY	1,558.82	00 15			M					
03	55870	ELECTROEJACULATION	127.80				M					
07	55870	ELECTROEJACULATION	153.36	00 15			M					
03	55873	CRYOABLATE PROSTATE	847.06				M					
07	55873	CRYOABLATE PROSTATE	1,016.47	00 15			M					
03	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	563.20				M					
07	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	675.84	00 15			M					
03	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	103.19				M					
07	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	123.83	00 15			M					
02	55899	GENITAL SURGERY PROCEDURE	MP		X		M					
03	55899	GENITAL SURGERY PROCEDURE	MP		X		M					
07	55899	GENITAL SURGERY PROCEDURE	MP	00 15	X		M					
03	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	320.00									
07	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	384.00	00 15								
02	55970	INTERSEX SURGERY;MALE TO FEMALE	MP			X						
03	55970	INTERSEX SURGERY;MALE TO FEMALE	MP			X						
07	55970	INTERSEX SURGERY;MALE TO FEMALE	MP	00 15		X						
02	55980	INTERSEX SURGERY; FEMALE TO MALE	MP			X						
03	55980	INTERSEX SURGERY; FEMALE TO MALE	MP			X						
07	55980	INTERSEX SURGERY; FEMALE TO MALE	MP	00 15		X						
03	56405	INCISION AND DRAINAGE OF VULVA OR PE	72.57				F					
07	56405	INCISION AND DRAINAGE OF VULVA OR PE	87.08	00 15			F					
03	56420	DRAINAGE OF VULVA ABSCESS	82.61				F					X
07	56420	DRAINAGE OF VULVA ABSCESS	99.14	00 15			F					X
03	56440	SURGERY FOR VULVA LESION	124.28				F					
07	56440	SURGERY FOR VULVA LESION	149.14	00 15			F					
03	56441	LYSIS OF LABIAL ADHESIONS	100.22				F					
07	56441	LYSIS OF LABIAL ADHESIONS	120.26	00 15			F					
03	56442	HYMENOTOMY, SIMPLE INCISION	32.91				F					
07	56442	HYMENOTOMY, SIMPLE INCISION	39.49	00 15			F					
03	56501	DESTROY VULVA LESION(S);SIMPLE	86.17				F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	56501	DESTROY VULVA LESION(S);SIMPLE	103.40	00 15			F					
03	56515	TREATMENT OF VULVA LESIONS	148.35				F					
07	56515	TREATMENT OF VULVA LESIONS	178.02	00 15			F					
03	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	55.93				F					
07	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	67.11	00 15			F					
03	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	26.07				F					
07	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	31.28	00 15			F					
02	56620	PARTIAL REMOVAL OF VULVA	66.62				F					
03	56620	PARTIAL REMOVAL OF VULVA	333.11				F					
07	56620	PARTIAL REMOVAL OF VULVA	399.73	00 15			F					
02	56625	REMOVAL OF VULVA	80.48				F					
03	56625	REMOVAL OF VULVA	402.40				F					
07	56625	REMOVAL OF VULVA	482.88	00 15			F					
02	56630	EXTENSIVE VULVA SURGERY	118.10				F					
03	56630	EXTENSIVE VULVA SURGERY	590.48				F					
07	56630	EXTENSIVE VULVA SURGERY	708.57	00 15			F					
02	56631	VULVECTOMY, RADICAL, PARTIAL;	150.45				F					
03	56631	VULVECTOMY, RADICAL, PARTIAL;	752.27				F					
07	56631	VULVECTOMY, RADICAL, PARTIAL;	902.73	00 15			F					
02	56632	VULVECTOMY, RADICAL, PARTIAL;	174.33				F					
03	56632	VULVECTOMY, RADICAL, PARTIAL;	871.64				F					
07	56632	VULVECTOMY, RADICAL, PARTIAL;	1,045.97	00 15			F					
02	56633	VULVECTOMY, RADICAL, COMPLETE;	154.31				F					
03	56633	VULVECTOMY, RADICAL, COMPLETE;	771.56				F					
07	56633	VULVECTOMY, RADICAL, COMPLETE;	925.88	00 15			F					
02	56634	VULVECTOMY, RADICAL, COMPLETE;	163.12				F					
03	56634	VULVECTOMY, RADICAL, COMPLETE;	815.58				F					
07	56634	VULVECTOMY, RADICAL, COMPLETE;	978.70	00 15			F					
02	56637	VULVECTOMY, RADICAL, COMPLETE;	193.07				F					
03	56637	VULVECTOMY, RADICAL, COMPLETE;	965.33				F					
07	56637	VULVECTOMY, RADICAL, COMPLETE;	1,158.40	00 15			F					
02	56640	EXTENSIVE VULVA SURGERY	193.09				F					
03	56640	EXTENSIVE VULVA SURGERY	965.46				F					
07	56640	EXTENSIVE VULVA SURGERY	1,158.55	00 15			F					
02	56700	PARTIAL REMOVAL OF HYMEN	25.04				F					
03	56700	PARTIAL REMOVAL OF HYMEN	125.22				F					
07	56700	PARTIAL REMOVAL OF HYMEN	150.26	00 15			F					
03	56740	REMOVE VAGINA GLAND LESION	201.88				F					
07	56740	REMOVE VAGINA GLAND LESION	242.25	00 15			F					
02	56800	REPAIR OF VAGINA	33.15				F					
03	56800	REPAIR OF VAGINA	165.75				F					
07	56800	REPAIR OF VAGINA	198.90	00 15			F					
02	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	157.08				F					X
03	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	785.38				F					
07	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	942.45	00 15			F					
02	56810	PERINEOPLASTY, REPAIR OF PERIN	35.67									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	178.36										
07	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	214.03	00	15			F					
03	56820	EXAM OF VULVA W/SCOPE	74.37					F					
07	56820	EXAM OF VULVA W/SCOPE	89.24	00	15			F					
03	56821	EXAM/BIOPSY OF VULVA W/SCOPE	99.72					F					
07	56821	EXAM/BIOPSY OF VULVA W/SCOPE	119.66	00	15			F					
03	57000	EXPLORATION OF VAGINA	129.21					F					
07	57000	EXPLORATION OF VAGINA	155.05	00	15			F					
03	57010	DRAINAGE OF PELVIC ABSCESS	290.65					F					
07	57010	DRAINAGE OF PELVIC ABSCESS	348.78	00	15			F					
03	57020	DRAINAGE OF PELVIC FLUID	64.40					F					
07	57020	DRAINAGE OF PELVIC FLUID	77.27	00	15			F					
03	57022	I &D VAGINAL HEMATOMA, OB	112.79					F					
07	57022	I &D VAGINAL HEMATOMA, OB	135.35	00	15			F					
03	57023	I &D VAG HEMATOMA, TRAUMA	212.37					F					
07	57023	I &D VAG HEMATOMA, TRAUMA	254.84	00	15			F					
03	57061	DESTROY VAGINAL LESIONS;SIMPLE	74.78					F					
07	57061	DESTROY VAGINAL LESIONS;SIMPLE	89.74	00	15			F					
03	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	128.73					F					
07	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	154.48	00	15			F					
03	57100	BIOPSY OF VAGINA	59.35					F					
07	57100	BIOPSY OF VAGINA	71.22	00	15			F					
03	57105	BIOPSY OF VAGINA	90.27					F					
07	57105	BIOPSY OF VAGINA	108.32	00	15			F					
02	57106	REMOVE VAGINA WALL, PARTIAL	63.95					F					
03	57106	REMOVE VAGINA WALL, PARTIAL	319.74					F					
07	57106	REMOVE VAGINA WALL, PARTIAL	383.69	00	15			F					
02	57107	REMOVE VAGINA TISSUE/PARTIAL	191.84					F					
03	57107	REMOVE VAGINA TISSUE/PARTIAL	959.21					F					
07	57107	REMOVE VAGINA TISSUE/PARTIAL	1,151.05	00	15			F					
02	57109	VAGINECTOMY PARTIAL W/NODES	219.67					F					
03	57109	VAGINECTOMY PARTIAL W/NODES	1,098.35					F					
07	57109	VAGINECTOMY PARTIAL W/NODES	1,318.02	00	15			F					
02	57110	REMOVAL OF VAGINA	123.29					F					
03	57110	REMOVAL OF VAGINA	616.43					F					
07	57110	REMOVAL OF VAGINA	739.71	00	15			F					
02	57111	REMOVE VAGINA TISSUE/COMPL	221.71					F					
03	57111	REMOVE VAGINA TISSUE/COMPL	1,108.55					F					
07	57111	REMOVE VAGINA TISSUE/COMPL	1,330.26	00	15			F					
02	57112	VAGINECTOMY COMPLETE W/NODES	235.12					F					
03	57112	VAGINECTOMY COMPLETE W/NODES	1,175.60					F					
07	57112	VAGINECTOMY COMPLETE W/NODES	1,410.71	00	15			F					
02	57120	CLOSURE OF VAGINA	69.45					F					
03	57120	CLOSURE OF VAGINA	347.24					F					
07	57120	CLOSURE OF VAGINA	416.69	00	15			F					
02	57130	REMOVE VAGINA LESION	24.24					F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	57130	REMOVE VAGINA LESION	121.22					F					
07	57130	REMOVE VAGINA LESION	145.46	00	15			F					
03	57135	REMOVE VAGINA LESION	130.09					F					
07	57135	REMOVE VAGINA LESION	156.11	00	15			F					
03	57150	TREAT VAGINA INFECTION	33.67					F					X
07	57150	TREAT VAGINA INFECTION	40.40	00	15			F					X
03	57155	INSERT UTERI TANDEMS/OVOIDS	285.25					F					
07	57155	INSERT UTERI TANDEMS/OVOIDS	342.30	00	15			F					
03	57160	INSERTION OF PESSARY	51.19					F					
07	57160	INSERTION OF PESSARY	61.43	00	15			F					
03	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	46.51	10	60			F					
07	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	46.51	10	15			F					
03	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	93.94					F					
07	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	112.73	00	15			F					
02	57200	REPAIR OF VAGINA	39.85					F					
03	57200	REPAIR OF VAGINA	199.27					F					
07	57200	REPAIR OF VAGINA	239.12	00	15			F					
02	57210	REPAIR VAGINA/PERINEUM	49.65					F					
03	57210	REPAIR VAGINA/PERINEUM	248.24					F					
07	57210	REPAIR VAGINA/PERINEUM	297.88	00	15			F					
02	57220	REVISION OF URETHRA	43.04					F					
03	57220	REVISION OF URETHRA	215.20					F					
07	57220	REVISION OF URETHRA	258.24	00	15			F					
02	57230	REPAIR OF URETHRAL LESION	53.83					F					
03	57230	REPAIR OF URETHRAL LESION	269.15					F					
07	57230	REPAIR OF URETHRAL LESION	322.98	00	15			F					
02	57240	REPAIR BLADDER & VAGINA	89.71					F					
03	57240	REPAIR BLADDER & VAGINA	448.56					F					
07	57240	REPAIR BLADDER & VAGINA	538.27	00	15			F					
02	57250	REPAIR RECTUM & VAGINA	87.96					F					
03	57250	REPAIR RECTUM & VAGINA	439.78					F					
07	57250	REPAIR RECTUM & VAGINA	527.73	00	15			F					
02	57260	REPAIR OF VAGINA	109.97					F					
03	57260	REPAIR OF VAGINA	549.83					F					
07	57260	REPAIR OF VAGINA	659.79	00	15			F					
02	57265	EXTENSIVE REPAIR OF VAGINA	123.14					F					
03	57265	EXTENSIVE REPAIR OF VAGINA	615.71					F					
07	57265	EXTENSIVE REPAIR OF VAGINA	738.86	00	15			F					
02	57267	INSERT MESH/PELVIC FLR ADDON	37.61					F					
03	57267	INSERT MESH/PELVIC FLR ADDON	188.06					F					
07	57267	INSERT MESH/PELVIC FLR ADDON	225.67	00	15			F					
02	57268	REPAIR ENTEROCELE,VAGINAL APPR	65.08					F					
03	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	325.39					F					
07	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	390.47	00	15			F					
02	57270	REPAIR OF BOWEL POUCH	108.96					F					
03	57270	REPAIR OF BOWEL POUCH	544.78					F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	57270	REPAIR OF BOWEL POUCH	653.73	00 15			F					
02	57280	SUSPENSION OF VAGINA	132.51				F					
03	57280	SUSPENSION OF VAGINA	662.53				F					
07	57280	SUSPENSION OF VAGINA	795.03	00 15			F					
02	57282	FIXATION FOR VAGINAL PROLAPSE	69.28				F					
03	57282	FIXATION FOR VAGINAL PROLAPSE	346.41				F					
07	57282	FIXATION FOR VAGINAL PROLAPSE	415.69	00 15			F					
02	57283	COLPOPEXY, INTRAPERITONEAL	93.55				F					
03	57283	COLPOPEXY, INTRAPERITONEAL	467.76				F					
07	57283	COLPOPEXY, INTRAPERITONEAL	561.31	00 15			F					
02	57284	REPAIR PARAVAGINAL DEFECT	114.68									
03	57284	REPAIR PARAVAGINAL DEFECT	573.38				F					
07	57284	REPAIR PARAVAGINAL DEFECT	688.06	00 15			F					
02	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	90.82				F					
03	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	454.12				F					
07	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	544.94	00 15			F					
02	57287	REVISE/REMOVE SLING REPAIR	95.33				F					
03	57287	REVISE/REMOVE SLING REPAIR	476.63				F					
07	57287	REVISE/REMOVE SLING REPAIR	571.95	00 15			F					
02	57288	REPAIR BLADDER DEFECT	100.77				F					
03	57288	REPAIR BLADDER DEFECT	503.86				F					
07	57288	REPAIR BLADDER DEFECT	604.63	00 15			F					
02	57289	REPAIR BLADDER & VAGINA	105.98				F					
03	57289	REPAIR BLADDER & VAGINA	529.92				F					
07	57289	REPAIR BLADDER & VAGINA	635.90	00 15			F					
02	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP			X	F					
03	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP			X	F					
07	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	495.63	00 15		X	F					
02	57292	CONSTRUCT ARTIFICIAL VAG W/GRAFT	MP				F					
03	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	MP			X	F					
02	57295	CHANGE VAGINAL GRAFT	67.07				F					
03	57295	CHANGE VAGINAL GRAFT	335.35				F					
07	57295	CHANGE VAGINAL GRAFT	402.42	00 15			F					
02	57296	REVISION (INCLUDING REMOVAL) OF PROS	129.84				F					
03	57296	REVISION (INCLUDING REMOVAL) OF PROS	649.18				F					
07	57296	REVISION (INCLUDING REMOVAL) OF PROS	779.01	00 15			F					
02	57300	REPAIR RECTUM-VAGINA FISTULA	72.04				F					
03	57300	REPAIR RECTUM-VAGINA FISTULA	360.20				F					
07	57300	REPAIR RECTUM-VAGINA FISTULA	432.23	00 15			F					
02	57305	REPAIR RECTUM-VAGINA FISTULA	121.34				F					
03	57305	REPAIR RECTUM-VAGINA FISTULA	606.70				F					
07	57305	REPAIR RECTUM-VAGINA FISTULA	728.04	00 15			F					
02	57307	FISTULA REPAIR & COLOSTOMY	135.88				F					
03	57307	FISTULA REPAIR & COLOSTOMY	679.42				F					
07	57307	FISTULA REPAIR & COLOSTOMY	815.30	00 15			F					
02	57308	FISTULA REPAIR, TRANSPERINE	86.28				F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	57308	FISTULA REPAIR, TRANSPERINE	431.40				F					
07	57308	FISTULA REPAIR, TRANSPERINE	517.68	00 15			F					
02	57310	REPAIR URETHRA-VAGINA LESION	66.54				F					
03	57310	REPAIR URETHRA-VAGINA LESION	332.68				F					
07	57310	REPAIR URETHRA-VAGINA LESION	399.21	00 15			F					
02	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	76.12				F					
03	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	380.58				F					
07	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	456.70	00 15			F					
02	57320	REPAIR BLADDER-VAGINA LESION	75.91		X		F					
03	57320	REPAIR BLADDER-VAGINA LESION	379.55				F					
07	57320	REPAIR BLADDER-VAGINA LESION	455.45	00 15			F					
02	57330	REPAIR BLADDER-VAGINA LESION	108.29				F					
03	57330	REPAIR BLADDER-VAGINA LESION	541.46				F					
07	57330	REPAIR BLADDER-VAGINA LESION	649.76	00 15			F					
02	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	158.94				F					
03	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	794.71				F					
07	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	953.65	00 15			F					
03	57400	DILATE VAGINA UNDER ANESTHESIA	93.09		X		F					
07	57400	DILATE VAGINA UNDER ANESTHESIA	111.71	00 15	X		F					
03	57410	PELVIC EXAM UNDER ANESTHESIA	72.82		X		F					
07	57410	PELVIC EXAM UNDER ANESTHESIA	87.38	00 15	X		F					
03	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	107.90				F					
07	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	129.47	00 15			F					
03	57420	EXAM OF VAGINA W/SCOPE	78.26				F					
07	57420	EXAM OF VAGINA W/SCOPE	93.92	00 15			F					
03	57421	EXAM/BIOPSY OF VAG W/SCOPE	105.69				F					
07	57421	EXAM/BIOPSY OF VAG W/SCOPE	126.83	00 15			F					
02	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	126.87				F					
03	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	634.35				F					
07	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	761.22	00 15			F					
02	57425	LAPAROSCOPY, SURG, COLPOPEXY	133.86				F					
03	57425	LAPAROSCOPY, SURG, COLPOPEXY	669.29				F					
07	57425	LAPAROSCOPY, SURG, COLPOPEXY	803.14	00 15			F					
02	57426	REVISION (INCLUDING REMOVAL) OF PROS	124.76				F					
03	57426	REVISION (INCLUDING REMOVAL) OF PROS	623.79				F					
07	57426	REVISION (INCLUDING REMOVAL) OF PROS	748.55	00 15			F					
03	57452	EXAMINATION OF VAGINA	73.66				F					
07	57452	EXAMINATION OF VAGINA	88.39	00 15			F					
03	57454	VAGINA EXAMINATION & BIOPSY	104.93				F					
07	57454	VAGINA EXAMINATION & BIOPSY	125.92	00 15			F					
03	57455	BIOPSY OF CERVIX W/SCOPE	96.91				F					
07	57455	BIOPSY OF CERVIX W/SCOPE	116.29	00 15			F					
03	57456	ENDOCERV CURETTAGE W/SCOPE	91.45				F					
07	57456	ENDOCERV CURETTAGE W/SCOPE	109.74	00 15			F					
03	57460	COLPOSCOPY (VAGINOSCOPY);	195.67				F					
07	57460	COLPOSCOPY (VAGINOSCOPY);	234.80	00 15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	57461	CONZ OF CERVIX W/SCOPE, LEEP	220.47				F					
07	57461	CONZ OF CERVIX W/SCOPE, LEEP	264.56	00 15			F					
03	57500	BIOPSY OF CERVIX	86.18				F					
07	57500	BIOPSY OF CERVIX	103.42	00 15			F					
03	57505	ENDOCERVICAL CURETTAGE	67.06				F					
07	57505	ENDOCERVICAL CURETTAGE	80.47	00 15			F					
03	57510	CAUTERIZATION OF CERVIX	89.72				F					
07	57510	CAUTERIZATION OF CERVIX	107.67	00 15			F					
03	57511	CRYOCAUTERY OF CERVIX	97.15				F					
07	57511	CRYOCAUTERY OF CERVIX	116.58	00 15			F					
03	57513	LASER SURGERY	95.96				F					
07	57513	LASER SURGERY	115.16	00 15			F					
03	57520	BIOPSY OF CERVIX 10800	205.72				F					
07	57520	BIOPSY OF CERVIX 10800	246.86	00 15			F					
03	57522	CONIZATION OF CERVIX	176.45				F					
07	57522	CONIZATION OF CERVIX	211.74	00 15			F					
02	57530	REMOVAL OF CERVIX	46.36				F					
03	57530	REMOVAL OF CERVIX	231.81				F					
07	57530	REMOVAL OF CERVIX	278.17	00 15			F					
02	57531	REMOVAL OF CERVIX, RADICAL	233.03				F					
03	57531	REMOVAL OF CERVIX, RADICAL	1,165.17				F					
07	57531	REMOVAL OF CERVIX, RADICAL	1,398.20	00 15			F					
02	57540	REMOVAL OF RESIDUAL CERVIX	106.38				F					
03	57540	REMOVAL OF RESIDUAL CERVIX	531.92				F					
07	57540	REMOVAL OF RESIDUAL CERVIX	638.30	00 15			F					
02	57545	REMOVE CERVIX, REPAIR PELVIS	112.19				F					
03	57545	REMOVE CERVIX, REPAIR PELVIS	560.96				F					
07	57545	REMOVE CERVIX, REPAIR PELVIS	673.16	00 15			F					
02	57550	REMOVAL OF RESIDUAL CERVIX	54.85				F					
03	57550	REMOVAL OF RESIDUAL CERVIX	274.26				F					
07	57550	REMOVAL OF RESIDUAL CERVIX	329.11	00 15			F					
02	57555	REMOVE CERVIX, REPAIR VAGINA	81.53				F					
03	57555	REMOVE CERVIX, REPAIR VAGINA	407.66				F					
07	57555	REMOVE CERVIX, REPAIR VAGINA	489.19	00 15			F					
02	57556	REMOVE CERVIX, REPAIR BOWEL	77.57				F					
03	57556	REMOVE CERVIX, REPAIR BOWEL	387.87				F					
07	57556	REMOVE CERVIX, REPAIR BOWEL	465.44	00 15			F					
03	57558	DILATION AND CURETTAGE OF CERVICAL S	83.79				F					
07	57558	DILATION AND CURETTAGE OF CERVICAL S	100.55	00 15			F					
03	57700	REVISION OF CERVIX	204.08				F					
07	57700	REVISION OF CERVIX	244.90	00 15			F					
02	57720	REVISION OF CERVIX	41.17				F					
03	57720	REVISION OF CERVIX	205.85				F					
07	57720	REVISION OF CERVIX	247.01	00 15			F					
03	57800	DILATION OF CERVICAL CANAL	40.34				F					
07	57800	DILATION OF CERVICAL CANAL	48.40	00 15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	58100	BIOPSY OF UTERUS LINING	74.23					F					
07	58100	BIOPSY OF UTERUS LINING	89.07	00	15			F					
03	58110	BX DONE W/COLPOSCOPY ADD-ON	33.45					F					
07	58110	BX DONE W/COLPOSCOPY ADD-ON	40.14	00	15			F					
03	58120	DILATION AND CURETTAGE	167.63	12	99			F					
07	58120	DILATION AND CURETTAGE,NONOBSTETRICA	201.16	12	15			F					
02	58140	REMOVAL OF UTERUS LESION	124.97					F					
03	58140	REMOVAL OF UTERUS LESION	624.84					F					
07	58140	REMOVAL OF UTERUS LESION	749.81	00	15			F					
02	58145	REMOVAL OF UTERUS LESION	73.62					F					
03	58145	REMOVAL OF UTERUS LESION	368.12					F					
07	58145	REMOVAL OF UTERUS LESION	441.74	00	15			F					
02	58146	MYOMECTOMY ABDOM COMPLEX	159.36					F					
03	58146	MYOMECTOMY ABDOM COMPLEX	796.80					F					
07	58146	MYOMECTOMY ABDOM COMPLEX	956.16	00	15			F					
02	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	135.33			X		F		X			
03	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	676.66			X		F		X			
07	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	811.99	00	15	X		F		X			
02	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	171.09			X		F		X			
03	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	855.44			X		F		X			
07	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,026.53	00	15	X		F		X			
02	58180	SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	129.72			X		F		X			
03	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	648.59			X		F		X			
07	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	778.30	00	15	X		F		X			
02	58200	TAH,W/PART.VAGINECTOMY,...BX	179.25			X		F		X			
03	58200	TAH,W/PART.VAGINECTOMY,...BX	896.24			X		F		X			
07	58200	TAH,W/PART.VAGINECTOMY,...BX	1,075.48	00	15	X		F		X			
02	58210	RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	238.82			X		F		X			
03	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,194.10			X		F		X			
07	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,432.92	00	15	X		F		X			
02	58240	PELVIC EXENTERATION/MALIG,W/TAH.....	374.01			X		F		X			
03	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	1,870.04			X		F		X			
07	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,244.04	00	15	X		F		X			
02	58260	VAGINAL HYSTERECTOMY	112.87			X		F		X			
03	58260	VAGINAL HYSTERECTOMY	564.37			X		F		X			
07	58260	VAGINAL HYSTERECTOMY	677.24	00	15	X		F		X			
02	58262	VAGINAL HYST WITH REMOVAL OF TUBES	126.28			X		F		X			
03	58262	VAGINAL HYST WITH REMOVAL OF TUBES	631.40			X		F		X			
07	58262	VAGINAL HYST WITH REMOVAL OF TUBES	757.68	00	15	X		F		X			
02	58263	VAGN HYST W REM OF TUB A OVARY WITH	136.12			X		F		X			
03	58263	VAGN HYST W REM OF TUB A OVARY WITH	680.60			X		F		X			
07	58263	VAGN HYST W REM OF TUB A OVARY WITH	816.72	00	15	X		F		X			
02	58267	VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	144.67			X		F		X			
03	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	723.33			X		F		X			
07	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	868.00	00	15	X		F		X			
02	58270	VAG HYSTERECT;REPAIR ENTEROCELE	121.12			X		F		X			

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	58270	VAG HYSTERECT;REPAIR ENTEROCELE	605.62			X		F		X			
07	58270	VAG HYSTERECT;REPAIR ENTEROCELE	726.74	00	15	X		F		X			
02	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	134.75			X		F		X			
03	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	673.76			X		F		X			
07	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	808.51	00	15	X		F		X			
02	58280	VAG HYSTERECT; REPAIR ENTEROCELE	144.27			X		F		X			
03	58280	VAG HYSTERECT;REPAIR ENTEROCELE	721.33			X		F		X			
07	58280	VAG HYSTERECT;REPAIR ENTEROCELE	865.59	00	15	X		F		X			
02	58285	VAGINAL HYSTERECTOMY; RADICAL	181.45			X		F		X			
03	58285	VAGINAL HYSTERECTOMY;RADICAL	907.26			X		F		X			
07	58285	VAGINAL HYSTERECTOMY;RADICAL	1,088.71	00	15	X		F		X			
02	58290	VAG HYST COMPLEX	158.60			X		F		X			
03	58290	VAG HYST COMPLEX	792.99			X		F		X			
07	58290	VAG HYST COMPLEX	951.59	00	15	X		F		X			
02	58291	VAG HYST INCL T/O, COMPLEX	172.43			X		F		X			
03	58291	VAG HYST INCL T/O, COMPLEX	862.16			X		F		X			
07	58291	VAG HYST INCL T/O, COMPLEX	1,034.60	00	15	X		F		X			
02	58292	VAG HYST T/O & REPAIR, COMPL	181.80			X		F		X			
03	58292	VAG HYST T/O & REPAIR, COMPL	908.99			X		F		X			
07	58292	VAG HYST T/O & REPAIR, COMPL	1,090.78	00	15	X		F		X			
02	58293	VAG HYST W/URO REPAIR, COMPL	188.82			X		F		X			
03	58293	VAG HYST W/URO REPAIR, COMPL	944.09			X		F		X			
07	58293	VAG HYST W/URO REPAIR, COMPL	1,132.90	00	15	X		F		X			
02	58294	VAG HYST W/ENTEROCELE, COMPL	167.57			X		F		X			
03	58294	VAG HYST W/ENTEROCELE, COMPL	837.87			X		F		X			
07	58294	VAG HYST W/ENTEROCELE, COMPL	1,005.44	00	15	X		F		X			
03	58300	INSERT INTRAUTERINE DEVICE	52.56	10	60			F					
07	58300	INSERT INTRAUTERINE DEVICE	71.16	10	15			F					
03	58301	REMOVE INTRAUTERINE DEVICE	64.58	10	60			F					
07	58301	REMOVE INTRAUTERINE DEVICE	64.58	10	15			F					
03	58340	INJECT FOR UTERUS/TUBE X-RAY	82.74	21	59	X		F		X			
03	58346	INSERT HEYMAN UTERI CAPSULE	308.00					F					
07	58346	INSERT HEYMAN UTERI CAPSULE	369.59	00	15			F					
03	58353	ENDOMETR ABLATE, THERMAL	718.50			X		F					
07	58353	ENDOMETR ABLATE, THERMAL	862.20	00	15	X		F					
03	58356	ENDOMETRIAL CRYOABLATION	1,316.38			X		F					
07	58356	ENDOMETRIAL CRYOABLATION	1,579.65	00	15	X		F					
02	58400	UTERINE SUSPENSION	60.67					F					
03	58400	UTERINE SUSPENSION	303.35					F					
07	58400	UTERINE SUSPENSION	364.02	00	15			F					
02	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	109.42					F					
03	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	547.12					F					
07	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	656.54	00	15			F					
02	58520	REPAIR OF RUPTURED UTERUS	106.94					F					
03	58520	REPAIR OF RUPTURED UTERUS	534.68					F					
07	58520	REPAIR OF RUPTURED UTERUS	641.61	00	15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	58540	REVISION OF UTERUS	124.34					F					
03	58540	REVISION OF UTERUS	621.71					F					
07	58540	REVISION OF UTERUS	746.06	00	15			F					
02	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	117.19			X		F		X			
03	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	585.94			X		F		X			
07	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	703.13	00	15	X		F		X			
02	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	130.01			X		F		X			
03	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	650.03			X		F		X			
07	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	780.04	00	15	X		F		X			
02	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	132.21			X		F		X			
03	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	661.04			X		F		X			
07	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	793.25	00	15	X		F		X			
02	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	143.00			X		F		X			
03	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	714.98			X		F		X			
07	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	857.98	00	15	X		F		X			
02	58545	LAPAROSCOPIC MYOMECTOMY	122.53					F					
03	58545	LAPAROSCOPIC MYOMECTOMY	612.63					F					
07	58545	LAPAROSCOPIC MYOMECTOMY	735.16	00	15			F					
02	58546	LAPARO-MYOMECTOMY, COMPLEX	155.53					F					
03	58546	LAPARO-MYOMECTOMY, COMPLEX	777.66					F					
07	58546	LAPARO-MYOMECTOMY, COMPLEX	933.19	00	15			F					
02	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	242.71			X		F		X			
03	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,213.53			X		F		X			
07	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,456.24	00	15	X		F		X			
02	58550	LAPARO-ASST VAG HYSTERECTOMY	120.78			X		F					
03	58550	LAPARO-ASST VAG HYSTERECTOMY	603.91			X		F					
07	58550	LAPARO-ASST VAG HYSTERECTOMY	724.69	00	15	X		F					
02	58552	LAPARO-VAG HYST INCL T/O	133.14			X		F		X			
03	58552	LAPARO-VAG HYST INCL T/O	665.69			X		F		X			
07	58552	LAPARO-VAG HYST INCL T/O	798.83	00	15	X		F		X			
02	58553	LAPARO-VAG HYST, COMPLEX	156.32			X		F		X			
03	58553	LAPARO-VAG HYST, COMPLEX	781.61			X		F		X			
07	58553	LAPARO-VAG HYST, COMPLEX	937.94	00	15	X		F		X			
02	58554	LAPARO-VAG HYST W/T/O, COMPL	178.60			X		F		X			
03	58554	LAPARO-VAG HYST W/T/O, COMPL	892.98			X		F		X			
07	58554	LAPARO-VAG HYST W/T/O, COMPL	1,071.58	00	15	X		F		X			
03	58555	HYSTEROSCOPY, DX, SEP PROC	162.19			X		F					
07	58555	HYSTEROSCOPY, DX, SEP PROC	194.63	00	15	X		F					
03	58558	HYSTEROSCOPY, BIOPSY	220.11			X		F					
07	58558	HYSTEROSCOPY, BIOPSY	264.13	00	15	X		F					
03	58559	HYSTEROSCOPY, LYSIS	239.35			X		F					
07	58559	HYSTEROSCOPY, LYSIS	287.22	00	15	X		F					
02	58560	HYSTEROSCOPY, RESECT SEPTUM	54.12					F					
03	58560	HYSTEROSCOPY, RESECT SEPTUM	270.62			X		F					
07	58560	HYSTEROSCOPY, RESECT SEPTUM	324.75	00	15	X		F					
03	58561	HYSTEROSCOPY, REMOVE MYOMA	383.50			X		F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	58561	HYSTEROSCOPY, REMOVE MYOMA	460.20	00 15	X		F					
03	58562	HYSTEROSCOPY, REMOVE FB	233.52		X		F					
07	58562	HYSTEROSCOPY, REMOVE FB	280.22	00 15	X		F					
03	58563	HYSTEROSCOPY, ABLATION	1,171.05		X		F					
07	58563	HYSTEROSCOPY, ABLATION	1,405.26	00 15	X		F					
03	58565	HYSTEROSCOPY, STERILIZATION	1,250.19	21 59	X		F		X			
02	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	125.91		X		F		X			
03	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	629.55		X		F		X			
07	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	755.46	00 15	X		F		X			
02	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	138.17		X		F		X			
03	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	690.86		X		F		X			
07	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	829.03	00 15	X		F		X			
02	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	156.85		X		F		X			
03	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	784.23		X		F		X			
07	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	941.08	00 15	X		F		X			
02	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	177.22		X		F		X			
03	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	886.10		X		F		X			
07	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,063.31	00 15	X		F		X			
03	58578	LAPARO PROC, UTERUS	MP		X		F					
07	58578	LAPARO PROC, UTERUS	MP	00 15	X		F					
03	58579	HYSTEROSCOPE PROCEDURE	MP		X		F					
07	58579	HYSTEROSCOPE PROCEDURE	MP	00 15	X		F					
02	58600	DIVISION OF FALLOPIAN TUBES	49.33	21 55	X		F					
03	58600	DIVISION OF FALLOPIAN TUBE	246.64	21 55	X		F					
03	58605	DIVISION OF FALLOPIAN TUBE	223.94	21 55	X		F					
02	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	10.90	21 55	X		F					
03	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	54.49	21 55	X		F					
03	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	169.36	21 55	X		F					
02	58660	LAPAROSCOPY,LYSIS	92.18		X		F					
03	58660	LAPAROSCOPY, LYSIS	460.88		X		F					
07	58660	LAPAROSCOPY, LYSIS	553.06	00 15	X		F					
02	58661	LAPAROSCOPY,REMOVE ADNEXA	88.69		X		F					
03	58661	LAPAROSCOPY, REMOVE ADNEXA	443.45		X		F					
07	58661	LAPAROSCOPY, REMOVE ADNEXA	532.13	00 15	X		F					
02	58662	LAPAROSCOPY,EXCISE LESIONS	96.81		X		F					
03	58662	LAPAROSCOPY, EXCISE LESIONS	484.06		X		F					
07	58662	LAPAROSCOPY, EXCISE LESIONS	580.87	00 15	X		F					
03	58670	LAPAROSCOPY, TUBAL CAUTERY	248.30	10 59	X		F					
07	58670	LAPAROSCOPY, TUBAL CAUTERY	248.30	10 15	X		F					
03	58671	LAPAROSCOPY, TUBAL BLOCK	248.31		X		F					
07	58671	LAPAROSCOPY, TUBAL BLOCK	248.31	00 15	X		F					
02	58673	LAPAROSCOPY,SALPINGOSTOMY	111.01		X							
03	58673	LAPAROSCOPY, SALPINGOSTOMY	555.06		X		F				X	
07	58673	LAPAROSCOPY, SALPINGOSTOMY	666.07	00 15	X		F				X	
03	58679	LAPARO PROC, OVIDUCT-OVARY	MP		X		F					
07	58679	LAPARO PROC, OVIDUCT-OVARY	MP	00 15	X		F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	58700	REMOVAL OF FALLOPIAN	104.11			X		F					
03	58700	REMOVAL OF FALLOPIAN TUBE	520.55			X		F					
07	58700	REMOVAL OF FALLOPIAN TUBE	624.66	00	15	X		F					
02	58720	REMOVAL OF OVARY/TUBE(S)	97.81			X		F					
03	58720	REMOVAL OF OVARY/TUBE(S)	489.03			X		F					
07	58720	REMOVAL OF OVARY/TUBE(S)	586.84	00	15	X		F					
03	58800	DRAINAGE OF OVARIAN CYST(S)	213.93					F					
07	58800	DRAINAGE OF OVARIAN CYST(S)	256.72	00	15			F					
02	58805	DRAINAGE OF OVARIAN CYST(S)	54.73					F					
03	58805	DRAINAGE OF OVARIAN CYST(S)	273.65					F					
07	58805	DRAINAGE OF OVARIAN CYST(S)	328.37	00	15			F					
02	58820	DRAINAGE OF OVARIAN ABSCESS	42.09					F					
03	58820	DRAINAGE OF OVARIAN ABSCESS	210.43					F					
07	58820	DRAINAGE OF OVARIAN ABSCESS	252.51	00	15			F					
02	58822	DRAINAGE OF OVARIAN ABSCESS	95.74					F					
03	58822	DRAINAGE OF OVARIAN ABSCESS	478.70					F					
07	58822	DRAINAGE OF OVARIAN ABSCESS	574.43	00	15			F					
03	58823	PERCUT DRAIN PELVIC ABSCESS	577.65					F					
07	58823	PERCUT DRAIN PELVIC ABSCESS	693.18	00	15			F					
02	58825	TRANSPOSITION, OVARY(S)	94.98					F					
03	58825	TRANSPOSITION, OVARY(S)	474.92			X		F					
07	58825	TRANSPOSITION, OVARY(S)	569.91	00	15	X		F					
02	58900	BIOPSY OF OVARY(S)	55.84					F					
03	58900	BIOPSY OF OVARY(S)	279.20					F					
07	58900	BIOPSY OF OVARY(S)	335.03	00	15			F					
02	58920	PARTIAL REMOVAL OF OVARY(S)	95.87					F					
03	58920	PARTIAL REMOVAL OF OVARY(S)	479.33					F					
07	58920	PARTIAL REMOVAL OF OVARY(S)	575.19	00	15			F					
02	58925	REMOVAL OF OVARIAN CYST(S)	99.78										
03	58925	REMOVAL OF OVARIAN CYST(S)	498.89										
07	58925	REMOVAL OF OVARIAN CYST(S)	598.66	00	15								
02	58940	REMOVAL OF OVARY(S)	68.03			X		F					
03	58940	REMOVAL OF OVARY(S)	340.16			X		F					
07	58940	REMOVAL OF OVARY(S)	408.20	00	15	X		F					
02	58943	OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	152.97			X		F					
03	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	764.84			X		F					
07	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	917.81	00	15	X		F					
02	58950	RES OVAR MALIG,BILAT SALP/OOPH/OMENT	145.57					F					
03	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	727.87					F					
07	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	873.44	00	15			F					
02	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	188.14			X		F		X			
03	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	940.68			X		F		X			
07	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,128.82	00	15	X		F		X			
02	58952	SEE 58950.W/RAD DISSECT FOR DEBULK	212.23					F					
03	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,061.17					F					
07	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,273.40	00	15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	58953	TAH, RAD DISSECT FOR DEBULK	263.58			X		F					
03	58953	TAH, RAD DISSECT FOR DEBULK	1,317.92			X		F					
07	58953	TAH, RAD DISSECT FOR DEBULK	1,581.50	00	15	X		F					
02	58954	TAH RAD DEBULK/LYMPH REMOVE	286.20			X		F					
03	58954	TAH RAD DEBULK/LYMPH REMOVE	1,431.02			X		F					
07	58954	TAH RAD DEBULK/LYMPH REMOVE	1,717.22	00	15	X		F					
02	58956	BSO, OMENTECTOMY W/TAH	186.25			X		F		X			
03	58956	BSO, OMENTECTOMY W/TAH	931.26			X		F		X			
07	58956	BSO, OMENTECTOMY W/TAH	1,117.51	00	15	X		F		X			
02	58957	RESECTION (TUMOR DEBULKING) OF RECUR	202.82					F					
03	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,014.08					F					
07	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,216.89	00	15			F					
02	58958	RESECTION (TUMOR DEBULKING) OF RECUR	225.48					F					
03	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,127.42					F					
07	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,352.90	00	15			F					
02	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	125.81					F					
03	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	629.07					F					
07	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	754.88	00	15			F					
02	58999	GENITAL SURGERY PROCEDURE	MP			X							
03	58999	GENITAL SURGERY PROCEDURE	MP			X							
07	58999	GENITAL SURGERY PROCEDURE	MP	00	15	X							
03	59000	AMNIOCENTESIS	86.11	10	60			F					X
07	59000	AMNIOCENTESIS	103.33	10	15			F					X
03	59001	AMNIOCENTESIS, THERAPEUTIC	129.63	10	60			F					
07	59001	AMNIOCENTESIS, THERAPEUTIC	155.56	10	15			F					
03	59012	CORDOCENTESIS,ANY METHOD	143.48	10	60			F					
07	59012	CORDECENTESIS, ANY METHOD	172.17	10	15			F					
03	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	107.21	10	60			F	X				
07	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	128.65	10	15			F	X				
03	59020	FETAL OXYTOCIN STRESS TEST	47.64	10	60	X		F	X				
05	59020	FETAL OXYTOCIN STRESS TEST	19.06	10	60	X		F	X				
07	59020	FETAL OXYTOCIN STRESS TEST	57.17	10	15	X		F	X				
03	59025	FETAL NON-STRESS TEST	31.73	10	60	X		F					
05	59025	FETAL NON-STRESS TEST	12.69	10	60	X		F					
07	59025	FETAL NON-STRESS TEST	38.08	10	15	X		F					
03	59030	FETAL SCALP BLOOD SAMPLE	80.13	10	60			F					
07	59030	FETAL SCALP BLOOD SAMPLE	96.16	10	15			F					
03	59050	INTERNAL FETAL MONITORING/CONSULTAN	35.79	10	60	X		F					
07	59050	INTERNAL FETAL MONITORING/CONSULTANT	42.95	10	15	X		F					
03	59051	FETAL MONITOR/INTERPRET ONL	29.58	10	60			F					
07	59051	FETAL MONITOR/INTERPRET ONL	35.50	10	15			F					
03	59070	TRANSABDOM AMNIOINFUS W/ US	262.50	10	60			F					
07	59070	TRANSABDOM AMNIOINFUS W/ US	315.00	10	15			F					
02	59074	FETAL FLUID DRAINAGE W/US	49.94					F					
03	59074	FETAL FLUID DRAINAGE W/ US	249.68	10	60			F					
07	59074	FETAL FLUID DRAINAGE W/ US	299.61	10	15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	59076	FETAL SHUNT PLACEMENT, W/US	63.80					F					
03	59076	FETAL SHUNT PLACEMENT, W/ US	319.01	10	60			F					
07	59076	FETAL SHUNT PLACEMENT, W/ US	382.81	10	15			F					
02	59100	REMOVE UTERUS LESION	113.90	00	60	X		F					
03	59100	REMOVE UTERUS LESION	569.51	00	60	X		F					
07	59100	REMOVE UTERUS LESION	683.42	00	15	X		F					
02	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	108.63	10	60	X		F					
03	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	543.13	10	60	X		F					
07	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	651.75	10	15	X		F					
02	59121	SURG TX ECTOPIC PG;TUBAL W/O SALP-OO	109.21	10	60	X		F					
03	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	546.03	10	60	X		F					
07	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	655.24	10	15	X		F					
02	59130	SURG TX ECTOPIC PG; ABDOMINAL	127.80	10	60	X		F					
03	59130	SURG TX ECTOPIC PG; ABDOMINAL	639.00	10	60	X		F					
07	59130	SURG TX ECTOPIC PG; ABDOMINAL	766.80	10	15	X		F					
02	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	129.02	10	60	X		F		X			
03	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	645.10	10	60	X		F		X			
07	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	774.12	10	15	X		F		X			
02	59136	INTERSTITIAL,UTERINE PREGNANCY	120.77	10	60			F					
03	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	603.87	10	60	X		F					
07	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	724.64	10	15	X		F					
02	59140	SURG TX ECTOPIC PG, CERVICAL	53.70	10	60			F					
03	59140	SURG TX ECTOPIC PG, CERVICAL	268.49	10	60	X		F					
07	59140	SURG TX ECTOPIC PG, CERVICAL	322.18	10	15	X		F					
02	59150	LAPAROSCOPIC TREATMENT O ECTOP	105.82	10	60			F					
03	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	529.11	10	60	X		F					
07	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	634.93	10	15	X		F					
02	59151	LAPAROSCOPIC TREAT O ECTOPIC P	103.47	10	60			F					
03	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	517.34	10	60	X		F					
07	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	620.80	10	15	X		F					
03	59160	D&C AFTER DELIVERY	144.86	10	60			F					
07	59160	D&C AFTER DELIVERY	173.84	10	15			F					
03	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	130.25	10	60	X		F					
07	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	156.29	10	15	X		F					
03	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	107.21	10	60			F					
07	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	128.65	10	15			F					
02	59325	CERCLAGE OF CERVIC;ABDOMINAL	33.81	10	60			F					
03	59325	CERCLAGE OF CERVIX;ABDOMINAL	169.06	10	60			F					
07	59325	CERCLAGE OF CERVIX;ABDOMINAL	202.87	10	15			F					
02	59350	REPAIR OF UTERUS	39.31					F					
03	59350	REPAIR OF UTERUS	196.53					F					
07	59350	REPAIR OF UTERUS	235.84	10	15			F					
03	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	653.06	10	60			F					
07	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	653.06	10	15			F					
03	59410	VAGINAL DELIVERY ONLY-HOSP.CARE	754.70	10	60			F					
07	59410	VAGINAL DELIVERY ONLY-HOSP.CARE	754.70	10	15			F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	77.37	10	60			F					
07	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	87.04	10	15			F					
03	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	69.15	10	60			F					
07	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	77.80	10	15			F					
03	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	103.21	10	60			F					
07	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	116.11	10	15			F					
03	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,458.06	10	60			F				X	
07	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,640.32	10	15			F				X	
02	59514	CESAREAN DELIVARY ONLY;	137.44	10	60			F					
03	59514	CESAREAN DELIVERY ONLY;	687.21	10	60			F					
07	59514	CESAREAN DELIVERY ONLY	773.11	00	15			F					
03	59515	CESAREAN DELIVERY W POSTPARTUM CARE	806.43	10	60			F		X			
07	59515	CESAREAN DELIVERY W POSTPARTUM CARE	907.24	10	15			F		X			
02	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	73.04	10	60	X		F		X			
03	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	365.22	10	60	X		F		X			
07	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	410.87	10	15	X		F		X			
03	59610	VBAC DELIVERY	1,525.98	10	60			F					
07	59610	VBAC DELIVERY	1,525.98	10	15			F					
03	59612	VBAC DELIVERY ONLY	731.22	10	60			F					
07	59612	VBAC DELIVERY ONLY	731.22	10	15			F					
03	59614	VBAC CARE AFTER DELIVERY	817.01	10	60			F					
07	59614	VBAC CARE AFTER DELIVERY	817.01	10	15			F					
03	59618	ATTEMPTED VBAC DELIVERY	1,716.87	10	60			F					
07	59618	ATTEMPTED VBAC DELIVERY	1,716.87	10	15			F					
02	59620	ATTEMPTED VBAC DELIVERY ONLY	169.73	10	60			F					
03	59620	ATTEMPTED VBAC DELIVERY ONLY	848.67	10	60			F					
07	59620	ATTEMPTED VBAC DELIVERY ONLY	848.67	10	15			F					
03	59622	ATTEMPTED VBAC AFTER CARE	983.50	10	60			F					
07	59622	ATTEMPTED VBAC AFTER CARE	983.50	10	15			F					
03	59812	TREAT SPONTANEOUS ABORTION	212.92	10	60	X		F					
07	59812	TREAT SPONTANEOUS ABORTION	255.50	10	15	X		F					
03	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	249.03	10	60	X		F					
07	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	298.84	10	15	X		F					
03	59821	TREAT MISSED ABORTION; SECOND TRIMES	254.78	10	60	X		F					
07	59821	TREAT MISSED ABORTION; SECOND TRIMES	305.73	10	15	X		F					
03	59830	TREATMENT OF SEPTIC ABORTION	297.53	10	60	X		F					
07	59830	TREATMENT OF SEPTIC ABORTION	357.03	10	15	X		F					
03	59840	THERAPUTIC ABORTION	147.95	10	60	X		F					
07	59840	THERAPUTIC ABORTION	177.54	10	15	X		F					
03	59841	ABORTION BY DILATION & EVACUATION	258.25	10	60	X		F					
07	59841	ABORTION BY DILATION & EVACUATION	309.90	10	15	X		F					
03	59850	SALINE ABORTION	266.48	10	60	X		F					
07	59850	SALINE ABORTION	319.78	10	15	X		F					
03	59851	SALINE ABORTION WITH D&C	272.96	10	60	X		F					
07	59851	SALINE ABORTION WITH D&C	327.55	10	15	X		F					
03	59852	SALINE ABORTION WITH HYSTEROTOMY	383.15	10	60	X		F					

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	59852	SALINE ABORTION WITH HYSTEROTOMY	459.77	10	15	X		F					
03	59855	ABORTION	285.23	10	60	X		F					
07	59855	ABORTION	342.27	10	15	X		F					
03	59856	ABORTION	338.06	10	60	X		F					
07	59856	ABORTION	405.67	10	15	X		F					
02	59857	ABORTION	80.72					F					
03	59857	ABORTION	403.61	10	60	X		F					
07	59857	ABORTION	484.34	10	15	X		F					
02	59870	UTERINE EVACUATION & CURETTAGE	63.47					F					
03	59870	UTERINE EVACUATION & CURETTAGE HYDAT	317.35	10	60	X		F					
07	59870	UTERINE EVACUATION & CURETTAGE HYDAT	380.82	10	15	X		F					
03	59871	REMOVE CERCLAGE SUTURE	93.43	10	60			F					
07	59871	REMOVE CERCLAGE SUTURE	112.11	10	15			F					
02	59897	UNLISTED FETAL INVASIVE PROCEDURE, I	MP	10	60	X		F					
03	59897	FETAL INVAS PX W/ US	MP	10	60	X		F					
07	59897	FETAL INVAS PX W/ US	MP	10	15	X		F					
03	59898	LAPARO PROC, OB CARE/DELIVER	MP	10	60	X		F					
07	59898	LAPARO PROC, OB CARE/DELIVER	MP	10	15	X		F					
02	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F					
03	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F					
07	59899	MATERNITY CARE PROCEDURE	MP	10	15	X		F					
03	60000	DRAIN THYROID/TONGUE CYST	102.35										
07	60000	DRAIN THYROID/TONGUE CYST	122.82	00	15								
03	60100	BIOPSY OF THYROID	77.15										X
07	60100	BIOPSY OF THYROID	92.57	00	15								X
02	60200	REMOVE THYROID LESION	85.80										
03	60200	REMOVE THYROID LESION	429.00										
07	60200	REMOVE THYROID LESION	514.80	00	15								
02	60210	PARTIAL EXCISION THYROID	92.33										
03	60210	PARTIAL EXCISION THYROID	461.67										
07	60210	PARTIAL EXCISION THYROID	554.00	00	15								
02	60212	PARTIAL THYROID EXCISION	133.09										
03	60212	PARTIAL THYROID EXCISION	665.45										
07	60212	PARTIAL THYROID EXCISION	798.53	00	15								
02	60220	PARTIAL REMOVAL OF THYROID	101.22										
03	60220	PARTIAL REMOVAL OF THYROID	506.08										
07	60220	PARTIAL REMOVAL OF THYROID	607.29	00	15								
02	60225	PARTIAL REMOVAL OF THYROID	121.67										
03	60225	PARTIAL REMOVAL OF THYROID	608.34										
07	60225	PARTIAL REMOVAL OF THYROID	730.01	00	15								
02	60240	REMOVAL OF THYROID	129.43										
03	60240	REMOVAL OF THYROID	647.14										
07	60240	REMOVAL OF THYROID	776.57	00	15								
02	60252	REMOVAL OF THYROID	174.45										
03	60252	REMOVAL OF THYROID	872.26										
07	60252	REMOVAL OF THYROID	1,046.71	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	60254	EXTENSIVE THYROID SURGERY	224.31									
03	60254	EXTENSIVE THYROID SURGERY	1,121.53									
07	60254	EXTENSIVE THYROID SURGERY	1,345.83	00 15								
02	60260	REPEAT THYROID SURGERY	145.67									
03	60260	REPEAT THYROID SURGERY	728.34									
07	60260	REPEAT THYROID SURGERY	874.01	00 15								
02	60270	REMOVAL OF THYROID	183.46									
03	60270	REMOVAL OF THYROID	917.29									
07	60270	REMOVAL OF THYROID	1,100.75	00 15								
02	60271	REMOVAL OF THYROID	140.53									
03	60271	REMOVAL OF THYROID	702.65									
07	60271	REMOVAL OF THYROID	843.17	00 15								
02	60280	REMOVE THYROID DUCT LESION	57.14									
03	60280	REMOVE THYROID DUCT LESION	285.69									
07	60280	REMOVE THYROID DUCT LESION	342.83	00 15								
02	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	76.67									
03	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	383.37									
07	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	460.04	00 15								
03	60300	ASPIRATION AND/OR INJECTION, THYROID	70.68									
07	60300	ASPIRATION AND/OR INJECTION, THYROID	84.82	00 15								
02	60500	EXPLORE PARATHYROID GLANDS	134.29									
03	60500	EXPLORE PARATHYROID GLANDS	671.44									
07	60500	EXPLORE PARATHYROID GLANDS	805.73	00 15								
02	60502	RE-EXPLORE PARATHYROID(S)	168.62					X				X
03	60502	RE-EXPLORE PARATHYROID(S)	843.12									
07	60502	RE-EXPLORE PARATHYROID(S)	1,011.74	00 15								
02	60505	EXPLORE PARATHYROID GLANDS	184.90									
03	60505	EXPLORE PARATHYROID GLANDS	924.48									
07	60505	EXPLORE PARATHYROID GLANDS	1,109.38	00 15								
02	60512	AUTOTRANSPLANT, PARATHYROID	33.13									
03	60512	AUTOTRANSPLANT, PARATHYROID	165.67									
07	60512	AUTOTRANSPLANT, PARATHYROID	198.80	00 15								
02	60520	REMOVAL OF THYMUS GLAND	138.50									
03	60520	REMOVAL OF THYMUS GLAND	692.48									
07	60520	REMOVAL OF THYMUS GLAND	830.97	00 15								
02	60521	REMOVAL THYMUS GLAND	159.22									
03	60521	REMOVAL THYMUS GLAND	796.10									
07	60521	REMOVAL THYMUS GLAND	955.32	00 15								
02	60522	REMOVAL OF THYMUS GLAND	191.99									
03	60522	REMOVAL OF THYMUS GLAND	959.96									
07	60522	REMOVAL OF THYMUS GLAND	1,151.95	00 15								
02	60540	EXPLORE ADRENAL GLAND	145.10									
03	60540	EXPLORE ADRENAL GLAND	725.48									
07	60540	EXPLORE ADRENAL GLAND	870.57	00 15								
02	60545	EXPLORE ADRENAL GLAND	165.47									
03	60545	EXPLORE ADRENAL GLAND	827.36									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	60545	EXPLORE ADRENAL GLAND	992.83	00 15								
02	60600	REMOVE CAROTID BODY LESION	192.36									
03	60600	REMOVE CAROTID BODY LESION	961.81									
07	60600	REMOVE CAROTID BODY LESION	1,154.17	00 15								
02	60605	REMOVE CAROTID BODY LESION	241.76									
03	60605	REMOVE CAROTID BODY LESION	1,208.79									
07	60605	REMOVE CAROTID BODY LESION	1,450.55	00 15								
02	60650	LAPAROSCOPY ADRENALECTOMY	162.56									
03	60650	LAPAROSCOPY ADRENALECTOMY	812.79									
07	60650	LAPAROSCOPY ADRENALECTOMY	975.35	00 15								
03	60659	LAPARO PROC, ENDOCRINE	MP		X							
07	60659	LAPARO PROC, ENDOCRINE	MP	00 15	X							
02	60699	ENDOCRINE SURGERY PROCEDURE	MP		X							
03	60699	ENDOCRINE SURGERY PROCEDURE	MP		X							
07	60699	ENDOCRINE SURGERY PROCEDURE	MP	00 15	X							
03	61000	REMOVE CRANIAL CAVITY FLUID	72.71									
07	61000	REMOVE CRANIAL CAVITY FLUID	87.26	00 15								
03	61001	SUBDURAL TAP....SUBSEQUENT TAPS	71.24									X
07	61001	SUBDURAL TAP....SUBSEQUENT TAPS	85.49	00 15								X
03	61020	REMOVE BRAIN CAVITY FLUID	85.39									X
07	61020	REMOVE BRAIN CAVITY FLUID	102.47	00 15								X
03	61026	PUNCTURE BURR HOLE FOR INJECT	85.74									
07	61026	PUNCTURE BURR HOLE FOR INJECT	102.89	00 15								
03	61050	REMOVE BRAIN CANAL FLUID	72.00									
07	61050	REMOVE BRAIN CANAL FLUID	86.40	00 15								
03	61055	CERVICAL PUNTURE FOR INJECTION	93.44									
07	61055	CERVICAL PUNTURE FOR INJECTION	112.13	00 15								
03	61070	BRAIN CANAL SHUNT PROCEDURE	53.83									
07	61070	BRAIN CANAL SHUNT PROCEDURE	64.59	00 15								
03	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	283.61									
07	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	340.33	00 15								
03	61107	TWIST DRILL HOLE/VENTRICULAR CATH	215.75									
07	61107	TWIST DRILL HOLE/VENTRICULAR CATH	258.89	00 15								
03	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	565.76									
07	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	678.91	00 15								
03	61120	PIERCE SKULL FOR EXAMINATION	463.51									
07	61120	PIERCE SKULL FOR EXAMINATION	556.21	00 15								
02	61140	PIERCE SKULL FOR BIOPSY	161.94									
03	61140	PIERCE SKULL FOR BIOPSY	809.68									
07	61140	PIERCE SKULL FOR BIOPSY	971.61	00 15								
03	61150	PIERCE SKULL FOR DRAINAGE	867.14									
07	61150	PIERCE SKULL FOR DRAINAGE	1,040.56	00 15								
03	61151	PIERCE SKULL FOR DRAINAGE	626.32									X
07	61151	PIERCE SKULL FOR DRAINAGE	751.58	00 15								X
02	61154	PIERCE SKULL FOR DRAINAGE	162.25									
03	61154	PIERCE SKULL FOR DRAINAGE	811.25									X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	61154	PIERCE SKULL FOR DRAINAGE	973.50	00 15								X
02	61156	PIERCE SKULL FOR DRAINAGE	162.07									
03	61156	PIERCE SKULL FOR DRAINAGE	810.37									
07	61156	PIERCE SKULL FOR DRAINAGE	972.44	00 15								
03	61210	PIERCE SKULL; IMPLANT DEVICE	251.84									
07	61210	PIERCE SKULL; IMPLANT DEVICE	302.21	00 15								
03	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	306.65									
07	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	367.98	00 15								
02	61250	PIERCE SKULL & EXPLORE	109.15									
03	61250	PIERCE SKULL & EXPLORE	545.76									
07	61250	PIERCE SKULL & EXPLORE	654.91	00 15								
02	61253	PIERCE SKULL & EXPLORE	120.01									
03	61253	PIERCE SKULL & EXPLORE	600.05									
07	61253	PIERCE SKULL & EXPLORE	720.05	00 15								
02	61304	INCISE SKULL FOR EXPLORATION	214.22									
03	61304	INCISE SKULL FOR EXPLORATION	1,071.09									
07	61304	INCISE SKULL FOR EXPLORATION	1,285.31	00 15								
02	61305	INCISE SKULL FOR EXPLORATION	257.39									
03	61305	INCISE SKULL FOR EXPLORATION	1,286.97									
07	61305	INCISE SKULL FOR EXPLORATION	1,544.36	00 15								
02	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	267.38									
03	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,336.88									
07	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,604.25	00 15								
02	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	255.72									
03	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,278.58									
07	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,534.29	00 15								
02	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	237.12									
03	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,185.62									
07	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,422.74	00 15								
02	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	270.06									
03	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,350.32									
07	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,620.39	00 15								
03	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	59.35									
07	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	71.22	00 15								
02	61320	INCISE SKULL FOR DRAINAGE	249.76									
03	61320	INCISE SKULL FOR DRAINAGE	1,248.81									
07	61320	INCISE SKULL FOR DRAINAGE	1,498.57	00 15								
02	61321	INCISE SKULL FOR DRAINAGE	273.83									
03	61321	INCISE SKULL FOR DRAINAGE	1,369.13									
07	61321	INCISE SKULL FOR DRAINAGE	1,642.96	00 15								
02	61322	DECOMPRESSIVE CRANIOTOMY	303.70									
03	61322	DECOMPRESSIVE CRANIOTOMY	1,518.50									
07	61322	DECOMPRESSIVE CRANIOTOMY	1,822.19	00 15								
02	61323	DECOMPRESSIVE LOBECTOMY	309.56									
03	61323	DECOMPRESSIVE LOBECTOMY	1,547.82									
07	61323	DECOMPRESSIVE LOBECTOMY	1,857.38	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	61330	EXPLORATION OF EYE SOCKET	207.78									
03	61330	EXPLORATION OF EYE SOCKET	1,038.92									
07	61330	EXPLORATION OF EYE SOCKET	1,246.71	00 15								
02	61332	EXPLORE/BIOPSY EYE SOCKET	243.85									
03	61332	EXPLORE/BIOPSY EYE SOCKET	1,219.25									
07	61332	EXPLORE/BIOPSY EYE SOCKET	1,463.10	00 15								
02	61333	EXPLORE ORBIT; REMOVE LESION	245.03									
03	61333	EXPLORE ORBIT; REMOVE LESION	1,225.16									
07	61333	EXPLORE ORBIT; REMOVE LESION	1,470.19	00 15								
02	61334	EXPLORE & TREAT EYE SOCKET	158.07									
03	61334	EXPLORE & TREAT EYE SOCKET	790.34									
07	61334	EXPLORE & TREAT EYE SOCKET	948.40	00 15								
02	61340	RELIEVE CRANIAL PRESSURE	185.67									
03	61340	RELIEVE CRANIAL PRESSURE	928.33									
07	61340	RELIEVE CRANIAL PRESSURE	1,113.99	00 15								
02	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	287.61									
03	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,438.07									
07	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,725.69	00 15								
02	61345	RELIEVE CRANIAL PRESSURE	265.98									
03	61345	RELIEVE CRANIAL PRESSURE	1,329.89									
07	61345	RELIEVE CRANIAL PRESSURE	1,595.87	00 15								
02	61440	INCISE SKULL FOR SURGERY	260.41									
03	61440	INCISE SKULL FOR SURGERY	1,302.07									
07	61440	INCISE SKULL FOR SURGERY	1,562.48	00 15								
02	61450	INCISE SKULL FOR SURGERY	245.79									
03	61450	INCISE SKULL FOR SURGERY	1,228.96									
07	61450	INCISE SKULL FOR SURGERY	1,474.75	00 15								
02	61458	INCISE SKULL FOR SURGERY	263.06									
03	61458	INCISE SKULL FOR SURGERY	1,315.30									
07	61458	INCISE SKULL FOR SURGERY	1,578.36	00 15								
02	61460	INCISE SKULL FOR SURGERY	265.48									
03	61460	INCISE SKULL FOR SURGERY	1,327.38									
07	61460	INCISE SKULL FOR SURGERY	1,592.86	00 15								
02	61470	INCISE SKULL FOR SURGERY	246.61									
03	61470	INCISE SKULL FOR SURGERY	1,233.05									
07	61470	INCISE SKULL FOR SURGERY	1,479.65	00 15								
02	61480	INCISE SKULL FOR SURGERY	241.97									
03	61480	INCISE SKULL FOR SURGERY	1,209.84									
07	61480	INCISE SKULL FOR SURGERY	1,451.81	00 15								
02	61490	INCISE SKULL FOR SURGERY	249.37									
03	61490	INCISE SKULL FOR SURGERY	1,246.84									
07	61490	INCISE SKULL FOR SURGERY	1,496.21	00 15								
02	61500	REMOVAL OF SKULL LESION	174.95									
03	61500	REMOVAL OF SKULL LESION	874.77									
07	61500	REMOVAL OF SKULL LESION	1,049.72	00 15								
02	61501	CRANIECTOMY FOR OSTEOMYELITIS	149.41									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	61501	CRANIECTOMY FOR OSTEOMYELITIS	747.05										
07	61501	CRANIECTOMY FOR OSTEOMYELITIS	896.46	00	15								
02	61510	REMOVAL OF BRAIN LESION	283.16										
03	61510	REMOVAL OF BRAIN LESION	1,415.81										
07	61510	REMOVAL OF BRAIN LESION	1,698.97	00	15								
02	61512	REMOVE BRAIN LINING LESION	335.42										
03	61512	REMOVE BRAIN LINING LESION	1,677.09										
07	61512	REMOVE BRAIN LINING LESION	2,012.51	00	15								
02	61514	REMOVAL OF BRAIN ABSCESS	248.42										
03	61514	REMOVAL OF BRAIN ABSCESS	1,242.11										
07	61514	REMOVAL OF BRAIN ABSCESS	1,490.54	00	15								
02	61516	REMOVAL OF BRAIN LESION	242.33										
03	61516	REMOVAL OF BRAIN LESION	1,211.63										
07	61516	REMOVAL OF BRAIN LESION	1,453.96	00	15								
03	61517	IMPLT BRAIN CHEMOTX AGENT	59.31										
07	61517	IMPLT BRAIN CHEMOTX AGENT	71.17	00	15								
02	61518	REMOVAL OF BRAIN LESION	360.66										
03	61518	REMOVAL OF BRAIN LESION	1,803.30										
07	61518	REMOVAL OF BRAIN LESION	2,163.96	00	15								
02	61519	REMOVE BRAIN LINING LESION	389.09										
03	61519	REMOVE BRAIN LINING LESION	1,945.43										
07	61519	REMOVE BRAIN LINING LESION	2,334.52	00	15								
02	61520	REMOVAL OF BRAIN LESION	494.44										
03	61520	REMOVAL OF BRAIN LESION	2,472.21										
07	61520	REMOVAL OF BRAIN LESION	2,966.65	00	15								
02	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	418.24										
03	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,091.18										
07	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,509.42	00	15								
02	61522	REMOVAL OF BRAIN ABSCESS	286.17										
03	61522	REMOVAL OF BRAIN ABSCESS	1,430.84										
07	61522	REMOVAL OF BRAIN ABSCESS	1,717.00	00	15								
02	61524	REMOVAL OF BRAIN LESION	270.18										
03	61524	REMOVAL OF BRAIN LESION	1,350.88										
07	61524	REMOVAL OF BRAIN LESION	1,621.05	00	15								
02	61526	REMOVAL OF BRAIN LESION	445.23										
03	61526	REMOVAL OF BRAIN LESION	2,226.13										
07	61526	REMOVAL OF BRAIN LESION	2,671.35	00	15								
02	61530	REMOVAL OF BRAIN LESION	378.20										
03	61530	REMOVAL OF BRAIN LESION	1,890.98										
07	61530	REMOVAL OF BRAIN LESION	2,269.18	00	15								
02	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	155.43										
03	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	777.16										
07	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	932.59	00	15								
02	61533	CRANIECTOMY	197.27										
03	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	986.33										
07	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,183.59	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	61534	REMOVAL OF BRAIN LESION	212.30									
03	61534	REMOVAL OF BRAIN LESION	1,061.52									
07	61534	REMOVAL OF BRAIN LESION	1,273.82	00 15								
02	61535	CRANIECTOMY	126.31									
03	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	631.55									
07	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	757.85	00 15								
02	61536	REMOVAL OF BRAIN LESION	340.00									
03	61536	REMOVAL OF BRAIN LESION	1,700.02									
07	61536	REMOVAL OF BRAIN LESION	2,040.02	00 15								
02	61537	REMOVAL OF BRAIN TISSUE	311.65									
03	61537	REMOVAL OF BRAIN TISSUE	1,558.27									
07	61537	REMOVAL OF BRAIN TISSUE	1,869.92	00 15								
02	61538	REMOVAL OF BRAIN TISSUE	333.54									
03	61538	REMOVAL OF BRAIN TISSUE	1,667.68									
07	61538	REMOVAL OF BRAIN TISSUE	2,001.21	00 15								
02	61539	REMOVAL OF BRAIN TISSUE	307.84									
03	61539	REMOVAL OF BRAIN TISSUE	1,539.18									
07	61539	REMOVAL OF BRAIN TISSUE	1,847.02	00 15								
02	61540	REMOVAL OF BRAIN TISSUE	289.19									
03	61540	REMOVAL OF BRAIN TISSUE	1,445.93									
07	61540	REMOVAL OF BRAIN TISSUE	1,735.12	00 15								
02	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	275.81									
03	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,379.07									
07	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,654.88	00 15								
02	61542	REMOVAL OF BRAIN TISSUE	300.42									
03	61542	REMOVAL OF BRAIN TISSUE	1,502.12									
07	61542	REMOVAL OF BRAIN TISSUE	1,802.55	00 15								
02	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	280.93									
03	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,404.64									
07	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,685.57	00 15								
02	61544	REMOVE & TREAT BRAIN LESION	232.29									
03	61544	REMOVE & TREAT BRAIN LESION	1,161.44									
07	61544	REMOVE & TREAT BRAIN LESION	1,393.73	00 15								
02	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	413.22									
03	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	2,066.08									
07	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	2,479.29	00 15								
02	61546	REMOVAL OF PITUITARY GLAND	299.30									
03	61546	REMOVAL OF PITUITARY GLAND	1,496.50									
07	61546	REMOVAL OF PITUITARY GLAND	1,795.80	00 15								
02	61548	REMOVAL OF PITUITARY GLAND	200.58									
03	61548	REMOVAL OF PITUITARY GLAND	1,002.92									
07	61548	REMOVAL OF PITUITARY GLAND	1,203.50	00 15								
02	61550	RELEASE OF SKULL SEAMS	129.54									
03	61550	RELEASE OF SKULL SEAMS	647.69									
07	61550	RELEASE OF SKULL SEAMS	777.22	00 15								
02	61552	RELEASE OF SKULL SEAMS	169.78									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61552	RELEASE OF SKULL SEAMS	848.90									
07	61552	RELEASE OF SKULL SEAMS	1,018.68	00 15								
02	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR	212.27									
03	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,061.36									
07	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,273.63	00 15								
02	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL	219.17									X
03	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,095.83									
07	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,315.00	00 15								
02	61558	EXT CRAMIECT-MULT CRAN SUT CRA	219.70									
03	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,098.50									
07	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,318.20	00 15								
02	61559	EXT CRANIECT-W/MULT OSTEOT BONE AUTO	314.33									
03	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,571.65									
07	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,885.98	00 15								
02	61563	EXCIS GEN TUM CRAN BN W/O OPT NERVE	250.66									
03	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,253.32									
07	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,503.98	00 15								
02	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	317.09									
03	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,585.46									
07	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,902.55	00 15								
02	61566	REMOVAL OF BRAIN TISSUE	290.99									
03	61566	REMOVAL OF BRAIN TISSUE	1,454.96									
07	61566	REMOVAL OF BRAIN TISSUE	1,745.95	00 15								
02	61567	INCISION OF BRAIN TISSUE	325.58									
03	61567	INCISION OF BRAIN TISSUE	1,627.89									
07	61567	INCISION OF BRAIN TISSUE	1,953.47	00 15								
02	61570	REMOVE BRAIN FOREIGN BODY	238.35									
03	61570	REMOVE BRAIN FOREIGN BODY	1,191.75									
07	61570	REMOVE BRAIN FOREIGN BODY	1,430.10	00 15								
02	61571	SURGERY FOR PENETRATING BRAIN WOUND	259.34									
03	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,296.72									
07	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,556.06	00 15								
02	61575	TRANSORAL..;TO BX,DECOMPRESS,EXCISE	306.17									
03	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,530.85									
07	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,837.02	00 15								
02	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	482.82									
03	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,414.09									
07	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,896.91	00 15								
02	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	315.71									
03	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,578.54									
07	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,894.25	00 15								
02	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	354.85									
03	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,774.23									
07	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,129.08	00 15								
02	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	366.12									
03	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,830.61									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,196.73	00 15								
02	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	375.32									
03	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,876.58									
07	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,251.89	00 15								
02	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	364.35									
03	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,821.77									
07	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,186.12	00 15								
02	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	385.09									
03	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,925.45									
07	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,310.53	00 15								
02	61586	RESECT NASOPHARYNX, SKULL	274.26									
03	61586	RESECT NASOPHARYNX, SKULL	1,371.32									
07	61586	RESECT NASOPHARYNX, SKULL	1,645.59	00 15								
02	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	405.49									
03	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,027.46									
07	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,432.95	00 15								
02	61591	INFRATEMPORAL POST-AURICULAR APPROAC	408.65									
03	61591	INFRATEMPORAL POST-AURICULAR APPROAC	2,043.27									
07	61591	INFRATEMPORAL POST-AURICULAR APPROAC	2,451.92	00 15								
02	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	411.93									
03	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,059.65									
07	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,471.58	00 15								
02	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	305.56									
03	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,527.78									
07	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,833.34	00 15								
02	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	335.81									
03	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,679.03									
07	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,014.84	00 15								
02	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	374.11									
03	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	1,870.55									
07	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	2,244.66	00 15								
02	61598	TRANSPETROSAL APPROACH TO POSTERIOR	328.56									
03	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,642.78									
07	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,971.33	00 15								
02	61600	RESECTION OR EXCISION OF NEOPLASTIC,	275.25									
03	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,376.23									
07	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,651.47	00 15								
02	61601	RESECTION OR EXCISION OF NEOPLASTIC,	303.71									
03	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,518.54									
07	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,822.25	00 15								
02	61605	RESECTION OR EXCISION OF NEOPLASTIC,	287.12									
03	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,435.62									
07	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,722.74	00 15								
02	61606	RESECTION OR EXCISION OF NEOPLASTIC,	391.64									
03	61606	RESECTION OR EXCISION OF NEOPLASTIC,	1,958.19									
07	61606	RESECTION OR EXCISION OF NEOPLASTIC,	2,349.83	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	61607	RESECTION OR EXCISION OF NEOPLASTIC,	362.10									
03	61607	RESECTION OR EXCISION OF NEOPLASTIC,	1,810.50									
07	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,172.60	00 15								
02	61608	RESECTION OR EXCISION OF NEOPLASTIC,	424.30									
03	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,121.50									
07	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,545.79	00 15								
02	61609	TRANSECTION OR LIGATION, CAROTID ART	83.38									
03	61609	TRANSECTION OR LIGATION, CAROTID ART	416.90									
07	61609	TRANSECTION OR LIGATION, CAROTID ART	500.27	00 15								
02	61610	TRANSECTION OR LIGATION, CAROTID ART	254.88									
03	61610	TRANSECTION OR LIGATION, CAROTID ART	1,274.41									
07	61610	TRANSECTION OR LIGATION, CAROTID ART	1,529.29	00 15								
02	61611	TRANSECTION OR LIGATION, CAROTID ART	64.22									
03	61611	TRANSECTION OR LIGATION, CAROTID ART	321.09									
07	61611	TRANSECTION OR LIGATION, CAROTID ART	385.31	00 15								
02	61612	TRANSECTION OR LIGATION, CAROTID ART	223.38									
03	61612	TRANSECTION OR LIGATION, CAROTID ART	1,116.89									
07	61612	TRANSECTION OR LIGATION, CAROTID ART	1,340.26	00 15								
02	61613	OBLITERATION OR CAROTID ANEURYSM, AR	409.68									
03	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,048.41									
07	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,458.09	00 15								
02	61615	RESECTION OR EXCISION OF NEOPLASTIC,	320.94									
03	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,604.69									
07	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,925.63	00 15								
02	61616	RESECTION OR EXCISION OF NEOPLASTIC,	424.54									
03	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,122.69									
07	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,547.23	00 15								
02	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	168.58									
03	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	842.91									
07	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,011.49	00 15								
02	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	194.19									
03	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	970.93									
07	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,165.11	00 15								
02	61623	ENDOVASC TEMPORY VESSEL OCCL	77.90									
03	61623	ENDOVASC TEMPORY VESSEL OCCL	389.48									
07	61623	ENDOVASC TEMPORY VESSEL OCCL	467.38	00 15								
03	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	775.13									
07	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	930.15	00 15								
03	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	629.29									
07	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	755.15	00 15								
03	61630	INTRACRANIAL ANGIOPLASTY	MP		X							
07	61630	INTRACRANIAL ANGIOPLASTY	MP	00 15	X							
03	61635	INTRACRAN ANGIOPLSTY W/STENT	MP		X							
07	61635	INTRACRAN ANGIOPLSTY W/STENT	MP	00 15	X							
03	61640	DILATE IC VASOSPASM, INIT	MP		X							
07	61640	DILATE IC VASOSPASM, INIT	MP	00 15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61641	DILATE IC VASOSPASM ADD-ON	MP		X							
07	61641	DILATE IC VASOSPASM ADD-ON	MP	00 15	X							
03	61642	DILATE IC VASOSPASM ADD-ON	MP		X							
07	61642	DILATE IC VASOSPASM ADD-ON	MP	00 15	X							
02	61680	SURG..MALFORM;SUPRATENTORIAL;SIMPLE	296.44									
03	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,482.20									
07	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,778.64	00 15								
02	61682	SURG..MALFORM;SUPRATENTORIAL;COMPLEX	560.12									
03	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	2,800.60									
07	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	3,360.72	00 15								
02	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	372.02									
03	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	1,860.08									
07	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	2,232.09	00 15								
02	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	598.88									
03	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	2,994.40									
07	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	3,593.28	00 15								
02	61690	SURG..MALFORM;DURAL,SIMPLE	281.26									
03	61690	SURG..MALFORM;DURAL,SIMPLE	1,406.30									
07	61690	SURG..MALFORM;DURAL,SIMPLE	1,687.56	00 15								
02	61692	SURG..MALFORM;DURAL,COMPLEX	483.63									
03	61692	SURG..MALFORM;DURAL,COMPLEX	2,418.15									
07	61692	SURG..MALFORM;DURAL,COMPLEX	2,901.78	00 15								
02	61697	BRAIN ANEURYSM REPR, COMPLX	544.15									
03	61697	BRAIN ANEURYSM REPR, COMPLX	2,720.77									
07	61697	BRAIN ANEURYSM REPR, COMPLX	3,264.92	00 15								
02	61698	BRAIN ANEURYSM REPR, COMPLX	584.39									
03	61698	BRAIN ANEURYSM REPR, COMPLX	2,921.95									
07	61698	BRAIN ANEURYSM REPR, COMPLX	3,506.34	00 15								
02	61700	INNER SKULL VESSEL SURGERY	457.07									
03	61700	INNER SKULL VESSEL SURGERY	2,285.36									
07	61700	INNER SKULL VESSEL SURGERY	2,742.44	00 15								
02	61702	INNER SKULL VESSEL SURGERY	508.01									
03	61702	INNER SKULL VESSEL SURGERY	2,540.04									
07	61702	INNER SKULL VESSEL SURGERY	3,048.05	00 15								
02	61703	CLAMP NECK ARTERY	173.53									
03	61703	CLAMP NECK ARTERY	867.66									
07	61703	CLAMP NECK ARTERY	1,041.19	00 15								
02	61705	REVISE CIRCULATION TO HEAD	335.91									
03	61705	REVISE CIRCULATION TO HEAD	1,679.53									
07	61705	REVISE CIRCULATION TO HEAD	2,015.43	00 15								
02	61708	REVISE CIRCULATION TO HEAD	284.91									
03	61708	REVISE CIRCULATION TO HEAD	1,424.54									
07	61708	REVISE CIRCULATION TO HEAD	1,709.45	00 15								
02	61710	REVISE CIRCULATION TO HEAD	261.14									
03	61710	REVISE CIRCULATION TO HEAD	1,305.68									
07	61710	REVISE CIRCULATION TO HEAD	1,566.81	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	61711	FUSION OF SKULL ARTERIES	342.54									
03	61711	FUSION OF SKULL ARTERIES	1,712.71									
07	61711	FUSION OF SKULL ARTERIES	2,055.25	00 15								
03	61720	INCISE SKULL/BRAIN SURGERY	754.75									
07	61720	INCISE SKULL/BRAIN SURGERY	905.70	00 15								
03	61735	INCISE SKULL/BRAIN SURGERY	923.42									
07	61735	INCISE SKULL/BRAIN SURGERY	1,108.11	00 15								
03	61750	STEREOTACTIC PROC/INTRACRAN. LESION	911.68									
07	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,094.01	00 15								
03	61751	STEREOTACTIC BIOPSY W/CAT SCAN	886.41									
07	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,063.69	00 15								
03	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,006.68									
07	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,208.02	00 15								
03	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	982.65									
07	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,179.18	00 15								
03	61790	TREAT TRIGEMINAL NERVE	550.35									
07	61790	TREAT TRIGEMINAL NERVE	660.42	00 15								
03	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	711.82									
07	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	854.18	00 15								
03	61795	STEREOTAC COMP ASSIST VOLUME PROC	167.26									
07	61795	STERETAC COMP ASSIST VOLU PROC	200.71	00 15								
03	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	518.26									
07	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	621.91	00 15								
03	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	143.33									X
07	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	172.00	00 15								X
03	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	518.26									
07	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	621.91	00 15								
03	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	198.17									X
07	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	237.81	00 15								X
03	61800	APPLICATION OF STEREOTACTIC HEADFRAM	100.98									
07	61800	APPLICATION OF STEREOTACTIC HEADFRAM	121.18	00 15								
03	61850	IMPLANT NEUROELECTRODES	632.55									
07	61850	IMPLANT NEUROELECTRODES	759.06	00 15								
03	61860	IMPLANT NEUROELECTRODES	1,009.56									
07	61860	IMPLANT NEUROELECTRODES	1,211.47	00 15								
02	61863	IMPLANT NEUROELECTRODE	196.38									
03	61863	IMPLANT NEUROELECTRODE	981.90									
07	61863	IMPLANT NEUROELECTRODE	1,178.28	00 15								
02	61864	IMPLANT NEUROELECTRDE, ADDñL	59.52									
03	61864	IMPLANT NEUROELECTRDE, ADDñL	297.60									
07	61864	IMPLANT NEUROELECTRDE, ADDñL	357.12	00 15								
02	61867	IMPLANT NEUROELECTRODE	286.88									
03	61867	IMPLANT NEUROELECTRODE	1,434.38									
07	61867	IMPLANT NEUROELECTRODE	1,721.26	00 15								
02	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	84.86									
03	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	424.31									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	509.17	00	15								
02	61870	IMPLANT NEUROELECTRODES	153.32										
03	61870	IMPLANT NEUROELECTRODES	766.61										
07	61870	IMPLANT NEUROELECTRODES	919.93	00	15								
02	61875	IMPLANT NEUROELECTRODES	148.34										
03	61875	IMPLANT NEUROELECTRODES	741.71										
07	61875	IMPLANT NEUROELECTRODES	890.06	00	15								
02	61880	REVISE/REMOVE NEUROELECTRODE	70.07										
03	61880	REVISE/REMOVE NEUROELECTRODE	350.33										
07	61880	REVISE/REMOVE NEUROELECTRODE	420.40	00	15								
03	61885	IMPLANT NEURORECEIVER	400.88				X						
07	61885	IMPLANT NEURORECEIVER	481.06	00	15		X						
03	61886	IMPLANT NEUROSTIM ARRAYS	506.66										
07	61886	IMPLANT NEUROSTIM ARRAYS	608.00	00	15								
03	61888	REVISE/REMOVE NEURORECEIVER	257.54				X						
07	61888	REVISE/REMOVE NEURORECEIVER	309.04	00	15		X						
03	62000	REPAIR OF SKULL FRACTURE	560.23										
07	62000	REPAIR OF SKULL FRACTURE	672.27	00	15								
02	62005	REPAIR OF SKULL FRACTURE	160.59										
03	62005	REPAIR OF SKULL FRACTURE	802.93										
07	62005	REPAIR OF SKULL FRACTURE	963.51	00	15								
02	62010	TREATMENT OF HEAD INJURY	196.75										
03	62010	TREATMENT OF HEAD INJURY	983.76										
07	62010	TREATMENT OF HEAD INJURY	1,180.51	00	15								
02	62100	REPAIR BRAIN FLUID LEAKAGE	208.90										
03	62100	REPAIR BRAIN FLUID LEAKAGE	1,044.49										
07	62100	REPAIR BRAIN FLUID LEAKAGE	1,253.39	00	15								
02	62120	REPAIR SKULL CAVITY LESION	231.02										
03	62120	REPAIR SKULL CAVITY LESION	1,155.12										
07	62120	REPAIR SKULL CAVITY LESION	1,386.14	00	15								
02	62121	CRANIOTOMY W/REP ENCEPH. SKULL	213.62										
03	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,068.10										
07	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,281.72	00	15								
02	62140	REPAIR OF SKULL DEFECT	135.86										
03	62140	REPAIR OF SKULL DEFECT	679.32										
07	62140	REPAIR OF SKULL DEFECT	815.18	00	15								
02	62141	REPAIR OF SKULL DEFECT	149.19										
03	62141	REPAIR OF SKULL DEFECT	745.96										
07	62141	REPAIR OF SKULL DEFECT	895.15	00	15								
02	62142	REMOVE BONE FLAP/PROSTH.PLATE-	113.21										
03	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	566.04										
07	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	679.25	00	15								
02	62143	REPLACE BONE FLAP/PROSTH PLATE=SKULL	133.08										
03	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	665.38										
07	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	798.45	00	15								
02	62145	REPAIR OF SKULL & BRAIN	182.63										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	62145	REPAIR OF SKULL & BRAIN	913.17									
07	62145	REPAIR OF SKULL & BRAIN	1,095.80	00 15								
02	62146	CRANIOPLASTY W/AUTOGRAFT TO 5CM	156.35									
03	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	781.73									
07	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	938.07	00 15								
02	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	185.81									
03	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	929.03									
07	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,114.83	00 15								
03	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	84.68									
07	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	101.62	00 15								
02	62160	INTRACRAN, V-CATH SHUNT/EXT DR	25.98									
03	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	129.89									
07	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	155.87	00 15								
02	62161	DISSECT BRAIN W/SCOPE	196.77									
03	62161	DISSECT BRAIN W/SCOPE	983.83									
07	62161	DISSECT BRAIN W/SCOPE	1,180.59	00 15								
02	62162	REMOVE COLLOID CYST W/SCOPE	244.05									
03	62162	REMOVE COLLOID CYST W/SCOPE	1,220.27									
07	62162	REMOVE COLLOID CYST W/SCOPE	1,464.33	00 15								
02	62163	NEUROENDOSCOPY W/FB REMOVAL	157.81									
03	62163	NEUROENDOSCOPY W/FB REMOVAL	789.04									
07	62163	NEUROENDOSCOPY W/FB REMOVAL	946.85	00 15								
02	62164	REMOVE BRAIN TUMOR W/SCOPE	259.22									
03	62164	REMOVE BRAIN TUMOR W/SCOPE	1,296.10									
07	62164	REMOVE BRAIN TUMOR W/SCOPE	1,555.32	00 15								
02	62165	REMOVE PITUIT TUMOR W/SCOPE	199.49									
03	62165	REMOVE PITUIT TUMOR W/SCOPE	997.44									
07	62165	REMOVE PITUIT TUMOR W/SCOPE	1,196.93	00 15								
02	62180	ESTABLISH BRAIN CAVITY SHUNT	205.62									
03	62180	ESTABLISH BRAIN CAVITY SHUNT	1,028.11									
07	62180	ESTABLISH BRAIN CAVITY SHUNT	1,233.73	00 15								
02	62190	ESTABLISH BRAIN CAVITY SHUNT	116.53									
03	62190	ESTABLISH BRAIN CAVITY SHUNT	582.63									
07	62190	ESTABLISH BRAIN CAVITY SHUNT	699.16	00 15								
02	62192	ESTABLISH BRAIN CAVITY SHUNT	124.49									
03	62192	ESTABLISH BRAIN CAVITY SHUNT	622.47									
07	62192	ESTABLISH BRAIN CAVITY SHUNT	746.96	00 15								
03	62194	REPLACE/IRRIGATE CATHETER	252.32									
07	62194	REPLACE/IRRIGATE CATHETER	302.78	00 15								
02	62200	ESTABLISH BRAIN CAVITY SHUNT	178.27									
03	62200	ESTABLISH BRAIN CAVITY SHUNT	891.35									
07	62200	ESTABLISH BRAIN CAVITY SHUNT	1,069.61	00 15								
03	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	760.87									
07	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	913.04	00 15								
02	62220	ESTABLISH BRAIN CAVITY SHUNT	131.14									
03	62220	ESTABLISH BRAIN CAVITY SHUNT	655.70									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	62220	ESTABLISH BRAIN CAVITY SHUNT	786.84	00 15								
02	62223	ESTABLISH BRAIN CAVITY SHUNT	133.86									
03	62223	ESTABLISH BRAIN CAVITY SHUNT	669.31									
07	62223	ESTABLISH BRAIN CAVITY SHUNT	803.17	00 15								
03	62225	REPLACE/IRRIGATE CATHETER	316.85									
07	62225	REPLACE/IRRIGATE CATHETER	380.22	00 15								
02	62230	REPLACE/REVISE BRAIN SHUNT	108.16									
03	62230	REPLACE/REVISE BRAIN SHUNT	540.80									
07	62230	REPLACE/REVISE BRAIN SHUNT	648.95	00 15								
03	62252	CSF SHUNT REPROGRAM	64.27									
05	62252	CSF SHUNT REPROGRAM	25.71									
07	62252	CSF SHUNT REPROGRAM	77.12	00 15								
02	62256	REMOVE BRAIN CAVITY SHUNT	74.49									
03	62256	REMOVE BRAIN CAVITY SHUNT	372.44									
07	62256	REMOVE BRAIN CAVITY SHUNT	446.93	00 15								
02	62258	REPLACE BRAIN CAVITY SHUNT	145.77									
03	62258	REPLACE BRAIN CAVITY SHUNT	728.86									
07	62258	REPLACE BRAIN CAVITY SHUNT	874.63	00 15								
03	62263	LYSIS EPIDURAL ADHESIONS	414.61									
07	62263	LYSIS EPIDURAL ADHESIONS	497.53	00 15								
03	62264	EPIDURAL LYSIS ON SINGLE DAY	255.51									
07	62264	EPIDURAL LYSIS ON SINGLE DAY	306.61	00 15								
03	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	166.97									
07	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	200.37	00 15								
03	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	302.20									
07	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	362.64	00 15								
03	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	326.61									
07	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	391.93	00 15								
03	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	99.08									
07	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	118.89	00 15								
03	62272	SPINAL PUNCTURE, THERAPEUTIC	116.63									
07	62272	SPINAL PUNCTURE, THERAPEUTIC	139.95									
03	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	107.84									
07	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	129.41	00 15								
03	62280	TREAT SPINAL CORD LESION	195.71									X
07	62280	TREAT SPINAL CORD LESION	234.85	00 15								X
03	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	181.28									
07	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	217.53	00 15								
03	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	186.35									X
07	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	223.62	00 15								X
03	62284	INJECTION FOR MYELOGRAM	141.46									
07	62284	INJECTION FOR MYELOGRAM	169.75	00 15								
03	62287	ASPIRATION PROC,PERCUTANEOUS,LUMBAR	365.82									
07	62287	ASPIRATION PROC,PERCUTANEOUS,LUMBAR	438.98	00 15								
03	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	209.01									
07	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	250.81	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	62291	INJECT FOR SPINE DISK X-RAY	196.37										
07	62291	INJECT FOR SPINE DISK X-RAY	235.65	00	15								
03	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	335.18										
07	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	402.22	00	15								
03	62294	INJECTION INTO SPINAL ARTERY	531.86										
07	62294	INJECTION INTO SPINAL ARTERY	638.24	00	15								
03	62310	INJECT SPINE C/T	137.45										
07	62310	INJECT SPINE C/T	164.93	00	15								
03	62311	INJECT SPINE L/S (CD)	120.78										
07	62311	INJECT SPINE L/S (CD)	144.94	00	15								
03	62318	INJECT SPINE W/CATH, C/T	146.90										X
07	62318	INJECT SPINE W/CATH, C/T	176.28	00	15								X
03	62319	INJECT SPINE W/CATH L/S (CD)	133.04										
07	62319	INJECT SPINE W/CATH L/S (CD)	159.64	00	15								
03	62350	IMPLANT SPINAL CATHETER	260.30				X		X				
07	62350	IMPLANT SPINAL CATHETER	312.35	00	15		X		X				
02	62351	IMPLANT SPINAL CATHETER	109.20			X			X				
03	62351	IMPLANT SPINAL CATHETER	545.99				X		X				
07	62351	IMPLANT SPINAL CATHETER	655.19	00	15		X		X				
03	62355	REMOVE SPINAL CANAL CATHETER	194.24				X		X				
07	62355	REMOVE SPINAL CANAL CATHETER	233.09	00	15		X		X				
03	62360	INSERT SPINE INFUSION DEVICE	184.54				X		X				
07	62360	INSERT SPINE INFUSION DEVICE	221.45	00	15		X		X				
03	62361	IMPLANT SPINE INFUSION PUMP	256.28				X		X				
07	62361	IMPLANT SPINE INFUSION PUMP	307.54	00	15		X		X				
03	62362	IMPLANT SPINE INFUSION PUMP	273.59				X		X				
07	62362	IMPLANT SPINE INFUSION PUMP	328.30	00	15		X		X				
03	62365	REMOVE SPINE INFUSION DEVICE	215.00				X		X				
07	62365	REMOVE SPINE INFUSION DEVICE	258.00	00	15		X		X				
03	62367	ANALYZE SPINE INFUSION PUMP	25.11						X				
05	62367	ANALYZE SPINE INFUSION PUMP	10.04										
07	62367	ANALYZE SPINE INFUSION PUMP	30.13	00	15				X				
03	62368	ANALYZE SPINE INFUSION PUMP	36.23						X				
05	62368	ANALYZE SPINE INFUSION PUMP	14.49										
07	62368	ANALYZE SPINE INFUSION PUMP	43.47	00	15				X				
02	63001	RELIEVE SPINAL CORD PRESSURE	160.04										
03	63001	RELIEVE SPINAL CORD PRESSURE	800.21										
07	63001	RELIEVE SPINAL CORD PRESSURE	960.25	00	15								
02	63003	RELIEVE SPINAL CORD PRESSURE	160.93										
03	63003	RELIEVE SPINAL CORD PRESSURE	804.66										
07	63003	RELIEVE SPINAL CORD PRESSURE	965.59	00	15								
02	63005	RELIEVE SPINAL CORD PRESSURE	152.22										
03	63005	RELIEVE SPINAL CORD PRESSURE	761.08										
07	63005	RELIEVE SPINAL CORD PRESSURE	913.29	00	15								
02	63011	RELIEVE SPINAL CORD PRESSURE	144.43										
03	63011	RELIEVE PSINAL CORD PRESSURE	722.15										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63011	RELIEVE PSINAL CORD PRESSURE	866.58	00 15								
02	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	155.08									
03	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	775.41									
07	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	930.49	00 15								
02	63015	RELIEVE SPINAL CORD PRESSURE	192.43									
03	63015	RELIEVE SPINAL CORD PRESSURE	962.16									
07	63015	RELIEVE SPINAL CORD PRESSURE	1,154.59	00 15								
02	63016	RELIEVE SPINAL CORD PRESSURE	197.77									
03	63016	RELIEVE SPINAL CORD PRESSURE	988.85									
07	63016	RELIEVE SPINAL CORD PRESSURE	1,186.62	00 15								
02	63017	RELIEVE SPINAL CORD PRESSURE	160.72									
03	63017	RELIEVE SPINAL CORD PRESSURE	803.58									
07	63017	RELIEVE SPINAL CORD PRESSURE	964.30	00 15								
02	63020	NECK SPINE DISK SURGERY	152.38									
03	63020	NECK SPINE DISK SURGERY	761.88									
07	63020	NECK SPINE DISK SURGERY	914.26	00 15								
02	63030	LOW BACK DISK SURGERY	126.30									
03	63030	LOW BACK DISK SURGERY	631.48									
07	63030	LOW BACK DISK SURGERY	757.77	00 15								
02	63035	ADDED SPINAL DISK SURGERY	27.31									X
03	63035	ADDED SPINAL DISK SURGERY	136.57									X
07	63035	ADDED SPINAL DISK SURGERY	163.88	00 15								X
02	63040	NECK SPINE DISK SURGERY	185.76									
03	63040	NECK SPINE DISK SURGERY	928.82									
07	63040	NECK SPINE DISK SURGERY	1,114.59	00 15								
02	63042	LOW BACK DISK SURGERY	173.58									
03	63042	LOW BACK DISK SURGERY	867.91									
07	63042	LOW BACK DISK SURGERY	1,041.49	00 15								
02	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	48.89									X
03	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	244.47									X
07	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	244.47	00 15								X
02	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	48.89									X
03	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	244.47									X
07	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	244.47	00 15								X
02	63045	LAMINECTOMY....SING.SEG.;CERVICAL	165.68									
03	63045	LAMINECTOMY....SING.SEG.;CERVICAL	828.39									
07	63045	LAMINECTOMY....SING.SEG.;CERVICAL	994.07	00 15								
02	63046	LAMINECTOMY....SING.SEG.;THORACIC	158.01									
03	63046	LAMINECTOMY....SING.SEG.;THORACIC	790.06									
07	63046	LAMINECTOMY....SING.SEG.;THORACIC	948.07	00 15								
02	63047	LAMINECTOMY....SING.SEG.;LUMBAR	143.96									
03	63047	LAMINECTOMY....SING.SEG.;LUMBAR	719.78									
07	63047	LAMINECTOMY....SING.SEG.;LUMBAR	863.73	00 15								
02	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	29.23									X
03	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	146.15									X
07	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	175.37	00 15								X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	63050	CERVICAL LAMINOPLASTY	199.19									
03	63050	CERVICAL LAMINOPLASTY	995.95									
07	63050	CERVICAL LAMINOPLASTY	1,195.14	00 15								
02	63051	C-LAMINOPLASTY W/GRAFT/PLATE	224.39									
03	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,121.97									
07	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,346.36	00 15								
02	63055	DECOMPRESS SP CRD EQUINA/NRV RT;THOR	213.74									
03	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,068.71									
07	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,282.46	00 15								
02	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	197.24									
03	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	986.22									
07	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,183.46	00 15								
02	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	44.93									X
03	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	224.65									X
07	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	269.58	00 15								X
02	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	233.92									
03	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,169.60									
07	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,403.51	00 15								
02	63066	DECOMPRESS...THORACIC;EACH ADD SEG	27.62									X
03	63066	DECOMPRESS...THORACIC;EACH ADD SEG	138.08									X
07	63066	DECOMPRESS...THORACIC;EACH ADD SEG	165.70	00 15								X
02	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	182.35									
03	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	911.74									
07	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	1,094.09	00 15								
02	63076	DISKECTOMY..CERV EA ADD INTERSPACE	34.71									X
03	63076	DISKECTOMY CERV EA DD INTERSPACE	173.54									X
07	63076	DISKECTOMY CERV EA ADD INTERSPACE	208.24	00 15								X
02	63077	DISKECTOMY...THORACIC,SING.INTERSPA	199.05									
03	63077	DISKECTOMY...;THORACIC,SING.INTERSPA	995.24									
07	63077	DISKECTOMY...;THORACIC,SING.INTERSPA	1,194.28	00 15								
02	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	27.48									X
03	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	137.42									X
07	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	164.91	00 15								X
02	63081	VERT CORPECTOMY..,CERVICAL,SING SEG	234.16									
03	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,170.80									
07	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,404.96	00 15								
02	63082	VERT CORPECTOMY;CERVICAL,EACH ADD	37.44									X
03	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	187.20									X
07	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	224.64	00 15								X
02	63085	VERT CORPECTOMY..;THORACIC,SING SEG	248.94									
03	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,244.69									
07	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,493.63	00 15								
02	63086	VERT CORPECT..;THOR.,EACH ADD SEG	26.42									X
03	63086	VERT CORPECT..,THOR.,EACH ADD SEG	132.11									X
07	63086	VERT CORPECT..,THOR.,EACH ADD SEG	158.54	00 15								X
02	63087	VERT.CORP.LOW THOR,LUMB;SING SEGMENT	318.60									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,592.98									
07	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,911.57	00 15								
02	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	36.16									X
03	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	180.82									X
07	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	216.98	00 15								X
02	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	259.46									
03	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,297.32									
07	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,556.78	00 15								
02	63091	VERT CORPECTOMY;EACH ADD SEGMENT	24.74									X
03	63091	VERT CORPECTOMY;EACH ADD SEGMENT	123.71									X
07	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	148.45	00 15								X
02	63101	REMOVAL OF VERTEBRAL BODY	297.75									
03	63101	REMOVAL OF VERTEBRAL BODY	1,488.74									
07	63101	REMOVAL OF VERTEBRAL BODY	1,786.49	00 15								
02	63102	REMOVAL OF VERTEBRAL BODY	296.61									
03	63102	REMOVAL OF VERTEBRAL BODY	1,483.04									
07	63102	REMOVAL OF VERTEBRAL BODY	1,779.65	00 15								
02	63103	REMOVE VERTEBRAL BODY ADD-ON	39.38									X
03	63103	REMOVE VERTEBRAL BODY ADD-ON	196.91									X
07	63103	REMOVE VERTEBRAL BODY ADD-ON	236.29	00 15								X
02	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	200.76									
03	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,003.81									
07	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,204.57	00 15								
02	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	180.80									
03	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	904.00									
07	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,084.80	00 15								
02	63173	LAMINECTOMY...;TO PERITONEAL SPACE	223.11									
03	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,115.55									
07	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,338.66	00 15								
02	63180	REVISE SPINAL CORD LIGAMENTS	181.15									
03	63180	REVISE SPINAL CORD LIGAMENTS	905.77									
07	63180	REVISE SPINAL CORD LIGAMENTS	1,086.92	00 15								
02	63182	REVISE SPINAL CORD LIGAMENTS	196.26									
03	63182	REVISE SPINAL CORD LIGAMENTS	981.29									
07	63182	REVISE SPINAL CORD LIGAMENTS	1,177.54	00 15								
02	63185	INCISE SPINAL COLUMN/NERVES	146.62									
03	63185	INCISE SPINAL COLUMN/NERVES	733.11									
07	63185	INCISE SPINAL COLUMN/NERVES	879.73	00 15								
02	63190	INCISE SPINAL COLUMN/NERVES	168.57									
03	63190	INCISE SPINAL COLUMN/NERVES	842.85									
07	63190	INCISE SPINAL COLUMN/NERVES	1,011.42	00 15								
02	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE UNIL	166.55									
03	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	832.73									
07	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	999.27	00 15								
02	63194	INCISE SPINAL COLUMN & CORD	191.30									
03	63194	INCISE SPINAL COLUMN & CORD	956.52									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63194	INCISE SPINAL COLUMN & CORD	1,147.82	00 15								
02	63195	INCISE SPINAL COLUMN & CORD	195.75									
03	63195	INCISE SPINAL COLUMN & CORD	978.75									
07	63195	INCISE SPINAL COLUMN & CORD	1,174.50	00 15								
02	63196	INCISE SPINAL COLUMN & CORD	230.26									
03	63196	INCISE SPINAL COLUMN & CORD	1,151.29									
07	63196	INCISE SPINAL COLUMN & CORD	1,381.55	00 15								
02	63197	INCISE SPINAL COLUMN & CORD	219.28									
03	63197	INCISE SPINAL COLUMN & CORD	1,096.38									
07	63197	INCISE SPINAL COLUMN & CORD	1,315.66	00 15								
02	63198	INCISE SPINAL COLUMN & CORD	245.79									
03	63198	INCISE SPINAL COLUMN & CORD	1,228.97									
07	63198	INCISE SPINAL COLUMN & CORD	1,474.77	00 15								
02	63199	INCISE SPINAL COLUMN & CORD	251.67									
03	63199	INCISE SPINAL COLUMN & CORD	1,258.37									
07	63199	INCISE SPINAL COLUMN & CORD	1,510.05	00 15								
02	63200	LAMINECTOMY,RELEASE TETHER...L	196.32									
03	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	981.59									
07	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,177.91	00 15								
02	63250	REVISE SPINAL CORD VESSELS	381.24									
03	63250	REVISE SPINAL CORD VESSELS	1,906.18									
07	63250	REVISE SPINAL CORD VESSELS	2,287.41	00 15								
02	63251	REVISE SPINAL CORD VESSELS	396.85									
03	63251	REVISE SPINAL CORD VESSELS	1,984.26									
07	63251	REVISE SPINAL CORD VESSELS	2,381.11	00 15								
02	63252	LAMINECTOMY,MALFORM.SP.CRD;THORACOL	397.48									
03	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	1,987.40									
07	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	2,384.88	00 15								
02	63265	LAMINECTOMY,LESION...;CERVICAL	217.35									
03	63265	LAMINECTOMY,LESION...;CERVICAL	1,086.77									
07	63265	LAMINECTOMY,LESION...;CERVICAL	1,304.12	00 15								
02	63266	LAMINECTOMY,LESION...;THORACIC	223.49									
03	63266	LAMINECTOMY,LESION...;THORACIC	1,117.43									
07	63266	LAMINECTOMY,LESION...;THORACIC	1,340.92	00 15								
02	63267	LAMINECTOMY,LESION...;LUMBAR	179.62									
03	63267	LAMINECTOMY,LESION...;LUMBAR	898.09									
07	63267	LAMINECTOMY,LESION...;LUMBAR	1,077.71	00 15								
02	63268	LAMINECTOMY.LESION...;SACRAL	179.47									
03	63268	LAMINECTOMY,LESION....;SACRAL	897.34									
07	63268	LAMINECTOMY,LESION....;SACRAL	1,076.81	00 15								
02	63270	LAMINECTOMY,LESION...;CERVICAL	268.00									
03	63270	LAMINECTOMY,LESION....;CERVICAL	1,340.01									
07	63270	LAMINECTOMY,LESION....;CERVICAL	1,608.01	00 15								
02	63271	LAMINECTOMY,LESION....;THORACIC	269.66									
03	63271	LAMINECTOMY,LESION...;THORACIC	1,348.28									
07	63271	LAMINECTOMY,LESION...;THORACIC	1,617.93	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	63272	LAMINECTOMY,LESION...;LUMBAR	248.10									
03	63272	LAMINECTOMY,LESION...;LUMBAR	1,240.50									
07	63272	LAMINECTOMY,LESION...;LUMBAR	1,488.60	00 15								
02	63273	LAMINECTOMY,LESION...;SACRAL	234.42									
03	63273	LAMINECTOMY,LESION...;SACRAL	1,172.10									
07	63273	LAMINECTOMY,LESION...;SACRAL	1,406.52	00 15								
02	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	233.55									
03	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,167.74									
07	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,401.28	00 15								
02	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	232.73									
03	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,163.63									
07	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,396.35	00 15								
02	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	204.03									
03	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,020.14									
07	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,224.16	00 15								
02	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	199.25									
03	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	996.26									
07	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,195.52	00 15								
02	63280	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	276.66									
03	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,383.29									
07	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,659.95	00 15								
02	63281	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	273.51									
03	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,367.54									
07	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,641.05	00 15								
02	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	258.01									
03	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,290.06									
07	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,548.07	00 15								
02	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	244.28									
03	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,221.40									
07	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,465.68	00 15								
02	63285	LAMINECTOMY;BX/EXC..;CERVICAL-INTRA	340.49									
03	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,702.46									
07	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,042.96	00 15								
02	63286	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	339.26									
03	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,696.31									
07	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,035.57	00 15								
02	63287	LAMINECTOMY,BX/FXC..;THORACOLUMBAR..	357.62									
03	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	1,788.09									
07	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,145.71	00 15								
02	63290	LAMINECTOMY...,COMBINATION,ANY LEVEL	361.21									
03	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	1,806.07									
07	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,167.28	00 15								
02	63295	REPAIR OF LAMINECTOMY DEFECT	43.16									
03	63295	REPAIR OF LAMINECTOMY DEFECT	215.79									
07	63295	REPAIR OF LAMINECTOMY DEFECT	258.95	00 15								
02	63300	VERT CORP,SING SEG;CERVICAL-EXTRACUR	240.88									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,204.39									
07	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,445.27	00 15								
02	63301	SEE 63300;EXTRADUR,THOR-TRANSTHO APP	268.86									
03	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,344.29									
07	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,613.15	00 15								
02	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	267.36									
03	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,336.79									
07	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,604.14	00 15								
02	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	278.25									
03	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,391.24									
07	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,669.48	00 15								
02	63304	SEE 63300;INTRADURAL,CERVICAL	296.76									
03	63304	SEE 63300;INTRADURAL,CERVICAL	1,483.78									
07	63304	SEE 63300;INTRADURAL,CERVICAL	1,780.53	00 15								
02	63305	SEE 63300;INTRA,THOR-TRANSTHOR APP	302.46									
03	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,512.30									
07	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,814.76	00 15								
02	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	319.92									
03	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,599.60									
07	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,919.52	00 15								
02	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	292.31									
03	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,461.53									
07	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,753.83	00 15								
02	63308	VERT CORPECTOMY, EA ADD SEGMEN	45.12									
03	63308	VERT CORPECTOMY, EA ADD SEGMENT	225.59									X
07	63308	VERT CORPECTOMY; EA ADD SEGMENT	270.71	00 15								X
03	63600	REMOVE SPINAL CORD LESION	556.25									
07	63600	REMOVE SPINAL CORD LESION	667.50	00 15								
03	63610	STIMULATION OF SPINAL CORD	842.78									X
07	63610	STIMULATION OF SPINAL CORD	1,011.33	00 15								X
03	63615	STEREOTACTIC BIOPSY, SPINAL CORD	746.18									
07	63615	STEREOTACTIC BIOPSY, SPINAL CORD	895.41	00 15								
03	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	518.26									
07	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	621.91	00 15								
03	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	164.81									X
07	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	197.77	00 15								X
03	63650	IMPLANT NEUROELECTRODES	273.41									
07	63650	IMPLANT NEUROELECTRODES	328.09	00 15								
02	63655	IMPLANT NEUROELECTRODES	109.62									
03	63655	IMPLANT NEUROELECTRODES	548.08									
07	63655	IMPLANT NEUROELECTRODES	657.69	00 15								
02	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	79.14									
03	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	395.72									
07	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	474.86	00 15								
02	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	100.20									
03	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	501.00									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	601.20	00 15								
02	63663	REVISION INCLUDING REPLACEMENT WHEN	113.60									
03	63663	REVISION INCLUDING REPLACEMENT WHEN	567.98									
07	63663	REVISION INCLUDING REPLACEMENT WHEN	681.57	00 15								
02	63664	REVISION INCLUDING REPLACEMENT WHEN	104.27									
03	63664	REVISION INCLUDING REPLACEMENT WHEN	521.37									
07	63664	REVISION INCLUDING REPLACEMENT WHEN	625.64	00 15								
02	63685	IMPLANT NEURORECEIVER	52.82									
03	63685	IMPLANT NEURORECEIVER	264.11									
07	63685	IMPLANT NEURORECEIVER	316.94	00 15								
03	63688	REVISE/REMOVE NEURORECEIVER	235.92									
07	63688	REVISE/REMOVE NEURORECEIVER	283.10	00 15								
02	63700	REPAIR OF SPINAL HERNIATION	159.61									
03	63700	REPAIR OF SPINAL HERNIATION	798.07									
07	63700	REPAIR OF SPINAL HERNIATION	957.68	00 15								
02	63702	REPAIR OF SPINAL HERNIATION	179.65									
03	63702	REPAIR OF SPINAL HERNIATION	898.27									
07	63702	REPAIR OF SPINAL HERNIATION	1,077.92	00 15								
02	63704	REPAIR OF SPINAL HERNIATION	200.55									
03	63704	REPAIR OF SPINAL HERNIATION	1,002.77									
07	63704	REPAIR OF SPINAL HERNIATION	1,203.32	00 15								
02	63706	REPAIR OF SPINAL HERNIATION	234.72									
03	63706	REPAIR OF SPINAL HERNIATION	1,173.59									
07	63706	REPAIR OF SPINAL HERNIATION	1,408.30	00 15								
02	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	117.61									
03	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	588.05									
07	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	705.65	00 15								
02	63709	REP DURAL/CSF LEAK...W/LAMINECTOMY	143.15									
03	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	715.73									
07	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	858.87	00 15								
02	63710	GRAFT REPAIR OF SPINE DEFECT	143.38									
03	63710	GRAFT REPAIR OF SPINE DEFECT	716.92									
07	63710	GRAFT REPAIR OF SPINE DEFECT	860.30	00 15								
02	63740	INSTALL SPINAL SHUNT	121.47									
03	63740	INSTALL SPINAL SHUNT	607.37									
07	63740	INSTALL SPINAL SHUNT	728.85	00 15								
02	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	79.04									
03	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	395.19									
07	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	474.23	00 15								
02	63744	REVISION OF SPINAL SHUNT	82.89									
03	63744	REVISION OF SPINAL SHUNT	414.47									
07	63744	REVISION OF SPINAL SHUNT	497.36	00 15								
03	63746	REMOVAL OF SPINAL SHUNT	359.38									
07	63746	REMOVAL OF SPINAL SHUNT	431.25	00 15								
03	64400	INJECTION FOR NERVE BLOCK	68.29						X			X
07	64400	INJECTION FOR NERVE BLOCK	81.95	00 15					X			X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	64402	INJECTION FOR NERVE BLOCK	70.43							X			X
07	64402	INJECTION FOR NERVE BLOCK	84.51	00	15					X			X
03	64405	INJECTION FOR NERVE BLOCK	66.85							X			X
07	64405	INJECTION FOR NERVE BLOCK	80.22	00	15					X			X
03	64408	INJECTION FOR NERVE BLOCK	76.89							X			X
07	64408	INJECTION FOR NERVE BLOCK	92.27	00	15					X			X
03	64410	INJECTION FOR NERVE BLOCK	88.59							X			X
07	64410	INJECTION FOR NERVE BLOCK	106.31	00	15					X			X
03	64412	INJECTION FOR NERVE BLOCK	87.29							X			X
07	64412	INJECTION FOR NERVE BLOCK	104.74	00	15					X			X
03	64413	INJECTION FOR NERVE BLOCK	74.00							X			X
07	64413	INJECTION FOR NERVE BLOCK	88.80	00	15					X			X
03	64415	INJECTION FOR NERVE BLOCK	83.77							X			X
07	64415	INJECTION FOR NERVE BLOCK	100.52	00	15					X			X
03	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	64.99							X			
07	64416	N BLOCK CONT INFUSE, B PLEX	77.99	00	15								
03	64417	INJECTION FOR NERVE BLOCK	84.59							X			X
07	64417	INJECTION FOR NERVE BLOCK	101.51	00	15					X			X
03	64418	INJECTION FOR NERVE BLOCK	85.37							X			X
07	64418	INJECTION FOR NERVE BLOCK	102.45	00	15					X			X
03	64420	INJECTION FOR NERVE BLOCK	100.35							X			X
07	64420	INJECTION FOR NERVE BLOCK	120.42	00	15					X			X
03	64421	INJECTION FOR NERVE BLOCK	147.85							X			X
07	64421	INJECTION FOR NERVE BLOCK	177.42	00	15					X			X
03	64425	INJECTION FOR NERVE BLOCK	83.72							X			X
07	64425	INJECTION FOR NERVE BLOCK	100.47	00	15					X			X
03	64430	INJECTION FOR NERVE BLOCK	99.62							X			X
07	64430	INJECTION FOR NERVE BLOCK	119.54	00	15					X			X
03	64435	INJECTION FOR NERVE BLOCK	93.20							X			X
07	64435	INJECTION FOR NERVE BLOCK	111.83	00	15					X			X
03	64445	INJECTION FOR NERVE BLOCK	86.86							X			X
07	64445	INJECTION FOR NERVE BLOCK	104.23	00	15					X			X
03	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	64.00							X			
07	64446	N BLK INJ, SCIATIC, CONT INF	76.80	00	15								X
03	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	48.45							X			
07	64447	N BLOCK INJ FEM, SINGLE	58.14	00	15								X
03	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	56.75							X			
07	64448	N BLOCK INJ FEM, CONT INF	68.09	00	15								X
03	64449	N BLOCK INJ, LUMBAR PLEXUS	63.03										
07	64449	N BLOCK INJ, LUMBAR PLEXUS	75.64	00	15								
03	64450	INJECTION FOR NERVE BLOCK	67.18							X			X
07	64450	INJECTION FOR NERVE BLOCK	80.61	00	15					X			X
03	64455	INJECTION(S), ANESTHETIC AGENT AND/O	34.81										
07	64455	INJECTION(S), ANESTHETIC AGENT AND/O	41.77	00	15								
03	64479	INJ FORAMEN EPIDURAL C/T	174.27							X			X
07	64479	INJ FORAMEN EPIDURAL C/T	209.12	00	15					X			X

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	64480	INJ FORAMEN EPIDURAL ADD-ON	89.20						X			
07	64480	INJ FORAMEN EPIDURAL ADD-ON	107.04	00 15					X			
03	64483	INJ FORAMEN EPIDURAL L/S	168.76						X			X
07	64483	INJ FORAMEN EPIDURAL L/S	202.51	00 15					X			X
03	64484	INJ FORAMEN EPIDURAL ADD-ON	86.84						X			X
07	64484	INJ FORAMEN EPIDURAL ADD-ON	104.20	00 15					X			X
02	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	26.18									
03	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	130.88									
07	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	157.05	00 15								
02	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	13.22									
03	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	66.10									
07	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	79.32	00 15								
02	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	13.37									X
03	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	66.86									X
07	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	80.24	00 15								X
02	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	23.29									
03	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	116.47									
07	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	139.76	00 15								
02	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	12.00									
03	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	60.02									
07	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	72.02									
02	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	12.16									X
03	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	60.78									X
07	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	72.94	00 15								X
03	64505	INJECTION FOR NERVE BLOCK	66.28						X			
07	64505	INJECTION FOR NERVE BLOCK	79.53	00 15								
03	64508	INJECTION FOR NERVE BLOCK	89.46						X			
07	64508	INJECTION FOR NERVE BLOCK	107.35	00 15								
03	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	89.32						X			
07	64510	INJECTION FOR NERVE BLOCK	107.18	00 15								
03	64517	N BLOCK INJ, HYPOGAS PLXS	109.90									
07	64517	N BLOCK INJ, HYPOGAS PLXS	131.88	00 15								
03	64520	INJECTION FOR NERVE BLOCK	116.11						X			
07	64520	INJECTION FOR NERVE BLOCK	139.33	00 15								
03	64530	INJECTION FOR NERVE BLOCK	120.68						X			
07	64530	INJECTION FOR NERVE BLOCK	144.81	00 15								
03	64561	IMPLANT NEUROELECTRODES	727.00								X	
07	64561	IMPLANT NEUROELECTRODES	872.40	00 15							X	
03	64573	IMPLANT NEUROELECTRODES	385.18			X						
07	64573	IMPLANT NEUROELECTRODES	462.21	00 15		X						
03	64581	IMPLANT NEUROELECTRODES	564.60								X	
07	64581	IMPLANT NEUROELECTRODES	677.52	00 15							X	
03	64600	INJECTION TREATMENT OF NERVE	254.75									
07	64600	INJECTION TREATMENT OF NERVE	305.69	00 15								
03	64605	INJECTION TREATMENT OF NERVE	363.46									
07	64605	INJECTION TREATMENT OF NERVE	436.15	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	64610	INJECTION TREATMENT OF NERVE	448.19									
07	64610	INJECTION TREATMENT OF NERVE	537.83	00 15								
03	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	99.68									
07	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	119.61	00 15								
03	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	98.25									
07	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	117.90	00 15								
03	64614	DESTROY NERVE, EXTREM MUSC	109.90									
07	64614	DESTROY NERVE, EXTREM MUSC	131.88	00 15								
03	64620	INJECTION TREATMENT OF NERVE	172.91									
07	64620	INJECTION TREATMENT OF NERVE	207.50	00 15								
03	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	205.26									
07	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	246.31	00 15								
03	64623	DESTROY,EACH ADD LEVEL,LUMBAR....	75.73									X
07	64623	DESTROY,EACH ADD LEVEL,LUMBAR....	90.87	00 15								X
03	64626	DESTR PARAVERTEBRL NERVE C/T	239.73									
07	64626	DESTR PARAVERTEBRL NERVE C/T	287.68	00 15								
03	64627	DESTR PARAVERTEBRAL N ADD-ON	102.65									
07	64627	DESTR PARAVERTEBRAL N ADD-ON	123.18	00 15								
03	64630	INJECTION TREATMENT OF NERVE	151.84									
07	64630	INJECTION TREATMENT OF NERVE	182.21	00 15								
03	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	56.23									
07	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	67.47	00 15								
03	64640	INJECTION TREATMENT OF NERVE	149.41									X
07	64640	INJECTION TREATMENT OF NERVE	179.29	00 15								X
03	64680	INJECTION TREATMENT OF NERVE	193.55									
07	64680	INJECTION TREATMENT OF NERVE	232.26	00 15								
03	64681	INJECTION TREATMENT OF NERVE	251.51									
07	64681	INJECTION TREATMENT OF NERVE	301.81	00 15								
03	64702	REVISE FINGER/TOE NERVE	296.33									
07	64702	REVISE FINGER/TOE NERVE	355.60	00 15								
02	64704	REVISE HAND/FOOT NERVE	43.94									
03	64704	REVISE HAND/FOOT NERVE	219.69									
07	64704	REVISE HAND/FOOT NERVE	263.63	00 15								
02	64708	REVISE ARM/LEG NERVE	62.03									
03	64708	REVISE ARM/LEG NERVE	310.16									
07	64708	REVISE ARM/LEG NERVE	372.20	00 15								
02	64712	REVISION OF SCIATIC NERVE	71.55									
03	64712	REVISION OF SCIATIC NERVE	357.77									
07	64712	REVISION OF SCIATIC NERVE	429.32	00 15								
02	64713	REVISION OF ARM NERVE(S)	100.97									
03	64713	REVISION OF ARM NERVE(S)	504.87									
07	64713	REVISION OF ARM NERVE(S)	605.84	00 15								
02	64714	REVISE LOW BACK NERVE(S)	86.12									
03	64714	REVISE LOW BACK NERVE(S)	430.58									
07	64714	REVISE LOW BACK NERVE(S)	516.69	00 15								
02	64716	REVISION OF CRANIAL NERVE	67.18									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	64716	REVISION OF CRANIAL NERVE	335.90									
07	64716	REVISION OF CRANIAL NERVE	403.08	00 15								
03	64718	REVISE ULNAR NERVE AT ELBOW	364.27									
07	64718	REVISE ULNAR NERVE AT ELBOW	437.12	00 15								
03	64719	REVISE ULNAR NERVE AT WRIST	252.98									
07	64719	REVISE ULNAR NERVE AT WRIST	303.57	00 15								
03	64721	REVISE MEDIAN NERVE AT WRIST	265.39									
07	64721	REVISE MEDIAN NERVE AT WRIST	318.47	00 15								
02	64722	RELIEVE PRESSURE ON NERVE(S)	43.35									
03	64722	RELIEVE PRESSURE ON NERVE(S)	216.75									
07	64722	RELIEVE PRESSURE ON NERVE(S)	260.10	00 15								
03	64726	RELEASE FOOT/TOE NERVE	191.99									
07	64726	RELEASE FOOT/TOE NERVE	230.38	00 15								
03	64727	INTERNAL NEUROLYSIS,MICROSCOPE	127.26									
07	64727	INTERNAL NEUROLYSIS, MICROSCOPE	152.71	00 15								
02	64732	INCISION OF BROW NERVE	49.89									
03	64732	INCISION OF BROW NERVE	249.47									
07	64732	INCISION OF BROW NERVE	299.36	00 15								
03	64734	INCISION OF CHEEK NERVE	268.88									
07	64734	INCISION OF CHEEK NERVE	322.66	00 15								
02	64736	INCISION OF CHIN NERVE	50.26									
03	64736	INCISION OF CHIN NERVE	251.30									
07	64736	INCISION OF CHIN NERVE	301.56	00 15								
02	64738	INCISION OF JAW NERVE	60.26									
03	64738	INCISION OF JAW NERVE	301.31									
07	64738	INCISION OF JAW NERVE	361.58	00 15								
02	64740	INCISION OF TONGUE NERVE	59.43									
03	64740	INCISION OF TONGUE NERVE	297.14									
07	64740	INCISION OF TONGUE NERVE	356.57	00 15								
02	64742	INCISION OF FACIAL NERVE	61.13									
03	64742	INCISION OF FACIAL NERVE	305.65									
07	64742	INCISION OF FACIAL NERVE	366.78	00 15								
03	64744	INCISE NERVE, BACK OF HEAD	271.75									
07	64744	INCISE NERVE, BACK OF HEAD	326.10	00 15								
02	64746	INCISE DIAPHRAGM NERVE	58.14									
03	64746	INCISE DIAPHRAGM NERVE	290.72									
07	64746	INCISE DIAPHRAGM NERVE	348.86	00 15								
02	64752	INCISION OF VAGUS NERVE	65.97									
03	64752	INCISION OF VAGUS NERVE	329.87									
07	64752	INCISION OF VAGUS NERVE	395.85	00 15								
02	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	118.51									
03	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	592.55									
07	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	711.05	00 15								
02	64760	INCISION OF VAGUS NERVE	62.39									
03	64760	INCISION OF VAGUS NERVE	311.93									
07	64760	INCISION OF VAGUS NERVE	374.31	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	64761	INCISION OF PELVIS NERVE	58.58									
03	64761	INCISION OF PELVIS NERVE	292.91									
07	64761	INCISION OF PELVIS NERVE	351.49	00 15								
02	64763	INCISE HIP/THIGH NERVE	70.88									
03	64763	INCISE HIP/THIGH NERVE	354.38									
07	64763	INCISE HIP/THIGH NERVE	425.26	00 15								
02	64766	INCISE HIP/THIGH NERVE	82.05									
03	64766	INCISE HIP/THIGH NERVE	410.27									
07	64766	INCISE HIP/THIGH NERVE	492.33	00 15								
02	64771	INCISE CRANIAL NERVE, EXTRADUR	76.97									
03	64771	INCISE CRANIAL NERVE, EXTRADURAL	384.84									
07	64771	INCISE CRANIAL NERVE, EXTRADURAL	461.81	00 15								
02	64772	INCISION OF SPINAL NERVE	74.37									
03	64772	INCISION OF SPINAL NERVE	371.87									
07	64772	INCISION OF SPINAL NERVE	446.25	00 15								
03	64774	REMOVE SKIN NERVE LESION	266.57									
07	64774	REMOVE SKIN NERVE LESION	319.88	00 15								
03	64776	REMOVE DIGIT NERVE LESION	256.72									
07	64776	REMOVE DIGIT NERVE LESION	308.06	00 15								
03	64778	EXCISE NEUROMA;EACH ADD DIGIT	126.34									X
07	64778	EXCISE NEUROMA;EACH ADD DIGIT	151.61	00 15								X
03	64782	REMOVE LIMB NERVE LESION	302.88									
07	64782	REMOVE LIMB NERVE LESION	363.46	00 15								
03	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	150.66									X
07	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	180.79	00 15								X
03	64784	REMOVE NERVE LESION	471.66									
07	64784	REMOVE NERVE LESION	565.99	00 15								
02	64786	REMOVE SCIATIC NERVE LESION	142.70									
03	64786	REMOVE SCIATIC NERVE LESION	713.48									
07	64786	REMOVE SCIATIC NERVE LESION	856.18	00 15								
03	64787	INSERT CAP ON NERVE END	173.03									
07	64787	INSERT CAP ON NERVE END	207.63	00 15								
03	64788	REMOVE SKIN NERVE LESION	249.99									
07	64788	REMOVE SKIN NERVE LESION	299.99	00 15								
03	64790	REMOVAL OF NERVE LESION	543.80									
07	64790	REMOVAL OF NERVE LESION	652.55	00 15								
02	64792	REMOVAL OF NERVE LESION	140.75									
03	64792	REMOVAL OF NERVE LESION	703.77									
07	64792	REMOVAL OF NERVE LESION	844.52	00 15								
03	64795	BIOPSY OF NERVE	129.59									
07	64795	BIOPSY OF NERVE	155.51	00 15								
02	64802	REMOVE SYMPATHETIC NERVES	80.43									
03	64802	REMOVE SYMPATHETIC NERVES	402.17									
07	64802	REMOVE SYMPATHETIC NERVES	482.60	00 15								
02	64804	REMOVE SYMPATHETIC NERVES	122.96									
03	64804	REMOVE SYMPATHETIC NERVES	614.81									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	64804	REMOVE SYMPATHETIC NERVES	737.78	00 15								
02	64809	REMOVE SYMPATHETIC NERVES	114.49									
03	64809	REMOVE SYMPATHETIC NERVES	572.47									
07	64809	REMOVE SYMPATHETIC NERVES	686.96	00 15								
02	64818	REMOVE SYMPATHETIC NERVES	89.08									
03	64818	REMOVE SYMPATHETIC NERVES	445.38									
07	64818	REMOVE SYMPATHETIC NERVES	534.46	00 15								
03	64820	REMOVE SYMPATHETIC NERVES	493.34									
07	64820	REMOVE SYMPATHETIC NERVES	592.00	00 15								
02	64821	REMOVE SYMPATHETIC NERVES	88.62									
03	64821	REMOVE SYMPATHETIC NERVES	443.09									
07	64821	REMOVE SYMPATHETIC NERVES	531.71	00 15								
02	64822	REMOVE SYMPATHETIC NERVES	87.72									
03	64822	REMOVE SYMPATHETIC NERVES	438.61									
07	64822	REMOVE SYMPATHETIC NERVES	526.33	00 15								
02	64823	REMOVE SYMPATHETIC NERVES	100.01									
03	64823	REMOVE SYMPATHETIC NERVES	500.07									
07	64823	REMOVE SYMPATHETIC NERVES	600.08	00 15								
03	64831	REPAIR OF DIGIT NERVE	440.39									
07	64831	REPAIR OF DIGIT NERVE	528.47	00 15								
03	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	234.38									X
07	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	281.25	00 15								X
03	64834	REPAIR OF HAND OR FOOT NERVE	489.08									
07	64834	REPAIR OF HAND OR FOOT NERVE	586.89	00 15								
02	64835	REPAIR OF HAND OR FOOT NERVE	106.16									
03	64835	REPAIR OF HAND OR FOOT NERVE	530.80									
07	64835	REPAIR OF HAND OR FOOT NERVE	636.96	00 15								
02	64836	REPAIR OF HAND OR FOOT NERVE	106.01									
03	64836	REPAIR OF HAND OR FOOT NERVE	530.06									
07	64836	REPAIR OF HAND OR FOOT NERVE	636.08	00 15								
02	64837	SUTURE EACH ADD NERVE,HAND OR	52.08									
03	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	260.39									X
07	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	312.47	00 15								X
02	64840	REPAIR OF LEG NERVE	120.12									
03	64840	REPAIR OF LEG NERVE	600.62									
07	64840	REPAIR OF LEG NERVE	720.74	00 15								
02	64856	REPAIR/TRANSPOSE NERVE	133.62									
03	64856	REPAIR/TRANSPOSE NERVE	668.09									
07	64856	REPAIR/TRANSPOSE NERVE	801.70	00 15								
02	64857	REPAIR ARM/LEG NERVE	139.72									
03	64857	REPAIR ARM/LEG NERVE	698.62									
07	64857	REPAIR ARM/LEG NERVE	838.34	00 15								
02	64858	REPAIR SCIATIC NERVE	162.17									
03	64858	REPAIR SCIATIC NERVE	810.86									
07	64858	REPAIR SCIATIC NERVE	973.03	00 15								
02	64859	SUTRUE @ ADD MAJOR PERIPHERIAL	35.35									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	176.73										X
07	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	212.08	00	15								X
02	64861	REPAIR OF ARM NERVES	183.90										
03	64861	REPAIR OF ARM NERVES	919.52										
07	64861	REPAIR OF ARM NERVES	1,103.43	00	15								
02	64862	REPAIR OF LOW BACK NERVES	181.01										
03	64862	REPAIR OF LOW BACK NERVES	905.07										
07	64862	REPAIR OF LOW BACK NERVES	1,086.08	00	15								
02	64864	REPAIR OF FACIAL NERVE	115.04										
03	64864	REPAIR OF FACIAL NERVE	575.21										
07	64864	REPAIR OF FACIAL NERVE	690.26	00	15								
02	64865	REPAIR OF FACIAL NERVE	150.96										
03	64865	REPAIR OF FACIAL NERVE	754.81										
07	64865	REPAIR OF FACIAL NERVE	905.77	00	15								
02	64866	FUSION OF FACIAL/OTHER NERVE	157.81										
03	64866	FUSION OF FACIAL/OTHER NERVE	789.05										
07	64866	FUSION OF FACIAL/OTHER NERVE	946.85	00	15								
02	64868	FUSION OF FACIAL/OTHER NERVE	137.56										
03	64868	FUSION OF FACIAL/OTHER NERVE	687.78										
07	64868	FUSION OF FACIAL/OTHER NERVE	825.34	00	15								
02	64870	FUSION OF FACIAL-O THER NERVE	135.59										
03	64870	FUSION OF FACIAL/OTHER NERVE	677.96										
07	64870	FUSION OF FACIAL/OTHER NERVE	813.56	00	15								
02	64872	SUTURE OF NERVE;REQ. DELAYED SUTURE	16.54										
03	64872	SUBSEQUENT REPAIR OF NERVE	82.68										
07	64872	SUBSEQUENT REPAIR OF NERVE	99.22	00	15								
02	64874	REPAIR & REVISE NERVE	24.32										
03	64874	REPAIR & REVISE NERVE	121.62										
07	64874	REPAIR & REVISE NERVE	145.94	00	15								
02	64876	REPAIR NERVE; SHORTEN BONE	26.63										
03	64876	REPAIR NERVE; SHORTEN BONE	133.13										
07	64876	REPAIR NERVE; SHORTEN BONE	159.76	00	15								
02	64885	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	149.90										X
03	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	749.49										
07	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	899.39	00	15								
02	64886	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	178.09										X
03	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	890.44										
07	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,068.53	00	15								
02	64890	NERVE GRAFT, HAND OR FOOT	143.95										
03	64890	NERVE GRAFT, HAND OR FOOT	719.75										
07	64890	NERVE GRAFT, HAND OR FOOT	863.69	00	15								
02	64891	NERVE GRAFT, HAND OR FOOT	147.67										
03	64891	NERVE GRAFT, HAND OR FOOT	738.35										
07	64891	NERVE GRAFT, HAND OR FOOT	886.02	00	15								
02	64892	NERVE GRAFT, ARM OR LEG	140.40										
03	64892	NERVE GRAFT, ARM OR LEG	702.02										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	64892	NERVE GRAFT, ARM OR LEG	842.42	00 15								
02	64893	NERVE GRAFT, ARM OR LEG	148.00									
03	64893	NERVE GRAFT, ARM OR LEG	740.00									
07	64893	NERVE GRAFT, ARM OR LEG	887.99	00 15								
02	64895	NERVE GRAFT, HAND OR FOOT	173.12									
03	64895	NERVE GRAFT, HAND OR FOOT	865.60									
07	64895	NERVE GRAFT, HAND OR FOOT	1,038.72	00 15								
02	64896	NERVE GRAFT, HAND OR FOOT	191.24									
03	64896	NERVE GRAFT, HAND OR FOOT	956.20									
07	64896	NERVE GRAFT, HAND OR FOOT	1,147.44	00 15								
02	64897	NERVE GRAFT, ARM OR LEG	167.46									
03	64897	NERVE GRAFT, ARM OR LEG	837.32									
07	64897	NERVE GRAFT, ARM OR LEG	1,004.78	00 15								
02	64898	NERVE GRAFT, ARM OR LEG	182.53									
03	64898	NERVE GRAFT, ARM OR LEG	912.65									
07	64898	NERVE GRAFT, ARM OR LEG	1,095.17	00 15								
02	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	82.69									X
03	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	413.47									X
07	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	496.16	00 15								X
02	64902	NERVE GRAFT,@ ADD NERVE;MULTI	95.03									
03	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	475.13									X
07	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	570.16	00 15								X
02	64905	NERVE PEDICLE TRANSFER	133.68									
03	64905	NERVE PEDICLE TRANSFER	668.41									
07	64905	NERVE PEDICLE TRANSFER	802.09	00 15								
02	64907	NERVE PEDICLE TRANSFER	176.68									
03	64907	NERVE PEDICLE TRANSFER	883.40									
07	64907	NERVE PEDICLE TRANSFER	1,060.07	00 15								
02	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	107.23									
03	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	536.16									
07	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	643.39	00 15								
02	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	129.46									
03	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	647.30									
07	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	776.76	00 15								
02	64999	NERVOUS SYSTEM SURGERY	MP		X							
03	64999	NERVOUS SYSTEM SURGERY	MP		X							
07	64999	NERVOUS SYSTEM SURGERY	MP	00 15	X							
03	65091	EVISCERATION EYE	373.01									
07	65091	EVISCERATION EYE	447.62	00 15								
03	65093	EVISCERATION EYE WITH IMPLANT	371.89									
07	65093	EVISCERATION EYE WITH IMPLANT	446.27	00 15								
03	65101	REMOVAL OF EYE	429.42									
07	65101	REMOVAL OF EYE	515.30	00 15								
02	65103	REMOVE EYE/INSERT IMPLANT	89.81									
03	65103	REMOVE EYE/INSERT IMPLANT	449.03									
07	65103	REMOVE EYE/INSERT IMPLANT	538.83	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	65105	REMOVE EYE/ATTACH IMPLANT	99.20									
03	65105	REMOVE EYE/ATTACH IMPLANT	496.01									
07	65105	REMOVE EYE/ATTACH IMPLANT	595.21	00 15								
02	65110	REMOVAL OF EYE	145.71									
03	65110	REMOVAL OF EYE	728.54									
07	65110	REMOVAL OF EYE	874.25	00 15								
02	65112	REMOVE EYE, REVISE SOCKET	172.17									
03	65112	REMOVE EYE, REVISE SOCKET	860.86									
07	65112	REMOVE EYE, REVISE SOCKET	1,033.03	00 15								
02	65114	REMOVE EYE, REVISE SOCKET	178.70									
03	65114	REMOVE EYE, REVISE SOCKET	893.49									
07	65114	REMOVE EYE, REVISE SOCKET	1,072.19	00 15								
03	65125	MODIFICATION OF OCULAR IMPLANT (EG,	261.60									
07	65125	MODIFICATION OF OCULAR IMPLANT (EG,	313.92	00 15								
03	65130	INSERT OCULAR IMPLANT	425.54									
07	65130	INSERT OCULAR IMPLANT	510.65	00 15								
03	65135	INSERT OCULAR IMPLANT	433.51									
07	65135	INSERT OCULAR IMPLANT	520.21	00 15								
03	65140	ATTACH OCULAR IMPLANT	472.60									
07	65140	ATTACH OCULAR IMPLANT	567.12	00 15								
03	65150	REVISE OCULAR IMPLANT	341.60									
07	65150	REVISE OCULAR IMPLANT	409.91	00 15								
03	65155	REINSERT OCULAR IMPLANT	499.68									
07	65155	REINSERT OCULAR IMPLANT	599.62	00 15								
03	65175	REMOVAL OF OCULAR IMPLANT	382.81									
07	65175	REMOVAL OF OCULAR IMPLANT	459.37	00 15								
03	65205	REMOVE FOREIGN BODY FROM EYE	33.95									X
07	65205	REMOVE FOREIGN BODY FROM EYE	40.73	00 15								X
03	65210	REMOVE FOREIGN BODY FROM EYE	41.50									X
07	65210	REMOVE FOREIGN BODY FROM EYE	49.80	00 15								X
03	65220	REMOVE FOREIGN BODY FROM EYE	34.90									X
07	65220	REMOVE FOREIGN BODY FROM EYE	41.88	00 15								X
03	65222	REMOVE FOREIGN BODY FROM EYE	45.60									X
07	65222	REMOVE FOREIGN BODY FROM EYE	54.72	00 15								X
03	65235	REMOVE FOREIGN BODY FROM EYE	411.73									
07	65235	REMOVE FOREIGN BODY FROM EYE	494.07	00 15								
02	65260	REMOVE FOREIGN BODY FROM EYE	113.18									
03	65260	REMOVE FOREIGN BODY FROM EYE	565.88									
07	65260	REMOVE FOREIGN BODY FROM EYE	679.06	00 15								
02	65265	REMOVE FOREIGN BODY FROM EYE	127.51									
03	65265	REMOVE FOREIGN BODY FROM EYE	637.53									
07	65265	REMOVE FOREIGN BODY FROM EYE	765.04	00 15								
03	65270	REPAIR OF EYE WOUND	153.38									
07	65270	REPAIR OF EYE WOUND	184.06	00 15								
03	65272	REPAIR OF EYE WOUND	286.11									
07	65272	REPAIR OF EYE WOUND	343.33	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	65273	REPAIR OF EYE WOUND	225.21									
07	65273	REPAIR OF EYE WOUND	270.25	00 15								
03	65275	REPAIR OF EYE WOUND	324.60									
07	65275	REPAIR OF EYE WOUND	389.52	00 15								
03	65280	REPAIR OF EYE WOUND	395.16									
07	65280	REPAIR OF EYE WOUND	474.19	00 15								
03	65285	REPAIR OF EYE WOUND	618.57									
07	65285	REPAIR OF EYE WOUND	742.28	00 15								
03	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	405.19									
07	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	486.23	00 15								
03	65290	REPAIR OF EYE SOCKET WOUND	289.92									
07	65290	REPAIR OF EYE SOCKET WOUND	347.90	00 15								
03	65400	REMOVAL OF EYE LESION	389.38									
07	65400	REMOVAL OF EYE LESION	467.25	00 15								
03	65410	BIOPSY OF CORNEA	84.44									
07	65410	BIOPSY OF CORNEA	101.33	00 15								
03	65420	REMOVAL OF EYE LESION	295.98									
07	65420	REMOVAL OF EYE LESION	355.18	00 15								
03	65426	REMOVAL OF EYE LESION	374.96									
07	65426	REMOVAL OF EYE LESION	449.96	00 15								
03	65430	CORNEAL SMEAR	69.24									X
07	65430	CORNEAL SMEAR	83.09	00 15								X
03	65435	CURETTE/TREAT CORNEA	47.46									
07	65435	CURETTE/TREAT CORNEA	56.95	00 15								
03	65436	CURETTE/TREAT CORNEA	226.55									
07	65436	CURETTE/TREAT CORNEA	271.86	00 15								
03	65450	DESTROY CORNEAL LESION	185.68									
07	65450	DESTROY CORNEAL LESION	222.81	00 15								
03	65600	REVISION OF CORNEA	224.87									
07	65600	REVISION OF CORNEA	269.85	00 15								
02	65710	CORNEAL TRANSPLANT	130.19									
03	65710	CORNEAL TRANSPLANT	650.93									
07	65710	CORNEAL TRANSPLANT	781.11	00 15								
02	65730	CORNEAL TRANSPLANT	145.03									
03	65730	CORNEAL TRANSPLANT	725.15									
07	65730	CORNEAL TRANSPLANT	870.18	00 15								
02	65750	CORNEAL TRANSPLANT	147.34									
03	65750	CORNEAL TRANSPLANT	736.68									
07	65750	CORNEAL TRANSPLANT	884.02	00 15								
03	65755	KERATOPLASTY, PENETRATING	732.28									
07	65755	KERATOPLASTY, PENETRATING	878.73	00 15								
02	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	141.54									
03	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	707.71									
07	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	849.25	00 15								
03	65757	BACKBENCH PREPARATION OF CORNEAL END	MP		X							
07	65757	BACKBENCH PREPARATION OF CORNEAL END	MP	00 15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	65765	KERATOPHAKIA	1,007.50									
07	65765	KERATOPHAKIA	1,007.50	00 15								
03	65767	EPIKERATOPHAKIA	1,007.50									
07	65767	EPIKERATOPHAKIA	1,007.50	00 15								
02	65770	KERATOPROSTHESIS	168.72									
03	65770	KERATOPROSTHESIS	843.62									
07	65770	KERATOPROSTHESIS	1,012.34	00 15								
03	65772	CORNEAL RELAX INCISION,CORR SURG AST	260.84									
07	65772	CORNEAL RELAX INCISION,CORR SURG AST	313.00	00 15								
03	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	322.52									
07	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	387.02	00 15								
03	65780	OCULAR RECONST, TRANSPLANT	518.13									
07	65780	OCULAR RECONST, TRANSPLANT	621.76	00 15								
02	65781	OCULAR RECONST, TRANSPLANT	158.20									
03	65781	OCULAR RECONST, TRANSPLANT	791.01									
07	65781	OCULAR RECONST, TRANSPLANT	949.21	00 15								
03	65782	OCULAR RECONST, TRANSPLANT	MP		X							
07	65782	OCULAR RECONST, TRANSPLANT	MP	00 15	X							
03	65800	DRAINAGE OF EYE	90.41									
07	65800	DRAINAGE OF EYE	108.50	00 15								
03	65805	DRAINAGE OF EYE	98.01									
07	65805	DRAINAGE OF EYE	117.61	00 15								
03	65810	DRAINAGE OF EYE	273.40									
07	65810	DRAINAGE OF EYE	328.08	00 15								
03	65815	DRAINAGE OF EYE	367.10									
07	65815	DRAINAGE OF EYE	440.51	00 15								
03	65820	RELIEVE INNER EYE PRESSURE	439.09									
07	65820	RELIEVE INNER EYE PRESSURE	526.91	00 15								
03	65850	TRABECULOTOMY AB EXTERNO	503.74									
07	65850	TRABECULOTOMY AB EXTERNO	604.49	00 15								
03	65855	LASER TRABECULOPLASTY-1/MORE	199.85									
07	65855	LASER TRABECULOPLASTY-1/MORE	239.82	00 15								
03	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	184.48									
07	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	221.37	00 15								
03	65865	INCISE INNER EYE ADHESIONS	279.80									
07	65865	INCISE INNER EYE ADHESIONS	335.75	00 15								
03	65870	INCISE INNER EYE ADHESIONS	345.96									
07	65870	INCISE INNER EYE ADHESIONS	415.15	00 15								
03	65875	INCISE INNER EYE ADHESIONS	367.23									
07	65875	INCISE INNER EYE ADHESIONS	440.68	00 15								
03	65880	INCISE INNER EYE ADHESIONS	387.59									
07	65880	INCISE INNER EYE ADHESIONS	465.10	00 15								
02	65900	REMOVE EYE LESION	113.96									
03	65900	REMOVE EYE LESION	569.81									
07	65900	REMOVE EYE LESION	683.78	00 15								
03	65920	REMOVE IMPLANT FROM EYE	460.27									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	65920	REMOVE IMPLANT FROM EYE	552.32	00 15								
03	65930	REMOVE BLOOD CLOT FROM EYE	379.78									
07	65930	REMOVE BLOOD CLOT FROM EYE	455.73	00 15								
03	66020	INJECTION TREATMENT OF EYE	107.71									X
07	66020	INJECTION TREATMENT OF EYE	129.25	00 15								X
03	66030	INJECTION TREATMENT OF EYE	94.70									X
07	66030	INJECTION TREATMENT OF EYE	113.64	00 15								X
03	66130	REMOVE EYE LESION	413.52									
07	66130	REMOVE EYE LESION	496.22	00 15								
03	66150	INCISION OF EYE	504.73									
07	66150	INCISION OF EYE	605.67	00 15								
03	66155	INCISION OF EYE	502.78									
07	66155	INCISION OF EYE	603.33	00 15								
03	66160	INCISION OF EYE	573.82									
07	66160	INCISION OF EYE	688.58	00 15								
02	66165	INCISION OF EYE	98.47									
03	66165	INCISION OF EYE	492.35									
07	66165	INCISION OF EYE	590.82	00 15								
02	66170	INCISION OF EYE	138.96									
03	66170	INCISION OF EYE	694.78									
07	66170	INCISION OF EYE	833.73	00 15								
03	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	872.78									
07	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,047.34	00 15								
02	66180	AQUEOUS SHUNT-EXTRAOCULAR RESE	139.30									
03	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	696.52									
07	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	835.82	00 15								
02	66185	REVISION OF AQUEOUS SHUNT TO E	87.43									
03	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	437.13									
07	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	524.56	00 15								
02	66220	REPAIR EYE LESION	85.33									
03	66220	REPAIR EYE LESION	426.65									
07	66220	REPAIR EYE LESION	511.97	00 15								
02	66225	REPAIR/GRAFT EYE LESION	110.34									
03	66225	REPAIR/GRAFT EYE LESION	551.69									
07	66225	REPAIR/GRAFT EYE LESION	662.02	00 15								
03	66250	FOLLOW-UP SURGERY OF EYE	431.45									
07	66250	FOLLOW-UP SURGERY OF EYE	517.73	00 15								
03	66500	INCISION OF IRIS	205.29									
07	66500	INCISION OF IRIS	246.35	00 15								
03	66505	INCISION OF THE IRIS	224.84									
07	66505	INCISION OF THE IRIS	269.81	00 15								
03	66600	REMOVE IRIS AND LESION	479.54									
07	66600	REMOVE IRIS AND LESION	575.44	00 15								
03	66605	REMOVAL OF IRIS	628.34									
07	66605	REMOVAL OF IRIS	754.00	00 15								
03	66625	REMOVAL OF IRIS	252.35									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	66625	REMOVAL OF IRIS	302.82	00 15								
03	66630	REMOVAL OF IRIS	332.54									
07	66630	REMOVAL OF IRIS	399.04	00 15								
03	66635	REMOVAL OF IRIS	335.92									
07	66635	REMOVAL OF IRIS	403.10	00 15								
03	66680	REPAIR IRIS & CILIARY BODY	299.99									
07	66680	REPAIR IRIS & CILIARY BODY	359.99	00 15								
03	66682	SUTURE OF IRIS, CILIARY BODY	363.34									
07	66682	SUTURE OF IRIS, CILIARY BODY	436.01	00 15								
03	66710	CILIARY BODY DESTRUCTION;	257.61									
07	66710	CILIARY BODY DESTRUCTION;	309.13	00 15								
03	66711	CILIARY ENDOSCOPIC ABLATION	370.37									
07	66711	CILIARY ENDOSCOPIC ABLATION	444.45	00 15								
03	66720	RELIEVE INNER EYE PRESSURE	269.07									
07	66720	RELIEVE INNER EYE PRESSURE	322.88	00 15								
03	66761	REVISION OF IRIS	261.48									
07	66761	REVISION OF IRIS	313.78	00 15								
03	66762	REVISION OF IRIS	274.62									
07	66762	REVISION OF IRIS	329.54	00 15								
03	66770	REMOVAL OF INNER EYE LESION	305.54									
07	66770	REMOVAL OF INNER EYE LESION	366.65	00 15								
03	66820	INCISION OF LENS LESION	229.64									
07	66820	INCISION OF LENS LESION	275.57	00 15								
03	66821	DISCISSION OF SECONDARY;LASER	186.51									
07	66821	DISCISSION OF SECONDARY;LASER	223.81	00 15								
03	66825	REPOSITIONING OF INTRAOCULAR LENS PR	445.12									
07	66825	REPOSITIONING OF INTRAOCULAR LENS PR	534.14	00 15								
03	66830	REMOVAL OF LENS LESION	419.51									
07	66830	REMOVAL OF LENS LESION	503.42	00 15								
03	66840	REMOVAL OF LENS MATERIAL	409.07									
07	66840	REMOVAL OF LENS MATERIAL	490.88	00 15								
03	66850	REMOVAL OF LENS MATERIAL	467.19									
07	66850	REMOVAL OF LENS MATERIAL	560.63	00 15								
03	66852	REMOVAL LENS MATERIAL, ASPIRATION	500.44									
07	66852	REMOVAL LENS MATERIAL, ASPIRATION	600.53	00 15								
03	66920	EXTRACTION OF LENS	446.42									
07	66920	EXTRACTION OF LENS	535.71	00 15								
03	66930	EXTRACTION OF LENS	507.51									
07	66930	EXTRACTION OF LENS	609.01	00 15								
03	66940	EXTRACTION OF LENS	460.17									
07	66940	EXTRACTION OF LENS	552.20	00 15								
03	66982	CATARACT SURGERY, COMPLEX	636.28									
07	66982	CATARACT SURGERY, COMPLEX	763.53	00 15								
03	66983	INTRA CATARACT EXTRAC W/LENS	436.28									
07	66983	INTRA CATARACT EXTRAC W/LENS	523.53	00 15								
03	66984	EXTRA CATARACT REMOVAL W/LENS	454.95									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	66984	EXTRA CATARACT REMOVAL W/LENS	545.94	00 15								
03	66985	INSERT LENS PROSTHESIS	448.34									
07	66985	INSERT LENS PROSTHESIS	538.01	00 15								
03	66986	EXCHANGE OF INTRAOCULAR LENS	551.07									
07	66986	EXCHANGE OF INTRAOCULAR LENS	661.28	00 15								
03	66990	OPHTHALMIC ENDOSCOPE ADD-ON	57.26									
07	66990	OPHTHALMIC ENDOSCOPE ADD-ON	68.72	00 15								
02	66999	EYE SURGERY PROCEDURE	MP		X							
03	66999	EYE SURGERY PROCEDURE	MP		X							
07	66999	EYE SURGERY PROCEDURE	MP	00 15	X							
03	67005	PARTIAL REMOVAL OF EYE FLUID	276.36									
07	67005	PARTIAL REMOVAL OF EYE FLUID	331.63	00 15								
03	67010	PARTIAL REMOVAL OF EYE FLUID	320.86									
07	67010	PARTIAL REMOVAL OF EYE FLUID	385.03	00 15								
03	67015	RELEASE OF EYE FLUID	341.00									
07	67015	RELEASE OF EYE FLUID	409.20	00 15								
03	67025	REPLACE EYE FLUID	420.95									
07	67025	REPLACE EYE FLUID	505.14	00 15								
02	67027	IMPLANT EYE DRUG SYSTEM	101.49									
03	67027	IMPLANT EYE DRUG SYSTEM	507.46									
07	67027	IMPLANT EYE DRUG SYSTEM	608.95	00 15								
03	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	126.87									
07	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	152.24	00 15								
03	67030	INCISE INNER EYE STRANDS	303.17									
07	67030	INCISE INNER EYE STRANDS	363.80	00 15								
03	67031	SEVERING OF VITREOUS STRANDS, VITREO	224.10									
07	67031	SEVERING OF VITREOUS STRANDS, VITREO	268.92	00 15								
03	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	573.52									
07	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	688.22	00 15								
02	67039	VITRECTOMY W/FOCAL ENDOLASER P	146.63									
03	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	733.13									
07	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	879.75	00 15								
02	67040	VITRECTOMY..;W/ENDOLASER PANRE	169.41									
03	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	847.05									
07	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,016.46	00 15								
02	67041	VITRECTOMY,MECHANICAL,PARS PLANA	159.14									
03	67041	VITRECTOMY,MECHANICAL,PARS PLANA	795.71									
07	67041	VITRECTOMY,MECHANICAL,PARS PLANA	954.86	00 15								
02	67042	VITRECTOMY,MECHANICAL,PARS PLANA	182.55									
03	67042	VITRECTOMY,MECHANICAL,PARS PLANA	912.73									
07	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,095.27	00 15								
02	67043	VITRECTOMY,MECHANICAL,PARS PLANA	191.35									
03	67043	VITRECTOMY,MECHANICAL,PARS PLANA	956.75									
07	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,148.09	00 15								
03	67101	REPAIR DETACHED RETINA	451.27									
07	67101	REPAIR DETACHED RETINA	541.52	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	67105	PHOTOCOAGULATION/DETACHED RET	419.09										
07	67105	PHOTOCOAGULATION/DETACHED RET	502.91	00	15								
02	67107	REPAIR DETACHED RETINA	144.18										
03	67107	REPAIR DETACHED RETINA	720.89										
07	67107	REPAIR DETACHED RETINA	865.07	00	15								
02	67108	REPAIR DETACHED RETINA	192.48										
03	67108	REPAIR DETACHED RETINA	962.38										
07	67108	REPAIR DETACHED RETINA	1,154.85	00	15								
03	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	506.81										
07	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	608.17	00	15								
02	67112	RE-REPAIR DETACHED RETINA	158.73										
03	67112	RE-REPAIR DETACHED RETINA	793.65										
07	67112	RE-REPAIR DETACHED RETINA	952.38	00	15								
02	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	209.43										
03	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,047.17										
07	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,256.61	00	15								
03	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	287.80										
07	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	345.36	00	15								
03	67120	REMOVE EYE IMPLANT MATERIAL	379.43										
07	67120	REMOVE EYE IMPLANT MATERIAL	455.32	00	15								
02	67121	REMOVE IMPLANT,POSTERIOR,INTRA	107.33										
03	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	536.65										
07	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	643.98	00	15								
03	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	302.76										
07	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	363.31	00	15								
03	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	305.70										
07	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	366.84	00	15								
03	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	351.91										
07	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	422.29	00	15								
03	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	413.39										
07	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	496.07	00	15								
03	67218	TREAT RETINAL LESION;IMPLANT RADIATI	842.75										
07	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,011.29	00	15								
03	67220	TREAT CHOROID LESION	633.93										
07	67220	TREAT CHOROID LESION	760.72	00	15								
03	67221	OCULAR PHOTODYNAMIC THER	177.71										
07	67221	OCULAR PHOTODYNAMIC THER	213.26	00	15								
03	67225	EYE PHOTODYNAMIC THER ADD-ON	18.66										
07	67225	EYE PHOTODYNAMIC THER ADD-ON	22.39	00	15								
03	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	357.45										
07	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	428.94	00	15								
03	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	702.04										
07	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	842.45	00	15								
03	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	687.43	00	00								
07	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	824.91	00	00								
03	67250	REINFORCE EYE WALL	463.41										

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	67250	REINFORCE EYE WALL	556.09	00 15								
02	67255	REINFORCE/GRAFT EYE WALL	98.91									
03	67255	REINFORCE/GRAFT EYE WALL	494.53									
07	67255	REINFORCE/GRAFT EYE WALL	593.43	00 15								
03	67299	EYE SURGERY PROCEDURE	MP		X							
07	67299	EYE SURGERY PROCEDURE	MP	00 15	X							
03	67311	REVISE EYE MUSCLE	352.46									
07	67311	REVISE EYE MUSCLE	422.96	00 15								
03	67312	REVISE TWO EYE MUSCLES	422.61									
07	67312	REVISE TWO EYE MUSCLES	507.13	00 15								
03	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	395.19									
07	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	474.23	00 15								
03	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	474.73									
07	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	569.67	00 15								
03	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	413.39									
07	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	496.07	00 15								
03	67320	REVISE EYE MUSCLE(S)	200.78									
07	67320	REVISE EYE MUSCLE(S)	240.93	00 15								
03	67331	STRABISMUS SURG W/PREV EYE SURG	190.15									
07	67331	STRABISMUS SURG W/PREV EYE SURG	228.18	00 15								
03	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	206.78									
07	67332	STRABISMUS SURG W/SCAR EXTRAOC	248.13	00 15								
03	67334	STRABISMUS SURG,POST FIX SUTURE TECH	187.50									
07	67334	STRABISMUS SURG,POST FIX SUTURE TECH	225.00	00 15								
03	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	94.48									
07	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	113.37	00 15								
02	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	44.69									
03	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	223.43									
07	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	268.12	00 15								
03	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	383.75									
07	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	460.49	00 15								
03	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	140.05									
07	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	168.06	00 15								
03	67346	BIOPSY OF EXTRAOCULAR MUSCLE	123.05									
07	67346	BIOPSY OF EXTRAOCULAR MUSCLE	147.66	00 15								
03	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X							
07	67399	EYE MUSCLE SURGERY PROCEDURE	MP	00 15	X							
02	67400	EXPLORE/BIOPSY EYE SOCKET	110.07									
03	67400	EXPLORE/BIOPSY EYE SOCKET	550.36									
07	67400	EXPLORE/BIOPSY EYE SOCKET	660.43	00 15								
03	67405	EXPLORE/DRAIN EYE SOCKET	467.10									
07	67405	EXPLORE/DRAIN EYE SOCKET	560.52	00 15								
03	67412	EXPLORE/TREAT EYE SOCKET	509.21									
07	67412	EXPLORE/TREAT EYE SOCKET	611.06	00 15								
02	67413	EXPLORE/TREAT EYE SOCKET	101.89									
03	67413	EXPLORE/TREAT EYE SOCKET	509.44									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	67413	EXPLORE/TREAT EYE SOCKET	611.33	00 15								
02	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	157.23									X
03	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	786.14									
07	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	943.37	00 15								
03	67415	BIOPSY OF EYE	66.17									
07	67415	BIOPSY OF EYE	79.40	00 15								
02	67420	EXPLORE/TREAT EYE SOCKET	196.23									
03	67420	EXPLORE/TREAT EYE SOCKET	981.17									
07	67420	EXPLORE/TREAT EYE SOCKET	1,177.40	00 15								
02	67430	EXPLORE/TREAT EYE SOCKET	148.28									
03	67430	EXPLORE/TREAT EYE SOCKET	741.39									
07	67430	EXPLORE/TREAT EYE SOCKET	889.67	00 15								
02	67440	EXPLORE/DRAIN EYE SOCKET	142.80									
03	67440	EXPLORE/DRAIN EYE SOCKET	714.02									
07	67440	EXPLORE/DRAIN EYE SOCKET	856.83	00 15								
02	67445	ORBITOTOMY WITHOUT BONE FLAP FRONTAL	169.00									X
03	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	845.00									
07	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,013.99	00 15								
02	67450	EXPLORE/BIOPSY EYE SOCKET	148.11									
03	67450	EXPLORE/BIOPSY EYE SOCKET	740.53									
07	67450	EXPLORE/BIOPSY EYE SOCKET	888.63	00 15								
03	67500	INJECT/TREAT EYE SOCKET	55.12									
07	67500	INJECT/TREAT EYE SOCKET	66.14	00 15								
03	67505	INJECT/TREAT EYE SOCKET	53.37									
07	67505	INJECT/TREAT EYE SOCKET	64.04	00 15								
03	67515	INJECT/TREAT EYE SOCKET	56.64									
07	67515	INJECT/TREAT EYE SOCKET	67.97	00 15								
03	67550	INSERT EYE SOCKET IMPLANT	575.04									
07	67550	INSERT EYE SOCKET IMPLANT	690.05	00 15								
03	67560	REVISE EYE SOCKET IMPLANT	584.90									
07	67560	REVISE EYE SOCKET IMPLANT	701.87	00 15								
02	67570	OPTIC NERVE DECOMPRESSION	137.54									X
03	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	687.68									
07	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	825.22	00 15								
03	67599	ORBIT SURGERY PROCEDURE	MP		X							
07	67599	ORBIT SURGERY PROCEDURE	MP	00 15	X							
03	67700	DRAINAGE OF EYELID ABSCESS	151.32									
07	67700	DRAINAGE OF EYELID ABSCESS	181.58	00 15								
03	67710	INCISION OF EYELID	127.19									
07	67710	INCISION OF EYELID	152.62	00 15								
03	67715	INCISION OF EYELID FOLD	134.51									
07	67715	INCISION OF EYELID FOLD	161.41	00 15								
03	67800	REMOVE EYELID LESION	74.44									
07	67800	REMOVE EYELID LESION	89.33	00 15								
03	67801	REMOVE EYELID LESIONS	95.81									
07	67801	REMOVE EYELID LESIONS	114.97	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	67805	REMOVE EYELID LESIONS	118.34									
07	67805	REMOVE EYELID LESIONS	142.01	00 15								
03	67808	REMOVE EYELID LESION(S)	214.09									
07	67808	REMOVE EYELID LESION(S)	256.91	00 15								
03	67810	BIOPSY OF EYELID	131.02									
07	67810	BIOPSY OF EYELID	157.22	00 15								
03	67820	REVISE EYELASHES	31.81									
07	67820	REVISE EYELASHES	38.17	00 15								
03	67825	REVISE EYELASHES	75.42									
07	67825	REVISE EYELASHES	90.50	00 15								
03	67830	REVISE EYELASHES	152.72									
07	67830	REVISE EYELASHES	183.26	00 15								
03	67835	REVISE EYELASHES	261.35									
07	67835	REVISE EYELASHES	313.61	00 15								
03	67840	REMOVE EYELID LESION	160.73									
07	67840	REMOVE EYELID LESION	192.88	00 15								
03	67850	TREAT EYELID LESION	129.41									
07	67850	TREAT EYELID LESION	155.29	00 15								
03	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	100.67									
07	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	120.80	00 15								
03	67880	REVISION OF EYELID	263.48									
07	67880	REVISION OF EYELID	316.18	00 15								
03	67882	REVISION OF EYELID	326.32									
07	67882	REVISION OF EYELID	391.58	00 15								
03	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	377.76									
07	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	453.31	00 15								
03	67901	REPAIR EYELID DEFECT	409.85									
07	67901	REPAIR EYELID DEFECT	491.81	00 15								
03	67902	REPAIR EYELID DEFECT	427.85									
07	67902	REPAIR EYELID DEFECT	513.41	00 15								
03	67903	REPAIR EYELID DEFECT	362.18									
07	67903	REPAIR EYELID DEFECT	434.61	00 15								
03	67904	REPAIR EYELID DEFECT	427.85									
07	67904	REPAIR EYELID DEFECT	513.41	00 15								
03	67906	REPAIR EYELID DEFECT	309.17									
07	67906	REPAIR EYELID DEFECT	371.01	00 15								
03	67908	REPAIR EYELID DEFECT	287.99									
07	67908	REPAIR EYELID DEFECT	345.58	00 15								
03	67909	REVISE EYELID DEFECT	315.49									X
07	67909	REVISE EYELID DEFECT	378.59	00 15								X
03	67911	REVISE EYELID DEFECT	329.42									
07	67911	REVISE EYELID DEFECT	395.31	00 15								
03	67912	CORRECTION EYELID W/ IMPLANT	522.02									
07	67912	CORRECTION EYELID W/ IMPLANT	626.43	00 15								
03	67914	REPAIR EYELID DEFECT	228.41									
07	67914	REPAIR EYELID DEFECT	274.09	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	67915	REPAIR EYELID DEFECT	204.22			X							
07	67915	REPAIR EYELID DEFECT	245.06	00	15	X							
03	67916	REPAIR EYELID DEFECT	315.41										
07	67916	REPAIR EYELID DEFECT	378.50	00	15								
03	67917	REPAIR EYELID DEFECT	345.81										
07	67917	REPAIR EYELID DEFECT	414.97	00	15								
03	67921	REPAIR EYELID DEFECT	217.03										
07	67921	REPAIR EYELID DEFECT	260.43	00	15								
03	67922	REPAIR EYELID DEFECT	197.64										
07	67922	REPAIR EYELID DEFECT	237.17	00	15								
03	67923	REPAIR EYELID DEFECT	333.45										
07	67923	REPAIR EYELID DEFECT	400.14	00	15								
03	67924	REPAIR EYELID DEFECT	344.05										
07	67924	REPAIR EYELID DEFECT	412.86	00	15								
03	67930	REPAIR EYELID WOUND	216.03										
07	67930	REPAIR EYELID WOUND	259.24	00	15								
03	67935	REPAIR EYELID WOUND	352.63										
07	67935	REPAIR EYELID WOUND	423.15	00	15								
03	67938	REMOVE EYELID FOREIGN BODY	138.43										X
07	67938	REMOVE EYELID FOREIGN BODY	166.11	00	15								X
03	67950	REVISION OF EYELID	339.93										
07	67950	REVISION OF EYELID	407.92	00	15								
03	67961	REVISION OF EYELID	338.78										
07	67961	REVISION OF EYELID	406.53	00	15								
03	67966	REVISION OF EYELID	449.66										
07	67966	REVISION OF EYELID	539.59	00	15								
03	67971	RECONSTRUCTION OF EYELID	438.66										
07	67971	RECONSTRUCTION OF EYELID	526.39	00	15								
02	67973	RECONSTRUCTION OF EYELID	113.87										
03	67973	RECONSTRUCTION OF EYELID	569.35										
07	67973	RECONSTRUCTION OF EYELID	683.22	00	15								
02	67974	RECONSTRUCTION OF EYELID	113.42										
03	67974	RECONSTRUCTION OF EYELID	567.11										
07	67974	RECONSTRUCTION OF EYELID	680.54	00	15								
03	67975	RECONSTRUCTION OF EYELID	413.90										
07	67975	RECONSTRUCTION OF EYELID	496.68	00	15								
03	67999	EYELID SURGERY PROCEDURE	MP			X							
07	67999	EYELID SURGERY PROCEDURE	MP	00	15	X							
03	68020	INCISE/DRAIN EYELID LINING	70.16										
07	68020	INCISE/DRAIN EYELID LINING	84.20	00	15								
03	68040	TREATMENT OF EYELID LESIONS	39.40										
07	68040	TREATMENT OF EYELID LESIONS	47.28	00	15								
03	68100	BIOPSY OF EYELID LINING	99.95										
07	68100	BIOPSY OF EYELID LINING	119.94	00	15								
03	68110	REMOVE EYELID LINING LESION	130.16										
07	68110	REMOVE EYELID LINING LESION	156.19	00	15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	68115	REMOVE EYELID LINING LESION	180.32									
07	68115	REMOVE EYELID LINING LESION	216.39	00 15								
03	68130	REMOVE EYELID LINING LESION	313.19									
07	68130	REMOVE EYELID LINING LESION	375.83	00 15								
03	68135	REMOVE EYELID LINING LESION	92.39									
07	68135	REMOVE EYELID LINING LESION	110.86	00 15								
03	68200	TREAT EYELID BY INJECTION	25.14									
07	68200	TREAT EYELID BY INJECTION	30.17	00 15								
03	68320	REVISE/GRAFT EYELID LINING	413.70									
07	68320	REVISE/GRAFT EYELID LINING	496.44	00 15								
03	68325	REVISE/GRAFT EYELID LINING	389.70									
07	68325	REVISE/GRAFT EYELID LINING	467.64	00 15								
03	68326	REVISE/GRAFT EYELID LINING	378.76									
07	68326	REVISE/GRAFT EYELID LINING	454.51	00 15								
03	68328	REVISE/GRAFT EYELID LINING	424.50									
07	68328	REVISE/GRAFT EYELID LINING	509.40	00 15								
03	68330	REVISE EYELID LINING	348.32									
07	68330	REVISE EYELID LINING	417.98	00 15								
03	68335	REVISE/GRAFT EYELID LINING	380.08									
07	68335	REVISE/GRAFT EYELID LINING	456.09	00 15								
03	68340	SEPARATE EYELID ADHESIONS	312.92									
07	68340	SEPARATE EYELID ADHESIONS	375.51	00 15								
03	68360	REVISE EYELID LINING	306.23									
07	68360	REVISE EYELID LINING	367.47	00 15								
03	68362	REVISE EYELID LINING	385.33									
07	68362	REVISE EYELID LINING	462.39	00 15								
03	68371	HARVEST EYE TISSUE, ALOGRAFT	248.13									
07	68371	HARVEST EYE TISSUE, ALOGRAFT	297.76	00 15								
03	68399	EYELID LINING SURGERY	MP		X							
07	68399	EYELID LINING SURGERY	MP	00 15	X							
03	68400	INCISE/DRAIN TEAR GLAND	160.76									
07	68400	INCISE/DRAIN TEAR GLAND	192.92	00 15								
03	68420	INCISE/DRAIN TEAR SAC	184.64									
07	68420	INCISE/DRAIN TEAR SAC	221.56	00 15								
03	68440	INCISE TEAR DUCT OPENING	62.09									
07	68440	INCISE TEAR DUCT OPENING	74.50	00 15								
03	68500	REMOVAL OF TEAR GLAND	574.13									
07	68500	REMOVAL OF TEAR GLAND	688.96	00 15								
03	68505	PARTIAL REMOVAL TEAR GLAND	577.20									
07	68505	PARTIAL REMOVAL TEAR GLAND	692.64	00 15								
03	68510	BIOPSY OF TEAR GLAND	268.20									
07	68510	BIOPSY OF TEAR GLAND	321.84	00 15								
03	68520	REMOVAL OF TEAR SAC	405.60									
07	68520	REMOVAL OF TEAR SAC	486.72	00 15								
03	68525	BIOPSY OF TEAR SAC	167.39									
07	68525	BIOPSY OF TEAR SAC	200.86	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	68530	CLEARANCE OF TEAR DUCT	253.24									
07	68530	CLEARANCE OF TEAR DUCT	303.89	00 15								
03	68540	REMOVE TEAR GLAND LESION	549.00									
07	68540	REMOVE TEAR GLAND LESION	658.80	00 15								
03	68550	REMOVE TEAR GLAND LESION	676.82									
07	68550	REMOVE TEAR GLAND LESION	812.18	00 15								
03	68700	REPAIR TEAR DUCTS	354.13									
07	68700	REPAIR TEAR DUCTS	424.95	00 15								
03	68705	REVISE TEAR DUCT OPENING	138.24									
07	68705	REVISE TEAR DUCT OPENING	165.89	00 15								
02	68720	CREATE TEAR SAC DRAIN	89.99									
03	68720	CREATE TEAR SAC DRAIN	449.96									
07	68720	CREATE TEAR SAC DRAIN	539.96	00 15								
02	68745	CREATE TEAR DUCT DRAIN	90.42									
03	68745	CREATE TEAR DUCT DRAIN	452.11									
07	68745	CREATE TEAR DUCT DRAIN	542.53	00 15								
02	68750	CREATE TEAR DUCT DRAIN	92.71									
03	68750	CREATE TEAR DUCT DRAIN	463.56									
07	68750	CREATE TEAR DUCT DRAIN	556.27	00 15								
03	68760	CLOSE TEAR DUCT OPENING	117.20									
07	68760	CLOSE TEAR DUCT OPENING	140.63	00 15								
03	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	85.57									X
07	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	102.68	00 15								X
03	68770	CLOSE TEAR SYSTEM FISTULA	351.97									
07	68770	CLOSE TEAR SYSTEM FISTULA	422.36	00 15								
03	68801	DILATE TEAR DUCT OPENING	70.40									
07	68801	DILATE TEAR DUCT OPENING	84.48	00 15								
03	68810	PROBE NASOLACRIMAL DUCT	137.09									
07	68810	PROBE NASOLACRIMAL DUCT	164.50	00 15								
03	68811	PROBE NASOLACRIMAL DUCT	121.22									
07	68811	PROBE NASOLACRIMAL DUCT	145.47	00 15								
03	68815	PROBE NASOLACRIMAL DUCT	255.86									
07	68815	PROBE NASOLACRIMAL DUCT	307.03	00 15								
03	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	385.68									
07	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	462.82	00 15								
03	68840	EXPLORE/IRRIGATE TEAR DUCTS	72.62									
07	68840	EXPLORE/IRRIGATE TEAR DUCTS	87.14	00 15								
03	68850	INJECTION FOR TEAR SAC X-RAY	41.13									
07	68850	INJECTION FOR TEAR SAC X-RAY	49.36	00 15								
03	68899	TEAR DUCT SYSTEM SURGERY	MP		X							
07	68899	TEAR DUCT SYSTEM SURGERY	MP	00 15	X							
03	69000	DRAIN EXTERNAL EAR LESION	110.82									
07	69000	DRAIN EXTERNAL EAR LESION	132.98	00 15								
03	69005	DRAIN EXTERNAL EAR LESION	132.73									
07	69005	DRAIN EXTERNAL EAR LESION	159.27	00 15								
03	69020	DRAIN OUTER EAR CANAL LESION	139.90									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	69020	DRAIN OUTER EAR CANAL LESION	167.88	00 15								
03	69100	BIOPSY OF EXTERNAL EAR	65.39									
07	69100	BIOPSY OF EXTERNAL EAR	78.46	00 15								
03	69105	BIOPSY OF EXTERNAL EAR CANAL	85.25									
07	69105	BIOPSY OF EXTERNAL EAR CANAL	102.29	00 15								
03	69110	PARTIAL REMOVAL EXTERNAL EAR	280.41									
07	69110	PARTIAL REMOVAL EXTERNAL EAR	336.49	00 15								
03	69120	REMOVAL OF EXTERNAL EAR	252.29									
07	69120	REMOVAL OF EXTERNAL EAR	302.75	00 15								
03	69140	REMOVE EAR CANAL LESION(S)	547.10									
07	69140	REMOVE EAR CANAL LESION(S)	656.52	00 15								
03	69145	REMOVE EAR CANAL LESION(S)	234.68									
07	69145	REMOVE EAR CANAL LESION(S)	281.62	00 15								
03	69150	EXTENSIVE EAR CANAL SURGERY	682.91									
07	69150	EXTENSIVE EAR CANAL SURGERY	819.49	00 15								
02	69155	EXTENSIVE EAR/NECK SURGERY	220.04									
03	69155	EXTENSIVE EAR/NECK SURGERY	1,100.21									
07	69155	EXTENSIVE EAR/NECK SURGERY	1,320.26	00 15								
03	69200	CLEAR OUTER EAR CANAL	74.29									
07	69200	CLEAR OUTER EAR CANAL	89.15	00 15								
03	69205	CLEAR OUTER EAR CANAL	65.03									
07	69205	CLEAR OUTER EAR CANAL	78.04	00 15								
03	69210	REMOVE IMPACTED EAR WAX	31.72		X							
07	69210	REMOVE IMPACTED EAR WAX	38.06	00 15	X							
03	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	83.28									
07	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	99.94	00 15								
03	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	133.93									
07	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	160.71	00 15								
03	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	MP			X						X
07	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	825.83	00 15		X						X
02	69320	REBUILD OUTER EAR CANAL	196.78									
03	69320	REBUILD OUTER EAR CANAL	983.92									
07	69320	REBUILD OUTER EAR CANAL	1,180.70	00 15								
03	69399	OUTER EAR SURGERY PROCEDURE	MP		X							
07	69399	OUTER EAR SURGERY PROCEDURE	MP	00 15	X							
03	69400	INFLATE MIDDLE EAR CANAL	86.36									X
07	69400	INFLATE MIDDLE EAR CANAL	103.64	00 15								X
03	69401	INFLATE MIDDLE EAR CANAL	51.02									X
07	69401	INFLATE MIDDLE EAR CANAL	61.23	00 15								X
03	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	162.73									
07	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	195.27	00 15								
03	69420	INCISION OF EARDRUM	116.36									
07	69420	INCISION OF EARDRUM	139.63	00 15								
03	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	97.04									
07	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	116.44	00 15								
03	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	78.83									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	94.60	00 15								
03	69433	OFFICE TYMPANOSTOMY, UNILAT	121.74									
07	69433	OFFICE TYMPANOSTOMY, UNILAT	146.09	00 15								
03	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	105.88									
07	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	127.05	00 15								
03	69440	EXPLORATION OF MIDDLE EAR	435.54									
07	69440	EXPLORATION OF MIDDLE EAR	522.65	00 15								
03	69450	TYMPANOLYSIS, TRANSCANAL	340.49									
07	69450	TYMPANOLYSIS, TRANSCANAL	408.59	00 15								
03	69501	MASTOIDECTOMY	471.17									
07	69501	MASTOIDECTOMY	565.41	00 15								
03	69502	MASTOIDECTOMY	628.05									
07	69502	MASTOIDECTOMY	753.66	00 15								
03	69505	REMOVE MASTOID STRUCTURES	767.60									
07	69505	REMOVE MASTOID STRUCTURES	921.11	00 15								
03	69511	EXTENSIVE MASTOID SURGERY	789.79									
07	69511	EXTENSIVE MASTOID SURGERY	947.75	00 15								
02	69530	EXTENSIVE MASTOID SURGERY	214.07									
03	69530	EXTENSIVE MASTOID SURGERY	1,070.33									
07	69530	EXTENSIVE MASTOID SURGERY	1,284.40	00 15								
02	69535	REMOVE PART OF TEMPORAL BONE	351.38									
03	69535	REMOVE PART OF TEMPORAL BONE	1,756.91									
07	69535	REMOVE PART OF TEMPORAL BONE	2,108.29	00 15								
03	69540	REMOVE EAR LESION	125.90									
07	69540	REMOVE EAR LESION	151.08	00 15								
02	69550	REMOVE EAR LESION	132.52									
03	69550	REMOVE EAR LESION	662.58									
07	69550	REMOVE EAR LESION	795.10	00 15								
02	69552	REMOVE EAR LESION	204.30									
03	69552	REMOVE EAR LESION	1,021.52									
07	69552	REMOVE EAR LESION	1,225.82	00 15								
02	69554	REMOVE EAR LESION	327.55									
03	69554	REMOVE EAR LESION	1,637.75									
07	69554	REMOVE EAR LESION	1,965.30	00 15								
03	69601	MASTOID SURGERY REVISION	676.79									
07	69601	MASTOID SURGERY REVISION	812.14	00 15								
03	69602	MASTOID SURGERY REVISION	703.30									
07	69602	MASTOID SURGERY REVISION	843.96	00 15								
03	69603	MASTOID SURGERY REVISION	812.83									
07	69603	MASTOID SURGERY REVISION	975.39	00 15								
03	69604	MASTOID SURGERY REVISION	725.67									
07	69604	MASTOID SURGERY REVISION	870.80	00 15								
03	69605	MASTOID SURGERY REVISION	1,008.93									
07	69605	MASTOID SURGERY REVISION	1,210.72	00 15								
03	69610	REPAIR OF EARDRUM	249.92									
07	69610	REPAIR OF EARDRUM	299.90	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	69620	REPAIR OF EARDRUM	431.37									
07	69620	REPAIR OF EARDRUM	517.64	00 15								
03	69631	REPAIR EARDRUM STRUCTURES	560.80									
07	69631	REPAIR EARDRUM STRUCTURES	672.96	00 15								
03	69632	REBUILD EARDRUM STRUCTURES	691.07									
07	69632	REBUILD EARDRUM STRUCTURES	829.28	00 15								
03	69633	REBUILD EARDRUM STRUCTURES - TOTAL	665.15									
07	69633	REBUILD EARDRUM STRUCTURES - TOTAL	798.18	00 15								
03	69635	REPAIR EARDRUM STRUCTURES	779.18									
07	69635	REPAIR EARDRUM STRUCTURES	935.02	00 15								
03	69636	REBUILD EARDRUM STRUCTURES	883.36									
07	69636	REBUILD EARDRUM STRUCTURES	1,060.03	00 15								
03	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	879.19									
07	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,055.03	00 15								
03	69641	REVISE MIDDLE EAR & MASTOID	670.72									
07	69641	REVISE MIDDLE EAR & MASTOID	804.86	00 15								
03	69642	REVISE MIDDLE EAR & MASTOID	866.66									
07	69642	REVISE MIDDLE EAR & MASTOID	1,040.00	00 15								
03	69643	REVISE MIDDLE EAR & MASTOID	791.51									
07	69643	REVISE MIDDLE EAR & MASTOID	949.81	00 15								
03	69644	REVISE MIDDLE EAR & MASTOID	953.00									
07	69644	REVISE MIDDLE EAR & MASTOID	1,143.60	00 15								
03	69645	REVISE MIDDLE EAR & MASTOID	932.98									
07	69645	REVISE MIDDLE EAR & MASTOID	1,119.57	00 15								
03	69646	REVISE MIDDLE EAR & MASTOID	994.08									
07	69646	REVISE MIDDLE EAR & MASTOID	1,192.90	00 15								
03	69650	RELEASE MIDDLE EAR BONE	510.66									
07	69650	RELEASE MIDDLE EAR BONE	612.79	00 15								
03	69660	REVISE MIDDLE EAR BONE	602.64									
07	69660	REVISE MIDDLE EAR BONE	723.17	00 15								
03	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	788.87									
07	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	946.64	00 15								
03	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	757.44									
07	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	908.93	00 15								
03	69666	REPAIR MIDDLE EAR STRUCTURES	518.09									
07	69666	REPAIR MIDDLE EAR STRUCTURES	621.70	00 15								
03	69667	REPAIR MIDDLE EAR STRUCTURES	519.78									
07	69667	REPAIR MIDDLE EAR STRUCTURES	623.74	00 15								
02	69670	REMOVE MASTOID AIR CELLS	121.36									
03	69670	REMOVE MASTOID AIR CELLS	606.80									
07	69670	REMOVE MASTOID AIR CELLS	728.15	00 15								
03	69676	TYMPANIC NEURECTOMY; UNILATERAL	532.81									
07	69676	TYMPANIC NEURECTOMY; UNILATERAL	639.37	00 15								
03	69700	CLOSE MASTOID FISTULA	445.10									
07	69700	CLOSE MASTOID FISTULA	534.12	00 15								
03	69714	IMPLANT TEMPLE BONE W/STIMUL	701.48									

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	69714	IMPLANT TEMPLE BONE W/STIMUL	841.78	00	15								
02	69715	TEMPLE BNE IMPLNT W/STIMULAT	175.30										
03	69715	TEMPLE BNE IMPLNT W/STIMULAT	876.51									X	
07	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,051.81	00	15							X	
02	69717	TEMPLE BONE IMPLANT REVISION	147.91										
03	69717	TEMPLE BONE IMPLANT REVISION	739.55									X	
07	69717	TEMPLE BONE IMPLANT REVISION	887.45	00	15							X	
02	69718	REVISE TEMPLE BONE IMPLANT	185.72										
03	69718	REVISE TEMPLE BONE IMPLANT	928.58									X	
07	69718	REVISE TEMPLE BONE IMPLANT	1,114.30	00	15							X	
03	69720	RELEASE FACIAL NERVE	757.70										
07	69720	RELEASE FACIAL NERVE	909.23	00	15								
02	69725	RELEASE FACIAL NERVE	250.19										
03	69725	RELEASE FACIAL NERVE	1,250.95										
07	69725	RELEASE FACIAL NERVE	1,501.14	00	15								
02	69740	REPAIR FACIAL NERVE	153.70										
03	69740	REPAIR FACIAL NERVE	768.51										
07	69740	REPAIR FACIAL NERVE	922.21	00	15								
02	69745	REPAIR FACIAL NERVE	162.72										
03	69745	REPAIR FACIAL NERVE	813.62										
07	69745	REPAIR FACIAL NERVE	976.35	00	15								
02	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X							
03	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X							
07	69799	MIDDLE EAR SURGERY PROCEDURE	MP	00	15	X							
03	69801	INCISE INNER EAR	478.02										
07	69801	INCISE INNER EAR	573.62	00	15								
03	69802	INCISE INNER EAR	675.38										
07	69802	INCISE INNER EAR	810.46	00	15								
03	69805	EXPLORE INNER EAR	688.26										
07	69805	EXPLORE INNER EAR	825.91	00	15								
03	69806	EXPLORE INNER EAR	616.44										
07	69806	EXPLORE INNER EAR	739.73	00	15								
02	69820	ESTABLISH INNER EAR WINDOW	111.24										
03	69820	ESTABLISH INNER EAR WINDOW	556.21										
07	69820	ESTABLISH INNER EAR WINDOW	667.45	00	15								
02	69840	REVISE INNER EAR WINDOW	116.26										
03	69840	REVISE INNER EAR WINDOW	581.32										
07	69840	REVISE INNER EAR WINDOW	697.58	00	15								
03	69905	REMOVE INNER EAR	592.41										
07	69905	REMOVE INNER EAR	710.89	00	15								
03	69910	REMOVE INNER EAR & MASTOID	667.25										
07	69910	REMOVE INNER EAR & MASTOID	800.69	00	15								
02	69915	INCISE INNER EAR NERVE	203.37										
03	69915	INCISE INNER EAR NERVE	1,016.84										
07	69915	INCISE INNER EAR NERVE	1,220.20	00	15								
03	69930	COCHLEAR DEVICE IMPLANTATION	815.27	01	99		X						

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	69930	COCHLEAR DEVICE IMPLANTATION	978.32	01	15		X						
02	69949	INNER EAR SURGERY PROCEDURE	MP			X							
03	69949	INNER EAR SURGERY PROCEDURE	MP			X							
07	69949	INNER EAR SURGERY PROCEDURE	MP	00	15	X							
02	69950	INCISE INNER EAR NERVE	241.68										
03	69950	INCISE INNER EAR NERVE	1,208.38										
07	69950	INCISE INNER EAR NERVE	1,450.05	00	15								
02	69955	RELEASE FACIAL NERVE	263.81										
03	69955	RELEASE FACIAL NERVE	1,319.06										
07	69955	RELEASE FACIAL NERVE	1,582.88	00	15								
02	69960	RELEASE INNER EAR CANAL	255.90										
03	69960	RELEASE INNER EAR CANAL	1,279.52										
07	69960	RELEASE INNER EAR CANAL	1,535.43	00	15								
02	69970	REMOVE INNER EAR LESION	285.49										
03	69970	REMOVE INNER EAR LESION	1,427.47										
07	69970	REMOVE INNER EAR LESION	1,712.96	00	15								
02	69979	TEMPORAL BONE SURGERY	MP			X							
03	69979	TEMPORAL BONE SURGERY	MP			X							
07	69979	TEMPORAL BONE SURGERY	MP	00	15	X							

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS DECEMBER 01, 2010 TO DECEMBER 31, 2010

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	69990	MICROSURGERY ADD-ON	149.75									
07	69990	MICROSURGERY ADD-ON	179.69	00 15								

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

LOUISIANA MEDICAID PROFESSIONAL SERVICES 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.

01 - Anesthesia. Anesthesia claims are priced off this file.
02 - Assistant Surgeon. Assistant surgeon (MD) claims are priced off this file. Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Physician Assistant claims are paid at 80% of this fee.
03 - Full service. The file from which physician services are paid primarily for recipients 16 years of age and older. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee, except that immunizations and KIDMED medical, vision and hearing screens are reimbursed at 100%. See separate Immunization Fee Schedule and KIDMED Fee Schedule.
05 - Professional component. Claims with modifier -26 are priced from this file.
07 - Full service file for physician services for recipients 0 through 15 (0-15) years of age. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee, except KIDMED medical, vision and hearing screens are reimbursed at 100%. See separate KIDMED Fee Schedule.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with modifier TH are prenatal obstetrical visits.

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. BASE UNITS: The base units for anesthesia codes.

COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.