LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	99201 TH	OFFICE,NEW,PROBLEM,STRAIGHTFORWARD	45.00										
03	99201	OFFICE,NEW,PROBLEM, STRAIGHTFORWARD	23.79										
07	99201	NEW PATIENT OFFICE	27.19										
08	99201	OFFICE/OUTPATIENT VISIT,NEW STRTFWD	33.00										
03	99202 TH	OFFICE,NEW PT,EXPANDED,STRAIGHTFRWD	45.00										
03	99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD	42.50										
07	99202	NEW PATIENT OFFICE	48.57										
08	99202	OFFICE/OUTPATIENT,NEW EXPAND STRTFWD	33.00										
03	99203 TH	OFFICE,NEW PT,DETAILED,LOW COMPLEX	45.00										
03	99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX	63.46										
07	99203	NEW PATIENT OFFICE	72.53										
08	99203	OFFICE/OUTPATIENT,NEW LOW COMPLEXITY	38.00										
03	99204 TH	OFFICE,NEW PT,COMPREHEN,MOD COMPLEX	45.00										
03	99204	OFFICE,NEW PT, COMPREHEN, MOD COMPLX	90.13										
07	99204	NEW PATIENT OFFICE	103.01										
08	99204	OFFICE/OUTPATIENT,NEW MOD COMPLEXITY	57.00										
03	99205 TH	OFFICE,NEW PT,COMPREHEN,HIGH COMPLX	45.00										
03	99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX	115.04										
04	99205	NEW PATIENT OFFICE	108.44										
07	99205	NEW PATIENT OFFICE	131.47										
08	99205	OFFICE/OUTPATIENT,NEW HIGH COMPLEX	57.00										
03	99211 TH	OFFICE,EST PT,MINIMAL PROBLEMS	33.43										
03	99211	OFFICE,EST PT, MINIMAL PROBLEMS	13.55										X
07	99211	EST PATIENT OFFICE VISIT	15.49										
08	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	33.00										
03	99212 TH	OFFICE,EST PT,PROBLEM,STRAIGHTFRWD	33.43										
03	99212	OFFICE,EST PT, PROBLEM,STRAITFORWD	30.13										X
08	99212	OFFICE/OUTPATIENT,EST, PROB STRTFRWD	33.00										
03	99213 TH	OFFICE,EST PT,EXPANDED,LOW COMPLEX	33.43										
03	99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX	36.13										
08	99213	OFFICE/OUTPATIENT,EST LOW COMPLEX	38.00										
03	99214 TH	OFFICE,EST PT,DETAILED,MOD COMPLEX	33.43										
03	99214	OFFICE,EST PT, DETAILED, MOD COMPLX	53.73										
07	99214	EST PATIENT OFFICE VISIT	61.40										
08	99214	OFFICE/OUTPATIENT,EST MOD COMPLEXITY	57.00										
03	99215 TH	OFFICE,EST PT,COMPREHEN,HIGH COMPLX	33.43										
03	99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX	78.86										
07	99215	EST PATIENT OFFICE VISIT	90.13										
08	99215	OFFICE/OUTPATIENT,EST HIGH COMPLEX	57.00										
03	99218	INITIAL OBSERVATION CARE, PER DAY, F	32.40										
07	99218	HOSPITAL	42.68										
03	99219	INITIAL OBSERVATION CARE, PER DAY, F	36.90										
07	99219	HOSPITAL	71.20										
03	99220	INITIAL OBSERVATION CARE, PER DAY, F	45.00										
07	99220	HOSPITAL	99.70										
03	99221	INITIAL HOSP,COMPRE,STRTFWD,LOCMPLX	28.80										
07	99221	HOSPITAL	43.12										
03	99222	INITIAL HOSP,COMPRE,MOD CMPLX	41.40										
07	99222	HOSPITAL	71.64										
03	99223	INITIAL HOSP,COMPRE, HIGH CMPLX	54.00										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	99223	HOSPITAL	99.87										
03	99231	SUBSEQNT HOSP,PRBLM,STRTFWD R LO CLX	25.84										
03	99232	SBSQNT HOSP,XPANDED,MOD CMPLXTY	42.50										
07	99232	HOSPITAL	42.50										
03	99233	SBSQNT HOSP,DETAILED, HIGH CMPLXTY	42.60										
07	99233	HOSPITAL	50.53										
03	99234	OBSERV/HOSP SAME DATE	107.45									X	
03	99235	OBSERV/HOSP SAME DATE	148.44									X	
03	99236	OBSERV/HOSP SAME DATE	179.05									X	
03	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	28.80										
07	99238	HOSPITAL	43.73										
03	99239	HOSPITAL DISCHARGE DAY	66.42										
03	99241	OFF CONSULT,NRE PT,PRBLM,STRTFWD	67.50										
03	99242	OFF CONSLT,NRE PT,XPND PBLM, STRTFWD	76.50										
03	99243	OFF CNSLT,NRE PT,DTLD, LO CMPLXY	90.00										
03	99244	OFF CNSLT,NRE PT,CMPHSV,MOD CMPLXY	114.05										
03	99245	OFF CNSLT,NRE PT,CMPHSV,HI CMPLXY	147.85										
03	99251	INIT INPT CNSLT,NREST PT,PBLM,STRFWD	67.50										
03	99252	INIT INPT CNSLT,NRE PT,XPND,STRTFWD	76.50										
03	99253	INIT INPT CNSLT,NRE PT,DTLD,LO CMPLX	90.00										
03	99254	INIT INPT CNSLT,NRE PT,CMPHSV,MOD CX	112.50										
03	99255	INIT INPT CNSLT,NRE PT,CMPHSV,HI CPX	135.00										
03	99281	EMER DEPT VST,PRBLM,STRTFWD	16.20										
03	99282	EMER DEPT VST,PRBLM,LOW CMPLXTY	19.80										
03	99283	EMER DEPT VSTXXPAND,LOW CMPLSTY	42.39										
07	99283	HOSPITAL	48.44										
03	99284	EMER DEPT VST,DETAILED,MOD CMPLXTY	66.22										
07	99284	HOSPITAL	75.68										
03	99285	EMER DEPT VST,COMPHSV,HIGH CMPLXTY	103.81										
07	99285	HOSPITAL	118.64										
03	99291	CRITICAL CARE, FIRST HOUR	150.30		X								
03	99292	CRITICAL CARE, EA ADDITIONAL 30 MIN	86.40		X								X
03	99293	INIT PED CRITICAL CARE,29D-24MO	761.54	00 02									
03	99294	SUBSEQ PED CRITICAL CARE, 29D-24MO	376.19	00 02									
03	99295	INITIAL NICU CARE, PER DAY, FOR THE	496.85	00 01									
03	99296	SUBSEQUENT NICU CARE, PER DAY, FOR T	279.52	00 01									
03	99298	NEONATAL CRITICAL CARE	100.10	00 01									
03	99299	SUBSEQ INTENSIVE CARE, LOW BIRTH WT	124.33	00 01									
03	99300	SEBSEQ INT CARE, INFANT 2501-5000	99.14	00 01									
03	99304	NURSING FACILITY CARE, INIT	25.20										
03	99305	NURSING FACILITY CARE, INIT	30.60										
03	99306	NURSING FACILITY CARE, INIT	45.00										
03	99307	NURSING FAC CARE, SUBSEQ	16.20										
03	99308	NURSING FAC CARE, SUBSEQ	18.90										
03	99309	NURSING FAC CARE, SUBSEQ	18.90										
03	99310	NURSING FAC CARE, SUBSEQ	22.50										
03	99315	NURSING FAC DISCHARGE DAY	54.65										
03	99316	NURSING FAC DISCHARGE DAY	66.72										
03	99324	DOMICIL/R-HOME VISIT NEW PAT	25.20										
03	99325	DOMICIL/R-HOME VISIT NEW PAT	25.20										

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				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	99326	DOMICIL/R-HOME VISIT NEW PAT	30.60											
03	99327	DOMICIL/R-HOME VISIT NEW PAT	30.60											
03	99328	DOMICIL/R-HOME VISIT NEW PAT	43.20											
03	99334	DOMICIL/R-HOME VISIT EST PAT	18.90											
03	99335	DOMICIL/R-HOME VISIT EST PAT	18.90											
03	99336	DOMICIL/R-HOME VISIT EST PAT	22.50											
03	99337	DOMICIL/R-HOME VISIT EST PAT	27.00											
03	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	17.10											
03	99342	HOME,NEW PT, EXPANDED, MOD COMPLEX	23.40											
07	99342	HOME VISIT	57.82											
03	99343	HOME,NEW PT, DETAILED, HIGH COMPLEX	25.20											
07	99343	HOME VISIT	86.02											
03	99344	HOME VISIT, NEW PATIENT	36.90											
07	99344	HOME VISIT	111.65											
03	99345	HOME VISIT, NEW PATIENT	45.00											
07	99345	HOME VISIT	137.23											
03	99347	HOME VISIT, ESTAB PATIENT	19.80											
07	99347	HOME VISIT	30.26											
03	99348	HOME VISIT, ESTAB PATIENT	27.00											
07	99348	HOSPITAL	48.31											
03	99349	HOME VISIT, ESTAB PATIENT	28.80											
07	99349	HOME VISIT	74.99											
03	99350	HOME VISIT, ESTAB PATIENT	40.50											
07	99350	HOME VISIT	109.45											
03	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	45.00											X
03	99374	HOME HEALTH CARE SUPERVISION	1.00										X	
03	99377	HOSPICE CARE SUPERVISION	1.00										X	
03	99379	NURSING FAC CARE SUPERVISION	1.00										X	
03	99380	NURSING FAC CARE SUPERVISION	1.00										X	
03	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	40.59	00	01									
07	99381	INIT E&M HEALTHY INDV, NEW PT, TO 1Y	58.65	00	01									
03	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	40.59	01	04									
07	99382	INIT E&M HEALTHY IND AGE 1-4 YRS	58.65	01	04									
03	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	40.59	05	11									
07	99383	INIT E&M HEALTHY INDIV, LTE CHILD 5-	58.65	05	11									
03	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	49.50	12	17									
07	99384	INIT E&M HEALTHY IND,ADOLS, 12-17YRS	58.65	12	17									
03	99385	INIT COMP PREV MED 18-39 YRS	49.50	18	39					X				
07	99385	INIT COMP PREV MED 18-39 YRS	58.65	18	39					X				
03	99386	INIT COMP PREV MED 40-64 YRS	49.50	40	64					X				
07	99386	INIT PREV MED 40-64 YRS	58.65	40	64					X				
03	99387	INIT COMP PREV MED 65+	49.50	65	99					X				
07	99387	INIT COMP PREV MED 65+	58.65	65	99					X				
03	99391	PERDC REEVAL &MGT HLTHY INDV,INFANT	31.68	00	00									X
07	99391	PERD REEVAL & MGT HLTHY INDV, INFANT	58.65	00	00									X
03	99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	31.68	01	04									X
07	99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	58.65	01	04									X
03	99393	PERDC REEVAL & MGT,LTE CHLD 5-11 YRS	31.68	05	11									X
07	99393	PERDC REEVAL &MGT,LTE CHLD 5-11 YRS	58.65	05	11									X
03	99394	PERDC REEVAL & MGT, ADOLS 12-17 YRS	44.55	12	17									X

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	99394	PERD REEVAL & MGT, ADOLS 12-17 YRS	58.65	12 17									X
03	99395	PERIODIC COMP PREV MED 18-39 YRS	44.55	18 39					X				
07	99395	PERIODIC COMP PREV MED 18-39 YRS	58.65	18 39					X				
03	99396	PERIODIC COMP PREV MED 40-64 YRS	44.55	40 64					X				
07	99396	PERIODIC COMP PREV MED 40-64	58.65	40 64					X				
03	99397	PERIODIC COMP PREV MED 65+	44.55	65 99					X				
07	99397	PERIODIC COMP PREV MED 65+	58.65	65 99					X				
03	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP		X								
03	99431	HIST/EXAM NORMAL NEWBORN	54.00	00 01					X				
03	99432	NORMAL NEWBORN CARE IN OTHER TH HOSP	36.90	00 01					X				
07	99432	HOME VISIT	57.23										
03	99433	SUBSQNT HOSP,NORML NEWBORN,P DAY	45.00	00 01					X				
03	99435	HOSPITAL NB DISCHARGE DAY	54.00	00 01					X				
03	99440	NEWBORN RESUSCITATION	135.00	00 01									
03	99499	UNLISTED EVALUATION AND MANAGEMENT S	MP		X								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	90465	IMMUNIZATION ADMIN,1ST INJ, < 8 YRS	9.45	00 07									
03	90466	IMMUN ADMIN,EACH ADDL INJ, <8 YRS	9.45	00 07									X
03	90467	IMMUN ADMIN,NASAL/ORAL,1ST ADM<8 YR	9.45	00 07									
03	90468	IMM ADM,NASAL/ORAL,EA ADDL ADM,<8 YR	9.45	00 07									X
03	90473	IMMUN ADMIN,NASAL/ORAL,ONE VACCINE	9.45										
03	90474	IMMUN ADM,NASAL/ORAL,EA ADDL VACCINE	9.45										X
03	90585	BCG TICE VACCINE, 50 MG	147.50										
03	90586	BCG LIVE (INTRAVESICAL)	115.09										
03	90632	HEPA VACCINE ADULT IM	9.45	00 21									
05	90632	HEPA VACCINE ADULT IM	9.45										
03	90633	HEPA VACCINE PED/ADOL-2 DOSE	9.45	00 21									
05	90633	HEPA VACCINE PED/ADOL-2 DOSE	9.45										
03	90634	HEPA VACCINE PED/ADOL-3 DOSE	9.45	00 21									
05	90634	HEPA VACCINE PED/ADOL-3 DOSE	9.45										
03	90645	HIB VACCINE, HBOC, IM	9.45	00 21									
05	90645	HIB VACCINE, HBOC, IM	9.45										
03	90646	HIB VACCINE, PRP-D, IM	9.45	00 21									
05	90646	HIB VACCINE, PRP-D, IM	9.45										
03	90647	HIB VACCINE, PRP-OMP, IM	9.45	00 21									
05	90647	HIB VACCINE, PRP-OMP, IM	9.45										
03	90648	HIB VACCINE, PRP-T, IM	9.45	00 21									
05	90648	HIB VACCINE, PRP-T, IM	9.45										
03	90649	HUMAN PAPILLOMA VIRUS VACCINE IM	MP	00 20			F						
03	90655	FLU VACCINE, 6-35 MO, IM	MP	00 02									
07	90655	FLU VACCINE, 6-35 MO, IM	MP	00 02									
03	90656	FLU VACCINE NO PRESERV 3 & >	MP	03 20									
03	90657	FLU VACCINE, 6-35 MO, IM	9.45	00 21									
05	90657	FLU VACCINE, 6-35 MO, IM	9.45										
03	90658	FLU VACCINE, 3 YRS, IM	9.45	00 21									
05	90658	FLU VACCINE, 3 YRS, IM	9.45										
03	90669	PNEUMOCOCCAL VACCINE, PED	9.45	00 20									
05	90669	PNEUMOCOCCAL VACCINE, PED	9.45	00 20									
03	90698	DTAP-HIB-IPV VACCINE, IM	MP	00 20									
07	90698	DTAP-HIB-IPV VACCINE, IM	MP	00 20									
03	90723	DTAP-HEP B-IPV VACCINE, IM	9.45	00 20									
05	90723	DTAP-HEPB-IPV IM	9.45	00 20									
07	90723	DTAP-HERB-IPV IM	9.45	00 20									
03	90740	HEPB VACC, ILL PAT 3 DOSE IM	9.45										
03	90743	HEP B VACC, ADOL, 2 DOSE, IM	9.43	00 21									
03	90748	HEPATITIS B/HIB VACCINE	9.45	00 21									
05	90748	HEPATITIS B/HIB VACCINE	9.45	00 21									
03	90749	IMMUNIZATION,UNLISTED PROCEDURE	MP		X								
03	90801	DIAGNOSTIC INTERVIEW	77.14									X	
03	90806	PSYTX, OFFICE (45-50)	76.60									X	
03	90845	MEDICAL PSYCHOANALYSIS	58.78									X	X
03	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	65.55									X	X
03	90847	SPECIAL FAMILY THERAPY	74.76									X	
03	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	22.66									X	
03	90853	GROUP PSYCHOTHERAPY Y	18.38						X			X	
03	90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER	15.54									X	X

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	90862	CHEMOTHERAPY MANAGEMENT PSYCH	35.38										X	
03	90870	ELECTROCONLULSIVE THERAPY	65.24								1		X	
03	90875	PSYCHOPHYSIOLOGICAL THERAPY	40.71										X	
03	90876	PSYCHOPHYSIOLOGICAL THERAPY	63.36						X				X	
03	90880	MEDICAL HYPNOTHERAPY	75.40										X	
03	90918	END STAGE RENAL DISEASE (ESRD) RELAT	143.10	00	01					X				
07	90918	END STAGE RENAL DISEASE (ESRD) RELAT	577.57	00	01					X				
03	90919	END STAGE RENAL DISEASE (ESRD) RELAT	143.10	02	11					X				
07	90919	END STAGE RENAL DISEASE (ESRD) RELAT	451.24	02	11					X				
03	90920	END STAGE RENAL DISEASE (ESRD) RELAT	143.10	12	19					X				
07	90920	END STAGE RENAL DISEASE (ESRD) RELAT	388.73	12	15					X				
03	90921	END STAGE RENAL DISEASE (ESRD) RELAT	143.10	20	99					X				
03	90922	END STAGE RENAL DISEASE (ESRD) RELAT	4.77											
07	90922	END STAGE RENAL DISEASE (ESRD) RELAT	18.71	00	15									
03	90923	ESRD RELATED SERVICES, DAY	4.77	02	11									
07	90923	ESRD RELATED SERVICES, DAY	14.92	02	11									
03	90924	ESRD RELATED SERVICES, DAY	4.77	12	19									
07	90924	ESRD RELATED SERVICES, DAY	12.89	12	15									
03	90925	ESRD RELATED SERVICES, DAY	4.77	20	99									
03	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	81.90											X
07	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	81.90	00	15									X
03	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	122.85											
07	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	122.85	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	83.79											X
07	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	83.79	00	15									X
03	90947	DIAL. PROC(EG PERITONEAL)REPEAT/CHNG	126.00											
07	90947	DIAL. PROC(EG PERITONEAL)REPEAT/CHNG	126.00	00	15									
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)	71.31								1			
07	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	101.06	00	15						1			
03	90999	UNLISTED DIALYSIS PROCEDURE	MP			X								
07	90999	UNLISTED DIALYSIS PROCEDURE	MP	00	15	X								
03	91000	ESOPHAGEAL INTUBATION W/WASHINGS	7.57								1			
05	91000	ESOPHAGEAL INTUBATION W WASHINGS	7.57											
07	91000	ESOPHAGEAL INTUBATION W/WASHINGS	37.21	00	15						1			
03	91010	ESOPHAGEAL MOTILITY STUDY	50.76								1			
05	91010	ESOPHAGEAL MOTILITY STUDY	20.30											
07	91010	ESOPHAGEAL MOTILITY STUDY	129.57	00	15						1			
08	91010	ESOPHAGEAL MOTILITY STUDY	220.39						X					
03	91011	ESOPHAGEAL MOTILITY STUDY WITH STIMU	126.90								1			
05	91011	ESOPHAGEAL MOTILITY STUDY W/ STIMULA	50.76											
07	91011	ESOPHAGEAL MOTILITY STUDY WITH STIMU	141.79	00	15						1			
03	91012	ESOPHAGEAL MOTILITY/ ACID PERFUS STU	148.13								1			
05	91012	ESOPHAGEAL STUDY/ACID PERFUSION STDS	59.25											
07	91012	ESOPHAGEAL MOTILITY/ ACID PERFUS STU	148.13	00	15						1			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	50.76								1			
05	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	20.30											
07	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	147.95	00	15						1			
03	91022	DUODENAL MOTILITY STUDY	161.07								1			
05	91022	DUODENAL MOTILITY STUDY	64.42										X	
07	91022	DUODENAL MOTILITY STUDY	161.07	00	15						1			
03	91030	ACID PERFUSION FOR ESOPHAGITIS	35.53								1			
05	91030	ACID PERFUSION FOR ESOPHAGITIS	14.34											
07	91030	ACID PERFUSION FOR ESOPHAGITIS	105.32	00	15						1			
07	91032	ESOPHAGUS; ACID REFLUX TEST	117.46	00	15						1			
07	91033	ESOPH, ACID REFLUX TEST; PROLONGED	134.13	00	15						1			
03	91034	GASTROESOPHAGEAL REFLUX TEST	169.57											
05	91034	GASTROESOPHAGEAL REFLUX TEST	67.82											
07	91034	GASTROESOPHAGEAL REFLUX TEST	169.57	00	15									
03	91035	G-ESOPH REFLX TST W/ELECTROD	332.99											
05	91035	G-ESOPH REFLX TST W/ELECTROD	133.19											
07	91035	G-ESOPH REFLX TST W/ELECTROD	332.99	00	15									
03	91037	ESOPH IMPED FUNCTION TEST	109.47											
05	91037	ESOPH IMPED FUNCTION TEST	43.78											
07	91037	ESOPH IMPED FUNCTION TEST	109.47	00	15									
03	91038	ESOPH IMPED FUNCT TEST > 1H	94.94											
05	91038	ESOPH IMPED FUNCT TEST > 1H	37.97											
07	91038	ESOPH IMPED FUNCT TEST > 1H	94.94	00	15									
03	91040	ESOPH BALLOON DISTENSION TST	322.78											
05	91040	ESOPH BALLOON DISTENSION TST	129.11											
07	91040	ESOPH BALLOON DISTENSION TST	322.78	00	15									
03	91052	GASTRIC ANALYSIS TEST	35.53								1			
05	91052	GASTRIC ANALYSIS TEST	14.21											
07	91052	GASTRIC ANALYSIS TEST	98.59	00	15						1			
03	91055	GASTRIC INTUBATION W/WASHINGS	35.53								1			
05	91055	GASTRIC INTUBATION WITH WASHINGS	35.53											
07	91055	GASTRIC INTUBATION W/WASHINGS	105.18	00	15						1			
03	91100	INTESTINAL BLEEDING TUBE	118.60								1			X
07	91100	INTESTINAL BLEEDING TUBE	118.60	00	15						1			X
03	91105	GASTRIC INTUBATION, AND ASPIRATION O	38.70								1			
07	91105	GASTRIC INTUBATION, AND ASPIRATION O	38.70	00	15						1			
03	91120	RECTAL SENSATION TEST	318.56											
05	91120	RECTAL SENSATION TEST	127.42											
07	91120	RECTAL SENSATION TEST	318.56	00	15									
03	91122	ANORECTAL MANOMETRY	77.22								1			
05	91122	ANORECTAL MANOMETRY	30.89											
07	91122	ANORECTAL MANOMETRY	155.86	00	15						1			
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								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	92002	EYE EXAM; INTERMEDIATE; NEW PT	32.40										
07	92002	EYE EXAM; INTERMEDIATE; NEW PT	61.85	00 15									
03	92004	EYE EXAM; COMPREHENSIVE; NEW PT	45.00										
07	92004	EYE EXAM; COMPREHENSIVE; NEW PT	113.54	00 15									
03	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	24.30										
07	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	55.67	00 15									
03	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	40.50										
07	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	83.41	00 15									
03	92018	EYE EXAM W/ANESTHESIA-COMPLETE	40.01										
07	92018	EYE EXAM W/ANESTHESIA-COMPLETE	124.67	00 15									
03	92019	EYE EXAM W/ANESTHESIA-LIMITED	20.01										
07	92019	EYE EXAM W/ANESTHESIA-LIMITED	66.28	00 15									
03	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	19.04										
07	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	43.27	00 15									
03	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	21.34										
05	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	8.53										
07	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	21.34	00 15									
03	92060	SENSORIMOTOR EXAM EYE	17.42										
05	92060	SENSORIMOTOR EXAM EYE	6.98										
07	92060	SENSORIMOTOR EXAM EYE	48.26	00 15									
03	92065	ORTHOPTIC/PLEOPTIC TRAINING	11.02	00 21					X				
05	92065	ORTHOPTIC / PLEOPTIC TRAINING	4.41										
07	92065	ORTHOPTIC/PLEOPTIC TRAINING	51.22	00 15					X				
03	92081	TANGENT SCREEN; AUTOPLOT	16.24										
05	92081	TANGENT SCREEN; AUTOPLOT	6.49										
07	92081	TANGENT SCREEN; AUTOPLOT	71.34	00 15									
03	92082	QUANTITATIVE PERIMETRY	19.79										
05	92082	QUANTITATIVE PERIMETRY	7.91										
07	92082	QUANTITATIVE PERIMETRY	42.96	00 15									
03	92083	STATIC AND KINETIC PERIMETRY	22.73										
05	92083	STATIC AND KINETIC PERIMERTY	9.09										
07	92083	STATIC AND KINETIC PERIMETRY	65.85	00 15									
03	92100	SERIAL TONOGRAPHY W/EVALUATION	12.43										
07	92100	SERIAL TONOGRAPHY W/EVALUATION	56.63	00 15									
03	92120	TONOGRAPHY; RECORDING INDENTATION	15.73										
07	92120	TONOGRAPHY; RECORDING INDENTATION	54.67	00 15									
03	92130	TONOGRAPHY W/WATER PROVOCATION	15.73										
07	92130	TONOGRAPHY W/WATER PROVOCATION	58.13	00 15									
03	92135	OPTHALMIC DX IMAGING	27.85										X
05	92135	OPTHALMIC DX IMAGING	11.14										X
07	92135	OPTHALMIC DX IMAGING	59.65	00 15									X
03	92136	OPHTHALMIC BIOMETRY	83.05										
05	92136	OPHTHALMIC BIOMETRY	33.22										
07	92136	OPHTHALMIC BIOMETRY	83.05	00 15									
03	92140	PROVOCATIVE TESTS FOR GLAUCOMA	17.42										
07	92140	PROVOCATIVE TESTS FOR GLAUCOMA	49.72	00 15									
03	92225	OPHTHALMOSCOPY; INITIAL	23.98										X
07	92225	OPHTHALMOSCOPY; INITIAL	23.98	00 15									X
03	92226	OPHTHALMOSCOPY; SUBSEQUENT	21.31										X
07	92226	OPHTHALMOSCOPY; SUBSEQUENT	21.31	00 15									X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	31.13											
07	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	76.28	00	15									
03	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	85.99											X
05	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	34.20											X
07	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	113.61	00	15									X
03	92240	ICG ANGIOGRAPHY	74.14											
05	92240	ICG ANGIOGRAPHY	29.66											
07	92240	ICG ANGIOGRAPHY	206.29	00	15									
03	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	14.92											
05	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	5.99											
07	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	59.34	00	15									
03	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	25.21											
07	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	25.21	00	15									
03	92265	OCULOELECTROMYOGRAPHY	17.13											
05	92265	OCULOELECTROMYOGRAPHY	6.85											
07	92265	OCULOELECTROMYOGRAPHY	68.67	00	15									
03	92270	ELECTRO-OCULOGRAPHY	19.04											
05	92270	ELECTRO-OCULOGRAPHY	7.61											
07	92270	ELECTRO-OCULOGRAPHY	66.54	00	15									
03	92275	ELECTRORETINOGRAPHY	49.49											
05	92275	ELECTRORETINOGRAPHY	19.79											
07	92275	ELECTRORETINOGRAPHY	76.31	00	15									
03	92283	COLOR VISION EXAMINATION	19.04											
05	92283	COLOR VISION EXAMINATION	7.65											
07	92283	COLOR VISION EXAMINATION	30.04	00	15									
03	92284	DARK ADAPTATION EXAMINATION	12.43											
05	92284	DARK ADAPTATION EXAMINATION	5.00											
07	92284	DARK ADAPTATION EXAMINATION	64.30	00	15									
03	92285	EXTERNAL OCULAR PHOTOGRAPHY	12.43											
05	92285	EXTERNAL OCULAR PHOTOGRAPHY	5.00											
07	92285	EXTERNAL OCULAR PHOTOGRAPHY	32.98	00	15									
03	92286	SPECULAR ENDOTHELIAL MICROSCOPY	23.27											
05	92286	SPECULAR ENDOTHELIAL MICROSCOPY	9.32											
07	92286	SPECULAR ENDOTHELIAL MICROSCOPY	118.77	00	15									
03	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	46.53											
07	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	128.68	00	15									
03	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP			X								
07	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP	00	15	X								
03	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	33.84								1			
07	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	95.55	00	15						1			
08	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	220.39						X					
03	92506	SPEECH LANGUAGE HEARING EVALUATION	300.00	01	99		X		X	X				
07	92506	SPEECH LANGUAGE HEARING EVALUATION	300.00	01	99		X		X	X				
08	92506	EVAL OF SPEECH, LANG, VOICE, AUDITOR	49.50						X	X				
07	92507	SPEECH LANGUAGE HEARING THERAPY	13.00	00	02		X							X
08	92507	TREATMENT OF SPEECH,LANGUAGE,AUDITOR	8.25				X		X					X
07	92508	SPEECH LANGUAGE HEARING THERAPY	13.00	00	02		X							X
03	92511	NASOPHARYNGOSCOPY	74.08								1			
07	92511	NASOPHARYNGOSCOPY	74.08	00	15						1			
08	92511	NASOPHARYNGOSCOPY	220.39						X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	92526	ORAL FUNCTION THERAPY	32.79											
07	92526	ORAL FUNCTION THERAPY	68.86	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	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	23.77											
05	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	9.50											
07	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	61.24	00	15									
03	92542	POSITIONAL NYSTAGMUS W/RECORDING	23.77											
05	92542	POSITIONAL NYSTAGMUS W/RECORDING	9.50											
07	92542	POSITIONAL NYSTAGMUS W/RECORDING	56.50	00	15									
03	92543	CALORIC VESTIBULAR TEST W/RECORDING	14.81											X
05	92543	CALORIC VESTIBULAR TEST W/RECORDING	5.92											
07	92543	CALORIC VESTIBULAR TEST W/RECORDING	16.56	00	15									X
03	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	17.85											
05	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	7.14											
07	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	52.79	00	15									
03	92545	OSCILLATING TRACKING W/RECORDING	17.85											
05	92545	OSCILLATING TRACKING W/RECORDING	7.14											
07	92545	OSCILLATING TRACKING W/RECORDING	50.80	00	15									
03	92546	TORSION SWING TEST W/RECORDING	17.85											
05	92546	TORSION SWING TEST W/RECORDING	7.14											
07	92546	TORSION SWING TEST W/RECORDING	81.24	00	15									
03	92547	ADDED USE OF VERTICAL ELECTRODES	8.88											
07	92547	ADDED USE OF VERTICAL ELECTRODES	40.05	00	15									
03	92548	POSTUROGRAPHY	67.84											
05	92548	POSTUROGRAPHY	27.14											
07	92548	POSTUROGRAPHY	88.39	00	15									
03	92551	SCREENING; PURE TONE; AIR ONLY	3.60											
07	92551	SCREENING; PURE TONE; AIR ONLY	3.60	00	15									
03	92552	PURE TONE AUDIOMETRY; AIR ONLY	22.50							X				
07	92552	PURE TONE AUDIOMETRY; AIR ONLY	22.50	00	15					X				
03	92553	PURE TONE AUDIOMETRY; AIR AND BONE	45.00							X				
07	92553	PURE TONE AUDIOMETRY; AIR AND BONE	45.00	00	15					X				
03	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	9.00							X				
07	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	12.50	00	15					X				
03	92556	SPEECH AUDIOMETRY, COMPLETE	22.50							X				
07	92556	SPEECH AUDIOMETRY, COMPLETE	22.50	00	15					X				
03	92557	BASIC COMPREHENSIVE AUDIOMETRY	54.00							X				
07	92557	BASIC COMPREHENSIVE AUDIOMETRY	54.00	00	15					X				
03	92563	TONE DECAY HEARING TEST	9.00							X				
07	92563	TONE DECAY HEARING TEST	12.50	00	15					X				
03	92564	SHORT INCREMENT SENSITIVITY INDEX	7.20							X				
07	92564	SHORT INCREMENT SENSITIVITY INDEX	15.73	00	15					X				
03	92565	STENGER TEST, PURE TONE	13.50							X				

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	92565	STENGER TEST, PURE TONE	13.50	00 15					X				
03	92567	TYMPANOMETRY	22.50						X				
07	92567	TYMPANOMETRY	22.50	00 15					X				
03	92568	ACOUSTIC REFLEX TESTING	22.50						X				
07	92568	ACOUSTIC REFLEX TESTING	22.50	00 15					X				
03	92569	ACOUSTIC REFLEX DECAY TEST	32.40						X				
07	92569	ACOUSTIC REFLEX DECAY TEST	32.40	00 15					X				
03	92571	FILTERED SPEECH TEST	22.50						X				
07	92571	FILTERED SPEECH TEST	22.50	00 15					X				
03	92572	STAGGERED SPONDAIC WORD TEST	67.50						X				
07	92572	STAGGERED SPONDAIC WORD TEST	67.50	00 15					X				
03	92575	SENSORINEURAL ACUITY LEVEL TEST	18.00						X				
07	92575	SENSORINEURAL ACUITY LEVEL TEST	18.00	00 15					X				
03	92576	SYNTHETIC SENTENCE ID TEST	22.50						X				
07	92576	SYNTHETIC SENTENCE ID TEST	22.50	00 15					X				
03	92577	STENGER TEST, SPEECH	13.50						X				
07	92577	STENGER TEST, SPEECH	23.75	00 15					X				
03	92579	VISUAL AUDIOMETRY (VRA)	22.52						X				
07	92579	VISUAL AUDIOMETRY (VRA)	23.67	00 15					X				
03	92582	CONDITIONING PLAY AUDIOMETRY	45.00						X				
07	92582	CONDITIONING PLAY AUDIOMETRY	45.00	00 15					X				
03	92583	SELECT PICTURE AUDIOMETRY	22.50						X				
07	92583	SELECT PICTURE AUDIOMETRY	29.17	00 15					X				
03	92584	ELECTROCOCHLEOGRAPHY	180.00						X				
07	92584	ELECTROCOCHLEOGRAPHY	180.00	00 15					X				
03	92585	BRAINSTEM EVOKED RESPONSE RECORDING	180.00						X				
05	92585	BRAINSTEM EVOKED RESPONSE RECORDING	72.00						X				
07	92585	BRAINSTEM EVOKED RESPONSE RECORDING	180.00	00 15					X				
03	92586	AUDITOR EVOKE POTENT, LIMIT	45.00	00 20									
05	92586	AUDITOR EVOKE POTENT, LIMIT	18.00	00 20									
07	92586	AUDITOR EVOKE POTENT, LIMIT	59.77	00 15									
03	92587	EVOKED AUDITORY TEST	22.50										
05	92587	EVOKED AUDITORY TEST	9.00										
07	92587	EVOKED AUDITORY TEST	49.70	00 15									
03	92588	EVOKED AUDITORY TEST	45.00										
05	92588	EVOKED AUDITORY TEST COMPREHENSIVE	18.00										
07	92588	EVOKED AUDITORY TEST	67.04	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	92610	EVALUATE SWALLOWING FUNCTION	37.33										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	92610	EVALUATE SWALLOWING FUNCTION	37.33								1			
03	92611	MOTION FLUOROSCOPY/SWALLOW	40.53								1			
08	92611	MOTION FLUOROSCOPY/SWALLOW	40.53								1			
03	92612	ENDOSCOPY SWALLOW TST	155.52								1			
08	92612	ENDOSCOPY SWALLOW TST	155.52								1			X
03	92620	AUDITORY FUNCTION, 60 MIN	31.58											
07	92620	AUDITORY FUNCTION, 60 MIN	31.58	00	15									
03	92621	AUDITORY FUNCTION, + 15 MIN	8.42											X
07	92621	AUDITORY FUNCTION, + 15 MIN	8.42	00	15									X
03	92625	TINNITUS ASSESSMENT	31.06											
07	92625	TINNITUS ASSESSMENT	31.06	00	15									
03	92626	EVAL AUD REHAB STATUS	58.42	02	99		X		X					
07	92626	EVAL AUD REHAB STATUS	58.42	02	15		X		X					
03	92627	EVAL AUD STATUS REHAB ADD-ON	14.77	02	99		X		X					X
07	92627	EVAL AUD STATUS REHAB ADD-ON	14.77	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	36.31											
07	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	36.31	00	15									
03	92700	ENT PROCEDURE/SERVICE	MP			X					1			
07	92700	ENT PROCEDURE/SERVICE	MP	00	15	X					1			
03	92950	CARDIOPULMONARY RESUSCITATION	162.43								1			X
07	92950	CARDIOPULMONARY RESUSCITATION	191.39	00	15						1			X
03	92960	ELECTRICAL CARDIOVERSION	100.76								1			X
07	92960	ELECTRICAL CARDIOVERSION	152.18	00	15						1			X
03	92961	CARDIOVERSION, ELECTRIC, INT	224.58								1			
07	92961	CARDIOVERSION, ELECTRIC, INT	226.05	00	15						1			
03	92970	CARDIOASSIST, INTERNAL	148.13								1			
07	92970	CARDIOASSIST, INTERNAL	169.94	00	15						1			
03	92971	CARDIOASSIST, EXTERNAL	103.69								1			
07	92971	CARDIOASSIST, EXTERNAL	103.69	00	15						1			
03	92973	PERCUT CORONARY THROMBECTOMY	164.68											
07	92973	PERCUT CORONARY THROMBECTOMY	164.68	00	15									
03	92974	CATH PLACE, CARDIO BRACHYTX	190.64											
07	92974	CATH PLACE, CARDIO BRACHYTX	190.64	00	15									
03	92978	INTRAVASCULAR US, HEART	202.10											
05	92978	INTRAVASCULAR US, HEART	80.84											
07	92978	INTRAVASCULAR US, HEART	233.47	00	15									
03	92979	INTRAVASCULAR US, HEART	124.83											X
05	92979	INTRAVASCULAR US, HEART	49.93											X
07	92979	INTRAVASCULAR US, HEART	143.21	00	15									X
03	92980	INSERT INTRACORONARY STENT	922.75								1			
07	92980	INSERT INTRACORONARY STENT	922.75	00	15						1			
03	92981	INSERT INTRACORONARY STENT	286.15											X
07	92981	INSERT INTRACORONARY STENT	286.15	00	15									X
03	92982	PTCA-SINGLE VESSEL	846.00								1			
07	92982	PTCA-SINGLE VESSEL	846.00	00	15						1			
03	92984	PTCA, EACH ADD VESSEL	153.88											X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	92984	PTCA, EACH ADD VESSEL	153.88	00 15									X
02	92986	PERCUTANEOUS BALLOON VALVULOPLASTY	176.40										X
03	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	882.90							90			
07	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,136.64	00 15						90			
02	92987	PERCUTANEOUS BALLOON VALVULOPLASTY	215.86										
03	92987	REVISION OF MITRAL VALVE	1,079.28							90			
07	92987	REVISION OF MITRAL VALVE	1,182.96	00 15						90			
02	92990	PERCUTAN BALLOON VALVULOPLASTY; PULM	140.40										X
03	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	703.80							90			
07	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	907.42	00 15						90			
03	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	684.00							90			
07	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	684.00	00 15						90			
02	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	179.06										
03	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	895.28							1			
07	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	895.28	00 15						1			
03	92996	PERCUTANEOUS TRANSLUMINAL CORONARY A	210.48										X
07	92996	PERCUTANEOUS TRANSLUMINAL CORONARY A	210.48	00 15									X
03	92997	PUL ART BALLOON REPAIR, PERC	858.92							1			
07	92997	PUL ART BALLOON REPAIR, PERC	858.92	00 15						1			
03	92998	PUL ART BALLOON REPAIR, PERC	333.41										X
07	92998	PUL ART BALLOON REPAIR, PERC	333.41	00 15									X
03	93000	ROUTINE ECG W/AT LEAST 12 LEADS	23.77										X
07	93000	ROUTINE ECG W/AT LEAST 12 LEADS	23.77	00 15									X
03	93005	ECG; TRACING ONLY	14.27									X	X
07	93005	ECG; TRACING ONLY	14.32	00 15								X	X
03	93010	ECG; INTERPRETATION AND REPORT	9.50										X
05	93010	ECG; INTERPRETATION AND REPORT	9.50									X	X
07	93010	ECG; INTERPRETATION AND REPORT	9.50	00 15									X
03	93012	TELEPHONIC OR TELEMETRIC TRANSMISSIO	80.82									X	X
07	93012	TELEPHONIC OR TELEMETRIC TRANSMISSIO	80.82	00 15								X	X
03	93014	MD REVIEW/INTERP ELECTRONIC ECG	9.50										X
07	93014	MD REVIEW/INTERP ELECTRONIC ECG	24.98	00 15									X
03	93015	CARDIOVASCULAR STRESS TEST	88.91										
07	93015	CARDIOVASCULAR STRESS TEST	90.39	00 15									
03	93016	CARDIOVASCULAR STRESS TEST USING MAX	53.34										
05	93016	CARDIOVASCULAR STRESS TEST USING MAX	53.34									X	
07	93016	CARDIOVASCULAR STRESS TEST USING MAX	53.34	00 15									
03	93017	CARDIOVASCULAR STRESS TEST; TRACING	53.34										
07	93017	CARDIOVASCULAR STRESS TEST; TRACING	53.89	00 15									
03	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	35.57										
07	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	35.57	00 15									
03	93025	MICROVOLT T-WAVE ASSESS	235.57										
07	93025	MICROVOLT T-WAVE ASSESS	235.57	00 15									
03	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	10.06										X
07	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	12.37	00 15									X
03	93041	RHYTHM ECG; TRACING ONLY	6.04									X	X
07	93041	RHYTHM ECG; TRACING ONLY	6.04	00 15								X	X
03	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	4.02										X
07	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.57	00 15									X
03	93224	ECG MONITORING 24 HR BY CONT ORIG	191.70										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	93224	ECG MONITORING 24 HR BY CONT ORIG	191.70	00	15									
03	93225	ECG MONITORING 24 HR BY RECORDING	30.07										X	
07	93225	ECG MONITORING 24 HR BY RECORDING	39.88	00	15								X	
03	93226	ECG SCANNING ANALYSIS W REPORT	76.50										X	
07	93226	ECG SCANNING ANALYSIS W REPORT	76.50	00	15								X	
03	93227	PHYSICIAN REVIEW & INTERPRETATION	76.50											
05	93227	ECG PHYS REVIEW & INTERPRETATION	76.50										X	
07	93227	PHYSICIAN REVIEW & INTERPRETATION	76.50	00	15									
03	93230	ECG MONITOR 24 HR CONT ORIG ECG	225.00											
07	93230	ECG MONITOR 24 HR CONT ORIG ECG	225.00	00	15									
03	93231	RECORDING INCLUDES HOOK-UP RECORD	51.34										X	
07	93231	RECORDING INCLUDES HOOK-UP RECORD	51.34	00	15								X	
03	93232	MICROPROCESSOR-BASED ANAL WITH REPOR	73.14										X	
07	93232	MICROPROCESSOR-BASED ANAL WITH REPOR	73.14	00	15								X	
03	93233	ECG REVIEW & INTERPRETATION	90.00											
07	93233	ECG REVIEW & INTERPRETATION	90.00	00	15									
03	93235	ECG MONITOR 24 HRS CONT COMP MONITOR	193.50											
07	93235	ECG MONITOR 24 HRS CONT COMP MONITOR	193.50	00	15									
03	93236	MONITORING AND REAL-TIME DATA ANALYS	87.73										X	
07	93236	MONITORING AND REAL-TIME DATA ANALYS	87.73	00	15								X	
03	93237	ECG PHYSICIAN REVIEW & INTERPRETATIO	77.40											
07	93237	ECG PHYSICIAN REVIEW & INTERPRETATIO	77.40	00	15									
03	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	56.70							X				
05	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	22.68							X				
07	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	141.55	00	15					X				
03	93270	ECG MONITORING UP TO 12 HOURS	34.24							X			X	
07	93270	ECG MONITORING UP TO 12 HOURS	39.88	00	15					X			X	
03	93271	ECG MONITORING; RECORDING ONLY	66.58							X			X	
07	93271	ECG MONITORING; RECORDING ONLY	76.37	00	15					X			X	
03	93272	ECG MONITORING; SCANNING ANALYSIS	27.81							X				
07	93272	ECG MONITORING; SCANNING ANALYSIS	27.81	00	15					X				
03	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	61.20											
05	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	24.30											
07	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	61.20	00	15									
03	93303	ECHO TRANSTHORACIC	169.21											
05	93303	ECHO TRANSTHORACIC	67.68											
07	93303	ECHO TRANSTHORACIC	185.50	00	15									
03	93304	ECHO TRANSTHORACIC	92.63											
05	93304	ECHO TRANSTHORACIC	37.05											
07	93304	ECHO TRANSTHORACIC	99.04	00	15									
03	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	168.41											
05	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	67.37											
07	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	168.41	00	15									
03	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	82.85											
05	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	33.14											
07	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	88.81	00	15									
03	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	102.92											
05	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	41.17											
07	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	229.66	00	15									
03	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	44.98											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	201.83	00 15									
03	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	143.96										
05	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	57.58										
07	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	183.80	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	45.14									X	
07	93316	ECHO TRANSESOPHAGEAL	236.47	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	93.58										
05	93320	DOPPLER ECHOCARDIOGRAPHY	37.43										
07	93320	DOPPLER ECHOCARDIOGRAPHY	93.58	00 15									
03	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	45.00										
05	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	18.00										
07	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	45.00	00 15									
03	93325	DOPPLER COLOR FLOW VELOCITY	81.86										
05	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	32.74										
07	93325	DOPPLER COLOR FLOW VELOCITY	97.00	00 15									
03	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	192.70										
05	93350	ECG,REAL-TIME,WINTER + REPORT	77.08										
07	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	192.70	00 15									
03	93501	RT HEART CATHETERIZATION ONLY	481.92							1			
05	93501	RT HEART CATHETERIZATION ONLY	232.65										
07	93501	RT HEART CATHETERIZATION ONLY	688.46	00 15						1			
03	93503	RT HRT CATH W/CATHETER PLACEMENT	175.50							1			
07	93503	RT HRT CATH W/CATHETER PLACEMENT	175.50	00 15						1			
03	93505	ENDOCARDIAL BIOPSY 000	84.60							1			
05	93505	ENDOCARDIAL BIOPSY	84.60										
07	93505	ENDOCARDIAL BIOPSY 000	283.04	00 15						1			
03	93508	CATH PLACEMENT, ANGIOGRAPHY	231.20							1			
05	93508	CATH PLACEMENT, ANGIOGRAPHY	92.48										
07	93508	CATH PLACEMENT, ANGIOGRAPHY	602.37	00 15						1			
03	93510	LEFT HEART CATHETERIZAT;PERCUTANEOUS	974.43							1			
05	93510	LEFT HEART CATHETERIZA; PERCUTANEOUS	389.77										
07	93510	LEFT HEART CATHETERIZAT;PERCUTANEOUS	1,392.47	00 15						1			
03	93511	LEFT HEART CATH BY CUTDOWN	245.34							1			
05	93511	LEFT HEART CATH BY CUTDOWN	245.34										
07	93511	LEFT HEART CATH BY CUTDOWN	1,395.75	00 15						1			
03	93514	LT HEART CATH; LT VENT PUNCTURE	317.25							1			
05	93514	LT HEART CATH; LT VENT PUNCTURE	317.25										
07	93514	LT HEART CATH; LT VENT PUNCTURE	1,491.91	00 15						1			
03	93524	TRANSSEPTAL & RETROGRADE LT CATH	507.60							1			
05	93524	TRANSSEPTAL & RETOGRADE LT CATH	507.60										
07	93524	TRANSSEPTAL & RETROGRADE LT CATH	1,842.17	00 15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	93526	RT HRT & RETROGRADE LT HRT CATH	507.60								1			
05	93526	RT HRT & RETROGRADE LT HRT CATH	507.60											
07	93526	RT HRT & RETROGRADE LT HRT CATH	1,836.39	00	15						1			
03	93527	RT HRT & TRANSSEPTAL LT HRT CATH	507.60								1			
05	93527	RT HRT & TRANSSEPTAL LT HRT CATH	507.60											
07	93527	RT HRT & TRANSSEPTAL LT HRT CATH	1,859.86	00	15						1			
03	93528	RT HRT CATH W/LT VENT PUNCTURE	444.15								1			
05	93528	RT HRT W/LT VENT PUNCTURE	444.15											
07	93528	RT HRT CATH W/LT VENT PUNCTURE	1,948.19	00	15						1			
03	93529	RT/LFT HEART CATH THRU SEPTAL OPEN..	507.60								1			
05	93529	RT/LFT HEART CATH THRU SEPTAL OPEN	507.60											
07	93529	RT/LFT HEART CATH THRU SEPTAL OPEN..	1,735.47	00	15						1			
03	93530	RT HEART CATH, CONGENITAL	266.04								1			
05	93530	RT HEART CATH, CONGENITAL	106.42											
07	93530	RT HEART CATH, CONGENITAL	745.30	00	15						1			
03	93531	R & L HEART CATH, CONGENITAL	1,636.50								1			
05	93531	R & L HEART CATH, CONGENITAL	654.60											
07	93531	R & L HEART CATH, CONGENITAL	1,948.21	00	15						1			
03	93532	R & L HEART CATH, CONGENITAL	573.29								1			
05	93532	R & L HEART CATH, CONGENITAL	229.32											
07	93532	R & L HEART CATH, CONGENITAL	1,994.94	00	15						1			
03	93533	R & L HEART CATH, CONGENITAL	1,534.14								1			
05	93533	R & L HEART CATH, CONGENITAL	613.66											
07	93533	R & L HEART CATH, CONGENITAL	1,826.36	00	15						1			
03	93539	INJECTION PROCEDURE DURING CARDIAC C	67.14								1			
07	93539	INJECTION PROCEDURE DURING CARDIAC C	67.14	00	15						1			
03	93540	INJECTION PROCEDURE DURING CARDIAC C	67.14								1			
07	93540	INJECTION PROCEDURE DURING CARDIAC C	67.14	00	15						1			
03	93541	INJECTION FOR PULM ANGIOGRAPHY	63.45								1			
07	93541	INJECTION FOR PULM ANGIOGRAPHY	63.45	00	15						1			
03	93542	INJECT RT VENT/ATRIAL ANGIOGRAM	63.45								1			
07	93542	INJECT RT VENT/ATRIAL ANGIOGRAM	63.45	00	15						1			
03	93543	INJECT LT VENT/ATRIAL ANGIOGRAM	90.52								1			
07	93543	INJECT LT VENT/ATRIAL ANGIOGRAM	90.52	00	15						1			
03	93544	INJECTION FOR AORTOGRAPHY	98.98								1			
07	93544	INJECTION FOR AORTOGRAPHY	98.98	00	15						1			
03	93545	SELECTIVE CORONARY ANGIOGRAPHY	179.35								1			X
07	93545	SELECTIVE CORONARY ANGIOGRAPHY	179.35	00	15						1			X
03	93555	IMAGING, CARDIAC CATH	198.53											
05	93555	IMAGING SUPERVISION, INTERPRETATION	79.42											
07	93555	IMAGING, CARDIAC CATH	237.89	00	15									
03	93556	IMAGING, CARDIAC CATH	300.49											
05	93556	IMAGING SUPERVISION, INTERPRETATION	120.20											
07	93556	IMAGING, CARDIAC CATH	352.36	00	15									
03	93561	INDICATOR DILUTION STUDIES	93.06								1			
05	93561	INDICATOR DILUTION STUDIES	93.06											
07	93561	INDICATOR DILUTION STUDIES	93.06	00	15						1			
03	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	38.92								1			
05	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	38.92											
07	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	38.92	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	93571	HEART FLOW RESERVE MEASURE	236.14											
05	93571	HEART FLOW RESERVE MEASURE	94.46											
07	93571	HEART FLOW RESERVE MEASURE	236.14	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	920.85								1			
07	93580	TRANSCATH CLOSURE OF ASD	920.85	00	15						1			
03	93581	TRANSCATH CLOSURE OF VSD	1,229.83								1			
07	93581	TRANSCATH CLOSURE OF VSD	1,229.83	00	15						1			
03	93600	BUNDLE OF HIS RECORDING	148.13								1			
05	93600	BUNDLE OF HIS RECORDING	148.13											
07	93600	BUNDLE OF HIS RECORDING	169.12	00	15						1			
03	93602	INTRA-ATRIAL RECORDING	118.52								1			
05	93602	INTRA-ATRIAL RECORDING	118.52											
07	93602	INTRA-ATRIAL RECORDING	142.38	00	15						1			
03	93603	RIGHT VENTRICULAR RECORDING;	126.00			X					1			
05	93603	RIGHT VENTRICULAR RECORDING	50.40			X								
07	93603	RIGHT VENTRICULAR RECORDING;	159.53	00	15	X					1			
03	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	418.50								1			
05	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	418.50											
07	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	418.50	00	15						1			
03	93610	INTRA-ATRIAL PACING	176.54								1			
05	93610	INTR-ATRIAL PAGING	176.54											
07	93610	INTRA-ATRIAL PACING	194.90	00	15						1			
03	93612	INTRAVENTRICULAR PACING	186.69								1			
05	93612	INTRAVENTRICULAR PACING	186.69											
07	93612	INTRAVENTRICULAR PACING	202.84	00	15						1			
03	93613	ELECTROPHYS MAP, 3D, ADD-ON	353.35											
05	93613	ELECTROPHYS MAP, 3D, ADD-ON	141.34											
07	93613	ELECTROPHYS MAP, 3D, ADD-ON	353.35	00	15									
03	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	50.40								1			
05	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	50.40											
07	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	57.42	00	15						1			
03	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	180.00								1			
05	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	180.00											
07	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	340.06	00	15						1			
03	93619	ELECTROPHYSIOLOGY EVALUATION	289.41								1			
05	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	289.41											
07	93619	ELECTROPHYSIOLOGY EVALUATION	611.42	00	15						1			
03	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	675.00								1			
05	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	675.00											
07	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	866.32	00	15						1			
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											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
05	93623	PROGRAMMED STIMULATION & PACING	450.00											
07	93623	PROGRAMMED ST IMULATION & PACING	450.00	00	15									
03	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	450.00								1			
05	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	450.00											
07	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	450.00	00	15						1			
03	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	418.50								1			
05	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	418.50											
07	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	584.17	00	15						1			
03	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	1,125.00								1			
05	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	1,125.00											
07	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	1,125.00	00	15						1			
03	93641	ELECTROPHYSIOLOGY EVALUATION	563.14								1			
05	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	225.25											
07	93641	ELECTROPHYSIOLOGY EVALUATION	563.14	00	15						1			
03	93642	ELECTROPHYSIOLOGY EVALUATION	541.95								1			
05	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	216.78											
07	93642	ELECTROPHYSIOLOGY EVALUATION	541.95	00	15						1			
03	93650	INTRACARDIAC CATHETER ABLATION OF	833.40								1			
05	93650	INTRACARDIAC CATHETER ABLATION OF	833.40										X	
07	93650	INTRACARDIAC CATHETER ABLATION OF	833.40	00	15						1			
03	93651	INTRACARDIAC CATHETER ABLATION OF AR	975.76								1			
05	93651	INTRACARDIAC CATHETER ABLATION OF AR	390.30											
07	93651	INTRACARDIAC CATHETER ABLATION OF AR	975.76	00	15						1			
03	93652	INTRACARDIAC CATHETER ABLATION OF AR	1,017.50								1			
05	93652	INTRACARDIAC CATHETER ABLATION OF AR	407.00											
07	93652	INTRACARDIAC CATHETER ABLATION OF AR	1,017.50	00	15						1			
03	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	89.10								1			
05	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	36.00											
07	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	144.60	00	15						1			
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	14.40											X
07	93668	PERIPHERAL VASCULAR REHAB	14.40	00	15									X
03	93701	BIOIMPEDANCE, THORACIC	31.30											
05	93701	BIOIMPEDANCE, THORACIC	12.52											
07	93701	BIOIMPEDANCE, THORACIC	31.30	00	15									
03	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	29.61											
05	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	29.61											
07	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	31.28	00	15									
03	93721	PLETHYSMOGRAPHY TRACING ONLY	14.81											
05	93721	PLETHYSMOGRAPHY TRACING ONLY	14.81											
07	93721	PLETHYSMOGRAPHY TRACING ONLY	23.04	00	15									
03	93722	PLETHYSMOG.;INTERP & REPORT ONLY	14.81											
05	93722	PLETHYSMOG.;INTERP. & REPORT ONLY	14.81											
07	93722	PLETHYSMOG.;INTERP & REPORT ONLY	14.81	00	15									
03	93724	ANALYZE PACEMAKER SYSTEM	329.79								1			
05	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	131.91											
07	93724	ANALYZE PACEMAKER SYSTEM	368.77	00	15						1			
03	93727	ANALYZE ILR SYSTEM	25.98											
07	93727	ANALYZE ILR SYSTEM	26.78	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	93731	ELEC ANAL DUAL CHAMBER INT PACEMAKER	36.00											
05	93731	ELEC ANAL DUAL CHAMBER INT PACEMAKER	36.00											
07	93731	ELEC ANAL DUAL CHAMBER INT PACEMAKER	38.50	00	15									
03	93732	REPROGRAM/ANAL DUAL-CHAMBER PACEMAKE	49.91											
05	93732	REPROGRAM/ANAL DUAL-CHAMBER PACEMAKE	49.91											
07	93732	REPROGRAM/ANAL DUAL-CHAMBER PACEMAKE	61.97	00	15									
03	93733	TELEPHONIC ANAL. DUAL-CHAM PACEMAKER	11.84											
05	93733	TELEPHONIC ANAL.DUAL-CHAM PACEMAKER	11.84											
07	93733	TELEPHONIC ANAL. DUAL-CHAM PACEMAKER	32.22	00	15									
03	93734	ELEC ANAL SINGLE-CHAMBER PACEMAKER	27.05											
05	93734	ELEC ANAL SINGLE-CHAMBER PACEMAKER	27.05											
07	93734	ELEC ANAL SINGLE-CHAMBER PACEMAKER	29.91	00	15									
03	93735	REPROGRAM/ANAL SING-CHAMB. PACEMAKER	41.45											
05	93735	REPROGRAM/ASAL SING.CHAMB PACEMAKER	41.45											
07	93735	REPROGRAM/ANAL SING-CHAMB. PACEMAKER	50.94	00	15									
03	93736	TELEPHONIC ANAL.SING-CHAM PACEMAKER	11.84											
05	93736	TELEPHONIC ANAL.SING-CHAM PACEMAKER	11.84											
07	93736	TELEPHONIC ANAL.SING-CHAM PACEMAKER	28.37	00	15									
03	93740	TEMPERATURE GRADIENT STUDIES	26.65											
05	93740	TEMPERATURE GRADIENT STUDIES	10.67											
07	93740	TEMPERATURE GRADIENT STUDIES	26.65	00	15									
03	93741	ANALYZE HT PACE DEVICE SNGL	62.66											
05	93741	ANALYZE HT PACE DEVICE SNGL	25.07											
07	93741	ANALYZE HT PACE DEVICE SNGL	62.66	00	15									
03	93742	ANALYZE HT PACE DEVICE SNGL	78.11											
05	93742	ANALYZE HT PACE DEVICE SNGL	31.25											
07	93742	ANALYZE HT PACE DEVICE SNGL	78.11	00	15									
03	93743	ANALYZE HT PACE DEVICE DUAL	71.66											
05	93743	ANALYZE HT PACE DEVICE DUAL	28.67											
07	93743	ANALYZE HT PACE DEVICE DUAL	74.01	00	15									
03	93744	ANALYZE HT PACE DEVICE DUAL	88.82											
05	93744	ANALYZE HT PACE DEVICE DUAL	35.53											
07	93744	ANALYZE HT PACE DEVICE DUAL	88.82	00	15									
03	93770	DETERMINATION OF VENOUS PRESSURE	5.92											X
05	93770	DETERMINATION OF VENOUS PRESSURE	2.38											X
07	93770	DETERMINATION OF VENOUS PRESSURE	5.92	00	15									X
03	93799	CARDIOVASCULAR PROCEDURE	MP			X								
07	93799	CARDIOVASCULAR PROCEDURE	MP	00	15	X								
03	93875	EXTRACRANIAL STUDY	124.20											
05	93875	NON-INVASIVE PHYSIOLOGICAL STUDIES	49.50											
07	93875	EXTRACRANIAL STUDY	124.20	00	15									
03	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	121.50											
05	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	48.60											
07	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	152.26	00	15									
03	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	107.10											
05	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	43.20											
07	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	107.10	00	15									
03	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	136.80											
05	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	54.90											
07	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	185.88	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	114.30											
05	93888	TRANSCRANIAL DOPPLER STUDY OF THE	45.90											
07	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	123.47	00	15									
07	93890	TCD, VASOREACTIVITY STUDY	172.22	00	15									
03	93892	TCD, EMBOLI DETECT W/O INJ	183.53											
05	93892	TCD, EMBOLI DETECT W/O INJ	73.41											
07	93892	TCD, EMBOLI DETECT W/O INJ	183.53	00	15									
03	93893	TCD, EMBOLI DETECT W/INJ	180.14											
05	93893	TCD, EMBOLI DETECT W/INJ	72.05											
07	93893	TCD, EMBOLI DETECT W/INJ	180.14	00	15									
03	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	74.68											
05	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	29.87											
07	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	74.68	00	15									
03	93923	EXTREMITY STUDY	89.19											
05	93923	NONINVASIVE PHYSIOLOGIC STUDIES OF U	35.68											
07	93923	EXTREMITY STUDY	94.86	00	15									
03	93924	EXTREMITY STUDY	102.11											
05	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	40.84											
07	93924	EXTREMITY STUDY	104.15	00	15									
03	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	121.50											
05	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	48.60											
07	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	151.56	00	15									
03	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	107.10											
05	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	43.20											
07	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	107.10	00	15									
03	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	117.00											
05	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	46.80											
07	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	153.09	00	15									
03	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	104.40											
05	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	41.40											
07	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	104.40	00	15									
03	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	78.30											
05	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	31.50											
07	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	78.30	00	15									
03	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	126.90											
05	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	50.40											
07	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	169.60	00	15									
03	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	109.80											
05	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	44.10											
07	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	112.72	00	15									
03	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	142.20											
05	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	56.70											
07	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	241.94	00	15									
03	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	117.00											
05	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	46.80											
07	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	161.83	00	15									
03	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	125.10											
05	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	50.40											
07	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	158.95	00	15									
03	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	108.90											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
05	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	43.20											
07	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	108.90	00	15									
03	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	179.73											
05	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	71.89											
07	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	179.73	00	15									
03	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	128.75											
05	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	51.50											
07	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	128.75	00	15									
03	93990	DOPPLER FLOW TESTING	84.64											
05	93990	DOPPLER FLOW TESTING	33.86											
07	93990	DOPPLER FLOW TESTING	94.39	00	15									
03	94002	VENTILATION ASSIST AND MANAGEMENT, I	65.85											
07	94002	VENTILATION ASSIST AND MANAGEMENT, I	65.85	00	15									
03	94003	VENTILATION ASSIST AND MANAGEMENT, I	47.67											
07	94003	VENTILATION ASSIST AND MANAGEMENT, I	47.67	00	15									
03	94004	VENTILATION ASSIST AND MANAGEMENT, I	34.72											
07	94004	VENTILATION ASSIST AND MANAGEMENT, I	34.72	00	15									
03	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	43.99											
05	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	17.96											
07	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	43.99	00	15									
03	94014	PATIENT RECORDED SPIROMETRY	38.21											
05	94014	PATIENT RECORDED SPIROMETRY	15.28											
07	94014	PATIENT RECORDED SPIROMETRY	38.21	00	15									
03	94015	PATIENT RECORDED SPIROMETRY	14.99											
07	94015	PATIENT RECORDED SPIROMETRY	14.99	00	15									
03	94016	REVIEW PATIENT SPIROMETRY	25.05											
07	94016	REVIEW PATIENT SPIROMETRY	25.05	00	15									
03	94060	BRONCHOSPASM EVALUATION	45.68											
05	94060	BRONCHOSPASM EVALUATION	18.28											
07	94060	BRONCHOSPASM EVALUATION	56.02	00	15									
03	94070	BRONCHOSPASM EVALUATION; PROLONGED	50.76											
05	94070	BRONCHOSPASM EVALUATION, PROLONGED	20.30											
07	94070	BRONCHOSPASM EVALUATION; PROLONGED	131.36	00	15									
03	94150	VITAL CAPACITY; TOTAL	10.53											
05	94150	VITAL CAPACITY; TOTAL	4.21											
07	94150	VITAL CAPACITY; TOTAL	10.53	00	15									
03	94200	MAXIMUM BREATHING CAPACITY	17.85											
05	94200	MAXIMUM BREATHING CAPACITY	7.15											
07	94200	MAXIMUM BREATHING CAPACITY	17.85	00	15									
03	94240	FUNCTIONAL RESIDUAL CAPACITY	17.85											
05	94240	FUNCTIONAL RESIDUAL CAPACITY	7.15											
07	94240	FUNCTIONAL RESIDUAL CAPACITY	50.73	00	15									
03	94250	EXPIRED GAS COLLECTION	25.38											
05	94250	EXPIRED GAS COLLECTION	10.15											
07	94250	EXPIRED GAS COLLECTION	25.38	00	15									
03	94260	THORACIC GAS VOLUME	17.85											
05	94260	THORACIC GAS VOLUME	7.15											
07	94260	THORACIC GAS VOLUME	18.08	00	15									
03	94350	DETERMINE MALDISTRIBUTION OF GAS	25.38											
05	94350	DETERMINE MALDISTRIBUTION OF GAS	10.15											

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	94350	DETERMINE MALDISTRIBUTION OF GAS	42.47	00 15									
03	94360	DETERMINE RESISTANCE TO AIRFLOW	16.92										
05	94360	DETERMINE RESISTANCE TO AIRFLOW	6.77										
07	94360	DETERMINE RESISTANCE TO AIRFLOW	27.19	00 15									
03	94370	BREATH AIRWAY CLOSING VOLUME	11.84										
05	94370	BREATH AIRWAY CLOSING VOLUME	4.74										
07	94370	BREATH AIRWAY CLOSING VOLUME	74.21	00 15									
03	94375	RESPIRATORY FLOW VOLUME LOOP	17.85										
05	94375	RESPIRATORY FLOW VOLUME LOOP	7.15										
07	94375	RESPIRATORY FLOW VOLUME LOOP	26.51	00 15									
03	94400	CO2 BREATHING RESPONSE CURVE	17.85										
05	94400	CO2 BREATHING RESPONSE CURVE	7.15										
07	94400	CO2 BREATHING RESPONSE CURVE	38.39	00 15									
03	94450	HYPOXIA RESPONSE CURVE	17.85										
05	94450	HYPOXIA RESPONSE CURVE	7.15										
07	94450	HYPOXIA RESPONSE CURVE	42.34	00 15									
03	94452	HAST W/REPORT	37.22										
05	94452	HAST W/REPORT	14.88										
07	94452	HAST W/REPORT	37.22	00 15									
03	94453	HAST W/OXYGEN TITRATE	52.69										
05	94453	HAST W/OXYGEN TITRATE	21.07										
07	94453	HAST W/OXYGEN TITRATE	52.69	00 15									
03	94620	PULMONARY STRESS TESTING	17.85										
05	94620	PULMONARY STRESS TESTING	7.15										
07	94620	PULMONARY STRESS TESTING	78.59	00 15									
03	94621	PULM STRESS TEST/COMPLEX	87.15										
05	94621	PULM STRESS TEST/COMPLEX	34.86										
07	94621	PULM STRESS TEST/COMPLEX	94.17	00 15									
03	94640	NONPRESSURIZED INHALATION	17.85										X
07	94640	NONPRESSURIZED INHALATION	24.08	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	24.29										
07	94644	CONTINUOUS INHALATION TREATMENT WITH	24.29	00 15									
03	94645	CONTINUOUS INHALATION TREATMENT WITH	9.38										
07	94645	CONTINUOUS INHALATION TREATMENT WITH	9.38	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	29.61										
07	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	48.90	00 15									
03	94662	CONTINUOUS NEGATIVE PRESSURE	29.61										
07	94662	CONTINUOUS NEGATIVE PRESSURE	34.97	00 15									
03	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	5.92										
07	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	17.86	00 15									
03	94667	MANIPULATION CHEST WALL; INITIAL	17.85										
07	94667	MANIPULATION CHEST WALL; INITIAL	33.36	00 15									
03	94668	MANIPULATION CHEST WALL; SUBSEQUENT	15.23										X
07	94668	MANIPULATION CHEST WALL; SUBSEQUENT	24.40	00 15									X
03	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	14.81										X

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
05	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	5.92											X
07	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	48.29	00	15									X
03	94681	OXYGEN UPTAKE W/CO2 OUTPUT	29.61											X
05	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	11.84											X
07	94681	OXYGEN UPTAKE W/CO2 OUTPUT	52.85	00	15									X
03	94690	OXYGEN UPTAKE; REST; INDIRECT	11.84											X
05	94690	OXYGEN UPTAKE; REST, INDIRECT	4.74											X
07	94690	OXYGEN UPTAKE; REST; INDIRECT	54.08	00	15									X
03	94720	CARBON MONOXIDE DIFFUSING CAPACITY	17.85											
05	94720	CARBON MONOXIDE DIFFUSING CAPACITY	7.15											
07	94720	CARBON MONOXIDE DIFFUSING CAPACITY	53.01	00	15									
03	94725	MEMBRANE DIFFUSION CAPACITY	17.85											
05	94725	MEMBRANE DIFFUSION CAPACITY	7.15											
07	94725	MEMBRANE DIFFUSION CAPACITY	35.74	00	15									
03	94750	PULMONARY COMPLIANCE STUDY	17.85											
05	94750	PULMONARY COMPLIANCE STUDY	7.15											
07	94750	PULMONARY COMPLIANCE STUDY	43.00	00	15									
03	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	10.71											
07	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	10.71	00	15									
03	94761	SEE 94760;MULTIPLE DETERMINATIONS	17.85											X
07	94761	SEE 94760;MULTIPLE DETERMINATIONS	17.85	00	15									X
03	94762	SEE 94760;CONT.OVERNIGHT MONITORING	35.69											
07	94762	SEE 94760;CONT.OVERNIGHT MONITORING	35.69	00	15									
03	94770	EXPIRED CARBON DIOXIDE ANALYSIS	17.85											
05	94770	EXPIRED CARBON DIOXIDE ANALYSIS	7.15											
07	94770	EXPIRED CARBON DIOXIDE ANALYSIS	36.63	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	1.58											X
07	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.22	00	15									X
03	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	1.98											X
07	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	19.82	00	15									X
03	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	12.66											
07	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	12.66	00	15									
03	95015	INTRACUTANEOUS (INTRADERMAL) TESTS,	4.14											X
07	95015	INTRACUTANEOUS (INTRADERMAL) TESTS,	17.93	00	15									X
03	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	2.93											X
07	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	4.80	00	15									X
03	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	5.63											X
07	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.32	00	15									X
03	95044	PATCH OR APPLICATION TEST(S) (SPECIF	5.35											X
07	95044	PATCH OR APPLICATION TEST(S) (SPECIF	6.37	00	15									X
03	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	6.50											X
07	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	7.95	00	15									X
03	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	11.14											X
07	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	11.17	00	15									X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	95065	NASAL MUCOUS MEMBRANE TEST	3.85											
07	95065	NASAL MUCOUS MEMBRANE TEST	6.37	00	15									
03	95070	INHALATION BRONCH CHALLENGE TESTING	46.67											
07	95070	INHALATION BRONCH CHALLENGE TESTING	69.12	00	15									
03	95071	BRONCHIAL INHALATIONS W/ANTIGENS	46.67											
07	95071	BRONCHIAL INHALATIONS W/ANTIGENS	88.01	00	15									
03	95075	INGESTION CHALLENGE TEST	46.67			X								
07	95075	INGESTION CHALLENGE TEST	59.65	00	15	X								
03	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	5.08											
07	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	12.43	00	15									
03	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	8.46											
07	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	15.89	00	15									
03	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	8.19											X
07	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	8.19	00	15									X
03	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	8.46											X
07	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	8.46	00	15									X
03	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	8.46											X
07	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	8.46	00	15									X
03	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	11.00											X
07	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	11.00	00	15									X
03	95132	IMMUNOTHERAPY;3 INSECT VENOMS	13.54											
07	95132	IMMUNOTHERAPY;3 INSECT VENOMS	13.54	00	15									
03	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	16.07			X								
07	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	16.07	00	15	X								
03	95144	PROFESSIONAL SERVICES FOR THE SUPERV	5.92											X
07	95144	PROFESSIONAL SERVICES FOR THE SUPERV	10.36	00	15									X
03	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	3.60											X
07	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	17.29	00	15									X
03	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	6.52											X
07	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	22.02	00	15									X
03	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	7.20											X
07	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	31.15	00	15									X
03	95165	PROFESSIONAL SERVICES FOR THE SUPERV	5.03							X				X
07	95165	PROFESSIONAL SERVICES FOR THE SUPERV	9.10	00	15					X				X
03	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	12.51											
07	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	12.51	00	15									
03	95180	RAPID DESENSITIZATION; EACH HOUR	33.84			X								X
07	95180	RAPID DESENSITIZATION; EACH HOUR	124.26	00	15	X								X
03	95199	ALLERGY IMMUNOLOGY SERVICES	MP			X								
07	95199	ALLERGY IMMUNOLOGY SERVICES	MP	00	15	X								
03	95250	GLUCOSE MONITORING, CONT	95.50											
07	95250	GLUCOSE MONITORING, CONT	95.50	00	15									
03	95251	GLUC MONITOR, CONT, PHYS I&R	21.29											
07	95251	GLUC MONITOR, CONT, PHYS I&R	21.29	00	15									
03	95806	SLEEP STUDY, UNATTENDED	139.63											
05	95806	SLEEP STUDY, UNATTENDED	55.85											
07	95806	SLEEP STUDY, UNATTENDED	206.33	00	15									
03	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	239.40											
05	95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF	95.76											
07	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	410.68	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	95808	POLYSOMNOGRAPHY, 1-3	270.11											
05	95808	POLYSOMNOGRAPHY;	108.05											
07	95808	POLYSOMNOGRAPHY, 1-3	410.39	00	15									
03	95810	POLYSOMNOGRAPHY, 4 OR MORE	472.37											
05	95810	POLYSOMNOGRAPHY;	188.94											
07	95810	POLYSOMNOGRAPHY, 4 OR MORE	674.82	00	15									
03	95811	POLYSOMNOGRAPHY W/CPAP	213.60											
05	95811	POLYSOMNOGRAPHY W/CPAP	85.44											
07	95811	POLYSOMNOGRAPHY W/CPAP	693.56	00	15									
03	95812	ELECTROENCEPHALOGRAM (EEG)	88.89											
05	95812	ELECTROENCEPHALOGRAM (EEG)	35.56											
07	95812	ELECTROENCEPHALOGRAM (EEG)	167.61	00	15									
03	95813	ELECTROENCEPHALOGRAM (EEG)	106.08											
05	95813	ELECTROENCEPHALOGRAM (EEG)	42.44											
07	95813	ELECTROENCEPHALOGRAM (EEG)	240.60	00	15									
03	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	72.00											
05	95816	EEG W/RECORD,AWAKE,DROWSY-SAME FA	35.10											
07	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	150.21	00	15									
03	95819	EEG-STD/PORT; SAME FACILITY	59.30											
05	95819	EEG-STD/PORT;SAME FACILITY	23.72											
07	95819	EEG-STD/PORT; SAME FACILITY	179.19	00	15									
03	95822	EEG; SLEEP ONLY	88.91											
05	95822	EEG; SLEEP ONLY	35.56											
07	95822	EEG; SLEEP ONLY	99.73	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	88.91											
05	95827	EEG;ALL-NIGHT SLEEP RECORDING ONLY	35.57											
07	95827	EEG; ALL NIGHT SLEEP RECORDING	126.81	00	15									
03	95829	ELECTROCORTICOGRAM AT SURGERY	196.39											X
05	95829	ELECTROCORTICOGRAM AT SURGERY	78.55											X
07	95829	ELECTROCORTICOGRAM AT SURGERY	1,219.00	00	15									X
03	95830	MD INSERT SPHENOIDAL ELECTRODE	105.75											
05	95830	MD INSERT SPHENOIDAL ELECTRODE	105.75											
07	95830	MD INSERT SPHENOIDAL ELECTRODE	180.70	00	15									
03	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	19.04											
05	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRAUMA	19.04											
07	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	26.58	00	15									
03	95832	MUSCLE TESTING; MANUAL; HAND	23.77											
05	95832	MUSCLE TESTING,MANUAL;HAND	23.77											
07	95832	MUSCLE TESTING; MANUAL; HAND	25.67	00	15									
03	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	77.07											
05	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	77.07											
07	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	77.07	00	15									
03	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	88.91											
05	95834	MUSCLE TESTING,MANUAL;TOTAL W/HANDS	88.91											
07	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	88.91	00	15									
03	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	16.64											X
05	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	6.65											X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	23.32	00 15									X
03	95852	RANGE OF MOTION; HAND	23.77										
05	95852	RANGE OF MOTION;HAND	9.50										
07	95852	RANGE OF MOTION; HAND	23.77	00 15									
03	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	29.61										
05	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	11.84										
07	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	40.13	00 15									
03	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	59.30										
05	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	23.72										
07	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	72.74	00 15									
03	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	106.68										
05	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	42.67										
07	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	106.68	00 15									
03	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	130.37										
05	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	52.15										
07	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	130.37	00 15									
03	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	154.05										
05	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	61.63										
07	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	158.46	00 15									
03	95865	MUSCLE TEST, LARYNX	88.36										
05	95865	MUSCLE TEST, LARYNX	35.34										
07	95865	MUSCLE TEST, LARYNX	88.36	00 15									
03	95866	MUSCLE TEST, HEMIDIAPHRAGM	60.62										
05	95866	MUSCLE TEST, HEMIDIAPHRAGM	24.25										
07	95866	MUSCLE TEST, HEMIDIAPHRAGM	60.62	00 15									
03	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	130.37										
05	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	52.15										
07	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	130.37	00 15									
03	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	154.05										
05	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	61.61										
07	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	154.05	00 15									
03	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	88.91										
05	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	35.56										
07	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	88.91	00 15									
03	95870	MUSCLE TEST, NON-PARASPINAL	7.14										
05	95870	MUSCLE TEST, NON-PARASPINAL	2.86										
07	95870	MUSCLE TEST, NON-PARASPINAL	25.78	00 15									
03	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	59.30										
05	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	23.72										
07	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	95.04	00 15									
03	95873	GUIDE NERV DESTR, ELEC STIM	21.74										
05	95873	GUIDE NERV DESTR, ELEC STIM	8.69										
07	95873	GUIDE NERV DESTR, ELEC STIM	21.74	00 15									
03	95874	GUIDE NERV DESTR, NEEDLE EMG	22.00										
05	95874	GUIDE NERV DESTR, NEEDLE EMG	8.80										
07	95874	GUIDE NERV DESTR, NEEDLE EMG	22.00	00 15									
03	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	29.61										
05	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	11.84										
07	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	85.50	00 15									
03	95900	NERVE CONDUCTION; MOTOR; EACH NERVE	26.65										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	95900	NERVE CONDUCTION,MOTOR,EACH NERVE	10.66										X
07	95900	NERVE CONDUCTION; MOTOR; EACH NERVE	38.87	00 15									X
03	95903	MOTOR NERVE CONDUCTION TEST	39.00										X
05	95903	MOTOR NERVE CONDUCTION TEST	15.60										
07	95903	MOTOR NERVE CONDUCTION TEST	48.09	00 15									X
03	95904	NERVE CONDUCTION; SENSORY; EACH NERV	26.65										X
05	95904	NERVE CONDUCTION,SENSORY,@ NERVE	10.66										X
07	95904	NERVE CONDUCTION; SENSORY; EACH NERV	33.23	00 15									X
03	95920	INTRAOPER NEUROPH TESTING PER HR	45.00										X
05	95920	INTRAOPER NEUROPH TESTING PER HR	45.00										X
07	95920	INTRAOPER NEUROPH TESTING PER HR	151.93	00 15									X
03	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.61										X
05	95925	SOMATOSENSORY TESTING,ONE > NERVES	11.84										
07	95925	SOMATOSENSORY TESTING,ONE > NERVES	56.28	00 15									X
03	95926	SOMATOSENSORY TESTING	66.29										
05	95926	SOMATOSENSORY TESTING	26.52										
07	95926	SOMATOSENSORY TESTING	66.29	00 15									
03	95927	SOMATOSENSORY TESTING	66.29										
05	95927	SOMATOSENSORY TESTING	26.52										
07	95927	SOMATOSENSORY TESTING	66.29	00 15									
03	95928	C MOTOR EVOKED, UPPR LIMBS	126.92										
05	95928	C MOTOR EVOKED, UPPR LIMBS	50.76										
07	95928	C MOTOR EVOKED, UPPR LIMBS	126.92	00 15									
03	95929	C MOTOR EVOKED, LWR LIMBS	131.86										
05	95929	C MOTOR EVOKED, LWR LIMBS	52.74										
07	95929	C MOTOR EVOKED, LWR LIMBS	131.86	00 15									
03	95930	VISUAL EVOKED POTENTIAL TEST	37.71										
05	95930	VISUAL EVOKED POTENTIAL TEST	15.08										
07	95930	VISUAL EVOKED POTENTIAL TEST	39.50	00 15									
03	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	26.65										X
05	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	10.66										X
07	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	55.20	00 15									X
03	95934	'H' REFLEX TEST	34.52										
05	95934	'H' REFLEX TEST	13.81										
07	95934	'H' REFLEX TEST	34.52	00 15									
03	95936	'H' REFLEX TEST	35.86										
05	95936	'H' REFLEX TEST	14.34										
07	95936	'H' REFLEX TEST	35.86	00 15									
03	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	18.66										X
05	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	7.46										X
07	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	43.23	00 15									X
03	95950	AMBULATORY 24 HOUR EEG MONITORING	230.44										
05	95950	AMBULATORY 24 HOUR EEG MONITORING	92.17										
07	95950	AMBULATORY 24 HOUR EEG MONITORING	230.44	00 15									
03	95951	MONITORING FOR LOCALIZATION OF CEREB	386.03										
05	95951	MONITORING FOR LOCALIZATION OF CEREB	154.41										
07	95951	MONITORING FOR LOCALIZATION OF CEREB	1,483.69	00 15									
03	95953	MONITORING FOR LOCALIZATION OF CEREB	241.20										
05	95953	MONITORING FOR LOCALIZATION OF CEREB	96.30										
07	95953	MONITORING FOR LOCALIZATION OF CEREB	358.53	00 15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	95956	MONITORING FOR LOCALIZATION OF CEREB	364.50											
05	95956	MONITORING FOR LOCALIZATION OF CEREB	145.80											
07	95956	MONITORING FOR LOCALIZATION OF CEREB	516.38	00	15									
03	95957	EEG DIGITAL ANALYSIS	125.22											
05	95957	EEG DIGITAL ANALYSIS	50.09											
07	95957	EEG DIGITAL ANALYSIS	155.35	00	15									
03	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	280.87											
05	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	112.35											
07	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	280.87	00	15									
03	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	306.00											
05	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	122.40											
07	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	306.00	00	15									
03	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	153.00											
05	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	61.20											
07	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	207.08	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	MEG, EVOKED, EACH ADDL	173.34											X
05	95967	MEG, EVOKED, EACH ADDL	69.34											
07	95967	MEG, EVOKED, EACH ADDL	173.34	00	15									X
03	95970	NEUROSTIM ANALYZE,NO PROGRAM	22.04											
07	95970	NEUROSTIM ANALYZE,NO PROGRAM	22.60	00	15									
03	95971	SIMPLE NEUROSTIM ANALYZE	35.90											
07	95971	SIMPLE NEUROSTIM ANALYZE	38.48	00	15									
03	95972	COMPLEX NEUROSTIM ANALYZE	65.94											
07	95972	COMPLEX NEUROSTIM ANALYZE	78.69	00	15				X					
03	95973	COMPLEX NEUROSTIM ANALYZE	41.83											
07	95973	COMPLEX NEUROSTIM ANALYZE	48.18	00	15									
03	95974	COMPLEX CRANIAL NEUROSTIM	133.56							X				
07	95974	COMPLEX CRANIAL NEUROSTIM	154.09	00	15					X				
03	95975	COMPLEX CRANIAL NEUROSTIM	79.41											
07	95975	COMPLEX CRANIAL NEUROSTIM	86.85	00	15									
03	95990	SPIN/BRAIN PUMP REFIL & MAIN	49.66	04	99				X		1			
07	95990	SPIN/BRAIN PUMP REFILLE & MAIN	49.66	04	15				X					
03	95991	SPIN/BRAIN PUMP REFIL & MAIN	62.07	04	99				X					
07	95991	SPIN/BRAIN PUMP REFILL & MAIN	62.07	04	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	86.53											
07	96000	MOTION ANALYSIS, VIDEO/3D	86.53	00	15									
03	96001	MOTION TEST W/FT PRESS MEAS	103.20											
07	96001	MOTION TEST W/FT PRESS MEAS	103.20	00	15									
03	96002	DYNAMIC SURFACE EMG	20.18											
07	96002	DYNAMIC SURFACE EMG	20.18	00	15									
03	96003	DYNAMIC FINE WIRE EMG	18.85											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	96003	DYNAMIC FINE WIRE EMG	18.85	00 15									
03	96004	PHYS REVIEW OF MOTION TESTS	88.86										
07	96004	PHYS REVIEW OF MOTION TESTS	88.86	00 15									
03	96101	PSYCHO TESTING BY PSYCH/PHYS	74.69									X	X
07	96101	PSYCHO TESTING BY PSYCH/PHYS	74.69	00 15								X	X
03	96105	ASSESSMENT OF APHASIA	29.61										X
07	96105	ASSESSMENT OF APHASIA	58.42	00 15									X
03	96116	NEUROBEHAVIORAL STATUS EXAM	83.48						X				X
07	96116	NEUROBEHAVIORAL STATUS EXAM	83.48	00 15					X				X
03	96118	NEUROPSYCH TST BY PSYCH/PHYS	97.86						X				X
07	96118	NEUROPSYCH TST BY PSYCH/PHYS	97.86	00 15					X				X
03	96150	ASSESS HLTH/BEHAVE, INIT	24.91									X	
07	96150	ASSESS HLTH/BEHAVE, INIT	24.91	00 15								X	
03	96151	ASSESS HLTH/BEHAVE, SUBSEQ	24.21									X	
07	96151	ASSESS HLTH/BEHAVE, SUBSEQ	24.21	00 15								X	
03	96152	INTERVENE HLTH/BEHAVE, INDIV	23.19									X	
07	96152	INTERVENE HLTH/BEHAVE, INDIV	23.19	00 15								X	
03	96153	INTERVENE HLTH/BEHAVE, GROUP	5.15									X	
07	96153	INTERVENE HLTH/BEHAVE, GROUP	5.15	00 15								X	
03	96154	INTERV HLTH/BEHAV, FAM W/PT	22.53									X	
07	96154	INTERV HLTH/BEHAV, FAM W/PT	22.53	00 15								X	
03	96155	INTERV HLTH/BEHAV FAM NO PT	21.86									X	
07	96155	INTERV HLTH/BEHAV FAM NO PT	21.86	00 15								X	
03	96401	CHEMO, ANTI-NEOPL, SQ/IM	36.74										
07	96401	CHEMO, ANTI-NEOPL, SQ/IM	36.74	00 15									
03	96402	CHEMO HORMON ANTINEOPL SQ/IM	32.02										
07	96402	CHEMO HORMON ANTINEOPL SQ/IM	32.02	00 15									
03	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	55.48										
07	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	78.21	00 15									
03	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	79.34										
07	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	121.40	00 15									
03	96409	CHEMO, IV PUSH, SNGL DRUG	84.44										
07	96409	CHEMO, IV PUSH, SNGL DRUG	84.44	00 15									
03	96411	CHEMO, IV PUSH, ADDL DRUG	49.33										X
07	96411	CHEMO, IV PUSH, ADDL DRUG	49.33	00 15									X
03	96413	CHEMO, IV INFUSION, 1 HR	118.91										
07	96413	CHEMO, IV INFUSION, 1 HR	118.91	00 15									
03	96415	CHEMO, IV INFUSION, ADDL HR	27.78										X
07	96415	CHEMO, IV INFUSION, ADDL HR	27.78	00 15									X
03	96416	CHEMO PROLONG INFUSE W/PUMP	127.31										
07	96416	CHEMO PROLONG INFUSE W/PUMP	127.31	00 15									
03	96417	CHEMO IV INFUS EACH ADDL SEQ	58.69										
07	96417	CHEMO IV INFUS EACH ADDL SEQ	58.69	00 15									
03	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	32.90										
07	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	39.88	00 15									
03	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	32.90										
07	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	39.57	00 15									
03	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	32.90										
07	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	32.90	00 15									
03	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	32.90										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	45.55	00 15									
03	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	240.38										
07	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	339.34	00 15									
03	96445	CHEMOTHERAPY ADMINISTRATION INTO PER	242.04										
07	96445	CHEMOTHERAPY ADMINISTRATION INTO PER	355.06	00 15									
03	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	199.55										
07	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	282.40	00 15									
03	96521	REFILL/MAINT, PORTABLE PUMP	105.10										
07	96521	REFILL/MAINT, PORTABLE PUMP	105.10	00 15									
03	96522	REFILL/MAINT PUMP/RESVR SYST	76.34										
07	96522	REFILL/MAINT PUMP/RESVR SYST	76.34	00 15									
03	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	132.47										
07	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	199.72	00 15									
03	96567	PHOTODYNAMIC TX, SKIN	52.50										
07	96567	PHOTODYNAMIC TX, SKIN	52.50	00 15									
03	96570	PHOTODYNAMIC TX, 30 MIN	72.50										
07	96570	PHOTODYNAMIC TX, 30 MIN	72.50	00 15									
03	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.22										X
07	96571	PHOTODYNAMIC TX, ADDL 15 MIN	28.22	00 15									X
03	96900	ACTINOTHERAPY	9.73										
07	96900	ACTINOTHERAPY	14.95	00 15									
03	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	47.62						X				
07	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	47.62	00 15					X				
03	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	16.92										
07	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	44.31	00 15									
03	96912	PHOTOCHEMOTHERAPY/PUVA	16.92										
07	96912	PHOTOCHEMOTHERAPY/PUVA	50.05	00 15									
03	96913	PHOTOCHEMOTHERAPY	22.50										
07	96913	PHOTOCHEMOTHERAPY	74.28	00 15									
03	96920	LASER TX, SKIN < 250 SQ CM	136.67							1			
07	96920	LASER TX, SKIN < 250 SQ CM	136.67	00 15						1			
03	96921	LASER TX, SKIN 250-500 SQ CM	139.94							1			
07	96921	LASER TX, SKIN 250-500 SQ CM	139.94	00 15						1			
03	96922	LASER TX, SKIN > 500 SQ CM	195.03							1			
07	96922	LASER TX, SKIN > 500 SQ CM	195.03	00 15						1			
03	96999	DERMATOLOGICAL PROCEDURE	16.92		X								
07	96999	DERMATOLOGICAL PROCEDURE	16.92	00 15	X								
03	97001	PHYSICAL THERAPY EVALUATION	54.29						X				
07	97001	PHYSICAL THERAPY EVALUATION	63.57	00 15					X				
08	97001	PHYSICAL THERAPY EVALUATION	59.40					X	X				
03	97003	OCCUPATIONAL THERAPY EVALUATION	54.29						X				
07	97003	OCCUPATIONAL THERAPY EVALUATION	65.72	00 15					X				
08	97003	OCCUPATIONAL THERAPY EVALUATION	56.10					X	X				
03	97016	PT-VASOPNEUMATIC DEVICES	9.88										
07	97016	PT-VASOPNEUMATIC DEVICES	11.10	00 15									
03	97018	PT-PARAFFIN BATH	6.51										
07	97018	PT-PARAFFIN BATH	6.51	00 15									
03	97032	ELECTRICAL STIMULATION,EACH 15 MIN	8.08										X
07	97032	ELECTRICAL STIMULATION,EACH 15 MIN	15.76	00 15									X
03	97033	ELECTRIC CURRENT THERAPY	9.95										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	97033	ELECTRIC CURRENT THERAPY	13.67	00	15									
03	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	8.08											X
07	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	24.81	00	15									X
08	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	11.00				X		X					X
03	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	8.08											X
07	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	25.68	00	15									X
03	97116	GAIT TRAINING, EACH 15 MIN	14.40											X
07	97116	GAIT TRAINING, EACH 15 MIN	21.41	00	15									X
03	97124	MASSAGE, EACH 15 MIN	5.05											X
07	97124	MASSAGE, EACH 15 MIN	19.27	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	20.70										X	
07	97140	MANUAL THERAPY	23.09	00	15								X	
03	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	8.00				X							X
07	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	30.37	00	15		X							X
08	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.80				X		X					X
03	97532	COGNITIVE SKILLS DEVELOPMENT	24.42											
07	97532	COGNITIVE SKILLS DEVELOPMENT	24.42	00	15									
03	97533	SENSORY INTEGRATION	26.43											
07	97533	SENSORY INTEGRATION	26.43	00	15									
03	97597	ACTIVE WOUND CARE/20 CM OR <	36.36											
07	97597	ACTIVE WOUND CARE/20 CM OR <	36.36	00	15									
03	97598	ACTIVE WOUND CARE > 20 CM	46.41											
07	97598	ACTIVE WOUND CARE > 20 CM	46.41	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	20.85											X
07	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	24.10	00	15									X
03	97760	ORTHOTIC MGMT AND TRAINING	23.34				X							X
07	97760	ORTHOTIC MGMT AND TRAINING	23.34	00	15		X							X
03	97761	PROSTHETIC TRAINING	21.47				X							X
07	97761	PROSTHETIC TRAINING	21.47	00	15		X							X
03	97762	C/O FOR ORTHOTIC/PROSTH USE	19.01				X							X
07	97762	C/O FOR ORTHOTIC/PROSTH USE	19.01	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	13.92										X	
07	97802	MEDICAL NUTRITION, INDIV, IN	14.56	00	15								X	
03	97803	MED NUTRITION, INDIV, SUBSEQ	13.92										X	
07	97803	MED NUTRITION, INDIV, SUBSEQ	14.56	00	15								X	
03	97804	MEDICAL NUTRITION, GROUP	5.34										X	
07	97804	MEDICAL NUTRITION, GROUP	5.74	00	15								X	
08	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	220.39											
03	99082	NEO-NATAL ESCORT-PER HOUR	43.90	00	01									X
07	99082	NEO-NATAL ESCORT-PER HOUR	43.90	00	01									X
03	99143	MOD CS BY SAME PHYS, < 5 YRS	22.50	00	04	X								
03	99144	MOD CS BY SAME PHYS, 5 YRS +	22.50	05	20	X								
03	99145	MOD CS BY SAME PHYS ADD-ON	11.25	00	20	X								X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	99170	GASTRIC INTUBATION W/ASPIRATION	124.95								1			X
07	99170	GASTRIC INTUBATION W/ASPIRATION	127.66	00	15						1			X
03	99172	VISUAL FUNCTION SCREENING	76.50										X	
07	99172	VISUAL FUNCTION SCREENING	76.50	00	15								X	
03	99173	SCREENING TEST VISUAL ACUITY BILAT	22.50										X	
07	99173	SCREENING TEST VISUAL ACUITY BILAT	22.50	00	15								X	
03	99175	EMESIS INDUCTION WITH MEDICATION	47.38											
07	99175	EMESIS INDUCTION WITH MEDICATION	47.38	00	15									
03	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	114.95			X								X
07	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	114.95	00	15	X								X
03	99185	REGIONAL HYPOTHERMIA	59.30											
07	99185	REGIONAL HYPOTHERMIA	59.30	00	15									
03	99186	TOTAL BODY HYPOTHERMIA	88.91											
07	99186	TOTAL BODY HYPOTHERMIA	88.91	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
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)	16.50											
07	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	16.50	00	15									
03	E0785	REPLACEMENT IMPL PUMP CATHETER	345.04	04	99	X								
03	J0170	ADRENALIN/EPINEPHRINE INJ 1ML	.61											X
03	J0207	AMIFOSTINE 500MG	429.53											
03	J0285	AMPHOTERICIN B 50MG	22.94	00	20									X
03	J0287	AMPHOTERICIN B LIPID COMPLEX	21.85								1		X	
03	J0288	AMPHO B CHOLESTERYL SULFATE	15.20								1		X	
03	J0289	AMPHOTERICIN B LIPOSOME INJ	35.80								1		X	
03	J0290	AMPICILLIN SODIUM,500MG INJECTION	2.27	00	20									X
03	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	4.52	00	20									X
03	J0460	ATROPINE SULFATE INJ,0.3MG	.51											X
03	J0475	BACLOFEN INJ 10MG	209.43	04	99									X
03	J0476	BACLOFEN INTRATHECAL TRIAL	55.13	04	99									
03	J0530	PCN G BENZ/PRO, UP TO 600,000 U	12.64	00	20									X
03	J0540	PCN G BENZ/PRO, UP TO 1,200,000 U	24.82	00	20									X
03	J0550	PCN G BENZ/PRO, UP TO 2,400,000 U	27.92	00	20									X
03	J0560	PCN G BENZ, UP TO 600,000 U	19.25	00	20									X
03	J0570	PCN G BENZ, UP TO 1,200,000 U	33.76	00	20									X
03	J0580	PCN G BENZ, UP TO 2,4002000 U	45.64	00	20									X
03	J0610	CALCIUM GLUCONATE INJ.10ML	.40											
03	J0640	CALCIUM LEUCOVORIN INJ. 50MG	1.30											X
03	J0690	CEFAZOLIN SODIUM INJ 500MG	1.40	00	20									X
03	J0692	CEFEPIME HCL 500 MG	7.73	00	20									X
03	J0694	CEFOXITIN SODIUM, 1GM	7.81	00	20									X
03	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	6.59	00	20									X
03	J0697	STERILE CEFUROXIME SODIUM 750MG	4.76	00	20									X
03	J0698	CEFOTAXIME SODIUM/PER GM	4.27	00	20									X
03	J0704	BETAMETHASONE SOD PHOSP/4 MG	1.13											X
03	J0710	HEMODIALYSIS,CEPADYL INJ	4.85											X
03	J0713	CEFTAZIDIME 500MG	4.06	00	20									X
03	J0715	CEFTIZOXIME SODIUM, 500 MG	3.35	00	20									X
03	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	10.01	00	20									X
03	J0744	CIPROFLOXACIN IV	13.68										X	
03	J0770	COLISTIMETHATE INJ, UP TO 150MG	25.08	00	20									X
03	J0780	COMPAZINE INJ, UP TO 10MG	2.97											X
03	J0835	COSYNTROPIN INJ 0.25MG	68.61											X
03	J1051	INJECTION MEDROXYPROGESTE ACETA 50MG	5.12											X
03	J1055	DEPO-PROVERA INJ 150MG	53.54	10	55			F						
03	J1056	LUNELLE MONTHLY CONTRACEPTION INJ	21.10	10	60			F						
03	J1070	TETOST. CYP INJ, TO 100 MG	5.07											X
03	J1100	DEXAMETHOSONE INJ, 1MG	.12											X
03	J1190	DEXRAZOXANE HCL 250MG	209.70											
03	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	.88											X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	J1260	DOLASETRON MESYLATE INJ 10MG	6.32										X
03	J1364	ERYTHRO LACTOBIONATE 500MG	3.39	00 20									X
03	J1440	FILGRASTIM 300 MCG	175.26										X
03	J1441	FILGRASTIM INJ (G-CSF) 480MCG	277.02										X
03	J1450	FLUCONAZOLE 200MG	15.15	00 20									X
03	J1580	GENTAMYCIN, UP TO 80MG	1.02	00 20									X
03	J1590	GATIFLOXACIN, 10MG	.42	18 20									X
03	J1626	GRANISETRON HCL IV 100 MCG	7.15										X
03	J1642	HEPARIN SODIUM 10U (HEPLOCK)	.05										X
03	J1644	HEPARIN SODIUM INJ 1000U	.15										X
03	J1650	ENOXAPARIN SODIUM, 10MG	5.34										X
03	J1720	HYDROCORTISONE SODIUM 100MG	1.89										X
03	J1840	KANAMYCIN SULFATE, UP TO 500MG	3.18	00 20									X
03	J1850	KANAMYCIN SULFATE,UP TO 75MG	.48	00 20									X
03	J1950	LEUPROLIDE ACETATE /3.75 MG	430.99										
03	J1956	LEVOFLOXACIN, 250MG	7.43	18 20									X
03	J2010	LINCOMYCIN, HCL, UP TO 300MG	3.53	00 20									X
03	J2020	LINEZOLID INJ, 200MG	23.72	00 20									X
03	J2353	OCTREOTIDE INJ, DEPOT 1MG	86.89										
03	J2354	OCTRETIDE, NON-DEPOT 25 MCG	4.88										X
03	J2355	OPRELVEKIN INJ 5MG	245.11										
03	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	3.69										X
03	J2430	PAMIDRONATE DISODIUM 30MG	50.40										X
03	J2460	OXYTETRACYCLINE,UP TO 50MG	.94	08 20									X
03	J2469	PALONOSETRON HCL 25 MCG	17.76										X
03	J2505	PEGFILGRASTIM 6MG	2,087.70										
03	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	8.38	00 20									X
03	J2540	PCN G POTASSIUM,UP TO 600,000U	1.35	00 20									X
03	J2550	PHENERGAN INJ, UP TO 50MG	2.15										X
03	J2700	OXACILLIN SODIUM,UP TO 250MG	1.70	00 20									X
03	J2765	REGLAN INJ, UP TO 10MG	.47										X
03	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	103.11	16 20									
03	J2820	SARGRAMOSTIM 50MCG	22.88										X
03	J2910	GOLD THERAPY INJ-ARTHRITIS	10.14										X
03	J3000	STREPTOMYCIN, UP TO 1GM	7.54	00 20									X
03	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	1.32	00 20									X
03	J3370	VANCOMYCIN HCL, 500MG	3.20	00 20									X
03	J3485	ZIDOVUDINE, 10MG	1.01	00 20									X
03	J3487	ZOLEDRONIC ACID 1 MG (ZOMETA)	198.50										X
03	J7030	NORMAL SALINE SOL INFUSION, 1	1.02										X
03	J7040	NORMAL SALINE, 500ML	.51										X
03	J7050	NORMAL SALINE SOL 250 ML	.26										X
03	J7060	DEXTROSE/WATER 5%, 500ML	1.13										X
03	J7070	D5W INFUSION, 1000ML	2.26										X
03	J7120	RINGERS INJ, UP TO 1000 CC	.93										X
03	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	344.00	10 60			F		X				
03	J7302	MIRENA	412.23	10 60			F						
03	J9000	DOXORUBICIN HCL 10MG	5.92										X
03	J9001	DOXORUBICIN HCL LIPOSOME 10 MG	359.36										X
03	J9010	ALEMTUZUMAB, 10MG	511.60										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	J9015	ALDESLEUKIN/SINGLE USE VIAL	693.78										
03	J9017	ARSENIC TRIOXIDE 1MG	33.26										X
03	J9020	ASPARAGINASE, 10,000 UNITS	54.30										X
03	J9035	BEVACIZUMAB 10MG	57.10										X
03	J9040	BLEOMYCIN INJ, 15 UNITS	37.57										X
03	J9041	BORTEZOMIB INJECTION 0.1MG	29.01										X
03	J9045	CARBOPLATIN INJ 50MG.	52.18										X
03	J9050	CARMUSTINE, 100MG	138.49										X
03	J9055	CETUXIMAB 10 MG	49.64										X
03	J9060	CISPLATIN 10MG	2.97										X
03	J9062	PLATINAL/CISPLATIN INJ 50MG	14.84										X
03	J9065	CLADRIBINE INJ 1MG	37.25										X
03	J9070	CYTOXIN INJ 100MG	4.25										X
03	J9080	CYTOXIN INJ 200MG	8.06										X
03	J9090	CYTOXIN INJ 500MG	16.78										X
03	J9093	CYTOXAN INJ,LYOPHILIZED 100MG	.73										X
03	J9098	CYTARABINE LIPSOME 10MG	383.29										X
03	J9100	CYTARABINE 100 MG	1.02										X
03	J9110	CYTARABINE 500MG	5.08										X
03	J9120	DACTINOMYCIN 0.5MG	12.02										X
03	J9130	DTIC-DOME INJ 100MG/10ML	13.85										X
03	J9140	DARCARBAZINE 200 MG	9.87										X
03	J9150	DAUNORUBICIN 10 MG	25.15										X
03	J9151	DAUNORUBICIN CITRATE 10MG	56.51										X
03	J9160	DENILEUKIN DIFTITOX, 300 MCG	1,243.93										
03	J9170	DOCETAXEL 20 MG	295.27										X
03	J9178	INJ, EPIRUBICIN HCL, 2 MG	24.60										X
03	J9181	ETOPOSIDE INJ, UP TO 10MG	.49										X
03	J9182	ETOPOSIDE INJ, UP TO 100MG	112.96										X
03	J9185	FLUDARABINE PHOSPHATE, 50 MG	246.83										X
03	J9190	FLUOROURACIL INJ, 500MG	1.41										X
03	J9200	FLOXURIDINE, FUDR, 500MG	63.13										
03	J9201	GEMCITABINE HCL, 200MG	115.22										X
03	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	185.20										X
03	J9206	IRINOTECAN, 20MG	126.90										X
03	J9208	IFOSFOMIDE, 1GM	47.13										X
03	J9209	MESNA, 200MG	12.98										X
03	J9211	IDARUBICIN HYDROCHLORIDE 5MG	327.55										X
03	J9212	INTERFERON ALFACON-1 1MCG	3.92										X
03	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	13.26										X
03	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	245.31				M		X				
03	J9230	MUSTARGEN INJ 10MG	10.42										X
03	J9245	MELPHALAN HCL INJ 50MG	753.65										
03	J9250	METHOTREXATE SOD INJ, 5 MG	7.80										X
03	J9260	METHOTREXATE SOD INJ 50MG	3.84										X
03	J9263	OXALIPLATIN 0.5MG	8.29										X
03	J9265	PACLITAXEL, 30 MG	14.78										X
03	J9268	PENTOSTATIN, PER 10 MG	1,835.02										X
03	J9280	MITOMYCIN 5 MG	21.17										X
03	J9290	MITIMYCIN, 20 MG	84.69										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	J9293	MITOXANTRONE HCL 5MG	323.75										X
03	J9300	GEMTUZUMAB OZOGAMICIN 5MG	2,226.82										X
03	J9305	PEMETREXED 10 MG	40.45										X
03	J9310	RITUXIMAB 100 MG	455.92										X
03	J9320	STREPTOZOCIN, 1GM	138.34										X
03	J9350	TOPOTECAN 4 MG	755.74										X
03	J9355	TRASTUZUMAB 10MG	53.93										X
03	J9360	VINBLASTINE SULF 1MG	.86										X
03	J9370	ONCOVIN INJ 1MG	18.95										X
03	J9375	VINCRISTINE SULFATE 2MG	5.18										X
03	J9380	ONCOVIN INJ 5MG	84.05										X
03	J9390	VINORELDINE TARTRATE 10MG	43.19										X
03	J9395	FULVESTRANT 25 MG	81.30						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			6		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	ANES;INTRACRANIAL;3OS	MP					X			11		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					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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
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
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					X			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			7		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 01				X			25		X
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	MP					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	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					X			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					X			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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
01	00754	ANES;OMPHALOCELE	MP						X			7		X
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			8		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	02				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			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
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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
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			8		X
01	01160	ANES;CLSD PROC,SYMPHYSIS PUBIS/SACRO	MP					X			10		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			10		X
01	01215	ANES;REVISION TOTAL HIP ARTHROPLASTY	MP					X			8		X
01	01220	ANES;CLSD PROC,2/3 UPPER FEMUR	MP					X			10		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
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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
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	01632	ANES;RADICAL RESECTION,SHOUL.-AXILLA	MP					X			6		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
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

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
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	01905	ANES;MYELOGRAPHY,DISKOGRAPHYVERTEBRO	MP						X			5		X
01	01916	ANES;DIAG ARTERIOGRAPHY/VENOGRAPHY	MP						X			6		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	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		5		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	85.03											
05	10021	FNA W/O IMAGE	32.20											
07	10021	FNA W/O IMAGE	85.03	00	15									
03	10022	FNA W/IMAGE	93.23											
05	10022	FNA W/IMAGE	33.03											
07	10022	FNA W/IMAGE	93.23	00	15									
03	10060	DRAINAGE OF SKIN ABSCESS	61.59											
07	10060	DRAINAGE OF SKIN ABSCESS	91.66	00	15									
03	10061	DRAIN SKIN ABSCESS COMPLICATED	112.08								10			
07	10061	DRAIN SKIN ABSCESS COMPLICATED	149.91	00	15						10			
08	10061	DRAIN SKIN ABSCESS COMPLICATED	262.36						X					
03	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	104.01											
07	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	113.15	00	15									
03	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	163.41								10			
07	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	188.34	00	15						10			
03	10120	SIMPLE REMOVAL FOREIGN BODY	84.71											
07	10120	SIMPLE REMOVAL FOREIGN BODY	94.50	00	15									
08	10120	SIMPLE REMOVAL FOREIGN BODY	262.36						X					
03	10121	COMPLICATED REMOVAL FOREIGN BODY	159.71								10			
07	10121	COMPLICATED REMOVAL FOREIGN BODY	198.14	00	15						10			
08	10121	COMPLICATED REMOVAL FOREIGN BODY	262.36						X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	10140	INCISE/DRAIN SIMPLE HEMATOMA	85.92											
07	10140	INCISE/DRAIN SIMPLE HEMATOMA	107.94	00	15									
03	10160	PUNCTURE DRAINAGE OF LESION	71.72											
07	10160	PUNCTURE DRAINAGE OF LESION	71.72	00	15									
03	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	136.70								10			
07	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	136.70	00	15						10			
08	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	220.39											
03	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	30.91											
07	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	43.75	00	15									
03	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	14.25											X
07	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	22.94	00	15									X
03	11004	DEBRIDE GENITALIA & PERINEUM	435.52								1			
07	11004	DEBRIDE GENITALIA & PERINEUM	435.52	00	15						1			
03	11005	DEBRIDE ABDOM WALL	592.30								1			
07	11005	DEBRIDE ABDOM WALL	592.30	00	15						1			
03	11006	DEBRIDE GENIT/PER/ABDOM WALL	549.53								1			
07	11006	DEBRIDE GENIT/PER/ABDOM WALL	549.53	00	15						1			
03	11008	REMOVE MESH FROM ABD WALL	223.70											
07	11008	REMOVE MESH FROM ABD WALL	223.70	00	15									
03	11010	DEBRIDE SKIN, FX	284.80								10			
07	11010	DEBRIDE SKIN, FX	284.80	00	15						10			
08	11010	DEBRIDE SKIN, FX	220.39											
03	11011	DEBRIDE SKIN/MUSCLE, FX	339.41								1			
07	11011	DEBRIDE SKIN/MUSCLE, FX	339.41	00	15						1			
08	11011	DEBRIDE SKIN/MUSCLE, FX	220.39											
03	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	487.59								1			X
07	11012	DEBRIDEMT;SKIN;SQ;MUSC.FASCIA,MUSC&B	487.59	00	15						1			X
08	11012	DEBRIDEMT;SKIN,SQ,MUSC.FASCIA,MUSC&B	220.39											
03	11040	DEBRIDE SKIN,PARTIAL THICKNESS	26.64								1			X
07	11040	DEBRIDE SKIN,PARTIAL THICKNESS	36.78	00	15						1			X
03	11041	DEBRIDE SKIN,FULL THICKNESS	41.40								1			X
07	11041	DEBRIDE SKIN,FULL THICKNESS	53.57	00	15						1			X
03	11042	DEBRIDE SKIN,SUBCUTANEOUS TISSUE	55.15								1			X
07	11042	DEBRIDE SKIN,SUBCUTANEOUS TISSUE	76.27	00	15						1			X
08	11042	DEBRIDE SKIN, SUBCUTANEOUS TISSUE	220.39											
03	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	148.29								10			X
07	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	178.38	00	15						10			X
08	11043	DEBRIDE;SKIN,SUBCU TISSUE AND MUSCLE	220.39											
03	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	193.46								10			X
07	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	224.36	00	15						10			X
08	11044	DEBRIDE;SKIN,SUBC TISS,MUSCL & BONE	220.39											
03	11055	TRIM SKIN LESION	25.40								1			
07	11055	TRIM SKIN LESION	32.22	00	15						1			
03	11056	TRIM 2 TO 4 SKIN LESIONS	32.53								1			
07	11056	TRIM 2 TO 4 SKIN LESIONS	41.12	00	15						1			
03	11057	TRIM OVER 4 SKIN LESIONS	40.39								1			
07	11057	TRIM OVER 4 SKIN LESIONS	50.02	00	15						1			
03	11100	BIOPSY OF SINGLE LESION	50.41								1			
07	11100	BIOPSY OF SINGLE LESION	76.86	00	15						1			
08	11100	BIOPSY OF SINGLE LESION	220.39						X					

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	11101	IOPSY OF SKIN,EACH ADD LESION	18.85											X
07	11101	IOPSY OF SKIN,EACH ADD LESION	37.50	00	15									X
08	11101	DEBRIDE SKIN/MUSCLE, FX	220.39											
03	11200	EXCISE UP TO 15 SKIN TAGS	44.92											
07	11200	EXCISE UP TO 15 SKIN TAGS	66.33	00	15									
03	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	12.49											X
07	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	27.63	00	15									X
03	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	36.62											
07	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	52.10	00	15									
03	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	48.62								1			
07	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	66.61	00	15						1			
03	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	58.47								1			
07	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	76.84	00	15						1			
03	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	82.04								1			
07	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	88.61	00	15						1			
03	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	38.84											
07	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	49.28	00	15									
03	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	52.94								1			
07	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	68.76	00	15						1			
03	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	64.15								1			
07	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	78.11	00	15						1			
03	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	94.34								1			
07	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	94.34	00	15						1			
03	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	45.43											
07	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	63.35	00	15									
03	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	56.90								1			
07	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	77.79	00	15						1			
03	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	66.56								1			
07	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	85.95	00	15						1			
03	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	91.65								1			
07	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	111.60	00	15						1			
03	11400	EXCISE BENIGN LESION TO 0.5 CM	69.17								10			X
07	11400	EXCISE BENIGN LESION TO 0.5 CM	87.13	00	15						10			X
08	11400	EXCISE BENIGN LESION TO 0.5 CM	220.39						X					
03	11401	EXCISE BENIGN LESION 0.6 TO 1CM	81.73								10			X
07	11401	EXCISE BENIGN LESION 0.6 TO 1CM	107.38	00	15						10			X
08	11401	EXCISE BENIGN LESION 0.6 TO 1CM	220.39						X					
03	11402	EXCISE BENIGN LESION 1.1 TO 2CM	93.81								10			X
07	11402	EXCISE BENIGN LESION 1.1 TO 2CM	143.27	00	15						10			X
08	11402	EXCISE BENIGN LESION 1.1 TO 2CM	220.39						X					
03	11403	EXCISE BENIGN LESION 2.1 TO 3CM	106.18								10			X
07	11403	EXCISE BENIGN LESION 2.1 TO 3CM	162.93	00	15						10			X
08	11403	EXCISE BENIGN LESION 2.1 TO 3CM	220.39						X					
03	11404	EXCISE BENIGN LESION 3.1 TO 4CM	121.44								10			X
07	11404	EXCISE BENIGN LESION 3.1 TO 4CM	179.19	00	15						10			X
08	11404	EXCISE BENIGN LESION 3.1 TO 4CM	220.39						X					
03	11406	EXCISE BENIGN LESION OVER 4 CM	151.18								10			X
07	11406	EXCISE BENIGN LESION OVER 4 CM	211.30	00	15						10			X
08	11406	EXCISE BENIGN LESION OVER 4CM	220.39											
03	11420	EXCISE BENIGN LESION TO 0.5 CM	68.29								10			X

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	11420	EXCISE BENIGN LESION TO 0.5 CM	88.12	00 15						10			X
08	11420	EXCISE BENIGN LESION TO 0.5CM	220.39					X					
03	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	87.83							10			X
07	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	115.83	00 15						10			X
08	11421	EXCISE BENIGN LESION 0.6 TO 1CM	220.39					X					
03	11422	EXCISE BENIGN LESION 1.1 TO 2CM	98.51							10			X
07	11422	EXCISE BENIGN LESION 1.1 TO 2CM	148.99	00 15						10			X
03	11423	EXCISE BENIGN LESION 2.1 TO 3CM	117.13							10			X
07	11423	EXCISE BENIGN LESION 2.1 TO 3CM	177.75	00 15						10			X
03	11424	EXCISE BENIGN LESION 3.1 TO 4CM	134.62							10			X
07	11424	EXCISE BENIGN LESION 3.1 TO 4CM	200.74	00 15						10			X
08	11424	EXCISE BENIGN LESION 3.1 TO 4CM	220.39										
03	11426	EXCISE BENIGN LESION OVER 4.0 CM	190.78							10			X
07	11426	EXCISE BENIGN LESION OVER 4.0 CM	265.65	00 15						10			X
08	11426	EXCISE BENIGN LESION OVER 4.0CM	220.39										
03	11440	EXCISE BENIGN LESION TO 0.5 CM	80.02							10			X
07	11440	EXCISE BENIGN LESION TO 0.5 CM	114.58	00 15						10			X
08	11440	EXCISE BENIGN LESION TO 0.5CM	220.39					X					
03	11441	EXCISE BENIGN LESION 0.6 TO 1CM	95.49							10			X
07	11441	EXCISE BENIGN LESION 0.6 TO 1CM	138.79	00 15						10			X
08	11441	EXCISE BENIGN LESION 0.6 TO 1CM	220.39					X					
03	11442	EXCISE BENIGN LESION 1.1 TO 2CM	107.42							10			X
07	11442	EXCISE BENIGN LESION 1.1 TO 2CM	162.61	00 15						10			X
08	11442	EXCISE BENIGN LESION 1.1 TO 2CM	220.39					X					
03	11443	EXCISE BENIGN LESION 2.1 TO 3CM	132.54							10			X
07	11443	EXCISE BENIGN LESION 2.1 TO 3CM	201.64	00 15						10			X
08	11443	EXCISE BENIGN LESION 2.1 TO 3CM	220.39					X					
03	11444	EXCISE BENIGN LESION 3.1 TO 4CM	169.91							10			X
07	11444	EXCISE BENIGN LESION 3.1 TO 4CM	253.00	00 15						10			X
08	11444	EXCISE BENIGN LESION 3.1 TO 4CM	220.39					X					
03	11446	EXCISE BENIGN LESION OVER 4.0 CM	221.91							10			X
07	11446	EXCISE BENIGN LESION OVER 4.0 CM	306.61	00 15						10			X
08	11446	EXCISE BENIGN LESION OVER 4.0CM	220.39										
03	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	270.00							90			
07	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	270.00	00 15						90			
08	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	220.39										
03	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	315.00							90			
07	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	318.27	00 15						90			
08	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	220.39										
03	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	360.00							90			
07	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	360.00	00 15						90			
08	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	220.39										
03	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	405.00							90			
07	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	405.00	00 15						90			
08	11463	EXCISE/HIDRADENITS/OTHER CLOSURE	220.39										
03	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	405.00							90			
07	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	405.00	00 15						90			
08	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	220.39										
03	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	427.50							90			
07	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	427.50	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	220.39											
03	11600	EXCISE MALIGNANCY TO 0.5 CM	96.88								10			X
07	11600	EXCISE MALIGNANCY TO 0.5 CM	131.01	00	15						10			X
08	11600	EXCISE MALIGNANCY TO 0.5CM	220.39						X					
03	11601	EXCISE MALIGNANCY 0.6 TO 1CM	112.01								10			X
07	11601	EXCISE MALIGNANCY 0.6 TO 1CM	151.65	00	15						10			X
08	11601	EXCISE MALIGNANCY 0.6 TO 1CM	220.39						X					
03	11602	EXCISE MALIGNANCY 1.1 TO 2CM	118.69								10			X
07	11602	EXCISE MALIGNANCY 1.1 TO 2CM	162.06	00	15						10			X
08	11602	EXCISE MALIGNANCY 1.1 TO 2CM	220.39						X					
03	11603	EXCISE MALIGNANCY 2.1 TO 3CM	131.80								10			X
07	11603	EXCISE MALIGNANCY 2.1 TO 3CM	180.84	00	15						10			X
08	11603	EXCISE MALIGNANCY 2.1 TO 3CM	220.39						X					
03	11604	EXCISE MALIGNANCY 3.1 TO 4CM	145.23								10			X
07	11604	EXCISE MALIGNANCY 3.1 TO 4CM	200.38	00	15						10			X
08	11604	EXCISE MALIGNANCY 3.1 TO 4CM	220.39						X					
03	11606	EXCISE MALIGNANCY OVER 4CM	192.28								10			X
07	11606	EXCISE MALIGNANCY OVER 4CM	253.26	00	15						10			X
08	11606	EXCISE MALIGNANCY OVER 4CM	220.39						X					
03	11620	EXCISE MALIGNANCY TO 0.5CM	92.51								10			X
07	11620	EXCISE MALIGNANCY TO 0.5CM	128.24	00	15						10			X
08	11620	EXCISE MALIGNANCY TO 0.5CM	220.39						X					
03	11621	EXCISE MALIGNANCY 0.6 TO 1CM	110.95								10			X
07	11621	EXCISE MALIGNANCY 0.6 TO 1CM	154.31	00	15						10			X
08	11621	EXCISE MALIGNANCY 0.6 TO 1CM	220.39						X					
03	11622	EXCISE MALIGNANCY 1.1 TO 2CM	136.29								10			X
07	11622	EXCISE MALIGNANCY 1.1 TO 2CM	178.21	00	15						10			X
08	11622	EXCISE MALIGNANCY 1.1 TO 2CM	220.39						X					
03	11623	EXCISE MALIGNANCY 2.1 TO 3CM	149.90								10			X
07	11623	EXCISE MALIGNANCY 2.1 TO 3CM	214.37	00	15						10			X
08	11623	EXCISE MALIGNANCY 2.1 TO 3CM	220.39						X					
03	11624	EXCISE MALIGNANCY 3.1 TO 4CM	173.01								10			X
07	11624	EXCISE MALIGNANCY 3.1 TO 4CM	247.06	00	15						10			X
08	11624	EXCISE MALIGNANCY 3.1 TO 4CM	220.39						X					
03	11626	EXCISE MALIGNANCY OVER 4CM	230.69								10			X
07	11626	EXCISE MALIGNANCY OVER 4CM	305.36	00	15						10			X
08	11626	EXCISE MALIGNANCY OVER 4CM	220.39						X					
03	11640	EXCISE MALIGNANCY TO 0.5CM	98.67								10			X
07	11640	EXCISE MALIGNANCY TO 0.5CM	136.54	00	15						10			X
08	11640	EXCISE MALIGNANCY TO 0.5CM	220.39						X					
03	11641	EXCISE MALIGNANCY 0.6 TO 1CM	129.87								10			X
07	11641	EXCISE MALIGNANCY 0.6 TO 1CM	183.92	00	15						10			X
08	11641	EXCISE MALIGNANCY 0.6 TO 1CM	220.39						X					
03	11642	EXCISE MALIGNANCY 1.1 TO 2CM	150.66								10			X
07	11642	EXCISE MALIGNANCY 1.1 TO 2CM	215.79	00	15						10			X
08	11642	EXCISE MALIGNANCY 1.1 TO 2CM	220.39						X					
03	11643	EXCISE MALIGNANCY 2.1 TO 3CM	175.14								10			X
07	11643	EXCISE MALIGNANCY 2.1 TO 3CM	252.58	00	15						10			X
08	11643	EXCISE MALIGNANCY 2.1 TO 3CM	220.39						X					
03	11644	EXCISE MALIGNANCY 3.1 TO 4CM	222.41								10			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	11644	EXCISE MALIGNANCY 3.1 TO 4CM	323.74	00 15						10			X
08	11644	EXCISE MALIGNANCY 3.1 TO 4CM	220.39					X					
03	11646	EXCISE MALIGNANCY OVER 4CM	304.35							10			X
07	11646	EXCISE MALIGNANCY OVER 4CM	405.24	00 15						10			X
08	11646	EXCISE MALIGNANCY OVER 4CM	220.39					X					
03	11719	TRIM NAIL(S)	10.69		X					1		X	
07	11719	TRIM NAIL(S)	14.22	00 15	X					1		X	
03	11720	DEBRIDE NAIL, 1-5	21.75							1			
07	11720	DEBRIDE NAIL, 1-5	22.70	00 15						1			
03	11721	DEBRIDE NAIL, 6 OR MORE	36.68							1			
07	11721	DEBRIDE NAIL, 6 OR MORE	36.68	00 15						1			
03	11730	SIMPLE REMOVAL OF NAIL PLATE	57.05										
07	11730	SIMPLE REMOVAL OF NAIL PLATE	69.23	00 15									
08	11730	SIMPLE REMOVAL OF NAIL PLATE	220.39					X					
03	11732	REMOVE ADDITIONAL NAIL PLATES	26.97										X
07	11732	REMOVE ADDITIONAL NAIL PLATES	31.36	00 15									X
08	11732	REMOVE ADDITIONAL NAIL PLATES	220.39					X					
03	11740	EVACUATE HEMATOMA UNDER NAIL	23.30							1			X
07	11740	EVACUATE HEMATOMA UNDER NAIL	39.64	00 15						1			X
08	11740	EVACUATE HEMATOMA UNDER NAIL	220.39					X					
03	11750	EXCISION NAIL & NAIL MATRIX	104.28							10			X
07	11750	EXCISION NAIL & NAIL MATRIX	126.50	00 15						10			X
08	11750	EXCISION NAIL AND NAIL MATRIX	231.00					X					
03	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	148.06							10			X
07	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	175.66	00 15						10			X
03	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	73.96							1			
07	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	82.88	00 15						1			
03	11760	SIMPLE RECONSTRUCTION NAIL BED	106.90							10			X
07	11760	SIMPLE RECONSTRUCTION NAIL BED	118.66	00 15						10			X
08	11760	SIMPLE RECONSTRUCTION NAIL BED	220.39					X					
03	11762	NAIL RECONSTRUCTION; COMPLICATED	151.70							10			X
07	11762	NAIL RECONSTRUCTION; COMPLICATED	185.50	00 15						10			X
08	11762	NAIL RECONSTRUCTION COMPLICATED	220.39					X					
03	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	60.77							10			X
07	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	62.02	00 15						10			X
03	11770	SIMPLE EXCISION PILONIDAL CYST	156.92							10			
07	11770	SIMPLE EXCISION PILONIDAL CYST	198.72	00 15						10			
08	11770	SIMPLE EXCISION PILONIDAL CYST	282.40					X					
03	11771	EXCISE PILONIDAL CYST; EXTENSIVE	299.95							90			
07	11771	EXCISE PILONIDAL CYST; EXTENSIVE	405.55	00 15						90			
08	11771	EXCISE PILONIDAL CYST;EXTENSIVE	282.40					X					
03	11772	PILONIDAL CYST; COMPLICATED	378.85							90			
07	11772	PILONIDAL CYST; COMPLICATED	489.88	00 15						90			
03	11900	INTRALESIONAL INJECTION; UP TO 7	28.96										
07	11900	INTRALESIONAL INJECTION; UP TO 7	43.25	00 15									
03	11901	INTRALESIONAL INJECTION; OVER 7	36.90										
07	11901	INTRALESIONAL INJECTION; OVER 7	57.23	00 15									
02	11960	INSERTION OF TISSUE EXPANDER	MP			X							X
03	11960	INSERTION OF TISSUE EXPANDER	MP			X				90			X
07	11960	INSERTION OF TISSUE EXPANDER	715.78	00 15		X				90			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	11960	INSERTION OF TISSUE EXPANDER	220.39										
02	11970	REPLACE EXPANDER-PERM. PROSTHESIS	MP			X							X
03	11970	REPLACE EXPANDER-PERM. PROSTHESIS	354.68			X				90			X
07	11970	REPLACE EXPANDER-PERM. PROSTHESIS	439.49	00 15		X				90			X
03	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	MP			X				90			
07	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	274.90	00 15		X				90			
08	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	220.39										
03	11975	INSERTION OR REINSERTION, IMPLANTABL	418.50	10 60			F			10			
05	11975	NORPLANT INSERTION	90.00	10 60			F						
07	11975	INSERTION OR REINSERTION, IMPLANTABL	418.50	10 15			F			10			
03	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	91.76	10 60			F			1			
07	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	123.14	10 15			F			1			
03	11977	REMOVAL WITH REINSERTION, IMPLANTABL	432.00	10 60			F			10			
07	11977	REMOVAL WITH REINSERTION, IMPLANTABL	432.00	10 15			F			10			
03	11980	IMPLANT HORMONE PELLET(S)	104.40				F			1			
07	11980	IMPLANT HORMONE PELLET(S)	104.40	00 15			F			1			
03	11981	INSERT DRUG IMPLANT DEVICE	107.06										
07	11981	INSERT DRUG IMPLANT DEVICE	107.06	00 15									
03	11982	REMOVE DRUG IMPLANT DEVICE	122.51										
07	11982	REMOVE DRUG IMPLANT DEVICE	122.51	00 15									
03	11983	REMOVE/INSERT DRUG IMPLANT	200.43										
07	11983	REMOVE/INSERT DRUG IMPLANT	200.43	00 15									
03	12001	SIMPLE WOUND REPAIR TO 2.5CM	94.02										
07	12001	SIMPLE WOUND REPAIR TO 2.5CM	131.70	00 15									
03	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	100.18										
07	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	140.60	00 15									
03	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	117.67										
07	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	162.88	00 15									
03	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	147.04							10			
07	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	204.89	00 15						10			
08	12005	SIMPLE WOUND REPAIR 12.6 TO 20 CM	220.39										
03	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	183.32							10			
07	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	253.70	00 15						10			
08	12006	SIMPLE WOUND REPAIR 20.1 TO 30 CM	220.39										
03	12007	SIMPLE WOUND REPAIR OVER 30CM	207.72							10			
07	12007	SIMPLE WOUND REPAIR OVER 30CM	292.90	00 15						10			
08	12007	SIMPLE WOUND REPAIR OVER 30 CM	220.39										
03	12011	SIMPLE WOUND REPAIR TO 2.5CM	99.27										
07	12011	SIMPLE WOUND REPAIR TO 2.5CM	139.54	00 15									
03	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	109.07										
07	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	153.10	00 15									
03	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	129.69							10			
07	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	178.85	00 15						10			
03	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	163.32							10			
07	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	227.55	00 15						10			
03	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	194.37							10			
07	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	272.65	00 15						10			
08	12016	SIMPLE WOUND RPAIR 12.6 TO 20 CM	220.39										
03	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	180.57							10			
07	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	240.97	00 15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	220.39											
03	12018	SIMPLE WOUND REPAIR OVER 30 CM	215.18								10			
07	12018	SIMPLE WOUND REPAIR OVER 30 CM	280.30	00	15						10			
08	12018	SIMPLE WOUND REPAIR OVER 30CM	220.39											
03	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	163.98								10			
07	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	180.18	00	15						10			
08	12020	TREAT SUPER DEHISCENCE; SIMPLE CLOSE	220.39											
03	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	96.67								10			
07	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	123.82	00	15						10			
08	12021	TREAT SUPER DEHISCENCE; W/PACKING	220.39											
03	12031	LAYER CLOSURE WOUND TO 2.5CM	113.26											
07	12031	LAYER CLOSURE WOUND TO 2.5CM	150.76	00	15									
03	12032	LAYER CLOSURE 2.6 TO 7.5CM	156.52											
07	12032	LAYER CLOSURE 2.6 TO 7.5CM	181.82	00	15									
03	12034	LAYER CLOSURE 7.6-12.5CM	156.38								10			
07	12034	LAYER CLOSURE 7.6-12.5CM	208.74	00	15						10			
08	12034	LAYER CLOSURE 7.6 - 12.5 CM	220.39											
03	12035	LAYER CLOSURE 12.6 TO 20CM	218.74								10			
07	12035	LAYER CLOSURE 12.6 TO 20CM	232.62	00	15						10			
08	12035	LAYER CLOSURE 12.6 TO 20CM	220.39											
03	12036	LAYER CLOSURE 20.1 TO 30CM	247.77								10			
07	12036	LAYER CLOSURE 20.1 TO 30CM	325.70	00	15						10			
08	12036	LAYER CLOSURE 20.1 TO 30 CM	220.39											
03	12037	LAYER CLOSURE WOUND/ OVER 30CM	279.43								10			
07	12037	LAYER CLOSURE WOUND/ OVER 30CM	358.09	00	15						10			
08	12037	LAYER CLOSURE WOUND/OVER 30 CM	220.39											
03	12041	LAYER CLOSURE WOUND TO 2.5CM	125.50											
07	12041	LAYER CLOSURE WOUND TO 2.5CM	165.55	00	15									
03	12042	LAYER CLOSURE 2.6 TO 7.5CM	150.93								10			
07	12042	LAYER CLOSURE 2.6 TO 7.5CM	198.04	00	15						10			
03	12044	LAYER CLOSURE 7.6 TO 12.5CM	163.23								10			
07	12044	LAYER CLOSURE 7.6 TO 12.5CM	220.76	00	15						10			
08	12044	LAYER CLOSURE 7.6 TO 12.5 CM	220.39											
03	12045	LAYER CLOSURE 12.6 TO 20CM	226.44								10			
07	12045	LAYER CLOSURE 12.6 TO 20CM	252.24	00	15						10			
08	12045	LAYER CLOSURE 12.6 TO 20 CM	220.39											
03	12046	LAYER CLOSURE 20.1 TO 30CM	274.13								10			
07	12046	LAYER CLOSURE 20.1 TO 30CM	360.98	00	15						10			
08	12046	LAYER CLOSURE 20.1 TO 30 CM	220.39											
03	12047	LAYER CLOSURE WOUND OVER 30CM	282.28								10			
07	12047	LAYER CLOSURE WOUND OVER 30CM	405.93	00	15						10			
08	12047	LAYERCLOSURE WOUND OVER 30 CM	220.39											
03	12051	LAYER CLOSURE WOUND TO 2.5CM	144.84											
07	12051	LAYER CLOSURE WOUND TO 2.5CM	190.71	00	15									
03	12052	LAYER CLOSURE 2.6 TO 5CM	150.83								10			
07	12052	LAYER CLOSURE 2.6 TO 5CM	198.15	00	15						10			
03	12053	LAYER CLOSURE 5.1 TO 7.5CM	162.25								10			
07	12053	LAYER CLOSURE 5.1 TO 7.5CM	217.87	00	15						10			
03	12054	LAYER CLOSURE 7.6 TO 12.5CM	180.16								10			
07	12054	LAYER CLOSURE 7.6 TO 12.5CM	241.81	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	12054	LAYER CLOSURE 7.6 TO 12.5 CM	220.39											
03	12055	LAYER CLOSURE 12.6 TO 20CM	230.78								10			
07	12055	LAYER CLOSURE 12.6 TO 20CM	310.23	00	15						10			
08	12055	LAYER CLOSURE 12.6 TO 20 CM	220.39											
03	12056	LAYER CLOSURE 20.1 TO 30CM	307.42								10			
07	12056	LAYER CLOSURE 20.1 TO 30CM	430.53	00	15						10			
08	12056	LAYER CLOSURE 20.1 TI 30 CM	220.39											
03	12057	LAYER CLOSURE WOUND OVER 30CM	311.75								10			
07	12057	LAYER CLOSURE WOUND OVER 30CM	426.99	00	15						10			
08	12057	LAYER CLOSURE WOUND OVER 30 CM	220.39											
03	13100	COMPLEX REPAIR 1.1 TO 2.5CM	181.29								10			
07	13100	COMPLEX REPAIR 1.1 TO 2.5CM	224.25	00	15						10			
08	13100	COMPLEX REPAIR 1.1 TO 2.5 CM	220.39											
03	13101	COMPLEX REPAIR 2.6 TO 7.5CM	215.96								10			
07	13101	COMPLEX REPAIR 2.6 TO 7.5CM	258.97	00	15						10			
03	13102	REPAIR WOUND/LESION ADD-ON	69.92											
07	13102	REPAIR WOUND/LESION ADD-ON	70.95	00	15									
08	13102	REPAIR WOUND/LESION ADD-ON	220.39											
03	13120	COMPLEX REPAIR 1.1 TO 2.5CM	188.09								10			
07	13120	COMPLEX REPAIR 1.1 TO 2.5CM	234.17	00	15						10			
08	13120	COMPLEX REPAIR 1.1 TO 2.5 CM	220.39											
03	13121	COMPLEX REPAIR 2.6 TO 7.5CM	230.82								10			
07	13121	COMPLEX REPAIR 2.6 TO 7.5CM	282.37	00	15						10			
03	13122	REPAIR WOUND/LESION ADD-ON	81.26											
07	13122	REPAIR WOUND/LESION ADD-ON	83.15	00	15									
08	13122	REPAIR WOUND/LESION ADD-ON	220.39											
03	13131	COMPLEX REPAIR 1.1 TO 2.5CM	205.77								10			
07	13131	COMPLEX REPAIR 1.1 TO 2.5CM	260.62	00	15						10			
08	13131	COMPLEX REPAIR 1.1 TO 2.5 CM	220.39											
03	13132	COMPLEX REPAIR 2.6 TO 7.5CM	299.58								10			
07	13132	COMPLEX REPAIR 2.6 TO 7.5CM	364.85	00	15						10			
03	13133	REPAIR WOUND/LESION ADD-ON	120.29											
07	13133	REPAIR WOUND/LESION ADD-ON	122.08	00	15									
08	13133	REPAIR WOUND/LESION ADD-ON	220.39											
03	13150	COMPLEX WOUND REPAIR TO 1CM	220.00								10			
07	13150	COMPLEX WOUND REPAIR TO 1CM	308.22	00	15						10			
03	13151	COMPLEX REPAIR 1.1 TO 2.5CM	234.56								10			
07	13151	COMPLEX REPAIR 1.1 TO 2.5CM	326.48	00	15						10			
03	13152	COMPLEX REPAIR 2.6 TO 7.5CM	314.83								10			
07	13152	COMPLEX REPAIR 2.6 TO 7.5CM	418.60	00	15						10			
03	13153	REPAIR WOUND/LESION ADD-ON	132.36											
07	13153	REPAIR WOUND/LESION ADD-ON	133.85	00	15									
08	13153	REPAIR WOUND/LESION ADD-ON	262.36											
03	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	482.04								90			
07	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	617.21	00	15						90			
08	13160	EXT/COMP SECONDARY CLOSE /DEHISCENCE	220.39											
03	14000	TISSUE TRANSFER; DEFECT TO 10CM	349.38								90			
07	14000	TISSUE TRANSFER; DEFECT TO 10CM	462.98	00	15						90			
08	14000	SKIN TISSUE REARRANGEMENT	220.39											
03	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	459.56								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	596.66	00 15						90			
03	14020	TISSUE TRANSFER; TO 10 SQ CM	386.43							90			
07	14020	TISSUE TRANSFER; TO 10 SQ CM	503.86	00 15						90			
03	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	514.00							90			
07	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	671.88	00 15						90			
03	14040	TISSUE TRANSFER; TO 10 SQ CM	424.32							90			
07	14040	TISSUE TRANSFER; TO 10 SQ CM	554.29	00 15						90			
08	14040	TISSUE TRANSFER; TO 10 SQ CM	220.39										
03	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	563.40							90			
07	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	740.82	00 15						90			
03	14060	TISSUE TRANSFER; TO 10 SQ CM	442.27							90			
07	14060	TISSUE TRANSFER; TO 10 SQ CM	592.87	00 15						90			
03	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	608.15							90			
07	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	801.49	00 15						90			
03	14300	TISSUE TRANSFER; OVER 30 CM	594.76							90			
07	14300	TISSUE TRANSFER; OVER 30 CM	764.66	00 15						90			
08	14300	TISSUE TRANSFER; OVER 30 CM	262.36										
03	14350	FILLETED FINGER OR TOE FLAP	453.16							90			
07	14350	FILLETED FINGER OR TOE FLAP	583.16	00 15						90			
03	15002	SURGICAL PREPARATION OR CREATION OF	220.83							1			
07	15002	SURGICAL PREPARATION OR CREATION OF	220.83	00 15						1			
08	15002	SURGICAL PREPARATION OF CREATION OF	220.39										
03	15003	SURGICAL PREPARATION OR CREATION +	48.95										X
07	15003	SURGICAL PREPARATION OR CREATION +	48.95	00 15									X
08	15003	SURGICAL PREPARATION OR CREATION +	220.39										
03	15004	SURGICAL PREPARATION OR CREATION OF	267.11							1			
07	15004	SURGICAL PREPARATION OR CREATION OF	267.11	00 15						1			
08	15004	SURGICAL PREPARATION	220.39										
03	15005	SURGICAL PREPARATION OR CREATION +	83.51										X
07	15005	SURGICAL PREPARATION OR CREATION +	83.51	00 15									X
08	15005	SURGICAL PREPARATION OR CREATION +	220.39										
03	15040	HARVEST CULTURED SKIN GRAFT	185.69							1			
07	15040	HARVEST CULTURED SKIN GRAFT	185.69	00 15						1			
08	15040	HARVEST CULTURED SKIN GRAFT	220.39										
03	15050	PINCH GRAFT; DEFECT UP TO 2CM	285.52							90			X
07	15050	PINCH GRAFT; DEFECT UP TO 2CM	325.38	00 15						90			X
08	15050	PINCH GRAFT;DEFECT UP TO 2CM	282.40					X					
03	15100	SPLIT GRAFT; UP TO 100 SQ CM	559.31							90			
07	15100	SPLIT GRAFT; UP TO 100 SQ CM	559.31	00 15						90			
08	15100	SPLIT GRAFT; UP TO 100 SQ CM	220.39										
03	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	136.40										X
07	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	136.40	00 15									X
03	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	604.81							90			
07	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	604.81	00 15						90			
08	15110	EPIDRM AUTOGRPT TRNK/ARM/LEG	220.39										
03	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	97.55										X
07	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	97.55	00 15									X
08	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	220.39										
03	15115	EPIDRM A-GRFT FACE/NCK/HF/G	571.84							90			
07	15115	EPIDRM A-GRFT FACE/NCK/HF/G	571.84	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	15115	E›ODR, A-GRFT FACE/NCK/HF/G	220.39											
03	15116	EPIDRM A-GRFT F/N/HF/G ADDL	126.95											X
07	15116	EPIDRM A-GRFT F/N/HF/G ADDL	126.95	00	15									X
08	15116	EPIDRM A-GRFT F/N/HF/G ADDL	220.36											
03	15120	SPLIT GRAFT; UP TO 100 SQ CM	534.61								90			
07	15120	SPLIT GRAFT; UP TO 100 SQ CM	649.72	00	15						90			
08	15120	SPLIT GRAFT; UP TO 100 SQ CM	220.39											
03	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	213.36											X
07	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	213.36	00	15									X
03	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	497.31								90			
07	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	497.31	00	15						90			
08	15130	DERM AUTOGRAFT,TRNK/ARM/LEG	220.39											
03	15131	DERM AUTOGRAFT T/A/L ADD-ON	79.69											X
07	15131	DERM AUTOGRAFT T/A/L ADD-ON	79.69	00	15									X
08	15131	DERM AUTOGRAFT T/A/L ADD-ON	220.39											
03	15135	DERM AUTOGRAFT FACE/NCK/HF/G	612.02								90			
07	15135	DERM AUTOGRAFT FACE/NCK/HF/G	612.02	00	15						90			
08	15135	DERM AUTPGRAFT FACE/NCK/HF/G	220.39											
03	15136	DERM AUTOGRAFT, F/N/HF/G ADD	74.74											X
07	15136	DERM AUTOGRAFT, F/N/HF/G ADD	74.74	00	15									X
08	15136	DERM AUTOGRAFT, F/N/HF/G	220.39											
03	15150	CULT EPIDERM GRFT T/ARM/LEG	504.45								90			
07	15150	CULT EPIDERM GRFT T/ARM/LEG	504.45	00	15						90			
08	15150	CULT EPIDERM GRFT T/ARM/LEG	220.39											
03	15151	CULT EPIDERM GRFT T/A/L ADDL	103.26											
07	15151	CULT EPIDERM GRFT T/A/L ADDL	103.26	00	15									
08	15151	CULT EPIDERM GRFT T/A/L ADDL	220.39											
03	15152	CULT EPIDERM GRAFT T/A/L +%	127.08											X
07	15152	CULT EPIDERM GRAFT T/A/L +%	127.08	00	15									X
08	15152	CULT EPIDERM GRAFT T/A/L	220.39											
03	15155	CULT EPIDERM GRAFT, F/N/HF/G	507.87								90			
07	15155	CULT EPIDERM GRAFT, F/N/HF/G	507.87	00	15						90			
08	15155	CULT EPIDERM GRAFT, F/N/HF/G	220.39											
03	15156	CULT EPIDRM GRFT F/N/HFG ADD	134.98											
07	15156	CULT EPIDRM GRFT F/N/HFG ADD	134.98	00	15									
08	15156	CULT EPIDRM GRFT F/N/HFG ADD	220.39											
03	15157	CULT EPIDERM GRFT F/N/HFG +%	149.18											X
07	15157	CULT EPIDERM GRFT F/N/HFG +%	149.18	00	15									X
08	15157	CULT EPIDERM GRFT F/N/HFG	220.39											
03	15170	ACELL GRAFT TRUNK/ARMS/LEGS	267.84								90			
07	15170	ACELL GRAFT TRUNK/ARMS/LEGS	267.84	00	15						90			
03	15171	ACELL GRAFT T/ARM/LEG ADD-ON	70.55											X
07	15171	ACELL GRAFT T/ARM/LEG ADD-ON	70.55	00	15									X
03	15175	ACELLULAR GRAFT, F/N/HF/G	378.22								90			
07	15175	ACELLULAR GRAFT, F/N/HF/G	378.22	00	15						90			
03	15176	ACELL GRAFT, F/N/HF/G ADD-ON	112.09											X
07	15176	ACELL GRAFT, F/N/HF/G ADD-ON	112.09	00	15									X
03	15200	FULL THICK GRAFT TO 20 SQ CM	452.15								90			
07	15200	FULL THICK GRAFT TO 20 SQ CM	621.52	00	15						90			
03	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	98.10											X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	98.10	00 15									X
08	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	220.39										
03	15220	FULL THICK GRAFT TO 20 SQ CM	439.03							90			
07	15220	FULL THICK GRAFT TO 20 SQ CM	597.59	00 15						90			
08	15220	FULL THICK GRAFT TO 20 SQ CM	220.39										
03	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	115.61										X
07	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	115.61	00 15									X
08	15221	SKIN FULL GRAFT ADD - ON	220.39										
03	15240	FULL THICK GRAFT TO 20 SQ CM	495.24							90			
07	15240	FULL THICK GRAFT TO 20 SQ CM	630.43	00 15						90			
03	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	178.93										X
07	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	178.93	00 15									X
03	15260	FULL THICK GRAFT TO 20 SQ CM	515.80							90			
07	15260	FULL THICK GRAFT TO 20 SQ CM	660.74	00 15						90			
08	15260	FULL THICK GRAFT TO 20 SQ CM	220.39										
03	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	192.64										X
07	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	192.64	00 15									X
08	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	220.39										
03	15300	APPLY SKINALLOGRFT, T/ARM/LG	219.12							90			
07	15300	APPLY SKINALLOGRFT, T/ARM/LG	219.12	00 15						90			
08	15300	APPLY SKIN ALLOGRFT, T/ARM/LG	220.36										
03	15301	APPLY SKNALLOGRFT T/A/L ADDL	46.88										X
07	15301	APPLY SKNALLOGRFT T/A/L ADDL	46.88	00 15									X
08	15301	APPLY SKNALLOGRFT T/A/L	220.39										
03	15320	APPLY SKIN ALLOGRFT F/N/HF/G	254.31							90			
07	15320	APPLY SKIN ALLOGRFT F/N/HF/G	254.31	00 15						90			
08	15320	APPLY SKIN ALLOGRFT F/N/HF/G	220.39										
03	15321	APLY SKNALLOGRFT F/N/HFG ADD	69.93										X
07	15321	APLY SKNALLOGRFT F/N/HFG ADD	69.93	00 15									X
08	15321	APLY SKNALLOGRFT F/N/HFG ADD	220.39										
03	15330	APLY ACELL ALOGRFT T/ARM/LEG	218.86							90			
07	15330	APLY ACELL ALOGRFT T/ARM/LEG	218.86	00 15						90			
08	15330	APLY ACELL ALOGRFT T/ARM/LEG	220.39										
03	15331	APLY ACELL GRFT T/A/L ADD-ON	46.62										X
07	15331	APLY ACELL GRFT T/A/L ADD-ON	46.62	00 15									X
08	15331	APLY ACELL GRFT T/A/L ADD-ON	220.39										
03	15335	APPLY ACELL GRAFT, F/N/HF/G	243.44							90			
07	15335	APPLY ACELL GRAFT, F/N/HF/G	243.44	00 15						90			
08	15335	APPLY ACELL GRAFT, F/N/HF/G	220.39										
03	15336	APLY ACELL GRFT F/N/HF/G ADD	67.49										X
07	15336	APLY ACELL GRFT F/N/HF/G ADD	67.49	00 15									X
08	15336	APLY ACELL GRFT F/N/HF/G	220.39										
03	15340	APPLY CULT SKIN SUBSTITUTE	228.91							10			
07	15340	APPLY CULT SKIN SUBSTITUTE	228.91	00 15						10			
03	15341	APPLY CULT SKIN SUB ADD-ON	32.74										X
07	15341	APPLY CULT SKIN SUB ADD-ON	32.74	00 15									X
03	15360	APPLY CULT DERM SUB, T/A/L	246.17							90			
07	15360	APPLY CULT DERM SUB, T/A/L	246.17	00 15						90			
03	15361	APLY CULT DERM SUB T/A/L ADD	54.25										X
07	15361	APLY CULT DERM SUB T/A/L ADD	54.25	00 15									X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	15365	APPLY CULT DERM SUB F/N/HF/G	257.67								90			
07	15365	APPLY CULT DERM SUB F/N/HF/G	257.67	00	15						90			
03	15366	APPLY CULT DERM F/HF/G ADD	67.39											X
07	15366	APPLY CULT DERM F/HF/G ADD	67.39	00	15									X
03	15400	XENOGRAFT, SKIN; 100SQ. CM OR <	209.36								90			
07	15400	XENOGRAFT, SKIN; 100SQ.CM OR <	300.04	00	15						90			
08	15400	APPLY XENOGRAFT, SKIN	220.39											
03	15401	XENOGRAFT,SKIN;EA ADDIT'NL 100 SQ.CM	73.15											X
07	15401	XENOGRAFT,SKIN;EA ADDIT'NL 100 SQ.CM	89.39	00	15									X
08	15401	SKIN HETEROGRAFT ADD - ON	220.39											
03	15420	APPLY SKIN XGRAFT, F/N/HF/G	276.11								90			
07	15420	APPLY SKIN XGRAFT, F/N/HF/G	276.11	00	15						90			
08	15420	APPLY SKIN XGRFT, F/N/HF/G	220.39											
03	15421	APPLY SKN XGRFT F/N/HF/G ADD	86.11											X
07	15421	APPLY SKN XGRFT F/N/HF/G ADD	86.11	00	15									X
08	15421	APPLY SKN XGRFT F/N/HF/G ADD	220.39											
03	15430	APPLY ACELLULAR XENOGRAFT	373.20								90			
07	15430	APPLY ACELLULAR XENOGRAFT	373.20	00	15						90			
08	15430	APPLY ACELLULAR XENOGRAFT	220.39											
03	15431	APPLY ACELLULAR XGRAFT ADD	MP			X								X
07	15431	APPLY ACELLULAR XGRAFT ADD	MP	00	15	X								X
08	15431	APPLY ACELLULAR XGRAFT ADD	220.39											
02	15570	FORMATION OF DIRECT R TUBED PEDICLE	85.50											X
03	15570	FORMATION OF DIRECT OR TUBED PEDICLE	536.25								90			
07	15570	FORMATION OF DIRECT OR TUBED PEDICLE	605.66	00	15						90			
02	15572	FORMATION OF DIRECT OR TUBED PEDICLE	85.50											X
03	15572	FORMATION OF DIRECT OR TUBED PEDICLE	493.24								90			
07	15572	FORMATION OF DIRECT OR TUBED PEDICLE	615.42	00	15						90			
02	15574	FORMATION OF DIRECT OR TUBED PEDICLE	83.70											X
03	15574	FORMATION OF DIRECT OR TUBED PEDICLE	536.17								90			
07	15574	FORMATION OF DIRECT OR TUBED PEDICLE	653.10	00	15						90			
02	15576	FORMATION OF DIRECT OR TUBED PEDICLE	132.30											X
03	15576	FORMATION OF DIRECT OR TUBED PEDICLE	660.60								90			
07	15576	FORMATION OF DIRECT OR TUBED PEDICLE	660.60	00	15						90			
03	15600	INTERM DELAY FLAP TRUNK	229.47								90			
07	15600	INTERM DELAY FLAP TRUNK	284.05	00	15						90			
03	15610	INTERM DELAY FLAP SCALP/LIMBS	189.59								90			
07	15610	INTERM DELAY FLAP SCALP/LIMBS	280.32	00	15						90			
03	15620	INTERM DELAY FLAP CHIN/NECK/FEET	320.04								90			
07	15620	INTERM DELAY FLAP CHIN/NECK/FEET	335.61	00	15						90			
08	15620	INTERM DELAY FLAP CHIN/NECK/FEET	262.36											
03	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	320.04								90			
07	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	320.04	00	15						90			
03	15650	TRANS INTER ANY PEDICLE FLAP	343.81								90			
07	15650	TRANS INTER ANY PEDICLE FLAP	343.81	00	15						90			
08	15650	BLEPHAROPLASTY, UPPER; EXCESSIVE	282.40											
03	15731	FOREHEAD FLAP WITH PRESERVATION OF V	737.30								90			
07	15731	FOREHEAD FLAP WITH PRESERVATION OF V	737.30	00	15						90			
08	15731	FOREHEAD FLAP WITH PRESERVATION OF V	262.36											
02	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	135.90											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	934.79								90			
07	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	1,049.66	00	15						90			
02	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	135.90											
03	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	952.44								90			
07	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,059.42	00	15						90			
02	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	135.90											
03	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	910.59								90			
07	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	990.09	00	15						90			
02	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	135.90											
03	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	953.87								90			
07	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,064.90	00	15						90			
03	15740	ISLAND PEDICLE FLAP GRAFT	517.36								90			
07	15740	ISLAND PEDICLE FLAP GRAFT	658.50	00	15						90			
08	15740	ISLAND PEDICULE FLAP GRAFT	220.39											
03	15750	NEUROVASCULAR PEDICLE GRAFT	545.81								90			
07	15750	NEUROVASCULAR PEDICLE GRAFT	709.44	00	15						90			
08	15750	NEUROVASCULAR PEDICLE GRAFT	220.39											
02	15756	FREE MUSCLE FLAP, MICROVASC	446.55											
03	15756	FREE MUSCLE FLAP, MICROVASC	2,232.74								90			
07	15756	FREE MUSCLE FLAP, MICROVASC	2,232.74	00	15						90			
02	15757	FREE SKIN FLAP, MICROVASC	446.55											
03	15757	FREE SKIN FLAP, MICROVASC	2,232.74								90			
07	15757	FREE SKIN FLAP, MICROVASC	2,232.74	00	15						90			
02	15758	FREE FASCIAL FLAP, MICROVASC	446.55											
03	15758	FREE FASCIAL FLAP, MICROVASC	2,232.74								90			
07	15758	FREE FASCIAL FLAP, MICROVASC	2,232.74	00	15						90			
03	15760	COMPOSITE SKIN GRAFT	481.26								90			
07	15760	COMPOSITE SKIN GRAFT	626.17	00	15						90			
08	15760	COMPOSITE SKIN GRAFT	220.39											
03	15770	DERMA-FAT-FASCIA GRAFT	462.25								90			
07	15770	DERMA-FAT-FASCIA GRAFT	487.17	00	15						90			
03	15820	BLEPHAROPLASTY LOWER EYELIDS	211.77			X					90			
07	15820	BLEPHAROPLASTY LOWER EYELIDS	517.75	00	15	X					90			
03	15821	BLEPHAROPLASTY HERNIATED FAT PAD	232.95			X					90			
07	15821	BLEPHAROPLASTY HERNIATED FAT PAD	586.30	00	15	X					90			
03	15822	BLEPHAROPLASTY UPPER EYELID	635.36			X					90			
07	15822	BLEPHAROPLASTY UPPER EYELID	635.36	00	15	X					90			
03	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90			X					90			
07	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90	00	15	X					90			
08	15823	REVISION OF UPPER EYELID	282.40											
02	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	162.85			X								
03	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	814.26				X				90			
07	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	814.26	00	15		X				90			
08	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	262.36											
08	15832	EXCISE EXCESS SKIN THIGHS	262.36											
08	15833	EXCISE EXCESS SKIN THIGHS	262.36											
08	15834	EXCISE EXCESS SKIN THIGHS	262.36											
08	15835	EXCISE EXCESS SKIN THIGHS	262.36											
03	15840	GRAFT FACIAL NERVE PARALYSIS	612.98								90			
07	15840	GRAFT FACIAL NERVE PARALYSIS	827.39	00	15						90			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	15840	GRAFT FACIAL NERVE PARALYSIS	262.36											
03	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,025.26								90			
07	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,380.30	00	15						90			
08	15841	FACIAL NERVE PALSY MUSCLE GRAFT	262.36											
03	15842	MICROSUR MUSCLE GRAFT FACE PALSY	1,660.14								90			
07	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,203.49	00	15						90			
03	15845	REANIMATION MUSCLE TRANS FACE	1,438.20								90			
07	15845	REANIMATION MUSCLE TRANS FACE	1,438.20	00	15						90			
08	15845	REANIMATION MUSCLE TRANS FACE	262.36											
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							
08	15847	EXCISION, EXCESSIVE SKIN AND SUBCUT+	262.36											
03	15852	CHANGE DRESSING UNDER ANESTHESIA	66.91								1			X
07	15852	CHANGE DRESSING UNDER ANESTHESIA	66.91	00	15									X
03	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	77.96								1			
07	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	115.89	00	15						1			
08	15876	SUCTION ASST LIPECTOMY HEAD & NECK	262.36											
08	15877	SUCTION ASSISTED LIPECTOMY TRUNK	262.36											
08	15878	SUCTION ASST LIPECOMY UPPER EXTREM	262.36											
08	15879	SUCTION ASST LIPECTOMY LOWER EXTREM	262.36											
03	15920	COCCYGECTOMY PRIMARY SUTURE	364.98								90			
07	15920	COCCYGECTOMY PRIMARY SUTURE	496.62	00	15						90			
08	15920	COCCYGECTOMY PRIMARY SUTURE	262.36											
03	15922	COCCYGECTOMY FLAP CLOSURE	464.67								90			
07	15922	COCCYGECTOMY FLAP CLOSURE	633.09	00	15						90			
08	15922	COCCYGECTOMY FLAP CLOSURE	262.36											
03	15931	EXCISE SACRAL PRESSURE ULCER	408.02								90			
07	15931	EXCISE SACRAL PRESSURE ULCER	546.17	00	15						90			
08	15931	EXCISE SACRAL PRESSURE ULCER	262.36											
03	15933	REMOVAL OF PRESSURE SORE	506.80								90			
07	15933	REMOVAL OF PRESSURE SORE	686.50	00	15						90			
08	15933	REMOVAL OF PRESSURE SORE	262.36											
03	15934	EXCISE,WITH SKIN FLAP CLOSURE	567.18								90			
07	15934	EXCISE,WITH SKIN FLAP CLOSURE	764.17	00	15						90			
08	15934	EXCISE,WITH SKIN FLAP CLOSURE	262.36											
03	15935	ESC SAC ULCER/FLAP/OSTECTOMY	677.20								90			
07	15935	ESC SAC ULCER/FLAP/OSTECTOMY	889.85	00	15						90			
08	15935	ESC SAC ULCER/FLAP/OSTECTOMY	262.36											
03	15936	EXCISE ULCER W/ OTHER FLAP CLO	562.44								90			
07	15936	EXCISE ULCER W/ OTHER FLAP CLO	762.53	00	15						90			
08	15936	IXCISE ULCER W/OTHER FLAP CLO	262.36											
03	15937	EXC SAC ULCER/FLAP/OSTECTOMY	655.58								90			
07	15937	EXC SAC ULCER/FLAP/OSTECTOMY	895.13	00	15						90			
08	15937	EXC SAC ULCER/FLAP/OSTECTOMY	262.36											
03	15940	EXC ISCHIAL ULCER DIRECT SUTURE	423.36								90			
07	15940	EXC ISCHIAL ULCER DIRECT SUTURE	559.66	00	15						90			
08	15940	EXC ISCHIAL ULCER DIRECT SUTURE	262.36											
03	15941	EXC ISCHIAL ULCER OSTECTOMY	562.29								90			
07	15941	EXC ISCHIAL ULCER OSTECTOMY	777.08	00	15						90			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	15941	EXC ISCHIAL ULCER OSTECTOMY	262.36											
03	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	543.48								90			
07	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	724.76	00	15						90			
08	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	262.36											
03	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	605.04								90			
07	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	804.70	00	15						90			
08	15945	IXC ISCHIAL ULC/OSTECTOMY/FLAP	262.36											
03	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	983.89								90			
07	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,307.32	00	15						90			
08	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	262.36											
03	15950	EXC TROCHANTERIC ULCER DIR SUTUR	444.35								90			
07	15950	EXC TROCHANTERIC ULCER DIR SUTUR	466.29	00	15						90			
08	15950	EXC TROCHANTERIC ULCER DIR SUTUR	262.36											
03	15951	EXC TROCHAN ULCER OSTECTOMY	502.73								90			
07	15951	EXC TROCHAN ULCER OSTECTOMY	674.07	00	15						90			
08	15951	EXC TROCHAN ULCER OSTECTOMY	262.36											
03	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	521.12								90			
07	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	692.87	00	15						90			
08	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	262.36											
03	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	587.43								90			
07	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	787.17	00	15						90			
08	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	262.36											
03	15956	EXC TROCH/ULC FLAP CLOSURE	716.83								90			
07	15956	EXC TROCH/ULC FLAP CLOSURE	944.83	00	15						90			
08	15956	EXC TROCH/ULC FLAP CLOSURE	262.36											
03	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,433.66								90			
07	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,433.66	00	15						90			
08	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	262.36											
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	45.18								1			
07	16000	INIT TREAT 1ST DEGREE BURN	67.84	00	15						1			
03	16020	DRESS/DEBRID BURN SMALL,NO ANES	52.45											X
07	16020	DRESS/DEBRID BURN SMALL,NO ANES	68.16	00	15									X
03	16025	DRESS/DEBRID BURN MED,NO ANESTH	94.18											X
07	16025	DRESS/DEBRID BURN MED,NO ANESTH	132.14	00	15									X
08	16025	DRESS/DEBRID BURN MED,NO ANESTH	220.39											
03	16030	DRESS/DEBRID BURN LG,NO ANESTH	110.90								1			X
07	16030	DRESS/DEBRID BURN LG,NO ANESTH	185.69	00	15						1			X
08	16030	DRESS/DEBRID BURN LG, NO ANESTH	220.39											
03	16035	ESCHAROTOMY B	147.63								90			X
07	16035	ESCHAROTOMY B	194.52	00	15						90			X
03	16036	INCISE BURN SCAB, ADDL INCIS	84.30											X
07	16036	INCISE BURN SCAB, ADDL INCIS	84.30	00	15									X
03	17000	DESTROY LESION,FACE-1 LESION	38.56											
07	17000	DESTROY LESION,FACE-1 LESION	56.83	00	15									
03	17003	DESTROY 2-14 LESIONS	9.42											X
07	17003	DESTROY 2-14 LESIONS	13.20	00	15									X
03	17004	DESTROY 15 & MORE LESIONS	170.39								10			
07	17004	DESTROY 15 & MORE LESIONS	183.05	00	15						10			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	234.91								90			
07	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	325.40	00	15						90			
03	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	422.65								90			
07	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	559.49	00	15						90			
03	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	573.54								90			
07	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	776.45	00	15						90			
03	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	55.05											X
07	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	59.29	00	15									X
03	17111	DESTRUCT LESION, 15 OR MORE	63.34								10			
07	17111	DESTRUCT LESION, 15 OR MORE	69.38	00	15						10			
03	17250	CHEMICAL CAUTERY OF WOUND	42.36											
07	17250	CHEMICAL CAUTERY OF WOUND	43.01	00	15									
03	17260	DESTRUCTION, MALIGNANT LESION, ANY M	54.03											
07	17260	DESTRUCTION, MALIGNANT LESION, ANY M	76.59	00	15									
03	17261	DESTRUCTION, MALIGNANT LESION, ANY M	68.61								10			
07	17261	DESTRUCTION, MALIGNANT LESION, ANY M	89.55	00	15						10			
03	17262	DESTRUCTION, MALIGNANT LESION, ANY M	86.07								10			
07	17262	DESTRUCTION, MALIGNANT LESION, ANY M	111.31	00	15						10			
03	17263	DESTRUCTION, MALIGNANT LESION, ANY M	95.74								10			
07	17263	DESTRUCTION, MALIGNANT LESION, ANY M	122.52	00	15						10			
03	17264	DESTRUCTION, MALIGNANT LESION, ANY M	103.82								10			
07	17264	DESTRUCTION, MALIGNANT LESION, ANY M	129.98	00	15						10			
03	17266	DESTRUCTION, MALIGNANT LESION, ANY M	121.00								10			
07	17266	DESTRUCTION, MALIGNANT LESION, ANY M	151.77	00	15						10			
03	17270	DESTRUCTION, MALIGNANT LESION, ANY M	74.62											
07	17270	DESTRUCTION, MALIGNANT LESION, ANY M	98.03	00	15									
03	17271	DESTRUCTION, MALIGNANT LESION, ANY M	81.21								10			
07	17271	DESTRUCTION, MALIGNANT LESION, ANY M	106.51	00	15						10			
03	17272	DESTRUCTION, MALIGNANT LESION, ANY M	93.86								10			
07	17272	DESTRUCTION, MALIGNANT LESION, ANY M	121.11	00	15						10			
03	17273	DESTRUCTION, MALIGNANT LESION, ANY M	106.29								10			
07	17273	DESTRUCTION, MALIGNANT LESION, ANY M	136.11	00	15						10			
03	17274	DESTRUCTION, MALIGNANT LESION, ANY M	129.26								10			
07	17274	DESTRUCTION, MALIGNANT LESION, ANY M	164.63	00	15						10			
03	17276	DESTRUCTION, MALIGNANT LESION, ANY M	155.67								10			
07	17276	DESTRUCTION, MALIGNANT LESION, ANY M	197.32	00	15						10			
03	17280	DESTRUCTION, MALIGNANT LESION, ANY M	68.61											
07	17280	DESTRUCTION, MALIGNANT LESION, ANY M	87.35	00	15									
03	17281	DESTRUCTION, MALIGNANT LESION, ANY M	90.51								10			
07	17281	DESTRUCTION, MALIGNANT LESION, ANY M	118.73	00	15						10			
03	17282	DESTRUCTION, MALIGNANT LESION, ANY M	104.90								10			
07	17282	DESTRUCTION, MALIGNANT LESION, ANY M	135.76	00	15						10			
03	17283	DESTRUCTION, MALIGNANT LESION, ANY M	130.42								10			
07	17283	DESTRUCTION, MALIGNANT LESION, ANY M	167.01	00	15						10			
03	17284	DESTRUCTION, MALIGNANT LESION, ANY M	158.40								10			
07	17284	DESTRUCTION, MALIGNANT LESION, ANY M	197.28	00	15						10			
03	17286	DESTRUCTION, MALIGNANT LESION, ANY M	206.66								10			
07	17286	DESTRUCTION, MALIGNANT LESION, ANY M	265.85	00	15						10			
03	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	454.16								1			
07	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	454.16	00	15						1			

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	272.06										
07	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	272.06	00 15									
03	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	414.34							1			
07	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	414.34	00 15						1			
03	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	251.96										
07	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	251.96	00 15									
03	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	54.16										
07	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	54.16	00 15									
03	17999	SKIN TISSUE PROCEDURE	MP		X					10			
07	17999	SKIN TISSUE PROCEDURE	MP	00 15	X					10			
03	19000	PUNCTURE ASPIRATION BREAST CYSTS	69.24										
07	19000	PUNCTURE ASPIRATION BREAST CYSTS	72.15	00 15									
08	19000	PUNCTURE ASPIRATION BREAST CYSTS	282.40					X					
03	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	17.89										X
07	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	42.97	00 15									X
08	19001	PUNC ASPIRATION/BREAST,EA ADD CYST	296.00					X					
03	19020	MASTOTOMY/DRAIN ABSCESS DEEP	249.75							90			
07	19020	MASTOTOMY/DRAIN ABSCESS DEEP	363.24	00 15						90			
08	19020	MASTOTOMY/DRAIN ABSCESS DEEP	282.40					X					
03	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	107.60							1			
07	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	172.86	00 15						1			
08	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	282.40					X					
03	19100	BREAST BIOPSY NEEDLE	85.14										X
07	19100	BREAST BIOPSY NEEDLE	95.63	00 15									X
08	19100	BREAST BIOPSY NEEDLE	282.40					X					
03	19101	BREAST BIOPSY INCISIONAL	196.64							10			
07	19101	BREAST BIOPSY INCISIONAL	285.17	00 15						10			
08	19101	BREAST BIOPSY INCISIONAL	282.40					X					
03	19102	BX BREAST PERCUT W/IMAGE	230.86										X
07	19102	BX BREAST PERCUT W/IMAGE	236.69	00 15									X
08	19102	BX BREAST PERCUT W/IMAGE	220.39										
03	19103	BX BREAST PERCUT W/DEVICE	365.16										X
07	19103	BX BREAST PERCUT W/DEVICE	536.78	00 15									X
08	19103	BX BREAST PERCUT W/DEVICE	220.39										
03	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,290.97							1			
07	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,290.97	00 15						1			
03	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	260.35							90			
07	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	476.09	00 15						90			
08	19110	NIPPLE EXPLORATION	220.39										
03	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	247.18							90			
07	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	486.95	00 15						90			
08	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	262.36										
03	19120	EXCISE BREAST LESIONS,1 OR MORE	269.96							90			
07	19120	EXCISE BREAST LESIONS,1 OR MORE	379.71	00 15						90			
08	19120	EXCISE BREAST LESIONS,1 OR MORE	282.40					X					
03	19125	EXCISION OF BREAST LESION IDENTIFIED	290.58							90			
07	19125	EXCISION OF BREAST LESION IDENTIFIED	404.84	00 15						90			
08	19125	EXCISION OF BREAST LESION IDENTIFIED	262.36										
03	19126	EXCISION OF BREAST LESION IDENTIFIED	143.06										
07	19126	EXCISION OF BREAST LESION IDENTIFIED	147.71	00 15									

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08	19126	EXCISION OF BREAST LESION IDENTIFIED	262.36											
02	19260	EXCISE CHEST WALL TUMOR/RIBS	66.38											
03	19260	EXCISE CHEST WALL TUMOR/RIBS	720.06								90			
07	19260	EXCISE CHEST WALL TUMOR/RIBS	891.95	00	15						90			
02	19271	EXC CH TUMOR/RIBS PLAST RECONST	148.17											
03	19271	EXC CH TUMOR/RIBS PLAST RECONST	978.57								90			
07	19271	EXC CH TUMOR/RIBS PLAST RECONST	1,100.96	00	15						90			
02	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	195.57											
03	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,081.28								90			
07	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,243.05	00	15						90			
03	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	99.92								1			
07	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	139.74	00	15						1			
08	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	220.39											
03	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	45.02											
07	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	78.04	00	15									
08	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	220.39											
03	19295	PLACE BREAST CLIP, PERCUT	87.87				X							X
07	19295	PLACE BREAST CLIP, PERCUT	89.51	00	15		X							X
08	19295	PLACE BREAST CLIP, PERCUT	220.39											
03	19296	PLACE PO BREAST CATH FOR RAD	3,383.35								1			
07	19296	PLACE PO BREAST CATH FOR RAD	3,383.35	00	15						1			
03	19297	PLACE BREAST CATH FOR RAD	74.25											
07	19297	PLACE BREAST CATH FOR RAD	74.25	00	15									
08	19297	PLACE BREAST CATH FOR RAD	320.56											
03	19298	PLACE BREAST RAD TUBE/CATHS	1,292.40								1			
07	19298	PLACE BREAST RAD TUBE/CATHS	1,292.40	00	15						1			
03	19300	MASTECTOMY FOR GYNECOMASTIA	352.38					M			90			
07	19300	MASTECTOMY FOR GYNECOMASTIA	352.38	00	15			M			90			
08	19300	MASTECTOMY FOR GYNECOMASTIA	262.36					M						
03	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	278.47								90			
07	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	278.47	00	15						90			
02	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	119.38											
03	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	596.90								90			
07	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	596.90	00	15						90			
02	19303	MASTECTOMY, SIMPLE, COMPLETE	121.26											
03	19303	MASTECTOMY, SIMPLE, COMPLETE	606.34								90			
07	19303	MASTECTOMY, SIMPLE, COMPLETE	606.34	00	15						90			
02	19304	MASTECTOMY, SUBCUTANEOUS	73.81											
03	19304	MASTECTOMY, SUBCUTANEOUS	369.06								90			
07	19304	MASTECTOMY, SUBCUTANEOUS	369.06	00	15						90			
02	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	147.35											
03	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	736.78								90			
07	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	736.78	00	15						90			
02	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	153.28											
03	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	766.42								90			
07	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	766.42	00	15						90			
02	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	154.19											
03	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	770.98								90			
07	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	770.98	00	15						90			
02	19318	REDUCTION MAMMAPLASTY	MP				X							

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	19318	REDUCTION MAMMAPLASTY	MP				X				90			
07	19318	REDUCTION MAMMAPLASTY	948.07	00	15		X				90			
08	19318	REDUCTION MAMMAPLASTY	262.36											
08	19325	CATARACT SURGERY, COMPLEX	320.56											
03	19328	REMOVE INTACT MAMMARY IMPLANT	331.36			X		F			90			
07	19328	REMOVE INTACT MAMMARY IMPLANT	331.36	00	15	X		F			90			
08	19328	REMOVE INTACT MAMMARY IMPLANT	220.39											
08	19330	REMOVE IMPLANT MATERIAL	220.39											
03	19340	IMMEDIATE INSERTION OF BREAST PROSTH	MP				X	F						
07	19340	IMMEDIATE INSERTION OF BREAST PROSTH	352.15	00	15		X	F						
08	19340	IMMEDIATE INSERTION OF BREAST PROSTH	220.39											
03	19342	DELAYED INSERTION OF BREAST PROSTH	628.41			X		F			90			
07	19342	DELAYED INSERTION OF BREAST PROSTHES	628.41	00	15	X		F			90			
08	19342	EDLAYED INSERTION OF BREAST PROSTH	262.36											
03	19350	NIPPLE/AREOLA RECONSTRUCTION	587.82			X					90			
07	19350	NIPPLE/AREOLA RECONSTRUCTION	807.69	00	15	X					90			
08	19350	NIPPLE/AREOLA RECONSTRUCTION	262.36											
02	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	167.40			X								X
03	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	915.06			X		F			90			
07	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,165.97	00	15	X		F			90			
08	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	282.40											
02	19361	BREAST RECONSTRUCTION W LATISSIMUS	133.20			X								X
03	19361	BREAST RECONSTRUCTION WITH LATISSIMU	872.28			X		F			90			
07	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,147.77	00	15	X		F			90			
02	19364	RECONSTRUCTION BREAST-FREE FLAP	257.67			X		F						
03	19364	RECONSTRUCTION BREAST-FREE FLAP	1,791.15			X		F			90			
07	19364	RECONSTRUCTION BREAST-FREE FLAP	2,390.05	00	15	X		F			90			
02	19366	RECONSTRUCTION BREAST-OTHER	213.47			X		F						
03	19366	RECONSTRUCTION BREAST-OTHER	1,067.34			X		F			90			
07	19366	RECONSTRUCTION BREAST-OTHER	1,212.39	00	15	X		F			90			
08	19366	RECONSTRUCTION BREAST-OTHER	282.40											
02	19367	BREAST RECONSTRUCTION	317.53			X		F						
03	19367	BREAST RECONSTRUCTION	1,587.63			X		F			90			
07	19367	BREAST RECONSTRUCTION	1,587.63	00	15	X		F			90			
02	19368	BREAST RECONSTRUCTION	361.65			X		F						
03	19368	BREAST RECONSTRUCTION	1,808.25			X		F			90			
07	19368	BREAST RECONSTRUCTION	1,871.99	00	15	X		F			90			
02	19369	BREAST RECONSTRUCTION	344.67			X		F						
03	19369	BREAST RECONSTRUCTION	1,723.37			X		F			90			
07	19369	BREAST RECONSTRUCTION	1,746.78	00	15	X		F			90			
08	19440	NIPPLE EXPLORATION, W-W/O EXCISION	220.39											
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	120.89								10			
07	20000	INCISION OF ABSCESS; SUPERFICIAL	151.12	00	15						10			
08	20000	INCISION OF ABSCESS; SUPERFICIAL	262.36						X					
03	20005	INCISION OF ABSCESS; DEEP	183.78								10			
07	20005	INCISION OF ABSCESS; DEEP	229.73	00	15						10			
08	20005	INCISION OF ABSCESS;DEEP	220.39											

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	20100	EXPLORE WOUND, NECK	117.92											
03	20100	EXPLORE WOUND, NECK	589.58								10			
07	20100	EXPLORE WOUND, NECK	596.06	00	15						10			
02	20101	EXPLORE WOUND, CHEST	37.27											
03	20101	EXPLORE WOUND, CHEST	186.34								10			
07	20101	EXPLORE WOUND, CHEST	217.58	00	15						10			
02	20102	EXPLORE WOUND, ABDOMEN	45.65											
03	20102	EXPLORE WOUND, ABDOMEN	228.23								10			
07	20102	EXPLORE WOUND, ABDOMEN	259.68	00	15						10			
02	20103	EXPLORE WOUND, EXTREMITY	61.41											
03	20103	EXPLORE WOUND, EXTREMITY	307.05								10			
07	20103	EXPLORE WOUND, EXTREMITY	346.74	00	15						10			
02	20150	EXCISE EPIPHYSEAL BAR	178.35											
03	20150	EXCISE EPIPHYSEAL BAR	891.77								90			
07	20150	EXCISE EPIPHYSEAL BAR	891.77	00	15						90			
03	20200	BIOPSY,MUSCLE,SUPERFICIAL	89.54								1			
07	20200	BIOPSY,MUSCLE,SUPERFICIAL	111.93	00	15						1			
08	20200	BIOPSY,MUSCLE,SUPERFICIAL	262.36						X					
03	20205	BIOPSY,MUSCLE,DEEP	174.80								1			
07	20205	BIOPSY,MUSCLE,DEEP	218.51	00	15						1			
08	20205	BIOPSY,MUSCLE,DEEP	262.36						X					
03	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	112.00											
07	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	140.00	00	15									
08	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	262.36						X					
03	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	162.43								1			
07	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	203.04	00	15						1			
08	20220	BIOPSY, BONE, SUPERFICIAL, NEEDLE	220.39											
03	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	168.45								1			
07	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	210.57	00	15						1			
08	20225	BIOPSY,BONE;DEEP;TROCAR/NEEDLE	220.39											
03	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	205.36								10			
07	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	256.70	00	15						10			
08	20240	BIOPSY, EXCISIONAL, SUPERFICAL	220.39											
03	20245	BIOPSY,EXCISIONAL,BONE,DEEP	405.86								10			
07	20245	BIOPSY,EXCISIONAL,BONE,DEEP	507.33	00	15						10			
08	20245	BIOPSY,EXCISIONAL,BONE,DEEP	262.36											
03	20250	BIOPSY,OPEN,VERTEBRAL BODY	296.35								10			
07	20250	BIOPSY,OPEN,VERTEBRAL BODY	333.30	00	15						10			
08	20250	BIOPSY,OPEN,VERTEBRAL BODY	262.36											
03	20251	BIOPSY,OPEN,VERTEBRAL BODY	302.85								10			
07	20251	BIOPSY,OPEN,VERTEBRAL BODY	378.57	00	15						10			
08	20251	BIOPSY,OPEN,VERTEBRAL BODY	262.36											
03	20500	INJECT SINUS TRACT; THERAPEUTIC	172.12											
07	20500	INJECT SINUS TRACT; THERAPEUTIC	215.16	00	15									
03	20501	INJECT SINUS TRACT; DIAGNOSTIC	105.88											
07	20501	INJECT SINUS TRACT; DIAGNOSTIC	132.35	00	15									
03	20520	REMOVE FOREIGN BODY; SIMPLE	198.73											
07	20520	REMOVE FOREIGN BODY; SIMPLE	248.42	00	15									
08	20520	REMOVE FOREIGN BODY; SIMPLE	262.36						X					
03	20525	REMOVE FOREIGN BODY; COMPLICATED	293.45								10			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	20525	REMOVE FOREIGN BODY; COMPLICATED	366.82	00	15						10			
08	20525	REMOVE FOREIGN BODY; COMPLICATED	262.36											
03	20526	THER INJECTION CARPAL TUNNEL	57.03								1		X	
07	20526	THER INJECTION CARPAL TUNNEL	57.03	00	15						1		X	
03	20550	INJECT TENDON SHEATH/LIGAMENT	47.38											X
07	20550	INJECT TENDON SHEATH/LIGAMENT	59.23	00	15									X
03	20551	INJECT TENDON ORIGIN/INSERT	57.03										X	
07	20551	INJECT TENDON ORIGIN/INSERT	57.03	00	15								X	
03	20552	INJECT TRIGGER POINT, 1 OR 2	57.03										X	
07	20552	INJECT TRIGGER POINT, 1 OR 2	57.03	00	15								X	
03	20553	INJECT TRIGGER POINTS, > 3	57.03										X	
07	20553	INJECT TRIGGER POINTS, > 3	57.03	00	15								X	
08	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	220.39											
03	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	37.24											X
07	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	46.56	00	15									X
03	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	40.57											X
07	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	50.72	00	15									X
03	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	48.81											X
07	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	61.02	00	15									X
03	20612	ASPIRATE/INJ GANGLION CYST	51.94								1			X
07	20612	ASPIRATE/INJ GANGLION CYST	51.94	00	15						1			X
03	20615	ASPIRATE/INJECTION-BONE CYST	193.02								10			
07	20615	ASPIRATE/INJECTION-BONE CYST	241.28	00	15						10			
03	20650	SKELETAL TRACTION; WIRE OR PIN	198.69											
07	20650	SKELETAL TRACTION; WIRE OR PIN	248.37	00	15									
08	20650	SKELETAL TRACTION; WIRE OR PIN	262.36											
03	20660	APPLY TONGS OR CALIPER AND REMOVE	122.81								1			
07	20660	APPLY TONGS OR CALIPER AND REMOVE	153.52	00	15						1			
03	20661	APPLY HALO; CRANIAL	335.48								90			
07	20661	APPLY HALO; CRANIAL	419.35	00	15						90			
03	20662	APPLY HALO; PELVIC	324.32								90			
07	20662	APPLY HALO; PELVIC	405.41	00	15						90			
03	20663	APPLY HALO; FEMORAL	300.60								90			
07	20663	APPLY HALO; FEMORAL	375.76	00	15						90			
03	20664	HALO BRACE APPLICATION	487.65								90			
07	20664	HALO BRACE APPLICATION	609.57	00	15						90			
03	20665	REMOVE HALO OR TONGS BY OTHER MD	100.71											
07	20665	REMOVE HALO OR TONGS BY OTHER MD	125.89	00	15									
03	20670	REMOVE IMPLANT; SUPERFICIAL	200.28											
07	20670	REMOVE IMPLANT; SUPERFICIAL	250.36	00	15									
08	20670	REMOVE IMPLANT, SUPERFICIAL	220.39											
03	20680	REMOVE IMPLANT; DEEP	235.18								90			
07	20680	REMOVE IMPLANT; DEEP	293.98	00	15						90			
08	20680	REMOVE IMPLANT; DEEP	262.36						X					
03	20690	APPLY ESTERNAL FIXATION SYS,STND CON	270.00											
07	20690	APPLY ESTERNAL FIXATION SYS,STND CON	270.00	00	15									
08	20690	APPLY ESTERNAL FIXATION SYS,STND CON	220.39											
03	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	405.00											
07	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	405.00	00	15									
08	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	262.36											

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	517.71								90			
07	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	647.14	00	15						90			
08	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	262.36											
03	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	360.07								90			
07	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	450.09	00	15						90			
08	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	220.39											
02	20802	REPLANT ARM; COMPLETE AMPUTATION	412.69											
03	20802	REPLANTATION, ARM, COMPLETE	2,063.46								90			
07	20802	REPLANTATION, ARM, COMPLETE	2,579.33	00	15						90			
02	20805	REPLANT FOREARM-COMPLETE AMPUTATION	499.98											
03	20805	REPLANT FOREARM-COMPLETE AMPUTATION	2,499.91								90			
07	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,124.89	00	15						90			
02	20808	REPLANT HAND; COMPLETE AMPUTATION	670.22											
03	20808	REPLANT HAND; COMPLETE AMPUTATION	3,351.11								90			
07	20808	REPLANT HAND; COMPLETE AMPUTATION	4,188.89	00	15						90			
03	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,208.00								90			
07	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,760.00	00	15						90			
02	20822	REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	394.19											X
03	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,970.95								90			X
07	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	2,463.69	00	15						90			X
02	20824	REPLANT THUMB,COMPLETE AMPUTATION	442.50											
03	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,212.52								90			
07	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,765.65	00	15						90			
02	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	398.04											
03	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,990.22								90			
07	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	2,487.78	00	15						90			
02	20838	REPLANT FOOT; TOTAL AMPUTATION	398.62											
03	20838	REPLANT FOOT; TOTAL AMPUTATION	1,993.13								90			
07	20838	REPLANT FOOT; TOTAL AMPUTATION	2,491.42	00	15						90			
03	20900	BONE GRAFT; ANY DONOR AREA, SMALL	330.76								90			
07	20900	BONE GRAFT; ANY DONOR AREA, SMALL	413.45	00	15						90			
08	20900	BONE GRAFT; ANY DONOR AREA, SMALL	262.36											
03	20902	BONE GRAFT, ANY DONOR AREA; LARGE	469.07								90			
07	20902	BONE GRAFT, ANY DONOR AREA; LARGE	586.34	00	15						90			
08	20902	BONE GRAFT, ANY DONOR AREA; LARGE	262.36											
03	20910	CARTILAGE GRAFT; COSTOCHONDRAL	394.24								90			
07	20910	CARTILAGE GRAFT; COSTOCHONDRAL	492.81	00	15						90			
08	20910	CARTILAGE GRAFT; COSTOCHONDRAL	262.36											
03	20912	CARTILAGE GRAFT;NASAL SEPTUM	388.59								90			
07	20912	CARTILAGE GRAFT;NASAL SEPTUM	485.74	00	15						90			
08	20912	CARTILAGE GRAFT;NASAL SEPTUM	262.36											
03	20920	FASCIA LATA GRAFT;BY STRIPPER	302.68								90			
07	20920	FASCIA LATA GRAFT;BY STRIPPER	378.36	00	15						90			
08	20920	FASCIA LATA GRAFT;BY STRIPPER	262.36											
03	20922	FASCIA LATA GRAFT;BY INCISION	426.79								90			
07	20922	FASCIA LATA GRAFT;BY INCISION	533.49	00	15						90			
08	20922	FASCIA LATA GRAFT;BY INCISION	262.36											
03	20924	TENDON GRAFT; DISTANT	384.24								90			
07	20924	TENDON GRAFT; DISTANT	480.31	00	15						90			
08	20924	TENDON GRAFT; DISTANT	262.36											

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	20926	TISSUE GRAFTS; OTHER	342.48			X					90			
07	20926	TISSUE GRAFTS; OTHER	428.10	00	15	X					90			
08	20926	TISSUE GRAFTS; OTHER	262.36											
03	20930	SPINAL BONE ALLOGRAFT	141.68											
07	20930	SPINAL BONE ALLOGRAFT	141.68	00	15									
03	20931	SPINAL BONE ALLOGRAFT	141.68											
07	20931	SPINAL BONE ALLOGRAFT	141.68	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									
03	20937	SPINAL BONE AUTOGRAFT	218.48											
07	20937	SPINAL BONE AUTOGRAFT	218.48	00	15									
03	20938	SPINAL BONE AUTOGRAFT	236.28											
07	20938	SPINAL BONE AUTOGRAFT	236.28	00	15									
03	20950	MONITOR INTERSTITIAL FLUID	94.46								1			
07	20950	MONITOR INTERSTITIAL FLUID	118.08	00	15						1			
02	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	400.65				X							
03	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,003.27				X				90			
07	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,504.09	00	15		X				90			
02	20956	ILIAC BONE GRAFT, MICROVASC	450.32											
03	20956	ILIAC BONE GRAFT, MICROVASC	2,251.58								90			
07	20956	ILIAC BONE GRAFT, MICROVASC	2,487.65	00	15						90			
02	20957	MT BONE GRAFT, MICROVASC	466.53											
03	20957	MT BONE GRAFT, MICROVASC	2,332.64								90			
07	20957	MT BONE GRAFT, MICROVASC	2,332.64	00	15						90			
02	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	396.23				X							
03	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	1,981.16				X				90			
07	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,476.46	00	15		X				90			
03	20963	SPINAL BONE AUTOGRAFT	196.63											X
02	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	441.05				X							
03	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,205.28				X				90			
07	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,756.61	00	15		X				90			
02	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	421.82				X							
03	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,109.12				X				90			
07	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,636.40	00	15		X				90			
02	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	370.60				X							
03	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	1,853.04				X				90			
07	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,316.30	00	15		X				90			
03	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	2,196.20				X				90			
07	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	2,745.26	00	15		X				90			
08	20975	BONES INVASIVE (OPERATIVE)	220.39											
03	20979	US BONE STIMULATION	33.24											
07	20979	US BONE STIMULATION	41.55	00	15									
02	20982	ABLATE, BONE TUMOR(S) PERQ	595.36											
03	20982	ABLATE, BONE TUMOR(S) PERQ	2,976.84								1			
07	20982	ABLATE, BONE TUMOR(S) PERQ	2,976.84	00	15						1			
02	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP			X								
03	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP			X					10			
07	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP	00	15	X					10			
03	21010	ARTHROTOMY,JAW,UNILATERAL	483.44								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	21010	ARTHROTOMY,JAW,UNILATERAL	604.30	00 15						90			
08	21010	ARTHROTOMY, JAW,UNILATERAL	220.39										
03	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	531.00							90			
07	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	531.00	00 15						90			
08	21015	RAD.RESECT TUMOR,SOFT TIS FACE,SCALP	262.36										
03	21025	EXCISE BONE;MANDIBLE	493.00							90			
07	21025	EXCISE BONE;MANDIBLE	616.25	00 15						90			
08	21025	EXCISE BONE;MANDIBLE	220.39										
03	21026	EXCISE BONE(S);FACIAL	284.45							90			
07	21026	EXCISE BONE(S);FACIAL	350.19	00 15						90			
08	21026	EXCISE BONE (S); FACIAL	220.39										
03	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	420.02							90			
07	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	525.03	00 15						90			
08	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	220.39										
03	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	337.55							90			
07	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	421.94	00 15						90			
03	21031	EXCISION OF TORUS MANDIBULARIS	184.93							90			
07	21031	EXCISION OF TORUS MANDIBULARIS	231.17	00 15						90			
03	21032	EXCISION OF MAXILLARY TORUS PALATINU	184.37							90			
07	21032	EXCISION OF MAXILLARY TORUS PALATINU	230.47	00 15						90			
03	21034	EXCISE MALIGNANCY OF FACIAL BONE	762.67							90			
07	21034	EXCISE MALIGNANCY OF FACIAL BONE	953.34	00 15						90			
08	21034	EXCISE MALIGNANCY OF FACIAL BONE	262.36										
03	21040	EXCISE BENIGN CYST;MANDIBLE	158.03							90			
07	21040	EXCISE BENIGN CYST;MANDIBLE	176.74	00 15						90			
08	21040	EXCISE BENIGN CYST;MANDIBLE	282.40					X					
02	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	113.87										
03	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	569.37							90			
07	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	711.72	00 15						90			
08	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	220.39										
02	21045	RADICAL RESECTION OF MANDIBLE	177.80										
03	21045	RADICAL RESECTION OF MANDIBLE	889.06							90			
07	21045	RADICAL RESECTION OF MANDIBLE	947.99	00 15						90			
02	21046	REMOVE MANDIBLE CYST COMPLEX	167.25							90			
03	21046	REMOVE MANDIBLE CYST COMPLEX	836.25							90			
07	21046	REMOVE MANDIBLE CYST COMPLEX	836.25	00 15						90			
08	21046	REMOVE MANDIBLE CYST COMPLEX	220.39										
02	21047	EXCISE LWR JAW CYST W/REPAIR	208.78							90			
03	21047	EXCISE LWR JAW CYST W/REPAIR	1,043.92							90			
07	21047	EXCISE LWR JAW CYST W/REPAIR	1,043.92	00 15						90			
08	21047	EXCISE LWR JAW CYST W/REPAIR	220.39										
02	21048	REMOVE MAXILLA CYST COMPLEX	172.16							90			
03	21048	REMOVE MAXILLA CYST COMPLEX	860.78							90			
07	21048	REMOVE MAXILLA CYST COMPLEX	860.78	00 15						90			
02	21049	EXCIS UPPR JAW CYST W/REPAIR	197.29							90			
03	21049	EXCIS UPPR JAW CYST W/REPAIR	986.45							1			
07	21049	EXCIS UPPR JAW CYST W/REPAIR	986.45	00 15						90			
03	21050	TEMPRORMANDIBULAR ARTHRECTOMY	628.58							90			
07	21050	TEMPRORMANDIBULAR ARTHRECTOMY	785.73	00 15						90			
08	21050	TEMPRORMANDIBULAR ARTHRECTOMY	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	21060	TEMPOROMANDIBULAR MENISCECTOMY	117.92											
03	21060	TEMPOROMANDIBULAR MENISCECTOMY	589.63								90			
07	21060	TEMPOROMANDIBULAR MENISCECTOMY	737.04	00	15						90			
08	21060	TEMPOROMANDIBULAR MENISCECTOMY	220.39											
03	21070	CORONOIDECTOMY; UNILATERAL	410.92								90			
07	21070	CORONOIDECTOMY; UNILATERAL	513.66	00	15						90			
08	21070	CORONOIDECTOMY; UNILATERAL	262.36											
03	21076	PREPARE FACE/ORAL PROSTHESIS	1,125.56								10			
07	21076	PREPARE FACE/ORAL PROSTHESIS	1,125.56	00	15						10			
03	21077	PREPARE FACE/ORAL PROSTHESIS	2,830.78								90			
07	21077	PREPARE FACE/ORAL PROSTHESIS	2,830.78	00	15						90			
03	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,323.00								90			
07	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,397.28	00	15						90			
03	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,512.00								90			
07	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,599.62	00	15						90			
03	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,512.00								90			
07	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,512.00	00	15						90			
03	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,017.14								90			
07	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,271.43	00	15						90			
03	21083	IMPRESS & CUST PREP PALAT LIFT PROST	983.88								90			
07	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,229.86	00	15						90			
03	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,134.00								90			
07	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,406.55	00	15						90			
03	21085	IMPRES & CUST PREP ORAL SURG SPLINT	439.28								10			
07	21085	IMPRES & CUST PREP ORAL SURG SPLINT	549.10	00	15						10			
03	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,249.68								90			
07	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,562.10	00	15						90			
03	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,229.37								90			
07	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,536.72	00	15						90			
03	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,134.00								90			
07	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,134.00	00	15						90			
03	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X					90			
07	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP	00	15	X					90			
03	21100	MAXILLOFACIAL FIXATION	266.49											
07	21100	MAXILLOFACIAL FIXATION	333.12	00	15									
08	21100	MAXILLOFACIAL FIXATION	220.39											
03	21110	INTERDENTAL FIXATION	287.02								90			
07	21110	INTERDENTAL FIXATION	358.78	00	15						90			
03	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	222.79								1			
07	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	278.49	00	15						1			
02	21120	GENIOPLASTY;AUGMENTATION	107.10											
03	21120	GENIOPLASTY;AUGMENTATION	535.50								90			
07	21120	GENIOPLASTY;AUGMENTATION	535.50	00	15						90			
03	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	571.50								90			
07	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	571.50	00	15						90			
08	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	320.56											
03	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	742.50								90			
07	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	742.50	00	15						90			
08	21122	GENIOPLASTY; SLIDING OSTEOTOMIES,2+	320.56											
02	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	108.47											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	542.38							90			
07	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	677.98	00 15						90			
08	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	320.56										
03	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	560.94							90			
07	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	701.18	00 15						90			
02	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	120.78										
03	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	603.91							90			
07	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	754.89	00 15						90			
08	21127	AUGMENTATION,LOWER JAW BONE	320.56										
03	21137	REDUCTION FOREHEAD;CONTOURING ONLY	498.34							90			
07	21137	REDUCTION FOREHEAD;CONTOURING ONLY	622.93	00 15						90			
02	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	121.92										
03	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	609.61							90			
07	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	762.02	00 15						90			
02	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	129.72										
03	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	648.60							90			
07	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	810.75	00 15						90			
02	21141	RECONSTRUCT MIDFACE, LEFORT	245.20										
03	21141	RECONSTRUCT MIDFACE, LEFORT	1,226.02							90			
07	21141	RECONSTRUCT MIDFACE, LEFORT	1,226.02	00 15						90			
02	21142	RECONSTRUCT MIDFACE, LEFORT	254.32										
03	21142	RECONSTRUCT MIDFACE, LEFORT	1,271.58							90			
07	21142	RECONSTRUCT MIDFACE, LEFORT	1,271.58	00 15						90			
02	21143	RECONSTRUCT MIDFACE, LEFORT	264.39										
03	21143	RECONSTRUCT MIDFACE, LEFORT	1,321.96							90			
07	21143	RECONSTRUCT MIDFACE, LEFORT	1,321.96	00 15						90			
03	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	918.44							90			
07	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,148.05	00 15						90			
02	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	222.30										
03	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,111.50							90			
07	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,174.07	00 15						90			
03	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,197.00							90			
07	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,202.00	00 15						90			
03	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,174.76							90			
07	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,468.45	00 15						90			
03	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,392.75							90			
07	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,740.94	00 15						90			
02	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	307.28										
03	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,536.41							90			
07	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,920.52	00 15						90			
03	21155	RECONSTR MIDFACE III W/LEFORT I	1,720.52							90			
07	21155	RECONSTR MIDFACE III W/LEFORT I	2,150.65	00 15						90			
02	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	388.93										
03	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	1,944.68							90			
07	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,430.86	00 15						90			
03	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,203.91							90			
07	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,754.89	00 15						90			
02	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	250.32										
03	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,251.60							90			
07	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,564.50	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,588.78							90			
07	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,985.98	00 15						90			
03	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,177.97							90			
07	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,472.47	00 15						90			
02	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	246.95										
03	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,234.76							90			
07	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,543.46	00 15						90			
03	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	520.80							90			
07	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	651.01	00 15						90			
08	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	320.56										
02	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	306.90										
03	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,534.51							90			
07	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,918.14	00 15						90			
02	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	330.60										
03	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,653.00							90			
07	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,066.25	00 15						90			
03	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,692.29							90			
07	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,115.37	00 15						90			
03	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,086.68							90			
07	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,358.36	00 15						90			
02	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	159.92										
03	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	799.64							90			
07	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	999.56	00 15						90			
03	21194	RECONSTR MAND RAMUS W/BONE GRAFT	912.78							90			
07	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,140.98	00 15						90			
03	21195	RECONST MAND RAMUS W/O RIGID FIX	831.97							90			
07	21195	RECONST MAND RAMUS W/O RIGID FIX	1,039.97	00 15						90			
02	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	180.73										
03	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	903.68							90			
07	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,129.60	00 15						90			
03	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	739.46							90			
07	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	924.33	00 15						90			
02	21199	RECONSTR LWR JAW W/ADVANCE	197.26										
03	21199	RECONSTR LWR JAW W/ADVANCE	986.30										
07	21199	RECONSTR LWR JAW W/ADVANCE	986.30	00 15									
02	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	132.64										
03	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	663.22							90			
07	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	829.03	00 15						90			
08	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	282.40										
02	21208	OSTEOPLASTY; FACIAL, AUGEMENTATION	108.17			X							
03	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	540.85			X				90			
07	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	676.07	00 15		X				90			
08	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	320.56										
02	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	81.96			X							
07	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	512.30	00 15		X				90			
08	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	282.40										
03	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	536.33							90			
07	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	670.42	00 15						90			
08	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	320.56										
02	21215	BONE GRAFT; MANDIBLE	111.94										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	21215	BONE GRAFT; MANDIBLE	559.72								90			
07	21215	BONE GRAFT; MANDIBLE	699.65	00	15						90			
08	21215	BONE GRAFT; MANDIBLE	320.56											
03	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	605.10								90			
07	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	756.38	00	15						90			
08	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	320.56											
03	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	504.35								90			
07	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	630.44	00	15						90			
08	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	320.56											
02	21240	TEMPOROMANDIBULAR ARTHROPLASTY	145.32											
03	21240	TEMPOROMANDIBULAR ARTHROPLASTY	726.64								90			
07	21240	TEMPOROMANDIBULAR ARTHROPLASTY	908.30	00	15						90			
08	21240	TEMPOROMANDIBULAR ARTHROPLASTY	262.36											
02	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	135.97											
03	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	679.88								90			
07	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	849.86	00	15						90			
08	21242	ARTHOPLASTY TEMPORMANDIBULAR JOINT	282.40											
02	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	198.45											
03	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	992.25								90			
07	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,240.32	00	15						90			
08	21243	ARTHPLASTY,TEMPOROMAND,PROSTH REP	282.40											
02	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	120.56											
03	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	602.84								90			
07	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	753.56	00	15						90			
08	21244	RECONSTRUCT MANDIBLE, EXTRAORAL	320.56											
03	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	985.89								90			
07	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,232.37	00	15						90			
08	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	320.56											
03	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	644.15								90			
07	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	805.19	00	15						90			
08	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	320.56											
02	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	242.24											
03	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,211.22								90			
07	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,514.03	00	15						90			
03	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	922.74								90			
07	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	922.74	00	15						90			
08	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	320.56											
03	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	822.55								90			
07	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,028.19	00	15						90			
08	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	320.56											
02	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	167.07											
03	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	835.38								90			
07	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,044.23	00	15						90			
02	21256	RECONST ORBIT W/OSTEO,W/BONE GRAFTS	171.90											
03	21256	RECON OF ORBIT WITH OSTEOTOMIES	859.50								90			
07	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,044.52	00	15						90			
02	21260	ORBITAL REVISION; EXTRACRANIAL	171.87											
03	21260	ORBITAL REVISION; EXTRACRANIAL	859.37								90			
07	21260	ORBITAL REVISION; EXTRACRANIAL	1,053.85	00	15						90			
02	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	291.20											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 GSP DAY	12 BASE UNITS	13 X-OVERS	14 UVS >001
TS	CODE	DESCRIPTION	FEE											
03	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,456.00								90			
07	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,820.01	00	15						90			
02	21263	REVISE ORBIT; ADVANCE FOREHEAD	197.55											
03	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,350.80								90			
07	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,554.99	00	15						90			
02	21267	REPOSITION ORBIT; EXTRACRANIAL	188.67											
03	21267	REPOSITION ORBIT; EXTRACRANIAL	943.38								90			
07	21267	REPOSITION ORBIT; EXTRACRANIAL	1,179.23	00	15						90			
08	21267	REPOSITION ORBIT/ EXTRACRANIAL	320.56											
02	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	218.49											
03	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,092.48								90			
07	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,365.61	00	15						90			
02	21270	RECONSTRUCT ORBITOFACIAL BONES	197.60											
03	21270	RECONSTRUCT ORBITOFACIAL BONES	987.79								90			
07	21270	RECONSTRUCT ORBITOFACIAL BONES	987.79	00	15						90			
08	21270	RECONSTRUCT ORBITOLFACIAL BONES	282.40											
02	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	124.94											
03	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	624.73								90			
07	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	780.92	00	15						90			
08	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	320.56											
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	85.84								1			
07	21310	TREATMENT OF NASAL FRACTURE	107.30	00	15						1			
08	21310	TREATMENT OF NASAL FRACTURE	220.39						X					
03	21315	DIGITAL MANIPULATION OF NASAL FX	133.98											
07	21315	DIGITAL MANIPULATION OF NASAL FX	167.48	00	15									
08	21315	DIGITAL MANIPULATION OF NASAL FX	220.39						X					
03	21320	MANIPULATE NASAL FX; INSTRUMENTAL	181.48								10			
07	21320	MANIPULATE NASAL FX; INSTRUMENTAL	226.86	00	15						10			
08	21320	MANIPULATE NASAL FX; INSTRUMENTAL	220.39											
03	21325	OPEN TREATMENT NASAL FX; SIMPLE	209.28								90			
07	21325	OPEN TREATMENT NASAL FX; SIMPLE	261.61	00	15						90			
08	21325	OPEN TREATMENT NASAL FX; SIMPLE	262.36											
03	21330	TREATMENT NASAL FX; COMPLICATED	373.34								90			
07	21330	TREATMENT NASAL FX; COMPLICATED	385.73	00	15						90			
08	21330	TREATMENT NASAL FX; COMPLICATED	282.40											
03	21335	OPEN TREATMENT FX NASAL SEPTUM	535.66								90			
07	21335	OPEN TREATMENT FX NASAL SEPTUM	557.72	00	15						90			
08	21335	TREATMENT OF NOSE FRACTURE	320.56											
02	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	63.78											
03	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	318.94								90			
07	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	398.68	00	15						90			
08	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	262.36											
03	21337	CLOSED TREATMENT FX NASAL SEPTUM	214.54								90			
07	21337	CLOSED TREATMENT FX NASAL SEPTUM	268.18	00	15						90			
08	21337	CLOSED TREATMENT FX NASAL SEPTUM	220.39						X					
03	21338	OPEN TREATMENT NASOETHMOID FRACTURE	535.66								90			
07	21338	OPEN TREATMENT NASOETHMOID FRACTURE	535.66	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	21338	OPEN TREATMENT NASOETHMOID FRACTURE	262.36											
03	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	535.66								90			
07	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	535.66	00	15						90			
08	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	282.40											
03	21340	TREAT NASOETHMOID COMPLEX FX	549.53								90			
07	21340	TREAT NASOETHMOID COMPLEX FX	686.92	00	15						90			
08	21340	TREAT NASOETHMOID COMPLEX FX	262.36											
02	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	126.96											
03	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	634.80								90			
07	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	793.51	00	15						90			
02	21344	OPEN TREATMENT OF COMPLICATED (EG, C	190.88											
03	21344	OPEN TREATMENT OF COMPLICATED (EG, C	954.44								90			
07	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,193.05	00	15						90			
03	21345	TREAT NASOMAXILLARY COMPLEX FX	508.40								90			
07	21345	TREAT NASOMAXILLARY COMPLEX FX	635.51	00	15						90			
08	21345	TREAT NOSE/JAW FRACTURE	320.56											
02	21346	OPEN TREATMENT NASOMAXILLARY FX	115.76											
03	21346	OPEN TREATMENT NASOMAXILLARY FX	578.80								90			
07	21346	OPEN TREATMENT NASOMAXILLARY FX	723.51	00	15						90			
02	21347	OPEN TREATMENT NASOMAXILLARY FX	127.00											
03	21347	OPEN TREATMENT NASOMAXILLARY FX	635.04								90			
07	21347	OPEN TREATMENT NASOMAXILLARY FX	793.80	00	15						90			
02	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	161.19											
03	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	805.97								90			
07	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,007.47	00	15						90			
03	21355	MANIPULATE FX OF MALAR AREA	212.70											
07	21355	MANIPULATE FX OF MALAR AREA	265.88	00	15									
08	21355	TREAT CHEEK BONE FRACTURE	262.36											
02	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	64.29											
03	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	321.42								10			
07	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	321.42	00	15						10			
08	21356	OPEN TREATMENT OF DEPRESSED ZY GOMAT	262.36											
03	21360	TREAT DEPRESSED MALAR FRACTURE	341.86								90			
07	21360	TREAT DEPRESSED MALAR FRACTURE	427.33	00	15						90			
08	21360	TREAT DEPRESSED MALAR FRACTURE	262.36						X					
02	21365	TREAT COMPLICATED FX MALAR AREA	150.95											
03	21365	TREAT COMPLICATED FX MALAR AREA	754.76								90			
07	21365	TREAT COMPLICATED FX MALAR AREA	943.46	00	15						90			
02	21366	OPEN TREATMENT OF COMPLICATED (EG, C	180.34											
03	21366	OPEN TREATMENT OF COMPLICATED (EG, C	901.73								90			
07	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,127.17	00	15						90			
02	21385	TREAT ORBITAL FX; TRANSANTRAL	95.84											
03	21385	TREAT ORBITAL FX; TRANSANTRAL	479.23								90			
07	21385	TREAT ORBITAL FX; TRANSANTRAL	599.04	00	15						90			
03	21386	TREAT ORBITAL FX; PERIORBITAL	492.78								90			
07	21386	TREAT ORBITAL FX; PERIORBITAL	615.98	00	15						90			
03	21387	TREAT ORBITAL FX; COMBINATION	511.56								90			
07	21387	TREAT ORBITAL FX; COMBINATION	639.46	00	15						90			
02	21390	TREAT ORBITAL FX WITH IMPLANT	110.23											
03	21390	TREAT ORBITAL FX WITH IMPLANT	551.17								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	21390	TREAT ORBITAL FX WITH IMPLANT	657.09	00	15						90			
02	21395	TREAT ORBITAL FX WITH BONE GRAFT	142.25											
03	21395	TREAT ORBITAL FX WITH BONE GRAFT	711.23								90			
07	21395	TREAT ORBITAL FX WITH BONE GRAFT	777.65	00	15						90			
03	21400	TREAT FX OF ORBIT W/O MANIPULATION	125.86								90			
07	21400	TREAT FX OF ORBIT W/O MANIPULATION	157.33	00	15						90			
08	21400	TREAT FX OF ORBIT W/O MANIPULATION	220.39											
03	21401	TREAT FX OF ORBIT WITH MANIPULATION	211.29								90			
07	21401	TREAT FX OF ORBIT WITH MANIPULATION	264.12	00	15						90			
08	21401	TREAT EYE SOCKET FRACTURE	262.36											
02	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	79.24											
03	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	396.24								90			
07	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	495.30	00	15						90			
02	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	92.69											
03	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	463.48								90			
07	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	579.36	00	15						90			
02	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	128.96											
03	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	644.83								90			
07	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	806.04	00	15						90			
03	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	339.29								90			
07	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	424.12	00	15						90			
08	21421	TREAT PALATAL/ALVEOLAR RIDGE FX	262.36											
02	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	90.89											
03	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	454.46								90			
07	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	568.08	00	15						90			
02	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	112.31											
03	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	561.56								90			
07	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	673.11	00	15						90			
03	21431	TREAT CRANIOFACIAL SEPARATION	494.12								90			
07	21431	TREAT CRANIOFACIAL SEPARATION	535.37	00	15						90			
03	21432	OPEN TX CRANIOFACIAL SEPARATION	535.57								90			
07	21432	OPEN TX CRANIOFACIAL SEPARATION	576.90	00	15						90			
02	21433	COMPLICATED TX CRANIOFACIAL FX	244.53											
03	21433	COMPLICATED TX CRANIOFACIAL FX	1,222.68								90			
07	21433	COMPLICATED TX CRANIOFACIAL FX	1,528.35	00	15						90			
03	21435	COMPLICATED TX CRANIOFACIAL FX	861.92								90			
07	21435	COMPLICATED TX CRANIOFACIAL FX	1,077.40	00	15						90			
02	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	252.34											
03	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,261.74								90			
07	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,577.18	00	15						90			
03	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	219.58								90			
07	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	274.48	00	15						90			
08	21440	TREAT DENTAL RIDGE FRACTURE	262.36											
03	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	347.79								90			
07	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	434.74	00	15						90			
08	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	262.36											
03	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	252.91								90			
07	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	316.14	00	15						90			
08	21450	TREAT LOWER JAW FRACTURE	262.36											
03	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	311.39								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	389.24	00	15						90			
08	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	262.36											
03	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	398.47								90			
07	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	498.09	00	15						90			
08	21452	TREAT OPEN MANIBULAT FX W/O MANIPUL	220.39											
03	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	362.60								90			
07	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	443.69	00	15						90			
08	21453	TREAT LOWER JAW FRACTURE	262.36											
03	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	448.20								90			
07	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	448.20	00	15						90			
08	21454	OPEN TS CLOSED/OPEN MAND FX/EXT FIX	282.40											
02	21461	TREAT MANDIBULAR FX W/O FIXATION	114.97											
03	21461	TREAT MANDIBULAR FX W/O FIXATION	574.86								90			
07	21461	TREAT MANDIBULAR FX W/O FIXATION	576.38	00	15						90			
08	21461	TREAT MANDIBULAR FX W/O FIXATION	262.36											
02	21462	TREAT MANDIBULAR FX WITH FIXATION	130.38											
03	21462	TREAT MANDIBULAR FX WITH FIXATION	651.92								90			
07	21462	TREAT MANDIBULAR FX WITH FIXATION	690.95	00	15						90			
08	21462	TREAT MANDIBULAR FX WITH FIXATION	282.40											
02	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	114.42											
03	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	572.11								90			X
07	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	715.14	00	15						90			X
08	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	262.36											
02	21470	TREAT COMPLICATED MANDIBULAR FX	256.84											
03	21470	TREAT COMPLICATED MANDIBULAR FX	1,284.23								90			
07	21470	TREAT COMPLICATED MANDIBULAR FX	1,284.23	00	15						90			
03	21480	TX TEMPOROMANDIBULAR DISLOCATION	59.47								1			
07	21480	TX TEMPOROMANDIBULAR DISLOCATION	74.34	00	15						1			
08	21480	TX TEMPOROMANDIBULAR DISLOCATION	220.39											
03	21485	TEMPOROMANDIBULAR MANIPULATION	217.72								90			
07	21485	TEMPOROMANDIBULAR MANIPULATION	272.16	00	15						90			
08	21485	TEMPORMANDIBULAR MANIPULATION	220.39											
03	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	566.92								90			
07	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	708.65	00	15						90			
08	21490	REPAIR DISLOCATED JAW	262.36											
03	21495	OPEN TREATMENT HYOIDFRACTURE	305.27								90			
07	21495	OPEN TREATMENT HYOIDFRACTURE	381.59	00	15						90			
08	21497	INTERDENTAL WIRING OTHER THAB FRACTU	220.39											
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	231.36								90			
07	21501	I & D DEEP ABSCESS OR HEMATOMA	289.21	00	15						90			
08	21501	I & D DEEP ABSCESS OR HEMATOMA	262.36						X					
03	21502	I & D WITH PARTIAL RIB REMOVAL	401.76								90			
07	21502	I & D WITH PARTIAL RIB REMOVAL	502.20	00	15						90			
08	21502	I & D WITH PARTIAL RIB REMOVAL	220.39											
03	21510	INCISION WITH OPENING OF BONE CORTEX	369.92								90			
07	21510	INCISION WITH OPENING OF BONE CORTEX	462.41	00	15						90			
03	21550	EXCISIONAL BIOPSY SOFT TISSUES	120.24								10			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	21550	EXCISIONAL BIOPSY SOFT TISSUES	150.30	00	15						10			
03	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	241.76								90			
07	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	302.20	00	15						90			
08	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	220.39											
03	21556	EXCISE BENIGN TUMOR; DEEP	254.88								90			
07	21556	EXCISE BENIGN TUMOR; DEEP	318.60	00	15						90			
08	21556	EXCISE BENIGN TUMOR; DEEP	220.39											
02	21557	RAD RESECT TUMOR,SFT TISS NECK/THORA	106.69											
03	21557	RAD.RESECT.TUMOR,SFT TISS.NECK/THORA	533.43								90			
07	21557	RAD.RESECT.TUMOR,SFT TISS.NECK/THORA	592.03	00	15						90			
03	21600	EXCISION OF RIB; PARTIAL	414.83								90			
07	21600	EXCISION OF RIB; PARTIAL	518.54	00	15						90			
08	21600	EXCSION OF RIB; PARTIAL	220.39											
03	21610	COSTOTRANSVERSECTOMY	750.73								90			
07	21610	COSTOTRANSVERSECTOMY	938.42	00	15						90			
08	21610	PARTIAL REMOVAL OF RIB	220.39											
02	21615	EXCISION CERVICAL RIB	116.15											
03	21615	EXCISION CERVICAL RIB	580.78								90			
07	21615	EXCISION CERVICAL RIB	641.26	00	15						90			
03	21616	EXCISE RIB WITH SYMPATHECTOMY	681.53								90			
07	21616	EXCISE RIB WITH SYMPATHECTOMY	754.32	00	15						90			
03	21620	OSTECTOMY OF STERNUM; PARTIAL	419.10								90			
07	21620	OSTECTOMY OF STERNUM; PARTIAL	523.88	00	15						90			
03	21627	STERNAL DEBRIDEMENT	522.75								90			
07	21627	STERNAL DEBRIDEMENT	653.44	00	15						90			
02	21630	RADICAL RESECTION OF STERNUM	180.25											
03	21630	RADICAL RESECTION OF STERNUM	901.28								90			
07	21630	RADICAL RESECTION OF STERNUM	1,126.60	00	15						90			
02	21632	MEDIASTINAL LYMPHADENECTOMY	177.35											
03	21632	MEDIASTINAL LYMPHADENECTOMY	886.78								90			
07	21632	MEDIASTINAL LYMPHADENECTOMY	1,108.48	00	15						90			
02	21685	HYOID MYOTOMY & SUSPENSION	139.66											
03	21685	HYOID MYOTOMY & SUSPENSION	698.32								90			
07	21685	HYOID MYOTOMY & SUSPENSION	698.32	00	15						90			
03	21700	DIVISION OF SCALENUS ANTICUS	400.58								90			
07	21700	DIVISION OF SCALENUS ANTICUS	500.73	00	15						90			
08	21700	DIVISION OF SCALENUS ANTIGICUS	220.39											
03	21705	DIVIDE SCALENUS AND RESECTION RIB	495.98								90			
07	21705	DIVIDE SCALENUS AND RESECTION RIB	619.98	00	15						90			
03	21720	DIVISION STERNOCLEIDOMASTOID	403.52								90			
07	21720	DIVISION STERNOCLEIDOMASTOID	504.41	00	15						90			
08	21720	REVISION OF NECK MUSCLE	262.36											
02	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	81.46											
03	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	407.32								90			
07	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	509.16	00	15						90			
08	21725	REVISION OF NECK MUSCLE	262.36											
02	21740	RECONSTRUCT PECTUS EXCAVATUM	169.87											
03	21740	RECONSTRUCT PECTUS EXCAVATUM	849.36								90			
07	21740	RECONSTRUCT PECTUS EXCAVATUM	1,061.71	00	15						90			
02	21742	REPAIR STERN/NUSS W/O SCOPE	MP			X					90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	21742	REPAIR STERN/NUSS W/O SCOPE	MP			X					1			
07	21742	REPAIR STERN/NUSS W/O SCOPE	MP	00	15	X					90			
02	21743	REPAIR STERNUM/NUSS W/SCOPE	MP			X					90			
03	21743	REPAIR STERNUM/NUSS W/SCOPE	MP			X					1			
07	21743	REPAIR STERNUM/NUSS W/SCOPE	MP	00	15	X					90			
02	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	116.18											X
03	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	580.94								90			
07	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	726.18	00	15						90			
03	21800	TREAT RIB FX;UNCOMPLICATED	87.90								90			X
07	21800	TREAT RIB FX;UNCOMPLICATED	109.88	00	15						90			X
08	21800	TREAT RIB BX, UNCOMPLICATED	220.39											
03	21805	TREAT RIB FX;OPEN,COMPLICATED	188.89								90			X
07	21805	TREAT RIB FX;OPEN,COMPLICATED	236.12	00	15						90			X
08	21805	TREAT RIB FX; OPEN, COMPLICATED	220.39											
03	21810	TREAT RIB FX W/EXTERNAL FIXATION	399.65								90			X
07	21810	TREAT RIB FX W/EXTERNAL FIXATION	499.57	00	15						90			X
03	21820	TREAT STERNUM FRACTURE; CLOSED	111.08								90			
07	21820	TREAT STERNUM FRACTURE; CLOSED	138.86	00	15						90			
08	21820	TREAT STERNUM FRACTURE; CLOSED	220.39											
02	21825	TREAT STERNUM FRACTURE; OPEN	96.64											
03	21825	TREAT STERNUM FRACTURE; OPEN	483.24								90			
07	21825	TREAT STERNUM FRACTURE; OPEN	604.06	00	15						90			
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	121.94								10			
07	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	152.43	00	15						10			
03	21925	BX,SFT TISS-BACK/FLANK; DEEP	396.27								90			
07	21925	BX,SFT TISS-BACK/FLANK; DEEP	495.34	00	15						90			
08	21925	BX, SFT TIS-BACK/FLANK;DEEP	220.39											
03	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	270.02								90			
07	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	337.53	00	15						90			
08	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	220.39											
03	21935	RAD RESECT TUMOR,SFT TISS BACK/FLANK	902.45								90			
07	21935	RAD RESECT TUMOR,SFT TISS BACK/FLANK	1,128.07	00	15						90			
08	21935	REMOVE TUMOR, BACK	262.36											
07	22010	I&D, P-SPINE, C/T/CERV-THOR	619.31	00	15						90			
03	22015	I&D, P-SPINE, L/S/LS	613.79								90			
07	22015	I&D, P-SPINE, L/S/LS	613.79	00	15						90			
03	22100	RESECT VERTEBRA,CERVICAL	531.55								90			
07	22100	RESECT VERTEBRA,CERVICAL	664.44	00	15						90			
03	22101	RESECT VERTEBRA,THORACIC	549.68								90			
07	22101	RESECT VERTEBRA,THORACIC	687.10	00	15						90			
03	22102	RESECT VERTEBRA,LUMBAR	551.65								90			
07	22102	RESECT VERTEBRA,LUMBAR	689.57	00	15						90			
03	22103	REMOVE EXTRA SPINE SEGMENT	183.24											
07	22103	REMOVE EXTRA SPINE SEGMENT	183.24	00	15									
03	22110	EXCISE CERVICAL VERTEBRA	704.15								90			
07	22110	EXCISE CERVICAL VERTEBRA	880.19	00	15						90			
03	22112	EXCISE THORACIC VERTEBRA	695.88								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	22112	EXCISE THORACIC VERTEBRA	869.85	00 15						90			
03	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	690.45							90			
07	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	863.07	00 15						90			
03	22116	REMOVE EXTRA SPINE SEGMENT	181.39										
07	22116	REMOVE EXTRA SPINE SEGMENT	181.39	00 15									
02	22210	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	247.61										
03	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,238.07							90			
07	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,547.59	00 15						90			
02	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	199.72										
03	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	998.62							90			
07	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,248.28	00 15						90			
02	22214	OSTEOTOMY,SPINE,CORR DEFORM;THORACIC	203.52										
03	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,017.60							90			
07	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,272.00	00 15						90			
02	22216	REVISE, EXTRA SPINE SEGMENT	89.35										
03	22216	REVISE, EXTRA SPINE SEGMENT	446.77										
07	22216	REVISE, EXTRA SPINE SEGMENT	446.77	00 15									
02	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	221.15										
03	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,105.76							90			
07	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,382.21	00 15						90			
03	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,078.90							90			
07	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,348.63	00 15						90			
02	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	219.65										
03	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,098.25							90			
07	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,372.82	00 15						90			
02	22226	REVISE, EXTRA SPINE SEGMENT	89.35										
03	22226	REVISE, EXTRA SPINE SEGMENT	446.77										
07	22226	REVISE, EXTRA SPINE SEGMENT	446.77	00 15									
03	22305	TREAT VERTEBRAL PROCESS FRACTURE	148.36							90			
07	22305	TREAT VERTEBRAL PROCESS FRACTURE	185.45	00 15						90			
08	22305	TREAT VERTEBRAL PROCESS FRACTURE	220.39										
03	22310	TR VERT BODY FX/DISLOCATION EACH	204.84							90			
07	22310	TR VERT BODY FX/DISLOCATION EACH	256.05	00 15						90			
08	22310	TREAT SPINE FRACTURE	220.39										
03	22315	CLSD MANIP VERT FX/DISLOCAT EACH	525.19							90			X
07	22315	CLSD MANIP VERT FX/DISLOCAT EACH	656.49	00 15						90			X
08	22315	CLSD MANIP VERT FX/DISLOCAT EACH	220.39										
03	22318	TREAT ODONTOID FX W/O GRAFT	1,286.07							90			
07	22318	TREAT ODONTOID FX W/O GRAFT	1,391.87	00 15						90			
03	22319	TREAT ODONTOID FX W/GRAFT	1,435.62							90			
07	22319	TREAT ODONTOID FX W/GRAFT	1,574.48	00 15						90			
02	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	194.10										X
03	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	970.50							90			X
07	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	1,213.13	00 15						90			X
02	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	210.79										X
03	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	1,053.96							90			X
07	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	1,317.45	00 15						90			X
02	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	202.48										X
03	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	1,012.43							90			X
07	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	1,265.54	00 15						90			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	22328	REPAIR EACH ADD SPINE FX	72.18											
03	22328	REPAIR EACH ADD SPINE FX	360.90											
07	22328	REPAIR EACH ADD SPINE FX	360.90	00	15									
08	22505	MANIPULATION SPINE W/ANESTHESIA	220.39											
03	22520	PERCUT VERTEBROPLASTY THOR	498.51											
07	22520	PERCUT VERTEBROPLASTY THOR	498.51	00	15									
08	22520	PERCUT VERTEBROPLASTY THOR	320.56											
03	22521	PERCUT VERTEBROPLASTY LUMB	467.66											
07	22521	PERCUT VERTEBROPLASTY LUMB	467.66	00	15									
08	22521	PERCUT VERTEBROPLASTY LUMB	320.56											
03	22522	PERCUT VERTEBROPLASTY ADDL	175.16											X
07	22522	PERCUT VERTEBROPLASTY ADDL	218.96	00	15									X
08	22522	PERCUT VERTBROPLASTY ADDL	320.56											
03	22523	PERCUT KYPHOPLASTY, THOR	468.94								10			
07	22523	PERCUT KYPHOPLASTY, THOR	468.94	00	15						10			
03	22524	PERCUT KYPHOPLASTY, LUMBAR	449.17								10			
07	22524	PERCUT KYPHOPLASTY, LUMBAR	449.17	00	15						10			
03	22525	PERCUT KYPHOPLASTY, ADD-ON	217.17											X
07	22525	PERCUT KYPHOPLASTY, ADD-ON	217.17	00	15									X
03	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,397.90								10			
07	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,397.90	00	15						10			
03	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	1,126.63											
07	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	1,126.63	00	15									
02	22532	LAT THORAX SPINE FUSION	249.20											
03	22532	LAT THORAX SPINE FUSION	1,246.01								90			
07	22532	LAT THORAX SPINE FUSION	1,246.01	00	15						90			
02	22533	LAT LUMBAR SPINE FUSION	232.45											
03	22533	LAT LUMBAR SPINE FUSION	1,162.27								90			
07	22533	LAT LUMBAR SPINE FUSION	1,162.27	00	15						90			
02	22534	LAT THOR/LUMB, ADDñL SEG	59.10											X
03	22534	LAT THOR/LUMB, ADDñL SEG	295.50											X
07	22534	LAT THOR/LUMB, ADDñL SEG	295.50	00	15									X
02	22548	ARTHRODESIS,W/BONE GRAFT	266.81											
03	22548	ANTHRODESIS,W/BONE GRAFT	1,334.06								90			
07	22548	ANTHRODESIS,W/BONE GRAFT	1,667.58	00	15						90			
02	22554	ARTHRODESIS,W/BONE ALLOGRAFT	196.44											
03	22554	ARTHRODESIS,W/BONE ALLOGRAFT	982.24								90			
07	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,227.81	00	15						90			
02	22556	ARTHRODESIS,THORACIC,BONE/BONE ALLOG	239.67											
03	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,198.37								90			
07	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,497.97	00	15						90			
02	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	221.62											
03	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,108.10								90			
07	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,385.13	00	15						90			
02	22585	ARTHRODESIS-EACH ADD INTERSPACE	69.45											X
03	22585	ARTHRODESIS-EACH ADD.INTERSPACE	347.23											X
07	22585	ARTHRODESIS-EACH ADD.INTERSPACE	347.23	00	15									X
02	22590	ARTHRODESIS,W/BONE ALLO/INT FIX	217.07											
03	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,085.36								90			
07	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,356.71	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	204.67											
03	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,023.37								90			
07	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,279.22	00	15						90			
02	22600	ARTHRODESIS,POST TECH.,BELOW C1	182.53											
03	22600	ARTHRODESIS,POST.TECH.,BELOW C1	912.65								90			
07	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,076.52	00	15						90			
02	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	182.53											
03	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	912.65								90			
07	22610	ARTHRODESIS,LOC/BONE ALLO..;THORACIC	1,073.46	00	15						90			
02	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	217.48											
03	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	1,087.42								90			
07	22612	ARTHRODESIS,LOC/BONE ALLO..;LUMBAR	1,359.28	00	15						90			
02	22614	SPINE FUSION, EXTRA SEGMENT	96.75											X
03	22614	SPINE FUSION, EXTRA SEGMENT	483.75											X
07	22614	SPINE FUSION, EXTRA SEGMENT	483.75	00	15									X
02	22630	ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	221.06											
03	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,105.33								90			
07	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,381.67	00	15						90			
02	22632	SPINE FUSION, EXTRA SEGMENT	81.90											
03	22632	SPINE FUSION, EXTRA SEGMENT	409.50											
07	22632	SPINE FUSION, EXTRA SEGMENT	409.50	00	15									
02	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	231.14											
03	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,155.72								90			
07	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,195.11	00	15						90			
02	22802	FUSE PRIMARY 7/MORE VERTEBRAE	310.84											
03	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,554.24								90			
07	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,942.81	00	15						90			
02	22804	FUSION OF SPINE	506.36											
03	22804	FUSION OF SPINE	2,531.80								90			
07	22804	FUSION OF SPINE	2,531.80	00	15						90			
02	22808	FUSION OF SPINE	348.01											
03	22808	FUSION OF SPINE	1,740.04								90			
07	22808	FUSION OF SPINE	1,740.04	00	15						90			
02	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	296.52											
03	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,482.64								90			
07	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,853.30	00	15						90			
02	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	322.65											
03	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,613.28								90			
07	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,016.61	00	15						90			
02	22818	KYPHECTOMY, 1-2 SEGMENTS	423.70											
03	22818	KYPHECTOMY, 1-2 SEGMENTS	2,118.49								90			
07	22818	KYPHECTOMY, 1-2 SEGMENTS	2,118.49	00	15						90			
02	22819	KYPHECTOMY, 3 & MORE SEGMENT	453.75											
03	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,268.77								90			
07	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,268.77	00	15						90			
02	22830	EXPLORE SPINAL FUSION	122.22											
03	22830	EXPLORE SPINAL FUSION	611.12								90			
07	22830	EXPLORE SPINAL FUSION	763.90	00	15						90			
02	22840	POSTERIOR INSTRU(NO SEG FIX)	117.38											
03	22840	POSTERIOR INSTRU(NO SEG FIX)	586.93											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	22840	POSTERIOR INSTRU(NO SEG FIX)	733.67	00 15									
02	22842	POST.INSTRUMENTATION;SEGMENTAL FIX.	236.05										
03	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	1,180.24										
07	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	1,180.24	00 15									
02	22843	INSERT SPINE FIXATION DEVICE	140.36										
03	22843	INSERT SPINE FIXATION DEVICE	701.81										
07	22843	INSERT SPINE FIXATION DEVICE	785.95	00 15									
02	22844	INSERT SPINE FIXATION DEVICE	171.52										
03	22844	INSERT SPINE FIXATION DEVICE	857.59										
07	22844	INSERT SPINE FIXATION DEVICE	961.70	00 15									
02	22845	ARTHRODESIS;ANTERIOR INSTRUMENTATION	112.99										
03	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	564.99										
07	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	706.24	00 15									
02	22846	INSERT SPINE FIXATION DEVICE	129.60										
03	22846	INSERT SPINE FIXATION DEVICE	648.00										
07	22846	INSERT SPINE FIXATION DEVICE	733.99	00 15									
02	22847	INSERT SPINE FIXATION DEVICE	144.00										
03	22847	INSERT SPINE FIXATION DEVICE	719.98										
07	22847	INSERT SPINE FIXATION DEVICE	798.20	00 15									
02	22848	INSERT PELVIC FIXATIONDEVICE	93.92										
03	22848	INSERT PELVIC FIXATIONDEVICE	469.60										
07	22848	INSERT PELVIC FIXATIONDEVICE	469.60	00 15									
02	22849	REINSERT SPINAL FIXATION DEVICE	193.26										
03	22849	REINSERT SPINAL FIXATION DEVICE	966.33							90			
07	22849	REINSERT SPINAL FIXATION DEVICE	1,207.92	00 15						90			
02	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	107.55										
03	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	537.77							90			
07	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	672.22	00 15						90			
03	22851	APPLY SPINE PROSTH DEVICE	525.23										
07	22851	APPLY SPINE PROSTH DEVICE	525.23	00 15									
02	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	102.55										
03	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	512.75							90			
07	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	640.94	00 15						90			
02	22855	REMOVE ANTERIOR INSTRUMENTATION	160.65										
03	22855	REMOVE ANTERIOR INSTRUMENTATION	803.29							90			
07	22855	REMOVE ANTERIOR INSTRUMENTATION	1,004.12	00 15						90			
02	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	214.58										
03	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,072.90							90			
07	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,072.90	00 15						90			
02	22862	REVISION INCLUDING REPLACEMENT OF TO	262.49										
03	22862	REVISION INCLUDING REPLACEMENT OF TO	1,312.44							90			
07	22862	REVISION INCLUDING REPLACEMENT OF TO	1,312.44	00 15						90			
02	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY	255.53										
03	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,277.66							90			
07	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,277.66	00 15						90			
02	22899	SPINE SURGERY PROCEDURE	MP		X								
03	22899	SPINE SURGERY PROCEDURE	MP		X								
07	22899	SPINE SURGERY PROCEDURE	MP	00 15	X								
03	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	296.35							90			
07	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	364.97	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	262.36											
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	365.52								90			
07	23000	REMOVE SUBDELTOID CAL DEPOSITS	456.90	00	15						90			
08	23000	REMOVE SUBDELTOID CAL DEPOSITS	220.39											
08	23015	EXC BENIGN SHOULDER TUMOR SUBCU	220.39											
03	23020	RELEASE SHOULDER MUSCLE ERBS PAL	553.84								90			
07	23020	RELEASE SHOULDER MUSCLE ERBS PAL	692.31	00	15						90			
08	23020	RELEASE SHOULDER MUSCLE	220.39											
03	23030	I&D SHOULDER DEEP ABSC HEMATOMA	270.44								10			
07	23030	I&D SHOULDER DEEP ABSC HEMATOMA	338.06	00	15						10			
08	23030	I & D SHOULDER DEEP ABSC HEMATOMA	220.39											
03	23031	I&D INFECTED SHOULDER BURSA	233.19								10			
07	23031	I&D INFECTED SHOULDER BURSA	291.49	00	15						10			
08	23031	DRAIN SHOULDER BURSA	262.36											
03	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	684.72								90			
07	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	855.91	00	15						90			
08	23035	DRAIN SHOULDER BONE LESION	262.36											
02	23040	ARTHROTOMY REMOVE FOREIGN BODY	118.54											
03	23040	ARTHROTOMY REMOVE FOREIGN BODY	592.70								90			
07	23040	ARTHROTOMY REMOVE FOREIGN BODY	740.88	00	15						90			
08	23040	EXPLORATORY SHOULDER SURGERY	262.36											
02	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	100.01											
03	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	500.07								90			
07	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	625.09	00	15						90			
08	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	262.36											
03	23065	BIOPSY SHOULDER SUPERFICIAL	133.74								10			
07	23065	BIOPSY SHOULDER SUPERFICIAL	167.18	00	15						10			
03	23066	BIOPSY OF SHOULDER DEEP	342.27								90			
07	23066	BIOPSY OF SHOULDER DEEP	427.84	00	15						90			
08	23066	BIOPSY OF SHOULDER DEEP	220.39											
03	23075	EXC BENIGN SHOULDER TUMOR SUBCU	210.81								10			
07	23075	EXC BENIGN SHOULDER TUMOR SUBCU	263.52	00	15						10			
08	23075	REMOVAL OF SHOULDER LESION	220.39											
03	23076	EXC BENIGN SHOULDER TUMOR DEEP	451.55								90			
07	23076	EXC BENIGN SHOULDER TUMOR DEEP	564.44	00	15						90			
08	23076	EXC BENIGN SHOULD TUMOR DEEP	220.39											
03	23077	RAD TUMOR RESECT,SOFT TISS/SHOULDER	870.34								90			
07	23077	RAD TUMOR RESECT,SOFT TISS/SHOULDER	1,087.93	00	15						90			
08	23077	REMOVE TUMOR OF SHULDER	262.36											
03	23100	BIOPSY SHOULDER JOINT	414.15								90			
07	23100	BIOPSY SHOULDER JOINT	517.69	00	15						90			
08	23100	BIOPSY SHOULDER JOINT	220.39											
03	23101	EXCISION TORN CARTILAGE SHOULDER JOI	397.77								90			
07	23101	EXCISION TORN CARTILAGE SHOULDER JOI	497.22	00	15						90			
08	23101	SHOULDER JOINT SURGERY	320.56											
03	23105	ARTHROTOMY;GLENOHUMERAL JOINT	592.70								90			
07	23105	ARTHROTOMY;GLENOHUMERAL JOINT	652.88	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	23105	ARTHROTOMY;GLENOHUMERAL JOINT	262.36											
03	23106	ARTHROTOMY;STERNOCLAVICULAR JT	426.11								90			
07	23106	ARTHROTOMY;STERNOCLAVICULAR JT	532.64	00	15						90			
08	23106	ARTHROTOMY;STERNOCLAVICULAR JT	262.36											
03	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	651.97								90			
07	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	676.12	00	15						90			
08	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	262.36											
02	23120	CLAVICULECTOMY PARTIAL	94.13											
03	23120	CLAVICULECTOMY PARTIAL	470.68								90			
07	23120	CLAVICULECTOMY PARTIAL	588.35	00	15						90			
08	23120	CLAVICULECTOMY PARTIAL	282.40											
02	23125	CLAVICULECTOMY TOTAL	114.85											
03	23125	CLAVICULECTOMY TOTAL	574.28								90			
07	23125	CLAVICULECTOMY TOTAL	717.86	00	15						90			
08	23125	CLAVICULECTOMY TOTAL	282.40											
02	23130	ACROMIONECTOMY PARTIAL/TOTAL	98.39											
03	23130	ACROMIONECTOMY PARTIAL/TOTAL	491.99								90			
07	23130	ACROMIONECTOMY PARTIAL/TOTAL	614.99	00	15						90			
08	23130	ACROMIONECTOMY PARTIAL/TOTAL	282.40											
03	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	427.99								90			
07	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	534.99	00	15						90			
08	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	262.36											
02	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	113.44											
03	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	567.21								90			
07	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	709.02	00	15						90			
08	23145	EXC CLAVICLE/SCAPULA GRAFR PRI	282.40											
02	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	104.71											
03	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	523.56								90			
07	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	654.46	00	15						90			
08	23146	EXCSION TUMOR CLAVICLE/SCAPULA GRAF	282.40											
02	23150	EXCISION TUMOR PROXIMAL HUMEROUS	105.72											
03	23150	EXCISION TUMOR PROXIMAL HUMEROUS	528.61								90			
07	23150	EXCISION TUMOR PROXIMAL HUMEROUS	660.77	00	15						90			
08	23150	EXCISION TUMOR PROXIMAL HUMEROUS	262.36											
02	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	127.61											
03	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	638.08								90			
07	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	797.60	00	15						90			
08	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	282.40											
03	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	543.27								90			
07	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	679.09	00	15						90			
08	23156	EXCSION TUMOR PROX HUMEROUS HOMOGEN	282.40											
03	23170	SEQUESTRECTOMY CLAVICLE	503.86								90			
07	23170	SEQUESTRECTOMY CLAVICLE	629.83	00	15						90			
08	23170	SEQUESTRECTOMY CLAVICLE	220.39											
03	23172	SEQUESTRECTOMY SCAPULA	464.56								90			
07	23172	SEQUESTRECTOMY SCAPULA	580.70	00	15						90			
08	23172	SEQUESTRECTOMY SCAPULA	220.39											
02	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	120.55											
03	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	602.76								90			
07	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	753.46	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	23174	SEQUESTRECTOMY	220.39										
02	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	136.58										
03	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	682.92							90			
07	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	853.66	00 15						90			
08	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	262.36										
03	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	669.67							90			
07	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	837.09	00 15						90			
08	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	262.36										
02	23184	PARTIAL EXCISION PROXIMAL HUMERUS	143.08										
03	23184	PARTIAL EXCISION PROXIMAL HUMERUS	715.42							90			
07	23184	PARTIAL EXCISION PROXIMAL HUMERUS	894.28	00 15						90			
08	23184	PARTIAL EXCISION PROXIMAL HUMERUS	262.36										
02	23190	OSTECTOMY OF SCAPULA PARTIAL	90.65										
03	23190	OSTECTOMY OF SCAPULA PATTIAL	453.29							90			
07	23190	OSTECTOMY OF SCAPULA PATTIAL	566.62	00 15						90			
08	23190	OSTECTOMY OF SCAPULA PATTIAL	262.36										
02	23195	RESECTION HUMERAL HEAD	114.11										
03	23195	RESECTION HUMERAL HEAD	570.58							90			
07	23195	RESECTION HUMERAL HEAD	713.23	00 15						90			
08	23195	RESECTION HUMERAL HEAD	282.40										
02	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	149.43										
03	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	747.17							90			
07	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	933.97	00 15						90			
02	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	150.37										
03	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	751.87							90			
07	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	939.84	00 15						90			
02	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	172.70										
03	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	863.51							90			
07	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	1,079.39	00 15						90			
03	23221	RADICAL RESECT PROXIMAL HUMERUS AUTO	1,001.84							90			
07	23221	RADICAL RESECT PROXIMAL HUMERUS AUTO	1,252.30	00 15						90			
02	23222	RESECTION PROXIMAL HUMERUS W/PROSTHE	259.15										
03	23222	RESECTION PROXIMAL HUMERUS W/PROSTHE	1,295.77							90			
07	23222	RESECTION PROXIMAL HUMERUS W/PROSTHE	1,619.72	00 15						90			
03	23330	REMOVE SHOULDER FOREIGN BODY	212.40							10			
07	23330	REMOVE SHOULDER FOREIGN BODY	265.50	00 15						10			
08	23330	REMOVE SHOULDER FOREIGN BODY	220.39										
03	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	482.96							90			
07	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	603.70	00 15						90			
02	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	239.84										
03	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	1,199.21							90			
07	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	1,199.21	00 15						90			
03	23350	INJECTION FOR SHOULDER X-RAY	211.48							1			
07	23350	INJECTION FOR SHOULDER X-RAY	264.36	00 15						1			
02	23395	MUSCLE TRANSFER,SHOULDER/ARM	179.70										
03	23395	MUSCLE TRANSFER,SHOULDER/ARM	898.50							90			
07	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,123.13	00 15						90			
08	23395	MUSCLE TRANSFER, SHOULDER/ARM	282.40										
02	23397	MUSCLE TRANSFER MULTIPLE	174.19										
03	23397	MUSCLE TRANSFER MULTIPLE	870.96							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	23397	MUSCLE TRANSFER MULTIPLE	1,088.71	00 15						90			
08	23397	MUSCLE TRANFERS	320.56										
02	23400	FIXATION OF SHOULDERBLADE	160.94										
03	23400	FIXATION OF SHOULDERBLADE	804.73							90			
07	23400	FIXATION OF SHOULDERBLADE	1,005.92	00 15						90			
08	23400	FIXATION OF SHOULDER BLADE	320.56										
03	23405	INCISION OF TENDON & MUSCLE	512.81							90			
07	23405	INCISION OF TENDON & MUSCLE	641.02	00 15						90			
08	23405	INCISION OF TENDON & MUSCLE	220.39										
03	23406	INCISE TENDON(S) & MUSCLE(S)	639.45							90			
07	23406	INCISE TENDON(S) & MUSCLE(S)	799.32	00 15						90			
08	23406	INCISE TENDON (S) & MUSCLES (S)	220.39										
02	23410	REPAIR OF TENDON(S)	143.72										
03	23410	REPAIR OF TENDON(S)	718.64							90			
07	23410	REPAIR OF TENDON(S)	898.31	00 15						90			
08	23410	REPIR OF TENDON (S)	282.40										
02	23412	REPAIR OF TENDON(S),CHRONIC	151.94										
03	23412	REPAIR OF TENDON(S),CHRONIC	759.70							90			
07	23412	REPAIR OF TENDON(S),CHRONIC	949.63	00 15						90			
08	23412	REPAIR OF TENDON(S)	320.56										
03	23415	CORACOACROMIAL LIGAMENT RELEAS	580.16							90			
07	23415	CORACOACROMIAL LIGAMENT RELEAS	725.21	00 15						90			
08	23415	CORACOACROMIAL LIGAMENT RELEAS	282.40										
03	23420	REPAIR COMPLETE SHOULDER	781.84							90			
07	23420	REPAIR COMPLETE SHOULDER	977.31	00 15						90			
08	23420	REPAIR OF SHOULDER	320.56										
03	23430	REPAIR BICEPS TENDON RUPTURE	604.19							90			
07	23430	REPAIR BICEPS TENDON RUPTURE	755.24	00 15						90			
08	23430	REPAIR BICEPS TENDON RUPTURE	262.36										
03	23440	REMOVAL/TRANSPLANT TENDON	630.20							90			
07	23440	REMOVAL/TRANSPLANT TENDON	787.76	00 15						90			
08	23440	REMOVAL/TRANSPLANT TENDON	262.36										
02	23450	CAPSULORRHAPHY,ANTERIOR	152.29										
03	23450	CAPSULORRHAPHY,ANTERIOR	761.47							90			
07	23450	CAPSULORRHAPHY,ANTERIOR	951.84	00 15						90			
08	23450	CAPSULORRAPHY, ANTERIOR	282.40										
02	23455	CAPSULORRHAPHY;BANKART TYPE	161.68										
03	23455	CAPSULORRHAPHY;BANKART TYPE	808.44							90			
07	23455	CAPSULORRHAPHY;BANKART TYPE	1,010.55	00 15						90			
08	23455	REPAIR SHOULDER CAPSULE	320.56										
08	23456	REPAIR SHOULDER CAPSULE	282.40										
02	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	171.26										
03	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	856.30							90			
07	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,070.38	00 15						90			
08	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	282.40										
02	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	168.13										
03	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	840.68							90			
07	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,050.85	00 15						90			
08	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	320.56										
02	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	171.78										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	858.91								90			
07	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,073.64	00	15						90			
08	23465	REPAIR SHOUDER CAPSULE	282.40											
02	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	160.83											
03	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	804.17								90			
07	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,005.22	00	15						90			
08	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	320.56											
02	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	187.45											
03	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	937.28								90			
07	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,171.61	00	15						90			
02	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	220.70											
03	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,103.52								90			
07	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,379.40	00	15						90			
03	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	662.70								90			
07	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	828.38	00	15						90			
08	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	262.36											
02	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	152.74											
03	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	763.70								90			
07	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	954.63	00	15						90			
08	23485	OSTEOTOMY CLAVICLE; BONES GRAFT NONU	320.56											
03	23490	PROPHYLACTIC TREATMENT;CLAVICLE	713.13								90			
07	23490	PROPHYLACTIC TREATMENT;CLAVICLE	891.42	00	15						90			
08	23490	REINFORCE CLAVICLE	262.36											
03	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	801.62								90			
07	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,002.03	00	15						90			
08	23491	REINFORCE SHOULDER BONES	262.36											
03	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	163.88								90			
07	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	204.86	00	15						90			
08	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	220.39											
03	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	269.64								90			
07	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	337.05	00	15						90			
03	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	447.32								90			
07	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	559.16	00	15						90			
08	23515	TREAT CLAVILCE FRACTURE	262.36											
03	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	167.14								90			
07	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	208.93	00	15						90			
08	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	220.39											
08	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	220.39											
03	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	294.98								90			
07	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	368.73	00	15						90			
08	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	220.39											
03	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	431.37								90			
07	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	539.22	00	15						90			
08	23530	TREAT CLAIVICLE DISLOCATION	262.36											
03	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	478.09								90			
07	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	597.62	00	15						90			
08	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	262.36											
03	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	184.85								90			
07	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	231.07	00	15						90			
08	23540	TREAT CLAVICLE DISLOCATION	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	228.94							90			
07	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	286.18	00 15						90			
08	23545	TREAT CLAVICLE DISLOCATION	220.39										
02	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	94.82										
03	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	474.09							90			
07	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	551.29	00 15						90			
08	23550	TREAT CLAIVICLE DISLOCATION	262.36										
02	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	99.15										
03	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	495.76							90			
07	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	619.70	00 15						90			
08	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	262.36										
03	23570	TREAT CLSD SCAP FX W/O MANIPULATION	168.27							90			
07	23570	TREAT CLSD SCAP FX W/O MANIPULATION	210.34	00 15						90			
08	23570	TREAT CLSD SCAP FX W/O MANIPULATION	220.39										
03	23575	TREAT CLSD SCAPULAR W/MANIPULATION	286.99							90			
07	23575	TREAT CLSD SCAPULAR W/MANIPULATION	358.74	00 15						90			
08	23575	TREAT SHOULDER BLADE FX	220.39										
03	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	524.57							90			
07	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	655.72	00 15						90			
08	23585	TREAT SCAPULA FRACTURE	262.36										
03	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	236.60							90			
07	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	295.76	00 15						90			
08	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	220.39										
03	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	366.96							90			
07	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	458.70	00 15						90			
08	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	220.39										
03	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	559.54							90			
07	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	699.43	00 15						90			
08	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	262.36										
03	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,236.67							90			
07	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,373.15	00 15						90			
08	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	262.36										
03	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	212.01							90			
07	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	265.02	00 15						90			
03	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	311.81							90			
07	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	389.77	00 15						90			
08	23625	TRT CLSD GRTR TUBEROS FX W/MANIPULAT	220.39										
03	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	444.64							90			
07	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	555.80	00 15						90			
08	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS. FX	282.40										
03	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	245.24							90			
07	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	306.56	00 15						90			
08	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	220.39										
03	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	254.87							90			
07	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	318.59	00 15						90			
08	23655	TRT CLSD SHLD DISLOC W/ MANIP,W/ANES	220.39										
03	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	449.71							90			
07	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	562.14	00 15						90			
08	23660	TREAT SHOULDER DISLOCATION	262.36										
03	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	337.44							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	421.81	00 15						90			
08	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	220.39										
03	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	475.33							90			
07	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	594.17	00 15						90			
08	23670	TREAT DISLOCATION/FRACTURE	262.36										
03	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	402.48							90			
07	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	503.11	00 15						90			
08	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	220.39										
03	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	574.37							90			
07	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	717.97	00 15						90			
08	23680	TREAT DISLOCATION/FRACTURE	262.36										
03	23700	FIXATION OF SHOULDER MANIP W/ANESTH	169.19										
07	23700	FIXATION OF SHOULDER MANIP W/ANESTH	211.49	00 15									
08	23700	FIXATION OF SHOULDER	220.39										
02	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	163.58										
03	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	817.93							90			
07	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,022.42	00 15						90			
08	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	262.36										
02	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	187.37										
03	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	936.88							90			
07	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,171.11	00 15						90			
08	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	320.56										
03	23900	AMPUTATION OF ARM & GIRDLE	1,041.48							90			
07	23900	AMPUTATION OF ARM & GIRDLE	1,301.86	00 15						90			
02	23920	AMPUTATION AT SHOULDER JOINT	162.87										
03	23920	AMPUTATION AT SHOULDER JOINT	814.38							90			
07	23920	AMPUTATION AT SHOULDER JOINT	1,017.98	00 15						90			
03	23921	AMPUTATION FOLLOW-UP SURGERY	346.18							90			
07	23921	AMPUTATION FOLLOW-UP SURGERY	432.73	00 15						90			
08	23921	AMPUTATION FOLLOW-UP SURGERY	262.36										
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	246.04							10			
07	23930	DRAINAGE OF ARM LESION	307.56	00 15						10			
08	23930	DRAINAGE OF ARM LESION	262.36					X					
03	23931	DRAINAGE OF ARM BURSA	201.82							10			
07	23931	DRAINAGE OF ARM BURSA	252.28	00 15						10			
08	23931	DRAINAGE OF ARM BURSA	262.36					X					
03	23935	DRAIN ARM/ELBOW BONE LESION	521.83							90			
07	23935	DRAIN ARM/ELBOW BONE LESION	652.29	00 15						90			
08	23935	DRAIN ARM/ELBOW BONE LESION	220.39										
02	24000	EXPLORATORY ELBOW SURGERY	67.95										
03	24000	EXPLORATORY ELBOW SURGERY	339.76							90			
07	24000	EXPLORATORY ELBOW SURGERY	424.70	00 15						90			
08	24000	EXPLORATORY ELBOW SURGERY	262.36										
02	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	103.62										
03	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	518.12							90			
07	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	647.66	00 15						90			
08	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	24065	BIOPSY ARM/ELBOW SOFT TISSUE	201.23								10			
07	24065	BIOPSY ARM/ELBOW SOFT TISSUE	251.54	00	15						10			
03	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	378.65								90			
07	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	473.32	00	15						90			
08	24066	BIOPSY ARM/ELBOW SOFT TISSUE;DEEP	220.39											
03	24075	REMOVE ARM/ELBOW LESION	319.76								90			
07	24075	REMOVE ARM/ELBOW LESION	399.71	00	15						90			
08	24075	REMOVE ARM/ELBOW LESION	220.39											
03	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	384.54								90			
07	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	480.68	00	15						90			
08	24076	REMOVE ARM/ELBOW LESION; DEEP SUBFAS	220.39											
03	24077	RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	729.20								90			
07	24077	RAD TUMOR RESECT,SFT TISS/ARM-ELBOW	911.50	00	15						90			
08	24077	REMOVE TUMOR OF ARM/ELBOW	262.36											
03	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	304.35								90			
07	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	380.44	00	15						90			
08	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOP	220.39											
03	24101	EXPLORE/TREAT ELBOW JOINT	369.76								90			
07	24101	EXPLORE/TREAT ELBOW JOINT	462.21	00	15						90			
08	24101	EXPLORE/TREAT ELBOW JOINT	262.36											
02	24102	REMOVE ELBOW JOINT LINING	91.14											
03	24102	REMOVE ELBOW JOINT LINING	455.74								90			
07	24102	REMOVE ELBOW JOINT LINING	569.68	00	15						90			
08	24102	REMOVE ELBOW JOINT LINING	262.36											
03	24105	REMOVAL OF ELBOW BURSA	248.94								90			
07	24105	REMOVAL OF ELBOW BURSA	311.18	00	15						90			
08	24105	REMOVAL OF ELBOW BURSA	282.40						X					
03	24110	REMOVE HUMERUS LESION	483.56								90			
07	24110	REMOVE HUMERUS LESION	604.46	00	15						90			
08	24110	REMOVE HUMERUS LESION	220.39											
02	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	115.55											
03	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	577.79								90			
07	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	722.24	00	15						90			
08	24115	REMOVE/GRAFT BONE LESION	262.36											
03	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	690.02								90			
07	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	862.53	00	15						90			
08	24116	REMOVE/GRAFT BONE LESION	262.36											
03	24120	REMOVE ELBOW LESION	388.80								90			
07	24120	REMOVE ELBOW LESION	486.01	00	15						90			
08	24120	REMOVE ELBOW LESION	262.36											
02	24125	EXCISION BONE CYST HEAD/NECK RADIUS	83.31											
03	24125	EXCISION BONE CYST HEAD/NECK RADIUS	416.56								90			
07	24125	EXCISION BONE CYST HEAD/NECK RADIUS	520.71	00	15						90			
08	24125	REMOVE/GRAFT BONE LESION	262.36											
03	24126	EXCISION BONE CYST HEAD/NECK RADIUS	457.18								90			
07	24126	EXCISION BONE CYST HEAD/NECK RADIUS	571.48	00	15						90			
08	24126	REMOVE/GRAFT BONE LESION	262.36											
02	24130	REMOVAL OF HEAD OF RADIUS	75.26											
03	24130	REMOVAL OF HEAD OF RADIUS	376.33								90			
07	24130	REMOVAL OF HEAD OF RADIUS	470.42	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	24130	REMOVAL OF HEAD OF RADIUS	262.36											
03	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	729.17								90			
07	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	911.47	00	15						90			
08	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	262.36						X					
03	24136	REMOVAL LESION/RADIAL HEAD OR NECK	429.02								90			
07	24136	REMOVAL LESION/RADIAL HEAD OR NECK	536.28	00	15						90			
08	24136	REMOVEAL LESION/RADIAL HEAD OR NECK	220.39											X
03	24138	REMOVE BONE LESION/OLECRANON PROCESS	463.53								90			
07	24138	REMOVE BONE LESION/OLECRANON PROCESS	579.42	00	15						90			
08	24138	REMOVE BONE LESION/OLECRANON PROCESS	262.36						X					
03	24140	PART.EXCIS.BONE/HUMERUS	715.55								90			
07	24140	PART.EXCIS.BONE/HUMERUS	894.44	00	15						90			
08	24140	PARTIAL REMOVAL OF ARM BONE	262.36											
02	24145	PART.EXCIS.BONE,RADIAL HEAD OR NECK	106.36											
03	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	531.84								90			
07	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	664.81	00	15						90			
08	24145	PARTIAL REMOVAL OF RADIUS	262.36											
02	24147	PART.EXCIS.BONE,OLECRANON PROCESS	106.18											
03	24147	PART.EXCIS.BONE,OLECRANON PROCESS	530.90								90			
07	24147	PART.EXCIS.BONE,OLECRANON PROCESS	663.63	00	15						90			
08	24147	PART EXCIS BONE, OLECRANON PROCESS	220.39											
02	24149	RADICAL RESECTION OF ELBOW	181.80											
03	24149	RADICAL RESECTION OF ELBOW	909.01								90			
07	24149	RADICAL RESECTION OF ELBOW	926.62	00	15						90			
02	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	160.82											
03	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	804.14								90			
07	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,005.18	00	15						90			
02	24151	EXTENSIVE SURGERY SHAFT/DISTAL HUMER	184.80											
03	24151	EXTENSIVE SURGERY SHAFT/DISTAL HUMER	924.04								90			
07	24151	EXTENSIVE SURGERY SHAFT/DISTAL HUMER	1,155.05	00	15						90			
02	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	113.98											
03	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	569.92								90			
07	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	712.41	00	15						90			
02	24153	EXT SURGERY RADICAL HEAD/NECK W/AUTO	115.58											
03	24153	EXT SURGERY RADICAL HEAD/NECK W/AUTO	577.90								90			
07	24153	EXT SURGERY RADICAL HEAD/NECK W/AUTO	667.00	00	15						90			
02	24155	RESECTION OF ELBOW JOINT	123.26											
03	24155	RESECTION OF ELBOW JOINT	616.32								90			
07	24155	RESECTION OF ELBOW JOINT	770.41	00	15						90			
08	24155	REMOVAL OF ELBOW JOINT	262.36											
03	24160	REMOVE ELBOW JOINT IMPLANT	448.50								90			
07	24160	REMOVE ELBOW JOINT IMPLANT	560.63	00	15						90			
08	24160	REMOVE ELBOW JOINT IMPLANT	220.39											
03	24164	REMOVE RADIUS HEAD IMPLANT	375.34								90			
07	24164	REMOVE RADIUS HEAD IMPLANT	469.18	00	15						90			
08	24164	REMOVE RADIUS HEAD IMPLANT	262.36											
08	24165	REMOVE RADIUS HEAD IMPLANT	262.36											
03	24200	REMOVAL OF ARM FOREIGN BODY	200.12											
07	24200	REMOVAL OF ARM FOREIGN BODY	250.16	00	15									
03	24201	REMOVAL OF ARM FOREIGN BODY DEEP	357.36								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	24201	REMOVAL OF ARM FOREIGN BODY DEEP	446.71	00	15						90			
08	24201	REMOVAL OF ARM FOREIGN BODY DEEP	220.39											
03	24220	INJECTION FOR ELBOW X-RAY	320.07								1			
07	24220	INJECTION FOR ELBOW X-RAY	400.09	00	15						1			
03	24300	MANIPULATE ELBOW W/ANESTH	323.55								90			
07	24300	MANIPULATE ELBOW W/ANESTH	323.55	00	15						90			
03	24301	MUSCLE/TENDON TRANSFER	555.84								90			
07	24301	MUSCLE/TENDON TRANSFER	694.81	00	15						90			
08	24301	MUSCLE/TENDON TRANSFER	262.36											
03	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	433.29								90			X
07	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	541.62	00	15						90			X
08	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	262.36											
03	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	403.02								90			X
07	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	503.78	00	15						90			X
08	24310	REVISION OF ARM TENDON	262.36											
03	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	611.54								90			
07	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	764.43	00	15						90			
08	24320	REPAIR OF ARM TENDON	262.36											
03	24330	FLEXOR-PLASTY ELBOW	528.17								90			
07	24330	FLEXOR-PLASTY ELBOW	660.22	00	15						90			
08	24330	REVISION OF ARM MUSCLES	262.36											
03	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	575.40								90			
07	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	719.26	00	15						90			
08	24331	REVISION OF ARM MUSCLES	262.36											
03	24332	TENOLYSIS, TRICEPS	455.67								90			
07	24332	TENOLYSIS, TRICEPS	455.67	00	15						90			
03	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	449.74								90			
07	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	562.18	00	15						90			
08	24340	REPAIR OF BICEPS TENDON	262.36											
02	24341	REPAIR TENDON/MUSCLE ARM	100.52											
03	24341	REPAIR TENDON/MUSCLE ARM	502.61								90			
07	24341	REPAIR TENDON/MUSCLE ARM	565.99	00	15						90			
08	24341	REPAIR ARM TENDON/MUSCLE	262.36											
03	24342	REINSERTION RUPTURED BICEPS TENDON/D	579.76								90			
07	24342	REINSERTION RUPTURED BICEPS TENDON/D	724.71	00	15						90			
08	24342	REPAIR OF RUPTURED TENDON	262.36											
03	24343	REPR ELBOW LAT LIGMNT W/TISS	599.21								90			
07	24343	REPR ELBOW LAT LIGMNT W/TISS	599.21	00	15						90			
03	24344	RECONSTRUCT ELBOW LAT LIGMNT	908.65								90			
07	24344	RECONSTRUCT ELBOW LAT LIGMNT	908.65	00	15						90			
03	24345	REPR ELBW MED LIGMNT W/TISS	599.21								90			
07	24345	REPR ELBW MED LIGMNT W/TISS	599.21	00	15						90			
08	24345	REPR ELBW LIGMT W/TISS	220.39											
03	24346	RECONSTRUCT ELBOW MED LIGMNT	908.65								90			
07	24346	RECONSTRUCT ELBOW MED LIGMNT	908.65	00	15						90			
03	24350	FACIOTOMY LATERAL/MEDIAL - TENNIS EL	327.00								90			
07	24350	FACIOTOMY LATERAL/MEDIAL - TENNIS EL	408.76	00	15						90			
08	24350	REPAIR OF TENNIS ELBOW	262.36											
03	24351	FASCIOTOMY WITH EXTENSOR ORGIN DETAC	360.46								90			
07	24351	FASCIOTOMY WITH EXTENSOR ORGIN DETAC	450.58	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	24351	REPAIR OF TENNIS ELBOW	262.36											
03	24352	FASCIOTOMY WITH ANN ULAR LIGAMENT RE	384.83								90			
07	24352	FASCIOTOMY WITH ANN ULAR LIGAMENT RE	481.04	00	15						90			
08	24352	REPAIR OF TENNIS ELBOW	262.36											
03	24354	FASCIOTOMY WITH STRIPPING	381.57								90			
07	24354	FASCIOTOMY WITH STRIPPING	476.97	00	15						90			
08	24354	REPAIR OF TENNIS ELBOW	262.39											
03	24356	FASCIOTOMY,WITH PARTIAL OSTECTOMY	396.88								90			
07	24356	FASCIOTOMY,WITH PARTIAL OSTECTOMY	496.10	00	15						90			
08	24356	REVISION OF TENNIS ELBOW	262.36											
02	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	131.38											
03	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	656.93								90			
07	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	821.17	00	15						90			
08	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	282.40											
02	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	147.99											
03	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	739.99								90			
07	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	924.99	00	15						90			
08	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	282.40											
03	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	764.56								90			
07	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	955.71	00	15						90			
08	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	282.40											
03	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	944.31								90			
07	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,180.39	00	15						90			
08	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	320.56											
02	24365	ARTHROPLASTY RADIAL HEAD	94.04											
03	24365	ARTHROPLASTY RADIAL HEAD	470.23								90			
07	24365	ARTHROPLASTY RADIAL HEAD	587.79	00	15						90			
08	24365	ARTHROPLASTY RADIAL HEAD	282.40											
02	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	101.87											
03	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	509.36								90			
07	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	636.70	00	15						90			
08	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	282.40											
03	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	672.01								90			
07	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	840.02	00	15						90			
08	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	262.36											
02	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	164.12											
03	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	820.60								90			
07	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,025.75	00	15						90			
08	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	262.36											
02	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	167.68											
03	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	838.44								90			
07	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,048.05	00	15						90			
08	24420	REVISION OF HUMEROUS	262.36											
02	24430	REPAIR NONUNION OR MALUNION HUMERUS	147.90											
03	24430	REPAIR NONUNION OR MALUNION HUMERUS	739.53								90			
07	24430	REPAIR NONUNION OR MALUNION HUMERUS	924.42	00	15						90			
02	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	155.71											
03	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	778.58								90			
07	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	973.23	00	15						90			
08	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	24470	HEMIEPIPHYSEAL ARREST	449.25							90			
07	24470	HEMIEPIPHYSEAL ARREST	561.57	00 15						90			
08	24470	REVISION OF ELBOW JOINT	262.36										
03	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	516.47							90			
07	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	645.59	00 15						90			
08	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	220.39										
03	24498	PROPHYLACTIC TREAT...HUMERUS	696.18							90			
07	24498	PROPHYLACTIC TREAT...HUMERUS	870.23	00 15						90			
08	24498	REINFORCE HUMERUS	262.36										
03	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	230.96							90			
07	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	288.71	00 15						90			
08	24500	TREAT CLSD HUMERAL SHAFT W/MANI	220.39										
03	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	391.03							90			
07	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	488.79	00 15						90			
08	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	220.39										
02	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	132.88										
03	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	664.44							90			
07	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	830.56	00 15						90			
08	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	262.36										
02	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	135.15										
03	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	675.78							90			
07	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	844.73	00 15						90			
08	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	262.36										
03	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	268.67							90			
07	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	335.84	00 15						90			
08	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	220.39										
03	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	444.37							90			
07	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	555.47	00 15						90			
08	24535	TRT CLSD HUM SUPRA/TRANS FX,W/MANIP	220.39										
03	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	570.50							90			
07	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	713.13	00 15						90			
08	24538	TREAT SUPRA/TRANS CONDYLAR FRAC/PERC	220.39										
03	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	595.38							90			
07	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	744.23	00 15						90			
08	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	262.36										
02	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	170.49										
03	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	852.48							90			
07	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,065.61	00 15						90			
08	24546	OPEN TREATMENT OF HUMERAL	282.40										
03	24560	TREAT CLSD EPICON FX,W/O MANIP	212.06							90			
07	24560	TREAT CLSD EPICON FX,W/O MANIP	265.08	00 15						90			
08	24560	TREAT CLSD EPICON FX, W/O MANIP	220.39										
03	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	382.68							90			
07	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	478.35	00 15						90			
08	24565	TREAT CLSD EPICONDYLAR FRAC, MEDIAL/	220.39										
03	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	503.49							90			
07	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	629.37	00 15						90			
08	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	220.39										
03	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	557.48							90			
07	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	696.85	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	24575	TREAT HUMERUS FRACTURE	262.36											
03	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	208.38								90			
07	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	260.48	00	15						90			
08	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	220.39											
03	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	394.57								90			
07	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	493.22	00	15						90			
08	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	220.39											
03	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	660.72								90			
07	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	825.90	00	15						90			
08	24579	TREAT HUMERUS FRACTURE	262.36											
03	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	540.50								90			
07	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	675.63	00	15						90			
08	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	220.39											
02	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	155.03											
03	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	775.19								90			
07	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	968.99	00	15						90			
08	24586	OPEN TREAT CLSD/OPEN ELBOW FRAC W/EL	262.36											
02	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	154.37											
03	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	771.88								90			
07	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	964.86	00	15						90			
08	24587	OPEN TREAT CLSD/OPEN ELBOW FRAC WITH	282.40											
03	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	305.63								90			
07	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	382.04	00	15						90			
08	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	220.39											
03	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	300.78								90			
07	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	375.98	00	15						90			
08	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	220.39											
03	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	504.81								90			
07	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	631.02	00	15						90			
08	24615	TREAT ELBOW DISLOCATION	262.36											
03	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	390.67								90			
07	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	488.34	00	15						90			
08	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	220.39											X
03	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	843.89								90			
07	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	1,054.87	00	15						90			
08	24635	TREAT ELBOW FRACTURE	262.36											
03	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	121.45											
07	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	151.82	00	15									
03	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	183.88								90			
07	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	229.86	00	15						90			
03	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	326.04								90			
07	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	407.55	00	15						90			
02	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	100.02											
03	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	500.12								90			
07	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	625.16	00	15						90			
08	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	262.36											
02	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	112.70											
03	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	563.52								90			
07	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	704.41	00	15						90			
08	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	194.58								90			
07	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	243.23	00	15						90			
08	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	220.39											
03	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	342.72								90			
07	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	428.41	00	15						90			
08	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	220.39											
03	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	531.56								90			
07	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	664.45	00	15						90			
08	24685	TREAT ULNAR FACTURE	262.36											
02	24800	FUSION OF ELBOW JOINT	121.44											
03	24800	FUSION OF ELBOW JOINT	607.20								90			
07	24800	FUSION OF ELBOW JOINT	759.01	00	15						90			
08	24800	FUSION OF ELBOW JOINT	262.36											
03	24802	FUSION/GRAFT OF ELBOW JOINT	732.23								90			
07	24802	FUSION/GRAFT OF ELBOW JOINT	915.29	00	15						90			
08	24802	FUNSION/GRAFT OF ELBOW JOINT	282.40											
02	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	118.44											
03	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	592.24								90			
07	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	740.30	00	15						90			
02	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	131.41											
03	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	657.05								90			
07	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	821.32	00	15						90			
03	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	470.58								90			
07	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	588.23	00	15						90			
08	24925	AMPUTATION FOLLOW-UP SURGERY	262.36											
03	24930	REAMPUTATION UPPER ARM	599.16								90			
07	24930	REAMPUTATION UPPER ARM	748.96	00	15						90			
03	24931	AMPUTATE UPPER ARM & IMPLANT	698.06								90			
07	24931	AMPUTATE UPPER ARM & IMPLANT	872.58	00	15						90			
02	24935	STUMP ELONGATION/REVISION UPPER ARM	163.67											
03	24935	STUMP ELONGATION/REVISION UPPER ARM	818.36								90			
07	24935	STUMP ELONGATION/REVISION UPPER ARM	1,022.95	00	15						90			
03	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	444.48								90			
07	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	444.48	00	15						90			
02	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X								
03	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP			X								
07	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP	00	15	X								
03	25000	TENDON SHEATH INCISION; AT RADIAL ST	297.44								90			
07	25000	TENDON SHEATH INCISION; AT RADIAL ST	371.80	00	15						90			
08	25000	TENDON SHEATH INCISION AT RADIAL	262.36						X					
03	25001	INCISE FLEXOR CARPI RADIALIS	271.34								90			
07	25001	INCISE FLEXOR CARPI RADIALIS	271.34	00	15						90			
03	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	478.74								90			
07	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	598.43	00	15						90			
08	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	320.56						X					
03	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	850.81								90			
07	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,063.52	00	15						90			
08	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	320.56						X					
03	25024	DECOMPRESS FOREARM 2 SPACES	636.80								90			
07	25024	DECOMPRESS FOREARM 2 SPACES	636.80	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	25024	DECOMPRESS FOREARM 1 SPACE	262.36											
03	25025	DECOMPRESS FORARM 2 SPACES	1,033.26								90			
07	25025	DECOMPRESS FORARM 2 SPACES	1,033.26	00	15						90			
08	25025	DECOMPRESS FOREARM 2 SPACES	262.36											
03	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	423.11								90			
07	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	528.89	00	15						90			
08	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	220.39											
03	25031	INCISION/DRAINAGE INFECTED BURSA; FO	389.58								90			
07	25031	INCISION/DRAINAGE INFECTED BURSA; FO	486.98	00	15						90			
08	25031	INCISION/DRAINAGE INFECTED BURSA; FO	220.39											
03	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	644.42								90			
07	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	805.53	00	15						90			
08	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	220.39											
03	25040	EXPLORE/TREAT WRIST JOINT	467.93								90			
07	25040	EXPLORE/TREAT WRIST JOINT	584.92	00	15						90			
08	25040	EXPLORE/TREAT WRIST JOINT	282.40											
03	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	123.25								10			
07	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	154.07	00	15						10			
03	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	342.63								90			
07	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	428.29	00	15						90			
08	25066	BIOPSY FOREARM SOFT TISSUE	220.39											
03	25075	EXCISE SUBCUTANEOUS TUMOR	296.91								90			
07	25075	EXCISE SUBCUTANEOUS TUMOR	371.14	00	15						90			
08	25075	EXCISE SUBCUTANEOUS	220.39											
03	25076	EXCISE TUMOR,DEEP	475.72								90			
07	25076	EXCISE TUMOR,DEEP	594.65	00	15						90			
08	25076	REMOVE FOREARM LESION DEEP	262.36											
03	25077	RAD RESECT TUMOR/SFT TISS FOREARM/WR	702.32								90			
07	25077	RAD RESECT TUMOR/SFT TISS FOREARM/WR	877.91	00	15						90			
08	25077	REMOVE RUMOR, FOREARM/WRIST	262.36											
03	25085	INCISION OF WRIST CAPSULE	460.68								90			
07	25085	INCISION OF WRIST CAPSULE	575.86	00	15						90			
08	25085	INCISION OF WRIST CAPSULE	282.40						X					
03	25100	BIOPSY OF WRIST JOINT	326.16								90			
07	25100	BIOPSY OF WRIST JOINT	407.71	00	15						90			
08	25100	BIOPSY OF WRIST JOINT	220.39											
03	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	345.37								90			
07	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	431.72	00	15						90			
08	25101	EXPLORE/TREAT WRIST JOINT	262.36											
03	25105	REMOVE WRIST JOINT LINING	470.60								90			
07	25105	REMOVE WRIST JOINT LINING	588.25	00	15						90			
08	25105	REMOVE WRIST JOINT LINING	262.36											
03	25107	ARTHROTOMY,WRIST,COMPLEX	493.20								90			
07	25107	ARTHROTOMY,WRIST,COMPLEX	616.50	00	15						90			
08	25107	REMOVE WRIST JOINT CARTILAGE	262.36											
03	25109	EXCISION OF TENDON, FOREARM AND/OR W	352.62								90			X
07	25109	EXCISION OF TENDON, FOREARM AND/OR W	352.62	00	15						90			X
03	25110	EXCISION,LESION OF TENDON SHEATH	350.04								90			
07	25110	EXCISION,LESION OF TENDON SHEATH	437.55	00	15						90			
08	25110	EXCISION,LESION OF TENDON SHEATH	282.40						X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	25111	EXCISION GANGLION;WRIST,PRIMARY	276.88							90			
07	25111	EXCISION GANGLION;WRIST,PRIMARY	346.11	00 15						90			
08	25111	EXCISION GANGLION;WRIST,PRIMARY	282.40					X					
03	25112	EXCISION GANGLION;WRIST,RECURRENT	330.96							90			
07	25112	EXCISION GANGLION;WRIST,RECURRENT	413.70	00 15						90			
08	25112	EXCISION GANGLION;WRIST,RECURRENT	262.36					X					
03	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	714.83							90			
07	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	893.54	00 15						90			
08	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	262.36										
03	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	635.43							90			
07	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	794.29	00 15						90			
08	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	320.56					X					
03	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	339.38							90			
07	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	424.23	00 15						90			
08	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	220.39										
03	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	482.65							90			
07	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	603.32	00 15						90			
08	25119	PARTIAL REMOVAL OF ULNA	262.36										
03	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	570.81							90			
07	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	713.52	00 15						90			
08	25120	REMOVAL OF FOREARM LESION	262.36										
02	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	129.45										
03	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	647.26							90			
07	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	809.08	00 15						90			
08	25125	REMOVE/GRAFT FOREARM LESION	262.36										
03	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	639.78							90			
07	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	799.73	00 15						90			
08	25126	REMOVE/GRAFT FOREARM LESION	262.36										
03	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	377.83							90			
07	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	472.29	00 15						90			
08	25130	REMOVAL OF WRIST LESION	262.36										
02	25135	EXCISE BONE CYST OF CARPAL BONES W/A	91.66										
03	25135	EXCISE BONE CYST OF CARPAL BONES W/A	458.33							90			
07	25135	EXCISE BONE CYST OF CARPAL BONES W/A	559.44	00 15						90			
08	25135	REMOVE & GRAFT WRIST LESION	262.36										
02	25136	EXCISE BONE CYST OF CARPAL BONES W/H	83.73										
03	25136	EXCISE BONE CYST OF CARPAL BONES W/H	418.68							90			
07	25136	EXCISE BONE CYST OF CARPAL BONES W/H	523.35	00 15						90			
08	25136	REMOVE & GRAFT WRIST LESION	262.36										
03	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	592.80							90			
07	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	741.00	00 15						90			
08	25145	SEQESTRECTOMY FORE ARM BONE ABSCESS	220.39										
02	25150	PARTIAL REMOVAL,RADIUS/ULNA W/SUCTIO	106.18										
03	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	530.92							90			
07	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	663.65	00 15						90			
08	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	220.39										
02	25151	PARTIAL REMOVAL OF RADIUS	128.94										
03	25151	PARTIAL REMOVAL OF RADIUS	644.72							90			
07	25151	PARTIAL REMOVAL OF RADIUS	805.90	00 15						90			
08	25151	PARTIAL REMOVAL OF RADIUS	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	25170	RADICAL RESECTION FOR TUMOR, RADIUS	160.10											
03	25170	RADICAL RESECTION FOR TUMOR, RADIUS	800.52								90			
07	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,000.66	00	15						90			
02	25210	CARPECTOMY; ONE BONE	81.78											
03	25210	CARPECTOMY; ONE BONE	408.92								90			
07	25210	CARPECTOMY; ONE BONE	511.15	00	15						90			
08	25210	REMOVAL OF WRIST BONE	262.36											
02	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	112.40											
03	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	562.00								90			
07	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	702.51	00	15						90			
08	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	262.36											
02	25230	RADIAL STYLOIDECTOMY	74.89											
03	25230	RADIAL STYLOIDECTOMY	374.47								90			
07	25230	RADIAL STYLOIDECTOMY	468.09	00	15						90			
08	25230	RADIAL STYLOIDECTOMY	262.36											
02	25240	EXCISION DISTAL ULNA	87.59											
03	25240	EXCISION DISTAL ULNA	437.96								90			
07	25240	EXCISION DISTAL ULNA	547.46	00	15						90			
08	25240	EXCISION DISTAL ULNA	262.36											
03	25246	INJECTION FOR WRIST X-RAY	299.80								1			
07	25246	INJECTION FOR WRIST X-RAY	374.76	00	15						1			
03	25248	REMOVE FOREARM FOREIGN BODY	429.44								90			
07	25248	REMOVE FOREARM FOREIGN BODY	536.80	00	15						90			
08	25248	REMOVE FOREARM FOREIGN BODY	220.39											X
03	25250	REMOVAL OF WRIST PROSTHESIS	435.60								90			
07	25250	REMOVAL OF WRIST PROSTHESIS	544.50	00	15						90			
08	25250	REMOVAL OF WRIST PROSTHESIS	220.39											
03	25251	REMOVE WRIST PROTH,COMPLICATED	619.44								90			
07	25251	REMOVE WRIST PROTH,COMPLICATED	774.30	00	15						90			
08	25251	REMOV WRIST PROSTH, COMPLICATED	220.39											
03	25259	MANIPULATE WRIST W/ANESTHES	320.09								90			
07	25259	MANIPULATE WRIST W/ANESTHES	320.09	00	15						90			
03	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	679.88								90			X
07	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	849.85	00	15						90			X
08	25260	REP,TEND/MUSC;PRIM,SING;EACH TEN/MUS	282.40						X					
03	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	642.72								90			X
07	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	803.40	00	15						90			X
08	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	282.40						X					
03	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	745.02								90			X
07	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	931.28	00	15						90			X
08	25265	REPAIR FOREARM TENDON/MUSCLE	262.36											
03	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	595.93								90			X
07	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	744.92	00	15						90			X
08	25270	REP TEN/MUS,EXTEN,FOREARM,WRIST,PRIM	282.40						X					
03	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	640.72								90			X
07	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	800.90	00	15						90			X
08	25272	REP TEN/MUS,EXTEN,FOREARM,WRIST,SECO	282.40						X					
03	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	717.16								90			X
07	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	896.45	00	15						90			X
08	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	25275	REPAIR FOREARM TENDON SHEATH	578.11								90			
07	25275	REPAIR FOREARM TENDON SHEATH	578.11	00	15						90			
08	25275	REPAIR FOREARM TENDON SHEATH	262.36											
03	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	628.74								90			X
07	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	785.93	00	15						90			X
08	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	262.36											
03	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	626.58								90			X
07	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	783.23	00	15						90			X
08	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	220.39						X					
03	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	591.66								90			X
07	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	739.58	00	15						90			X
08	25295	RELEASE WRIST/FOREARM TENDON	262.36											
03	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	532.38								90			
07	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	665.48	00	15						90			
08	25300	FUSION OF TENDONS AT WRIST	262.36											
03	25301	TENODESIS AT WRIST; EXTENSORS OF FI	524.76								90			
07	25301	TENODESIS AT WRIST; EXTENSORS OF FI	655.95	00	15						90			
08	25301	FUSION OF TENDONS AT WRIST	262.36											
03	25310	TEND TRANSPLANT...SING.;EACH TENDON	674.52								90			X
07	25310	TEND TRANSPLANT...SING.;EACH TENDON	843.16	00	15						90			X
08	25310	TEND TRANSPLAT...SING.;EACH TENDON	262.36											
03	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	740.53								90			X
07	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	925.67	00	15						90			X
08	25312	TENDON TRANSPLANT,W/GRFT..EACH TEND	262.36											
03	25315	REVISE PALSY HAND TENDON(S)	793.45								90			
07	25315	REVISE PALSY HAND TENDON(S)	991.82	00	15						90			
03	25316	REVISE PALSY HAND TENDON W/TENDON S	863.28								90			
07	25316	REVISE PALSY HAND TENDON W/TENDON S	1,079.11	00	15						90			
08	25316	REVISE PALSY HAND TENDON W/TENDONS	262.36											
03	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	633.42								90			
07	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	791.78	00	15						90			
08	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	262.36											
03	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	664.78								90			
07	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	830.98	00	15						90			
08	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	282.40											
03	25335	CENTRALIZATION-WRIST ON ULNA	755.28								90			
07	25335	CENTRALIZATION-WRIST ON ULNA	944.11	00	15						90			
08	25335	CENTRALIZATION-WRIST ON ULNA	262.36											
02	25337	RECONSTRUCT ULNA/RADIOULNAR	134.69											
03	25337	RECONSTRUCT ULNA/RADIOULNAR	673.48								90			
07	25337	RECONSTRUCT ULNA/RADIOULNAR	841.86	00	15						90			
08	25337	RECONSTRUCT ULNA/RADIOULNAR	282.40											
03	25350	REVISION OF RADIUS;DISTAL THIRD	702.72								90			
07	25350	REVISION OF RADIUS;DISTAL THIRD	878.41	00	15						90			
08	25350	REVISION OF RADIUS;DISTAL THIRD	320.56						X					
03	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	762.43								90			
07	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	953.04	00	15						90			
08	25355	REVISION OF RADIUS;MIDDLE OR P	320.56						X					
02	25360	REVISION OF ULNA	139.49											
03	25360	REVISION OF ULNA	697.45								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	25360	REVISION OF ULNA	871.82	00	15						90			
08	25360	REVISION OF ULNA	320.56						X					
03	25365	REVISE RADIUS & ULNA	871.64								90			
07	25365	REVISE RADIUS & ULNA	1,089.56	00	15						90			
08	25365	REVISE RADIUS & ULNA	320.56						X					
03	25370	REVISION,MULTIPLE,RADIUS OR ULNA	882.40								90			
07	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,103.01	00	15						90			
08	25370	REVSION,MULTIPLE,RADIUS OR ULNA	262.36											X
02	25375	REVISION,MULTIPLE,RADIUS AND ULNA	167.38											
03	25375	REVISION,MULTIPLE,RADIUS AND ULNA	836.92								90			
07	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,046.15	00	15						90			
08	25375	REVISION,MULTIPLE,RADIUS AND ULNA	262.36											
02	25390	SHORTEN RADIUS/ULNA	154.46											
03	25390	SHORTEN RADIUS/ULNA	772.30								90			
07	25390	SHORTEN RADIUS/ULNA	965.38	00	15						90			
08	25390	SHORTEN RADIUS/ULNA	262.36											
02	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	183.07											
03	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	915.35								90			
07	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,144.19	00	15						90			
08	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	262.36											
03	25392	SHORTEN RADIUS & ULNA	837.60								90			
07	25392	SHORTEN RADIUS & ULNA	1,047.00	00	15						90			
08	25392	SHORTEN RADIUS & ULNA	262.36											
03	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,050.21								90			
07	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,312.77	00	15						90			
08	25393	LENGTHENING RADIUS & ULNA 2/AUTOGENO	262.36											
03	25394	REPAIR CARPAL BONE, SHORTEN	674.58								90			
07	25394	REPAIR CARPAL BONE, SHORTEN	674.58	00	15						90			
02	25400	REPAIR RADIUS OR ULNA	161.14											
03	25400	REPAIR RADIUS OR ULNA	805.72								90			
07	25400	REPAIR RADIUS OR ULNA	1,007.16	00	15						90			
08	25400	REPAIR RADIUS OR ULNA	262.36											
02	25405	REPAIR/GRAFT RADIUS OR ULNA	195.43											
03	25405	REPAIR/GRAFT RADIUS OR ULNA	977.16								90			
07	25405	REPAIR/GRAFT RADIUS OR ULNA	1,221.46	00	15						90			
08	25405	REPAIR/GRAFT RADIUS OR ULNA	262.36											
02	25415	REPAIR RADIUS & ULNA	182.91											
03	25415	REPAIR RADIUS & ULNA	914.56								90			
07	25415	REPAIR RADIUS & ULNA	1,143.21	00	15						90			
08	25415	REPAIR RADIUS & ULNA	262.36											
02	25420	REPAIR/GRAFT RADIUS & ULNA	214.67											
03	25420	REPAIR/GRAFT RADIUS & ULNA	1,073.36								90			
07	25420	REPAIR/GRAFT RADIUS & ULNA	1,341.70	00	15						90			
08	25420	REPAIR/GRAFT RADIUS & ULNA	262.36											
02	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	208.78											
03	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,043.90								90			
07	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,304.88	00	15						90			
08	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	262.36											
02	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	194.01											
03	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	970.05								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,212.57	00	15						90			
08	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	262.36											
03	25430	VASC GRAFT INTO CARPAL BONE	592.16								90			
07	25430	VASC GRAFT INTO CARPAL BONE	592.16	00	15						90			
03	25431	REPAIR NONUNION CARPAL BONE	589.76								90			
07	25431	REPAIR NONUNION CARPAL BONE	589.76	00	15						90			
02	25440	REPAIR/GRAFT WRIST BONE	122.97											
03	25440	REPAIR/GRAFT WRIST BONE	614.87								90			
07	25440	REPAIR/GRAFT WRIST BONE	768.59	00	15						90			
08	25440	REPAIR/GRAFT WRIST BONE	262.36											
02	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	145.37											
03	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	726.87								90			
07	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	908.59	00	15						90			
08	25441	RECONSTRUCT WRIST JOINT;DISTAL RADI	282.40											
02	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	126.28											
03	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	631.41								90			
07	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	789.27	00	15						90			
08	25442	RECONSTRUCT WRIST JOINT;DISTAL ULNA	282.40						X					
02	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	133.29											
03	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	666.48								90			
07	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	833.11	00	15						90			
08	25443	RECONSTRUCT WRIST JOINT;SCAPHOID	282.40											
03	25444	RECONSTRUCT WRIST JOINT; LUNATE	717.03								90			
07	25444	RECONSTRUCT WRIST JOINT; LUNATE	896.29	00	15						90			
08	25444	RECONSTRUCT WRIST JOINT;LUNATE	320.56						X					
02	25445	RECONSTRUCT WRIST JOINT; TRAPEZIUM	130.18											
03	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	650.92								90			
07	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	813.65	00	15						90			
08	25445	RECONSTRUCT WRIST JOINT TRAPEZ	320.56						X					
02	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	179.27											
03	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	896.36								90			
07	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,120.46	00	15						90			
08	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	320.56											
02	25449	REVISE ARTHROPLASTY,REVDVE	173.86											
03	25449	REVISE ARTHROPLASTY,REVDVE	869.34								90			
07	25449	REVISE ARTHROPLASTY,REVDVE	1,086.68	00	15						90			
08	25449	REVISE ARTHROPLASTY,REVDVE	320.56						X					
03	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	598.41								90			
07	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	748.02	00	15						90			
08	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	262.36											
03	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	682.74								90			
07	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	853.43	00	15						90			
08	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	262.36											
03	25490	PROPHYLACTIC TREATMENT/RADIUS	725.16								90			
07	25490	PROPHYLACTIC TREATMENT/RADIUS	906.45	00	15						90			
08	25490	PROPHYLACIC TREATMENT/RADIUS	262.36											
03	25491	PROPHYLACTIC TREATMENT; ULNA	750.82								90			
07	25491	PROPHYLACTIC TREATMENT; ULNA	938.53	00	15						90			
08	25491	PROPHYLACTIC TREATMENT; ULNA	262.36											
03	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	801.36								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	1,001.70	00 15						90			
08	25492	PROHPYLACTIC TREATMENT;RADIUS & ULNA	262.36										
03	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	184.96							90			
07	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	231.20	00 15						90			
03	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	365.77							90			
07	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	457.22	00 15						90			
08	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	220.39										
03	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	547.19							90			
07	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	683.99	00 15						90			
08	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	262.36										
03	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	403.45							90			
07	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	504.32	00 15						90			
08	25520	CLOSED TREATMENT OF RADIAL SHAFT FRA	220.39										
03	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	688.84							90			
07	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	861.05	00 15						90			
08	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	262.36										
03	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	797.96							90			
07	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	997.46	00 15						90			
08	25526	TREAT FRACTURE OF RADIUS	282.40										
03	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	173.04							90			
07	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	216.31	00 15						90			
03	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	360.22							90			
07	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	450.28	00 15						90			
08	25535	TREA CLOSED ULNAR SHAFT W/MANI	220.39										
03	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	536.63							90			
07	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	670.79	00 15						90			
08	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	262.36										
03	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	184.62							90			
07	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	230.78	00 15						90			
08	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	282.40										
03	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	383.50							90			
07	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	479.38	00 15						90			
08	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	220.39										
03	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	492.62							90			
07	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	557.55	00 15						90			
08	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	262.36										
03	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	608.89							90			
07	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	761.12	00 15						90			
08	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	262.36										
03	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	198.42							90			
07	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	248.03	00 15						90			
03	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	394.12							90			
07	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	492.66	00 15						90			
08	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	262.36										
03	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	477.00							90			
07	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	477.00	00 15						90			
08	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	262.36										
02	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	96.91										
03	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	484.55							90			
07	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	484.55	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	282.40											
02	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	111.37											
03	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	556.87								90			
07	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	556.87	00	15						90			
08	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	282.40											
02	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	142.26											
03	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	711.34								90			
07	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	711.34	00	15						90			
08	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	282.40											
03	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	196.28								90			
07	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	245.36	00	15						90			
03	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	332.38								90			
07	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	415.48	00	15						90			
08	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	220.39											
03	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	515.62								90			
07	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	644.53	00	15						90			
08	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	262.36											
03	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	209.64								90			X
07	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	262.05	00	15						90			X
03	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	322.88								90			X
07	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	403.60	00	15						90			X
08	25635	TREAT WRIST BONE FRACTURE	220.39											
03	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	472.99								90			X
07	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	591.24	00	15						90			X
08	25645	OPEN TX, CLSD/OPEN FX... EACH BONE	262.36											
03	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	216.67								90			
07	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	270.84	00	15						90			
03	25651	PIN ULNAR STYLOID FRACTURE	354.43								90			
07	25651	PIN ULNAR STYLOID FRACTURE	354.43	00	15						90			
03	25652	TREAT FRACTURE ULNAR STYLOID	521.29								90			
07	25652	TREAT FRACTURE ULNAR STYLOID	521.29	00	15						90			
03	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	289.08								90			
07	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	361.35	00	15						90			
08	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	220.39											
03	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	495.62								90			
07	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	619.53	00	15						90			
08	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	262.36											
03	25671	PIN RADIOULNAR DISLOCATION	428.97								90			
07	25671	PIN RADIOULNAR DISLOCATION	428.97	00	15						90			
08	25671	PIN RADIOULNAR DISLOCATION	220.39											
03	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	339.34								90			
07	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	424.18	00	15						90			
08	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	220.39											
03	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	499.41								90			
07	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	624.27	00	15						90			
08	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	220.39											
03	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	349.37								90			
07	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	436.72	00	15						90			
08	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	220.39											
03	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	569.98								90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	712.48	00	15						90			
08	25685	OPEN TREAT CLSD/OPEN TRANS/SCRAPHOPE	262.36											
03	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	354.77								90			
07	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	443.47	00	15						90			
08	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	220.39											
03	25695	OPEN TREATMENT LUNATE DISLOCATION	510.92								90			
07	25695	OPEN TREATMENT LUNATE DISLOCATION	638.66	00	15						90			
08	25695	OPEN TREATMENT LUNATE DISLOCATION	220.39											
02	25800	FUSION WRIST JOINT;W/O BONE GRAFT	117.57											
03	25800	FUSION OF WRIST JOINT	587.85								90			
07	25800	FUSION OF WRIST JOINT	734.82	00	15						90			
08	25800	FUSION OF WRIST JOINT	262.36											
02	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	131.12											
03	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	655.64								90			
07	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	819.55	00	15						90			
08	25805	FUSION WRIST JOINT; W/SLIDING GRAFT	282.40											
02	25810	FUSION WRIST JOINT; W/DISTANT BONE	124.86											
03	25810	FUSION WRIST JOINT; W/DISTANT BONE	624.32								90			
07	25810	FUSION WRIST JOINT; W/DISTANT BONE	780.41	00	15						90			
08	25810	FUSION/GRAFT OF WRIST JOINT	282.40											
02	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	95.80											
03	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	479.03								90			
07	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	598.79	00	15						90			
08	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	262.36											
02	25825	INTERCARPAL FUSION;W/BONE GRAFT	112.38											
03	25825	INTERCARPAL FUSION;W/ BONEGRAFT	561.94								90			
07	25825	INTERCARPAL FUSION;W/ BONEGRAFT	702.43	00	15						90			
08	25825	INTERCARPAL FUSION;W/BONEGRAFT	282.40											
02	25830	FUSION RADIOULNAR JNT/ULNA	149.90											
03	25830	FUSION RADIOULNAR JNT/ULNA	749.52								90			
07	25830	FUSION RADIOULNAR JNT/ULNA	936.91	00	15						90			
08	25830	FUSION DADIOULNAR JNT/ULNA	282.40											
03	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	665.06								90			
07	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	831.33	00	15						90			
03	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	647.61								90			
07	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	809.52	00	15						90			
03	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	634.51								90			
07	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	793.14	00	15						90			
08	25907	AMPUTATION, FOREARM, SECONDARY CLOSU	262.36											
03	25909	REAMPUTATION FOREARM SURGERY	649.99								90			
07	25909	REAMPUTATION FOREARM SURGERY	812.49	00	15						90			
03	25915	AMPUTATION FOREARM, KRUKENBERO PROC	934.37								90			
07	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,167.97	00	15						90			
03	25920	DISARTICULATION THROUGH WRIST	531.23								90			
07	25920	DISARTICULATION THROUGH WRIST	664.04	00	15						90			
03	25922	DISARTICULATION WRIST;SECOND CLOSURE	427.87								90			
07	25922	DISARTICULATION WRIST;SECOND CLOSURE	534.84	00	15						90			
08	25922	DISARTICULATION WRIST; SECOND CLOSUR	262.36											
03	25924	REAMPUTATION WRIST SURGERY	527.13								90			
07	25924	REAMPUTATION WRIST SURGERY	658.92	00	15						90			

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	25927	TRANSMETACARPAL AMPUTATION	633.88							90			
07	25927	TRANSMETACARPAL AMPUTATION	792.35	00 15						90			
03	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	427.36							90			
07	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	534.21	00 15						90			
08	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	262.36										
03	25931	AMPUTATION FOLLOW-UP SURGERY	644.10							90			
07	25931	AMPUTATION FOLLOW-UP SURGERY	805.13	00 15						90			
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	179.54							10			
07	26010	DRAINAGE OF FINGER ABSCESS	224.43	00 15						10			
08	26010	DRAINAGE OF FINGER ABSCESS	262.36					X					
03	26011	DRAIN FINGER ABSCESS; COMPLICATED	257.61							10			
07	26011	DRAIN FINGER ABSCESS; COMPLICATED	322.02	00 15						10			
08	26011	DRAINAGE OF FINGER ABSCESS	262.36					X					
03	26020	DRAIN HAND TENDON SHEATH	479.29							90			
07	26020	DRAIN HAND TENDON SHEATH	599.12	00 15						90			
08	26020	DRAIN HAND TENDON SHEATH	220.39					X					
03	26025	DRAINAGE OF PALM BURSA	487.84							90			
07	26025	DRAINAGE OF PALM BURSA	609.80	00 15						90			
08	26025	DRAINAGE OF PALM BURSA	220.39					X					
03	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	541.83							90			
07	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	677.29	00 15						90			
08	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	220.39										
03	26034	TREAT HAND BONE LESION	573.08							90			
07	26034	TREAT HAND BONE LESION	716.35	00 15						90			
08	26034	TREAT HAND BONE LESION	220.39										
03	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	683.59							90			
07	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	854.49	00 15						90			
03	26037	DECOMPRESSIVE FASCIOTOMY, HAND	549.48							90			
07	26037	DECOMPRESSIVE FASCIOTOMY, HAND	686.86	00 15						90			
03	26040	RELEASE PALM CONTRACTURE; CLOSED	431.58							90			
07	26040	RELEASE PALM CONTRACTURE; CLOSED	539.48	00 15						90			
08	26040	RELEASE PALM CONTRACTURE,CLOSED	262.36					X					
03	26045	RELEASE PALM CONTRACTURE; OPEN PARTI	535.86							90			
07	26045	RELEASE PALM CONTRACTURE; OPEN PARTI	669.83	00 15						90			
08	26045	RELEASE PALM CONTRACTURE,OPEN	320.56					X					
03	26055	INCISE FINGER TENDON SHEATH	291.17							90			X
07	26055	INCISE FINGER TENDON SHEATH	363.97	00 15						90			X
08	26055	INCISE FINGER TENDON SHEATH	220.39					X					
03	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	280.36							90			X
07	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	350.46	00 15						90			X
08	26060	INCISION FINGER TENDON	220.39					X					
03	26070	EXPLORE/TREAT HAND JOINT	408.84							90			
07	26070	EXPLORE/TREAT HAND JOINT	511.05	00 15						90			
08	26070	EXPLORE/TREAT HAND JOINT	220.39										
03	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	432.84							90			
07	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	541.06	00 15						90			
08	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	262.36										

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	464.81								90			X
07	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	581.02	00	15						90			X
08	26080	ARTHROTOMY, INTERPHALANGEAL,EACH JNT	262.36											
03	26100	BIOPSY HAND JOINT LINING	329.25								90			
07	26100	BIOPSY HAND JOINT LINING	411.57	00	15						90			
08	26100	BIOPSY HAND JOINT LINING	220.39											
03	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	444.25								90			
07	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	555.32	00	15						90			
08	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	220.39											
03	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	426.55								90			X
07	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	533.19	00	15						90			X
08	26110	ARTHROTOMY,INTERPHALANGEAL, EACH JOI	220.39											
03	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	316.11								90			
07	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	395.14	00	15						90			
08	26115	EXCISION BENIGN TUMOR,HAND SUBCUTANE	220.39											
03	26116	EXCISION BENIGN TUMOR,HAND; DEEP	526.92								90			
07	26116	EXCISION BENIGN TUMOR,HAND; DEEP	658.65	00	15						90			
08	26116	EXCISION BENIGN TUMOR, HAND; DEEP	220.39											
03	26117	RAD TUMOR RESECT,SFT TISS/HAND-FINGE	659.31								90			
07	26117	RAD TUMOR RESECT,SFT TISS/HAND-FINGE	824.14	00	15						90			
08	26117	RAD TUMOR TESECT, SFT TISS/HAND-FING	262.36											
03	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	638.64								90			
07	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	798.31	00	15						90			
08	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	262.36											
03	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	718.28								90			
07	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	897.86	00	15						90			
08	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	262.36											
03	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	212.44											X
07	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	265.56	00	15									X
08	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	262.36											
03	26130	REMOVE WRIST JOINT LINING	565.67								90			
07	26130	REMOVE WRIST JOINT LINING	707.09	00	15						90			
08	26130	REMOVE WRIST JOINT LINING	320.56						X					
03	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	651.45								90			X
07	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	814.32	00	15						90			X
08	26135	REVISE FINGER JOINT EACH DIGIT	320.56						X					
03	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	608.00								90			X
07	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	760.01	00	15						90			X
08	26140	REVISE FINGER JOINT EACH INTER	320.56						X					
03	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	625.87								90			X
07	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	782.34	00	15						90			X
08	26145	TENDON EXCISION PALM,FINGER	320.56						X					
03	26160	REMOVE TENDON SHEATH LESION	300.21								90			
07	26160	REMOVE TENDON SHEATH LESION	375.27	00	15						90			
08	26160	REMOVE TENDON SHEATH LESION	282.40						X					
03	26170	EXCISE TENDON,PALM...EACH	367.27								90			X
07	26170	EXCISE TENDON,PALM...EACH	459.09	00	15						90			X
08	26170	EXCISION OF TENDON PALM,FLEXOR	282.40						X					
03	26180	EXCISION OF TENDON,FINGER,FLEXOR	396.63								90			
07	26180	EXCISION OF TENDON,FINGER,FLEXOR	495.79	00	15						90			

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	26180	EXCISION OF TENDON, FIINGER, FLEXOR	262.36										
03	26185	REMOVE FINGER BONE	388.69							90			
07	26185	REMOVE FINGER BONE	485.87	00 15						90			
08	26185	REMOVE FINGER BONE	262.36										
03	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	528.48							90			
07	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	660.61	00 15						90			
08	26200	REMOVE BONE CYST/BENING TUMOR OF HAN	220.39										
03	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	632.11							90			
07	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	790.14	00 15						90			
08	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	262.36										
03	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	525.04							90			
07	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	656.30	00 15						90			
08	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	220.39										
03	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	598.10							90			
07	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	747.63	00 15						90			
08	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	262.36										
03	26230	PARTIAL REMOVAL OF HAND BONE	527.80							90			
07	26230	PARTIAL REMOVAL OF HAND BONE	659.75	00 15						90			
08	26230	PARTIAL REMOVAL OF HAND BONE	320.56										
03	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	514.20							90			
07	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	642.76	00 15						90			
08	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	262.36										
03	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	487.60							90			
07	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	609.50	00 15						90			
08	26236	PARTIAL REMOVAL DISTAL PHALANX(FLING	262.36										
02	26250	RADICAL RESECTION FOR TUMOR, HAND	135.37										
03	26250	RADICAL RESECTION FOR TUMOR,HAND	676.85							90			
07	26250	RADICAL RESECTION FOR TUMOR,HAND	846.07	00 15						90			
08	26250	RADICAL RESECTION FOR TUMOR, HAND	262.36										
02	26255	RADICAL RESECTION FOR TUMOR,HAND;W/A	170.64										
03	26255	RADICAL RESECTION FOR TUMOR,HAND;W/A	853.22							90			
07	26255	RADICAL RESECTION FOR TUMOR,HAND;W/A	1,066.53	00 15						90			
08	26255	RADICAL RESECTION FOR TUMOR,HAND;W/A	262.36										
03	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	635.80							90			
07	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	794.75	00 15						90			
08	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	262.36										
03	26261	RADICAL RESECT TUMOR,PROXIMAL W/AUTO	686.55							90			
07	26261	RADICAL RESECT TUMOR,PROXIMAL W/AUTO	858.19	00 15						90			
08	26261	RADICAL RESECT TUMOR,PROXIMAL W/AUTO	262.36										
03	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	553.83							90			
07	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	692.29	00 15						90			
08	26262	RADICAL RESECTION FOR RUMOR,DISTAL P	220.39										
03	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	456.34							90			
07	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	570.43	00 15						90			
08	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	220.39										
03	26340	MANIPULATE FINGER W/ANESTH	209.31							90			X
07	26340	MANIPULATE FINGER W/ANESTH	209.31	00 15						90			X
03	26350	FLEX TENDON REP,SING,EACH TENDON	700.53							90			X
07	26350	FLEX TENDON REP,SING,EACH TENDON	875.67	00 15						90			X
08	26350	FLEXOR TENDON REPAIR,PRIMARY/S	282.40					X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	26352	FLEX TEND.REP,SECONDARY..EACH TENDON	148.30											X
03	26352	FLEX TEND REP,SECONDARY..EACH TENDON	741.52								90			X
07	26352	FLEX TEND REP,SECONDARY..EACH TENDON	926.91	00	15						90			X
08	26352	FLEX TEND REP,SECONDARY..EACH TENDON	262.36											
03	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	799.92								90			X
07	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	999.91	00	15						90			X
08	26356	FLEX TEND REP/ADV,SING;PRIM,EACH TEN	262.36											
03	26357	FLEXOR REP,SECONDARY,EACH TENDON	808.86								90			X
07	26357	FLEXOR REP,SECONDARY,EACH TENDON	1,011.08	00	15						90			X
08	26357	FLEXOR REP,SECONDARY,EACH TENDON	262.36											
03	26358	FLEX TEND REP/ADV,SNG;...EACH TENDON	854.58								90			X
07	26358	FLEX TEND REP/ADV,SNG;...EACH TENDON	1,068.23	00	15						90			X
08	26358	FLEX TEND REP/ADV,SGN;...EACH TENDON	262.36											
03	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	746.53								90			X
07	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	933.17	00	15						90			X
08	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	262.36											
03	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	793.98								90			X
07	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	992.48	00	15						90			X
08	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	262.36											
03	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	828.84								90			X
07	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	1,036.06	00	15						90			X
08	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	262.36											
03	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	718.03								90			
07	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	897.54	00	15						90			
08	26390	FLEXOR TENDON EXCISE IMPLANT P	282.40						X					
03	26392	REMOVAL ROD AND INSERTION OF TENDON	907.50								90			
07	26392	REMOVAL ROD AND INSERTION OF TENDON	1,134.38	00	15						90			
08	26392	REMOVAL ROD AND INSERTION OF TENDON	262.36											X
03	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	557.16								90			X
07	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	696.46	00	15						90			X
08	26410	EXTENSOR TENDON REPAIR,DORSUM	282.40						X					
03	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	625.76								90			X
07	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	782.21	00	15						90			X
08	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	262.36											
03	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	714.75								90			
07	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	893.44	00	15						90			
08	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	262.36											
03	26416	REMOVE TUBE/ROD,INSERT GRAFT...	777.39								90			
07	26416	REMOVE TUBE/ROD,INSERT GRAFT...	971.74	00	15						90			
08	26416	REMOVE TUB/ROD,INSERT GRAFT...	262.36											
03	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	546.35								90			X
07	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	682.94	00	15						90			X
08	26418	EXTENSOR TENDON REPAIR,DORSUM F	282.40						X					
03	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	667.06								90			X
07	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	833.83	00	15						90			X
08	26420	EXTENSOR TENDON REPAIR,DORSUM	320.56						X					
03	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	625.89								90			
07	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	782.37	00	15						90			
08	26426	EXTENSOR TENDON,CENTRAL SLIP R	320.56						X					
03	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	632.59								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	790.74	00	15						90			
08	26428	EXTENSOR TENDON,CENTRAL SLIP R	320.56						X					
03	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	467.48								90			
07	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	584.35	00	15						90			
08	26432	TENDON REPAIR,DISTAL INSERT CLOSED	282.40						X					
03	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	508.53								90			
07	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	635.67	00	15						90			
08	26433	TENDON REPAIR,OPEN,PRIMARY/SEC	282.40						X					
03	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	579.26								90			
07	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	724.08	00	15						90			
08	26434	TENDON REPAIR,OPEN,PRIMARY/SECONDARY	320.56						X					
03	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	542.90								90			
07	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	678.63	00	15						90			
08	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	262.36											
03	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	625.58								90			X
07	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	781.98	00	15						90			X
08	26440	TENOLYSIS,SIMPLE,FLEXOR,TENDON P	282.40						X					
08	26441	RECONSTRUCT/GRAFT HAND JOINT	320.56											
03	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	746.72								90			X
07	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	933.41	00	15						90			X
08	26442	TENOLYSIS,SIMP...;PALM&FLING EACH TE	262.36											
03	26445	TENOLYSIS,EXT TEND...;EACH TENDON	597.90								90			X
07	26445	TENOLYSIS,EXT TEND...;EACH TENDON	747.38	00	15						90			X
08	26445	TENOLYSIS,EXT TEND...;EACH TENDON	262.36											
03	26449	TENOLYSIS,COMP,EXT TENDON.....	730.25								90			
07	26449	TENOLYSIS,COMP,EXT TENDON.....	912.82	00	15						90			
08	26449	TENOLSIS,COMPLEX TENDON,HAND,F	282.40						X					
03	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	336.61								90			X
07	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	420.77	00	15						90			X
08	26450	TENOTOMY,FLEXOR,SINGLE,PALM,OPEN	220.39						X					
03	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	327.77								90			X
07	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	409.72	00	15						90			X
08	26455	TENOTOMY,FLEXOR,SINGLE,FINGER	220.39						X					
03	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	313.73								90			X
07	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	392.17	00	15						90			X
08	26460	TENOTOMY,EXTENSOR,HAND OR FINGER	220.39						X					
03	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	534.27								90			
07	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	667.84	00	15						90			
08	26471	TENODESIS;FOR PROXIMAL FINGER J	282.40						X					
03	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	505.66								90			
07	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	632.08	00	15						90			
08	26474	TENODESIS,FOR DISTAL JOINT STA	282.40						X					
03	26476	TEND LENGTHEN,EXT...SINGLE, EACH	484.95								90			X
07	26476	TEND LENGTHEN,EXT...SINGLE, EACH	606.19	00	15						90			X
08	26476	TEND LENGTHEN, EXT SINGLE, EACH	220.39											
03	26477	TEND SHORTEN,EXT...SINGLE,EACH	508.93								90			X
07	26477	TEND SHORTEN,EXT...SINGLE,EACH	636.17	00	15						90			X
08	26477	TEND SHORTEN, EXT...SINGLE, EACH	220.39											
08	26478	TENDON LENGTHENING,FLEXOE,HAND/FINGE	220.39											
03	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	529.94								90			X

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	662.43	00	15						90			X
08	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	220.39											
03	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	708.20								90			X
07	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	885.26	00	15						90			X
08	26480	TRANSPLANT HAND TENDON	262.36											
03	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	763.00								90			X
07	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	953.75	00	15						90			X
08	26483	TRANSPLANT/GRAFT HAND TENDON	262.36											
03	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	750.96								90			X
07	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	938.71	00	15						90			X
08	26485	TEND TRANS/PLNT, EA TEND; W/GRAFT	220.39											X
03	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	735.04								90			X
07	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	918.80	00	15						90			X
08	26489	TRANSPLANT/GRAFT HAND TENDON	262.36											
03	26490	REVISE THUMB TENDON	643.02								90			
07	26490	REVISE THUMB TENDON	803.78	00	15						90			
08	26490	REVISE THUMB TENDON	262.36											
03	26492	REVISE THUMB TENDON W/GRAFT	705.73								90			
07	26492	REVISE THUMB TENDON W/GRAFT	882.17	00	15						90			
08	26492	TENDON TRANSFER/MUSCLE TRANSFER	262.36											
03	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	613.18								90			
07	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	766.48	00	15						90			
08	26494	HAND TENDON/MUSCLE TRANSFER	262.36											
03	26496	REVISE THUMB TENDON; OTHER METHODS	696.46								90			
07	26496	REVISE THUMB TENDON; OTHER METHODS	870.58	00	15						90			
08	26496	REVISE THUMB TENDON	262.36											
03	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	718.32								90			
07	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	897.91	00	15						90			
08	26497	FINGER TENDON TRANSFER	262.36											
03	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	904.81								90			
07	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,131.02	00	15						90			
08	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	262.36											
03	26499	CORRECTION CLAW FINGER,OTHER METHODS	649.04			X					90			
07	26499	CORRECTION CLAW FINGER,OTHER METHODS	811.30	00	15	X					90			
08	26499	REVISION OF FINGER	262.36											
03	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	569.53								90			
07	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	711.92	00	15						90			
08	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	262.36											
03	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	608.63								90			
07	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	760.79	00	15						90			
08	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	262.36											
03	26508	RELEASE THUMB CONTRACTURE	547.59								90			X
07	26508	RELEASE THUMB CONTRACTURE	684.49	00	15						90			X
08	26508	RELEASE THUMB CONTRACTURE	262.36											
03	26510	CROSS INTRINSIC TRANSFER	531.53								90			
07	26510	CROSS INTRINSIC TRANSFER	664.42	00	15						90			
08	26510	THUMB TENDON TRANSFER	262.36											
03	26516	FUSION OF KNUCKLE JOINT	607.83								90			
07	26516	FUSION OF KNUCKLE JOINT	759.79	00	15						90			
08	26516	FUSION OF KNUCKLE JOINT	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	26517	FUSION KNUCKLE JOINT,TWO DIGITS	677.70							90			
07	26517	FUSION KNUCKLE JOINT,TWO DIGITS	847.13	00 15						90			
08	26517	FUSION OF KNUCKLE JOINTS	262.36										
03	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	688.81							90			X
07	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	861.02	00 15						90			X
08	26518	FUSION OF KNUCKLE JOINTS	262.36										
03	26520	CAPSULECTOMY/OTOMY....;EACH	637.13							90			X
07	26520	CAPSULECTOMY/OTOMY....;EACH	796.42	00 15						90			X
08	26520	RELEASE KNUCKLE CONTRACTURE	282.40					X					
03	26525	CAPSULECTOMY/OTOMY...;EACH	640.30							90			X
07	26525	CAPSULECTOMY/OTOMY...;EACH	800.38	00 15						90			X
08	26525	RELEASE FINGER CONTRACTURE	282.40					X					
03	26530	ARTHROPLASTY,META...;SINGLE,EACH	701.77							90			X
07	26530	ARTHROPLASTY,META...;SINGLE,EACH	877.22	00 15						90			X
08	26530	REVISE KNUCKLE JOINT	320.56					X					
02	26531	ARTHROPLASTY,META...;PROSTH...EACH	148.43										X
03	26531	ARTHROPLASTY,META..;PROSTH...EACH	742.15							90			X
07	26531	ARTHROPLASTY,META..;PROSTH...EACH	927.69	00 15						90			X
08	26531	REVISE KNUCKLE WITH IMPLANT	320.56					X					
03	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	447.06							90			X
07	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	558.83	00 15						90			X
08	26535	REVISE FINGER JOINT	320.56					X					
03	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	656.17							90			X
07	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	820.22	00 15						90			X
08	26536	REVISE/IMPLANT FINGER JOINT	320.56					X					
03	26540	REPAIR COLLATERAL LIGAMENT	571.75							90			X
07	26540	REPAIR COLLATERAL LIGAMENT	714.69	00 15						90			X
08	26540	REPAIR COLLATERAL LIGAMENT	262.36										
03	26541	RECONSTRUCT/GRAFT HAND JOINT	688.63							90			X
07	26541	RECONSTRUCT/GRAFT HAND JOINT	860.79	00 15						90			X
03	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	582.67							90			
07	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	728.34	00 15						90			
08	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	262.36										
03	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	625.68							90			X
07	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	782.10	00 15						90			X
08	26545	RECONSTRUCT FINGER JOINT W/GRAFT	262.36	00 00				X					
03	26546	REPAIR NON-UNION HAND	687.32							90			
07	26546	REPAIR NON-UNION HAND	859.16	00 15						90			
08	26546	REPAIR NON-UNION HAND	262.36										
03	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	661.94							90			X
07	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	827.43	00 15						90			X
08	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	262.36										
03	26550	CONSTRUCT THUMB REPLACEMENT	1,416.25							90			X
07	26550	CONSTRUCT THUMB REPLACEMENT	1,770.32	00 15						90			X
08	26550	CONSTRUCT THUMB REPLACEMENT	220.39										
02	26551	GREAT TOE-HAND TRANSFER	607.83										
03	26551	GREAT TOE-HAND TRANSFER	3,039.14							90			
07	26551	GREAT TOE-HAND TRANSFER	3,039.14	00 15						90			
02	26553	SINGLE TOE-HAND TRANSFER	603.60										
03	26553	SINGLE TOE-HAND TRANSFER	3,018.00							90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	26553	SINGLE TOE-HAND TRANSFER	3,018.00	00 15						90			
02	26554	DOUBLE TOE-HAND TRANSFER	720.19										
03	26554	DOUBLE TOE-HAND TRANSFER	3,600.93							90			
07	26554	DOUBLE TOE-HAND TRANSFER	3,600.93	00 15						90			
03	26555	POSITIONAL CHANGE OF FINGER	1,137.04							90			
07	26555	POSITIONAL CHANGE OF FINGER	1,421.30	00 15						90			
08	26555	SITIONAL CHANGE OF FINGER	262.36	00 00									X
02	26556	TOE JOINT TRANSFER	613.87										
03	26556	TOE JOINT TRANSFER	3,069.37							90			
07	26556	TOE JOINT TRANSFER	3,069.37	00 15						90			
03	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	485.65							90			X
07	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	607.07	00 15						90			X
08	26560	REPAIR WEB FINGER; WITH SKIN FLAPS	220.39										
03	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	796.43							90			X
07	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	995.54	00 15						90			X
08	26561	REPAIR OF WEB FINGER	262.36										
03	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	789.56							90			X
07	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	986.95	00 15						90			X
08	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	262.36										
03	26565	CORRECT METACARPAL FLAW	587.16							90			X
07	26565	CORRECT METACARPAL FLAW	733.96	00 15						90			X
08	26565	CORRECT METACARPAL FLAW	320.56					X					
03	26567	CORRECT FINGER DEFORMITY	597.72							90			X
07	26567	CORRECT FINGER DEFORMITY	747.15	00 15						90			X
08	26567	CORRECT FINGER DEFORMITY	320.56					X					
03	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	779.51							90			
07	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	974.39	00 15						90			
08	26568	LENTHEN METACARPAL/FINGER	262.36										
03	26580	REPAIR HAND DEFORMITY	988.85							90			X
07	26580	REPAIR HAND DEFORMITY	1,236.07	00 15						90			X
08	26580	REPAIR HAND DEFORMITY	282.40										
03	26587	REPAIR SUPERNUMERARY DIGIT	545.08							90			X
07	26587	REPAIR SUPERNUMERARY DIGIT	681.35	00 15						90			X
08	26587	REPAIR SUPERNUMERARY DIGIT	282.40										
03	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	912.83							90			X
07	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,141.04	00 15						90			X
08	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	282.40										
03	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	460.87							90			X
07	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	576.09	00 15						90			X
08	26591	REPAIR MUSCLES OF HAND	262.36										
08	26593	RELEASE MUSCLES OF HAND	262.36										
03	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	536.42							90			
07	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	670.53	00 15						90			
08	26596	EXCISE CONSTRICTING RING,Z-PLASTIES	220.39										
03	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	167.27							90			X
07	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	209.09	00 15						90			X
03	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	244.12							90			X
07	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	305.16	00 15						90			X
08	26605	TREAT CLSD FX; W/MANIP,EACH BONE	220.39										
03	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	381.88							90			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	477.35	00 15						90			X
08	26607	TREAT CLSD FX.,W/MANIP & FIX,EACH BO	220.39										
03	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	395.91							90			
07	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	494.89	00 15						90			
08	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	262.36										
03	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	383.56							90			X
07	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	479.45	00 15						90			X
08	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	262.36										
03	26641	TREAT THUMB DISLOCATION W/MANIPU	289.28							90			X
07	26641	TREAT THUMB DISLOCATION W/MANIPU	361.60	00 15						90			X
03	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	325.08							90			X
07	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	406.35	00 15						90			X
08	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	220.39										
03	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	411.52							90			X
07	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	514.41	00 15						90			X
08	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	220.39										
03	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	475.98							90			X
07	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	594.98	00 15						90			X
08	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	262.36										
03	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	277.38							90			
07	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	346.73	00 15						90			
03	26675	TREAT HAND DISLOCATION W/ANESTHESIA	319.30							90			
07	26675	TREAT HAND DISLOCATION W/ANESTHESIA	399.13	00 15						90			
08	26675	TREAT HAND DISLOCATION W/ANESTHESIA	220.39										
03	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	414.17							90			
07	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	517.72	00 15						90			
08	26676	PERC. PINNING,CLOSED CARPOMETACARPAL	220.39										
03	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	448.92							90			
07	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	561.15	00 15						90			
08	26685	TREAT HAND DISLOCATION	262.36										
03	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	503.12							90			
07	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	628.90	00 15						90			
08	26686	TREAT HAND DISLOCATION	262.36										
03	26700	TREAT KNUCKLE DISLOCATION	240.54							90			
07	26700	TREAT KNUCKLE DISLOCATION	300.68	00 15						90			
03	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	290.71							90			
07	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	363.39	00 15						90			
08	26705	TREAT KNUCKLE DISLOCATION W/ANETHES	220.39										
03	26706	PERC.PINNING,CLOSED METACARPOPHALANG	311.30							90			
07	26706	PERC.PINNING,CLOSED METACARPOPHALANG	389.13	00 15						90			
08	26706	PERC PINNING,CLOSED METACARPOPHALANG	220.39										
03	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	401.39							90			
07	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	501.74	00 15						90			
08	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	262.36										
03	26720	TREAT CLSD FX;W/O MANIP, EACH	129.84							90			X
07	26720	TREAT CLSD FX;W/O MANIP, EACH	162.31	00 15						90			X
03	26725	TREAT CLSD FX;W/ MANIP, EACH	239.48							90			X
07	26725	TREAT CLSD FX;W/ MANIP, EACH	299.36	00 15						90			X
03	26727	TREAT FX,MANIP,TRACT/FIX, EACH	391.77							90			X
07	26727	TREAT FX,MANIP,TRACT/FIX, EACH	489.72	00 15						90			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	26727	TREAT FX,MANIP,TRACT/FIX,EACH	320.56										
03	26735	OPEN TREAT....W/W/O FIX, EACH	418.06							90			X
07	26735	OPEN TREAT....W/W/O FIX, EACH	522.58	00 15						90			X
08	26735	OPEN TREAT....W/W/O FIX, EACH	262.36										
03	26740	TREAT CLSD ART FX...W/O MANIP,EACH	159.09							90			X
07	26740	TREAT CLSD ART FX...W/O MANIP,EACH	198.87	00 15						90			X
03	26742	TREAT CLSD ART FX....W/ MANIP, EACH	304.80							90			X
07	26742	TREAT CLSD ART FX....W/ MANIP, EACH	381.01	00 15						90			X
08	26742	TREAT CLSD ART FX..W/MANIP, EACH	220.39										
03	26746	OPEN TX,CLSD/OPEN FX...EACH	410.85							90			X
07	26746	OPEN TX,CLSD/OPEN FX...EACH	513.57	00 15						90			X
08	26746	OPEN TX, CLSD/OPEN FX...EACH	282.40										
03	26750	TREAT CLSD FX...W/O MANIP, EACH	145.76							90			X
07	26750	TREAT CLSD FX...W/O MANIP, EACH	182.21	00 15						90			X
03	26755	TREAT CLSD FX...W/ MANIP, EACH	226.38							90			X
07	26755	TREAT CLSD FX...W/ MANIP, EACH	282.98	00 15						90			X
03	26756	TREAT CLSD FX..;W/PERC PIN, EACH	360.66							90			X
07	26756	TREAT CLSD FX..;W/PERC PIN, EACH	450.83	00 15						90			X
08	26756	TREAT CLSD FX...;W/PERC PIN,EACH	220.39										
03	26765	OPEN TX,CLSD/OPEN FX..;EACH	334.80							90			X
07	26765	OPEN TX,CLSD/OPEN FX..;EACH	418.51	00 15						90			X
08	26765	OPEN TX,CLSD/OPEN FX..;EACH	262.36										
03	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	215.74							90			
07	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	269.68	00 15						90			
03	26775	TRMT OF SAME W/ ANESTION	270.29							90			
07	26775	TRMT OF SAME W/ ANESTION	337.87	00 15						90			
03	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	371.05							90			
07	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	463.82	00 15						90			
08	26776	PERC PINNING, CLOSED INTERPHALANGEAL	220.39										
03	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	335.09							90			
07	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	418.87	00 15						90			
08	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	220.39										
03	26820	THUMB FUSION WITH GRAFT	664.12							90			
07	26820	THUMB FUSION WITH GRAFT	830.15	00 15						90			
08	26820	THUMB FUSION WITH GRAFT	282.40										
03	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	617.25							90			
07	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	771.57	00 15						90			
08	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	262.36										
03	26842	ARTHRODESIS OF THUMB W/ GRAFT	655.43							90			X
07	26842	ARTHRODESIS OF THUMB W/ GRAFT	819.29	00 15						90			X
08	26842	ARTHRODESIS OF THUMB W/ GRAFT	262.36										
03	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	594.55							90			
07	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	743.19	00 15						90			
03	26844	ARTHRODESIS OF DIGITS W/ GRAFT	673.32							90			
07	26844	ARTHRODESIS OF DIGITS W/ GRAFT	841.65	00 15						90			
08	26844	FUSION/GRAFT OF HAND JOINT	262.36										
03	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	591.64							90			
07	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	739.55	00 15						90			
08	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	262.36										
03	26852	ARTHRODESIS KNUCKLE W/ GRAFT	652.48							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	26852	ARTHRODESIS KNUCKLE W/ GRAFT	815.61	00	15						90			
08	26852	ARTHRODESIS KNUCKLE W/ GRAFT	262.36											
03	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	488.98								90			
07	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	611.23	00	15						90			
08	26860	ARTHRODESIS FINGER JOINT W/WO INTERN	320.56						X					
03	26861	ARTHRODESIS...EACH ADD JOINT	109.64											X
07	26861	ARTHRODESIS...EACH ADD JOINT	109.64	00	15									X
08	26861	EACH ADDITIONAL JOINT	320.56						X					
03	26862	FUSION/GRAFT OF FINGER JOINT	617.64								90			
07	26862	FUSION/GRAFT OF FINGER JOINT	772.05	00	15						90			
08	26862	FUSION/GRAFT OF FINGER JOINT	262.36											
03	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	181.86											X
07	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	227.33	00	15									X
08	26863	FUSE/GRAFT ADDED JOINT	262.36											
03	26910	AMPUTATE METACARPAL BONE	593.23								90			X
07	26910	AMPUTATE METACARPAL BONE	741.54	00	15						90			X
08	26910	AMPUTATE METACARPAL BONE	262.36											
03	26951	AMPUTATION OF FINGER/THUMB	475.11								90			X
07	26951	AMPUTATION OF FINGER/THUMB	593.89	00	15						90			X
08	26951	AMPUTATION OF FINGER/THUMB	220.39											
03	26952	WITH LOCAL ADVANCEMENT FLAPS	564.44								90			X
07	26952	WITH LOCAL ADVANCEMENT FLAPS	705.56	00	15						90			X
08	26952	WITH LOCAL ADVANCEMENT FLAPS	262.36											
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	639.36								90			
07	26990	DRAINAGE OF PELVIS LESION	799.21	00	15						90			
08	26990	DRAINAGE OF PELVIS LESION	220.39											
03	26991	DRAINAGE OF PELVIS BURSA	498.87								90			
07	26991	DRAINAGE OF PELVIS BURSA	623.59	00	15						90			
08	26991	DRAINAGE OF PELVIS BURSA	220.39											
03	26992	DRAINAGE OF BONE LESION	922.00								90			
07	26992	DRAINAGE OF BONE LESION	1,152.50	00	15						90			
03	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	369.61								90			
07	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	462.02	00	15						90			
08	27000	TENPTPMY, SUBCUTANEOUS, CLOSED-HIP O	220.39											
03	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	436.20								90			
07	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	545.26	00	15						90			
08	27001	INCISION OF HIP TENDON	262.36											
03	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	461.66								90			
07	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	577.08	00	15						90			
08	27003	INCISION OF HIP TENDON	262.36											
03	27005	TENOTOMY, ILIOPSOAS, OPEN	577.60								90			
07	27005	TENOTOMY, ILIOPSOAS, OPEN	722.00	00	15						90			
03	27006	TENOTOMY, ABDUCTORS, OPEN	579.49								90			
07	27006	TENOTOMY, ABDUCTORS, OPEN	724.37	00	15						90			
03	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	621.02								90			
07	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	776.28	00	15						90			
02	27030	ARTHROTOMY OF HIP FOR DRAINAGE	146.92											
03	27030	ARTHROTOMY OF HIP FOR DRAINAGE	734.62								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27030	ARTHROTOMY OF HIP FOR DRAINAGE	918.28	00 15						90			
02	27033	HIP ARTHROTOMY FOR EXPLORATION	150.28										
03	27033	HIP ARTHROTOMY FOR EXPLORATION	751.42							90			
07	27033	HIP ARTHROTOMY FOR EXPLORATION	939.28	00 15						90			
08	27033	EXPLORATION OF HIP JOINT	262.36										
02	27035	DENERVATION OF HIP JOINT	203.25										
03	27035	DENERVATION OF HIP JOINT	1,016.27							90			
07	27035	DENERVATION OF HIP JOINT	1,270.34	00 15						90			
08	27035	DENERVATION OF HIP JOINT	262.36										
02	27036	EXCISION OF HIP JOINT/MUSCLE	164.57										
03	27036	EXCISION OF HIP JOINT/MUSCLE	822.85							90			
07	27036	EXCISION OF HIP JOINT/MUSCLE	963.09	00 15						90			
03	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	243.94							10			
07	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	304.93	00 15						10			
08	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	220.39										
03	27041	DEEP BIOPSY OF SOFT TISSUES	525.30							90			
07	27041	DEEP BIOPSY OF SOFT TISSUES	656.63	00 15						90			
08	27041	DEEP BIOPSY OF SOFT TISSUES	220.39										
03	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	466.69							90			
07	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	583.37	00 15						90			
08	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	220.39										
03	27048	DEEP TUMOR EXCISION, HIP-PELVIS	397.93							90			
07	27048	DEEP TUMOR EXCISION, HIP-PELVIS	497.42	00 15						90			
08	27048	REMOVE HIP/PELVIS LESION	262.36										
02	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	155.91										
03	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	779.57							90			
07	27049	RAD RESECT TUMOR,SFT TISS PELVIS/HIP	974.47	00 15						90			
08	27049	REMOVE TUMOR, HIP/PELVIS	262.36										
02	27050	BIOPSY OF SACROILLIAC JOINT	65.63										
03	27050	BIOPSY OF SACROILLIAC JOINT	328.15							90			
07	27050	BIOPSY OF SACROILLIAC JOINT	410.19	00 15						90			
08	27050	BIOPSY OF SACROILIAC JOINT	262.36										
02	27052	BIOPSY OF HIP JOINT	99.21										
03	27052	BIOPSY OF HIP JOINT	496.04							90			
07	27052	BIOPSY OF HIP JOINT	510.82	00 15						90			
08	27052	BIOPSY OF HIP JOINT	262.36										
02	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	128.01										
03	27054	REMOVAL OF HIP JOINT LINING	640.04							90			
07	27054	REMOVAL OF HIP JOINT LINING	680.73	00 15						90			
03	27060	REMOVAL OF ISCHIAL BURSA	352.51							90			
07	27060	REMOVAL OF ISCHIAL BURSA	440.64	00 15						90			
08	27060	REMOVAL OF ISCHIAL BURSA	282.40										
03	27062	EXCISION TROCHANTERIC BURSA	357.95							90			
07	27062	EXCISION TROCHANTERIC BURSA	447.44	00 15						90			
08	27062	EXCISION TROCHANTERIC BURSA	282.40										
03	27065	EXC BONE CYST OR TUMOR SUPERFICIAL,	406.94							90			
07	27065	EXC BONE CYST OR TUMOR SUPERFICIAL,	508.68	00 15						90			
08	27065	EXC CYST OR TUMOR SUPERFICIAL	282.40										
02	27066	DEEP W/ OR W/O BONE GRAFT	129.87										
03	27066	DEEP W/ OR W/O BONE GRAFT	649.39							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	27066	DEEP W/ OR W/O BONE GRAFT	811.74	00	15						90			
08	27066	DEEP W OR W/O BONE GRAFT	282.40											
03	27067	W/ BONE GRAFT REQUIRING SEPARATE INC	814.61								90			
07	27067	W/ BONE GRAFT REQUIRING SEPARATE INC	1,018.27	00	15						90			
08	27067	W/BONE REQUIRING SEPARATE INC	282.40											
03	27070	PARTIAL REMOVAL OF HIP BONE	788.96								90			
07	27070	PARTIAL REMOVAL OF HIP BONE	986.21	00	15						90			
02	27071	DEEP IP BONE	167.71											
03	27071	DEEP IP BONE	838.56								90			
07	27071	DEEP IP BONE	1,048.20	00	15						90			
02	27075	RADICAL RESECTION FOR TUMOR-WING OF	339.77											
03	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,698.88								90			
07	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,123.61	00	15						90			
02	27076	RADICAL RESECTION FOR TUMOR-ILIUM	242.97											
03	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,214.86								90			
07	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,518.58	00	15						90			
02	27077	INNOMINATE BONE-TOTAL	397.96											
03	27077	INNOMINATE BONE-TOTAL	1,989.81								90			
07	27077	INNOMINATE BONE-TOTAL	2,487.27	00	15						90			
02	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	167.86											
03	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	839.32								90			
07	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	1,049.16	00	15						90			
02	27079	EXTENSIVE HIP SURGERY	156.32											
03	27079	EXTENSIVE HIP SURGERY	781.60								90			
07	27079	EXTENSIVE HIP SURGERY	977.01	00	15						90			
02	27080	COCCYGECTOMY	79.29											
03	27080	COCCYGECTOMY	396.47								90			
07	27080	COCCYGECTOMY	495.59	00	15						90			
08	27080	COCCYGECTOMY	220.39											
03	27086	REMOVE HIP FOREIGN BODY	205.09											
07	27086	REMOVE HIP FOREIGN BODY	256.37	00	15									
08	27086	SUPERFICIAL BIOPSY OF SOFT TISSUES	220.39											
03	27087	DEEP ODY	501.03								90			
07	27087	DEEP ODY	626.29	00	15						90			
08	27087	REMOVE HIP FOREIGN BODY	262.36											
02	27090	REMOVAL OF HIP PROSTHESIS	129.43											
03	27090	REMOVAL OF HIP PROSTHESIS	647.19								90			
07	27090	REMOVAL OF HIP PROSTHESIS	808.99	00	15						90			
02	27091	XOMPLICATED HESIS	219.74											
03	27091	COMPLICATED HESIS	1,098.72								90			
07	27091	COMPLICATED HESIS	1,373.41	00	15						90			
03	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	381.63								1			
07	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	477.04	00	15						1			
03	27095	WITH ANES RAY	322.29								1			
07	27095	WITH ANES RAY	402.87	00	15						1			
03	27096	INJECT SACROILIAC JOINT	363.70								1			
07	27096	INJECT SACROILIAC JOINT	363.70	00	15						1			
03	27097	HAMSTRING RECESSION PROXIMAL	489.43								90			
07	27097	HAMSTRING RECESSION PROXIMAL	611.79	00	15						90			
08	27097	REVISION OF HIP TENDON	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	27098	ADDUCTOR TRANSFER TO ISCHIUM	517.34							90			
07	27098	ADDUCTOR TRANSFER TO ISCHIUM	646.68	00 15						90			
08	27098	TRANSFER TENDON TO PELVIS	850.00										
03	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	687.67							90			
07	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	859.59	00 15						90			
08	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	262.36										
03	27105	TRANSFER PARASPINAL MUSCLE TO HIP	687.39							90			
07	27105	TRANSFER PARASPINAL MUSCLE TO HIP	859.24	00 15						90			
08	27105	TRANSFER PARASPINAL MUSCLE TO HIP	262.36										
02	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	148.37										
03	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	741.87							90			
07	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	927.34	00 15						90			
08	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	262.36										
02	27111	TO FEMORAL NECK S MUSCLE	136.62										
03	27111	TO FEMORAL NECK S MUSCLE	683.12							90			
07	27111	TO FEMORAL NECK S MUSCLE	853.91	00 15						90			
08	27111	TO FEMORAL NECK S MUSCLE	262.36										
02	27120	ACETABULOPLASTY P SOCKET	189.53										
03	27120	ACETABULOPLASTY P SOCKET	948.20							90			
07	27120	ACETABULOPLASTY P SOCKET	1,175.97	00 15						90			
02	27122	RESECTION FEMORAL HEAD	169.87										
03	27122	RESECTION FEMORAL HEAD	849.38							90			
07	27122	RESECTION FEMORAL HEAD	1,061.73	00 15						90			
02	27125	HEMIARTHROPLASTY; PROSTHESIS	195.57										
03	27125	HEMIARTHROPLASTY; PROSTHESIS	977.89							90			
07	27125	HEMIARTHROPLASTY; PROSTHESIS	1,035.91	00 15						90			
02	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	304.23										
03	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,521.15							90			
07	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,521.15	00 15						90			
02	27132	CONVERT PREV.HIP SURG TO TOT.HIP REP	304.19										
03	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,521.00							90			
07	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,541.45	00 15						90			
02	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	294.52										
03	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,472.60							90			
07	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,840.75	00 15						90			
02	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	225.53										
03	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,127.65							90			
07	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,409.57	00 15						90			
02	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	234.02										
03	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,170.11							90			
07	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,462.64	00 15						90			
02	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	139.36										
03	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	696.84							90			
07	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	871.06	00 15						90			
02	27146	OSTEOTOMY, ILIAC	191.79										
03	27146	OSTEOTOMY, ILIAC	958.98							90			
07	27146	OSTEOTOMY, ILIAC	1,198.73	00 15						90			
02	27147	WITH OPEN REDUCTION OF HIP	221.64										
03	27147	WITH OPEN REDUCTION OF HIP	1,108.24							90			
07	27147	WITH OPEN REDUCTION OF HIP	1,385.30	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	27151	WITH FEMORAL OSTEOTOMY	241.18											
03	27151	WITH FEMORAL OSTEOTOMY	1,205.90								90			
07	27151	WITH FEMORAL OSTEOTOMY	1,507.38	00	15						90			
02	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	259.68											
03	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,298.44								90			
07	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,623.05	00	15						90			
03	27158	OSTEOTOMY, PELVIS, BILATERAL	1,026.68								90			
07	27158	OSTEOTOMY, PELVIS, BILATERAL	1,283.36	00	15						90			
02	27161	INCISION OF NECK OF FEMUR	181.01											
03	27161	INCISION OF NECK OF FEMUR	905.08								90			
07	27161	INCISION OF NECK OF FEMUR	1,131.35	00	15						90			
02	27165	INCISION/FIXATION OF FEMUR	191.19											
03	27165	INCISION/FIXATION OF FEMUR	955.96								90			
07	27165	INCISION/FIXATION OF FEMUR	1,194.95	00	15						90			
02	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	189.64											
03	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	948.20								90			
07	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,094.50	00	15						90			
03	27175	TREAT SLIPPED EPIPHYSIS	457.04								90			
07	27175	TREAT SLIPPED EPIPHYSIS	571.31	00	15						90			
02	27176	BY SINGLE/MULTI PINNING,IN SIT	160.01											
03	27176	BY SINGLE OR MULITPLE PINNING, IN SI	800.06								90			
07	27176	BY SINGLE OR MULITPLE PINNING, IN SI	809.67	00	15						90			
02	27177	REPAIR SLIPPED EPIPHYSIS	165.36											
03	27177	REPAIR SLIPPED EPIPHYSIS	826.80								90			
07	27177	REPAIR SLIPPED EPIPHYSIS	995.22	00	15						90			
02	27178	CLOSED MANIPULATION YSIS	144.01											
03	27178	CLOSED MANIPULATION YSIS	720.05								90			
07	27178	CLOSED MANIPULATION YSIS	804.42	00	15						90			
03	27179	OSTEOPLASTY OF FEMORAL NECK	695.66								90			
07	27179	OSTEOPLASTY OF FEMORAL NECK	869.58	00	15						90			
03	27181	OSTEOTOMY & INTERNAL FIXATION	853.37								90			
07	27181	OSTEOTOMY & INTERNAL FIXATION	957.38	00	15						90			
02	27185	EPIPHYSEAL ARREST, GREATER TROCHANGE	110.07											
03	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	550.37								90			
07	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	687.97	00	15						90			
03	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	800.06								90			
07	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	973.97	00	15						90			
03	27193	CLOSED TREATMENT OF PELVIC RING FRAC	359.68								90			
07	27193	CLOSED TREATMENT OF PELVIC RING FRAC	449.60	00	15						90			
08	27193	CLOSED TREATMENT OF PELVIC RING FRAC	220.39											
03	27194	CLOSED TREATMENT OF PELVIC RING FRAC	543.32								90			
07	27194	CLOSED TREATMENT OF PELVIC RING FRAC	679.15	00	15						90			
08	27194	CLOSED TREATMENT OF PELVIC RING FRAC	220.39											
03	27200	TRMT OF CLOSED COCCYGEAL FX	137.27								90			
07	27200	TRMT OF CLOSED COCCYGEAL FX	171.59	00	15						90			
03	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	763.49								90			
07	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	954.37	00	15						90			
08	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	220.39											
03	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	705.60								90			
07	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	739.20	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	883.39							90			
07	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	1,104.24	00 15						90			
03	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	779.38							90			
07	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	974.23	00 15						90			
03	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1,073.66							90			
07	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1,342.08	00 15						90			
03	27220	TREAT HIP SOCKET FRACTURE	388.11							90			
07	27220	TREAT HIP SOCKET FRACTURE	485.14	00 15						90			
03	27222	WITH MANIPULATION CTURE	672.28							90			
07	27222	WITH MANIPULATION CTURE	840.35	00 15						90			
02	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	170.51										
03	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	852.57							90			
07	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	929.13	00 15						90			
02	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	238.37										
03	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,191.89							90			
07	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,489.87	00 15						90			
02	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	274.81										
03	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,374.09							90			
07	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,717.62	00 15						90			
03	27230	TRMT OF CLOSED FEMORAL FX	368.84							90			
07	27230	TRMT OF CLOSED FEMORAL FX	461.06	00 15						90			
08	27230	TRMT OF CLOSED FEMORAL FX	220.39										
03	27232	WITH MANIPULATION MUR	579.00							90			
07	27232	WITH MANIPULATION MUR	723.76	00 15						90			
02	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	144.01										
03	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	720.05							90			
07	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	846.50	00 15						90			
02	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	166.46										
03	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	832.32							90			
07	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,040.41	00 15						90			
03	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	338.59							90			
07	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	423.24	00 15						90			
08	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	220.89										
03	27240	WITH MANIPULATION RACTURE	664.44							90			
07	27240	WITH MANIPULATION RACTURE	830.55	00 15						90			
02	27244	OPEN TRMT OFCLOSED OR OPEN INTER/PE	169.99										
03	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	849.96							90			
07	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,062.45	00 15						90			
02	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	210.23										
03	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,051.19							90			
07	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,313.99	00 15						90			
03	27246	TRMT OF CLOSED GREATER TROCHANTERIC	336.71							90			
07	27246	TRMT OF CLOSED GREATER TROCHANTERIC	420.89	00 15						90			
08	27246	TRMT PF CLOSED GREATER TROCHANTERIC	220.39										
02	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	118.99										
03	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	594.98							90			
07	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	743.73	00 15						90			
03	27250	TREAT HIP DISLOCATION	380.98							90			
07	27250	TREAT HIP DISLOCATION	476.23	00 15						90			
08	27250	TREAT HIP DISLOCATION	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	27252	REQUIRING ANES N	543.20								90			
07	27252	REQUIRING ANES N	679.00	00	15						90			
08	27252	REQUIRING ANES	220.39											
02	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	139.61											
03	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	698.08								90			
07	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	872.61	00	15						90			
02	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	190.04											
03	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	950.21								90			
07	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,187.77	00	15						90			
03	27256	TRMT OF CONGENITAL HIP DISLOCATION	239.31								10			
07	27256	TRMT OF CONGENITAL HIP DISLOCATION	299.14	00	15						10			
03	27257	WITH MANIPULATION REQUIRING ANES	279.37								10			
07	27257	WITH MANIPULATION REQUIRING ANES	349.22	00	15						10			
08	27257	TREAT HIP DISOLOCATION	262.36											
02	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	169.50											
03	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	847.52								90			
07	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,059.40	00	15						90			
03	27259	W/ FEMORAL SHAFT SHORTENING	1,151.02								90			
07	27259	W/ FEMORAL SHAFT SHORTENING	1,438.78	00	15						90			
03	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	315.20								90			
07	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	394.00	00	15						90			
08	27265	TX A TRAUMA TIC DISLOCATI; NO ANESTH	220.39											
03	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	431.24								90			
07	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	539.05	00	15						90			
08	27266	SEE 27265;REQUIRING GEN ANESTHESIA	220.39											
03	27275	MANIPULATION OF HIP JOINT	164.47								10			
07	27275	MANIPULATION OF HIP JOINT	205.59	00	15						10			
08	27275	MANIPULATION OF HIP JOINT	220.39											
02	27280	FUSION OF SACROILIAC JOINT	157.66											
03	27280	FUSION OF SACROILIAC JOINT	788.34								90			
07	27280	FUSION OF SACROILIAC JOINT	985.43	00	15						90			
02	27282	FUSION OF PUBIC BONES	132.79											
03	27282	FUSION OF PUBIC BONES	663.96								90			
07	27282	FUSION OF PUBIC BONES	829.95	00	15						90			
02	27284	FUSION OF HIP JOINT	241.17											
03	27284	FUSION OF HIP JOINT	1,205.87								90			
07	27284	FUSION OF HIP JOINT	1,507.34	00	15						90			
02	27286	WITH SUBTROCHANTERIC OSTEOTOMY	248.92											
03	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,244.63								90			
07	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,516.23	00	15						90			
02	27290	AMPUTATION OF LEG AT HIP	391.17											
03	27290	AMPUTATION OF LEG AT HIP	1,955.86								90			
07	27290	AMPUTATION OF LEG AT HIP	1,955.86	00	15						90			
02	27295	DISARTICULATION OF HIP	308.19											
03	27295	DISARTICULATION OF HIP	1,540.93								90			
07	27295	DISARTICULATION OF HIP	1,540.93	00	15						90			
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	592.27								90			
07	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	740.34	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	27301	I&D DEEP ABSCESS,INFECTED BURSA	262.36					X					
02	27303	INCISION, DEEP WI OPENING OF BONE CO	127.22										
03	27303	INCISION, DEEP W/ OPENING OF BONE CO	636.12							90			
07	27303	INCISION, DEEP W/ OPENING OF BONE CO	795.16	00 15						90			
02	27305	FASCIOTOMY & FASCIA	82.72										
03	27305	FASCIOTOMY & FASCIA	413.60							90			
07	27305	FASCIOTOMY & FASCIA	517.01	00 15						90			
08	27305	FASCIOTOMY	220.39										
03	27306	TENOTOMY, SINGLE NDON	338.74							90			
07	27306	TENOTOMY, SINGLE NDON	423.43	00 15						90			
08	27306	INCISION OF THIGH TENDON	262.36										
03	27307	MULTIPLE NDONS	392.16							90			
07	27307	MULTIPLE NDONS	490.20	00 15						90			
08	27307	INCISION OF THIGH TENDONS	262.36										
02	27310	ARTHROTOMY, KNEE JOINT	111.08										
03	27310	ARTHROTOMY, KNEE JOINT	555.42							90			
07	27310	ARTHROTOMY, KNEE JOINT	694.28	00 15						90			
08	27310	ARTHROTOMY, KNEE JOINT	262.36										
03	27323	BIOPSY THIGH SOFT TISSUES	209.52							10			
07	27323	BIOPSY THIGH SOFT TISSUES	261.91	00 15						10			
08	27323	BIOPSY THIGH SOFT TISSUES	220.39										
03	27324	BIOPSY THIGH SOFT TISSUES	326.76							90			
07	27324	BIOPSY THIGH SOFT TISSUES	408.46	00 15						90			
08	27324	BIOPSY THIGH SOFT TISSUES	220.39										
02	27325	NEURECTOMY, HAMSTRING MUSCLE	71.68										
03	27325	NEURECTOMY, HAMSTRING MUSCLE	358.43							90			
07	27325	NEURECTOMY, HAMSTRING MUSCLE	358.43	00 15						90			
08	27325	NEURECTOMY,HAMSTRING MUSCLE	220.39										
02	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	67.70										
03	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	338.50							90			
07	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	338.50	00 15						90			
08	27326	NEURECTOMY,POPLITEAL (GASTROCNEMIUS)	220.39										
03	27327	REMOVAL OF THIGH LESION	354.24							90			
07	27327	REMOVAL OF THIGH LESION	442.80	00 15						90			
08	27327	REMOVAL OF THIGH LESION	220.39										
03	27328	REMOVAL OF THIGH LESION	357.80							90			
07	27328	REMOVAL OF THIGH LESION	447.25	00 15						90			
08	27328	REMOVAL OF THIGH LESION	262.36										
02	27329	RAD RESECT TUMOR.....THIGH OR KNEE	165.40										
03	27329	RAD RESECT TUMOR...THIGH OR KNEE	827.00							90			
07	27329	RAD RESECT TUMOR...THIGH OR KNEE	1,033.76	00 15						90			
08	27329	RAD RESECT TUMOR...THIGH OR KNEE	262.36										
03	27330	BIOPSY KNEE JOINT LINING	337.97							90			
07	27330	BIOPSY KNEE JOINT LINING	401.98	00 15						90			
08	27330	BIOPSY KNEE JOINT LINING	262.36										
02	27331	EXPLORE/TREAT KNEE JOINT	108.12										
03	27331	EXPLORE/TREAT KNEE JOINT	432.64							90			
07	27331	EXPLORE/TREAT KNEE JOINT	475.59	00 15						90			
08	27331	EXPLORE/TREAT KNEE JOINT	262.36										
02	27332	REMOVAL OF KNEE CARTILAGE	105.49										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	27332	REMOVAL OF KNEE CARTILAGE	527.48							90			
07	27332	REMOVAL OF KNEE CARTILAGE	612.86	00 15						90			
08	27332	REMOVAL OF KNEE CARTILAGE	262.36										
02	27333	REMOVAL OF KNEE CARTILAGE	160.01										
03	27333	REMOVAL OF KNEE CARTILAGE	800.06							90			
07	27333	REMOVAL OF KNEE CARTILAGE	800.06	00 15						90			
08	27333	REMOVAL OF KNEE CARTILAGE	262.36										
02	27334	REMOVE KNEE JOINT LINING	110.23										
03	27334	REMOVE KNEE JOINT LINING	551.17							90			
07	27334	REMOVE KNEE JOINT LINING	660.49	00 15						90			
08	27334	REMOVE KNEE JOINT LINING	262.36										
02	27335	REMOVE KNEE JOINT LINING	136.31										
03	27335	REMOVE KNEE JOINT LINING	681.53							90			
07	27335	REMOVE KNEE JOINT LINING	738.37	00 15						90			
08	27335	REMOVE KNEE JOINT LINING	262.36										
03	27340	REMOVAL OF KNEECAP BURSA	287.12							90			
07	27340	REMOVAL OF KNEECAP BURSA	358.90	00 15						90			
08	27340	REMOVAL OF KNEECAP BURSA	262.36										
03	27345	REMOVAL OF KNEE CYST	379.83							90			
07	27345	REMOVAL OF KNEE CYST	474.79	00 15						90			
08	27345	REMOVAL OF KNEE CYST	262.36					X					
03	27347	REMOVE KNEE CYST	295.68							90			
07	27347	REMOVE KNEE CYST	315.20	00 15						90			
08	27347	REMOVE KNEE CYST	262.36										
02	27350	REMOVAL OF KNEECAP	98.05										
03	27350	REMOVAL OF KNEECAP	490.25							90			
07	27350	REMOVAL OF KNEECAP	612.82	00 15						90			
08	27350	REMOVAL OF KNEECAP	262.36										
03	27355	REMOVE FEMUR LESION	508.71							90			
07	27355	REMOVE FEMUR LESION	635.89	00 15						90			
08	27355	REMOVE FEMUR LESION	262.36										
03	27356	REMOVE FEMUR LESION/GRAFT	591.04							90			
07	27356	REMOVE FEMUR LESION/GRAFT	738.80	00 15						90			
08	27356	REMOVE FEMUR LESION/GRAFT	262.36										
02	27357	REMOVE FEMUR LESION/GRAFT	127.44										
03	27357	REMOVE FEMUR LESION/GRAFT	637.20							90			
07	27357	REMOVE FEMUR LESION/GRAFT	796.51	00 15						90			
08	27357	REMOVE FEMUR LESION/GRAFT	282.40										
02	27358	WITH INTERNAL/FIXATION	58.81										
03	27358	WITH INTERNAL FIXATION	294.07										
07	27358	WITH INTERNAL FIXATION	294.07	00 15									
08	27358	REMOVE FEMUR LESION/FIXATION	282.40										
02	27360	PARTIAL REMOVAL LEG BONE(S)	160.56										
03	27360	PARTIAL REMOVAL LEG BONE(S)	802.80							90			
07	27360	PARTIAL REMOVAL LEG BONE(S)	1,003.51	00 15						90			
08	27360	PARTIAL REMOVAL LEG BONE(S)	282.40										
02	27365	EXTENSIVE LEG SURGERY	179.28										
03	27365	EXTENSIVE LEG SURGERY	896.42							90			
07	27365	EXTENSIVE LEG SURGERY	1,120.53	00 15						90			
03	27370	INJECTION FOR KNEE X-RAY	308.44							1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	27370	INJECTION FOR KNEE X-RAY	385.55	00	15						1			
03	27372	REMOVAL OF FOREIGN BODY	379.57								90			
07	27372	REMOVAL OF FOREIGN BODY	474.47	00	15						90			
08	27372	REMOVAL OF FOREIGN BODY	320.56											
03	27380	REPAIR OF KNEECAP TENDON	447.70								90			
07	27380	REPAIR OF KNEECAP TENDON	559.63	00	15						90			
08	27380	REPAIR OF KNEECAP TENDON	220.39											
03	27381	REPAIR/GRAFT KNEECAP TENDON	595.12								90			
07	27381	REPAIR/GRAFT KNEECAP TENDON	743.90	00	15						90			
08	27381	REPAIR/GRAFT KNEECAP TENDON	262.36											
03	27385	REPAIR OF THIGH MUSCLE	476.39								90			
07	27385	REPAIR OF THIGH MUSCLE	595.49	00	15						90			
08	27385	REPAIR OF THIGH MUSCLE	262.36											
03	27386	REPAIR/GRAFT OF THIGH MUSCLE	622.48								90			
07	27386	REPAIR/GRAFT OF THIGH MUSCLE	778.11	00	15						90			
03	27390	INCISION OF THIGH TENDON	377.95								90			
07	27390	INCISION OF THIGH TENDON	472.44	00	15						90			
08	27390	INCISION OF THIGH TENDON	220.39											
02	27391	INCISION OF THIGH TENDONS	92.27											
03	27391	INCISION OF THIGH TENDONS	461.36								90			
07	27391	INCISION OF THIGH TENDONS	576.71	00	15						90			
08	27391	INCISION OF THIGH TENDONS	220.39											
02	27392	INCISION OF THIGH TENDONS	115.40											
03	27392	INCISION OF THIGH TENDONS	577.04								90			
07	27392	INCISION OF THIGH TENDONS	721.30	00	15						90			
08	27392	INCISION OF THIGH TENDONS	262.36											
02	27393	LENGTHENING OF THIGH TENDON	83.99											
03	27393	LENGTHENING OF THIGH TENDON	419.99								90			
07	27393	LENGTHENING OF THIGH TENDON	524.99	00	15						90			
08	27393	LENGTHENING OF THIGH TENDON	220.39											
03	27394	LENGTHENING OF THIGH TENDONS	539.43								90			
07	27394	LENGTHENING OF THIGH TENDONS	674.29	00	15						90			
08	27394	LENGTHENING OF THIGH TENDONS	262.36											
02	27395	LENGTHENING OF THIGH TENDONS	142.35											
03	27395	LENGTHENING OF THIGH TENDONS	711.79								90			
07	27395	LENGTHENING OF THIGH TENDONS	889.74	00	15						90			
08	27395	LENGTHENING OF THIGH TENDONS	262.36											
02	27396	TRANSPLANT OF THIGH TENDON	118.54											
03	27396	TRANSPLANT OF THIGH TENDON	592.70								90			
07	27396	TRANSPLANT OF THIGH TENDON	622.45	00	15						90			
08	27396	TRANSPLANTS OF THIGH TENDON	262.36											
03	27397	TRANSPLANTS OF THIGH TENDONS	681.53								90			
07	27397	TRANSPLANTS OF THIGH TENDONS	825.42	00	15						90			
08	27397	TRANSPLANTS OF THIGH TENDON	262.36											
02	27400	REVISE THIGH MUSCLES/TENDONS	124.44											
03	27400	REVISE THIGH MUSCLES/TENDONS	622.23								90			
07	27400	REVISE THIGH MUSCLES/TENDONS	697.94	00	15						90			
08	27400	REVISE THIGH MUSCLES/TENDONS	262.36											
02	27403	ARTHROTOMY WITH OPN MENISCUS REPAIR	98.65											
03	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	493.28								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	616.61	00 15						90			
08	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	262.36										
02	27405	REPAIR OF KNEE LIGAMENT	105.44										
03	27405	REPAIR OF KNEE LIGAMENT	527.24							90			
07	27405	REPAIR OF KNEE LIGAMENT	659.05	00 15						90			
08	27405	REPAIR OF KNEE LIGAMENT	262.36										
02	27407	REPAIR OF KNEE LIGAMENT	136.89										
03	27407	REPAIR OF KNEE LIGAMENT	684.45							90			
07	27407	REPAIR OF KNEE LIGAMENT	749.85	00 15						90			
08	27407	REPAIR OF KNEE LIGAMENT	262.36										
02	27409	REPAIR OF KNEE LIGAMENTS	144.22										
03	27409	REPAIR OF KNEE LIGAMENTS	721.10							90			
07	27409	REPAIR OF KNEE LIGAMENTS	901.38	00 15						90			
08	27409	REPAIR OF KNEE LIGAMENTS	262.36										
02	27412	AUTOCHONDROCYTE IMPLANT KNEE	49.13										
03	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,228.17							90			
07	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,228.17	00 15						90			
02	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	41.04		X								
03	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,025.94		X					90			
07	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,025.94	00 15	X					90			
02	27418	PLASTY FOR CHONDROMALACIA PATELLAE	125.59										
03	27418	PLASTY FOR CHONDROMALACIA PATELLAE	627.96							90			
07	27418	PLASTY FOR CHONDROMALACIA PATELLAE	784.96	00 15						90			
08	27418	REPAIR OF DEGENERATED KNEECAP	262.36										
02	27420	REVISION OF UNSTABLE KNEECAP	113.42										
03	27420	REVISION OF UNSTABLE KNEECAP	567.11							90			
07	27420	REVISION OF UNSTABLE KNEECAP	708.89	00 15						90			
08	27420	REVSION/REMOVAL OF KNEECAP	262.36										
02	27422	REVISION OF UNSTABLE KNEECAP	118.54										
03	27422	REVISION OF UNSTABLE KNEECAP	592.70							90			
07	27422	REVISION OF UNSTABLE KNEECAP	705.49	00 15						90			
08	27422	REVISION OF UNSTABLE KNEECAP	320.56										
02	27424	REVISION/REMOVAL OF KNEECAP	118.54										
03	27424	REVISION/REMOVAL OF KNEECAP	592.70							90			
07	27424	REVISION/REMOVAL OF KNEECAP	704.41	00 15						90			
08	27424	RECONSTRUCTION, KNEE	262.36										
03	27425	LATERAL RETINACULAR RELEASE ANY METH	494.49							90			
07	27425	LATERAL RETINACULAR RELEASE ANY METH	494.49	00 15						90			
08	27425	LATERAL RETINACULAR RELEASE ANY METH	320.56										
02	27427	RECONSTRUCT(AUGMENT)KNEE;ESTRA-ARTIC	108.71										
03	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	543.58							90			
07	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	679.48	00 15						90			
02	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	155.36										
03	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	776.80							90			
07	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	971.00	00 15						90			
08	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	262.36										
02	27429	RECONSTRUCT KNEE;INTRA&EXTRA ARTIC	169.54										
03	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	847.72							90			
07	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,059.65	00 15						90			
08	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	27430	REVISION OF THIGH MUSCLES	118.54											
03	27430	REVISION OF THIGH MUSCLES	592.70								90			
07	27430	REVISION OF THIGH MUSCLES	703.06	00	15						90			
08	27430	REVISION OF THIGH MUSCLES	262.36											
02	27435	INCISION OF KNEE JOINT	110.24											
03	27435	INCISION OF KNEE JOINT	551.24								90			
07	27435	INCISION OF KNEE JOINT	689.05	00	15						90			
08	27435	INCISION OF KNEE JOINT	262.36											
02	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	110.12											
03	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	550.62								90			
07	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	659.10	00	15						90			
08	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	262.36											
02	27438	REVISE KNEECAP WITH IMPLANT	133.35											
03	27438	REVISE KNEECAP WITH IMPLANT	666.76								90			
07	27438	REVISE KNEECAP WITH IMPLANT	811.24	00	15						90			
08	27438	REVISE KNEECAP WITH IMPLANT	282.40											
02	27440	REVISION OF KNEE JOINT	133.35											
03	27440	REVISION OF KNEE JOINT	666.76								90			
07	27440	REVISION OF KNEE JOINT	764.54	00	15						90			
02	27441	REVISION OF KNEE JOINT	151.14											
03	27441	REVISION OF KNEE JOINT	755.69								90			
07	27441	REVISION OF KNEE JOINT	791.00	00	15						90			
08	27441	REVISION OF KNEE JOINT	282.40											
02	27442	REVISION OF KNEE JOINT	162.98											
03	27442	REVISION OF KNEE JOINT	814.92								90			
07	27442	REVISION OF KNEE JOINT	852.57	00	15						90			
08	27442	REVISION OF KNEE JOINT	282.40											
02	27443	REVISION OF KNEE JOINT	167.93											
03	27443	REVISION OF KNEE JOINT	839.66								90			
07	27443	REVISION OF KNEE JOINT	839.66	00	15						90			
08	27443	REVISIOSN OF KNEE JOINT	282.40											
02	27445	REVISE KNEE JOINT, IMPLANT	190.08											
03	27445	REVISE KNEE JOINT, IMPLANT	950.40								90			
07	27445	REVISE KNEE JOINT, IMPLANT	1,188.01	00	15						90			
02	27446	TOTAL KNEE REPLACEMENT	256.82											
03	27446	TOTAL KNEE REPLACEMENT	1,284.12								90			
07	27446	TOTAL KNEE REPLACEMENT	1,284.12	00	15						90			
02	27447	TOTAL KNEE REPLACEMENT	260.78											
03	27447	TOTAL KNEE REPLACEMENT	1,303.92								90			
07	27447	TOTAL KNEE REPLACEMENT	1,415.61	00	15						90			
02	27448	INCISION OF FEMUR	131.75											
03	27448	INCISION OF FEMUR	658.79								90			
07	27448	INCISION OF FEMUR	823.49	00	15						90			
02	27450	INCISION OF FEMUR	160.24											
03	27450	INCISION OF FEMUR	801.24								90			
07	27450	INCISION OF FEMUR	1,001.55	00	15						90			
02	27454	REALIGNMENT OF FEMUR	193.50											
03	27454	REALIGNMENT OF FEMUR	967.52								90			
07	27454	REALIGNMENT OF FEMUR	1,209.41	00	15						90			
02	27455	REALIGNMENT OF KNEE	146.27											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	27455	REALIGNMENT OF KNEE	731.38								90			
07	27455	REALIGNMENT OF KNEE	914.23	00	15						90			
02	27457	REALIGNMENT OF KNEE	146.19											
03	27457	REALIGNMENT OF KNEE	730.99								90			
07	27457	REALIGNMENT OF KNEE	913.74	00	15						90			
02	27465	SHORTENING OF FEMUR	160.32											
03	27465	SHORTENING OF FEMUR	801.60								90			
07	27465	SHORTENING OF FEMUR	1,002.00	00	15						90			
02	27466	LENGTHENING OF FEMUR	207.43											
03	27466	LENGTHENING OF FEMUR	1,037.20								90			
07	27466	LENGTHENING OF FEMUR	1,156.67	00	15						90			
02	27468	REVISION OF FEMURS	196.42											
03	27468	REVISION OF FEMURS	982.14								90			
07	27468	REVISION OF FEMURS	1,227.68	00	15						90			
02	27470	REPAIR OF FEMUR	184.99											
03	27470	REPAIR OF FEMUR	924.96								90			
07	27470	REPAIR OF FEMUR	1,156.21	00	15						90			
02	27472	REPAIR/GRAFT OF FEMUR	200.38											
03	27472	REPAIR/GRAFT OF FEMUR	1,001.92								90			
07	27472	REPAIR/GRAFT OF FEMUR	1,252.40	00	15						90			
02	27475	REPAIR OF FEMUR EPIPHYSIS	110.23											
03	27475	REPAIR OF FEMUR EPIPHYSIS	551.17								90			
07	27475	REPAIR OF FEMUR EPIPHYSIS	646.15	00	15						90			
02	27477	REPAIR LOWER LEG EPIPHYSES	124.44											
03	27477	REPAIR LOWER LEG EPIPHYSES	622.23								90			
07	27477	REPAIR LOWER LEG EPIPHYSES	714.12	00	15						90			
03	27479	REPAIR OF LEG EPIPHYSES	800.06								90			
07	27479	REPAIR OF LEG EPIPHYSES	899.58	00	15						90			
08	27483	REVISE KNEECAP WITH IMPLANT	282.40											
03	27485	REPAIR OF LEG EPIPHYSIS	523.16								90			
07	27485	REPAIR OF LEG EPIPHYSIS	653.96	00	15						90			
02	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	206.09											
03	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,030.48								90			
07	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,288.10	00	15						90			
02	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	296.50											
03	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,482.51								90			
07	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,629.54	00	15						90			
03	27488	REMOVAL OF KNEE PROSTHESIS	867.92								90			
07	27488	REMOVAL OF KNEE PROSTHESIS	1,084.90	00	15						90			
03	27495	PROPHYLACTIC TREAT. FEMUR	901.21								90			
07	27495	PROPHYLACTIC TREAT. FEMUR	1,126.52	00	15						90			
03	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	395.75								90			
07	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	494.69	00	15						90			
08	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	282.40											
03	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	432.68								90			
07	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	540.86	00	15						90			
08	27497	DECOMPTESSION OF THIGH/KNEE	262.36											
03	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	465.00								90			
07	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	581.25	00	15						90			
03	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	526.29								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	657.87	00 15						90			
08	27499	DECOMPRESSION OF THIGH/KNEE	262.36										
03	27500	TREATMENT OF FEMUR FRACTURE	438.72							90			
07	27500	TREATMENT OF FEMUR FRACTURE	548.41	00 15						90			
08	27500	TREATMENT OF FEMUR FRACTURE	220.39										
03	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	466.87							90			
07	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	583.59	00 15						90			
08	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	220.39										
03	27502	TREATMENT OF FEMUR FRACTURE	626.83							90			
07	27502	TREATMENT OF FEMUR FRACTURE	783.54	00 15						90			
08	27502	TREATMENT OF FEMUR FRACTURE	220.39										
03	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	626.57							90			
07	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	783.22	00 15						90			
08	27503	TREATMENT OF THIGH FRACTURE	262.36										
02	27506	REPAIR OF FEMUR FRACTURE	185.73										
03	27506	REPAIR OF FEMUR FRACTURE	928.65							90			
07	27506	REPAIR OF FEMUR FRACTURE	1,160.82	00 15						90			
02	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	169.38										
03	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	846.91							90			
07	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	962.15	00 15						90			
03	27508	TREATMENT OF FEMUR FRACTURE	368.93							90			
07	27508	TREATMENT OF FEMUR FRACTURE	461.17	00 15						90			
08	27508	TREATMENT OF FEMUR FRACTURE	220.39										
03	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	487.52							90			
07	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	609.41	00 15						90			
08	27509	TREATMENT OF THIGH FRACTURE	262.36										
03	27510	TREATMENT OF FEMUR FRACTURE	480.77							90			
07	27510	TREATMENT OF FEMUR FRACTURE	600.97	00 15						90			
08	27510	TREATMENT OF FEMUR FRACTURE	220.00										
02	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	167.41										
03	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	837.05							90			
07	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	973.52	00 15						90			
02	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	195.68										
03	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	978.41							90			
07	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,223.02	00 15						90			
02	27514	REPAIR OF FEMUR FRACTURE	185.28										
03	27514	REPAIR OF FEMUR FRACTURE	926.43							90			
07	27514	REPAIR OF FEMUR FRACTURE	1,158.04	00 15						90			
03	27516	TREATMENT OF FEMUR EPIPHYSIS	374.58							90			
07	27516	TREATMENT OF FEMUR EPIPHYSIS	468.23	00 15						90			
08	27516	TREATMENT OF FEMUR EPIPHYSIS	220.39										
03	27517	TREATMENT OF FEMUR EPIPHYSIS	534.47							90			
07	27517	TREATMENT OF FEMUR EPIPHYSIS	668.09	00 15						90			
08	27517	TREATMENT OF FEMUR EPIPHYSIS	220.39										
02	27519	REPAIR OF FEMUR EPIPHYSIS	163.25										
03	27519	REPAIR OF FEMUR EPIPHYSIS	816.29							90			
07	27519	REPAIR OF FEMUR EPIPHYSIS	1,020.37	00 15						90			
03	27520	TREAT KNEECAP FRACTURE	230.04							90			
07	27520	TREAT KNEECAP FRACTURE	287.56	00 15						90			
02	27524	REPAIR OF KNEECAP FRACTURE	110.01										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	27524	REPAIR OF KNEECAP FRACTURE	550.08								90			
07	27524	REPAIR OF KNEECAP FRACTURE	687.60	00	15						90			
03	27530	TREATMENT OF KNEE FRACTURE	272.97								90			
07	27530	TREATMENT OF KNEE FRACTURE	341.22	00	15						90			
08	27530	TREAT KNEE FRACTURE	220.39											
03	27532	TREATMENT OF KNEE FRACTURE	429.07								90			
07	27532	TREATMENT OF KNEE FRACTURE	536.34	00	15						90			
08	27532	TREATMENT OF KNEE FRACTURE	220.39											
02	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	135.70											
03	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	678.52								90			
07	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	848.15	00	15						90			
02	27536	REPAIR OF KNEE FRACTURE	162.62											
03	27536	REPAIR OF KNEE FRACTURE	813.12								90			
07	27536	REPAIR OF KNEE FRACTURE	1,016.41	00	15						90			
03	27538	TREAT KNEE FRACTURE(S)	349.82								90			
07	27538	TREAT KNEE FRACTURE(S)	437.28	00	15						90			
08	27538	TREAT KNEE FRACTURE (S)	220.39											X
02	27540	REPAIR OF KNEE FRACTURE	138.80											
03	27540	REPAIR OF KNEE FRACTURE	694.00								90			
07	27540	REPAIR OF KNEE FRACTURE	867.50	00	15						90			
03	27550	TREAT KNEE DISLOCATION	374.08								90			
07	27550	TREAT KNEE DISLOCATION	467.60	00	15						90			
08	27550	TREAT KNEE DISLOCATION	220.39											
03	27552	TREAT KNEE DISLOCATION	458.20								90			
07	27552	TREAT KNEE DISLOCATION	572.75	00	15						90			
08	27552	TREAT KNEE DISLOCATION	220.39											
02	27556	REPAIR OF KNEE DISLOCATION	166.09											
03	27556	REPAIR OF KNEE DISLOCATION	830.47								90			
07	27556	REPAIR OF KNEE DISLOCATION	1,038.09	00	15						90			
02	27557	REPAIR OF KNEE DISLOCATION	188.26											
03	27557	REPAIR OF KNEE DISLOCATION	941.32								90			
07	27557	REPAIR OF KNEE DISLOCATION	1,176.65	00	15						90			
02	27558	OPEN TREATMENT OF KNEE DISLOCATION,	195.11											
03	27558	OPEN TREATMENT OF KNEE DISLOCATION,	975.57								90			
07	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,219.47	00	15						90			
03	27560	TREAT KNEECAP DISLOCATION	267.91								90			
07	27560	TREAT KNEECAP DISLOCATION	334.89	00	15						90			
08	27560	TREAT KNEECAP DISLOCATION	220.39											
03	27562	TREAT KNEECAP DISLOCATION	326.60								90			
07	27562	TREAT KNEECAP DISLOCATION	408.25	00	15						90			
08	27562	TREAT KNEECAP DISLOCATION	220.39											
02	27566	REPAIR KNEECAP DISLOCATION	130.16											
03	27566	REPAIR KNEECAP DISLOCATION	650.80								90			
07	27566	REPAIR KNEECAP DISLOCATION	813.51	00	15						90			
08	27566	REPAIR KNEECAP DISLOCATION	220.39											
03	27570	FIXATION OF KNEE JOINT	137.86								10			
07	27570	FIXATION OF KNEE JOINT	172.33	00	15						10			
08	27570	FIXATION OF KNEE JOINT	220.39											
02	27580	FUSION OF KNEE	209.17											
03	27580	FUSION OF KNEE	1,045.88								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	27580	FUSION OF KNEE	1,307.35	00	15						90			
02	27590	AMPUTATE LEG AT THIGH	139.68											
03	27590	AMPUTATE LEG AT THIGH	698.40								90			
07	27590	AMPUTATE LEG AT THIGH	873.00	00	15						90			
02	27591	AMPUTATE LEG AT THIGH	151.81											
03	27591	AMPUTATE LEG AT THIGH	759.08								90			
07	27591	AMPUTATE LEG AT THIGH	948.85	00	15						90			
02	27592	AMPUTATE LEG AT THIGH	126.68											
03	27592	AMPUTATE LEG AT THIGH	633.43								90			
07	27592	AMPUTATE LEG AT THIGH	791.79	00	15						90			
03	27594	AMPUTATION FOLLOW-UP SURGERY	447.48								90			
07	27594	AMPUTATION FOLLOW-UP SURGERY	559.35	00	15						90			
08	27594	AMPUTATION FOLLOW-UP SURGERY	262.36											
02	27596	AMPUTATION FOLLOW-UP SURGERY	130.82											
03	27596	AMPUTATION FOLLOW-UP SURGERY	654.13								90			
07	27596	AMPUTATION FOLLOW-UP SURGERY	817.67	00	15						90			
02	27598	AMPUTATE LOWER LEG AT KNEE	125.64											
03	27598	AMPUTATE LOWER LEG AT KNEE	628.24								90			
07	27598	AMPUTATE LOWER LEG AT KNEE	785.30	00	15						90			
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	372.76								90			
07	27600	DECOMPRESSION OF LOWER LEG	465.95	00	15						90			
08	27600	DECOMPRESSION OF LOWER LEG	262.36											
03	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	373.04								90			
07	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	466.30	00	15						90			
08	27601	DECOMPRESSION OF LOWER LEG	262.36											
03	27602	DECOMPRESSION OF LOWER LEG	436.02								90			
07	27602	DECOMPRESSION OF LOWER LEG	545.03	00	15						90			
08	27602	DECOMPRESSION OF LOWER LEG	262.36											
03	27603	DRAIN LOWER LEG LESION	559.75								90			
07	27603	DRAIN LOWER LEG LESION	699.69	00	15						90			
08	27603	DRAIN LOWER LEG LESION	262.36						X					
03	27604	DRAIN LOWER LEG BURSA	419.48								90			
07	27604	DRAIN LOWER LEG BURSA	524.35	00	15						90			
08	27604	DRAIN LOWER LEG BURSA	262.36						X					
03	27605	INCISION OF ACHILLES TENDON	339.42								10			
07	27605	INCISION OF ACHILLES TENDON	424.28	00	15						10			
08	27605	INCISION OF ACHILLES TENDON	220.39											
03	27606	INCISION OF ACHILLES TENDON	466.08								10			
07	27606	INCISION OF ACHILLES TENDON	582.61	00	15						10			
08	27606	INCISION OF ACHILLES TENDON	220.39											
03	27607	TREAT LOWER LEG BONE LESION	578.96								90			
07	27607	TREAT LOWER LEG BONE LESION	723.71	00	15						90			
08	27607	TREAT LOWER LEG BONE LESION	220.39											
03	27610	EXPLORE/TREAT ANKLE JOINT	532.30								90			
07	27610	EXPLORE/TREAT ANKLE JOINT	665.38	00	15						90			
08	27610	EXPLORE/TREAT ANKLE JOINT	220.39											
03	27612	EXPLORATION OF ANKLE JOINT	446.48								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27612	EXPLORATION OF ANKLE JOINT	558.10	00 15						90			
08	27612	EXPLORATION OF ANKLE JOINT	262.36										
03	27613	BIOPSY LOWER LEG SOFT TISSUE	201.35							10			
07	27613	BIOPSY LOWER LEG SOFT TISSUE	251.69	00 15						10			
03	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	452.04							90			
07	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	565.06	00 15						90			
08	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	220.39										
02	27615	RAD RESECT TUMOR...LEG OR ANKLE	165.07										
03	27615	RAD RESECT TUMOR...LEG OR ANKLE	825.35							90			
07	27615	RAD RESECT TUMOR...LEG OR ANKLE	1,031.69	00 15						90			
08	27615	REMOVE TUMOR, LOWER LEG	262.36										
03	27618	REMOVE LOWER LEGLES ION	454.74							90			
07	27618	REMOVE LOWER LEGLES ION	568.43	00 15						90			
08	27618	REMOVE LOWER LEGLES ION	220.39										
03	27619	REMOVE LOWER LEG LESION DEEP	585.06							90			
07	27619	REMOVE LOWER LEG LESION DEEP	731.33	00 15						90			
08	27619	REMOVE LOWER LEG LESION	262.36										
03	27620	BIOPSY OF ANKLE JOINT	400.02							90			
07	27620	BIOPSY OF ANKLE JOINT	500.03	00 15						90			
08	27620	BIOPSY OF ANKLE JOINT	262.36										
03	27625	REMOVE ANKLE JOINT LINING	509.83							90			
07	27625	REMOVE ANKLE JOINT LINING	637.29	00 15						90			
08	27625	REMOVE ANKLE JOINT LINING	262.36										
03	27626	REMOVE ANKLE JOINT LINING	549.76							90			
07	27626	REMOVE ANKLE JOINT LINING	687.20	00 15						90			
08	27626	REMOVE ANKLE JOINT LINING	262.36										
03	27630	REMOVAL OF TENDON LESION	422.78							90			
07	27630	REMOVAL OF TENDON LESION	528.48	00 15						90			
08	27630	REMOVAL OF TENDON LESION	282.40					X					
03	27635	REMOVE LOWER LEG BONE LESION	531.44							90			
07	27635	REMOVE LOWER LEG BONE LESION	664.31	00 15						90			
08	27635	REMOVE LOWER LEG BONE LESION	262.36										
03	27637	REMOVE/GRAFT LEG BONE LESION	630.40							90			
07	27637	REMOVE/GRAFT LEG BONE LESION	788.01	00 15						90			
08	27637	REMOVE/GRAFT LEG BONE LESION	262.36										
03	27638	REMOVE/GRAFT LEG BONE LESION	658.17							90			
07	27638	REMOVE/GRAFT LEG BONE LESION	822.72	00 15						90			
08	27638	REMOVE/GRAFT LEG BONE LESION	262.36										
03	27640	PARTIAL REMOVAL OF TIBIA	831.68							90			
07	27640	PARTIAL REMOVAL OF TIBIA	1,039.60	00 15						90			
08	27640	PARTIAL REMOVAL OF TIBIA	220.39										
03	27641	PARTIAL REMOVAL OF FIBULA	713.14							90			
07	27641	PARTIAL REMOVAL OF FIBULA	891.43	00 15						90			
08	27641	PARTIAL REMOVAL OF FIBULA	220.39										
02	27645	EXTENSIVE LOWER LEG SURGERY	186.38										
03	27645	EXTENSIVE LOWER LEG SURGERY	931.90							90			
07	27645	EXTENSIVE LOWER LEG SURGERY	1,164.88	00 15						90			
02	27646	EXTENSIVE LOWER LEG SURGERY	173.83										
03	27646	EXTENSIVE LOWER LEG SURGERY	869.16							90			
07	27646	EXTENSIVE LOWER LEG SURGERY	1,086.45	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	27647	EXTENSIVE ANKLE/HEEL SURGERY	679.03								90			
07	27647	EXTENSIVE ANKLE/HEEL SURGERY	848.79	00	15						90			
08	27647	EXTENSIVE ANKLE/HEEL SURGERY	262.36											
03	27648	INJECTION FOR ANKLE X-RAY	267.56								1			
07	27648	INJECTION FOR ANKLE X-RAY	334.45	00	15						1			
03	27650	REPAIR ACHILLES TENDON	555.45								90			
07	27650	REPAIR ACHILLES TENDON	694.32	00	15						90			
08	27650	REPAIR ACHILLES TENDON	262.36											
03	27652	REPAIR/GRAFT ACHILLES TENDON	584.06								90			
07	27652	REPAIR/GRAFT ACHILLES TENDON	730.08	00	15						90			
08	27652	REPAIR/GRAFT ACHILLES TENDON	262.36											
03	27654	REPAIR OF ACHILLES TENDON	585.21								90			
07	27654	REPAIR OF ACHILLES TENDON	731.52	00	15						90			
08	27654	REPAIR OF ACHILLES TENDON	262.36											
03	27656	REPAIR FASCIAL DEFECT OF LEG	429.73								90			
07	27656	REPAIR FASCIAL DEFECT OF LEG	537.17	00	15						90			
08	27656	REPAIR FASCIAL DEFECT OF LEG\	220.39											
03	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	428.55								90			X
07	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	535.69	00	15						90			X
08	27658	REP/SUT LEG TENDON, W/O GRAFT, EACH	282.40											
02	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	108.49											X
03	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	542.47								90			X
07	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	678.09	00	15						90			X
08	27659	REP/SUT TEND,LEG...W/W/O GRAFT EACH	220.39											
03	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	597.96								90			X
07	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	747.46	00	15						90			X
08	27664	REP/SUT EXT TEND,PRIM,W/O GRAFT EACH	220.39											
03	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	400.17								90			X
07	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	500.22	00	15						90			X
08	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	220.39											
03	27675	REPAIR LOWER LEG TENDONS	446.31								90			
07	27675	REPAIR LOWER LEG TENDONS	557.89	00	15						90			
08	27675	REPAIR LOWER LEG TENSIONS	220.39											
03	27676	REPAIR LOWER LEG TENDONS	516.66								90			
07	27676	REPAIR LOWER LEG TENDONS	645.83	00	15						90			
08	27676	REPAIR LOWER LEG TENDONS	262.36											
03	27680	RELEASE OF LOWER LEG TENDON	394.12								90			
07	27680	RELEASE OF LOWER LEG TENDON	492.66	00	15						90			
08	27680	RELEASE OF LOWER LEG TENDON	262.36											
03	27681	TENOLYSIS....MULTIPLE, EACHS	443.49								90			X
07	27681	TENOLYSIS....MULTIPLE, EACHS	554.37	00	15						90			X
08	27681	TENOLYSIS....MULTIPLE, EACHS	220.39											
03	27685	REVISION OF LOWER LEG TENDON	471.76								90			
07	27685	REVISION OF LOWER LEG TENDON	589.70	00	15						90			
08	27685	REVISION OF LOWER LEG TENDON	262.36											
03	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	627.23								90			X
07	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	784.04	00	15						90			X
08	27686	LENGTHEN/SHORTEN TEND;MULTIPLE, EACH	262.36											
03	27687	REVISION OF CALF TENDON	421.46								90			
07	27687	REVISION OF CALF TENDON	526.83	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	27687	REVISION OF CALF TENDON	262.36											
03	27690	REVISE LOWER LEG TENDON	524.19								90			
07	27690	REVISE LOWER LEG TENDON	655.24	00	15						90			
08	27690	REVISE LOWER LEG TENDON	262.36											
03	27691	REVISE LOWER LEG TENDON	602.36								90			
07	27691	REVISE LOWER LEG TENDON	752.96	00	15						90			
08	27691	REVISE LOWER LEG TENDON	262.36											
02	27692	EACH ADDITIONAL TENDON	22.79											X
03	27692	EACH ADDITIONAL TENDON	113.94											X
07	27692	EACH ADDITION TENDON	113.94	00	15									X
08	27692	EACH ADDITIONAL TENDON	262.36											
02	27695	REPAIR OF ANKLE LIGAMENT	88.44											
03	27695	REPAIR OF ANKLE LIGAMENT	442.24								90			
07	27695	REPAIR OF ANKLE LIGAMENT	552.81	00	15						90			
08	27695	REPAIR OF ANKLE LIGAMENT	220.39											
02	27696	REPAIR OF ANKLE LIGAMENTS	101.64											
03	27696	REPAIR OF ANKLE LIGAMENTS	508.23								90			
07	27696	REPAIR OF ANKLE LIGAMENTS	635.29	00	15						90			
08	27696	REPAIR OF ANKLE LIGAMENTS	220.39											
02	27698	REPAIR OF ANKLE LIGAMENT	109.59											
03	27698	REPAIR OF ANKLE LIGAMENT	547.98								90			
07	27698	REPAIR OF ANKLE LIGAMENT	684.98	00	15						90			
08	27698	REPAIR OF ANKLE LIGAMENT	220.39											
02	27700	REVISION OF ANKLE JOINT	99.84											
03	27700	REVISION OF ANKLE JOINT	499.24								90			
07	27700	REVISION OF ANKLE JOINT	624.06	00	15						90			
08	27700	REVISION OF ANKLE JOINT	282.40											
02	27702	RECONSTRUCT ANKLE JOINT	154.18											
03	27702	RECONSTRUCT ANKLE JOINT	770.90								90			
07	27702	RECONSTRUCT ANKLE JOINT	963.63	00	15						90			
03	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	849.82								90			
07	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,062.28	00	15						90			
02	27704	REMOVAL OF ANKLE IMPLANT	93.87											
03	27704	REMOVAL OF ANKLE IMPLANT	469.39								90			
07	27704	REMOVAL OF ANKLE IMPLANT	586.74	00	15						90			
08	27704	REMOVAL OF ANKLE IMPLANT	220.39											
02	27705	INCISION OF TIBIA	125.34											
03	27705	INCISION OF TIBIA	626.72								90			
07	27705	INCISION OF TIBIA	783.40	00	15						90			
08	27705	INCISION OF TIBIA	220.39											
02	27707	INCISION OF FIBULA	70.96											
03	27707	INCISION OF FIBULA	354.80								90			
07	27707	INCISION OF FIBULA	443.50	00	15						90			
08	27707	INCISION OF FIBULA	220.39											
02	27709	INCISION OF TIBIA & FIBULA	122.27											
03	27709	INCISION OF TIBIA & FIBULA	611.35								90			
07	27709	INCISION OF TIBIA & FIBULA	764.19	00	15						90			
08	27709	INCISION OF TIBIA & FIBULA	220.39											
02	27712	REALIGNMENT OF LOWER LEG	162.46											
03	27712	REALIGNMENT OF LOWER LEG	812.32								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27712	REALIGNMENT OF LOWER LEG	1,015.40	00 15						90			
02	27715	REVISION OF LOWER LEG	189.64										
03	27715	REVISION OF LOWER LEG	948.20							90			
07	27715	REVISION OF LOWER LEG	1,061.25	00 15						90			
02	27720	REPAIR OF TIBIA	145.29										
03	27720	REPAIR OF TIBIA	726.49							90			
07	27720	REPAIR OF TIBIA	908.12	00 15						90			
02	27722	REPAIR/GRAFT OF TIBIA	144.34										
03	27722	REPAIR/GRAFT OF TIBIA	721.73							90			
07	27722	REPAIR/GRAFT OF TIBIA	902.17	00 15						90			
02	27724	REPAIR/GRAFT OF TIBIA	202.16										
03	27724	REPAIR/GRAFT OF TIBIA	1,010.80							90			
07	27724	REPAIR/GRAFT OF TIBIA	1,263.51	00 15						90			
02	27725	REPAIR OF LOWER LEG	179.78										
03	27725	REPAIR OF LOWER LEG	898.92							90			
07	27725	REPAIR OF LOWER LEG	1,123.66	00 15						90			
02	27727	REPAIR OF LOWER LEG	162.69										
03	27727	REPAIR OF LOWER LEG	813.47							90			
07	27727	REPAIR OF LOWER LEG	1,016.84	00 15						90			
02	27730	REPAIR OF TIBIA EPIPHYSIS	154.74										
03	27730	REPAIR OF TIBIA EPIPHYSIS	773.72							90			
07	27730	REPAIR OF TIBIA EPIPHYSIS	967.15	00 15						90			
08	27730	REPAIR OF TIBIA EPIPHYSIS	220.39										
03	27732	REPAIR OF FIBULA EPIPHYSIS	532.77							90			
07	27732	REPAIR OF FIBULA EPIPHYSIS	665.97	00 15						90			
08	27732	REPAIR OF FIBULA EPIPHYSIS	220.39										
03	27734	REPAIR LOWER LEG EPIPHYSES	537.24							90			
07	27734	REPAIR LOWER LEG EPIPHYSES	671.55	00 15						90			
08	27734	REPAIR LOWER LEG EPIPHYSES	220.39										
03	27740	REPAIR OF LEG EPIPHYSES	711.23							90			
07	27740	REPAIR OF LEG EPIPHYSES	881.91	00 15						90			
08	27740	REPAIR OF LEG EPIPHYSES	220.39										
02	27742	REPAIR OF LEG EPIPHYSES	171.87										
03	27742	REPAIR OF LEG EPIPHYSES	859.37							90			
07	27742	REPAIR OF LEG EPIPHYSES	938.88	00 15						90			
08	27742	REPAIR OF LEG EPIPHYSES	220.39										
08	27743	REVISION OF KNEE JOINT	282.40										
08	27745	PROPHYLACTIC TREATMENT (NAILING, PIN	262.36										
03	27750	TREATMENT OF TIBIA FRACTURE	245.13							90			
07	27750	TREATMENT OF TIBIA FRACTURE	306.42	00 15						90			
08	27750	TREATMENT OF TIBIA FRACTURE	220.39										
03	27752	TREATMENT OF TIBIA FRACTURE	395.78							90			
07	27752	TREATMENT OF TIBIA FRACTURE	494.73	00 15						90			
08	27752	TREATMENT OF TIBIA FRACTURE	220.39										
02	27756	REPAIR OF TIBIA FRACTURE	98.47										
03	27756	REPAIR OF TIBIA FRACTURE	492.38							90			
07	27756	REPAIR OF TIBIA FRACTURE	615.48	00 15						90			
08	27756	REPAIR OF TIBIA FRACTURE	262.36										
02	27758	REPAIR OF TIBIA FRACTURE	136.44										
03	27758	REPAIR OF TIBIA FRACTURE	682.24							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	27758	REPAIR OF TIBIA FRACTURE	852.81	00 15						90			
08	27758	REPAIR OF TIBIA FRACTURE	262.36										
02	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	156.96										
03	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	784.82							90			
07	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	981.03	00 15						90			
08	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	262.36										
03	27760	TREATMENT OF ANKLE FRACTURE	233.04							90			
07	27760	TREATMENT OF ANKLE FRACTURE	291.31	00 15						90			
08	27760	TREATMENT OF ANKLE FRACTURE	220.39										
03	27762	TREATMENT OF ANKLE FRACTURE	359.96							90			
07	27762	TREATMENT OF ANKLE FRACTURE	449.95	00 15						90			
08	27762	TREATMENT OF ANKLE FRACTURE	220.39										
03	27766	REPAIR OF ANKLE FRACTURE	478.81							90			
07	27766	REPAIR OF ANKLE FRACTURE	598.52	00 15						90			
08	27766	REPAIR OF ANKLE FRACTURE	262.36										
03	27780	TREATMENT OF FIBULA FRACTURE	219.84							90			
07	27780	TREATMENT OF FIBULA FRACTURE	274.80	00 15						90			
08	27780	TREATMENT OF FIBULA FRACTURE	220.39										
03	27781	TREATMENT OF FIBULA FRACTURE	301.80							90			
07	27781	TREATMENT OF FIBULA FRACTURE	377.25	00 15						90			
08	27781	TREATMENT OF FIBULA FRACTURE	220.39										
03	27784	REPAIR OF FIBULA FRACTURE	447.19							90			
07	27784	REPAIR OF FIBULA FRACTURE	558.99	00 15						90			
08	27784	REPAIR OF FIBULA FRACTURE	262.36										
03	27786	TREATMENT OF ANKLE FRACTURE	226.65							90			
07	27786	TREATMENT OF ANKLE FRACTURE	283.32	00 15						90			
08	27786	TREATMENT OF ANKLE FRACTURE	220.39										
03	27788	TREATMENT OF ANKLE FRACTURE	311.24							90			
07	27788	TREATMENT OF ANKLE FRACTURE	389.06	00 15						90			
08	27788	TREATMENT OF ANKLE FRACTURE	220.39										
02	27792	REPAIR OF ANKLE FRACTURE	90.81										
03	27792	REPAIR OF ANKLE FRACTURE	454.07							90			
07	27792	REPAIR OF ANKLE FRACTURE	567.59	00 15						90			
08	27792	REPAIR OF ANKLE FRACTURE	262.36										
03	27808	TREATMENT OF ANKLE FRACTURE	253.39							90			
07	27808	TREATMENT OF ANKLE FRACTURE	316.74	00 15						90			
08	27808	TREATMENT OF ANKLE FRACTURE	220.39										
03	27810	TREATMENT OF ANKLE FRACTURE	361.63							90			
07	27810	TREATMENT OF ANKLE FRACTURE	452.04	00 15						90			
08	27810	TREATMENT OF ANKLE FRACTURE	220.39										
02	27814	REPAIR OF ANKLE FRACTURE	124.27										
03	27814	REPAIR OF ANKLE FRACTURE	621.37							90			
07	27814	REPAIR OF ANKLE FRACTURE	776.72	00 15						90			
08	27814	REPAIR OF ANKLE FRACTURE	262.36										
03	27816	TREATMENT OF ANKLE FRACTURE	242.92							90			
07	27816	TREATMENT OF ANKLE FRACTURE	303.65	00 15						90			
08	27816	TREATMENT OF ANKLE FRACTURE	220.39										
03	27818	TREATMENT OF ANKLE FRACTURE	375.96							90			
07	27818	TREATMENT OF ANKLE FRACTURE	469.95	00 15						90			
08	27818	TREATMENT OF ANKLE FRACTURE	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	27822	REPAIR OF ANKLE FRACTURE	136.10											
03	27822	REPAIR OF ANKLE FRACTURE	680.51								90			
07	27822	REPAIR OF ANKLE FRACTURE	850.64	00	15						90			
08	27822	REPAIR OF ANKLE FRACTURE	262.36											
02	27823	REPAIR OF ANKLE FRACTURE	155.64											
03	27823	REPAIR OF ANKLE FRACTURE	778.24								90			
07	27823	REPAIR OF ANKLE FRACTURE	972.81	00	15						90			
08	27823	REPAIR OF ANKLE FRACTURE	262.36											
03	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	255.13								90			
07	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	318.92	00	15						90			
08	27824	CLOSED TREATMENT OF FRACTURE	220.39											
03	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	409.04								90			
07	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	511.31	00	15						90			
08	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	220.39											
02	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	115.13											
03	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	575.68								90			
07	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	719.61	00	15						90			
08	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT	262.36											
02	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	166.59											
03	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	832.96								90			
07	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	1,041.20	00	15						90			
08	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT	262.36											
02	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	180.83											
03	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	904.18								90			
07	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	1,130.23	00	15						90			
08	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT	262.36											
02	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	79.25											
03	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	396.26								90			
07	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	495.33	00	15						90			
08	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	220.39											
03	27830	TREAT LOWER LEG DISLOCATION	266.55								90			
07	27830	TREAT LOWER LEG DISLOCATION	333.19	00	15						90			
08	27830	TREAT LOWER LEG DISLOCATION	220.39											
03	27831	TREAT LOWER LEG DISLOCATION	271.24								90			
07	27831	TREAT LOWER LEG DISLOCATION	339.06	00	15						90			
08	27831	TREAT LOWER LEG DISLOCATION	220.39											
02	27832	REPAIR LOWER LEG DISLOCATION	82.65											
03	27832	REPAIR LOWER LEG DISLOCATION	413.28								90			
07	27832	REPAIR LOWER LEG DISLOCATION	516.60	00	15						90			
08	27832	REPAIR LOWER LEG DISLOCATION	220.39											
03	27840	TREAT ANKLE DISLOCATION	299.45								90			
07	27840	TREAT ANKLE DISLOCATION	374.32	00	15						90			
08	27840	TREAT ANKLE DISLOCATION	220.39											
03	27842	TREAT ANKLE DISLOCATION	329.96								90			
07	27842	TREAT ANKLE DISLOCATION	412.46	00	15						90			
08	27842	TREAT ANKLE DISLOCATION	220.39											
02	27846	REPAIR ANKLE DISLOCATION	116.04											
03	27846	REPAIR ANKLE DISLOCATION	580.23								90			
07	27846	REPAIR ANKLE DISLOCATION	725.29	00	15						90			
08	27846	REPAIR ANKLE DISLOCATION	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	27848	REPAIR ANKLE DISLOCATION	131.38											
03	27848	REPAIR ANKLE DISLOCATION	656.90								90			
07	27848	REPAIR ANKLE DISLOCATION	821.13	00	15						90			
08	27848	REPAIR ANKLE DISLOCATION	262.36											
03	27860	FIXATION OF ANKLE JOINT	170.46								10			
07	27860	FIXATION OF ANKLE JOINT	213.08	00	15						10			
08	27860	FIXATION OF ANKLE JOINT	220.39											
02	27870	FUSION OF ANKLE JOINT	159.44											
03	27870	FUSION OF ANKLE JOINT	797.20								90			
07	27870	FUSION OF ANKLE JOINT	996.51	00	15						90			
08	27870	FUSION OF ANKLE JOINT	262.36											
03	27871	FUSION OF TIBIOFIBULAR JOINT	681.53								90			
07	27871	FUSION OF TIBIOFIBULAR JOINT	718.80	00	15						90			
08	27871	FUSION OF TIBIOFIBULAR JOINT	262.36											
02	27880	AMPUTATION OF LOWER LEG	135.22											
03	27880	AMPUTATION OF LOWER LEG	676.14								90			
07	27880	AMPUTATION OF LOWER LEG	845.18	00	15						90			
02	27881	AMPUTATION OF LOWER LEG	146.78											
03	27881	AMPUTATION OF LOWER LEG	733.94								90			
07	27881	AMPUTATION OF LOWER LEG	917.43	00	15						90			
02	27882	AMPUTATION OF LOWER LEG	122.68											
03	27882	AMPUTATION OF LOWER LEG	613.42								90			
07	27882	AMPUTATION OF LOWER LEG	766.78	00	15						90			
03	27884	AMPUTATION FOLLOW-UP SURGERY	531.26								90			
07	27884	AMPUTATION FOLLOW-UP SURGERY	664.08	00	15						90			
08	27884	AMPUTATION FOLLOW-UP SURGERY	262.36											
02	27886	AMPUTATION FOLLOW-UP SURGERY	116.01											
03	27886	AMPUTATION FOLLOW-UP SURGERY	580.07								90			
07	27886	AMPUTATION FOLLOW-UP SURGERY	725.09	00	15						90			
02	27888	AMPUTATION OF FOOT AT ANKLE	118.02											
03	27888	AMPUTATION OF FOOT AT ANKLE	590.14								90			
07	27888	AMPUTATION OF FOOT AT ANKLE	737.68	00	15						90			
02	27889	AMPUTATION OF FOOT AT ANKLE	116.00											
03	27889	AMPUTATION OF FOOT AT ANKLE	580.02								90			
07	27889	AMPUTATION OF FOOT AT ANKLE	725.03	00	15						90			
08	27889	AMPUTATION OF FOOT AT ANKLE	262.36											
03	27892	DECOMPRESSION FASCIOTOMY, LEG;	445.76								90			
07	27892	DECOMPRESSION FASCIOTOMY, LEG;	557.21	00	15						90			
08	27892	DECOMPRESSION FASCIOTOMY, LEG;	262.36											
03	27893	DECOMPRESSION FASCIOTOMY, LEG;	450.17								90			
07	27893	DECOMPRESSION FASCIOTOMY, LEG;	562.72	00	15						90			
08	27893	DECOMPRESSION FASCIOTOMY, LEG;	262.36											
03	27894	DECOMPRESSION FASCIOTOMY, LEG;	587.12								90			
07	27894	DECOMPRESSION FASCIOTOMY, LEG;	733.90	00	15						90			
08	27894	DECOMPRESSION FASCIOTOMY, LEG;	262.36											
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	227.75								10			
07	28001	DRAINAGE OF BURSA OF FOOT	284.69	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	28001	DRAINAGE OF BURSA OF FOOT	262.36						X					
03	28002	TREATMENT OF FOOT INFECTION	317.72								10			
07	28002	TREATMENT OF FOOT INFECTION	397.16	00	15						10			
08	28002	TREATMENT OF FOOT INFECTION	262.36											
03	28003	TREATMENT OF FOOT INFECTION	554.97								90			
07	28003	TREATMENT OF FOOT INFECTION	693.72	00	15						90			
08	28003	TREATMENT OF FOOT INFECTION	262.36											
03	28005	TREAT FOOT BONE LESION	537.24								90			
07	28005	TREAT FOOT BONE LESION	671.56	00	15						90			
08	28005	TREAT FOOT BONE LESION	262.36											
03	28008	INCISION OF FOOT FASCIA	347.98								90			
07	28008	INCISION OF FOOT FASCIA	434.98	00	15						90			
08	28008	INCISION OF FOOT FASCIA	320.56						X					
03	28010	INCISION OF TOE TENDON	284.21								90			
07	28010	INCISION OF TOE TENDON	355.27	00	15						90			
03	28011	INCISION OF TOE TENDONS	369.89								90			
07	28011	INCISION OF TOE TENDONS	462.37	00	15						90			
08	28011	INCISION OF TOE TENDONS	262.36											
03	28020	EXPLORATION OF A FOOT JOINT	364.91								90			
07	28020	EXPLORATION OF A FOOT JOINT	456.14	00	15						90			
08	28020	EXPLORATION OF A FOOT JOINT	220.39											
03	28022	EXPLORATION OF A FOOT JOINT	349.21								90			
07	28022	EXPLORATION OF A FOOT JOINT	436.52	00	15						90			
08	28022	EXPLORATION OF A FOOT JOINT	220.39											
03	28024	EXPLORATION OF A TOE JOINT	353.73								90			
07	28024	EXPLORATION OF A TOE JOINT	442.17	00	15						90			
08	28024	EXPLORATION OF A TOE JOINT	220.39											
03	28035	DECOMPRESSION OF TIBIA NERVE	386.46								90			
07	28035	DECOMPRESSION OF TIBIA NERVE	483.08	00	15						90			
08	28035	DECOMPRESSION OF TIBIA NERVE	262.36											
03	28043	EXCISION OF FOOT LESION	301.42								90			
07	28043	EXCISION OF FOOT LESION	376.78	00	15						90			
08	28043	EXCISION OF FOOT LESION	220.39											
03	28045	EXCISION OF FOOT LESION	357.67								90			
07	28045	EXCISION OF FOOT LESION	447.09	00	15						90			
08	28045	EXCISION OF FOOT LESION	262.36											
02	28046	RAD RESECT TUMOR,SFT TISS-FOOT	132.52											
03	28046	RAD RESECT TUMOR,SFT TISS-FOOT	662.63								90			
07	28046	RAD RESECT TUMOR,SFT TISS-FOOT	828.29	00	15						90			
08	28046	RAD RESECT TUMOR,SFT TISS-FOOT	262.36											
03	28050	BIOPSY OF FOOT JOINT LINING	376.08								90			
07	28050	BIOPSY OF FOOT JOINT LINING	470.10	00	15						90			
08	28050	BIOPSY OF FOOT JOINT LINING	220.39											
03	28052	BIOPSY OF FOOT JOINT LINING	328.10								90			
07	28052	BIOPSY OF FOOT JOINT LINING	410.13	00	15						90			
08	28052	BIOPSY OF FOOT JOINT LINING	220.39											
03	28054	BIOPSY OF TOE JOINT LINING	304.69								90			
07	28054	BIOPSY OF TOE JOINT LINING	380.87	00	15						90			
08	28054	BIOPSY OF TOE JOINT LINING	220.39											
03	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	285.60								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	285.60	00 15						90			
08	28055	NEURECTOMY,INTRINSIC MUSCULATURE	262.36										
03	28060	PARTIAL REMOVAL FOOT FASCIA	387.75							90			
07	28060	PARTIAL REMOVAL FOOT FASCIA	484.69	00 15						90			
08	28060	PARTIAL REMOVAL FOOT FASCIA	220.39										
03	28062	REMOVAL OF FOOT FASCIA	442.73							90			
07	28062	REMOVAL OF FOOT FASCIA	553.42	00 15						90			
08	28062	REMOVAL OF FOOT FASCIA	262.36										
03	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	365.15							90			X
07	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	456.44	00 15						90			X
08	28070	REMOVAL OF FOOT JOINT LINING	320.56					X					
03	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	371.00							90			X
07	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	463.75	00 15						90			X
08	28072	REMOVAL OF FOOT JOINT LINING	320.56					X					
03	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	312.91							90			X
07	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	391.14	00 15						90			X
08	28080	REMOVAL OF FOOT LESION	282.40					X					
03	28086	EXCISE FOOT TENDON SHEATH	453.56							90			
07	28086	EXCISE FOOT TENDON SHEATH	566.96	00 15						90			
08	28086	EXCISE FOOT TENDON SHEATH	220.39										
03	28088	EXCISE FOOT TENDON SHEATH	375.55							90			
07	28088	EXCISE FOOT TENDON SHEATH	469.44	00 15						90			
08	28088	EXCISE FOOT TENDON SHEATH	220.39										
03	28090	REMOVAL OF FOOT LESION	345.92							90			
07	28090	REMOVAL OF FOOT LESION	432.40	00 15						90			
08	28090	REMOVAL OF FOOT LESION	262.36										
03	28092	REMOVAL OF TOE LESIONS	322.17							90			
07	28092	REMOVAL OF TOE LESIONS	402.72	00 15						90			
08	28092	REMOVAL OF TOE LESIONS	262.36										
03	28100	REMOVAL OF ANKLE/HEEL LESION	511.57							90			
07	28100	REMOVAL OF ANKLE/HEEL LESION	639.47	00 15						90			
08	28100	REMOVAL OF ANKLE/HEEL LESION	220.39										
03	28102	REMOVE/GRAFT FOOT LESION	473.58							90			
07	28102	REMOVE/GRAFT FOOT LESION	591.98	00 15						90			
08	28102	REMOVE/GRAFT FOOT LESION	262.36										
03	28103	REMOVE/GRAFT FOOT LESION	430.57							90			
07	28103	REMOVE/GRAFT FOOT LESION	538.22	00 15						90			
08	28103	REMOVE/GRAFT FOOT LESION	262.36										
02	28104	REMOVAL OF FOOT LESION	75.77										
03	28104	REMOVAL OF FOOT LESION	378.87							90			
07	28104	REMOVAL OF FOOT LESION	473.59	00 15						90			
08	28104	REMOVAL OF FOOT LESION	220.39										
02	28106	REMOVE/GRAFT FOOT LESION	81.54										
03	28106	REMOVE/GRAFT FOOT LESION	407.70							90			
07	28106	REMOVE/GRAFT FOOT LESION	509.63	00 15						90			
08	28106	REMOVE/GRAFT FOOT LESION	262.36										
03	28107	REMOVE/GRAFT FOOT LESION	429.79							90			
07	28107	REMOVE/GRAFT FOOT LESION	537.24	00 15						90			
08	28107	REMOVE/GRAFT FOOT LESION	262.36										
03	28108	REMOVAL OF TOE LESIONS	321.48							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	28108	REMOVAL OF TOE LESIONS	401.85	00 15						90			
03	28110	PART REMOVAL OF METATARSAL	351.31							90			
07	28110	PART REMOVAL OF METATARSAL	439.14	00 15						90			
08	28110	PART REMOVAL OF METATARSAL	282.40					X					
03	28111	PART REMOVAL OF METATARSAL	389.04							90			
07	28111	PART REMOVAL OF METATARSAL	486.30	00 15						90			
08	28111	PART REMOVAL OF METATARSAL	282.40					X					
03	28112	PART REMOVAL OF METATARSAL	368.48							90			
07	28112	PART REMOVAL OF METATARSAL	460.61	00 15						90			
08	28112	PART REMOVAL OF METATARSAL	282.40					X					
03	28113	PART REMOVAL OF METATARSAL	378.59							90			
07	28113	PART REMOVAL OF METATARSAL	473.24	00 15						90			
08	28113	PART REMOVAL OF METATARSAL	282.40					X					
03	28114	REMOVAL OF METATARSAL HEADS	628.10							90			
07	28114	REMOVAL OF METATARSAL HEADS	785.13	00 15						90			
08	28114	REMOVAL OF METARSAL HEADS	262.36					X					
03	28116	REVISION OF FOOT	482.81							90			
07	28116	REVISION OF FOOT	603.52	00 15						90			
08	28116	REVISION OF FOOT	262.36										
03	28118	PARTIAL REMOVAL OF HEEL	427.69							90			
07	28118	PARTIAL REMOVAL OF HEEL	534.62	00 15						90			
08	28118	PARTIAL REMOVAL OF HEEL	262.36										
03	28119	REMOVAL OF HEEL SPUR	390.26							90			
07	28119	REMOVAL OF HEEL SPUR	487.83	00 15						90			
08	28119	REMOVAL OF HEEL SPUR	262.36										
03	28120	PART REMOVAL OF ANKLE/HEEL	457.01							90			
07	28120	PART REMOVAL OF ANKLE/HEEL	571.27	00 15						90			
08	28120	PART REMOVAL OF ANKLE/HEEL	320.56										
03	28122	PARTIAL REMOVAL OF FOOT BONE	509.81							90			
07	28122	PARTIAL REMOVAL OF FOOT BONE	637.27	00 15						90			
08	28122	PARTIAL REMOVAL OF FOOT BONE	262.36										
03	28124	PARTIAL REMOVAL OF TOE	397.15							90			
07	28124	PARTIAL REMOVAL OF TOE	496.44	00 15						90			
03	28126	CONDYLECTOMY...SING. TOE, EACH	324.78							90			X
07	28126	CONDYLECTOMY...SING. TOE, EACH	405.98	00 15						90			X
08	28126	CONDYLECTOMY...SING. TOE, EACH	262.36										
02	28130	REMOVAL OF ANKLE BONE	96.55										
03	28130	REMOVAL OF ANKLE BONE	482.79							90			
07	28130	REMOVAL OF ANKLE BONE	603.49	00 15						90			
08	28130	REMOVAL OF ANKLE BONE	262.36										
02	28140	REMOVAL OF METATARSAL	96.36										
03	28140	REMOVAL OF METATARSAL	481.83							90			
07	28140	REMOVAL OF METATARSAL	602.29	00 15						90			
08	28140	REMOVAL OF METATARSAL	262.36										
03	28150	PHALANGECTOMY,TOE, SINGLE, EACH	351.26							90			X
07	28150	PHALANGECTOMY,TOE, SINGLE, EACH	439.08	00 15						90			X
08	28150	PHALANGECTOMY,TOE, SINGLE, EACH	262.36										
03	28153	PARTIAL REMOVAL OF TOE	329.20							90			
07	28153	PARTIAL REMOVAL OF TOE	411.51	00 15						90			
08	28153	PARTIAL REMOVAL OF TOE	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	336.10								90			X
07	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	420.13	00	15						90			X
08	28160	PARTIAL REMOVAL OF TOE	262.36						X					
03	28171	RADICAL RESECTION FOR TUMOR,TARSAL	512.58								90			
07	28171	RADICAL RESECTION FOR TUMOR,TARSAL	640.73	00	15						90			
08	28171	RADICAL RESECTION FOR TUMOR,TARSAL	262.36											
02	28173	RADICAL RESECTION FOR TUMOR,METATARS	110.37											
03	28173	RADICAL RESECTION FOR TUMOR,METATARS	551.86								90			
07	28173	RADICAL RESECTION FOR TUMOR,METATARS	689.83	00	15						90			
08	28173	RADICAL RESECTION FOR TUMOR,METATARS	262.36											
02	28175	RADICAL RESECTION FOR TUMOR PHALANX	86.65											
03	28175	RADICAL RESECTION FOR TUMOR PHALANX	433.25								90			
07	28175	RADICAL RESECTION FOR TUMOR PHALANX	541.57	00	15						90			
08	28175	RADICAL RESECTION FOR TUMOR PHALANX	262.36											
03	28190	REMOVAL OF FOOT FOREIGN BODY	224.68											
07	28190	REMOVAL OF FOOT FOREIGN BODY	280.86	00	15									
03	28192	REMOVAL OF FOOT FOREIGN BODY	352.82								90			
07	28192	REMOVAL OF FOOT FOREIGN BODY	441.03	00	15						90			
08	28192	REMOVAL OF FOOT FOREIGN BODY	220.39											
03	28193	REMOVAL OF FOOT FOREIGN BODY	405.44								90			
07	28193	REMOVAL OF FOOT FOREIGN BODY	506.80	00	15						90			
08	28193	REMOVAL OF FOOT FOREIGN BODY	262.36											
03	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	360.68								90			X
07	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	450.85	00	15						90			X
08	28200	REPAIR OF FOOT TENDON	282.40						X					
03	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	536.67								90			X
07	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	670.84	00	15						90			X
08	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	262.36											
03	28208	REP/SUT TEND....EACH TENDON	346.68								90			X
07	28208	REP/SUT TEND....EACH TENDON	433.35	00	15						90			X
08	28208	REPAIR OF FOOT TENDON	282.40						X					
03	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	449.60								90			X
07	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	562.00	00	15						90			X
08	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	262.36											
03	28220	RELEASE OF FOOT TENDON	351.14								90			
07	28220	RELEASE OF FOOT TENDON	438.93	00	15						90			
03	28222	RELEASE OF FOOT TENDONS	393.10								90			
07	28222	RELEASE OF FOOT TENDONS	491.38	00	15						90			
08	28222	RELEASE OF FOOT TENDONS	220.39											
03	28225	RELEASE OF FOOT TENDON	313.64								90			
07	28225	RELEASE OF FOOT TENDON	392.06	00	15						90			
08	28225	RELEASE OF FOOT TENDON	220.36											
03	28226	RELEASE OF FOOT TENDONS	355.36								90			
07	28226	RELEASE OF FOOT TENDONS	444.21	00	15						90			
08	28226	RELEASE OF FOOT TENDONS	220.39											
03	28230	INCISION OF FOOT TENDON(S)	345.29								90			
07	28230	INCISION OF FOOT TENDON(S)	431.62	00	15						90			
03	28232	INCISION OF TOE TENDON	314.52								90			
07	28232	INCISION OF TOE TENDON	393.16	00	15						90			
03	28234	INCISION OF FOOT TENDON	309.81								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	28234	INCISION OF FOOT TENDON	387.27	00 15						90			
08	28234	INCISION OF FOOT TENDON	220.39										
03	28238	REVISION OF FOOT TENDON	496.40							90			
07	28238	REVISION OF FOOT TENDON	620.50	00 15						90			
08	28238	REVISION OF FOOT TENDON	262.36										
03	28240	RELEASE OF BIG TOE	347.01							90			
07	28240	RELEASE OF BIG TOE	433.77	00 15						90			
08	28240	RELEASE OF BIG TOE	220.39										
03	28250	REVISION OF FOOT FASCIA	419.13							90			
07	28250	REVISION OF FOOT FASCIA	523.92	00 15						90			
08	28250	REVISION OF FOOT FASCIA	262.36										
03	28260	RELEASE OF MIDFOOT JOINT	534.84							90			
07	28260	RELEASE OF MIDFOOT JOINT	668.56	00 15						90			
08	28260	RELEASE OF MIDFOOT JOINT	262.36										
03	28261	REVISION OF FOOT TENDON	661.57							90			
07	28261	REVISION OF FOOT TENDON	826.97	00 15						90			
08	28261	REVISION OF FOOT TENDON	262.36										
03	28262	REVISION OF FOOT AND ANKLE	907.28							90			
07	28262	REVISION OF FOOT AND ANKLE	1,134.11	00 15						90			
08	28262	REVISION OF FOOT AND ANKLE	262.36										
03	28264	RELEASE OF MIDFOOT JOINT	612.14							90			
07	28264	RELEASE OF MIDFOOT JOINT	765.18	00 15						90			
08	28264	RELEASE OF MIDFOOT JOINT	282.40					X					
03	28270	CAPSULOTOMY...EACH JOINT	374.70							90			X
07	28270	CAPSULOTOMY...EACH JOINT	468.38	00 15						90			X
08	28270	RELEASE OT FOOT CONTRACTURE	282.40					X					
03	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	316.68							90			X
07	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	395.85	00 15						90			X
08	28272	RELEASE OF TOE JOINT,EACH	282.40					X					
03	28280	FUSION OF TOES	379.24							90			
07	28280	FUSION OF TOES	474.06	00 15						90			
08	28280	FUSION OF TOES	220.39										
03	28285	REVISION OF HAMMERTOE	370.01							90			X
07	28285	REVISION OF HAMMERTOE	462.52	00 15						90			X
08	28285	REVISION OF HAMMERTOE	320.56					X					
03	28286	REVISION OF HAMMERTOE	368.92							90			
07	28286	REVISION OF HAMMERTOE	461.16	00 15						90			
08	28286	REVISION OF HAMMERTOE	262.36					X					
03	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	379.82							90			X
07	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	474.78	00 15						90			X
08	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	262.36										
02	28289	REPAIR HALLUX RIGIDUS	98.54										
03	28289	REPAIR HALLUX RIGIDUS	492.72							90			
07	28289	REPAIR HALLUX RIGIDUS	615.91	00 15						90			
08	28289	REPAIR HALLUX RIGIDUS	262.36										
03	28290	CORRECTION OF BUNION	423.82							90			
07	28290	CORRECTION OF BUNION	529.78	00 15						90			
08	28290	CORRECTION OF BUNION	320.56					X					
03	28292	CORRECTION OF BUNION	475.21							90			
07	28292	CORRECTION OF BUNION	594.02	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	28292	CORRECTION OF BUNION	320.56						X					
03	28293	CORRECTION OF BUNION	565.09								90			
07	28293	CORRECTION OF BUNION	706.37	00	15						90			
08	28293	CORRECTION OF BUNION	320.56						X					
03	28294	CORRECTION OF BUNION	541.05								90			
07	28294	CORRECTION OF BUNION	676.32	00	15						90			
08	28294	CORRECTION OF BUNION	320.56						X					
03	28296	CORRECTION OF BUNION	570.22								90			
07	28296	CORRECTION OF BUNION	712.78	00	15						90			
08	28296	CORRECTION OF BUNION	262.36											
03	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	620.53								90			
07	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	775.67	00	15						90			
08	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	262.36											
03	28298	CORRECTION OF BUNION	511.84								90			
07	28298	CORRECTION OF BUNION	639.81	00	15						90			
08	28298	CORRECTION OF BUNION	320.56						X					
03	28299	CORRECTION OF BUNION	626.11								90			
07	28299	CORRECTION OF BUNION	782.64	00	15						90			
08	28299	CORRECTION OF BUNION	320.56						X					
03	28300	INCISION OF HEEL BONE	664.64								90			
07	28300	INCISION OF HEEL BONE	830.80	00	15						90			
08	28300	INCISION OF HEEL BONE	320.56						X					
03	28302	INCISION OF ANKLE BONE	544.05								90			
07	28302	INCISION OF ANKLE BONE	680.07	00	15						90			
08	28302	INCISION OF ANKLE BONE	320.56						X					
03	28304	INCISION OF MIDFOOT BONES	527.96								90			
07	28304	INCISION OF MIDFOOT BONES	659.95	00	15						90			
08	28304	INCISION OF MIDFOOT BONES	220.39											
03	28305	INCISE/GRAFT MIDFOOT BONES	677.25								90			
07	28305	INCISE/GRAFT MIDFOOT BONES	846.57	00	15						90			
08	28305	INCISE/GRAFT MIDFOOT BONES	262.36											
03	28306	INCISION OF METATARSAL	412.16								90			
07	28306	INCISION OF METATARSAL	515.20	00	15						90			
08	28306	INCISION OF METATARSAL	262.36						X					
03	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	544.67								90			
07	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	680.84	00	15						90			
08	28307	SEE 28306; METATARSAL W/BONE GRFT	262.36											
03	28308	INCISION OF METATARSAL	372.08								90			X
07	28308	INCISION OF METATARSAL	465.11	00	15						90			X
08	28308	INCISION OF METATARSAL	320.56						X					
03	28309	INCISION OF METATARSALS	688.37								90			
07	28309	INCISION OF METATARSALS	860.47	00	15						90			
08	28309	INCISION OF METATARSALS	262.36											
03	28310	REVISION OF BIG TOE	402.58								90			
07	28310	REVISION OF BIG TOE	503.23	00	15						90			
08	28310	REVISION OF BIG TOE	320.56						X					
03	28312	REVISION OF TOE	365.00								90			
07	28312	REVISION OF TOE	456.25	00	15						90			
08	28312	REVISION OF TOE	320.56						X					
03	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	389.84								90			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	487.30	00 15						90			X
08	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	220.39										
03	28315	SESAMOIDECTOMY FIRST TOE	357.04							90			
07	28315	SESAMOIDECTOMY FIRST TOE	446.31	00 15						90			
08	28315	SESAMOIDECTOMY FIRST TOE	262.30										
03	28320	REPAIR OF FOOT BONES	524.05							90			
07	28320	REPAIR OF FOOT BONES	655.07	00 15						90			
08	28320	REPAIR OF FOOT BONES	262.36										
03	28322	REPAIR OF METATARSALS	565.17							90			
07	28322	REPAIR OF METATARSALS	706.47	00 15						90			
08	28322	REPAIR OF METATARSALS	262.36										
03	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	451.86							90			X
07	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	564.83	00 15						90			X
08	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	262.36										
03	28341	SEE 28340;REQUIRING BONE RESECTION	513.03							90			X
07	28341	SEE 28340;REQUIRING BONE RESECTION	641.29	00 15						90			X
08	28341	SEE 28340; REQUIRING BONE RESECTION	262.36										
03	28344	RECONSTRUCT TOE;POLYDATYLY	324.00							90			X
07	28344	RECONSTRUCT TOE;POLYDATYLY	405.00	00 15						90			X
08	28344	RECONSTRUCT TOE; POLYDATYLY	262.36										
03	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	430.90							90			X
07	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	538.63	00 15						90			X
08	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	262.36										
03	28360	RECONSTRUCT CLEFT FOOT	740.25							90			
07	28360	RECONSTRUCT CLEFT FOOT	925.32	00 15						90			
03	28400	TREAT CLSD CALC FX;W/O MANIP	214.68							90			
07	28400	TREAT CLSD CALC FX;W/O MANIP	268.35	00 15						90			
08	28400	TREAT CLSD CALC FX; W/O MANIP	220.39										
03	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	315.48							90			
07	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	394.35	00 15						90			
08	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	220.39										
03	28406	TREAT CLSD CALC FX,MANIP/FIXATION	422.86							90			
07	28406	TREAT CLSD CALC FX,MANIP/FIXATION	528.58	00 15						90			
08	28406	TREAT CLSD CAC FX, MANIP/FIXATION	220.39										
02	28415	REPAIR OF HEEL FRACTURE	182.66										
03	28415	REPAIR OF HEEL FRACTURE	913.34							90			
07	28415	REPAIR OF HEEL FRACTURE	1,141.68	00 15						90			
08	28415	REPAIR OF HEEL FRACTURE	262.36										
02	28420	REPAIR/GRAFT HEEL FRACTURE	187.89										
03	28420	REPAIR/GRAFT HEEL FRACTURE	939.48							90			
07	28420	REPAIR/GRAFT HEEL FRACTURE	1,174.35	00 15						90			
08	28420	REPAIR/GRAFT HEEL FRACTURE	262.36										
03	28430	TREAT CLSD TALUS FX,W/O MANIP	199.24							90			
07	28430	TREAT CLSD TALUS FX,W/O MANIP	249.06	00 15						90			
03	28435	TREAT CLSD TALUS FX,W/ MANIP	246.21							90			
07	28435	TREAT CLSD TALUS FX,W/ MANIP	307.77	00 15						90			
08	28435	TREAT CLSD TALUS FX, W/MANIP	220.39										
03	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	350.57							90			
07	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	438.22	00 15						90			
08	28436	TREAT CLSD TA; FX,W/MANIP & PERC PIN	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	829.16								90			
07	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,036.46	00	15						90			
08	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	262.36											
03	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	194.05								90			X
07	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	242.57	00	15						90			X
03	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	238.80								90			X
07	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	298.51	00	15						90			X
03	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	244.28								90			X
07	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	305.36	00	15						90			X
08	28456	OPEN TX CLSD/OPEN FX W RED & PIN-EAC	220.39											
03	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	431.40								90			X
07	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	539.25	00	15						90			X
08	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	262.36											
03	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	177.74								90			X
07	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	222.18	00	15						90			X
03	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	226.50								90			X
07	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	283.13	00	15						90			X
03	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	278.10								90			X
07	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	347.63	00	15						90			X
08	28476	TREAT CLSD FX,W/MANIP & PINNING,EACH	220.39											
03	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	390.51								90			X
07	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	488.14	00	15						90			X
08	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	262.36											
03	28490	TREAT BIG TOE FRACTURE	104.13								90			
07	28490	TREAT BIG TOE FRACTURE	130.17	00	15						90			
03	28495	TREAT BIG TOE FRACTURE	121.24								90			
07	28495	TREAT BIG TOE FRACTURE	151.56	00	15						90			
03	28496	TREAT CLSD FX GREAT TOE...PINNING	354.92								90			X
07	28496	TREAT CLSD FX GREAT TOE...PINNING	443.65	00	15						90			X
08	28496	TREAT CLSD FX GREAT TOE...PINNING	220.39											
03	28505	REPAIR BIG TOE FRACTURE	411.07								90			
07	28505	REPAIR BIG TOE FRACTURE	513.84	00	15						90			
08	28505	REPAIR BIG TOE FRACTURE	262.36											
03	28510	TREAT CLSD FX....W/O MANIP,EACH	97.83								90			X
07	28510	TREAT CLSD FX....W/O MANIP,EACH	122.29	00	15						90			X
03	28515	TREAT CLSD FX...W/ MANIP., EACH	117.51								90			X
07	28515	TREAT CLSD FX...W/ MANIP., EACH	146.89	00	15						90			X
03	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	379.34								90			X
07	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	474.18	00	15						90			X
08	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	262.36											
03	28530	TREAT CLOSED SESAMOID FRACTURE	107.07								90			X
07	28530	TREAT CLOSED SESAMOID FRACTURE	133.84	00	15						90			X
03	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	376.20								90			
07	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	470.25	00	15						90			
08	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	262.36											
03	28540	TREAT FOOT DISLOCATION	159.12								90			
07	28540	TREAT FOOT DISLOCATION	198.91	00	15						90			
03	28545	TREAT FOOT DISLOCATION	198.86								90			
07	28545	TREAT FOOT DISLOCATION	248.58	00	15						90			
08	28545	TREAT FOOT DISLOCATION	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	28546	TREAT FOOT DISLOCATION	420.19								90			
07	28546	TREAT FOOT DISLOCATION	525.24	00	15						90			
08	28546	TREAT FOOT SLOCATION	220.39											
03	28555	REPAIR FOOT DISLOCATION	543.82								90			
07	28555	REPAIR FOOT DISLOCATION	679.78	00	15						90			
08	28555	REPAIR FOOT DISLOCATION	220.39											
03	28570	TREAT FOOT DISLOCATION	145.83								90			
07	28570	TREAT FOOT DISLOCATION	182.29	00	15						90			
03	28575	TREAT FOOT DISLOCATION	237.52								90			
07	28575	TREAT FOOT DISLOCATION	296.91	00	15						90			
08	28575	TREAT FOOT DISLOCATION	220.39											
03	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	438.14								90			
07	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	547.68	00	15						90			
08	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	262.36											
03	28585	REPAIR FOOT DISLOCATION	479.54								90			
07	28585	REPAIR FOOT DISLOCATION	599.43	00	15						90			
08	28585	REPAIR FOOT DISLOCATION	262.36											
03	28600	TREAT FOOT DISLOCATION	169.28								90			
07	28600	TREAT FOOT DISLOCATION	211.60	00	15						90			
03	28605	TREAT FOOT DISLOCATION	197.70								90			
07	28605	TREAT FOOT DISLOCATION	247.13	00	15						90			
08	28605	TREAT FOOT DISLOCATION	220.39											
03	28606	TREAT FOOT DISLOCATION	565.12								90			
07	28606	TREAT FOOT DISLOCATION	706.41	00	15						90			
08	28606	TREAT FOOT DISLOCATION	220.39											
03	28615	REPAIR FOOT DISLOCATION	489.77								90			
07	28615	REPAIR FOOT DISLOCATION	612.22	00	15						90			
08	28615	REPAIR FOOT DISLOCATION	262.36											
03	28630	TREAT TOE DISLOCATION	112.14											
07	28630	TREAT TOE DISLOCATION	140.18	00	15									
03	28635	TREAT TOE DISLOCATION	123.73											
07	28635	TREAT TOE DISLOCATION	154.67	00	15									
08	28635	TREAT TOE DISLOCATION	220.39											
03	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	210.95								10			
07	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	263.69	00	15						10			
08	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	262.36											
03	28645	REPAIR TOE DISLOCATION	304.87								90			
07	28645	REPAIR TOE DISLOCATION	381.09	00	15						90			
08	28645	REPAIR TOE DISLOCATION	262.36											
03	28660	TREAT TOE DISLOCATION	116.25											
07	28660	TREAT TOE DISLOCATION	145.32	00	15									
03	28665	TREAT TOE DISLOCATION	123.51											
07	28665	TREAT TOE DISLOCATION	154.39	00	15									
08	28665	TREAT TOE DISLOCATION	220.39											
03	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	421.46								10			
07	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	526.83	00	15						10			
08	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	262.36											
03	28675	REPAIR OF TOE DISLOCATION	333.44								90			
07	28675	REPAIR OF TOE DISLOCATION	416.80	00	15						90			
08	28675	REPAIR OF TOE DISLOCATION	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	28705	FUSION OF FOOT BONES	988.00								90			
07	28705	FUSION OF FOOT BONES	1,235.00	00	15						90			
08	28705	FUSION OF FOOT BONES	262.36											
02	28715	FUSION OF FOOT BONES	148.21											
03	28715	FUSION OF FOOT BONES	741.09								90			
07	28715	FUSION OF FOOT BONES	926.37	00	15						90			
08	28715	FUSION OF FOOT BONES	262.36											
02	28725	FUSION OF FOOT BONES	133.06											
03	28725	FUSION OF FOOT BONES	665.34								90			
07	28725	FUSION OF FOOT BONES	831.68	00	15						90			
08	28725	FUSION OF FOOT BONES	262.36											
03	28730	FUSION OF FOOT BONES	619.64								90			
07	28730	FUSION OF FOOT BONES	774.56	00	15						90			
08	28730	FUSION OF FOOT BONES	262.36											
03	28735	FUSION OF FOOT BONES	614.36								90			
07	28735	FUSION OF FOOT BONES	767.95	00	15						90			
08	28735	FUSION OF FOOT BONES	262.36											
03	28737	REVISION OF FOOT BONES	540.25								90			
07	28737	REVISION OF FOOT BONES	675.32	00	15						90			
08	28737	REVISION FOOT BONES	282.40											
03	28740	FUSION OF FOOT BONES	588.22								90			
07	28740	FUSION OF FOOT BONES	735.28	00	15						90			
08	28740	FUSION OF FOOT BONES	262.36											
03	28750	FUSION OF BIG TOE JOINT	551.07								90			
07	28750	FUSION OF BIG TOE JOINT	688.84	00	15						90			
08	28750	FUSION OF BIG TOE JOINT	320.56						X					
03	28755	FUSION OF BIG TOE JOINT	368.04								90			
07	28755	FUSION OF BIG TOE JOINT	460.05	00	15						90			
08	28755	FUSION OF BIG TOE JOINT	320.56						X					
03	28760	FUSION OF BIG TOE JOINT	512.27								90			
07	28760	FUSION OF BIG TOE JOINT	640.34	00	15						90			
08	28760	FUSION OF BIG TOE JOINT	320.56						X					
03	28800	AMPUTATION OF MIDFOOT	484.83								90			
07	28800	AMPUTATION OF MIDFOOT	606.04	00	15						90			
03	28805	AMPUTATION THRU METATARSAL	492.08								90			
07	28805	AMPUTATION THRU METATARSAL	615.11	00	15						90			
03	28810	AMPUTATION TOE & METATARSAL	396.63								90			X
07	28810	AMPUTATION TOE & METATARSAL	495.79	00	15						90			X
08	28810	AMPUTATION TOE & METATARSAL	262.36						X					
08	28819	REMOVAL OF HEEL SPUR	262.36											
03	28820	AMPUTATION OF TOE	389.15								90			X
07	28820	AMPUTATION OF TOE	486.44	00	15						90			X
08	28820	AMPUTATION OF TOE	262.36						X					
03	28825	PARTIAL AMPUTATION OF TOE	368.96								90			X
07	28825	PARTIAL AMPUTATION OF TOE	461.21	00	15						90			X
08	28825	PARTIAL AMPUTATION OF TOE	262.36						X					
02	28890	HIGH ENERGY ESWT, PLANTAR F	10.41											
03	28890	HIGH ENERGY ESWT, PLANTAR F	260.34								90			
07	28890	HIGH ENERGY ESWT, PLANTAR F	260.34	00	15						90			
03	28899	FOOT/TOES SURGERY PROCEDURE	MP			X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	28899	FOOT/TOES SURGERY PROCEDURE	MP	00	15	X								
03	29000	APPLICATION OF BODY CAST	140.67								1			
07	29000	APPLICATION OF BODY CAST	175.84	00	15						1			
03	29010	APPLICATION OF BODY CAST	141.21								1			
07	29010	APPLICATION OF BODY CAST	176.52	00	15						1			
03	29015	APPLICATION OF BODY CAST	153.95								1			
07	29015	APPLICATION OF BODY CAST	192.44	00	15						1			
03	29020	APPLICATION OF BODY CAST	148.01								1			
07	29020	APPLICATION OF BODY CAST	185.02	00	15						1			
03	29025	APPLICATION OF BODY CAST	159.00								1			
07	29025	APPLICATION OF BODY CAST	198.75	00	15						1			
03	29035	APPLICATION OF BODY CAST	133.92								1			
07	29035	APPLICATION OF BODY CAST	167.40	00	15						1			
03	29040	APPLICATION OF BODY CAST	137.10								1			
07	29040	APPLICATION OF BODY CAST	171.38	00	15						1			
03	29044	APPLICATION OF BODY CAST	149.06								1			
07	29044	APPLICATION OF BODY CAST	186.33	00	15						1			
03	29046	APPLICATION OF BODY CAST	161.52								1			
07	29046	APPLICATION OF BODY CAST	201.90	00	15						1			
03	29049	APPLICATION OF SHOULDER CAST	55.64								1			
07	29049	APPLICATION OF SHOULDER CAST	69.55	00	15						1			
03	29055	APPLICATION OF SHOULDER CAST	117.82								1			X
07	29055	APPLICATION OF SHOULDER CAST	147.28	00	15						1			X
03	29058	APPLICATION OF SHOULDER CAST	74.58								1			X
07	29058	APPLICATION OF SHOULDER CAST	93.23	00	15						1			X
03	29065	APPLICATION OF LONG ARM CAST	55.83								1			X
07	29065	APPLICATION OF LONG ARM CAST	69.79	00	15						1			X
03	29075	APPLICATION OF FOREARM CAST	51.45								1			X
07	29075	APPLICATION OF FOREARM CAST	64.32	00	15						1			X
03	29085	APPLY HAND/WRIST CAST	55.52								1			X
07	29085	APPLY HAND/WRIST CAST	69.40	00	15						1			X
03	29086	APPLY FINGER CAST	49.95											X
07	29086	APPLY FINGER CAST	49.95	00	15									X
03	29105	APPLY LONG ARM SPLINT	54.26								1			X
07	29105	APPLY LONG ARM SPLINT	67.83	00	15						1			X
03	29125	APPLY FOREARM SPLINT	40.57								1			X
07	29125	APPLY FOREARM SPLINT	50.72	00	15						1			X
03	29126	APPLY FOREARM SPLINT	53.93								1			X
07	29126	APPLY FOREARM SPLINT	67.42	00	15						1			X
03	29130	APPLICATION OF FINGER SPLINT	26.65								1			X
07	29130	APPLICATION OF FINGER SPLINT	33.32	00	15						1			X
03	29131	APPLICATION OF FINGER SPLINT	34.24								1			X
07	29131	APPLICATION OF FINGER SPLINT	42.80	00	15						1			X
03	29200	STRAPPING OF CHEST	40.88								1			
07	29200	STRAPPING OF CHEST	51.10	00	15						1			
03	29220	STRAPPING OF LOW BACK	44.30								1			
07	29220	STRAPPING OF LOW BACK	55.38	00	15						1			
03	29240	STRAPPING OF SHOULDER	44.63								1			X
07	29240	STRAPPING OF SHOULDER	55.79	00	15						1			X
03	29260	STRAPPING OF ELBOW OR WRIST	38.08								1			X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	29260	STRAPPING OF ELBOW OR WRIST	47.60	00 15						1			X
03	29280	STRAPPING OF HAND OR FINGER	38.46							1			X
07	29280	STRAPPING OF HAND OR FINGER	48.08	00 15						1			X
03	29305	APPLICATION OF HIP CAST	134.95							1			
07	29305	APPLICATION OF HIP CAST	168.69	00 15						1			
03	29325	APPLICATION OF HIP CASTS	151.51							1			
07	29325	APPLICATION OF HIP CASTS	189.39	00 15						1			
03	29345	APPLICATION OF LONG LEG CAST	83.19							1			X
07	29345	APPLICATION OF LONG LEG CAST	103.99	00 15						1			X
03	29355	APPLICATION OF LONG LEG CAST	86.14							1			X
07	29355	APPLICATION OF LONG LEG CAST	107.68	00 15						1			X
03	29358	APPLY LONG LEG CAST BRACE	89.32							1			X
07	29358	APPLY LONG LEG CAST BRACE	111.66	00 15						1			X
03	29365	APPLICATION OF LONG LEG CAST	73.12							1			X
07	29365	APPLICATION OF LONG LEG CAST	91.41	00 15						1			X
03	29405	APPLY SHORT LEG CAST	53.78							1			X
07	29405	APPLY SHORT LEG CAST	67.23	00 15						1			X
03	29425	APPLY SHORT LEG CAST	59.12							1			X
07	29425	APPLY SHORT LEG CAST	73.90	00 15						1			X
03	29435	APPLY SHORT LEG CAST	72.37							1			X
07	29435	APPLY SHORT LEG CAST	90.47	00 15						1			X
03	29440	ADDITION OF WALKER TO CAST	33.52							1			X
07	29440	ADDITION OF WALKER TO CAST	41.90	00 15						1			X
03	29445	APPLY RIGID LEG CAST	122.00							1			
07	29445	APPLY RIGID LEG CAST	122.00	00 15						1			
03	29450	APPLICATION OF LEG CAST	97.61							1			
07	29450	APPLICATION OF LEG CAST	122.02	00 15						1			
03	29505	APPLICATION LONG LEG SPLINT	48.92							1			X
07	29505	APPLICATION LONG LEG SPLINT	61.15	00 15						1			X
03	29515	APPLICATION LOWER LEG SPLINT	42.28							1			X
07	29515	APPLICATION LOWER LEG SPLINT	52.86	00 15						1			X
03	29520	STRAPPING OF HIP	39.19							1			X
07	29520	STRAPPING OF HIP	48.99	00 15						1			X
03	29530	STRAPPING OF KNEE	38.13							1			X
07	29530	STRAPPING OF KNEE	47.67	00 15						1			X
03	29540	STRAPPING OF ANKLE	25.61							1			X
07	29540	STRAPPING OF ANKLE	32.02	00 15						1			X
03	29550	STRAPPING OF TOES	24.80							1			X
07	29550	STRAPPING OF TOES	31.01	00 15						1			X
03	29580	APPLICATION OF PASTE BOOT	32.90							1			X
07	29580	APPLICATION OF PASTE BOOT	41.13	00 15						1			X
03	29590	APPLICATION OF FOOT SPLINT	35.76							1			X
07	29590	APPLICATION OF FOOT SPLINT	44.71	00 15						1			X
03	29700	REMOVAL/REVISION OF CAST	38.56							1			
07	29700	REMOVAL/REVISION OF CAST	48.20	00 15						1			
03	29705	REMOVAL/REVISION OF CAST	42.80							1			
07	29705	REMOVAL/REVISION OF CAST	53.51	00 15						1			
03	29710	REMOVAL/REVISION OF CAST	80.64							1			
07	29710	REMOVAL/REVISION OF CAST	100.80	00 15						1			
03	29715	REMOVAL/REVISION OF CAST	53.52							1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	29715	REMOVAL/REVISION OF CAST	66.91	00 15						1			
03	29720	REPAIR OF BODY CAST	46.10							1			
07	29720	REPAIR OF BODY CAST	57.63	00 15						1			
03	29730	WINDOWING OF CAST	42.02							1			
07	29730	WINDOWING OF CAST	52.53	00 15						1			
03	29740	WEDGING OF CAST	61.76							1			
07	29740	WEDGING OF CAST	77.20	00 15						1			
03	29750	WEDGING OF CLUBFOOT CAST	68.76							1			
07	29750	WEDGING OF CLUBFOOT CAST	85.95	00 15						1			
03	29799	CASTING/STRAPPING PROCEDURE	MP		X								
07	29799	CASTING/STRAPPING PROCEDURE	MP	00 15	X								
03	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	436.88							90			
07	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	546.10	00 15						90			
08	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	262.36										
02	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	93.72										
03	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	468.64							90			
07	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	585.80	00 15						90			
08	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	262.36										
03	29805	SHOULDER ARTHROSCOPY, DX	340.35							90			
07	29805	SHOULDER ARTHROSCOPY, DX	340.35	00 15						90			
08	29805	SHOULDER ARTHROSCOPY, DX	262.36										
03	29806	SHOULDER ARTHROSCOPY/SURGERY	938.43							90			
07	29806	SHOULDER ARTHROSCOPY/SURGERY	938.43	00 15						90			
08	29806	SHOULDER ARTHROSCOPY/SURGERY	262.36										
03	29807	SHOULDER ARTHROSCOPY/SURGERY	913.46							90			
07	29807	SHOULDER ARTHROSCOPY/SURGERY	913.46	00 15						90			
08	29807	SHOULDER ARTHROSCOPY/SURGERY	262.36										
03	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	494.27							90			
07	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	617.84	00 15						90			
08	29819	ARTHROSCOPY/SURGICALLY REMOVE BODY	320.56					X					
03	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	469.56							90			
07	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	586.95	00 15						90			
08	29820	ARTHROSCOPY-SYNOVECTOMY-PARTIAL	320.56					X					
03	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	497.88							90			
07	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	622.36	00 15						90			
08	29821	ARTHROSCOPY-SYNOVECTOMY-COMPLETE	320.56					X					
03	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	486.24							90			
07	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	607.81	00 15						90			
08	29822	ARTHROSCOPY-LIMITED DEBRIDEMENT	320.56					X					
03	29823	ARTHROSCOPY-EXT DEBRIDEMENT	520.23							90			
07	29823	ARTHROSCOPY-EXT DEBRIDEMENT	650.29	00 15						90			
08	29823	ARTHROSCOPY EXT DEBRIDEMENT	320.56					X					
03	29824	SHOULDER ARTHROSCOPY/SURGERY	569.71							90			
07	29824	SHOULDER ARTHROSCOPY/SURGERY	569.71	00 15						90			
08	29824	SHOULDER ARTHROSCOPY/SURGEON	282.40										
03	29825	ARTHROSCOPY-W/LYSIS & RESECTION	493.45							90			
07	29825	ARTHROSCOPY-W/LYSIS & RESECTION	616.82	00 15						90			
08	29825	ARTHROSCOPY W/LYSIS & RESECTION	320.56					X					
03	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	559.48							90			
07	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	699.36	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	29826	ARTHROSCOPY,SHOULDER,SURGI DECOMPRES	262.36										
02	29827	ARTHROSCOP ROTATOR CUFF REPR	198.00							90			
03	29827	ARTHROSCOP ROTATOR CUFF REPR	990.00							1			
07	29827	ARTHROSCOP ROTATOR CUFF REPR	990.00	00 15						90			
08	29827	ARTHROSCOP ROTATOR CUFF REPR	282.40										
03	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	340.71							90			
07	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	425.89	00 15						90			
08	29830	ARTHROSCOPY ELBOW-DX	320.56					X					
03	29834	ARTHROSCOPY, ELBOW, SURGICAL;	377.61							90			
07	29834	ARTHROSCOPY, ELBOW, SURGICAL;	472.02	00 15						90			
08	29834	ARTHROSCOPY-ELBOW-SURGICAL	320.56					X					
03	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	384.09							90			
07	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	480.12	00 15						90			
08	29835	ARTHROSCOPY SYNOVECTOMY-PARTIAL	320.56					X					
03	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	436.56							90			
07	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	545.71	00 15						90			
08	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	320.56					X					
03	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	406.33							90			
07	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	507.92	00 15						90			
08	29837	ARTHROSCOPY-LIMITED DEBRIDEMENT	320.56					X					
03	29838	ARTHROSCOPY EXT DEBRIDEMENT	444.13							90			
07	29838	ARTHROSCOPY EXT DEBRIDEMENT	555.17	00 15						90			
08	29838	ARTHROSCOPY EXT DEBRIDEMENT	320.56					X					
03	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	387.87							90			
07	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	484.84	00 15						90			
08	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	262.36										
03	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	413.15							90			
07	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	516.44	00 15						90			
08	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	262.36										
03	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	431.03							90			
07	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	538.79	00 15						90			
08	29844	ARTHROSCOPY,WRIST,PARTIAL SY OVECTOM	262.36										
03	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	477.76							90			
07	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	597.21	00 15						90			
08	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	262.36										
03	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	510.89							90			
07	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	638.62	00 15						90			
08	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART	262.36										
03	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	525.30							90			
07	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	656.63	00 15						90			
08	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	262.36										
03	29848	ARTHROSCOPY, WRIST, SURGICAL;	388.01							90			
07	29848	ARTHROSCOPY, WRIST, SURGICAL;	485.02	00 15						90			
08	29848	WRIST ENDOSCOPY/SURGERY	320.56										
03	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	554.37							90			
07	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	554.37	00 15						90			
08	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	262.36										
03	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	725.80							90			
07	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	907.26	00 15						90			
08	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	620.54							90			
07	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	762.65	00 15						90			
08	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	262.36										
03	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	773.20							90			
07	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	966.51	00 15						90			
08	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	262.36										
03	29860	HIP ARTHROSCOPY, DX	463.90							90			
07	29860	HIP ARTHROSCOPY, DX	579.88	00 15						90			
08	29860	HIP ARTHROSCOPY, DX	262.36										
03	29861	HIP ARTHROSCOPY/SURGERY	661.43							90			
07	29861	HIP ARTHROSCOPY/SURGERY	661.43	00 15						90			
08	29861	HIP ARTHROSCOPY/SURGERY	262.36										
03	29862	HIP ARTHROSCOPY/SURGERY	729.10							90			
07	29862	HIP ARTHROSCOPY/SURGERY	729.10	00 15						90			
08	29862	HIP ARTHROSCOPY/SURGERY	320.56										
03	29863	HIP ARTHROSCOPY/SURGERY	664.67							90			
07	29863	HIP ARTHROSCOPY/SURGERY	725.98	00 15						90			
08	29863	HIP ARTHROSCOPY/SURGERY	262.36										
03	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	792.40							90			
07	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	792.40	00 15						90			
03	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	947.82		X					90			
07	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	947.82	00 15	X					90			
03	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,290.85		X					90			
07	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,290.85	00 15	X					90			
03	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	320.91							90			
07	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	401.14	00 15						90			
08	29870	ARTHROSCOPY KNEE-DX	320.56					X					
03	29871	ARTHROSCOPY, KNEE, SURGICAL;	422.08							90			
07	29871	ARTHROSCOPY, KNEE, SURGICAL;	527.61	00 15						90			
08	29871	ARTHROSCOPY-KNEE-SURGICAL	320.56					X					
03	29873	KNEE ARTHROSCOPY/SURGERY	452.41							90			
07	29873	KNEE ARTHROSCOPY/SURGERY	452.41	00 15						90			
03	29874	ARTHROSCOPY, KNEE, SURGICAL;	430.00							90			
07	29874	ARTHROSCOPY, KNEE, SURGICAL;	537.50	00 15						90			
08	29874	ARTHROSCPOY REMOVE FOREIGN BODY	320.56					X					
03	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	452.12							90			
07	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	497.47	00 15						90			
08	29875	ARTHROSCOPY LIMITED SYNOVECTOMY	320.56					X					
03	29876	ARTHROSCOPY, KNEE, SURGICAL;	488.04							90			
07	29876	ARTHROSCOPY, KNEE, SURGICAL;	610.06	00 15						90			
08	29876	ARTHROSCOPY-MAJOR SYNOVECTOMY	320.56					X					
03	29877	ARTHROSCOPY-DEBRIDEMENT	516.80							90			
07	29877	ARTHROSCOPY-DEBRIDEMENT	558.64	00 15						90			
08	29877	ARTHROSCOPY-DEBRIDEMENT	320.56					X					
03	29879	ARTHROSCOPY-ABRASION ARTHROPLA	479.18							90			
07	29879	ARTHROSCOPY-ABRASION ARTHROPLA	598.98	00 15						90			
08	29879	ARTHROSCOPY-ABRASION ARTHOPLA	320.56					X					
03	29880	ARTHROSCOPY,KNEE,W/MENISCECTOMY	611.36							90			
07	29880	ARTHROSCOPY,KNEE,W/MENISCECTOMY	625.93	00 15						90			
08	29880	ARTHROSCOPY, KNEE, W/MENISCECTOMY	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	29881	ARTHROSCOPY W/ MENISCTOMY	543.58								90			
07	29881	ARTHROSCOPY W/ MENISCTOMY	582.89	00	15						90			
08	29881	ARTHROSCOPY W/ MENISCECTOMY	320.56						X					
03	29882	ARTHROSCOPY W/ MENISCUS REPAIR	503.36								90			
07	29882	ARTHROSCOPY W/ MENISCUS REPAIR	629.20	00	15						90			
08	29882	ARTHROSCOPY W/ MENISCUS REPAIR	320.56						X					
03	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	613.36								90			
07	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	766.71	00	15						90			
08	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	262.36											
03	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	460.96								90			
07	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	576.20	00	15						90			
08	29884	ARTHROSCOPY W/LYSIS ADHESIONS	262.36											
03	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	542.44								90			
07	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	678.06	00	15						90			
08	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	262.36											
03	29886	ARTHROSCOPY-OSTEOCHONDRITIS	470.80								90			
07	29886	ARTHROSCOPY-OSTEOCHONDRITIS	588.50	00	15						90			
08	29886	ARTHROSCOPY-OSTEOCHONDRITIS	220.36											
03	29887	ARTHROSCOPY-INTERNAL FIXATION	540.54								90			
07	29887	ARTHROSCOPY-INTERNAL FIXATION	675.68	00	15						90			
08	29887	ARTHROSCOPY-INTERNAL FIXATION	262.36											
03	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	966.35								90			
07	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	966.35	00	15						90			
08	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	262.36											
03	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	859.50								90			
07	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,074.38	00	15						90			
08	29889	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	262.36											
03	29891	ANKLE ARTHROSCOPY/SURGERY	621.70								90			
07	29891	ANKLE ARTHROSCOPY/SURGERY	621.70	00	15						90			
08	29891	ANKLE ARTHROSCOPY/SURGERY	262.36											
03	29892	ANKLE ARTHROSCOPY/SURGERY	641.26								90			
07	29892	ANKLE ARTHROSCOPY/SURGERY	649.01	00	15						90			
08	29892	ANKLE ARTHROSCOPY/SURGERY	262.36											
03	29893	SCOPE, PLANTAR FASCIOTOMY	353.69								90			
07	29893	SCOPE, PLANTAR FASCIOTOMY	386.76	00	15						90			
08	29893	SCOPE, PLANTAR FASCIOTOMY	320.56											
03	29894	ARTHROSCOPY, ANKLE, SURGICAL;	436.06								90			
07	29894	ARTHROSCOPY, ANKLE, SURGICAL;	545.08	00	15						90			
08	29894	ARTHROSCOPY-ANKLE-SURGICAL	320.56						X					
03	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	427.89								90			
07	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	534.87	00	15						90			
08	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	320.56						X					
03	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	452.60								90			
07	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	565.76	00	15						90			
08	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	320.56						X					
03	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	490.12								90			
07	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	612.65	00	15						90			
08	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	320.56						X					
03	29899	ANKLE ARTHROSCOPY/SURGERY	910.88								90			
07	29899	ANKLE ARTHROSCOPY/SURGERY	910.88	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 GSP DAY	12 BASE UNITS	13 X-OVERS	14 UVS >001
TS	CODE	DESCRIPTION	FEE											
08	29899	ANKLE ARTHROSCOPY/SURGERY	262.36											
03	29900	MCP JOINT ARTHROSCOPY, DX	401.90								90			X
07	29900	MCP JOINT ARTHROSCOPY, DX	401.90	00	15						90			X
08	29900	MCP JOINT ARTHROSCOPY, DX	262.36											
03	29901	MCP JOINT ARTHROSCOPY, SURG	444.04								90			X
07	29901	MCP JOINT ARTHROSCOPY, SURG	444.04	00	15						90			X
08	29901	MCP JOINT ARTHROSCOPY, SURG	262.36											
03	29902	MCP JOINT ARTHROSCOPY, SURG	477.20								90			X
07	29902	MCP JOINT ARTHROSCOPY, SURG	477.20	00	15						90			X
08	29902	MCP JOINT ARTHROSCOPY, SURG	262.36											
03	29999	ARTHROSCOPY OF JOINT	MP			X								
07	29999	ARTHROSCOPY OF JOINT	MP	00	15	X								
03	30000	DRAINAGE OF NOSE LESION	50.42											
07	30000	DRAINAGE OF NOSE LESION	133.67	00	15									
03	30020	DRAINAGE OF NOSE LESION	56.26											
07	30020	DRAINAGE OF NOSE LESION	136.36	00	15									
03	30100	INTRANASAL BIOPSY	29.61								1			
07	30100	INTRANASAL BIOPSY	77.47	00	15						1			
03	30110	REMOVAL OF NOSE POLYP(S)	59.30								10			
07	30110	REMOVAL OF NOSE POLYP(S)	149.96	00	15						10			
08	30110	REMOVAL OF NOSE POLYP(S)	262.36						X					
03	30115	REMOVAL OF NOSE POLYP(S)	283.50								90			
07	30115	REMOVAL OF NOSE POLYP(S)	307.45	00	15						90			
08	30115	REMOVAL OF NOSE POLYP(S)	262.36						X					
03	30117	REMOVAL OF INTRANASAL LESION	397.11								90			
07	30117	REMOVAL OF INTRANASAL LESION	397.11	00	15						90			
08	30117	REMOVAL OF INTRANASAL LESION	262.36											
03	30118	REMOVAL OF INTRANASAL LESION	397.11								90			
07	30118	REMOVAL OF INTRANASAL LESION	634.45	00	15						90			
08	30118	REMOVAL OF INTRANASAL LESION	262.36											
03	30120	REVISION OF NOSE	277.97								90			
07	30120	REVISION OF NOSE	380.42	00	15						90			
08	30120	REVISION OF NOSE	220.39											
03	30124	REMOVAL OF NOSE LESION	112.60								90			
07	30124	REMOVAL OF NOSE LESION	220.64	00	15						90			
03	30125	REMOVAL OF NOSE LESION	207.43								90			
07	30125	REMOVAL OF NOSE LESION	480.04	00	15						90			
08	30125	REMOVAL OF NOSE LESION	220.39											
03	30130	REMOVAL OF TURBINATE BONES	84.77								90			
07	30130	REMOVAL OF TURBINATE BONES	252.64	00	15						90			
08	30130	REMOVAL OF TURBINATE BONES	220.39						X					
03	30140	REMOVAL OF TURBINATE BONES	256.05								90			
07	30140	REMOVAL OF TURBINATE BONES	274.70	00	15						90			
08	30140	REMOVAL OF TURBINATE BONES	220.39						X					
03	30150	PARTIAL REMOVAL OF NOSE	296.35								90			
07	30150	PARTIAL REMOVAL OF NOSE	627.88	00	15						90			
08	30150	PARTIAL REMOVAL OF NOSE	262.36											
02	30160	REMOVAL OF NOSE	94.82											
03	30160	REMOVAL OF NOSE	474.09								90			
07	30160	REMOVAL OF NOSE	642.81	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	30160	REMOVAL OF NOSE	262.36											
03	30200	INJECTION TREATMENT OF NOSE	17.85											X
07	30200	INJECTION TREATMENT OF NOSE	68.40	00	15									X
03	30210	NASAL SINUS THERAPY	7.70											
07	30210	NASAL SINUS THERAPY	108.66	00	15									
03	30220	INSERTION,NASAL SEPTAL PROSTHESIS	51.12								10			
07	30220	INSERTION,NASAL SEPTAL PROSTHESIS	137.60	00	15						10			
03	30300	REMOVE NASAL FOREIGN BODY	29.61											
07	30300	REMOVE NASAL FOREIGN BODY	121.67	00	15									
03	30310	REMOVE NASAL FOREIGN BODY	127.99								10			
07	30310	REMOVE NASAL FOREIGN BODY	134.59	00	15						10			
08	30310	REMOVE NASAL FOREIGN BODY	220.39											
03	30320	REMOVE NASAL FOREIGN BODY	207.44								90			
07	30320	REMOVE NASAL FOREIGN BODY	338.02	00	15						90			
08	30320	REMOVE NASAL FOREIGN BODY	220.39											
03	30400	RECONSTRUCTION OF NOSE	456.42								90			
07	30400	RECONSTRUCTION OF NOSE	657.39	00	15						90			
08	30400	RECONSTRUCTION OF NOSE	262.36											
03	30410	RECONSTRUCTION OF NOSE	651.92								90			
07	30410	RECONSTRUCTION OF NOSE	825.88	00	15						90			
08	30410	RECONSTRUCTION OF NOSE	282.40											
03	30420	RECONSTRUCTION OF NOSE	740.84								90			
07	30420	RECONSTRUCTION OF NOSE	998.28	00	15						90			
08	30420	RECONSTRUCTION OF NOSE	282.40											
03	30430	REVISION OF NOSE	186.67								90			
07	30430	REVISION OF NOSE	509.78	00	15						90			
08	30430	REVISION OF NOSE	262.36											
03	30435	REVISION WORK WITH OSTEOTOMIES	253.80								90			
07	30435	REVISION WORK WITH OSTEOTOMIES	789.40	00	15						90			
08	30435	REVISION WORK WITH OSTEOTOMIES	282.40											
03	30450	REVISION OF NOSE	426.68								90			
07	30450	REVISION OF NOSE	1,165.50	00	15						90			
08	30450	REVISION OF NOSE	320.56											
03	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	516.80								90			
07	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	670.50	00	15						90			
08	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	320.56											
03	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,033.84								90			
07	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,210.68	00	15						90			
08	30462	REVISION OF NOSE	320.56											
03	30465	REPAIR NASAL STENOSIS	770.17				X							
07	30465	REPAIR NASAL STENOSIS	770.17	00	15		X							
08	30465	REPAIR NASAL STENOSIS	320.56											
03	30520	REPAIR OF NASAL SEPTUM	456.42								90			
07	30520	REPAIR OF NASAL SEPTUM	456.42	00	15						90			
08	30520	REPAIR OF NASAL SEPTUM	262.36											
03	30540	REPAIR NASAL DEFECT	426.72								90			
07	30540	REPAIR NASAL DEFECT	503.47	00	15						90			
08	30540	REPAIR NASAL DEFECT	282.40											
03	30545	REPAIR NASAL DEFECT	800.06								90			
07	30545	REPAIR NASAL DEFECT	800.06	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	30545	REPAIR NASAL DEFECT	282.40											
03	30560	RELEASE OF NASAL ADHESIONS	17.85											
07	30560	RELEASE OF NASAL ADHESIONS	122.29	00	15									
08	30560	RELEASE OF NASAL ADHESIONS	220.39											
03	30580	REPAIR UPPER JAW FISTULA	397.11								90			
07	30580	REPAIR UPPER JAW FISTULA	411.31	00	15						90			
08	30580	UPPER JAW FISTULA	262.36											
03	30600	REPAIR MOUTH/NOSE FISTULA	260.85								90			
07	30600	REPAIR MOUTH/NOSE FISTULA	392.45	00	15						90			
08	30600	MOUTH/NOSE FISTULA	262.36											
03	30620	RECONSTRUCTION INNER NOSE	397.11								90			
07	30620	RECONSTRUCTION INNER NOSE	437.36	00	15						90			
08	30620	RECONSTRUCTION INNER NOSE	320.56						X					
03	30630	REPAIR NASAL SEPTUM DEFECT	397.11								90			
07	30630	REPAIR NASAL SEPTUM DEFECT	497.00	00	15						90			
08	30630	REPAIR NASAL SEPTUM DEFECT	320.56											
03	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	31.50											
07	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	122.24	00	15									
08	30801	CAUTERIZATION AND/OR ABLATION,MUCOS	220.39											
03	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	80.10								10			
07	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	175.85	00	15						10			
08	30802	CAUTERIZATION AND/OR ABLATION,MUCOS	220.39											
03	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	37.81											
07	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	90.93	00	15									
03	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	45.38											
07	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	159.40	00	15									
08	30903	CAUER NASAL W LOC.ANESTH.UNILATER	220.39											
03	30905	CONTROL OF NOSEBLEED	77.07											
07	30905	CONTROL OF NOSEBLEED	196.11	00	15									
08	30905	CONTROL OF NOSEBLEED	220.39											
03	30906	REPEAT CONTROL OF NOSEBLEED	77.07											X
07	30906	REPEAT CONTROL OF NOSEBLEED	226.93	00	15									X
08	30906	REPEAT CONTROL OF NOSEBLEED	220.39											
03	30915	LIGATION NASAL SINUS ARTERY	397.11								90			
07	30915	LIGATION NASAL SINUS ARTERY	496.26	00	15						90			
08	30915	LIGATION NASAL SINUS ARTERY	220.39											
03	30920	LIGATION UPPER JAW ARTERY	495.84								90			
07	30920	LIGATION UPPER JAW ARTERY	643.35	00	15						90			
08	30920	LIGATION UPPER JAW ARTERY	262.36											
03	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	168.95								10			
07	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	168.95	00	15						10			
08	30930	NASAL TURBINATES, THERAPEUTI	262.36											
02	30999	NASAL SURGERY PROCEDURE	MP			X								
03	30999	NASAL SURGERY PROCEDURE	MP			X								
07	30999	NASAL SURGERY PROCEDURE	MP	00	15	X								
03	31000	IRRIGATION MAXILLARY SINUS	14.81											
07	31000	IRRIGATION MAXILLARY SINUS	119.93	00	15									
08	31000	IRRIGATION MAXILLARY SINUS	262.36						X					
03	31002	IRRIGATION SPHENOID SINUS	32.57											
07	31002	IRRIGATION SPHENOID SINUS	137.56	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	31002	IRRIGATION SPHENOID SINUS	282.40						X					
03	31020	EXPLORATION MAXILLARY SINUS	154.05								90			
07	31020	EXPLORATION MAXILLARY SINUS	243.06	00	15						90			
08	31020	EXPLORATION MAXILLARY SINUS	220.39											
03	31030	EXPLORATION MAXILLARY SINUS	456.42								90			
07	31030	EXPLORATION MAXILLARY SINUS	456.42	00	15						90			
08	31030	EXPLORATION MAXILLARY SINUS	262.36											
03	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	380.70								90			
07	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	442.47	00	15						90			
08	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	262.36											
02	31040	EXPLORATION BEHIND UPPER JAW	35.61											
03	31040	EXPLORATION BEHIND UPPER JAW	177.82								90			
07	31040	EXPLORATION BEHIND UPPER JAW	588.82	00	15						90			
03	31050	EXPLORATION SPHENOID SINUS	397.70								90			
07	31050	EXPLORATION SPHENOID SINUS	397.70	00	15						90			
08	31050	EXPLORATION SPHENOID SINUS	220.39											
03	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	457.35								90			
07	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	480.25	00	15						90			
08	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	262.36											
03	31070	EXPLORATION OF FRONTAL SINUS	397.11								90			
07	31070	EXPLORATION OF FRONTAL SINUS	397.11	00	15						90			
08	31070	EXPLORATION OF FRONTAL SINUS	220.39											
03	31075	EXPLORATION OF FRONTAL SINUS	622.23								90			
07	31075	EXPLORATION OF FRONTAL SINUS	622.23	00	15						90			
08	31075	EXPLORATION OF FRONTAL SINUS	262.36											
03	31080	REMOVAL OF FRONTAL SINUS	355.57								90			
07	31080	REMOVAL OF FRONTAL SINUS	718.00	00	15						90			
08	31080	REMOVAL OF FRONTAL SINUS	262.36											
02	31081	REMOVAL OF FRONTAL SINUS	71.11											
03	31081	REMOVAL OF FRONTAL SINUS	355.57								90			
07	31081	REMOVAL OF FRONTAL SINUS	832.23	00	15						90			
08	31081	REMOVAL OF FRONTAL SINUS	262.36											
02	31084	REMOVAL OF FRONTAL SINUS	71.11											
03	31084	REMOVAL OF FRONTAL SINUS	355.57								90			
07	31084	REMOVAL OF FRONTAL SINUS	849.56	00	15						90			
08	31084	REMOVAL OF FRONTAL SINUS	262.36											
02	31085	REMOVAL OF FRONTAL SINUS	71.11											
03	31085	REMOVAL OF FRONTAL SINUS	355.57								90			
07	31085	REMOVAL OF FRONTAL SINUS	893.62	00	15						90			
08	31085	REMOVAL OF FRONTAL SINUS	262.36											
03	31086	REMOVAL OF FRONTAL SINUS	423.00								90			
07	31086	REMOVAL OF FRONTAL SINUS	816.26	00	15						90			
08	31086	REMOVAL OF FRONTAL SINUS	262.36											
02	31087	REMOVAL OF FRONTAL SINUS	84.60											
03	31087	REMOVAL OF FRONTAL SINUS	423.00								90			
07	31087	REMOVAL OF FRONTAL SINUS	828.71	00	15						90			
08	31087	REMOVAL OF FRONTAL SINUS	262.36											
03	31090	EXPLORATION OF SINUSES	1,007.50								90			
07	31090	EXPLORATION OF SINUSES	1,007.50	00	15						90			
08	31090	EXPLORATION OF SINUSES	282.40											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	31200	REMOVAL OF ETHMOID SINUS	254.81								90			
07	31200	REMOVAL OF ETHMOID SINUS	368.41	00	15						90			
08	31200	REMOVAL OF ETHMOID SINUS	282.40						X					
03	31201	REMOVAL OF ETHMOID SINUS	251.29								90			
07	31201	REMOVAL OF ETHMOID SINUS	564.93	00	15						90			
08	31201	REMOVAL OF ETHMOID SINUS	282.40											
03	31205	REMOVAL OF ETHMOID SINUS	407.77								90			
07	31205	REMOVAL OF ETHMOID SINUS	654.08	00	15						90			
08	31205	REMOVAL OF ETHMOID SINUS	262.36											
02	31225	REMOVAL OF UPPER JAW	195.57											
03	31225	REMOVAL OF UPPER JAW	977.89								90			
07	31225	REMOVAL OF UPPER JAW	1,213.06	00	15						90			
02	31230	REMOVAL OF UPPER JAW	225.20											
03	31230	REMOVAL OF UPPER JAW	1,126.03								90			
07	31230	REMOVAL OF UPPER JAW	1,371.78	00	15						90			
03	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	54.62								1			
07	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	104.95	00	15						1			
03	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	110.57								1			
07	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	166.38	00	15						1			
08	31233	NASAL/SINUS ENDOSCOPY,DIAGNOSTIC WI	220.39											
03	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	193.95								1			
07	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	193.95	00	15						1			
08	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WF	220.39											
03	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	134.48								1			
07	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	213.99	00	15						1			
08	31237	NASAL/SINUS ENDOSCOPY,SURGICAL	220.39											
03	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	148.19								1			
07	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	241.27	00	15						1			
08	31238	NASAL/SINUS ENDOSCOPY, SURGICAL	220.39											
03	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	602.82								10			
07	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	602.82	00	15						10			
08	31239	NASAL/SINUS ENDOSCOPY,SURGICAL;	262.36											
03	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	186.82								1			
07	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	186.82	00	15						1			
08	31240	NASAL/SINUS ENDOSCOPY	220.39											
03	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	225.00								1			
07	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	263.24	00	15						1			
08	31254	NASAL ENDOSCOPY W/PARTIAL ETHMOIDECT	411.77						X				X	
03	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	270.00								1			
07	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	393.30	00	15						1			
08	31255	NASAL ENDOSCOPY; TOTAL ETHMOIDECTOMY	579.02						X				X	
03	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	135.00								1			
07	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	187.52	00	15						1			
08	31256	NASAL ENDOSCOPY, MAX ANTROSTOMY	411.77						X				X	
03	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	135.00								1			
07	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	309.07	00	15						1			
08	31267	SURG MAX ENDO, REMOVE MEMBRANE/POLYP	411.77						X				X	
03	31276	SINUS SURGICAL ENDOSCOPY	483.86								1			
07	31276	SINUS SURGICAL ENDOSCOPY	499.22	00	15						1			
08	31276	SINUS SURGICAL ENDOSCOPY	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	277.31								1			
07	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	277.31	00	15						1			
08	31287	NASAL/SINUS ENDOSCOPY,SURGICAL, WIT	262.36											
03	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	327.48								1			
07	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	327.48	00	15						1			
08	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	262.36											
03	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	911.21								10			
07	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,024.22	00	15						10			
03	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	957.27								10			
07	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,091.33	00	15						10			
03	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	740.17								10			
07	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	881.93	00	15						10			
03	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	809.63								10			
07	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	957.15	00	15						10			
03	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	925.39								10			
07	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,100.68	00	15						10			
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	124.44											
03	31300	REMOVAL OF LARYNX LESION	622.23								90			
07	31300	REMOVAL OF LARYNX LESION	1,089.06	00	15						90			
08	31300	REMOVAL OF LARYNX LESION	282.40											
03	31320	DIAGNOSTIC INCISION LARYNX	345.73								90			
07	31320	DIAGNOSTIC INCISION LARYNX	594.78	00	15						90			
08	31320	DIAGNOSTIC INCISION LARYNX	220.39											
02	31360	REMOVAL OF LARYNX	221.65											
03	31360	REMOVAL OF LARYNX	1,108.25								90			
07	31360	REMOVAL OF LARYNX	1,251.04	00	15						90			
02	31365	REMOVAL OF LARYNX	308.18											
03	31365	REMOVAL OF LARYNX	1,540.90								90			
07	31365	REMOVAL OF LARYNX	1,644.04	00	15						90			
02	31367	PARTIAL REMOVAL OF LARYNX	201.49											
03	31367	PARTIAL REMOVAL OF LARYNX	1,007.50								90			
07	31367	PARTIAL REMOVAL OF LARYNX	1,580.29	00	15						90			
02	31368	PARTIAL REMOVAL OF LARYNX	308.18											
03	31368	PARTIAL REMOVAL OF LARYNX	1,540.90								90			
07	31368	PARTIAL REMOVAL OF LARYNX	1,925.02	00	15						90			
02	31370	PARTIAL REMOVAL OF LARYNX	225.20											
03	31370	PARTIAL REMOVAL OF LARYNX	1,126.03								90			
07	31370	PARTIAL REMOVAL OF LARYNX	1,546.66	00	15						90			
02	31375	PARTIAL REMOVAL OF LARYNX	183.73											
03	31375	PARTIAL REMOVAL OF LARYNX	918.67								90			
07	31375	PARTIAL REMOVAL OF LARYNX	1,430.12	00	15						90			
02	31380	PARTIAL REMOVAL OF LARYNX	183.73											
03	31380	PARTIAL REMOVAL OF LARYNX	918.67								90			
07	31380	PARTIAL REMOVAL OF LARYNX	1,436.83	00	15						90			
02	31382	PARTIAL REMOVAL OF LARYNX	183.73											
03	31382	PARTIAL REMOVAL OF LARYNX	918.67								90			
07	31382	PARTIAL REMOVAL OF LARYNX	1,501.21	00	15						90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	31390	REMOVAL OF LARYNX & PHARYNX	201.49											
03	31390	REMOVAL OF LARYNX & PHARYNX	1,007.50								90			
07	31390	REMOVAL OF LARYNX & PHARYNX	1,950.57	00	15						90			
02	31395	RECONSTRUCT LARYNX & PHARYNX	308.18											
03	31395	RECONSTRUCT LARYNX & PHARYNX	1,540.90								90			
07	31395	RECONSTRUCT LARYNX & PHARYNX	2,280.49	00	15						90			
03	31400	REVISION OF LARYNX	800.06								90			
07	31400	REVISION OF LARYNX	885.26	00	15						90			
08	31400	REVISION OF LARYNX	220.39											
02	31420	REMOVAL OF EPIGLOTTIS	112.00											
03	31420	REMOVAL OF EPIGLOTTIS	560.01								90			
07	31420	REMOVAL OF EPIGLOTTIS	876.99	00	15						90			
08	31420	REMOVAL OF EPIGLOTTIS	220.39											
03	31500	INSERTION OF WINDPIPE AIRWAY	55.46								1			X
07	31500	INSERTION OF WINDPIPE AIRWAY	109.20	00	15						1			X
03	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	91.80								1			
07	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	91.80	00	15						1			
03	31505	DIAGNOSTIC LARYNGOSCOPY	22.50								1			
07	31505	DIAGNOSTIC LARYNGOSCOPY	81.19	00	15						1			
08	31505	DIAGNOSTIC LARYNGOSCOPY	220.39						X					
03	31510	LARYNGOSCOPY WITH BIOPSY	106.67								1			X
07	31510	LARYNGOSCOPY WITH BIOPSY	163.18	00	15						1			X
08	31510	LARYNGOSCOPY WITH BIOPSY	220.39						X					
03	31511	REMOVE FOREIGN BODY LARYNX	128.42								1			X
07	31511	REMOVE FOREIGN BODY LARYNX	181.11	00	15						1			X
08	31511	REMOVE FOREIGN BODY,LARYNX	220.39						X					
03	31512	REMOVAL OF LARYNX LESION	148.13								1			
07	31512	REMOVAL OF LARYNX LESION	173.23	00	15						1			
08	31512	REMOVAL OF LARYNX LESION	220.39						X					
03	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	128.42								1			
07	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	128.42	00	15						1			
08	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	220.39											
03	31515	LARYNGOSCOPY FOR ASPIRATION	88.91								1			
07	31515	LARYNGOSCOPY FOR ASPIRATION	140.17	00	15						1			
08	31515	LARYNGOSCOPY FOR ASPIRATION	220.39											
03	31520	DIAGNOSTIC LARYNGOSCOPY	82.91								1			
07	31520	DIAGNOSTIC LARYNGOSCOPY	140.71	00	15						1			
03	31525	DIAGNOSTIC LARYNGOSCOPY	112.60								1			
07	31525	DIAGNOSTIC LARYNGOSCOPY	191.74	00	15						1			
08	31525	DIAGNOSTIC LARYNGOSCOPY	220.39						X					
03	31526	DIAGNOSTIC LARYNGOSCOPY	142.23								1			
07	31526	DIAGNOSTIC LARYNGOSCOPY	147.12	00	15						1			
08	31526	DIAGNOSTIC LARYNGOSCOPY	220.39											
03	31527	LARYNGOSCOPY, INSERT OBTURATOR	128.30								1			
07	31527	LARYNGOSCOPY, INSERT OBTURATOR	178.48	00	15						1			
08	31527	LARYNGOSCOPY, INSERT OBTURATOR	220.39											
03	31528	LARYNGOSCOPY,W DILATATION INITIAL	128.30								1			
07	31528	LARYNGOSCOPY,W DILATATION INITIAL	128.31	00	15						1			
08	31528	LARYNGOSCOPY,W DILATATION INITIAL	220.39											
03	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	91.90								1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	151.92	00 15						1			
08	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	220.39										
03	31530	OPERATIVE LARYNGOSCOPY	160.06							1			
07	31530	OPERATIVE LARYNGOSCOPY	187.63	00 15						1			
08	31530	OPERATIVE LARYNGOSCOPY	220.39					X					
03	31531	OPERATIVE LARYNGOSCOPY	160.04							1			
07	31531	OPERATIVE LARYNGOSCOPY	204.16	00 15						1			
08	31531	OPERATIVE LARYNGOSCOPY	262.36										
03	31535	OPERATIVE LARYNGOSCOPY	176.07							1			
07	31535	OPERATIVE LARYNGOSCOPY	178.48	00 15						1			
08	31535	OPERATIVE LARYNGOSCOPY	220.39										
03	31536	OPERATIVE LARYNGOSCOPY	195.61							1			
07	31536	OPERATIVE LARYNGOSCOPY	202.48	00 15						1			
08	31536	OPERATIVE LARYNGOSCOPY	262.36										
03	31540	OPERATIVE LARYNGOSCOPY	225.20							1			
07	31540	OPERATIVE LARYNGOSCOPY	234.09	00 15						1			
08	31540	OPERATIVE LARYINGOSCOPY	262.36										
03	31541	OPERATIVE LARYNGOSCOPY	293.32							1			
07	31541	OPERATIVE LARYNGOSCOPY	293.32	00 15						1			
08	31541	OPERATIVE LARYNGOSCOPY	262.36										
03	31545	REMOVE VC LESION W/SCOPE	293.14							1			
07	31545	REMOVE VC LESION W/SCOPE	293.14	00 15						1			
03	31546	REMOVE VC LESION SCOPE/GRAFT	449.30							1			
07	31546	REMOVE VC LESION SCOPE/GRAFT	449.30	00 15						1			
03	31560	OPERATIVE LARYNGOSCOPY	533.43							1			
07	31560	OPERATIVE LARYNGOSCOPY	533.43	00 15						1			
08	31560	OPERATIVE LARYNGOSCOPY	282.40										
03	31561	OPERATIVE LARYNGOSCOPY	577.90							1			
07	31561	OPERATIVE LARYNGOSCOPY	577.90	00 15						1			
08	31561	OPERATIVE LARYNGOSCOPY	282.40										
03	31570	LARYNGOSCOPY WITH INJECTION	160.04							1			
07	31570	LARYNGOSCOPY WITH INJECTION	269.96	00 15						1			
08	31570	LARYNGOSCOPY WITH INJECTIONS	220.39										
03	31571	LARYNGOSCOPY WITH INJECTION	207.43							1			
07	31571	LARYNGOSCOPY WITH INJECTION	238.75	00 15						1			
08	31571	LARYNGOSCOPY WITH INJECTION	220.39										
03	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	45.68							1			
07	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	107.16	00 15						1			
08	31575	LARYNGOSCOPY,FIBERSCOPIC;DIAGN	220.39					X					
03	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	68.53							1			
07	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	145.25	00 15						1			
08	31576	LARYNGOSCOPY,FIBERSCOPIC;BIOPSY	220.39					X					
03	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	59.38							1			
07	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	184.48	00 15						1			
08	31577	LARYNGOSCOPY,FIBERSCOPIC;FOREIGN	220.39					X					
03	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	59.38							1			
07	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	205.86	00 15						1			
08	31578	LARYNGOSCOPY,FIBERSCOPIC;REMOVAL	220.39					X					
03	31579	SEE 31575;WITH STROBOSCOPY	50.26							1			
07	31579	SEE 31575;WITH STROBOSCOPY	178.94	00 15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	31580	REVISION OF LARYNX	640.04								90			
07	31580	REVISION OF LARYNX	998.26	00	15						90			
08	31580	REVISION OF LARYNX	282.40											
03	31582	REVISION OF LARYNX	503.79								90			
07	31582	REVISION OF LARYNX	1,511.36	00	15						90			
08	31582	REVISION OF LARYNX	282.40											
03	31584	REPAIR OF LARYNX FRACTURE	587.75								90			
07	31584	REPAIR OF LARYNX FRACTURE	1,343.30	00	15						90			
03	31587	LARYNGOPLASTY, CRICOID SPLIT	587.75								90			
07	31587	LARYNGOPLASTY, CRICOID SPLIT	919.48	00	15						90			
03	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	287.17								90			
07	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	1,037.12	00	15						90			
08	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	282.40											
02	31590	LARYNGEAL REINNERVATION REPAIR	110.65											
03	31590	LARYNGEAL REINNERVATION REPAIR	553.25								90			
07	31590	LARYNGEAL REINNERVATION REPAIR	661.42	00	15						90			
08	31590	LARYNGEAL REINNVATION REPAIR	282.40											
02	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	22.50											
03	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	112.52								90			
07	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	691.09	00	15						90			
08	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	220.39											
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	INCISION OF WINDPIPE	183.74								1			
07	31600	INCISION OF WINDPIPE	364.00	00	15						1			
03	31601	INCISION OF WINDPIPE	219.28								1			
07	31601	INCISION OF WINDPIPE	240.37	00	15						1			
03	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	183.74								1			
07	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	218.22	00	15						1			
03	31605	INCISION OF NECK CARTILAGES	128.62								1			
07	31605	INCISION OF NECK CARTILAGES	177.32	00	15						1			
02	31610	INCISION OF WINDPIPE	59.27											
03	31610	INCISION OF WINDPIPE	296.35								90			
07	31610	INCISION OF WINDPIPE	679.55	00	15						90			
02	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL	45.00											
03	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	225.00								90			
07	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	536.92	00	15						90			
08	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	262.36											
03	31612	PUNCTURE/CLEAR WINDPIPE	74.06								1			
07	31612	PUNCTURE/CLEAR WINDPIPE	82.40	00	15						1			
08	31612	PUNCTURE/CLEAR WINDPIPE	220.39											
03	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	91.79								90			
07	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	456.76	00	15						90			
08	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	220.39											
03	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	275.13								90			
07	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	662.02	00	15						90			
08	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	220.39											
03	31615	VISUALIZATION OF WINDPIPE	118.50								1			
07	31615	VISUALIZATION OF WINDPIPE	197.09	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	31615	VISUALIZATION OF WINDPIPE	220.39											
03	31620	ENDOBRONCHIAL US ADD-ON	192.69											
07	31620	ENDOBRONCHIAL US ADD-ON	192.69	00	15									
03	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	149.54								1			
07	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	219.06	00	15						1			
08	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	220.39											
03	31623	DX BRONCHOSCOPE/BRUSH	214.88								1			
07	31623	DX BRONCHOSCOPE/BRUSH	214.88	00	15						1			
08	31623	DX BRONCHOSCOPE/BRUSH	220.39											
03	31624	DX BRONCHOSCOPE/LAVAGE	216.84								1			
07	31624	DX BRONCHOSCOPE/LAVAGE	216.84	00	15						1			
08	31624	DX BRONCHOSCOPELAVAGE	220.39											
03	31625	BRONCHOSCOPY WITH BIOPSY	189.59								1			
07	31625	BRONCHOSCOPY WITH BIOPSY	217.52	00	15						1			
08	31625	BRONCHOSCOPY WITH BIOPSY	220.39						X					
03	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	189.59								1			
07	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	245.39	00	15						1			
08	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	220.39											
03	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	158.54								1			
07	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	164.71	00	15						1			
08	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	220.39											
03	31630	BRONCHOSCOPY WITH REPAIR	165.98								1			
07	31630	BRONCHOSCOPY WITH REPAIR	208.18	00	15						1			
08	31630	BRONCHOSCOPY WITH REPAIR	220.39											
03	31631	BRONCHOSCOPY-PLACE TRACH STENT	197.77								1			
07	31631	BRONCHOSCOPY-PLACE TRACH STENT	229.42	00	15						1			
08	31631	BRONCHOSCOPY-PLACE TRACH STENT	220.39											
03	31632	W/W/P FLOURO W/TRANSBRON LUNG BX(S)	55.93											X
07	31632	W/W/O FLOURO;W/TRANSBRONC LUNG BX(S)	55.93	00	15									X
03	31633	W/W/O FLOURO W/TRANSBRON NEEDLE BX	68.49											X
07	31633	W/W/O FLOURO W/TRANSBRON NEEDLE BX	68.49	00	15									X
03	31635	REMOVE FOREIGN BODY, AIRWAY	189.59								1			
07	31635	REMOVE FOREIGN BODY, AIRWAY	190.65	00	15						1			
08	31635	REMOVE FOREIGN BODY, AIRWAY	220.39											
03	31636	BRONCHOSCOPY, BRONCH STENTS	186.10								1			
07	31636	BRONCHOSCOPY, BRONCH STENTS	186.10	00	15						1			
03	31637	BRONCHOSCOPY, STENT ADD-ON	66.64											
07	31637	BRONCHOSCOPY, STENT ADD-ON	66.64	00	15									
03	31638	BRONCHOSCOPY, REVISE STENT	206.26								1			
07	31638	BRONCHOSCOPY, REVISE STENT	206.26	00	15						1			
03	31640	BRONCHOSCOPY & REMOVE LESION	189.59								1			
07	31640	BRONCHOSCOPY & REMOVE LESION	261.80	00	15						1			
08	31640	BRONCHOSCOPY & REMOVE LESION	220.39											
03	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	312.39								1			
07	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	312.39	00	15						1			
08	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	220.39											
03	31643	DX BRONCHOSCOPE/CATHETER	194.36								1			
07	31643	DX BRONCHOSCOPE/CATHETER	194.36	00	15						1			
08	31643	DX BRONCHOSCOPE/CATHETER	220.39											
03	31645	BRONCHOSCOPY, CLEAR AIRWAYS	128.00								1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	31645	BRONCHOSCOPY, CLEAR AIRWAYS	155.77	00 15						1			
08	31645	BRONCHOSCOPY, CLEAR AIRWAYS	220.39										
03	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	118.50							1			
07	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	135.24	00 15						1			
08	31646	BRONSCHOSCOPY,RECLEAR AIRWAYS	220.39										
03	31656	BRONCHOSCOPY,INJECT FOR XRAY	170.62							1			
07	31656	BRONCHOSCOPY,INJECT FOR XRAY	170.62	00 15						1			
08	31656	BRONCHOSCOPY, INJECT FOR XRAY	220.39										
03	31715	INJECTION FOR BRONCHUS X-RAY	32.57							1			
07	31715	INJECTION FOR BRONCHUS X-RAY	64.22	00 15						1			
03	31717	BRONCHIAL BRUSH BIOPSY	59.30							1			
07	31717	BRONCHIAL BRUSH BIOPSY	180.14	00 15						1			
08	31717	BRONCHIAL BRUSH BIOPSY	220.39										
03	31720	CLEARANCE OF AIRWAYS	32.57							1			X
07	31720	CLEARANCE OF AIRWAYS	99.31	00 15						1			X
08	31720	CLEARANCE OF AIRWAYS	220.39										
03	31725	CLEARANCE OF AIRWAYS	47.38							1			X
07	31725	CLEARANCE OF AIRWAYS	91.78	00 15						1			X
03	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODU	149.37							1			
07	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODU	185.69	00 15						1			
08	31730	TRANSTRACHEAL (PERUTANEOUS) INTRODU	220.39										
02	31750	REPAIR OF WINDPIPE	106.69										
03	31750	REPAIR OF WINDPIPE	533.42							90			
07	31750	REPAIR OF WINDPIPE	1,006.67	00 15						90			
08	31750	REPAIR OF WINDPIPE	282.40										
02	31755	REPAIR OF WINDPIPE	124.47										
03	31755	REPAIR OF WINDPIPE	622.37							90			
07	31755	REPAIR OF WINDPIPE	1,209.74	00 15						90			
08	31755	REPAIR OF WINDPIPE	220.39										
02	31760	REPAIR OF WINDPIPE	138.69										
03	31760	REPAIR OF WINDPIPE	693.48							90			
07	31760	REPAIR OF WINDPIPE	1,243.45	00 15						90			
02	31766	CARINAL RECONSTRUCTION	170.68										
03	31766	CARINAL RECONSTRUCTION	853.37							90			
07	31766	CARINAL RECONSTRUCTION	1,662.38	00 15						90			
02	31770	REPAIR/GRAFT OF BRONCHUS	149.35										
03	31770	REPAIR/GRAFT OF BRONCHUS	746.78							90			
07	31770	REPAIR/GRAFT OF BRONCHUS	1,370.44	00 15						90			
03	31775	RECONSTRUCT BRONCHUS	853.37							90			
07	31775	RECONSTRUCT BRONCHUS	1,414.70	00 15						90			
02	31780	RECONSTRUCT WINDPIPE	170.67										
03	31780	RECONSTRUCT WINDPIPE	853.37							90			
07	31780	RECONSTRUCT WINDPIPE	1,089.60	00 15						90			
02	31781	RECONSTRUCT WINDPIPE	189.64										
03	31781	RECONSTRUCT WINDPIPE	948.20							90			
07	31781	RECONSTRUCT WINDPIPE	1,391.58	00 15						90			
02	31785	REMOVE WINDPIPE LESION	138.89										
03	31785	REMOVE WINDPIPE LESION	711.23							90			
07	31785	REMOVE WINDPIPE LESION	1,067.57	00 15						90			
02	31786	REMOVE WINDPIPE LESION	138.89										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	31786	REMOVE WINDPIPE LESION	711.23								90			
07	31786	REMOVE WINDPIPE LESION	1,379.55	00	15						90			
03	31800	REPAIR OF WINDPIPE INJURY	296.35								90			
07	31800	REPAIR OF WINDPIPE INJURY	500.85	00	15						90			
02	31805	REPAIR OF WINDPIPE INJURY	94.82											
03	31805	REPAIR OF WINDPIPE INJURY	474.09								90			
07	31805	REPAIR OF WINDPIPE INJURY	854.01	00	15						90			
03	31820	CLOSURE OF WINDPIPE LESION	189.59								90			
07	31820	CLOSURE OF WINDPIPE LESION	430.43	00	15						90			
08	31820	CLOSURE OF WINDPIPE LESION	220.39											
03	31825	REPAIR OF WINDPIPE DEFECT	189.59								90			
07	31825	REPAIR OF WINDPIPE DEFECT	600.07	00	15						90			
08	31825	REPAIR OF WINDPIPE DEFECT	220.39											
03	31830	REVISE WINDPIPE SCAR	189.59								90			
07	31830	REVISE WINDPIPE SCAR	417.94	00	15						90			
08	31830	REVISE WINDPIPE SCAR	220.39											
02	31899	AIRWAYS SURGICAL PROCEDURE	MP			X								
03	31899	AIRWAYS SURGICAL PROCEDURE	MP			X								
07	31899	AIRWAYS SURGICAL PROCEDURE	MP	00	15	X								
03	32000	DRAINAGE OF CHEST	59.30											X
07	32000	DRAINAGE OF CHEST	154.31	00	15									X
08	32000	DRAINAGE OF CHEST	220.39											
02	32002	THORACENTESIS W INSERTION OF TUBE	18.00											
03	32002	THORACENTESIS W INSERTION OF TUBE	90.00								1			
07	32002	THORACENTESIS W INSERTION OF TUBE	108.41	00	15						1			
03	32005	CHEMICAL PLEURODESIS	59.22								1			
07	32005	CHEMICAL PLEURODESIS	111.06	00	15						1			
03	32019	INSERT PLEURAL CATHETER	659.11								1			
07	32019	INSERT PLEURAL CATHETER	659.11	00	15						1			
03	32020	TREATMENT OF COLLAPSED LUNG	93.00								1			
07	32020	TREATMENT OF COLLAPSED LUNG	200.06	00	15						1			
02	32035	EXPLORATION OF CHEST	64.01											
03	32035	EXPLORATION OF CHEST	320.04								90			
07	32035	EXPLORATION OF CHEST	590.02	00	15						90			
02	32036	EXPLORATION OF CHEST	69.94											
03	32036	EXPLORATION OF CHEST	349.73								90			
07	32036	EXPLORATION OF CHEST	650.03	00	15						90			
02	32095	BIOPSY THROUGH CHEST WALL	78.23											
03	32095	BIOPSY THROUGH CHEST WALL	391.15								90			
07	32095	BIOPSY THROUGH CHEST WALL	584.92	00	15						90			
02	32100	EXPLORATION/BIOPSY OF CHEST	109.40											
03	32100	EXPLORATION/BIOPSY OF CHEST	547.04								90			
07	32100	EXPLORATION/BIOPSY OF CHEST	914.72	00	15						90			
02	32110	EXPLORE/REPAIR CHEST	118.54											
03	32110	EXPLORE/REPAIR CHEST	592.70								90			
07	32110	EXPLORE/REPAIR CHEST	1,269.85	00	15						90			
02	32120	RE-EXPLORATION OF CHEST	82.97											
03	32120	RE-EXPLORATION OF CHEST	414.89								90			
07	32120	RE-EXPLORATION OF CHEST	753.67	00	15						90			
02	32124	EXPLORE CHEST,FREE ADHESIONS	82.97											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	32124	EXPLORE CHEST,FREE ADHESIONS	414.89								90			
07	32124	EXPLORE CHEST,FREE ADHESIONS	804.50	00	15						90			
02	32140	REMOVAL OF LUNG LESION(S)	94.83											
03	32140	REMOVAL OF LUNG LESION(S)	474.17								90			
07	32140	REMOVAL OF LUNG LESION(S)	861.69	00	15						90			
02	32141	REMOVE/TREAT LUNG LESIONS	113.79											
03	32141	REMOVE/TREAT LUNG LESIONS	568.98								90			
07	32141	REMOVE/TREAT LUNG LESIONS	871.68	00	15						90			
02	32150	REMOVAL OF LUNG LESION(S)	80.60											
03	32150	REMOVAL OF LUNG LESION(S)	403.03								90			
07	32150	REMOVAL OF LUNG LESION(S)	863.46	00	15						90			
02	32151	REMOVE LUNG FOREIGN BODY	100.76											
03	32151	REMOVE LUNG FOREIGN BODY	503.79								90			
07	32151	REMOVE LUNG FOREIGN BODY	877.04	00	15						90			
02	32160	OPEN CHEST HEART MASSAGE	118.54											
03	32160	OPEN CHEST HEART MASSAGE	592.70								90			
07	32160	OPEN CHEST HEART MASSAGE	592.70	00	15						90			
02	32200	DRAINAGE OF LUNG LESION	100.76											
03	32200	DRAINAGE OF LUNG LESION	503.79								90			
07	32200	DRAINAGE OF LUNG LESION	909.94	00	15						90			
02	32201	PERCUT DRAINAGE, LUNG LESION	48.05											
03	32201	PERCUT DRAINAGE, LUNG LESION	240.26								1			
07	32201	PERCUT DRAINAGE, LUNG LESION	325.72	00	15						1			
02	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	72.48											
03	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	362.42								90			
07	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	737.54	00	15						90			
02	32220	RELEASE OF LUNG	154.11											
03	32220	RELEASE OF LUNG	770.54								90			
07	32220	RELEASE OF LUNG	1,360.86	00	15						90			
03	32225	PARTIAL RELEASE OF LUNG	503.79								90			
07	32225	PARTIAL RELEASE OF LUNG	868.56	00	15						90			
02	32310	REMOVAL OF CHEST LINING	142.25											
03	32310	REMOVAL OF CHEST LINING	711.23								90			
07	32310	REMOVAL OF CHEST LINING	845.56	00	15						90			
02	32320	FREE/REMOVE CHEST LINING	189.64											
03	32320	FREE/REMOVE CHEST LINING	948.20								90			
07	32320	FREE/REMOVE CHEST LINING	1,354.11	00	15						90			
03	32400	NEEDLE BIOPSY CHEST LINING	42.44											X
07	32400	NEEDLE BIOPSY CHEST LINING	123.91	00	15									X
08	32400	NEEDLE BIOPSY CHEST LINING	220.39											
03	32402	OPEN BIOPSY CHEST LINING	118.52								90			X
07	32402	OPEN BIOPSY CHEST LINING	544.64	00	15						90			X
03	32405	NEEDLE BIOPSY OF LUNG	94.75								1			X
07	32405	NEEDLE BIOPSY OF LUNG	144.50	00	15						1			X
08	32405	NEEDLE BIOPSY OF LUNG	220.39											
03	32420	PUNCTURE/CLEAR LUNG	59.30								1			X
07	32420	PUNCTURE/CLEAR LUNG	108.38	00	15						1			X
08	32420	PUNCTURE/CLEAR LUNG	220.39											
02	32440	REMOVAL OF LUNG	234.69											
03	32440	REMOVAL OF LUNG	1,173.48								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	32440	REMOVAL OF LUNG	1,402.82	00 15						90			
02	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	272.95										
03	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	1,364.78							90			
07	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	1,492.59	00 15						90			
02	32445	REMOVAL OF LUNG	158.05										
03	32445	REMOVAL OF LUNG	790.25							90			
07	32445	REMOVAL OF LUNG	1,435.52	00 15						90			
02	32480	PARTIAL REMOVAL OF LUNG	183.73										
03	32480	PARTIAL REMOVAL OF LUNG	918.67							90			
07	32480	PARTIAL REMOVAL OF LUNG	1,321.71	00 15						90			
02	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	246.44										
03	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,232.18							90			
07	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,388.99	00 15						90			
02	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	248.46										
03	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,242.31							90			
07	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,242.31	00 15						90			
02	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	251.65										
03	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,258.23							90			
07	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,374.19	00 15						90			
02	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	269.97										
03	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,349.87							90			
07	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	1,461.86	00 15						90			
02	32500	PARTIAL REMOVAL OF LUNG	148.17										
03	32500	PARTIAL REMOVAL OF LUNG	740.84							90			
07	32500	PARTIAL REMOVAL OF LUNG	1,239.61	00 15						90			
02	32501	REPAIR BRONCHUS (ADD-ON)	72.04										
03	32501	REPAIR BRONCHUS (ADD-ON)	360.19										
07	32501	REPAIR BRONCHUS (ADD-ON)	360.19	00 15									
02	32503	RESECT APICAL LUNG TUMOR	57.51										
03	32503	RESECT APICAL LUNG TUMOR	1,437.73							90			
07	32503	RESECT APICAL LUNG TUMOR	1,437.73	00 15						90			
02	32504	RESECT APICAL LUNG TUM/CHEST	65.88										
03	32504	RESECT APICAL LUNG TUM/CHEST	1,647.06							90			
07	32504	RESECT APICAL LUNG TUM/CHEST	1,647.06	00 15						90			
08	32507	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	262.36										
02	32540	REMOVAL OF LUNG LESION	148.17										
03	32540	REMOVAL OF LUNG LESION	740.84							90			
07	32540	REMOVAL OF LUNG LESION	899.08	00 15						90			
03	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	282.64							1			
07	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	329.17	00 15						1			
03	32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	311.28							1			
07	32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	353.19	00 15						1			
03	32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	355.83							1			
07	32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	439.55	00 15						1			
03	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	398.93							1			
07	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	496.19	00 15						1			
03	32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	328.46							1			
07	32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	408.19	00 15						1			
03	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	386.95							1			
07	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	476.09	00 15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	32650	THORACOSCOPY, SURGICAL;	113.37											
03	32650	THORACOSCOPY, SURGICAL;	566.87								90			
07	32650	THORACOSCOPY, SURGICAL;	691.99	00	15						90			
02	32651	THORACOSCOPY, SURGICAL;	154.24											
03	32651	THORACOSCOPY, SURGICAL;	771.22								90			
07	32651	THORACOSCOPY, SURGICAL;	789.04	00	15						90			
02	32652	THORACOSCOPY, SURGICAL;	216.59											
03	32652	THORACOSCOPY, SURGICAL;	1,082.93								90			
07	32652	THORACOSCOPY, SURGICAL;	1,094.66	00	15						90			
02	32653	THORACOSCOPY, SURGICAL;	146.10											
03	32653	THORACOSCOPY, SURGICAL;	730.49								90			
07	32653	THORACOSCOPY, SURGICAL;	799.34	00	15						90			
02	32654	THORACOSCOPY, SURGICAL;	148.55											
03	32654	THORACOSCOPY, SURGICAL;	742.73								90			
07	32654	THORACOSCOPY, SURGICAL;	742.73	00	15						90			
02	32655	THORACOSCOPY, SURGICAL;	166.47											
03	32655	THORACOSCOPY, SURGICAL;	832.39								90			
07	32655	THORACOSCOPY, SURGICAL;	832.39	00	15						90			
02	32656	THORACOSCOPY, SURGICAL;	162.93											
03	32656	THORACOSCOPY, SURGICAL;	814.65								90			
07	32656	THORACOSCOPY, SURGICAL;	815.04	00	15						90			
02	32657	THORACOSCOPY, SURGICAL;	171.19											
03	32657	THORACOSCOPY, SURGICAL;	855.93								90			
07	32657	THORACOSCOPY, SURGICAL;	855.93	00	15						90			
02	32658	THORACOSCOPY, SURGICAL;	156.87											
03	32658	THORACOSCOPY, SURGICAL;	784.36								90			
07	32658	THORACOSCOPY, SURGICAL;	784.36	00	15						90			
02	32659	THORACOSCOPY, SURGICAL;	175.50											
03	32659	THORACOSCOPY, SURGICAL;	877.48								90			
07	32659	THORACOSCOPY, SURGICAL;	877.48	00	15						90			
02	32660	THORACOSCOPY, SURGICAL;	234.71											
03	32660	THORACOSCOPY, SURGICAL;	1,173.55								90			
07	32660	THORACOSCOPY, SURGICAL;	1,173.55	00	15						90			
02	32661	THORACOSCOPY, SURGICAL;	138.83											
03	32661	THORACOSCOPY, SURGICAL;	694.11								90			
07	32661	THORACOSCOPY, SURGICAL;	816.93	00	15						90			
02	32662	THORACOSCOPY, SURGICAL;	194.42											
03	32662	THORACOSCOPY, SURGICAL;	972.08								90			
07	32662	THORACOSCOPY, SURGICAL;	987.66	00	15						90			
02	32663	THORACOSCOPY, SURGICAL;	244.13											
03	32663	THORACOSCOPY, SURGICAL;	1,220.63								90			
07	32663	THORACOSCOPY, SURGICAL;	1,220.63	00	15						90			
02	32664	THORACOSCOPY, SURGICAL;	155.05											
03	32664	THORACOSCOPY, SURGICAL;	775.25								90			
07	32664	THORACOSCOPY, SURGICAL;	860.59	00	15						90			
02	32665	THORACOSCOPY, SURGICAL;	186.21											
03	32665	THORACOSCOPY, SURGICAL;	931.05								90			
07	32665	THORACOSCOPY, SURGICAL;	931.05	00	15						90			
02	32800	REPAIR LUNG HERNIA	148.17											
03	32800	REPAIR LUNG HERNIA	740.84								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	32800	REPAIR LUNG HERNIA	854.87	00	15						90			
03	32810	CLOSE CHEST AFTER DRAINAGE	518.59								90			
07	32810	CLOSE CHEST AFTER DRAINAGE	834.00	00	15						90			
02	32815	CLOSE BRONCHIAL FISTULA	133.35											
03	32815	CLOSE BRONCHIAL FISTULA	666.76								90			
07	32815	CLOSE BRONCHIAL FISTULA	1,341.00	00	15						90			
02	32820	RECONSTRUCT INJURED CHEST	183.73											
03	32820	RECONSTRUCT INJURED CHEST	918.67								90			
07	32820	RECONSTRUCT INJURED CHEST	1,282.99	00	15						90			
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					90			
07	32851	LUNG TRANSPLANT, SINGLE;	2,171.93	00	15	X					90			
02	32852	LUNG TRANSPLANT SINGLE WITH CARDIOPU	MP			X								
03	32852	LUNG TRANSPLANT, SINGLE;	MP			X					90			
07	32852	LUNG TRANSPLANT, SINGLE;	2,339.48	00	15	X					90			
02	32853	LUNG TRANSPLANT DOUBLE (BILATERAL SE	MP			X								
03	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP			X					90			
07	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,653.18	00	15	X					90			
03	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP			X					90			
07	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,802.22	00	15	X					90			
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)	103.10											
03	32900	REMOVAL OF RIB(S)	515.55								90			
07	32900	REMOVAL OF RIB(S)	1,190.70	00	15						90			
02	32905	REVISE & REPAIR CHEST WALL	118.54											
03	32905	REVISE & REPAIR CHEST WALL	592.70								90			
07	32905	REVISE & REPAIR CHEST WALL	1,227.92	00	15						90			
02	32906	REVISE & REPAIR CHEST WALL	148.17											
03	32906	REVISE & REPAIR CHEST WALL	740.84								90			
07	32906	REVISE & REPAIR CHEST WALL	1,510.91	00	15						90			
02	32940	REVISION OF LUNG	92.79											
03	32940	REVISION OF LUNG	464.00								90			
07	32940	REVISION OF LUNG	1,153.44	00	15						90			
03	32960	THERAPEUTIC PNEUMOTHORAX	41.45											
07	32960	THERAPEUTIC PNEUMOTHORAX	137.16	00	15									
03	32997	TOTAL LUNG LAVAGE	308.31								1			
07	32997	TOTAL LUNG LAVAGE	308.31	00	15						1			
02	32998	ABLATION THERAPY FOR REDUCTION OR ER	386.20											
03	32998	ABLATION THERAPY FOR REDUCTION OR ER	1,931.00								1			
07	32998	ABLATION THERAPY FOR REDUCTION OR ER	1,931.00	00	15						1			
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	71.06											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	33010	DRAINAGE OF HEART SAC	115.35	00 15									
08	33010	DRAINAGE OF HEART SAC	220.39										
03	33011	REPEAT DRAINAGE OF HEART SAC	59.22										X
07	33011	REPEAT DRAINAGE OF HEART SAC	116.61	00 15									X
08	33011	REPEAT DRAINAGE OF HEART SAC	220.39										
03	33015	INCISION OF HEART SAC	375.36							90			
07	33015	INCISION OF HEART SAC	402.02	00 15						90			
02	33020	INCISION OF HEART SAC	118.54										
03	33020	INCISION OF HEART SAC	592.70							90			
07	33020	INCISION OF HEART SAC	749.24	00 15						90			
02	33025	INCISION OF HEART SAC	118.54										
03	33025	INCISION OF HEART SAC	592.70							90			
07	33025	INCISION OF HEART SAC	726.61	00 15						90			
02	33030	PARTIAL REMOVAL OF HEART SAC	207.43										
03	33030	PARTIAL REMOVAL OF HEART SAC	1,037.20							90			
07	33030	PARTIAL REMOVAL OF HEART SAC	1,130.53	00 15						90			
02	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	296.10										
03	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,481.40							90			
07	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,481.40	00 15						90			
02	33050	REMOVAL OF HEART SAC LESION	118.54										
03	33050	REMOVAL OF HEART SAC LESION	592.70							90			
07	33050	REMOVAL OF HEART SAC LESION	892.87	00 15						90			
02	33120	REMOVAL OF HEART LESION	260.77										
03	33120	REMOVAL OF HEART LESION	1,303.85							90			
07	33120	REMOVAL OF HEART LESION	1,473.27	00 15						90			
02	33130	REMOVAL OF HEART LESION	148.17										
03	33130	REMOVAL OF HEART LESION	740.84							90			
07	33130	REMOVAL OF HEART LESION	1,237.53	00 15						90			
03	33140	HEART REVASCULARIZE (TMR)	1,064.59		X								
07	33140	HEART REVASCULARIZE (TMR)	1,121.87	00 15	X								
03	33141	HEART TMR W/OTHER PROCEDURE	269.60		X								
07	33141	HEART TMR W/OTHER PROCEDURE	269.60	00 15	X								
03	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	572.54							90			
07	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	572.54	00 15						90			
03	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	585.17							90			
07	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	585.17	00 15						90			
03	33206	INSERTION HEART PACEMAKER/ATRIUM	414.87							90			
07	33206	INSERTION HEART PACEMAKER/ATRIUM	421.63	00 15						90			
03	33207	INSERT HEART PACEMAKER/VENTRICULAR	414.87							90			
07	33207	INSERT HEART PACEMAKER/VENTRICULAR	492.83	00 15						90			
03	33208	INSERT HEART PACEMAKER/AV SEQUENTIAL	622.31							90			
07	33208	INSERT HEART PACEMAKER/AV SEQUENTIAL	622.31	00 15						90			
03	33210	INSERTION OF HEART ELECTRODE	248.92							1			
07	33210	INSERTION OF HEART ELECTRODE	248.92	00 15						1			
03	33211	INSERTION OR REPLACEMENT OF TEMPORAR	193.24							1			
07	33211	INSERTION OR REPLACEMENT OF TEMPORAR	193.24	00 15						1			
03	33212	INSERTION OF PULSE GENERATOR	162.95							90			
07	33212	INSERTION OF PULSE GENERATOR	350.35	00 15						90			
03	33213	INSERTION OR REPLACEMENT OF PACEMAKE	401.65							90			
07	33213	INSERTION OR REPLACEMENT OF PACEMAKE	401.65	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	410.91							90			
07	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	479.15	00 15						90			
03	33215	REPOSITION PACING-DEFIB LEAD	284.52							90			
07	33215	REPOSITION PACING-DEFIB LEAD	284.52	00 15						90			
03	33216	REVISION IMPLANTED ELECTRODE	284.45							90			
07	33216	REVISION IMPLANTED ELECTRODE	358.74	00 15						90			
03	33217	INSERTION, REPLACEMENT OR REPOSITION	317.89							90			
07	33217	INSERTION, REPLACEMENT OR REPOSITION	381.12	00 15						90			
03	33218	REPAIR PACEMAKER ELECTRODES	195.61							90			
07	33218	REPAIR PACEMAKER ELECTRODES	348.19	00 15						90			
03	33220	REPAIR OF PACEMAKER ELECTRODE(S) ONL	305.15							90			
07	33220	REPAIR OF PACEMAKER ELECTRODE(S) ONL	348.72	00 15						90			
03	33222	REVISE/RELOCATE SKIN POCKET-.....	426.68							90			
07	33222	REVISE/RELOCATE SKIN POCKET-.....	426.68	00 15						90			
08	33222	REVISE/RELOCATE SKIN POCKET	220.39										
02	33223	REVISION OR RELOCATION OF SKIN POCKE	75.60										
03	33223	REVISION OR RELOCATION OF SKIN POCKE	377.98							90			
07	33223	REVISION OR RELOCATION OF SKIN POCKE	402.81	00 15						90			
08	33223	REVISION OR RELOCATION OF SKIN POCKI	220.39										
03	33224	INSERT PACING LEAD & CONNECT	461.92							1			
07	33224	INSERT PACING LEAD & CONNECT	461.92	00 15						1			
03	33225	L VENTRIC PACING LEAD ADD-ON	410.71							1			
07	33225	L VENTRIC PACING LEAD ADD-ON	410.71	00 15						1			
03	33226	REPOSITION L VENTRIC LEAD	444.94							1			
07	33226	REPOSITION L VENTRIC LEAD	444.94	00 15						1			
02	33233	REMOVAL OF PERMANENT PACEMAKER;	32.78										
03	33233	REMOVAL OF PERMANENT PACEMAKER;	163.91							90			
07	33233	REMOVAL OF PERMANENT PACEMAKER;	243.50	00 15						90			
02	33234	REMOVAL OF PERMANENT PACEMAKER;	54.83										
03	33234	REMOVAL OF PERMANENT PACEMAKER;	274.13							90			
07	33234	REMOVAL OF PERMANENT PACEMAKER;	454.18	00 15						90			
02	33235	REMOVAL OF PERMANENT PACEMAKER;	67.03										
03	33235	REMOVAL OF PERMANENT PACEMAKER;	335.16							90			
07	33235	REMOVAL OF PERMANENT PACEMAKER;	552.94	00 15						90			
02	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	98.51										
03	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	492.52							90			
07	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	793.85	00 15						90			
02	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	140.42										
03	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	702.11							90			
07	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	840.89	00 15						90			
02	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	156.53										
03	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	782.64							90			
07	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	884.91	00 15						90			
03	33240	INSERTION OR REPLACEMENT OF IMPLANTA	435.00							90			
07	33240	INSERTION OR REPLACEMENT OF IMPLANTA	459.79	00 15						90			
03	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-	155.73							90			
07	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-	228.45	00 15						90			
02	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	192.47										
03	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	962.34							90			
07	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,234.24	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	110.78											
03	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	553.90								90			
07	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	781.82	00	15						90			
02	33249	INSERTION OR REPLACEMENT OF IMPLANTA	202.49											
03	33249	INSERTION OR REPLACEMENT OF IMPLANTA	1,012.46								90			
07	33249	INSERTION OR REPLACEMENT OF IMPLANTA	1,012.46	00	15						90			
02	33250	OPERATIVE ABLATION O SUPRAVENTRICUL	151.20											
03	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	755.10								90			
07	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,234.76	00	15						90			
02	33251	OPERATIVE ABLATION W CARDIO BYPASS	201.60											
03	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,006.20								90			
07	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,408.22	00	15						90			
02	33254	OPERATIVE TISSUE ABLATION AND RECONS	200.86											
03	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,004.33								90			
07	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,004.33	00	15						90			
02	33255	OPERATIVE TISSUE ABLATION AND RECONS	242.01											
03	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,210.08								90			
07	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,210.08	00	15						90			
02	33256	OPERATIVE TISSUE ABLATION AND RECONS	289.60											
03	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,448.01								90			
07	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,448.01	00	15						90			
02	33261	OPER ABLATION O ARRHYTH FOCUS; W CAR	187.20											
03	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	935.10								90			
07	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,437.06	00	15						90			
02	33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	200.86											
03	33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	1,004.33								90			
07	33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	1,004.33	00	15						90			
02	33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	275.59											
03	33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	1,377.99								90			
07	33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSU	1,377.99	00	15						90			
03	33282	IMPLANT PAT-ACTIVE HT RECORD	223.11								90			
07	33282	IMPLANT PAT-ACTIVE HT RECORD	300.47	00	15						90			
03	33284	REMOVE PAT-ACTIVE HT RECORD	134.06								90			
07	33284	REMOVE PAT-ACTIVE HT RECORD	220.62	00	15						90			
02	33300	REPAIR OF HEART WOUND	118.54											
03	33300	REPAIR OF HEART WOUND	592.70								90			
07	33300	REPAIR OF HEART WOUND	1,066.18	00	15						90			
02	33305	REPAIR OF HEART WOUND	207.43											
03	33305	REPAIR OF HEART WOUND	1,037.20								90			
07	33305	REPAIR OF HEART WOUND	1,272.34	00	15						90			
02	33310	EXPLORATORY HEART SURGERY	144.21											
03	33310	EXPLORATORY HEART SURGERY	721.04								90			
07	33310	EXPLORATORY HEART SURGERY	1,109.58	00	15						90			
02	33315	EXPLORATORY HEART SURGERY	237.06											
03	33315	EXPLORATORY HEART SURGERY	1,185.33								90			
07	33315	EXPLORATORY HEART SURGERY	1,319.46	00	15						90			
02	33320	REPAIR MAJOR BLOOD VESSEL(S)	118.54											
03	33320	REPAIR MAJOR BLOOD VESSEL(S)	592.70								90			
07	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,001.13	00	15						90			
02	33321	REPAIR MAJOR VESSEL	284.64											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	33321	REPAIR MAJOR VESSEL	1,423.20								90			
07	33321	REPAIR MAJOR VESSEL	1,423.20	00	15						90			
02	33322	REPAIR MAJOR BLOOD VESSEL(S)	207.43											
03	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,037.20								90			
07	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,230.08	00	15						90			
02	33330	INSERT MAJOR VESSEL GRAFT	207.43											
03	33330	INSERT MAJOR VESSEL GRAFT	1,037.20								90			
07	33330	INSERT MAJOR VESSEL GRAFT	1,236.58	00	15						90			
02	33332	INSERT MAJOR VESSEL GRAFT	261.94											
03	33332	INSERT MAJOR VESSEL GRAFT	1,309.68								90			
07	33332	INSERT MAJOR VESSEL GRAFT	1,342.26	00	15						90			
02	33335	INSERT MAJOR VESSEL GRAFT	296.33											
03	33335	INSERT MAJOR VESSEL GRAFT	1,481.68								90			
07	33335	INSERT MAJOR VESSEL GRAFT	1,707.40	00	15						90			
02	33400	REPAIR OF AORTIC VALVE	237.06											
03	33400	REPAIR OF AORTIC VALVE	1,185.33								90			
07	33400	REPAIR OF AORTIC VALVE	1,655.33	00	15						90			
02	33401	VALVULOPLASTY, AORTIC VALVE;	248.36											
03	33401	VALVULOPLASTY, AORTIC VALVE;	1,241.83								90			
07	33401	VALVULOPLASTY, AORTIC VALVE;	1,410.76	00	15						90			
02	33403	VALVULOPLASTY, AORTIC VALVE;	259.19											
03	33403	VALVULOPLASTY, AORTIC VALVE;	1,295.97								90			
07	33403	VALVULOPLASTY, AORTIC VALVE;	1,472.07	00	15						90			
02	33404	CONSTRUCT APICAL-AORTIC CONDUIT	233.99											
03	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,170.00								90			
07	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,670.95	00	15						90			
02	33405	REPLACEMENT OF AORTIC VALVE	355.60											
03	33405	REPLACEMENT OF AORTIC VALVE	1,778.01								90			
07	33405	REPLACEMENT OF AORTIC VALVE	1,933.47	00	15						90			
02	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	452.46											
03	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,262.27								90			
07	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,262.27	00	15						90			
02	33410	REPLACEMENT OF AORTIC VALVE	349.59								90			
03	33410	REPLACEMENT OF AORTIC VALVE	1,747.96											
07	33410	REPLACEMENT OF AORTIC VALVE	1,830.25	00	15									
03	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	1,303.20								90			
07	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	2,000.90	00	15						90			
02	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	300.05											
03	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	1,500.30								90			
07	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	2,342.42	00	15						90			
02	33413	REPLACEMENT, AORTIC VALVE;	378.03											
03	33413	REPLACEMENT, AORTIC VALVE;	1,890.12								90			
07	33413	REPLACEMENT, AORTIC VALVE;	2,415.66	00	15						90			
02	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	323.94											
03	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,619.70								90			
07	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,767.19	00	15						90			
02	33415	REVISION OF AORTIC VALVE	237.06											
03	33415	REVISION OF AORTIC VALVE	1,185.33								90			
07	33415	REVISION OF AORTIC VALVE	1,598.18	00	15						90			
02	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	273.06											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,365.30								90			
07	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,718.81	00	15						90			
02	33417	REPAIR OF AORTIC VALVE	237.06											
03	33417	REPAIR OF AORTIC VALVE	1,185.33								90			
07	33417	REPAIR OF AORTIC VALVE	1,676.99	00	15						90			
02	33420	REVISION OF MITRAL VALVE	177.80											
03	33420	REVISION OF MITRAL VALVE	889.06								90			
07	33420	REVISION OF MITRAL VALVE	1,223.59	00	15						90			
02	33422	REVISION OF MITRAL VALVE	260.77											
03	33422	REVISION OF MITRAL VALVE	1,303.85								90			
07	33422	REVISION OF MITRAL VALVE	1,501.35	00	15						90			
02	33425	REPAIR OF MITRAL VALVE	284.49											
03	33425	REPAIR OF MITRAL VALVE	1,422.46								90			
07	33425	REPAIR OF MITRAL VALVE	1,534.40	00	15						90			
02	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	320.40											
03	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,602.00								90			
07	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,846.46	00	15						90			
02	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	324.00											
03	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,620.00								90			
07	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,180.25	00	15						90			
02	33430	REPLACEMENT OF MITRAL VALVE	533.40											
03	33430	REPLACEMENT OF MITRAL VALVE	2,667.02								90			
07	33430	REPLACEMENT OF MITRAL VALVE	2,667.02	00	15						90			
02	33460	REVISION OF TRICUSPID VALVE	260.77											
03	33460	REVISION OF TRICUSPID VALVE	1,303.85								90			
07	33460	REVISION OF TRICUSPID VALVE	1,379.82	00	15						90			
02	33463	VALVULOPLASTY, TRICUSPID VALVE;	267.33											
03	33463	VALVULOPLASTY, TRICUSPID VALVE;	1,336.65								90			
07	33463	VALVULOPLASTY, TRICUSPID VALVE;	1,480.68	00	15						90			
02	33464	VALVULOPLASTY, TRICUSPID VALVE;	286.18											
03	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,430.93								90			
07	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,571.77	00	15						90			
02	33465	REPLACE TRICUSPID VALVE	296.33											
03	33465	REPLACE TRICUSPID VALVE	1,481.68								90			
07	33465	REPLACE TRICUSPID VALVE	1,642.54	00	15						90			
02	33468	REVISION OF TRICUSPID VALVE	320.04											
03	33468	REVISION OF TRICUSPID VALVE	1,600.21								90			
07	33468	REVISION OF TRICUSPID VALVE	1,811.06	00	15						90			
03	33470	REVISION OF PULMONARY VALVE	948.20								90			
07	33470	REVISION OF PULMONARY VALVE	1,285.55	00	15						90			
02	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	91.71											
03	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	458.60								90			
07	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,309.69	00	15						90			
03	33472	REVISION OF PULMONARY VALVE	948.20								90			
07	33472	REVISION OF PULMONARY VALVE	1,306.58	00	15						90			
02	33474	REVISION OF PULMONARY VALVE	237.06											
03	33474	REVISION OF PULMONARY VALVE	1,185.33								90			
07	33474	REVISION OF PULMONARY VALVE	1,341.24	00	15						90			
02	33475	REPLACEMENT, PULMONARY VALVE	302.45											
03	33475	REPLACEMENT, PULMONARY VALVE	1,512.26								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	33475	REPLACEMENT, PULMONARY VALVE	1,834.59	00 15						90			
02	33476	REVISION OF HEART CHAMBER	260.77										
03	33476	REVISION OF HEART CHAMBER	1,303.85							90			
07	33476	REVISION OF HEART CHAMBER	1,444.37	00 15						90			
02	33478	REVISION OF HEART CHAMBER	284.49										
03	33478	REVISION OF HEART CHAMBER	1,422.46							90			
07	33478	REVISION OF HEART CHAMBER	1,529.72	00 15						90			
02	33496	REPAIR, PROSTH VALVE CLOT	408.38										
03	33496	REPAIR, PROSTH VALVE CLOT	2,041.90							90			
07	33496	REPAIR, PROSTH VALVE CLOT	2,041.90	00 15						90			
02	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	241.20										
03	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,206.00							90			
07	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,444.64	00 15						90			
02	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	186.68										
03	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	933.39							90			
07	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,025.14	00 15						90			
02	33502	CORONARY ARTERY CORRECTION	148.17										
03	33502	CORONARY ARTERY CORRECTION	740.84							90			
07	33502	CORONARY ARTERY CORRECTION	1,358.80	00 15						90			
02	33503	CORONARY ARTERY GRAFT	207.43										
03	33503	CORONARY ARTERY GRAFT	1,037.20							90			
07	33503	CORONARY ARTERY GRAFT	1,256.10	00 15						90			
02	33504	CORONARY ARTERY GRAFT	296.33										
03	33504	CORONARY ARTERY GRAFT	1,481.68							90			
07	33504	CORONARY ARTERY GRAFT	1,503.40	00 15						90			
02	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	280.68										
03	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,403.42							90			
07	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,571.45	00 15						90			
02	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	280.68										
03	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,403.42							90			
07	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,974.73	00 15						90			
02	33507	REPAIR ART, INTRAMURAL	55.63										
03	33507	REPAIR ART, INTRAMURAL	1,390.74							90			
07	33507	REPAIR ART, INTRAMURAL	1,390.74	00 15						90			
02	33508	ENDOSCOPIC VEIN HARVEST	3.15							1			
03	33508	ENDOSCOPIC VEIN HARVEST	15.74							1			
07	33508	ENDOSCOPIC VEIN HARVEST	15.74	00 15						1			
02	33510	CORONARY ARTERY BYPASS	348.30										
03	33510	CORONARY ARTERY BYPASS	1,739.70							90			
07	33510	CORONARY ARTERY BYPASS	1,739.70	00 15						90			
02	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	413.10										
03	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,066.40							90			
07	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,066.40	00 15						90			
02	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	442.80										
03	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,215.80							90			
07	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,215.80	00 15						90			
02	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	469.80										
03	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,347.20							90			
07	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,347.20	00 15						90			
02	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	480.60										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,402.10							90			
07	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,402.10	00 15						90			
02	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	477.90										
03	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,389.50							90			
07	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,389.50	00 15						90			
02	33517	CORONARY ARTERY BYPASS, USING VENOUS	28.84										
03	33517	CORONARY ARTERY BYPASS, USING VENOUS	144.19							90			
07	33517	CORONARY ARTERY BYPASS, USING VENOUS	144.19	00 15						90			
02	33518	CORONARY ARTERY BYPASS, USING VENOUS	52.59										
03	33518	CORONARY ARTERY BYPASS, USING VENOUS	262.93										
07	33518	CORONARY ARTERY BYPASS, USING VENOUS	262.93	00 15									
02	33519	CORONARY ARTERY BYPASS, USING VENOUS	72.32										
03	33519	CORONARY ARTERY BYPASS, USING VENOUS	361.60										
07	33519	CORONARY ARTERY BYPASS, USING VENOUS	361.60	00 15									
02	33521	CORONARY ARTERY BYPASS, USING VENOUS	77.87										
03	33521	CORONARY ARTERY BYPASS, USING VENOUS	389.32										
07	33521	CORONARY ARTERY BYPASS, USING VENOUS	474.42	00 15									
02	33522	CORONARY ARTERY BYPASS, USING VENOUS	89.84										
03	33522	CORONARY ARTERY BYPASS, USING VENOUS	449.20										
07	33522	CORONARY ARTERY BYPASS, USING VENOUS	589.55	00 15									
02	33523	CORONARY ARTERY BYPASS, USING VENOUS	100.24										
03	33523	CORONARY ARTERY BYPASS, USING VENOUS	501.20										
07	33523	CORONARY ARTERY BYPASS, USING VENOUS	703.77	00 15									
02	33530	REOPERATION,CORON ART BYPASS >1MONTH	63.58										
03	33530	REOPERATION,CORON ART BYPASS >1MONTH	317.89										
07	33530	REOPERATION,CORON ART BYPASS >1MONTH	317.89	00 15									
02	33533	CORONARY ARTERY BYPASS, USING ARTERI	368.09										
03	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,840.44							90			
07	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,840.44	00 15						90			
02	33534	CORONARY ARTERY BYPASS, USING ARTERI	420.56										
03	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,102.80							90			
07	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,102.80	00 15						90			
02	33535	CORONARY ARTERY BYPASS, USING ARTERI	450.97										
03	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,254.85							90			
07	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,254.85	00 15						90			
02	33536	CORONARY ARTERY BYPASS, USING ARTERI	485.08										
03	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,425.41							90			
07	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,425.41	00 15						90			
02	33542	REMOVAL OF HEART LESION	355.60										
03	33542	REMOVAL OF HEART LESION	1,778.01							90			
07	33542	REMOVAL OF HEART LESION	1,778.01	00 15						90			
02	33545	REPAIR OF HEART DAMAGE	355.60										
03	33545	REPAIR OF HEART DAMAGE	1,778.03							90			
07	33545	REPAIR OF HEART DAMAGE	2,082.96	00 15						90			
02	33548	RESTORE/REMODEL, VENTRICLE	72.99										
03	33548	RESTORE/REMODEL, VENTRICLE	1,824.81							90			
07	33548	RESTORE/REMODEL, VENTRICLE	1,824.81	00 15						90			
02	33572	OPEN CORONARY ENDARTERECTOMY	54.31										
03	33572	OPEN CORONARY ENDARTERECTOMY	271.54										
07	33572	OPEN CORONARY ENDARTERECTOMY	271.54	00 15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	313.22											
03	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,566.10								90			
07	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,683.66	00	15						90			
02	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	302.45											
03	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,512.26								90			
07	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,637.07	00	15						90			
02	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	323.94											
03	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,619.70								90			
07	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,768.67	00	15						90			
02	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	332.07											
03	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,660.37								90			
07	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,767.25	00	15						90			
02	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	323.94											
03	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,619.70								90			
07	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,823.65	00	15						90			
02	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	345.59											
03	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,727.96								90			
07	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,919.68	00	15						90			
02	33612	REPAIR OF DOUBLE OUTLET RIGH VENTRI	354.78											
03	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,773.90								90			
07	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,034.11	00	15						90			
02	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	337.40											
03	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,687.01								90			
07	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,922.51	00	15						90			
02	33617	REPAIR OF COMPLEX ANOMALIES	356.36											
03	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,781.82								90			
07	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,124.61	00	15						90			
02	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	391.49											
03	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	1,957.44								90			
07	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,594.04	00	15						90			
02	33641	REPAIR HEART SEPTUM DEFECT	298.70											
03	33641	REPAIR HEART SEPTUM DEFECT	1,493.52								90			
07	33641	REPAIR HEART SEPTUM DEFECT	1,493.52	00	15						90			
02	33645	REVISION OF HEART VEINS	237.06											
03	33645	REVISION OF HEART VEINS	1,185.33								90			
07	33645	REVISION OF HEART VEINS	1,435.11	00	15						90			
02	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	319.67											
03	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,598.40								90			
07	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,675.53	00	15						90			
02	33660	REPAIR OF HEART DEFECTS	341.39											
03	33660	REPAIR OF HEART DEFECTS	1,706.95								90			
07	33660	REPAIR OF HEART DEFECTS	1,706.95	00	15						90			
02	33665	REPAIR OF HEART DEFECTS	355.52											
03	33665	REPAIR OF HEART DEFECTS	1,777.61								90			
07	33665	REPAIR OF HEART DEFECTS	1,777.61	00	15						90			
02	33670	REPAIR OF HEART CHAMBERS	462.29											
03	33670	REPAIR OF HEART CHAMBERS	2,311.44								90			
07	33670	REPAIR OF HEART CHAMBERS	2,311.44	00	15						90			
02	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	318.48											
03	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,592.43								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,592.43	00	15						90			
02	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	328.83											
03	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,644.18								90			
07	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,644.18	00	15						90			
02	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	341.88											
03	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,709.40								90			
07	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,709.40	00	15						90			
02	33681	REPAIR HEART SEPTUM DEFECT	255.60											
03	33681	REPAIR HEART SEPTUM DEFECT	1,278.00								90			
07	33681	REPAIR HEART SEPTUM DEFECT	1,771.24	00	15						90			
02	33684	REPAIR HEART SEPTUM DEFECT	355.60											
03	33684	REPAIR HEART SEPTUM DEFECT	1,778.01								90			
07	33684	REPAIR HEART SEPTUM DEFECT	1,778.01	00	15						90			
02	33688	REPAIR HEART SEPTUM DEFECT	319.99											
03	33688	REPAIR HEART SEPTUM DEFECT	1,600.16								90			
07	33688	REPAIR HEART SEPTUM DEFECT	1,749.98	00	15						90			
02	33690	REINFORCE PULMONARY ARTERY	118.54											
03	33690	REINFORCE PULMONARY ARTERY	592.70								90			
07	33690	REINFORCE PULMONARY ARTERY	1,211.22	00	15						90			
02	33692	REPAIR OF HEART DEFECTS	331.88											
03	33692	REPAIR OF HEART DEFECTS	1,659.43								90			
07	33692	REPAIR OF HEART DEFECTS	1,775.70	00	15						90			
02	33694	REPAIR OF HEART DEFECTS	355.60											
03	33694	REPAIR OF HEART DEFECTS	1,778.03								90			
07	33694	REPAIR OF HEART DEFECTS	1,918.45	00	15						90			
02	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	356.36											
03	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,781.82								90			
07	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,024.22	00	15						90			
02	33702	REPAIR OF HEART DEFECTS	284.46											
03	33702	REPAIR OF HEART DEFECTS	1,422.32								90			
07	33702	REPAIR OF HEART DEFECTS	1,584.57	00	15						90			
02	33710	REPAIR OF HEART DEFECTS	213.37											
03	33710	REPAIR OF HEART DEFECTS	1,066.87								90			
07	33710	REPAIR OF HEART DEFECTS	1,720.32	00	15						90			
02	33720	REPAIR OF HEART DEFECT	355.58											
03	33720	REPAIR OF HEART DEFECT	1,778.01								90			
07	33720	REPAIR OF HEART DEFECT	1,778.01	00	15						90			
02	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	302.45											
03	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,512.26								90			
07	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,680.07	00	15						90			
02	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	229.80											
03	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,149.02								90			
07	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,149.02	00	15						90			
02	33726	REPAIR OF PULMONARY VENOUS STENOSIS	302.94											
03	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,514.70								90			
07	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,514.70	00	15						90			
02	33730	REPAIR HEART-VEIN DEFECT(S)	385.55											
03	33730	REPAIR HEART-VEIN DEFECT(S)	1,926.19								90			
07	33730	REPAIR HEART-VEIN DEFECT(S)	1,926.19	00	15						90			
02	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	299.70											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,498.51								90			
07	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,660.03	00	15						90			
03	33735	REVISION OF HEART CHAMBER	1,232.65								90			
07	33735	REVISION OF HEART CHAMBER	1,232.65	00	15						90			
02	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	220.97											
03	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,104.84								90			
07	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,371.83	00	15						90			
02	33737	REVISION OF HEART CHAMBER	265.49											
03	33737	REVISION OF HEART CHAMBER	1,327.47								90			
07	33737	REVISION OF HEART CHAMBER	1,355.62	00	15						90			
02	33750	MAJOR VESSEL SHUNT	195.59											
03	33750	MAJOR VESSEL SHUNT	977.97								90			
07	33750	MAJOR VESSEL SHUNT	1,221.87	00	15						90			
02	33755	MAJOR VESSEL SHUNT	177.80											
03	33755	MAJOR VESSEL SHUNT	889.06								90			
07	33755	MAJOR VESSEL SHUNT	1,284.87	00	15						90			
02	33762	MAJOR VESSEL SHUNT	177.80											
03	33762	MAJOR VESSEL SHUNT	889.06								90			
07	33762	MAJOR VESSEL SHUNT	1,244.79	00	15						90			
02	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	177.80											
03	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	889.06								90			
07	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,286.34	00	15						90			
02	33766	MAJOR VESSEL SHUNT	177.80											
03	33766	MAJOR VESSEL SHUNT	889.06								90			
07	33766	MAJOR VESSEL SHUNT	1,393.05	00	15						90			
02	33767	SHUNT;	259.19											
03	33767	SHUNT;	1,295.97								90			
07	33767	SHUNT;	1,450.34	00	15						90			
02	33768	CAVOPULMONARY SHUNTING	13.97											
03	33768	CAVOPULMONARY SHUNTING	349.28											
07	33768	CAVOPULMONARY SHUNTING	349.28	00	15									
02	33770	REPAIR OF TRANSPOSITION OF THE GREAT	353.62											
03	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,768.08								90			
07	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,069.60	00	15						90			
02	33771	REPAIR OF TRANSPOSITION OF THE GREAT	367.19											
03	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,835.97								90			
07	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,964.95	00	15						90			
02	33774	REPAIR TRANS GREAT ARTERIES W CARDIO	331.92											
03	33774	REPAIR TRANSPO GREAT ARTERIES	1,659.60								90			
07	33774	REPAIR TRANSPO GREAT ARTERIES	1,771.03	00	15						90			
03	33775	REAPAIR W REMOVAL PULMONARY BAND	1,778.40								90			
07	33775	REAPAIR W REMOVAL PULMONARY BAND	1,835.42	00	15						90			
02	33776	REPAIR W CLOSURE VENTRI SEPTAL CEFEC	379.44											
03	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,897.20								90			
07	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,932.21	00	15						90			
03	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,944.00								90			
07	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,944.00	00	15						90			
02	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	432.00											
03	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,160.00								90			
07	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,225.72	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	33779	REPAIR W REMOVAL O PULMONARY BAND	455.40										
03	33779	REPAIR W REMOVAL O PULMONARY BAND	2,277.00							90			
07	33779	REPAIR W REMOVAL O PULMONARY BAND	2,277.00	00 15						90			
02	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	478.80										
03	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,394.00							90			
07	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,394.00	00 15						90			
03	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,799.00							90			
07	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,799.00	00 15						90			
02	33786	REPAIR ARTERIAL TRUNK	355.60										
03	33786	REPAIR ARTERIAL TRUNK	1,778.03							90			
07	33786	REPAIR ARTERIAL TRUNK	2,172.64	00 15						90			
02	33788	REVISION OF PULMONARY ARTERY	207.43										
03	33788	REVISION OF PULMONARY ARTERY	1,037.20							90			
07	33788	REVISION OF PULMONARY ARTERY	1,530.05	00 15						90			
02	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	154.69										
03	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	773.47							90			
07	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,025.37	00 15						90			
02	33802	REPAIR VESSEL DEFECT	142.25										
03	33802	REPAIR VESSEL DEFECT	711.23							90			
07	33802	REPAIR VESSEL DEFECT	1,064.26	00 15						90			
02	33803	REPAIR VESSEL DEFECT	177.80										
03	33803	REPAIR VESSEL DEFECT	889.06							90			
07	33803	REPAIR VESSEL DEFECT	1,215.06	00 15						90			
02	33813	OBLITERATION O AORTOPULMON SEPTAL DE	216.00										
03	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,080.00							90			
07	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,276.26	00 15						90			
02	33814	OBLITERATION W CARDIOPULMONARY BYPAS	270.00										
03	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,350.00							90			
07	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,492.49	00 15						90			
02	33820	REVISE MAJOR VESSEL	296.35										
03	33820	REVISE MAJOR VESSEL	1,481.77							90			
07	33820	REVISE MAJOR VESSEL	1,481.77	00 15						90			
02	33822	REVISE MAJOR VESSEL	142.25										
03	33822	REVISE MAJOR VESSEL	711.23							90			
07	33822	REVISE MAJOR VESSEL	1,048.87	00 15						90			
02	33824	REVISE MAJOR VESSEL	177.80										
03	33824	REVISE MAJOR VESSEL	889.06							90			
07	33824	REVISE MAJOR VESSEL	1,162.35	00 15						90			
02	33840	REMOVE AORTA CONSTRICTION	231.15										
03	33840	REMOVE AORTA CONSTRICTION	1,155.77							90			
07	33840	REMOVE AORTA CONSTRICTION	1,258.93	00 15						90			
02	33845	REMOVE AORTA CONSTRICTION	237.06										
03	33845	REMOVE AORTA CONSTRICTION	1,185.33							90			
07	33845	REMOVE AORTA CONSTRICTION	1,355.42	00 15						90			
02	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	359.99										
03	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,800.00							90			
07	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,800.00	00 15						90			
03	33852	EXCISION O COARCTATION W REPAIR ARCH	1,800.00							90			
07	33852	EXCISION O COARCTATION W REPAIR ARCH	1,800.00	00 15						90			
02	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	334.77										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,673.86								90			
07	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,850.55	00	15						90			
02	33860	ASCENDING AORTA GRAFT	331.88											
03	33860	ASCENDING AORTA GRAFT	1,659.43								90			
07	33860	ASCENDING AORTA GRAFT	2,088.76	00	15						90			
02	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	434.50											
03	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,172.50								90			
07	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,270.99	00	15						90			
02	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	446.62											
03	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,233.09								90			
07	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,420.02	00	15						90			
02	33870	TRANSVERSE AORTIC ARCH GRAFT	474.13											
03	33870	TRANSVERSE AORTIC ARCH GRAFT	2,370.65								90			
07	33870	TRANSVERSE AORTIC ARCH GRAFT	2,391.10	00	15						90			
02	33875	THORACIC AORTA GRAFT	177.80											
03	33875	THORACIC AORTA GRAFT	889.06								90			
07	33875	THORACIC AORTA GRAFT	1,852.63	00	15						90			
02	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	474.13											
03	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,370.64								90			
07	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,370.64	00	15						90			
02	33880	ENDOVASC TAA REPR INCL SUBCL	57.41											
03	33880	ENDOVASC TAA REPR INCL SUBCL	1,435.31								90			
07	33880	ENDOVASC TAA REPR INCL SUBCL	1,435.31	00	15						90			
02	33881	ENDOVASC TAA REPR W/O SUBCL	49.25											
03	33881	ENDOVASC TAA REPR W/O SUBCL	1,231.22								90			
07	33881	ENDOVASC TAA REPR W/O SUBCL	1,231.22	00	15						90			
02	33883	INSERT ENDOVASC PROSTH, TAA	36.41											
03	33883	INSERT ENDOVASC PROSTH, TAA	910.22								90			
07	33883	INSERT ENDOVASC PROSTH, TAA	910.22	00	15						90			
02	33884	ENDOVASC PROSTH, TAA, ADD-ON	13.70											X
03	33884	ENDOVASC PROSTH, TAA, ADD-ON	342.45											X
07	33884	ENDOVASC PROSTH, TAA, ADD-ON	342.45	00	15									X
02	33886	ENDOVASC PROSTH, DELAYED	31.39											
03	33886	ENDOVASC PROSTH, DELAYED	784.68								90			
07	33886	ENDOVASC PROSTH, DELAYED	784.68	00	15						90			
02	33889	ARTERY TRANSPOSE/ENDOVAS TAA	27.42											
03	33889	ARTERY TRANSPOSE/ENDOVAS TAA	685.54								1			
07	33889	ARTERY TRANSPOSE/ENDOVAS TAA	685.54	00	15						1			
02	33891	CAR-CAR BP GRFT/ENDOVAS TAA	34.91											
03	33891	CAR-CAR BP GRFT/ENDOVAS TAA	872.85								1			
07	33891	CAR-CAR BP GRFT/ENDOVAS TAA	872.85	00	15						1			
02	33910	REMOVE LUNG ARTERY EMBOLI	260.77											
03	33910	REMOVE LUNG ARTERY EMBOLI	1,303.85								90			
07	33910	REMOVE LUNG ARTERY EMBOLI	1,426.45	00	15						90			
02	33915	REMOVE LUNG ARTERY EMBOLI	177.80											
03	33915	REMOVE LUNG ARTERY EMBOLI	889.06								90			
07	33915	REMOVE LUNG ARTERY EMBOLI	1,170.85	00	15						90			
02	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	288.00											
03	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,440.00								90			
07	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,511.01	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	33917	REPAIR OF PULMONARY ARTERY STENOSIS	259.19											
03	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,295.97								90			
07	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,465.37	00	15						90			
02	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	340.10											
03	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,700.50								90			
07	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,803.98	00	15						90			
02	33922	TRANSECTION OF PULMONARY ARTERY WITH	248.36											
03	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,241.83								90			
07	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,347.79	00	15						90			
02	33924	REMOVE PULMONARY SHUNT	76.86											
03	33924	REMOVE PULMONARY SHUNT	384.31											
07	33924	REMOVE PULMONARY SHUNT	384.31	00	15									
02	33925	RPR PUL ART UNIFOCAL W/O CPB	56.78											
03	33925	RPR PUL ART UNIFOCAL W/O CPB	1,419.42								90			
07	33925	RPR PUL ART UNIFOCAL W/O CPB	1,419.42	00	15						90			
02	33926	REPR PUL ART, UNIFOCAL W/CPB	77.10											
03	33926	REPR PUL ART, UNIFOCAL W/CPB	1,927.53								90			
07	33926	REPR PUL ART, UNIFOCAL W/CPB	1,927.53	00	15						90			
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					90			
07	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	3,332.26	00	15	X					90			
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					90			
07	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP	00	15	X					90			
02	33960	EXTERNAL CIRCULATION ASSIST	94.83											
03	33960	EXTERNAL CIRCULATION ASSIST	666.65											
07	33960	EXTERNAL CIRCULATION ASSIST	952.36	00	15									
02	33961	PROLONGED EXTRACORPOREAL CIRCULATION	112.41											
03	33961	PROLONGED EXTRACORPOREAL CIRCULATION	562.05											
07	33961	PROLONGED EXTRACORPOREAL CIRCULATION	562.05	00	15									
02	33967	INSERT IA PERCUT DEVICE	48.75								1			
03	33967	INSERT IA PERCUT DEVICE	243.74								1			
07	33967	INSERT IA PERCUT DEVICE	243.74	00	15						1			
03	33968	REMOVE AORTIC ASSIST DEVICE	40.96											
07	33968	REMOVE AORTIC ASSIST DEVICE	40.96	00	15									
02	33970	INTERNAL CIRCULATION ASSIST	97.79											
03	33970	INTERNAL CIRCULATION ASSIST	488.93								1			
07	33970	INTERNAL CIRCULATION ASSIST	488.93	00	15						1			
02	33971	REMOVE INTRA-AORTIC BALOON,W/REPAIR	89.30											
03	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	446.54								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	623.50	00	15						90			
02	33973	INSERTION OF INTRA-AORTIC BALLOON AS	108.41											
03	33973	INSERTION OF INTRA-AORTIC BALLOON AS	542.08								1			
07	33973	INSERTION OF INTRA-AORTIC BALLOON AS	542.08	00	15						1			
02	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	115.02											
03	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	575.08								90			
07	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	899.09	00	15						90			
02	33975	IMPLANTATION OF VENTRICULAR ASSIST D	215.95											
03	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,079.71								10			
07	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,079.71	00	15						10			
02	33976	IMPLANTATION OF VENTRICULAR ASSIST D	294.26											
03	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,471.31								10			
07	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,471.31	00	15						10			
02	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	188.96											
03	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	944.76								90			
07	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,100.13	00	15						90			
02	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	215.95											
03	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,079.71								90			
07	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,219.69	00	15						90			
02	33979	INSERT INTRACORPOREAL DEVICE	378.77										X	
03	33979	INSERT INTRACORPOREAL DEVICE	1,893.85											
07	33979	INSERT INTRACORPOREAL DEVICE	1,893.85	00	15									
02	33980	REMOVE INTRACORPOREAL DEVICE	485.07											
03	33980	REMOVE INTRACORPOREAL DEVICE	2,425.34								90		X	
07	33980	REMOVE INTRACORPOREAL DEVICE	2,425.34	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								
02	34001	REMOVAL OF ARTERY CLOT	98.39											
03	34001	REMOVAL OF ARTERY CLOT	491.95								90			
07	34001	REMOVAL OF ARTERY CLOT	697.10	00	15						90			
02	34051	REMOVAL OF ARTERY CLOT	103.24											
03	34051	REMOVAL OF ARTERY CLOT	516.24								90			
07	34051	REMOVAL OF ARTERY CLOT	829.43	00	15						90			
02	34101	REMOVAL OF ARTERY CLOT	95.31											
03	34101	REMOVAL OF ARTERY CLOT	476.53								90			
07	34101	REMOVAL OF ARTERY CLOT	545.95	00	15						90			
02	34111	EMBOLECTOMY/THROMBECTOMY,RADIAL/ULNA	95.30											
03	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	476.53								90			
07	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	537.11	00	15						90			
02	34151	REMOVAL OF ARTERY CLOT	128.01											
03	34151	REMOVAL OF ARTERY CLOT	640.04								90			
07	34151	REMOVAL OF ARTERY CLOT	1,279.43	00	15						90			
02	34201	REMOVAL OF ARTERY CLOT	95.29											
03	34201	REMOVAL OF ARTERY CLOT	476.46								90			
07	34201	REMOVAL OF ARTERY CLOT	552.32	00	15						90			
02	34203	EMBOL-THROMBECTOMY,POPLITEAL-TIBIO	95.30											
03	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	476.53								90			
07	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	872.31	00	15						90			
02	34401	REMOVAL OF VEIN CLOT	79.42											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	34401	REMOVAL OF VEIN CLOT	397.11								90			
07	34401	REMOVAL OF VEIN CLOT	1,252.37	00	15						90			
02	34421	REMOVAL OF VEIN CLOT	71.11											
03	34421	REMOVAL OF VEIN CLOT	355.57								90			
07	34421	REMOVAL OF VEIN CLOT	646.66	00	15						90			
02	34451	REMOVAL OF VEIN CLOT	118.54											
03	34451	REMOVAL OF VEIN CLOT	592.70								90			
07	34451	REMOVAL OF VEIN CLOT	1,356.81	00	15						90			
02	34471	REMOVAL OF VEIN CLOT	88.89											
03	34471	REMOVAL OF VEIN CLOT	444.48								90			
07	34471	REMOVAL OF VEIN CLOT	554.81	00	15						90			
02	34490	REMOVAL OF VEIN CLOT	71.11											
03	34490	REMOVAL OF VEIN CLOT	355.57								90			
07	34490	REMOVAL OF VEIN CLOT	571.01	00	15						90			
03	34501	VALVULOPLASTY, FEMORAL VEIN	149.40								90			
07	34501	VALVULOPLASTY, FEMORAL VEIN	896.68	00	15						90			
02	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	283.79											
03	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,418.92								90			
07	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,418.92	00	15						90			
03	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	170.10								90			
07	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,048.35	00	15						90			
03	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	197.10								90			
07	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	985.77	00	15						90			
03	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	259.20								90			
07	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	930.16	00	15						90			
02	34800	ENDOVASC ABDO REPAIR W/TUBE	230.99											
03	34800	ENDOVASC ABDO REPAIR W/TUBE	1,154.97											
07	34800	ENDOVASC ABDO REPAIR W/TUBE	1,154.97	00	15									
02	34802	ENDOVASC ABDO REPR W/DEVICE	255.00											
03	34802	ENDOVASC ABDO REPR W/DEVICE	1,274.99											
07	34802	ENDOVASC ABDO REPR W/DEVICE	1,274.99	00	15									
02	34803	ENDOVAS AAA REPR W/3-P PART	42.28											
03	34803	ENDOVAS AAA REPR W/3-P PART	1,057.06								90			
07	34803	ENDOVAS AAA REPR W/3-P PART	1,057.06	00	15						90			
02	34804	ENDOVASC ABDO REPR W/DEVICE	255.00											
03	34804	ENDOVASC ABDO REPR W/DEVICE	1,274.99											
07	34804	ENDOVASC ABDO REPR W/DEVICE	1,274.99	00	15									
02	34805	ENDOVASC ABDO REPAIR W/PROS	192.37											
03	34805	ENDOVASC ABDO REPAIR W/PROS	961.86								90			
07	34805	ENDOVASC ABDO REPAIR W/PROS	961.86	00	15						90			
02	34808	ENDOVASC ABDO OCCLUD DEVICE	44.02											
03	34808	ENDOVASC ABDO OCCLUD DEVICE	220.08											
07	34808	ENDOVASC ABDO OCCLUD DEVICE	220.08	00	15									
02	34812	XPOSE FOR ENDOPROSTH, AORTIC	72.09											
03	34812	XPOSE FOR ENDOPROSTH, AORTIC	360.45											
07	34812	XPOSE FOR ENDOPROSTH, AORTIC	360.45	00	15									
02	34813	XPOSE FOR ENDOPROSTH, FEMORL	51.20											
03	34813	XPOSE FOR ENDOPROSTH, FEMORL	255.98											
07	34813	XPOSE FOR ENDOPROSTH, FEMORL	255.98	00	15									
02	34820	XPOSE FOR ENDOPROSTH, ILIAC	104.07											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	34820	XPOSE FOR ENDOPROSTH, ILIAC	520.33											
07	34820	XPOSE FOR ENDOPROSTH, ILIAC	520.33	00	15									
02	34825	ENDOVASC EXTEND PROSTH, INIT	137.65											
03	34825	ENDOVASC EXTEND PROSTH, INIT	688.27											
07	34825	ENDOVASC EXTEND PROSTH, INIT	688.27	00	15									
02	34826	ENDOVASC EXTEN PROSTH, ADDL	44.02											X
03	34826	ENDOVASC EXTEN PROSTH, ADDL	220.08											X
07	34826	ENDOVASC EXTEN PROSTH, ADDL	220.08	00	15									X
02	34830	OPEN AORTIC TUBE PROSTH REPR	359.74											
03	34830	OPEN AORTIC TUBE PROSTH REPR	1,798.70											
07	34830	OPEN AORTIC TUBE PROSTH REPR	1,798.70	00	15									
02	34831	OPEN AORTOILIAC PROSTH REPR	388.97											
03	34831	OPEN AORTOILIAC PROSTH REPR	1,944.83											
07	34831	OPEN AORTOILIAC PROSTH REPR	1,944.83	00	15									
02	34832	OPEN AORTOFEMOR PROSTH REPR	388.97											
03	34832	OPEN AORTOFEMOR PROSTH REPR	1,944.83											
07	34832	OPEN AORTOFEMOR PROSTH REPR	1,944.83	00	15									
02	34833	XPOSE FOR ENDOPROSTH, ILIAC	122.86								1			
03	34833	XPOSE FOR ENDOPROSTH, ILIAC	614.31								1			
07	34833	XPOSE FOR ENDOPROSTH, ILIAC	614.31	00	15						1			
02	34834	XPOSE, ENDOPROSTH, BRACHIAL	57.84								1			
03	34834	XPOSE, ENDOPROSTH, BRACHIAL	289.21								1			
07	34834	XPOSE, ENDOPROSTH, BRACHIAL	289.21	00	15						1			
02	34900	ENDOVASC ILIAC REPR W/GRAFT	181.16								90			
03	34900	ENDOVASC ILIAC REPR W/GRAFT	905.79								90			
07	34900	ENDOVASC ILIAC REPR W/GRAFT	905.79	00	15						90			
02	35001	REPAIR DEFECT OF ARTERY	189.64											
03	35001	REPAIR DEFECT OF ARTERY	948.20								90			
07	35001	REPAIR DEFECT OF ARTERY	1,047.83	00	15						90			
02	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	214.30											
03	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,071.52								90			
07	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,093.77	00	15						90			
02	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	189.64											
03	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	948.20								90			
07	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	948.20	00	15						90			
02	35011	REPAIR DEFECT OF ARTERY	189.64											
03	35011	REPAIR DEFECT OF ARTERY	948.20								90			
07	35011	REPAIR DEFECT OF ARTERY	948.20	00	15						90			
02	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	215.04											
03	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,075.19								90			
07	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,127.90	00	15						90			
02	35021	REPAIR DEFECT OF ARTERY	195.57											
03	35021	REPAIR DEFECT OF ARTERY	977.89								90			
07	35021	REPAIR DEFECT OF ARTERY	1,035.62	00	15						90			
02	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	326.36											
03	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,631.80								90			
07	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,631.80	00	15						90			
02	35045	REPAIR ANEURYSM,OCCLU DIS/ULNAR	195.57											
03	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	977.89								90			
07	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	977.89	00	15						90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	35081	REPAIR DEFECT OF ARTERY	237.06											
03	35081	REPAIR DEFECT OF ARTERY	1,185.33								90			
07	35081	REPAIR DEFECT OF ARTERY	1,473.94	00	15						90			
02	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	309.48											
03	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,547.42								90			
07	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,982.08	00	15						90			
02	35091	REPAIR DEFECT OF ARTERY	272.63											
03	35091	REPAIR DEFECT OF ARTERY	1,363.16								90			
07	35091	REPAIR DEFECT OF ARTERY	1,847.14	00	15						90			
02	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	309.48											
03	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	1,547.42								90			
07	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,290.65	00	15						90			
02	35102	REPAIR DEFECT OF ARTERY	237.06											
03	35102	REPAIR DEFECT OF ARTERY	1,185.33								90			
07	35102	REPAIR DEFECT OF ARTERY	1,610.49	00	15						90			
02	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	309.48											
03	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,547.42								90			
07	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,064.27	00	15						90			
02	35111	REPAIR DEFECT OF ARTERY	134.33											
03	35111	REPAIR DEFECT OF ARTERY	671.63								90			
07	35111	REPAIR DEFECT OF ARTERY	1,274.80	00	15						90			
02	35112	REP.RUPTURED ANCURYSM,SPLENIC ARTERY	309.48											
03	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,547.42								90			
07	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,547.42	00	15						90			
03	35121	REPAIR DEFECT OF ARTERY	1,185.33								90			
07	35121	REPAIR DEFECT OF ARTERY	1,555.23	00	15						90			
02	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	309.48											
03	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,547.42								90			
07	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,796.33	00	15						90			
02	35131	REPAIR DEFECT OF ARTERY	195.57											
03	35131	REPAIR DEFECT OF ARTERY	977.89								90			
07	35131	REPAIR DEFECT OF ARTERY	1,293.07	00	15						90			
02	35132	REPAIR RUPTURED ANEURYSM,ILIAC ARTER	309.48											X
03	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,547.42								90			
07	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,547.42	00	15						90			
02	35141	REPAIR DEFECT OF ARTERY	133.35											
03	35141	REPAIR DEFECT OF ARTERY	666.76								90			
07	35141	REPAIR DEFECT OF ARTERY	1,037.64	00	15						90			
02	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	215.04											
03	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,075.19								90			
07	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,191.80	00	15						90			
02	35151	REPAIR DEFECT OF ARTERY	160.01											
03	35151	REPAIR DEFECT OF ARTERY	800.06								90			
07	35151	REPAIR DEFECT OF ARTERY	1,174.40	00	15						90			
02	35152	REP.RUPTURED ANEURYSM/POPLITIAL ART	215.04											
03	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,075.19								90			
07	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,303.39	00	15						90			
03	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	522.00								90			
07	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	737.58	00	15						90			
03	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	522.00								90			

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,514.45	00 15						90			
03	35184	REP.CONGENITAL FISTULA,EXTREMITIES	432.00							90			
07	35184	REP.CONGENITAL FISTULA,EXTREMITIES	932.21	00 15						90			
03	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	269.10							90			
07	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	770.82	00 15						90			
08	35188	REP.ACQUIRED/TRUMA FIST.-HEAD/NECKT	262.36										
03	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	449.10							90			
07	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,432.27	00 15						90			
03	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	179.10							90			
07	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	688.33	00 15						90			
02	35201	REPAIR BLOOD VESSEL LESION	128.03										
03	35201	REPAIR BLOOD VESSEL LESION	640.11							90			
07	35201	REPAIR BLOOD VESSEL LESION	837.13	00 15						90			
02	35206	REPAIR BLOOD VESSEL LESION	137.49										
03	35206	REPAIR BLOOD VESSEL LESION	687.49							90			
07	35206	REPAIR BLOOD VESSEL LESION	744.04	00 15						90			
02	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	88.64										X
03	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	443.25							90			X
07	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	712.43	00 15						90			X
08	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	262.36										
02	35211	REPAIR BLOOD VESSEL LESION	154.67										
03	35211	REPAIR BLOOD VESSEL LESION	773.42							90			
07	35211	REPAIR BLOOD VESSEL LESION	1,311.76	00 15						90			
02	35216	REPAIR BLOOD VESSEL LESION	171.87										
03	35216	REPAIR BLOOD VESSEL LESION	859.37							90			
07	35216	REPAIR BLOOD VESSEL LESION	1,113.87	00 15						90			
02	35221	REPAIR BLOOD VESSEL LESION	171.87										
03	35221	REPAIR BLOOD VESSEL LESION	859.37							90			
07	35221	REPAIR BLOOD VESSEL LESION	1,248.87	00 15						90			
02	35226	REPAIR BLOOD VESSEL LESION	128.03										
03	35226	REPAIR BLOOD VESSEL LESION	640.11							90			
07	35226	REPAIR BLOOD VESSEL LESION	809.67	00 15						90			
02	35231	REPAIR BLOOD VESSEL LESION	142.25										
03	35231	REPAIR BLOOD VESSEL LESION	711.23							90			
07	35231	REPAIR BLOOD VESSEL LESION	1,049.70	00 15						90			
02	35236	REPAIR BLOOD VESSEL LESION	142.25										
03	35236	REPAIR BLOOD VESSEL LESION	711.23							90			
07	35236	REPAIR BLOOD VESSEL LESION	928.27	00 15						90			
02	35241	REPAIR BLOOD VESSEL LESION	165.95										
03	35241	REPAIR BLOOD VESSEL LESION	829.76							90			
07	35241	REPAIR BLOOD VESSEL LESION	1,366.53	00 15						90			
02	35246	REPAIR BLOOD VESSEL LESION	154.11										
03	35246	REPAIR BLOOD VESSEL LESION	770.54							90			
07	35246	REPAIR BLOOD VESSEL LESION	1,464.04	00 15						90			
02	35251	REPAIR BLOOD VESSEL LESION	154.11										
03	35251	REPAIR BLOOD VESSEL LESION	770.54							90			
07	35251	REPAIR BLOOD VESSEL LESION	1,521.07	00 15						90			
02	35256	REPAIR BLOOD VESSEL LESION	142.25										
03	35256	REPAIR BLOOD VESSEL LESION	711.23							90			
07	35256	REPAIR BLOOD VESSEL LESION	997.90	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	35261	REPAIR BLOOD VESSEL LESION	128.03											
03	35261	REPAIR BLOOD VESSEL LESION	640.11								90			
07	35261	REPAIR BLOOD VESSEL LESION	913.86	00	15						90			
02	35266	REPAIR BLOOD VESSEL LESION	128.03											
03	35266	REPAIR BLOOD VESSEL LESION	640.11								90			
07	35266	REPAIR BLOOD VESSEL LESION	823.24	00	15						90			
02	35271	REPAIR BLOOD VESSEL LESION	165.95											
03	35271	REPAIR BLOOD VESSEL LESION	829.76								90			
07	35271	REPAIR BLOOD VESSEL LESION	1,305.65	00	15						90			
02	35276	REPAIR BLOOD VESSEL LESION	154.11											
03	35276	REPAIR BLOOD VESSEL LESION	770.54								90			
07	35276	REPAIR BLOOD VESSEL LESION	1,368.84	00	15						90			
02	35281	REPAIR BLOOD VESSEL LESION	154.11											
03	35281	REPAIR BLOOD VESSEL LESION	770.54								90			
07	35281	REPAIR BLOOD VESSEL LESION	1,419.05	00	15						90			
02	35286	REPAIR BLOOD VESSEL LESION	154.11											
03	35286	REPAIR BLOOD VESSEL LESION	770.54								90			
07	35286	REPAIR BLOOD VESSEL LESION	898.75	00	15						90			
02	35301	RECHANNELING OF ARTERY	195.59											
03	35301	RECHANNELING OF ARTERY	977.97								90			
07	35301	RECHANNELING OF ARTERY	1,006.11	00	15						90			
02	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	171.52											
03	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	857.60								90			
07	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	857.60	00	15						90			
02	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	188.51											
03	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	942.59								90			
07	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	942.59	00	15						90			
02	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	196.20											
03	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	981.04								90			
07	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	981.04	00	15						90			
02	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	188.51											
03	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	942.59								90			
07	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	942.59	00	15						90			
02	35306	THROMBOENDARTERECTOMY, INCLUDING P +	71.14											X
03	35306	THROMBOENDARTERECTOMY, INCLUDING P +	355.73											X
07	35306	THROMBOENDARTERECTOMY, INCLUDING P +	355.73	00	15									X
02	35311	RECHANNELING OF ARTERY	177.80											
03	35311	RECHANNELING OF ARTERY	889.06								90			
07	35311	RECHANNELING OF ARTERY	1,402.49	00	15						90			
02	35321	RECHANNELING OF ARTERY	160.03											
03	35321	RECHANNELING OF ARTERY	800.15								90			
07	35321	RECHANNELING OF ARTERY	829.84	00	15						90			
02	35331	RECHANNELING OF ARTERY	176.01											
03	35331	RECHANNELING OF ARTERY	880.10								90			
07	35331	RECHANNELING OF ARTERY	1,373.22	00	15						90			
02	35341	RECHANNELING OF ARTERY	213.35											
03	35341	RECHANNELING OF ARTERY	1,066.80								90			
07	35341	RECHANNELING OF ARTERY	1,328.33	00	15						90			
02	35351	RECHANNELING OF ARTERY	189.64											
03	35351	RECHANNELING OF ARTERY	948.20								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	35351	RECHANNELING OF ARTERY	1,204.78	00	15						90			
02	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	188.99											
03	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	945.00								90			
07	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	980.51	00	15						90			
02	35361	RECHANNELING OF ARTERY	237.06											
03	35361	RECHANNELING OF ARTERY	1,185.33								90			
07	35361	RECHANNELING OF ARTERY	1,456.79	00	15						90			
02	35363	THROMBOENDARECTOMY/COMB.AORTOILIO	259.55											
03	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,297.80								90			
07	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,560.75	00	15						90			
02	35371	RECHANNELING OF ARTERY	109.04											
03	35371	RECHANNELING OF ARTERY	545.23								90			
07	35371	RECHANNELING OF ARTERY	779.65	00	15						90			
02	35372	SEE 35301; DEEP (PRODUNDA) FEMORAL	163.57											
03	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	817.85								90			
07	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	939.27	00	15						90			
02	35390	REOPERATION, CAROTID, THROMBOENDARTE	31.31											
03	35390	REOPERATION, CAROTID, THROMBOENDARTE	156.57											
07	35390	REOPERATION, CAROTID, THROMBOENDARTE	161.50	00	15									
03	35400	ANGIOSCOPY	180.38											
07	35400	ANGIOSCOPY	180.38	00	15									
02	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	73.07											
03	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	365.40								1			
07	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	518.39	00	15						1			
02	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	73.07											
03	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	365.40								1			
07	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	369.60	00	15						1			
02	35454	TRANSLUMINAL ANGILPLASTY; ILIAC	69.83											
03	35454	TRANSLUMINAL ANGIOPLASTY;ILIAC	349.20								1			
07	35454	TRANSLUMINAL ANGIOPLASTY;ILIAC	349.20	00	15						1			
02	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	69.83											
03	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	349.20								1			
07	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	392.38	00	15						1			
02	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	69.83											
03	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	349.20								1			
07	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	501.79	00	15						1			
02	35459	TRANSLUMINAL ANGIOPLASTY OPEN; TIBIA	75.60											X
03	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	379.80								1			
07	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	455.90	00	15						1			
03	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	266.40								1			
07	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	322.31	00	15						1			
03	35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	379.80								1			
07	35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	447.17	00	15						1			
03	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	442.80								1			
07	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	519.36	00	15						1			
03	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	304.20								1			
07	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	361.84	00	15						1			
03	35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	266.40								1			
07	35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	319.65	00	15						1			
03	35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	324.00								1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	384.29	00 15						1			
03	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	417.60							1			
07	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	484.01	00 15						1			
03	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	266.40							1			
07	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	314.72	00 15						1			
08	35476	TRANSLUMINAL ANGIOPLASTY,PERCUTANEO	320.56										
02	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	139.87										
03	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	699.33							1			
07	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	699.33	00 15						1			
02	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	69.13										
03	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	345.65							1			
07	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	410.77	00 15						1			
02	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	93.85										
03	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	469.26							1			
07	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	469.26	00 15						1			
02	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	108.71										
03	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	543.55							1			
07	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	543.55	00 15						1			
02	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	121.46										
03	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	607.30							1			
07	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	607.30	00 15						1			
02	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	82.97										
03	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	414.86							1			
07	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	501.26	00 15						1			
03	35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	683.73							1			
07	35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	683.73	00 15						1			
03	35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	337.93							1			
07	35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	398.75	00 15						1			
03	35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	458.79							1			
07	35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	458.79	00 15						1			
03	35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	531.42							1			
07	35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	531.42	00 15						1			
03	35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	593.75							1			
07	35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	593.75	00 15						1			
03	35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	405.60							1			
07	35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	494.70	00 15						1			
02	35500	HARVEST VEIN FOR BYPASS	MP									X	
03	35500	HARVEST VEIN FOR BYPASS	179.10										
07	35500	HARVEST VEIN FOR BYPASS	321.34	00 15									
02	35501	ARTERY BYPASS GRAFT	219.29										
03	35501	ARTERY BYPASS GRAFT	853.37							90			
07	35501	ARTERY BYPASS GRAFT	1,019.29	00 15						90			
02	35506	ARTERY BYPASS GRAFT	189.64										
03	35506	ARTERY BYPASS GRAFT	948.20							90			
07	35506	ARTERY BYPASS GRAFT	1,041.78	00 15						90			
02	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	189.63										
03	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	948.20							90			
07	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	993.51	00 15						90			
02	35509	ARTERY BYPASS GRAFT	189.64										
03	35509	ARTERY BYPASS GRAFT	948.20							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	35509	ARTERY BYPASS GRAFT	958.03	00 15						90			
02	35510	ARTERY BYPASS GRAFT	203.45										
03	35510	ARTERY BYPASS GRAFT	1,017.26							90			
07	35510	ARTERY BYPASS GRAFT	1,017.26	00 15						90			
02	35511	ARTERY BYPASS GRAFT	160.01										
03	35511	ARTERY BYPASS GRAFT	800.06							90			
07	35511	ARTERY BYPASS GRAFT	1,087.59	00 15						90			
02	35512	ARTERY BYPASS GRAFT	199.58										
03	35512	ARTERY BYPASS GRAFT	997.91							90			
07	35512	ARTERY BYPASS GRAFT	997.91	00 15						90			
02	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	160.00										
03	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	800.06							90			
07	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	986.94	00 15						90			
02	35516	ARTERY BYPASS GRAFT	160.01										
03	35516	ARTERY BYPASS GRAFT	800.06							90			
07	35516	ARTERY BYPASS GRAFT	800.47	00 15						90			
02	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	160.00										
03	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	800.06							90			
07	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,089.14	00 15						90			
02	35521	ARTERY BYPASS GRAFT	160.01										
03	35521	ARTERY BYPASS GRAFT	800.06							90			
07	35521	ARTERY BYPASS GRAFT	1,148.73	00 15						90			
02	35522	ARTERY BYPASS GRAFT	193.81										
03	35522	ARTERY BYPASS GRAFT	969.05							90			
07	35522	ARTERY BYPASS GRAFT	969.05	00 15						90			
02	35525	ARTERY BYPASS GRAFT	185.03										
03	35525	ARTERY BYPASS GRAFT	925.17							90			
07	35525	ARTERY BYPASS GRAFT	925.17	00 15						90			
02	35526	ARTERY BYPASS GRAFT	160.01										
03	35526	ARTERY BYPASS GRAFT	800.06							90			
07	35526	ARTERY BYPASS GRAFT	1,518.05	00 15						90			
02	35531	ARTERY BYPASS GRAFT	237.06										
03	35531	ARTERY BYPASS GRAFT	1,185.33							90			
07	35531	ARTERY BYPASS GRAFT	1,839.11	00 15						90			
02	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	237.05										
03	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,185.33							90			
07	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,442.15	00 15						90			
02	35536	ARTERY BYPASS GRAFT	195.57										
03	35536	ARTERY BYPASS GRAFT	977.89							90			
07	35536	ARTERY BYPASS GRAFT	1,617.25	00 15						90			
02	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	331.77										
03	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,658.85							90			
07	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,658.85	00 15						90			
02	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	370.74										
03	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	1,853.73							90			
07	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	1,853.73	00 15						90			
02	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	348.47										
03	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,742.37							90			
07	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,742.37	00 15						90			
03	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	1,943.14							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	1,943.14	00	15						90			
02	35548	ARTERY BYPASS GRAFT	219.29											
03	35548	ARTERY BYPASS GRAFT	1,096.50								90			
07	35548	ARTERY BYPASS GRAFT	1,148.60	00	15						90			
02	35549	ARTERY BYPASS GRAFT	260.77											
03	35549	ARTERY BYPASS GRAFT	1,303.85								90			
07	35549	ARTERY BYPASS GRAFT	1,303.85	00	15						90			
02	35551	ARTERY BYPASS GRAFT	227.52											
03	35551	ARTERY BYPASS GRAFT	1,096.50								90			
07	35551	ARTERY BYPASS GRAFT	1,411.17	00	15						90			
02	35556	ARTERY BYPASS GRAFT	227.57											
03	35556	ARTERY BYPASS GRAFT	1,137.83								90			
07	35556	ARTERY BYPASS GRAFT	1,156.43	00	15						90			
02	35558	ARTERY BYPASS GRAFT	192.02											
03	35558	ARTERY BYPASS GRAFT	960.07								90			
07	35558	ARTERY BYPASS GRAFT	1,091.14	00	15						90			
02	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	219.29											
03	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,096.50								90			
07	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,640.54	00	15						90			
02	35563	ARTERY BYPASS GRAFT	219.29											
03	35563	ARTERY BYPASS GRAFT	1,096.50								90			
07	35563	ARTERY BYPASS GRAFT	1,241.40	00	15						90			
02	35565	ARTERY BYPASS GRAFT	219.29											
03	35565	ARTERY BYPASS GRAFT	1,096.50								90			
07	35565	ARTERY BYPASS GRAFT	1,193.98	00	15						90			
02	35566	ARTERY BYPASS GRAFT	208.60											
03	35566	ARTERY BYPASS GRAFT	1,043.01								90			
07	35566	ARTERY BYPASS GRAFT	1,431.28	00	15						90			
02	35571	ARTERY BYPASS GRAFT	189.64											
03	35571	ARTERY BYPASS GRAFT	948.20								90			
07	35571	ARTERY BYPASS GRAFT	1,308.22	00	15						90			
02	35572	HARVEST FEMOROPOPLITEAL VEIN	69.99								1			
03	35572	HARVEST FEMOROPOPLITEAL VEIN	349.97								1			
07	35572	HARVEST FEMOROPOPLITEAL VEIN	349.97	00	15						1			
02	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	328.50											
03	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,644.30								90			
07	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,644.30	00	15						90			
02	35585	IN-SITU BYPASS;FEM.-ANTER,POST,PERON	324.00											
03	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,618.20								90			
07	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,618.20	00	15						90			
02	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	226.80											
03	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,134.00								90			
07	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,354.35	00	15						90			
02	35600	HARVEST ARTERY FOR CABG	54.32											
03	35600	HARVEST ARTERY FOR CABG	271.60											
07	35600	HARVEST ARTERY FOR CABG	271.60	00	15									
02	35601	ARTERY BYPASS GRAFT	177.80											
03	35601	ARTERY BYPASS GRAFT	889.06								90			
07	35601	ARTERY BYPASS GRAFT	929.89	00	15						90			
02	35606	ARTERY BYPASS GRAFT	177.80											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	35606	ARTERY BYPASS GRAFT	889.06								90			
07	35606	ARTERY BYPASS GRAFT	989.64	00	15						90			
02	35612	ARTERY BYPASS GRAFT	142.25											
03	35612	ARTERY BYPASS GRAFT	711.23								90			
07	35612	ARTERY BYPASS GRAFT	830.06	00	15						90			
02	35616	ARTERY BYPASS GRAFT	177.80											
03	35616	ARTERY BYPASS GRAFT	889.06								90			
07	35616	ARTERY BYPASS GRAFT	889.06	00	15						90			
02	35621	ARTERY BYPASS GRAFT	177.80											
03	35621	ARTERY BYPASS GRAFT	889.06								90			
07	35621	ARTERY BYPASS GRAFT	1,042.90	00	15						90			
02	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	151.02											
03	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	755.96								90			
07	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,237.03	00	15						90			
02	35626	ARTERY BYPASS GRAFT	177.80											
03	35626	ARTERY BYPASS GRAFT	889.06								90			
07	35626	ARTERY BYPASS GRAFT	1,433.58	00	15						90			
02	35631	ARTERY BYPASS GRAFT	195.57											
03	35631	ARTERY BYPASS GRAFT	977.89								90			
07	35631	ARTERY BYPASS GRAFT	1,734.03	00	15						90			
02	35636	ARTERY BYPASS GRAFT	177.80											
03	35636	ARTERY BYPASS GRAFT	889.06								90			
07	35636	ARTERY BYPASS GRAFT	1,511.87	00	15						90			
07	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,318.60	00	15						90			
07	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,339.58	00	15						90			
02	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	195.56											
03	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	977.89								90			
07	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	977.89	00	15						90			
02	35645	BYPASS GRAFT;NOT1VEIN;SUBCLAV-VERTEB	195.56											
03	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	977.89								90			
07	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	977.89	00	15						90			
02	35646	ARTERY BYPASS GRAFT	177.80											
03	35646	ARTERY BYPASS GRAFT	889.06								90			
07	35646	ARTERY BYPASS GRAFT	1,619.62	00	15						90			
02	35647	ARTERY BYPASS GRAFT	294.77								90			
03	35647	ARTERY BYPASS GRAFT	1,473.87								90			
07	35647	ARTERY BYPASS GRAFT	1,473.87	00	15						90			
02	35650	BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	177.80											
03	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	889.06								90			
07	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	979.22	00	15						90			
02	35651	ARTERY BYPASS GRAFT	197.55											
03	35651	ARTERY BYPASS GRAFT	987.79								90			
07	35651	ARTERY BYPASS GRAFT	1,312.67	00	15						90			
02	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEM	197.54											
03	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	987.79								90			
07	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,291.42	00	15						90			
02	35656	ARTERY BYPASS GRAFT	160.01											
03	35656	ARTERY BYPASS GRAFT	800.06								90			
07	35656	ARTERY BYPASS GRAFT	1,035.99	00	15						90			
02	35661	ARTERY BYPASS GRAFT	160.01											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	35661	ARTERY BYPASS GRAFT	800.06								90			
07	35661	ARTERY BYPASS GRAFT	984.17	00	15						90			
02	35663	ARTERY BYPASS GRAFT	160.01											
03	35663	ARTERY BYPASS GRAFT	800.06								90			
07	35663	ARTERY BYPASS GRAFT	1,135.01	00	15						90			
02	35665	ARTERY BYPASS GRAFT	195.57											
03	35665	ARTERY BYPASS GRAFT	977.89								90			
07	35665	ARTERY BYPASS GRAFT	1,093.33	00	15						90			
02	35666	ARTERY BYPASS GRAFT	160.01											
03	35666	ARTERY BYPASS GRAFT	800.06								90			
07	35666	ARTERY BYPASS GRAFT	1,238.33	00	15						90			
02	35671	ARTERY BYPASS GRAFT	160.01											
03	35671	ARTERY BYPASS GRAFT	800.06								90			
07	35671	ARTERY BYPASS GRAFT	1,074.22	00	15						90			
02	35681	BYPASS GRAFT, COMPOSITE, PROSTH/VEIN	17.34											
03	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	86.69											
07	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	86.69	00	15									
03	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	426.77											
07	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	426.77	00	15									
03	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	486.13											
07	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	486.13	00	15									
02	35685	BYPASS GRAFT PATENCY/PATCH	41.02											
03	35685	BYPASS GRAFT PATENCY/PATCH	205.08											
07	35685	BYPASS GRAFT PATENCY/PATCH	205.08	00	15									
02	35686	BYPASS GRAFT/AV FIST PATENCY	33.93											
03	35686	BYPASS GRAFT/AV FIST PATENCY	169.64											
07	35686	BYPASS GRAFT/AV FIST PATENCY	169.64	00	15									
02	35691	TRANSPOSITION AND/OR REIMPLANTATION;	234.46											
03	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,172.30								90			
07	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,172.30	00	15						90			
02	35693	TRANSPOSITION AND/OR REIMPLANTATION;	150.13											
03	35693	TRANSPOSITION AND/OR REIMPLANTATION;	750.66								90			
07	35693	TRANSPOSITION AND/OR REIMPLANTATION;	817.89	00	15						90			
02	35694	TRANSPOSITION AND/OR REIMPLANTATION;	174.72											
03	35694	TRANSPOSITION AND/OR REIMPLANTATION;	873.60								90			
07	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,006.69	00	15						90			
02	35695	TRANSPOSITION AND/OR REIMPLANTATION;	174.72											
03	35695	TRANSPOSITION AND/OR REIMPLANTATION;	873.60								90			
07	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,005.87	00	15						90			
02	35697	REIMPLANT ARTERY EACH	25.88											
03	35697	REIMPLANT ARTERY EACH	129.43											
07	35697	REIMPLANT ARTERY EACH	129.43	00	15									
02	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	30.19											
03	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	150.95											
07	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	155.61	00	15									
02	35701	EXPLORATION, CAROTID ARTERY	59.27											
03	35701	EXPLORATION, CAROTID ARTERY	296.35								90			
07	35701	EXPLORATION, CAROTID ARTERY	470.72	00	15						90			
02	35721	EXPLORATION, FEMORAL ARTERY	54.75											
03	35721	EXPLORATION, FEMORAL ARTERY	273.77								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	35721	EXPLORATION, FEMORAL ARTERY	435.13	00	15						90			
02	35741	EXPLORATION POPLITEAL ARTERY	49.77											
03	35741	EXPLORATION POPLITEAL ARTERY	248.89								90			
07	35741	EXPLORATION POPLITEAL ARTERY	475.90	00	15						90			
02	35761	EXPLORATION OF ARTERY/VEIN	49.77											
03	35761	EXPLORATION OF ARTERY/VEIN	248.89								90			
07	35761	EXPLORATION OF ARTERY/VEIN	352.25	00	15						90			
03	35800	EXPLORE NECK VESSELS	355.57								90			
07	35800	EXPLORE NECK VESSELS	401.07	00	15						90			
03	35820	EXPLORE CHEST VESSELS	426.68								90			
07	35820	EXPLORE CHEST VESSELS	649.91	00	15						90			
03	35840	EXPLORE ABDOMINAL VESSELS	426.68								90			
07	35840	EXPLORE ABDOMINAL VESSELS	547.60	00	15						90			
03	35860	EXPLORE LIMB VESSELS	320.01								90			
07	35860	EXPLORE LIMB VESSELS	332.95	00	15						90			
02	35870	REPAIR OF GRAFT-ENTERIC FISTULA	103.31											
03	35870	REPAIR OF GRAFT-ENTERIC FISTULA	516.60								90			
07	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,194.34	00	15						90			
03	35875	THROMBECTOMY OF ARTERIAL GRAFT	415.80								90			
07	35875	THROMBECTOMY OF ARTERIAL GRAFT	601.44	00	15						90			
08	35875	REMOVAL OF CLOT IN GRAFT	320.56											
03	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	722.84								90			
07	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	957.20	00	15						90			
08	35876	REMOVAL OF CLOT IN GRAFT	320.56											
02	35879	REVISE GRAFT W/VEIN	170.21								90			
03	35879	REVISE GRAFT W/VEIN	851.05								90			
07	35879	REVISE GRAFT W/VEIN	857.79	00	15						90			
02	35881	REVISE GRAFT W/VEIN	191.50								90			
03	35881	REVISE GRAFT W/VEIN	957.51								90			
07	35881	REVISE GRAFT W/VEIN	959.08	00	15						90			
02	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	192.02											
03	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	960.14								90			
07	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	960.14	00	15						90			
02	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	204.02											
03	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,020.10								90			
07	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,020.10	00	15						90			
02	35901	EXCISION OF INFECTED GRAFT;	95.76											
03	35901	EXCISION OF INFECTED GRAFT;	478.78								90			
07	35901	EXCISION OF INFECTED GRAFT;	506.18	00	15						90			
02	35903	EXCISION OF INFECTED GRAFT;	104.45											
03	35903	EXCISION OF INFECTED GRAFT;	522.29								90			
07	35903	EXCISION OF INFECTED GRAFT;	627.29	00	15						90			
02	35905	EXCISION OF INFECTED GRAFT;	156.35											
03	35905	EXCISION OF INFECTED GRAFT;	781.74								90			
07	35905	EXCISION OF INFECTED GRAFT;	1,663.22	00	15						90			
02	35907	EXCISION OF INFECTED GRAFT;	161.32											
03	35907	EXCISION OF INFECTED GRAFT;	806.60								90			
07	35907	EXCISION OF INFECTED GRAFT;	1,782.17	00	15						90			
03	36000	ESTABLISH ACCESS TO VEIN	4.44			X								X
07	36000	ESTABLISH ACCESS TO VEIN	27.17	00	15	X								X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	36002	PSEUDOANEURYSM INJECTION TRT	164.69											
07	36002	PSEUDOANEURYSM INJECTION TRT	164.69	00	15									
03	36005	INJECTION PROCEDURE FOR CONTRAST VEN	39.57								1			
07	36005	INJECTION PROCEDURE FOR CONTRAST VEN	264.43	00	15						1			
03	36010	ESTABLISH ACCESS TO VEIN	122.40											
07	36010	ESTABLISH ACCESS TO VEIN	122.40	00	15									
03	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	123.30											
07	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	151.27	00	15									
03	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	173.70											
07	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	173.70	00	15									
03	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	123.30											
07	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	123.30	00	15									
03	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	148.50											
07	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	148.50	00	15									
03	36015	SELECTIVE CATHETER PLACEMENT, EACH S	173.70											
07	36015	SELECTIVE CATHETER PLACEMENT, EACH S	173.70	00	15									
03	36100	ESTABLISH ACCESS TO ARTERY	104.29											X
07	36100	ESTABLISH ACCESS TO ARTERY	149.35	00	15									X
03	36120	ESTABLISH ACCESS TO ARTERY	91.25											X
07	36120	ESTABLISH ACCESS TO ARTERY	96.44	00	15									X
03	36140	ESTABLISH ACCESS TO ARTERY	71.15											X
07	36140	ESTABLISH ACCESS TO ARTERY	96.82	00	15									X
03	36145	ARTERY TO VEIN SHUNT	274.95											
07	36145	ARTERY TO VEIN SHUNT	274.95	00	15									
03	36160	ESTABLISH ACCESS TO AORTA	100.76											
07	36160	ESTABLISH ACCESS TO AORTA	124.42	00	15									
03	36200	ESTABLISH ACCESS TO AORTA	168.90											
07	36200	ESTABLISH ACCESS TO AORTA	168.90	00	15									
03	36215	INTRODUCE CATHETER; EACH ADD....	118.23											X
07	36215	INTRODUCE CATHETER; EACH ADD....	225.44	00	15									X
03	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	234.90											
07	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	253.86	00	15									
03	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	279.90											
07	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	305.31	00	15									
03	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	45.00											
07	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	48.99	00	15									
03	36245	INTRO.CATH,@ ADD...ABD.ART PLACEMENT	177.91											X
07	36245	INTRO.CATH,@ ADD...ABD.ART PLACEMENT	228.98	00	15									X
03	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	234.90											
07	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	255.27	00	15									
03	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	279.90											
07	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	304.05	00	15									
03	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	45.00											
07	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	49.37	00	15									
03	36260	INSERT IMPLANTABLE FUSION PUMP	436.50								90			
07	36260	INSERT IMPLANTABLE FUSION PUMP	556.40	00	15						90			
08	36260	INSERT IMPLANTABLE FUSION PUMP	262.36											
03	36261	REVISION OF IMPLANTED INFUSION PUMP	261.00								90			
07	36261	REVISION OF IMPLANTED INFUSION PUMP	319.68	00	15						90			
08	36261	REVISION OF IMPLANTED INFUSION PUMP	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	36262	REMOVAL OF IMPLANTED INFUSION PUMP	261.00							90			
07	36262	REMOVAL OF IMPLANTED INFUSION PUMP	261.00	00 15						90			
08	36262	REMOVAL OF IMPLANTED INFUSION PUMP	220.39										
03	36299	UNLISTED VASCULAR INJECTION	261.00		X								
07	36299	UNLISTED VASCULAR INJECTION	261.00	00 15	X								
03	36400	ESTABLISH ACCESS TO VEIN	14.81	00 02				X					X
07	36400	ESTABLISH ACCESS TO VEIN	36.38	00 02				X					X
03	36405	ESTABLISH ACCESS TO VEIN	20.73	00 02				X					X
07	36405	ESTABLISH ACCESS TO VEIN	29.52	00 02				X					X
03	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	9.90	00 02				X					X
07	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	36.30	00 02				X					X
03	36410	ESTABLISH ACCESS TO VEIN	7.99	03 99				X					
07	36410	ESTABLISH ACCESS TO VEIN	22.44	03 15				X					
03	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.65					X					X
04	36415	ROUTINE VENAPUNCTURE COLLECTION	3.00					X					X
07	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.65	00 15				X					X
08	36415	ROUTINE VENIPUNCTURE-COLLECTION	3.00					X					X
03	36416	CAPILLARY BLOOD DRAW	2.65					X		1			
07	36416	CAPILLARY BLOOD DRAW	2.65	00 15				X		1			
08	36416	CAPILLARY BOOD DRAW	2.65					X					
03	36420	ESTABLISH ACCESS TO VEIN	39.08	00 01									X
07	36420	ESTABLISH ACCESS TO VEIN	49.28	00 01									X
03	36425	ESTABLISH ACCESS TO VEIN	35.66	01 99									X
07	36425	ESTABLISH ACCESS TO VEIN	136.91	01 15									X
03	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	19.25										X
07	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	31.86	00 15									X
03	36440	BLOOD TRANSFUSION SERVICE	66.69	00 02									X
07	36440	BLOOD TRANSFUSION SERVICE	66.69	00 02									X
03	36450	EXCHANGE TRANSFUSION SERVICE	174.22										X
07	36450	EXCHANGE TRANSFUSION SERVICE	174.22	00 15									X
03	36455	EXCHANGE TRANSFUSION SERVICE	186.66										X
07	36455	EXCHANGE TRANSFUSION SERVICE	186.66	00 15									X
03	36460	TRANSFUSION SERVICE, FETAL	279.70										X
07	36460	TRANSFUSION SERVICE, FETAL	332.98	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	8.88										
07	36470	INJECTION THERAPY OF VEIN	123.96	00 15									
03	36471	INJECTION THERAPY OF VEINS	14.81										
07	36471	INJECTION THERAPY OF VEINS	144.30	00 15									
03	36475	ENDOVENOUS RF, 1ST VEIN	1,552.41							1			
07	36475	ENDOVENOUS RF, 1ST VEIN	1,552.41	00 15						1			
03	36476	ENDOVENOUS RF, VEIN ADD-ON	313.23										
07	36476	ENDOVENOUS RF, VEIN ADD-ON	313.23	00 15									
03	36478	ENDOVENOUS LASER, 1ST VEIN	1,432.22							1			
07	36478	ENDOVENOUS LASER, 1ST VEIN	1,432.22	00 15						1			
03	36479	ENDOVENOUS LASER VEIN ADDON	316.09										
07	36479	ENDOVENOUS LASER VEIN ADDON	316.09	00 15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	343.80								1			
07	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	350.54	00	15						1			
03	36500	VEIN CATH/SELECT. ORGAN SAMPLE	90.68								1			
07	36500	VEIN CATH/SELECT. ORGAN SAMPLE	170.04	00	15						1			
03	36510	UMBILICAL CATH-DX/THER/NEWBORN	28.52	00	01									
07	36510	UMBILICAL CATH-DX/THER/NEWBORN	63.52	00	01									
03	36511	APHERESIS WBC	86.73								1			
07	36511	APHERESIS WBC	86.73	00	15						1			
03	36512	APHERESIS RBC	86.73								1			
07	36512	APHERESIS RBC	86.73	00	15						1			
03	36513	APHERESIS PLATELETS	86.73								1			
07	36513	APHERESIS PLATELETS	86.73	00	15						1			
03	36514	APHERESIS PLASMA	86.73								1			
07	36514	APHERESIS PLASMA	86.73	00	15						1			
03	36515	APHERESIS, ADSORP/REINFUSE	86.73								1			
07	36515	APHERESIS, ADSORP/REINFUSE	86.73	00	15						1			
03	36516	APHERESIS, SELECTIVE	86.73								1			
07	36516	APHERESIS, SELECTIVE	86.73	00	15						1			
03	36522	PHOTOPHERESIS,EXTRACORPOREAL	132.50								1			
07	36522	PHOTOPHERESIS,EXTRACORPOREAL	251.14	00	15						1			
03	36540	COLLECT BLOOD VENOUS DEVICE	4.25										X	
07	36540	COLLECT BLOOD VENOUS DEVICE	4.25	00	15								X	
03	36550	DECLOT VASCULAR DEVICE	28.53											
07	36550	DECLOT VASCULAR DEVICE	28.53	00	15									
03	36555	INSERT NON-TUNNEL CV CATH	242.66	00	04						1			
07	36555	INSERT NON-TUNNEL CV CATH	242.66	00	04						1			
08	36555	INSERT NON-TUNNEL CV CATH	220.39											
03	36556	INSERT NON-TUNNEL CV CATH	229.88	05	99						1			
07	36556	INSERT NON-TUNNEL CV CATH	229.88	05	15						1			
08	36556	INSERT NON-TUNNEL CV CATH	220.39											
03	36557	INSERT TUNNELED CV CATH	523.21	00	04						10			
07	36557	INSERT TUNNELED CV CATH	523.21	00	04						10			
08	36557	INSERT TUNNELED CV CATH	220.39											
03	36558	INSERT TUNNELED CV CATH	511.38	05	99						10			
07	36558	INSERT TUNNELED CV CATH	511.38	05	15						10			
08	36558	INSERT TUNNELED CV CATH	220.39											
03	36560	INSERT TUNNELED CV CATH	963.73	00	04						10			
07	36560	INSERT TUNNELED CV CATH	963.73	00	04						10			
08	36560	INSERT TUNNELED CV CATH	262.36											
03	36561	INSERT TUNNELED CV CATH	954.18	05	99						10			
07	36561	INSERT TUNNELED CV CATH	954.18	05	15						10			
08	36561	INSERT TUNNELED CV CATH	262.36											
03	36563	INSERT TUNNELED CV CATH	1,196.38								10			
07	36563	INSERT TUNNELED CV CATH	1,196.38	00	15						10			
08	36563	INSERT TUNNELED CV CATH	262.36											
03	36565	INSERT TUNNELED CV CATH	773.31								10			
07	36565	INSERT TUNNELED CV CATH	773.31	00	15						10			
08	36565	INSERT TUNNELED CV CATH	262.36											
03	36566	INSERT TUNNELED CV CATH	809.04								10			
07	36566	INSERT TUNNELED CV CATH	809.04	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	36566	INSERT TUNNELED CV CATH	262.36											
03	36568	INSERT TUNNELED CV CATH	276.87	00	04						1			
07	36568	INSERT TUNNELED CV CATH	276.87	00	04						1			
08	36568	INSERT TUNNELED CV CATH	220.39											
03	36569	INSERT TUNNELED CV CATH	251.50	05	99						1			
07	36569	INSERT TUNNELED CV CATH	251.50	05	15						1			
08	36569	INSERT TUNNELED CV CATH	220.39											
03	36570	INSERT TUNNELED CV CATH	1,223.89	00	04						10			
07	36570	INSERT TUNNELED CV CATH	1,223.89	00	04						10			
08	36570	INSERT TUNNELED CV CATH	262.36											
03	36571	INSERT TUNNELED CV CATH	1,102.97	05	99						10			
07	36571	INSERT TUNNELED CV CATH	1,102.97	05	15						10			
08	36571	INSERT TUNNELED CV CATH	262.36											
03	36575	REPAIR TUNNELED CV CATH	125.86								1			
07	36575	REPAIR TUNNELED CV CATH	125.86	00	15						1			
08	36575	REPAIR TUNNELED CV CATH	220.39											
03	36576	REPAIR TUNNELED CV CATH	314.43								10			
07	36576	REPAIR TUNNELED CV CATH	314.43	00	15						10			
08	36576	REPAIR TUNNELED CV CATH	220.39											
03	36578	REPLACE TUNNELED CV CATH	396.94								10			
07	36578	REPLACE TUNNELED CV CATH	396.94	00	15						10			
08	36578	REPLACE TUNNELED CV CATH	220.39											
03	36580	REPLACE TUNNELED CV CATH	219.90								1			
07	36580	REPLACE TUNNELED CV CATH	219.90	00	15						1			
08	36580	REPLACE TUNNELED DV CATH	220.39											
03	36581	REPLACE TUNNELED CV CATH	466.09								10			
07	36581	REPLACE TUNNELED CV CATH	466.09	00	15						10			
08	36581	REPLACE TUNNELED CV CATH	220.39											
03	36582	REPLACE TUNNELED CV CATH	865.84								10			
07	36582	REPLACE TUNNELED CV CATH	865.84	00	15						10			
08	36582	REPLACE TUNNELED CV CATH	262.36											
03	36583	REPLACE TUNNELED CV CATH	516.51								10			
07	36583	REPLACE TUNNELED CV CATH	516.51	00	15						10			
08	36583	REPLACE TUNNELED CV CATH	262.36											
03	36584	REPLACE TUNNELED CV CATH	228.82								1			
07	36584	REPLACE TUNNELED CV CATH	228.82	00	15						1			
08	36584	REPLACE TUNNELED CV CATH	220.39											
03	36585	REPLACE TUNNELED CV CATH	1,083.36								10			
07	36585	REPLACE TUNNELED CV CATH	1,083.36	00	15						10			
08	36585	REPLACE TUNNELED CV CATH	262.36											
03	36589	REMOVAL TUNNELED CV CATH	132.94								10			
07	36589	REMOVAL TUNNELED CV CATH	132.94	00	15						10			
08	36589	REMOVAL TUNNELED CV CATH	220.39											
03	36590	REMOVAL TUNNELED CV CATH	278.20								10			
07	36590	REMOVAL TUNNELED CV CATH	278.20	00	15						10			
08	36590	REMOVAL TUNNELED CV CATH	220.39											
02	36595	MECH REMOV TUNNELED CV CATH	125.67											
03	36595	MECH REMOV TUNNELED CV CATH	628.35								1			
07	36595	MECH REMOV TUNNELED CV CATH	628.35	00	15						1			
03	36596	MECH REMOV TUNNELED CV CATH	138.08								1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	36596	MECH REMOV TUNNELED CV CATH	138.08	00 15						1			
03	36597	REPOSITION VENOUS CATHETER	121.01							1			
07	36597	REPOSITION VENOUS CATHETER	121.01	00 15						1			
03	36598	INJ W/FLUOR, EVAL CV DEVICE	92.09										X
07	36598	INJ W/FLUOR, EVAL CV DEVICE	92.09	00 15									X
03	36600	WITHDRAWAL OF ARTERIAL BLOOD	14.81										X
07	36600	WITHDRAWAL OF ARTERIAL BLOOD	25.53	00 15									X
08	36600	WITHDRAWL OF ARTERIAL BLOOD	14.81						X				X
03	36620	ESTABLISH ACCESS TO ARTERY	65.70							1			X
07	36620	ESTABLISH ACCESS TO ARTERY	65.70	00 15						1			X
03	36625	ESTABLISH ACCESS TO ARTERY	100.17							1			
07	36625	ESTABLISH ACCESS TO ARTERY	100.17	00 15						1			
03	36640	INSERTION CATHETER, ARTERY	94.83							1			
07	36640	INSERTION CATHETER, ARTERY	104.20	00 15						1			
08	36640	INSERTION CATHETER, ARTERY	220.39										
03	36660	INSERTION CATHETER, ARTERY	46.11							1			
07	36660	INSERTION CATHETER, ARTERY	64.13	00 15						1			
03	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	74.20							1			
07	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	74.20	00 15						1			
03	36800	INSERTION OF CANNULA	195.51							1			
07	36800	INSERTION OF CANNULA	195.51	00 15						1			
08	36800	INSERTION OF CANNULA	262.36										
03	36810	INSERTION OF CANNULA	293.32							1			
07	36810	INSERTION OF CANNULA	293.32	00 15						1			
08	36810	INSERTION OF CANNULA	262.36										
03	36815	INSERTION OF CANNULA	136.98							1			
07	36815	INSERTION OF CANNULA	142.22	00 15						1			
08	36815	INSERTION OF CANNULA	262.36										
02	36818	AV FUSE, UPPR ARM, CEPHALIC	22.66										
03	36818	AV FUSE, UPPR ARM, CEPHALIC	566.42							90			
07	36818	AV FUSE, UPPR ARM, CEPHALIC	566.42	00 15						90			
08	36818	AV FUSE, UPPER ARM, CEPHALIC	262.36										
02	36819	AV FUSION BY BASILIC VEIN	144.72										
03	36819	AV FUSION BY BASILIC VEIN	723.59							90			
07	36819	AV FUSION BY BASILIC VEIN	756.60	00 15						90			
08	36819	AV FUSION BY BASILIC VEIN	262.36										
02	36820	INSERTION OF CANNULA	110.34							90			
03	36820	INSERTION OF CANNULA	497.85							90			
07	36820	INSERTION FO CANNULA	756.60	00 15						90			
08	36820	INSERTION OF CANNULA	262.36										
02	36821	ARTERY-VEIN FUSION	81.21										
03	36821	ARTERY-VEIN FUSION	404.15							90			
07	36821	ARTERY-VEIN FUSION	509.00	00 15						90			
08	36821	ARTERY-VEIN FUSION	262.36										
03	36822	INSERT CANNULA(S),PROLONGED ECMO	195.51							90			X
07	36822	INSERT CANNULA(S),PROLONGED ECMO	428.86	00 15						90			X
03	36823	INSERTION CANNULA(S)	195.51									X	
07	36823	INSERTION CANNULA(S)	1,155.31	00 15								X	
02	36825	ARTERY-VEIN GRAFT	118.54										
03	36825	ARTERY-VEIN GRAFT	592.70							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	36825	ARTERY-VEIN GRAFT	592.70	00 15						90			
08	36825	ARTERY - VEIN GRAFT	262.36										
02	36830	ARTERY-VEIN GRAFT	127.90										
03	36830	ARTERY-VEIN GRAFT	639.53							90			
07	36830	ARTERY-VEIN GRAFT	665.13	00 15						90			
08	36830	ARTERY - VEIN GRAFT	262.36										
02	36831	AV FISTULA EXCISION	77.65										
03	36831	AV FISTULA EXCISION	388.26							90			
07	36831	AV FISTULA EXCISION	436.67	00 15						90			
08	36831	OPEN THROMBECT AV FISTULA	320.56										
02	36832	REVISION O ARTERIO FISTULA WW THROMB	172.80										
03	36832	REVISION O ARTERIO FISTULA WW THROMB	864.00							90			
07	36832	REVISION O ARTERIO FISTULA WW THROMB	864.00	00 15						90			
08	36832	REVISION O ARTERIO FISTULA WW THROMB	262.36										
02	36833	AV FISTULA REVISION	117.33										
03	36833	AV FISTULA REVISION	586.67							90			
07	36833	AV FISTULA REVISION	661.27	00 15						90			
08	36833	AV FISTULA REVISION	262.36										
02	36834	REPAIR A-V ANEURYSM	122.19										
03	36834	REPAIR A-V ANEURYSM	610.98							90			
07	36834	REPAIR A-V ANEURYSM	610.98	00 15						90			
03	36835	ARTERY TO VEIN SHUNT	533.43							90			
07	36835	ARTERY TO VEIN SHUNT	533.43	00 15						90			
08	36835	ARTERY TO VEIN SHUNT	262.36										
02	36838	DIST REVAS LIGATION, HEMO	190.75										
03	36838	DIST REVAS LIGATION, HEMO	953.76							90			
07	36838	DIST REVAS LIGATION, HEMO	953.76	00 15						90			
03	36860	CANNULA DECLOTTING	41.45							1			
07	36860	CANNULA DECLOTTING	153.68	00 15						1			
08	36860	CANNULA DECLOTTING	220.39										
03	36861	CANNULA DECLOTTING	59.30							1			
07	36861	CANNULA DECLOTTING	140.98	00 15						1			
08	36861	CANNULA DECLOTTING	262.36										
02	36870	AV FISTULA REVISION, OPEN	247.05										
03	36870	AV FISTULA REVISION, OPEN	1,235.27										
07	36870	AV FISTULA REVISION, OPEN	1,500.81	00 15									
08	36870	PERCUT THROMBECT AV FISTULA	320.56										
02	37140	REVISION OF CIRCULATION	156.46										
03	37140	REVISION OF CIRCULATION	782.31							90			
07	37140	REVISION OF CIRCULATION	1,206.53	00 15						90			
03	37145	REVISION OF CIRCULATION	782.31							90			
07	37145	REVISION OF CIRCULATION	1,367.15	00 15						90			
02	37160	REVISION OF CIRCULATION	156.46										
03	37160	REVISION OF CIRCULATION	782.31							90			
07	37160	REVISION OF CIRCULATION	1,137.76	00 15						90			
02	37180	REVISION OF CIRCULATION	156.46										
03	37180	REVISION OF CIRCULATION	782.31							90			
07	37180	REVISION OF CIRCULATION	1,300.23	00 15						90			
02	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	156.46										
03	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	782.31							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,385.65	00 15						90			
02	37182	INSERT HEPATIC SHUNT (TIPS)	138.88							1			
03	37182	INSERT HEPATIC SHUNT (TIP'S)	694.82										
07	37182	INSERT HEPATIC SHUNT (TIPS)	694.42	00 15									
02	37183	REMOVE HEPATIC SHUNT (TIPS)	64.27							1			
03	37183	REMOVE HEPATIC SHUNT (TIPS)	321.35										
07	37183	REMOVE HEPATIC SHUNT (TIP'S)	321.35	00 15									
03	37184	PRIM ART MECH THROMBECTOMY	2,126.54							1			
07	37184	PRIM ART MECH THROMBECTOMY	2,126.54	00 15						1			
03	37185	PRIM ART M-THROMBECT ADD-ON	695.52										X
07	37185	PRIM ART M-THROMBECT ADD-ON	695.52	00 15									X
03	37186	SEC ART M-THROMBECT ADD-ON	1,431.33										
07	37186	SEC ART M-THROMBECT ADD-ON	1,431.33	00 15									
03	37187	VENOUS MECH THROMBECTOMY	2,067.13							1			
07	37187	VENOUS MECH THROMBECTOMY	2,067.13	00 15						1			
03	37188	VENOUS M-THROMBECTOMY ADD-ON	1,780.95							1			
07	37188	VENOUS M-THROMBECTOMY ADD-ON	1,780.95	00 15						1			
02	37195	THROMBOLYTIC THERAPY, STROKE	53.22										
03	37195	THROMBOLYTIC THERAPY, STROKE	266.08										
07	37195	THROMBOLYTIC THERAPY, STROKE	266.08	00 15									
03	37200	TRANSCATHETER BIOPSY	165.60							1			
07	37200	TRANSCATHETER BIOPSY	217.56	00 15						1			
03	37201	TRANSCATHETER THERAPY, INFUSION FOR	356.40							1			
07	37201	TRANSCATHETER THERAPY, INFUSION FOR	356.40	00 15						1			
03	37202	TRANSCATHETER THERAPY, INFUSION OTHE	279.90							1			
07	37202	TRANSCATHETER THERAPY, INFUSION OTHE	318.66	00 15						1			
03	37203	TRANSCATHETER RETRIEVAL, PERCUTANEOU	247.50							1			
07	37203	TRANSCATHETER RETRIEVAL, PERCUTANEOU	267.70	00 15						1			
03	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	891.90							1			
07	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	891.90	00 15						1			
03	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	381.20							1			
07	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	429.66	00 15						1			
03	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	190.36										
07	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	201.76	00 15									
08	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	220.39										
03	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	381.20							1			
07	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	438.40	00 15						1			
03	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	190.36										
07	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	207.47	00 15									
03	37209	EXCHANGE ARTERIAL CATHETER	71.59							1			
07	37209	EXCHANGE ARTERIAL CATHETER	109.01	00 15						1			
03	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	1,491.28				F			1			
07	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	1,491.28	00 15			F			1			
03	37215	TRANSCATH STENT, CCA W/EPS	838.67										
07	37215	TRANSCATH STENT, CCA W/EPS	838.67	00 15									
03	37216	TRANSCATH STENT, CCA W/O EPS	807.65										
07	37216	TRANSCATH STENT, CCA W/O EPS	807.65	00 15									
03	37250	INTRAVASCULAR US	74.69										
07	37250	INTRAVASCULAR US	105.07	00 15									
03	37251	INTRAVASCULAR US	56.96										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	37251	INTRAVASCULAR US	79.77	00 15									X
02	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	109.75										
03	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	548.73										
07	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	548.73	00 15									
02	37501	VASCULAR ENDOSCOPY PROCEDURE	MP		X					1			
03	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X								
07	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP	00 15	X								
03	37565	LIGATION OF NECK VEIN	367.42							90			
07	37565	LIGATION OF NECK VEIN	566.90	00 15						90			
02	37600	LIGATION OF NECK ARTERY	99.55										
03	37600	LIGATION OF NECK ARTERY	497.78							90			
07	37600	LIGATION OF NECK ARTERY	614.77	00 15						90			
02	37605	LIGATION OF NECK ARTERY	76.04										
03	37605	LIGATION OF NECK ARTERY	380.24							90			
07	37605	LIGATION OF NECK ARTERY	698.09	00 15						90			
03	37606	LIGATION OF NECK ARTERY	592.70							90			
07	37606	LIGATION OF NECK ARTERY	592.70	00 15						90			
02	37607	LIGATION OR BANDING OF ANGIOACCESS A	57.32										
03	37607	LIGATION OR BANDING OF ANGIOACCESS A	286.59							90			
07	37607	LIGATION OR BANDING OF ANGIOACCESS A	358.72	00 15						90			
08	37607	LIGATION OR BANDING OF ANGIOACCESS	262.36										
03	37609	TEMPORAL ARTERY PROCEDURE	124.52							10			
07	37609	TEMPORAL ARTERY PROCEDURE	341.61	00 15						10			
08	37609	TEMPORAL ARTERY PROCEDURE	220.39					X					
02	37615	LIGATION OF NECK ARTERY	85.33										
03	37615	LIGATION OF NECK ARTERY	426.68							90			
07	37615	LIGATION OF NECK ARTERY	426.68	00 15						90			
02	37616	LIGATE MAJOR ARTERY;CHEST	309.48										
03	37616	LIGATE MAJOR ARTERY,CHEST	1,547.42							90			
07	37616	LIGATE MAJOR ARTERY,CHEST	1,547.42	00 15						90			
02	37617	LIGATION OF ABDOMEN ARTERY	118.54										
03	37617	LIGATION OF ABDOMEN ARTERY	592.70							90			
07	37617	LIGATION OF ABDOMEN ARTERY	1,147.59	00 15						90			
03	37618	LIGATION OF EXTREMITY ARTERY	355.57							90			
07	37618	LIGATION OF EXTREMITY ARTERY	355.57	00 15						90			
02	37620	REVISION OF MAJOR VEIN	109.99										
03	37620	REVISION OF MAJOR VEIN	549.96							90			
07	37620	REVISION OF MAJOR VEIN	573.32	00 15						90			
02	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	74.17										
03	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	370.85							90			
07	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	441.20	00 15						90			
08	37650	INTERRUPT FEMORAL VEIN; UNILATERAL	220.39										
02	37660	REVISION OF MAJOR VEIN	59.27										
03	37660	REVISION OF MAJOR VEIN	296.35							90			
07	37660	REVISION OF MAJOR VEIN	1,078.60	00 15						90			
03	37700	REVISE LEG VEIN	162.95							90			
07	37700	REVISE LEG VEIN	247.02	00 15						90			
08	37700	REVISE LEG VEIN	320.56					X					
03	37718	LIGATE/STRIP SHORT LEG VEIN	313.95							90			
07	37718	LIGATE/STRIP SHORT LEG VEIN	313.95	00 15						90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	37718	LIGATE/STRIP SHORT LEG VEIN	262.36											
03	37722	LIGATE/STRIP LONG LEG VEIN	377.26								90			
07	37722	LIGATE/STRIP LONG LEG VEIN	377.26	00	15						90			
08	37722	LIGATE/STRIP LONG LEG VEIN	262.36											
03	37735	REMOVAL OF LEG VEINS/LESION	444.48								90			
07	37735	REMOVAL OF LEG VEINS/LESION	601.49	00	15						90			
08	37735	REMOVAL OF LEG VEINS/LESION	262.36											
02	37760	REVISION OF LEG VEINS	112.62											
03	37760	REVISION OF LEG VEINS	563.09								90			
07	37760	REVISION OF LEG VEINS	592.02	00	15						90			
08	37760	REVISION OF LEG VEINS	262.36											
03	37765	PHLEB VEINS - EXTREM - TO 20	352.77								90			
07	37765	PHLEB VEINS - EXTREM - TO 20	352.77	00	15						90			
03	37766	PHLEB VEINS - EXTREM 20+	429.46								90			
07	37766	PHLEB VEINS - EXTREM 20+	429.46	00	15						90			
03	37780	REVISION OF LEG VEIN	77.07								90			
07	37780	REVISION OF LEG VEIN	241.50	00	15						90			
08	37780	REVISION OF LEG VEIN	320.56						X					
03	37785	REVISION OF LEG VEIN	44.50								90			
07	37785	REVISION OF LEG VEIN	376.60	00	15						90			
08	37785	REVISION OF LEG VEIN	320.56						X					
02	37788	PENILE REVASCULARIZATION, ARTERY WIT	568.80					M						
03	37788	PENILE REVASCULARIZATION, ARTERY, WI	2,844.00								90			
07	37788	PENILE REVASCULARIZATION, ARTERY, WI	2,844.00	00	15						90			
02	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	72.35											
03	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	361.76											
07	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	530.24	00	15									
08	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	262.36											
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	130.39											
03	38100	REMOVAL OF SPLEEN	651.98								90			
07	38100	REMOVAL OF SPLEEN	770.54	00	15						90			
02	38101	SPLENECTOMY;PARTIAL	146.78											
03	38101	SPLENECTOMY;PARTIAL	733.95								90			
07	38101	SPLENECTOMY;PARTIAL	819.03	00	15						90			
02	38102	SPLENECTOMY;	47.05											
03	38102	SPLENECTOMY;	235.28											
07	38102	SPLENECTOMY;	241.71	00	15									
02	38115	REP.RUP.SPLEEN-W/ORW/OUT SPLENECTOMY	122.28											
03	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	611.44								90			
07	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	836.42	00	15						90			
02	38120	LAPAROSCOPY SPLENECTOMY	134.00											X
03	38120	LAPAROSCOPY, SPLENECTOMY	670.00											
07	38120	LAPAROSCOPY, SPLENECTOMY	901.61	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	59.30								1			
07	38200	INJECTION FOR SPLEEN X-RAY	126.46	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	38204	BL DONOR SEARCH MANAGEMENT	MP								1		X	
07	38204	BL DONOR SEARCH MANAGEMENT	MP	00	15						1		X	
03	38205	HARVEST ALLOGENIC STEM CELLS	74.91								1			
07	38205	HARVEST ALLOGENIC STEM CELLS	74.91	00	15						1			
03	38206	HARVEST AUTO STEM CELLS	74.91								1			
07	38206	HARVEST AUTO STEM CELLS	74.91	00	15						1			
03	38207	CRYOPRESERVE STEM CELLS	MP			X				X	1			
07	38207	CRYOPRESERVE STEM CELLS	MP	00	15	X					1			
03	38208	THAW PRESERVED STEM CELLS	MP			X				X	1			
07	38208	THAW PRESERVED STEM CELLS	MP	00	15	X					1			
03	38209	WASH HARVEST STEM CELLS	MP			X				X	1			
07	38209	WASH HARVEST STEM CELLS	MP	00	15	X					1			
03	38210	T-CELL DEPLETION OF HARVEST	MP			X				X	1			
07	38210	T-CELL DEPLETION OF HARVEST	MP	00	15	X					1			
03	38211	TUMOR CELL DEPLETE OF HARVST	MP			X				X	1			
07	38211	TUMOR CELL DEPLETE OF HARVST	MP	00	15	X					1			
03	38212	RBC DEPLETION OF HARVEST	MP			X				X	1			
07	38212	RBC DEPLETION OF HARVEST	MP	00	15	X					1			
03	38213	PLATELET DEPLETE OF HARVEST	MP			X				X	1			
07	38213	PLATELET DEPLETE OF HARVEST	MP	00	15	X					1			
03	38214	VOLUME DEPLETE OF HARVEST	MP			X				X	1			
07	38214	VOLUME DEPLETE OF HARVEST	MP	00	15	X					1			
03	38215	HARVEST STEM CELL CONCENTRTE	MP			X				X	1			
07	38215	HARVEST STEM CELL CONCENTRTE	MP	00	15	X					1			
03	38220	BONE MARROW ASPIRATION	185.14											
07	38220	BONE MARROW ASPIRATION	185.14	00	15									
03	38221	BONE MARROW BIOPSY	198.84											
07	38221	BONE MARROW BIOPSY	198.84	00	15									
03	38230	BONE MARROW HARVEST,FOR TRANSPLANT	MP			X					10			
07	38230	BONE MARROW HARVEST,FOR TRANSPLANT	245.95	00	15	X					10			
03	38240	BONE MARROW TRANSPLANTATION	109.80											
07	38240	BONE MARROW TRANSPLANTATION	109.80	00	15									
03	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	109.80											
07	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	108.68	00	15	X								
03	38242	LYMPHOCYTE INFUSE TRANSPLANT	85.27								1			
07	38242	LYMPHOCYTE INFUSE TRANSPLANT	85.27	00	15						1			
03	38300	DRAINAGE LYMPH NODE LESION	24.87											
07	38300	DRAINAGE LYMPH NODE LESION	229.24	00	15									
08	38300	DRAINAGE LYMPH NODE LESION	220.39											
03	38305	DRAINAGE LYMPH NODE LESION	117.32								90			
07	38305	DRAINAGE LYMPH NODE LESION	475.86	00	15						90			
08	38305	DRAINAGE LYMPH NODE LESION	220.39											
03	38308	INCISION OF LYMPH CHANNELS	266.65								90			
07	38308	INCISION OF LYMPH CHANNELS	415.89	00	15						90			
08	38308	INCISION OF LYMPH CHANNELS	220.39											
03	38380	THORACIC DUCT PROCEDURE	239.99								90			
07	38380	THORACIC DUCT PROCEDURE	527.48	00	15						90			
02	38381	THORACIC DUCT PROCEDURE	73.88											
03	38381	THORACIC DUCT PROCEDURE	369.44								90			
07	38381	THORACIC DUCT PROCEDURE	818.81	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	38382	SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	110.69											
03	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	553.50								90			
07	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	672.62	00	15						90			
03	38500	BIOPSY/REMOVAL OF LYMPH NODE	53.38								10			
07	38500	BIOPSY/REMOVAL OF LYMPH NODE	241.48	00	15						10			
08	38500	BIOPSY/REMOVAL OF LYMPH NODE	262.36						X					
03	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	35.34								1			
07	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	144.54	00	15						1			
08	38505	NEEEDLE BX, LYMPHNODES(S), SUPERFICI	220.39											
03	38510	BIOPSY/REMOVAL OF LYMPH NODE	130.37								90			
07	38510	BIOPSY/REMOVAL OF LYMPH NODE	414.86	00	15						90			
08	38510	BIOPSY/REMOVAL OF LYMPH NODE	262.36						X					
03	38520	BIOPSY/REMOVAL OF LYMPH NODE	165.38								90			
07	38520	BIOPSY/REMOVAL OF LYMPH NODE	432.49	00	15						90			
08	38520	BIOPSY/REMOVAL OF LYMPH NODE	262.36						X					
03	38525	BX,EXCISE-DEEP AXILLARY NODES	165.69								90			
07	38525	BX,EXCISE-DEEP AXILLARY NODES	373.38	00	15						90			
08	38525	BX,EXCISE-DEEP AXILLARY NODES	220.39											
02	38530	BIOPSY/REMOVAL OF LYMPH NODE	53.33											
03	38530	BIOPSY/REMOVAL OF LYMPH NODE	266.65								90			
07	38530	BIOPSY/REMOVAL OF LYMPH NODE	486.13	00	15						90			
08	38530	BIOPSY/REMOVAL OF LYMPH NODE	262.36						X					
02	38542	DISSECTION: DEEP JUGULAR NODE	53.63											
03	38542	DISSECTION: DEEP JUGULAR NODE	268.20								90			
07	38542	DISSECTION: DEEP JUGULAR NODE	418.31	00	15						90			
08	38542	DISSECTION: DEEP JUGULAR NODE	220.39											
03	38550	REMOVAL NECK/ARMPIT LESION	308.27								90			
07	38550	REMOVAL NECK/ARMPIT LESION	427.06	00	15						90			
08	38550	REMOVAL NECK/ARMPIT LESION	262.36											
02	38555	REMOVAL NECK/ARMPIT LESION	165.95											
03	38555	REMOVAL NECK/ARMPIT LESION	829.76								90			
07	38555	REMOVAL NECK/ARMPIT LESION	850.43	00	15						90			
08	38555	REMOVAL NECK/ARMPIT LESION	262.36											
02	38562	LIM.LYMPHADECTOMY/STAGING;PELVIC	69.83											
03	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	349.20								90			
07	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	619.09	00	15						90			
02	38564	LIM.LYMPHADECTOMY/STAGE;RETROPERIT	123.83											
03	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	619.20								90			
07	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	626.63	00	15						90			
02	38570	LAPAROSCOPY LYMPH NODE BIOP	105.30								10			
03	38570	LAPAROSCOPY, LYMPH NODE BIOP	526.49								10			
07	38570	LAPAROSCOPY, LYMPH NODE BIOP	526.49	00	15						10			
08	38570	LAPAROSCOPY, LYMPH NODE BIOP	320.56											
02	38571	LAPAROSCOPY LYMPHADENECTOMY	137.47								10			X
03	38571	LAPAROSCOPY, LYMPHADENECTOMY	687.37								10			
07	38571	LAPAROSCOPY, LYMPHADENECTOMY	750.18	00	15						10			
08	38571	LAPAROSCOPY, LYMPHADENECTOMY	320.56											
02	38572	LAPAROSCOPY LYMPHADENECTOMY	161.98								10			X
03	38572	LAPAROSCOPY, LYMPHADENECTOMY	809.88								10			
07	38572	LAPAROSCOPY, LYMPHADENECTOMY	875.41	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	38572	LAPAROSCOPY, LYMPHADENECTOMY	320.56											
03	38589	LAPAROSCOPE PROC, LYMPHATIC	MP			X								
07	38589	LAPAROSCOPE PROC, LYMPHATIC	MP	00	15	X								
02	38700	REMOVAL OF LYMPH NODES, NECK	77.05											
03	38700	REMOVAL OF LYMPH NODES, NECK	385.26								90			
07	38700	REMOVAL OF LYMPH NODES, NECK	740.67	00	15						90			
02	38720	REMOVAL OF LYMPH NODES, NECK	148.17											
03	38720	REMOVAL OF LYMPH NODES, NECK	740.84								90			
07	38720	REMOVAL OF LYMPH NODES, NECK	1,028.68	00	15						90			
02	38724	CERVICAL LYMPHADENECTOMY	129.59											
03	38724	CERVICAL LYMPHADENECTOMY	648.00								90			
07	38724	CERVICAL LYMPHADENECTOMY	1,081.94	00	15						90			
03	38740	REMOVE ARMPIT LYMPH NODES	444.48								90			
07	38740	REMOVE ARMPIT LYMPH NODES	563.76	00	15						90			
08	38740	REMOVE ARMPIT LYMPH NODES	220.39											
02	38745	REMOVE ARMPITS LYMPH NODES	113.79											
03	38745	REMOVE ARMPITS LYMPH NODES	568.94								90			
07	38745	REMOVE ARMPITS LYMPH NODES	760.74	00	15						90			
08	38745	REMOVE ARMPITS LYMPH NODES	262.36											
02	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	43.05											
03	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	215.24											
07	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	244.68	00	15									
02	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	47.94											
03	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	239.70											
07	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	245.88	00	15									
02	38760	REMOVE GROIN LYMPH NODES	79.42											
03	38760	REMOVE GROIN LYMPH NODES	397.11								90			
07	38760	REMOVE GROIN LYMPH NODES	719.75	00	15						90			
08	38760	REMOVE GROIN LYMPH NODES	220.39											
02	38765	REMOVE GROIN LYMPH NODES	160.01											
03	38765	REMOVE GROIN LYMPH NODES	800.06								90			
07	38765	REMOVE GROIN LYMPH NODES	1,122.76	00	15						90			
02	38770	REMOVE PELVIS LYMPH NODES	118.54											
03	38770	REMOVE PELVIS LYMPH NODES	592.70								90			
07	38770	REMOVE PELVIS LYMPH NODES	726.22	00	15						90			
02	38780	REMOVE ABDOMEN LYMPH NODES	219.29											
03	38780	REMOVE ABDOMEN LYMPH NODES	1,096.50								90			
07	38780	REMOVE ABDOMEN LYMPH NODES	1,096.50	00	15						90			
03	38790	INJECTION FOR LYMPHATIC XRAY	112.60								1			
07	38790	INJECTION FOR LYMPHATIC XRAY	513.85	00	15						1			
02	38792	IDENTIFY SENTINEL NODE	MP										X	
03	38792	IDENTIFY SENTINEL NODE	112.60											
07	38792	IDENTIFY SENTINEL NODE	112.60	00	15									
03	38794	ACCESS THORACIC LYMPH DUCT	195.51								90			
07	38794	ACCESS THORACIC LYMPH DUCT	211.98	00	15						90			
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	46.24											
03	39000	EXPLORATION OF MEDIASTINUM	231.21								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	39000	EXPLORATION OF MEDIASTINUM	475.47	00 15						90			
02	39010	EXPLORATION OF MEDIASTINUM	88.89										
03	39010	EXPLORATION OF MEDIASTINUM	444.48							90			
07	39010	EXPLORATION OF MEDIASTINUM	763.04	00 15						90			
02	39200	REMOVAL MEDIASTINAL LESION	142.25										
03	39200	REMOVAL MEDIASTINAL LESION	711.23							90			
07	39200	REMOVAL MEDIASTINAL LESION	859.43	00 15						90			
02	39220	REMOVAL MEDIASTINAL LESION	170.69										
03	39220	REMOVAL MEDIASTINAL LESION	853.47							90			
07	39220	REMOVAL MEDIASTINAL LESION	1,047.54	00 15						90			
03	39400	VISUALIZATION OF MEDIASTINUM	298.67							10			X
07	39400	VISUALIZATION OF MEDIASTINUM	444.15	00 15						10			X
02	39499	MEDIASTINAL PROCEDURE	MP		X								
03	39499	MEDIASTINAL PROCEDURE	MP		X					90			
07	39499	MEDIASTINAL PROCEDURE	MP	00 15	X					90			
02	39501	REPAIR,LACERAYION OF DIAPHRAGM	123.96										
03	39501	REPAIR, LACERATION OF DIAPHRAGM	619.85							90			
07	39501	REPAIR, LACERATION OF DIAPHRAGM	762.07	00 15						90			
02	39502	REPAIR DIAPHRAMATIC HERNIA	104.90										
03	39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA	524.52							90			
07	39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA	902.33	00 15						90			
02	39503	NEONATE HERNIA REPAIR	355.60										
03	39503	NEONATE HERNIA REPAIR	1,778.03							90			
07	39503	NEONATE HERNIA REPAIR	4,638.41	00 15						90			
02	39520	REPAIR OF DIAPHRAGM HERNIA	156.46										
03	39520	REPAIR OF DIAPHRAGM HERNIA	782.31							90			
07	39520	REPAIR OF DIAPHRAGM HERNIA	937.26	00 15						90			
02	39530	REPAIR OF DIAPHRAGM HERNIA	148.17										
03	39530	REPAIR OF DIAPHRAGM HERNIA	740.84							90			
07	39530	REPAIR OF DIAPHRAGM HERNIA	878.13	00 15						90			
02	39531	REPAIR OF DIAPHRAGM HERNIA	165.95										
03	39531	REPAIR OF DIAPHRAGM HERNIA	829.76							90			
07	39531	REPAIR OF DIAPHRAGM HERNIA	912.57	00 15						90			
02	39540	REPAIR OF DIAPHRAGM HERNIA	138.30										
03	39540	REPAIR OF DIAPHRAGM HERNIA	691.52							90			
07	39540	REPAIR OF DIAPHRAGM HERNIA	765.68	00 15						90			
02	39541	REPAIR OF DIAPHRAGM HERNIA	130.38										
03	39541	REPAIR OF DIAPHRAGM HERNIA	651.92							90			
07	39541	REPAIR OF DIAPHRAGM HERNIA	814.98	00 15						90			
02	39545	REVISION OF DIAPHRAGM	165.95										
03	39545	REVISION OF DIAPHRAGM	829.76							90			
07	39545	REVISION OF DIAPHRAGM	829.76	00 15						90			
02	39560	RESECT DIAPHRAGM SIMPLE	122.81							90			X
03	39560	RESECT DIAPHRAGM, SIMPLE	614.05							90			
07	39560	RESECT DIAPHRAGM, SIMPLE	712.91	00 15						90			
02	39561	RESECT DIAPHRAGM COMPLEX	179.17							90			
03	39561	RESECT DIAPHRAGM, COMPLEX	895.86							90			
07	39561	RESECT DIAPHRAGM, COMPLEX	999.63	00 15						90			
02	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X								
03	39599	DIAPHRAGM SURGERY PROCEDURE	MP		X								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	39599	DIAPHRAGM SURGERY PROCEDURE	MP	00	15	X								
08	40000	TISSUE TRANSDER; DEFECT TO 10 CM	220.39											
03	40490	BIOPSY OF LIP	41.45								1			
07	40490	BIOPSY OF LIP	96.41	00	15						1			
03	40500	VERMILIONECTOMY (LIP SHAVE)	256.95								90			
07	40500	VERMILIONECTOMY (LIP SHAVE)	342.16	00	15						90			
08	40500	VERMILIONECTOMY (LIP SHAVE)	262.36						X					
03	40510	PARTIAL EXCISION OF LIP	282.12								90			
07	40510	PARTIAL EXCISION OF LIP	392.03	00	15						90			
08	40510	PARTIAL EXCISION OF LIP	282.40						X					
03	40520	PARTIAL EXCISION OF LIP	231.21								90			
07	40520	PARTIAL EXCISION OF LIP	430.96	00	15						90			
08	40520	PARTIAL EXCISION OF LIP	220.39											
03	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	306.40								90			
07	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	569.37	00	15						90			
08	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	220.39											
03	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	306.40								90			
07	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	654.11	00	15						90			
08	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	220.39											
03	40530	PARTIAL REMOVAL OF LIP	208.09								90			
07	40530	PARTIAL REMOVAL OF LIP	438.95	00	15						90			
08	40530	PARTIAL REMOVAL OF LIP	282.40						X					
03	40650	REPAIR LIP	161.85								90			
07	40650	REPAIR LIP	321.62	00	15						90			
08	40650	REPAIR LIP	262.36											
03	40652	REPAIR LIP	266.65								90			
07	40652	REPAIR LIP	387.39	00	15						90			
08	40652	REPAIR LIP	262.36											
03	40654	REPAIR LIP	325.96								90			
07	40654	REPAIR LIP	455.08	00	15						90			
08	40654	REPAIR LIP	262.36											
03	40700	REPAIR CLEFT LIP	580.78								90			
07	40700	REPAIR CLEFT LIP	826.94	00	15						90			
08	40700	REPAIR CLEFT LIP	320.56											
03	40701	REPAIR CLEFT LIP	681.53								90			
07	40701	REPAIR CLEFT LIP	1,069.91	00	15						90			
08	40701	REPAIR CLEFT LIP	320.56											
03	40702	REPAIR CLEFT LIP	521.56								90			
07	40702	REPAIR CLEFT LIP	779.29	00	15						90			
03	40720	REPAIR CLEFT LIP	580.78								90			
07	40720	REPAIR CLEFT LIP	931.63	00	15						90			
08	40720	REPAIR CLEFT LIP	320.56											
03	40761	REPAIR CLEFT LIP	681.53								90			
07	40761	REPAIR CLEFT LIP	972.42	00	15						90			
08	40761	REPAIR CLEFT LIP	262.36											
03	40799	LIP SURGERY PROCEDURE	MP			X								
07	40799	LIP SURGERY PROCEDURE	MP	00	15	X								
03	40800	DRAINAGE OF MOUTH LESION	29.61											
07	40800	DRAINAGE OF MOUTH LESION	107.80	00	15									
03	40801	DRAINAGE OF MOUTH LESION	95.09								10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	40801	DRAINAGE OF MOUTH LESION	175.01	00 15						10			
08	40801	DRAINAGE OF MOUTH LESION	220.39										
03	40804	REMOVAL FOREIGN BODY, MOUTH	29.61										
07	40804	REMOVAL FOREIGN BODY, MOUTH	128.51	00 15									
08	40804	REMOVAL FOREIGN BODY; MOUTH	262.36					X					
03	40805	REMOVAL FOREIGN BODY, MOUTH	95.09							10			
07	40805	REMOVAL FOREIGN BODY, MOUTH	203.85	00 15						10			
08	40805	REMOVAL FOREIGN BODY;MOUTH	262.36					X					
03	40806	INCISION OF LIP FOLD	17.77							1			
07	40806	INCISION OF LIP FOLD	39.67	00 15						1			
03	40808	BIOPSY OF MOUTH LESION	47.54							10			
07	40808	BIOPSY OF MOUTH LESION	102.81	00 15						10			
03	40810	EXCISION OF MOUTH LESION	23.77							10			
07	40810	EXCISION OF MOUTH LESION	134.43	00 15						10			
03	40812	EXCISE/REPAIR MOUTH LESION	42.63							10			
07	40812	EXCISE/REPAIR MOUTH LESION	180.45	00 15						10			
03	40814	EXCISE/REPAIR MOUTH LESION	100.76							90			
07	40814	EXCISE/REPAIR MOUTH LESION	258.43	00 15						90			
08	40814	EXCISE/REPAIR MOUTH LESION	220.39										
03	40816	EXCISION OF MOUTH LESION	118.52							90			
07	40816	EXCISION OF MOUTH LESION	275.14	00 15						90			
08	40816	EXCISION OF MOUTH LESION	220.39										
03	40818	EXCISE ORAL MUCOSA FOR GRAFT	142.21							90			
07	40818	EXCISE ORAL MUCOSA FOR GRAFT	217.43	00 15						90			
08	40818	EXCISE ORAL MUCOSA FOR GRAFT	220.39										
03	40819	EXCISE LIP OR CHEEK FOLD	92.62							90			
07	40819	EXCISE LIP OR CHEEK FOLD	206.63	00 15						90			
08	40819	EXCISE LIP OR CHEEK FOLD	320.56					X					
03	40820	TREATMENT OF MOUTH LESION	14.81							10			
07	40820	TREATMENT OF MOUTH LESION	122.91	00 15						10			
03	40830	REPAIR MOUTH LACERATION	22.20							10			
07	40830	REPAIR MOUTH LACERATION	145.21	00 15						10			
03	40831	REPAIR MOUTH LACERATION	47.38							10			
07	40831	REPAIR MOUTH LACERATION	180.02	00 15						10			
08	40831	REPAIR MOUTH LACERATION	220.39										
03	40840	RECONSTRUCTION OF MOUTH	161.85							90			
07	40840	RECONSTRUCTION OF MOUTH	523.35	00 15						90			
08	40840	RECONSTRUCTION OF MOUTH	220.39										
03	40842	RECONSTRUCTION OF MOUTH	231.21							90			
07	40842	RECONSTRUCTION OF MOUTH	516.96	00 15						90			
08	40842	RECONSTRUCTION OF MOUTH	262.36										
03	40843	RECONSTRUCTION OF MOUTH	355.57							90			
07	40843	RECONSTRUCTION OF MOUTH	688.10	00 15						90			
08	40843	RECONSTRUCTION OF MOUTH	262.36										
03	40844	RECONSTRUCTION OF MOUTH	385.26							90			
07	40844	RECONSTRUCTION OF MOUTH	908.07	00 15						90			
08	40844	RECONSTRUCTION OF MOUTH	282.40										
03	40845	RECONSTRUCTION OF MOUTH	580.78							90			
07	40845	RECONSTRUCTION OF MOUTH	1,093.95	00 15						90			
08	40845	RECONSTRUCTION OF MOUTH	282.40										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	40899	MOUTH SURGERY PROCEDURE	MP			X								
07	40899	MOUTH SURGERY PROCEDURE	MP	00	15	X								
03	41000	DRAINAGE OF MOUTH LESION	29.61											
07	41000	DRAINAGE OF MOUTH LESION	124.63	00	15									
08	41000	DRAINAGE OF MOUTH LESION	262.36						X					
03	41005	DRAINAGE OF MOUTH LESION	29.61											
07	41005	DRAINAGE OF MOUTH LESION	121.03	00	15									
08	41005	DRAINAGE OF MOUTH LESION	262.36						X					
03	41006	DRAINAGE OF MOUTH LESION	79.64								90			
07	41006	DRAINAGE OF MOUTH LESION	235.99	00	15						90			
08	41006	DRAINAGE OF MOUTH LESION	220.39											
03	41007	DRAINAGE OF MOUTH LESION	71.16								90			
07	41007	DRAINAGE OF MOUTH LESION	236.22	00	15						90			
08	41007	DRAINAGE OF MOUTH LESION	262.36						X					
03	41008	DRAINAGE OF MOUTH LESION	88.91								90			
07	41008	DRAINAGE OF MOUTH LESION	243.62	00	15						90			
08	41008	DRAINAGE OF MOUTH LESION	262.36						X					
03	41009	DRAINAGE OF MOUTH LESION	97.80								90			
07	41009	DRAINAGE OF MOUTH LESION	250.46	00	15						90			
08	41009	DRAINAGE OF MOUTH LESION	220.39											
03	41010	INCISION OF TONGUE FOLD	19.24								10			
07	41010	INCISION OF TONGUE FOLD	151.90	00	15						10			
03	41015	DRAINAGE OF MOUTH LESION	35.53								90			
07	41015	DRAINAGE OF MOUTH LESION	277.57	00	15						90			
08	41015	DRAINAGE OF MOUTH LESION	220.39											
03	41016	DRAINAGE OF MOUTH LESION	44.50								90			
07	41016	DRAINAGE OF MOUTH LESION	289.23	00	15						90			
08	41016	DRAINAGE OF MOUTH LESION	220.39											
03	41017	DRAINAGE OF MOUTH LESION	59.30								90			
07	41017	DRAINAGE OF MOUTH LESION	289.21	00	15						90			
08	41017	DRAINAGE OF MOUTH LESION	220.39											
03	41018	DRAINAGE OF MOUTH LESION	59.30								90			
07	41018	DRAINAGE OF MOUTH LESION	330.56	00	15						90			
08	41018	DRAINAGE OF MOUTH LESION	220.39											
03	41100	BIOPSY OF TONGUE	47.54								10			
07	41100	BIOPSY OF TONGUE	145.86	00	15						10			
08	41100	BIOPSY OF TONGUE	220.39						X					
03	41105	BIOPSY OF TONGUE	77.15								10			
07	41105	BIOPSY OF TONGUE	129.86	00	15						10			
08	41105	BIOPSY OF TONGUE	220.39						X					
03	41108	BIOPSY OF FLOOR OF MOUTH	47.54								10			
07	41108	BIOPSY OF FLOOR OF MOUTH	114.85	00	15						10			
03	41110	EXCISION OF TONGUE LESION	47.54								10			
07	41110	EXCISION OF TONGUE LESION	157.65	00	15						10			
03	41112	EXCISION OF TONGUE LESION	59.30								90			
07	41112	EXCISION OF TONGUE LESION	215.55	00	15						90			
08	41112	EXCISION OF TONGUE LESION	220.39											
03	41113	EXCISION OF TONGUE LESION	77.09								90			
07	41113	EXCISION OF TONGUE LESION	230.94	00	15						90			
08	41113	EXCISION OF TONGUE LESION	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	41114	EXCISE TONGUE LESION/LOCAL FLP	114.21								90			
07	41114	EXCISE TONGUE LESION/LOCAL FLP	529.20	00	15						90			
08	41114	EXCISE TONGUE LESION/LOCAL FLP	220.39											
03	41115	EXCISION OF TONGUE FOLD	44.50								10			
07	41115	EXCISION OF TONGUE FOLD	150.74	00	15						10			
03	41116	EXCISION OF MOUTH LESION	71.16								90			
07	41116	EXCISION OF MOUTH LESION	198.24	00	15						90			
08	41116	EXCISION OF MOUTH LESION	220.39											
02	41120	PARTIAL REMOVAL OF TONGUE	61.63											
03	41120	PARTIAL REMOVAL OF TONGUE	308.20								90			
07	41120	PARTIAL REMOVAL OF TONGUE	656.76	00	15						90			
08	41120	PARTIAL REMOVAL OF TONGUE	282.40											
02	41130	PARTIAL REMOVAL OF TONGUE	92.45											
03	41130	PARTIAL REMOVAL OF TONGUE	462.25								90			
07	41130	PARTIAL REMOVAL OF TONGUE	729.54	00	15						90			
02	41135	TONGUE AND NECK SURGERY	165.95											
03	41135	TONGUE AND NECK SURGERY	829.76								90			
07	41135	TONGUE AND NECK SURGERY	1,397.30	00	15						90			
02	41140	REMOVAL OF TONGUE	136.31											
03	41140	REMOVAL OF TONGUE	681.53								90			
07	41140	REMOVAL OF TONGUE	1,513.07	00	15						90			
02	41145	TONGUE REMOVAL; NECK SURGERY	195.57											
03	41145	TONGUE REMOVAL; NECK SURGERY	977.89								90			
07	41145	TONGUE REMOVAL; NECK SURGERY	1,807.98	00	15						90			
02	41150	TONGUE, MOUTH, JAW SURGERY	195.57											
03	41150	TONGUE, MOUTH, JAW SURGERY	977.89								90			
07	41150	TONGUE, MOUTH, JAW SURGERY	1,427.75	00	15						90			
02	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	195.57											
03	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	977.89								90			
07	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,467.48	00	15						90			
02	41155	TONGUE, JAW, & NECK SURGERY	195.57											
03	41155	TONGUE, JAW, & NECK SURGERY	977.89								90			
07	41155	TONGUE, JAW, & NECK SURGERY	1,693.52	00	15						90			
03	41250	REPAIR TONGUE LACERATION	38.57											
07	41250	REPAIR TONGUE LACERATION	166.60	00	15									
08	41250	REPAIR TONGUE LACERATION	220.39											
03	41251	REPAIR TONGUE LACERATION	82.91											
07	41251	REPAIR TONGUE LACERATION	184.79	00	15									
08	41251	REPAIR TONGUE LACERATION	220.39											
03	41252	REPAIR TONGUE LACERATION	88.91											
07	41252	REPAIR TONGUE LACERATION	214.73	00	15									
08	41252	REPAIR TONGUE LACERATION	220.39											
03	41500	FIXATION OF TONGUE	118.52								90			
07	41500	FIXATION OF TONGUE	279.62	00	15						90			
08	41500	FIXATION OF TONGUE	220.39											
03	41510	TONGUE TO LIP SURGERY	118.52								90			
07	41510	TONGUE TO LIP SURGERY	298.91	00	15						90			
03	41520	RECONSTRUCTION, TONGUE FOLD	237.13								90			
07	41520	RECONSTRUCTION, TONGUE FOLD	237.13	00	15						90			
08	41520	RECONSTRUCTION, TONGUE FOLD	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	41599	TONGUE AND MOUTH SURGERY	MP			X								
07	41599	TONGUE AND MOUTH SURGERY	MP	00	15	X								
03	41800	DRAINAGE OF GUM LESION	14.81											
07	41800	DRAINAGE OF GUM LESION	106.22	00	15									
08	41800	DRAINAGE OF GUM LESION	220.39											
03	41805	REMOVAL FOREIGN BODY, GUM	23.77								10			
07	41805	REMOVAL FOREIGN BODY, GUM	112.45	00	15						10			
03	41806	REMOVAL FOREIGN BODY,JAWBONE	59.30								10			
07	41806	REMOVAL FOREIGN BODY,JAWBONE	182.80	00	15						10			
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	148.13								10			
07	41822	EXCISION OF GUM LESION	179.08	00	15						10			
03	41823	EXCISION OF GUM LESION	148.13								90			
07	41823	EXCISION OF GUM LESION	238.39	00	15						90			
03	41825	EXCISION OF GUM LESION	148.13								10			
07	41825	EXCISION OF GUM LESION	148.13	00	15						10			
03	41826	EXCISION OF GUM LESION	172.92								10			
07	41826	EXCISION OF GUM LESION	172.92	00	15						10			
03	41827	EXCISION OF GUM LESION	296.35								90			
07	41827	EXCISION OF GUM LESION	296.35	00	15						90			
08	41827	EXCISION OF GUM LESION	220.39											
03	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	32.10								10			X
07	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	213.51	00	15						10			X
03	41830	REMOVAL OF GUM TISSUE	269.69								10			
07	41830	REMOVAL OF GUM TISSUE	269.69	00	15						10			
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	237.13								90			
07	41872	REPAIR GUM	237.13	00	15						90			
03	41874	REPAIR TOOTH SOCKET	237.13								90			X
07	41874	REPAIR TOOTH SOCKET	237.13	00	15						90			X
08	41874	REPAIR TOOTH SOCKET	220.39						X					X
03	41899	GUM SURGERY PROCEDURE	MP			X								
07	41899	GUM SURGERY PROCEDURE	MP	00	15	X								
08	41899	FACILITY FEE--DENTAL RESTORATION	220.39						X					
03	42000	DRAINAGE MOUTH ROOF LESION	29.61											
07	42000	DRAINAGE MOUTH ROOF LESION	126.35	00	15									
08	42000	DRAINAGE MOUTH ROOF LESION	220.39											
03	42100	BIOPSY ROOF OF MOUTH	47.54								10			
07	42100	BIOPSY ROOF OF MOUTH	127.58	00	15						10			
03	42104	EXCISION LESION, MOUTH ROOF	35.53								10			
07	42104	EXCISION LESION, MOUTH ROOF	143.38	00	15						10			
03	42106	EXCISION LESION, MOUTH ROOF	74.11								10			
07	42106	EXCISION LESION, MOUTH ROOF	163.57	00	15						10			
03	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	84.20								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	302.17	00	15						90			
08	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	220.39											
02	42120	REMOVE PALATE/LESION	71.14											
03	42120	REMOVE PALATE/LESION	355.70								90			
07	42120	REMOVE PALATE/LESION	428.24	00	15						90			
08	42120	REMOVE PALATE/LESION	262.36											
03	42140	EXCISION OF UVULA	177.82								90			
07	42140	EXCISION OF UVULA	184.57	00	15						90			
08	42140	EXCISION OF UVULA	220.39											
03	42145	PALATOPHARYNGOPLASTY	548.10								90			
07	42145	PALATOPHARYNGOPLASTY	548.10	00	15						90			
08	42145	PALATOPHARYNGOPLASTY	282.40											
03	42160	TREATMENT MOUTH ROOF LESION	29.61								10			
07	42160	TREATMENT MOUTH ROOF LESION	170.48	00	15						10			
03	42180	REPAIR PALATE	42.44								10			
07	42180	REPAIR PALATE	198.59	00	15						10			
08	42180	REPAIR PALATE	220.39											
03	42182	REPAIR PALATE	88.91								10			
07	42182	REPAIR PALATE	242.32	00	15						10			
08	42182	REPAIR PALATE	220.39											
03	42200	RECONSTRUCT CLEFT PALATE	889.06								90			
07	42200	RECONSTRUCT CLEFT PALATE	889.06	00	15						90			
08	42200	RECONSTRUCT CLEFT PALATE	282.40											
03	42205	RECONSTRUCT CLEFT PALATE	740.84								90			
07	42205	RECONSTRUCT CLEFT PALATE	804.92	00	15						90			
08	42205	RECONSTRUCT FLEFT PALATE	282.40											
03	42210	RECONSTRUCT CLEFT PALATE	829.76								90			
07	42210	RECONSTRUCT CLEFT PALATE	917.48	00	15						90			
08	42210	RECONSTRUCT CLEFT PALATE	282.40											
03	42215	RECONSTRUCT CLEFT PALATE	770.52								90			
07	42215	RECONSTRUCT CLEFT PALATE	770.52	00	15						90			
08	42215	RECONSTRUCT CLEFT PALATE	320.56											
03	42220	RECONSTRUCT CLEFT PALATE	622.23								90			
07	42220	RECONSTRUCT CLEFT PALATE	622.23	00	15						90			
08	42220	RECONSTRUCT CLEFT PALATE	282.40											
03	42225	RECONSTRUCT CLEFT PALATE	622.23								90			
07	42225	RECONSTRUCT CLEFT PALATE	651.90	00	15						90			
03	42226	LENGTHENING OF PALATE, AND PHARYNGEA	621.00								90			
07	42226	LENGTHENING OF PALATE, AND PHARYNGEA	692.79	00	15						90			
08	42226	LENGHTENING OF PALATE, AND PHARYNGEA	282.40											
03	42227	LENGTHEN PALATE, WITH ISLAND FLAP	621.00								90			
07	42227	LENGTHEN PALATE, WITH ISLAND FLAP	647.05	00	15						90			
03	42235	REPAIR PALATE	592.70								90			
07	42235	REPAIR PALATE	592.70	00	15						90			
08	42235	REPAIR PALATE	282.40											
03	42260	REPAIR NOSE TO LIP FISTULA	177.82								90			
07	42260	REPAIR NOSE TO LIP FISTULA	578.92	00	15						90			
08	42260	REPAIR NOSE TO LIP FISTULA	262.36											
03	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	98.10								10			
07	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	103.97	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	42281	INSERT PIN-RETAINED PALATAL PROSTH.	188.10							10			
07	42281	INSERT PIN-RETAINED PALATAL PROSTH.	188.10	00 15						10			
03	42299	PALATE/UVULA SURGERY	MP		X								
07	42299	PALATE/UVULA SURGERY	MP	00 15	X								
03	42300	DRAINAGE OF SALIVARY GLAND	38.57										
07	42300	DRAINAGE OF SALIVARY GLAND	156.91	00 15									
08	42300	DRAINAGE OF SALIVARY GLAND	220.39										
03	42305	DRAINAGE OF SALIVARY GLAND	207.43							90			
07	42305	DRAINAGE OF SALIVARY GLAND	400.00	00 15						90			
08	42305	DRAINAGE OF SALIVARY GLAND	220.39										
03	42310	DRAINAGE OF SALIVARY GLAND	42.44										
07	42310	DRAINAGE OF SALIVARY GLAND	132.00	00 15									
08	42310	DRAINAGE OF SALIVARY GLAND	220.39										
03	42320	DRAINAGE OF SALIVARY GLAND	42.44										
07	42320	DRAINAGE OF SALIVARY GLAND	176.82	00 15									
03	42330	REMOVAL OF SALIVARY STONE	31.09							10			
07	42330	REMOVAL OF SALIVARY STONE	172.15	00 15						10			
03	42335	REMOVAL OF SALIVARY STONE	88.91							90			
07	42335	REMOVAL OF SALIVARY STONE	241.76	00 15						90			
03	42340	REMOVAL OF SALIVARY STONE	219.28							90			
07	42340	REMOVAL OF SALIVARY STONE	334.07	00 15						90			
08	42340	REMOVAL OF SALIVARY STONE	220.39										
03	42400	BIOPSY OF SALIVARY GLAND	29.61										X
07	42400	BIOPSY OF SALIVARY GLAND	109.03	00 15									X
03	42405	BIOPSY OF SALIVARY GLAND	71.15							10			
07	42405	BIOPSY OF SALIVARY GLAND	232.94	00 15						10			
08	42405	BIOPSY OF SALIVARY GLAND	220.39										
03	42408	EXCISION OF SALIVARY CYST	74.11							90			
07	42408	EXCISION OF SALIVARY CYST	320.63	00 15						90			
08	42408	EXCISION OF SALIVARY CYST	262.36										
03	42409	DRAINAGE OF SALIVARY CYST	88.91							90			
07	42409	DRAINAGE OF SALIVARY CYST	211.42	00 15						90			
08	42409	DRAINAGE OF SALIVARY CYST	262.36										
02	42410	EXCISE PAROTID GLAND/LESION	81.07										
03	42410	EXCISE PAROTID GLAND/LESION	405.36							90			
07	42410	EXCISE PAROTID GLAND/LESION	615.43	00 15						90			
08	42410	EXCISE PAROTID GLAND/LESION	262.36										
02	42415	EXCISE PAROTID GLAND/LESION	129.44										
03	42415	EXCISE PAROTID GLAND/LESION	647.19							90			
07	42415	EXCISE PAROTID GLAND/LESION	1,044.52	00 15						90			
08	42415	EXCISE PAROTID GLAND/LESION	320.56										
02	42420	EXCISE PAROTID GLAND/LESION	156.46										
03	42420	EXCISE PAROTID GLAND/LESION	782.31							90			
07	42420	EXCISE PAROTID GLAND/LESION	1,198.16	00 15						90			
08	42420	EXCISE PAROTID GLAND/LESION	320.56										
02	42425	EXCISE PAROTID GLAND/LESION	106.68										
03	42425	EXCISE PAROTID GLAND/LESION	533.39							90			
07	42425	EXCISE PAROTID GLAND/LESION	831.27	00 15						90			
08	42425	EXCISE PAROTID GLAND/LESION	320.56										
02	42426	EXCISE PAROTID GLAND/LESION	207.43										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	42426	EXCISE PAROTID GLAND/LESION	1,037.20								90			
07	42426	EXCISE PAROTID GLAND/LESION	1,292.21	00	15						90			
02	42440	EXCISION SUBMAXILLARY GLAND	86.65											
03	42440	EXCISION SUBMAXILLARY GLAND	433.29								90			
07	42440	EXCISION SUBMAXILLARY GLAND	457.10	00	15						90			
08	42440	EXCISION SUBMAXILLARY GLAND	262.36											
03	42450	EXCISION SUBLINGUAL GLAND	201.51								90			
07	42450	EXCISION SUBLINGUAL GLAND	313.04	00	15						90			
08	42450	EXCISION SUBLINGUAL GLAND	220.39											
03	42500	REPAIR SALIVARY DUCT	260.73								90			
07	42500	REPAIR SALIVARY DUCT	324.20	00	15						90			
08	42500	REPAIR SALVARY DUCT	262.36											
03	42505	REPAIR SALIVARY DUCT	316.14								90			
07	42505	REPAIR SALIVARY DUCT	423.23	00	15						90			
08	42505	REPAIR SALIVARY DUCT	262.36											
03	42507	PAROTID DUCT DIVERSION	426.68								90			
07	42507	PAROTID DUCT DIVERSION	426.68	00	15						90			
08	42507	PAROTID DUCT DIVERSION	262.36											
03	42508	PAROTID DUCT DIVERSION	450.44								90			
07	42508	PAROTID DUCT DIVERSION	608.27	00	15						90			
08	42508	PAROTID DUCT DIVERSION	262.36											
03	42509	PAROTID DUCT DIVERSION	474.09								90			
07	42509	PAROTID DUCT DIVERSION	743.85	00	15						90			
08	42509	PAROTID DUCT DIVERSION	262.36											
03	42510	BILAT,PAROTID DUCT DIV W/LIGAT	474.09								90			
07	42510	BILAT,PAROTID DUCT DIV W/LIGAT	536.68	00	15						90			
08	42510	BILAT,PARTID DUCT DIV W/LIGAT	262.36											
03	42550	INJECTION FOR SALIVARY X-RAY	17.77								1			X
07	42550	INJECTION FOR SALIVARY X-RAY	438.22	00	15						1			X
03	42600	CLOSURE OF SALIVARY FISTULA	88.93								90			
07	42600	CLOSURE OF SALIVARY FISTULA	430.59	00	15						90			
08	42600	CLOSURE OF SALIVARY FISTULA	220.39											
03	42650	DILATION OF SALIVARY DUCT	23.69											
07	42650	DILATION OF SALIVARY DUCT	64.90	00	15									
03	42660	DILATION OF SALIVARY DUCT	29.61											
07	42660	DILATION OF SALIVARY DUCT	78.53	00	15									
03	42665	LIGATION OF SALIVARY DUCT	74.11								90			
07	42665	LIGATION OF SALIVARY DUCT	190.68	00	15						90			
03	42699	SALIVARY SURGERY PROCEDURE	MP			X								
07	42699	SALIVARY SURGERY PROCEDURE	MP	00	15	X								
03	42700	DRAINAGE OF TONSIL ABSCESS	62.18											
07	42700	DRAINAGE OF TONSIL ABSCESS	165.36	00	15									
08	42700	DRAINAGE OF TONSIL ABSCESS	262.36						X					
03	42720	DRAINAGE OF THROAT ABSCESS	88.91								10			
07	42720	DRAINAGE OF THROAT ABSCESS	355.29	00	15						10			
08	42720	DRAINAGE OF THROAT ABSCESS	262.36						X					
03	42725	DRAINAGE OF THROAT ABSCESS	133.37								90			
07	42725	DRAINAGE OF THROAT ABSCESS	680.70	00	15						90			
08	42725	DRAINAGE OF THROAT ABSCESS	220.39											
03	42800	BIOPSY OF THROAT	59.22								10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	42800	BIOPSY OF THROAT	149.91	00	15						10			
03	42802	BIOPSY OF THROAT	100.84								10			
07	42802	BIOPSY OF THROAT	160.27	00	15						10			
08	42802	BIOPSY OF THROAT	220.39											
03	42804	BIOPSY OF UPPER NOSE/THROAT	38.57								10			
07	42804	BIOPSY OF UPPER NOSE/THROAT	142.69	00	15						10			
08	42804	BIOPSY OF UPPER NOSE/THROAT	220.39											
03	42806	BIOPSY OF UPPER NOSE/THROAT	74.11								10			
07	42806	BIOPSY OF UPPER NOSE/THROAT	171.20	00	15						10			
08	42806	BIOPSY OF UPPER NOSE/THROAT	220.39											
03	42808	EXCISE PHARYNX LESION	106.70								10			
07	42808	EXCISE PHARYNX LESION	244.66	00	15						10			
08	42808	EXCISE PHARYNX LESION	220.39											
03	42809	REMOVE PHARYNX FOREIGN BODY	88.91								10			
07	42809	REMOVE PHARYNX FOREIGN BODY	178.07	00	15						10			
03	42810	EXCISION OF NECK CYST	148.13								90			
07	42810	EXCISION OF NECK CYST	301.85	00	15						90			
08	42810	EXCISION OF NECK CYST	262.36						X					
02	42815	EXCISION OF NECK CYST	73.48											
03	42815	EXCISION OF NECK CYST	367.42								90			
07	42815	EXCISION OF NECK CYST	478.39	00	15						90			
08	42815	EXCISION OF NECK CYST	262.36						X					
03	42820	REMOVE TONSILS AND ADENOIDS	425.25								90			
07	42820	REMOVE TONSILS AND ADENOIDS	425.25	00	15						90			
08	42820	REMOVE TONSILS AND ADENOIDS	320.56						X					
03	42821	REMOVE TONSILS AND ADENOIDS	425.25								90			
07	42821	REMOVE TONSILS AND ADENOIDS	425.25	00	15						90			
08	42821	REMOVE TONSILS AND ADENOIDS	320.56						X					
03	42825	REMOVAL OF TONSILS	405.00								90			
07	42825	REMOVAL OF TONSILS	405.00	00	15						90			
08	42825	REMOVAL OF TONSILS	262.36											
03	42826	REMOVAL OF TONSILS	438.75								90			
07	42826	REMOVAL OF TONSILS	438.75	00	15						90			
08	42826	REMOVAL OF TONSILS	320.56						X					
03	42830	REMOVAL OF ADENOIDS	408.38								90			
07	42830	REMOVAL OF ADENOIDS	408.38	00	15						90			
08	42830	REMOVAL OF ADENOIDS	320.56						X					
03	42831	REMOVAL OF ADENOIDS	388.13								90			
07	42831	REMOVAL OF ADENOIDS	388.13	00	15						90			
08	42831	REMOVAL OF ADENOIDS	320.56						X					
03	42835	REMOVAL OF ADENOIDS	128.02								90			
07	42835	REMOVAL OF ADENOIDS	187.98	00	15						90			
08	42835	REMOVAL OF ADENOIDS	320.56						X					
03	42836	REMOVAL OF ADENOIDS	128.02								90			
07	42836	REMOVAL OF ADENOIDS	236.19	00	15						90			
08	42836	REMOVAL OF ADENOIDS	320.56						X					
03	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	720.00								90			
07	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	720.00	00	15						90			
02	42844	RAD..RESECT.TONSIL,ETC.W/LOCAL FLAP	161.99											
03	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	810.00								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	906.21	00	15						90			
02	42845	RAD,RESECT.TONSIL,ETC.W/OTHER FLAP	197.99											
03	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	990.00								90			
07	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,486.38	00	15						90			
03	42860	EXCISION OF TONSIL TAGS	113.77								90			
07	42860	EXCISION OF TONSIL TAGS	181.00	00	15						90			
08	42860	EXCISION OF TONSIL TAGS	262.36											
03	42870	EXCISION OF LINGUAL TONSIL	165.38								90			
07	42870	EXCISION OF LINGUAL TONSIL	398.61	00	15						90			
08	42870	EXCISION OF LINGUAL TONSIL	262.36											
02	42890	PARTIAL REMOVAL OF PHARYNX	82.97											
03	42890	PARTIAL REMOVAL OF PHARYNX	414.87								90			
07	42890	PARTIAL REMOVAL OF PHARYNX	836.15	00	15						90			
08	42890	PARTIAL REMOVAL OF PHARYNX	320.56											
02	42892	RESECTION OF LATERAL PHARYNGEAL WALL	161.99											
03	42892	RESECTION OF LATERAL PHARYNGEAL WALL	810.00								90			
07	42892	RESECTION OF LATERAL PHARYNGEAL WALL	998.31	00	15						90			
08	42892	RESECTION OF LATERAL PHARYNGEAL WALL	320.56											
02	42894	RESECT PHARY. WALL-MYOCUTANEOUS FLAP	215.99											
03	42894	RESECT.PHARY.WALL-MYOCUTANEOUS FLAP	1,080.00								90			
07	42894	RESECT.PHARY.WALL-MYOCUTANEOUS FLAP	1,412.79	00	15						90			
03	42900	REPAIR THROAT WOUND	148.13								10			
07	42900	REPAIR THROAT WOUND	322.88	00	15						10			
08	42900	REPAIR THROAT WOUND	220.39											
02	42950	RECONSTRUCTION OF THROAT	124.52											
03	42950	RECONSTRUCTION OF THROAT	622.23								90			
07	42950	RECONSTRUCTION OF THROAT	622.23	00	15						90			
08	42950	RECONSTRUCTION OF THROAT	220.39											
03	42953	PHARYNGOESOPHAGEAL REPAIR	429.30								90			
07	42953	PHARYNGOESOPHAGEAL REPAIR	630.17	00	15						90			
03	42955	SURGICAL OPENING OF THROAT	367.42								90			
07	42955	SURGICAL OPENING OF THROAT	489.70	00	15						90			
08	42955	SURGICAL OPENING OF THROAT	220.39											
03	42960	CONTROL THROAT BLEEDING	38.57								10			X
07	42960	CONTROL THROAT BLEEDING	155.33	00	15						10			X
08	42960	CONTROL THROAT BLEEDING	220.39											
03	42961	CONTROL THROAT BLEEDING	74.11								90			X
07	42961	CONTROL THROAT BLEEDING	378.33	00	15						90			X
03	42962	CONTROL THROAT BLEEDING	84.77								90			X
07	42962	CONTROL THROAT BLEEDING	469.98	00	15						90			X
08	42962	CONTROL THROAT BLEEDING	220.39											
03	42970	CONTROL NOSE/THROAT BLEEDING	77.07								90			
07	42970	CONTROL NOSE/THROAT BLEEDING	330.30	00	15						90			
03	42971	CONTROL NOSE/THROAT BLEEDING	118.52								90			
07	42971	CONTROL NOSE/THROAT BLEEDING	423.73	00	15						90			
03	42972	CONTROL NOSE/THROAT BLEEDING	128.42								90			
07	42972	CONTROL NOSE/THROAT BLEEDING	453.73	00	15						90			
08	42972	CONTROL NOSE/THROAT BLEEDING	262.36											
02	42999	THROAT SURGERY PROCEDURE	MP			X								
03	42999	THROAT SURGERY PROCEDURE	MP			X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	42999	THROAT SURGERY PROCEDURE	MP	00	15	X								
02	43020	INCISION OF ESOPHAGUS	98.39											
03	43020	INCISION OF ESOPHAGUS	491.95								90			
07	43020	INCISION OF ESOPHAGUS	523.88	00	15						90			
02	43030	THROAT MUSCLE SURGERY	100.76											
03	43030	THROAT MUSCLE SURGERY	503.79								90			
07	43030	THROAT MUSCLE SURGERY	513.22	00	15						90			
02	43045	INCISION OF ESOPHAGUS	142.25											
03	43045	INCISION OF ESOPHAGUS	711.23								90			
07	43045	INCISION OF ESOPHAGUS	1,139.37	00	15						90			
02	43100	EXCISION OF ESOPHAGUS LESION	118.54											
03	43100	EXCISION OF ESOPHAGUS LESION	592.70								90			
07	43100	EXCISION OF ESOPHAGUS LESION	592.70	00	15						90			
02	43101	EXCISION OF ESOPHAGUS LESION	154.11											
03	43101	EXCISION OF ESOPHAGUS LESION	770.54								90			
07	43101	EXCISION OF ESOPHAGUS LESION	917.77	00	15						90			
02	43107	REMOVAL OF ESOPHAGUS	352.39											
03	43107	REMOVAL OF ESOPHAGUS	1,761.93								90			
07	43107	REMOVAL OF ESOPHAGUS	2,111.73	00	15						90			
02	43108	REMOVAL OF ESOPHAGUS	408.95											
03	43108	REMOVAL OF ESOPHAGUS	2,044.74								90			
07	43108	REMOVAL OF ESOPHAGUS	2,044.74	00	15						90			
02	43112	REMOVAL OF ESOPHAGUS	362.91											
03	43112	REMOVAL OF ESOPHAGUS	1,814.55								90			
07	43112	REMOVAL OF ESOPHAGUS	2,298.58	00	15						90			
02	43113	REMOVAL OF ESOPHAGUS	415.76											
03	43113	REMOVAL OF ESOPHAGUS	2,078.76								90			
07	43113	REMOVAL OF ESOPHAGUS	2,078.76	00	15						90			
02	43116	PARTIAL REMOVAL OF ESOPHAGUS	388.53											
03	43116	PARTIAL REMOVAL OF ESOPHAGUS	1,942.67								90			
07	43116	PARTIAL REMOVAL OF ESOPHAGUS	1,942.67	00	15						90			
02	43117	PARTIAL REMOVAL OF ESOPHAGUS	380.29											
03	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,901.43								90			
07	43117	PARTIAL REMOVAL OF ESOPHAGUS	2,120.91	00	15						90			
02	43118	PARTIAL REMOVAL OF ESOPHAGUS	402.14											
03	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,010.71								90			
07	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,010.71	00	15						90			
02	43121	PARTIAL REMOVAL OF ESOPHAGUS	347.34											
03	43121	PARTIAL REMOVAL OF ESOPHAGUS	1,736.68								90			
07	43121	PARTIAL REMOVAL OF ESOPHAGUS	1,736.68	00	15						90			
02	43122	PARTIAL REMOVAL OF ESOPHAGUS	347.34											
03	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,736.68								90			
07	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,097.10	00	15						90			
02	43123	PARTIAL REMOVAL OF ESOPHAGUS	402.14											
03	43123	PARTIAL REMOVAL OF ESOPHAGUS	2,010.71								90			
07	43123	PARTIAL REMOVAL OF ESOPHAGUS	2,010.71	00	15						90			
02	43124	REMOVAL OF ESOPHAGUS	335.41											
03	43124	REMOVAL OF ESOPHAGUS	1,677.05								90			
07	43124	REMOVAL OF ESOPHAGUS	1,677.05	00	15						90			
02	43130	REMOVAL OF ESOPHAGUS POUCH	100.76											

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	43130	REMOVAL OF ESOPHAGUS POUCH	503.79								90			
07	43130	REMOVAL OF ESOPHAGUS POUCH	737.92	00	15						90			
02	43135	REMOVAL OF ESOPHAGUS POUCH	148.17											
03	43135	REMOVAL OF ESOPHAGUS POUCH	740.84								90			
07	43135	REMOVAL OF ESOPHAGUS POUCH	953.78	00	15						90			
03	43200	ESOPHAGUS ENDOSCOPY	124.52								1			
07	43200	ESOPHAGUS ENDOSCOPY	309.41	00	15						1			
08	43200	ESOPHAGUS ENDOSCOPY	220.39						X					
03	43201	ESOPH SCOPE W/SUBMUCOUS INJ	221.25								1			
07	43201	ESOPH SCOPE W/SUBMUCOUS INJ	221.25	00	15						1			
08	43201	ESOP SCOPE W/SUBMUCOUS	220.39											
03	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	136.29								1			
07	43202	ESOPHAGUS ENDOSCOPY, BIOPSY	274.33	00	15						1			
08	43202	ESOPHAGUS ENDOSCOPY,BIOPSY	220.39						X					
03	43204	ESOPHAGUS ENDOSCOPY	136.29								1			
07	43204	ESOPHAGUS ENDOSCOPY	192.95	00	15						1			
08	43204	ESOPHAGUS ENDOSCOPY	220.39											
03	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	184.69								1			
07	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	193.26	00	15						1			
08	43205	ESOPHAGOSCOPY,RIDID OR FLEXIBLE	220.39											
03	43215	ESOPHAGUS ENDOSCOPY	171.90								1			
07	43215	ESOPHAGUS ENDOSCOPY	171.90	00	15						1			
08	43215	ESOPHAGUS ENDOSCOPY	220.39											
03	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	197.60								1			
07	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	197.60	00	15						1			
08	43216	ESOPHAGOSCOPY,RIGID OR FLEXIBLE	220.39											
03	43217	ESOPHAGUS ENDOSCOPY	222.20								1			
07	43217	ESOPHAGUS ENDOSCOPY	222.20	00	15						1			
08	43217	ESOPHAGUS ENDOSCOPY	220.39						X					
03	43219	ESOPHAGUS ENDOSCOPY	148.13								1			
07	43219	ESOPHAGUS ENDOSCOPY	149.36	00	15						1			
08	43219	ESOPHAGUS ENDOSCOPY	220.39											
03	43220	ESOPHAGUS ENDOSCOPY,DILATION	85.95								1			
07	43220	ESOPHAGUS ENDOSCOPY,DILATION	114.15	00	15						1			
08	43220	ESOPHAGUS ENDOSCOPY,DILATION	220.39						X					
03	43226	ESOPHAGUS/STOMACH ENDOSCOPY	160.06								1			
07	43226	ESOPHAGUS/STOMACH ENDOSCOPY	160.06	00	15						1			
08	43226	ESOPHAGUS/STOMACH ENDOSCOPY	220.39						X					
03	43227	ESOPHAGUS/STOMACH ENDOSCOPY	171.90								1			
07	43227	ESOPHAGUS/STOMACH ENDOSCOPY	184.79	00	15						1			
08	43227	ESOPHAGUS/STOMACH ENDOSCOPY	220.39											
03	43228	ESOPHAGUS/STOMACH ENDOSCOPY	171.90								1			
07	43228	ESOPHAGUS/STOMACH ENDOSCOPY	197.56	00	15						1			
08	43228	ESOPHAGUS/STOMACH ENDOSCOPY	220.39						X					
03	43231	ESOPH ENDOSCOPY W/US EXAM	222.95											
07	43231	ESOPH ENDOSCOPY W/US EXAM	222.95	00	15									
08	43231	ESOPH ENDOSCOPY 2/US EXAM	220.39											
03	43232	ESOPH ENDOSCOPY W/US FN BX	258.94											
07	43232	ESOPH ENDOSCOPY W/US FN BX	258.94	00	15									
08	43232	ESOPH ENDOSCOPY W/US FN BX	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	169.42							1			
07	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	219.72	00 15						1			
08	43234	UPPER GI ENDOSCOPY SIMPLE EXAM	220.39					X					
03	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	152.28							1			
07	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	289.72	00 15						1			
08	43235	UPPER GI ENDOSCOPY,DIAGNOSIS	220.39					X					
03	43236	UPPR GI SCOPE W/SUBMUC INJ	259.92							1			
07	43236	UPPR GI SCOPE W/SUBMUC INJ	259.92	00 15						1			
08	43236	UPPR GI SCOPE W/SUBMUC INJ	220.39										
03	43237	ENDOSCOPIC US EXAM, ESOPH	169.32							1			
07	43237	ENDOSCOPIC US EXAM, ESOPH	169.32	00 15						1			
03	43238	UPPR GI ENDOSCOPY W/US FN BX	209.74							1			
07	43238	UPPR GI ENDOSCOPY W/US FN BX	209.74	00 15						1			
03	43239	UPPER GI ENDOSCOPY, BIOPSY	177.66							1			
07	43239	UPPER GI ENDOSCOPY, BIOPSY	319.84	00 15						1			
08	43239	UPPER GI ENDOSCOPY,BIOPSY	220.39					X					
03	43240	ESOPH ENDOSCOPE W/DRAIN CYST	394.29										
07	43240	ESOPH ENDOSCOPE W/DRAIN CYST	394.29	00 15									
08	43240	ESOPH ENDOSCOPE W/DRAIN CYST	220.39										
03	43241	UPPER ENDOSCOPY W/TUBE/CATH. PLACE	170.10							1			
07	43241	UPPER ENDOSCOPY W/TUBE/CATH. PLACE	170.10	00 15						1			
08	43241	UPPER ENDOSCOPY W/TUBE/CATH.PLACE	220.39										
03	43242	UPPR GI ENDOSCOPY W/US FN BX	284.31										
07	43242	UPPR GI ENDOSCOPY W/US FN BX	350.55	00 15									
08	43242	UPPR GI ENDOSCOPY W/US FN BX	220.39										
03	43243	SEE 43235;INJECT SCLEROSIS ESOPH....	170.10							1			
07	43243	SEE 43235;INJECT SCLEROSIS ESOPH....	231.28	00 15						1			
08	43243	SEE 43235;INJECT SCLEROSIS ESOPH ...	220.39										
03	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	223.85							1			
07	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	253.77	00 15						1			
08	43244	UPPER GASTROINTESTINAL ENDOSCOPY INC	220.39										
03	43245	UPPER GI ENDOSCOPY FOR DLAT	177.66							1			
07	43245	UPPER GI ENDOSCOPY FOR DLAT	177.66	00 15						1			
08	43245	UPPER GI ENDOSCOPY FOR DILAT	220.39					X					
02	43246	UPPER GI ENDOSCOPY, TUBE PLACEMENT	35.53										
03	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	177.66							1			
07	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	219.00	00 15						1			
08	43246	UPPER GI ENDOSCOPY,TUBE PLCMNT	220.39					X					
03	43247	OPERATIVE UPPER GI ENDOSCOPY	183.74							1			
07	43247	OPERATIVE UPPER GI ENDOSCOPY	183.74	00 15						1			
08	43247	OPERATIVE UPPER GI ENDOSCOPY	220.39					X					
03	43248	UPPER GASTROINTESTINAL ENDOSCOPY INC	154.10							1			
07	43248	UPPER GASTROINTESTINAL ENDOSCOPY INC	163.13	00 15						1			
08	43248	UPPER GASTROINTESTINAL ENDOSCOPY	220.39										
03	43249	ESOPHAGUS ENDOSCOPY,DILATION	200.41							1			
07	43249	ESOPHAGUS ENDOSCOPY,DILATION	200.41	00 15						1			
08	43249	ESOPHAGUS ENDOSCOPY, DILATION	220.39										
03	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	245.03							1			
07	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	245.03	00 15						1			
08	43250	UPPER GASTROINTESTINAL ENDOSCOPY INC	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	43251	OPERATIVE UPPER GI ENDOSCOPY	197.54								1			
07	43251	OPERATIVE UPPER GI ENDOSCOPY	197.54	00	15						1			
08	43251	OPERATIVE UPPER GI ENDOSCOPY	220.39						X					
03	43255	OPERATIVE UPPER GI ENDOSCOPY	217.29								1			
07	43255	OPERATIVE UPPER GI ENDOSCOPY	238.71	00	15						1			
08	43255	OPERATIVE UPPER GI ENDOSCOPY	220.39											
03	43256	UPPR GI ENDOSCOPY W STENT	224.01											
07	43256	UPPR GI ENDOSCOPY W STENT	224.01	00	15									
08	43256	UPPR GI ENDOSCOPY W STENT	262.36											
03	43257	UPPR GI SCOPE W/THRML TXMNT	235.53								1			
07	43257	UPPR GI SCOPE W/THRML TXMNT	235.53	00	15						1			
08	43257	UPPR GI SCOPE W/THRML TXMNT	262.36											
03	43258	OPERATIVE UPPER GI ENDOSCOPY	217.29								1			
07	43258	OPERATIVE UPPER GI ENDOSCOPY	230.65	00	15						1			
08	43258	OPERATIVE UPPER GI ENDOSCOPY	220.39						X					
03	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	191.32								1			
07	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	249.81	00	15						1			
08	43259	UPPER GASTROINTESTINAL ENDOSCOPY INC	262.36											
03	43260	UPPER GI ENDOSCOPY,DIAGNOSIS	266.72								1			
07	43260	UPPER GI ENDOSCOPY,DIAGNOSIS	298.06	00	15						1			
08	43260	UPPER GI ENDOSCOPY, DIAGNOSIS	220.39											
03	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	349.69								1			
07	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	349.69	00	15						1			
08	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	220.39											
03	43262	OPERATIVE UPPER GI ENDOSCOPY	270.63								1			
07	43262	OPERATIVE UPPER GI ENDOSCOPY	367.58	00	15						1			
08	43262	OPERATIVE UPPER GI ENDOSCOPY	220.39											
03	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	270.63								1			
07	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	360.80	00	15						1			
08	43263	ERCP W-W/O SPEC.COLL/SPHIN.OF ODDI	220.39											
03	43264	OPERATIVE UPPER GI ENDOSCOPY	393.55								1			
07	43264	OPERATIVE UPPER GI ENDOSCOPY	440.53	00	15						1			
08	43264	OPERATIVE UPPER GI ENDOSCOPY	220.39											
03	43265	SEE 43260;DISTRUCT LITHOTRIPSY-STONE	393.55								1			
07	43265	SEE 43260;DISTRUCT LITHOTRIPSY-STONE	493.08	00	15						1			
08	43265	SEE 43260; DISTRUCT LITHOTRIPSY-STON	220.39											
03	43267	ERCP-INSERT DRAINAGE TUBES	393.55								1			
07	43267	ERCP-INSERT DRAINAGE TUBES	393.55	00	15						1			
08	43267	ERCP-INSERT DRAINAGE TUBES	220.39											
03	43268	ERCP-INSERT TUBE/STENT	393.55								1			
07	43268	ERCP-INSERT TUBE/STENT	393.55	00	15						1			
08	43268	ERCP-INSERT TUBE/STENT	220.39											
03	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	393.55								1			
07	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	403.43	00	15						1			
08	43269	SEE 43260; REMOVE/CHANGE TUBE/STENT.	220.39											
03	43271	ERCP-BALLOON DILATION /AMPULLA	393.55								1			
07	43271	ERCP-BALLOON DILATION /AMPULLA	393.55	00	15						1			
08	43271	ERCP-BALLOON DILATION/AMPULLA	220.39											
03	43272	ERCP-ABLATION TUMOR OR LESION	393.55								1			
07	43272	ERCP-ABLATION TUMOR OR LESION	393.55	00	15						1			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	43272	ERCP-ABLATION TUMOR OR LESION	220.39											
02	43280	LAPAROSCOPY FUNDOPLASTY	198.00											X
03	43280	LAPAROSCOPY, FUNDOPLASTY	989.50								90			
07	43280	LAPAROSCOPY, FUNDOPLASTY	989.50	00	15						90			
03	43289	LAPAROSCOPE PROC, ESOPH	MP			X								
07	43289	LAPAROSCOPE PROC, ESOPH	MP	00	15	X								
02	43300	REPAIR OF ESOPHAGUS	118.54											
03	43300	REPAIR OF ESOPHAGUS	592.70								90			
07	43300	REPAIR OF ESOPHAGUS	592.70	00	15						90			
02	43305	REPAIR ESOPHAGUS AND FISTULA	148.17											
03	43305	REPAIR ESOPHAGUS AND FISTULA	740.84								90			
07	43305	REPAIR ESOPHAGUS AND FISTULA	1,066.56	00	15						90			
02	43310	REPAIR OF ESOPHAGUS	183.73											
03	43310	REPAIR OF ESOPHAGUS	918.67								90			
07	43310	REPAIR OF ESOPHAGUS	1,470.17	00	15						90			
02	43312	REPAIR ESOPHAGUS AND FISTULA	195.57											
03	43312	REPAIR ESOPHAGUS AND FISTULA	977.89								90			
07	43312	REPAIR ESOPHAGUS AND FISTULA	1,676.70	00	15						90			
02	43313	ESOPHAGOPLASTY CONGENTIAL	498.15								90			
03	43313	ESOPHAGOPLASTY CONGENTIAL	2,490.73								90			
07	43313	ESOPHAGOPLASTY CONGENTIAL	2,490.73	00	15						90			
02	43314	TRACHEO-ESOPHAGOPLASTY CONG	546.87								90			
03	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,734.34								90			
07	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,734.34	00	15						90			
02	43320	FUSE ESOPHAGUS & STOMACH	116.16											
03	43320	FUSE ESOPHAGUS & STOMACH	580.82								90			
07	43320	FUSE ESOPHAGUS & STOMACH	1,096.16	00	15						90			
02	43324	REVISE ESOPHAGUS & STOMACH	143.33											
03	43324	REVISE ESOPHAGUS & STOMACH	716.65								90			
07	43324	REVISE ESOPHAGUS & STOMACH	1,095.92	00	15						90			
02	43325	REVISE ESOPHAGUS & STOMACH	149.93											
03	43325	REVISE ESOPHAGUS & STOMACH	749.69								90			
07	43325	REVISE ESOPHAGUS & STOMACH	1,084.46	00	15						90			
02	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	144.00											
03	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	720.00								90			
07	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	1,088.50	00	15						90			
02	43330	REPAIR OF ESOPHAGUS	156.47											
03	43330	REPAIR OF ESOPHAGUS	782.35								90			
07	43330	REPAIR OF ESOPHAGUS	1,059.80	00	15						90			
02	43331	REPAIR OF ESOPHAGUS	170.69											
03	43331	REPAIR OF ESOPHAGUS	853.47								90			
07	43331	REPAIR OF ESOPHAGUS	1,139.67	00	15						90			
02	43340	FUSE ESOPHAGUS & INTESTINE	165.95											
03	43340	FUSE ESOPHAGUS & INTESTINE	829.76								90			
07	43340	FUSE ESOPHAGUS & INTESTINE	1,071.27	00	15						90			
02	43341	FUSE ESOPHAGUS & INTESTINE	165.95											
03	43341	FUSE ESOPHAGUS & INTESTINE	829.76								90			
07	43341	FUSE ESOPHAGUS & INTESTINE	1,165.50	00	15						90			
02	43350	SURGICAL OPENING, ESOPHAGUS	113.79											
03	43350	SURGICAL OPENING, ESOPHAGUS	568.94								90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	43350	SURGICAL OPENING, ESOPHAGUS	928.29	00 15						90			
02	43351	SURGICAL OPENING, ESOPHAGUS	113.79										
03	43351	SURGICAL OPENING, ESOPHAGUS	568.94							90			
07	43351	SURGICAL OPENING, ESOPHAGUS	1,045.24	00 15						90			
02	43352	SURGICAL OPENING, ESOPHAGUS	113.79										
03	43352	SURGICAL OPENING, ESOPHAGUS	568.94							90			
07	43352	SURGICAL OPENING, ESOPHAGUS	886.46	00 15						90			
02	43360	GASTROINTESTINAL REPAIR	336.13										
03	43360	GASTROINTESTINAL REPAIR	1,680.66							90			
07	43360	GASTROINTESTINAL REPAIR	1,916.41	00 15						90			
02	43361	GASTROINTESTINAL REPAIR	388.53										
03	43361	GASTROINTESTINAL REPAIR	1,942.67							90			
07	43361	GASTROINTESTINAL REPAIR	2,120.55	00 15						90			
02	43400	LIGATE ESOPHAGUS VEINS	135.05										
03	43400	LIGATE ESOPHAGUS VEINS	663.80							90			
07	43400	LIGATE ESOPHAGUS VEINS	1,110.74	00 15						90			
02	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	131.39										
03	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	632.70							90			
07	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	1,166.89	00 15						90			
02	43405	LIGATE/STAPLE ESOPHAGUS	206.28										
03	43405	LIGATE/STAPLE ESOPHAGUS	1,031.42							90			
07	43405	LIGATE/STAPLE ESOPHAGUS	1,062.09	00 15						90			
02	43410	REPAIR ESOPHAGUS WOUND	118.54										
03	43410	REPAIR ESOPHAGUS WOUND	592.70							90			
07	43410	REPAIR ESOPHAGUS WOUND	811.13	00 15						90			
02	43415	REPAIR ESOPHAGUS WOUND	142.25										
03	43415	REPAIR ESOPHAGUS WOUND	711.23							90			
07	43415	REPAIR ESOPHAGUS WOUND	1,344.26	00 15						90			
02	43420	REPAIR ESOPHAGUS OPENING	107.87										
03	43420	REPAIR ESOPHAGUS OPENING	539.33							90			
07	43420	REPAIR ESOPHAGUS OPENING	824.40	00 15						90			
02	43425	REPAIR ESOPHAGUS OPENING	142.25										
03	43425	REPAIR ESOPHAGUS OPENING	711.23							90			
07	43425	REPAIR ESOPHAGUS OPENING	1,162.18	00 15						90			
03	43450	DILATE ESOPHAGUS	48.47										
07	43450	DILATE ESOPHAGUS	97.37	00 15									
08	43450	DILATE ESOPHAGUS	220.39										
03	43453	DILATE ESOPHAGUS	94.83							1			
07	43453	DILATE ESOPHAGUS	94.83	00 15						1			
08	43453	DILATE ESOPHAGUS	220.39										
03	43456	DILATE ESOPHAGUS	98.81							1			
07	43456	DILATE ESOPHAGUS	129.19	00 15						1			
08	43456	DILATE ESOPHAGUS	220.39										
03	43458	DILATION OF ESOPHAGUS WITH BALLOON (	102.52							1			
07	43458	DILATION OF ESOPHAGUS WITH BALLOON (	153.51	00 15						1			
08	43458	DILATION OF ESOPHAGUS WITH BALLOON	220.39										
03	43460	PRESSURE TREATMENT ESOPHAGUS	118.52							1			
07	43460	PRESSURE TREATMENT ESOPHAGUS	189.81	00 15						1			
02	43496	FREE JEJUNUM FLAP, MICROVASC	MP									X	
03	43496	FREE JEJUNUM FLAP, MICROVASC	2,756.01							90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	43496	FREE JEJUNUM FLAP, MICROVASC	MP	00	15						90			
02	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X								
03	43499	ESOPHAGUS SURGERY PROCEDURE	MP			X					90			
07	43499	ESOPHAGUS SURGERY PROCEDURE	MP	00	15	X					90			
02	43500	SURGICAL OPENING OF STOMACH	92.45											
03	43500	SURGICAL OPENING OF STOMACH	462.25								90			
07	43500	SURGICAL OPENING OF STOMACH	584.54	00	15						90			
02	43501	GASTROTOMY;WITH SUTURE REPAIR	97.30											
03	43501	GASTROTOMY WITH SUTURE REPAIR	486.55								90			
07	43501	GASTROTOMY WITH SUTURE REPAIR	1,041.45	00	15						90			
02	43502	SURGICAL REPAIR OF STOMACH	172.71											
03	43502	SURGICAL REPAIR OF STOMACH	863.55								90			
07	43502	SURGICAL REPAIR OF STOMACH	1,201.55	00	15						90			
02	43510	SURGICAL OPENING OF STOMACH	92.45											
03	43510	SURGICAL OPENING OF STOMACH	462.25								90			
07	43510	SURGICAL OPENING OF STOMACH	729.49	00	15						90			
02	43520	INCISION OF PYLORIC MUSCLE	75.86											
03	43520	INCISION OF PYLORIC MUSCLE	379.34								90			
07	43520	INCISION OF PYLORIC MUSCLE	563.14	00	15						90			
03	43600	BIOPSY OF STOMACH	50.42								1			
07	43600	BIOPSY OF STOMACH	104.27	00	15						1			
08	43600	BIOPSY OF STOMACH	220.39											
02	43605	BIOPSY,STOMACH,BY LAPAROTOMY	92.45											
03	43605	BIOPSY,STOMACH,BY LAPAROTOMY	462.25								90			
07	43605	BIOPSY,STOMACH,BY LAPAROTOMY	630.70	00	15						90			
02	43610	EXCISION OF STOMACH LESION	111.43											
03	43610	EXCISION OF STOMACH LESION	557.17								90			
07	43610	EXCISION OF STOMACH LESION	771.60	00	15						90			
02	43611	EXCISION, LOCAL;	132.72											
03	43611	EXCISION, LOCAL;	663.62								90			
07	43611	EXCISION, LOCAL;	934.46	00	15						90			
02	43620	REMOVAL OF STOMACH	176.01											
03	43620	REMOVAL OF STOMACH	880.10								90			
07	43620	REMOVAL OF STOMACH	1,547.52	00	15						90			
02	43621	GASTRECTOMY, TOTAL;	236.99											
03	43621	GASTRECTOMY, TOTAL;	1,184.92								90			
07	43621	GASTRECTOMY, TOTAL;	1,584.50	00	15						90			
02	43622	GASTRECTOMY, TOTAL;	245.35											
03	43622	GASTRECTOMY, TOTAL;	1,226.75								90			
07	43622	GASTRECTOMY, TOTAL;	1,670.50	00	15						90			
02	43631	GASTRECTOMY, PARTIAL, DISTAL;	196.96											
03	43631	GASTRECTOMY, PARTIAL, DISTAL;	985.40								90			
07	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,174.98	00	15						90			
02	43632	GASTRECTOMY, PARTIAL, DISTAL;	197.08											
03	43632	GASTRECTOMY, PARTIAL, DISTAL;	985.40								90			
07	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,175.69	00	15						90			
02	43633	GASTRECTOMY, PARTIAL, DISTAL;	199.87											
03	43633	GASTRECTOMY, PARTIAL, DISTAL;	999.34								90			
07	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,199.91	00	15						90			
02	43634	GASTRECTOMY, PARTIAL, DISTAL;	265.08											

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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,325.39								90			
07	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,325.39	00	15						90			
02	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	22.33											
03	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	111.66											
07	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	111.66	00	15									
02	43640	VAGOTOMY & PYLORUS REPAIR	130.38											
03	43640	VAGOTOMY & PYLORUS REPAIR	651.92								90			
07	43640	VAGOTOMY & PYLORUS REPAIR	898.17	00	15						90			
02	43641	VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	125.99											
03	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	630.00								90			
07	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	910.86	00	15						90			
02	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	247.15	16	99	X								
03	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,235.75	16	99		X				90			
02	43645	LAP GASTR BYPASS INCL SMLL I	53.33	16	99	X								
03	43645	LAP GASTR BYPASS INCL SMLL I	1,333.33	16	99		X				90			
03	43651	LAPAROSCOPY, VAGUS NERVE	550.49								90			
07	43651	LAPAROSCOPY, VAGUS NERVE	550.49	00	15						90			
03	43652	LAPAROSCOPY, VAGUS NERVE	652.52								90			
07	43652	LAPAROSCOPY, VAGUS NERVE	652.52	00	15						90			
02	43653	LAPAROSCOPY GASTROSTOMY	91.60								90			
03	43653	LAPAROSCOPY, GASTROSTOMY	457.98								90			
07	43653	LAPAROSCOPY, GASTROSTOMY	457.98	00	15						90			
08	43653	LAPAROSCOPY, GASTROSTOMY	320.56											
02	43659	LAPAROSCOPE PROC, STOM	MP			X								
03	43659	LAPAROSCOPE PROC, STOM	MP			X								
07	43659	LAPAROSCOPE PROC, STOM	MP	00	15	X								
02	43750	PERCUTANEOUS PLACE GASTROSTOMY TUBE	21.42	00	21									
03	43750	PERCUTANEOUS PLACE.GASTROSTOMY TUBE	107.10								10			
07	43750	PERCUTANEOUS PLACE.GASTROSTOMY TUBE	255.81	00	15						10			
08	43750	PERCUTANEOUS PLACE.GASTROSTOMY	220.39											
03	43752	NASAL/OROGASTRIC W/STENT	31.10											
07	43752	NASAL/OROGASTRIC W/STENT	31.10	00	15									
03	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	61.29								1			
07	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	87.56	00	15						1			
08	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	220.39											
03	43761	REPOSITIONING OF THE GASTRIC FEEDING	88.20								1			
07	43761	REPOSITIONING OF THE GASTRIC FEEDING	100.46	00	15						1			
08	43761	REPOSITIONING OF THE GASTRIC FEEDING	220.39											
02	43770	LAP, PLACE GASTR ADJUST BAND	31.00	16	99	X								
03	43770	LAP, PLACE GASTR ADJUST BAND	775.04	16	99		X				90			
02	43771	LAP, REVISE ADJUST GAST BAND	35.75	16	99	X								
03	43771	LAP, REVISE ADJUST GAST BAND	893.78	16	99		X				90			
02	43772	LAP, REMOVE ADJUST GAST BAND	27.27	16	99	X								
03	43772	LAP, REMOVE ADJUST GAST BAND	681.73	16	99		X				90			
02	43773	LAP, CHANGE ADJUST GAST BAND	35.76	16	99	X								
03	43773	LAP, CHANGE ADJUST GAST BAND	894.10	16	99		X				90			
02	43774	LAP REMOV ADJ GAST BAND/PORT	27.31	16	99	X								
03	43774	LAP REMOV ADJ GAST BAND/PORT	682.76	16	99		X				90			
02	43800	RECONSTRUCTION OF PYLORUS	98.39											
03	43800	RECONSTRUCTION OF PYLORUS	491.95								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	43800	RECONSTRUCTION OF PYLORUS	729.13	00 15						90			
02	43810	FUSION OF STOMACH AND BOWEL	107.87										
03	43810	FUSION OF STOMACH AND BOWEL	539.33							90			
07	43810	FUSION OF STOMACH AND BOWEL	774.64	00 15						90			
02	43820	FUSION OF STOMACH AND BOWEL	107.87										
03	43820	FUSION OF STOMACH AND BOWEL	539.33							90			
07	43820	FUSION OF STOMACH AND BOWEL	809.59	00 15						90			
02	43825	FUSION OF STOMACH AND BOWEL	136.31										
03	43825	FUSION OF STOMACH AND BOWEL	681.53							90			
07	43825	FUSION OF STOMACH AND BOWEL	1,001.33	00 15						90			
02	43830	SURGICAL OPENING OF STOMACH	68.87										
03	43830	SURGICAL OPENING OF STOMACH	344.36							90			
07	43830	SURGICAL OPENING OF STOMACH	520.10	00 15						90			
03	43831	SURGICAL OPENING OF STOMACH	339.01							90			
07	43831	SURGICAL OPENING OF STOMACH	453.26	00 15						90			
02	43832	SURGICAL OPENING OF STOMACH	149.33										
03	43832	SURGICAL OPENING OF STOMACH	746.68							90			
07	43832	SURGICAL OPENING OF STOMACH	831.77	00 15						90			
02	43840	REPAIR OF STOMACH LESION	118.06										
03	43840	REPAIR OF STOMACH LESION	590.34							90			
07	43840	REPAIR OF STOMACH LESION	818.91	00 15						90			
02	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	153.30	16 99	X								
03	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	766.49	16 99		X				90			
02	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	153.30	16 99	X								
03	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	766.49	16 99		X				90			
02	43845	GASTROPLASTY DUODENAL SWITCH	MP	16 99	X	X							
03	43845	GASTROPLASTY DUODENAL SWITCH	MP	16 99	X	X				90			
02	43846	ROUX-EN-Y/GASTRIC BYPASS	250.40	16 99	X								
03	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,252.00	16 99		X				90			
02	43847	GASTRIC BYPASS FOR OBESITY	202.93	16 99	X								
03	43847	GASTRIC BYPASS FOR OBESITY	1,014.64	16 99		X				90			
02	43848	REVISION GASTROPLASTY	263.13	16 99	X								
03	43848	REVISION GASTROPLASTY	1,315.68	16 99		X				90			
02	43850	REVISE STOMACH-BOWEL FUSION	118.54										
03	43850	REVISE STOMACH-BOWEL FUSION	592.70							90			
07	43850	REVISE STOMACH-BOWEL FUSION	1,270.89	00 15						90			
02	43855	REVISE STOMACH-BOWEL FUSION	130.38										
03	43855	REVISE STOMACH-BOWEL FUSION	651.92							90			
07	43855	REVISE STOMACH-BOWEL FUSION	1,344.95	00 15						90			
02	43860	REVISE STOMACH-BOWEL FUSION	118.54										
03	43860	REVISE STOMACH-BOWEL FUSION	592.70							90			
07	43860	REVISE STOMACH-BOWEL FUSION	1,288.07	00 15						90			
02	43865	REVISE STOMACH-BOWEL FUSION	130.38										
03	43865	REVISE STOMACH-BOWEL FUSION	651.92							90			
07	43865	REVISE STOMACH-BOWEL FUSION	1,365.83	00 15						90			
02	43870	REPAIR STOMACH OPENING	73.95										
03	43870	REPAIR STOMACH OPENING	369.80							90			
07	43870	REPAIR STOMACH OPENING	531.52	00 15						90			
08	43870	REPAIR STOMACH OPENING	220.39										
02	43880	REPAIR STOMACH-BOWEL FISTULA	73.95										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	43880	REPAIR STOMACH-BOWEL FISTULA	369.80								90			
07	43880	REPAIR STOMACH-BOWEL FISTULA	1,281.44	00	15						90			
02	43886	REVISE GASTRIC PORT, OPEN	8.40	16	99	X								
03	43886	REVISE GASTRIC PORT, OPEN	209.93	16	99		X				90			
02	43887	REMOVE GASTRIC PORT, OPEN	8.30	16	99	X								
03	43887	REMOVE GASTRIC PORT, OPEN	207.50	16	99		X				90			
02	43888	CHANGE GASTRIC PORT, OPEN	11.80	16	99	X								
03	43888	CHANGE GASTRIC PORT, OPEN	295.11	16	99		X				90			
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	111.43			X								
03	44005	FREEING OF BOWEL ADHESION	557.17			X					90			
07	44005	FREEING OF BOWEL ADHESION	855.75	00	15	X					90			
02	44010	INCISION OF SMALL BOWEL	89.15											
03	44010	INCISION OF SMALL BOWEL	445.73								90			
07	44010	INCISION OF SMALL BOWEL	683.57	00	15						90			
03	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	59.22											
07	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	130.81	00	15									
02	44020	EXPLORATION OF SMALL BOWEL	100.29											
03	44020	EXPLORATION OF SMALL BOWEL	501.45								90			
07	44020	EXPLORATION OF SMALL BOWEL	743.43	00	15						90			
02	44021	ENTEROTOMY...;FOR DECOMPRESSION	100.28											
03	44021	ENTEROTOMY...;FOR DECOMPRESSION	501.45								90			
07	44021	ENTEROTOMY...;FOR DECOMPRESSION	760.29	00	15						90			
02	44025	EXPLORATION OF LARGE BOWEL	103.47											
03	44025	EXPLORATION OF LARGE BOWEL	517.37								90			
07	44025	EXPLORATION OF LARGE BOWEL	756.81	00	15						90			
02	44050	REDUCE BOWEL OBSTRUCTION	107.87											
03	44050	REDUCE BOWEL OBSTRUCTION	539.33								90			
07	44050	REDUCE BOWEL OBSTRUCTION	744.15	00	15						90			
02	44055	CORRECT MALROTATION-CG, LADD PROC	100.28											
03	44055	CORRECT MALROTATION-CG, LADD PROC.	501.45								90			
07	44055	CORRECT MALROTATION-CG, LADD PROC.	1,121.67	00	15						90			
03	44100	BIOPSY OF BOWEL	80.02								1			
07	44100	BIOPSY OF BOWEL	109.42	00	15						1			
08	44100	BIOPSY OF BOWEL	220.39											
02	44110	EXCISION OF BOWEL LESION(S)	136.21											
03	44110	EXCISION OF BOWEL LESION(S)	490.72								90			
07	44110	EXCISION OF BOWEL LESION(S)	636.59	00	15						90			
02	44111	EXCISION OF BOWEL LESION(S)	110.23											
03	44111	EXCISION OF BOWEL LESION(S)	551.17								90			
07	44111	EXCISION OF BOWEL LESION(S)	771.72	00	15						90			
02	44120	REMOVAL OF SMALL INTESTINE	130.38											
03	44120	REMOVAL OF SMALL INTESTINE	651.92								90			
07	44120	REMOVAL OF SMALL INTESTINE	893.96	00	15						90			
02	44121	REMOVAL OF SMALL INTESTINE	48.16											
03	44121	REMOVAL OF SMALL INTESTINE	240.81											
07	44121	REMOVAL OF SMALL INTESTINE	240.81	00	15									
02	44125	REMOVAL OF SMALL INTESTINE	156.46											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	44125	REMOVAL OF SMALL INTESTINE	782.31								90			
07	44125	REMOVAL OF SMALL INTESTINE	920.03	00	15						90			
02	44126	ENTERECTOMY W/TAPER, CONG	365.15								90			
03	44126	ENTERECTOMY W/TAPER, CONG	1,825.76								90			
07	44126	ENTERECTOMY W/TAPER, CONG	1,825.76	00	15						90			
02	44127	ENTERECTOMY W/O TAPER, CONG	420.02								90			
03	44127	ENTERECTOMY W/O TAPER, CONG	2,100.10								90			
07	44127	ENTERECTOMY W/O TAPER, CONG	2,100.10	00	15						90			
02	44128	ENTERECTOMY CONG, ADD-ON	45.89											
03	44128	ENTERECTOMY CONG, ADD-ON	229.47											
07	44128	ENTERECTOMY CONG, ADD-ON	229.47	00	15									
02	44130	BOWEL TO BOWEL FUSION	114.97											
03	44130	BOWEL TO BOWEL FUSION	574.86								90			
07	44130	BOWEL TO BOWEL FUSION	769.04	00	15						90			
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	24.17											
03	44139	MOBILIZATION OF COLON	120.89											
07	44139	MOBILIZATION OF COLON	120.89	00	15									
02	44140	PARTIAL REMOVAL OF COLON	156.47											
03	44140	PARTIAL REMOVAL OF COLON	782.35								90			
07	44140	PARTIAL REMOVAL OF COLON	1,107.07	00	15						90			
02	44141	PARTIAL REMOVAL OF COLON	160.01											
03	44141	PARTIAL REMOVAL OF COLON	800.06								90			
07	44141	PARTIAL REMOVAL OF COLON	1,135.10	00	15						90			
02	44143	PARTIAL REMOVAL OF COLON	177.80											
03	44143	PARTIAL REMOVAL OF COLON	888.98								90			
07	44143	PARTIAL REMOVAL OF COLON	1,297.87	00	15						90			
02	44144	PARTIAL REMOVAL OF COLON	142.25											
03	44144	PARTIAL REMOVAL OF COLON	711.23								90			
07	44144	PARTIAL REMOVAL OF COLON	1,197.89	00	15						90			
02	44145	PARTIAL REMOVAL OF COLON	195.59											
03	44145	PARTIAL REMOVAL OF COLON	977.97								90			
07	44145	PARTIAL REMOVAL OF COLON	1,386.78	00	15						90			
02	44146	PARTIAL REMOVAL OF COLON	234.69											
03	44146	PARTIAL REMOVAL OF COLON	1,173.47								90			
07	44146	PARTIAL REMOVAL OF COLON	1,535.79	00	15						90			
02	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	244.04											
03	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,220.27								90			
07	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,220.27	00	15						90			
02	44150	REMOVAL OF COLON	254.24											
03	44150	REMOVAL OF COLON	1,271.25								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	44150	REMOVAL OF COLON	1,362.28	00 15						90			
02	44151	COLECTOMY; W/ CONTINENT ILEOSTOMY	301.04										
03	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,505.25							90			
07	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,514.12	00 15						90			
02	44155	REMOVAL OF COLON	234.69										
03	44155	REMOVAL OF COLON	1,173.47							90			
07	44155	REMOVAL OF COLON	1,545.24	00 15						90			
02	44156	COLECTOMY....;W/ CONTINENT ILEOSTOMY	269.96										
03	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,349.87							90			
07	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,726.44	00 15						90			
02	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	298.93										
03	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,494.66							90			
07	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,494.66	00 15						90			
02	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	306.75										
03	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,533.76							90			
07	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,533.76	00 15						90			
02	44160	REMOVAL OF COLON	156.47										
03	44160	REMOVAL OF COLON	782.35							90			
07	44160	REMOVAL OF COLON	985.08	00 15						90			
02	44186	LAP, JEJUNOSTOMY	18.41										
03	44186	LAP, JEJUNOSTOMY	460.21							90			
07	44186	LAP, JEJUNOSTOMY	460.21	00 15						90			
02	44187	LAP, ILEO/JEJUNO-STOMY	30.34										
03	44187	LAP, ILEO/JEJUNO-STOMY	758.40							90			
07	44187	LAP, ILEO/JEJUNO-STOMY	758.40	00 15						90			
02	44188	LAP, COLOSTOMY	33.33										
03	44188	LAP, COLOSTOMY	833.21							90			
07	44188	LAP, COLOSTOMY	833.21	00 15						90			
02	44202	LAPARO RESECT INTESTINE	245.61							90			
03	44202	LAPARO, RESECT INTESTINE	1,228.04							90			
07	44202	LAPARO, RESECT INTESTINE	1,228.04	00 15						90			
02	44203	LAP RESECT S/INTESTINE, ADDL	44.76							90			
03	44203	LAP RESECT S/INTESTINE, ADDL	223.80										
07	44203	LAP RESECT S/INTESTINE, ADDL	223.80	00 15									
02	44204	LAPARO PARTIAL COLECTOMY	255.86							90			
03	44204	LAPARO PARTIAL COLECTOMY	1,279.32							90			
07	44204	LAPARO PARTIAL COLECTOMY	1,279.32	00 15						90			
02	44205	LAP COLECTOMY PART W/ILEUM	226.47							90			
03	44205	LAP COLECTOMY PART W/ILEUM	1,132.36							90			
07	44205	LAP COLECTOMY PART W/ILEUM	1,132.36	00 15						90			
02	44206	LAP PART COLECTOMY W/STOMA	280.05							90			
03	44206	LAP PART COLECTOMY W/STOMA	1,400.24							90			
07	44206	LAP PART COLECTOMY W/STOMA	1,400.24	00 15						90			
02	44207	L COLECTOMY/COLOPROCTOSTOMY	306.83							90			
03	44207	L COLECTOMY/COLOPROCTOSTOMY	1,534.16							90			
07	44207	L COLECTOMY/COLOPROCTOSTOMY	1,534.16	00 15						90			
02	44208	L COLECTOMY/COLOPROCTOSTOMY	331.16							90			
03	44208	L COLECTOMY/COLOPROCTOSTOMY	1,655.79							90			
07	44208	L COLECTOMY/COLOPROCTOSTOMY	1,655.79	00 15						90			
02	44210	LAPARO TOTAL PROCTOCOLECTOMY	293.10							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,465.51								90			
07	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,465.51	00	15						90			
02	44211	LAPARO TOTAL PROCTOCOLECTOMY	363.79								90			
03	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,818.96								90			
07	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,818.96	00	15						90			
02	44212	LAPARO TOTAL PROCTOCOLECTOMY	339.93								90			
03	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,699.65								90			
07	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,699.65	00	15						90			
02	44213	LAP, MOBIL SPLENIC FL ADD-ON	6.06											
03	44213	LAP, MOBIL SPLENIC FL ADD-ON	151.55											
07	44213	LAP, MOBIL SPLENIC FL ADD-ON	151.55	00	15									
02	44227	LAP, CLOSE ENTEROSTOMY	47.40											
03	44227	LAP, CLOSE ENTEROSTOMY	1,185.01								90			
07	44227	LAP, CLOSE ENTEROSTOMY	1,185.01	00	15						90			
02	44238	LAPAROSCOPE PROC, INTESTINE	MP			X					1			
03	44238	LAPAROSCOPE PROC, INTESTINE	MP			X					1			
07	44238	LAPAROSCOPE PROC, INTESTINE	MP	00	15	X					1			
02	44300	OPEN BOWEL TO SKIN	69.35											
03	44300	OPEN BOWEL TO SKIN	346.73								90			
07	44300	OPEN BOWEL TO SKIN	672.36	00	15						90			
02	44310	ILEOSTOMY	111.43											
03	44310	ILEOSTOMY	557.17								90			
07	44310	ILEOSTOMY	933.47	00	15						90			
03	44312	REVISION OF ILEOSTOMY	188.40								90			
07	44312	REVISION OF ILEOSTOMY	467.34	00	15						90			
08	44312	REVISION OF ILEOSTOMY	220.39											
02	44314	REVISION OF ILEOSTOMY	100.29											
03	44314	REVISION OF ILEOSTOMY	501.45								90			
07	44314	REVISION OF ILEOSTOMY	892.40	00	15						90			
02	44316	DEVISE BOWEL POUCH	77.05											
03	44316	DEVISE BOWEL POUCH	385.26								90			
07	44316	DEVISE BOWEL POUCH	1,227.44	00	15						90			
02	44320	COLOSTOMY	105.26											
03	44320	COLOSTOMY	526.28								90			
07	44320	COLOSTOMY	1,049.85	00	15						90			
02	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	123.25											
03	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	616.28								90			
07	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	793.47	00	15						90			
03	44340	REVISION OF COLOSTOMY	94.75								90			
07	44340	REVISION OF COLOSTOMY	445.32	00	15						90			
08	44340	REVISION OF COLOSTOMY	282.40						X					
02	44345	REVISION OF COLOSTOMY	92.48											
03	44345	REVISION OF COLOSTOMY	462.42								90			
07	44345	REVISION OF COLOSTOMY	846.45	00	15						90			
02	44346	REVISE COLOSTOMY; REPAIR HERNIA	92.48											
03	44346	REVISE COLOSTOMY;REPAIR HERNIA	462.42								90			
07	44346	REVISE COLOSTOMY;REPAIR HERNIA	922.56	00	15						90			
03	44360	SMALL BOWEL ENDOSCOPY	165.95								1			
07	44360	SMALL BOWEL ENDOSCOPY	165.95	00	15						1			
08	44360	SMALL BOWEL ENDOSCOPY	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	182.51								1			
07	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	182.51	00	15						1			
08	44361	SMALL BOWEL ENDOSCOPY, BIOPSY	220.39											
03	44363	SMALL BOWEL ENDOSCOPY	216.92								1			
07	44363	SMALL BOWEL ENDOSCOPY	216.92	00	15						1			
08	44363	SMALL BOWEL ENDOSCOPY	220.39											
03	44364	SMALL BOWEL ENDOSCOPY	256.05								1			
07	44364	SMALL BOWEL ENDOSCOPY	256.05	00	15						1			
08	44364	SMALL BOWEL ENDOSCOPY	220.39											
03	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	260.04								1			
07	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	260.04	00	15						1			
08	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	220.39											
03	44366	SMALL BOWEL ENDOSCOPY	207.39								1			
07	44366	SMALL BOWEL ENDOSCOPY	227.64	00	15						1			
08	44366	SMALL BOWEL ENDOSCOPY	220.39											
03	44369	SMALL BOWEL ENDOSCOPY	207.39								1			
07	44369	SMALL BOWEL ENDOSCOPY	231.88	00	15						1			
08	44369	SMALL BOWEL ENDOSCOPY	220.39											
03	44370	SMALL BOWEL ENDOSCOPY/STENT	223.27											
07	44370	SMALL BOWEL ENDOSCOPY/STENT	231.15	00	15									
08	44370	SMALL BOWEL ENDOSCOPY/STENT	320.56											
03	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	256.05								1			
07	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	256.05	00	15						1			
08	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	220.39											
03	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	256.05								1			
07	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	256.05	00	15						1			
08	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	220.39											
03	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	263.00								1			
07	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	269.90	00	15						1			
08	44376	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	220.39											
03	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	278.12								1			
07	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	282.44	00	15						1			
08	44377	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	220.39											
03	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	362.76								1			
07	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	362.76	00	15						1			
08	44378	SMALL INTESTINAL ENDOSCOPY,ENTEROSC	220.39											
03	44379	S BOWEL ENDOSCOPE W/STENT	364.67											
07	44379	S BOWEL ENDOSCOPE W/STENT	364.67	00	15									
08	44379	S BOWEL ENDOSCOPE W/STENT	320.56											
03	44380	SMALL BOWEL ENDOSCOPY	177.80								1			
07	44380	SMALL BOWEL ENDOSCOPY	177.80	00	15						1			
08	44380	SMALL BOWEL ENDOSCOPY	220.39											
03	44382	SMALL BOWEL ENDOSCOPY	213.34								1			
07	44382	SMALL BOWEL ENDOSCOPY	213.34	00	15						1			
08	44382	SMALL BOWEL ENDSCOPY	220.39											
03	44383	ILEOSCOPY W/STENT	124.54											
07	44383	ILEOSCOPY W/STENT	155.81	00	15									
08	44383	LLEOSCOPY W/STENT	320.56											
03	44385	ENDOSCOPY OF BOWEL POUCH	77.07								1			
07	44385	ENDOSCOPY OF BOWEL POUCH	234.09	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	44385	ENDSCOPY OF BOWEL POUCH	220.39											
03	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	92.48								1			
07	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	299.94	00	15						1			
08	44386	FIBEROPTIC EVAL/BX/SPEC COLL	220.39											
03	44388	COLON ENDOSCOPY	266.72								1			
07	44388	COLON ENDOSCOPY	323.43	00	15						1			
08	44388	COLON ENDOSCOPY	220.39											
03	44389	COLON ENDOSCOPY	266.72								1			
07	44389	COLON ENDOSCOPY	356.65	00	15						1			
08	44389	COLON ENDOSCOPY	220.39											
03	44390	COLON ENDOSCOPY	266.72								1			
07	44390	COLON ENDOSCOPY	353.13	00	15						1			
08	44390	COLON ENDOSCOPY	220.39											
03	44391	COLON ENDOSCOPY	266.72								1			
07	44391	COLON ENDOSCOPY	350.53	00	15						1			
08	44391	COLON ENDOSCOPY	220.39											
03	44392	COLON ENDOSCOPY	266.72								1			
07	44392	COLON ENDOSCOPY	401.35	00	15						1			
08	44392	COLON ENDOSCOPY	220.39											
03	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	266.72								1			
07	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	446.20	00	15						1			
08	44393	FIBEROPTIC COLONSCOPY THROUGH COLOS	220.39											
03	44394	COLONOSCOPY THROUGH STOMA;	273.40								1			
07	44394	COLONOSCOPY THROUGH STOMA;	408.14	00	15						1			
08	44394	COLONOSCOPY THROUGH STOMACH	220.39											
03	44397	COLONOSCOPY W STENT	232.57											
07	44397	COLONOSCOPY W STENT	242.05	00	15									
03	44500	INTRODUCTION OF LONG GASTROINTESTINA	17.91								1			
07	44500	INTRODUCTION OF LONG GASTROINTESTINA	29.60	00	15						1			
02	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	118.46											
03	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	592.31								90			
07	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	834.43	00	15						90			
02	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	141.97											
03	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	709.81								90			
07	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	967.67	00	15						90			
02	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	135.55											
03	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	677.76								90			
07	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	848.34	00	15						90			
02	44605	REPAIR OF BOWEL LESION	124.44											
03	44605	REPAIR OF BOWEL LESION	622.23								90			
07	44605	REPAIR OF BOWEL LESION	1,025.71	00	15						90			
02	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	111.45											
03	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	557.24								90			
07	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	842.72	00	15						90			
02	44620	REPAIR BOWEL OPENING	92.98											
03	44620	REPAIR BOWEL OPENING	448.00								90			
07	44620	REPAIR BOWEL OPENING	651.26	00	15						90			
02	44625	REPAIR BOWEL OPENING	130.38											
03	44625	REPAIR BOWEL OPENING	651.92								90			
07	44625	REPAIR BOWEL OPENING	793.90	00	15						90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	44626	REPAIR BOWEL OPENING	237.48											
03	44626	REPAIR BOWEL OPENING	1,187.41								90			
07	44626	REPAIR BOWEL OPENING	1,307.53	00	15						90			
02	44640	REPAIR BOWEL-SKIN FISTULA	74.66											
03	44640	REPAIR BOWEL-SKIN FISTULA	373.34								90			
07	44640	REPAIR BOWEL-SKIN FISTULA	1,120.83	00	15						90			
02	44650	REPAIR BOWEL FISTULA	107.87											
03	44650	REPAIR BOWEL FISTULA	539.33								90			
07	44650	REPAIR BOWEL FISTULA	1,163.99	00	15						90			
02	44660	REPAIR BOWEL-BLADDER FISTULA	107.87											
03	44660	REPAIR BOWEL-BLADDER FISTULA	539.33								90			
07	44660	REPAIR BOWEL-BLADDER FISTULA	1,092.25	00	15						90			
02	44661	REPAIR BOWEL-BLADDER FISTULA	118.54											
03	44661	REPAIR BOWEL-BLADDER FISTULA	651.92								90			
07	44661	REPAIR BOWEL-BLADDER FISTULA	1,266.71	00	15						90			
02	44680	SURGICAL REVISION, INTESTINE	154.11											
03	44680	SURGICAL REVISION, INTESTINE	770.54								90			
07	44680	SURGICAL REVISION, INTESTINE	828.10	00	15						90			
02	44700	SUSPEND BOWEL W/PROSTHESIS	183.76											
03	44700	SUSPEND BOWEL W/PROSTHESIS	918.79								90			
07	44700	SUSPEND BOWEL W/PROSTHESIS	918.79	00	15						90			
02	44701	INTRAOP COLON LAVAGE ADD-ON	30.58								1			
03	44701	INTRAOP COLON LAVAGE ADD-ON	152.92								1			
07	44701	INTRAOP COLON LAVAGE ADD-ON	152.92	00	15						1			
03	44715	PREPARE DONOR INTESTINE	MP			X								
07	44715	PREPARE DONOR INTESTINE	MP	00	15	X								
02	44720	PREP DONOR INTESTINE/VENOUS	8.32			X								
03	44720	PREP DONOR INTESTINE/VENOUS	207.94			X								
07	44720	PREP DONOR INTESTINE/VENOUS	207.94	00	15	X								
02	44721	PREP DONOR INTESTINE/ARTERY	12.22			X								
03	44721	PREP DONOR INTESTINE/ARTERY	305.51			X								
07	44721	PREP DONOR INTESTINE/ARTERY	305.51	00	15	X								
02	44799	INTESTINE SURGERY PROCEDURE	MP			X								
03	44799	INTESTINE SURGERY PROCEDURE	MP			X								
07	44799	INTESTINE SURGERY PROCEDURE	MP	00	15	X								
02	44800	EXCISION OF BOWEL POUCH	77.05											
03	44800	EXCISION OF BOWEL POUCH	385.26								90			
07	44800	EXCISION OF BOWEL POUCH	613.30	00	15						90			
02	44820	EXCISION OF MESENTERY LESION	77.05											
03	44820	EXCISION OF MESENTERY LESION	385.26								90			
07	44820	EXCISION OF MESENTERY LESION	651.98	00	15						90			
02	44850	REPAIR OF MESENTERY	98.39											
03	44850	REPAIR OF MESENTERY	491.95								90			
07	44850	REPAIR OF MESENTERY	585.17	00	15						90			
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	70.89											
03	44900	DRAINAGE OF APPENDIX ABSCESS	354.47								90			
07	44900	DRAINAGE OF APPENDIX ABSCESS	575.64	00	15						90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	44901	DRAIN, APP ABSCESS, PERC	40.63											
03	44901	DRAIN, APP ABSCESS, PERC	203.16								1			
07	44901	DRAIN, APP ABSCESS, PERC	282.82	00	15						1			
02	44950	APPENDECTOMY	68.76			X								
03	44950	APPENDECTOMY	343.81			X					90			
07	44950	APPENDECTOMY	551.82	00	15	X					90			
02	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	16.63											
03	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	83.16											
07	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	83.16	00	15									
02	44960	APPENDECTOMY	92.47			X								
03	44960	APPENDECTOMY	462.32			X					90			
07	44960	APPENDECTOMY	679.45	00	15	X					90			
02	44970	LAPAROSCOPY APPENDECTOMY	96.16			X					90			
03	44970	LAPAROSCOPY, APPENDECTOMY	480.80			X					90			
07	44970	LAPAROSCOPY, APPENDECTOMY	480.80	00	15	X					90			
03	44979	LAPAROSCOPE PROC, APP	MP			X								
07	44979	LAPAROSCOPE PROC, APP	MP	00	15	X								
03	45000	DRAINAGE OF PELVIC ABSCESS	94.82								90			
07	45000	DRAINAGE OF PELVIC ABSCESS	292.43	00	15						90			
08	45000	DRAINAGE OF PELVIC ABSCESS	220.39											
03	45005	DRAINAGE OF RECTAL ABSCESS	133.32								10			
07	45005	DRAINAGE OF RECTAL ABSCESS	220.96	00	15						10			
08	45005	DRAINAGE OF RECTAL ABSCESS	220.39											
03	45020	DRAINAGE OF RECTAL ABSCESS	183.74								90			
07	45020	DRAINAGE OF RECTAL ABSCESS	313.90	00	15						90			
08	45020	DRAINAGE OF RECTAL ABSCESS	220.39						X					
03	45100	BIOPSY OF RECTUM	144.05								90			
07	45100	BIOPSY OF RECTUM	294.83	00	15						90			
08	45100	BIOPSY OF RECTUM	220.39											
03	45108	REMOVAL OF ANORECTAL LESION	183.74								90			
07	45108	REMOVAL OF ANORECTAL LESION	386.22	00	15						90			
08	45108	REMOVAL OF ANORECTAL LESION	220.39											
02	45110	REMOVAL OF RECTUM	220.48											
03	45110	REMOVAL OF RECTUM	1,102.40								90			
07	45110	REMOVAL OF RECTUM	1,486.53	00	15						90			
02	45111	PARTIAL REMOVAL OF RECTUM	91.27											
03	45111	PARTIAL REMOVAL OF RECTUM	456.36								90			
07	45111	PARTIAL REMOVAL OF RECTUM	916.13	00	15						90			
02	45112	REMOVAL OF RECTUM	183.73											
03	45112	REMOVAL OF RECTUM	918.67								90			
07	45112	REMOVAL OF RECTUM	1,592.88	00	15						90			
02	45113	PARTIAL PROCTECTOMY	289.04											
03	45113	PARTIAL PROCTECTOMY	1,445.24								90			
07	45113	PARTIAL PROCTECTOMY	1,575.98	00	15						90			
02	45114	PARTIAL REMOVAL OF RECTUM	183.73											
03	45114	PARTIAL REMOVAL OF RECTUM	918.67								90			
07	45114	PARTIAL REMOVAL OF RECTUM	1,443.01	00	15						90			
02	45116	PARTIAL REMOVAL OF RECTUM	130.38											
03	45116	PARTIAL REMOVAL OF RECTUM	651.92								90			
07	45116	PARTIAL REMOVAL OF RECTUM	1,303.68	00	15						90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	45119	REMOVE, RECTUM W/RESERVOIR	298.08											
03	45119	REMOVE, RECTUM W/RESERVOIR	1,490.38								90			
07	45119	REMOVE, RECTUM W/RESERVOIR	1,580.68	00	15						90			
02	45120	REMOVAL OF RECTUM	207.43											
03	45120	REMOVAL OF RECTUM	1,037.20								90			
07	45120	REMOVAL OF RECTUM	1,316.83	00	15						90			
02	45121	PROCTECTOMY;W/COLECTOMY,W/MULTI BX	248.93											
03	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,244.64								90			
07	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,445.43	00	15						90			
02	45123	PARTIAL PROCTECTOMY	178.85											
03	45123	PARTIAL PROCTECTOMY	894.22								90			
07	45123	PARTIAL PROCTECTOMY	894.22	00	15						90			
02	45126	PELVIC EXENTERATION	377.91			X								
03	45126	PELVIC EXENTERATION	1,889.56			X					90			
07	45126	PELVIC EXENTERATION	2,310.05	00	15	X					90			
02	45130	EXCISION OF RECTAL PROLAPSE	100.29											
03	45130	EXCISION OF RECTAL PROLAPSE	501.45								90			
07	45130	EXCISION OF RECTAL PROLAPSE	865.22	00	15						90			
02	45135	EXCISION OF RECTAL PROLAPSE	176.01											
03	45135	EXCISION OF RECTAL PROLAPSE	880.10								90			
07	45135	EXCISION OF RECTAL PROLAPSE	1,021.22	00	15						90			
02	45136	EXCISE ILEOANAL RESERVOIR	288.08								90			
03	45136	EXCISE ILEOANAL RESERVOIR	1,440.38								90			
07	45136	EXCISE ILEOANAL RESERVOIR	1,440.38	00	15						90			
03	45150	EXCISION OF RECTAL STRICTURE	118.52								90			
07	45150	EXCISION OF RECTAL STRICTURE	402.04	00	15						90			
08	45150	EXCISION OF RECTAL STRICTURE	220.39											
02	45160	EXCISION OF RECTAL LESION	111.43											
03	45160	EXCISION OF RECTAL LESION	557.17								90			
07	45160	EXCISION OF RECTAL LESION	803.25	00	15						90			
08	45160	EXCISION OF RECTAL LESION	220.39											
02	45170	EXCISION OF RECTAL LESION	60.28											
03	45170	EXCISION OF RECTAL LESION	301.45								90			
07	45170	EXCISION OF RECTAL LESION	622.68	00	15						90			
08	45170	EXCISION OF RECTAL LESION	220.39											
03	45190	DESTRUCTION RECTAL TUMOR	462.14								90			
07	45190	DESTRUCTION RECTAL TUMOR	538.68	00	15						90			
08	45190	DESTRUCTION, RECTAL TUMOR	320.56											X
03	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	42.79								1			
07	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	57.46	00	15						1			
08	45300	PROCTOSIGMOIDOSCOPY;DIAGNOSTIC	220.39						X					
03	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	49.07								1			
07	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	66.56	00	15						1			
08	45303	PROCTOSIGMOIDOSCOPY W/DILATION	220.39						X					
03	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	57.84								1			
07	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	90.54	00	15						1			
08	45305	PROCTOSIGMOIDOSCOPY W/BIOPSY	220.39						X					
03	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	47.38								1			
07	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	123.17	00	15						1			
08	45307	PROCTOSIGMOIDOSCOPY;REMOVE FOR	220.39						X					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	45308	PROCTOSIGMOIDOSCOPY, RIGID;	96.32								1			
07	45308	PROCTOSIGMOIDOSCOPY, RIGID;	96.32	00	15						1			
08	45308	PROCTOSIGMIDOSCOPY,RIGID;	220.39											
03	45309	PROCTOSIGMOIDOSCOPY, RIGID;	96.32								1			
07	45309	PROCTOSIGMOIDOSCOPY, RIGID;	153.56	00	15						1			
08	45309	PROCTOSIGMOIDOSCOPY, RIGID;	220.39											
03	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	94.82								1			
07	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	146.27	00	15						1			
08	45315	PROCTOSIGMOIDOSCOPY;REMOVE MUL	220.39						X					
03	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	118.50								1			
07	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	121.43	00	15						1			
08	45317	PROCTOSIGMOIDOSCOPY HEMORRHAGE CONT	220.39											
03	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	142.20								1			
07	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	142.20	00	15						1			
08	45320	PROCTOSIGMOIDOSCIPY; ABLATE TUMOR	220.39											
03	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	148.05								1			
07	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	148.05	00	15						1			
08	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	220.39											
03	45327	PROCTOSIGMOIDOSCOPY W/STENT	86.77											
07	45327	PROCTOSIGMOIDOSCOPY W/STENT	89.73	00	15									
03	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	58.04								1			
07	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	96.05	00	15						1			
08	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC	220.39						X					
03	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	70.55								1			
07	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	117.97	00	15						1			
08	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC W/A	220.39						X					
03	45332	SIGMOIDOSCOPY; DIAGNOSTIC	50.45								1			
07	45332	SIGMOIDOSCOPY; DIAGNOSTIC	204.31	00	15						1			
08	45332	SIGMOIDOSCOPY;DIAGNOSTIC	220.39						X					
03	45333	SIGMOIDOSCOPY; DIAGNOSTIC	105.83								1			
07	45333	SIGMOIDOSCOPY; DIAGNOSTIC	191.15	00	15						1			
08	45333	SIGMOIDOSCOPY;DIAGNOSTIC	220.39						X					
03	45334	SIGMOIDOSCOPY; DIAGNOSTIC	169.20								1			
07	45334	SIGMOIDOSCOPY; DIAGNOSTIC	169.20	00	15						1			
08	45334	SIGMOIDOSCOPY; DIAGNOSTIC	220.39											
03	45335	SIGMOIDOSCOPY W/SUBMUC INJ	130.56								1			
07	45335	SIGMOIDOSCOPY W/SUBMUC INJ	130.56	00	15						1			
08	45335	SIGMOIDOSCOPY W/SUBMUC INJ	220.39											
03	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	186.12								1			
07	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	186.12	00	15						1			
08	45337	SIGMOIDOSCOPY; DECOMPRESS	220.39											
03	45338	SIGMOIDOSCOPY, FLEXIBLE;	128.29								1			
07	45338	SIGMOIDOSCOPY, FLEXIBLE;	237.41	00	15						1			
08	45338	SIGMOIDOSCOPY, FLEXIBLE;	220.39											
03	45339	SIGMOIDOSCOPY, FLEXIBLE;	184.29								1			
07	45339	SIGMOIDOSCOPY, FLEXIBLE;	230.64	00	15						1			
08	45339	SIGMOIDOSCOPY, FLEXIBLE;	220.39											
03	45340	SIG W/BALLOON DILATION	291.98								1			
07	45340	SIG W/BALLOON DILATION	291.98	00	15						1			
08	45340	SIG W/BALLOON DILATION	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	45341	SIGMOIDOSCOPY W/ULTRASOUND	193.56				X							
07	45341	SIGMOIDOSCOPY W/ULTRASOUND	193.56	00	15		X							
03	45342	SIGMOIDOSCOPY W/US GUIDE BX	223.59											
07	45342	SIGMOIDOSCOPY W/US GUIDE BX	223.59	00	15									
03	45345	SIGMODOSCOPY W/STENT	149.42											
07	45345	SIGMODOSCOPY W/STENT	153.50	00	15									
03	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	163.74								1			
07	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	173.75	00	15						1			
08	45355	COLON, TRANSABD VIA COLOT, SING/MULT	220.39											
03	45378	DIAGNOSTIC COLONOSCOPY	248.89								1			
07	45378	DIAGNOSTIC COLONOSCOPY	414.25	00	15						1			
08	45378	DIAGNOSTIC COLONOSCOPY	220.39											
03	45379	COLONOSCOPY	260.73								1			
07	45379	COLONOSCOPY	433.87	00	15						1			
08	45379	COLONOSCOPY	220.39											
03	45380	COLONOSCOPY AND BIOPSY	272.66								1			
07	45380	COLONOSCOPY AND BIOPSY	456.00	00	15						1			
08	45380	COLONOSCOPY AND BIOPSY	220.39											
03	45381	COLONOSCOPY, SUBMUCOUS INJ	354.67								1			
07	45381	COLONOSCOPY, SUBMUCOUS INJ	354.67	00	15						1			
08	45381	COLONOSCOPY, SUBMUCOUS INJ	220.39											
03	45382	COLONOSCOPY,CONTROL BLEEDING	195.51								1			
07	45382	COLONOSCOPY,CONTROL BLEEDING	534.88	00	15						1			
08	45382	COLONOSCOPY, CONTROL BLEEDING	220.39											
03	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	195.51								1			
07	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	533.37	00	15						1			
08	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	220.39											
03	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	369.25								1			
07	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	480.76	00	15						1			
08	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	220.39											
03	45385	COLONOSCOPY, LESION REMOVAL	344.36								1			
07	45385	COLONOSCOPY, LESION REMOVAL	517.86	00	15						1			
08	45385	COLONOSCOPY, LESION REMOVAL	220.39											
03	45386	COLONOSCOPY DILATE STRICTURE	660.71								1			
07	45386	COLONOSCOPY DILATE STRICTURE	660.71	00	15						1			
08	45386	COLONOSCOPY DILATE STRICTURE	220.39											
03	45387	COLONOSCOPY W/STENT	303.60											
07	45387	COLONOSCOPY W/STENT	303.60	00	15									
03	45391	COLONOSCOPY W/ENDOSCOPE US	219.04								1			
07	45391	COLONOSCOPY W/ENDOSCOPE US	219.04	00	15						1			
03	45392	COLONOSCOPY W/ENDOSCOPIC FNB	276.26								1			
07	45392	COLONOSCOPY W/ENDOSCOPIC FNB	276.26	00	15						1			
02	45395	LAP, REMOVAL OF RECTUM	55.71											
03	45395	LAP, REMOVAL OF RECTUM	1,392.88								90			
07	45395	LAP, REMOVAL OF RECTUM	1,392.88	00	15						90			
02	45397	LAP, REMOVE RECTUM W/POUCH	60.62											
03	45397	LAP, REMOVE RECTUM W/POUCH	1,515.42								90			
07	45397	LAP, REMOVE RECTUM W/POUCH	1,515.42	00	15						90			
02	45400	LAPAROSCOPIC PROCTOPEXY	32.56											
03	45400	LAPAROSCOPIC PROCTOPEXY	813.92								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	45400	LAPAROSCOPIC PROCTOPEXY	813.92	00	15						90			
02	45402	LAP PROCTOPEXY W/SIG RESECT	44.25											
03	45402	LAP PROCTOPEXY W/SIG RESECT	1,106.34								90			
07	45402	LAP PROCTOPEXY W/SIG RESECT	1,106.34	00	15						90			
03	45499	LAPAROSCOPE PROC, RECTUM	MP			X								
07	45499	LAPAROSCOPE PROC, RECTUM	MP	00	15	X								
03	45500	REPAIR OF RECTUM	269.69								90			
07	45500	REPAIR OF RECTUM	410.73	00	15						90			
08	45500	REPAIR OF RECTUM	220.39											
02	45505	REPAIR OF RECTUM	72.07											
03	45505	REPAIR OF RECTUM	360.40								90			
07	45505	REPAIR OF RECTUM	406.59	00	15						90			
08	45505	REPAIR OF RECTUM	220.39											
03	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	53.30								1			
07	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	53.30	00	15						1			
02	45540	CORRECT RECTAL PROLAPSE	136.31											
03	45540	CORRECT RECTAL PROLAPSE	681.53								90			
07	45540	CORRECT RECTAL PROLAPSE	873.17	00	15						90			
02	45541	CORRECT RECTAL PROLAPSE	136.31											
03	45541	CORRECT RECTAL PROLAPSE	681.53								90			
07	45541	CORRECT RECTAL PROLAPSE	725.13	00	15						90			
02	45550	REPAIR RECTUM;REMOVE SIGMOID	154.67											
03	45550	REPAIR RECTUM;REMOVE SIGMOID	773.42								90			
07	45550	REPAIR RECTUM;REMOVE SIGMOID	1,194.84	00	15						90			
02	45560	REPAIR OF RECTOCELE	43.85											
03	45560	REPAIR OF RECTOCELE	219.28								90			
07	45560	REPAIR OF RECTOCELE	591.83	00	15						90			
08	45560	REPAIR OF RECTOCELE	220.39											
02	45562	EXPLORATION/REPAIR OF RECTUM	135.93											
03	45562	EXPLORATION/REPAIR OF RECTUM	679.63								90			
07	45562	EXPLORATION/REPAIR OF RECTUM	820.43	00	15						90			
02	45563	EXPLORATION/REPAIR OF RECTUM	214.41											
03	45563	EXPLORATION/REPAIR OF RECTUM	1,072.02								90			
07	45563	EXPLORATION/REPAIR OF RECTUM	1,251.01	00	15						90			
02	45800	REPAIR RECTUMBLADDER FISTULA	123.28											
03	45800	REPAIR RECTUMBLADDER FISTULA	616.43								90			
07	45800	REPAIR RECTUMBLADDER FISTULA	926.14	00	15						90			
02	45805	REPAIR FISTULA; COLOSTOMY	171.87											
03	45805	REPAIR FISTULA; COLOSTOMY	859.37								90			
07	45805	REPAIR FISTULA; COLOSTOMY	1,122.85	00	15						90			
02	45820	REPAIR RECTOURETHRAL FISTULA	138.69											
03	45820	REPAIR RECTOURETHRAL FISTULA	692.97								90			
07	45820	REPAIR RECTOURETHRAL FISTULA	962.27	00	15						90			
02	45825	REPAIR FISTULA; COLOSTOMY	171.87											
03	45825	REPAIR FISTULA; COLOSTOMY	859.37								90			
07	45825	REPAIR FISTULA; COLOSTOMY	1,115.18	00	15						90			
03	45900	REDUCTION OF RECTAL PROLAPSE	35.66											
07	45900	REDUCTION OF RECTAL PROLAPSE	130.81	00	15									
08	45900	REDUCTION OF RECTAL PROLAPSE	220.39						X					
03	45905	DILATION OF ANAL SPHINCTER	44.50											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	45905	DILATION OF ANAL SPHINCTER	469.94	00 15									
08	45905	DILATION OF ANAL SPHINCTER	220.39					X					
03	45910	DILATION OF RECTAL NARROWING	44.50							10			
07	45910	DILATION OF RECTAL NARROWING	658.46	00 15						10			
08	45910	DILATION OF RECTAL NARROWING	220.39					X					
03	45915	REMOVE RECTAL OBSTRUCTION	44.50										
07	45915	REMOVE RECTAL OBSTRUCTION	270.63	00 15									
08	45915	REMOVE RECTAL OBSTRUCTION	220.39										
03	45990	SURG DX EXAM, ANORECTAL	80.31		X					1			
07	45990	SURG DX EXAM, ANORECTAL	80.31	00 15	X					1			
08	45990	SURG DX EXAM ANORECTAL	220.39										
02	45999	RECTUM SURGERY PROCEDURE	MP		X								
03	45999	RECTUM SURGERY PROCEDURE	MP		X								
07	45999	RECTUM SURGERY PROCEDURE	MP	00 15	X								
03	46020	PLACEMENT OF SETON	207.48							10			
07	46020	PLACEMENT OF SETON	207.48	00 15						10			
08	46020	PLACEMENT OF SETION	262.36										
03	46030	REMOVAL OF RECTAL MARKER	23.77										
07	46030	REMOVAL OF RECTAL MARKER	138.70	00 15									
08	46030	REMOVAL OF RECTAL MARKER	220.39										
03	46040	INCISION OF RECTAL ABSCESS	124.36							90			
07	46040	INCISION OF RECTAL ABSCESS	367.86	00 15						90			
08	46040	INCISION OF RECTAL ABSCESS	262.36										
03	46045	INCISION OF RECTAL ABSCESS	124.36							90			
07	46045	INCISION OF RECTAL ABSCESS	257.61	00 15						90			
08	46045	INCISION OF RECTAL ABSCESS	220.39										
03	46050	INCISION OF ANAL ABSCESS	31.09										
07	46050	INCISION OF ANAL ABSCESS	161.87	00 15									
08	46050	INCISION OF ANAL ABSCESS	220.39										
03	46060	INCISION OF RECTAL ABSCESS	308.21							90			
07	46060	INCISION OF RECTAL ABSCESS	340.20	00 15						90			
08	46060	INCISION OF RECTAL ABSCESS	262.36					X					
03	46070	INCISION OF ANAL SEPTUM	29.61							90			
07	46070	INCISION OF ANAL SEPTUM	185.44	00 15						90			
03	46080	INCISION OF ANAL SPHINCTER	88.99										
07	46080	INCISION OF ANAL SPHINCTER	216.17	00 15									
08	46080	INCISION OF ANAL SPHINCTER	262.36										
03	46083	EXC EXT.THROMBOSED HEMORRHOID	25.38							10			X
07	46083	EXC EXT.THROMBOSED HEMORRHOID	204.26	00 15						10			X
03	46200	REMOVAL OF ANAL FISSURE	220.29							90			
07	46200	REMOVAL OF ANAL FISSURE	257.78	00 15						90			
08	46200	REMOVAL OF ANAL FISSURE	262.36					X					
03	46210	REMOVAL OF ANAL CRYPT	53.38							90			
07	46210	REMOVAL OF ANAL CRYPT	264.90	00 15						90			
08	46210	REMOVAL OF ANAL CRYPT	220.39										
03	46211	REMOVAL OF ANAL CRYPTS	118.52							90			
07	46211	REMOVAL OF ANAL CRYPTS	319.82	00 15						90			
08	46211	REMOVAL OF ANAL CRYPTS	220.39										
03	46220	REMOVAL OF ANAL TAB	26.65							10			
07	46220	REMOVAL OF ANAL TAB	101.67	00 15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	46220	REMOVAL OF ANAL TAB	220.39											
03	46221	LIGATION OF HEMORRHOID(S)	32.57								10			
07	46221	LIGATION OF HEMORRHOID(S)	132.83	00	15						10			
08	46221	LIGATION OF HEMORRHOIDS	282.40						X					
03	46230	REMOVAL OF ANAL TABS	32.57								10			
07	46230	REMOVAL OF ANAL TABS	236.54	00	15						10			
03	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	219.28								90			
07	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	329.06	00	15						90			
08	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	262.36											
03	46255	HEMORRHOIDECTOMY	266.65								90			
07	46255	HEMORRHOIDECTOMY	384.13	00	15						90			
08	46255	HEMORRHOIDECTOMY	262.36											
03	46257	REMOVE HEMORRHOIDS & FISSURE	362.75								90			
07	46257	REMOVE HEMORRHOIDS & FISSURE	362.75	00	15						90			
08	46257	REMOVE HEMORRHOIDS & FISSURE	262.36											
03	46258	REMOVE HEMORRHOIDS & FISTULA	373.38								90			
07	46258	REMOVE HEMORRHOIDS & FISTULA	373.38	00	15						90			
08	46258	REMOVE HEMORRHOIDS & FISTULA	262.36											
03	46260	HEMORRHOIDECTOMY	385.26								90			
07	46260	HEMORRHOIDECTOMY	385.26	00	15						90			
08	46260	HEMORRHOIDECTOMY	262.36											
03	46261	REMOVE HEMORRHOIDS & FISSURE	455.15								90			
07	46261	REMOVE HEMORRHOIDS & FISSURE	455.15	00	15						90			
08	46261	REMOVE HEMORRHOIDS & FISSURE	262.36											
02	46262	REMOVE HEMORRHOIDS & FISTULA	104.90											
03	46262	REMOVE HEMORRHOIDS & FISTULA	524.52								90			
07	46262	REMOVE HEMORRHOIDS & FISTULA	524.52	00	15						90			
08	46262	REMOVE HEMORRHOIDS & FISTULA	262.36											
03	46270	REMOVAL OF ANAL FISTULA	100.76								90			
07	46270	REMOVAL OF ANAL FISTULA	309.04	00	15						90			
08	46270	REMOVAL OF ANAL FISTULA	262.36						X					
03	46275	REMOVAL OF ANAL FISTULA	331.88								90			
07	46275	REMOVAL OF ANAL FISTULA	331.88	00	15						90			
08	46275	REMOVAL OF ANAL FISTULA	262.36						X					
03	46280	REMOVAL OF ANAL FISTULA	414.87								90			
07	46280	REMOVAL OF ANAL FISTULA	414.87	00	15						90			
08	46280	REMOVAL PF ANAL FISTULA	262.36											
03	46285	REMOVAL OF ANAL FISTULA	100.76								90			
07	46285	REMOVAL OF ANAL FISTULA	291.31	00	15						90			
08	46285	REMOVAL OF ANAL FISTULA	220.39											
02	46288	REPAIR ANAL FISTULA	73.99											
03	46288	REPAIR ANAL FISTULA	369.93								90			
07	46288	REPAIR ANAL FISTULA	406.99	00	15						90			
08	46288	REPAIR ANAL FISTULA	262.36											
03	46320	REMOVAL OF HEMORRHOID CLOT	34.64											
07	46320	REMOVAL OF HEMORRHOID CLOT	187.83	00	15									
08	46320	REMOVAL OF HEMORRHOID CLOT	282.40						X					
03	46500	INJECTION TREATMENT OF ANUS	21.42											
07	46500	INJECTION TREATMENT OF ANUS	152.09	00	15									
03	46505	CHEMODENERVATION ANAL MUSC	169.52								10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	46505	CHEMODENERVATION ANAL MUSC	169.52	00 15						10			
03	46600	ANOSCOPY; DIAGNOSTIC	22.20							1			
07	46600	ANOSCOPY; DIAGNOSTIC	44.90	00 15						1			
03	46604	ANOSCOPY WITH DIRECT DILATION	44.50							1			
07	46604	ANOSCOPY WITH DIRECT DILATION	80.58	00 15						1			
03	46606	ANOSCOPY WITH BIOPSY	44.50							1			
07	46606	ANOSCOPY WITH BIOPSY	58.50	00 15						1			
03	46608	ANOSCOPY;REMOVE FOREIGN BODY	40.27							1			
07	46608	ANOSCOPY;REMOVE FOREIGN BODY	114.96	00 15						1			
08	46608	ANOSCOPY, REMOVE FOREIGN BODY	220.39										
03	46610	ANOSCOPY; REMOVE POLYP	56.26							1			
07	46610	ANOSCOPY; REMOVE POLYP	96.90	00 15						1			
08	46610	ANPSCOPY; REMOVE POLYP	220.39										
03	46611	ANOSCOPY;	74.92							1			
07	46611	ANOSCOPY;	134.44	00 15						1			
08	46611	ANOSCOPY;	220.39										
03	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	71.15							1			
07	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	172.44	00 15						1			
08	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	220.39										
03	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	112.60							1			
07	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	135.71	00 15						1			
03	46615	ANOSCOPY;	133.59							1			
07	46615	ANOSCOPY;	158.27	00 15						1			
08	46615	ANOSCOPY	220.39										
03	46700	REPAIR OF ANAL STRICTURE	240.67							90			
07	46700	REPAIR OF ANAL STRICTURE	492.21	00 15						90			
08	46700	REPAIR OF ANAL STRICTURE	262.36										
03	46705	REPAIR OF ANAL STRICTURE	335.86							90			
07	46705	REPAIR OF ANAL STRICTURE	412.80	00 15						90			
02	46710	REPR PER/VAG POUCH SNGL PROC	29.15										
03	46710	REPR PER/VAG POUCH SNGL PROC	728.88							90			
07	46710	REPR PER/VAG POUCH SNGL PROC	728.88	00 15						90			
02	46712	REPR PER/VAG POUCH DBL PROC	61.42										
03	46712	REPR PER/VAG POUCH DBL PROC	1,535.46							90			
07	46712	REPR PER/VAG POUCH DBL PROC	1,535.46	00 15						90			
03	46715	REPAIR OF ANOVAGINAL FISTULA	219.28							90			
07	46715	REPAIR OF ANOVAGINAL FISTULA	422.27	00 15						90			
02	46716	REPAIR OF ANOVAGINAL FISTULA	43.85										
03	46716	REPAIR OF ANOVAGINAL FISTULA	219.28							90			
07	46716	REPAIR OF ANOVAGINAL FISTULA	832.08	00 15						90			
02	46730	CONSTRUCTION OF ABSENT ANUS	94.82										
03	46730	CONSTRUCTION OF ABSENT ANUS	474.09							90			
07	46730	CONSTRUCTION OF ABSENT ANUS	1,401.98	00 15						90			
02	46735	CONSTRUCTION OF ABSENT ANUS	171.87										
03	46735	CONSTRUCTION OF ABSENT ANUS	859.37							90			
07	46735	CONSTRUCTION OF ABSENT ANUS	1,717.64	00 15						90			
02	46740	CONSTRUCTION OF ABSENT ANUS	126.09										
03	46740	CONSTRUCTION OF ABSENT ANUS	1,086.87							90			
07	46740	CONSTRUCTION OF ABSENT ANUS	1,588.64	00 15						90			
02	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	294.42										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,472.09							90			
07	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,933.26	00 15						90			
02	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	330.53										
03	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	1,652.67							90			
07	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,649.79	00 15						90			
02	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	361.65										
03	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	1,808.24							90			
07	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,993.87	00 15						90			
02	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	402.89										
03	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,014.43							90			
07	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,289.13	00 15						90			
02	46750	REPAIR OF ANAL SPHINCTER	61.67										
03	46750	REPAIR OF ANAL SPHINCTER	308.35							90			
07	46750	REPAIR OF ANAL SPHINCTER	568.32	00 15						90			
08	46750	REPAIR OF ANAL SPHINCTER	262.36										
02	46751	REPAIR OF ANAL SPHINCTER	83.20										
03	46751	REPAIR OF ANAL SPHINCTER	416.03							90			
07	46751	REPAIR OF ANAL SPHINCTER	530.97	00 15						90			
03	46753	RECONSTRUCTION OF ANUS	296.35							90			
07	46753	RECONSTRUCTION OF ANUS	443.08	00 15						90			
08	46753	RECONSTRUCTION OF ANUS	262.36										
03	46754	REMOVAL OF SUTURE FROM ANUS	79.05							10			
07	46754	REMOVAL OF SUTURE FROM ANUS	250.55	00 15						10			
08	46754	REMOVAL OF SUTURE FROM ANUS	220.39										
02	46760	REPAIR OF ANAL SPHINCTER	92.45										
03	46760	REPAIR OF ANAL SPHINCTER	462.25							90			
07	46760	REPAIR OF ANAL SPHINCTER	761.70	00 15						90			
08	46760	REPAIR OF ANAL SPHINCTER	220.39										
02	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	92.45										
03	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	462.25							90			
07	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	733.95	00 15						90			
08	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	262.36										
02	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	120.19			X							
03	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	600.92			X				90			
07	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	664.43	00 15		X				90			
08	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	320.56										
03	46900	REMOVAL OF ANAL LESION	17.77										
07	46900	REMOVAL OF ANAL LESION	182.83	00 15									
03	46910	REMOVAL OF ANAL LESION	28.51										
07	46910	REMOVAL OF ANAL LESION	190.60	00 15									
03	46916	CRYSOSURGERY-ANAL LESIONS ,	15.69							10			X
07	46916	CRYSOSURGERY-ANAL LESIONS ,	170.71	00 15						10			X
03	46917	DESTROY ANAL LESION(S); LASER SURG	54.00							10			
07	46917	DESTROY ANAL LESION(S); LASER SURG	238.93	00 15						10			
08	46917	DESTROY ANAL ESOPM (S); LASER SURG	220.39										
03	46922	DESTROY ANAL LESION(S)-SURG EXCISION	54.00							10			
07	46922	DESTROY ANAL LESION(S)-SURG EXCISION	196.49	00 15						10			
08	46922	DESTROY ANAL LESION(S)-SURG EXCISION	220.39										
03	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	76.39							10			
07	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	255.96	00 15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	46924	DESTRUCTION, ANAL LESION(S)	220.39										
03	46934	CRYOTHERAPY OF HEMORRHOIDS	59.30							90			
07	46934	CRYOTHERAPY OF HEMORRHOIDS	341.58	00 15						90			
03	46935	CRYOTHERAPY OF HEMORRHOIDS	29.61							10			
07	46935	CRYOTHERAPY OF HEMORRHOIDS	236.62	00 15						10			
03	46936	CRYOTHERAPY OF HEMORRHOIDS	88.91							90			
07	46936	CRYOTHERAPY OF HEMORRHOIDS	351.01	00 15						90			
03	46937	CRYOTHERAPY OF RECTAL LESION	88.91							10			
07	46937	CRYOTHERAPY OF RECTAL LESION	240.96	00 15						10			
08	46937	CRYOTHERAPY OF RECTAL LESION	220.39										
03	46938	CRYOTHERAPY OF RECTAL LESION	118.52							90			
07	46938	CRYOTHERAPY OF RECTAL LESION	374.72	00 15						90			
08	46938	CRYOTHERAPY OF RECTAL LESION	220.39										
03	46940	TREATMENT OF ANAL FISSURE	98.81							10			
07	46940	TREATMENT OF ANAL FISSURE	197.18	00 15						10			
03	46942	TREATMENT OF ANAL FISSURE	59.30							10			
07	46942	TREATMENT OF ANAL FISSURE	166.36	00 15						10			
03	46945	LIGATION OF HEMORRHOIDS	59.30							90			
07	46945	LIGATION OF HEMORRHOIDS	198.31	00 15						90			
03	46946	LIGATION OF HEMORRHOIDS	118.52							90			
07	46946	LIGATION OF HEMORRHOIDS	269.01	00 15						90			
08	46946	LIGATION OF HEMORRHOIDS	220.39										
03	46947	HEMORRHOIDOPEXY BY STAPLING	252.21							90			
07	46947	HEMORRHOIDOPEXY BY STAPLING	252.21	00 15						90			
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	160.15										
07	47000	NEEDLE BIOPSY OF LIVER	333.36	00 15									
08	47000	NEEDLE BIOPSY OF LIVER	262.36					X					
02	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	18.00										X
03	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	89.10										
07	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	94.98	00 15									
03	47010	DRAINAGE OF LIVER LESION	335.86							90			
07	47010	DRAINAGE OF LIVER LESION	888.59	00 15						90			
03	47011	PERCUT DRAIN, LIVER LESION	222.37							1			
07	47011	PERCUT DRAIN, LIVER LESION	281.44	00 15						1			
02	47015	INJECT/ASPIRATE LIVER CYST	109.13										
03	47015	INJECT/ASPIRATE LIVER CYST	545.68							90			
07	47015	INJECT/ASPIRATE LIVER CYST	822.06	00 15						90			
02	47100	WEDGE BIOPSY OF LIVER	53.94										
03	47100	WEDGE BIOPSY OF LIVER	269.69							90			
07	47100	WEDGE BIOPSY OF LIVER	642.76	00 15						90			
02	47120	PARTIAL REMOVAL OF LIVER	148.17										
03	47120	PARTIAL REMOVAL OF LIVER	740.84							90			
07	47120	PARTIAL REMOVAL OF LIVER	1,868.91	00 15						90			
02	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	148.17										
03	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	740.84							90			
07	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,830.93	00 15						90			
02	47125	PARTIAL REMOVAL OF LIVER	171.87										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	47125	PARTIAL REMOVAL OF LIVER	859.37								90			
07	47125	PARTIAL REMOVAL OF LIVER	2,543.81	00	15						90			
02	47130	PARTIAL REMOVAL OF LIVER	171.87											
03	47130	PARTIAL REMOVAL OF LIVER	859.37								90			
07	47130	PARTIAL REMOVAL OF LIVER	2,743.99	00	15						90			
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					90			
07	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	4,535.34	00	15	X					90			
02	47136	TRANSPLANTATION OF LIVER	424.42			X								
03	47136	TRANSPLANTATION OF LIVER	2,122.12			X					90			
07	47136	TRANSPLANTATION OF LIVER	4,153.16	00	15	X					90			
02	47140	PARTIAL REMOVAL, DONOR LIVER	476.84			X								
03	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23			X					90			
07	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23	00	15	X					90			
02	47141	PARTIAL REMOVAL, DONOR LIVER	575.57			X								
03	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85			X					90			
07	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85	00	15	X					90			
02	47142	PARTIAL REMOVAL, DONOR LIVER	633.72			X								
03	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62			X					90			
07	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62	00	15	X					90			
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	10.47			X								
03	47146	PREP DONOR LIVER/VENOUS	261.86			X								
07	47146	PREP DONOR LIVER/VENOUS	261.86	00	15	X								
02	47147	PREP DONOR LIVER/ARTERIAL	12.22			X								
03	47147	PREP DONOR LIVER/ARTERIAL	305.51			X								
07	47147	PREP DONOR LIVER/ARTERIAL	305.51	00	15	X								
02	47300	SURGERY FOR LIVER LESION	89.15											
03	47300	SURGERY FOR LIVER LESION	445.73								90			
07	47300	SURGERY FOR LIVER LESION	810.17	00	15						90			
02	47350	REPAIR LIVER WOUND	109.04											
03	47350	REPAIR LIVER WOUND	545.25								90			
07	47350	REPAIR LIVER WOUND	1,031.56	00	15						90			
02	47360	REPAIR LIVER WOUND	154.11											
03	47360	REPAIR LIVER WOUND	770.54								90			
07	47360	REPAIR LIVER WOUND	1,417.87	00	15						90			
02	47361	REPAIR LIVER WOUND	347.42											
03	47361	REPAIR LIVER WOUND	1,737.10								90			
07	47361	REPAIR LIVER WOUND	2,399.90	00	15						90			
02	47362	REPAIR LIVER WOUND	124.10											
03	47362	REPAIR LIVER WOUND	620.52								90			
07	47362	REPAIR LIVER WOUND	1,003.68	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	47370	LAPARO ABLATE LIVER TUMOR RF	178.04								90			
03	47370	LAPARO ABLATE LIVER TUMOR RF	890.19								90			
07	47370	LAPARO ABLATE LIVER TUMOR RF	890.19	00	15						90			
02	47371	LAPARO ABLATE LIVER CRYOSUG	167.90								90			
03	47371	LAPARO ABLATE LIVER CRYOSUG	839.50								90			
07	47371	LAPARO ABLATE LIVER CRYOSUG	839.50	00	15						90			
03	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X								
07	47379	LAPAROSCOPE PROCEDURE, LIVER	MP	00	15	X								
02	47380	OPEN ABLATE LIVER TUMOR RF	208.94											
03	47380	OPEN ABLATE LIVER TUMOR RF	1,044.70								90			
07	47380	OPEN ABLATE LIVER TUMOR RF	1,044.70	00	15						90			
02	47381	OPEN ABLATE LIVER TUMOR CRYO	206.56											
03	47381	OPEN ABLATE LIVER TUMOR CRYO	1,032.79								90			
07	47381	OPEN ABLATE LIVER TUMOR CRYO	1,032.79	00	15						90			
02	47382	PERCUT ABLATE LIVER RF	124.52											
03	47382	PERCUT ABLATE LIVER RF	622.62								10			
07	47382	PERCUT ABLATE LIVER RF	622.62	00	15						10			
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	138.69											
03	47400	INCISION OF LIVER DUCT	693.48								90			
07	47400	INCISION OF LIVER DUCT	1,681.25	00	15						90			
02	47420	INCISION OF BILE DUCT	61.56											
03	47420	INCISION OF BILE DUCT	538.76								90			
07	47420	INCISION OF BILE DUCT	1,060.57	00	15						90			
02	47425	INCISION OF BILE DUCT	133.35											
03	47425	INCISION OF BILE DUCT	666.76								90			
07	47425	INCISION OF BILE DUCT	1,052.41	00	15						90			
02	47460	INCISE BILE DUCT SPHINCTER	162.98											
03	47460	INCISE BILE DUCT SPHINCTER	814.92								90			
07	47460	INCISE BILE DUCT SPHINCTER	971.93	00	15						90			
02	47480	INCISION OF GALLBLADDER	87.71											
03	47480	INCISION OF GALLBLADDER	438.56								90			
07	47480	INCISION OF GALLBLADDER	626.31	00	15						90			
03	47490	PERCUTANEOUS CHOLECYSTOSTOMY	214.90								90			
07	47490	PERCUTANEOUS CHOLECYSTOSTOMY	507.72	00	15						90			
03	47500	INJECTION FOR LIVER X-RAYS	115.73								1			
07	47500	INJECTION FOR LIVER X-RAYS	115.73	00	15						1			
03	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	64.11								1			
07	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	118.50	00	15						1			
03	47510	INSERT CATHETER FOR BILARY DRAINAGE	169.20								90			
07	47510	INSERT CATHETER FOR BILARY DRAINAGE	586.28	00	15						90			
08	47510	INSERT CATHETER FOR BILARY DRAINAGE	220.39											
02	47511	INTRODUCTION OF PERCUT TRANSHEPATIC	63.00											X
03	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	313.20								90			
07	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	719.07	00	15						90			
08	47511	INSERT BILE DUCT DRAIN	320.56											
03	47525	CHANGE PERCU.BILIARY DRAIN CATHETER	145.94								10			
07	47525	CHANGE PERCU.BILIARY DRAIN CATHETER	308.99	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	47525	CHANGE PERCU BILLIARY DRAIN CATHETER	220.39											
03	47530	T-TUBE REVISION AND/OR REINSERTION	145.94								90			
07	47530	T-TUBE REVISION AND/OR REINSERTION	375.92	00	15						90			
08	47530	T-TUBE REVISION AND/OR REINSERTION	220.39											
03	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	79.34											
07	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	151.49	00	15									
03	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	104.15								1			
07	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	307.32	00	15						1			
08	47552	BILIARY ENDOSCOPY....;DIAGNOSTIC	220.39											
03	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	117.16								1			
07	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	319.19	00	15						1			
08	47553	BILIARY ENDOSCOPY...; BX &SPEC. COLL	262.36											
03	47554	BILIARY ENDOSCOPY...; REMOVE STONES	164.59								1			
07	47554	BILIARY ENDOSCOPY...; REMOVE STONES	458.01	00	15						1			
08	47554	BILIARY ENDOSCOPY...; REMOVE STONES	262.36											
03	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	149.60								1			
07	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	377.71	00	15						1			
08	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	262.36											
03	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	421.20								1			
07	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	424.62	00	15						1			
08	47556	BILIARY ENDOSCOPY THRU SKIN	320.56											X
03	47560	LAPAROSCOPY W/CHOLANGIO	269.88											
07	47560	LAPAROSCOPY W/CHOLANGIO	269.88	00	15									
08	47560	LAPAROSCOPY W/CHOLANGIO	262.36											
02	47561	LAPARO W/CHOLANGIO/BIOPSY	60.56								1			
03	47561	LAPARO W/CHOLANGIO/BIOPSY	302.81								1			
07	47561	LAPARO W/CHOLANGIO/BIOPSY	302.81	00	15						1			
08	47561	LAPARO W/CHOLANGIO/BIOPSY	262.36											
02	47562	LAPAROSCOPIC CHOLECYSTECTOMY	128.27								90			X
03	47562	LAPAROSCOPIC CHOLECYSTECTOMY	641.37								90			
07	47562	LAPAROSCOPIC CHOLECYSTECTOMY	641.37	00	15						90			
02	47563	LAPARO CHOLECYSTECTOMY/GRAPH	137.43								90			
03	47563	LAPARO CHOLECYSTECTOMY/GRAPH	687.13								90			
07	47563	LAPARO CHOLECYSTECTOMY/GRAPH	687.13	00	15						90			
02	47564	LAPARO CHOLECYSTECTOMY/EXPLR	161.25								90			
03	47564	LAPARO CHOLECYSTECTOMY/EXPLR	806.24								90			
07	47564	LAPARO CHOLECYSTECTOMY/EXPLR	806.24	00	15						90			
02	47570	LAPARO CHOLECYSTOENTERSTOMY	146.66								90			
03	47570	LAPARO CHOLECYSTOENTEROSTOMY	733.28								90			
07	47570	LAPARO CHOLECYSTOENTEROSTOMY	733.28	00	15						90			
03	47579	LAPAROSCOPE PROC, BILIARY	MP			X								
07	47579	LAPAROSCOPE PROC, BILIARY	MP	00	15	X								
02	47600	REMOVAL OF GALLBLADDER	106.87											
03	47600	REMOVAL OF GALLBLADDER	534.63								90			
07	47600	REMOVAL OF GALLBLADDER	736.95	00	15						90			
02	47605	REMOVAL OF GALLBLADDER	121.26											
03	47605	REMOVAL OF GALLBLADDER	606.29								90			
07	47605	REMOVAL OF GALLBLADDER	791.00	00	15						90			
02	47610	REMOVAL OF GALLBLADDER	124.44											
03	47610	REMOVAL OF GALLBLADDER	622.23								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	47610	REMOVAL OF GALLBLADDER	999.14	00 15						90			
02	47612	CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	131.72										
03	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	658.68							90			
07	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	994.21	00 15						90			
02	47620	REMOVAL OF GALLBLADDER	154.11										
03	47620	REMOVAL OF GALLBLADDER	770.54							90			
07	47620	REMOVAL OF GALLBLADDER	1,086.45	00 15						90			
02	47630	REMOVE BILE DUCT STONE	89.15										
03	47630	REMOVE BILE DUCT STONE	445.73							90			
07	47630	REMOVE BILE DUCT STONE	445.73	00 15						90			
08	47630	REMOVE BILE DUCT STONE	262.36										
02	47700	EXPLORATION OF BILE DUCTS	114.97										
03	47700	EXPLORATION OF BILE DUCTS	574.86							90			
07	47700	EXPLORATION OF BILE DUCTS	878.54	00 15						90			
02	47701	PORTOENTEROSTOMY	221.52										
03	47701	PORTENTEROSTOMY	1,107.59							90			
07	47701	PORTENTEROSTOMY	1,519.32	00 15						90			
02	47711	EXCISION OF BILE DUCT TUMOR	214.05										
03	47711	EXCISION OF BILE DUCT TUMOR	1,070.25							90			
07	47711	EXCISION OF BILE DUCT TUMOR	1,241.03	00 15						90			
02	47712	EXCISION OF BILE DUCT TUMOR	252.41										
03	47712	EXCISION OF BILE DUCT TUMOR	1,262.02							90			
07	47712	EXCISION OF BILE DUCT TUMOR	1,604.25	00 15						90			
02	47715	EXCISE CHOLEDOCHAL CYST	106.93										
03	47715	EXCISE CHOLEDOCHAL CYST	534.63							90			
07	47715	EXCISE CHOLEDOCHAL CYST	1,002.39	00 15						90			
02	47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHO	157.92										
03	47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHO	789.63							90			
07	47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHO	789.63	00 15						90			
02	47720	FUSE GALLBLADDER & BOWEL	111.43										
03	47720	FUSE GALLBLADDER & BOWEL	557.17							90			
07	47720	FUSE GALLBLADDER & BOWEL	883.44	00 15						90			
02	47721	FUSE UPPER GI STRUCTURES	130.38										
03	47721	FUSE UPPER GI STRUCTURES	651.92							90			
07	47721	FUSE UPPER GI STRUCTURES	1,045.08	00 15						90			
02	47740	FUSE GALLBLADDER & BOWEL	130.38										
03	47740	FUSE GALLBLADDER & BOWEL	651.92							90			
07	47740	FUSE GALLBLADDER & BOWEL	1,012.91	00 15						90			
02	47741	FUSE GALLBLADDER & BOWEL	237.54										
03	47741	FUSE GALLBLADDER & BOWEL	1,187.69							90			
07	47741	FUSE GALLBLADDER & BOWEL	1,187.69	00 15						90			
02	47760	FUSE BILE DUCTS AND BOWEL	169.52										
03	47760	FUSE BILE DUCTS AND BOWEL	847.58							90			
07	47760	FUSE BILE DUCTS AND BOWEL	1,378.38	00 15						90			
02	47765	FUSE LIVER DUCTS & BOWEL	176.00										
03	47765	FUSE LIVER DUCTS & BOWEL	880.07							90			
07	47765	FUSE LIVER DUCTS & BOWEL	1,357.40	00 15						90			
02	47780	FUSE BILE DUCTS AND BOWEL	171.87										
03	47780	FUSE BILE DUCTS AND BOWEL	859.37							90			
07	47780	FUSE BILE DUCTS AND BOWEL	1,410.10	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	47785	FUSE BILE DUCTS AND BOWEL	272.57											
03	47785	FUSE BILE DUCTS AND BOWEL	1,362.81								90			
07	47785	FUSE BILE DUCTS AND BOWEL	1,668.51	00	15						90			
02	47800	RECONSTRUCTION OF BILE DUCTS	154.11											
03	47800	RECONSTRUCTION OF BILE DUCTS	770.54								90			
07	47800	RECONSTRUCTION OF BILE DUCTS	1,256.57	00	15						90			
03	47801	PLACEMENT OF CHOLEDOCHAL STENT	199.95								90			
07	47801	PLACEMENT OF CHOLEDOCHAL STENT	879.92	00	15						90			
02	47802	U-TUBE HEPATICOENTEROSTOMY	130.38											
03	47802	U-TUBE HEPATICOENTEROSTOMY	651.92								90			
07	47802	U-TUBE HEPATICOENTEROSTOMY	1,191.92	00	15						90			
02	47900	SUTURE BILE DUCT INJURY	203.60											
03	47900	SUTURE BILE DUCT INJURY	1,018.01								90			
07	47900	SUTURE BILE DUCT INJURY	1,084.21	00	15						90			
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	98.39											
03	48000	DRAINAGE OF ABDOMEN	491.95								90			
07	48000	DRAINAGE OF ABDOMEN	1,431.37	00	15						90			
02	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	152.37											
03	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	761.87								90			
07	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,789.66	00	15						90			
02	48020	REMOVAL OF PANCREATIC STONE	110.23											
03	48020	REMOVAL OF PANCREATIC STONE	551.17								90			
07	48020	REMOVAL OF PANCREATIC STONE	837.28	00	15						90			
02	48100	BIOPSY OF PANCREAS	98.14											
03	48100	BIOPSY OF PANCREAS	490.72								90			
07	48100	BIOPSY OF PANCREAS	691.90	00	15						90			
03	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	193.50											
07	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	453.94	00	15									
08	48102	BX PANCREAS; PERCUTANEOUS NEEDLE	220.39											
02	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	387.00											
03	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	1,935.01								90			
07	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	1,935.01	00	15						90			
02	48120	REMOVAL OF PANCREAS LESION	130.38											
03	48120	REMOVAL OF PANCREAS LESION	651.92								90			
07	48120	REMOVAL OF PANCREAS LESION	850.02	00	15						90			
02	48140	PARTIAL REMOVAL OF PANCREAS	154.11											
03	48140	PARTIAL REMOVAL OF PANCREAS	770.54								90			
07	48140	PARTIAL REMOVAL OF PANCREAS	1,225.68	00	15						90			
02	48145	PARTIAL REMOVAL OF PANCREAS	171.87											
03	48145	PARTIAL REMOVAL OF PANCREAS	859.37								90			
07	48145	PARTIAL REMOVAL OF PANCREAS	1,290.62	00	15						90			
02	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	238.10											
03	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,190.48								90			
07	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,459.11	00	15						90			
02	48148	REMOVAL OF PANCREATIC DUCT	130.38											
03	48148	REMOVAL OF PANCREATIC DUCT	651.92								90			
07	48148	REMOVAL OF PANCREATIC DUCT	958.31	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	48150	PARTIAL REMOVAL OF PANCREAS	338.99											
03	48150	PARTIAL REMOVAL OF PANCREAS	1,695.01								90			
07	48150	PARTIAL REMOVAL OF PANCREAS	2,524.52	00	15						90			
02	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	344.66											
03	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,723.34								90			
07	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,344.29	00	15						90			
02	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	364.47											
03	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,822.37								90			
07	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,547.53	00	15						90			
02	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	344.66											
03	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,723.34								90			
07	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,360.24	00	15						90			
02	48155	REMOVAL OF PANCREAS	341.39											
03	48155	REMOVAL OF PANCREAS	1,706.95								90			
07	48155	REMOVAL OF PANCREAS	1,706.95	00	15						90			
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	122.57											
03	48500	SURGERY OF PANCREAS CYST	612.89								90			
07	48500	SURGERY OF PANCREAS CYST	831.62	00	15						90			
02	48510	EXT..DRAINAGE,PANCREAS PSEUDOCYST	61.28											
03	48510	EXT.DRAINAGE,PANCREAS PSEUDOCYST	306.40								90			
07	48510	EXT.DRAINAGE,PANCREAS PSEUDOCYST	777.62	00	15						90			
03	48511	DRAIN PANCREATIC PSEUDOCYST	240.26								1			
07	48511	DRAIN PANCREATIC PSEUDOCYST	271.16	00	15						1			
02	48520	FUSE PANCREAS CYST AND BOWEL	143.42											
03	48520	FUSE PANCREAS CYST AND BOWEL	717.12								90			
07	48520	FUSE PANCREAS CYST AND BOWEL	836.94	00	15						90			
02	48540	FUSE PANCREAS CYST AND BOWEL	162.98											
03	48540	FUSE PANCREAS CYST AND BOWEL	814.92								90			
07	48540	FUSE PANCREAS CYST AND BOWEL	1,040.10	00	15						90			
02	48545	PANCREATORRHAPHY FOR TRAUMA	143.69											
03	48545	PANCREATORRHAPHY FOR TRAUMA	718.49								90			
07	48545	PANCREATORRHAPHY FOR TRAUMA	979.24	00	15						90			
02	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	207.75											
03	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,038.72								90			
07	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,342.13	00	15						90			
02	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	225.08											
03	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,125.43								90			
07	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,125.43	00	15						90			
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								
03	48551	PREP DONOR PANCREAS	MP			X								
07	48551	PREP DONOR PANCREAS	MP	00	15	X								
02	48552	PREP DONOR PANCREAS/VENOUS	7.13			X								
03	48552	PREP DONOR PANCREAS/VENOUS	178.29			X								
07	48552	PREP DONOR PANCREAS/VENOUS	178.29	00	15	X								
02	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X					90			
07	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	1,711.95	00	15	X					90			
02	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X								X
03	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X					90			
07	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	883.84	00	15	X					90			
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	92.47			X								
03	49000	EXPLORATION OF ABDOMEN	462.32			X					90			
07	49000	EXPLORATION OF ABDOMEN	650.61	00	15	X					90			
03	49002	REEXPLORATION OF ABDOMEN	296.35								90			
07	49002	REEXPLORATION OF ABDOMEN	600.86	00	15						90			
02	49010	EXPLORE,RETROPERITONEAL AREA	85.34											
03	49010	EXPLORE,RETROPERITONEAL AREA	426.72								90			
07	49010	EXPLORE,RETROPERITONEAL AREA	699.72	00	15						90			
02	49020	DRAIN ABDOMINAL ABSCESS	80.60											
03	49020	DRAIN ABDOMINAL ABSCESS	403.03								90			
07	49020	DRAIN ABDOMINAL ABSCESS	1,210.55	00	15						90			
03	49021	DRAIN ABDOMINAL ABSCESS	398.24								1			
07	49021	DRAIN ABDOMINAL ABSCESS	398.24	00	15						1			
02	49040	DRAIN ABDOMINAL ABSCESS	92.45											
03	49040	DRAIN ABDOMINAL ABSCESS	462.25								90			
07	49040	DRAIN ABDOMINAL ABSCESS	758.96	00	15						90			
03	49041	PERCUT DRAIN ABDOM ABSCESS	240.26								1			
07	49041	PERCUT DRAIN ABDOM ABSCESS	338.32	00	15						1			
02	49060	DRAIN ABDOMINAL ABSCESS	85.34											
03	49060	DRAIN ABDOMINAL ABSCESS	426.72								90			
07	49060	DRAIN ABDOMINAL ABSCESS	888.62	00	15						90			
03	49061	PERCUTDRAIN RETROPER ABSCESS	222.37								1			
07	49061	PERCUTDRAIN RETROPER ABSCESS	324.90	00	15						1			
02	49062	DRAIN TO PERITONEAL CAVITY	131.57											
03	49062	DRAIN TO PERITONEAL CAVITY	657.85								90			
07	49062	DRAIN TO PERITONEAL CAVITY	662.36	00	15						90			
03	49080	REMOVAL OF ABDOMINAL FLUID	29.61											
07	49080	REMOVAL OF ABDOMINAL FLUID	193.63	00	15									
08	49080	REMOVAL OF ABDOMINAL FLUID	220.39											
03	49081	REMOVAL OF ABDOMINAL FLUID	23.77											
07	49081	REMOVAL OF ABDOMINAL FLUID	145.37	00	15									
08	49081	REMOVAL OF ABDOMINAL FLUID	220.39											
03	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	118.44											
07	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	331.42	00	15									
08	49180	NEEDLE BX, ABDOMINAL/RETROPERI MASS	220.39											
02	49200	REMOVAL OF ABDOMINAL LESION	85.96											
03	49200	REMOVAL OF ABDOMINAL LESION	490.72								90			
07	49200	REMOVAL OF ABDOMINAL LESION	601.28	00	15						90			
02	49201	REMOVAL OF ABDOMINAL LESION	106.69											
03	49201	REMOVAL OF ABDOMINAL LESION	533.43								90			
07	49201	REMOVAL OF ABDOMINAL LESION	856.23	00	15						90			
02	49215	EXCISE PRESACRAL/SACROCOCCYGEAL CYST	106.69											

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	533.43								90			
07	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,758.97	00	15						90			
02	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	162.82											
03	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	814.10								90			
07	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	830.12	00	15						90			
03	49250	EXCISION OF UMBILICUS	237.08								90			
07	49250	EXCISION OF UMBILICUS	490.87	00	15						90			
08	49250	EXCISION OF UMBILICUS	262.36											
03	49255	OMENTECTOMY,...RESECT OMENTUM	357.40			X					90			
07	49255	OMENTECTOMY,...RESECT OMENTUM	643.60	00	15	X					90			
03	49320	DIAG LAPARO SEPARATE PROC	307.71			X					10			
07	49320	DIAG LAPARO SEPARATE PROC	307.71	00	15	X					10			
08	49320	DIAG LAPARO SEPARATE PROC	262.36											
03	49321	LAPAROSCOPY, BIOPSY	328.79			X					10			
07	49321	LAPAROSCOPY, BIOPSY	328.79	00	15	X					10			
08	49321	LAPAROSCOPY, BIOPSY	262.36											
03	49322	LAPAROSCOPY, ASPIRATION	366.49			X					10			
07	49322	LAPAROSCOPY, ASPIRATION	366.49	00	15	X					10			
08	49322	LAPAROSCOPY, ASPIRATION	262.36											
03	49323	LAPARO DRAIN LYMPHOCELE	545.14			X					90			
07	49323	LAPARO DRAIN LYMPHOCELE	545.14	00	15	X					90			
02	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	53.20											
03	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	266.02								10			
07	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	266.02	00	15						10			
02	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	57.42											
03	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	287.11								10			
07	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	287.11	00	15						10			
02	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	26.60											
03	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	133.04											
07	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	133.04	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	38.57											
07	49400	AIR INJECTION INTO ABDOMEN	95.97	00	15									
03	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	574.79								90			
07	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	574.79	00	15						90			
08	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	220.39											
03	49419	INSRT ABDOM CATH FOR CHEMOTX	380.44								90			
07	49419	INSRT ABDOM CATH FOR CHEMOTX	380.44	00	15						90			
03	49420	INSERT ABDOMINAL DRAIN	93.65											
07	49420	INSERT ABDOMINAL DRAIN	113.70	00	15									
08	49420	INSERT ABDOMINAL DRAIN	220.39											
03	49421	INSERT PERM.CANNULA/CATH-DRAIN/DIALY	224.81								90			
07	49421	INSERT PERM.CANNULA/CATH-DRAIN/DIALY	343.98	00	15						90			
08	49421	INSERT PERM CANNULA/CATH-DRAIN/DIALY	220.39											
03	49422	REMOVE PERM CANNULA/CATHETER	353.14								10			
07	49422	REMOVE PERM CANNULA/CATHETER	353.14	00	15						10			
08	49422	REMOVE PERM CANNULA/CATHETER	220.39											
03	49423	EXCHANGE DRAINAGE CATH	87.58								1			
07	49423	EXCHANGE DRAINAGE CATH	87.58	00	15						1			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	49424	ASSESS CYST, CONTRAST INJ	45.59								1			
07	49424	ASSESS CYST, CONTRAST INJ	45.59	00	15						1			
03	49425	PERITONEAL-VENOUS SHUNT	518.59								90			
07	49425	PERITONEAL-VENOUS SHUNT	659.25	00	15						90			
03	49426	REVISION OF PERITONEAL-VENOUS SHUNT	216.00								90			
07	49426	REVISION OF PERITONEAL-VENOUS SHUNT	567.88	00	15						90			
08	49426	REVISION OF PERITONEAL-VENOUS SHUNT	220.39											
03	49427	INJECTION PROCEDURE (EG, CONTRAST ME	38.20								1			
07	49427	INJECTION PROCEDURE (EG, CONTRAST ME	48.88	00	15						1			
03	49428	LIGATION OF SHUNT	107.38								10			
07	49428	LIGATION OF SHUNT	324.85	00	15						10			
03	49429	REMOVAL OF SHUNT	343.91								10			
07	49429	REMOVAL OF SHUNT	402.57	00	15						10			
02	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	17.10											
03	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	85.50											
07	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	85.50	00	15									
02	49436	DELAYED CREATION OF EXIT SITE FROM E	24.82											
03	49436	DELAYED CREATION OF EXIT SITE FROM E	124.11								10			
07	49436	DELAYED CREATION OF EXIT SITE FROM E	124.11	00	15						10			
02	49491	REPAIRING HERN PREMIE REDUC	121.36											
03	49491	REPAIRING HERN PREMIE REDUC	606.78								90			
07	49491	REPAIRING HERN PREMIE REDUC	606.78	00	15						90			
02	49492	RPR ING HERN PREMIE, BLOCKED	149.67											
03	49492	RPR ING HERN PREMIE, BLOCKED	748.34								90			
07	49492	RPR ING HERN PREMIE, BLOCKED	748.34	00	15						90			
02	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	69.22											
03	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	346.10								90			
07	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	346.10	00	15						90			
08	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	262.36											
02	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	86.13											
03	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	430.63								90			
07	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	529.65	00	15						90			
08	49496	REPAIR INITIAL INGUINAL HERVIA, UNDE	262.36											
02	49500	REPAIR INGUINAL HERNIA	73.97	00	05									
03	49500	REPAIR INGUINAL HERNIA	369.86	00	05					X	90			
07	49500	REPAIR INGUINAL HERNIA	369.86	00	05					X	90			
08	49500	REPAIR INGUINAL HERNIA	320.56	00	05				X					
02	49501	REPAIR INITIAL INGUINAL HERNIA, AGE	79.24											
03	49501	REPAIR INITIAL INGUINAL HERNIA, AGE	396.18								90			
07	49501	REPAIR INITIAL INGUINAL HERNIA, AGE	486.18	00	15						90			
08	49501	RPR ING HERINIA, BLOCKED	320.56											X
02	49505	REPAIR INGUINAL HERNIA	66.38	05	99									
03	49505	REPAIR INGUINAL HERNIA	331.88	05	99						90			
07	49505	REPAIR INGUINAL HERNIA	435.80	05	15						90			
08	49505	REPAIR INGUINAL HERNIA	320.56	05	99				X					
02	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	80.10											
03	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	400.48								90			
07	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	561.89	00	15						90			
08	49507	RPR I/HERN INIT BLOCK>5 YR	320.56											
02	49520	REREPAIR INGUINAL HERNIA	77.05											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	49520	REREPAIR INGUINAL HERNIA	385.26								90			
07	49520	REREPAIR INGUINAL HERNIA	542.97	00	15						90			
08	49520	REPAIR INGUINAL HERNIA	320.56						X					
02	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	92.71											
03	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	463.54								90			
07	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	644.07	00	15						90			
08	49521	REREPAIRING HERNIA BLOCKED	320.56											
02	49525	REPAIR INGUINAL HERNIA	77.05											
03	49525	REPAIR INGUINAL HERNIA	385.26								90			
07	49525	REPAIR INGUINAL HERNIA	485.56	00	15						90			
08	49525	REPAIR INGUINAL HERNIA	262.36											
02	49540	REPAIR LUMBAR HERNIA	77.05											
03	49540	REPAIR LUMBAR HERNIA	385.26								90			
07	49540	REPAIR LUMBAR HERNIA	576.97	00	15						90			
08	49540	REPAIR LUMBAR HERNIA	220.39											
02	49550	REPAIR FEMORAL HERNIA	78.23											
03	49550	REPAIR FEMORAL HERNIA	391.15								90			
07	49550	REPAIR FEMORAL HERNIA	474.83	00	15						90			
08	49550	REPAIR FEMORAL HERNIA	320.56						X					
02	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	80.79											
03	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	403.96								90			
07	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	518.92	00	15						90			
08	49553	RPR FEM HERNIA, INIT BLOCKED	320.56											
02	49555	REPAIR FEMORAL HERNIA	77.05											
03	49555	REPAIR FEMORAL HERNIA	385.26								90			
07	49555	REPAIR FEMORAL HERNIA	514.02	00	15						90			
08	49555	REPAIR FEMORAL HERNIA	282.40											
02	49557	REPAIR RECURRENT FEMORAL HERNIA;	95.39											
03	49557	REPAIR RECURRENT FEMORAL HERNIA;	476.97								90			
07	49557	REPAIR RECURRENT FEMORAL HERNIA;	604.43	00	15						90			
08	49557	REREPAIR FEM HERNIA, BLOCKED	320.56											
02	49560	REPAIR ABDOMINAL HERNIA	89.96											
03	49560	REPAIR ABDOMINAL HERNIA	449.76								90			
07	49560	REPAIR ABDOMINAL HERNIA	636.69	00	15						90			
08	49560	REPAIR ABDOMINAL HERNIA	320.56						X					
02	49561	REPAIR INITIAL INCISIONAL HERNIA;	108.86											
03	49561	REPAIR INITIAL INCISIONAL HERNIA;	544.28								90			
07	49561	REPAIR INITIAL INCISIONAL HERNIA;	758.43	00	15						90			
08	49561	RPR VENTRAL HERN INIT, BLOC	320.56											
02	49565	REREPAIR ABDOMINAL HERNIA	101.69											
03	49565	REREPAIR ABDOMINAL HERNIA	508.47								90			
07	49565	REREPAIR ABDOMINAL HERNIA	641.73	00	15						90			
08	49565	REREPAIR ABDOMINAL HERNIA	262.36											
02	49566	REPAIR RECURRENT INCISIONAL HERNIA;	114.40											
03	49566	REPAIR RECURRENT INCISIONAL HERNIA;	572.01								90			
07	49566	REPAIR RECURRENT INCISIONAL HERNIA;	766.59	00	15						90			
08	49566	REREPAIR VENTRAL HERN INIT, BLOC	320.56											
03	49568	IMPLANTATION OF MESH OR OTHER PROSTH	239.70											
07	49568	IMPLANTATION OF MESH OR OTHER PROSTH	246.20	00	15									
08	49568	IMPLANTATION OF MESH OR OTHER PROSTH	320.56											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	49570	REPAIR EPIGASTRIC HERNIA	36.56											
03	49570	REPAIR EPIGASTRIC HERNIA	182.84								90			
07	49570	REPAIR EPIGASTRIC HERNIA	330.29	00	15						90			
08	49570	REPAIR EPIGASTRIC HERNIA	262.36											
02	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	71.13											
03	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	355.62								90			
07	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	384.33	00	15						90			
08	49572	RPR EPIGASTRIC HERN, BLOCKED	320.56											
02	49580	REPAIR UMBILICAL HERNIA	45.52	00	05									
03	49580	REPAIR UMBILICAL HERNIA	227.60	00	05						90			
07	49580	REPAIR UMBILICAL HERNIA	252.65	00	05						90			
08	49580	REPAIR UMBILICAL HERNIA	320.56	00	05				X					
02	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	62.96											
03	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	314.82								90			
07	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	413.26	00	15						90			
08	49582	RPR UMBIL HERN, BLOCK<5 YR	320.56											
02	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	64.04											
03	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	320.17								90			
07	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	369.59	00	15						90			
08	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	262.36											
02	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	67.62											
03	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	338.09								90			
07	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS	424.63	00	15						90			
08	49587	RPR UMBIL HERN, BLOCK > 5 YR	320.56											
02	49590	REPAIR ABDOMINAL HERNIA	68.76											
03	49590	REPAIR ABDOMINAL HERNIA	343.81								90			
07	49590	REPAIR ABDOMINAL HERNIA	484.20	00	15						90			
08	49590	REPAIR ABDOMINAL HERNIA	320.56						X					
02	49600	REPAIR UMBILICAL LESION	67.19											
03	49600	REPAIR UMBILICAL LESION	336.00								90			
07	49600	REPAIR UMBILICAL LESION	626.35	00	15						90			
08	49600	REPAIR UMBLICAL LESION	262.36											
02	49605	REPAIR UMBILICAL LESION	193.93											
03	49605	REPAIR UMBILICAL LESION	969.64								90			
07	49605	REPAIR UMBILICAL LESION	3,732.60	00	15						90			
02	49606	REPAIR UMBILICAL LESION	114.97											
03	49606	REPAIR UMBILICAL LESION	574.86								90			
07	49606	REPAIR UMBILICAL LESION	1,040.64	00	15						90			
02	49610	REPAIR UMBILICAL LESION	114.97											
03	49610	REPAIR UMBILICAL LESION	574.86								90			
07	49610	REPAIR UMBILICAL LESION	614.20	00	15						90			
02	49611	REPAIR UMBILICAL LESION	77.05											
03	49611	REPAIR UMBILICAL LESION	385.26								90			
07	49611	REPAIR UMBILICAL LESION	544.41	00	15						90			
03	49650	LAPARO HERNIA REPAIR INITIAL	362.95								90			
07	49650	LAPARO HERNIA REPAIR INITIAL	362.95	00	15						90			
08	49650	LAPARO HERNIA REPAIR INITIAL	262.36											
03	49651	LAPARO HERNIA REPAIR RECUR	463.94								90			
07	49651	LAPARO HERNIA REPAIR RECUR	463.94	00	15						90			
08	49651	LAPARO HERNIA REPAIR RECUR	320.56											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	49659	LAPARO PROC, HERNIA REPAIR	MP			X								
07	49659	LAPARO PROC, HERNIA REPAIR	MP	00	15	X								
02	49900	REPAIR OF ABDOMINAL WALL	41.48											
03	49900	REPAIR OF ABDOMINAL WALL	207.43								90			
07	49900	REPAIR OF ABDOMINAL WALL	692.23	00	15						90			
02	49904	OMENTAL FLAP, EXTRA-ABDOM	259.79								90			
03	49904	OMENTAL FLAP, EXTRA-ABDOM	1,298.97								90			
07	49904	OMENTAL FLAP, EXTRA-ABDOM	1,298.97	00	15						90			
03	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	295.90											
07	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	330.05	00	15									
03	49906	FREE OMENTAL FLAP, MICROVASC	295.90								90			
07	49906	FREE OMENTAL FLAP, MICROVASC	259.90	00	15						90			
02	49999	ABDOMEN SURGERY PROCEDURE	MP			X								
03	49999	ABDOMEN SURGERY PROCEDURE	MP			X								
07	49999	ABDOMEN SURGERY PROCEDURE	MP	00	15	X								
02	50010	EXPLORATION OF KIDNEY	82.97											
03	50010	EXPLORATION OF KIDNEY	414.89								90			
07	50010	EXPLORATION OF KIDNEY	638.09	00	15						90			
03	50020	DRAINAGE OF KIDNEY ABSCESS	491.95								90			
07	50020	DRAINAGE OF KIDNEY ABSCESS	976.86	00	15						90			
02	50021	PERCUT DRAIN RENAL ABSCESS	40.63											
03	50021	PERCUT DRAIN RENAL ABSCESS	203.16								1			
07	50021	PERCUT DRAIN RENAL ABSCESS	453.68	00	15						1			
02	50040	DRAINAGE OF KIDNEY	136.31											
03	50040	DRAINAGE OF KIDNEY	681.53								90			
07	50040	DRAINAGE OF KIDNEY	919.42	00	15						90			
02	50045	EXPLORATION OF KIDNEY	136.31											
03	50045	EXPLORATION OF KIDNEY	681.53								90			
07	50045	EXPLORATION OF KIDNEY	852.17	00	15						90			
02	50060	REMOVAL OF KIDNEY STONE	136.31											
03	50060	REMOVAL OF KIDNEY STONE	681.53								90			
07	50060	REMOVAL OF KIDNEY STONE	1,036.45	00	15						90			
03	50065	INCISION OF KIDNEY	829.76								90			
07	50065	INCISION OF KIDNEY	1,104.96	00	15						90			
02	50070	INCISION OF KIDNEY	165.95											
03	50070	INCISION OF KIDNEY	829.76								90			
07	50070	INCISION OF KIDNEY	1,095.62	00	15						90			
02	50075	REMOVAL OF KIDNEY STONE	177.80											
03	50075	REMOVAL OF KIDNEY STONE	889.06								90			
07	50075	REMOVAL OF KIDNEY STONE	1,344.98	00	15						90			
03	50080	PERCUT NEPHRO/PYELO,W/OR W/O	711.24								90			
07	50080	PERCUT NEPHRO/PYELO,W/OR W/O	896.23	00	15						90			
02	50081	PERCUT NEPHRO/PYELO, W OR W/O	151.14											
03	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	755.70								90			
07	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,232.30	00	15						90			
02	50100	REVISE KIDNEY BLOOD VESSELS	118.54											
03	50100	REVISE KIDNEY BLOOD VESSELS	592.70								90			
07	50100	REVISE KIDNEY BLOOD VESSELS	921.65	00	15						90			
02	50120	EXPLORATION OF KIDNEY	136.31											
03	50120	EXPLORATION OF KIDNEY	681.53								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	50120	EXPLORATION OF KIDNEY	879.13	00 15						90			
02	50125	EXPLORE AND DRAIN KIDNEY	136.31										
03	50125	EXPLORE AND DRAIN KIDNEY	681.53							90			
07	50125	EXPLORE AND DRAIN KIDNEY	918.99	00 15						90			
02	50130	REMOVAL OF KIDNEY STONE	136.31										
03	50130	REMOVAL OF KIDNEY STONE	681.53							90			
07	50130	REMOVAL OF KIDNEY STONE	937.25	00 15						90			
02	50135	EXPLORATION OF KIDNEY	165.95										
03	50135	EXPLORATION OF KIDNEY	829.76							90			
07	50135	EXPLORATION OF KIDNEY	1,030.64	00 15						90			
03	50200	BIOPSY OF KIDNEY	142.25										
07	50200	BIOPSY OF KIDNEY	142.25	00 15									
08	50200	BIOPSY OF KIDNEY	220.39										
02	50205	BIOPSY OF KIDNEY	55.71										
03	50205	BIOPSY OF KIDNEY	278.59							90			
07	50205	BIOPSY OF KIDNEY	638.16	00 15						90			
02	50220	REMOVAL OF KIDNEY	149.93										
03	50220	REMOVAL OF KIDNEY	749.69							90			
07	50220	REMOVAL OF KIDNEY	938.58	00 15						90			
02	50225	REMOVAL OF KIDNEY	165.95										
03	50225	REMOVAL OF KIDNEY	829.76							90			
07	50225	REMOVAL OF KIDNEY	1,082.20	00 15						90			
02	50230	REMOVAL OF KIDNEY	177.80										
03	50230	REMOVAL OF KIDNEY	889.06							90			
07	50230	REMOVAL OF KIDNEY	1,169.69	00 15						90			
02	50234	REMOVAL OF KIDNEY & URETER	199.13										
03	50234	REMOVAL OF KIDNEY & URETER	995.71							90			
07	50234	REMOVAL OF KIDNEY & URETER	1,186.13	00 15						90			
02	50236	REMOVAL OF KIDNEY & URETER	215.73										
03	50236	REMOVAL OF KIDNEY & URETER	1,078.68							90			
07	50236	REMOVAL OF KIDNEY & URETER	1,378.79	00 15						90			
02	50240	PARTIAL REMOVAL OF KIDNEY	165.95										
03	50240	PARTIAL REMOVAL OF KIDNEY	829.76							90			
07	50240	PARTIAL REMOVAL OF KIDNEY	1,243.21	00 15						90			
02	50250	CRYOABLATE RENAL MASS OPEN	35.43										
03	50250	CRYOABLATE RENAL MASS OPEN	885.78							90			
07	50250	CRYOABLATE RENAL MASS OPEN	885.78	00 15						90			
02	50280	REMOVAL OF KIDNEY LESION	111.94										
03	50280	REMOVAL OF KIDNEY LESION	559.70							90			
07	50280	REMOVAL OF KIDNEY LESION	861.22	00 15						90			
02	50290	REMOVAL OF KIDNEY LESION	111.94										
03	50290	REMOVAL OF KIDNEY LESION	559.70							90			
07	50290	REMOVAL OF KIDNEY LESION	826.64	00 15						90			
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					90			
07	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,193.19	00 15	X					90			
03	50323	PREP CADAVER RENAL ALLOGRAFT	MP		X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
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	6.63			X								
03	50327	PREP RENAL GRAFT/VENOUS	165.69			X								
07	50327	PREP RENAL GRAFT/VENOUS	165.69	00	15	X								
02	50328	PREP RENAL GRAFT/ARTERIAL	5.81			X								
03	50328	PREP RENAL GRAFT/ARTERIAL	145.15			X								
07	50328	PREP RENAL GRAFT/ARTERIAL	145.15	00	15	X								
02	50329	PREP RENAL GRAFT/URETERAL	5.55			X								
03	50329	PREP RENAL GRAFT/URETERAL	138.67			X								
07	50329	PREP RENAL GRAFT/URETERAL	138.67	00	15	X								
02	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	136.31			X	X							
03	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	681.53			X					90			
07	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	763.62	00	15	X					90			
02	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	331.90			X								
03	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,659.51			X					90			
07	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,782.98	00	15	X					90			
02	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	379.64			X	X							
03	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	1,898.22			X					90			
07	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,096.68	00	15	X					90			
02	50370	REMOVE TRANSPLANTED KIDNEY	118.06											
03	50370	REMOVE TRANSPLANTED KIDNEY	590.34								90			
07	50370	REMOVE TRANSPLANTED KIDNEY	840.85	00	15						90			
02	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	207.43			X	X							
03	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,037.20			X					90			
07	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,223.15	00	15	X					90			
03	50382	CHANGE URETER STENT, PERCUT	1,107.76								1			
07	50382	CHANGE URETER STENT, PERCUT	1,107.76	00	15						1			
03	50384	REMOVE URETER STENT, PERCUT	1,068.53								1			
07	50384	REMOVE URETER STENT, PERCUT	1,068.53	00	15						1			
03	50387	CHANGE EXT/INT URETER STENT	533.39								1			
07	50387	CHANGE EXT/INT URETER STENT	533.39	00	15						1			
03	50389	REMOVE RENAL TUBE W/FLUORO	363.78								1			
07	50389	REMOVE RENAL TUBE W/FLUORO	363.78	00	15						1			
03	50390	DRAINAGE OF KIDNEY LESION	91.20											
07	50390	DRAINAGE OF KIDNEY LESION	93.59	00	15									
08	50390	DTAINAGE OF KIDNEY LESION	220.39											
03	50391	INSTLL RX AGNT INTO RNAL TUB	105.02								1			
07	50391	INSTLL RX AGNT INTO RNAL TUB	105.02	00	15						1			
03	50392	INTROD CATH RENAL PELVIS,PERC	91.20								1			
07	50392	INTROD CATH RENAL PELVIS, PERC	161.43	00	15						1			
08	50392	INTROD CATH RENAL PELVIS, PERC	220.39											
03	50393	INSERT KIDNEY DRAIN	91.20								1			
07	50393	INTR URET CATH/STENT IN URETER	198.11	00	15						1			
08	50393	INTR URET CATH/STENT IN URETER	220.39											
03	50394	INJECTION FOR KIDNEY X-RAY	26.65								1			
07	50394	INJECTION FOR KIDNEY X-RAY	110.07	00	15						1			
03	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	175.50								1			
07	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	175.50	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	220.39											
03	50396	MEASURE KIDNEY PRESSURE	35.53								1			
07	50396	MEASURE KIDNEY PRESSURE	105.15	00	15						1			
08	50396	MEASURE KIDNEY PRESSURE	220.39											
03	50398	CHANGE KIDNEY TUBE	26.65											
07	50398	CHANGE KIDNEY TUBE	87.26	00	15									
08	50398	CHANGE KIDNEY TUBE	220.39											
02	50400	REVISION OF KIDNEY/URETER	154.11											
03	50400	REVISION OF KIDNEY/URETER	770.54								90			
07	50400	REVISION OF KIDNEY/URETER	1,047.12	00	15						90			
02	50405	REVISION OF KIDNEY/URETER	177.80											
03	50405	REVISION OF KIDNEY/URETER	889.06								90			
07	50405	REVISION OF KIDNEY/URETER	1,267.73	00	15						90			
02	50500	REPAIR OF KIDNEY WOUND	136.31											
03	50500	REPAIR OF KIDNEY WOUND	681.53								90			
07	50500	REPAIR OF KIDNEY WOUND	1,100.15	00	15						90			
02	50520	CLOSE KIDNEY-SKIN FISTULA	123.28											
03	50520	CLOSE KIDNEY-SKIN FISTULA	616.43								90			
07	50520	CLOSE KIDNEY-SKIN FISTULA	1,024.32	00	15						90			
02	50525	REPAIR RENAL-ABDOMEN FISTULA	165.95											
03	50525	REPAIR RENAL-ABDOMEN FISTULA	829.76								90			
07	50525	REPAIR RENAL-ABDOMEN FISTULA	1,257.87	00	15						90			
03	50526	REPAIR RENAL-ABDOMEN FISTULA	829.76								90			
07	50526	REPAIR RENAL-ABDOMEN FISTULA	1,372.59	00	15						90			
02	50540	REVISION OF HORSESHOE KIDNEY	195.57											
03	50540	REVISION OF HORSESHOE KIDNEY	977.89								90			
07	50540	REVISION OF HORSESHOE KIDNEY	1,076.24	00	15						90			
02	50541	LAPARO ABLATE RENAL CYST	156.21								90			
03	50541	LAPARO ABLATE RENAL CYST	781.05								90			
07	50541	LAPARO ABLATE RENAL CYST	812.95	00	15						90			
02	50542	LAPARO ABLATE RENAL MASS	206.55								90			
03	50542	LAPARO ABLATE RENAL MASS	1,032.76								90			
07	50542	LAPARO ABLATE RENAL MASS	1,032.76	00	15						90			
02	50543	LAPARO PARTIAL NEPHRECTOMY	259.42								90			
03	50543	LAPARO PARTIAL NEPHRECTOMY	1,297.09								90			
07	50543	LAPARO PARTIAL NEPHRECTOMY	1,297.09	00	15						90			
02	50544	LAPAROSCOPY PYELOPLASTY	218.88								90			
03	50544	LAPAROSCOPY, PYELOPLASTY	1,094.44								90			
07	50544	LAPAROSCOPY, PYELOPLASTY	1,124.38	00	15						90			
03	50545	LAPARO RADICAL NEPHRECTOMY	1,277.95											
07	50545	LAPARO RADICAL NEPHRECTOMY	1,277.95	00	15									
02	50546	LAPAROSCOPIC NEPHRECTOMY	200.93								90			
03	50546	LAPAROSCOPIC NEPHRECTOMY	1,004.66								90			
07	50546	LAPAROSCOPIC NEPHRECTOMY	1,035.39	00	15						90			
02	50547	LAPARO REMOVAL DONOR KIDNEY	255.75								90			
03	50547	LAPARO REMOVAL DONOR KIDNEY	1,278.79											
07	50547	LAPARO REMOVAL DONOR KIDNEY	1,327.71	00	15									
02	50548	LAPARO-ASSIST REMOVE K/URETER	238.15								90			
03	50548	LAPARO-ASST REMOVE K/URETER	1,190.79											
07	50548	LAPARO-ASST REMOVE K/URETER	1,218.36	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	50549	LAPAROSCOPE PROC, RENAL	MP		X								
07	50549	LAPAROSCOPE PROC, RENAL	MP	00 15	X								
03	50551	KIDNEY ENDOSCOPY	77.15							1			
07	50551	KIDNEY ENDOSCOPY	364.31	00 15						1			
08	50551	KIDNEY ENDOSCOPY	220.39										
03	50553	KIDNEY ENDOSCOPY	106.76							1			
07	50553	KIDNEY ENDOSCOPY	735.26	00 15						1			
08	50553	KIDNEY ENDOSCOPY	220.39										
03	50555	KIDNEY ENDOSCOPY & BIOPSY	106.76							1			
07	50555	KIDNEY ENDOSCOPY & BIOPSY	876.91	00 15						1			
08	50555	KIDNEY ENDOSCOPY & BIOPSY	220.39										
03	50557	KIDNEY ENDOSCOPY & TREATMENT	118.60							1			
07	50557	KIDNEY ENDOSCOPY & TREATMENT	884.23	00 15						1			
08	50557	KIDNEY ENDOSCOPY AND TREATMENT	220.39										
03	50561	KIDNEY ENDOSCOPY & TREATMENT	118.60							1			
07	50561	KIDNEY ENDOSCOPY & TREATMENT	859.69	00 15						1			
08	50561	KIDNEY ENDOSCOPY AND TREATMENT	220.39										
02	50562	RENAL SCOPE W/TUMOR RESECT	110.13							90			
03	50562	RENAL SCOPE W/TUMOR RESECT	550.65							90			
07	50562	RENAL SCOPE W/TUMOR RESECT	550.65	00 15						90			
03	50570	KIDNEY ENDOSCOPY	124.36							1			
07	50570	KIDNEY ENDOSCOPY	458.08	00 15						1			
03	50572	KIDNEY ENDOSCOPY	106.76							1			
07	50572	KIDNEY ENDOSCOPY	498.39	00 15						1			
03	50574	KIDNEY ENDOSCOPY & BIOPSY	106.76							1			
07	50574	KIDNEY ENDOSCOPY & BIOPSY	533.28	00 15						1			
03	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	740.01							1			
07	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	740.01	00 15						1			
03	50576	KIDNEY ENDOSCOPY & TREATMENT	118.60							1			
07	50576	KIDNEY ENDOSCOPY & TREATMENT	528.52	00 15						1			
03	50580	KIDNEY ENDOSCOPY & TREATMENT	118.60							1			
07	50580	KIDNEY ENDOSCOPY & TREATMENT	569.69	00 15						1			
03	50590	LITHOTRIPSY,ESW	666.79							90			
07	50590	LITHOTRIPSY,ESW	678.99	00 15						90			
02	50592	PERC RF ABLATE RENAL TUMOR	162.25										
03	50592	PERC RF ABLATE RENAL TUMOR	4,056.22							10			
07	50592	PERC RF ABLATE RENAL TUMOR	4,056.22	00 15						10			
02	50600	EXPLORATION OF URETER	124.44										
03	50600	EXPLORATION OF URETER	622.23							90			
07	50600	EXPLORATION OF URETER	879.14	00 15						90			
02	50605	URETOROTOMY-INSERT STENT	124.44										
03	50605	URETEROTOMY-INSERT STEAT	622.23							90			
07	50605	URETEROTOMY-INSERT STEAT	865.28	00 15						90			
02	50610	REMOVAL OF URETER STONE	136.31										
03	50610	REMOVAL OF URETER STONE	681.53							90			
07	50610	REMOVAL OF URETER STONE	886.07	00 15						90			
02	50620	REMOVAL OF URETER STONE	124.44										
03	50620	REMOVAL OF URETER STONE	622.23							90			
07	50620	REMOVAL OF URETER STONE	835.83	00 15						90			
02	50630	REMOVAL OF URETER STONE	136.31										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	50630	REMOVAL OF URETER STONE	681.53								90			
07	50630	REMOVAL OF URETER STONE	825.53	00	15						90			
02	50650	REMOVAL OF URETER	136.31											
03	50650	REMOVAL OF URETER	681.53								90			
07	50650	REMOVAL OF URETER	957.42	00	15						90			
02	50660	REMOVAL OF URETER	154.11											
03	50660	REMOVAL OF URETER	770.54								90			
07	50660	REMOVAL OF URETER	1,059.74	00	15						90			
03	50684	INJECTION FOR URETER X-RAY	17.77								1			
07	50684	INJECTION FOR URETER X-RAY	501.21	00	15						1			
03	50686	MEASURE URETER PRESSURE	23.69								1			
07	50686	MEASURE URETER PRESSURE	216.39	00	15						1			
03	50688	CHANGE OF URETER TUBE	8.88											
07	50688	CHANGE OF URETER TUBE	98.76	00	15									
08	50688	CHANGE OF URETER TUBE	220.39											
03	50690	INJECTION FOR URETER X-RAY	11.84								1			
07	50690	INJECTION FOR URETER X-RAY	527.97	00	15						1			
02	50700	REVISION OF URETER	136.31											
03	50700	REVISION OF URETER	681.53								90			
07	50700	REVISION OF URETER	852.65	00	15						90			
02	50715	RELEASE OF URETER	122.67											
03	50715	RELEASE OF URETER	613.38								90			
07	50715	RELEASE OF URETER	1,117.10	00	15						90			
02	50722	RELEASE OF URETER	109.04											
03	50722	RELEASE OF URETER	545.25								90			
07	50722	RELEASE OF URETER	955.84	00	15						90			
02	50725	RELEASE/REVISE URETER	177.80											
03	50725	RELEASE/REVISE URETER	889.06								90			
07	50725	RELEASE/REVISE URETER	1,037.98	00	15						90			
02	50727	REVISION OF URINARY-CUTANEOUS ANASTO	73.69											
03	50727	REVISION OF URINARY-CUTANEOUS ANASTO	368.48								90			
07	50727	REVISION OF URINARY-CUTANEOUS ANASTO	512.41	00	15						90			
02	50728	REVISION OF URINARY-CUTANEOUS ANASTO	108.50											
03	50728	REVISION OF URINARY-CUTANEOUS ANASTO	542.52								90			
07	50728	REVISION OF URINARY-CUTANEOUS ANASTO	712.99	00	15						90			
02	50740	FUSION OF URETER & KIDNEY	154.11											
03	50740	FUSION OF URETER & KIDNEY	770.54								90			
07	50740	FUSION OF URETER & KIDNEY	1,007.55	00	15						90			
03	50750	FUSION OF URETER & KIDNEY	829.76								90			
07	50750	FUSION OF URETER & KIDNEY	1,061.86	00	15						90			
02	50760	FUSION OF URETERS	154.11											
03	50760	FUSION OF URETERS	770.54								90			
07	50760	FUSION OF URETERS	1,012.40	00	15						90			
02	50770	SPLICING OF URETERS	165.95											
03	50770	SPLICING OF URETERS	829.76								90			
07	50770	SPLICING OF URETERS	1,060.67	00	15						90			
02	50780	REIMPLANT URETER IN BLADDER	154.11											
03	50780	REIMPLANT URETER IN BLADDER	770.54								90			
07	50780	REIMPLANT URETER IN BLADDER	1,005.21	00	15						90			
02	50782	URETERONEOCYSTOSTOMY;	182.95											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	50782	URETERONEOCYSTOSTOMY;	914.75								90			
07	50782	URETERONEOCYSTOSTOMY;	1,103.67	00	15						90			
02	50783	URETERONEOCYSTOSTOMY;	188.38											
03	50783	URETERONEOCYSTOSTOMY;	941.88								90			
07	50783	URETERONEOCYSTOSTOMY;	1,125.88	00	15						90			
02	50785	REIMPLANT URETER IN BLADDER	165.95											
03	50785	REIMPLANT URETER IN BLADDER	829.76								90			
07	50785	REIMPLANT URETER IN BLADDER	1,110.60	00	15						90			
02	50800	IMPLANT URETER IN BOWEL	154.11											
03	50800	IMPLANT URETER IN BOWEL	770.54								90			
07	50800	IMPLANT URETER IN BOWEL	860.09	00	15						90			
02	50810	FUSION OF URETER & BOWEL	207.43											
03	50810	FUSION OF URETER & BOWEL	1,037.20								90			
07	50810	FUSION OF URETER & BOWEL	1,156.87	00	15						90			
02	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	154.07											
03	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	770.40								90			
07	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,118.03	00	15						90			
02	50820	CONSTRUCT BOWEL BLADDER	207.43											
03	50820	CONSTRUCT BOWEL BLADDER	1,037.20								90			
07	50820	CONSTRUCT BOWEL BLADDER	1,210.53	00	15						90			
02	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	199.08											
03	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	995.40								90			
07	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,539.60	00	15						90			
02	50830	URINARY UNDIVERSION	154.07											
03	50830	URINARY UNDIVERSION	770.40								90			
07	50830	URINARY UNDIVERSION	1,684.16	00	15						90			
02	50840	REPLACE URETER BY BOWEL	207.43											
03	50840	REPLACE URETER BY BOWEL	1,037.20								90			
07	50840	REPLACE URETER BY BOWEL	1,122.32	00	15						90			
02	50845	CUTANEOUS APPENDICO-VESICOSTOMY	206.65											
03	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,033.24								90			
07	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,102.18	00	15						90			
02	50860	TRANSPLANT URETER TO SKIN	124.44											
03	50860	TRANSPLANT URETER TO SKIN	622.23								90			
07	50860	TRANSPLANT URETER TO SKIN	858.69	00	15						90			
02	50900	REPAIR OF URETER	136.31											
03	50900	REPAIR OF URETER	681.53								90			
07	50900	REPAIR OF URETER	769.79	00	15						90			
02	50920	CLOSURE URETER/SKIN FISTULA	136.31											
03	50920	CLOSURE URETER/SKIN FISTULA	681.53								90			
07	50920	CLOSURE URETER/SKIN FISTULA	798.36	00	15						90			
02	50930	CLOSURE URETER/BOWEL FISTULA	165.95											
03	50930	CLOSURE URETER/BOWEL FISTULA	829.76								90			
07	50930	CLOSURE URETER/BOWEL FISTULA	1,057.07	00	15						90			
02	50940	RELEASE OF URETER	136.31											
03	50940	RELEASE OF URETER	681.53								90			
07	50940	RELEASE OF URETER	814.64	00	15						90			
03	50945	LAPAROSCOPY URETEROLITHOTOMY	876.74								90			
07	50945	LAPAROSCOPY URETEROLITHOTOMY	876.74	00	15						90			
03	50947	LAPARO NEW URETER/BLADDER	1,371.76											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	50947	LAPARO NEW URETER/BLADDER	1,371.76	00	15									
08	50947	LAPARO NEW URETER/BLADDER	320.56											
03	50948	LAPARO NEW URETER/BLADDER	1,254.78											
07	50948	LAPARO NEW URETER/BLADDER	1,254.78	00	15									
08	50948	LAPARO NEW URETER/BLADDER	320.56											
03	50949	LAPAROSCOPE PROC, URETER	MP			X								
07	50949	LAPAROSCOPE PROC, URETER	MP	00	15	X								
03	50951	ENDOSCOPY OF URETER	38.57								1			
07	50951	ENDOSCOPY OF URETER	384.52	00	15						1			
08	50951	ENDOSCOPY OF URETER	220.39											
03	50953	ENDOSCOPY OF URETER	53.38								1			
07	50953	ENDOSCOPY OF URETER	754.24	00	15						1			
08	50953	ENDOSCOPY OF URETER	220.39											
03	50955	URETER ENDOSCOPY & BIOPSY	53.38								1			
07	50955	URETER ENDOSCOPY & BIOPSY	916.11	00	15						1			
08	50955	URETER ENDOSCOPY & BIOPSY	220.39											
03	50957	URETER ENDOSCOPY & TREATMENT	59.30								1			
07	50957	URETER ENDOSCOPY & TREATMENT	871.99	00	15						1			
08	50957	URETER ENDOSCOPY AND TREATMENT	220.39											
03	50961	URETER ENDOSCOPY & TREATMENT	59.30								1			
07	50961	URETER ENDOSCOPY & TREATMENT	961.91	00	15						1			
08	50961	URETER ENDOSCOPY	220.39											
03	50970	URETER ENDOSCOPY	38.57								1			
07	50970	URETER ENDOSCOPY	343.42	00	15						1			
08	50970	URETER ENDOSCOPY	220.39											
03	50972	URETER ENDOSCOPY & CATHETER	53.38								1			
07	50972	URETER ENDOSCOPY & CATHETER	335.94	00	15						1			
08	50972	URETER ENDOSCOPY AND CATHETER	220.39											
03	50974	URETER ENDOSCOPY & BIOPSY	53.38								1			
07	50974	URETER ENDOSCOPY & BIOPSY	441.43	00	15						1			
08	50974	URETER ENDOSCOPY AND BIOPSY	220.39											
03	50976	URETER ENDOSCOPY & TREATMENT	59.30								1			
07	50976	URETER ENDOSCOPY & TREATMENT	434.67	00	15						1			
08	50976	URETER ENDOSCOPY AND TREATMENT	220.39											
03	50980	URETER ENDOSCOPY & TREATMENT	59.30								1			
07	50980	URETER ENDOSCOPY & TREATMENT	329.65	00	15						1			
08	50980	URETER ENDOSCOPY AND TREATMENT	220.39											
03	51000	DRAINAGE OF BLADDER	13.32								1			
07	51000	DRAINAGE OF BLADDER	93.21	00	15						1			
03	51005	DRAINAGE OF BLADDER	29.61								1			
07	51005	DRAINAGE OF BLADDER	144.98	00	15						1			
03	51010	DRAINAGE OF BLADDER	64.05								10			
07	51010	DRAINAGE OF BLADDER	271.83	00	15						10			
08	51010	DRAINAGE OF BLADDER	220.39											
03	51020	INCISE & TREAT BLADDER	442.75								90			
07	51020	INCISE & TREAT BLADDER	442.75	00	15						90			
08	51020	INCISE & TREAT BLADDER	262.36											
03	51030	INCISE & TREAT BLADDER	442.75								90			
07	51030	INCISE & TREAT BLADDER	442.81	00	15						90			
08	51030	INCISE & TREAT BLADDER	262.36											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	51040	INCISE & DRAIN BLADDER	343.81								90			
07	51040	INCISE & DRAIN BLADDER	343.81	00	15						90			
08	51040	INCISE BLADDER, DRAIN URETER	262.36											
03	51045	INCISE BLADDER, DRAIN URETER	373.34								90			
07	51045	INCISE BLADDER, DRAIN URETER	444.76	00	15						90			
08	51045	INCISE BLADDER,DRAIN URETER	262.36											
02	51050	REMOVAL OF BLADDER STONE	74.66											
03	51050	REMOVAL OF BLADDER STONE	373.34								90			
07	51050	REMOVAL OF BLADDER STONE	424.77	00	15						90			
08	51050	REMOVAL OF BLADDER STONE	262.36											
02	51060	REMOVAL OF URETER STONE	124.44											
03	51060	REMOVAL OF URETER STONE	622.23								90			
07	51060	REMOVAL OF URETER STONE	622.23	00	15						90			
03	51065	REMOVAL OF URETER STONE	378.72								90			
07	51065	REMOVAL OF URETER STONE	521.55	00	15						90			
08	51065	REMOVAL OF URETER STONE	262.36											
03	51080	DRAINAGE OF BLADDER ABSCESS	250.72								90			
07	51080	DRAINAGE OF BLADDER ABSCESS	401.00	00	15						90			
08	51080	DRAINAGE OF BLADDER ABSCESS	262.36						X					
02	51500	REMOVAL OF BLADDER CYST	68.87											
03	51500	REMOVAL OF BLADDER CYST	344.36								90			
07	51500	REMOVAL OF BLADDER CYST	582.55	00	15						90			
08	51500	REMOVAL OF BLADDER CYST	262.36											
03	51520	REMOVAL OF BLADDER LESION	436.19								90			
07	51520	REMOVAL OF BLADDER LESION	557.80	00	15						90			
08	51520	REMOVAL OF BLADDER LESION	262.32											
02	51525	REMOVAL OF BLADDER LESION	95.41											
03	51525	REMOVAL OF BLADDER LESION	477.07								90			
07	51525	REMOVAL OF BLADDER LESION	779.21	00	15						90			
02	51530	REMOVAL OF BLADDER LESION	109.04											
03	51530	REMOVAL OF BLADDER LESION	545.25								90			
07	51530	REMOVAL OF BLADDER LESION	711.62	00	15						90			
02	51535	REPAIR OF URETER LESION	109.04											
03	51535	REPAIR OF URETER LESION	545.25								90			
07	51535	REPAIR OF URETER LESION	734.61	00	15						90			
02	51550	PARTIAL REMOVAL OF BLADDER	98.39											
03	51550	PARTIAL REMOVAL OF BLADDER	491.95								90			
07	51550	PARTIAL REMOVAL OF BLADDER	862.89	00	15						90			
02	51555	PARTIAL REMOVAL OF BLADDER	136.31											
03	51555	PARTIAL REMOVAL OF BLADDER	681.53								90			
07	51555	PARTIAL REMOVAL OF BLADDER	1,143.56	00	15						90			
02	51565	REVISE BLADDER & URETER(S)	165.95											
03	51565	REVISE BLADDER & URETER(S)	829.76								90			
07	51565	REVISE BLADDER & URETER(S)	1,177.91	00	15						90			
02	51570	REMOVAL OF BLADDER	177.80											
03	51570	REMOVAL OF BLADDER	889.06								90			
07	51570	REMOVAL OF BLADDER	1,307.96	00	15						90			
02	51575	REMOVAL OF BLADDER & NODES	237.06											
03	51575	REMOVAL OF BLADDER & NODES	1,185.33								90			
07	51575	REMOVAL OF BLADDER & NODES	1,623.44	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	51580	REMOVE BLADDER; REVISE TRACT	237.06											
03	51580	REMOVE BLADDER; REVISE TRACT	1,185.33								90			
07	51580	REMOVE BLADDER; REVISE TRACT	1,668.63	00	15						90			
02	51585	REMOVAL OF BLADDER & NODES	296.33											
03	51585	REMOVAL OF BLADDER & NODES	1,481.68								90			
07	51585	REMOVAL OF BLADDER & NODES	1,865.26	00	15						90			
02	51590	REMOVE BLADDER; REVISE TRACT	246.54											
03	51590	REMOVE BLADDER; REVISE TRACT	1,232.72								90			
07	51590	REMOVE BLADDER; REVISE TRACT	1,726.71	00	15						90			
02	51595	REMOVE BLADDER; REVISE TRACT	284.48											
03	51595	REMOVE BLADDER; REVISE TRACT	1,422.42								90			
07	51595	REMOVE BLADDER; REVISE TRACT	1,940.74	00	15						90			
02	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	246.55											
03	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	1,232.72								90			
07	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,074.13	00	15						90			
02	51597	PELVIC EXENTER.W/W/O HYSTERECTOMY	248.92			X								
03	51597	PELVIC EXENTERATION	1,244.62			X					90			
07	51597	PELVIC EXENTERATION	2,009.30	00	15	X					90			
03	51600	INJECTION FOR BLADDER X-RAY	8.88											
07	51600	INJECTION FOR BLADDER X-RAY	205.92	00	15									
03	51605	PREPARATION FOR BLADDER XRAY	11.84								1			
07	51605	PREPARATION FOR BLADDER XRAY	550.86	00	15						1			
03	51610	INJECTION FOR BLADDER X-RAY	11.84								1			
07	51610	INJECTION FOR BLADDER X-RAY	548.93	00	15						1			
03	51700	IRRIGATION OF BLADDER	8.88											X
07	51700	IRRIGATION OF BLADDER	74.35	00	15									X
03	51701	INSERTION NON-INDWELLNG BLADDR CATH	37.04											
07	51701	INSERTION NON-INDWELLNG BLADDR CATH	37.04	00	15									
03	51702	INSERT TEMP INDWELL BLADDER CATHETER	57.43											
07	51702	INSERT TEMP INDWELL BLADDER CATHETER	57.43	00	15									
03	51703	INSERT INDWELL BLADDER CATH;COMPLICA	81.91											
07	51703	INSERT INDWELL BLADDER CATH;COMPLICA	81.91	00	15									
03	51705	CHANGE OF BLADDER TUBE	37.73											
07	51705	CHANGE OF BLADDER TUBE	105.78	00	15									
03	51710	CHANGE OF BLADDER TUBE	26.65											
07	51710	CHANGE OF BLADDER TUBE	216.64	00	15									
08	51710	CHANGE OF BLADDER TUBE	220.39											
03	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	197.92								1			
07	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	280.20	00	15						1			
08	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	262.36											
03	51720	TREATMENT OF BLADDER LESION	26.65								1			
07	51720	TREATMENT OF BLADDER LESION	126.25	00	15						1			
03	51725	SIMPLE CYSTOMETROGRAM	44.50								1			
05	51725	SIMPLE CYSTOMETROGRAM	17.80											
07	51725	SIMPLE CYSTOMETROGRAM	244.40	00	15						1			
03	51726	COMPLEX CYSTOMETROGRAM	53.37								1			
05	51726	COMPLEX CYSTOMETROGRAM	21.35											
07	51726	COMPLEX CYSTOMETROGRAM	212.19	00	15						1			
08	51726	COMPLEX CYSTOMETROGRAM	220.39											
03	51736	SIMPLE UROFLOWMETRY	31.06								1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
05	51736	SIMPLE UROFLOWMETRY	31.06											
07	51736	SIMPLE UROFLOWMETRY	57.01	00	15						1			
03	51741	COMPLEX UROFLOWMETRY	44.50								1			
05	51741	COMPLEX UROFLOWMETRY	17.80											
07	51741	COMPLEX UROFLOWMETRY	104.22	00	15						1			
03	51772	URETHRAL PRESSURE PROFILE STUDIES...	44.50								1			
05	51772	URETHRAL PRESSURE PROFILE STUDIES	17.80											
07	51772	URETHRAL PRESSURE PROFILE STUDIES...	211.59	00	15						1			
08	51772	URETHRAL PRESSURE PROFILE STUDIES	220.39											
03	51784	ANAL/URINARY MUSCLE STUDY	87.91								1			
05	51784	ANAL/URINARY MUSCLE STUDY	35.16											
07	51784	ANAL/URINARY MUSCLE STUDY	164.48	00	15						1			
03	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	69.17								1			
05	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	27.67											
07	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	167.24	00	15						1			
08	51785	ELECTROMYOGRAPHY	220.39											
03	51795	VOIDING PRESSURE STUDIES (VP)	16.00								1			
05	51795	VOIDING PRESSURE STUDIES (VP)	6.40											
07	51795	VOIDING PRESSURE STUDIES (VP)	213.03	00	15						1			
03	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	50.00								1			
05	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	20.00											
07	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	214.88	00	15						1			
03	51798	MEASURE POST-VOIDING RESIDUAL URINE	12.68											
07	51798	MEASURE POST-VOIDING RESIDUAL URINE	12.68	00	15									
02	51800	REVISION OF BLADDER/URETHRA	95.41											
03	51800	REVISION OF BLADDER/URETHRA	477.07								90			
07	51800	REVISION OF BLADDER/URETHRA	957.88	00	15						90			
02	51820	REVISION OF URINARY TRACT	145.21											
03	51820	REVISION OF URINARY TRACT	726.03								90			
07	51820	REVISION OF URINARY TRACT	1,026.79	00	15						90			
02	51840	ATTACH BLADDER/URETHRA	98.39											
03	51840	ATTACH BLADDER/URETHRA	491.95								90			
07	51840	ATTACH BLADDER/URETHRA	625.75	00	15						90			
02	51841	ATTACH BLADDER/URETHRA	124.44											
03	51841	ATTACH BLADDER/URETHRA	622.23								90			
07	51841	ATTACH BLADDER/URETHRA	766.87	00	15						90			
02	51845	ABCOMINO-VAGINAL VESICAL NECK SUSPEN	124.44											
03	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	622.23					F			90			
07	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	622.23	00	15			F			90			
02	51860	REPAIR OF BLADDER WOUND	75.85											
03	51860	REPAIR OF BLADDER WOUND	379.28								90			
07	51860	REPAIR OF BLADDER WOUND	704.56	00	15						90			
02	51865	REPAIR OF BLADDER WOUND	122.67											
03	51865	REPAIR OF BLADDER WOUND	613.38								90			
07	51865	REPAIR OF BLADDER WOUND	847.48	00	15						90			
03	51880	REPAIR OF BLADDER OPENING	250.72								90			
07	51880	REPAIR OF BLADDER OPENING	477.72	00	15						90			
08	51880	REPAIR OF BLADDER OPENING	220.39											
02	51900	REPAIR BLADDER/VAGINA LESION	107.87											
03	51900	REPAIR BLADDER/VAGINA LESION	539.37								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	51900	REPAIR BLADDER/VAGINA LESION	749.35	00	15						90			
02	51920	CLOSE BLADDER-UTERUS FISTULA	122.67											
03	51920	CLOSE BLADDER-UTERUS FISTULA	613.38								90			
07	51920	CLOSE BLADDER-UTERUS FISTULA	688.16	00	15						90			
02	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	122.67			X		F		X				
03	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	613.38			X		F		X	90			
07	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	907.33	00	15	X		F		X	90			
02	51940	CORRECTION OF BLADDER DEFECT	118.54											
03	51940	CORRECTION OF BLADDER DEFECT	592.70								90			
07	51940	CORRECTION OF BLADDER DEFECT	1,589.53	00	15						90			
02	51960	REVISION OF BLADDER & BOWEL	186.69											
03	51960	REVISION OF BLADDER & BOWEL	933.47								90			
07	51960	REVISION OF BLADDER & BOWEL	1,282.75	00	15						90			
03	51980	CONSTRUCT BLADDER OPENING	681.53								90			
07	51980	CONSTRUCT BLADDER OPENING	681.53	00	15						90			
03	51990	LAPARO URETHRAL SUSPENSION	624.71								90			
07	51990	LAPARO URETHRAL SUSPENSION	691.47	00	15						90			
03	51992	LAPARO SLING OPERATION	689.19											
07	51992	LAPARO SLING OPERATION	741.51	00	15									
03	51999	LAPAROSCOPE PROC, BLADDER	MP			X								
07	51999	LAPAROSCOPE PROC, BLADDER	MP	00	15	X								
03	52000	CYSTOSCOPY	100.96								1			
07	52000	CYSTOSCOPY	183.74	00	15						1			
08	52000	CYSTOSCOPY	220.39						X					
03	52001	CYSTOSCOPY, REMOVAL OF CLOTS	126.34											
07	52001	CYSTOSCOPY, REMOVAL OF CLOTS	126.34	00	15									
08	52001	CYSTOSCOPY, REMOVAL OF CLOTS	220.39											
03	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	141.32								1			
07	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	510.88	00	15						1			
08	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	220.39											
03	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	71.77								1			
07	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	144.94	00	15						1			
08	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	220.39											
03	52010	CYSTOSCOPY & DUCT CATHETER	53.38								1			
07	52010	CYSTOSCOPY & DUCT CATHETER	298.94	00	15						1			
08	52010	CYSTOSCOPY & DUCT CATHETER	220.39											
03	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	59.30								1			
07	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	283.19	00	15						1			
08	52204	CYSTOURETHROSCOPY WITH BIOPSY	220.39						X					
03	52214	CYSTOURETHROSCOPY WITH FULGURATION;	59.30								1			
07	52214	CYSTOURETHROSCOPY WITH FULGURATION;	344.20	00	15						1			
08	52214	CYSTOURETHROSCOPY W/FULGURATIO	220.39						X					
03	52224	CYSTOURETHROSCOPY WITH FULGURATION;	59.30								1			
07	52224	CYSTOURETHROSCOPY WITH FULGURATION;	318.89	00	15						1			
08	52224	CYSTOURETHROSCOPY W/ FULGURATION	220.39						X					
03	52234	CYSTOURETHROSCOPY WITH FULGURATION;	71.15								1			
07	52234	CYSTOURETHROSCOPY WITH FULGURATION;	225.64	00	15						1			
08	52234	CYSTOURETHROSCOPY WITH FULGURATION	282.40						X					
03	52235	CYSTOURETHROSCOPY WITH FULGURATION;	294.55								1			
07	52235	CYSTOURETHROSCOPY WITH FULGURATION;	294.55	00	15						1			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	52235	CYSTOURETHROSCOPY WITH FULGURATION	262.36						X					
03	52240	CYSTOURETHROSCOPY WITH FULGURATION;	560.01								1			
07	52240	CYSTOURETHROSCOPY WITH FULGURATION;	560.01	00	15						1			
08	52240	CYSTOURETHROSCOPY WITH FULGURATION	282.40						X					
03	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	165.95								1			
07	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	216.36	00	15						1			
08	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	262.36											
03	52260	CYSTOSCOPY & TREATMENT	106.68								1			
07	52260	CYSTOSCOPY & TREATMENT	188.49	00	15						1			
08	52260	CYSTOSCOPY & TREATMENT	220.39						X					
03	52265	CYSTOSCOPY & TREATMENT	40.33								1			
07	52265	CYSTOSCOPY & TREATMENT	228.74	00	15						1			
03	52270	CYSTOSCOPY & REVISE URETHRA	136.29								1			
07	52270	CYSTOSCOPY & REVISE URETHRA	342.53	00	15						1			
08	52270	CYSTOSCOPY & REVISE URETHRA	220.39											
03	52275	CYSTOSCOPY & REVISE URETHRA	163.55								1			
07	52275	CYSTOSCOPY & REVISE URETHRA	409.25	00	15						1			
08	52275	CYSTOSCOPY & REVISE URETHRA	220.39											
03	52276	CYSTOURETHROSCOPY W/DIRECT VISION	307.11								1			
07	52276	CYSTOURETHROSCOPY W/DIRECT VISION	424.63	00	15						1			
08	52276	CYSTOURETHROSCOPY W/DIRECT VISION	262.36											
03	52277	CYSTOSCOPY AND TREATMENT	207.43								1			
07	52277	CYSTOSCOPY AND TREATMENT	297.73	00	15						1			
08	52277	CYSTOSCOPY AND TREATMENT	220.39						X					
03	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	158.19								1			
07	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	562.63	00	15						1			
08	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	220.39											
03	52282	CYSTOSCOPY, IMPLANT STENT	371.88								1			
07	52282	CYSTOSCOPY, IMPLANT STENT	722.76	00	15						1			
08	52282	CYSTOSCOPY, IMPLANT STENT	320.56											
03	52283	CYSTOURETHROSCOPY, STEROID INJECTION	59.30								1			
07	52283	CYSTOURETHROSCOPY, STEROID INJECTION	346.82	00	15						1			
08	52283	CYSTOURETHROSCOPY,STEROID INJECTION	220.39											
03	52285	CYSTOSCOPY AND TREATMENT	117.34								1			
07	52285	CYSTOSCOPY AND TREATMENT	357.39	00	15						1			
08	52285	CYSTOSCOPY AND TREATMENT	220.39						X					
03	52290	CYSTOSCOPY AND TREATMENT	136.29								1			
07	52290	CYSTOSCOPY AND TREATMENT	220.45	00	15						1			
08	52290	CYSTOSCOPY AND TREATMENT	220.39						X					
03	52300	CYSTOSCOPY AND TREATMENT	207.43								1			
07	52300	CYSTOSCOPY AND TREATMENT	255.18	00	15						1			
08	52300	CYSTOSCOPY AND TREATMENT	220.39											
03	52301	CYSTOSCOPY AND TREATMENT	303.89								1			
07	52301	CYSTOSCOPY AND TREATMENT	303.89	00	15						1			
03	52305	CYSTOSCOPY AND TREATMENT	165.95								1			
07	52305	CYSTOSCOPY AND TREATMENT	254.80	00	15						1			
08	52305	CYSTOSCOPY AND TREATMENT	220.39						X					
03	52310	CYSTOSCOPY AND TREATMENT	136.29								1			
07	52310	CYSTOSCOPY AND TREATMENT	226.32	00	15						1			
08	52310	CYSTOSCOPY AND TREATMENT	220.39						X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	52315	CYSTOSCOPY AND TREATMENT	207.43								1			
07	52315	CYSTOSCOPY AND TREATMENT	712.04	00	15						1			
08	52315	CYSTOSCOPY AND TREATMENT	220.39											
03	52317	LITHOLAPAXY,SIMPLE;SMALL	180.32								1			
07	52317	LITHOLAPAXY,SIMPLE;SMALL	1,072.67	00	15						1			
08	52317	LITHOLAPAXY, SIMPLE; SMALL	220.39											
03	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	252.45								1			
07	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	440.94	00	15						1			
08	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	220.39											
03	52320	CYSTOSCOPY AND TREATMENT	248.89								1			
07	52320	CYSTOSCOPY AND TREATMENT	248.89	00	15						1			
08	52320	CYSTOSCOPY AND TREATMENT	282.40											
03	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	276.30								1			
07	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	295.73	00	15						1			
08	52325	CYSTOURETHROSCOPY, FRAGMENT CALCULUS	262.36											
03	52327	CYSTOSCOPY, INJECT MATERIAL	302.77								1			
07	52327	CYSTOSCOPY, INJECT MATERIAL	302.77	00	15						1			
08	52327	CYSTOSCOPY, INJECT MATERIAL	220.39											
03	52330	CYSTOSCOPY AND TREATMENT	177.82								1			
07	52330	CYSTOSCOPY AND TREATMENT	843.00	00	15						1			
08	52330	CYSTOSCOPY AND TREATMENT	220.39											
03	52332	CYSTOURETHROSCOPY/INSERT STENT	186.80								1			
07	52332	CYSTOURETHROSCOPY/INSERT STENT	699.10	00	15						1			
08	52332	CYSTOURETHROSCOPY/INSERT STENT	220.39											
03	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	248.40								1			
07	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	248.40	00	15						1			
08	52334	CYSTO TO EST PERC NEPHROSTOMY,RETRO	262.36											
03	52341	CYSTO W/URETER STRICTURE TX	316.55											
07	52341	CYSTO W/URETER STRICTURE TX	316.55	00	15									
08	52341	CYSTO W/URETER STRICTURE TX	262.36											
03	52342	CYSTO W/UP STRICTURE TX	342.59											
07	52342	CYSTO W/UP STRICTURE TX	342.59	00	15									
08	52342	CYSTO W/UP STRICTURE TX	262.36											
03	52343	CYSTO W/RENAL STRICTURE TX	379.54											
07	52343	CYSTO W/RENAL STRICTURE TX	379.54	00	15									
08	52343	CYSTO W/RENAL STRICTURE TX	262.36											
03	52344	CYSTO/URETERO, STONE REMOVE	405.58											
07	52344	CYSTO/URETERO, STONE REMOVE	405.58	00	15									
08	52344	CYSTO/URETERO, STONE REMOVE	262.36											
03	52345	CYSTO/URETERO W/UP STRICTURE	432.43											
07	52345	CYSTO/URETERO W/UP STRICTURE	432.43	00	15									
08	52345	CYSTO/URETERO W/UP STRICTURE	262.36											
03	52346	CYSTOURETERO W/RENAL STRICT	486.37											
07	52346	CYSTOURETERO W/RENAL STRICT	486.37	00	15									
08	52346	CYSTOURETERO W/RENAL STRICT	262.36											
03	52351	CYSTOURETRO & OR PYELOSCOPE	321.95											
07	52351	CYSTOURETRO & OR PYELOSCOPE	321.95	00	15									
08	52351	CYSTOURETRO & OR PYELOSCOPE	262.36											
03	52352	CYSTOURETRO W/STONE REMOVE	397.03											
07	52352	CYSTOURETRO W/STONE REMOVE	397.03	00	15									

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	52352	CYSTOURETRO W/STONE REMOVE	262.36											
03	52353	CYSTOURETERO W/LITHOTRIPSY	459.97											
07	52353	CYSTOURETERO W/LITHOTRIPSY	459.97	00	15									
08	52353	CYTOURETERO W/LITHOTRIPSY	262.36											
03	52354	CYSTOURETERO W/BIOPSY	403.90											
07	52354	CYSTOURETERO W/BIOPSY	403.90	00	15									
08	52354	CYSTOURETERO W/BIOPSY	262.36											
03	52355	CYSTOURETERO W/EXCISE TUMOR	475.12											
07	52355	CYSTOURETERO W/EXCISE TUMOR	475.12	00	15									
08	52355	CYSTOURETERO W/EXCISE TUMOR	262.36											
03	52400	CYSTOURETERO W/CONGEN REPR	561.84				X							
07	52400	CYSTOURETERO W/CONGEN REPR	561.84	00	15		X							
08	52400	CYSTOURETRO & OR PYELOSCOPE	262.36											
03	52402	CYSTOURETHRO CUT EJACUL DUCT	216.83					M			1			
07	52402	CYSTOURETHRO CUT EJACUL DUCT	216.83	00	15			M			1			
02	52450	TRANSURETHRAL INCISION OF PROSTATE	66.60					M						X
03	52450	TRANSURETHRAL INCISION OF PROSTATE	333.90								90			
07	52450	TRANSURETHRAL INCISION OF PROSTATE	492.18	00	15						90			
08	52450	TRANSURETHRAL INCISION OF PROSTATE	262.36											
03	52500	REVISION OF BLADDER NECK	301.82								90			
07	52500	REVISION OF BLADDER NECK	530.69	00	15						90			
08	52500	REVISION OF BLADDER NECK	262.36											
03	52510	TRANS BALLOON DILATION/PROST/URETHRA	389.70								90			
07	52510	TRANS BALLOON DILATION/PROST/URETHRA	433.67	00	15						90			
08	52510	TRANS BALLOON DILATION/PROST/URETHRA	262.36											
03	52601	PROSTATECTOMY (TUR)	681.53								90			
07	52601	PROSTATECTOMY (TUR)	719.18	00	15						90			
08	52601	PROSTATECTOMY (TUR)	262.36											
03	52606	CONTROL POSTOP BLEEDING	71.15								90			
07	52606	CONTROL POSTOP BLEEDING	501.38	00	15						90			
08	52606	CONTROL POSTOP BLEEDING	220.39											
03	52612	PROSTATECTOMY, FIRST STAGE	426.68								90			
07	52612	PROSTATECTOMY, FIRST STAGE	509.90	00	15						90			
08	52612	PROSTATECTOMY, FIRST STAGE	220.39											
03	52614	PROSTATECTOMY, SECOND STAGE	414.87								90			
07	52614	PROSTATECTOMY, SECOND STAGE	454.01	00	15						90			
08	52614	PROSTATECTOMY, SECOND STAGE	220.39											
03	52620	REMOVE RESIDUAL PROSTATE	207.43								90			
07	52620	REMOVE RESIDUAL PROSTATE	442.66	00	15						90			
08	52620	REMOVE RESIDUAL PROSTATE	220.39											
03	52630	REMOVE PROSTATE REGROWTH	477.07								90			
07	52630	REMOVE PROSTATE REGROWTH	477.07	00	15						90			
08	52630	REMOVE PROSTATE REGROWTH	220.39											
03	52640	RELIEVE BLADDER CONTRACTURE	343.81								90			
07	52640	RELIEVE BLADDER CONTRACTURE	427.58	00	15						90			
08	52640	RELIEVE BLADDER CONTRAC	220.39											
03	52647	LASER SURGERY OF PROSTATE	668.42								90			
07	52647	LASER SURGERY OF PROSTATE	2,255.21	00	15						90			
08	52647	LASER SURGERY OF PROSTATE	320.56											
03	52648	LASER SURGERY OF PROSTATE	711.05								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	52648	LASER SURGERY OF PROSTATE	711.05	00 15						90			
08	52648	LASER SURGERY OF PROSTATE	320.56										
03	52700	DRAINAGE OF PROSTATE ABSCESS	278.59							90			
07	52700	DRAINAGE OF PROSTATE ABSCESS	453.24	00 15						90			
08	52700	DRAINAGE OF PROSTATE ABSCESS	220.39										
03	53000	INCISION OF URETHRA	124.36							10			
07	53000	INCISION OF URETHRA	320.20	00 15						10			
08	53000	INCISION OF URETHRA	220.39										
03	53010	INCISION OF URETHRA	207.43							90			
07	53010	INCISION OF URETHRA	265.07	00 15						90			
08	53010	INCISION OF URETHA	220.39										
03	53020	INCISION OF URETHRA	76.50							1			
07	53020	INCISION OF URETHRA	205.81	00 15						1			
08	53020	INCISION OF URETHRA	220.39										
03	53025	INCISION OF URETHRA	20.73							1			
07	53025	INCISION OF URETHRA	193.80	00 15						1			
03	53040	DRAINAGE OF URETHRA ABSCESS	106.68							90			
07	53040	DRAINAGE OF URETHRA ABSCESS	704.40	00 15						90			
08	53040	DRAINAGE OF URETHRA ABSCESS	220.39										
03	53060	DRAINAGE OF URETHRA ABSCESS	44.50				F			10			
07	53060	DRAINAGE OF URETHRA ABSCESS	296.66	00 15			F			10			
03	53080	DRAINAGE OF URINARY LEAKAGE	136.29							90			
07	53080	DRAINAGE OF URINARY LEAKAGE	500.32	00 15						90			
08	53080	DRAINAGE OF URINARY LEAKAGE	262.36										
03	53085	DRAINAGE OF URINARY LEAKAGE	613.38							90			
07	53085	DRAINAGE OF URINARY LEAKAGE	709.96	00 15						90			
03	53200	BIOPSY OF URETHRA	71.15							1			
07	53200	BIOPSY OF URETHRA	274.67	00 15						1			
08	53200	BIOPSY OF URETHRA	220.39										
02	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	98.39				F						
03	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	491.95				F			90			
07	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	723.87	00 15			F			90			
08	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	282.40										
03	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	622.23				M			90			
07	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	859.51	00 15			M			90			
08	53215	URETHRECTOMY,TOTO,W/CYSTOSTOMY;MALE	282.40										
03	53220	TREATMENT OF URETHRA LESION	681.53							90			
07	53220	TREATMENT OF URETHRA LESION	681.53	00 15						90			
08	53220	TREATMENT OF URETHRA LESION	220.39										
03	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	474.09				F			90			
07	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	559.29	00 15			F			90			
08	53230	EXCISE URETHRAL DIVERTICULUM,FEMALE	220.39				F						
03	53235	EXCISE URETHRAL DIVERTICULUM;MALE	474.09				M			90			
07	53235	EXCISE URETHRAL DIVERTICULUM;MALE	583.01	00 15			M			90			
08	53235	EXCISE URETHRAL DIVERTICULUM;MALE	262.36										
03	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	136.29							90			
07	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	409.87	00 15						90			
08	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	220.39										
03	53250	REMOVAL OF URETHRA GLAND	420.80							90			
07	53250	REMOVAL OF URETHRA GLAND	420.80	00 15						90			

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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	53250	REMOVAL OF URETHRA GLAND	220.39											
03	53260	TREATMENT OF URETHRA LESION	39.08								10			
07	53260	TREATMENT OF URETHRA LESION	305.78	00	15						10			
08	53260	TREATMENT OF URETHRA LESION	220.39											
03	53265	TREATMENT OF URETHRA LESION	78.26								10			
07	53265	TREATMENT OF URETHRA LESION	324.95	00	15						10			
08	53265	TREATMENT OF URETHRA LESION	220.39											
03	53270	REMOVAL OF URETHRA GLAND	71.15					F			10			
07	53270	REMOVAL OF URETHRA GLAND	337.83	00	15			F			10			
08	53270	REMOVAL OF URETHRA GLAND	220.39											
03	53275	REPAIR OF URETHRA DEFECT	106.68					F			10			
07	53275	REPAIR OF URETHRA DEFECT	277.63	00	15			F			10			
08	53275	REPAIR OF URETHRA DEFECT	220.39											
02	53400	REVISE URETHRA, 1ST STAGE	68.76											
03	53400	REVISE URETHRA, 1ST STAGE	343.81								90			
07	53400	REVISE URETHRA, 1ST STAGE	742.20	00	15						90			
08	53400	REVISE URETHRA, 1ST STAGE	262.36											
02	53405	REVISE URETHRA, 2ND STAGE	94.82											
03	53405	REVISE URETHRA, 2ND STAGE	474.09								90			
07	53405	REVISE URETHRA, 2ND STAGE	813.89	00	15						90			
08	53405	REVISE URETHRA, 2ND STAGE	220.39											
03	53410	URETHROPLASTY...MALE ANTERIOR URETH.	545.25					M			90			
07	53410	URETHROPLASTY...MALE ANTERIOR URETH.	904.58	00	15			M			90			
08	53410	URETHROPLASTY...MALE ANTERIOR URETH.	220.39					M						
02	53415	URETHROOPLASTY,TRANSPUBIC, ONE STAGE	205.19											
03	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,026.00								90			
07	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,045.17	00	15						90			
02	53420	RECONSTRUCT URETHRA, STAGE 1	136.31											
03	53420	RECONSTRUCT URETHRA, STAGE 1	681.53								90			
07	53420	RECONSTRUCT URETHRA, STAGE 1	806.10	00	15						90			
08	53420	RECONSTRUCT URETHRA, STAGE 1	262.36											
02	53425	RECONSTRUCT URETHRA, STAGE 2	136.31											
03	53425	RECONSTRUCT URETHRA, STAGE 2	681.53								90			
07	53425	RECONSTRUCT URETHRA, STAGE 2	881.70	00	15						90			
08	53425	RECONSTRUCT URETHRA, STAGE 2	220.39											
02	53430	URETHROPLASTY,RECON FEMALE URETHRA	94.82					F						
03	53430	URETHROPLASTY,RECON FEMALE URETHRA	136.31					F			90			
07	53430	URETHROPLASTY,RECON FEMALE URETHRA	905.94	00	15			F			90			
08	53430	URETHROPLASTY, RECON FEMALE URETHRA	220.39					F						
02	53431	RECONSTRUCT URETHRA/BLADDER	199.11											
03	53431	RECONSTRUCT URETHRA/BLADDER	995.57								90			
07	53431	RECONSTRUCT URETHRA/BLADDER	995.57	00	15						90			
08	53431	RECONSTRUCT URETHRA/BLADDER	220.39											
02	53440	CORRECT MALE URIN.INCONT,W/W/O PROST	136.31					M						
03	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	681.53					M			90			
07	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	715.54	00	15			M			90			
08	53440	CORRECT MALE URIN.INCONT,WIWO PROSTH	220.39					M						
03	53442	PERINEAL PROSTHESIS REMOVAL	187.20								90			
07	53442	PERINEAL PROSTHESIS REMOVAL	502.63	00	15						90			
08	53442	PERINEAL PROSTHESIS REMOVAL	220.39											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	53444	INSERT TANDEM CUFF	709.98								90			
07	53444	INSERT TANDEM CUFF	709.98	00	15						90			
08	53444	INSERT TANDEM CUFF	220.39											
02	53445	PLMT INFLAT.URETH/BLADDER SPHI	252.00			X								
03	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00			X					90			
07	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00	00	15	X					90			
08	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	220.39											
02	53446	REMOVE URO SPHINCTER	129.72				X							
03	53446	REMOVE URO SPHINCTER	648.59				X				90			
07	53446	REMOVE URO SPHINCTER	648.59	00	15		X				90			
08	53446	REMOVE URO SPHINCTER	220.39											
03	53447	INFLATABLE SPHINCTER REMOVAL	MP				X				90			
07	53447	INFLATABLE SPHINCTER REMOVAL	752.18	00	15		X				90			
08	53447	INFLATABLE SPHINCTER REMOVAL	220.39											
02	53448	REMOV/REPLC UR SPHINCTR COMP	235.88				X							
03	53448	REMOV/REPLC UR SPHINCTR COMP	1,179.38				X				90			
07	53448	REMOV/REPLC UR SPHINCTR COMP	1,179.38	00	15		X				90			
03	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00			X					90			
07	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00	00	15	X					90			
08	53449	CORRECTION OF ABNORMAL SPHINCTER	220.39											
03	53450	REVISION OF URETHRA	136.29								90			
07	53450	REVISION OF URETHRA	392.03	00	15						90			
08	53450	REVISION OF URETHRA	220.39											
03	53460	REVISION OF URETHRA	106.68								90			
07	53460	REVISION OF URETHRA	439.41	00	15						90			
08	53460	REVSION OF URETHRA	220.39											
02	53500	URETHRLYS, TRANSVAG W/ SCOPE	110.66					F						
03	53500	URETHRLYS, TRANSVAG W/ SCOPE	553.31					F			90			
07	53500	URETHRLYS, TRANSVAG W/ SCOPE	553.31	00	15			F			90			
03	53502	URETHRORRHAPHY...SUTURE...,FEMALE	343.81					F			90			
07	53502	URETHRORRHAPHY...SUTURE...,FEMALE	469.44	00	15			F			90			
08	53502	URETHRORRHAPHY...SUTURE...,FEMALE	220.39					F						
03	53505	URETHRORRHAPHY...SUTURE...;PENILE	343.81					M			90			
07	53505	URETHRORRHAPHY...SUTURE...;PENILE	462.22	00	15			M			90			
08	53505	URETHRORRHAPHY...SUTURE...;PENILE	220.39					M						
03	53510	REPAIR OF URETHRA INJURY	474.09								90			
07	53510	REPAIR OF URETHRA INJURY	584.79	00	15						90			
08	53510	REPAIR OF URETHRA INJURY	220.39											
03	53515	REPAIR OF URETHRA INJURY	681.53								90			
07	53515	REPAIR OF URETHRA INJURY	744.59	00	15						90			
08	53515	REPAIR OF URETHRA INJURY	220.39											
03	53520	CLOSE URETHROSTOMY....FISTULE,MALE	207.43					M			90			
07	53520	CLOSE URETHROSTOMY....FISTULE,MALE	517.48	00	15			M			90			
08	53520	CLOSE URETHROSTOMY....FISTYLE,MALE	220.39					M						
03	53600	DILATE URETHRAL STRICTURE,MALE;INIT	14.81					M						
07	53600	DILATE URETHRAL STRICTURE,MALE;INIT	82.60	00	15			M						
08	53600	DILATE URETHRA STRICTURE	220.39					M	X					
03	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	11.84					M						
07	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	77.93	00	15			M						
08	53601	DILATE URETHRA STRICTURE	220.39					M	X					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	53605	DILATE URETH STRICT...MALE	50.42					M			1			
07	53605	DILATE URETH STRICT...MALE	61.82	00	15			M			1			
08	53605	DILATE URETHRA STRICTURE	220.39					M	X					
03	53620	DILATE URETH STRICT.,MALE;INITIAL	29.61					M						
07	53620	DILATE URETH STRICT.,MALE;INITIAL	120.80	00	15			M						
08	53620	DILATE URETHRA STRICTURE	220.39					M	X					
03	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	20.73					M						
07	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	113.40	00	15			M						
08	53621	DILATE URETHRA STRICTURE	220.39					M	X					
03	53660	DILATE FEMALE URETHRA...;INITIAL	9.31					F						
07	53660	DILATE FEMALE URETHRA...;INITIAL	64.85	00	15			F						
08	53660	DILATION OF URETHRA	220.39					F	X					
03	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	8.88					F						
07	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	64.89	00	15			F						
08	53661	DILATION OF URETHRA	220.39					F	X					
03	53665	DILATE FEMALE URETHRA...	44.50					F			1			
07	53665	DILATE FEMALE URETHRA...	44.50	00	15			F			1			
08	53665	DILATION OF URETHRA	220.39					F	X					
03	53850	PROSTATIC MICROWAVE THERMOTX	1,522.20					M			90			
07	53850	PROSTATIC MICROWAVE THERMOTX	3,109.81	00	15			M			90			
08	53850	PROSTATIC MICROWAVE THERMOTX	320.56											
03	53853	PROSTATIC WATER THERMOTHER	1,821.10								90			
07	53853	PROSTATIC WATER THERMOTHER	1,821.10	00	15						90			
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	23.77					M			10			
07	54000	SLITTING OF PREPUCE	236.10	00	15			M			10			
08	54000	SLITTING OF PREPUCE	220.39					M	X					
03	54001	SLITTING OF PREPUCE	60.50					M			10			
07	54001	SLITTING OF PREPUCE	288.77	00	15			M			10			
08	54001	SLITTING OF PREPUCE	220.39					M	X					
03	54015	DRAIN PENIS LESION	41.45					M			10			
07	54015	DRAIN PENIS LESION	449.61	00	15			M			10			
08	54015	DRAIN PENIS LESION	262.36											
03	54050	TREATMENT OF PENIS LESION	14.81					M						
07	54050	TREATMENT OF PENIS LESION	135.93	00	15			M						
03	54055	TREATMENT OF PENIS LESION	26.65					M						X
07	54055	TREATMENT OF PENIS LESION	254.58	00	15			M						X
03	54056	DESTROY PENILE LESION;CRYOSURGERY	31.50					M			10			
07	54056	DESTROY PENILE LESION;CRYOSURGERY	139.00	00	15			M			10			
03	54057	DESTROY PENILE LESION; LASER SURGERY	58.50					M			10			
07	54057	DESTROY PENILE LESION; LASER SURGERY	140.09	00	15			M			10			
08	54057	DESTROY PENILE LESION; LASER SURGERY	220.39					M						
03	54060	TREATMENT OF PENIS LESION	35.53					M			10			
07	54060	TREATMENT OF PENIS LESION	250.23	00	15			M			10			
08	54060	TREATMENT OF PENIS LESION	220.39					M						
03	54065	TREATMENT OF PENIS LESION	59.30					M			10			
07	54065	TREATMENT OF PENIS LESION	259.28	00	15			M			10			
08	54065	TREATMENT OF PENIS LESION	220.39					M						

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	54100	BIOPSY OF PENIS	30.90				M			1			
07	54100	BIOPSY OF PENIS	181.95	00 15			M			1			
08	54100	BIOPSY OF PENIS	220.39				M						
03	54105	BIOPSY OF PENIS	60.50				M			10			
07	54105	BIOPSY OF PENIS	343.38	00 15			M			10			
08	54105	BIOPSY OF PENIS	220.39				M						
03	54110	TREATMENT OF PENIS LESION	222.87				M			90			
07	54110	TREATMENT OF PENIS LESION	636.51	00 15			M			90			
08	54110	TREATMENT OF PENIS LESION	220.39				M						
03	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	307.47				M			90			
07	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	801.28	00 15			M			90			
08	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	220.39				M						
03	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	392.07				M			90			
07	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	909.71	00 15			M			90			
08	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	220.39				M						
03	54115	TREATMENT OF PENIS LESION	172.41				M			90			
07	54115	TREATMENT OF PENIS LESION	596.92	00 15			M			90			
08	54115	TREATMENT OF PENIS LESION	220.39				M						
02	54120	PARTIAL REMOVAL OF PENIS	55.00				M						
03	54120	PARTIAL REMOVAL OF PENIS	275.05				M			90			
07	54120	PARTIAL REMOVAL OF PENIS	629.02	00 15			M			90			
08	54120	PARTIAL REMOVAL OF PENIS	220.39				M						
02	54125	REMOVAL OF PENIS	109.04				M						
03	54125	REMOVAL OF PENIS	545.23				M			90			
07	54125	REMOVAL OF PENIS	800.66	00 15			M			90			
02	54130	REMOVE PENIS & NODES	195.57				M						
03	54130	REMOVE PENIS & NODES	977.89				M			90			
07	54130	REMOVE PENIS & NODES	1,129.86	00 15			M			90			
03	54135	REMOVE PENIS & NODES	1,185.33				M			90			
07	54135	REMOVE PENIS & NODES	1,447.37	00 15			M			90			
03	54150	CIRCUMCISION USING CLAMP OR OTHER DE	81.00				M		X				
08	54150	CIRCUMCISION	220.39				M						
03	54160	CIRCUMCISION	72.00	00 01			M		X				
08	54160	CIRCU	220.39				M						
03	54161	CIRCUMCISION	262.80				M		X	10			
07	54161	CIRCUMCISION	262.80	00 15			M		X	10			
08	54161	CIRCUMCISION	282.40				M	X					
03	54162	LYSIS PENIL CIRCUMCIS LESION	203.76				M			10			
07	54162	LYSIS PENIL CIRCUMCIS LESION	203.76	00 15			M			10			
08	54162	LYSIS PENIL CIRCUMIS LESION	220.39				M						
03	54163	REPAIR OF CIRCUMCISION	192.11				M			10			
07	54163	REPAIR OF CIRCUMCISION	192.11	00 15			M			10			
08	54163	REPAIR OF CIRCUMCISION	220.39				M						
03	54164	FRENULOTOMY OF PENIS	168.07				M			10			
07	54164	FRENULOTOMY OF PENIS	168.07	00 15			M			10			
08	54164	FRENULOTOMY OF PENIS	220.39				M						
03	54200	TREATMENT OF PENIS LESION	14.81				M						
07	54200	TREATMENT OF PENIS LESION	129.86	00 15			M						
03	54205	TREATMENT OF PENIS LESION	139.20				M			90			
07	54205	TREATMENT OF PENIS LESION	532.33	00 15			M			90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	54205	TREATMENT OF PENIS LESION	262.32											
03	54220	TREATMENT OF PENIS LESION	106.60					M			1			X
07	54220	TREATMENT OF PENIS LESION	156.13	00	15			M			1			X
08	54220	TREATMENT OF PENIS LESION	220.39					M						
03	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	19.80					M			1			
07	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	64.55	00	15			M			1			
03	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	131.45					M			1			
07	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	148.10	00	15			M			1			
03	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	39.60								1			
07	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	81.89	00	15						1			
02	54300	REVISION OF PENIS	83.73					M						
03	54300	REVISION OF PENIS	417.88					M			90			
07	54300	REVISION OF PENIS	669.61	00	15			M			90			
08	54300	REVISION OF PENIS	262.36											
03	54304	PLASTIC OPERATION ON PENIS FOR CORRE	474.09					M			90			
07	54304	PLASTIC OPERATION ON PENIS FOR CORRE	782.60	00	15			M			90			
08	54304	PLASTIC OPERATION ON PENIS FOR CORRE	262.36											
02	54308	URETHROPLASTY...; LESS THAN 3 CM	107.99					M						
03	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	540.00					M			90			
07	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	754.77	00	15			M			90			
08	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	262.36											
02	54312	URETHROPLASTY...; MORE THAN 3 CM	128.69					M						
03	54312	URETHROPLASTY...; MORE THAN 3 CM	643.50					M			90			
07	54312	URETHROPLASTY...; MORE THAN 3 CM	844.89	00	15			M			90			
08	54312	URETHROPLASTY...; MORE THAN 3 CM	262.36											
02	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	135.89					M						
03	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	697.50					M			90			
07	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	995.76	00	15			M			90			
08	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	262.36											
02	54318	URETHROPLASTY/RELEASE FROM SCROTUM	135.89					M						
03	54318	URETHROPLASTY/RELEASE FROM SCROTUM	697.50					M			90			
07	54318	URETHROPLASTY/RELEASE FROM SCROTUM	755.70	00	15			M			90			
08	54318	URETHROPLASTY/RELEASE FROM SCROTUM	262.36											
02	54322	ONE STAGE REP, W/SIMP. MEATAL ADVANC	123.51											
03	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	617.53					M			90			
07	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	786.87	00	15			M			90			
08	54322	ONE STAGE REP,W/SIMP.MEATAL ADVANCE	262.36											
02	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	163.64					M						
03	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	818.22					M			90			
07	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	990.07	00	15			M			90			
08	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	262.36											
03	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	783.53					M			90			
07	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	938.74	00	15			M			90			
08	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	262.36											
03	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	794.55					M			90			
07	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	949.13	00	15			M			90			
08	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	262.36											
02	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	177.02					M						
03	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	885.11					M			90			
07	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,011.55	00	15			M			90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	54336	1STAGE PERINEAL HYPOSPADIAS REPAIR	231.08					M						
03	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,155.38					M			90			
07	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,204.01	00	15			M			90			
03	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	452.66					M			90			
07	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	648.81	00	15			M			90			
08	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	262.36											
03	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	295.20					M			90			
07	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	944.87	00	15			M			90			
08	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	262.36											
02	54348	REP HYPOSPADIAS COMPLICATION/EST DIS	77.03					M						
03	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	385.20					M			90			
07	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,021.64	00	15			M			90			
08	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	262.36											
02	54352	REP HYPOSPADIAS CRIPPLE..EXTENSIVE	161.81					M						
03	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	809.10					M			90			
07	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,450.42	00	15			M			90			
08	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	262.36											
02	54360	PLASTIC PENILE REPAIR/ANGULATION	56.69					M						
03	54360	PLASTIC PENILE REPAIR/ANGULATION	283.50					M			90			
07	54360	PLASTIC PENILE REPAIR/ANGULATION	723.77	00	15			M			90			
08	54360	PLASTIC PENILE REPAIR/ANGULATION	262.36											
02	54380	REPAIR PENIS	94.82					M						
03	54380	REPAIR PENIS	474.09					M			90			
07	54380	REPAIR PENIS	846.71	00	15			M			90			
08	54380	REPAIR PENIS	262.36											
02	54385	REPAIR PENIS	100.76					M						
03	54385	REPAIR PENIS	503.79					M			90			
07	54385	REPAIR PENIS	951.07	00	15			M			90			
08	54385	REPAIR PENIS	262.36											
02	54390	REPAIR PENIS AND BLADDER	106.68					M						
03	54390	REPAIR PENIS AND BLADDER	533.40					M			90			
07	54390	REPAIR PENIS AND BLADDER	1,269.59	00	15			M			90			
08	54400	INSERT PENILE PROSTH.,NON-INFLATABLE	262.36											
08	54401	SEE 54400; INFLATABLE (SELF-CONTAIN-	262.36											
08	54405	INSERT INFLATABLE PENILE PROSTH	262.36											
03	54406	REMOVE MULTI-COMP PENIS PROS	646.86								90		X	
07	54406	REMOVE MULTI-COMP PENIS PROS	646.86	00	15						90		X	
08	54406	REMOVE MULTI-COMP PENIS PROS	262.36											
03	54408	REPAIR MULTI-COMP PENIS PROS	681.29								90		X	
07	54408	REPAIR MULTI-COMP PENIS PROS	681.29	00	15						90		X	
08	54408	REPAIR MULTI-COMP PENIS PROS	262.36											
03	54410	REMOVE/REPLACE PENIS PROSTH	806.00								90		X	
07	54410	REMOVE/REPLACE PENIS PROSTH	806.00	00	15						90		X	
08	54410	REMOVE/REPLACE PENIS PROSTH	262.36											
03	54411	REMV/REPLC PENIS PROS, COMP	874.54								90		X	
07	54411	REMV/REPLC PENIS PROS, COMP	874.54	00	15						90		X	
03	54415	REMOVE SELF-CONTD PENIS PROS	477.19								90		X	
07	54415	REMOVE SELF-CONTD PENIS PROS	477.19	00	15						90		X	
08	54415	REMOVE SELF-CONTD PENIS PROS	262.36											
03	54416	REMV/REPL PENIS CONTAIN PROS	620.82								90		X	

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	54416	REMV/REPL PENIS CONTAIN PROS	620.82	00	15						90		X	
08	54416	REMV/REPL PENIS CONTAIN PROS	262.36											
03	54417	REMV/REPLC PENIS PROS, COMPL	767.07								90		X	
07	54417	REMV/REPLC PENIS PROS, COMPL	767.07	00	15						90		X	
03	54420	REVISION OF PENIS	414.87					M			90			
07	54420	REVISION OF PENIS	702.12	00	15			M			90			
08	54420	REVISION OF PENIS	262.36											
03	54430	REVISION OF PENIS	414.87					M			90			
07	54430	REVISION OF PENIS	636.27	00	15			M			90			
03	54435	PENILE FISTULATION FOR PRIAPISM	414.87					M			90			
07	54435	PENILE FISTULATION FOR PRIAPISM	426.84	00	15			M			90			
08	54435	PENILE FISTULATION FOR PRIAPISM	262.36											
02	54440	PLASTIC REPAIR-PENIS,FOR INJURY	66.38			X		M						
03	54440	PLASTIC REPAIR-PENIS,FOR INJURY	331.90			X		M			90			
07	54440	PLASTIC REPAIR-PENIS,FOR INJURY	331.90	00	15	X		M			90			
08	54440	PLASTIC REPAIR - PENIS, FOR INJURY	262.36											
03	54450	PREPUTIAL STRETCHING	24.87					M			1			
07	54450	PREPUTIAL STRETCHING	76.61	00	15			M			1			
08	54450	PREPUTIAL STRECHING	220.39					M						
07	54500	BIOPSY OF TESTIS	246.16	00	15			M			1			X
08	54500	BIOPSY OF TESTIS	220.39					M	X					
03	54505	BIOPSY OF TESTIS	106.68					M			10			
07	54505	BIOPSY OF TESTIS	216.00	00	15			M			10			
08	54505	BIOPSY OF TESTIS	220.39					M	X					
02	54512	EXCISE LESION TESTIS	100.30											
03	54512	EXCISE LESION TESTIS	501.48					M						
07	54512	EXCISE LESION TESTIS	501.48	00	15			M						
08	54512	EXCISE LESION TESTIS	220.39					M						
03	54520	REMOVAL OF TESTIS	207.43					M			90			
07	54520	REMOVAL OF TESTIS	314.18	00	15			M			90			
08	54520	REMOVAL OF TESTIS	262.36					M	X					
02	54522	ORCHIECTOMY, PARTIAL	113.83											
03	54522	ORCHIECTOMY, PARTIAL	569.17					M						
07	54522	ORCHIECTOMY, PARTIAL	569.17	00	15			M						
08	54522	ORCHIECTOMY, PARTIAL	262.36											
02	54530	REMOVAL OF TESTIS	75.38					M						
03	54530	REMOVAL OF TESTIS	314.12					M			90			
07	54530	REMOVAL OF TESTIS	493.19	00	15			M			90			
08	54530	REMOVAL TO TESTIS	262.36											
02	54535	EXTENSIVE TESTIS SURGERY	100.99					M						
03	54535	EXTENSIVE TESTIS SURGERY	504.95					M			90			
07	54535	EXTENSIVE TESTIS SURGERY	698.31	00	15			M			90			
03	54550	EXPLORATION FOR TESTIS	278.59					M			90			
07	54550	EXPLORATION FOR TESTIS	448.17	00	15			M			90			
08	54550	EXPLORATION FOR TESTIS	262.36											
02	54560	EXPLORATION FOR TESTIS	84.16					M						
03	54560	EXPLORATION FOR TESTIS	420.80					M			90			
07	54560	EXPLORATION FOR TESTIS	644.29	00	15			M			90			
03	54600	REDUCE TESTIS TORSION	278.59					M			90			
07	54600	REDUCE TESTIS TORSION	401.06	00	15			M			90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	54600	REDUCE TESTIS TORSION	262.36											
02	54620	SUSPENSION OF TESTIS	27.25					M						
03	54620	SUSPENSION OF TESTIS	136.29					M			10			
07	54620	SUSPENSION OF TESTIS	286.41	00	15			M			10			
08	54620	SUSPENSION OF TESTIS	262.36											
03	54640	SUSPENSION OF TESTIS	397.11					M			90			
07	54640	SUSPENSION OF TESTIS	399.38	00	15			M			90			
08	54640	SUSPENSION OF TESTIS	262.36											
02	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	116.82					M						
03	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	584.10					M			90			
07	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	662.27	00	15			M			90			
02	54660	REVISION OF TESTIS	58.12					M						
03	54660	REVISION OF TESTIS	290.60					M			90			
07	54660	REVISION OF TESTIS	307.60	00	15			M			90			
08	54660	REVSION OF TESTIS	262.36					M						
03	54670	REPAIR TESTIS INJURY	278.59					M			90			
07	54670	REPAIR TESTIS INJURY	375.96	00	15			M			90			
08	54670	REPAIR TESTIS INJURY	262.36											
03	54680	RELOCATION OF TESTIS(ES)	343.81					M			90			
07	54680	RELOCATION OF TESTIS(ES)	720.70	00	15			M			90			
08	54680	RELOCATION OF TESTIS (ES)	262.36											
03	54690	LAPAROSCOPY, ORCHIECTOMY	601.01											
07	54690	LAPAROSCOPY, ORCHIECTOMY	645.47	00	15									
08	54690	LAPAROSCOPY, ORCHIECTOMY	320.56											
03	54692	LAPAROSCOPY, ORCHIOPEXY	642.06								90			
07	54692	LAPAROSCOPY, ORCHIOPEXY	669.04	00	15						90			
03	54699	LAPAROSCOPE PROC, TESTIS	MP			X								
07	54699	LAPAROSCOPE PROC, TESTIS	MP	00	15	X								
03	54700	DRAINAGE OF SCROTUM	151.26					M			10			
07	54700	DRAINAGE OF SCROTUM	406.26	00	15			M			10			
08	54700	DRAINAGE OF SCROTUM	262.36					M	X					
03	54800	BIOPSY OF EPIDIDYMIS	44.42					M			1			X
07	54800	BIOPSY OF EPIDIDYMIS	290.21	00	15			M			1			X
08	54800	BIOPSY OF EPIDIDYMIS	220.39					M						
03	54830	REMOVE EPIDIDYMIS LESION	186.69					M			90			
07	54830	REMOVE EPIDIDYMIS LESION	322.98	00	15			M			90			
08	54830	REMOVE EPIDIDYMIS LESION	262.36											
03	54840	REMOVE EPIDIDYMIS LESION	278.59					M			90			
07	54840	REMOVE EPIDIDYMIS LESION	313.61	00	15			M			90			
08	54840	REMOVE EPIDIDYMIS LESION	262.36											
03	54860	REMOVAL OF EPIDIDYMIS	278.59					M			90			
07	54860	REMOVAL OF EPIDIDYMIS	374.79	00	15			M			90			
08	54860	REMOVAL OF EPIDIDYMIS	262.36											
03	54861	REMOVAL OF EPIDIDYMES	343.81					M			90			
07	54861	REMOVAL OF EPIDIDYMES	498.35	00	15			M			90			
08	54861	REMOVAL OF EPIDIDYMES	262.36											
03	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	251.83					M			90			
07	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	251.83	00	15			M			90			
08	54865	EXPLORATION OF EPIDIDYMIS,WITH OR W	220.39					M						
03	55000	DRAINAGE OF HYDROCELE	23.85					M						X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	55000	DRAINAGE OF HYDROCELE	124.54	00	15			M						X
08	55000	DRAINAGE OF HYDROCELLE	282.40					M	X					
03	55040	REMOVAL OF HYDROCELE	218.06					M			90			
07	55040	REMOVAL OF HYDROCELE	313.53	00	15			M			90			
08	55040	REMOVAL OF HYDROCELLE	282.40					M	X					
03	55041	REMOVAL OF HYDROCELES	420.80					M			90			
07	55041	REMOVAL OF HYDROCELES	436.45	00	15			M			90			
08	55041	REMOVAL OF HYDROCELLE	282.40					M	X					
03	55060	REPAIR OF HYDROCELE	207.43					M			90			
07	55060	REPAIR OF HYDROCELE	322.43	00	15			M			90			
08	55060	REPAIR OF HYDROCELE	262.36											
03	55100	DRAINAGE OF SCROTUM ABSCESS	44.42					M						
07	55100	DRAINAGE OF SCROTUM ABSCESS	397.29	00	15			M						
08	55100	DRAINAGE OF SCROTUM ABSCESS	220.39					M						
03	55110	SCROTAL EXPLORATION	84.60								90			
07	55110	SCROTAL EXPLORATION	330.56	00	15						90			
08	55110	SCROTAL EXPLORATION	220.39											
03	55120	REMOVAL OF SCROTUM LESION	136.29					M			90			
07	55120	REMOVAL OF SCROTUM LESION	302.03	00	15			M			90			
08	55120	REMOVAL OF SCROTUM LESION	220.39					M						
03	55150	REMOVAL OF SCROTUM	207.43					M			90			
07	55150	REMOVAL OF SCROTUM	421.16	00	15			M			90			
08	55150	REMOVAL OF SCROTUM	220.39					M						
03	55175	SCROTOPLASTY;	210.39								90			
07	55175	SCROTOPLASTY;	318.63	00	15						90			
08	55175	SCROTOPLASTY	220.39											
03	55180	SCROTOPLASTY;	420.80								90			
07	55180	SCROTOPLASTY;	604.53	00	15						90			
08	55180	SCROTOPLASTY;	220.39											
08	55200	INCISION OF SPERM DUCT	220.39											
03	55250	VASECTOMY, UNILATERAL OR BILATERAL	137.30	21	99	X		M			90			
08	55250	VASECTOMY UNILATERAL OR BILATERAL	320.56	21	99	X		M	X					
08	55400	REPAIR OF SPERM DUCT	220.39											
03	55450	LIGATION OF VAS DEFERENS	137.30	21	99	X		M			10			
08	55450	LIGATION OF VAS DEFERENS	320.56	21	99			M	X					
03	55500	REMOVAL OF HYDROCELE	207.43					M			90			
07	55500	REMOVAL OF HYDROCELE	330.99	00	15			M			90			
08	55500	REMOVAL OF HYDROCELLE	282.40					M	X					
03	55520	REMOVAL OF SPERM CORD LESION	207.43					M			90			
07	55520	REMOVAL OF SPERM CORD LESION	353.35	00	15			M			90			
08	55520	REMOVAL OF SPERM CORD LESION	262.36											
03	55530	REVISE SPERMATIC CORD VEINS	139.29					M			90			
07	55530	REVISE SPERMATIC CORD VEINS	335.77	00	15			M			90			
08	55530	REVISE SPERMATIC CORD VEINS	320.56					M	X					
02	55535	REVISE SPERMATIC CORD VEINS	32.59					M						
03	55535	REVISE SPERMATIC CORD VEINS	162.98					M			90			
07	55535	REVISE SPERMATIC CORD VEINS	379.40	00	15			M			90			
08	55535	REVISE SPERMATIC CORD VEINS	262.36											
02	55540	REVISE HERNIA & SPERM VEINS	65.19					M						
03	55540	REVISE HERNIA & SPERM VEINS	325.96					M			90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	55540	REVISE HERNIA & SPERM VEINS	435.13	00	15			M			90			
08	55540	REVISE HERNIA & SPERM VEINS	282.40											
02	55550	LAPARO LIGATE SPERMATIC VEIN	72.29								90			X
03	55550	LAPARO LIGATE SPERMATIC VEIN	361.47								90			
07	55550	LAPARO LIGATE SPERMATIC VEIN	364.05	00	15						90			
08	55550	LAPARO LIGATE SPERMATIC VEIN	320.56											
03	55559	LAPARO PROC, SPERMATIC CORD	MP			X								
07	55559	LAPARO PROC, SPERMATIC CORD	MP	00	15	X								
03	55600	INCISE SPERM DUCT POUCH	195.00					M			90			
07	55600	INCISE SPERM DUCT POUCH	377.21	00	15			M			90			
03	55605	INCISE SPERM DUCT POUCH	331.87					M			90			
07	55605	INCISE SPERM DUCT POUCH	469.65	00	15			M			90			
03	55650	REMOVE SPERM DUCT POUCH	340.77					M			90			
07	55650	REMOVE SPERM DUCT POUCH	644.26	00	15			M			90			
03	55680	REMOVE SPERM POUCH LESION	340.77					M			90			
07	55680	REMOVE SPERM POUCH LESION	340.77	00	15			M			90			
08	55680	REMOVE SPERM POUCH LESION	220.39											
03	55700	BIOPSY OF PROSTATE	59.30					M			1			
07	55700	BIOPSY OF PROSTATE	206.29	00	15			M			1			
08	55700	BIOPSY OF PROSTATE	220.39					M	X					
03	55705	BIOPSY OF PROSTATE	278.59					M			10			
07	55705	BIOPSY OF PROSTATE	293.69	00	15			M			10			
08	55705	BIOPSY OF PROSTATE	220.39					M						
03	55720	DRAINAGE OF PROSTATE ABSCESS	222.87					M			90			
07	55720	DRAINAGE OF PROSTATE ABSCESS	469.98	00	15			M			90			
08	55720	DRAINAGE OF PROSTATE ABSCESS	220.39											
02	55725	DRAINAGE OF PROSTATE ABSCESS	94.82					M						
03	55725	DRAINAGE OF PROSTATE ABSCESS	474.09					M			90			
07	55725	DRAINAGE OF PROSTATE ABSCESS	531.19	00	15			M			90			
08	55725	DRAINAGE OF PROSTATE ABSCESS	220.39											
08	55752	CONIZATION OF CERVIX	220.39											
02	55801	REMOVAL OF PROSTATE	122.67					M						
03	55801	REMOVAL OF PROSTATE	613.38					M			90			
07	55801	REMOVAL OF PROSTATE	973.68	00	15			M			90			
02	55810	EXTENSIVE PROSTATE SURGERY	177.80					M						
03	55810	EXTENSIVE PROSTATE SURGERY	889.06					M			90			
07	55810	EXTENSIVE PROSTATE SURGERY	1,216.85	00	15			M			90			
02	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	195.59					M						
03	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	977.97					M			90			
07	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,467.69	00	15			M			90			
02	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	215.15											
03	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,075.76								90			
07	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,611.53	00	15						90			
02	55821	REMOVAL OF PROSTATE	136.31					M						
03	55821	REMOVAL OF PROSTATE	681.53					M			90			
07	55821	REMOVAL OF PROSTATE	790.59	00	15			M			90			
02	55831	REMOVAL OF PROSTATE	136.31					M						
03	55831	REMOVAL OF PROSTATE	681.53					M			90			
07	55831	REMOVAL OF PROSTATE	856.90	00	15			M			90			
02	55840	EXTENSIVE PROSTATE SURGERY	177.80					M						

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	55840	EXTENSIVE PROSTATE SURGERY	889.06					M			90			
07	55840	EXTENSIVE PROSTATE SURGERY	1,236.29	00	15			M			90			
02	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	177.80											
03	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	889.06								90			
07	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,316.78	00	15						90			
02	55845	EXTENSIVE PROSTATE SURGERY	237.06					M						
03	55845	EXTENSIVE PROSTATE SURGERY	1,185.33					M			90			
07	55845	EXTENSIVE PROSTATE SURGERY	1,515.93	00	15			M			90			
03	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	442.80					M			90			
07	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	787.93	00	15			M			90			
02	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	124.55					M						
03	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	622.80					M			90			
07	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	993.85	00	15			M			90			
02	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	160.55					M						
03	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	802.80					M			90			
07	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,216.45	00	15			M			90			
03	55866	LAPARO RADICAL PROSTATECTOMY	1,526.00					M			90			
07	55866	LAPARO RADICAL PROSTATECTOMY	1,526.00	00	15			M			90			
03	55870	ELECTROEJACULATION	442.80								1			
07	55870	ELECTROEJACULATION	442.80	00	15						1			
03	55873	CRYOABLATE PROSTATE	1,041.04					M						
07	55873	CRYOABLATE PROSTATE	1,057.27	00	15			M						
03	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	555.02					M			90			
07	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	555.02	00	15			M			90			
08	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	320.56					M						
03	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	108.58					M			1			
07	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	108.58	00	15			M			1			
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						
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	63.95											
07	56405	INCISION AND DRAINAGE OF VULVA OR PE	134.63	00	15									
03	56420	DRAINAGE OF VULVA ABSCESS	35.53					F						X
07	56420	DRAINAGE OF VULVA ABSCESS	131.86	00	15			F						X
08	56420	DRAINAGE OF VULVA ABSCESS	220.39					F	X					
03	56440	SURGERY FOR VULVA LESION	130.37					F			10			
07	56440	SURGERY FOR VULVA LESION	231.01	00	15			F			10			
08	56440	SURGERY FOR VULVA LESION	220.39					F	X					
03	56441	LYSIS OF LABIAL ADHESIONS	34.20					F			10			
07	56441	LYSIS OF LABIAL ADHESIONS	161.93	00	15			F			10			
08	56441	LYSIS OF LABIAL ADHESIONS	220.39											
03	56442	HYMENOTOMY, SIMPLE INCISION	34.13					F			1			
07	56442	HYMENOTOMY, SIMPLE INCISION	34.13	00	15			F			1			
08	56442	HYMENOTOMY, SIMPLE INCISION	220.39					F						

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	56501	DESTROY VULVA LESION(S);SIMPLE	34.20					F			10			
07	56501	DESTROY VULVA LESION(S);SIMPLE	135.65	00	15			F			10			
03	56515	TREATMENT OF VULVA LESIONS	94.75					F			10			
07	56515	TREATMENT OF VULVA LESIONS	204.48	00	15			F			10			
08	56515	TREATMENT OF VULVA LESIONS	262.36											
03	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	39.17											
07	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	102.65	00	15									
03	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	19.70											
07	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	74.83	00	15									
02	56620	PARTIAL REMOVAL OF VULVA	70.16					F						
03	56620	PARTIAL REMOVAL OF VULVA	350.85					F			90			
07	56620	PARTIAL REMOVAL OF VULVA	452.84	00	15			F			90			
08	56620	PARTIAL REMOVAL OF VULVA	282.40											
02	56625	REMOVAL OF VULVA	109.04					F						
03	56625	REMOVAL OF VULVA	545.25					F			90			
07	56625	REMOVAL OF VULVA	545.25	00	15			F			90			
08	56625	REMOVAL OF VULVAL	320.56											
02	56630	EXTENSIVE VULVA SURGERY	130.38					F						
03	56630	EXTENSIVE VULVA SURGERY	651.92					F			90			
07	56630	EXTENSIVE VULVA SURGERY	730.62	00	15			F			90			
02	56631	VULVECTOMY, RADICAL, PARTIAL;	219.99											
03	56631	VULVECTOMY, RADICAL, PARTIAL;	1,099.94								90			
07	56631	VULVECTOMY, RADICAL, PARTIAL;	1,099.94	00	15						90			
02	56632	VULVECTOMY, RADICAL, PARTIAL;	247.44					F						
03	56632	VULVECTOMY, RADICAL, PARTIAL;	1,237.17					F			90			
07	56632	VULVECTOMY, RADICAL, PARTIAL;	1,237.17	00	15			F			90			
02	56633	VULVECTOMY, RADICAL, COMPLETE;	175.37											
03	56633	VULVECTOMY, RADICAL, COMPLETE;	876.85								90			
07	56633	VULVECTOMY, RADICAL, COMPLETE;	947.08	00	15						90			
02	56634	VULVECTOMY, RADICAL, COMPLETE;	228.15											
03	56634	VULVECTOMY, RADICAL, COMPLETE;	1,140.75								90			
07	56634	VULVECTOMY, RADICAL, COMPLETE;	1,140.75	00	15						90			
02	56637	VULVECTOMY, RADICAL, COMPLETE;	233.35											
03	56637	VULVECTOMY, RADICAL, COMPLETE;	1,166.76								90			
07	56637	VULVECTOMY, RADICAL, COMPLETE;	1,268.97	00	15						90			
02	56640	EXTENSIVE VULVA SURGERY	213.19					F						
03	56640	EXTENSIVE VULVA SURGERY	1,066.81					F			90			
07	56640	EXTENSIVE VULVA SURGERY	1,260.82	00	15			F			90			
03	56700	PARTIAL REMOVAL OF HYMEN	35.57					F			10			
07	56700	PARTIAL REMOVAL OF HYMEN	197.77	00	15			F			10			
08	56700	PARTIAL REMOVAL OF HYMEN	320.56					F	X					
03	56740	REMOVE VAGINA GLAND LESION	132.79					F			10			
07	56740	REMOVE VAGINA GLAND LESION	303.00	00	15			F			10			
08	56740	REMOVE VAGINA GLAND LESION	262.36											
03	56800	REPAIR OF VAGINA	165.98					F			10			
07	56800	REPAIR OF VAGINA	240.75	00	15			F			10			
08	56800	REPAIR OF VAGINA	262.36											
02	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	32.40					F						X
03	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	163.80								90			
07	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,036.73	00	15						90			

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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	193.92								10			
07	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	252.29	00	15						10			
08	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	282.40											
03	56820	EXAM OF VULVA W/SCOPE	109.85					F			1			
07	56820	EXAM OF VULVA W/SCOPE	109.85	00	15			F			1			
03	56821	EXAM/BIOPSY OF VULVA W/SCOPE	142.78					F			1			
07	56821	EXAM/BIOPSY OF VULVA W/SCOPE	142.78	00	15			F			1			
02	56873	LAPAROSCOPY,SALPINGOSTOMY	144.03			X								
03	57000	EXPLORATION OF VAGINA	148.13								10			
07	57000	EXPLORATION OF VAGINA	193.37	00	15						10			
08	57000	EXPLORATION OF VAGINA	282.40					F	X					
03	57010	DRAINAGE OF PELVIC ABSCESS	177.82					F			90			
07	57010	DRAINAGE OF PELVIC ABSCESS	361.93	00	15			F			90			
08	57010	DRAINAGE OF PELVIC ABSCESS	282.40					F	X					
03	57020	DRAINAGE OF PELVIC FLUID	47.54					F						
07	57020	DRAINAGE OF PELVIC FLUID	109.72	00	15			F						
08	57020	DRAINAGE OF PELVIC FLUID	220.39					F	X					
02	57022	I &D VAGINAL HEMATOMA, OB	30.83											
03	57022	I &D VAGINAL HEMATOMA, OB	154.16					F						
07	57022	I &D VAGINAL HEMATOMA, OB	166.42	00	15			F						
02	57023	I &D VAG HEMATOMA, TRAUMA	30.83											
03	57023	I &D VAG HEMATOMA, TRAUMA	154.16					F						
07	57023	I &D VAG HEMATOMA, TRAUMA	270.56	00	15			F						
08	57023	I & D VAG HEMOTOMA TRAUMA	220.39					F						
03	57061	DESTROY VAGINAL LESIONS;SIMPLE	34.20					F			10			
07	57061	DESTROY VAGINAL LESIONS;SIMPLE	123.49	00	15			F			10			
03	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	63.00					F			10			X
07	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	198.87	00	15			F			10			X
08	57065	DESTROY VAGINAL LESION(S);TEXTENSIVE	220.39					F						
03	57100	BIOPSY OF VAGINA	23.77					F						
07	57100	BIOPSY OF VAGINA	97.58	00	15			F						
08	57100	BIOPSY OF VAGINA	220.39					F	X					
03	57105	BIOPSY OF VAGINA	59.30					F			10			
07	57105	BIOPSY OF VAGINA	139.83	00	15			F			10			
08	57105	BIOPSY OF VAGINA	220.39					F	X					
02	57106	REMOVE VAGINA WALL, PARTIAL	63.96											
03	57106	REMOVE VAGINA WALL, PARTIAL	319.81								90			
07	57106	REMOVE VAGINA WALL, PARTIAL	329.47	00	15						90			
02	57107	REMOVE VAGINA TISSUE/PARTIAL	214.27											
03	57107	REMOVE VAGINA TISSUE/PARTIAL	1,071.37								90			
07	57107	REMOVE VAGINA TISSUE/PARTIAL	1,225.63	00	15						90			
02	57109	VAGINECTOMY PARTIAL W/NODES	263.41											
03	57109	VAGINECTOMY PARTIAL W/NODES	1,317.04								90			
07	57109	VAGINECTOMY PARTIAL W/NODES	1,460.06	00	15						90			
02	57110	REMOVAL OF VAGINA	65.42					F						
03	57110	REMOVAL OF VAGINA	327.10					F			90			
07	57110	REMOVAL OF VAGINA	794.37	00	15			F			90			
02	57111	REMOVE VAGINA TISSUE/COMPL	261.14											
03	57111	REMOVE VAGINA TISSUE/COMPL	1,305.72								90			
07	57111	REMOVE VAGINA TISSUE/COMPL	1,456.05	00	15						90			

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	57112	VAGINECTOMY COMPLETE W/NODES	278.09										
03	57112	VAGINECTOMY COMPLETE W/NODES	1,390.47							90			
07	57112	VAGINECTOMY COMPLETE W/NODES	1,554.12	00 15						90			
03	57120	CLOSURE OF VAGINA	327.10				F			90			
07	57120	CLOSURE OF VAGINA	441.53	00 15			F			90			
03	57130	REMOVE VAGINA LESION	296.35				F			10			
07	57130	REMOVE VAGINA LESION	296.35	00 15			F			10			
08	57130	REMOVE VAGINA LESION	220.39				F						
03	57135	REMOVE VAGINA LESION	118.50				F			10			
07	57135	REMOVE VAGINA LESION	200.97	00 15			F			10			
08	57135	REMOVE VAGINA LESION	262.36				F	X					
03	57150	TREAT VAGINA INFECTION	5.92				F						X
07	57150	TREAT VAGINA INFECTION	54.36	00 15			F						X
03	57155	INSERT UTERI TANDEMS/OVOIDS	359.76				F			90			
07	57155	INSERT UTERI TANDEMS/OVOIDS	359.76	00 15			F			90			
03	57160	INSERTION OF PESSARY	8.88				F						
07	57160	INSERTION OF PESSARY	69.95	00 15			F						
03	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	8.88	10 60			F			1			
07	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	81.36	10 15			F			1			
03	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	31.50				F			10			
07	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	136.22	00 15			F			10			
08	57180	TREAT NON-OBSTERTRICAL HEMORRHAGE	220.39				F						
03	57200	REPAIR OF VAGINA	148.13				F			90			
07	57200	REPAIR OF VAGINA	251.71	00 15			F			90			
08	57200	REPAIR OF VAGINA	220.39				F						
03	57210	REPAIR VAGINA/PERINEUM	250.72				F			90			
07	57210	REPAIR VAGINA/PERINEUM	316.79	00 15			F			90			
08	57210	REPAIR VAGINA/PERINEUM	220.39				F						
03	57220	REVISION OF URETHRA	272.66				F			90			
07	57220	REVISION OF URETHRA	278.20	00 15			F			90			
08	57220	REVISION OF URETHRA	262.36										
03	57230	REPAIR OF URETHRAL LESION	225.20				F			90			
07	57230	REPAIR OF URETHRAL LESION	358.46	00 15			F			90			
08	57230	REPAIR OF URETHRAL LESION	262.36										
03	57240	REPAIR BLADDER & VAGINA	278.59				F			90			
07	57240	REPAIR BLADDER & VAGINA	378.78	00 15			F			90			
08	57240	REPAIR BLADDER & VAGINA	282.40										
03	57250	REPAIR RECTUM & VAGINA	299.93				F			90			
07	57250	REPAIR RECTUM & VAGINA	341.04	00 15			F			90			
08	57250	REPAIR RECTUM & VAGINA	282.40										
03	57260	REPAIR OF VAGINA	417.28				F			90			
07	57260	REPAIR OF VAGINA	484.85	00 15			F			90			
08	57260	REPAIR OF VAGINA	282.40										
02	57265	EXTENSIVE REPAIR OF VAGINA	96.00				F						
03	57265	EXTENSIVE REPAIR OF VAGINA	480.02				F			90			
07	57265	EXTENSIVE REPAIR OF VAGINA	669.02	00 15			F			90			
08	57265	EXTENSIVE REPAIR OF VAGINA	320.56										
02	57267	INSERT MESH/PELVIC FLR ADDON	8.79				F						
03	57267	INSERT MESH/PELVIC FLR ADDON	219.73				F						
07	57267	INSERT MESH/PELVIC FLR ADDON	219.73	00 15			F						

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	57267	INSERT MESH/PELVIC FLR ADD-ON	320.56					F						
03	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	262.93					F			90			
07	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	405.49	00	15			F			90			
08	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	262.36											
02	57270	REPAIR OF BOWEL POUCH	73.03					F						
03	57270	REPAIR OF BOWEL POUCH	365.13					F			90			
07	57270	REPAIR OF BOWEL POUCH	677.02	00	15			F			90			
02	57280	SUSPENSION OF VAGINA	73.03					F						
03	57280	SUSPENSION OF VAGINA	365.13					F			90			
07	57280	SUSPENSION OF VAGINA	826.70	00	15			F			90			
03	57282	FIXATION FOR VAGINAL PROLAPSE	262.93					F			90			
07	57282	FIXATION FOR VAGINAL PROLAPSE	515.19	00	15			F			90			
02	57283	COLPOPEXY, INTRAPERITONEAL	20.60					F						
03	57283	COLPOPEXY, INTRAPERITONEAL	515.10					F			90			
07	57283	COLPOPEXY, INTRAPERITONEAL	515.10	00	15			F			90			
02	57284	REPAIR PARAVAGINAL DEFECT	161.11											
03	57284	REPAIR PARAVAGINAL DEFECT	805.57								90			
07	57284	REPAIR PARAVAGINAL DEFECT	805.57	00	15						90			
02	57287	REVISE/REMOVE SLING REPAIR	131.61											
03	57287	REVISE/REMOVE SLING REPAIR	658.07					F						
07	57287	REVISE/REMOVE SLING REPAIR	658.07	00	15			F						
02	57288	REPAIR BLADDER DEFECT	76.33											
03	57288	REPAIR BLADDER DEFECT	381.67								90			
07	57288	REPAIR BLADDER DEFECT	717.65	00	15						90			
03	57289	REPAIR BLADDER & VAGINA	420.80					F			90			
07	57289	REPAIR BLADDER & VAGINA	666.90	00	15			F			90			
08	57289	REPAIR BLADDER & VAGINA	282.40											
02	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP				X	F						
03	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP				X	F			90			
07	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	495.63	00	15		X	F			90			
08	57291	CONSTRUCTION OF VAGINA	282.40											
02	57292	CONSTRUCT ARTIFICIAL VAG W/GRAFT	MP											
03	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	MP				X	F			90			
02	57295	CHANGE VAGINAL GRAFT	14.76					F						
03	57295	CHANGE VAGINAL GRAFT	369.07					F			90			
07	57295	CHANGE VAGINAL GRAFT	369.07	00	15			F			90			
02	57296	REVISION (INCLUDING REMOVAL) OF PROS	135.05					F						
03	57296	REVISION (INCLUDING REMOVAL) OF PROS	675.27					F			90			
07	57296	REVISION (INCLUDING REMOVAL) OF PROS	675.27	00	15			F			90			
02	57300	REPAIR RECTUM-VAGINA FISTULA	71.11					F						
03	57300	REPAIR RECTUM-VAGINA FISTULA	355.57					F			90			
07	57300	REPAIR RECTUM-VAGINA FISTULA	445.65	00	15			F			90			
08	57300	REPAIR RECTUM-VAGINA FISTULA	262.36											
02	57305	REPAIR RECTUM-VAGINA FISTULA	84.16					F						
03	57305	REPAIR RECTUM-VAGINA FISTULA	420.80					F			90			
07	57305	REPAIR RECTUM-VAGINA FISTULA	754.62	00	15			F			90			
02	57307	FISTULA REPAIR & COLOSTOMY	115.20					F						
03	57307	FISTULA REPAIR & COLOSTOMY	576.02					F			90			
07	57307	FISTULA REPAIR & COLOSTOMY	863.09	00	15			F			90			
02	57308	FISTULA REPAIR, TRANSPERINE	121.34					F						

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	57308	FISTULA REPAIR, TRANSPERINE	606.68					F			90			
07	57308	FISTULA REPAIR, TRANSPERINE	606.68	00	15			F			90			
02	57310	REPAIR URETHRA-VAGINA LESION	65.20					F						
03	57310	REPAIR URETHRA-VAGINA LESION	334.45					F			90			
07	57310	REPAIR URETHRA-VAGINA LESION	410.95	00	15			F			90			
02	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	74.51					F						
03	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	372.60					F			90			
07	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	471.07	00	15			F			90			
02	57320	REPAIR BLADDER-VAGINA LESION	71.11			X		F						
03	57320	REPAIR BLADDER-VAGINA LESION	355.57					F			90			
07	57320	REPAIR BLADDER-VAGINA LESION	482.86	00	15			F			90			
02	57330	REPAIR BLADDER-VAGINA LESION	79.01					F						
03	57330	REPAIR BLADDER-VAGINA LESION	395.08					F			90			
07	57330	REPAIR BLADDER-VAGINA LESION	685.35	00	15			F			90			
02	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	50.40					F						
03	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	251.10								90			
07	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,030.69	00	15						90			
03	57400	DILATE VAGINA UNDER ANESTHESIA	44.50			X		F						
07	57400	DILATE VAGINA UNDER ANESTHESIA	125.25	00	15	X		F						
08	57400	DILATION OF VAGINA	220.39					F	X					
03	57410	PELVIC EXAM UNDER ANESTHESIA	59.63			X		F						
07	57410	PELVIC EXAM UNDER ANESTHESIA	153.37	00	15	X		F						
08	57410	PELVIC EXAMINATION	220.39					F	X					
03	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	36.72								10			
07	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	200.26	00	15						10			
08	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	220.39					F						
03	57420	EXAM OF VAGINA W/SCOPE	114.69					F			1			
07	57420	EXAM OF VAGINA W/SCOPE	114.69	00	15			F			1			
03	57421	EXAM/BIOPSY OF VAG W/SCOPE	150.04					F			1			
07	57421	EXAM/BIOPSY OF VAG W/SCOPE	150.04	00	15			F			1			
02	57425	LAPAROSCOPY, SURG, COLPOPEXY	139.82					F						
03	57425	LAPAROSCOPY, SURG, COLPOPEXY	699.11					F			90			
07	57425	LAPAROSCOPY, SURG, COLPOPEXY	699.11	00	15			F			90			
03	57452	EXAMINATION OF VAGINA	64.26					F						
07	57452	EXAMINATION OF VAGINA	91.80	00	15			F						
03	57454	VAGINA EXAMINATION & BIOPSY	48.85											
07	57454	VAGINA EXAMINATION & BIOPSY	108.76	00	15									
03	57455	BIOPSY OF CERVIX W/SCOPE	138.08					F			1			
07	57455	BIOPSY OF CERVIX W/SCOPE	138.08	00	15			F			1			
03	57456	ENDOCERV CURETTAGE W/SCOPE	130.53					F			1			
07	57456	ENDOCERV CURETTAGE W/SCOPE	130.53	00	15			F			1			
03	57460	COLPOSCOPY (VAGINOSCOPY);	144.86								1			
07	57460	COLPOSCOPY (VAGINOSCOPY);	178.38	00	15						1			
03	57461	CONZ OF CERVIX W/SCOPE, LEEP	303.80					F			1			
07	57461	CONZ OF CERVIX W/SCOPE, LEEP	303.80	00	15			F			1			
03	57500	BIOPSY OF CERVIX	28.52					F						
07	57500	BIOPSY OF CERVIX	109.99	00	15			F						
08	57500	BIOPSY OF CERVIX	220.39					F	X					
03	57505	ENDOCERVICAL CURETTAGE	20.30					F			10			
07	57505	ENDOCERVICAL CURETTAGE	109.17	00	15			F			10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	57505	ENDOCERVICAL CURETTAGE	220.39					F	X					
03	57510	CAUTERIZATION OF CERVIX	23.77					F			10			
07	57510	CAUTERIZATION OF CERVIX	180.33	00	15			F			10			
08	57510	CAUTERIZATION OF CERVIX	320.56					F	X					
03	57511	CRYOCAUTERY OF CERVIX	47.54					F						
07	57511	CRYOCAUTERY OF CERVIX	153.56	00	15			F						
08	57511	CRYOCAUTERY OF CERVIX	320.56					F	X					
03	57513	LASER SURGERY	165.38					F			10			
07	57513	LASER SURGERY	165.38	00	15			F			10			
08	57513	LASER SURGERY	320.56					F	X					
03	57520	BIOPSY OF CERVIX 10800	183.74					F			90			
07	57520	BIOPSY OF CERVIX 10800	297.01	00	15			F			90			
08	57520	BIOPSY OF CERVIX	220.39					F						
03	57522	CONIZATION OF CERVIX	241.37								90			
07	57522	CONIZATION OF CERVIX	257.55	00	15						90			
08	57522	CONIZATION OF CERVIX	220.39											
03	57530	REMOVAL OF CERVIX	207.43					F			90			
07	57530	REMOVAL OF CERVIX	305.53	00	15			F			90			
08	57530	REMOVAL OF CERVIX	262.36											
02	57531	REMOVAL OF CERVIX, RADICAL	285.52					F						
03	57531	REMOVAL OF CERVIX, RADICAL	1,427.59					F			90			
07	57531	REMOVAL OF CERVIX, RADICAL	1,531.46	00	15			F			90			
02	57540	REMOVAL OF RESIDUAL CERVIX	83.20					F						
03	57540	REMOVAL OF RESIDUAL CERVIX	416.03					F			90			
07	57540	REMOVAL OF RESIDUAL CERVIX	679.59	00	15			F			90			
03	57545	REMOVE CERVIX, REPAIR PELVIS	453.41					F			90			
07	57545	REMOVE CERVIX, REPAIR PELVIS	725.95	00	15			F			90			
03	57550	REMOVAL OF RESIDUAL CERVIX	378.72					F			90			
07	57550	REMOVAL OF RESIDUAL CERVIX	378.72	00	15			F			90			
08	57550	REMOVAL OF RESIDUAL CERVIX	262.36											
03	57555	REMOVE CERVIX, REPAIR VAGINA	453.41					F			90			
07	57555	REMOVE CERVIX, REPAIR VAGINA	534.00	00	15			F			90			
03	57556	REMOVE CERVIX, REPAIR BOWEL	453.41								90			
07	57556	REMOVE CERVIX, REPAIR BOWEL	486.24	00	15						90			
08	57556	REMOVE CERVIX, REPAIR BOWEL	282.40											
03	57558	DILATION AND CURETTAGE OF CERVICAL S	89.42					F			10			
07	57558	DILATION AND CURETTAGE OF CERVICAL S	89.42	00	15			F			10			
08	57558	DILATION AND CURETTAGE OF CERVICALS	220.39					F						
03	57700	REVISION OF CERVIX	207.43					F			90			
07	57700	REVISION OF CERVIX	222.56	00	15			F			90			
08	57700	REVISON OF CERVIX	220.39					F						
03	57720	REVISION OF CERVIX	207.43					F			90			
07	57720	REVISION OF CERVIX	268.04	00	15			F			90			
08	57720	REVISION OF CERVIX	262.36											
03	57800	DILATION OF CERVICAL CANAL	17.85					F						
07	57800	DILATION OF CERVICAL CANAL	68.51	00	15			F						
08	57800	DILATION OF CERVICAL CANAL	282.40					F	X					
03	58100	BIOPSY OF UTERUS LINING	31.98					F						
07	58100	BIOPSY OF UTERUS LINING	105.46	00	15			F						
03	58110	BX DONE W/COLPOSCOPY ADD-ON	40.35					F						

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	58110	BX DONE W/COLPOSCOPY ADD-ON	40.35	00	15			F						
03	58120	DILATION AND CURETTAGE	160.06	12	99			F			10			
07	58120	DILATION AND CURETTAGE,NONOBSTETRICA	253.69	12	15									
08	58120	DILATION AND CURETTAGE	282.40	12	99			F	X					
02	58140	REMOVAL OF UTERUS LESION	91.28					F						
03	58140	REMOVAL OF UTERUS LESION	456.38					F			90			
07	58140	REMOVAL OF UTERUS LESION	800.73	00	15			F			90			
02	58145	REMOVAL OF UTERUS LESION	53.33					F						
03	58145	REMOVAL OF UTERUS LESION	266.72					F			90			
07	58145	REMOVAL OF UTERUS LESION	473.73	00	15			F			90			
08	58145	REMOVAL OF UTERUS LESION	282.40											
02	58146	MYOMECTOMY ABDOM COMPLEX	205.40					F			90			
03	58146	MYOMECTOMY ABDOM COMPLEX	1,027.02					F			90			
07	58146	MYOMECTOMY ABDOM COMPLEX	1,027.02	00	15			F			90			
02	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	130.39			X		F		X				
03	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	651.98			X		F		X	90			
07	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	842.25	00	15	X		F		X	90			
02	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	195.60			X		F		X				
03	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	977.97			X		F		X	90			
07	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,101.17	00	15	X		F		X	90			
02	58180	SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	118.54			X		F		X				
03	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	592.70			X		F		X	90			
07	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	844.39	00	15	X		F		X	90			
02	58200	TAH,W/PART.VAGINECTOMY,...BX	130.39			X		F		X				
03	58200	TAH,W/PART.VAGINECTOMY,...BX	651.98			X		F		X	90			
07	58200	TAH,W/PART.VAGINECTOMY,...BX	1,205.99	00	15	X		F		X	90			
02	58210	RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	237.06			X		F		X				
03	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,185.33			X		F		X	90			
07	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,585.96	00	15	X		F		X	90			
02	58240	PELVIC EXENTERATION/MALIG,W/TAH.....	237.06			X		F		X				
03	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	1,185.33			X		F		X	90			
07	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,112.00	00	15	X		F		X	90			
02	58260	VAGINAL HYSTERECTOMY	117.33			X		F		X				
03	58260	VAGINAL HYSTERECTOMY	586.70			X		F		X	90			
07	58260	VAGINAL HYSTERECTOMY	719.91	00	15	X		F		X	90			
02	58262	VAGINAL HYST WITH REMOVAL OF TUBES	133.58			X				X				
03	58262	VAGINAL HYST WITH REMOVAL OF TUBES	667.88			X		F		X	90			
07	58262	VAGINAL HYST WITH REMOVAL OF TUBES	813.95	00	15	X		F		X	90			
02	58263	VAGN HYST W REM OF TUB A OVARY WITH	146.03			X				X				
03	58263	VAGN HYST W REM OF TUB A OVARY WITH	730.15			X		F		X	90			
07	58263	VAGN HYST W REM OF TUB A OVARY WITH	881.84	00	15	X		F		X	90			
02	58267	VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	148.17			X		F		X				
03	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	740.84			X		F		X	90			
07	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	933.20	00	15	X		F		X	90			
02	58270	VAG HYSTERECT;REPAIR ENTEROCELE	124.44			X		F		X				
03	58270	VAG HYSTERECT;REPAIR ENTEROCELE	622.23			X		F		X	90			
07	58270	VAG HYSTERECT;REPAIR ENTEROCELE	786.89	00	15	X		F		X	90			
02	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	120.91			X		F		X				
03	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	604.55			X		F		X	90			
07	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	860.95	00	15	X		F		X	90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	58280	VAG HYSTERECT; REPAIR ENTEROCELE	124.44			X		F		X				
03	58280	VAG HYSTERECT;REPAIR ENTEROCELE	622.23			X		F		X	90			
07	58280	VAG HYSTERECT;REPAIR ENTEROCELE	922.29	00	15	X		F		X	90			
02	58285	VAGINAL HYSTERECTOMY; RADICAL	148.17			X		F		X				
03	58285	VAGINAL HYSTERECTOMY;RADICAL	740.84			X		F		X	90			
07	58285	VAGINAL HYSTERECTOMY;RADICAL	1,204.18	00	15	X		F		X	90			
02	58290	VAG HYST COMPLEX	205.00			X		F			90			
03	58290	VAG HYST COMPLEX	1,024.98			X		F			90			
02	58291	VAG HYST INCL T/O, COMPLEX	225.45			X		F			90			
03	58291	VAG HYST INCL T/O, COMPLEX	1,127.26			X		F			90			
02	58292	VAG HYST T/O & REPAIR, COMPL	238.93			X		F			90			
03	58292	VAG HYST T/O & REPAIR, COMPL	1,194.65			X		F			90			
02	58293	VAG HYST W/URO REPAIR, COMPL	248.15			X					1			
03	58293	VAG HYST W/URO REPAIR, COMPL	1,240.77			X					1			
02	58294	VAG HYST W/ENTEROCELE, COMPL	219.89			X		F			90			
03	58294	VAG HYST W/ENTEROCELE, COMPL	1,099.45			X		F			90			
03	58300	INSERT INTRAUTERINE DEVICE	151.20	10	60			F						
07	58300	INSERT INTRAUTERINE DEVICE	151.20	10	15			F						
03	58301	REMOVE INTRAUTERINE DEVICE	15.03	10	60			F			1			
07	58301	REMOVE INTRAUTERINE DEVICE	100.57	10	15			F			1			
03	58340	INJECT FOR UTERUS/TUBE X-RAY	111.77	21	59	X		F						
03	58346	INSERT HEYMAN UTERI CAPSULE	383.87					F			90			
07	58346	INSERT HEYMAN UTERI CAPSULE	383.87	00	15			F			90			
08	58350	REOPEN FALLOPIAN TUBE	262.36											
03	58353	ENDOMETR ABLATE, THERMAL	212.01			X		F			10			
07	58353	ENDOMETR ABLATE, THERMAL	212.01	00	15	X		F			10			
08	58353	ENDOMETER ABILGATE, THERMAL	262.36											
02	58356	ENDOMETRIAL CRYOABLATION	15.88			X		F						
03	58356	ENDOMETRIAL CRYOABLATION	397.06			X		F			10			
07	58356	ENDOMETRIAL CRYOABLATION	397.06	00	15	X		F			10			
02	58400	UTERINE SUSPENSION	77.87					F						
03	58400	UTERINE SUSPENSION	389.38					F			90			
07	58400	UTERINE SUSPENSION	389.38	00	15			F			90			
02	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	107.87					F						
03	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	539.33					F			90			
07	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	703.82	00	15			F			90			
02	58520	REPAIR OF RUPTURED UTERUS	86.53					F						
03	58520	REPAIR OF RUPTURED UTERUS	432.64					F			90			
07	58520	REPAIR OF RUPTURED UTERUS	659.65	00	15			F			90			
03	58540	REVISION OF UTERUS	432.64					F			90			
07	58540	REVISION OF UTERUS	781.91	00	15			F			90			
02	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	121.61			X		F		X				
03	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	608.05			X		F		X	90			
07	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	608.05	00	15	X		F		X	90			
02	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	134.53			X		F		X				
03	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	672.66			X		F		X	90			
07	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	672.66	00	15	X		F		X	90			
02	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	136.84			X		F		X				
03	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	684.22			X		F		X	90			
07	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	684.22	00	15	X		F		X	90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	148.25			X		F		X				
03	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	741.25			X		F		X	90			
07	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	741.25	00	15	X		F		X	90			
02	58545	LAPAROSCOPIC MYOMECTOMY	165.09					F			90			
03	58545	LAPAROSCOPIC MYOMECTOMY	825.46					F			90			
07	58545	LAPAROSCOPIC MYOMECTOMY	825.46	00	15			F			90			
08	58545	LAPAROSCOPIC MYOMECTOMY	320.56											
02	58546	LAPARO-MYOMECTOMY, COMPLEX	207.89					F			90			
03	58546	LAPARO-MYOMECTOMY, COMPLEX	1,039.43					F			90			
07	58546	LAPARO-MYOMECTOMY, COMPLEX	1,039.43	00	15			F			90			
08	58546	LAPARO-MYMECTOMY, COMPLEX	320.56											
02	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	259.26			X		F		X				
03	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,296.34			X		F		X	90			
07	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,296.34	00	15	X		F		X	90			
02	58550	LAPARO-ASST VAG HYSTERECTOMY	159.39			X								
03	58550	LAPARO-ASST VAG HYSTERECTOMY	796.95			X								
07	58550	LAPARO-ASST VAG HYSTERECTOMY	796.95	00	15	X								
08	58550	LAPARO-ASST VAG HYSTERECTOMY	320.56											
07	58551	LAPAROSCOPY, REMOVE MYOMA	777.54	00	15	X					10			
02	58552	LAPARO-VAG HYST INCL T/O	160.81			X		F			90			
03	58552	LAPARO-VAG HYST INCL T/O	804.07			X		F			90			
02	58553	LAPARO-VAG HYST, COMPLEX	206.28			X		F			90			
03	58553	LAPARO-VAG HYST, COMPLEX	1,031.38			X		F			90			
02	58554	LAPARO-VAG HYST W/T/O, COMPL	204.29			X		F			90			
03	58554	LAPARO-VAG HYST W/T/O, COMPL	1,021.46			X		F			90			
03	58555	HYSTEROSCOPY, DX, SEP PROC	203.44			X					1			
07	58555	HYSTEROSCOPY, DX, SEP PROC	222.80	00	15	X					1			
08	58555	HYSTEROSCOPY	220.39											
03	58558	HYSTEROSCOPY, BIOPSY	266.63			X					1			
07	58558	HYSTEROSCOPY, BIOPSY	297.28	00	15	X					1			
08	58558	HYSTEROSCOPY, BIOPSY	262.36											
03	58559	HYSTEROSCOPY, LYSIS	341.86			X					1			
07	58559	HYSTEROSCOPY, LYSIS	341.86	00	15	X					1			
08	58559	HYSTEROSCOPY, LYSIS	220.39											
03	58560	HYSTEROSCOPY, RESECT SEPTUM	378.73			X								
07	58560	HYSTEROSCOPY, RESECT SEPTUM	378.73	00	15	X								
08	58560	HYSTEROSCOPY, RESCT SEPTUM	262.36											
03	58561	HYSTEROSCOPY, REMOVE MYOMA	532.82			X					1			
07	58561	HYSTEROSCOPY, REMOVE MYOMA	532.82	00	15	X					1			
08	58561	HYSTEROSCOPY, REMOVE MYOMA	262.36											
03	58562	HYSTEROSCOPY, REMOVE FB	266.71			X					1			
07	58562	HYSTEROSCOPY, REMOVE FB	276.45	00	15	X					1			
08	58562	HYSTEROSCOPY, REMOVE FB	262.36											
03	58563	HYSTEROSCOPY, ABLATION	352.18			X					1			
07	58563	HYSTEROSCOPY, ABLATION	352.18	00	15	X					1			
08	58563	HYSTEROSCOPY, ABLATION	262.36											
03	58565	HYSTEROSCOPY, STERILIZATION	1,540.20	21	59	X		F			90			
03	58578	LAPARO PROC, UTERUS	MP			X								
07	58578	LAPARO PROC, UTERUS	MP	00	15	X								
03	58579	HYSTEROSCOPE PROCEDURE	MP			X								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	58579	HYSTEROSCOPE PROCEDURE	MP	00	15	X								
02	58600	DIVISION OF FALLOPIAN TUBES	59.73	21	55	X		F						
03	58600	DIVISION OF FALLOPIAN TUBE	298.69	21	55	X		F			90			
08	58600	DIVISION OF FALLOPIAN TUBE	320.56	21	55	X		F	X					
03	58605	DIVISION OF FALLOPIAN TUBE	280.30	21	55	X		F			90			
02	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	16.06	21	55	X		F						
03	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	80.30	21	55	X		F						
03	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	265.50	21	55	X		F			10			
08	58615	OCCLUSION OF FALLOPIAN TUBES	320.56	21	55	X		F	X					
02	58660	LAPAROSCOPY,LYSIS	121.57			X								
03	58660	LAPAROSCOPY, LYSIS	607.87			X					90			
07	58660	LAPAROSCOPY, LYSIS	621.92	00	15	X					90			
08	58660	LAPAROSCOPY LYSIS	282.40											
02	58661	LAPAROSCOPY,REMOVE ADNEXA	123.81			X								
03	58661	LAPAROSCOPY, REMOVE ADNEXA	619.07			X					10			
07	58661	LAPAROSCOPY, REMOVE ADNEXA	619.07	00	15	X					10			
08	58661	LAPAROSCOPY, REMOVE ADNEXA	282.40											
02	58662	LAPAROSCOPY,EXCISE LESIONS	124.88			X								
03	58662	LAPAROSCOPY, EXCISE LESIONS	624.42			X					90			
07	58662	LAPAROSCOPY, EXCISE LESIONS	640.05	00	15	X					90			
08	58662	LAPAROSCOPY, EXCISE LESIONS	282.40											
03	58670	LAPAROSCOPY, TUBAL CAUTERY	332.33	10	59	X		F			90			
07	58670	LAPAROSCOPY, TUBAL CAUTERY	335.06	10	15	X		F			90			
08	58670	LAPAROSCOPY, TUBAL CAUTERY	262.36											
03	58671	LAPAROSCOPY, TUBAL BLOCK	342.33			X								
07	58671	LAPAROSCOPY, TUBAL BLOCK	342.33	00	15	X								
08	58671	LAPAROSCOPY, TUBAL BLOCK	262.36											
02	58673	LAPAROSCOPY,SALPINGOSTOMY	140.34			X								
03	58673	LAPAROSCOPY, SALPINGOSTOMY	701.68			X							X	
07	58673	LAPAROSCOPY, SALPINGOSTOMY	761.33	00	15	X							X	
08	58673	LAPAROSCOPY, SALPINGOSTOMY	282.40											
03	58679	LAPARO PROC, OVIDUCT-OVARY	MP			X								
07	58679	LAPARO PROC, OVIDUCT-OVARY	MP	00	15	X								
02	58700	REMOVAL OF FALLOPIAN	55.59			X		F						
03	58700	REMOVAL OF FALLOPIAN TUBE	277.97			X		F			90			
07	58700	REMOVAL OF FALLOPIAN TUBE	637.64	00	15	X		F			90			
02	58720	REMOVAL OF OVARY/TUBE(S)	84.16			X		F						
03	58720	REMOVAL OF OVARY/TUBE(S)	420.80			X		F			90			
07	58720	REMOVAL OF OVARY/TUBE(S)	632.88	00	15	X		F			90			
03	58800	DRAINAGE OF OVARIAN CYST(S)	112.04					F			90			
07	58800	DRAINAGE OF OVARIAN CYST(S)	298.57	00	15			F			90			
08	58800	DRAINAGE OF OVARIAN CYST (S)	262.36											
02	58805	DRAINAGE OF OVARIAN CYST(S)	62.23					F						
03	58805	DRAINAGE OF OVARIAN CYST(S)	311.14					F			90			
07	58805	DRAINAGE OF OVARIAN CYST(S)	343.06	00	15			F			90			
03	58820	DRAINAGE OF OVARIAN ABSCESS	160.06					F			90			
07	58820	DRAINAGE OF OVARIAN ABSCESS	265.58	00	15			F			90			
08	58820	DRAINAGE OF OVARIAN ABSCESS	262.36											
03	58822	DRAINAGE OF OVARIAN ABSCESS	322.43					F			90			
07	58822	DRAINAGE OF OVARIAN ABSCESS	554.46	00	15			F			90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	58823	PERCUT DRAIN PELVIC ABSCESS	203.16					F			1			
07	58823	PERCUT DRAIN PELVIC ABSCESS	203.16	00	15			F			1			
03	58825	TRANSPOSITION, OVARY(S)	322.43			X		F			90			
07	58825	TRANSPOSITION, OVARY(S)	596.22	00	15	X		F			90			
02	58900	BIOPSY OF OVARY(S)	71.11					F						
03	58900	BIOPSY OF OVARY(S)	355.57					F			90			
07	58900	BIOPSY OF OVARY(S)	355.57	00	15			F			90			
08	58900	BIOPSY OF OVARY (S)	262.36											
02	58920	PARTIAL REMOVAL OF OVARY(S)	71.11					F						
03	58920	PARTIAL REMOVAL OF OVARY(S)	355.57					F			90			
07	58920	PARTIAL REMOVAL OF OVARY(S)	608.71	00	15			F			90			
02	58925	REMOVAL OF OVARIAN CYST(S)	80.00											
03	58925	REMOVAL OF OVARIAN CYST(S)	400.03								90			
07	58925	REMOVAL OF OVARIAN CYST(S)	624.69	00	15						90			
02	58940	REMOVAL OF OVARY(S)	80.00			X		F						
03	58940	REMOVAL OF OVARY(S)	400.03			X		F			90			
07	58940	REMOVAL OF OVARY(S)	415.44	00	15	X		F			90			
02	58943	OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	96.01			X		F						
03	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	480.04			X		F			90			
07	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,030.46	00	15	X		F			90			
02	58950	RES OVAR MALIG,BILAT SALP/OOPH/OMENT	91.13					F						
03	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	455.65					F			90			
07	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	949.80	00	15			F			90			
02	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	118.47			X		F		X				
03	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	592.34			X		F		X	90			
07	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,241.60	00	15	X		F		X	90			
02	58952	SEE 58950.W/RAD DISSECT FOR DEBULK	91.22					F						
03	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	455.65					F			90			
07	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,382.57	00	15			F			90			
02	58953	TAH, RAD DISSECT FOR DEBULK	347.32			X		F						
03	58953	TAH, RAD DISSECT FOR DEBULK	1,736.58			X		F			90			
07	58953	TAH, RAD DISSECT FOR DEBULK	1,736.58	00	15	X		F			90			
02	58954	TAH RAD DEBULK/LYMPH REMOVE	377.73			X		F						
03	58954	TAH RAD DEBULK/LYMPH REMOVE	1,888.63			X		F			90			
07	58954	TAH RAD DEBULK/LYMPH REMOVE	1,888.63	00	15	X		F			90			
02	58956	BSO, OMENTECTOMY W/TAH	41.03			X		F						
03	58956	BSO, OMENTECTOMY W/TAH	1,025.86			X		F			90			
07	58956	BSO, OMENTECTOMY W/TAH	1,025.86	00	15	X		F			90			
02	58957	RESECTION (TUMOR DEBULKING) OF RECUR	210.26					F						
03	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,051.34					F			90			
07	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,051.34	00	15			F			90			
02	58958	RESECTION (TUMOR DEBULKING) OF RECUR	232.95					F						
03	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,164.76					F			90			
07	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,164.76	00	15			F			90			
02	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	118.47					F						
03	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	592.34					F			90			
07	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	838.77	00	15			F			90			
02	58999	GENITAL SURGERY PROCEDURE	MP			X								
03	58999	GENITAL SURGERY PROCEDURE	MP			X								
07	58999	GENITAL SURGERY PROCEDURE	MP	00	15	X								

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	59000	AMNIOCENTESIS	100.00	10	60			F						X
07	59000	AMNIOCENTESIS	119.05	10	15			F						X
03	59001	AMNIOCENTESIS, THERAPEUTIC	157.20	09	60			F						
07	59001	AMNIOCENTESIS, THERAPEUTIC	157.20	09	15			F						
03	59012	CORDOCENTESIS,ANY METHOD	167.18	10	60			F			1			
07	59012	CORDECENTESIS, ANY METHOD	167.18	10	15									
03	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	121.20						X		1			X
07	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	144.28	00	15				X		1			X
03	59020	FETAL OXYTOCIN STRESS TEST	56.70	10	60	X		F	X					
05	59020	FETAL OXYTOCIN STRESS TEST	16.92	10	60	X		F	X					
07	59020	FETAL OXYTOCIN STRESS TEST	56.70	10	15	X		F	X					
03	59025	FETAL NON-STRESS TEST	48.60	10	60	X		F						
05	59025	FETAL NON-STRESS TEST	19.80	10	60	X		F						
07	59025	FETAL NON-STRESS TEST	48.60	10	15	X		F						
03	59030	FETAL SCALP BLOOD SAMPLE	56.70											
07	59030	FETAL SCALP BLOOD SAMPLE	119.62	00	15									
03	59050	INTERNAL FETAL MONITORING/CONSULTAN	58.50	10	60	X		F						
07	59050	INTERNAL FETAL MONITORING/CONSULTANT	58.50	10	15	X		F						
03	59051	FETAL MONITOR/INTERPRET ONL	48.20					F						
07	59051	FETAL MONITOR/INTERPRET ONL	48.20	00	15			F						
03	59070	TRANSABDOM AMNIOINFUS W/ US	298.49	10	59			F			1			
07	59070	TRANSABDOM AMNIOINFUS W/ US	298.49	10	15			F			1			
03	59074	FETAL FLUID DRAINAGE W/ US	285.23	10	59			F			1			
07	59074	FETAL FLUID DRAINAGE W/ US	285.23	10	15			F			1			
03	59076	FETAL SHUNT PLACEMENT, W/ US	371.52	10	59			F			1			
07	59076	FETAL SHUNT PLACEMENT, W/ US	371.52	10	15			F			1			
02	59100	REMOVE UTERUS LESION	98.39	00	60	X		F						
03	59100	REMOVE UTERUS LESION	491.95	00	60	X		F			90			
07	59100	REMOVE UTERUS LESION	726.77	00	15	X		F			90			
02	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	98.39	10	60	X		F						
03	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	491.95	10	60	X		F			90			
07	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	682.62	10	15	X		F			90			
02	59121	SURG TX ECTOPIC PG;TUBAL W/O SALP-OO	98.39	10	60	X		F						
03	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	491.95	10	60	X		F			90			
07	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	691.35	10	15	X		F			90			
02	59130	SURG TX ECTOPIC PG; ABDOMINAL	98.39	10	60	X		F						
03	59130	SURG TX ECTOPIC PG; ABDOMINAL	491.95	10	60	X		F			90			
07	59130	SURG TX ECTOPIC PG; ABDOMINAL	822.43	10	15	X		F			90			
02	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	118.54	10	60	X		F		X				
03	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	592.70	12	55	X		F		X	90			
03	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	540.00	10	60	X		F			90			
07	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	753.80	10	15	X		F			90			
03	59140	SURG TX ECTOPIC PG, CERVICAL	491.95	10	60	X		F			90			
07	59140	SURG TX ECTOPIC PG, CERVICAL	491.95	10	15	X		F			90			
03	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	450.00	10	60	X		F			90			
07	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	667.39	10	15	X		F			90			
03	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	492.30	10	60	X		F			90			
07	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	650.12	10	15	X		F			90			
03	59160	D&C AFTER DELIVERY	148.13	10	60			F			10			
07	59160	D&C AFTER DELIVERY	231.46	10	15			F			10			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	59160	D&C AFTER DELIVERY	262.36											
03	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	135.00	10	60	X		F			1			
07	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	164.45	10	15	X		F			1			
03	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	270.00	10	60			F			1			
07	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	270.00	10	15			F			1			
08	59320	CERLAGE OF CERVIX DURING PREG, VAGIN	220.39					F						
02	59325	CERCLAGE OF CERVIC;ABDOMINAL	90.00					F						
03	59325	CERCLAGE OF CERVIX;ABDOMINAL	450.00	10	60			F			1			
07	59325	CERCLAGE OF CERVIX;ABDOMINAL	450.00	10	15			F			1			
02	59350	REPAIR OF UTERUS	59.27											
03	59350	REPAIR OF UTERUS	296.35								1			
07	59350	REPAIR OF UTERUS	296.35	00	15						1			
03	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	697.26	10	59									
07	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	697.26	10	59			F						
03	59410	VAGINAL DELIVERY ONLY-HOSP.CARE	774.00	10	59			F			3			
07	59410	VAGINAL DELIVERY ONLY-HOSP.CARE	774.00	10	15			F			3			
03	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	202.50											X
07	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	202.50	00	15									X
03	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	90.00	12	55			F						
07	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	90.00	12	15									
03	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	24.30	10	59			F						
07	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	24.30	10	15									
03	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,291.77	10	60			F					X	
07	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,291.77	10	15			F					X	
03	59514	CESAREAN DELIVERY ONLY;	857.33											
02	59515	CESAREAN DELIVERY W POSTPARTUM CARE	198.00	10	60			F						
03	59515	CESAREAN DELIVERY W POSTPARTUM CARE	990.00	10	60			F		X	5			
07	59515	CESAREAN DELIVERY W POSTPARTUM CARE	990.00	10	15			F		X	5			
02	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	90.00	10	60	X		F		X				
03	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	450.00	10	60	X		F		X				
07	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	469.53	10	15	X		F		X				
03	59610	VBAC DELIVERY	774.00	10	60			F			3			
07	59610	VBAC DELIVERY	774.00	10	15			F			3			
03	59612	VBAC DELIVERY ONLY	774.00	10	60			F			3			
07	59612	VBAC DELIVERY ONLY	774.00	10	15			F			3			
03	59614	VBAC CARE AFTER DELIVERY	774.00	10	60			F			3			
07	59614	VBAC CARE AFTER DELIVERY	774.00	10	15			F			3			
02	59618	ATTEMPTED VBAC DELIVERY	198.00	10	60			F						
03	59618	ATTEMPTED VBAC DELIVERY	990.00	10	60			F			5			
07	59618	ATTEMPTED VBAC DELIVERY	990.00	10	15			F			5			
02	59620	ATTEMPTED VBAC DELIVERY ONLY	198.00	10	60			F						
03	59620	ATTEMPTED VBAC DELIVERY ONLY	990.00	10	60			F			5			
07	59620	ATTEMPTED VBAC DELIVERY ONLY	990.00	10	15			F			5			
02	59622	ATTEMPTED VBAC AFTER CARE	198.00	10	60			F						
03	59622	ATTEMPTED VBAC AFTER CARE	990.00	10	60			F			5			
07	59622	ATTEMPTED VBAC AFTER CARE	990.00	10	15			F			5			
03	59812	TREAT SPONTANEOUS ABORTION	360.00	10	60	X		F			90			
07	59812	TREAT SPONTANEOUS ABORTION	360.00	10	15	X		F			90			
08	59812	TREAMENT OF MISCARRIAGE	282.40											
03	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	360.00	10	60	X					90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	360.00	10	15	X					90			
08	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	282.40											
03	59821	TREAT MISSED ABORTION; SECOND TRIMES	360.00	10	55	X		F			90			
07	59821	TREAT MISSED ABORTION; SECOND TRIMES	360.00	10	15	X		F			90			
08	59821	TREAT MISSED ABORTION; SECOND TRIMES	282.40											
03	59830	TREATMENT OF SEPTIC ABORTION	322.20	10	60	X		F			90			
07	59830	TREATMENT OF SEPTIC ABORTION	378.07	10	15	X		F			90			
03	59840	THERAPUTIC ABORTION	197.54	10	60	X		F			10			
07	59840	THERAPUTIC ABORTION	252.74	10	15	X		F			10			
08	59840	THERAPEUTIC ABORTION	320.56	10	60	X		F	X					
03	59841	ABORTION BY DILATION & EVACUATION	197.54	10	60	X					10			
07	59841	ABORTION BY DILATION & EVACUATION	402.16	10	15	X					10			
08	59841	ABORTION BY DILATION & EVACUATION	320.56	10	60	X		F	X					
03	59850	SALINE ABORTION	241.97	10	60	X		F			90			
07	59850	SALINE ABORTION	334.87	10	15	X		F			90			
03	59851	SALINE ABORTION WITH D&C	382.22	10	60	X		F			90			
07	59851	SALINE ABORTION WITH D&C	382.22	10	15	X		F			90			
03	59852	SALINE ABORTION WITH HYSTEROTOMY	462.32	10	60	X		F			90			
07	59852	SALINE ABORTION WITH HYSTEROTOMY	490.46	10	15	X		F			90			
03	59855	ABORTION	291.38			X					90			
07	59855	ABORTION	363.62	00	15	X					90			
03	59856	ABORTION	439.66			X					90			
07	59856	ABORTION	439.66	00	15	X					90			
03	59857	ABORTION	534.72			X					90			
07	59857	ABORTION	534.72	00	15	X					90			
03	59870	UTERINE EVACUATION & CURETTAGE HYDAT	360.00	10	60	X		F			90			
07	59870	UTERINE EVACUATION & CURETTAGE HYDAT	361.12	10	15	X		F			90			
08	59870	UTERINE EVACUATION & CURETTAGE HYDAI	282.40											
03	59871	REMOVE CERCLAGE SUTURE	141.26					F			1			
07	59871	REMOVE CERCLAGE SUTURE	158.37	00	15			F			1			
08	59871	REMOVE CERCLAGE SUTURE	282.40											
02	59897	FETAL INVAS PX W/ US	MP			X								
03	59897	FETAL INVAS PX W/ US	MP	10	59	X		F						
07	59897	FETAL INVAS PX W/ US	MP	10	15	X		F						
03	59898	LAPARO PROC, OB CARE/DELIVER	MP			X								
07	59898	LAPARO PROC, OB CARE/DELIVER	MP	00	15	X								
02	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F						
03	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F			90			
07	59899	MATERNITY CARE PROCEDURE	MP	10	15	X		F			90			
03	60000	DRAIN THYROID/TONGUE CYST	47.54											
07	60000	DRAIN THYROID/TONGUE CYST	142.69	00	15									
08	60000	DRAIN THYROID/TONGE CYST	220.39											
03	60001	ASPIRATE/INJECT THYROID CYST	65.63								1			
07	60001	ASPIRATE/INJECT THYROID CYST	92.06	00	15						1			
03	60100	BIOPSY OF THYROID	47.38											X
07	60100	BIOPSY OF THYROID	141.64	00	15									X
02	60200	REMOVE THYROID LESION	80.83											
03	60200	REMOVE THYROID LESION	404.15								90			
07	60200	REMOVE THYROID LESION	583.94	00	15						90			
08	60200	REMOVE THYROID LESION	282.40						X					

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	60210	PARTIAL EXCISION THYROID	140.54											
03	60210	PARTIAL EXCISION THYROID	702.69								90			
07	60210	PARTIAL EXCISION THYROID	702.69	00	15						90			
02	60212	PARTIAL THYROID EXCISION	173.09											
03	60212	PARTIAL THYROID EXCISION	865.44								90			
07	60212	PARTIAL THYROID EXCISION	891.83	00	15						90			
02	60220	PARTIAL REMOVAL OF THYROID	95.77											
03	60220	PARTIAL REMOVAL OF THYROID	478.87								90			
07	60220	PARTIAL REMOVAL OF THYROID	683.62	00	15						90			
02	60225	PARTIAL REMOVAL OF THYROID	119.95											
03	60225	PARTIAL REMOVAL OF THYROID	599.77								90			
07	60225	PARTIAL REMOVAL OF THYROID	801.63	00	15						90			
02	60240	REMOVAL OF THYROID	126.47											
03	60240	REMOVAL OF THYROID	632.34								90			
07	60240	REMOVAL OF THYROID	914.54	00	15						90			
02	60252	REMOVAL OF THYROID	183.73											
03	60252	REMOVAL OF THYROID	918.67								90			
07	60252	REMOVAL OF THYROID	1,150.68	00	15						90			
02	60254	EXTENSIVE THYROID SURGERY	219.29											
03	60254	EXTENSIVE THYROID SURGERY	1,096.50								90			
07	60254	EXTENSIVE THYROID SURGERY	1,538.06	00	15						90			
02	60260	REPEAT THYROID SURGERY	116.15											
03	60260	REPEAT THYROID SURGERY	580.78								90			
07	60260	REPEAT THYROID SURGERY	1,001.87	00	15						90			
02	60270	REMOVAL OF THYROID	154.11											
03	60270	REMOVAL OF THYROID	770.54								90			
07	60270	REMOVAL OF THYROID	1,142.85	00	15						90			
02	60271	REMOVAL OF THYROID	185.75											
03	60271	REMOVAL OF THYROID	928.77								90			
07	60271	REMOVAL OF THYROID	963.41	00	15						90			
02	60280	REMOVE THYROID DUCT LESION	76.81											
03	60280	REMOVE THYROID DUCT LESION	384.05								90			
07	60280	REMOVE THYROID DUCT LESION	389.77	00	15						90			
08	60280	REMOVE THYROID DUCT LESION	282.40						X					
02	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	62.81											
03	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	314.10								90			
07	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	522.39	00	15						90			
08	60281	EXC. RECURRENT THYRO.DUCT CYST/SINUS	262.36											
02	60500	EXPLORE PARATHYROID GLANDS	149.93											
03	60500	EXPLORE PARATHYROID GLANDS	749.69								90			
07	60500	EXPLORE PARATHYROID GLANDS	882.88	00	15						90			
02	60502	RE-EXPLORE PARATHYROID(S)	62.81						X					X
03	60502	RE-EXPLORE PARATHYROID(S)	442.95								90			
07	60502	RE-EXPLORE PARATHYROID(S)	1,104.75	00	15						90			
02	60505	EXPLORE PARATHYROID GLANDS	169.52											
03	60505	EXPLORE PARATHYROID GLANDS	847.58								90			
07	60505	EXPLORE PARATHYROID GLANDS	1,199.27	00	15						90			
02	60512	AUTOTRANSPLANT, PARATHYROID	48.16											
03	60512	AUTOTRANSPLANT, PARATHYROID	240.81											
07	60512	AUTOTRANSPLANT, PARATHYROID	240.81	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	60520	REMOVAL OF THYMUS GLAND	169.52											
03	60520	REMOVAL OF THYMUS GLAND	847.58								90			
07	60520	REMOVAL OF THYMUS GLAND	961.27	00	15						90			
02	60521	REMOVAL THYMUS GLAND	220.67											
03	60521	REMOVAL THYMUS GLAND	1,103.34								90			
07	60521	REMOVAL THYMUS GLAND	1,116.49	00	15						90			
02	60522	REMOVAL OF THYMUS GLAND	247.89											
03	60522	REMOVAL OF THYMUS GLAND	1,239.43								90			
07	60522	REMOVAL OF THYMUS GLAND	1,324.65	00	15						90			
02	60540	EXPLORE ADRENAL GLAND	148.17											
03	60540	EXPLORE ADRENAL GLAND	740.84								90			
07	60540	EXPLORE ADRENAL GLAND	906.68	00	15						90			
02	60545	EXPLORE ADRENAL GLAND	171.87											
03	60545	EXPLORE ADRENAL GLAND	859.37								90			
07	60545	EXPLORE ADRENAL GLAND	1,071.01	00	15						90			
02	60600	REMOVE CAROTID BODY LESION	146.98											
03	60600	REMOVE CAROTID BODY LESION	734.93								90			
07	60600	REMOVE CAROTID BODY LESION	1,123.87	00	15						90			
02	60605	REMOVE CAROTID BODY LESION	183.73											
03	60605	REMOVE CAROTID BODY LESION	918.67								90			
07	60605	REMOVE CAROTID BODY LESION	1,368.44	00	15						90			
03	60650	LAPAROSCOPY ADRENALECTOMY	1,049.03								90			
07	60650	LAPAROSCOPY ADRENALECTOMY	1,049.03	00	15						90			
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	59.30											
07	61000	REMOVE CRANIAL CAVITY FLUID	116.79	00	15									
03	61001	SUBDURAL TAP....SUBSEQUENT TAPS	47.38											X
07	61001	SUBDURAL TAP....SUBSEQUENT TAPS	123.54	00	15									X
03	61020	REMOVE BRAIN CAVITY FLUID	52.17											X
07	61020	REMOVE BRAIN CAVITY FLUID	142.37	00	15									X
08	61020	REMOVE BRAIN CAVITY FLUID	220.39											
03	61026	PUNCTURE BURR HOLE FOR INJECT	73.32											
07	61026	PUNCTURE BURR HOLE FOR INJECT	139.18	00	15									
08	61026	PUNCTURE BURR HOLE FOR INJECTION	220.39											
03	61050	REMOVE BRAIN CANAL FLUID	77.09											
07	61050	REMOVE BRAIN CANAL FLUID	107.09	00	15									
08	61050	REMOVE BRAIN CANL FLUID	220.39											
03	61055	CERVICAL PUNTURE FOR INJECTION	67.82											
07	61055	CERVICAL PUNTURE FOR INJECTION	135.32	00	15									
08	61055	CERVICAL PUNCTURE FOR INJECTION	220.39											
03	61070	BRAIN CANAL SHUNT PROCEDURE	52.17											
07	61070	BRAIN CANAL SHUNT PROCEDURE	265.53	00	15									
08	61070	BRAIN CANAL SHUNT PROCEDURE	220.39											
03	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	284.51											
07	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	336.47	00	15									
03	61107	TWIST DRILL HOLE/VENTRICULAR CATH	284.51											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	61107	TWIST DRILL HOLE/VENTRICULAR CATH	313.08	00 15									
03	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	284.51							90			
07	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	659.59	00 15						90			
03	61120	PIERCE SKULL FOR EXAMINATION	485.46							90			
07	61120	PIERCE SKULL FOR EXAMINATION	562.44	00 15						90			
03	61140	PIERCE SKULL FOR BIOPSY	926.78							90			
07	61140	PIERCE SKULL FOR BIOPSY	994.43	00 15						90			
03	61150	PIERCE SKULL FOR DRAINAGE	800.06							90			
07	61150	PIERCE SKULL FOR DRAINAGE	1,090.63	00 15						90			
03	61151	PIERCE SKULL FOR DRAINAGE	130.45							90			X
07	61151	PIERCE SKULL FOR DRAINAGE	787.35	00 15						90			X
03	61154	PIERCE SKULL FOR DRAINAGE	663.80							90			X
07	61154	PIERCE SKULL FOR DRAINAGE	940.71	00 15						90			X
03	61156	PIERCE SKULL FOR DRAINAGE	441.69							90			
07	61156	PIERCE SKULL FOR DRAINAGE	1,029.09	00 15						90			
03	61210	PIERCE SKULL; IMPLANT DEVICE	493.41										X
07	61210	PIERCE SKULL; IMPLANT DEVICE	493.41	00 15									X
03	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	197.83							90			
07	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	343.33	00 15						90			
08	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	262.36										
03	61250	PIERCE SKULL & EXPLORE	438.56							90			
07	61250	PIERCE SKULL & EXPLORE	655.54	00 15						90			
03	61253	PIERCE SKULL & EXPLORE	711.23							90			
07	61253	PIERCE SKULL & EXPLORE	761.81	00 15						90			
02	61304	INCISE SKULL FOR EXPLORATION	231.14										
03	61304	INCISE SKULL FOR EXPLORATION	1,155.72							90			
07	61304	INCISE SKULL FOR EXPLORATION	1,342.37	00 15						90			
02	61305	INCISE SKULL FOR EXPLORATION	272.63										
03	61305	INCISE SKULL FOR EXPLORATION	1,363.16							90			
07	61305	INCISE SKULL FOR EXPLORATION	1,618.52	00 15						90			
02	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	189.64										
03	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	948.20							90			
07	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,513.63	00 15						90			
02	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	189.64										
03	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	948.20							90			
07	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,535.34	00 15						90			
02	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	189.64										
03	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	948.20							90			
07	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,368.15	00 15						90			
02	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	189.64										
03	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	948.20							90			
07	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,699.04	00 15						90			
03	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	84.71							1			
07	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	84.71	00 15						1			
02	61320	INCISE SKULL FOR DRAINAGE	201.49										
03	61320	INCISE SKULL FOR DRAINAGE	1,007.50							90			
07	61320	INCISE SKULL FOR DRAINAGE	1,578.42	00 15						90			
02	61321	INCISE SKULL FOR DRAINAGE	201.49										
03	61321	INCISE SKULL FOR DRAINAGE	1,007.50							90			
07	61321	INCISE SKULL FOR DRAINAGE	1,713.19	00 15						90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	61322	DECOMPRESSIVE CRANIOTOMY	338.32								90			
03	61322	DECOMPRESSIVE CRANIOTOMY	1,691.62								90			
07	61322	DECOMPRESSIVE CRANIOTOMY	1,691.62	00	15						90			
02	61323	DECOMPRESSIVE LOBECTOMY	350.29								90			
03	61323	DECOMPRESSIVE LOBECTOMY	1,751.43								90			
07	61323	DECOMPRESSIVE LOBECTOMY	1,751.43	00	15						90			
02	61330	EXPLORATION OF EYE SOCKET	171.87											
03	61330	EXPLORATION OF EYE SOCKET	859.37								90			
07	61330	EXPLORATION OF EYE SOCKET	1,529.28	00	15						90			
02	61332	EXPLORE/BIOPSY EYE SOCKET	177.80											
03	61332	EXPLORE/BIOPSY EYE SOCKET	889.06								90			
07	61332	EXPLORE/BIOPSY EYE SOCKET	1,760.52	00	15						90			
02	61333	EXPLORE ORBIT; REMOVE LESION	183.73											
03	61333	EXPLORE ORBIT; REMOVE LESION	918.67								90			
07	61333	EXPLORE ORBIT; REMOVE LESION	1,584.46	00	15						90			
02	61334	EXPLORE & TREAT EYE SOCKET	177.80											
03	61334	EXPLORE & TREAT EYE SOCKET	889.06								90			
07	61334	EXPLORE & TREAT EYE SOCKET	1,074.95	00	15						90			
02	61340	RELIEVE CRANIAL PRESSURE	129.44											
03	61340	RELIEVE CRANIAL PRESSURE	647.19								90			
07	61340	RELIEVE CRANIAL PRESSURE	1,166.07	00	15						90			
02	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	208.60											
03	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,043.02								90			
07	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,843.39	00	15						90			
02	61345	RELIEVE CRANIAL PRESSURE	136.31											
03	61345	RELIEVE CRANIAL PRESSURE	681.53								90			
07	61345	RELIEVE CRANIAL PRESSURE	1,665.50	00	15						90			
02	61440	INCISE SKULL FOR SURGERY	189.64											
03	61440	INCISE SKULL FOR SURGERY	948.20								90			
07	61440	INCISE SKULL FOR SURGERY	1,531.81	00	15						90			
02	61450	INCISE SKULL FOR SURGERY	189.64											
03	61450	INCISE SKULL FOR SURGERY	948.20								90			
07	61450	INCISE SKULL FOR SURGERY	1,563.18	00	15						90			
02	61458	INCISE SKULL FOR SURGERY	177.66											
03	61458	INCISE SKULL FOR SURGERY	888.30								90			
07	61458	INCISE SKULL FOR SURGERY	1,661.78	00	15						90			
02	61460	INCISE SKULL FOR SURGERY	231.14											
03	61460	INCISE SKULL FOR SURGERY	1,155.72								90			
07	61460	INCISE SKULL FOR SURGERY	1,722.21	00	15						90			
02	61470	INCISE SKULL FOR SURGERY	272.63											
03	61470	INCISE SKULL FOR SURGERY	1,363.16								90			
07	61470	INCISE SKULL FOR SURGERY	1,526.50	00	15						90			
02	61480	INCISE SKULL FOR SURGERY	272.63											
03	61480	INCISE SKULL FOR SURGERY	1,363.16								90			
07	61480	INCISE SKULL FOR SURGERY	1,532.04	00	15						90			
02	61490	INCISE SKULL FOR SURGERY	160.01											
03	61490	INCISE SKULL FOR SURGERY	800.06								90			
07	61490	INCISE SKULL FOR SURGERY	1,585.80	00	15						90			
02	61500	REMOVAL OF SKULL LESION	237.06											
03	61500	REMOVAL OF SKULL LESION	1,185.33								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	61500	REMOVAL OF SKULL LESION	1,185.33	00 15						90			
02	61501	CRANIECTOMY FOR OSTEOMYELITIS	260.77										
03	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,303.86							90			
07	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,303.86	00 15						90			
02	61510	REMOVAL OF BRAIN LESION	308.19										
03	61510	REMOVAL OF BRAIN LESION	1,540.93							90			
07	61510	REMOVAL OF BRAIN LESION	1,743.82	00 15						90			
02	61512	REMOVE BRAIN LINING LESION	272.63										
03	61512	REMOVE BRAIN LINING LESION	1,363.16							90			
07	61512	REMOVE BRAIN LINING LESION	2,142.45	00 15						90			
02	61514	REMOVAL OF BRAIN ABSCESS	169.38										
03	61514	REMOVAL OF BRAIN ABSCESS	1,185.33							90			
07	61514	REMOVAL OF BRAIN ABSCESS	1,553.57	00 15						90			
02	61516	REMOVAL OF BRAIN LESION	169.38										
03	61516	REMOVAL OF BRAIN LESION	1,185.33							90			
07	61516	REMOVAL OF BRAIN LESION	1,526.95	00 15						90			
03	61517	IMPLT BRAIN CHEMOTX AGENT	70.22							1			
07	61517	IMPLT BRAIN CHEMOTX AGENT	70.22	00 15						1			
02	61518	REMOVAL OF BRAIN LESION	284.49										
03	61518	REMOVAL OF BRAIN LESION	1,422.46							90			
07	61518	REMOVAL OF BRAIN LESION	2,303.76	00 15						90			
02	61519	REMOVE BRAIN LINING LESION	296.33										
03	61519	REMOVE BRAIN LINING LESION	1,481.68							90			
07	61519	REMOVE BRAIN LINING LESION	2,535.97	00 15						90			
02	61520	REMOVAL OF BRAIN LESION	237.06										
03	61520	REMOVAL OF BRAIN LESION	1,185.33							90			
07	61520	REMOVAL OF BRAIN LESION	3,319.52	00 15						90			
02	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	237.06										
03	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	1,185.33							90			
07	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,728.12	00 15						90			
02	61522	REMOVAL OF BRAIN ABSCESS	237.06										
03	61522	REMOVAL OF BRAIN ABSCESS	1,185.33							90			
07	61522	REMOVAL OF BRAIN ABSCESS	1,779.50	00 15						90			
02	61524	REMOVAL OF BRAIN LESION	237.06										
03	61524	REMOVAL OF BRAIN LESION	1,185.33							90			
07	61524	REMOVAL OF BRAIN LESION	1,700.87	00 15						90			
02	61526	REMOVAL OF BRAIN LESION	237.06										
03	61526	REMOVAL OF BRAIN LESION	1,185.33							90			
07	61526	REMOVAL OF BRAIN LESION	3,082.71	00 15						90			
02	61530	REMOVAL OF BRAIN LESION	272.63										
03	61530	REMOVAL OF BRAIN LESION	1,363.16							90			
07	61530	REMOVAL OF BRAIN LESION	2,640.41	00 15						90			
02	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	203.63										
03	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,018.16							90			
07	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,018.16	00 15						90			
02	61533	CRANIECTOMY	202.50										
03	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,010.70							90			
07	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,222.79	00 15						90			
02	61534	REMOVAL OF BRAIN LESION	163.62										
03	61534	REMOVAL OF BRAIN LESION	818.10							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	61534	REMOVAL OF BRAIN LESION	1,314.86	00 15						90			
02	61535	CRANIECTOMY	180.00										
03	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	900.00							90			
07	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	900.00	00 15						90			
02	61536	REMOVAL OF BRAIN LESION	301.50										
03	61536	REMOVAL OF BRAIN LESION	1,505.70							90			
07	61536	REMOVAL OF BRAIN LESION	2,171.14	00 15						90			
02	61537	REMOVAL OF BRAIN TISSUE	265.54										
03	61537	REMOVAL OF BRAIN TISSUE	1,327.71							90			
07	61537	REMOVAL OF BRAIN TISSUE	1,327.71	00 15						90			
02	61538	REMOVAL OF BRAIN TISSUE	370.80										
03	61538	REMOVAL OF BRAIN TISSUE	1,854.00							90			
07	61538	REMOVAL OF BRAIN TISSUE	1,854.00	00 15						90			
02	61539	REMOVAL OF BRAIN TISSUE	340.20										
03	61539	REMOVAL OF BRAIN TISSUE	1,701.00							90			
07	61539	REMOVAL OF BRAIN TISSUE	1,976.78	00 15						90			
02	61540	REMOVAL OF BRAIN TISSUE	320.65										
03	61540	REMOVAL OF BRAIN TISSUE	1,603.25							90			
07	61540	REMOVAL OF BRAIN TISSUE	1,603.25	00 15						90			
02	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	254.65										
03	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,273.23							90			
07	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,756.48	00 15						90			
02	61542	REMOVAL OF BRAIN TISSUE	320.04										
03	61542	REMOVAL OF BRAIN TISSUE	1,600.21							90			
07	61542	REMOVAL OF BRAIN TISSUE	1,905.93	00 15						90			
02	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	254.65										
03	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,273.23							90			
07	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,809.83	00 15						90			
03	61544	REMOVE & TREAT BRAIN LESION	1,007.50							90			
07	61544	REMOVE & TREAT BRAIN LESION	1,563.27	00 15						90			
02	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	201.50										
03	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	1,007.50							90			
07	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	2,669.87	00 15						90			
02	61546	REMOVAL OF PITUITARY GLAND	231.14										
03	61546	REMOVAL OF PITUITARY GLAND	1,155.72							90			
07	61546	REMOVAL OF PITUITARY GLAND	1,922.34	00 15						90			
02	61548	REMOVAL OF PITUITARY GLAND	292.86										
03	61548	REMOVAL OF PITUITARY GLAND	1,464.34							90			
07	61548	REMOVAL OF PITUITARY GLAND	1,464.34	00 15						90			
02	61550	RELEASE OF SKULL SEAMS	142.25										
03	61550	RELEASE OF SKULL SEAMS	711.23							90			
07	61550	RELEASE OF SKULL SEAMS	711.63	00 15						90			
02	61552	RELEASE OF SKULL SEAMS	201.49										
03	61552	RELEASE OF SKULL SEAMS	1,007.50							90			
07	61552	RELEASE OF SKULL SEAMS	1,030.42	00 15						90			
03	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	720.00							90			
07	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,288.41	00 15						90			
03	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,012.50							90			
07	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,388.32	00 15						90			
03	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,773.00							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,773.00	00 15						90			
02	61559	EXT CRANIECT-W/MULT OSTEOT BONE AUTO	354.60										
03	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,773.00							90			
07	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,010.35	00 15						90			
02	61563	EXCIS GEN TUM CRAN BN W/O OPT NERVE	237.60										
03	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,188.00							90			
07	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,625.15	00 15						90			
02	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	216.00										
03	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,080.00							90			
07	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,050.30	00 15						90			
02	61566	REMOVAL OF BRAIN TISSUE	316.76										
03	61566	REMOVAL OF BRAIN TISSUE	1,583.82							90			
07	61566	REMOVAL OF BRAIN TISSUE	1,583.82	00 15						90			
02	61567	INCISION OF BRAIN TISSUE	360.85										
03	61567	INCISION OF BRAIN TISSUE	1,804.25							90			
07	61567	INCISION OF BRAIN TISSUE	1,804.25	00 15						90			
02	61570	REMOVE BRAIN FOREIGN BODY	231.14										
03	61570	REMOVE BRAIN FOREIGN BODY	1,155.72							90			
07	61570	REMOVE BRAIN FOREIGN BODY	1,475.28	00 15						90			
02	61571	SURGERY FOR PENETRATING BRAIN WOUND	231.14										
03	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,155.72							90			
07	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,613.81	00 15						90			
02	61575	TRANSORAL..;TO BX,DECOMPRESS,EXCISE	292.87										
03	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,464.34							90			
07	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,072.32	00 15						90			
02	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	351.44										
03	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	1,757.21							90			
07	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,928.81	00 15						90			
02	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	319.66										
03	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,598.33							90			
07	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,798.91	00 15						90			
02	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	362.81										
03	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,814.03							90			
07	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,054.11	00 15						90			
02	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	329.33										
03	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,646.62							90			
07	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,970.10	00 15						90			
02	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	375.80										
03	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,879.00							90			
07	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,253.60	00 15						90			
02	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	363.92										
03	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,819.58							90			
07	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,128.85	00 15						90			
02	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	407.12										
03	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,035.58							90			
07	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,292.82	00 15						90			
02	61586	RESECT NASOPHARYNX, SKULL	307.35										
03	61586	RESECT NASOPHARYNX, SKULL	1,536.75							90			
07	61586	RESECT NASOPHARYNX, SKULL	1,536.75	00 15						90			
02	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	442.71										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,213.57								90			
07	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,452.85	00	15						90			
02	61591	INFRATEMPORAL POST-AURICULAR APPROAC	464.36											
03	61591	INFRATEMPORAL POST-AURICULAR APPROAC	2,321.82								90			
07	61591	INFRATEMPORAL POST-AURICULAR APPROAC	2,581.75	00	15						90			
02	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	421.16											
03	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,105.81								90			
07	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,425.20	00	15						90			
02	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	311.06											
03	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,555.29								90			
07	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,776.30	00	15						90			
02	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	378.03											
03	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,890.12								90			
07	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,102.66	00	15						90			
02	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	399.56											
03	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	1,997.83								90			
07	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	2,294.21	00	15						90			
02	61598	TRANSPETROSAL APPROACH TO POSTERIOR	352.04											
03	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,760.18								90			
07	61598	TRANSPETROSAL APPROACH TO POSTERIOR	2,008.23	00	15						90			
02	61600	RESECTION OR EXCISION OF NEOPLASTIC,	269.97											
03	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,349.87								90			
07	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,499.71	00	15						90			
02	61601	RESECTION OR EXCISION OF NEOPLASTIC,	289.46											
03	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,447.28								90			
07	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,728.86	00	15						90			
02	61605	RESECTION OR EXCISION OF NEOPLASTIC,	305.61											
03	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,528.07								90			
07	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,722.67	00	15						90			
02	61606	RESECTION OR EXCISION OF NEOPLASTIC,	409.14											
03	61606	RESECTION OR EXCISION OF NEOPLASTIC,	2,046.43								90			
07	61606	RESECTION OR EXCISION OF NEOPLASTIC,	2,354.85	00	15						90			
02	61607	RESECTION OR EXCISION OF NEOPLASTIC,	382.30											
03	61607	RESECTION OR EXCISION OF NEOPLASTIC,	1,911.49								90			
07	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,190.15	00	15						90			
02	61608	RESECTION OR EXCISION OF NEOPLASTIC,	444.87											
03	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,224.37								90			
07	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,581.86	00	15						90			
02	61609	TRANSECTION OR LIGATION, CAROTID ART	86.45											
03	61609	TRANSECTION OR LIGATION, CAROTID ART	432.27											
07	61609	TRANSECTION OR LIGATION, CAROTID ART	587.89	00	15									
02	61610	TRANSECTION OR LIGATION, CAROTID ART	259.19											
03	61610	TRANSECTION OR LIGATION, CAROTID ART	1,295.97											
07	61610	TRANSECTION OR LIGATION, CAROTID ART	1,629.26	00	15									
02	61611	TRANSECTION OR LIGATION, CAROTID ART	64.75											
03	61611	TRANSECTION OR LIGATION, CAROTID ART	323.71											
07	61611	TRANSECTION OR LIGATION, CAROTID ART	413.43	00	15									
02	61612	TRANSECTION OR LIGATION, CAROTID ART	194.45											
03	61612	TRANSECTION OR LIGATION, CAROTID ART	972.26											
07	61612	TRANSECTION OR LIGATION, CAROTID ART	1,565.18	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	61613	OBLITERATION OR CAROTID ANEURYSM, AR	436.27										
03	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,181.31							90			
07	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,489.99	00 15						90			
02	61615	RESECTION OR EXCISION OF NEOPLASTIC,	335.88										
03	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,679.40							90			
07	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,959.36	00 15						90			
02	61616	RESECTION OR EXCISION OF NEOPLASTIC,	456.81										
03	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,284.07							90			
07	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,640.36	00 15						90			
02	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	172.74										
03	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	863.70							90			
07	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,068.73	00 15						90			
02	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	215.95										
03	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,079.71							90			
07	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,289.05	00 15						90			
02	61623	ENDOVASC TEMPORY VESSEL OCCL	101.95							1			
03	61623	ENDOVASC TEMPORY VESSEL OCCL	509.77							1			
07	61623	ENDOVASC TEMPORY VESSEL OCCL	509.77	00 15						1			
03	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	990.90							1			
07	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	990.90	00 15						1			
03	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	818.10							1			
07	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	818.10	00 15						1			
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								
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	190.85										
03	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	954.21							90			
07	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,889.55	00 15						90			
02	61682	SURG..MALFORM;SUPRATENTORIAL;COMPLEX	272.63										
03	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	1,363.16							90			
07	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	3,741.61	00 15						90			
02	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	193.55										
03	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	954.21							90			
07	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	2,412.41	00 15						90			
02	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	272.63										
03	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	1,363.16							90			
07	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	3,928.30	00 15						90			
02	61690	SURG..MALFORM;DURAL,SIMPLE	193.55										
03	61690	SURG..MALFORM;DURAL,SIMPLE	954.21							90			
07	61690	SURG..MALFORM;DURAL,SIMPLE	1,796.61	00 15						90			
02	61692	SURG..MALFORM;DURAL,COMPLEX	272.63										
03	61692	SURG..MALFORM;DURAL,COMPLEX	1,363.16							90			
07	61692	SURG..MALFORM;DURAL,COMPLEX	3,141.96	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
02	61697	BRAIN ANEURYSM REPR, COMPLX	637.68											
03	61697	BRAIN ANEURYSM REPR, COMPLX	3,188.40											
07	61697	BRAIN ANEURYSM REPR, COMPLX	3,188.40	00	15									
02	61698	BRAIN ANEURYSM REPR, COMPLX	613.74											
03	61698	BRAIN ANEURYSM REPR, COMPLX	3,068.68											
07	61698	BRAIN ANEURYSM REPR, COMPLX	3,068.68	00	15									
02	61700	INNER SKULL VESSEL SURGERY	354.42											
03	61700	INNER SKULL VESSEL SURGERY	1,772.10								90			
07	61700	INNER SKULL VESSEL SURGERY	3,060.71	00	15						90			
02	61702	INNER SKULL VESSEL SURGERY	384.05											
03	61702	INNER SKULL VESSEL SURGERY	1,920.25								90			
07	61702	INNER SKULL VESSEL SURGERY	2,935.12	00	15						90			
02	61703	CLAMP NECK ARTERY	167.04											
03	61703	CLAMP NECK ARTERY	835.20								90			
07	61703	CLAMP NECK ARTERY	1,103.29	00	15						90			
02	61705	REVISE CIRCULATION TO HEAD	272.63											
03	61705	REVISE CIRCULATION TO HEAD	1,363.16								90			
07	61705	REVISE CIRCULATION TO HEAD	2,153.95	00	15						90			
03	61708	REVISE CIRCULATION TO HEAD	1,155.72								90			
07	61708	REVISE CIRCULATION TO HEAD	1,841.89	00	15						90			
03	61710	REVISE CIRCULATION TO HEAD	355.57								90			
07	61710	REVISE CIRCULATION TO HEAD	1,595.98	00	15						90			
02	61711	FUSION OF SKULL ARTERIES	272.63											
03	61711	FUSION OF SKULL ARTERIES	1,363.16								90			
07	61711	FUSION OF SKULL ARTERIES	2,211.36	00	15						90			
03	61720	INCISE SKULL/BRAIN SURGERY	1,303.85								90			
07	61720	INCISE SKULL/BRAIN SURGERY	1,303.85	00	15						90			
02	61735	INCISE SKULL/BRAIN SURGERY	260.77											
03	61735	INCISE SKULL/BRAIN SURGERY	1,303.85								90			
07	61735	INCISE SKULL/BRAIN SURGERY	1,303.85	00	15						90			
02	61750	STEREOTACTIC PROC/INTRACRAN. LESION	160.89											
03	61750	STEREOTACTIC PROC/INTRACRAN. LESION	804.52								90			
07	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,130.79	00	15						90			
03	61751	STEREOTACTIC BIOPSY W/CAT SCAN	971.21								90			
07	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,099.99	00	15						90			
02	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	210.56											
03	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,052.84								90			
07	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,363.33	00	15						90			
02	61770	STEREO.LOC./BURR HOLES;INSERT CATH	260.77											
03	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,303.85								90			
07	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,327.74	00	15						90			
03	61790	TREAT TRIGEMINAL NERVE	533.40								90			
07	61790	TREAT TRIGEMINAL NERVE	669.17	00	15						90			
08	61790	TREAT TRIGEMINAL NERVE	262.36											
03	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	533.40								90			
07	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	925.36	00	15						90			
08	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	262.36											
02	61793	STEREO.FOC.PROTON/GAMMA RADIOSURGERY	162.00											
03	61793	STEREO.FOC.PROTON/GAMMA RADIOSURGERY	810.00								90			
07	61793	STEREO.FOC.PROTON/GAMMA RADIOSURGERY	1,089.07	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	61795	STEREOTAC COMP ASSIST VOLUME PROC	249.61											
07	61795	STERETAC COMP ASSIST VOLU PROC	249.61	00	15									
08	61795	STEREOTAC COMP ASSIST VOLUME	220.39											
03	61850	IMPLANT NEUROELECTRODES	592.70								90			
07	61850	IMPLANT NEUROELECTRODES	776.81	00	15						90			
03	61860	IMPLANT NEUROELECTRODES	948.20								90			
07	61860	IMPLANT NEUROELECTRODES	1,284.72	00	15						90			
02	61863	IMPLANT NEUROELECTRODE	205.16											
03	61863	IMPLANT NEUROELECTRODE	1,025.80								90			
07	61863	IMPLANT NEUROELECTRODE	1,025.80	00	15						90			
02	61864	IMPLANT NEUROELECTRDE, ADDñL	45.92											
03	61864	IMPLANT NEUROELECTRDE, ADDñL	229.61											
07	61864	IMPLANT NEUROELECTRDE, ADDñL	229.61	00	15									
02	61867	IMPLANT NEUROELECTRODE	311.39											
03	61867	IMPLANT NEUROELECTRODE	1,556.99								90			
07	61867	IMPLANT NEUROELECTRODE	1,556.99	00	15						90			
02	61868	IMPLANT NEUROELECTRDE, ADDñL	75.90											
03	61868	IMPLANT NEUROELECTRDE, ADDñL	379.53											
07	61868	IMPLANT NEUROELECTRDE, ADDñL	379.53	00	15									
03	61870	IMPLANT NEUROELECTRODES	948.20								90			
07	61870	IMPLANT NEUROELECTRODES	948.20	00	15						90			
03	61875	IMPLANT NEUROELECTRODES	948.20								90			
07	61875	IMPLANT NEUROELECTRODES	948.20	00	15						90			
03	61880	REVISE/REMOVE NEUROELECTRODE	740.84								90			
07	61880	REVISE/REMOVE NEUROELECTRODE	740.84	00	15						90			
03	61885	IMPLANT NEURORECEIVER	592.70				X				90			
07	61885	IMPLANT NEURORECEIVER	592.70	00	15		X				90			
08	61885	IMPLANT NEURORECEIVER	220.39											
03	61886	IMPLANT NEUROSTIM ARRAYS	477.80								90			
07	61886	IMPLANT NEUROSTIM ARRAYS	537.08	00	15						90			
08	61886	IMPLANT NEUROSTIM ARRAYS	262.36											
03	61888	REVISE/REMOVE NEURORECEIVER	740.84				X				10			
07	61888	REVISE/REMOVE NEURORECEIVER	740.84	00	15		X				10			
08	61888	REVISE/REMOVE NEURORECEIVER	220.39											
03	62000	REPAIR OF SKULL FRACTURE	681.53								90			
07	62000	REPAIR OF SKULL FRACTURE	681.53	00	15						90			
02	62005	REPAIR OF SKULL FRACTURE	160.01											
03	62005	REPAIR OF SKULL FRACTURE	800.06								90			
07	62005	REPAIR OF SKULL FRACTURE	951.57	00	15						90			
02	62010	TREATMENT OF HEAD INJURY	183.73											
03	62010	TREATMENT OF HEAD INJURY	918.67								90			
07	62010	TREATMENT OF HEAD INJURY	1,224.03	00	15						90			
02	62100	REPAIR BRAIN FLUID LEAKAGE	201.49											
03	62100	REPAIR BRAIN FLUID LEAKAGE	1,007.50								90			
07	62100	REPAIR BRAIN FLUID LEAKAGE	1,370.00	00	15						90			
03	62120	REPAIR SKULL CAVITY LESION	948.20								90			
07	62120	REPAIR SKULL CAVITY LESION	1,414.26	00	15						90			
03	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	949.50								90			
07	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,277.91	00	15						90			
02	62140	REPAIR OF SKULL DEFECT	136.31											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	62140	REPAIR OF SKULL DEFECT	681.53								90			
07	62140	REPAIR OF SKULL DEFECT	849.01	00	15						90			
02	62141	REPAIR OF SKULL DEFECT	160.01											
03	62141	REPAIR OF SKULL DEFECT	800.06								90			
07	62141	REPAIR OF SKULL DEFECT	944.63	00	15						90			
03	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	314.10								90			
07	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	689.87	00	15						90			
02	62143	REPLACE BONE FLAP/PROSTH PLATE=SKULL	128.87											
03	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	644.40								90			
07	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	833.79	00	15						90			
02	62145	REPAIR OF SKULL & BRAIN	189.64											
03	62145	REPAIR OF SKULL & BRAIN	948.20								90			
07	62145	REPAIR OF SKULL & BRAIN	1,178.13	00	15						90			
02	62146	CRANIOPLASTY W/AUTOGRAFT TO 5CM	163.80											
03	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	819.00								90			
07	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,013.83	00	15						90			
02	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	192.60											
03	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	963.00								90			
07	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,208.96	00	15						90			
03	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	114.43								1			
07	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	114.43	00	15						1			
03	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	164.47								1			
07	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	164.47	00	15						1			
02	62161	DISSECT BRAIN W/SCOPE	233.79								1			
03	62161	DISSECT BRAIN W/SCOPE	1,168.97								1			
07	62161	DISSECT BRAIN W/SCOPE	1,168.97	00	15						1			
02	62162	REMOVE COLLOID CYST W/SCOPE	301.48								1			
03	62162	REMOVE COLLOID CYST W/SCOPE	1,507.38								1			
07	62162	REMOVE COLLOID CYST W/SCOPE	1,507.38	00	15						1			
02	62163	NEUROENDOSCOPY W/FB REMOVAL	190.61								1			
03	62163	NEUROENDOSCOPY W/FB REMOVAL	953.04								1			
07	62163	NEUROENDOSCOPY W/FB REMOVAL	953.04	00	15						1			
02	62164	REMOVE BRAIN TUMOR W/SCOPE	325.37								90			
03	62164	REMOVE BRAIN TUMOR W/SCOPE	1,626.87								90			
07	62164	REMOVE BRAIN TUMOR W/SCOPE	1,626.87	00	15						90			
02	62165	REMOVE PITUIT TUMOR W/SCOPE	253.69								90			
03	62165	REMOVE PITUIT TUMOR W/SCOPE	1,268.46								90			
07	62165	REMOVE PITUIT TUMOR W/SCOPE	1,268.46	00	15						90			
03	62180	ESTABLISH BRAIN CAVITY SHUNT	880.10								90			
07	62180	ESTABLISH BRAIN CAVITY SHUNT	1,317.69	00	15						90			
02	62190	ESTABLISH BRAIN CAVITY SHUNT	160.01											
03	62190	ESTABLISH BRAIN CAVITY SHUNT	800.06								90			
07	62190	ESTABLISH BRAIN CAVITY SHUNT	800.06	00	15						90			
02	62192	ESTABLISH BRAIN CAVITY SHUNT	148.17											
03	62192	ESTABLISH BRAIN CAVITY SHUNT	740.84								90			
07	62192	ESTABLISH BRAIN CAVITY SHUNT	784.62	00	15						90			
03	62194	REPLACE/IRRIGATE CATHETER	201.51								10			X
07	62194	REPLACE/IRRIGATE CATHETER	266.54	00	15						10			X
08	62194	REPLACE/IRRIGATE CATHETER	220.39											
02	62200	ESTABLISH BRAIN CAVITY SHUNT	213.35											

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	62200	ESTABLISH BRAIN CAVITY SHUNT	1,066.81								90			
07	62200	ESTABLISH BRAIN CAVITY SHUNT	1,154.76	00	15						90			
03	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	900.00								90			
07	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	925.96	00	15						90			
02	62220	ESTABLISH BRAIN CAVITY SHUNT	171.87											
03	62220	ESTABLISH BRAIN CAVITY SHUNT	859.37								90			
07	62220	ESTABLISH BRAIN CAVITY SHUNT	859.37	00	15						90			
02	62223	ESTABLISH BRAIN CAVITY SHUNT	160.01											
03	62223	ESTABLISH BRAIN CAVITY SHUNT	800.06								90			
07	62223	ESTABLISH BRAIN CAVITY SHUNT	820.14	00	15						90			
03	62225	REPLACE/IRRIGATE CATHETER	241.81								90			X
07	62225	REPLACE/IRRIGATE CATHETER	361.35	00	15						90			X
08	62225	REPLACE/IRRIGATE CATHETER	220.39											
02	62230	REPLACE/REVISE BRAIN SHUNT	125.35											
03	62230	REPLACE/REVISE BRAIN SHUNT	626.78								90			
07	62230	REPLACE/REVISE BRAIN SHUNT	653.08	00	15						90			
08	62230	REPLACE/REVISE BRAIN SHUNT	220.39											
03	62252	CSF SHUNT REPROGRAM	75.96											
05	62252	CSF SHUNT REPROGRAM	30.38											
07	62252	CSF SHUNT REPROGRAM	75.96	00	15									
03	62256	REMOVE BRAIN CAVITY SHUNT	337.81								90			
07	62256	REMOVE BRAIN CAVITY SHUNT	453.38	00	15						90			
02	62258	REPLACE BRAIN CAVITY SHUNT	104.78											
03	62258	REPLACE BRAIN CAVITY SHUNT	403.03								90			
07	62258	REPLACE BRAIN CAVITY SHUNT	900.29	00	15						90			
03	62263	LYSIS EPIDURAL ADHESIONS	395.50								1			
07	62263	LYSIS EPIDURAL ADHESIONS	395.50	00	15						1			
08	62263	LYSIS EPIDURAL ADHESIONS	220.39											
03	62264	EPIDURAL LYSIS ON SINGLE DAY	533.79								10			
07	62264	EPIDURAL LYSIS ON SINGLE DAY	533.79	00	15						10			
03	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	107.10											
07	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	263.65	00	15									
08	62268	PERC ASPIRATE-SPINAL CORD OR SYRINX	220.39											
03	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	197.10											
07	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	262.75	00	15									
08	62269	BX SPINAL CORD, PERCUTANEOUS	220.39											
03	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	119.29											
07	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	170.42	00	15									
08	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	220.39											
03	62272	SPINAL PUNCTURE, THERAPEUTIC	139.66											
07	62272	SPINAL PUNCTURE, THERAPEUTIC	139.66											
08	62272	REDUCE SPINAL FLUID PRESSURE	220.39											
03	62273	TREAT LUMBAR SPINE LESION	65.22											X
07	62273	TREAT LUMBAR SPINE LESION	130.22	00	15									X
08	62273	TREAT LUMBAR SPINE LESION	220.39											
03	62280	TREAT SPINAL CORD LESION	82.91											X
07	62280	TREAT SPINAL CORD LESION	218.12	00	15									X
08	62280	TREAT SPINAL CORD LESION	222.93											
03	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	100.80											
07	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	241.14	00	15									

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	62281	TREAT SPINAL CORD LESION	220.39											
03	62282	TREAT SPINAL CANAL LESION	82.91											X
07	62282	TREAT SPINAL CANAL LESION	262.50	00	15									X
08	62282	TREAT SPINAL CANAL LESION	220.39											
03	62284	INJECTION FOR MYELOGRAM	77.07											
07	62284	INJECTION FOR MYELOGRAM	232.01	00	15									
03	62287	ASPIRATION PROC,PERCUTANEOUS,LUMBAR	882.00								90			
07	62287	ASPIRATION PROC,PERCUTANEOUS,LUMBAR	882.00	00	15						90			
08	62287	PERCUTANEOUS DISKECTOMY	320.56											
03	62290	INJECT FOR SPINE DISK X-RAY	106.68											
07	62290	INJECT FOR SPINE DISK X-RAY	291.77	00	15									
03	62291	INJECT FOR SPINE DISK X-RAY	106.68											
07	62291	INJECT FOR SPINE DISK X-RAY	305.09	00	15									
03	62292	INJECTION INTO DISK LESION	507.60								90			
07	62292	INJECTION INTO DISK LESION	507.60	00	15						90			
03	62294	INJECTION INTO SPINAL ARTERY	260.73								90			
07	62294	INJECTION INTO SPINAL ARTERY	679.65	00	15						90			
08	62294	INJECTION INTO SPINAL ARTERY	262.36											
03	62310	INJECT SPINE C/T	182.09								1			
07	62310	INJECT SPINE C/T	188.04	00	15						1			
08	62310	INJECT SPINE C/T	220.39											
03	62311	INJECT SPINE L/S (CD)	182.13								1			
07	62311	INJECT SPINE L/S (CD)	190.36	00	15						1			
08	62311	INJECT SPINE L/S	220.39											
03	62318	INJECT SPINE W/CATH, C/T	190.58								1			X
07	62318	INJECT SPINE W/CATH, C/T	196.76	00	15						1			X
08	62318	INJECT SPINE 2/CAT, C/T	220.39											
03	62319	INJECT SPINE W/CATH L/S (CD)	184.97								1			
07	62319	INJECT SPINE W/CATH L/S (CD)	185.38	00	15						1			
08	62319	INJECT SPINE W/CATH L/S (CD)	220.39											
02	62350	IMPLANT SPINAL CATHETER	81.02			X			X					
03	62350	IMPLANT SPINAL CATHETER	405.09				X		X		90			
07	62350	IMPLANT SPINAL CATHETER	405.09	00	15		X		X		90			
08	62350	IMPLANT SPINAL CATHETER	220.39											
02	62351	IMPLANT SPINAL CATHETER	119.80			X			X					
03	62351	IMPLANT SPINAL CATHETER	598.99				X		X		90			
07	62351	IMPLANT SPINAL CATHETER	637.24	00	15		X		X		90			
03	62355	REMOVE SPINAL CANAL CATHETER	335.34				X		X		90			
07	62355	REMOVE SPINAL CANAL CATHETER	335.34	00	15		X		X		90			
08	62355	REMOVE SPINAL CANAL CATHETER	220.39	01	99									
03	62360	INSERT SPINE INFUSION DEVICE	129.87				X		X		90			
07	62360	INSERT SPINE INFUSION DEVICE	177.44	00	15		X		X		90			
08	62360	INSERT SPINE INFUSION DEVICE	220.39											
03	62361	IMPLANT SPINE INFUSION PUMP	310.97				X		X		90			
07	62361	IMPLANT SPINE INFUSION PUMP	324.92	00	15		X		X		90			
08	62361	IMPLANT SPINE INFUSION PUMP	220.39											
02	62362	PROGRAMMABLE PUMP INCLUDE PREP OF PU	81.48			X			X					X
03	62362	IMPLANT SPINE INFUSION PUMP	407.36				X		X		90			
07	62362	IMPLANT SPINE INFUSION PUMP	407.95	00	15		X		X		90			
08	62362	IMPLANT SPINE INFUSION PUMP	220.39											

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	62365	REMOVE SPINE INFUSION DEVICE	333.46			X		X		90			
07	62365	REMOVE SPINE INFUSION DEVICE	338.11	00 15		X		X		90			
08	62365	REMOVE SPINE INFUSION DEVICE	220.39										
03	62367	ANALYZE SPINE INFUSION PUMP	39.61					X					
05	62367	ANALYZE SPINE INFUSION PUMP	15.84										
07	62367	ANALYZE SPINE INFUSION PUMP	44.74	00 15				X					
03	62368	ANALYZE SPINE INFUSION PUMP	59.46					X					
05	62368	ANALYZE SPINE INFUSION PUMP	23.78										
07	62368	ANALYZE SPINE INFUSION PUMP	97.08	00 15				X					
08	62881	INJECTION OF NEUROLYTIC SUBSTANCE	220.39										
02	63001	RELIEVE SPINAL CORD PRESSURE	207.43										
03	63001	RELIEVE SPINAL CORD PRESSURE	1,037.20							90			
07	63001	RELIEVE SPINAL CORD PRESSURE	1,039.88	00 15						90			
02	63003	RELIEVE SPINAL CORD PRESSURE	207.43										
03	63003	RELIEVE SPINAL CORD PRESSURE	1,037.20							90			
07	63003	RELIEVE SPINAL CORD PRESSURE	1,050.99	00 15						90			
02	63005	RELIEVE SPINAL CORD PRESSURE	171.87										
03	63005	RELIEVE SPINAL CORD PRESSURE	859.37							90			
07	63005	RELIEVE SPINAL CORD PRESSURE	986.43	00 15						90			
02	63011	RELIEVE SPINAL CORD PRESSURE	225.20										
03	63011	RELIEVE PSINAL CORD PRESSURE	1,126.03							90			
07	63011	RELIEVE PSINAL CORD PRESSURE	1,126.03	00 15						90			
02	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	225.90										
03	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,129.50							90			
07	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,129.50	00 15						90			
02	63015	RELIEVE SPINAL CORD PRESSURE	231.14										
03	63015	RELIEVE SPINAL CORD PRESSURE	1,155.72							90			
07	63015	RELIEVE SPINAL CORD PRESSURE	1,258.02	00 15						90			
02	63016	RELIEVE SPINAL CORD PRESSURE	231.14										
03	63016	RELIEVE SPINAL CORD PRESSURE	1,155.72							90			
07	63016	RELIEVE SPINAL CORD PRESSURE	1,243.59	00 15						90			
02	63017	RELIEVE SPINAL CORD PRESSURE	195.57										
03	63017	RELIEVE SPINAL CORD PRESSURE	977.89							90			
07	63017	RELIEVE SPINAL CORD PRESSURE	1,049.50	00 15						90			
02	63020	NECK SPINE DISK SURGERY	171.87										
03	63020	NECK SPINE DISK SURGERY	859.37							90			
07	63020	NECK SPINE DISK SURGERY	988.03	00 15						90			
02	63030	LOW BACK DISK SURGERY	176.00										
03	63030	LOW BACK DISK SURGERY	880.07							90			
07	63030	LOW BACK DISK SURGERY	880.07	00 15						90			
02	63035	ADDED SPINAL DISK SURGERY	45.50										X
03	63035	ADDED SPINAL DISK SURGERY	227.50										X
07	63035	ADDED SPINAL DISK SURGERY	227.50	00 15									X
02	63040	NECK SPINE DISK SURGERY	195.57										
03	63040	NECK SPINE DISK SURGERY	977.89							90			
07	63040	NECK SPINE DISK SURGERY	1,211.32	00 15						90			
02	63042	LOW BACK DISK SURGERY	183.73										
03	63042	LOW BACK DISK SURGERY	918.67							90			
07	63042	LOW BACK DISK SURGERY	1,140.80	00 15						90			
02	63043	LAMINOTOMY, ADDL CERVICAL	48.89										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	63043	LAMINOTOMY, ADDL CERVICAL	244.47											X
07	63043	LAMINOTOMY, ADDL CERVICAL	MP	00	15									X
02	63044	LAMINOTOMY, ADDL LUMBAR	48.89											X
03	63044	LAMINOTOMY, ADDL LUMBAR	244.47											X
07	63044	LAMINOTOMY, ADDL LUMBAR	244.47	00	15									X
02	63045	LAMINECTOMY....SING.SEG.;CERVICAL	187.47											
03	63045	LAMINECTOMY....SING.SEG.;CERVICAL	937.35								90			
07	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,086.93	00	15						90			
02	63046	LAMINECTOMY....SING.SEG.;THORACIC	187.47											
03	63046	LAMINECTOMY....SING.SEG.;THORACIC	937.35								90			
07	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,044.45	00	15						90			
02	63047	LAMINECTOMY....SING.SEG.;LUMBAR	187.47											
03	63047	LAMINECTOMY....SING.SEG.;LUMBAR	937.35								90			
07	63047	LAMINECTOMY....SING.SEG.;LUMBAR	972.98	00	15						90			
02	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	41.20											X
03	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	205.99											X
07	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	205.99	00	15									X
02	63050	CERVICAL LAMINOPLASTY	43.44											
03	63050	CERVICAL LAMINOPLASTY	1,085.93								90			
07	63050	CERVICAL LAMINOPLASTY	1,085.93	00	15						90			
02	63051	C-LAMINOPLASTY W/GRAFT/PLATE	49.38											
03	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,234.44								90			
07	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,234.44	00	15						90			
02	63055	DECOMPRESS SP CRD EQUINA/NRV RT;THOR	187.47											
03	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	937.35								90			
07	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,405.27	00	15						90			
02	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	187.47											
03	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	937.35								90			
07	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,297.93	00	15						90			
02	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	66.36											X
03	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	331.79											X
07	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	331.79	00	15									X
02	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	187.47											
03	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	937.35								90			
07	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,584.85	00	15						90			
02	63066	DECOMPRESS...THORACIC;EACH ADD SEG	40.88											X
03	63066	DECOMPRESS...THORACIC;EACH ADD SEG	204.39											X
07	63066	DECOMPRESS...THORACIC;EACH ADD SEG	204.39	00	15									X
02	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	187.47											
03	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	937.35								90			
07	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	1,260.57	00	15						90			
02	63076	DISKECTOMY..CERV EA ADD INTERSPACE	51.41											X
03	63076	DISKECTOMY CERV EA DD INTERSPACE	257.05											X
07	63076	DISKECTOMY CERV EA ADD INTERSPACE	257.05	00	15									X
02	63077	DISKECTOMY...THORACIC,SING.INTERSPA	187.47											
03	63077	DISKECTOMY...;THORACIC,SING.INTERSPA	937.35								90			
07	63077	DISKECTOMY...;THORACIC,SING.INTERSPA	1,372.09	00	15						90			
02	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	40.58											X
03	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	202.89											X
07	63078	DISKECTOMY..;THOR,EACH ADD INTERSPAC	202.89	00	15									X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	63081	VERT CORPECTOMY..,CERVICAL,SING SEG	170.03										
03	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	850.12							90			
07	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,530.06	00 15						90			
02	63082	VERT CORPECTOMY;CERVICAL,EACH ADD	55.50										X
03	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	277.51										X
07	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	277.51	00 15									X
02	63085	VERT CORPECTOMY..;THORACIC,SING SEG	170.03										
03	63085	VERT CORPECTOMY..,THORACIC,SING SEG	850.12							90			
07	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,689.27	00 15						90			
02	63086	VERT CORPECT..;THOR.,EACH ADD SEG	38.93										X
03	63086	VERT CORPECT..,THOR.,EACH ADD SEG	194.65										X
07	63086	VERT CORPECT..,THOR.,EACH ADD SEG	194.65	00 15									X
02	63087	VERT.CORP.LOW THOR,LUMB;SING SEGMENT	170.03										
03	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	850.12							90			
07	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,181.43	00 15						90			
02	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	53.11										X
03	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	265.55										X
07	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	265.55	00 15									X
02	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	170.03										
03	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	850.12							90			
07	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,723.26	00 15						90			
02	63091	VERT CORPECTOMY;EACH ADD SEGMENT	36.23										X
03	63091	VERT CORPECTOMY;EACH ADD SEGMENT	181.15										X
07	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	181.15	00 15									X
02	63101	REMOVAL OF VERTEBRAL BODY	327.62										
03	63101	REMOVAL OF VERTEBRAL BODY	1,638.10							90			
07	63101	REMOVAL OF VERTEBRAL BODY	1,638.10	00 15						90			
02	63102	REMOVAL OF VERTEBRAL BODY	327.62										
03	63102	REMOVAL OF VERTEBRAL BODY	1,638.10							90			
07	63102	REMOVAL OF VERTEBRAL BODY	1,638.10	00 15						90			
02	63103	REMOVE VERTEBRAL BODY ADD-ON	38.52										X
03	63103	REMOVE VERTEBRAL BODY ADD-ON	192.62										X
07	63103	REMOVE VERTEBRAL BODY ADD-ON	192.62	00 15									X
02	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	142.58										
03	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	712.94							90			
07	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,272.37	00 15						90			
02	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	171.11										
03	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	855.52							90			
07	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,174.28	00 15						90			
02	63173	LAMINECTOMY...;TO PERITONEAL SPACE	156.84										
03	63173	LAMINECTOMY...;TO PERITONEAL SPACE	784.23							90			
07	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,420.76	00 15						90			
02	63180	REVISE SPINAL CORD LIGAMENTS	260.77										
03	63180	REVISE SPINAL CORD LIGAMENTS	1,303.85							90			
07	63180	REVISE SPINAL CORD LIGAMENTS	1,303.85	00 15						90			
02	63182	REVISE SPINAL CORD LIGAMENTS	284.49										
03	63182	REVISE SPINAL CORD LIGAMENTS	1,422.46							90			
07	63182	REVISE SPINAL CORD LIGAMENTS	1,422.46	00 15						90			
02	63185	INCISE SPINAL COLUMN/NERVES	189.64										
03	63185	INCISE SPINAL COLUMN/NERVES	948.20							90			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	63185	INCISE SPINAL COLUMN/NERVES	948.20	00 15						90			
02	63190	INCISE SPINAL COLUMN/NERVES	213.35										
03	63190	INCISE SPINAL COLUMN/NERVES	1,066.81							90			
07	63190	INCISE SPINAL COLUMN/NERVES	1,091.17	00 15						90			
02	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE UNIL	142.58										
03	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	712.94							90			
07	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,085.97	00 15						90			
02	63194	INCISE SPINAL COLUMN & CORD	213.35										
03	63194	INCISE SPINAL COLUMN & CORD	1,066.81							90			
07	63194	INCISE SPINAL COLUMN & CORD	1,252.72	00 15						90			
02	63195	INCISE SPINAL COLUMN & CORD	213.35										
03	63195	INCISE SPINAL COLUMN & CORD	1,066.81							90			
07	63195	INCISE SPINAL COLUMN & CORD	1,203.83	00 15						90			
02	63196	INCISE SPINAL COLUMN & CORD	213.35										
03	63196	INCISE SPINAL COLUMN & CORD	1,066.81							90			
07	63196	INCISE SPINAL COLUMN & CORD	1,404.26	00 15						90			
02	63197	INCISE SPINAL COLUMN & CORD	213.35										
03	63197	INCISE SPINAL COLUMN & CORD	1,066.81							90			
07	63197	INCISE SPINAL COLUMN & CORD	1,336.24	00 15						90			
02	63198	INCISE SPINAL COLUMN & CORD	272.63										
03	63198	INCISE SPINAL COLUMN & CORD	1,363.16							90			
07	63198	INCISE SPINAL COLUMN & CORD	1,495.55	00 15						90			
02	63199	INCISE SPINAL COLUMN & CORD	272.63										
03	63199	INCISE SPINAL COLUMN & CORD	1,363.16							90			
07	63199	INCISE SPINAL COLUMN & CORD	1,613.41	00 15						90			
03	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	712.94							90			
07	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,234.94	00 15						90			
02	63250	REVISE SPINAL CORD VESSELS	231.14										
03	63250	REVISE SPINAL CORD VESSELS	1,155.72							90			
07	63250	REVISE SPINAL CORD VESSELS	2,454.47	00 15						90			
02	63251	REVISE SPINAL CORD VESSELS	231.14										
03	63251	REVISE SPINAL CORD VESSELS	1,155.72							90			
07	63251	REVISE SPINAL CORD VESSELS	2,494.05	00 15						90			
02	63252	LAMINECTOMY,MALFORM.SP.CRD;THORACOL	219.58										
03	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	1,097.93							90			
07	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	2,480.04	00 15						90			
02	63265	LAMINECTOMY,LESION...;CERVICAL	243.00										
03	63265	LAMINECTOMY,LESION...;CERVICAL	1,215.00							90			
07	63265	LAMINECTOMY,LESION...;CERVICAL	1,338.14	00 15						90			
02	63266	LAMINECTOMY,LESION...;THORACIC	243.00										
03	63266	LAMINECTOMY,LESION...;THORACIC	1,215.00							90			
07	63266	LAMINECTOMY,LESION...;THORACIC	1,386.49	00 15						90			
02	63267	LAMINECTOMY,LESION...;LUMBAR	201.50										
03	63267	LAMINECTOMY,LESION...;LUMBAR	1,007.50							90			
07	63267	LAMINECTOMY,LESION...;LUMBAR	1,126.47	00 15						90			
02	63268	LAMINECTOMY.LESION...;SACRAL	201.50										
03	63268	LAMINECTOMY,LESION....;SACRAL	1,007.50							90			
07	63268	LAMINECTOMY,LESION....;SACRAL	1,117.95	00 15						90			
02	63270	LAMINECTOMY,LESION...;CERVICAL	243.00										
03	63270	LAMINECTOMY,LESION....;CERVICAL	1,215.00							90			

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	63270	LAMINECTOMY,LESION....;CERVICAL	1,656.27	00 15						90			
02	63271	LAMINECTOMY,LESION....;THORACIC	243.00										
03	63271	LAMINECTOMY,LESION...;THORACIC	1,215.00							90			
07	63271	LAMINECTOMY,LESION...;THORACIC	1,668.51	00 15						90			
02	63272	LAMINECTOMY,LESION...;LUMBAR	201.50										
03	63272	LAMINECTOMY,LESION...;LUMBAR	1,007.50							90			
07	63272	LAMINECTOMY,LESION...;LUMBAR	1,566.32	00 15						90			
03	63273	LAMINECTOMY,LESION...;SACRAL	1,007.50							90			
07	63273	LAMINECTOMY,LESION...;SACRAL	1,515.82	00 15						90			
02	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	243.00										
03	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,215.00							90			
07	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,467.25	00 15						90			
02	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	243.00										
03	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,215.00							90			
07	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,450.95	00 15						90			
02	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	228.60										
03	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,143.00							90			
07	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,295.53	00 15						90			
02	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	228.60										
03	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,143.00							90			
07	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,288.52	00 15						90			
02	63280	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	243.00										
03	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,215.00							90			
07	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,746.52	00 15						90			
02	63281	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	243.00										
03	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,215.00							90			
07	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,730.01	00 15						90			
02	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	243.00										
03	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,215.00							90			
07	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,629.03	00 15						90			
02	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	228.60										
03	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,143.00							90			
07	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,549.49	00 15						90			
02	63285	LAMINECTOMY;BX/EXC..;CERVICAL-INTRA	243.00										
03	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,215.00							90			
07	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,201.09	00 15						90			
02	63286	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	243.00										
03	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,215.00							90			
07	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,169.04	00 15						90			
02	63287	LAMINECTOMY,BX/FXC..;THORACOLUMBAR..	228.60										
03	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	1,143.00							90			
07	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,238.84	00 15						90			
02	63290	LAMINECTOMY...,COMBINATION,ANY LEVEL	228.60										
03	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	1,143.00							90			
07	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,286.59	00 15						90			
02	63295	REPAIR OF LAMINECTOMY DEFECT	9.91										
03	63295	REPAIR OF LAMINECTOMY DEFECT	247.87										
07	63295	REPAIR OF LAMINECTOMY DEFECT	247.87	00 15									
02	63300	VERT CORP,SING SEG;CERVICAL-EXTRACUR	201.50										
03	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,007.50							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,502.46	00 15						90			
02	63301	SEE 63300;EXTRADUR,THOR-TRANSTHO APP	201.50										
03	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,007.50							90			
07	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,655.37	00 15						90			
02	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	201.50										
03	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,007.50							90			
07	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,696.47	00 15						90			
02	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	201.50										
03	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,007.50							90			
07	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,828.86	00 15						90			
03	63304	SEE 63300;INTRADURAL,CERVICAL	1,007.50							90			
07	63304	SEE 63300;INTRADURAL,CERVICAL	1,806.70	00 15						90			
02	63305	SEE 63300;INTRA,THOR-TRANSTHOR APP	201.50										
03	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,007.50							90			
07	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,937.65	00 15						90			
02	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	201.50										
03	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,007.50							90			
07	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,794.71	00 15						90			
02	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	201.50										
03	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,007.50							90			
07	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,817.16	00 15						90			
03	63308	VERT CORPECTOMY, EA ADD SEGMENT	333.65										X
07	63308	VERT CORPECTOMY; EA ADD SEGMENT	333.65	00 15									X
03	63600	REMOVE SPINAL CORD LESION	533.40							90			
07	63600	REMOVE SPINAL CORD LESION	739.59	00 15						90			
08	63600	REMOVE SPINAL CORD LESION	220.39										
03	63610	STIMULATION OF SPINAL CORD	195.51							1			X
07	63610	STIMULATION OF SPINAL CORD	445.43	00 15						1			X
08	63610	STIMULATION OF SPINAL CORD	220.39										
03	63615	STEREOTACTIC BIOPSY, SPINAL CORD	253.80							90			
07	63615	STEREOTACTIC BIOPSY, SPINAL CORD	980.35	00 15						90			
03	63650	IMPLANT NEUROELECTRODES	355.57							90			
07	63650	IMPLANT NEUROELECTRODES	355.57	00 15						90			
08	63650	IMPLANT NEUROELECTRODES	220.39										
03	63655	IMPLANT NEUROELECTRODES	474.09							90			
07	63655	IMPLANT NEUROELECTRODES	661.07	00 15						90			
03	63660	REVISE/REMOVE NEUROELECTRODE	355.57							90			
07	63660	REVISE/REMOVE NEUROELECTRODE	356.68	00 15						90			
08	63660	REVISE/REMOVE NEUROELECTRODE	220.39										
03	63685	IMPLANT NEURORECEIVER	355.57							90			
07	63685	IMPLANT NEURORECEIVER	414.67	00 15						90			
08	63685	IMPLANT NEURORECEIVER	220.39										
03	63688	REVISE/REMOVE NEURORECEIVER	355.57							90			
07	63688	REVISE/REMOVE NEURORECEIVER	355.57	00 15						90			
08	63688	REVISE/REMOVE NEURORECEIVER	220.39										
02	63700	REPAIR OF SPINAL HERNIATION	118.54										
03	63700	REPAIR OF SPINAL HERNIATION	592.70							90			
07	63700	REPAIR OF SPINAL HERNIATION	1,013.44	00 15						90			
02	63702	REPAIR OF SPINAL HERNIATION	130.38										
03	63702	REPAIR OF SPINAL HERNIATION	651.92							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	63702	REPAIR OF SPINAL HERNIATION	1,012.16	00	15						90			
02	63704	REPAIR OF SPINAL HERNIATION	165.95											
03	63704	REPAIR OF SPINAL HERNIATION	829.76								90			
07	63704	REPAIR OF SPINAL HERNIATION	1,280.89	00	15						90			
02	63706	REPAIR OF SPINAL HERNIATION	177.80											
03	63706	REPAIR OF SPINAL HERNIATION	889.06								90			
07	63706	REPAIR OF SPINAL HERNIATION	1,456.86	00	15						90			
02	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	136.31											
03	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	681.53								90			
07	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	724.53	00	15						90			
02	63709	REP DURAL/CSF LEAK...W/LAMINECTOMY	177.20											
03	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	886.00								90			
07	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	906.82	00	15						90			
02	63710	GRAFT REPAIR OF SPINE DEFECT	183.73											
03	63710	GRAFT REPAIR OF SPINE DEFECT	918.67								90			
07	63710	GRAFT REPAIR OF SPINE DEFECT	918.67	00	15						90			
02	63740	INSTALL SPINAL SHUNT	171.87											
03	63740	INSTALL SPINAL SHUNT	859.37								90			
07	63740	INSTALL SPINAL SHUNT	859.37	00	15						90			
02	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	120.60											
03	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	603.00								90			
07	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	603.00	00	15						90			
02	63744	REVISION OF SPINAL SHUNT	67.55											
03	63744	REVISION OF SPINAL SHUNT	337.81								90			
07	63744	REVISION OF SPINAL SHUNT	522.62	00	15						90			
08	63744	REVISION OF SPINAL SHUNT	262.36											
03	63746	REMOVAL OF SPINAL SHUNT	337.81								90			
07	63746	REMOVAL OF SPINAL SHUNT	426.19	00	15						90			
08	63746	REMOVAL OF SPINAL SHUNT	220.39											
03	64400	INJECTION FOR NERVE BLOCK	20.73							X				X
07	64400	INJECTION FOR NERVE BLOCK	126.26	00	15					X				X
03	64402	INJECTION FOR NERVE BLOCK	20.73							X				X
07	64402	INJECTION FOR NERVE BLOCK	184.46	00	15					X				X
03	64405	INJECTION FOR NERVE BLOCK	23.77							X				X
07	64405	INJECTION FOR NERVE BLOCK	91.56	00	15					X				X
03	64408	INJECTION FOR NERVE BLOCK	23.77							X				X
07	64408	INJECTION FOR NERVE BLOCK	145.81	00	15					X				X
03	64410	INJECTION FOR NERVE BLOCK	23.77							X				X
07	64410	INJECTION FOR NERVE BLOCK	156.20	00	15					X				X
08	64410	INJECTION FOR NERVE BLOCK	220.39											
03	64412	INJECTION FOR NERVE BLOCK	23.77							X				X
07	64412	INJECTION FOR NERVE BLOCK	122.87	00	15					X				X
03	64413	INJECTION FOR NERVE BLOCK	33.84							X				X
07	64413	INJECTION FOR NERVE BLOCK	141.05	00	15					X				X
03	64415	INJECTION FOR NERVE BLOCK	33.84							X				X
07	64415	INJECTION FOR NERVE BLOCK	138.43	00	15					X				X
08	64415	INJECTION FOR NERVE BLOCK	220.39											
03	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	106.25							X				
07	64416	N BLOCK CONT INFUSE, B PLEX	151.79	00	15						10			
03	64417	INJECTION FOR NERVE BLOCK	26.65							X				X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	64417	INJECTION FOR NERVE BLOCK	155.05	00 15					X				X
08	64417	INJECTION FOR NERVE BLOCK	220.39										
03	64418	INJECTION FOR NERVE BLOCK	20.73						X				X
07	64418	INJECTION FOR NERVE BLOCK	127.39	00 15					X				X
03	64420	INJECTION FOR NERVE BLOCK	14.26						X				X
07	64420	INJECTION FOR NERVE BLOCK	118.71	00 15					X				X
08	64420	INJECTION FOR NERVE BLOCK	220.39										
03	64421	INJECTION FOR NERVE BLOCK	49.80						X				X
07	64421	INJECTION FOR NERVE BLOCK	154.40	00 15					X				X
08	64421	INJECTION FOR NERVE BLOCK	220.39										
03	64425	INJECTION FOR NERVE BLOCK	29.61						X				X
07	64425	INJECTION FOR NERVE BLOCK	138.97	00 15					X				X
03	64430	INJECTION FOR NERVE BLOCK	33.16						X				X
07	64430	INJECTION FOR NERVE BLOCK	146.45	00 15					X				X
08	64430	INJECTION FOR NERVE BLOCK	220.39										
03	64435	INJECTION FOR NERVE BLOCK	33.16						X				X
07	64435	INJECTION FOR NERVE BLOCK	149.86	00 15					X				X
03	64445	INJECTION FOR NERVE BLOCK	20.73						X				X
07	64445	INJECTION FOR NERVE BLOCK	105.36	00 15					X				X
03	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	108.98						X				
07	64446	N BLK INJ, SCIATIC, CONT INF	155.69	00 15						10			X
03	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	51.25						X				
07	64447	N BLOCK INJ FEM, SINGLE	73.21	00 15						1			X
03	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	100.29						X				
07	64448	N BLOCK INJ FEM, CONT INF	143.27	00 15						10			X
03	64449	N BLOCK INJ, LUMBAR PLEXUS	118.00							10			
07	64449	N BLOCK INJ, LUMBAR PLEXUS	118.00	00 15						10			
03	64450	INJECTION FOR NERVE BLOCK	20.73						X				X
07	64450	INJECTION FOR NERVE BLOCK	103.98	00 15					X				X
03	64470	INJ PARAVERTEBRAL C/T	186.29						X				
07	64470	INJ PARAVERTEBRAL C/T	196.09	00 15									
08	64470	INJ PARAVERTEBRAL C/T	220.39										
03	64472	INJ PARAVERTEBRAL C/T ADD-ON	155.29						X				
07	64472	INJ PARAVERTEBRAL C/T ADD-ON	171.52	00 15									
08	64472	INJ PARAVERTEBRAL C/T ADD-ON	220.39										
03	64475	INJ PARAVERTEBRAL L/S	164.76						X	1			
07	64475	INJ PARAVERTEBRAL L/S	173.21	00 15					X	1			
08	64475	INJ PARAVERTEBRAL L/S	220.39										
03	64476	INJ PARAVERTEBRAL L/S ADD-ON	154.50						X				X
07	64476	INJ PARAVERTEBRAL L/S ADD-ON	158.23	00 15					X				X
08	64476	INJ PARAVERTEBRAL L/S ADD-ON	220.39										
03	64479	INJ FORAMEN EPIDURAL C/T	203.07						X	1			X
07	64479	INJ FORAMEN EPIDURAL C/T	221.10	00 15					X	1			X
08	64479	INJ FORAMEN EPIDURAL C/T	220.39										
03	64480	INJ FORAMEN EPIDURAL ADD-ON	181.36						X				
07	64480	INJ FORAMEN EPIDURAL ADD-ON	185.64	00 15					X				
08	64480	INJ FORAMN EPIDURAL ADD-ON	220.39										
03	64483	INJ FORAMEN EPIDURAL L/S	186.66						X	1			X
07	64483	INJ FORAMEN EPIDURAL L/S	211.07	00 15					X	1			X
08	64483	INJ FORAMEN EPIDURAL L/S	220.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	64484	INJ FORAMEN EPIDURAL ADD-ON	170.96							X				X
07	64484	INJ FORAMEN EPIDURAL ADD-ON	177.26	00	15					X				X
08	64484	INJ FORAMEN EPIDURAL ADD-ON	220.39											
03	64505	INJECTION FOR NERVE BLOCK	12.97							X				
07	64505	INJECTION FOR NERVE BLOCK	126.66	00	15									
03	64508	INJECTION FOR NERVE BLOCK	32.57							X				
07	64508	INJECTION FOR NERVE BLOCK	114.64	00	15									
03	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	146.25							X				
07	64510	INJECTION FOR NERVE BLOCK	146.25	00	15									
08	64510	INJECT SYMPATH NRV STELLATE GANGLION	220.39											
03	64517	N BLOCK INJ, HYPOGAS PLXS	140.02								1			
07	64517	N BLOCK INJ, HYPOGAS PLXS	140.02	00	15						1			
03	64520	INJECTION FOR NERVE BLOCK	24.87							X				
07	64520	INJECTION FOR NERVE BLOCK	160.32	00	15									
08	64520	INJECTION FOR NERVE BLOCK	220.39											
03	64530	INJECTION FOR NERVE BLOCK	50.42							X				
07	64530	INJECTION FOR NERVE BLOCK	155.54	00	15									
08	64530	INJECTION FOR NERVE BLOCK	220.39											
08	64553	IMPLANT NEUROELECTRODES	220.39											
03	64561	IMPLANT NEUROELECTRODES	721.67								10		X	
07	64561	IMPLANT NEUROELECTRODES	721.67	00	15						10		X	
03	64573	IMPLANT NEUROELECTRODES	389.34				X				90			
07	64573	IMPLANT NEUROELECTRODES	490.36	00	15		X				90			
08	64573	IMPLANT NEUROELECTRODES	220.39											
08	64575	IMPLANT NEUROELECTRODES	220.39											
08	64577	IMPLANT NEUROELECTRODES	220.39											
08	64580	IMPLANT NEUROELECTRODES	220.39											
03	64581	IMPLANT NEUROELECTRODES	699.06								90		X	
07	64581	IMPLANT NEUROELECTRODES	699.06	00	15						90		X	
08	64585	REVISE/REMOVE NEUROELECTRODES	220.39											
08	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	220.39											
08	64590	IMPLANT NEURORECEIVER	220.39											
08	64595	REVISE/REMOVE NEURORECEIVER	220.39											
03	64600	INJECTION TREATMENT OF NERVE	49.74								10			
07	64600	INJECTION TREATMENT OF NERVE	225.62	00	15						10			
08	64600	INJECTIVE TREATMENT OF NERVE	220.39											
03	64605	INJECTION TREATMENT OF NERVE	112.60								10			
07	64605	INJECTION TREATMENT OF NERVE	331.17	00	15						10			
08	64605	INJECTION TREATMENT OF NERVE	220.39											
03	64610	INJECTION TREATMENT OF NERVE	136.29								10			
07	64610	INJECTION TREATMENT OF NERVE	426.04	00	15						10			
08	64610	INJECTION TREATMENT OF NERVE	220.39											
03	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	94.50								10			
07	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	166.66	00	15						10			
03	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	94.50								10			
07	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	129.88	00	15						10			
03	64614	DESTROY NERVE, EXTREM MUSC	200.94											
07	64614	DESTROY NERVE, EXTREM MUSC	200.94	00	15									
03	64620	INJECTION TREATMENT OF NERVE	37.90								10			
07	64620	INJECTION TREATMENT OF NERVE	199.97	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	64620	INJECTION TREATMENT OF NERVE	220.39											
03	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	49.50								10			
07	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	261.95	00	15						10			
08	64622	DESTROY PARAVERTEBRAL FACET JNT NERV	220.39											
03	64623	DESTROY,EACH ADD LEVEL,LUMBAR....	48.60											X
07	64623	DESTROY,EACH ADD LEVEL,LUMBAR....	158.27	00	15									X
08	64623	DESTROY, EACH ADD LEVEL, LUMBAR	220.39											
03	64626	DESTR PARAVERTEBRL NERVE C/T	240.48								10			
07	64626	DESTR PARAVERTEBRL NERVE C/T	260.16	00	15						10			
08	64626	DESTR PARAVERTEBREL NERV C/T	220.39											
03	64627	DESTR PARAVERTEBRAL N ADD-ON	140.62											
07	64627	DESTR PARAVERTEBRAL N ADD-ON	161.54	00	15									
08	64627	DESTR PARAVERTEBRAL N ADD-ON	220.39											
03	64630	INJECTION TREATMENT OF NERVE	42.71								10			
07	64630	INJECTION TREATMENT OF NERVE	226.60	00	15						10			
08	64630	INJECTION TREATMENT OF NERVE	220.39											
03	64640	INJECTION TREATMENT OF NERVE	151.60								10			X
07	64640	INJECTION TREATMENT OF NERVE	216.57	00	15						10			X
03	64680	INJECTION TREATMENT OF NERVE	100.76								10			
07	64680	INJECTION TREATMENT OF NERVE	188.65	00	15						10			
08	64680	INJECTION TREATMENT OF NERVE	220.39											
03	64681	INJECTION TREATMENT OF NERVE	337.82								90			
07	64681	INJECTION TREATMENT OF NERVE	337.82	00	15						90			
03	64702	REVISE FINGER/TOE NERVE	176.07								90			
07	64702	REVISE FINGER/TOE NERVE	295.58	00	15						90			
08	64702	REVISE FINGER TOE NERVE	220.39						X					
03	64704	REVISE HAND/FOOT NERVE	266.65								90			
07	64704	REVISE HAND/FOOT NERVE	284.78	00	15						90			
08	64704	REVISE HAND FOOT NERVE	220.39						X					
03	64708	REVISE ARM/LEG NERVE	403.03								90			
07	64708	REVISE ARM/LEG NERVE	409.75	00	15						90			
08	64708	REVISE ARM LEG NERVE	282.40						X					
03	64712	REVISION OF SCIATIC NERVE	414.87								90			
07	64712	REVISION OF SCIATIC NERVE	469.22	00	15						90			
08	64712	REVISION OF SCIATIC NERVE	220.39											
02	64713	REVISION OF ARM NERVE(S)	82.97											
03	64713	REVISION OF ARM NERVE(S)	414.87								90			
07	64713	REVISION OF ARM NERVE(S)	634.42	00	15						90			
08	64713	REVSION OF ARM NERVE(S)	220.39											
03	64714	REVISE LOW BACK NERVE(S)	414.87								90			
07	64714	REVISE LOW BACK NERVE(S)	520.68	00	15						90			
08	64714	REVISE LOW BACK NERVE (S)	220.39											
03	64716	REVISION OF CRANIAL NERVE	592.70								90			
07	64716	REVISION OF CRANIAL NERVE	592.70	00	15						90			
08	64716	REVISION OF CRANIAL NERVE	262.36											
03	64718	REVISE ULNAR NERVE AT ELBOW	432.64								90			
07	64718	REVISE ULNAR NERVE AT ELBOW	432.64	00	15						90			
08	64718	REVISE ULNAR NERVE AT ELBOW	282.40						X					
03	64719	REVISE ULNAR NERVE AT WRIST	293.32								90			
07	64719	REVISE ULNAR NERVE AT WRIST	344.96	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	64719	REVISE ULNAR NERVE AT WRIST	282.40						X					
03	64721	REVISE MEDIAN NERVE AT WRIST	296.35								90			
07	64721	REVISE MEDIAN NERVE AT WRIST	380.78	00	15						90			
08	64721	REVISE MEDIUM NERVE AT WRIST	282.40						X					
03	64722	RELIEVE PRESSURE ON NERVE(S)	266.65								90			
07	64722	RELIEVE PRESSURE ON NERVE(S)	287.03	00	15						90			
08	64722	RELIEVE PRESSURE ON NERVE (S)	220.39											
03	64726	RELEASE FOOT/TOE NERVE	160.06								90			
07	64726	RELEASE FOOT/TOE NERVE	267.50	00	15						90			
08	64726	RELEASE FOOT/TOE NERVE	220.39											
03	64727	INTERNAL NEUROLYSIS,MICROSCOPE	185.10											
07	64727	INTERNAL NEUROLYSIS, MICROSCOPE	185.10	00	15									
08	64727	INTERNAL NEUROLYSIS, MICROSCOPE	220.39											
03	64732	INCISION OF BROW NERVE	237.13								90			
07	64732	INCISION OF BROW NERVE	300.65	00	15						90			
08	64732	INCISION OF BROW NERVE	220.39											
03	64734	INCISION OF CHEEK NERVE	237.13								90			
07	64734	INCISION OF CHEEK NERVE	324.31	00	15						90			
08	64734	INCISION OF CHEEK NERVE	220.39											
03	64736	INCISION OF CHIN NERVE	237.13								90			
07	64736	INCISION OF CHIN NERVE	282.62	00	15						90			
08	64736	INCISION OF CHIN NERVE	220.39											
03	64738	INCISION OF JAW NERVE	337.81								90			
07	64738	INCISION OF JAW NERVE	356.86	00	15						90			
08	64738	INCISION OF JAW NERVE	220.39											
03	64740	INCISION OF TONGUE NERVE	237.13								90			
07	64740	INCISION OF TONGUE NERVE	342.02	00	15						90			
08	64740	INCISION OF TONGUE NERVE	220.39											
03	64742	INCISION OF FACIAL NERVE	592.70								90			
07	64742	INCISION OF FACIAL NERVE	592.70	00	15						90			
08	64742	INCISION OF FACIAL NERVE	220.39											
03	64744	INCISE NERVE, BACK OF HEAD	266.65								90			
07	64744	INCISE NERVE, BACK OF HEAD	345.76	00	15						90			
08	64744	INCISE NERVE, BACK OF HEAD	220.39											
02	64746	INCISE DIAPHRAGM NERVE	35.56											
03	64746	INCISE DIAPHRAGM NERVE	177.82								90			
07	64746	INCISE DIAPHRAGM NERVE	381.16	00	15						90			
08	64746	INCISE DIAPHRAGM NERVE	220.39											
02	64752	INCISION OF VAGUS NERVE	106.68											
03	64752	INCISION OF VAGUS NERVE	533.40								90			
07	64752	INCISION OF VAGUS NERVE	533.40	00	15						90			
02	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	101.52											
03	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	507.60								90			
07	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	720.37	00	15						90			
02	64760	INCISION OF VAGUS NERVE	93.63											
03	64760	INCISION OF VAGUS NERVE	468.17								90			
07	64760	INCISION OF VAGUS NERVE	468.17	00	15						90			
03	64761	INCISION OF PELVIS NERVE	177.82								90			
07	64761	INCISION OF PELVIS NERVE	344.31	00	15						90			
08	64762	INCISION OF BROW NERVE	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
02	64763	INCISE HIP/THIGH NERVE	40.30											
03	64763	INCISE HIP/THIGH NERVE	201.51								90			
07	64763	INCISE HIP/THIGH NERVE	468.31	00	15						90			
03	64766	INCISE HIP/THIGH NERVE	337.81								90			
07	64766	INCISE HIP/THIGH NERVE	491.22	00	15						90			
03	64771	INCISE CRANIAL NERVE, EXTRADURAL	337.81								90			
07	64771	INCISE CRANIAL NERVE, EXTRADURAL	480.14	00	15						90			
08	64771	INCISE CRANIAL NERVE,EXTRADURAL	220.39											
02	64772	INCISION OF SPINAL NERVE	67.55											
03	64772	INCISION OF SPINAL NERVE	337.81								90			
07	64772	INCISION OF SPINAL NERVE	452.94	00	15						90			
08	64772	INCISION OF SPINAL NERVE	220.39											
03	64774	REMOVE SKIN NERVE LESION	100.76								90			
07	64774	REMOVE SKIN NERVE LESION	327.92	00	15						90			
08	64774	REMOVE SKIN NERVE LESION	282.40						X					
03	64776	REMOVE DIGIT NERVE LESION	100.76								90			
07	64776	REMOVE DIGIT NERVE LESION	326.39	00	15						90			
08	64776	REMOVE DIGIT NERVE LESION	282.40						X					
03	64778	EXCISE NEUROMA;EACH ADD DIGIT	65.55											X
07	64778	EXCISE NEUROMA;EACH ADD DIGIT	175.39	00	15									X
08	64778	EXCISE NEUROMA; EACH ADD DIGIT	220.39											
03	64782	REMOVE LIMB NERVE LESION	201.51								90			
07	64782	REMOVE LIMB NERVE LESION	372.76	00	15						90			
08	64782	REMOVE LIMB NERVE LESION	262.36											
03	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	65.55											X
07	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	210.41	00	15									X
08	64783	EXCISE NEUROMA,HAND/FOOT,& ADD NERVE	220.39											
03	64784	REMOVE NERVE LESION	337.81								90			
07	64784	REMOVE NERVE LESION	609.68	00	15						90			
08	64784	REMOVE NERVE LESION	262.36											
03	64786	REMOVE SCIATIC NERVE LESION	355.57								90			
07	64786	REMOVE SCIATIC NERVE LESION	955.81	00	15						90			
08	64786	REMOVE SCIATIC NERVE LESION	262.36											
03	64787	INSERT CAP ON NERVE END	177.82											
07	64787	INSERT CAP ON NERVE END	244.23	00	15									
08	64787	INSERT CAP ON NERVE END	220.39											
03	64788	REMOVE SKIN NERVE LESION	201.51								90			
07	64788	REMOVE SKIN NERVE LESION	292.74	00	15						90			
08	64788	REMOVE SKIN NERVE LESION	262.36											
03	64790	REMOVAL OF NERVE LESION	177.82								90			
07	64790	REMOVAL OF NERVE LESION	698.71	00	15						90			
08	64790	REMOVAL OF NERVE LESION	262.36											
02	64792	REMOVAL OF NERVE LESION	80.60											
03	64792	REMOVAL OF NERVE LESION	403.03								90			
07	64792	REMOVAL OF NERVE LESION	883.37	00	15						90			
08	64792	REMOVAL OF NERVE LESION	262.36											
03	64795	BIOPSY OF NERVE	177.82								1			
07	64795	BIOPSY OF NERVE	178.01	00	15						1			
08	64795	BIOPSY OF NERVE	220.39											
02	64802	REMOVE SYMPATHETIC NERVES	97.20											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	64802	REMOVE SYMPATHETIC NERVES	486.03								90			
07	64802	REMOVE SYMPATHETIC NERVES	517.24	00	15						90			
08	64802	REMOVE SYMPATHETIC NERVES	220.39											
02	64804	REMOVE SYMPATHETIC NERVES	136.31											
03	64804	REMOVE SYMPATHETIC NERVES	681.53								90			
07	64804	REMOVE SYMPATHETIC NERVES	797.62	00	15						90			
02	64809	REMOVE SYMPATHETIC NERVES	120.91											
03	64809	REMOVE SYMPATHETIC NERVES	604.55								90			
07	64809	REMOVE SYMPATHETIC NERVES	706.52	00	15						90			
02	64818	REMOVE SYMPATHETIC NERVES	120.91											
03	64818	REMOVE SYMPATHETIC NERVES	604.55								90			
07	64818	REMOVE SYMPATHETIC NERVES	604.55	00	15						90			
02	64820	REMOVE SYMPATHETIC NERVES	111.22											
03	64820	REMOVE SYMPATHETIC NERVES	556.09								90			
07	64820	REMOVE SYMPATHETIC NERVES	612.89	00	15						90			
02	64821	REMOVE SYMPATHETIC NERVES	113.67											
03	64821	REMOVE SYMPATHETIC NERVES	568.35								90			
07	64821	REMOVE SYMPATHETIC NERVES	568.35	00	15						90			
08	64821	REMOVE SYMPATHETIC NERVES	262.36											
02	64822	REMOVE SYMPATHETIC NERVES	113.67											
03	64822	REMOVE SYMPATHETIC NERVES	568.35								90			
07	64822	REMOVE SYMPATHETIC NERVES	568.35	00	15						90			
02	64823	REMOVE SYMPATHETIC NERVES	131.46											
03	64823	REMOVE SYMPATHETIC NERVES	657.30								90			
07	64823	REMOVE SYMPATHETIC NERVES	657.30	00	15						90			
03	64831	REPAIR OF DIGIT NERVE	160.06								90			
07	64831	REPAIR OF DIGIT NERVE	609.38	00	15						90			
08	64831	REPAIR OF DIGIT NERVE	262.36											
03	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	80.03											X
07	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	322.69	00	15									X
08	64832	SUTURE DIGIT NERVE; ADD DIGIT NERVE	220.39											
03	64834	REPAIR OF HAND OR FOOT NERVE	266.65								90			
07	64834	REPAIR OF HAND OR FOOT NERVE	637.89	00	15						90			
08	64834	REPAIR OF HAND OR FOOT NERVE	220.39											
03	64835	REPAIR OF HAND OR FOOT NERVE	337.81								90			
07	64835	REPAIR OF HAND OR FOOT NERVE	690.01	00	15						90			
08	64835	REPAIR OF AND OR FOOT NERVE	262.36											
03	64836	REPAIR OF HAND OR FOOT NERVE	403.03								90			
07	64836	REPAIR OF HAND OR FOOT NERVE	684.67	00	15						90			
08	64836	REPAIR OF HAND OR FOOT NERVE	320.56						X					
03	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	133.33											X
07	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	359.71	00	15									X
08	64837	REPAIR ADDITIONAL NERVE	320.56						X					
03	64840	REPAIR OF LEG NERVE	266.65								90			
07	64840	REPAIR OF LEG NERVE	734.97	00	15						90			
08	64840	REPAIR OF LEG NERVE	220.39											
02	64856	REPAIR/TRANSPOSE NERVE	80.60											
03	64856	REPAIR/TRANSPOSE NERVE	403.03								90			
07	64856	REPAIR/TRANSPOSE NERVE	854.21	00	15						90			
08	64856	REPAIR/TRANSPOSE NERVE	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	64857	REPAIR ARM/LEG NERVE	337.81								90			X
07	64857	REPAIR ARM/LEG NERVE	897.65	00	15						90			X
08	64857	REPAIR ARM/LEG NERVE	220.39											
02	64858	REPAIR SCIATIC NERVE	80.60											
03	64858	REPAIR SCIATIC NERVE	403.03								90			
07	64858	REPAIR SCIATIC NERVE	1,033.49	00	15						90			
08	64858	REPAIR SCIATIC NERVE	220.39											
03	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	191.96											X
07	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	239.24	00	15									X
08	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	220.39											
03	64861	REPAIR OF ARM NERVES	506.71								90			
07	64861	REPAIR OF ARM NERVES	1,179.39	00	15						90			
08	64861	REPAIR OF ARM NERVES	262.36											
03	64862	REPAIR OF LOW BACK NERVES	405.37								90			
07	64862	REPAIR OF LOW BACK NERVES	1,164.19	00	15						90			
08	64862	REPAIR OF LOW BACK NERVES	262.36											
03	64864	REPAIR OF FACIAL NERVE	592.70								90			
07	64864	REPAIR OF FACIAL NERVE	755.44	00	15						90			
08	64864	REPAIR OF FACIAL NERVE	262.36											
03	64865	REPAIR OF FACIAL NERVE	711.23								90			
07	64865	REPAIR OF FACIAL NERVE	916.66	00	15						90			
08	64865	REPAIR OF FACIAL NERVE	262.36											
02	64866	FUSION OF FACIAL/OTHER NERVE	106.66											
03	64866	FUSION OF FACIAL/OTHER NERVE	533.31								90			
07	64866	FUSION OF FACIAL/OTHER NERVE	902.61	00	15						90			
02	64868	FUSION OF FACIAL/OTHER NERVE	171.87											
03	64868	FUSION OF FACIAL/OTHER NERVE	859.37								90			
07	64868	FUSION OF FACIAL/OTHER NERVE	859.37	00	15						90			
02	64870	FUSION OF FACIAL-O THER NERVE	171.87											
03	64870	FUSION OF FACIAL/OTHER NERVE	859.37								90			
07	64870	FUSION OF FACIAL/OTHER NERVE	906.16	00	15						90			
08	64870	FUSION OF FACIAL/OTHER NERVE	262.36											
02	64872	SUTURE OF NERVE;REQ. DELAYED SUTURE	24.66											
03	64872	SUBSEQUENT REPAIR OF NERVE	123.28											
07	64872	SUBSEQUENT REPAIR OF NERVE	123.28	00	15									
08	64872	SUBSEQUENT REPAIR OF NERVE	220.39											
03	64874	REPAIR & REVISE NERVE	231.17											
07	64874	REPAIR & REVISE NERVE	231.17	00	15									
08	64874	REPAIR & REVISE NERVE	262.36											
03	64876	REPAIR NERVE; SHORTEN BONE	346.65											
07	64876	REPAIR NERVE; SHORTEN BONE	346.65	00	15									
08	64876	REPAIR NERVE; SHORTEN BONE	262.36											
02	64885	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	164.70											X
03	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	823.50								90			
07	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,040.13	00	15						90			
08	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	220.39											
02	64886	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	196.20											X
03	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	981.90								90			
07	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,222.60	00	15						90			
08	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	64890	NERVE GRAFT, HAND OR FOOT	474.09							90			
07	64890	NERVE GRAFT, HAND OR FOOT	921.89	00 15						90			
08	64890	NERVE GRAFT,HAND OR FOOT	220.39										
03	64891	NERVE GRAFT, HAND OR FOOT	574.86							90			
07	64891	NERVE GRAFT, HAND OR FOOT	800.25	00 15						90			
08	64891	NERVE GRAFT,HAND OR FOOT	220.39										
02	64892	NERVE GRAFT, ARM OR LEG	94.82										
03	64892	NERVE GRAFT, ARM OR LEG	474.09							90			
07	64892	NERVE GRAFT, ARM OR LEG	859.62	00 15						90			
08	64892	NERVE GRAFT, ARM OR LEG	220.39										
03	64893	NERVE GRAFT, ARM OR LEG	574.86							90			
07	64893	NERVE GRAFT, ARM OR LEG	953.94	00 15						90			
08	64893	NERVE GRAFT,ARM OR LEG	220.39										
02	64895	NERVE GRAFT, HAND OR FOOT	114.97										
03	64895	NERVE GRAFT, HAND OR FOOT	574.86							90			
07	64895	NERVE GRAFT, HAND OR FOOT	1,025.25	00 15						90			
08	64895	NERVE GRAFT, HAND OR FOOT	262.36										
02	64896	NERVE GRAFT, HAND OR FOOT	130.38										
03	64896	NERVE GRAFT, HAND OR FOOT	651.92							90			
07	64896	NERVE GRAFT, HAND OR FOOT	1,159.89	00 15						90			
08	64896	NERVE GRAFT, HAND OR FOOT	262.36										
03	64897	NERVE GRAFT, ARM OR LEG	574.86							90			
07	64897	NERVE GRAFT, ARM OR LEG	1,085.59	00 15						90			
08	64897	NERVE GRAFT, ARM OR LEG	262.36										
02	64898	NERVE GRAFT, ARM OR LEG	130.38										
03	64898	NERVE GRAFT, ARM OR LEG	651.92							90			
07	64898	NERVE GRAFT, ARM OR LEG	1,127.11	00 15						90			
08	64898	NERVE GRAFT, ARM OR LEG	262.36										
02	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	52.45										X
03	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	262.24										X
07	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	577.66	00 15									X
08	64901	NERVE GRAFT, @ ADD NERVE;SING.STRAND	220.39										
03	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	306.63										X
07	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	656.30	00 15									X
08	64902	NERVE GRAT, @ ADD NERVE;MULTI STRAND	220.39										
02	64905	NERVE PEDICLE TRANSFER	53.33										
03	64905	NERVE PEDICLE TRANSFER	266.65							90			
07	64905	NERVE PEDICLE TRANSFER	831.55	00 15						90			
08	64905	NERVE PEDICLE TRANSFER	220.39										
02	64907	NERVE PEDICLE TRANSFER	35.56										
03	64907	NERVE PEDICLE TRANSFER	177.82							90			
07	64907	NERVE PEDICLE TRANSFER	1,109.47	00 15						90			
08	64907	NERV PEDICLE TRANSFER	220.39										
02	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	98.89										
03	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	494.47							90			
07	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	494.47	00 15						90			
02	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	120.24										
03	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	601.23							90			
07	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	601.23	00 15						90			
02	64999	NERVOUS SYSTEM SURGERY	MP		X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	64999	NERVOUS SYSTEM SURGERY	MP			X								
07	64999	NERVOUS SYSTEM SURGERY	MP	00	15	X								
02	65091	EVISCERATION EYE	73.02											
03	65091	EVISCERATION EYE	365.07								90			
07	65091	EVISCERATION EYE	601.47	00	15						90			
08	65091	EVISCERATION EYE	320.56						X					
02	65093	EVISCERATION EYE WITH IMPLANT	80.83											
03	65093	EVISCERATION EYE WITH IMPLANT	404.15								90			
07	65093	EVISCERATION EYE WITH IMPLANT	624.17	00	15						90			
08	65093	EVISCERATION EYE WITH IMPLANT	320.56						X					
03	65101	REMOVAL OF EYE	331.88								90			
07	65101	REMOVAL OF EYE	636.39	00	15						90			
08	65101	REMOVAL OF EYE	320.56						X					
02	65103	REMOVE EYE/INSERT IMPLANT	77.05											
03	65103	REMOVE EYE/INSERT IMPLANT	385.26								90			
07	65103	REMOVE EYE/INSERT IMPLANT	660.19	00	15						90			
08	65103	REMOVE EYE/INSERT IMPLANT	320.56						X					
02	65105	REMOVE EYE/ATTACH IMPLANT	101.69											
03	65105	REMOVE EYE/ATTACH IMPLANT	508.47								90			
07	65105	REMOVE EYE/ATTACH IMPLANT	709.72	00	15						90			
08	65105	REMOVE EYE/ATTACH IMPLANT	262.36											
02	65110	REMOVAL OF EYE	130.38											
03	65110	REMOVAL OF EYE	651.92								90			
07	65110	REMOVAL OF EYE	1,015.98	00	15						90			
08	65110	REMOVAL OF EYE	282.40											
02	65112	REMOVE EYE, REVISE SOCKET	142.25											
03	65112	REMOVE EYE, REVISE SOCKET	711.23								90			
07	65112	REMOVE EYE, REVISE SOCKET	1,154.83	00	15						90			
08	65112	REMOVE EYE, REVISE SOCKET	320.56											
02	65114	REMOVE EYE, REVISE SOCKET	160.01											
03	65114	REMOVE EYE, REVISE SOCKET	800.06								90			
07	65114	REMOVE EYE, REVISE SOCKET	1,234.66	00	15						90			
08	65114	REMOVE EYE, REVISE SOCKET	320.56											
02	65125	MODIFICATION OF OCULAR IMPLANT	50.40											
03	65125	MODIFICATION OF OCULAR IMPLANT (EG,	169.20								90			
07	65125	MODIFICATION OF OCULAR IMPLANT (EG,	311.36	00	15						90			
02	65130	INSERT OCULAR IMPLANT	66.38											
03	65130	INSERT OCULAR IMPLANT	331.88								90			
07	65130	INSERT OCULAR IMPLANT	622.33	00	15						90			
08	65130	INSERT OCULAR IMPLANT	320.56						X					
03	65135	INSERT OCULAR IMPLANT	397.11								90			
07	65135	INSERT OCULAR IMPLANT	657.69	00	15						90			
08	65135	INSERT OCULAR IMPLANT	320.56						X					
03	65140	ATTACH OCULAR IMPLANT	462.25								90			
07	65140	ATTACH OCULAR IMPLANT	682.33	00	15						90			
08	65140	ATTACH OCULAR IMPLANT	320.56						X					
03	65150	REVISE OCULAR IMPLANT	397.11								90			
07	65150	REVISE OCULAR IMPLANT	573.60	00	15						90			
08	65150	REVISE OCULAR IMPLANT	320.56						X					
03	65155	REINSERT OCULAR IMPLANT	462.25								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	65155	REINSERT OCULAR IMPLANT	715.49	00	15						90			
08	65155	REINSERT OCULAR IMPLANT	320.56						X					
02	65175	REMOVAL OF OCULAR IMPLANT	33.84											
03	65175	REMOVAL OF OCULAR IMPLANT	169.20								90			
07	65175	REMOVAL OF OCULAR IMPLANT	587.60	00	15						90			
08	65175	REMOVAL OF OCULAR IMPLANT	320.56						X					
03	65205	REMOVE FOREIGN BODY FROM EYE	12.69											X
07	65205	REMOVE FOREIGN BODY FROM EYE	45.89	00	15									X
08	65205	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65210	REMOVE FOREIGN BODY FROM EYE	17.85											X
07	65210	REMOVE FOREIGN BODY FROM EYE	55.16	00	15									X
08	65210	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65220	REMOVE FOREIGN BODY FROM EYE	24.70											X
07	65220	REMOVE FOREIGN BODY FROM EYE	286.01	00	15									X
08	65220	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65222	REMOVE FOREIGN BODY FROM EYE	30.90											X
07	65222	REMOVE FOREIGN BODY FROM EYE	59.34	00	15									X
08	65222	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65235	REMOVE FOREIGN BODY FROM EYE	355.57								90			
07	65235	REMOVE FOREIGN BODY FROM EYE	498.62	00	15						90			
08	65235	REMOVE FOREIGN BODY FROM EYE	220.39											
03	65260	REMOVE FOREIGN BODY FROM EYE	436.82								90			
07	65260	REMOVE FOREIGN BODY FROM EYE	799.45	00	15						90			
08	65260	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65265	REMOVE FOREIGN BODY FROM EYE	480.06								90			
07	65265	REMOVE FOREIGN BODY FROM EYE	913.46	00	15						90			
08	65265	REMOVE FOREIGN BODY FROM EYE	220.39						X					
03	65270	REPAIR OF EYE WOUND	29.31											
07	65270	REPAIR OF EYE WOUND	197.86	00	15									
08	65270	REPAIR OF EYE WOUND	220.39											
03	65272	REPAIR OF EYE WOUND	118.52								90			
07	65272	REPAIR OF EYE WOUND	321.47	00	15						90			
08	65272	REPAIR OF EYE WOUND	220.39											
03	65273	REPAIR OF EYE WOUND	296.35								90			
07	65273	REPAIR OF EYE WOUND	321.57	00	15						90			
03	65275	REPAIR OF EYE WOUND	391.13								90			
07	65275	REPAIR OF EYE WOUND	391.13	00	15						90			
08	65275	REPAIR OF EYE WOUND	262.36											
03	65280	REPAIR OF EYE WOUND	456.36								90			
07	65280	REPAIR OF EYE WOUND	528.23	00	15						90			
08	65280	REPAIR OF EYE WOUND	262.36											
03	65285	REPAIR OF EYE WOUND	508.47								90			
07	65285	REPAIR OF EYE WOUND	908.33	00	15						90			
08	65285	REPAIR OF EYE WOUND	262.36											
03	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	118.52								90			
07	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	488.45	00	15						90			
03	65290	REPAIR OF EYE SOCKET WOUND	130.37								90			
07	65290	REPAIR OF EYE SOCKET WOUND	407.53	00	15						90			
08	65290	REPAIR OF EYE SOCKET WOUND	262.36											
03	65400	REMOVAL OF EYE LESION	266.65								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	65400	REMOVAL OF EYE LESION	492.83	00 15						90			
08	65400	REMOVE OF EYE LESION	220.39										
03	65410	BIOPSY OF CORNEA	32.57										
07	65410	BIOPSY OF CORNEA	109.27	00 15									
08	65410	BIOPSY OF CORNEA	220.39										
03	65420	REMOVAL OF EYE LESION	161.21							90			
07	65420	REMOVAL OF EYE LESION	416.01	00 15						90			
08	65420	REMOVAL OF EYE LESION	220.39					X					
03	65426	REMOVAL OF EYE LESION	296.35							90			
07	65426	REMOVAL OF EYE LESION	443.99	00 15						90			
08	65426	REMOVAL OF EYE LESION	220.39					X					
03	65430	CORNEAL SMEAR	11.84										X
07	65430	CORNEAL SMEAR	327.20	00 15									X
03	65435	CURETTE/TREAT CORNEA	32.57										
07	65435	CURETTE/TREAT CORNEA	76.94	00 15									
03	65436	CURETTE/TREAT CORNEA	44.50							90			
07	65436	CURETTE/TREAT CORNEA	343.01	00 15						90			
03	65450	DESTROY CORNEAL LESION	79.44							90			
07	65450	DESTROY CORNEAL LESION	370.63	00 15						90			
03	65600	REVISION OF CORNEA	266.65							90			
07	65600	REVISION OF CORNEA	299.05	00 15						90			
03	65710	CORNEAL TRANSPLANT	1,117.17							90			
07	65710	CORNEAL TRANSPLANT	1,117.17	00 15						90			
08	65710	CORNEAL TRANSPLANT	320.56										
03	65730	CORNEAL TRANSPLANT	797.69							90			
07	65730	CORNEAL TRANSPLANT	904.04	00 15						90			
08	65730	CORNEAL TRANSPLANT	320.56										
03	65750	CORNEAL TRANSPLANT	843.07							90			
07	65750	CORNEAL TRANSPLANT	1,006.44	00 15						90			
08	65750	CORNEAL TRANSPLANT	320.56										
03	65755	KERATOPLASTY, PENETRATING	841.91							90			
07	65755	KERATOPLASTY, PENETRATING	1,000.31	00 15						90			
08	65755	KERATOPLASTY, PENETRATING	320.56										
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									
03	65770	KERATOPROSTHESIS	1,066.81							90			
07	65770	KERATOPROSTHESIS	1,129.63	00 15						90			
08	65770	KERATOPROSTHESIS	320.56										
03	65772	CORNEAL RELAX INCISION,CORR SURG AST	705.25							90			
07	65772	CORNEAL RELAX INCISION,CORR SURG AST	705.25	00 15						90			
08	65772	CORNEAL RELAX INCISION,COR SURG AST	262.36										
03	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	705.25							90			
07	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	705.25	00 15						90			
08	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	262.36										
03	65780	OCULAR RECONST, TRANSPLANT	575.02							90			
07	65780	OCULAR RECONST, TRANSPLANT	575.02	00 15						90			
03	65781	OCULAR RECONST, TRANSPLANT	883.94							90			
07	65781	OCULAR RECONST, TRANSPLANT	883.94	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	65782	OCULAR RECONST, TRANSPLANT	MP			X					90			
07	65782	OCULAR RECONST, TRANSPLANT	MP	00	15	X					90			
03	65800	DRAINAGE OF EYE	97.71											
07	65800	DRAINAGE OF EYE	143.41	00	15									
08	65800	DRAINAGE OF EYE	220.39											
03	65805	DRAINAGE OF EYE	97.71											
07	65805	DRAINAGE OF EYE	143.73	00	15									
08	65805	DRAINAGE OF EYE	220.39											
03	65810	DRAINAGE OF EYE	266.65								90			
07	65810	DRAINAGE OF EYE	459.89	00	15						90			
08	65810	DRAINAGE OF EYE	262.36											
03	65815	DRAINAGE OF EYE	165.98								90			
07	65815	DRAINAGE OF EYE	480.76	00	15						90			
08	65815	DRAINAGE OF EYE	220.39											
03	65820	RELIEVE INNER EYE PRESSURE	436.82								90			
07	65820	RELIEVE INNER EYE PRESSURE	643.42	00	15						90			
03	65850	TRABECULOTOMY AB EXTERNO	503.79								90			
07	65850	TRABECULOTOMY AB EXTERNO	710.51	00	15						90			
08	65850	TRABECULOTOMY AB EXTERNO	262.36											
03	65855	LASER TRABECULOPLASTY-1/MORE	338.40								90			
07	65855	LASER TRABECULOPLASTY-1/MORE	338.40	00	15						90			
03	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	314.09								90			
07	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	314.09	00	15						90			
03	65865	INCISE INNER EYE ADHESIONS	397.11								90			
07	65865	INCISE INNER EYE ADHESIONS	422.71	00	15						90			
08	65865	INCISE INNER EYE ADHESIONS	220.39											
03	65870	INCISE INNER EYE ADHESIONS	331.88								90			
07	65870	INCISE INNER EYE ADHESIONS	457.35	00	15						90			
08	65870	INCISE INNER EYE ADHESIONS	262.36											
03	65875	INCISE INNER EYE ADHESIONS	331.88								90			
07	65875	INCISE INNER EYE ADHESIONS	470.98	00	15						90			
08	65875	INCISE INNER EYE ADHESIONS	262.36											
03	65880	INCISE INNER EYE ADHESIONS	331.88								90			
07	65880	INCISE INNER EYE ADHESIONS	499.92	00	15						90			
08	65880	INCISE INNER EYE ADHESIONS	262.36											
03	65900	REMOVE EYE LESION	331.88								90			
07	65900	REMOVE EYE LESION	802.40	00	15						90			
08	65900	REMOVE EYE LESION	282.40											
03	65920	REMOVE IMPLANT FROM EYE	331.88								90			
07	65920	REMOVE IMPLANT FROM EYE	567.30	00	15						90			
08	65920	REMOVE IMPLANT FROM EYE	320.56											
03	65930	REMOVE BLOOD CLOT FROM EYE	270.72								90			
07	65930	REMOVE BLOOD CLOT FROM EYE	550.05	00	15						90			
08	65930	REMOVE BLOOD CLOT FROM EYE	282.40											
03	66020	INJECTION TREATMENT OF EYE	65.22								10			X
07	66020	INJECTION TREATMENT OF EYE	134.96	00	15						10			X
08	66020	INJECTION TREATMENT OF EYE	220.39											
03	66030	INJECTION TREATMENT OF EYE	65.22											X
07	66030	INJECTION TREATMENT OF EYE	116.60	00	15									X
08	66030	INJECTION TREATMENT OF EYE	220.39											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	66130	REMOVE EYE LESION	331.88								90			
07	66130	REMOVE EYE LESION	521.80	00	15						90			
08	66130	REMOVE EYE LESION	320.56											
03	66150	INCISION OF EYE	462.25								90			
07	66150	INCISION OF EYE	649.45	00	15						90			
08	66150	INCISION OF EYE	262.36											
03	66155	INCISION OF EYE	462.25								90			
07	66155	INCISION OF EYE	647.45	00	15						90			
08	66155	INCISION OF EYE	262.36											
03	66160	INCISION OF EYE	462.25								90			
07	66160	INCISION OF EYE	745.17	00	15						90			
08	66160	INCISION OF EYE	220.39											
03	66165	INCISION OF EYE	462.25								90			
07	66165	INCISION OF EYE	630.33	00	15						90			
08	66165	INCISION OF EYE	262.36											
03	66170	INCISION OF EYE	503.79								90			
07	66170	INCISION OF EYE	983.59	00	15						90			
08	66170	INCISION OF EYE	262.36											
03	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	783.95								90			
07	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,043.43	00	15						90			
08	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	262.36											
03	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	603.00								90			
07	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	923.76	00	15						90			
08	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	282.40											
03	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	405.00								90			
07	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	564.41	00	15						90			
08	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	220.39											
03	66220	REPAIR EYE LESION	651.92								90			
07	66220	REPAIR EYE LESION	651.92	00	15						90			
08	66220	REPAIR EYE LESION	262.36											
03	66225	REPAIR/GRAFT EYE LESION	800.06								90			
07	66225	REPAIR/GRAFT EYE LESION	800.06	00	15						90			
08	66225	REPAIR/GRAFT EYE LESION	262.36											
03	66250	FOLLOW-UP SURGERY OF EYE	331.88								90			
07	66250	FOLLOW-UP SURGERY OF EYE	472.94	00	15						90			
08	66250	FOLLOW - UP SURGERY OF EYE	220.39											
03	66500	INCISION OF IRIS	165.98								90			
07	66500	INCISION OF IRIS	287.63	00	15						90			
08	66500	INCISION OF IRIS	320.56						X					
03	66505	INCISION OF THE IRIS	165.98								90			
07	66505	INCISION OF THE IRIS	307.35	00	15						90			
08	66505	INCISION OF THE IRIS	320.56						X					
03	66600	REMOVE IRIS AND LESION	462.25								90			
07	66600	REMOVE IRIS AND LESION	597.65	00	15						90			
08	66600	REMOVE IRIS AND LESION	320.56						X					
03	66605	REMOVAL OF IRIS	740.84								90			
07	66605	REMOVAL OF IRIS	866.79	00	15						90			
08	66605	REMOVAL OF IRIS	320.56						X					
03	66625	REMOVAL OF IRIS	398.26								90			
07	66625	REMOVAL OF IRIS	436.32	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	66625	REMOVAL OF IRIS	320.56						X					
03	66630	REMOVAL OF IRIS	331.88								90			
07	66630	REMOVAL OF IRIS	469.56	00	15						90			
08	66630	REMOVAL OF IRIS	320.56						X					
03	66635	REMOVAL OF IRIS	331.88								90			
07	66635	REMOVAL OF IRIS	437.76	00	15						90			
08	66635	REMOVAL OF IRIS	320.56						X					
03	66680	REPAIR IRIS & CILIARY BODY	444.48								90			
07	66680	REPAIR IRIS & CILIARY BODY	444.48	00	15						90			
08	66680	REPAIR IRIS & CILIARY BODY	262.36											
03	66682	SUTURE OF IRIS, CILIARY BODY	200.92								90			
07	66682	SUTURE OF IRIS, CILIARY BODY	471.00	00	15						90			
08	66682	SUTURE OF IRIS, CILLIARY BODY	220.39											
08	66700	RELIVE INNER EYE PRESSURE	220.39											
03	66710	CILIARY BODY DESTRUCTION;	223.20								90			
07	66710	CILIARY BODY DESTRUCTION;	455.41	00	15						90			
08	66710	CILIARY BODY DESTRUCTION;	220.39											
03	66711	CILIARY ENDOSCOPIC ABLATION	378.02								90			
07	66711	CILIARY ENDOSCOPIC ABLATION	378.02	00	15						90			
03	66720	RELIEVE INNER EYE PRESSURE	319.50								90			
07	66720	RELIEVE INNER EYE PRESSURE	439.42	00	15						90			
08	66740	RELIEVE INNER EYE PRESSURE	220.39											
03	66761	REVISION OF IRIS	201.51								90			
07	66761	REVISION OF IRIS	327.08	00	15						90			
03	66762	REVISION OF IRIS	201.51								90			
07	66762	REVISION OF IRIS	345.42	00	15						90			
03	66770	REMOVAL OF INNER EYE LESION	266.65								90			
07	66770	REMOVAL OF INNER EYE LESION	376.35	00	15						90			
08	66782	RELIEVE INNER EYE PRESSURE	220.39											
03	66820	INCISION OF LENS LESION	284.71								90			
07	66820	INCISION OF LENS LESION	410.22	00	15						90			
03	66821	DISCISSION OF SECONDARY;LASER	284.71								90			
07	66821	DISCISSION OF SECONDARY;LASER	284.71	00	15						90			
08	66821	DISCISSION OF SECONDARY; LASER	220.39											
03	66825	REPOSITIONING OF INTRAOCULAR LENS PR	422.22								90			
07	66825	REPOSITIONING OF INTRAOCULAR LENS PR	633.38	00	15						90			
08	66825	REPOSITIONING OF INTRAOCULAR LENS PR	262.36											
03	66830	REMOVAL OF LENS LESION	508.47								90			
07	66830	REMOVAL OF LENS LESION	522.11	00	15						90			
08	66830	REMOVAL OF LENS LESION	320.56						X					
03	66840	REMOVAL OF LENS MATERIAL	651.92								90			
07	66840	REMOVAL OF LENS MATERIAL	651.92	00	15						90			
08	66840	REMOVAL OF LENS MATERIAL	320.56						X					
03	66850	REMOVAL OF LENS MATERIAL	800.15								90			
07	66850	REMOVAL OF LENS MATERIAL	800.15	00	15						90			
08	66850	REMOVAL OF LENS MATERIAL	320.56						X					
03	66852	REMOVAL LENS MATERIAL, ASPIRATION	740.70								90			
07	66852	REMOVAL LENS MATERIAL, ASPIRATION	740.70	00	15						90			
08	66852	REMOVAL LENS MATERIAL,ASPIRATION	262.36											
03	66920	EXTRACTION OF LENS	717.12								90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	66920	EXTRACTION OF LENS	717.12	00 15						90			
08	66920	EXTRACTION OF LENS	320.56					X					
03	66930	EXTRACTION OF LENS	740.84							90			
07	66930	EXTRACTION OF LENS	740.84	00 15						90			
08	66930	EXTRACTION OF LENS	320.56					X					
03	66940	EXTRACTION OF LENS	717.12							90			
07	66940	EXTRACTION OF LENS	717.12	00 15						90			
08	66940	EXTRACTION OF LENS	320.56					X					
02	66982	CATARACT SURGERY, COMPLEX	165.45										
03	66982	CATARACT SURGERY, COMPLEX	827.25										
07	66982	CATARACT SURGERY, COMPLEX	827.25	00 15									
03	66983	INTRA CATARACT EXTRAC W/LENS	740.84							90			
07	66983	INTRA CATARACT EXTRAC W/LENS	740.84	00 15						90			
08	66983	INTRA CATARACT EXTRAC W LENS	320.56					X					
03	66984	EXTRA CATARACT REMOVAL W/LENS	740.84							90			
07	66984	EXTRA CATARACT REMOVAL W/LENS	740.84	00 15						90			
08	66984	EXTRA CATARACT REMOVAL W LENS	320.56					X					
03	66985	INSERT LENS PROSTHESIS	414.87							90			
07	66985	INSERT LENS PROSTHESIS	528.84	00 15						90			
08	66985	INSERT LENS PROSTHESIS	282.40										
02	66986	EXCHANGE OF INTRAOCULAR LENS	117.00										X
03	66986	EXCHANGE OF INTRAOCULAR LENS	586.80							90			
07	66986	EXCHANGE OF INTRAOCULAR LENS	728.36	00 15						90			
08	66986	EXHANGE OF INTRAOCULAR LENS	282.40										
03	66990	OPHTHALMIC ENDOSCOPE ADD-ON	78.54							1			
07	66990	OPHTHALMIC ENDOSCOPE ADD-ON	78.54	00 15						1			
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	462.25							90			
07	67005	PARTIAL REMOVAL OF EYE FLUID	462.25	00 15						90			
08	67005	PARTIAL REMOVAL OF EYE FLUID	262.36										
03	67010	PARTIAL REMOVAL OF EYE FLUID	462.25							90			
07	67010	PARTIAL REMOVAL OF EYE FLUID	462.25	00 15						90			
08	67010	PARTIAL REMOVAL OF EYE FLUID	262.36										
03	67015	RELEASE OF EYE FLUID	266.65							90			
07	67015	RELEASE OF EYE FLUID	516.88	00 15						90			
08	67015	RELEASE OF EYE FLUID	220.39										
03	67025	REPLACE EYE FLUID	317.68							90			
07	67025	REPLACE EYE FLUID	824.29	00 15						90			
08	67025	REPLACE EYE FLUID	220.39										
03	67027	IMPLANT EYE DRUG SYSTEM	660.99							90			
07	67027	IMPLANT EYE DRUG SYSTEM	874.24	00 15						90			
08	67027	IMPLANT EYE DRUG SYSTEM	262.36										
03	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	202.50							1			
07	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	467.98	00 15						1			
03	67030	INCISE INNER EYE STRANDS	387.24							90			
07	67030	INCISE INNER EYE STRANDS	396.17	00 15						90			
08	67030	INCISE INNER EYE STRANDS	220.39										
03	67031	SEVERING OF VITREOUS STRANDS, VITREO	444.57							90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	67031	SEVERING OF VITREOUS STRANDS, VITREO	444.57	00 15						90			
08	67031	SERVERING OF VITREOUS STRANDS,VITREO	220.39										
03	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	526.21							90			
07	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	727.78	00 15						90			
08	67036	VITRECTOMY, MECHANICLA, PARS PLANA A	262.36										
03	67038	VITRECTOMY...;W/EPIRETINAL MEM.STRIP	578.84							90			
07	67038	VITRECTOMY...;W/EPIRETINAL MEM.STRIP	1,281.10	00 15						90			
08	67038	VITRECTOMY...;W/EPIRETINAL MEM.STRIP	282.40										
03	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,260.00							90			
07	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	1,260.00	00 15						90			
08	67039	LASER TREATMENT OF RETINA	320.56										
03	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	578.84							90			
07	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,073.59	00 15						90			
08	67040	LASER TREATMENT OF RETINA	320.56										
03	67101	REPAIR DETACHED RETINA	666.76							90			
07	67101	REPAIR DETACHED RETINA	666.76	00 15						90			
03	67105	PHOTOCOAGULATION/DETACHED RET	740.84							90			
07	67105	PHOTOCOAGULATION/DETACHED RET	740.84	00 15						90			
02	67107	REPAIR DETACHED RETINA	195.59										
03	67107	REPAIR DETACHED RETINA	977.97							90			
07	67107	REPAIR DETACHED RETINA	977.97	00 15						90			
08	67107	REPAIR DETACHED RETINA	282.40										
02	67108	REPAIR DETACHED RETINA	248.92										
03	67108	REPAIR DETACHED RETINA	1,244.63							90			
07	67108	REPAIR DETACHED RETINA	1,337.73	00 15						90			
08	67108	REPAIR DETACHED RETINA	320.56										
03	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	742.50							90			
07	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	1,006.97	00 15						90			
02	67112	RE-REPAIR DETACHED RETINA	148.13										
03	67112	RE-REPAIR DETACHED RETINA	740.84							90			
07	67112	RE-REPAIR DETACHED RETINA	1,109.61	00 15						90			
08	67112	RE-REPAIR DETACHED RETINA	320.56										
03	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	261.90							90			
07	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	403.32	00 15						90			
08	67115	RELEASSE ENCIRCLING MATERIAL(POSTERI	220.39										
03	67120	REMOVE EYE IMPLANT MATERIAL	266.65							90			
07	67120	REMOVE EYE IMPLANT MATERIAL	771.82	00 15						90			
08	67120	REMOVE EYE IMPLANT MATERIAL	220.39										
03	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	270.00							90			
07	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	782.92	00 15						90			
08	67121	REMOVE IMPLANT POSTERIOR,INTRAOCULAR	220.39										
03	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	270.00							90			
07	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	451.06	00 15						90			
08	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	220.39										
03	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	360.00							90			
07	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	367.33	00 15						90			
03	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	315.00							90			
07	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	516.34	00 15						90			
03	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	360.00							90			
07	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	558.54	00 15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	67218	TREAT RETINAL LESION;IMPLANT RADIATI	405.00							90			
07	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,185.12	00 15						90			
08	67218	RETINAL LESION; IMPLANT RADIATI	282.40										
03	67220	TREAT CHOROID LESION	657.39							90			
07	67220	TREAT CHOROID LESION	831.99	00 15						90			
03	67221	OCULAR PHOTODYNAMIC THER	316.24										
07	67221	OCULAR PHOTODYNAMIC THER	316.24	00 15									
03	67225	EYE PHOTODYNAMIC THER ADD-ON	43.45										
07	67225	EYE PHOTODYNAMIC THER ADD-ON	43.45	00 15									
03	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	585.00							90			
07	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	585.00	00 15						90			
08	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	220.39										
03	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	630.00							90			
07	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	786.13	00 15						90			
03	67250	REINFORCE EYE WALL	651.92							90			
07	67250	REINFORCE EYE WALL	698.51	00 15						90			
08	67250	REINFORCE EYE WALL	262.36										
03	67255	REINFORCE/GRAFT EYE WALL	800.06							90			
07	67255	REINFORCE/GRAFT EYE WALL	800.06	00 15						90			
08	67255	REINFORCE/GRAFT EYE WALL	262.36										
03	67299	EYE SURGERY PROCEDURE	MP		X								
07	67299	EYE SURGERY PROCEDURE	MP	00 15	X								
03	67311	REVISE EYE MUSCLE	514.99							90			
07	67311	REVISE EYE MUSCLE	514.99	00 15						90			
08	67311	REVISE EYE MUSCLE	320.56					X					
03	67312	REVISE TWO EYE MUSCLES	561.81							90			
07	67312	REVISE TWO EYE MUSCLES	561.81	00 15						90			
08	67312	REVISE TWO EYE MUSCLES	320.56					X					
03	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	517.50							90			
07	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	517.50	00 15						90			
08	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	262.36										
03	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	562.50							90			
07	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	605.66	00 15						90			
08	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	262.36										
03	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	517.50							90			
07	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	519.22	00 15						90			
08	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	262.36										
03	67320	REVISE EYE MUSCLE(S)	360.00										
07	67320	REVISE EYE MUSCLE(S)	360.00	00 15									
08	67320	REVISE EYE MUSCLE (S)	262.36										
03	67331	STRABISMUS SURG W/PREV EYE SURG	221.41										
07	67331	STRABISMUS SURG W/PREV EYE SURG	221.41	00 15									
08	67331	STRABISMUS SURG W/PREV EYE SURG	262.36										
02	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	49.02										
03	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	245.09										
07	67332	STRABISMUS SURG W/SCAR EXTRAOC	245.09	00 15									
08	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	262.36										
03	67334	STRABISMUS SURG,POST FIX SUTURE TECH	216.68										
07	67334	STRABISMUS SURG,POST FIX SUTURE TECH	216.68	00 15									
08	67334	STRABISMUS SURG,POST FIX SUTURE TECH	262.36										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	202.50											
07	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	202.50	00	15									
08	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	262.36											
02	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	53.60											
03	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	268.01											
07	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	268.01	00	15									
08	67340	STRABISMUD DURG EXPLOR/REP DET EXTRA	262.36											
03	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	405.00								90			
07	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	497.84	00	15						90			
03	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	90.00								10			
07	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	249.23	00	15						10			
03	67346	BIOPSY OF EXTRAOCULAR MUSCLE	130.00								1			
07	67346	BIOPSY OF EXTRAOCULAR MUSCLE	130.00	00	15						1			
08	67346	BIOPSY OF EXTRAOCULAR MUSCLE	220.39											
03	67399	EYE MUSCLE SURGERY PROCEDURE	MP			X								
07	67399	EYE MUSCLE SURGERY PROCEDURE	MP	00	15	X								
02	67400	EXPLORE/BIOPSY EYE SOCKET	88.89											
03	67400	EXPLORE/BIOPSY EYE SOCKET	444.48								90			
07	67400	EXPLORE/BIOPSY EYE SOCKET	794.88	00	15						90			
08	67400	EXPLORE/BIOPSY EYE SOCKET	262.36											
03	67405	EXPLORE/DRAIN EYE SOCKET	355.57								90			
07	67405	EXPLORE/DRAIN EYE SOCKET	687.41	00	15						90			
08	67405	EXPLORE/DRAIN EYE SOCKET	262.36											
02	67412	EXPLORE/TREAT EYE SOCKET	88.89											
03	67412	EXPLORE/TREAT EYE SOCKET	444.48								90			
07	67412	EXPLORE/TREAT EYE SOCKET	853.34	00	15						90			
08	67412	EXPLORE/TREAT EYE SOCKET	282.40											
03	67413	EXPLORE/TREAT EYE SOCKET	444.48								90			
07	67413	EXPLORE/TREAT EYE SOCKET	801.72	00	15						90			
08	67413	EXPLORE/TREAT EYE SOCKET	282.40											
02	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	99.90											X
03	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	501.30								90			
07	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	940.89	00	15						90			
03	67415	BIOPSY OF EYE	65.22								1			
07	67415	BIOPSY OF EYE	90.36	00	15						1			
08	67415	BIOPSY OF EYE	220.39											
02	67420	EXPLORE/TREAT EYE SOCKET	148.17											
03	67420	EXPLORE/TREAT EYE SOCKET	740.84								90			
07	67420	EXPLORE/TREAT EYE SOCKET	1,390.29	00	15						90			
08	67420	EXPLORE/TREAT EYE SOCKET	282.40											
03	67430	EXPLORE/TREAT EYE SOCKET	740.84								90			
07	67430	EXPLORE/TREAT EYE SOCKET	1,085.72	00	15						90			
08	67430	EXPLORE/TREAT EYE SOCKET	282.40											
02	67440	EXPLORE/DRAIN EYE SOCKET	130.38											
03	67440	EXPLORE/DRAIN EYE SOCKET	651.92								90			
07	67440	EXPLORE/DRAIN EYE SOCKET	1,061.63	00	15						90			
08	67440	EXPLORE/DRAIN EYE SOCKET	282.40											
02	67445	ORBITOTOMY WITHOUT BONE FLAP FRONTAL	133.20											X
03	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	665.10								90			
07	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,102.62	00	15						90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 GSP DAY	12 BASE UNITS	13 X-OVERS	14 UVS >001
TS	CODE	DESCRIPTION	FEE											
02	67450	EXPLORE/BIOPSY EYE SOCKET	148.17											
03	67450	EXPLORE/BIOPSY EYE SOCKET	740.84								90			
07	67450	EXPLORE/BIOPSY EYE SOCKET	1,046.60	00	15						90			
08	67450	EXPLORE/BIOPSY EYE SOCKET	282.40											
03	67500	INJECT/TREAT EYE SOCKET	17.85											
07	67500	INJECT/TREAT EYE SOCKET	59.15	00	15									
03	67505	INJECT/TREAT EYE SOCKET	65.22								1			
07	67505	INJECT/TREAT EYE SOCKET	65.22	00	15						1			
03	67515	INJECT/TREAT EYE SOCKET	20.73											
07	67515	INJECT/TREAT EYE SOCKET	49.24	00	15									
03	67550	INSERT EYE SOCKET IMPLANT	369.80								90			
07	67550	INSERT EYE SOCKET IMPLANT	803.85	00	15						90			
08	67550	INSERT EYE SOCKET IMPLANT	262.36											
03	67560	REVISE EYE SOCKET IMPLANT	369.80								90			
07	67560	REVISE EYE SOCKET IMPLANT	814.85	00	15						90			
08	67560	REVISE EYE SOCKET IMPLANT	220.39											
02	67570	OPTIC NERVE DECOMPRESSION	90.00											X
03	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	450.90								90			
07	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,058.83	00	15						90			
03	67599	ORBIT SURGERY PROCEDURE	MP			X								
07	67599	ORBIT SURGERY PROCEDURE	MP	00	15	X								
03	67700	DRAINAGE OF EYELID ABSCESS	19.63											
07	67700	DRAINAGE OF EYELID ABSCESS	295.28	00	15									
08	67700	DRAINAGE OF EYELID ABSCESS	262.36						X					
03	67710	INCISION OF EYELID	19.63											
07	67710	INCISION OF EYELID	286.72	00	15									
08	67710	INCISION OF EYELID	262.36						X					
03	67715	INCISION OF EYELID FOLD	19.63											
07	67715	INCISION OF EYELID FOLD	63.27	00	15									
08	67715	INCISION OF EYELID FOLD	220.39											
03	67800	REMOVE EYELID LESION	38.57								10			
07	67800	REMOVE EYELID LESION	134.77	00	15						10			
08	67800	REMOVE EYELID LESION	220.39						X					
03	67801	REMOVE EYELID LESIONS	60.50								10			
07	67801	REMOVE EYELID LESIONS	328.17	00	15						10			
08	67801	REMOVE EYELID LESIONS	220.39						X					
03	67805	REMOVE EYELID LESIONS	58.72								10			
07	67805	REMOVE EYELID LESIONS	346.15	00	15						10			
08	67805	REMOVE EYELID LESIONS	220.39						X					
03	67808	REMOVE EYELID LESION(S)	130.37								90			
07	67808	REMOVE EYELID LESION(S)	276.44	00	15						90			
08	67808	REMOVE EYELID LESION (S)	220.39						X					
03	67810	BIOPSY OF EYELID	32.57											
07	67810	BIOPSY OF EYELID	219.85	00	15									
03	67820	REVISE EYELASHES	32.57											
07	67820	REVISE EYELASHES	96.36	00	15									
03	67825	REVISE EYELASHES	32.57											
07	67825	REVISE EYELASHES	230.20	00	15									
03	67830	REVISE EYELASHES	53.38								10			
07	67830	REVISE EYELASHES	426.04	00	15						10			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	67830	REVISE EYELASHES	220.39											
03	67835	REVISE EYELASHES	130.37								90			
07	67835	REVISE EYELASHES	357.69	00	15						90			
08	67835	REVISE EYELASHES	220.39											
03	67840	REMOVE EYELID LESION	65.55											
07	67840	REMOVE EYELID LESION	332.52	00	15									
03	67850	TREAT EYELID LESION	60.50											
07	67850	TREAT EYELID LESION	338.76	00	15									
03	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	225.00								1			
07	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	415.59	00	15						1			
03	67880	REVISION OF EYELID	100.84								90			
07	67880	REVISION OF EYELID	541.54	00	15						90			
08	67880	REVISION OF EYELID	262.36						X					
03	67882	REVISION OF EYELID	154.08								90			
07	67882	REVISION OF EYELID	671.44	00	15						90			
08	67882	REVISION OF EYELID	262.36						X					
02	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY	45.00											X
03	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	225.90								90			
07	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	582.36	00	15						90			
08	67900	REPAIR OF BROW PTOSIS (SUPRACILLIARY	262.36											
03	67901	REPAIR EYELID DEFECT	476.53								90			
07	67901	REPAIR EYELID DEFECT	484.05	00	15						90			
08	67901	REPAIR EYELID DEFECT	282.40											
03	67902	REPAIR EYELID DEFECT	533.40								90			
07	67902	REPAIR EYELID DEFECT	533.40	00	15						90			
08	67902	REPAIR EYELID DEFECT	282.40											
03	67903	REPAIR EYELID DEFECT	533.40								90			
07	67903	REPAIR EYELID DEFECT	575.97	00	15						90			
08	67903	REPAIR EYELID DEFECT	262.36											
03	67904	REPAIR EYELID DEFECT	533.40								90			
07	67904	REPAIR EYELID DEFECT	700.91	00	15						90			
08	67904	REPAIR EYELID DEFECT	262.36											
03	67906	REPAIR EYELID DEFECT	533.40								90			
07	67906	REPAIR EYELID DEFECT	566.34	00	15						90			
08	67906	REPAIR EYELID DEFECT	282.40											
03	67908	REPAIR EYELID DEFECT	397.11								90			
07	67908	REPAIR EYELID DEFECT	491.44	00	15						90			
08	67908	REPAIR EYELID DEFECT	262.36											
03	67909	REVISE EYELID DEFECT	397.11								90			X
07	67909	REVISE EYELID DEFECT	520.16	00	15						90			X
08	67909	REVISE EYELID DEFECT	262.36											
03	67911	REVISE EYELID DEFECT	397.11								90			
07	67911	REVISE EYELID DEFECT	411.53	00	15						90			
08	67911	REVISE EYELID DEFECT	262.36											
03	67912	CORRECTION EYELID W/ IMPLANT	707.89								90			
07	67912	CORRECTION EYELID W/ IMPLANT	707.89	00	15						90			
03	67914	REPAIR EYELID DEFECT	47.38								90			
07	67914	REPAIR EYELID DEFECT	551.51	00	15						90			
08	67914	REPAIR EYELID DEFECT	282.40						X					
03	67915	REPAIR EYELID DEFECT	38.57			X					90			

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	67915	REPAIR EYELID DEFECT	485.90	00 15	X					90			
08	67915	REPAIR EYELID DEFECT	282.40					X					
03	67916	REPAIR EYELID DEFECT	266.65							90			
07	67916	REPAIR EYELID DEFECT	738.19	00 15						90			
08	67916	REPAIR EYELID DEFECT	282.40					X					
03	67917	REPAIR EYELID DEFECT	365.07							90			
07	67917	REPAIR EYELID DEFECT	555.43	00 15						90			
08	67917	REPAIR EYELID DEFECT	282.40					X					
03	67921	REPAIR EYELID DEFECT	47.38							90			
07	67921	REPAIR EYELID DEFECT	532.10	00 15						90			
08	67921	REPAIR EYELID DEFECT	282.40					X					
03	67922	REPAIR EYELID DEFECT	38.57							90			
07	67922	REPAIR EYELID DEFECT	481.69	00 15						90			
08	67922	REPAIR EYELID DEFECT	282.40					X					
03	67923	REPAIR EYELID DEFECT	266.65							90			
07	67923	REPAIR EYELID DEFECT	729.65	00 15						90			
08	67923	REPAIR EYELID DEFECT	282.40					X					
03	67924	REPAIR EYELID DEFECT	342.17							90			
07	67924	REPAIR EYELID DEFECT	525.81	00 15						90			
08	67924	REPAIR EYELID DEFECT	282.40					X					
03	67930	REPAIR EYELID WOUND	72.20							10			
07	67930	REPAIR EYELID WOUND	526.77	00 15						10			
03	67935	REPAIR EYELID WOUND	141.06							90			
07	67935	REPAIR EYELID WOUND	736.89	00 15						90			
08	67935	REPAIR EYELID WOUND	220.39										
03	67938	REMOVE EYELID FOREIGN BODY	80.60							10			X
07	67938	REMOVE EYELID FOREIGN BODY	352.85	00 15						10			X
08	67938	REMOVE EYELID FOREIGN BODY	220.39					X					
03	67950	REVISION OF EYELID	426.40							90			
07	67950	REVISION OF EYELID	499.34	00 15						90			
08	67950	REVISION OF EYELID	262.36					X					
03	67961	REVISION OF EYELID	355.57							90			
07	67961	REVISION OF EYELID	505.20	00 15						90			
08	67961	REVISION OF EYELID	262.36										
03	67966	REVISION OF EYELID	384.05							90			
07	67966	REVISION OF EYELID	526.79	00 15						90			
08	67966	REVISION OF EYELID	262.36										
03	67971	RECONSTRUCTION OF EYELID	426.72							90			
07	67971	RECONSTRUCTION OF EYELID	606.59	00 15						90			
08	67971	RECONSTRUCTION OF EYELID	262.36										
03	67973	RECONSTRUCTION OF EYELID	497.87							90			
07	67973	RECONSTRUCTION OF EYELID	787.25	00 15						90			
08	67973	RECONSTRUCTION OF EYELID	262.36										
03	67974	RECONSTRUCTION OF EYELID	592.70							90			
07	67974	RECONSTRUCTION OF EYELID	781.74	00 15						90			
08	67974	RECONSTRUCTION OF EYELID	262.36										
03	67975	RECONSTRUCTION OF EYELID	71.15							90			
07	67975	RECONSTRUCTION OF EYELID	571.20	00 15						90			
08	67975	RECONSTRUCTION OF EYELID	262.36										
03	67999	EYELID SURGERY PROCEDURE	MP		X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	67999	EYELID SURGERY PROCEDURE	MP	00	15	X								
03	68020	INCISE/DRAIN EYELID LINING	17.85								10			
07	68020	INCISE/DRAIN EYELID LINING	295.67	00	15						10			
03	68040	TREATMENT OF EYELID LESIONS	50.42								1			
07	68040	TREATMENT OF EYELID LESIONS	272.82	00	15						1			
03	68100	BIOPSY OF EYELID LINING	32.57								1			
07	68100	BIOPSY OF EYELID LINING	299.38	00	15						1			
03	68110	REMOVE EYELID LINING LESION	39.08								10			
07	68110	REMOVE EYELID LINING LESION	347.55	00	15						10			
03	68115	REMOVE EYELID LINING LESION	211.50								10			
07	68115	REMOVE EYELID LINING LESION	353.33	00	15						10			
08	68115	REMOVE EYELID LINING LESION	220.39											
03	68130	REMOVE EYELID LINING LESION	253.80								90			
07	68130	REMOVE EYELID LINING LESION	255.09	00	15						90			
08	68130	REMOVE EYELID LESION	220.39											
03	68135	REMOVE EYELID LINING LESION	17.85											
07	68135	REMOVE EYELID LINING LESION	326.38	00	15									
03	68200	TREAT EYELID BY INJECTION	17.85											
07	68200	TREAT EYELID BY INJECTION	41.88	00	15									
03	68320	REVISE/GRAFT EYELID LINING	397.11								90			
07	68320	REVISE/GRAFT EYELID LINING	397.11	00	15						90			
08	68320	REVISE/GRAFT EYELID LINING	262.36											
03	68325	REVISE/GRAFT EYELID LINING	462.25								90			
07	68325	REVISE/GRAFT EYELID LINING	468.91	00	15						90			
08	68325	REVISE/GRAFT EYELID LINIG	262.36											
03	68326	REVISE/GRAFT EYELID LINING	450.50								90			
07	68326	REVISE/GRAFT EYELID LINING	459.34	00	15						90			
08	68326	REVISE/GRAFT EYELID LINING	262.36											
03	68328	REVISE/GRAFT EYELID LINING	468.17								90			
07	68328	REVISE/GRAFT EYELID LINING	524.83	00	15						90			
08	68328	REVISE/GRAFT EYELID LINING	220.39											
03	68330	REVISE EYELID LINING	118.52								90			
07	68330	REVISE EYELID LINING	407.79	00	15						90			
08	68330	REVISE EYELID LINING	262.36											
03	68335	REVISE/GRAFT EYELID LINING	468.17								90			
07	68335	REVISE/GRAFT EYELID LINING	468.17	00	15						90			
08	68335	REVISE/GRAFT EYELID LINING	262.36											
03	68340	SEPARATE EYELID ADHESIONS	165.98								90			
07	68340	SEPARATE EYELID ADHESIONS	652.52	00	15						90			
08	68340	SEPARATE EYELID ADHESIONS	262.36											
03	68360	REVISE EYELID LINING	199.18								90			
07	68360	REVISE EYELID LINING	372.94	00	15						90			
08	68360	REVISE EYELID LINING	220.39											
03	68362	REVISE EYELID LINING	331.88								90			
07	68362	REVISE EYELID LINING	521.04	00	15						90			
08	68362	REVISE EYELID LINING	220.39											
03	68371	HARVEST EYE TISSUE, ALOGRAFT	272.81								10			
07	68371	HARVEST EYE TISSUE, ALOGRAFT	272.81	00	15						10			
03	68399	EYELID LINING SURGERY	MP			X								
07	68399	EYELID LINING SURGERY	MP	00	15	X								

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	68400	INCISE/DRAIN TEAR GLAND	65.22								10			
07	68400	INCISE/DRAIN TEAR GLAND	423.48	00	15						10			
03	68420	INCISE/DRAIN TEAR SAC	94.75								10			
07	68420	INCISE/DRAIN TEAR SAC	458.93	00	15						10			
03	68440	INCISE TEAR DUCT OPENING	35.69								10			
07	68440	INCISE TEAR DUCT OPENING	282.03	00	15						10			
03	68500	REMOVAL OF TEAR GLAND	397.11								90			
07	68500	REMOVAL OF TEAR GLAND	696.99	00	15						90			
08	68500	REMOVAL OF TEAR GLAND	262.36											
03	68505	PARTIAL REMOVAL TEAR GLAND	357.40								90			
07	68505	PARTIAL REMOVAL TEAR GLAND	730.18	00	15						90			
08	68505	PARTIAL REMOVAL TEAR GLAND	262.36											
03	68510	BIOPSY OF TEAR GLAND	32.57								1			
07	68510	BIOPSY OF TEAR GLAND	581.17	00	15						1			
08	68510	BIOPSY OF TEAR GLAND	220.39											
03	68520	REMOVAL OF TEAR SAC	397.11								90			
07	68520	REMOVAL OF TEAR SAC	511.23	00	15						90			
08	68520	REMOVAL OF TEAR SAC	262.36											
03	68525	BIOPSY OF TEAR SAC	65.14								1			
07	68525	BIOPSY OF TEAR SAC	229.93	00	15						1			
08	68525	BIOPSY OF TEAR SAC	220.39											
03	68530	CLEARANCE OF TEAR DUCT	88.91								10			
07	68530	CLEARANCE OF TEAR DUCT	617.26	00	15						10			
03	68540	REMOVE TEAR GLAND LESION	497.87								90			
07	68540	REMOVE TEAR GLAND LESION	695.73	00	15						90			
08	68540	REMOVE TEAR GLAND LESION	262.36											
03	68550	REMOVE TEAR GLAND LESION	497.87								90			
07	68550	REMOVE TEAR GLAND LESION	820.96	00	15						90			
08	68550	REMOVE TEAR GLAND LESION	262.36											
03	68700	REPAIR TEAR DUCTS	256.84								90			
07	68700	REPAIR TEAR DUCTS	458.12	00	15						90			
08	68700	REPAIR TEAR DUCTS	220.39											
03	68705	REVISE TEAR DUCT OPENING	32.57								10			
07	68705	REVISE TEAR DUCT OPENING	337.63	00	15						10			
03	68720	CREATE TEAR SAC DRAIN	554.70								90			
07	68720	CREATE TEAR SAC DRAIN	581.93	00	15						90			
08	68720	CREATE TEAR SAC DRAIN	262.36											
03	68745	CREATE TEAR DUCT DRAIN	497.87								90			
07	68745	CREATE TEAR DUCT DRAIN	563.44	00	15						90			
08	68745	CREAT TEAR DUCT DRAIN	262.36											
03	68750	CREATE TEAR DUCT DRAIN	497.87								90			
07	68750	CREATE TEAR DUCT DRAIN	584.26	00	15						90			
08	68750	CREATE TEAR DUCT DRAIN	262.36											
03	68760	CLOSE TEAR DUCT OPENING	35.53								10			
07	68760	CLOSE TEAR DUCT OPENING	276.55	00	15						10			
03	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	63.04								10			X
07	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	147.30	00	15						10			X
03	68770	CLOSE TEAR SYSTEM FISTULA	165.98								90			
07	68770	CLOSE TEAR SYSTEM FISTULA	815.55	00	15						90			
08	68770	CLOSE TEAR SYSTEM FISTULA	262.36											

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	68801	DILATE TEAR DUCT OPENING	43.30											
07	68801	DILATE TEAR DUCT OPENING	62.21	00	15									
03	68810	PROBE NASOLACRIMAL DUCT	60.25											
07	68810	PROBE NASOLACRIMAL DUCT	147.79	00	15									
08	68810	PROBE NASOLACRIMAL DUCT	220.39											
03	68811	PROBE NASOLACRIMAL DUCT	124.52								10			
07	68811	PROBE NASOLACRIMAL DUCT	163.70	00	15						10			
08	68811	PROVE NASOLACRIMAL DUCT	220.39											
03	68815	PROBE NASOLACRIMAL DUCT	163.53								10			
07	68815	PROBE NASOLACRIMAL DUCT	560.99	00	15						10			
08	68815	PROBE NASONLACRIMAL DUCT	220.39											
03	68840	EXPLORE/IRRIGATE TEAR DUCTS	17.85											
07	68840	EXPLORE/IRRIGATE TEAR DUCTS	96.76	00	15									
03	68850	INJECTION FOR TEAR SAC X-RAY	24.87											
07	68850	INJECTION FOR TEAR SAC X-RAY	510.73	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	14.81											
07	69000	DRAIN EXTERNAL EAR LESION	122.09	00	15									
08	69000	DRAIN EXTERNAL EAR LESION	262.36						X					
03	69005	DRAIN EXTERNAL EAR LESION	44.50								10			
07	69005	DRAIN EXTERNAL EAR LESION	160.46	00	15						10			
08	69005	DRAIN EXTERNAL EAR LESION	262.36						X					
03	69020	DRAIN OUTER EAR CANAL LESION	14.81											
07	69020	DRAIN OUTER EAR CANAL LESION	126.99	00	15									
08	69020	DRAIN OUTER EAR CANAL LESION	262.36						X					
03	69100	BIOPSY OF EXTERNAL EAR	26.65								1			
07	69100	BIOPSY OF EXTERNAL EAR	75.29	00	15						1			
03	69105	BIOPSY OF EXTERNAL EAR CANAL	26.65								1			
07	69105	BIOPSY OF EXTERNAL EAR CANAL	79.67	00	15						1			
03	69110	PARTIAL REMOVAL EXTERNAL EAR	112.60								90			
07	69110	PARTIAL REMOVAL EXTERNAL EAR	239.46	00	15						90			
08	69110	PARTIAL REMOVAL EXTERNAL EAR	220.39											
03	69120	REMOVAL OF EXTERNAL EAR	256.84								90			
07	69120	REMOVAL OF EXTERNAL EAR	301.34	00	15						90			
08	69120	REMOVAL OF EXTERNAL EAR	220.39											
03	69140	REMOVE EAR CANAL LESION(S)	365.13								90			
07	69140	REMOVE EAR CANAL LESION(S)	560.53	00	15						90			
08	69140	REMOVE EAR CANAL LESION(S)	220.39											
03	69145	REMOVE EAR CANAL LESION(S)	65.32								90			
07	69145	REMOVE EAR CANAL LESION(S)	206.19	00	15						90			
08	69145	REMOVE EAR CANAL LESION (S)	220.39											
02	69150	EXTENSIVE EAR CANAL SURGERY	51.36											
03	69150	EXTENSIVE EAR CANAL SURGERY	256.84								90			
07	69150	EXTENSIVE EAR CANAL SURGERY	870.55	00	15						90			
08	69150	EXTENSIVE EAR CANAL SURGERY	262.36											
02	69155	EXTENSIVE EAR/NECK SURGERY	102.74											
03	69155	EXTENSIVE EAR/NECK SURGERY	513.68								90			
07	69155	EXTENSIVE EAR/NECK SURGERY	1,299.58	00	15						90			
03	69200	CLEAR OUTER EAR CANAL	14.81								1			

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	69200	CLEAR OUTER EAR CANAL	74.59	00	15						1			
03	69205	CLEAR OUTER EAR CANAL	77.07								10			
07	69205	CLEAR OUTER EAR CANAL	95.30	00	15						10			
08	69205	CLEAR OUTER EAR CANAL	220.39											
03	69210	REMOVE IMPACTED EAR WAX	10.15			X								
07	69210	REMOVE IMPACTED EAR WAX	41.51	00	15	X								
03	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	12.69								1			
07	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	79.60	00	15						1			
03	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	76.14								10			
07	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	123.49	00	15						10			
02	69310	RECONSTRUCT EXTERNAL EAR CANAL	MP				X							X
03	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	MP				X				90			X
07	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	718.52	00	15		X				90			X
08	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	262.36											
03	69320	REBUILD OUTER EAR CANAL	513.68								90			
07	69320	REBUILD OUTER EAR CANAL	1,073.40	00	15						90			
08	69320	REBUILD OUTER EAR CANAL	320.56											
03	69399	OUTER EAR SURGERY PROCEDURE	MP			X								
07	69399	OUTER EAR SURGERY PROCEDURE	MP	00	15	X								
03	69400	INFLATE MIDDLE EAR CANAL	59.78								1			X
07	69400	INFLATE MIDDLE EAR CANAL	78.97	00	15						1			X
03	69401	INFLATE MIDDLE EAR CANAL	46.82								1			X
07	69401	INFLATE MIDDLE EAR CANAL	68.03	00	15						1			X
03	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	151.07								10			
07	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	196.46	00	15						10			
03	69420	INCISION OF EARDRUM	20.73											
07	69420	INCISION OF EARDRUM	124.50	00	15									
08	69420	INCISION OF EARDRUM	220.39						X					
03	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	63.00											
07	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	146.92	00	15									
08	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	262.36											
03	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	25.38								1			
07	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	85.02	00	15						1			
08	69424	VENT TUBE REMOVAL;UNILATERAL	220.39						X					
03	69433	OFFICE TYMPANOSTOMY, UNILAT	45.68											
07	69433	OFFICE TYMPANOSTOMY, UNILAT	130.60	00	15									
08	69433	OFFICE TYMPANOSTOMY UNILAT	320.56						X					
03	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	189.00								10			
07	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	189.00	00	15						10			
08	69436	HOSPITAL TYMPANOSTOMY UNILAT	320.56						X					
03	69440	EXPLORATION OF MIDDLE EAR	324.86								90			
07	69440	EXPLORATION OF MIDDLE EAR	519.21	00	15						90			
08	69440	EXPLORATION OF MIDDLE EAR	262.36											
03	69450	TYMPANOLYSIS, TRANSCANAL	285.11								90			
07	69450	TYMPANOLYSIS, TRANSCANAL	404.95	00	15						90			
08	69450	TYMPANOLYSIS, TRANSCANAL	220.39											
03	69501	MASTOIDECTOMY	379.34								90			
07	69501	MASTOIDECTOMY	601.94	00	15						90			
08	69501	MASTOIDECTOMY	320.56						X					
03	69502	MASTOIDECTOMY	592.70								90			

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	69502	MASTOIDECTOMY	807.34	00 15						90			
08	69502	MASTOIDECTOMY	320.56										
03	69505	REMOVE MASTOID STRUCTURES	616.43							90			
07	69505	REMOVE MASTOID STRUCTURES	835.45	00 15						90			
08	69505	REMOVE MASTOID STRUCTURES	320.56										
03	69511	EXTENSIVE MASTOID SURGERY	770.54							90			
07	69511	EXTENSIVE MASTOID SURGERY	871.64	00 15						90			
08	69511	EXTENSIVE MASTOID SURGERY	320.56										
03	69530	EXTENSIVE MASTOID SURGERY	829.76							90			
07	69530	EXTENSIVE MASTOID SURGERY	1,197.99	00 15						90			
08	69530	EXTENSIVE MASTOID SURGERY	320.56										
02	69535	REMOVE PART OF TEMPORAL BONE	154.11										
03	69535	REMOVE PART OF TEMPORAL BONE	770.54							90			
07	69535	REMOVE PART OF TEMPORAL BONE	2,158.40	00 15						90			
03	69540	REMOVE EAR LESION	32.57							10			
07	69540	REMOVE EAR LESION	117.03	00 15						10			
03	69550	REMOVE EAR LESION	118.52							90			
07	69550	REMOVE EAR LESION	730.16	00 15						90			
08	69550	REMOVE EAR LESION	282.40										
03	69552	REMOVE EAR LESION	491.95							90			
07	69552	REMOVE EAR LESION	1,201.14	00 15						90			
08	69552	REMOVE EAR LESION	320.56										
02	69554	REMOVE EAR LESION	102.74										
03	69554	REMOVE EAR LESION	513.68							90			
07	69554	REMOVE EAR LESION	1,938.31	00 15						90			
03	69601	MASTOID SURGERY REVISION	651.92							90			
07	69601	MASTOID SURGERY REVISION	876.65	00 15						90			
08	69601	MASTOID SURGERY REVISION	320.56										
03	69602	MASTOID SURGERY REVISION	800.06							90			
07	69602	MASTOID SURGERY REVISION	876.11	00 15						90			
08	69602	MASTOID SURGERY REVISION	320.56										
03	69603	MASTOID SURGERY REVISION	800.06							90			
07	69603	MASTOID SURGERY REVISION	901.74	00 15						90			
08	69603	MASTOID SURGERY REVISION	320.56										
03	69604	MASTOID SURGERY REVISION	889.06							90			
07	69604	MASTOID SURGERY REVISION	899.70	00 15						90			
08	69604	MASTOID SURGERY REVISION	320.56										
03	69605	MASTOID SURGERY REVISION	889.06							90			
07	69605	MASTOID SURGERY REVISION	1,150.57	00 15						90			
08	69605	MASTOID SURGERY REVISION	320.56										
03	69610	REPAIR OF EARDRUM	253.80							10			
07	69610	REPAIR OF EARDRUM	301.75	00 15						10			
08	69610	REPAIR OF EARDRUM	320.56					X					
03	69620	REPAIR OF EARDRUM	521.56							90			
07	69620	REPAIR OF EARDRUM	521.56	00 15						90			
08	69620	REPAIR OF EARDRUM	320.56					X					
03	69631	REPAIR EARDRUM STRUCTURES	770.54							90			
07	69631	REPAIR EARDRUM STRUCTURES	770.54	00 15						90			
08	69631	REPAIR EARDRUM STRUCTURES	282.40					X					
03	69632	REBUILD EARDRUM STRUCTURES	859.37							90			

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
07	69632	REBUILD EARDRUM STRUCTURES	859.37	00 15						90			
03	69633	REBUILD EARDRUM STRUCTURES - TOTAL	859.37							90			
07	69633	REBUILD EARDRUM STRUCTURES - TOTAL	859.37	00 15						90			
08	69633	REBUILD EARDRUM STRUCTURES - TOTAL	282.40										
03	69635	REPAIR EARDRUM STRUCTURES	829.76							90			
07	69635	REPAIR EARDRUM STRUCTURES	860.23	00 15						90			
08	69635	REPAIR EARDRUM STRUCTURES	320.56										
03	69636	REBUILD EARDRUM STRUCTURES	948.20							90			
07	69636	REBUILD EARDRUM STRUCTURES	991.54	00 15						90			
08	69636	REBUILD EARDRUM STRUCTURES	320.56										
03	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	948.20							90			
07	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	985.09	00 15						90			
08	69637	REBUILD EARDRUM STRUCTURES-TOTAL-	320.56										
03	69641	REVISE MIDDLE EAR & MASTOID	918.67							90			
07	69641	REVISE MIDDLE EAR & MASTOID	918.67	00 15						90			
08	69641	REVISE MIDDLE EAR & MASTOID	320.56										
03	69642	REVISE MIDDLE EAR & MASTOID	1,037.20							90			
07	69642	REVISE MIDDLE EAR & MASTOID	1,081.87	00 15						90			
08	69642	REVISE MIDDLE EAR & MASTOID	320.56										
03	69643	REVISE MIDDLE EAR & MASTOID	1,037.20							90			
07	69643	REVISE MIDDLE EAR & MASTOID	1,037.20	00 15						90			
08	69643	REVISE MIDDLE EAR & MASTOID	320.56										
03	69644	REVISE MIDDLE EAR & MASTOID	1,096.50							90			
07	69644	REVISE MIDDLE EAR & MASTOID	1,096.50	00 15						90			
08	69644	REVISE MIDDLE EAR & MASTOID	320.56										
03	69645	REVISE MIDDLE EAR & MASTOID	918.67							90			
07	69645	REVISE MIDDLE EAR & MASTOID	1,052.69	00 15						90			
08	69645	REVISE MIDDLE EAR & MASTOID	320.56										
03	69646	REVISE MIDDLE EAR & MASTOID	1,037.20							90			
07	69646	REVISE MIDDLE EAR & MASTOID	1,146.37	00 15						90			
08	69646	REVISE MIDDLE EAR & MASTOID	320.56										
03	69650	RELEASE MIDDLE EAR BONE	456.42							90			
07	69650	RELEASE MIDDLE EAR BONE	633.54	00 15						90			
08	69650	RELEASE MIDDLE EAR BONE	320.56										
03	69660	REVISE MIDDLE EAR BONE	770.54							90			
07	69660	REVISE MIDDLE EAR BONE	770.54	00 15						90			
08	69660	REVISE MIDDLE EAR BONE	320.56					X					
03	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	770.54							90			
07	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	992.03	00 15						90			
08	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	282.40										
03	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	770.40							90			
07	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	978.54	00 15						90			
08	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	282.40										
03	69666	REPAIR MIDDLE EAR STRUCTURES	770.54							90			
07	69666	REPAIR MIDDLE EAR STRUCTURES	770.54	00 15						90			
08	69666	REPAIR MIDDLE EAR STRUCTURES	262.36										
03	69667	REPAIR MIDDLE EAR STRUCTURES	770.54							90			
07	69667	REPAIR MIDDLE EAR STRUCTURES	770.54	00 15						90			
08	69667	REPAIR MIDDLE EAR STRUCTURES	262.36										
03	69670	REMOVE MASTOID AIR CELLS	651.92							90			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	69670	REMOVE MASTOID AIR CELLS	759.89	00	15						90			
08	69670	REMOVE MASTOID AIR CELLS	262.36											
03	69676	TYMPANIC NEURECTOMY; UNILATERAL	770.54								90			
07	69676	TYMPANIC NEURECTOMY; UNILATERAL	770.54	00	15						90			
08	69676	TYMPANIC NEURECTOMY; UNILATERAL	262.36											
03	69700	CLOSE MASTOID FISTULA	266.65								90			
07	69700	CLOSE MASTOID FISTULA	491.47	00	15						90			
08	69700	CLOSE MASTOID FISTULA	262.36											
08	69711	REMOVAL/REPAIR OF ELCTROMAGNETIC BO	220.39											
03	69714	IMPLANT TEMPLE BONE W/STIMUL	849.96											
07	69714	IMPLANT TEMPLE BONE W/STIMUL	892.92	00	15									
08	69714	IMPLANT TEMPLE BONE W/STIMUL	320.56											
03	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,078.44										X	
07	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,133.25	00	15								X	
08	69715	TEMPLE BNE IMPLNT W/STIMUL	320.56											
03	69717	TEMPLE BONE IMPLANT REVISION	877.71										X	
07	69717	TEMPLE BONE IMPLANT REVISION	927.77	00	15								X	
08	69717	TEMPLE BONE IMPLANT REVISION	320.56											
03	69718	REVISE TEMPLE BONE IMPLANT	1,091.53										X	
07	69718	REVISE TEMPLE BONE IMPLANT	1,147.51	00	15								X	
08	69718	REVISE TEMPLE BONE IMPLANT	320.56											
02	69720	RELEASE FACIAL NERVE	183.73											
03	69720	RELEASE FACIAL NERVE	918.67								90			
07	69720	RELEASE FACIAL NERVE	948.58	00	15						90			
08	69720	RELEASE FACIAL NERVE	282.40											
03	69725	RELEASE FACIAL NERVE	1,037.20								90			
07	69725	RELEASE FACIAL NERVE	1,524.41	00	15						90			
08	69725	RELEASE FACIAL NERVE	282.40											
03	69740	REPAIR FACIAL NERVE	1,126.03								90			
07	69740	REPAIR FACIAL NERVE	1,126.03	00	15						90			
08	69740	REPAIR FACIAL NERVE	282.40											
03	69745	REPAIR FACIAL NERVE	1,244.63								90			
07	69745	REPAIR FACIAL NERVE	1,244.63	00	15						90			
08	69745	REPAIR FACIAL NERVE	282.40											
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	651.92								90			
07	69801	INCISE INNER EAR	651.92	00	15						90			
08	69801	INCISE INNER EAR	282.40											
03	69802	INCISE INNER EAR	918.67								90			
07	69802	INCISE INNER EAR	918.67	00	15						90			
08	69802	INCISE INNER EAR	320.56											
03	69805	EXPLORE INNER EAR	414.87								90			
07	69805	EXPLORE INNER EAR	865.53	00	15						90			
08	69805	EXPLORE INNER EAR	320.56											
03	69806	EXPLORE INNER EAR	456.42								90			
07	69806	EXPLORE INNER EAR	806.92	00	15						90			
08	69806	EXPLORE INNER EAR	320.56											
03	69820	ESTABLISH INNER EAR WINDOW	651.92								90			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
07	69820	ESTABLISH INNER EAR WINDOW	664.47	00	15						90			
08	69820	ESTABLISH INNER EAR WINDOW	282.40											
03	69840	REVISE INNER EAR WINDOW	355.57								90			
07	69840	REVISE INNER EAR WINDOW	667.82	00	15						90			
08	69840	REVISE INNER EAR WINDOW	282.40											
03	69905	REMOVE INNER EAR	651.92								90			
07	69905	REMOVE INNER EAR	731.90	00	15						90			
08	69905	REMOVE INNER EAR	320.56											
03	69910	REMOVE INNER EAR & MASTOID	918.67								90			
07	69910	REMOVE INNER EAR & MASTOID	918.67	00	15						90			
08	69910	REMOVE INNER EAR & MASTOID	320.56											
02	69915	INCISE INNER EAR NERVE	130.38											
03	69915	INCISE INNER EAR NERVE	651.92								90			
07	69915	INCISE INNER EAR NERVE	1,303.85	00	15						90			
08	69915	INCISE INNER EAR NERVE	320.56											
02	69930	COCHLEAR DEVICE IMPLANTATION	263.85	02	99	X								
03	69930	COCHLEAR DEVICE IMPLANTATION	1,319.24	01	99		X				90			
07	69930	COCHLEAR DEVICE IMPLANTATION	1,319.24	01	15		X				90			
08	69930	IMPLANT COCHLEAR DEVICE	320.56											
02	69949	INNER EAR SURGERY PROCEDURE	MP			X								
03	69949	INNER EAR SURGERY PROCEDURE	MP			X					90			
07	69949	INNER EAR SURGERY PROCEDURE	MP	00	15	X					90			
03	69950	INCISE INNER EAR NERVE	651.92								90			
07	69950	INCISE INNER EAR NERVE	1,537.34	00	15						90			
02	69955	RELEASE FACIAL NERVE	225.20											
03	69955	RELEASE FACIAL NERVE	1,126.03								90			
07	69955	RELEASE FACIAL NERVE	1,600.08	00	15						90			
02	69960	RELEASE INNER EAR CANAL	130.38											
03	69960	RELEASE INNER EAR CANAL	651.92								90			
07	69960	RELEASE INNER EAR CANAL	1,621.37	00	15						90			
02	69970	REMOVE INNER EAR LESION	148.17											
03	69970	REMOVE INNER EAR LESION	740.84								90			
07	69970	REMOVE INNER EAR LESION	1,745.67	00	15						90			
02	69979	TEMPORAL BONE SURGERY	MP			X								
03	69979	TEMPORAL BONE SURGERY	MP			X								
07	69979	TEMPORAL BONE SURGERY	MP	00	15	X								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	69982	CATARACT SURGERY, COMPLEX	320.56										
03	69990	MICROSURGERY ADD-ON	198.58		X								
07	69990	MICROSURGERY ADD-ON	202.24	00 15	X								
03	70010	MYELOGRAPHY; INTERPRETATION ONLY	153.48										
05	70010	MYELOGRAPHY; INTERPRETATION ONLY	61.39										
03	70015	CISTERNOGRAPHY; INTERPRET ONLY	80.23										
05	70015	CISTERNOGRAPHY; INTERPRET ONLY	32.10										
03	70030	X-RAY EYE; DETECT FOREIGN BODY	18.28										X
05	70030	X-RAY EYE; DETECT FOREIGN BODY	7.31										X
03	70100	X-RAY MANDIBLE; PARTIAL	21.60										
05	70100	X-RAY MANDIBLE; PARTIAL	8.64										
03	70110	X-RAY MANDIBLE; COMPLETE	27.16										
05	70110	X-RAY MANDIBLE; COMPLETE	10.86										
03	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	24.35										X
05	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.74										X
03	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	34.82										X
05	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	13.92										X
03	70134	X-RAY INTERNAL AUDITORY MEATI	33.54										X
05	70134	X-RAY INTERNAL AUDITORY MEATI	13.41										X
03	70140	X-RAY FACIAL BONES; L3 VIEWS	24.62										
05	70140	X-RAY FACIAL BONES; L3 VIEWS	9.84										
03	70150	X-RAY FACIAL BONES; COMPLETE	31.71										
05	70150	X-RAY FACIAL BONES; COMPLETE	12.68										
03	70160	X-RAY NASAL BONES; COMPLETE	20.25										
05	70160	X-RAY NASAL BONES; COMPLETE	8.10										
03	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	34.95										
05	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	13.98										
03	70190	X-RAY OPTIC FORAMINA	25.39										X
05	70190	X-RAY OPTIC FORAMINA	10.16										X
03	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	31.42										X
05	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	12.56										X
03	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	23.83										
05	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	9.54										
03	70220	X-RAY SINUSES; PARANASAL; COMPLETE	31.44										
05	70220	X-RAY SINUSES; PARANASAL; COMPLETE	12.58										
03	70240	X-RAY SELLA TURCICA	19.06										
05	70240	X-RAY SELLA TURCICA	7.62										
03	70250	X-RAY SKULL; LESS THAN 4 VIEWS	26.34										
05	70250	X-RAY SKULL; LESS THAN 4 VIEWS	10.54										
03	70260	X-RAY SKULL; COMPLETE	37.57										
05	70260	X-RAY SKULL; COMPLETE	15.03										
03	70300	X-RAY TEETH; SINGLE VIEW	11.14										
05	70300	X-RAY TEETH; SINGLE VIEW	4.45										
03	70310	X-RAY TEETH; PARTIAL EXAM	17.50										
05	70310	X-RAY TEETH; PARTIAL EXAM	7.00										
03	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	30.15										
05	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	12.06										
03	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	20.83										
05	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	8.33										
03	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	32.20										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	12.88										
03	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	73.51										X
05	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	29.40										X
03	70336	MRI,TEMPOROMANDIBULAR JOINT	313.64										
05	70336	MRI,TEMPOROMANDIBULAR JOINT	125.46										
03	70350	CEPHALOGRAM; ORTHODONTIC	16.53										
05	70350	CEPHALOGRAM; ORTHODONTIC	6.61										
03	70355	ORTHOPANTOGRAM	23.60										
05	70355	ORTHOPANTOGRAM	9.44										
03	70360	X-RAY NECK; SOFT TISSUE	18.28										
05	70360	X-RAY NECK; SOFT TISSUE	7.31										
03	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	47.91										
05	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	19.17										
03	70373	LARYNGOGRAPHY; INTERPRET ONLY	61.20										
05	70373	LARYNGOGRAPHY; INTERPTRY ONLY	24.48										
03	70380	X-RAY SALIVARY GLANDFOR CALCULUS	25.11										
05	70380	X-RAY SALIVARY GLANDFOR CALCULUS	10.05										
03	70390	SIALOGRAPHY; INTERPRETATION ONLY	58.48										
05	70390	SIALOGRAPHY; INTERPRETATION ONLY	23.39										
03	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	156.65										
05	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	62.66										
03	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	198.52										
05	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	79.41										
03	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	248.91										
05	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	93.79										
03	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	179.74										
05	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	71.89										
03	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	208.84										
05	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	83.54										
03	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	249.70										
05	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	99.88										
03	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	173.83										
05	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	69.53										
03	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	205.47										
05	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	82.19										
03	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	248.67										
05	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	99.47										
03	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	179.74										
05	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	71.89										
03	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	208.84										
05	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	83.54										
03	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	249.70										
05	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	99.88										
03	70496	CT ANGIOGRAPHY HEAD	345.00										X
05	70496	CT ANGIOGRAPHY HEAD	90.75										X
03	70498	CT ANGIOGRAPHY NECK	345.00										X
05	70498	CT ANGIOGRAPHY NECK	90.75										X
03	70540	MRI-ORBIT,FACE AND NECK	334.65										
05	70540	MRI-ORBIT,FACE AND NECK	133.86										
03	70542	MR IMAGING ORBIT, FACE, AND NECK	521.83										X

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	70542	MR IMAGING ORBIT, FACE, AND NECK	59.06										X
03	70543	MR IMAGING ORBIT, FACE , AND NECK	936.13										X
05	70543	MR IMAGING ORBIT, FACE, AND NECK	79.82										X
03	70544	MR ANGIOGRAPHY HEAD	454.45										X
05	70544	MR ANGIOGRAPHY, HEAD	61.71										X
03	70545	MR ANGIOGRAPHY	454.45										X
05	70545	MR ANGIOGRAPHY	61.71										X
03	70546	MR ANGIOGRAPHY NECK	856.41										X
05	70546	MR ANGIOGRAPHY NECK	91.00										X
03	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	454.45										X
05	70547	MR ANGIOGRAPHY NECK WITHOUT CON	61.71										X
03	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	454.45										X
05	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	61.71										X
03	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	856.41										X
05	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	91.00										X
03	70551	MRI-BRAIN/INCLUDING BRAIN STEM	334.65										
05	70551	MRI-BRAIN/INCLUDING BRAIN STEM	133.86										
03	70552	MRI,BRAIN W CONTRAST MATERIAL	401.48										
05	70552	MRI,BRAIN W CONTRAST MATERIAL	160.59										
03	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	707.03										
05	70553	MAGNETIC RESONANCE I, BRAIN	282.81										
05	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	91.10										
05	70557	MRI BRAIN W/O DYE	MP		X								
05	70558	MRI BRAIN W/ DYE	MP		X								
05	70559	MRI BRAIN W/O & W/ DYE	MP		X								
03	71010	X-RAY CHEST; POSTEROANTERIOR	19.68										X
05	71010	X-RAY CHEST; POSTEROANTERIOR	7.87										X
03	71015	X-RAY CHEST; STEREO;POSTEROANTER	22.64										
05	71015	X-RAY CHEST; STEREO;POSTEROANTER	9.05										
03	71020	X-RAY CHEST; TWO VIEWS	27.97										X
05	71020	X-RAY CHEST; TWO VIEWS	11.19										X
03	71021	X-RAY CHEST; APICAL LORDOTIC	30.69										
05	71021	X-RAY CHEST; APICAL LORDOTIC	12.27										
03	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	32.25										X
05	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	12.90										X
03	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	36.84										X
05	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	14.74										
03	71030	X-RAY CHEST; MININUM OF 4 VIEWS	33.52										
05	71030	X-RAY CHEST; MINIMUM OF 4 VIEWS	13.41										
03	71034	X-RAY CHEST W/FLUOROSCOPY	57.86										
05	71034	X-RAY CHEST W/FLUOROSCOPY	23.15										
03	71035	X-RAY CHEST; SPECIAL VIEWS	21.34										
05	71035	X-RAY CHEST; SPECIAL VIEWS	8.53										
03	71040	CONTRAST X-RAY OF BRONCHI	59.28										
05	71040	CONTRAST X-RAY OF BRONCHI	23.72										
03	71060	CONTRAST X-RAY OF BRONCHI	83.47										
05	71060	CONTRAST X-RAY OF BRONCHI	33.39										
03	71090	X-RAY & PACEMAKER INSERTION	63.33										
05	71090	X-RAY & PACEMAKER INSERTION	25.33										
03	71100	X-RAY EXAM OF RIBS	24.59										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	71100	X-RAY EXAM OF RIBS	9.83										
03	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	29.21										
05	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	11.68										
03	71110	X-RAY EXAM OF RIBS	32.22										
05	71110	X-RAY EXAM OF RIBS	12.89										
03	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	36.80										
05	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	14.72										
03	71120	X-RAY EXAM OF BREASTBONE	25.64										
05	71120	X-RAY EXAM OF BREASTBONE	10.25										
03	71130	X-RAY EXAM OF BREASTBONE	27.69										
05	71130	X-RAY EXAM OF BREASTBONE	11.08										
03	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	206.13										
05	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	82.45										
03	71260	CAT.THORAX, W/ CONTRAST MATERIAL	233.23										
05	71260	CAT,THORAX,W/ CONTRAST MATERIAL	93.30										
03	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	272.50										
05	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	109.00										
03	71275	CT ANGIOGRAPHY, CHEST	369.72										
05	71275	CT ANGIOGRAPHY, CHEST	147.89										
03	71550	MRI-CHEST/LYPHADENOPATHY EVAL	339.58										
05	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	135.83										
03	71551	MRI CHEST W/DYE	530.01										
05	71551	MRI CHEST W/DYE	212.00										
03	71552	MRI CHEST W/O&W DYE	936.62										
05	71552	MRI CHEST W/O&W DYE	374.65										
03	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	351.75										
05	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	140.70										
03	72010	X-RAY EXAM OF SPINE	45.76										
05	72010	X-RAY EXAM OF SPINE	18.30										
03	72020	X-RAY SPINE,SINGLE VIEW	17.24										X
05	72020	X-RAY SPINE,SINGLE VIEW	6.89										X
03	72040	X-RAY EXAM OF NECK SPINE	25.14										X
05	72040	X-RAY EXAM OF NECK SPINE	10.06										X
03	72050	X-RAY EXAM OF NECK SPINE	36.28										X
05	72050	X-RAY EXAM OF NECK SPINE	14.51										X
03	72052	X-RAY EXAM OF NECK SPINE	44.67										X
05	72052	X-RAY EXAM OF NECK SPINE	17.87										X
03	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	29.24										
05	72069	RADIOLOGIC EXAM SPINE THORACOLUMBAR	11.70										
03	72070	X-RAY EXAM OF THORAX SPINE	26.42										X
05	72070	X-RAY EXAM OF THORAX SPINE	10.57										X
03	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	28.66										
05	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.47										
03	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	33.46										
05	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	13.39										
03	72080	X-RAY EXAM OF TRUNK SPINE	26.93										X
05	72080	X-RAY EXAM OF TRUNK SPINE	10.77										X
03	72090	X-RAY EXAM OF TRUNK SPINE	29.47										X
05	72090	X-RAY EXAM OF TRUNK SPINE	11.79										X
03	72100	X-RAY EXAM OF LOWER SPINE	26.93										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	72100	X-RAY EXAM OF LOWER SPINE	10.77										X
03	72110	X-RAY EXAM OF LOWER SPINE	37.04										X
05	72110	X-RAY EXAM OF LOWER SPINE	14.82										X
03	72114	X-RAY EXAM OF LOWER SPINE	45.94										
05	72114	X-RAY EXAM OF LOWER SPINE	18.38										
03	72120	X-RAY EXAM OF LOWER SPINE	32.70										
05	72120	X-RAY EXAM OF LOWER SPINE	13.08										
03	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	206.13										
05	72125	CAT SCAN CERVICAL SPINE W/OUT C M	82.45										
03	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	222.40										
05	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	88.96										
03	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	268.27										
05	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	107.30										
03	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	206.13										
05	72128	CAT SCAN THORACIC SPINE W/OUT C M	82.45										
03	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	222.40										
05	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	88.96										
03	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	268.27										
05	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	107.30										
03	72131	CAT SCAN LUMBAR W/OUT CONTRAST	206.13										
05	72131	CAT SCAN LUMBAR W/OUT CONTRAST	82.45										
03	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	222.40										
05	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	88.96										
03	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	268.27										
05	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	107.30										
03	72141	MRI,SPINAL CANAL...;CERVICAL	339.58										
05	72141	MRI,SPINAL CANAL...;CERVICAL	135.83										
03	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	407.42										
05	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	162.97										
03	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	370.09										
05	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	148.04										
03	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	407.42										
05	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	162.97										
03	72148	MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS	365.15										
05	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	146.06										
03	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	401.48										
05	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	160.59										
03	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	714.97										
05	72156	MAGNETIC RESONANCE I, SPINAL CANAL	285.99										
03	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	714.97										
05	72157	MAGNETIC RESONANCE I, SPINAL CANAL	285.99										
03	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	707.03										
05	72158	MAGNETIC RESONANCE I, SPINAL CANAL	282.81										
03	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	380.65										
05	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	152.26										
03	72170	X-RAY EXAM OF PELVIS	20.56										X
05	72170	X-RAY EXAM OF PELVIS	8.23										X
03	72190	X-RAY EXAM OF PELVIS	26.66										X
05	72190	X-RAY EXAM OF PELVIS	10.67										X
03	72191	CT ANGIOGRAPH PELV W/O&W DYE	357.99										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	72191	CT ANGIOGRAPH PELV W/O&W DYE	143.20										
03	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	196.10										
05	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	78.44										
03	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	214.38										
05	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	85.75										
03	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	257.30										
05	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	102.92										
03	72195	MRI PELVIS W/O DYE	443.36										
05	72195	MRI PELVIS W/O DYE	177.34										
03	72196	MRI,PELVIS	339.58										
05	72196	MRI, PELVIS	135.83										
03	72197	MRI PELVIS W/O & W DYE	945.47										
05	72197	MRI PELVIS W/O & W DYE	378.19										
03	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	351.48										
05	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	140.59										
03	72200	X-RAY EXAM SACROILIAC JOINTS	21.08										
05	72200	X-RAY EXAM SACROILIAC JOINTS	8.43										
03	72202	X-RAY EXAM SACROILIAC JOINTS	24.62										
05	72202	X-RAY EXAM SACROILIA504	9.84										
03	72220	X-RAY EXAM OF TAILBONE	22.57										
05	72220	X-RAY EXAM OF TAILBONE	9.03										
03	72240	CONTRAST X-RAY OF NECK SPINE	152.75										
05	72240	CONTRAST X-RAY OF NECK SPINE	61.10										
03	72255	CONTRAST X-RAY THORAX SPINE	142.60										
05	72255	CONTRAST X-RAY THORAX SPINE	57.04										
03	72265	CONTRAST X-RAY LOWER SPINE	132.89										
05	72265	CONTRAST X-RAY LOWER SPINE	53.16										
03	72270	CONTRAST X-RAY OF SPINE	202.59										
05	72270	CONTRAST X-RAY OF SPINE	81.04										
03	72275	EPIDUROGRAPHY	100.80										
05	72275	EPIDUROGRAPHY	40.32										
03	72285	X-RAY OF NECK SPINE DISK	239.30										
05	72285	X-RAY OF NECK SPINE DISK	95.72										
05	72291	RADIOLOGICAL SUPERVISION AND INTERPR	50.76										
05	72292	RADIOLOGICAL SUPERVISION AND INTERPR	51.63										
03	72295	X-RAY OF LOWER SPINE DISK	226.16										
05	72295	X-RAY OF LOWER SPINE DISK	90.47										
03	73000	X-RAY EXAM OF COLLARBONE	20.31										X
05	73000	X-RAY EXAM OF COLLARBONE	8.13										X
03	73010	X-RAY EXAM OF SHOULDER BLADE	21.08										X
05	73010	X-RAY EXAM OF SHOULDER BLADE	8.43										X
03	73020	X-RAY EXAM OF SHOULDER	18.77										X
05	73020	X-RAY EXAM OF SHOULDER	7.51										X
03	73030	X-RAY EXAM OF SHOULDER	22.82										X
05	73030	X-RAY EXAM OF SHOULDER	9.13										X
03	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	73.51										X
05	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	29.40										X
03	73050	X-RAY EXAM OF SHOULDERS	26.15										
05	73050	X-RAY EXAM OF SHOULDERS	10.46										
03	73060	X-RAY EXAM OF HUMERUS	22.30										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	73060	X-RAY EXAM OF HUMERUS	8.93										X
03	73070	X-RAY EXAM OF ELBOW	20.04										X
05	73070	X-RAY EXAM OF ELBOW	8.02										X
03	73080	X-RAY EXAM OF ELBOW	22.57										X
05	73080	X-RAY EXAM OF ELBOW	9.03										X
03	73085	X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	73.51										X
05	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	29.40										X
03	73090	X-RAY EXAM OF FOREARM	20.31										X
05	73090	X-RAY EXAM OF FOREARM	8.13										X
03	73092	X-RAY EXAM OF ARM, INFANT	19.54										X
05	73092	X-RAY EXAM OF ARM, INFANT	7.82										X
03	73100	X-RAY EXAM OF WRIST	19.54										X
05	73100	X-RAY EXAM OF WRIST	7.82										X
03	73110	X-RAY EXAM OF WRIST	21.59										X
05	73110	X-RAY EXAM OF WRIST	8.64										X
03	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	60.56										X
05	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	24.23										X
03	73120	X-RAY EXAM OF HAND	19.54										X
05	73120	X-RAY EXAM OF HAND	7.82										X
03	73130	X-RAY EXAM OF HAND	21.59										X
05	73130	X-RAY EXAM OF HAND	8.64										X
03	73140	X-RAY EXAM OF FINGER(S)	16.46										X
05	73140	X-RAY EXAM OF FINGER(S)	6.59										X
03	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	177.61										
05	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	71.04										
03	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	206.13										
05	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	82.45										
03	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	231.19										
05	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	92.48										
03	73206	CT ANGIO UPR EXTRM W/O&W DYE	322.46										
05	73206	CT ANGIO UPR EXTRM W/O&W DYE	128.98										
03	73218	MRI UPPER EXTREMITY W/O DYE	435.56										
05	73218	MRI UPPER EXTREMITY W/O DYE	174.22										
03	73219	MRI UPPER EXTREMITY W/DYE	521.83										
05	73219	MRI UPPER EXTREMITY W/DYE	208.73										
03	73220	MRI-UPPER EXTREMITY	334.65										
05	73220	MRI-UPPER EXTREMITY	133.86										
03	73221	MRE, ANY JOINT OF UPPER EXTREMITY	313.64										X
05	73221	MRI, ANY JOINT OF UPPER EXTREMITY	125.46										X
03	73222	MRI JOINT UPR EXTREM W/ DYE	521.83										
05	73222	MRI JOINT UPR EXTREM W/ DYE	208.73										
03	73223	MRI JOINT UPR EXTR W/O&W DYE	936.13										
05	73223	MRI JOINT UPR EXTR W/O&W DYE	374.45										
03	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	347.85										
05	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	139.15										
03	73500	X-RAY EXAM OF HIP	19.54										X
05	73500	X-RAY EXAM OF HIP	7.82										X
03	73510	X-RAY EXAM OF HIP	24.12										X
05	73510	X-RAY EXAM OF HIP	9.65										X
03	73520	X-RAY EXAM OF HIPS	28.70										X

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	73520	X-RAY EXAM OF HIPS	11.48										X
03	73525	CONTRAST X-RAY OF HIP	73.51										X
05	73525	CONTRAST X-RAY OF HIP	29.40										X
03	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	25.70										X
05	73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	10.28										X
03	73540	X-RAY EXAM OF PELVIS & HIPS	23.86										
05	73540	X-RAY EXAM OF PELVIS & HIPS	9.55										
03	73542	X-RAY EXAM, SACROILIAC JOINT	97.34										
05	73542	X-RAY EXAM, SACROILIAC JOINT	38.97										
03	73550	X-RAY EXAM OF THIGH	22.57										X
05	73550	X-RAY EXAM OF THIGH	9.03										X
03	73560	X-RAY EXAM OF KNEE	20.56										X
05	73560	X-RAY EXAM OF KNEE	8.23										X
03	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	23.08										X
05	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.23										X
03	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	25.87										X
05	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	10.34										X
03	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	25.62										
05	73565	RADIOLOGIC EXAM	10.25										
03	73580	CONTRAST X-RAY OF KNEE JOINT	86.43										X
05	73580	CONTRAST X-RAY OF KNEE JOINT	34.57										X
03	73590	X-RAY EXAM OF LOWER LEG	20.56										X
05	73590	X-RAY EXAM OF LOWER LEG	8.23										X
03	73592	X-RAY EXAM OF LEG, INFANT	19.54										X
05	73592	X-RAY EXAM OF LEG, INFANT	7.82										X
03	73600	X-RAY EXAM OF ANKLE	19.54										X
05	73600	X-RAY EXAM OF ANKLE	7.82										X
03	73610	X-RAY EXAM OF ANKLE	21.59										X
05	73610	X-RAY EXAM OF ANKLE	8.64										X
03	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	73.51										X
05	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	29.40										X
03	73620	X-RAY EXAM OF FOOT	19.54										X
05	73620	X-RAY EXAM OF FOOT	7.82										X
03	73630	X-RAY EXAM OF FOOT	21.59										X
05	73630	X-RAY EXAM OF FOOT	8.64										X
03	73650	X-RAY EXAM OF HEEL	19.03										X
05	73650	X-RAY EXAM OF HEEL	7.62										X
03	73660	X-RAY EXAM OF TOE(S)	16.46										X
05	73660	X-RAY EXAM OF TOE(S)	6.59										X
03	73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	177.61										
05	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	71.04										
03	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	206.13										
05	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	82.45										
03	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	231.19										
05	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	92.48										
03	73706	CT ANGIO LWR EXTR W/O&W DYE	322.46										
05	73706	CT ANGIO LWR EXTR W/O&W DYE	128.98										
03	73718	MRI LOWER EXTREMITY W/O DYE	435.56										
05	73718	MRI LOWER EXTREMITY W/O DYE	174.22										
03	73719	MRI LOWER EXTREMITY W/DYE	521.83										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	73719	MRI LOWER EXTREMITY W/DYE	208.73										
03	73720	MRI-LIWER EXTREMITY	334.65										
05	73720	MRI-LOWER EXTREMITY	133.86										
03	73721	MRI,ANY JOINT,LOWER EXTREMITY	313.64										X
05	73721	MRI, ANY JOINT, LOWER EXTREMITY	125.46										X
03	73722	MRI JOINT OF LWR EXTR W/DYE	521.83										
05	73722	MRI JOINT OF LWR EXTR W/DYE	208.73										
03	73723	MRI JOINT LWR EXTR W/O&W DYE	936.13										
05	73723	MRI JOINT LWR EXTR W/O&W DYE	374.45										
03	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	350.31										
05	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	140.12										
03	74000	X-RAY EXAM OF ABDOMEN	21.34										X
05	74000	X-RAY EXAM OF ABDOMEN	8.53										X
03	74010	X-RAY EXAM OF ABDOMEN	25.11										X
05	74010	X-RAY EXAM OF ABDOMEN	10.05										X
03	74020	X-RAY EXAM OF ABDOMEN	27.93										X
05	74020	X-RAY EXAM OF ABDOMEN	11.17										X
03	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	32.76										
05	74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE	13.11										
03	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	200.85										
05	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	80.34										
03	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	228.41										
05	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	91.37										
03	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	264.69										
05	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	105.88										
03	74175	CT ANGIO ABDOM W/O&W DYE	357.99										
05	74175	CT ANGIO ABDOM W/O&W DYE	143.20										
03	74181	MRI-ABDOMEN	339.58										
05	74181	MRI-ABDOMEN	135.83										
03	74182	MRI ABDOMEN W/DYE	530.01										
05	74182	MRI ABDOMEN W/DYE	212.00										
03	74183	MRI ABDOMEN W/O&W DYE	945.47										
05	74183	MRI ABDOMEN W/O&W DYE	378.19										
03	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	351.48										
05	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	140.59										
03	74190	PERITONEOGRAM (EG, AFTER INJECTION O	44.97										
05	74190	PERITONEOGRAM (EG, AFTER INJECTION O	17.99										
03	74210	CONTRAST XRAY EXAM OF THROAT	45.69										
05	74210	CONTRAST XRAY EXAM OF THROAT	18.28										
03	74220	CONTRAST XRAY EXAM,ESOPHAGUS	50.56										
05	74220	CONTRAST XRAY EXAM,ESOPHAGUS	20.22										
03	74230	CINEMA XRAY THROAT/ESOPHAGUS	57.40										
05	74230	CINEMA XRAY THROAT/ESOPHAGUS	22.96										
03	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	119.17										
05	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	47.67										
03	74240	X-RAY EXAM UPPER GI TRACT	67.86										
05	74240	X-RAY EXAM UPPER GI TRACT	27.15										
03	74241	X-RAY EXAM UPPER GI TRACT	68.63										
05	74241	X-RAY EXAM UPPER GI TRACT	27.46										
03	74245	X-RAY EXAM UPPER GI TRACT	101.58										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	74245	X-RAY EXAM UPPER GI TRACT	40.63										
03	74246	X-RAY GASTROINTESTINAL TRACT	72.91										
05	74246	X-RAY GASTROINTESTINAL TRACT	29.16										
03	74247	X-RAY-GASTROINTESTINAL TRACT	73.89										
05	74247	X-RAY GASTROINTESTINAL TRACT	29.55										
03	74249	X-RAY/GASTROINTESTINAL TRACT....	106.37										
05	74249	X-RAY GASTROINTESTINAL TRACT....	42.55										
03	74250	X-RAY EXAM OF SMALL BOWEL	54.35										
05	74250	X-RAY EXAM OF SMALL BOWEL	21.74										
03	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	55.23										
05	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	22.09										
03	74260	X-RAY EXAM OF SMALL BOWEL	60.95										
05	74260	X-RAY EXAM OF SMALL BOWEL	24.38										
03	74270	CONTRAST X-RAY EXAM OF COLON	74.40										
05	74270	CONTRAST X-RAY EXAM OF COLON	29.76										
03	74280	CONTRAST X-RAY EXAM OF COLON	100.61										
05	74280	CONTRAST X-RAY EXAM OF COLON	40.25										
03	74283	BARIUM ENEMA,THERAPEUTIC	153.85										
05	74283	BARIUM ENEMA,THERAPEUTIC	61.54										
03	74290	CONTRAST X-RAY, GALLBLADDER	32.76										
05	74290	CONTRAST X-RAY, GALLBLADDER	13.11										
03	74291	CONTRAST X-RAYS, GALLBLADDER	19.32										
05	74291	CONTRAST X-RAYS, GALLBLADDER	7.73										
03	74300	CONTRAST X-RAY OF BILE DUCTS	33.56										
05	74300	CONTRAST X-RAY OF BILE DUCTS	13.42										
03	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	43.15										
05	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	17.26										
03	74305	CONTRAST X-RAY OF BILE DUCTS	38.39										
05	74305	CONTRAST X-RAY OF BILE DUCTS	15.36										
03	74320	CONTRAST X-RAY OF BILE DUCTS	99.37										
05	74320	CONTRAST X-RAY OF BILE DUCTS	39.75										
03	74327	X-RAY FOR BILE STONE REMOVAL	81.13										
05	74327	X-RAY FOR BILE STONE REMOVAL	32.45										
03	74328	XRAY FOR BILE DUCT ENDOSCOPY	113.48										
05	74328	XRAY FOR BILE DUCT ENDOSCOPY	45.39										
03	74329	X-RAY FOR PANCREAS ENDOSCOPY	113.48										
05	74329	X-RAY FOR PANCREAS ENDOSCOPY	45.39										
03	74330	XRAY,BILE/PANCREAS ENDOSCOPY	113.48										
05	74330	XRAY,BILE/PANCREAS ENDOSCOPY	45.39										
03	74340	X-RAY GUIDE FOR GI TUBE	93.19										
05	74340	X-RAY GUIDE FOR GI TUBE	37.27										
03	74350	PERC.PLACE GASTRO TUBE;GUIDANCE ONLY	107.54										
05	74350	PERC.PLACE GASTRO TUBE;GUIDANCE ONLY	43.02										
03	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	94.61										
05	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	37.84										
03	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	99.37										
05	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	39.75										
03	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	374.00										
05	74363	DILATION OF BILIARY DUCT STRICTURE	149.60										
03	74400	CONTRAST X-RAY URINARY TRACT	65.43										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	74400	CONTRAST X-RAY URINARY TRACT	26.17											
03	74410	CONTRAST X-RAY URINARY TRACT	72.27											
05	74410	CONTRAST X-RAY URINARY TRACT	28.91											
03	74415	CONTRAST X-RAY URINARY TRACT	77.06											
05	74415	CONTRAST X-RAY URINARY TRACT	30.82											
03	74420	CONTRAST X-RAY URINARY TRACT	78.30											
05	74420	CONTRAST X-RAY URINARY TRACT	31.32											
03	74425	CONTRAST X-RAY URINARY TRACT	45.74											
05	74425	CONTRAST X-RAY URINARY TRACT	18.29											
03	74430	CONTRAST X-RAY OF BLADDER	38.23											
05	74430	CONTRAST X-RAY OF BLADDER	15.29											
03	74440	XRAY EXAM MALE GENITAL TRACT	42.30											
05	74440	XRAY EXAM MALE GENITAL TRACT	16.92											
03	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	72.72											
05	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	29.09											
03	74450	X-RAY EXAM URETHRA/BLADDER	48.66											
05	74450	X-RAY EXAM URETHRA/BLADDER	19.47											
03	74455	X-RAY EXAM URETHRA/BLADDER	51.43											
05	74455	X-RAY EXAM URETHRA/BLADDER	20.57											
03	74470	X-RAY-RENAL CYST STUDY	52.71											
05	74470	X-RAY-RENAL CYST STUDY	21.08											X
03	74475	CATH RENAL PELVIS;SUPER/INTERP	121.99											
05	74475	CATH RENAL PELVIS;SUPER/INTERP	48.80											
03	74480	CATH/STENT RENAL PELVIS;SUPER/INTERP	121.99											
05	74480	CATH/STENT-RENAL PELVIS;SUPER/INTERP	48.80											
03	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	99.37											
05	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	39.75											
03	74710	X-RAY MEASUREMENT OF PELVIS	41.85											
05	74710	X-RAY MEASUREMENT OF PELVIS	16.75											
05	74740	HYSTEROSALPINGOGRAPHY	10.37	21	59	X		F						
03	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	65.06											
05	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	26.03											
03	75552	MRI -MYOCARDIUM	339.58											
05	75552	MRI-MYOCARDIUM	135.83											
03	75553	CARDIAC MAGNETIC RESONANCE IMAGING F	356.91											
05	75553	CARDIAC MAGNETIC RESONANCE IMAGING F	142.77											
03	75554	CARDIAC MAGNETIC RESONANCE IMAGING F	352.29											
05	75554	CARDIAC MAGNETIC RESONANCE IMAGING F	140.91											
03	75555	CARDIAC MAGNETIC RESONANCE IMAGING F	349.84											
05	75555	CARDIAC MAGNETIC RESONANCE IMAGING F	139.94											
03	75600	CONTRAST X-RAY EXAM OF AORTA	329.55											
05	75600	CONTRAST X-RAY EXAM OF AORTA	131.82											
03	75605	CONTRAST X-RAY EXAM OF AORTA	355.34											
05	75605	CONTRAST X-RAY EXAM OF AORTA	142.14											
03	75625	CONTRAST X-RAY EXAM OF AORTA	355.34											
05	75625	CONTRAST X-RAY EXAM OF AORTA	142.14											
03	75630	AORTOGRAPH;ABDOMEN-BILAT	375.43											
05	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	150.17											
03	75635	CT ANGIO ABDOMINAL ARTERIES	392.95											
05	75635	CT ANGIO ABDOMINAL ARTERIES	157.18											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	75650	ARTERY X-RAYS, HEAD & NECK	369.02										
05	75650	ARTERY X-RAYS, HEAD & NECK	147.61										
03	75658	X-RAY EXAM OF ARM ARTERIES	362.05										
05	75658	X-RAY EXAM OF ARM ARTERIES	144.82										
03	75660	ARTERY X-RAYS, HEAD & NECK	362.05										
05	75660	ARTERY X-RAYS, HEAD & NECK	144.82										
03	75662	ARTERY X-RAYS, HEAD & NECK	375.73										
05	75662	ARTERY X-RAYS, HEAD & NECK	150.30										
03	75665	ARTERY X-RAYS, HEAD & NECK	362.05										
05	75665	ARTERY X-RAYS, HEAD & NECK	144.82										
03	75671	ARTERY X-RAYS, HEAD & NECK	375.73										
05	75671	ARTERY X-RAYS, HEAD & NECK	150.30										
03	75676	ARTERY X-RAYS, NECK	362.05										
05	75676	ARTERY X-RAYS, NECK	144.82										
03	75680	ARTERY X-RAYS, NECK	375.73										
05	75680	ARTERY X-RAYS, NECK	150.30										
03	75685	ARTERY X-RAYS, SPINE	362.05										
05	75685	ARTERY X-RAYS, SPINE	144.82										
03	75705	ARTERY X-RAYS, SPINE	396.29										
05	75705	ARTERY X-RAYS, SPINE	158.52										
03	75710	ARTERY X-RAYS, ARM/LEG	355.34										
05	75710	ARTERY X-RAYS, ARM/LEG	142.14										
03	75716	ARTERY X-RAYS, ARMS/LEGS	362.05										
05	75716	ARTERY X-RAYS, ARMS/LEGS	144.82										
03	75722	ARTERY X-RAYS, KIDNEY	355.34										
05	75722	ARTERY X-RAYS, KIDNEY	142.14										
03	75724	ARTERY X-RAYS, KIDNEYS	369.02										
05	75724	ARTERY X-RAYS, KIDNEYS	147.61										
03	75726	ARTERY X-RAYS, ABDOMEN	355.34										
05	75726	ARTERY X-RAYS, ABDOMEN	142.14										
03	75731	ARTERY X-RAYS, ADRENAL GLAND	355.34										
05	75731	ARTERY X-RAYS, ADRENAL GLAND	142.14										
03	75733	ARTERY X-RAYS,ADRENAL GLANDS	362.05										
05	75733	ARTERY X-RAYS,ADRENAL GLANDS	144.82										
03	75736	ARTERY X-RAYS, PELVIS	355.34										
05	75736	ARTERY X-RAYS, PELVIS	142.14										
03	75741	ARTERY X-RAYS, LUNG	362.05										
05	75741	ARTERY X-RAYS, LUNG	144.82										
03	75743	ARTERY X-RAYS, LUNGS	375.73										
05	75743	ARTERY X-RAYS, LUNGS	150.30										
03	75746	ARTERY X-RAYS, LUNG	355.34										
05	75746	ARTERY X-RAYS, LUNG	142.14										
03	75756	ARTERY X-RAYS, CHEST	355.34										
05	75756	ARTERY X-RAYS, CHEST	142.14										
03	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG	219.57										
05	75790	ANGIOGRAPHY,ARTERIOVENOUS SHUNT	87.83										
03	75801	LYMPH VESSEL X-RAY, ARM/LEG	165.19										
05	75801	LYMPH VESSEL X-RAY, ARM/LEG	66.08										
03	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	179.52										
05	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	71.81										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	75805	LYMPH VESSEL X-RAY, TRUNK	181.81										
05	75805	LYMPH VESSEL X-RAY, TRUNK	72.73										
03	75807	LYMPH VESSEL X-RAY, TRUNK	196.16										
05	75807	LYMPH VESSEL X-RAY, TRUNK	78.46										
03	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	36.84										
05	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	14.74										
03	75810	VEIN X-RAY, SPLEEN/LIVER	355.34										
05	75810	VEIN X-RAY, SPLEEN/LIVER	142.14										
03	75820	VEIN X-RAY, ARM/LEG	51.03										
05	75820	VEIN X-RAY, ARM/LEG	20.41										
03	75822	VEIN X-RAY, ARMS/LEGS	78.05										
05	75822	VEIN X-RAY, ARMS/LEGS	31.22										
03	75825	VEIN X-RAY, TRUNK	355.34										
05	75825	VEIN X-RAY, TRUNK	142.14										
03	75827	VEIN X-RAY, CHEST	355.34										
05	75827	VEIN X-RAY, CHEST	142.14										
03	75831	VEIN X-RAY, KIDNEY	355.34										
05	75831	VEIN X-RAY, KIDNEY	142.14										
03	75833	VEIN X-RAY, KIDNEYS	369.02										
05	75833	VEIN X-RAY, KIDNEYS	147.61										
03	75840	VEIN X-RAY, ADRENAL GLAND	355.34										
05	75840	VEIN X-RAY, ADRENAL GLAND	142.14										
03	75842	VEIN X-RAY, ADRENAL GLANDS	369.02										
05	75842	VEIN X-RAY, ADRENAL GLANDS	147.61										
03	75860	VEIN X-RAY, NECK	355.34										
05	75860	VEIN X-RAY, NECK	142.14										
03	75870	VEIN X-RAY, SKULL	355.34										
05	75870	VEIN X-RAY, SKULL	142.14										
03	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	355.34										
05	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	142.14										
03	75880	VEIN X-RAY, EYE SOCKET	51.03										
05	75880	VEIN X-RAY, EYE SOCKET	20.41										
03	75885	VEIN X-RAY, LIVER	367.27										
05	75885	VEIN X-RAY, LIVER	146.91										
03	75887	VEIN X-RAY, LIVER	367.27										
05	75887	VEIN X-RAY, LIVER	146.91										
03	75889	VEIN X-RAY, LIVER	355.34										
05	75889	VEIN X-RAY, LIVER	142.14										
03	75891	VEIN X-RAY, LIVER	355.34										
05	75891	VEIN X-RAY, LIVER	142.14										
03	75893	VENOUS SAMPLING BY CATHETER	135.56										
05	75893	VENOUS SAMPLING BY CATHETER	54.22										
03	75894	XRAYS, TRANSCATHETER THERAPY	646.35										
05	75894	XRAYS, TRANSCATHETER THERAPY	258.54										
03	75896	XRAYS, TRANSCATHETER THERAPY	568.82										
05	75896	XRAYS, TRANSCATHETER THERAPY	227.53										
03	75898	FOLLOW-UP ANGIOGRAM	101.46										
05	75898	FOLLOW-UP ANGIOGRAM	40.58										
03	75900	ARTERIAL CATHETER EXCHANGE	561.53										
05	75900	ARTERIAL CATHETER EXCHANGE	224.61										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	75901	REMOVE CVA DEVICE OBSTRUCT	92.52							1			
05	75901	REMOVE CVA DEVICE OBSTRUCT	37.01							1			
03	75902	REMOVE CVA LUMEN OBSTRUCT	87.68							1			
05	75902	REMOVE CVA LUMEN OBSTRUCT	35.07							1			
03	75940	PERC.PLACE IVC FILTER;SUPER/INTERP	332.00										
05	75940	PERC.PLACE IVC FILTER;SUPER/INTERP	132.80										
03	75945	INTRAVASCULAR US	137.57										
05	75945	INTRAVASCULAR US	55.03										
03	75946	INTRAVASCULAR US	76.18										X
05	75946	INTRAVASCULAR US	30.47										X
03	75952	ENDOVASC REPAIR ABDOM AORTA	229.28										
03	75953	ABDOM ANEURYSM ENDOVAS RPR	95.88										
03	75954	ILIAC ANEURYSM ENDOVAS RPR	90.63							1			
05	75954	ILIAC ANEURYSM ENDOVAS RPR	36.25							1			
05	75956	TRANSCATH OCCLUSION;COMPLETE PROC	303.95										
05	75957	XRAY,ENDOVASC THOR AO REPR	260.41										
05	75958	XRAY,PLACE PROX THOR AO	173.58										
05	75959	XRAY,PLACE DIST EXT THOR AO	151.94										
03	75960	TRANSCATHETER INTRODUCTION OF INTRAV	391.19										
05	75960	TRANSCATHETER INTRODUCTION OF INTRAV	156.48										
03	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	492.63										
05	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	197.06										
03	75962	PTA-PERIPHERAL ARTERY;SUPER/ENTERP	409.54										
05	75962	PTA-PERIPHERAL ARTERY;SUPER/INTERP	163.81										
03	75964	PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	220.45										X
05	75964	PTA,EACH ADD.PERIPH.ART;SUPER/INTERP	88.18										X
03	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	439.59										
05	75966	PTA-VISCERAL ARTERY;SUPER/INTERP	175.83										
03	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	220.45										X
05	75968	PTA-EACH ADD VISC ART;SUPER/INTERP	88.18										X
03	75970	TRANSCATH BXX;SUPER/INTERP	317.07										
05	75970	TRANSCATH BX;SUPER/INTERP	126.83										
03	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	29.75										
05	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	29.75										
03	75980	PERC TRANSHEPATIC BILIARY DRAIN	190.40										
05	75980	PERC TRANSHEPATIC BILIARY DRAINAGE	76.16										
03	75989	RAD.GUIDE....SUPERVISION/INTERP ONLY	124.61										
05	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	49.84										
03	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	401.13										
05	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	160.45										
03	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	216.36										
05	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	86.55										
03	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	430.67										
05	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	172.27										
03	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	430.67										
05	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	172.27										
03	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	216.36										
05	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	86.55										
03	76000	FLUOROSCOPY,MD TIME TO 1 HR	38.30										
05	76000	FLUOROSCOPY,MD TIME TO 1 HR	15.32										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	98.32										
05	76001	FLUOROSCOPY,MD ASST NON-RAD,+1 HOUR	39.33										
03	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	21.34										
05	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	8.53										
03	76080	X-RAY EXAM OF FISTULA	47.63										
05	76080	X-RAY EXAM OF FISTULA	19.05										
03	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	17.50										X
05	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	7.00										X
03	76100	X-RAY EXAM OF BODY SECTION	54.20										
05	76100	X-RAY EXAM OF BODY SECTION	21.68										
03	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	62.23										
05	76101	X-RAY,COMPLEX MOTION,BODY SECT UNIL	24.89										
03	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	70.81										
05	76102	X-RAY,COMPLEX MOTION,BODY SECT,BILAT	28.32										
03	76120	CINEMATIC X-RAYS	43.89										
05	76120	CINEMATIC X-RAYS	17.55										
03	76125	CINEMATIC X-RAYS	31.97										
05	76125	CINEMATIC X-RAYS	12.78										
03	76350	SUBTRACTION W/CONTRAST STUDIES	35.70										
05	76350	SUBTRACTION W/CONTRAST STUDIES	14.27										
03	76376	3D RENDER W/O POSTPROCESS	99.15										
05	76376	3D RENDER W/O POSTPROCESS	39.66										
03	76377	3D RENDERING W/POSTPROCESS	131.47										
05	76377	3D RENDERING W/POSTPROCESS	52.59										
03	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	124.97										
05	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	49.99										
03	76390	MR SPECTROSCOPY	437.54										
05	76390	MR SPECTROSCOPY	175.02										
03	76496	FLUOROSCOPIC PROCEDURE	MP		X					1			
05	76496	FLUOROSCOPIC PROCEDURE	MP		X					1			
03	76497	CT PROCEDURE	MP		X					1			
05	76497	CT PROCEDURE	MP		X					1			
03	76498	MRI PROCEDURE	MP		X					1			
05	76498	MRI PROCEDURE	MP		X					1			
03	76499	RADIOGRAPHIC PROCEDURE	MP		X								
05	76499	RADIOGRAPHIC PROCEDURE	MP		X								
03	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	64.05										X
05	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	25.62										X
03	76510	OPHTH US, B & QUANT A	124.60										
05	76510	OPHTH US, B & QUANT A	49.84										
03	76511	ECHO EXAM OF EYE	56.39										X
05	76511	ECHO EXAM OF EYE	22.56										X
03	76512	ECHO EXAM OF EYE	68.31										X
05	76512	ECHO EXAM OF EYE	27.33										X
03	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	68.31										X
05	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	27.33										X
03	76514	ECHO EXAM OF EYE, THICKNESS	9.35										
05	76514	ECHO EXAM OF EYE, THICKNESS	3.74										
03	76516	ECHO EXAM OF EYE	56.39										X
05	76516	ECHO EXAM OF EYE	22.56										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	56.39											X
05	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	22.56											X
03	76529	ECHO EXAM OF EYE	60.44											X
05	76529	ECHO EXAM OF EYE	24.17											X
03	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	61.46											
05	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	24.58											
03	76604	ECHO EXAM OF CHEST	58.18											
05	76604	ECHO EXAM OF CHEST	23.27											
03	76645	ECHO EXAM OF BREAST	50.83											
05	76645	ECHO EXAM OF BREAST	20.33											
03	76700	ECHO EXAM OF ABDOMEN	85.64											
05	76700	ECHO EXAM OF ABDOMEN	34.26											
03	76705	ECHO EXAM OF ABDOMEN	62.49											
05	76705	ECHO EXAM OF ABDOMEN	25.00											
03	76770	ECHO EXAM ABDOMEN BACK WALL	83.05											
05	76770	ECHO EXAM ABDOMEN BACK WALL	33.22											
03	76775	ECHO EXAM ABDOMEN BACK WALL	62.23											
05	76775	ECHO EXAM ABDOMEN BACK WALL	24.89											
03	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	88.02											
05	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	35.20											
03	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	85.56											
05	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	34.22											
03	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	85.58					F						
05	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	34.23					F						
03	76802	ULTRASOUND,PREG UTER,TRANSAB;EACH AD	67.40					F						X
05	76802	ULTRASOUND, PREG UTER,TRNSAB;EACH AD	26.96					F						X
03	76805	ECHO EXAM OF PELVIS	97.09											
05	76805	ECHO EXAM OF PELVIS	38.84											
03	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN	180.93					F						X
05	76810	ECHOGRAPHY, PREGNANT UTERUS B-SCAN	72.37					F						X
03	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	221.88					F	X					
05	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	88.75					F	X					
03	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	135.63					F	X					X
05	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	54.25					F	X					X
03	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	91.10	10	60			F						
05	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	36.44	10	60			F						
03	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	61.52	10	60			F						X
05	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	24.60	10	60			F						X
03	76815	ECHO EXAM FOR FETAL GROWTH	64.82					F						
05	76815	ECHO EXAM FOR FETAL GROWTH	25.93					F						
03	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	53.40					F						X
05	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	21.36					F						X
03	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	86.76					F						
05	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	34.70					F						
03	76818	FETAL BIOPHYSICAL PROFILE	75.00											
05	76818	FETAL BIOPHYSICAL PROFILE	30.01					F						
03	76819	FETL BIOPHYS PROFIL W/O STRS	89.45											
05	76819	FETL BIOPHYS PROFIL W/O STRS	35.78											
03	76820	UMBILICAL ARTERY ECHO	66.79	10	59			F						
05	76820	UMBILICAL ARTERY ECHO	26.71	10	59			F						

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	76821	MIDDLE CEREBRAL ARTERY ECHO	74.94	10	59			F						
05	76821	MIDDLE CEREBRAL ARTERY ECHO	29.97	10	59			F						
03	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	120.19	00	60			F						
05	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	48.07	00	60			F						
03	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	55.38											
05	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	22.15											
03	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	75.56											
05	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	30.23											
03	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	53.54											
05	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	21.42											
03	76830	ECHOGRAPHY, TRANSVAGINAL	69.61											
05	76830	ECHOGRAPHY,TRANSVAGINAL	27.85											
03	76831	ECHO EXAM, UTERUS	85.70					F						
05	76831	ECHO EXAM, UTERUS	34.28											
03	76856	ECHOGRAPHY, PELVIC, REAL TIME	69.61											
05	76856	ECHOGRAPHY, PELVIC, REAL TIME	27.85											
03	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	43.37											
05	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	17.35											
03	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	65.42					M						
05	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	26.17					M						
03	76872	ECHOGRAPHY, TRANSRECTAL	69.61											
05	76872	ECHOGRAPHY, TRANSRECTAL	27.85											
03	76873	ECHOGRAP TRANS R, PROS STUDY	138.44					M						
05	76873	ECHOGRAP TRANS R, PROS STUDY	55.38					M						
03	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	62.49											
05	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	25.00											
03	76885	ECHO EXAM, INFANT HIPS	86.36											
05	76885	ECHO EXAM, INFANT HIPS	34.54											
03	76886	ECHO EXAM, INFANT HIPS	76.91											
05	76886	ECHO EXAM, INFANT HIPS	30.76											
03	76930	ECHO GUIDE FOR HEART SAC TAP	64.35											
05	76930	ECHO GUIDE FOR HEART SAC TAP	25.74											
03	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	64.35											
05	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	25.74											
03	76936	ECHO GUIDE FOR ARTERY REPAIR	222.13											
05	76936	ECHO GUIDE FOR ARTERY REPAIR	88.85											
03	76937	US GUIDE, VASCULAR ACCESS	25.95											
05	76937	US GUIDE, VASCULAR ACCESS	10.38											
03	76940	US GUIDE, TISSUE ABLATION	129.50											
05	76940	US GUIDE, TISSUE ABLATION	51.80											
03	76941	ECHO GUIDE FOR TRANSFUSION	95.70											
05	76941	ECHO GUIDE FOR TRANSFUSION	38.28											
03	76942	ECHO GUIDE FOR BIOPSY	64.35											X
05	76942	ECHO GUIDE FOR BIOPSY	25.74											X
03	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	76.62											
05	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	30.65											
03	76946	ECHO GUIDE FOR AMNIOCENTESIS	52.23											X
05	76946	ECHO GUIDE FOR AMNIOCENTESIS	20.89											X
03	76950	ECHO GUIDANCE RADIOTHERAPY	59.22											X
05	76950	ECHO GUIDANCE RADIOTHERAPY	23.69											X

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	76965	ECHO GUIDANCE RADIOTHERAPY	278.45											
05	76965	ECHO GUIDANCE RADIOTHERAPY	111.38											
03	76970	ULTRASOUND EXAM FOLLOW-UP	44.66											
05	76970	ULTRASOUND EXAM FOLLOW-UP	17.87											
03	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	70.30											
05	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	28.12											
03	76977	US BONE DENSITY MEASURE	38.32											
05	76977	US BONE DENSITY MEASURE	15.33											
03	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	119.94											
03	76999	ECHO EXAMINATION PROCEDURE	MP			X								
05	76999	ECHO EXAMINATION PROCEDURE	MP			X								
03	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	58.26											
05	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	23.30											
03	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	53.69											
05	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	21.47											
03	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	52.44											
05	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	20.97											
03	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	340.46											
05	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	136.18											
03	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	226.85											
05	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	90.74											
03	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	484.76											
03	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	120.11											
05	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	48.04											
03	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	345.99											
05	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	138.39											
03	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	586.48											
03	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	217.02											
05	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	86.80											
03	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	50.39											
05	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	20.15											
03	77051	COMPUTER-AIDED DETECTION (COMPUTER A	11.92											
05	77051	COMPUTER-AIDED DETECTION (COMPUTER A	4.76											
03	77052	COMPUTER-AIDED DETECTION (COMPUTER A	11.92	40	99			F		X				
05	77052	COMPUTER-AIDED DETECTION (COMPUTER A	4.76	40	99			F		X				
03	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	71.57											
05	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	28.62											
03	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	102.31											
05	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	40.92											
03	77055	MAMMOGRAPHY; UNILATERAL	37.29											
05	77055	MAMMOGRAPHY; UNILATERAL	14.91											
03	77056	MAMMOGRAPHY; BILATERAL	70.31											
05	77056	MAMMOGRAPHY; BILATERAL	28.12											
03	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	59.02	40	99			F		X				
05	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	23.60	40	99			F		X				
03	77058	MAGNETIC RESONANCE IMAGING, BREAST,	558.13											
05	77058	MAGNETIC RESONANCE IMAGING, BREAST,	223.25											
03	77059	MAGNETIC RESONANCE IMAGING, BREAST,	689.06											
05	77059	MAGNETIC RESONANCE IMAGING, BREAST,	275.62											
03	77071	MANUAL APPLICATION OF STRESS PERFORM	21.59											

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	77072	BONE AGE STUDIES	16.13										
05	77072	BONE AGE STUDIES	6.45										
03	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	29.99										
05	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	11.99										
03	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	45.50										
05	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	18.20										
03	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	63.26										
05	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	25.30										
03	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	52.48										
05	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	20.99										
03	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	38.52										
05	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	15.40										
03	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	99.70										
05	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	39.88										
03	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	70.94										
05	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	28.37										
03	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	77.73										
05	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	31.09										
03	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	28.53										
05	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	11.41										
03	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	24.70										
05	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.88										
03	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	25.61										
05	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	10.24										
03	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	379.18										
05	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	151.67										
03	77261	SIMPLE TREAT PLAN-THERA RADIOL	64.77										
03	77262	INTER TREAT PLAN-THERA RADIOLO	97.55										
03	77263	COMPLEX TREAT PLAN-THERA RADIO	145.42										X
03	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	113.40										
05	77280	SIMPLE,RAD SIMU-AIDED FIELD	45.36										
03	77285	INTER,RAD SIMU-AIDED FIELD SET	178.52										
05	77285	INTER,RAD SIMU-AIDED FIELD SET	71.41										
03	77290	COMP,RAD SIMU-AIDED FIELD SET	222.13										X
05	77290	COMP,RAD SIMU-AIDED FIELD SET	88.85										X
03	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	884.31										X
05	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	353.73										X
03	77299	UNLISTED CLINICAL TREAT.PLAN	139.37		X								
05	77299	UNLISTED CLINICAL TREAT PLAN	139.37		X								
03	77300	BASIC RAD DOSIMETRY CALCULATIO	57.54										X
05	77300	BASIC RAD DOSIMETRY CALCULATION	23.02										X
03	77301	RADIOLTHERAPY DOS PLAN, IMRT	1,271.07										
05	77301	RADIOLTHERAPY DOS PLAN, IMRT	508.43										
03	77305	TELETHRAPY ISODOSE PLAN-SIMPLE	73.43										
05	77305	TELETHERAPY ISODOSE PLAN SIMPLE	29.38										
03	77310	TELETHERAPY ISODOSE PLAN-INTER	98.35										
05	77310	TELETHERAPY ISODOSE PLAN-INTER	39.34										
03	77315	TELETHERAPY ISODOSE PLAN-COMPL	127.19										
05	77315	TELETHERAPY ISODOSE PLAN-COMPL	50.87										
03	77321	SPEC TELETHERAPY PLAN TOTALBOD	136.70										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	77321	SPEC TELETHERAPY PLAN TOTAL BODY	54.68										
03	77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	95.06										
05	77326	BRACHYTHERAPY ISODOSE CALC SIM	38.02										
03	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	140.62										
05	77327	BRACHYTHERAPY ISODOSE CAL INTE	56.24										
03	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	204.32										
05	77328	BRACHYTHERAPY ISODOSE CAL COMP	81.73										
03	77331	SPECIAL DOSIMETRY (SPECIFY)	60.23										X
05	77331	SPECIAL DOSIMETRY (SPECIFY)	20.42										X
03	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	54.79										
05	77332	TREATMENT DEVICES,DESIGN/SIMPLE	21.91										
03	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	79.55										
05	77333	TREATMENT DEVICES/DESIGN-INTER	31.82										
03	77334	TREATMENT DEVICES/DESIGN;COMPLEX	128.68										X
05	77334	TREATMENT DEVICES/DESIGN;COMPL	51.48										X
03	77336	CONTINUING RADIATION PHYSICS CONSULT	73.38										
03	77370	SPECIAL MED RAD PHYSICS CONSULTATION	86.08										
03	77371	RADIATION TREATMENT DELIVERY, STEREO	781.82										
03	77372	RADIATION TREATMENT DELIVERY, STEREO	593.62										
03	77373	STEREOTACTIC BODY RADIATION THERAPY,	1,106.28										
03	77399	UNLISTED RAD THER/PHYSICS CONS	219.73		X								
05	77399	UNLISTED RAD THER/PHYSICS CONS	219.73		X								
03	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	43.62										X
03	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	44.04										X
03	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	43.62										X
03	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	43.62										X
03	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	43.62										X
03	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	51.96										X
03	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	51.47										X
03	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	51.47										X
03	77411	RADIATION TREATMENT DELIVERY TWO SEP	51.47										X
03	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	57.77										X
03	77413	RADIAT TRTMNT DELIV 6-10 MEV	57.22										X
03	77414	RADIAT TRTMNT DELIV 11-19 MEV	57.22										X
03	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	57.22										X
03	77417	THERAPEUTIC RADIOLOGY PORT FILMS	14.76										X
05	77417	THERAPEUTIC RADIOLOGY PORT FILMS	5.91										X
03	77418	RADIATION TX DELIVERY, IMRT	510.37										X
05	77418	RADIATION TX DELIVERY, IMRT	204.15										X
03	77421	STEREOSCOPIC X-RAY GUIDANCE	105.30										
05	77421	STEREOSCOPIC X-RAY GUIDANCE	42.12										
03	77422	NEUTRON BEAM TX, SIMPLE	48.08										
03	77423	NEUTRON BEAM TX, COMPLEX	62.21										
03	77427	RADIATION TX MANAGEMENT, X5	156.42										
03	77431	RADIATION THERAPY MANAGEMENT W COMPL	30.86										X
03	77432	STEREOTACTIC RADIATION TREATMENT MAN	350.07										
03	77435	STEREOTACTIC BODY RADIATION THERAPY,	494.60										
03	77470	SPECIAL TREATMENT PROCEDURE	356.80		X								X
05	77470	SPECIAL TREATMENT PROCEDURE	142.72		X								X
03	77499	UNLISTED,CLINICAL TREAT. MNGT	MP		X								X

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	77499	UNLISTED,CLINICAL TREAT./MNGT	MP		X								X
03	77520	PROTON BEAM DELIVERY	44.04										
05	77520	PROTON BEAM DELIVERY	17.61										
03	77522	PROTON TRMT, SIMPLE W/COMP	47.50										
05	77522	PROTON TRMT, SIMPLE W/COMP	19.00										
03	77523	PROTON BEAM DELIVERY	51.96										
05	77523	PROTON BEAM DELIVERY	20.78										
03	77525	PROTON TREATMENT, COMPLEX	54.42										
05	77525	PROTON TREATMENT, COMPLEX	21.76										
03	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	146.20										
05	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	58.48										
03	77605	HYPERTHERMIA,EXT GEN/DEEP	194.51										X
05	77605	HYPERTHERMIA,EXT GEN/DEEP	77.81										
03	77610	HYPERTHERMIA;INTERSTITIAL/5 0R <	146.20										X
05	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	58.48										
03	77615	HYPERTHERMIA/INTERSTITIAL/>5	194.51										X
05	77615	HYPERTHERMIA/INTERSTITIAL/>5	77.81										
03	77620	HYPERTHERMIA...INTRACACITARY PROBE	146.20										
05	77620	HYPERTHERMIA...INTRACAVITARY PROBE	58.48										
03	77750	INFUSE/INSTILL RADIOELEMENT	244.12										
05	77750	INFUSE/INSTILL RADIOELEMENT	97.65							90			
02	77761	INTERM,INTRACAV RADIOELEMENT	51.32										X
03	77761	SIMPLE INTRACAV RADIOELEMENT	216.34										
05	77761	SIMPLE INTRACAV. RADIOELEMENT	86.54							90			
03	77762	INTERM,INTRACAV RADIOELEMENT	322.08							90			
05	77762	INTER. INTRACAV.RADIOELEMENT	128.83							90			
02	77763	COMPLEX,INTRACAV RADIOELEMENT	56.58										X
03	77763	COMPLEX,INTRACAV RADIOELEMENT	463.30							90			
05	77763	COMPLEX-INTRACAV RADIOLOGY	185.32							90			
03	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	267.27										
05	77776	INTERSTITIAL RADIOELEMENT	106.91										
02	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	71.06										X
03	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	423.94							90			
05	77777	INTERSTITIAL RAD-ELEMENT-INTER	169.58							90			
02	77778	INTERSTITIAL RADIOELEMENT -COMP	106.85										X
03	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	630.71										
05	77778	INTERSTITIAL RAD-ELEMENT-COMPL	252.28							90			
03	77781	REMOTE AFTERLOADING HI INTENS BRACHY	562.16							90			
05	77781	REMOTE AFTERLOADING HI INTENS BRACHY	224.87							90			
03	77782	REMOTE AFTERLOADING HIGH INTENSITY	592.83							90			
05	77782	REMOTE AFTERLOADING HI INTENSITY	237.13							90			
03	77783	REMOTE AFTERLOADING HI INTEN BRACHYT	638.34							90			
05	77783	REMOTE AFTERLOADING HI INTEN BRACHYT	255.34							90			
03	77784	REMOTE AFTERLOAD HI INTEN OVER 12 SO	761.22							90			
05	77784	REMOTE AFTERLOAD HI INTEN OVER 12 SO	304.49							90			
03	77789	SURFACE APPLICATION OF RADIOELEMENT	58.87		X					90			
05	77789	SURFACE APPLICATION RADIOELEMENT	23.55		X					90			
03	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	58.74										
05	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	23.49										
03	77799	UNLISTED CLINICAL BRACHYTHERAPY	MP		X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	77799	RADIUM/RADIOISOTOPE THERAPY	MP		X								
03	78000	NUCLEAR EXAM OF THYROID	35.20										
05	78000	NUCLEAR EXAM OF THYROID	14.08										
03	78001	NUCLEAR EXAMS OF THYROID	95.20										
05	78001	NUCLEAR EXAMS OF THYROID	38.08										
03	78003	TREATMENT OF THYROID	36.45										
05	78003	TREATMENT OF THYROID	14.58										
03	78006	THYROID IMAGING, WITH UPTAKE	103.57										
05	78006	THYROID IMAGING, WITH UPTAKE	41.43										
03	78007	THYROID IMAGING, WITH UPTAKE	93.46										
05	78007	THYROID IMAGING, WITH UPTAKE	37.38										
03	78010	NUCLEAR SCAN OF THYROID	68.26										
05	78010	NUCLEAR SCAN OF THYROID	27.30										
03	78011	THYROID IMAGING W/VASCULAR FLOW	78.13										
05	78011	THYROID IMAGING W/VASCULAR FLOW	31.25										
03	78015	NUCLEAR SCAN OF THYROID	90.03										
05	78015	NUCLEAR SCAN OF THYROID	36.01										
03	78016	EXTENSIVE THYROID SCAN	111.15										
05	78016	EXTENSIVE THYROID SCAN	44.46										
03	78018	THYROID CA IMAGING;WHOLE BODY Y	185.56										
05	78018	THYROID CA IMAGING;WHOLE BODY	74.22										
03	78020	THYROID MET UPTAKE	28.26										
03	78070	PARATHROID IMAGING	123.58										
05	78070	PARATHROID IMAGING	49.44										
03	78075	NUCLEAR SCAN OF ADRENALS	181.10										
05	78075	NUCLEAR SCAN OF ADRENALS	72.44										
03	78099	ENDOCRINE NUCLEAR PROCEDURE	MP		X								
05	78099	ENDOCRINE NUCLEAR PROCEDURE	MP		X								
03	78102	NUCLEAR SCAN OF BONE MARROW	72.40										
05	78102	NUCLEAR SCAN OF BONE MARROW	28.96										
03	78103	NUCLEAR SCAN OF BONE MARROW	168.39										
05	78103	NUCLEAR SCAN OF BONE MARROW	67.35										
03	78104	NUCLEAR SCAN OF BONE MARROW	174.79										
05	78104	NUCLEAR SCAN OF BONE MARROW	69.91										
03	78110	NUCLEAR EXAM, PLASMA VOLUME	31.04										X
05	78110	NUCLEAR EXAM, PLASMA VOLUME	12.42										X
03	78111	NUCLEAR EXAM, PLASMA VOLUME	68.43										X
05	78111	NUCLEAR EXAM, PLASMA VOLUME	27.37										X
03	78120	NUCLEAR EXAM OF RBC MASS	51.87										X
05	78120	NUCLEAR EXAM OF RBC MASS	20.75										X
03	78121	NUCLEAR EXAM OF RBC MASS	83.96										X
05	78121	NUCLEAR EXAM OF RBC MASS	33.58										X
03	78122	WHOLE BLOOD VOLUME DETERMINATION	144.18										
05	78122	WHOLE BLOOD VOLUME DETERMINATION	57.67										
03	78130	RED CELL SURVIVAL EXAM	102.09										
05	78130	RED CELL SURVIVAL EXAM	40.83										
03	78135	RED CELL SURVIVAL EXAM	161.31										
05	78135	RED CELL SURVIVAL EXAM	64.52										
03	78140	NUCLEAR EXAM,RED BLOOD CELLS	98.95										
05	78140	NUCLEAR EXAM,RED BLOOD CELLS	39.58										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	78185	NUCLEAR SCAN OF SPLEEN	125.47										
05	78185	NUCLEAR SCAN OF SPLEEN	50.18										
03	78190	KINETICS STUDY F PLATELET SURVIVAL	230.55										
03	78195	NUCLEAR SCAN OF LYMPH SYSTEM	140.62										
05	78195	NUCLEAR SCAN OF LYMPH SYSTEM	56.24										
03	78199	NUCLEAR EXAM BLOOD/LYMPH	MP		X								
05	78199	NUCLEAR EXAM BLOOD/LYMPH	MP		X								
03	78201	NUCLEAR SCAN OF LIVER	126.02										
05	78201	NUCLEAR SCAN OF LIVER	50.41										
03	78202	NUCLEAR SCAN OF LIVER	130.51										
05	78202	NUCLEAR SCAN OF LIVER	52.21										
03	78205	LIVER IMAGING (SPECT)	191.96										
05	78205	LIVER IMAGING (SPECT)	76.79										
03	78206	LIVER IMAGE (3-D) W/FLOW	232.74										
05	78206	LIVER IMAGE (3-D) W/FLOW	93.10										
03	78215	NUCLEAR SCAN, LIVER & SPLEEN	135.42										
05	78215	NUCLEAR SCAN, LIVER & SPLEEN	54.17										
03	78216	NUCLEAR SCAN, LIVER/SPLEEN	121.48										
05	78216	NUCLEAR SCAN, LIVER/SPLEEN	48.59										
03	78220	NUCLEAR SCAN, LIVER FUNCTION	123.63										
05	78220	NUCLEAR SCAN, LIVER FUNCTION	49.45										
03	78223	HEPATOBILARY DUCTAL SYS IMAG,GALLBLA	118.89										
05	78223	HEPATOBILARY DUC SYSTEM,GALLBLADDER	47.56										
03	78230	NUCLEAR SCAN, SALIVARY GLAND	80.89										
05	78230	NUCLEAR SCAN, SALIVARY GLAND	32.36										
03	78231	NUCLEAR SCANS,SALIVARY GLAND	110.63										
05	78231	NUCLEAR SCANS,SALIVARY GLAND	44.25										
03	78267	BREATH TST ATTAIN/ANAL C-14	10.86										
05	78267	BREATH TST ATTAIN/ANAL C-14	4.34										
03	78268	BREATH TEST ANALYSIS, C-14	40.00										
05	78268	BREATH TEST ANALYSIS, C-14	16.00										
03	78270	VIT B-12 ABSORPTION EXAMS	46.02										
05	78270	VIT B-12 ABSORPTION EXAMS	18.41										
03	78271	VIT B-12 ABSORPTION EXAMS	49.02										
05	78271	VIT B-12 ABSORPTION EXAMS	19.61										
03	78272	VIT B-12 ABSORPTION EXAMS	67.65										
05	78272	VIT B-12 ABSORPTION EXAMS	27.06										
03	78278	ACUTE GI BLOOD LOSS IMAGING	179.08										
05	78278	ACUTE GI BLOOD LOSS IMAGING	71.63										
03	78290	NUCLEAR SCAN OF BOWEL	115.40										
05	78290	NUCLEAR SCAN OF BOWEL	46.16										
03	78299	G.I. NUCLEAR PROCEDURE	MP		X								
05	78299	G.I. NUCLEAR PROCEDURE	MP		X								
03	78300	NUCLEAR SCAN OF BONE	133.38										
05	78300	NUCLEAR SCAN OF BONE	53.35										
03	78305	NUCLEAR SCAN OF BONES	171.16										
05	78305	NUCLEAR SCAN OF BONES	68.47										
03	78306	NUCLEAR SCAN OF SKELETON	174.80										
05	78306	NUCLEAR SCAN OF SKELETON	69.92										
03	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	170.84										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	68.34										
03	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	208.56										
05	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	83.42										
03	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X								
05	78399	MUSCULOSKELETAL NUCLEAR EXAM	MP		X								
03	78414	DETERMINE VENTRIC.EJECT FRACTION	69.70										
05	78414	DETERMINE VENTRIC EJECT FRACTION	27.87										
03	78445	NUCLEAR SCAN OF BLOOD FLOW	75.13										
05	78445	NUCLEAR SCAN OF BLOOD FLOW	30.06										
03	78456	ACUTE VENOUS THROMBUS IMAGE	185.51										
05	78456	ACUTE VENOUS THROMBUS IMAGE	74.20										
03	78460	REG.MYOCARD PERF;QUAL.,AT REST ONLY	162.21										
05	78460	REG MYOCARD PERF;QUAL.,AT REST ONLY	64.89										
03	78461	REG MYOCARD PERF QUAL/REST+EXER-PHAR	185.16										
05	78461	REG MYOCARD PERF;QUAL/REST+EXER-PHAR	74.07										
03	78464	REG MYOCARD PERF;TOMOGRAPHIC,AT REST	242.09										
05	78464	REG MYOCARD PERF;TOMOGRAPHIC,AT REST	96.83										
03	78465	REG MYOCARD PERF;TOMOGRAPH.REST+EXER	385.19										
05	78465	REG MYOCARD PERF;TOMOGRAPH,REST+EXER	154.08										
03	78466	MYOCARD IMAGING..;AT REST,QUAL.	189.58										
05	78466	MYOCARD IMAGING...AT REST;QUAL.	75.84										
03	78468	MYOCARD IMAGING..AT REST;FIRST PASS	197.44										
05	78468	MYOCARD IMAGING..AT REST;FIRST PASS	78.97										
03	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	208.90										
05	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	83.56										
03	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	195.42										
05	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	78.17										
03	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	261.40										
05	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	104.56										
03	78478	MYOCARDIAL PERFUSION STUDY WITH WALL	62.84										
05	78478	MYOCARDIAL PERFUSION STUDY WITH WALL	25.13										
03	78480	MYOCARDIAL PERFUSION STUDY WITH EJEC	62.84										
05	78480	MYOCARDIAL PERFUSION STUDY WITH EJEC	25.13										
03	78481	CARD BLD POOL IMAG-FRST PASS TECH...	188.55										
05	78481	CARD BLD POOL IMAG-FIRST PASS TECH	75.42										
03	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	251.92										
05	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	100.77										
03	78494	HEART IMAGE, SPECT	237.24										
05	78494	HEART IMAGE, SPECT	94.90										
03	78496	HEART FIRST PASS ADD-ON	83.36										
05	78496	HEART FIRST PASS ADD-ON	33.34										
03	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X								
05	78499	CARDIOVASCULAR NUCLEAR EXAM	MP		X								
03	78580	NUCLEAR SCAN OF LUNG	136.42										
05	78580	NUCLEAR SCAN OF LUNG	54.57										
03	78584	NUCLEAR SCAN OF LUNG;W/VENT;1 BREATH	135.03										
05	78584	NUCLEAR SCAN OF LUNG W/VENT;1 BREATH	54.01										
03	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTO	204.25										
05	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTU	81.70										
03	78586	NUCLEAR SCAN OF LUNG	126.06										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
05	78586	NUCLEAR SCAN OF LUNG	50.42										
03	78587	NUCLEAR SCAN OF LUNG	122.67										
05	78587	NUCLEAR SCAN OF LUNG	49.07										
03	78588	PERFUSION LUNG IMAGE	161.96										
05	78588	PERFUSION LUNG IMAGE	64.78										
03	78591	NUCLEAR SCAN OF LUNG	121.69										
05	78591	NUCLEAR SCAN OF LUNG	48.67										
03	78593	NUCLEAR SCAN OF LUNG	104.53										
05	78593	NUCLEAR SCAN OF LUNG	41.81										
03	78594	NUCLEAR SCAN OF LUNG	158.96										
05	78594	NUCLEAR SCAN OF LUNG	63.58										
03	78596	PULMONARY QUANTITATIVE DIFFERENTIAL	181.83										
03	78599	RESPIRATORY NUCLEAR EXAM		MP	X								
05	78599	RESPIRATORY NUCLEAR EXAM		MP	X								
03	78600	NUCLEAR SCAN OF BRAIN	150.49										
05	78600	NUCLEAR SCAN OF BRAIN	60.20										
03	78601	NUCLEAR SCAN OF BRAIN	105.57										
05	78601	NUCLEAR SCAN OF BRAIN	42.23										
03	78605	NUCLEAR SCAN OF BRAIN	121.05										
05	78605	NUCLEAR SCAN OF BRAIN	48.42										
03	78606	NUCLEAR SCAN OF BRAIN	216.61										
05	78606	NUCLEAR SCAN OF BRAIN	86.64										
03	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	235.95										
05	78607	BRAIN IMAGING,COMP,;TOMOGRAPHIC(ECT)	94.38										
03	78610	NUCLEAR SCAN OF BRAIN	48.67										
05	78610	NUCLEAR SCAN OF BRAIN	19.47										
03	78615	CEREBRAL BLOOD FLOW, INERT RAD GAS..	122.90										
05	78615	CEREBRAL BLOOD FLOW,INERT RAD GAS	49.16										
03	78630	CEREBROSPINAL FLUID SCAN	150.98										
05	78630	CEREBROSPINAL FLUID SCAN	60.39										
03	78635	CEREBROSPINAL FLUID SCAN	110.05										
05	78635	CEREBROSPINAL FLUID SCAN	44.02										
03	78645	CEREBROSPINAL FLUID SCAN	115.32										
05	78645	CEREBROSPINAL FLUID SCAN	46.13										
03	78647	CEREBROSPINAL FLUID SCAN	198.93										
05	78647	CEREBROSPINAL FLUID SCAN	79.58										
03	78650	CEREBROSPINAL FLUID SCAN	138.58										
05	78650	CEREBROSPINAL FLUID SCAN	55.43										
03	78660	NUCLEAR EXAM OF TEAR FLOW	83.87										
05	78660	NUCLEAR EXAM OF TEAR FLOW	33.55										
03	78699	NERVOUS SYSTEM NUCLEAR EXAM		MP	X								
05	78699	NERVOUS SYSTEM NUCLEAR EXAM		MP	X								
03	78700	NUCLEAR SCAN OF KIDNEY	103.16										
05	78700	NUCLEAR SCAN OF KIDNEY	41.27										
03	78701	NUCLEAR SCAN OF KIDNEY	107.08										
05	78701	NUCLEAR SCAN OF KIDNEY	42.83										
03	78707	NUCLEAR SCAN OF KIDNEY	178.88										
05	78707	NUCLEAR SCAN OF KIDNEY	71.55										
03	78708	KIDNEY FLOW & FUNCTION IMAGE	201.62										
05	78708	KIDNEY FLOW & FUNCTION IMAGE	80.65										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	78709	KIDNEY FLOW & FUNCTION IMAGE	208.14										
05	78709	KIDNEY FLOW & FUNCTION IMAGE	83.26										
03	78710	KIDNEY IMAGING (SPECT)	189.48										
05	78710	KIDNEY IMAGING (SPECT)	75.79										
03	78725	NUCLEAR EXAM OF KIDNEY	86.44										
05	78725	NUCLEAR EXAM OF KIDNEY	34.58										
03	78730	NUCLEAR EXAM OF BLADDER	56.39										
05	78730	NUCLEAR EXAM OF BLADDER	22.56										
03	78740	NUCLEAR EXAM OF URETER	85.91										
05	78740	NUCLEAR EXAM OF URETER	34.37										
03	78761	TESTICULAR IMAGING,W/VASCULAR	121.05										X
05	78761	TESTICULAR IMAGING,W/VASCULAR	48.42										
03	78799	GENITOURINARY NUCLEAR EXAM	MP		X								
05	78799	GENITOURINARY NUCLEAR EXAM	MP		X								
03	78800	NUCLEAR EXAM OF LESION	109.60										
05	78800	NUCLEAR EXAM OF LESION	43.84										
03	78801	NUCLEAR EXAM OF LESIONS	135.11										
05	78801	NUCLEAR EXAM OF LESIONS	54.04										
03	78802	NUCLEAR EXAM OF LESIONS	184.20										
05	78802	NUCLEAR EXAM OF LESIONS	73.68										
03	78803	TUMOR LOCALIZATION (SPECT)	228.31										
05	78803	TUMOR LOCALIZATION SPECT)	91.32										
03	78804	TUMOR IMAGING, WHOLE BODY	340.86										
05	78804	TUMOR IMAGING, WHOLE BODY	136.34										
03	78805	ABSCESS LOCALIZATION;LIMITED AREA	105.77										
05	78805	ABSCESS LOCALIZATION;LIMITED AREA	42.30										
03	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	223.25										
05	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	89.30										
03	78999	NUCLEAR DIAGNOSTIC EXAM	MP		X								
05	78999	NUCLEAR DIAGNOSTIC EXAM	MP		X								
03	79005	NUCLEAR RX, ORAL ADMIN	145.39										
05	79005	NUCLEAR RX, ORAL ADMIN	58.15										
03	79101	NUCLEAR RX, IV ADMIN	152.06										
05	79101	NUCLEAR RX, IV ADMIN	60.82										
03	79200	RADIONUCLIDE THERAPY	143.30										
03	79300	RADIONUCLIDE THERAPY	50.89										
03	79403	HEMATOPOETIC NUCLEAR THERAPY	209.72										
05	79403	HEMATOPOETIC NUCLEAR THERAPY	83.88										
03	79440	RADIONUCLIDE THERAPY	143.30										
03	79445	NUCLEAR RX, INTRA-ARTERIAL	171.23										
05	79445	NUCLEAR RX, INTRA-ARTERIAL	68.49										
03	79999	NUCLEAR MEDICINE THERAPY	MP		X								
05	79999	NUCLEAR MEDICINE THERAPY	MP		X								

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	80048	BASIC METABOLIC PANEL	11.70											
04	80048	BASIC METABOLIC PANEL	12.90											
08	80048	BASIC METABOLIC PANEL	11.70											
03	80050	GENERAL HEALTH SCREEN PANEL	41.57											
04	80050	GENERAL HEALTH SCREEN PANEL	43.94											
08	80050	GENERAL HEALTH SCREEN PANEL	41.57											
03	80051	ELECTROLYTE PANEL	9.54											
04	80051	ELECTROLYTE PANEL	9.86											
08	80051	ELECTROLYTE PANEL	9.54											
03	80053	EXECUTIVE PROFILE	14.61											
04	80053	EXECUTIVE PROFILE	15.10											
08	80053	EXECUTIVE PROFILE	14.61											
03	80055	OBSTETRIC PANEL	14.91	10	59			F		X				
04	80055	OBSTETRIC PROFILE	53.18											
08	80055	OBSTETRIC PANEL	21.93	10	59			F						
03	80061	LIPID PROFILE	13.70											
04	80061	LIPID PROFILE	14.16							X				
08	80061	LIPID PROFILE	13.70											
03	80069	RENAL FUNCTION PANEL	12.00											
04	80069	RENAL FUNCTION PANEL	12.40											
08	80069	RENAL FUNCTION PANEL	12.00											
03	80074	ACUTE HEPATITIS PANEL	65.82											
04	80074	ACUTE HEPATITIS PANEL	68.01											
08	80074	ACUTE HEPATITIS PANEL	65.82											
03	80076	HEPATIC FUNCTION PANEL	11.29											
04	80076	HEPATIC FUNCTION PANEL	11.67											
08	80076	HEPATIC FUNCTION PANEL	11.29											
08	80090	ANTIBODY PANEL	67.42			X								
03	80100	DRUG, SCREEN;	17.08											X
04	80100	DRUG, SCREEN;	18.07											X
08	80100	DRUG, SCREEN;	17.08											X
03	80101	DRUG, SCREEN;	13.99											X
04	80101	DRUG, SCREEN;	14.46											X
08	80101	DRUG, SCREEN;	13.99											X
03	80102	DRUG, CONFIRMATION, EACH PROCEDURE	13.60											X
04	80102	DRUG, CONFIRMATION, EACH PROCEDURE	14.05											X
08	80102	DRUG, CONFIRMATION, EACH PROCEDURE	13.60											X
03	80150	AMIKACIN	12.95											
04	80150	AMIKACIN	13.38											
08	80150	AMIKACIN	12.95											
03	80152	AMITRIPTYLINE	21.03											
04	80152	AMITRIPTYLINE	22.24											
08	80152	AMITRIPTYLINE	21.03											
03	80154	BENZODIAZEPINES	21.17											
04	80154	BENZODIAZEPINES	21.87											
08	80154	BENZODIAZEPINES	21.17											
03	80156	CARBAMAZEPINE	12.95											
04	80156	CARBAMAZEPINE	13.38											
08	80156	CARBAMAZEPINE	12.95											
03	80157	ASSAY, CARBAMAZEPINE, FREE	13.74											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	80157	ASSAY, CARBAMAZEPINE, FREE	14.20										
08	80157	ASSAY, CARBAMAZEPINE, FREE	13.74										
03	80158	CYCLOSPORINE	21.21										
04	80158	CYCLOSPORINE	22.44										
08	80158	CYCLOSPORINE	21.21										
03	80160	DESIPRAMINE	18.73										
04	80160	DESIPRAMINE	19.34										
08	80160	DESIPRAMINE	18.73										
03	80162	DIGOXIN	15.60										
04	80162	DIGOXIN	16.51										
08	80162	DIGOXIN	15.60										
03	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	15.91										
04	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	16.84										
08	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	15.91										
03	80166	DOXEPIN	14.19										
04	80166	DOXEPIN	14.67										
08	80166	DOXEPIN	14.19										
03	80168	ETHOSUXIMIDE	19.19										
04	80168	ETHOSUXIMIDE	20.01										
08	80168	ETHOSUXIMIDE	19.19										
03	80170	GENTAMICIN	12.95										
04	80170	GENTAMICIN	13.38										
08	80170	GENTAMICIN	12.95										
03	80172	GOLD	19.14										
04	80172	GOLD	20.26										
08	80172	GOLD	19.14										
03	80173	ASSAY OF HALOPERIDOL	16.08										
04	80173	ASSAY OF HALOPERIDOL	16.61										
08	80173	ASSAY OF HALOPERIDOL	16.08										
03	80174	IMIPRAMINE	20.22										
04	80174	IMIPRAMINE	21.39										
08	80174	IMIPRAMINE	20.22										
03	80176	LIDOCAINE	14.19										
04	80176	LIDOCAINE	14.67										
08	80176	LIDOCAINE	14.19										
03	80178	LITHIUM	7.77										
04	80178	LITHIUM	8.21										
08	80178	LITHIUM	7.77										
03	80182	NORTRIPTYLINE	15.91										
04	80182	NORTRIPTYLINE	16.84										
08	80182	NORTRIPTYLINE	15.91										
03	80184	PHENOBARBITAL	13.43										
04	80184	PHENOBARBITAL	14.21										
08	80184	PHENOBARBITAL	13.43										
03	80185	PHENYTOIN;	15.57										
04	80185	PHENYTOIN;	16.48										
08	80185	PHENYTOIN;	15.57										
03	80186	PHENYTOIN;	16.46										
04	80186	PHENYTOIN;	17.42										
08	80186	PHENYTOIN;	16.46										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	80188	PRIMIDONE	19.50										
04	80188	PRIMIDONE	20.63										
08	80188	PRIMIDONE	19.50										
03	80190	PROCAINAMIDE;	19.36										
04	80190	PROCAINAMIDE;	20.01										
08	80190	PROCAINAMIDE;	19.36										
03	80192	PROCAINAMIDE;	19.36										
04	80192	PROCAINAMIDE;	20.01										
08	80192	PROCAINAMIDE;	19.36										
03	80194	QUINIDINE	17.14										
04	80194	QUINIDINE	18.15										
08	80194	QUINIDINE	17.14										
03	80195	ASSAY OF SIROLIMUS	19.17										
04	80195	ASSAY OF SIROLIMUS	19.81										
08	80195	ASSAY OF SIROLIMUS	19.17										
03	80196	SALICYLATE	8.33										
04	80196	SALICYLATE	8.81										
08	80196	SALICYLATE	8.33										
03	80197	ASSAY FOR TACROLIMUS	18.97										
04	80197	ASSAY FOR TACROLIMUS	19.60									X	
08	80197	ASSAY FOR TACROLIMUS	18.97										
03	80198	THEOPHYLLINE	16.63										
04	80198	THEOPHYLLINE	17.59										
08	80198	THEOPHYLLINE	16.63										
03	80200	TOBRAMYCIN	12.95										
04	80200	TOBRAMYCIN	13.38										
08	80200	TOBRAMYCIN	12.95										
03	80201	ASSAY FOR TOPIRAMATE	16.48										
04	80201	ASSAY FOR TOPIRAMATE	19.87										
08	80201	ASSAY FOR TOPIRAMATE	16.48										
03	80202	VANCOMYCIN	15.91										
04	80202	VANCOMYCIN	16.84										
08	80202	VANCOMYCIN	15.91										
03	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	16.07										
04	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	17.01										
08	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	16.07										
03	80400	ACTH STIMULATION PANEL;	38.34										
04	80400	ACTH STIMULATION PANEL;	40.56										
08	80400	ACTH STIMULATION PANEL;	38.34										
03	80402	ACTH STIMULATION PANEL;	102.15										
04	80402	ACTH STIMULATION PANEL;	106.17										
08	80402	ACTH STIMULATION PANEL;	102.15										
03	80406	ACTH STIMULATION PANEL;	91.95										
04	80406	ACTH STIMULATION PANEL;	97.29										
08	80406	ACTH STIMULATION PANEL;	91.95										
03	80408	ALDOSTERONE SUPPRESSION EVALUATION P	147.44										
04	80408	ALDOSTERONE SUPPRESSION EVALUATION P	156.01										
08	80408	ALDOSTERONE SUPPRESSION EVALUATION P	147.44										
03	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	94.38										
04	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	108.35										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	94.38										
03	80412	CORTICOTROPIC RELEASING HORMONE (CRH	387.24										
04	80412	CORTICOTROPIC RELEASING HORMONE (CRH	409.73										
08	80412	CORTICOTROPIC RELEASING HORMONE (CRH	387.24										
03	80414	CHORIONIC GONADOTROPHIN STIMULATION	60.64										
04	80414	CHORIONIC GONADOTROPHIN STIMULATION	64.17										
08	80414	CHORIONIC GONADOTROPHIN STIMULATION	60.64										
03	80415	CHORIONIC GONADOTROPHIN STIMULATION	65.65										
04	80415	CHORIONIC GONADOTROPHIN STIMULATION	69.48										
08	80415	CHORIONIC GONADOTROPHIN STIMULATION	65.65										
03	80416	RENIN STIMULATION PANEL	155.04										
04	80416	RENIN STIMULATION PANEL	175.71										
08	80416	RENIN STIMULATION PANEL	155.04										
03	80417	RENIN STIMULATION PANEL	51.68										
04	80417	RENIN STIMULATION PANEL	58.57										
08	80417	RENIN STIMULATION PANEL	51.68										
03	80418	COMBINED RAPID ANTERIOR PITUITARY EV	680.85										
04	80418	COMBINED RAPID ANTERIOR PITUITARY EV	720.34										
08	80418	COMBINED RAPID ANTERIOR PITUITARY EV	680.85										
03	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	85.22										
04	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	90.16										
08	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	85.22										
03	80422	GLUCAGON TOLERANCE PANEL;	54.16										
04	80422	GLUCAGON TOLERANCE PANEL;	57.28										
08	80422	GLUCAGON TOLERANCE PANEL;	54.16										
03	80424	GLUCAGON TOLERANCE PANEL;	59.33										
04	80424	GLUCAGON TOLERANCE PANEL;	62.77										
08	80424	GLUCAGON TOLERANCE PANEL;	59.33										
03	80426	GONADOTROPIN RELEASING HORMONE STIMU	174.39										
04	80426	GONADOTROPIN RELEASING HORMONE STIMU	189.37										
08	80426	GONADOTROPIN RELEASING HORMONE STIMU	174.39										
03	80428	GROWTH HORMONE STIMULATION PANEL (EG	78.34										
04	80428	GROWTH HORMONE STIMULATION PANEL (EG	82.83										
08	80428	GROWTH HORMONE STIMULATION PANEL (EG	78.34										
03	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	92.18										
04	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	97.49										
08	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	92.18										
03	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	158.70										
04	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	167.91										
08	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	158.70										
03	80434	INSULIN TOLERANCE PANEL;	118.92										
04	80434	INSULIN TOLERANCE PANEL;	125.81										
08	80434	INSULIN TOLERANCE PANEL;	118.92										
03	80435	INSULIN TOLERANCE PANEL;	121.00										
04	80435	INSULIN TOLERANCE PANEL;	127.97										
08	80435	INSULIN TOLERANCE PANEL;	121.00										
03	80436	METYRAPONE PANEL	106.63										
04	80436	METYRAPONE PANEL	110.18										
08	80436	METYRAPONE PANEL	106.63										
03	80438	THYROTROPIN RELEASING HORMONE (TRH)	59.21										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	80438	THYROTROPIN RELEASING HORMONE (TRH)	62.66										
08	80438	THYROTROPIN RELEASING HORMONE (TRH)	59.21										
03	80439	THYROTROPIN RELEASING HORMONE (TRH)	78.95										
04	80439	THYROTROPIN RELEASING HORMONE (TRH)	83.54										
08	80439	THYROTROPIN RELEASING HORMONE (TRH)	78.95										
03	80440	THYROTROPIN RELEASING HORMONE (TRH)	68.26										
04	80440	THYROTROPIN RELEASING HORMONE (TRH)	72.25										
08	80440	THYROTROPIN RELEASING HORMONE (TRH)	68.26										
03	80500	CLINICAL PATH CONSULT;LIMITED	21.68		X			X					
04	80500	CLINICAL PATH CONSULT, LIMITED	19.83					X					
08	80500	CLINICAL PATH CONSULT;LIMITED	21.68					X					
03	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	42.50		X			X					
04	80502	CLINICAL PATH CONSULT; COMPREHENSIVE	40.14					X					
08	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	42.50					X					
03	81000	URINALYSIS WITH MICROSCOPY	3.71										X
04	81000	URINALYSIS WITH MICROSCOPY	3.93										X
08	81000	URINALYSIS WITH MICROSCOPY	3.71										X
03	81001	URINALYSIS, AUTO, W/SCOPE	3.71										
04	81001	URINALYSIS, AUTO, W/SCOPE	4.21										
08	81001	URINALYSIS, AUTO, W/SCOPE	3.71										
03	81002	ROUTINE URINE ANALYSIS	3.00										X
04	81002	ROUTINE URINE ANALYSIS	3.18										X
08	81002	ROUTINE URINE ANALYSIS	3.00										X
03	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.64										
04	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.80										
08	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.64										
03	81005	URINALYSIS	2.54										X
04	81005	URINALYSIS	2.68										X
08	81005	URINALYSIS	2.54										X
03	81007	BACTERIA SCREEN B NON-CULT TECH COMM	3.02										
08	81007	BACTERIA SCREEN B NON-CULT TECH COMM	3.02										
03	81015	MICROSCOPIC EXAM OF URINE	3.57										X
04	81015	MICROSCOPIC EXAM OF URINE	3.78										X
08	81015	MICROSCOPIC EXAM OF URINE	3.57										X
03	81020	URINALYSIS, GLASS TEST	4.33										
04	81020	URINALYSIS, GLASS TEST	4.58										
08	81020	URINALYSIS, GLASS TEST	4.33										
03	81025	URINE PREGNANCY TEST, BY VISUAL COLO	7.43										X
04	81025	URINE PREGNANCY TEST, BY VISUAL COLO	7.87										X
08	81025	URINE PREGNANCY TEST, BY VISUAL COLO	7.43										X
03	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.52										X
04	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.72										X
08	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.52										X
03	81099	URINALYSIS TEST PROCEDURE	MP		X								
04	81099	URINALYSIS TEST PROCEDURE	MP		X								
08	81099	URINALYSIS TEST PROCEDURE	MP		X								
03	82000	ASSAY BLOOD ACETALDEHYDE	14.55										X
04	82000	ASSAY BLOOD ACETALDEHYDE	15.40										X
08	82000	ASSAY BLOOD ACETALDEHYDE	14.55										X
03	82003	ASSAY URINE ACETAMINOPHEN	23.77										X

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	82003	ASSAY URINE ACETAMINOPHEN	25.15										X
08	82003	ASSAY URINE ACETAMINOPHEN	23.77										X
03	82009	TEST FOR ACETONE	5.31										X
04	82009	TEST FOR ACETONE	5.62										X
08	82009	TEST FOR ACETONE	5.31										X
03	82010	ACETONE ASSAY	9.55										X
04	82010	ACETONE ASSAY	10.10										X
08	82010	ACETONE ASSAY	9.55										X
03	82013	ACETYLCHOLINESTERASE ASSAY	13.12										X
04	82013	ACETYLCHOLINESTERASE ASSAY	13.89										X
08	82013	ACETYLCHOLINESTERASE ASSAY	13.12										X
03	82016	ACYLCARNITINES, QUAL	19.16										X
04	82016	ACYLCARNITINES, QUAL	19.80										X
08	82016	ACYLCARNITINES, QUAL	19.16										X
03	82017	ACYLCARNITINES, QUANT	23.31										X
04	82017	ACYLCARNITINES, QUANT	24.09										X
08	82017	ACYLCARNITINES, QUANT	23.31										X
03	82024	ACTH RADIOIMMUNE ASSAY	45.37										
04	82024	ACTH RADIOIMMUNE ASSAY	48.00										
08	82024	ACTH RADIOIMMUNE ASSAY	45.37										
03	82030	RIA ASSAY, BLOOD ADP & AMP	15.73										
04	82030	RIA ASSAY, BLOOD ADP & AMP	16.24										
08	82030	RIA ASSAY, BLOOD ADP & AMP	15.73										
03	82040	ASSAY SERUM ALBUMIN	5.82										
04	82040	ASSAY SERUM ALBUMIN	6.16										
08	82040	ASSAY SERUM ALBUMIN	5.82										
03	82042	ASSAY URINE ALBUMIN	6.08										
04	82042	ASSAY URINE ALBUMIN	6.42										
08	82042	ASSAY URINE ALBUMIN	6.08										
03	82043	ALBUMIN;	6.80										
04	82043	ALBUMIN;	7.05										
08	82043	ALBUMIN;	6.80										
03	82044	ALBUMIN;	3.38										
04	82044	ALBUMIN;	3.49										
08	82044	ALBUMIN;	3.38										
03	82045	ALBUMIN, ISCHEMIA MODIFIED	47.43										
04	82045	ALBUMIN, ISCHEMIA MODIFIED	49.01										
08	82045	ALBUMIN, ISCHEMIA MODIFIED	47.43										
03	82055	ASSAY BLOOD ETHANOL	12.67										X
04	82055	ASSAY BLOOD ETHANOL	13.40										X
08	82055	ASSAY BLOOD ETHANOL	12.67										X
03	82075	ASSAY BREATH ETHANOL	14.16										X
04	82075	ASSAY BREATH ETHANOL	14.99										X
08	82075	ASSAY BREATH ETHANOL	14.16										X
03	82085	ASSAY OF BLOOD ALDOLASE	11.40										
04	82085	ASSAY OF BLOOD ALDOLASE	12.07										
08	82085	ASSAY OF BLOOD ALDOLASE	11.40										
03	82088	RIA ASSAY, BLOOD ALDOSTERONE	47.88										
04	82088	RIA ASSAY, BLOOD ALDOSTERONE	50.66										
08	82088	RIA ASSAY, BLOOD ALDOSTERONE	47.88										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	82101	ASSAY OF URINE ALKALOIDS	35.27										
04	82101	ASSAY OF URINE ALKALOIDS	37.31										
08	82101	ASSAY OF URINE ALKALOIDS	35.27										
03	82103	ALPHA-1-ANTITRYPSIN;	15.78										
04	82103	ALPHA-1-ANTITRYPSIN;	16.69										
08	82103	ALPHA-1-ANTITRYPSIN;	15.78										
03	82104	ALPHA-1-ANTITRYPSIN;	16.15										
04	82104	ALPHA-1-ANTITRYPSIN;	16.69										
08	82104	ALPHA-1-ANTITRYPSIN;	16.15										
03	82105	ALPHA-FETOPROTEIN;	15.73										
04	82105	ALPHA-FETOPROTEIN;	16.26										
08	82105	ALPHA-FETOPROTEIN;	15.73										
03	82106	ALPHA-FETOPROTEIN;	15.73										
04	82106	ALPHA-FETOPROTEIN;	16.26										
08	82106	ALPHA-FETOPROTEIN;	15.73										
03	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	89.99										
04	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	92.99										
08	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	89.99										
03	82108	ALUMINUM,BLOOD (SERUM)	9.42										
04	82108	ALUMINUM,BLOOD (SERUM)	9.72										
08	82108	ALUMINUM,BLOOD (SERUM)	9.42										
03	82120	AMINES, VAGINAL FLUID QUAL	4.42										
04	82120	AMINES, VAGINAL FLUID QUAL	4.67										
08	82120	AMINES, VAGINAL FLUID QUAL	4.42				F						
03	82127	AMINO ACID, SINGLE QUAL	19.16										X
04	82127	AMINO ACID, SINGLE QUAL	19.80										X
08	82127	AMINO ACID, SINGLE QUAL	19.16										X
03	82128	TEST FOR AMINO ACIDS	16.29										
04	82128	TEST FOR AMINO ACIDS	17.23										
08	82128	TEST FOR AMINO ACIDS	16.29										
03	82131	AMINO ACIDS, FRACTIONATION AND QUANT	19.71										X
04	82131	AMINO ACIDS, FRACTIONATION AND QUANT	20.85										X
08	82131	AMINO ACIDS, FRACTIONATION AND QUANT	19.71										X
03	82135	ASSAY, AMINOLEVULINIC ACID	19.34										
04	82135	ASSAY, AMINOLEVULINIC ACID	20.46										
08	82135	ASSAY, AMINOLEVULINIC ACID	19.34										
03	82136	AMINO ACIDS, 2-5 QUANT	23.31										X
04	82136	AMINO ACIDS, 2-5 QUANT	24.09										X
08	82136	AMINO ACIDS, 2-5 QUANT	23.31										X
03	82139	AMINO ACIDS, 6+ QUANT	23.31										X
04	82139	AMINO ACIDS, 6+ QUANT	24.09										X
08	82139	AMINO ACIDS, 6+ QUANT	23.31										X
03	82140	ASSAY OF BLOOD AMMONIA	17.13										X
04	82140	ASSAY OF BLOOD AMMONIA	18.04										X
08	82140	ASSAY OF BLOOD AMMONIA	17.13										X
03	82143	AMNIOTIC FLUID SCAN	8.00										
04	82143	AMNIOTIC FLUID SCAN	8.26										
08	82143	AMNIOTIC FLUID SCAN	8.00										
03	82145	ASSAY OF AMPHETAMINES	18.27										
04	82145	ASSAY OF AMPHETAMINES	19.32										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	82145	ASSAY OF AMPHETAMINES	18.27										
03	82150	ASSAY OF SERUM AMYLASE	7.62										X
04	82150	ASSAY OF SERUM AMYLASE	8.07										X
08	82150	ASSAY OF SERUM AMYLASE	7.62										X
03	82154	ANDROSTANEDIOL GLUCURONIDE	33.87										
04	82154	ANDROSTANEDIOL GLUCURONIDE	35.83										
08	82154	ANDROSTANEDIOL GLUCURONIDE	33.87										
03	82157	RIA ASSAY OF ANDROSTENEDIONE	34.38										
04	82157	RIA ASSAY OF ANDROSTENEDIONE	36.38										
08	82157	RIA ASSAY OF ANDROSTENEDIONE	34.38										
03	82160	ANDROSTERONE; RIA	29.38										
04	82160	ANDROSTERONE; RIA	31.08										
08	82160	ANDROSTERONE; RIA	29.38										
03	82163	RIA ASSAY OF ANGIOTENSIN II	23.21										
04	82163	RIA ASSAY OF ANGIOTENSIN II	23.98										
08	82163	RIA ASSAY OF ANGIOTENSIN II	23.21										
03	82164	ANGIOTENSIN-CONVERTING ENZYME	17.14										
04	82164	ANGIOTENSIN-CONVERT.ENZYME	18.01										
08	82164	ANGIOTENSIN-CONVERTING ENZYME	17.14										
03	82175	ASSAY OF ARSENIC	22.29										
04	82175	ASSAY OF ARSENIC	23.39										
08	82175	ASSAY OF ARSENIC	22.29										
03	82180	ASSAY OF ASCORBIC ACID	9.42										
04	82180	ASSAY OF ASCORBIC ACID	9.72										
08	82180	ASSAY OF ASCORBIC ACID	9.42										
03	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	9.07										X
04	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	9.38										X
08	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	9.07										X
03	82205	ASSAY OF BARBITURATES	13.43										X
04	82205	ASSAY OF BARBITURATES	14.21										X
08	82205	ASSAY OF BARBITURATES	13.43										X
03	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	19.01										
04	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	20.11										
08	82232	BETA-2 MICROGLOBULIN,RIA;SERUM	19.01										
03	82239	BILE ACIDS;	20.32										
04	82239	BILE ACIDS;	21.50										
08	82239	BILE ACIDS;	20.32										
03	82240	ASSAY BILE ACIDS IN BLOOD	31.22										
04	82240	ASSAY BILE ACIDS IN BLOOD	33.03										
08	82240	ASSAY BILE ACIDS IN BLOOD	31.22										
03	82247	BILIRUBIN TOTAL	4.82										
04	82247	BILIRUBIN TOTAL	4.98										
08	82247	BILIRUBIN TOTAL	4.82										
03	82248	BILIRUBIN DIRECT	4.82										
04	82248	BILIRUBIN DIRECT	4.98										
08	82248	BILIRUBIN DIRECT	4.82										
03	82252	FECAL BILIRUBIN TEST	5.35										
04	82252	FECAL BILIRUBIN TEST	5.65										
08	82252	FECAL BILIRUBIN TEST	5.35										
03	82261	ASSAY BIOTINIDASE	23.31										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	82261	ASSAY BIOTINIDASE	24.09										X
08	82261	ASSAY BIOTINIDASE	23.31										X
03	82270	TEST FECES FOR BLOOD	2.95										X
04	82270	TEST FECES FOR BLOOD	3.12										
08	82270	TEST FECES FOR BLOOD	2.95										X
03	82271	OCCULT BLOOD, FECES, SINGLE	4.54										
04	82271	OCCULT BLOOD, FECES, SINGLE	4.69										
08	82271	OCCULT BLOOD, FECES, SINGLE	4.54										
03	82272	BLOOD OCCULT PEROXIDASE	4.54										
04	82272	BLOOD OCCULT PEROXIDASE	4.69										
08	82272	BLOOD OCCULT PEROXIDASE	4.54										
03	82274	ASSAY TEST FOR BLOOD, FECAL	89.01										
04	82274	ASSAY TEST FOR BLOOD, FECAL	MP										
08	82274	ASSAY TEST FOR BLOOD, FECAL	MP										
03	82286	ASSAY OF BRADYKININ	8.09										
04	82286	ASSAY OF BRADYKININ	8.55										
08	82286	ASSAY OF BRADYKININ	8.09										
03	82300	ASSAY CADMIUM IN URINE	27.17										
04	82300	ASSAY CADMIUM IN URINE	28.76										
08	82300	ASSAY CADMIUM IN URINE	27.17										
03	82306	CALCIFEDIOL,CHROMATOGRAPHIC TECHNIQU	34.77										
04	82306	CALCIFEDIOL,CHROMATOGRAPHIC TECHNIQU	36.79										
08	82306	CALCIFEDIOL,CHROMATOGRAPHIC TECHNIQU	34.77										
03	82307	CALCIFEROL, RIA	37.86										
04	82307	CALCIFEROL, RIA	40.05										
08	82307	CALCIFEROL, RIA	37.86										
03	82308	RIA ASSAY OF CALCITONIN	31.46										
04	82308	RIA ASSAY OF CALCITONIN	33.28										
08	82308	RIA ASSAY OF CALCITONIN	31.46										
03	82310	ASSAY CALCIUM IN BLOOD	6.04										X
04	82310	ASSAY CALCIUM IN BLOOD	6.39										X
08	82310	ASSAY CALCIUM IN BLOOD	6.04										X
03	82330	ASSAY CALCIUM IN BLOOD	16.06										
04	82330	ASSAY CALCIUM IN BLOOD	16.98										
08	82330	ASSAY CALCIUM IN BLOOD	16.06										
03	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	6.08										
04	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	6.42										
08	82331	ASSAY CALCIUM IN BLD;AFT CAL INF TST	6.08										
03	82340	ASSAY CALCIUM IN URINE	7.09										
04	82340	ASSAY CALCIUM IN URINE	7.50										
08	82340	ASSAY CALCIUM IN URINE	7.09										
03	82355	CALCULUS (STONE) ANALYSIS	13.59										
04	82355	CALCULUS (STONE) ANALYSIS	14.39										
08	82355	CALCULUS (STONE) ANALYSIS	13.59										
03	82360	CALCULUS (STONE) ASSAY	15.13										
04	82360	CALCULUS (STONE) ASSAY	16.01										
08	82360	CALCULUS (STONE) ASSAY	15.13										
03	82365	CALCULUS (STONE) ASSAY	15.15										
04	82365	CALCULUS (STONE) ASSAY	16.03										
08	82365	CALCULUS (STONE) ASSAY	15.15										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	82370	X-RAY ASSAY,CALCULUS (STONE)	14.71										
04	82370	X-RAY ASSAY,CALCULUS (STONE)	15.57										
08	82370	X-RAY ASSAY,CALCULUS (STONE)	14.71										
03	82373	ASSAY, C-D TRANSFER MEASURE	9.95										
04	82373	ASSAY, C-D TRANSFER MEASURE	10.28										
08	82373	ASSAY, C-D TRANSFER MEASURE	9.95										
03	82374	ASSAY BLOOD CARBON DIOXIDE	5.58										X
04	82374	ASSAY BLOOD CARBON DIOXIDE	5.89										X
08	82374	ASSAY BLOOD CARBON DIOXIDE	5.58										X
03	82375	ASSAY BLOOD CARBON MONOXIDE	14.48										X
04	82375	ASSAY BLOOD CARBON MONOXIDE	15.32										X
08	82375	ASSAY BLOOD CARBON MONOXIDE	14.48										X
03	82376	TEST FOR CARBON MONOXIDE	7.04										X
04	82376	TEST FOR CARBON MONOXIDE	7.44										X
08	82376	TEST FOR CARBON MONOXIDE	7.04										X
03	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	22.24										
04	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	23.53										
08	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	22.24										
03	82379	ASSAY CARNITINE	23.31										X
04	82379	ASSAY CARNITINE	24.09										X
08	82379	ASSAY CARNITINE	23.31										X
03	82380	ASSAY BLOOD CAROTENE	10.84										
04	82380	ASSAY BLOOD CAROTENE	11.47										
08	82380	ASSAY BLOOD CAROTENE	10.84										
03	82382	ASSAY URINE CATECHOLAMINES	20.20										
04	82382	ASSAY URINE CATECHOLAMINES	21.38										
08	82382	ASSAY URINE CATECHOLAMINES	20.20										
03	82383	ASSAY BLOOD CATECHOLAMINES	29.44										
04	82383	ASSAY BLOOD CATECHOLAMINES	31.15										
08	82383	ASSAY BLOOD CATECHOLAMINES	29.44										
03	82384	ASSAY THREE CATECHOLAMINES	29.67										
04	82384	ASSAY THREE CATECHOLAMINES	31.39										
08	82384	ASSAY THREE CATECHOLAMINES	29.67										
03	82387	CATHEPSIN-D	8.57										
04	82387	CATHEPSIN-D	8.86										
08	82387	CATHEPSIN-D	8.57										
03	82390	ASSAY BLOOD CERULOPLASMIN	12.61										
04	82390	ASSAY BLOOD CERULOPLASMIN	13.35										
08	82390	ASSAY BLOOD CERULOPLASMIN	12.61										
03	82397	CHEMILUMINESCENT ASSAY	5.17										
04	82397	CHEMILUMINESCENT ASSAY	5.34										
08	82397	CHEMILUMINESCENT ASSAY	5.17										
03	82415	ASSAY BLOOD CHLORAMPHENICOL	14.88										
04	82415	ASSAY BLOOD CHLORAMPHENICOL	15.75										
08	82415	ASSAY BLOOD CHLORAMPHENICOL	14.88										
03	82435	ASSAY BLOOD CHLORIDES	5.45										X
04	82435	ASSAY BLOOD CHLORIDES	5.76										X
08	82435	ASSAY BLOOD CHLORIDES	5.45										X
03	82436	ASSAY URINE CHLORIDES	5.91										
04	82436	ASSAY URINE CHLORIDES	6.25										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	82436	ASSAY URINE CHLORIDES	5.91										
03	82438	ASSAY SPINAL FLUID CHLORIDES	5.75										
04	82438	ASSAY SPINAL FLUID CHLORIDES	6.08										
08	82438	ASSAY SPINAL FLUID CHLORIDES	5.75										
03	82441	TEST FOR CHLOROHYDROCARBONS	7.06										
04	82441	TEST FOR CHLOROHYDROCARBONS	7.35										
08	82441	TEST FOR CHLOROHYDROCARBONS	7.06										
03	82465	ASSAY SERUM CHOLESTEROL	3.99										
04	82465	ASSAY SERUM CHOLESTEROL	4.61										
08	82465	ASSAY SERUM CHOLESTEROL	3.99										
03	82480	ASSAY SERUM CHOLINESTERASE	9.26										
04	82480	ASSAY SERUM CHOLINESTERASE	9.79										
08	82480	ASSAY SERUM CHOLINESTERASE	9.26										
03	82482	ASSAY RBC CHOLINESTERASE	9.03										X
04	82482	ASSAY RBC CHOLINESTERASE	9.55										X
08	82482	ASSAY RBC CHOLINESTERASE	9.03										X
03	82485	ASSAY CHONDROITIN SULFATE	24.27										
04	82485	ASSAY CHONDROITIN SULFATE	25.67										
08	82485	ASSAY CHONDROITIN SULFATE	24.27										
03	82486	GAS/LIQUID CHROMATOGRAPHY	21.22										
04	82486	GAS/LIQUID CHROMATOGRAPHY	22.45										
08	82486	GAS/LIQUID CHROMATOGRAPHY	21.22										
03	82487	PAPER CHROMATOGRAPHY	18.75										
04	82487	PAPER CHROMATOGRAPHY	19.84										
08	82487	PAPER CHROMATOGRAPHY	18.75										
03	82488	PAPER CHROMATOGRAPHY	25.10										
04	82488	PAPER CHROMATOGRAPHY	26.56										
08	82488	PAPER CHROMATOGRAPHY	25.10										
03	82489	THIN LAYER CHROMATOGRAPHY	21.73										
04	82489	THIN LAYER CHROMATOGRAPHY	22.99										
08	82489	THIN LAYER CHROMATOGRAPHY	21.73										
03	82491	CHROMOTOGRAPHY, QUANTITATIVE;	21.22										
04	82491	CHROMOTOGRAPHY, QUANTITATIVE;	22.45										
08	82491	CHROMOTOGRAPHY, QUANTITATIVE;	21.22										
03	82492	CHROMOTOGRAPHY, QUANT, MULT	24.96										
04	82492	CHROMOTOGRAPHY, QUANT, MULT	25.79										
08	82492	CHROMOTOGRAPHY, QUANT, MULT	24.96										
03	82495	ASSAY URINE CHROMIUM	23.83										
04	82495	ASSAY URINE CHROMIUM	25.21										
08	82495	ASSAY URINE CHROMIUM	23.83										
03	82507	ASSAY CITRIC ACID	32.67										
04	82507	ASSAY CITRIC ACID	34.56										
08	82507	ASSAY CITRIC ACID	32.67										
03	82520	COCAINE,QUANTITATIVE	17.81										
04	82520	COCAINE,QUANTITATIVE	18.84										
08	82520	COCAINE,QUANTITATIVE	17.81										
03	82523	COLLAGEN CROSSLINKS	25.83										
08	82523	COLLAGEN CROSSLINKS	25.83										
03	82525	ASSAY BLOOD COPPER	14.62										
04	82525	ASSAY BLOOD COPPER	15.47										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	82525	ASSAY BLOOD COPPER	14.62										
03	82528	RIA ASSAY CORTICOSTERONE	18.73										
04	82528	RIA ASSAY CORTICOSTERONE	19.34										
08	82528	RIA ASSAY CORTICOSTERONE	18.73										
03	82530	CORTISOL;	19.92										
04	82530	CORTISOL;	21.08										
08	82530	CORTISOL;	19.92										
03	82533	RIA ASSAY PLASMA CORTISOL	19.17										X
04	82533	RIA ASSAY PLASMA CORTISOL	20.28										X
08	82533	RIA ASSAY PLASMA CORTISOL	19.17										X
03	82540	CREATINE BLOOD	5.40										
04	82540	CREATINE BLOOD	5.71										
08	82540	CREATINE BLOOD	5.40										
03	82541	COLUMN CHROMOTOGRAPHY QUAL	24.96										
04	82541	COLUMN CHROMOTOGRAPHY QUAL	25.79										
08	82541	COLUMN CHROMOTOGRAPHY QUAL	24.96										
03	82542	COLUMN CHROMOTOGRAPHY QUANT	24.96										
04	82542	COLUMN CHROMOTOGRAPHY QUANT	25.79										
08	82542	COLUMN CHROMOTOGRAPHY QUANT	24.96										
03	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	24.96										
04	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	25.79										
08	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	24.96										
03	82544	COLUMN CHROMOTOGRAPHY QUANT	24.96										
04	82544	COLUMN CHROMOTOGRAPHY QUANT	25.79										
08	82544	COLUMN CHROMOTOGRAPHY QUANT	24.96										
03	82550	ASSAY CPK IN BLOOD	7.70										X
04	82550	ASSAY CPK IN BLOOD	8.15										X
08	82550	ASSAY CPK IN BLOOD	7.70										X
03	82552	ASSAY CPK IN BLOOD	15.73										X
04	82552	ASSAY CPK IN BLOOD	16.64										
08	82552	ASSAY CPK IN BLOOD	15.73										X
03	82553	CREATINE KINASE (CK), (CPK);	13.57										
04	82553	CREATINE KINASE (CK), (CPK);	14.35										
08	82553	CREATINE KINASE (CK), (CPK);	13.57										
03	82554	CREATINE KINASE (CK), (CPK);	13.55										
04	82554	CREATINE KINASE (CK), (CPK);	14.34										
08	82554	CREATINE KINASE (CK), (CPK);	13.55										
03	82565	ASSAY BLOOD CREATININE	6.01										X
04	82565	ASSAY BLOOD CREATININE	6.36										X
08	82565	ASSAY BLOOD CREATININE	6.01										X
03	82570	ASSAY URINE CREATININE	6.08										
04	82570	ASSAY URINE CREATININE	6.42										
08	82570	ASSAY URINE CREATININE	6.08										
03	82575	CREATININE CLEARANCE TEST	11.08										
04	82575	CREATININE CLEARANCE TEST	11.73										
08	82575	CREATININE CLEARANCE TEST	11.08										
03	82585	ASSAY BLOOD CRYOFIBRINOGEN	10.07										X
04	82585	ASSAY BLOOD CRYOFIBRINOGEN	10.66										X
08	82585	ASSAY BLOOD CRYOFIBRINOGEN	10.07										X
03	82595	ASSAY BLOOD CRYOGLOBULIN	7.61										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	82595	ASSAY BLOOD CRYOGLOBULIN	8.05										
08	82595	ASSAY BLOOD CRYOGLOBULIN	7.61										
03	82600	ASSAY BLOOD CYANIDE	22.79										
04	82600	ASSAY BLOOD CYANIDE	24.12										
08	82600	ASSAY BLOOD CYANIDE	22.79										
03	82607	RIA ASSAY FOR VITAMIN B-12	17.71										
04	82607	RIA ASSAY FOR VITAMIN B-12	18.74										
08	82607	RIA ASSAY FOR VITAMIN B-12	17.71										
03	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	7.86										
04	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	8.17										
08	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	7.86										
03	82615	TEST FOR URINE CYSTINES	9.60										
04	82615	TEST FOR URINE CYSTINES	10.16										
08	82615	TEST FOR URINE CYSTINES	9.60										
03	82626	DEHYDROEPIANDROSTERONE, RIA	29.69										
04	82626	DEHYDROEPIANDROSTERONE, RIA	31.41										
08	82626	DEHYDROEPIANDROSTERONE, RIA	29.69										
03	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	26.12										
04	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	27.63										
08	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	26.12										
03	82633	DESOXYCORTICOSTERONE, RIA	36.39										
04	82633	DESOXYCORTICOSTERONE, RIA	38.50										
08	82633	DESOXYCORTICOSTERONE, RIA	36.39										
03	82634	DESOXYCORTISOL, RIA	34.38										
04	82634	DESOXYCORTISOL, RIA	36.38										
08	82634	DESOXYCORTISOL, RIA	34.38										
03	82638	ASSAY DIBUCAINE NUMBER	14.39										
04	82638	ASSAY DIBUCAINE NUMBER	15.22										
08	82638	ASSAY DIBUCAINE NUMBER	14.39										
03	82646	ASSAY OF DIHYDROCODINONE	18.73										
04	82646	ASSAY OF DIHYDROCODINONE	19.34										
08	82646	ASSAY OF DIHYDROCODINONE	18.73										
03	82649	ASSAY OF DIHYDROMORPHINONE	30.19										
04	82649	ASSAY OF DIHYDROMORPHINONE	31.95										
08	82649	ASSAY OF DIHYDROMORPHINONE	30.19										
03	82651	DIHYDROTESTOSTERONE ASSAY	18.73										
04	82651	DIHYDROTESTOSTERONE ASSAY	19.34										
08	82651	DIHYDROTESTOSTERONE ASSAY	18.73										
03	82652	DIHYDROXYVITAMIN D, 1,25-	18.73										X
04	82652	DIHYDROXYVITAMIN D,1,25-	19.34										
08	82652	DIHYDROXYVITAMIN D, 1,25-	18.73										X
03	82657	ENZYME CELL ACTIVITY	24.96										
04	82657	ENZYME CELL ACTIVITY	25.79										
08	82657	ENZYME CELL ACTIVITY	24.96										
03	82658	ENZYME CELL ACTIVITY RA	24.96										
04	82658	ENZYME CELL ACTIVITY RA	25.79										
08	82658	ENZYME CELL ACTIVITY RA	24.96										
03	82664	ELECTROPHORETIC TEST	12.38										
04	82664	ELECTROPHORETIC TEST	12.80										
08	82664	ELECTROPHORETIC TEST	12.38										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	82666	EPIANDROSTERONE ASSAY	18.73										
04	82666	EPIANDROSTERONE ASSAY	19.34										
08	82666	EPIANDROSTERONE ASSAY	18.73										
03	82668	ERYTHROPOIETIN BIOASSAY	22.08										
04	82668	ERYTHROPOIETIN BIOASSAY	23.19										
08	82668	ERYTHROPOIETIN BIOASSAY	22.08										
03	82670	RIA ASSAY OF ESTRADIOL	32.83										
04	82670	RIA ASSAY OF ESTRADIOL	34.74										
08	82670	RIA ASSAY OF ESTRADIOL	32.83										
03	82671	ESTROGENS ASSAY	37.94										
04	82671	ESTROGENS ASSAY	40.14										
08	82671	ESTROGENS ASSAY	37.94										
03	82672	ESTROGEN ASSAY	25.47										
04	82672	ESTROGEN ASSAY	26.96										
08	82672	ESTROGEN ASSAY	25.47										
03	82677	RIA ASSAY OF ESTRIOL	28.53										
04	82677	RIA ASSAY OF ESTRIOL	30.19										
08	82677	RIA ASSAY OF ESTRIOL	28.53										
03	82679	RIA ASSAY OF ESTRONE	29.33										
04	82679	RIA ASSAY OF ESTRONE	31.02										
08	82679	RIA ASSAY OF ESTRONE	29.33										
03	82690	ASSAY BLOOD ETHCHLORVYNOL	20.31										
04	82690	ASSAY BLOOD ETHCHLORVYNOL	21.49										
08	82690	ASSAY BLOOD ETHCHLORVYNOL	20.31										
03	82693	ETHYLENE GLYCOL	17.70										
04	82693	ETHYLENE GLYCOL	18.28										
08	82693	ETHYLENE GLYCOL	17.70										
03	82696	ASSAY OF ETIOCHOLANOLONE, RIA	16.36										
04	82696	ASSAY OF ETIOCHOLANOLONE, RIA	16.90										
08	82696	ASSAY OF ETIOCHOLANOLONE, RIA	16.36										
03	82705	FATS/LIPIDS,FECES,SCREENING	5.98										
04	82705	FATS/LIPIDS,FECES,SCREENING	6.34										
08	82705	FATS/LIPIDS,FECES,SCREENING	5.98										
03	82710	FATS/LIPIDS, FECES, ASSAY	19.74										
04	82710	FATS/LIPIDS, FECES, ASSAY	20.88										
08	82710	FATS/LIPIDS, FECES, ASSAY	19.74										
03	82715	FECAL FAT ASSAY	20.22										
04	82715	FECAL FAT ASSAY	21.39										
08	82715	FECAL FAT ASSAY	20.22										
03	82725	ASSAY BLOOD FATTY ACIDS	15.65										
04	82725	ASSAY BLOOD FATTY ACIDS	16.56										
08	82725	ASSAY BLOOD FATTY ACIDS	15.65										
03	82726	LONG CHAIN FATTY ACIDS	24.96										
04	82726	LONG CHAIN FATTY ACIDS	25.79										
08	82726	LONG CHAIN FATTY ACIDS	24.96										
03	82728	FERRITIN, SPECIFY METHOD	16.01										
04	82728	FERRITIN, SPECIFY METHOD	16.93										
08	82728	FERRITIN, SPECIFY METHOD	16.01										
03	82731	FETAL FIBRONECTIN	80.11										
04	82731	FETAL FIBRONECTIN	21.52										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	82731	FETAL FIBRONECTIN	20.83										
03	82735	ASSAY BLOOD FLUROIDE	21.79										
04	82735	ASSAY BLOOD FLUROIDE	23.04										
08	82735	ASSAY BLOOD FLUROIDE	21.79										
03	82742	ASSAY OF FLURAZEPAM	23.26										
04	82742	ASSAY OF FLURAZEPAM	24.61										
08	82742	ASSAY OF FLURAZEPAM	23.26										
03	82746	BLOOD FOLIC ACID RIA	17.27										
04	82746	BLOOD FOLIC ACID RIA	18.27										
08	82746	BLOOD FOLIC ACID RIA	17.27										
03	82747	FOLIC ACID;	19.15										
04	82747	FOLIC ACID;	19.79										
08	82747	FOLIC ACID;	19.15										
03	82757	ASSAY SEMEN FRUCTOSE	10.71										
04	82757	ASSAY SEMEN FRUCTOSE	11.05										
08	82757	ASSAY SEMEN FRUCTOSE	10.71										
03	82759	RBC GALACTOKINASE ASSAY	25.24										
04	82759	RBC GALACTOKINASE ASSAY	26.71										
08	82759	RBC GALACTOKINASE ASSAY	25.24										
03	82760	ASSAY BLOOD GALACTOSE	13.15										X
04	82760	ASSAY BLOOD GALACTOSE	13.92										X
08	82760	ASSAY BLOOD GALACTOSE	13.15										X
03	82775	ASSAY GALACTOSE TRANSFERASE	23.71										
04	82775	ASSAY GALACTOSE TRANSFERASE	24.42										
08	82775	ASSAY GALACTOSE TRANSFERASE	23.71										
03	82776	GALACTOSE TRANSFERASE TEST	9.42										
04	82776	GALACTOSE TRANSFERASE TEST	9.72										
08	82776	GALACTOSE TRANSFERASE TEST	9.42										
03	82784	GAMMAGLOB.A,D,G,M NEPHELOMETRIC,EACH	10.92										X
04	82784	GAMMAGLOB.A,D,G,M NEPHELOMETRIC,EACH	11.56										X
08	82784	GAMMAGLOB.A,D,G,M NEPHELOMETRIC,EACH	10.92										X
03	82785	RIA ASSAY GAMMAGLOBULIN E	19.35										
04	82785	RIA ASSAY GAMMAGLOBULIN E	20.47										
08	82785	RIA ASSAY GAMMAGLOBULIN E	19.35										
03	82787	GAMMAGLOBULIN;	6.79										
04	82787	GAMMAGLOBULIN;	22.29										
08	82787	GAMMAGLOBULIN;	6.70										
03	82800	BLOOD PH	9.95										X
04	82800	BLOOD PH	10.52										X
08	82800	BLOOD PH	9.95										X
03	82803	BLOOD GASES: PH, PO2 & PCO2	5.79										X
04	82803	BLOOD GASES: PH, PO2 & PCO2	6.00										X
08	82803	BLOOD GASES: PH, PO2 & PCO2	5.79										X
03	82805	GASES, BLOOD, ANY COMBINATION OF PH,	10.06										
04	82805	GASES, BLOOD, ANY COMBINATION OF PH,	10.40										
08	82805	GASES, BLOOD, ANY COMBINATION OF PH,	10.06										
03	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.27										
04	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.41										
08	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	4.27										
03	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	11.80										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	12.48										
08	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	11.80										
03	82926	ASSAY GASTRIC ACID	5.15										
04	82926	ASSAY GASTRIC ACID	5.32										
08	82926	ASSAY GASTRIC ACID	5.15										
03	82928	ASSAY GASTRIC ACID	7.69										
04	82928	ASSAY GASTRIC ACID	8.14										
08	82928	ASSAY GASTRIC ACID	7.69										
03	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	20.79										
04	82938	GASTRN-AFTER SECRETIN STIMULA	21.99										
08	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	20.79										
03	82941	RIA ASSAY OF GASTRIN	20.71										X
04	82941	RIA ASSAY OF GASTRIN	21.92										X
08	82941	RIA ASSAY OF GASTRIN	20.71										X
03	82943	RIA ASSAY OF GLUCAGON	16.79										
04	82943	RIA ASSAY OF GLUCAGON	17.75										
08	82943	RIA ASSAY OF GLUCAGON	16.79										
03	82945	GLUCOSE OTHER FLUID	5.42										
04	82945	GLUCOSE OTHER FLUID	5.60										
08	82945	GLUCOSE OTHER FLUID	5.42										
03	82946	GLUCAGON TOLERANCE TEST	12.93										
04	82946	GLUCAGON TOLERANCE TEST	13.34										
08	82946	GLUCAGON TOLERANCE TEST	12.93										
03	82947	ASSAY BODY FLUID, GLUCOSE	4.62										X
04	82947	ASSAY BODY FLUID, GLUCOSE	4.89										X
08	82947	ASSAY BODY FLUID, GLUCOSE	4.62										X
03	82948	STICK ASSAY OF BLOOD GLUCOSE	3.71										X
04	82948	STICK ASSAY OF BLOOD GLUCOSE	3.93										X
08	82948	STICK ASSAY OF BLOOD GLUCOSE	3.71										X
03	82950	GLUCOSE TEST	4.84										
04	82950	GLUCOSE TEST	5.59										
08	82950	GLUCOSE TEST	4.84										
03	82951	GLUCOSE TOLERANCE TEST (GTT)	13.61										
04	82951	GLUCOSE TOLERANCE TEST (GTT)	15.71										
08	82951	GLUCOSE TOLERANCE TEST (GTT)	13.61										
03	82952	GTT-ADDED SAMPLES	4.05										X
04	82952	GTT-ADDED SAMPLES	4.68										
08	82952	GTT-ADDED SAMPLES	4.05										X
03	82953	GLUCOSE-TOLBUTAMIDE TEST	17.80										
04	82953	GLUCOSE-TOLBUTAMIDE TEST	18.83										
08	82953	GLUCOSE-TOLBUTAMIDE TEST	17.80										
03	82955	ASSAY G6PD ENZYME	11.39										
04	82955	ASSAY G6PD ENZYME	12.05										
08	82955	ASSAY G6PD ENZYME	11.39										
03	82960	TEST FOR G6PD ENZYME	7.12										
04	82960	TEST FOR G6PD ENZYME	7.54										
08	82960	TEST FOR G6PD ENZYME	7.12										
03	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.71										X
04	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.93										X
08	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	3.71										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	82963	GLUCOSIDASE,BETA	25.24										
04	82963	GLUCOSIDASE,BETA	26.71										
08	82963	GLUCOSIDASE,BETA	25.24										
03	82965	ASSAY BLOOD GDH ENZYME	9.08										
04	82965	ASSAY BLOOD GDH ENZYME	9.60										
08	82965	ASSAY BLOOD GDH ENZYME	9.08										
03	82975	ASSAY SPINAL FLUID GLUTAMINE	18.60										
04	82975	ASSAY SPINAL FLUID GLUTAMINE	19.68										
08	82975	ASSAY SPINAL FLUID GLUTAMINE	18.60										
03	82977	ASSAY OF GGT ENZYME	8.49										
04	82977	ASSAY OF GGT ENZYME	8.98										
08	82977	ASSAY OF GGT ENZYME	8.49										
03	82978	GLUTATHIONE ASSAY	16.75										
04	82978	GLUTATHIONE ASSAY	17.72										
08	82978	GLUTATHIONE ASSAY	16.75										
03	82979	ASSAY RBC GLUTATHIONE ENZYME	7.86										
04	82979	ASSAY RBC GLUTATHIONE ENZYME	8.12										
08	82979	ASSAY RBC GLUTATHIONE ENZYME	7.86										
03	82980	ASSAY OF GLUTETHIMIDE	21.52										
04	82980	ASSAY OF GLUTETHIMIDE	22.76										
08	82980	ASSAY OF GLUTETHIMIDE	21.52										
03	82985	GLYCOPROTEIN ELECTROPHORESIS	17.71										
04	82985	GLYCOPROTEIN ELECTROPHORESIS	18.74										
08	82985	GLYCOPROTEIN ELECTROPHORESIS	17.71										
03	83001	PITUITARY GONADOTROPIN RIA	21.84										
04	83001	PITUITARY GONADOTROPIN RIA	23.10										
08	83001	PITUITARY GONADOTROPIN RIA	21.84										
03	83002	PITUITARY GONADOTROPINS RIA	21.76										
04	83002	PITUITARY GONADOTROPINS RIA	23.02										
08	83002	PITUITARY GONADOTROPINS RIA	21.76										
03	83003	RIA ASSAY GROWTH HORMONE	19.58										
04	83003	RIA ASSAY GROWTH HORMONE	20.71										
08	83003	RIA ASSAY GROWTH HORMONE	19.58										
03	83008	RIA ASSAY GUANOSINE	16.15										
04	83008	RIA ASSAY GUANOSINE	16.74										
08	83008	RIA ASSAY GUANOSINE	16.15										
03	83009	H PYLORI (C-13), BLOOD	40.44										
04	83009	H PYLORI (C-13), BLOOD	41.79										
08	83009	H PYLORI (C-13), BLOOD	40.44										
03	83010	CHEM ASSAY HAPTOGLOBIN	14.77										
04	83010	CHEM ASSAY HAPTOGLOBIN	15.63										
08	83010	CHEM ASSAY HAPTOGLOBIN	14.77										
03	83012	ELP ASSAY HAPTOGLOBINS	20.20										
04	83012	ELP ASSAY HAPTOGLOBINS	21.38										
08	83012	ELP ASSAY HAPTOGLOBINS	20.20										
03	83013	H PYLORI BREATH TEST ANAL	40.00										
04	83013	H PYLORI BREATH TEST ANAL	41.33										
08	83013	H PYLORI BREATH TEST ANAL	40.00										
03	83014	H PYLORI DRUG ADMIN/COLLECT	10.86										
04	83014	H PYLORI DRUG ADMIN/COLLECT	11.22										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	83014	H PYLORI DRUG ADMIN/COLLECT	10.86										
03	83015	HEAVY METAL SCREENING	12.62										
04	83015	HEAVY METAL SCREENING	13.05										
08	83015	HEAVY METAL SCREENING	12.62										
03	83018	CHROMATOGRAPH SCREEN, METALS	9.45										
04	83018	CHROMATOGRAPH SCREEN, METALS	9.77										
08	83018	CHROMATOGRAPH SCREEN, METALS	9.45										
03	83020	ASSAY HEMOGLOBIN	14.28										X
04	83020	ASSAY HEMOGLOBIN	13.49										X
08	83020	ASSAY HEMOGLOBIN	14.28										X
03	83021	HEMOGLOBIN CHROMOTOGRAPHY	24.96										
04	83021	HEMOGLOBIN CHROMOTOGRAPHY	25.79										
08	83021	HEMOGLOBIN CHROMOTOGRAPHY	24.96										
03	83026	HEMOGLOBIN;	2.77										
04	83026	HEMOGLOBIN;	2.94										
08	83026	HEMOGLOBIN;	2.77										
03	83030	FETAL HEMOGLOBIN ASSAY	3.82										
04	83030	FETAL HEMOGLOBIN ASSAY	3.97										
08	83030	FETAL HEMOGLOBIN ASSAY	3.82										
03	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.00										
04	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.40										
08	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.00										
03	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	11.40										
04	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	12.07						X				
08	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	11.40										
03	83045	BLOOD METHEMOGLOBIN TEST	5.83										
04	83045	BLOOD METHEMOGLOBIN TEST	6.17										
08	83045	BLOOD METHEMOGLOBIN TEST	5.83										
03	83050	BLOOD METHEMOGLOBIN ASSAY	8.60										
04	83050	BLOOD METHEMOGLOBIN ASSAY	9.11										
08	83050	BLOOD METHEMOGLOBIN ASSAY	8.60										
03	83051	ASSAY PLASMA HEMOGLOBIN	8.59										
04	83051	ASSAY PLASMA HEMOGLOBIN	9.08										
08	83051	ASSAY PLASMA HEMOGLOBIN	8.59										
03	83055	BLOOD SULFHEMOGLOBIN TEST	5.78										
04	83055	BLOOD SULFHEMOGLOBIN TEST	6.12										
08	83055	BLOOD SULFHEMOGLOBIN TEST	5.78										
03	83060	BLOOD SULFHEMOGLOBIN ASSAY	9.72										
04	83060	BLOOD SULFHEMOGLOBIN ASSAY	10.28										
08	83060	BLOOD SULFHEMOGLOBIN ASSAY	9.72										
03	83065	HEMOGLOBIN HEAT ASSAY	8.09										
04	83065	HEMOGLOBIN HEAT ASSAY	8.55										
08	83065	HEMOGLOBIN HEAT ASSAY	8.09										
03	83068	HEMOGLOBIN STABILITY SCREEN	9.95										
04	83068	HEMOGLOBIN STABILITY SCREEN	10.52										
08	83068	HEMOGLOBIN STABILITY SCREEN	9.95										
03	83069	ASSAY URINE HEMOGLOBIN	4.64										
04	83069	ASSAY URINE HEMOGLOBIN	4.90										
08	83069	ASSAY URINE HEMOGLOBIN	4.64										
03	83070	ASSAY URINE HEMOSIDERIN	5.58										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	83070	ASSAY URINE HEMOSIDERIN	5.90										
08	83070	ASSAY URINE HEMOSIDERIN	5.58										
03	83071	HEMOSIDERIN,RIA	8.08										
04	83071	HEMOSIDERIN,RIA	8.55										
08	83071	HEMOSIDERIN,RIA	8.08										
03	83080	B HEXOSAMINIDASE ASSAY	23.31										X
04	83080	B HEXOSAMINIDASE ASSAY	24.09										X
08	83080	B HEXOSAMINIDASE ASSAY	23.31										X
03	83088	ASSAY HISTAMINE	34.69										
04	83088	ASSAY HISTAMINE	36.70										
08	83088	ASSAY HISTAMINE	34.69										
03	83090	ASSAY OF HOMOCYSTINE	23.31										
04	83090	ASSAY OF HOMOCYSTINE	24.09										
08	83090	ASSAY OF HOMOCYSTINE	23.31										
03	83150	ASSAY URINE FOR HVA	22.73										
04	83150	ASSAY URINE FOR HVA	24.04										
08	83150	ASSAY URINE FOR HVA	22.73										
03	83491	HYDROXYCORTICOSTEROIDS,17-RIA	20.58										
04	83491	HYDROXYCORTICOSTEROIDS,17-RIA	21.77										
08	83491	HYDROXYCORTICOSTEROIDS,17-RIA	20.58										
03	83497	ASSAY URINE 5-HIAA	15.15										
04	83497	ASSAY URINE 5-HIAA	16.03										
08	83497	ASSAY URINE 5-HIAA	15.15										
03	83498	RIA ASSAY OF PROGESTERONE	31.91										
04	83498	RIA ASSAY OF PROGESTERONE	33.76										
08	83498	RIA ASSAY OF PROGESTERONE	31.91										
03	83499	ASSAY OF PROGESTERONE	29.61										
04	83499	ASSAY OF PROGESTERONE	31.33										
08	83499	ASSAY OF PROGESTERONE	29.61										
03	83500	ASSAY URINE HYDROXYPROLINE	26.61										
04	83500	ASSAY URINE HYDROXYPROLINE	28.16										
08	83500	ASSAY URINE HYDROXYPROLINE	26.61										
03	83505	ASSAY URINE HYDROXYPROLINE	28.55										
04	83505	ASSAY URINE HYDROXYPROLINE	30.22										
08	83505	ASSAY URINE HYDROXYPROLINE	28.55										
03	83516	IMMUNOASSAY, NON ANTIBODY	13.92										
04	83516	IMMUNOASSAY, NON ANTIBODY	16.08										
08	83516	IMMUNOASSAY, NON ANTIBODY	13.92										
03	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	5.17										
04	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	5.34										
08	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	5.17										
03	83519	IMMUNOASSAY, ANALYTE;	5.17										
04	83519	IMMUNOASSAY, ANALYTE;	5.34										
08	83519	IMMUNOASSAY, ANALYTE;	5.17										
03	83520	IMMUNOASSAY, ANALYTE;	13.55										
04	83520	IMMUNOASSAY, ANALYTE;	14.00										
08	83520	IMMUNOASSAY, ANALYTE;	13.55										
03	83525	RIA ASSAY OF INSULIN	13.44										X
04	83525	RIA ASSAY OF INSULIN	14.21										X
08	83525	RIA ASSAY OF INSULIN	13.44										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	83527	INSULIN;	15.34										
04	83527	INSULIN;	16.23										
08	83527	INSULIN;	15.34										
03	83528	INTRINSIC FACTOR LEVEL	13.86										
04	83528	INTRINSIC FACTOR LEVEL	14.28										
08	83528	INTRINSIC FACTOR LEVEL	13.86										
03	83540	ASSAY SERUM IRON	5.97										
04	83540	ASSAY SERUM IRON	6.17										
08	83540	ASSAY SERUM IRON	5.97										
03	83550	SERUM IRON BINDING TEST	10.35										
04	83550	SERUM IRON BINDING TEST	10.95										
08	83550	SERUM IRON BINDING TEST	10.35										
03	83570	UV-ASSAY BLOOD IDH ENZYME	10.40										
04	83570	UV-ASSAY BLOOD IDH ENZYME	11.00										
08	83570	UV-ASSAY BLOOD IDH ENZYME	10.40										
03	83582	ASSAY URINE 17-KGS	16.65										
04	83582	ASSAY URINE 17-KGS	17.62										
08	83582	ASSAY URINE 17-KGS	16.65										
03	83586	ASSAY BLOOD 17-KETOSTEROIDS	15.04										
04	83586	ASSAY BLOOD 17-KETOSTEROIDS	15.91										
08	83586	ASSAY BLOOD 17-KETOSTEROIDS	15.04										
03	83593	CHROMATOGRAPH KETOSTEROIDS	9.46										
04	83593	CHROMATOGRAPH KETOSTEROIDS	9.77										
08	83593	CHROMATOGRAPH KETOSTEROIDS	9.46										
03	83605	LACTIC ACID ASSAY	12.55										X
04	83605	LACTIC ACID ASSAY	13.27										X
08	83605	LACTIC ACID ASSAY	12.55										X
03	83615	UV-ASSAY BLOOD LDH ENZYME	7.07										X
04	83615	UV-ASSAY BLOOD LDH ENZYME	7.48										X
08	83615	UV-ASSAY BLOOD LDH ENZYME	7.07										X
03	83625	ASSAY BLOOD LDH ENZYMES	10.29										X
04	83625	ASSAY BLOOD LDH ENZYMES	10.63										X
08	83625	ASSAY BLOOD LDH ENZYMES	10.29										X
03	83630	LACTOFERRIN, FECAL (QUAL)	16.12										
04	83630	LACTOFERRIN, FECAL (QUAL)	16.66										
08	83630	LACTOFERRIN, FECAL (QUAL)	16.12										
03	83632	RIA PLACENTAL LACTOGEN	23.74										
04	83632	RIA PLACENTAL LACTOGEN	25.12										
08	83632	RIA PLACENTAL LACTOGEN	23.74										
03	83633	TEST URINE FOR LACTOSE	6.47										
04	83633	TEST URINE FOR LACTOSE	6.85										
08	83633	TEST URINE FOR LACTOSE	6.47										
03	83634	ASSAY URINE FOR LACTOSE	8.99										
04	83634	ASSAY URINE FOR LACTOSE	9.30										
08	83634	ASSAY URINE FOR LACTOSE	8.99										
03	83655	ASSAY BLOOD FOR LEAD	14.22										
04	83655	ASSAY BLOOD FOR LEAD	15.04										
08	83655	ASSAY BLOOD FOR LEAD	14.22										
03	83661	ASSAY AMNIOTIC L/S RATIO	25.82										
04	83661	ASSAY AMNIOTIC L/S RATIO	27.32										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	83661	ASSAY AMNIOTIC L/S RATIO	25.82										
03	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	22.22										
04	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	23.51										
08	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	22.22										
03	83663	FLUORO POLARIZE, FETAL LUNG	13.07										
04	83663	FLUORO POLARIZE, FETAL LUNG	13.50										
08	83663	FLUORO POLARIZE, FETAL LUNG	13.07										
03	83664	LAMELLAR BDY, FETAL LUNG	6.53										
04	83664	LAMELLAR BDY, FETAL LUNG	6.74										
08	83664	LAMELLAR BDY, FETAL LUNG	6.53										
03	83670	UV-ASSAY BLOOD LAP ENZYME	10.73										
04	83670	UV-ASSAY BLOOD LAP ENZYME	11.35										
08	83670	UV-ASSAY BLOOD LAP ENZYME	10.73										
03	83690	ASSAY BLOOD LIPASE	8.09										
04	83690	ASSAY BLOOD LIPASE	8.55										
08	83690	ASSAY BLOOD LIPASE	8.09										
03	83695	ASSAY OF LIPOPROTEIN(A)	18.09										
04	83695	ASSAY OF LIPOPROTEIN(A)	18.69										
08	83695	ASSAY OF LIPOPROTEIN(A)	18.09										
03	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	47.43										
04	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	49.01										
08	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	47.43										
03	83701	LIPOPROTEIN BLD, HR FRACTION	34.68										
04	83701	LIPOPROTEIN BLD, HR FRACTION	35.84										
08	83701	LIPOPROTEIN BLD, HR FRACTION	34.68										
03	83704	LIPOPROTEIN, BLD, BY NMR	44.08										
04	83704	LIPOPROTEIN, BLD, BY NMR	45.55										
08	83704	LIPOPROTEIN, BLD, BY NMR	44.08										
03	83718	BLOOD LIPOPROTEIN ASSAY	9.51										
04	83718	BLOOD LIPOPROTEIN ASSAY	9.83										
08	83718	BLOOD LIPOPROTEIN ASSAY	9.51										
03	83719	LIPOPROTEIN,VLDL CHOLESTEROL	9.51										
04	83719	LIPOPROTEIN,VLDL CHOLESTEROL	9.92										
08	83719	LIPOPROTEIN,VLDL CHOLESTEROL	9.51										
03	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	9.51										
04	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	9.82										
08	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	9.51										
03	83727	LUTEINIZING RELEASING FACTOR, RIA	18.70										
04	83727	LUTEINIZING RELEASING FACTOR, RIA	19.29										
08	83727	LUTEINIZING RELEASING FACTOR, RIA	18.70										
03	83735	ASSAY BLOOD MAGNESIUM	7.82										X
04	83735	ASSAY BLOOD MAGNESIUM	8.27										X
08	83735	ASSAY BLOOD MAGNESIUM	7.82										X
03	83775	UV-ASSAY OF MD ENZYME	8.66										
04	83775	UV-ASSAY OF MD ENZYME	9.16										
08	83775	UV-ASSAY OF MD ENZYME	8.66										
03	83785	ASSAY OF MANGANESE	23.71										
04	83785	ASSAY OF MANGANESE	24.42										
08	83785	ASSAY OF MANGANESE	23.71										
03	83788	MASS SPECTROMETRY QUAL	24.96										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
04	83788	MASS SPECTROMETRY QUAL	25.79										X
08	83788	MASS SPECTROMETRY QUAL	24.96										X
03	83789	MASS SPECTROMETRY QUANT	24.96										X
04	83789	MASS SPECTROMETRY QUANT	25.79										X
08	83789	MASS SPECTROMETRY QUANT	24.96										X
03	83805	ASSAY OF MEPROBAMATE	20.71										
04	83805	ASSAY OF MEPROBAMATE	21.90										
08	83805	ASSAY OF MEPROBAMATE	20.71										
03	83825	ASSAY BLOOD MERCURY	19.01										
04	83825	ASSAY BLOOD MERCURY	20.11										
08	83825	ASSAY BLOOD MERCURY	19.01										
03	83835	ASSAY URINE METANEPHRINES	19.91										
04	83835	ASSAY URINE METANEPHRINES	21.06										
08	83835	ASSAY URINE METANEPHRINES	19.91										
03	83840	ASSAY METHADONE	19.18										
04	83840	ASSAY METHADONE	20.29										
08	83840	ASSAY METHADONE	19.18										
03	83857	ASSAY METHEMALBUMIN	12.61										
04	83857	ASSAY METHEMALBUMIN	13.35										
08	83857	ASSAY METHEMALBUMIN	12.61										
03	83858	ASSAY SERUM METHSUXIMIDE	11.80										
04	83858	ASSAY SERUM METHSUXIMIDE	12.20										
08	83858	ASSAY SERUM METHSUXIMIDE	11.80										
03	83864	BLOOD MUCOPOLYSACCHARIDES	23.38										
04	83864	BLOOD MUCOPOLYSACCHARIDES	24.74										
08	83864	BLOOD MUCOPOLYSACCHARIDES	23.38										
03	83866	MUCOPOLYSACCHARIDES SCREEN	11.08										
04	83866	MUCOPOLYSACCHARIDES SCREEN	11.38										
08	83866	MUCOPOLYSACCHARIDES SCREEN	11.08										
03	83872	ASSAY SYNOVIAL FLUID MUCIN	5.47										
04	83872	ASSAY SYNOVIAL FLUID MUCIN	5.67										
08	83872	ASSAY SYNOVIAL FLUID MUCIN	5.47										
03	83873	MYELIN BASIC PROTEIN,CSF,RIA	20.21										
04	83873	MYELIN BASIC PROTEIN,CSF,RIA	21.38										
08	83873	MYELIN BASIC PROTEIN,CSF,RIA	20.21										
03	83874	MYOGLOBIN ELECTROPHORESIS	11.22										
04	83874	MYOGLOBIN ELECTROPHORESIS	11.56										
08	83874	MYOGLOBIN ELECTROPHORESIS	11.22										
03	83880	NATRIURETIC PEPTIDE	47.43										
04	83880	NATRIURETIC PEPTIDE	49.01										
08	83880	NATRIURETIC PEPTIDE	47.43										
03	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.17										X
04	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.34										X
08	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	5.17										X
03	83885	ASSAY URINE FOR NICKEL	28.79										
04	83885	ASSAY URINE FOR NICKEL	30.47										
08	83885	ASSAY URINE FOR NICKEL	28.79										
03	83887	ASSAY NICOTINE	27.82										
04	83887	ASSAY NICOTINE	29.45										
08	83887	ASSAY NICOTINE	27.82										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
04	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.98										X
08	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
03	83891	MOLECULE ISOLATE NUCLEIC	5.54										
04	83891	MOLECULE ISOLATE NUCLEIC	5.72										
08	83891	MOLECULE ISOLATE NUCLEIC	5.54										
03	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
04	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.98										X
08	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
03	83893	MOLECULE DOT/SLOT/BLOT	5.54										
04	83893	MOLECULE DOT/SLOT/BLOT	5.72										
08	83893	MOLECULE DOT/SLOT/BLOT	5.54										
03	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
04	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.98										X
08	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
03	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
04	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.98										X
08	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.71										X
03	83897	MOLECULE NUCLEIC TRANSFER	5.54										
04	83897	MOLECULE NUCLEIC TRANSFER	5.72										
08	83897	MOLECULE NUCLEIC TRANSFER	5.54										
03	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	4.85										X
04	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	5.01										X
08	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	4.85										X
03	83901	MOLECULE NUCLEIC AMP	23.17										
04	83901	MOLECULE NUCLEIC AMP	23.94										
08	83901	MOLECULE NUCLEIC AMP	23.17										
03	83902	MOLECULAR DIAGNOSTICS	19.61										
04	83902	MOLECULAR DIAGNOSTICS	20.26									X	
08	83902	MOLECULAR DIAGNOSTICS	19.61										
03	83903	MOLECULE MUTATION SCAN	23.17										
04	83903	MOLECULE MUTATION SCAN	23.94										
08	83903	MOLECULE MUTATION SCAN	23.17										
03	83904	MOLECULE MUTATION IDENTIFY	23.17										
04	83904	MOLECULE MUTATION IDENTIFY	23.94										
08	83904	MOLECULE MUTATION IDENTIFY	23.17										
03	83905	MOLECULE MUTATION IDENTIFY	23.17										
04	83905	MOLECULE MUTATION IDENTIFY	23.94										
08	83905	MOLECULE MUTATION IDENTIFY	23.17										
03	83906	MOLECULE MUTATION IDENTIFY	23.17										
04	83906	MOLECULE MUTATION IDENTIFY	23.94										
08	83906	MOLECULE MUTATION IDENTIFY	23.17										
03	83907	LYSE CELLS FOR NUCLEIC EXT	18.66										
04	83907	LYSE CELLS FOR NUCLEIC EXT	19.28										
08	83907	LYSE CELLS FOR NUCLEIC EXT	18.66										
03	83908	NUCLEIC ACID, SIGNAL AMPLI	23.42										
04	83908	NUCLEIC ACID, SIGNAL AMPLI	24.20										
08	83908	NUCLEIC ACID, SIGNAL AMPLI	23.42										
03	83909	NUCLEIC ACID, HIGH RESOLUTE	23.42										
04	83909	NUCLEIC ACID, HIGH RESOLUTE	24.20										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	83909	NUCLEIC ACID, HIGH RESOLUTE	23.42										
03	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM.	4.71										
04	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM	4.55										
08	83912	NUCLEIC ACID PROBE,ELECTROPHOR,EXAM.	4.71										
03	83914	MUTATION IDENT OLA/SBCE/ASPE	23.42										
04	83914	MUTATION IDENT OLA/SBCE/ASPE	24.20										
08	83914	MUTATION IDENT OLA/SBCE/ASPE	23.42										
03	83915	ASSAY NUCLEOTIDASE	13.10										
04	83915	ASSAY NUCLEOTIDASE	13.86										
08	83915	ASSAY NUCLEOTIDASE	13.10										
03	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	18.36										
04	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	18.95										
08	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	18.36										
03	83918	ASSAY ORGANIC ACIDS	19.34										
04	83918	ASSAY ORGANIC ACIDS	20.46										
08	83918	ASSAY ORGANIC ACIDS	19.34										
03	83919	ASSAY ORGANIC ACIDS QUAL	22.75										
04	83919	ASSAY ORGANIC ACIDS QUAL	23.51										
08	83919	ASSAY ORGANIC ACIDS QUAL	22.75										
03	83921	ORGANIC ACID, SINGLE, QUANT	22.75										
04	83921	ORGANIC ACID, SINGLE, QUANT	23.51										
08	83921	ORGANIC ACID, SINGLE, QUANT	22.75										
03	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	22.86										
04	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	24.19										
08	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	22.86										
03	83930	ASSAY BLOOD OSMOLALITY	7.77										X
04	83930	ASSAY BLOOD OSMOLALITY	8.21										X
08	83930	ASSAY BLOOD OSMOLALITY	7.77										X
03	83935	ASSAY URINE OSMOLALITY	7.86										X
04	83935	ASSAY URINE OSMOLALITY	8.12										X
08	83935	ASSAY URINE OSMOLALITY	7.86										X
03	83937	OSTEOCALCIN (BONE G1A PROTEIN)	35.06										
04	83937	OSTEOCALCIN (BONE G1A PROTEIN)	37.11										
08	83937	OSTEOCALCIN (BONE G1A PROTEIN)	35.06										
03	83945	ASSAY URINE OXALATE	15.13										
04	83945	ASSAY URINE OXALATE	16.01										
08	83945	ASSAY URINE OXALATE	15.13										
03	83950	ONCORPROTEIN, HER-2/NEU	89.01										
04	83950	ONCORPROTEIN, HER-2/NEU	91.98									X	
08	83950	ONCORPROTEIN, HER-2/NEU	89.01										
03	83970	RIA ASSAY OF PARATHORMONE	48.48										
04	83970	RIA ASSAY OF PARATHORMONE	51.30										
08	83970	RIA ASSAY OF PARATHORMONE	48.48										
03	83986	ASSAY BODY FLUID ACIDITY	4.21										X
04	83986	ASSAY BODY FLUID ACIDITY	4.45										X
08	83986	ASSAY BODY FLUID ACIDITY	4.21										X
03	83992	ASSAY FOR PHENCYCLIDINE	17.26										
04	83992	ASSAY FOR PHENCYCLIDINE	18.26										
08	83992	ASSAY FOR PHENCYCLIDINE	17.26										
03	84022	ASSAY URINE PHENOTHIAZINE	17.28										

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	84022	ASSAY URINE PHENOTHIAZINE	17.86										
08	84022	ASSAY URINE PHENOTHIAZINE	17.28										
03	84030	ASSAY BLOOD PKU	6.47										X
04	84030	ASSAY BLOOD PKU	6.85										X
08	84030	ASSAY BLOOD PKU	6.47										X
03	84035	ASSAY BLOOD PHENYLKETONES	3.42										X
04	84035	ASSAY BLOOD PHENYLKETONES	3.53										X
08	84035	ASSAY BLOOD PHENYLKETONES	3.42										X
03	84060	ASSAY BLOOD ACID PHOSPHATASE	8.77										
04	84060	ASSAY BLOOD ACID PHOSPHATASE	9.28										
08	84060	ASSAY BLOOD ACID PHOSPHATASE	8.77										
03	84061	PHOSPHATASE, ACID;	8.68										
04	84061	PHOSPHATASE, ACID;	9.19										
08	84061	PHOSPHATASE, ACID;	8.68										
03	84066	ASSAY PROSTATE PHOSPHATASE, RIA	10.80										
04	84066	ASSAY PROSTATE PHOSPHATASE, RIA	11.16										
08	84066	ASSAY PROSTATE PHOSPHATASE, RIA	10.80										
03	84075	ASSAY ALKALINE PHOSPHATASE	6.08										
04	84075	ASSAY ALKALINE PHOSPHATASE	6.42										
08	84075	ASSAY ALKALINE PHOSPHATASE	6.08										
03	84078	ASSAY ALKALINE PHOSPHATASE	6.42										
04	84078	ASSAY ALKALINE PHOSPHATASE	6.63										
08	84078	ASSAY ALKALINE PHOSPHATASE	6.42										
03	84080	ASSAY ALKALINE PHOSPHATASES	17.37										
04	84080	ASSAY ALKALINE PHOSPHATASES	18.39										
08	84080	ASSAY ALKALINE PHOSPHATASES	17.37										
03	84081	PHOSPHATYDYLGLYCEROL	19.41										
04	84081	PHOSPHATYDYLGLYEROL	20.53										
08	84081	PHOSPHATYDYLGLYCEROL	19.41										
03	84085	ASSAY RBC PG6D ENZYME	7.92										X
04	84085	ASSAY RBC PG6D ENZYME	8.38										X
08	84085	ASSAY RBC PG6D ENZYME	7.92										X
03	84087	ASSAY PHOSPHOHEXOSE ENZYMES	12.13										
04	84087	ASSAY PHOSPHOHEXOSE ENZYMES	12.83										
08	84087	ASSAY PHOSPHOHEXOSE ENZYMES	12.13										
03	84100	ASSAY BLOOD PHOSPHORUS	5.56										
04	84100	ASSAY BLOOD PHOSPHORUS	5.88										
08	84100	ASSAY BLOOD PHOSPHORUS	5.56										
03	84105	ASSAY URINE PHOSPHORUS	6.08										
04	84105	ASSAY URINE PHOSPHORUS	6.42										
08	84105	ASSAY URINE PHOSPHORUS	6.08										
03	84106	TEST FOR PORPHOBILINOGEN	5.03										
04	84106	TEST FOR PORPHOBILINOGEN	5.32										
08	84106	TEST FOR PORPHOBILINOGEN	5.03										
03	84110	ASSAY PORPHOBILINOGEN	5.47										
04	84110	ASSAY PORPHOBILINOGEN	5.67										
08	84110	ASSAY PORPHOBILINOGEN	5.47										
03	84119	TEST URINE FOR PORPHYRINS	10.12										
04	84119	TEST URINE FOR PORPHYRINS	10.70										
08	84119	TEST URINE FOR PORPHYRINS	10.12										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	84120	ASSAY URINE PORPHYRINS	16.88										
04	84120	ASSAY URINE PORPHYRINS	17.44										
08	84120	ASSAY URINE PORPHYRINS	16.88										
03	84126	ASSAY FECES PORPHYRINS	29.92										
04	84126	ASSAY FECES PORPHYRINS	31.67										
08	84126	ASSAY FECES PORPHYRINS	29.92										
03	84127	PORPHYRINS, FECES;	11.10										
04	84127	PORPHYRINS, FECES;	11.47										
08	84127	PORPHYRINS, FECES;	11.10										
03	84132	ASSAY BLOOD POTASSIUM	5.45										X
04	84132	ASSAY BLOOD POTASSIUM	5.76										X
08	84132	ASSAY BLOOD POTASSIUM	5.45										X
03	84133	ASSAY URINE POTASSIUM	5.05										X
04	84133	ASSAY URINE POTASSIUM	5.35										X
08	84133	ASSAY URINE POTASSIUM	5.05										X
03	84134	PREALBUMIN	6.21										
04	84134	PREALBUMIN	6.42										
08	84134	PREALBUMIN	6.21										
03	84135	PREGNANEDIOL; RIA	7.77										
04	84135	PREGNANEDIOL; RIA	8.03										
08	84135	PREGNANEDIOL; RIA	7.77										
03	84138	PREGNANETRIOL;RIA	22.24										
04	84138	PREGNANETRIOL;RIA	23.52										
08	84138	PREGNANETRIOL;RIA	22.24										
03	84140	PREGNENOLONE	24.29										
04	84140	PREGNENOLONE	25.71										
08	84140	PREGNENOLONE	24.29										
03	84143	17-HYDROXYPREGNENOLONE	26.81										
04	84143	17-HYDROXYPREGNENOLONE	28.37										
08	84143	17-HYDROXYPREGNENOLONE	26.81										
03	84144	ASSAY PROGESTERONE	24.51										
04	84144	ASSAY PROGESTERONE	25.93										
08	84144	ASSAY PROGESTERONE	24.51										
03	84146	RIA ASSAY FOR PROLACTIN	22.75										
04	84146	RIA ASSAY FOR PROLACTIN	24.08										
08	84146	RIA ASSAY FOR PROLACTIN	22.75										
03	84150	RIA ASSAY OF PROSTAGLANDIN	24.91										
04	84150	RIA ASSAY OF PROSTAGLANDIN	25.75										
08	84150	RIA ASSAY OF PROSTAGLANDIN	24.91										
03	84152	ASSAY OF PSA, COMPLEXED	25.42				M						
04	84152	ASSAY OF PSA, COMPLEXED	26.27										
08	84152	ASSAY OF PSA, COMPLEXED	25.42										
03	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	21.61										
04	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	22.86										
08	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	21.61										
03	84154	PSA FREE	25.42										
04	84154	PSA FREE	26.27										
08	84154	PSA FREE	25.42										
03	84155	ASSAY SERUM PROTEIN	4.29										
04	84155	ASSAY SERUM PROTEIN	4.55										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 GSP	12 BASE	13 X-	14 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	84155	ASSAY SERUM PROTEIN	4.29											
03	84156	ASSAY OF PROTEIN, URINE	5.12											
04	84156	ASSAY OF PROTEIN, URINE	5.29											
08	84156	ASSAY OF PROTEIN, URINE	5.12											
03	84157	ASSAY OF PROTEIN, OTHER	5.12											
04	84157	ASSAY OF PROTEIN, OTHER	5.29											
08	84157	ASSAY OF PROTEIN, OTHER	5.12											
03	84160	ASSAY SERUM PROTEIN	5.47											
04	84160	ASSAY SERUM PROTEIN	5.67											
08	84160	ASSAY SERUM PROTEIN	5.47											
03	84163	PAPPA, SERUM	21.03	10	59			F						
04	84163	PAPPA, SERUM	21.73	10	59			F						
08	84163	PAPPA, SERUM	21.03	10	59			F						
03	84165	ASSAY SERUM PROTEINS	12.64											
04	84165	ASSAY SERUM PROTEINS	12.22											
08	84165	ASSAY SERUM PROTEINS	12.64											
03	84166	PROTEIN E-PHORESIS/URINE/CSF	24.92											
04	84166	PROTEIN E-PHORESIS/URINE/CSF	25.75											
08	84166	PROTEIN E-PHORESIS/URINE/CSF	24.92											
03	84182	PROTEIN;	18.69											X
04	84182	PROTEIN;	17.65											X
08	84182	PROTEIN;	18.69											X
03	84202	ASSAY RBC PROTOPORPHYRIN	16.86											
04	84202	ASSAY RBC PROTOPORPHYRIN	17.84											
08	84202	ASSAY RBC PROTOPORPHYRIN	16.86											
03	84203	TEST RBC PROTOPORPHYRIN	10.11											
04	84203	TEST RBC PROTOPORPHYRIN	10.70											
08	84203	TEST RBC PROTOPORPHYRIN	10.11											
03	84206	RIA ASSAY OF PROINSULIN	12.92											
04	84206	RIA ASSAY OF PROINSULIN	12.92											
08	84206	RIA ASSAY OF PROINSULIN	12.92											
03	84207	ASSAY VITAMIN B-6	15.73											
04	84207	ASSAY VITAMIN B-6	16.24											
08	84207	ASSAY VITAMIN B-6	15.73											
03	84210	ASSAY BLOOD PYRUVATE	12.76											
04	84210	ASSAY BLOOD PYRUVATE	13.50											
08	84210	ASSAY BLOOD PYRUVATE	12.76											
03	84220	ASSAY RBC PYRUVIC KINASE	11.08											
04	84220	ASSAY RBC PYRUVIC KINASE	11.73											
08	84220	ASSAY RBC PYRUVIC KINASE	11.08											
03	84228	ASSAY QUININE	13.67											
04	84228	ASSAY QUININE	14.46											
08	84228	ASSAY QUININE	13.67											
03	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	75.66											
04	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	80.05											
08	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	75.66											
03	84234	RECEPTOR ASSAY; PROGESTERONE	76.20											
04	84234	RECEPTOR ASSAY; PROGESTERONE	80.62											
08	84234	RECEPTOR ASSAY; PROGESTERONE	76.20											
03	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	61.46											

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	65.04										
08	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	61.46										
03	84238	RECEPTOR ASSAY;	42.95										
04	84238	RECEPTOR ASSAY;NON-ENDOCRINE	45.44										
08	84238	RECEPTOR ASSAY;	42.95										
03	84244	RIA ASSAY OF RENIN	25.84										X
04	84244	RIA ASSAY OF RENIN	27.34										X
08	84244	RIA ASSAY OF RENIN	25.84										X
03	84252	ASSAY VITAMIN B-2	12.41										
04	84252	ASSAY VITAMIN B-2	12.83										
08	84252	ASSAY VITAMIN B-2	12.41										
03	84255	ASSAY SELENIUM	30.00										
04	84255	ASSAY SELENIUM	31.74										
08	84255	ASSAY SELENIUM	30.00										
03	84260	ASSAY BLOOD SEROTONIN	36.39										
04	84260	ASSAY BLOOD SEROTONIN	38.50										
08	84260	ASSAY BLOOD SEROTONIN	36.39										
03	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	5.69										
04	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	5.87										
08	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	5.69										
03	84275	ASSAY BLOOD SIALIC ACID	15.78										
04	84275	ASSAY BLOOD SIALIC ACID	16.69										
08	84275	ASSAY BLOOD SIALIC ACID	15.78										
03	84285	ASSAY SILICA	27.66										
04	84285	ASSAY SILICA	29.27										
08	84285	ASSAY SILICA	27.66										
03	84295	ASSAY BLOOD SODIUM	5.63										X
04	84295	ASSAY BLOOD SODIUM	5.96										X
08	84295	ASSAY BLOOD SODIUM	5.63										X
03	84300	ASSAY URINE SODIUM	5.71										X
04	84300	ASSAY URINE SODIUM	6.04										X
08	84300	ASSAY URINE SODIUM	5.71										X
03	84302	ASSAY OF SWEAT SODIUM	6.79							1			X
04	84302	ASSAY OF SWEAT SODIUM	7.02							1			
08	84302	ASSAY OF SWEAT SODIUM	6.79							1			
03	84305	SOMATOMEDIN	21.85										
04	84305	SOMATOMEDIN	22.57										
08	84305	SOMATOMEDIN	21.85										
03	84307	SOMATOSTATIN	19.87										
04	84307	SOMATOSTATIN	20.53										
08	84307	SOMATOSTATIN	19.87										
03	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.22										
04	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.70										
08	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.22										
03	84315	BODY FLUID SPECIFIC GRAVITY	2.95										
04	84315	BODY FLUID SPECIFIC GRAVITY	3.12										
08	84315	BODY FLUID SPECIFIC GRAVITY	2.95										
03	84375	CHROMATOGRAM ASSAY, SUGARS	23.03										
04	84375	CHROMATOGRAM ASSAY, SUGARS	24.36										
08	84375	CHROMATOGRAM ASSAY, SUGARS	23.03										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	84376	SUGARS SINGLE QUAL	7.61										X
04	84376	SUGARS SINGLE QUAL	7.86										X
08	84376	SUGARS SINGLE QUAL	7.61										X
03	84377	SUGARS MULTIPLE QUAL	7.61										X
04	84377	SUGARS MULTIPLE QUAL	7.86										X
08	84377	SUGARS MULTIPLE QUAL	7.61										X
03	84378	SUGARS SINGLE QUANT	11.19										X
04	84378	SUGARS SINGLE QUANT	11.56										X
08	84378	SUGARS SINGLE QUANT	11.19										X
03	84379	SUGARS MULTIPLE QUANT	11.19										X
04	84379	SUGARS MULTIPLE QUANT	11.56										X
08	84379	SUGARS MULTIPLE QUANT	11.19										X
03	84392	SULFATE, URINE	5.58										X
04	84392	SULFATE, URINE	5.90										X
08	84392	SULFATE, URINE	5.58										X
03	84402	TESTOSTERONE;	30.55										
04	84402	TESTOSTERONE;	32.33										
08	84402	TESTOSTERONE;	30.55										
03	84403	RIA ASSAY BLOOD TESTOSTERONE	30.32										
04	84403	RIA ASSAY BLOOD TESTOSTERONE	32.09										
08	84403	RIA ASSAY BLOOD TESTOSTERONE	30.32										
03	84425	ASSAY VITAMIN B-1	24.95										
04	84425	ASSAY VITAMIN B-1	26.40										
08	84425	ASSAY VITAMIN B-1	24.95										
03	84430	ASSAY BLOOD THIOCYANATE	11.80										
04	84430	ASSAY BLOOD THIOCYANATE	12.20										
08	84430	ASSAY BLOOD THIOCYANATE	11.80										
03	84432	THYROGLOBULIN	18.50										
04	84432	THYROGLOBULIN	20.36										
08	84432	THYROGLOBULIN	18.50										
03	84436	THYROXINE, TRUE, RIA	5.37										
04	84436	THYROXINE, TRUE, RIA	5.48										
08	84436	THYROXINE, TRUE, RIA	5.37										
03	84437	THYROXINE, NEONATAL	7.61										
04	84437	THYROXINE, NEONATAL	8.05										
08	84437	THYROXINE, NEONATAL	7.61										
03	84439	THYROID PANEL	10.59										
04	84439	THYROID PANEL	11.21										
08	84439	THYROID PANEL	10.59										
03	84442	THYROID ACTIVITY (TBG) ASSAY	14.59										
04	84442	THYROID ACTIVITY (TBG) ASSAY	15.01										
08	84442	THYROID ACTIVITY (TBG) ASSAY	14.59										
03	84443	RIA ASSAY OF TS HORMONE	19.74										
04	84443	RIA ASSAY OF TS HORMONE	20.88										
08	84443	RIA ASSAY OF TS HORMONE	19.74										
03	84445	RIA THYROTROPIN FACTOR	20.48										
04	84445	RIA THYROTROPIN FACTOR	21.15										
08	84445	RIA THYROTROPIN FACTOR	20.48										
03	84446	ASSAY VITAMIN E	16.65										
04	84446	ASSAY VITAMIN E	17.62										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	84446	ASSAY VITAMIN E	16.65										
03	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	21.25										
04	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	22.49										
08	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	21.25										
03	84450	UV-ASSAY TRANSAMINASE (SGOT)	6.08										X
04	84450	UV-ASSAY TRANSAMINASE (SGOT)	6.42										X
08	84450	UV-ASSAY TRANSAMINASE (SGOT)	6.08										X
03	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.15										X
04	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.51										X
08	84460	UV-ASSAY TRANSAMINASE (SGPT)	6.15										X
03	84466	TRANSFERRIN	15.41										
04	84466	TRANSFERRIN	16.34										
08	84466	TRANSFERRIN	15.41										
03	84478	ASSAY BLOOD TRIGLYCERIDES	6.72										
04	84478	ASSAY BLOOD TRIGLYCERIDES	7.11										
08	84478	ASSAY BLOOD TRIGLYCERIDES	6.72										
03	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.18										
04	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.35						X				
08	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.18										
03	84480	RIA ASSAY, T-3	7.14										
04	84480	RIA ASSAY, T-3	7.35										
08	84480	RIA ASSAY, T-3	7.14										
03	84481	TRIIODOTHYRONINE, FREE RIA	10.97										
04	84481	TRIIODOTHYRONINE, FREE RIA	11.34						X				
08	84481	TRIIODOTHYRONINE, FREE RIA	10.97										
03	84482	TRIDOTHYRONINE (T-3);	5.18										
04	84482	TRIDOTHYRONINE (T-3);	5.35										
08	84482	TRIDOTHYRONINE (T-3);	5.18										
03	84484	TROPONIN	13.60										
04	84484	TROPONIN	14.05									X	
08	84484	TROPONIN	13.60										
03	84485	ASSAY DUODENAL FLUID TRYPSIN	8.81										
04	84485	ASSAY DUODENAL FLUID TRYPSIN	9.32										
08	84485	ASSAY DUODENAL FLUID TRYPSIN	8.81										
03	84488	TEST FECES FOR TRYPSIN	8.58										
04	84488	TEST FECES FOR TRYPSIN	9.07										
08	84488	TEST FECES FOR TRYPSIN	8.58										
03	84490	ASSAY FECES FOR TRYPSIN	7.86										
04	84490	ASSAY FECES FOR TRYPSIN	8.12										
08	84490	ASSAY FECES FOR TRYPSIN	7.86										
03	84510	ASSAY BLOOD TYROSINE	12.22										
04	84510	ASSAY BLOOD TYROSINE	12.93										
08	84510	ASSAY BLOOD TYROSINE	12.22										
03	84512	TROPONIN, QUAL	10.64										
04	84512	TROPONIN, QUAL	15.45										
08	84512	TROPONIN, QUAL	10.64										
03	84520	ASSAY BUN	4.64										X
04	84520	ASSAY BUN	4.90										X
08	84520	ASSAY BUN	4.64										X
03	84525	STICK-ASSAY BUN	4.42										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	84525	STICK-ASSAY BUN	4.67										X
08	84525	STICK-ASSAY BUN	4.42										X
03	84540	ASSAY URINE UREA-N	5.18										X
04	84540	ASSAY URINE UREA-N	5.35										X
08	84540	ASSAY URINE UREA-N	5.18										X
03	84545	UREA-N CLEARANCE TEST	7.76										
04	84545	UREA-N CLEARANCE TEST	8.21										
08	84545	UREA-N CLEARANCE TEST	7.76										
03	84550	ASSAY BLOOD URIC ACID	5.31										
04	84550	ASSAY BLOOD URIC ACID	5.62										
08	84550	ASSAY BLOOD URIC ACID	5.31										
03	84560	ASSAY URINE URIC ACID	5.58										
04	84560	ASSAY URINE URIC ACID	5.90										
08	84560	ASSAY URINE URIC ACID	5.58										
03	84577	ASSAY FECES UROBILINOGEN	11.80										
04	84577	ASSAY FECES UROBILINOGEN	12.20										
08	84577	ASSAY FECES UROBILINOGEN	11.80										
03	84578	TEST URINE UROBILINOGEN	3.81										
04	84578	TEST URINE UROBILINOGEN	4.03										
08	84578	TEST URINE UROBILINOGEN	3.81										
03	84580	ASSAY URINE UROBILINOGEN	8.33										
04	84580	ASSAY URINE UROBILINOGEN	8.81										
08	84580	ASSAY URINE UROBILINOGEN	8.33										
03	84583	ASSAY URINE UROBILINOGEN	5.91										
04	84583	ASSAY URINE UROBILINOGEN	6.25										
08	84583	ASSAY URINE UROBILINOGEN	5.91										
03	84585	ASSAY URINE VMA	18.21										
04	84585	ASSAY URINE VMA	19.27										
08	84585	ASSAY URINE VMA	18.21										
03	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	41.51										
04	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	43.91										
08	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	41.51										
03	84588	RIA ASSAY VASOPRESSIN	24.91										
04	84588	RIA ASSAY VASOPRESSIN	25.75										
08	84588	RIA ASSAY VASOPRESSIN	24.91										
03	84590	ASSAY BLOOD VITAMIN-A	13.62										
04	84590	ASSAY BLOOD VITAMIN-A	14.41										
08	84590	ASSAY BLOOD VITAMIN-A	13.62										
03	84591	ASSAY OF NOS VITAMIN	16.02										
04	84591	ASSAY OF NOS VITAMIN	16.56										
08	84591	ASSAY OF NOS VITAMIN	16.02										
03	84597	ASSAY VITAMIN-K	9.35										
04	84597	ASSAY VITAMIN-K	9.60										
08	84597	ASSAY VITAMIN-K	9.35										
03	84600	ASSAY FOR VOLATILES	18.88										
04	84600	ASSAY FOR VOLATILES	19.97										
08	84600	ASSAY FOR VOLATILES	18.88										
03	84620	XYLOSE TOLERANCE TEST, BLOOD	13.91										
04	84620	XYLOSE TOLERANCE TEST, BLOOD	14.72										
08	84620	XYLOSE TOLERANCE TEST, BLOOD	13.91										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	84630	ASSAY BLOOD ZINC	13.38										
04	84630	ASSAY BLOOD ZINC	14.16										
08	84630	ASSAY BLOOD ZINC	13.38										
03	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	17.68										
04	84702	GONADOTROPIN CHORIONIC-QUANTIT	18.71					X					
08	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	17.68										
03	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	8.82										
04	84703	GONADOTROPIN;CHORIONIC;QUALITATIVE	9.33					X					
08	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	8.82										
03	84830	OVULATION TESTS, BY VISUAL COLOR COM	11.79										
04	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.47										
08	84830	OVULATION TESTS, BY VISUAL COLOR COM	11.79										
03	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP		X								
04	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP		X								
08	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP		X								
03	85002	BLEEDING TIME TEST	5.29										X
04	85002	BLEEDING TIME TEST	5.60				M						X
08	85002	BLEEDING TIME TEST	5.29										X
03	85004	AUTOMATED DIFF WBC COUNT	9.04							1			
04	85004	AUTOMATED DIFF WBC COUNT	9.34							1			
08	85004	AUTOMATED DIFF WBC COUNT	9.04							1			
03	85007	DIFFERENTIAL WBC COUNT	2.78										X
04	85007	DIFFERENTIAL WBC COUNT	2.88										X
08	85007	DIFFERENTIAL WBC COUNT	2.78										X
03	85008	BLOOD COUNT;	4.05										
04	85008	BLOOD COUNT;	4.28										
08	85008	BLOOD COUNT;	4.05										
03	85009	DIFFERENTIAL WBC COUNT	4.37										X
04	85009	DIFFERENTIAL WBC COUNT	4.63										X
08	85009	DIFFERENTIAL WBC COUNT	4.37										X
03	85013	BLOOD COUNT;	2.78										
04	85013	BLOOD COUNT;	2.94										
08	85013	BLOOD COUNT;	2.78										
03	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.78										X
04	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.94										X
08	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.78										X
03	85018	HEMOGLOBIN, COLORIMETRIC	2.78										X
04	85018	HEMOGLOBIN, COLORIMETRIC	2.94										X
08	85018	HEMOGLOBIN, COLORIMETRIC	2.78										X
03	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	9.14										
04	85025	BLOOD COUNT;HEMO/PLAT-AUTO DIF	9.66					X					
08	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	9.14										
03	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	7.61										X
04	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	8.05										X
08	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	7.61										X
03	85032	MANUAL CELL COUNT, EACH	6.01							1			X
04	85032	MANUAL CELL COUNT, EACH	6.21							1			
08	85032	MANUAL CELL COUNT, EACH	6.01							1			
03	85041	RED BLOOD CELL (RBC) COUNT	3.54										X
04	85041	RED BLOOD CELL (RBC) COUNT	3.74										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	85041	RED BLOOD CELL (RBC) COUNT	3.54										X
03	85044	RETICULOCYTE COUNT	5.05										
04	85044	RETICULOCYTE COUNT	5.35										
08	85044	RETICULOCYTE COUNT	5.05										
03	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.70										
08	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.70										
03	85046	RETICYTE, HGB CONCENTRATE	7.72										
04	85046	RETICYTE, HGB CONCENTRATE	7.98										
08	85046	RETICYTE, HGB CONCENTRATE	7.72										
03	85048	WHITE BLOOD CELL (WBC) COUNT	3.00										
04	85048	WHITE BLOOD CELL (WBC) COUNT	3.18										
08	85048	WHITE BLOOD CELL (WBC) COUNT	3.00										
03	85049	AUTOMATED PLATELET COUNT	5.73							1			
04	85049	AUTOMATED PLATELET COUNT	5.92							1			
08	85049	AUTOMATED PLATELET COUNT	5.73							1			
03	85055	RETICULATED PLATELET ASSAY	28.13										
04	85055	RETICULATED PLATELET ASSAY	29.07										
08	85055	RETICULATED PLATELET ASSAY	28.13										
03	85097	BONE MARROW SMEAR INTERPRET	25.76										X
04	85097	BONE MARROW SMEAR INTERPRET	24.33										X
08	85097	BONE MARROW SMEAR INTERPRET	25.76										X
03	85130	CHROMOGENIC SUBSTRATE ASSAY	13.86										
04	85130	CHROMOGENIC SUBSTRATE ASSAY	14.67										
08	85130	CHROMOGENIC SUBSTRATE ASSAY	13.86										
03	85170	BLOOD CLOT RETRACTION SCREEN	4.25										X
04	85170	BLOOD CLOT RETRACTION SCREEN	4.50										X
08	85170	BLOOD CLOT RETRACTION SCREEN	4.25										X
03	85175	BLOOD CLOT LYSIS TIME	5.35										X
04	85175	BLOOD CLOT LYSIS TIME	5.65										X
08	85175	BLOOD CLOT LYSIS TIME	5.35										X
03	85210	BLOOD CLOT FACTOR II TEST	6.42										X
04	85210	BLOOD CLOT FACTOR II TEST	6.63										X
08	85210	BLOOD CLOT FACTOR II TEST	6.42										X
03	85220	BLOOD CLOT FACTOR V TEST	15.73										X
04	85220	BLOOD CLOT FACTOR V TEST	16.24										X
08	85220	BLOOD CLOT FACTOR V TEST	15.73										X
03	85230	BLOOD CLOT FACTOR VII TEST	15.73										X
04	85230	BLOOD CLOT FACTOR VII TEST	16.24										X
08	85230	BLOOD CLOT FACTOR VII TEST	15.73										X
03	85240	BLOOD CLOT FACTOR VIII TEST	21.04										X
04	85240	BLOOD CLOT FACTOR VIII TEST	22.25										X
08	85240	BLOOD CLOT FACTOR VIII TEST	21.04										X
03	85244	FACTOR VIII RELATED ANTIGEN QUAN	23.99					X					X
08	85244	FACTOR VIII RELATED ANTIGEN QUAN	23.99					X					X
03	85245	CLOTTING;	26.95										
04	85245	CLOTTING;	28.52										
08	85245	CLOTTING;	26.95										
03	85246	CLOTTING;	26.95										
04	85246	CLOTTING;	28.52										
08	85246	CLOTTING;	26.95										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	85247	CLOTTING;	26.95										
04	85247	CLOTTING;	28.52										
08	85247	CLOTTING;	26.95										
03	85250	BLOOD CLOT FACTOR IX TEST	22.36										X
04	85250	BLOOD CLOT FACTOR IX TEST	23.67										X
08	85250	BLOOD CLOT FACTOR IX TEST	22.36										X
03	85260	BLOOD CLOT FACTOR X TEST	15.73										X
04	85260	BLOOD CLOT FACTOR X TEST	16.24										X
08	85260	BLOOD CLOT FACTOR X TEST	15.73										X
03	85270	BLOOD CLOT FACTOR XI TEST	15.73										X
04	85270	BLOOD CLOT FACTOR XI TEST	16.24										X
08	85270	BLOOD CLOT FACTOR XI TEST	15.73										X
03	85280	BLOOD CLOT FACTOR XII TEST	15.73										X
04	85280	BLOOD CLOT FACTOR XII TEST	16.24										X
08	85280	BLOOD CLOT FACTOR XII TEST	15.73										X
03	85290	BLOOD CLOT FACTOR XIII TEST	15.73										X
04	85290	BLOOD CLOT FACTOR XIII TEST	16.24										X
08	85290	BLOOD CLOT FACTOR XIII TEST	15.73										X
03	85291	BLOOD CLOT FACTOR XIII TEST	10.44										X
04	85291	BLOOD CLOT FACTOR XIII TEST	11.05										X
08	85291	BLOOD CLOT FACTOR XIII TEST	10.44										X
03	85292	CLOTTING; PREKALLIKRIEW ASSAY	22.24										
04	85292	CLOTTING;PREKALLIKRIEM ASSAY	23.53										
08	85292	CLOTTING; PREKALLIKRIEW ASSAY	22.24										
03	85293	CLOTTING;H-M-W KINNINOGEN ASSA	22.24										
04	85293	CLOTTING;H-M-W KINNINOGEN ASSA	23.53										
08	85293	CLOTTING;H-M-W KINNINOGEN ASSA	22.24										
03	85300	ANTITHROMBIN III TEST	13.92										X
04	85300	ANTITHROMBIN III TEST	14.67										X
08	85300	ANTITHROMBIN III TEST	13.92										X
03	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	12.71										X
04	85301	CLOT.INHIB/ANTICOAG/ANTITHROMB	13.44										X
08	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	12.71										X
03	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	14.12										X
04	85302	CLOT INHIB/ANTICOAC/PROTEIN C	14.94										X
08	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	14.12										X
03	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	14.20										
04	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	14.67										
08	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	14.20										
03	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	13.62										
04	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	14.41										
08	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	13.62										
03	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	18.00										
04	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	19.05										
08	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	18.00										
03	85307	ASSAY ACTIVATED PROTEIN C	21.18										
04	85307	ASSAY ACTIVATED PROTEIN C	21.89										
08	85307	ASSAY ACTIVATED PROTEIN C	21.18										
03	85335	FACTOR INHIBITOR TEST	15.13										
04	85335	FACTOR INHIBITOR TEST	16.01										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	85335	FACTOR INHIBITOR TEST	15.13										
03	85337	THROMBOMODULIN	12.24										
04	85337	THROMBOMODULIN	12.65										
08	85337	THROMBOMODULIN	12.24										
03	85345	COAGULATION TIME	5.05										X
04	85345	COAGULATION TIME	5.35										X
08	85345	COAGULATION TIME	5.05										X
03	85347	COAGULATION TIME	3.20										X
04	85347	COAGULATION TIME	3.30										X
08	85347	COAGULATION TIME	3.20										X
03	85348	COAGULATION TIME	4.38										X
04	85348	COAGULATION TIME	4.64										X
08	85348	COAGULATION TIME	4.38										X
03	85360	EUGLOBULIN LYSIS	9.87										
04	85360	EUGLOBULIN LYSIS	10.45										
08	85360	EUGLOBULIN LYSIS	9.87										
03	85362	FIBRIN DEGRADATION PRODUCTS	6.30										X
04	85362	FIBRIN DEGRADATION PRODUCTS	6.51										X
08	85362	FIBRIN DEGRADATION PRODUCTS	6.30										X
03	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.12										
04	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.70										
08	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.12										
03	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.37										
04	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.75										
08	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.37										
03	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	6.30										
04	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	6.51										
08	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	6.30										
03	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	11.37										
04	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	11.75										
08	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	11.37										
03	85380	FIBRIN DEGRADATION, VTE	14.22							1			
04	85380	FIBRIN DEGRADATION, VTE	14.69							1			
08	85380	FIBRIN DEGRADATION, VTE	14.22							1			
03	85384	FIBRINOGEN;	9.92										
04	85384	FIBRINOGEN;	10.50										
08	85384	FIBRINOGEN;	9.92										
03	85385	FIBRINOGEN;	9.92										
04	85385	FIBRINOGEN;	10.50										
08	85385	FIBRINOGEN;	9.92										
03	85390	FIBRINOLYSINS SCREEN	6.07										
04	85390	FIBRINOLYSINS SCREEN	5.86										
08	85390	FIBRINOLYSINS SCREEN	6.07										
03	85400	FIBRINOLYTIC PLASMIN	10.40										
04	85400	FIBRINOLYTIC PLASMIN	11.00										
08	85400	FIBRINOLYTIC PLASMIN	10.40										
03	85410	FIBRINOLYTIC ANTIPLASMIN	9.06										
04	85410	FIBRINOLYTIC ANTIPLASMIN	9.58										
08	85410	FIBRINOLYTIC ANTIPLASMIN	9.06										
03	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	20.20										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	21.38										
08	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	20.20										
03	85420	FIBRINOLYTIC PLASMINOGEN	7.68										
04	85420	FIBRINOLYTIC PLASMINOGEN	8.13										
08	85420	FIBRINOLYTIC PLASMINOGEN	7.68										
03	85421	FIBR0 MECH;PLASM.ANTIGENIC ASS	11.97										
04	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	12.66										
08	85421	FIBR0 MECH;PLASM.ANTIGENIC ASS	11.97										
03	85441	HEINZ BODIES; DIRECT	4.76										
04	85441	HEINZ BODIES; DIRECT	4.85										
08	85441	HEINZ BODIES; DIRECT	4.76										
03	85445	HEINZ BODIES; INDUCED	8.01										
04	85445	HEINZ BODIES; INDUCED	8.47										
08	85445	HEINZ BODIES; INDUCED	8.01										
03	85460	HEMOGLOBIN, FETAL	5.18										
04	85460	HEMOGLOBIN, FETAL	5.35										
08	85460	HEMOGLOBIN, FETAL	5.18										
03	85461	HEMOGLOBIN, FETAL	3.45										
04	85461	HEMOGLOBIN, FETAL	3.57										
08	85461	HEMOGLOBIN, FETAL	3.45										
03	85475	HEMOLYSIN, ACID	10.42										
04	85475	HEMOLYSIN, ACID	11.02										
08	85475	HEMOLYSIN, ACID	10.42										
03	85520	HEPARIN ASSAY	9.42										
04	85520	HEPARIN ASSAY	9.72										
08	85520	HEPARIN ASSAY	9.42										
03	85525	HEPARIN NEUTRALIZATION	9.42										
04	85525	HEPARIN NEUTRALIZATION	9.72										
08	85525	HEPARIN NEUTRALIZATION	9.42										
03	85530	HEPARIN-PROTAMINE TOLERANCE	16.65										
04	85530	HEPARIN-PROTAMINE TOLERANCE	17.62										
08	85530	HEPARIN-PROTAMINE TOLERANCE	16.65										
03	85536	IRON STAIN PERIPHERAL BLOOD	8.95										
04	85536	IRON STAIN PERIPHERAL BLOOD	9.25										
08	85536	IRON STAIN PERIPHERAL BLOOD	8.95										
03	85540	WBC ALKALINE PHOSPHATASE	10.11										
04	85540	WBC ALKALINE PHOSPHATASE	10.69										
08	85540	WBC ALKALINE PHOSPHATASE	10.11										
03	85547	RBC MECHANICAL FRAGILITY	10.11										
04	85547	RBC MECHANICAL FRAGILITY	10.69										
08	85547	RBC MECHANICAL FRAGILITY	10.11										
03	85549	SERUM MURAMIDASE	22.03										
04	85549	SERUM MURAMIDASE	23.31										
08	85549	SERUM MURAMIDASE	22.03										
03	85555	RBC OSMOTIC FRAGILITY	5.18										
04	85555	RBC OSMOTIC FRAGILITY	5.35										
08	85555	RBC OSMOTIC FRAGILITY	5.18										
03	85557	RBC OSMOTIC FRAGILITY	15.69										
04	85557	RBC OSMOTIC FRAGILITY	16.60										
08	85557	RBC OSMOTIC FRAGILITY	15.69										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	85576	PLATELET;AGGREGATION (IN VITRO)	14.92										X
04	85576	PLATELET;AGGREGATION(IN VITRO)	14.09										X
08	85576	PLATELET;AGGREGATION (IN VITRO)	14.92										X
04	85585	BLOOD PLATELET ESTIMATION	1.28										X
03	85590	PLATELET PHASE MICROSCOPY	5.05										X
04	85590	PLATELET PHASE MICROSCOPY	5.35										X
08	85590	PLATELET PHASE MICROSCOPY	5.05										X
03	85595	ELECTRONIC PLATELET COUNT	4.54										X
03	85597	PLATELET NEUTRALIZATION	14.92										
04	85597	PLATELET NEUTRALIZATION	15.42										
08	85597	PLATELET NEUTRALIZATION	14.92										
03	85610	PROTHROMBIN TIME	4.62										X
04	85610	PROTHROMBIN TIME	4.89										X
08	85610	PROTHROMBIN TIME	4.62										X
03	85611	PROTHROMBIN TIME;	4.62										X
04	85611	PROTHROMBIN TIME;	4.89										X
08	85611	PROTHROMBIN TIME;	4.62										X
03	85612	VIPER VENOM PROTHROMBIN TIME	11.24										
04	85612	VIPER VENOM PROTHROMBIN TIME	11.63										
08	85612	VIPER VENOM PROTHROMBIN TIME	11.24										
03	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	11.24										
04	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	11.65										
08	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	11.24										
03	85635	REPTILASE TEST	11.57										
04	85635	REPTILASE TEST	12.24										
08	85635	REPTILASE TEST	11.57										
03	85651	RBC SEDIMENTATION RATE	4.17										
04	85651	RBC SEDIMENTATION RATE	4.41										
08	85651	RBC SEDIMENTATION RATE	4.17										
03	85652	RBC SED RATE, AUTO	3.17										
04	85652	RBC SED RATE, AUTO	3.64										
08	85652	RBC SED RATE, AUTO	3.17										
03	85660	RBC SICKLE CELL TEST	6.50										X
04	85660	RBC SICKLE CELL TEST	6.88										X
08	85660	RBC SICKLE CELL TEST	6.50										X
03	85670	THROMBIN TIME; PLASMA	6.79										
04	85670	THROMBIN TIME; PLASMA	7.19										
08	85670	THROMBIN TIME; PLASMA	6.79										
03	85675	THROMBIN TIME; TITER	8.05										
04	85675	THROMBIN TIME; TITER	8.52										
08	85675	THROMBIN TIME; TITER	8.05										
03	85705	THROMBOPLASTIN INHIBITION;	7.65										
04	85705	THROMBOPLASTIN INHIBITION;	7.87										
08	85705	THROMBOPLASTIN INHIBITION;	7.65										
03	85730	THROMBOPLASTIN TIME, PARTIAL	7.06										X
04	85730	THROMBOPLASTIN TIME, PARTIAL	7.46										X
08	85730	THROMBOPLASTIN TIME, PARTIAL	7.06										X
03	85732	THROMBOPLASTIN TIME, PARTIAL	7.61										X
04	85732	THROMBOPLASTIN TIME, PARTIAL	8.05										X
08	85732	THROMBOPLASTIN TIME, PARTIAL	7.61										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	85810	BLOOD VISCOSITY EXAMINATION	13.46										X
04	85810	BLOOD VISCOSITY EXAMINATION	13.90										X
08	85810	BLOOD VISCOSITY EXAMINATION	13.46										X
03	85999	HEMATOLOGY PROCEDURE	MP		X								
04	85999	HEMATOLOGY PROCEDURE	MP		X								
08	85999	HEMATOLOGY PROCEDURE	MP		X								
03	86000	AGGLUTININS; FEBRILE	8.20										
04	86000	AGGLUTININS; FEBRILE	8.68										
08	86000	AGGLUTININS; FEBRILE	8.20										
03	86001	ALLERGEN SPECIFIC IGG	7.22										X
04	86001	ALLERGEN SPECIFIC IGG	7.46										X
08	86001	ALLERGEN SPECIFIC IGG	7.22										X
03	86003	ALLERGEN SPECIFIC IGE;	6.13										X
04	86003	ALLERGEN SPECIFIC IGE;	7.04										X
08	86003	ALLERGEN SPECIFIC IGE;	6.13										X
03	86005	ALLERGEN SPECIFIC IGE;	9.37										
08	86005	ALLERGEN SPECIFIC IGE;	9.37										
03	86021	WBC ANTIBODY IDENTIFICATION	17.68										
04	86021	WBC ANTIBODY IDENTIFICATION	18.71										
08	86021	WBC ANTIBODY IDENTIFICATION	17.68										
03	86022	PLATELET ANTIBODIES	21.57										
04	86022	PLATELET ANTIBODIES	22.83										
08	86022	PLATELET ANTIBODIES	21.57										
03	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.92										
04	86023	ANTIBODY ID,PLAT.ASS. IMMUNOGLOB	13.35										
08	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.92										
03	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	14.20										
04	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	15.02										
08	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	14.20										
03	86039	ANTINUCLEAR ANTIBODIES (ANA);	13.10										
04	86039	ANTINUCLEAR ANTIBODIES (ANA);	13.86										
08	86039	ANTINUCLEAR ANTIBODIES (ANA);	13.10										
03	86060	ANTISTREPTOLYSIN O TITER	8.58										
04	86060	ANTISTREPTOLYSIN O TITER	9.07										
08	86060	ANTISTREPTOLYSIN O TITER	8.58										
03	86063	ANTISTREPTOLYSIN O SCREEN	6.79										
04	86063	ANTISTREPTOLYSIN O SCREEN	7.19										
08	86063	ANTISTREPTOLYSIN O SCREEN	6.79										
03	86140	C-REACTIVE PROTEIN	6.08										
04	86140	C-REACTIVE PROTEIN	6.42										
08	86140	C-REACTIVE PROTEIN	6.08										
03	86141	C-REACTIVE PROTEIN, HS	17.89										
04	86141	C-REACTIVE PROTEIN, HS	18.49										
08	86141	C-REACTIVE PROTEIN, HS	17.89										
03	86146	GLYCOPROTEIN ANTIBODY	16.06										
04	86146	GLYCOPROTEIN ANTIBODY	16.60										
08	86146	GLYCOPROTEIN ANTIBODY	16.06										
03	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	12.93										
04	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	13.34										
08	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	12.93										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	86148	PHOSPHOLIPID ANTIBODY	16.06										
04	86148	PHOSPHOLIPID ANTIBODY	16.59										
08	86148	PHOSPHOLIPID ANTIBODY	16.06										
03	86155	CHEMOTAXIS ASSAY	13.86										
04	86155	CHEMOTAXIS ASSAY	14.32										
08	86155	CHEMOTAXIS ASSAY	13.86										
03	86156	COLD AGGLUTININ;	7.80										
04	86156	COLD AGGLUTININ;	8.25										
08	86156	COLD AGGLUTININ;	7.80										
03	86157	COLD AGGLUTININ;	9.47										
04	86157	COLD AGGLUTININ;	10.02										
08	86157	COLD AGGLUTININ;	9.47										
03	86160	COMPLEMENT;	14.10										X
04	86160	COMPLEMENT;	14.92										X
08	86160	COMPLEMENT;	14.10										X
03	86161	COMPLEMENT;	14.10										X
04	86161	COMPLEMENT;	14.92										X
08	86161	COMPLEMENT;	14.10										X
03	86162	COMPLEMENT; TOTAL (CH 50)	21.22										
04	86162	COMPLEMENT; TOTAL (CH 50)	21.82										
08	86162	COMPLEMENT; TOTAL (CH 50)	21.22										
03	86171	COMPLEMENT FIXATION, EACH	11.77										
04	86171	COMPLEMENT FIXATION, EACH	12.46										
08	86171	COMPLEMENT FIXATION, EACH	11.77										
03	86185	COUNTERELECTROPHORESIS, EACH	10.51										
04	86185	COUNTERELECTROPHORESIS, EACH	11.12										
08	86185	COUNTERELECTROPHORESIS, EACH	10.51										
03	86200	CCP ANTIBODY	18.09										
04	86200	CCP ANTIBODY	18.69										
08	86200	CCP ANTIBODY	18.09										
03	86215	DEOXYRIBONUCLEASE, ANTIBODY	15.57										
04	86215	DEOXYRIBONUCLEASE, ANTIBODY	16.47										
08	86215	DEOXYRIBONUCLEASE, ANTIBODY	15.57										
03	86225	DNA ANTIBODY	16.14										
04	86225	DNA ANTIBODY	17.08										
08	86225	DNA ANTIBODY	16.14										
03	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	14.23										
04	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	15.05										
08	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	14.23										
03	86235	ENA ANTIBODY	12.93										
04	86235	ENA ANTIBODY	13.34										
08	86235	ENA ANTIBODY	12.93										
03	86243	FC RECEPTOR ASSAY	11.48										
04	86243	FC RECEPTOR ASSAY	11.90										
08	86243	FC RECEPTOR ASSAY	11.48										
03	86255	FLUORESCENT ANTIBODY; SCREEN	12.62										
04	86255	FLUORESCENT ANTIBODY; SCREEN	11.92										
08	86255	FLUORESCENT ANTIBODY; SCREEN	12.62										
03	86256	FLUORESCENT ANTIBODY; TITER	14.16										
04	86256	FLUORESCENT ANTIBODY; TITER	13.69										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	86256	FLUORESCENT ANTIBODY; TITER	14.16										
03	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	18.49										
04	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	19.56										
08	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	18.49										
03	86280	HEMAGGLUTINATION INHIBITION	9.62										
04	86280	HEMAGGLUTINATION INHIBITION	10.17										
08	86280	HEMAGGLUTINATION INHIBITION	9.62										
03	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	28.76										
04	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	29.33										
08	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	28.76										
03	86301	IMMUNOASSAY, TUMOR, CA 19-9	28.76										
04	86301	IMMUNOASSAY, TUMOR, CA 19-9	29.72										
08	86301	IMMUNOASSAY, TUMOR, CA 19-9	28.76										
03	86304	IMMUNOASSAY, TUMOR CA 125	28.76										
04	86304	IMMUNOASSAY, TUMOR CA 125	29.72										
08	86304	IMMUNOASSAY, TUMOR CA 125	28.76										
03	86308	HETEROPHILE ANTIBODIES;	6.08										
04	86308	HETEROPHILE ANTIBODIES;	6.42										
08	86308	HETEROPHILE ANTIBODIES;	6.08										
03	86309	HETEROPHILE ANTIBODIES;	7.61										
04	86309	HETEROPHILE ANTIBODIES;	8.05										
08	86309	HETEROPHILE ANTIBODIES;	7.61										
03	86310	HETEROPHILE ANTIBODIES	8.66										
04	86310	HETEROPHILE ANTIBODIES	9.16										
08	86310	HETEROPHILE ANTIBODIES	8.66										
03	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	24.45										X
04	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	25.87										X
08	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	24.45										X
03	86317	IMMUNOASSAY/INFECTIOUS AGENT	17.61										
04	86317	IMMUNOASSAY/INFECTIOUS AGENT	18.64										
08	86317	IMMUNOASSAY/INFECTIOUS AGENT	17.61										
03	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	14.20										
04	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	14.68										
08	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	14.20										
03	86320	SERUM IMMUNOELECTROPHORESIS	18.69										
04	86320	SERUM IMMUNOELECTROPHORESIS	17.65										
08	86320	SERUM IMMUNOELECTROPHORESIS	18.69										
03	86325	OTHER IMMUNOELECTROPHORESIS	18.69										
04	86325	OTHER IMMUNOELECTROPHORESIS	17.65										
08	86325	OTHER IMMUNOELECTROPHORESIS	18.69										
03	86327	IMMUNOELECTROPHORESIS;	18.69										
04	86327	IMMUNOELECTROPHORESIS;CRSSED	17.65										
08	86327	IMMUNOELECTROPHORESIS;	18.69										
03	86329	IMMUNODIFFUSION, EACH	16.55										X
04	86329	IMMUNODIFFUSION, EACH	17.51										
08	86329	IMMUNODIFFUSION, EACH	16.55										X
03	86331	IMMUNODIFFUSION OUCHTERLONY	14.08										
04	86331	IMMUNODIFFUSION OUCHTERLONY	14.90										
08	86331	IMMUNODIFFUSION OUCHTERLONY	14.08										
03	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	13.55										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	14.00										
08	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	13.55										
03	86334	IMMUNOFIXATION ELECTROPHORESIS	18.69										
04	86334	IMMUNOFIXATION ELECTROPHORESIS	17.65										
05	86334	IMMUNOFIXATION ELECTROPHORESIS	10.50										
08	86334	IMMUNOFIXATION ELECTROPHORESIS	18.69										
03	86336	INHIBIN A	17.42										
04	86336	INHIBIN A	18.00										
08	86336	INHIBIN A	17.42										
03	86337	INSULIN ANTIBODIES, RIA	9.01										
04	86337	INSULIN ANTIBODIES, RIA	9.31										
08	86337	INSULIN ANTIBODIES, RIA	9.01										
03	86340	INTRINSIC FACTOR ANTIBODIES, RIA	7.14										
04	86340	INTRINSIC FACTOR ANTIBODIES, RIA	7.39										
08	86340	INTRINSIC FACTOR ANTIBODIES, RIA	7.14										
03	86341	ISLET CELL ANTIBODY	23.24										
04	86341	ISLET CELL ANTIBODY	24.59										
08	86341	ISLET CELL ANTIBODY	23.24										
03	86344	LEUKOCYTE PHAGOCYTOSIS	9.38										
04	86344	LEUKOCYTE PHAGOCYTOSIS	9.93										
08	86344	LEUKOCYTE PHAGOCYTOSIS	9.38										
03	86353	LYMPHOCYTE TRANSFORMATION	57.59										
04	86353	LYMPHOCYTE TRANSFORMATION	60.92										
08	86353	LYMPHOCYTE TRANSFORMATION	57.59										
03	86355	B CELLS, TOTAL COUNT	52.70										
04	86355	B CELLS, TOTAL COUNT	54.46										
08	86355	B CELLS, TOTAL COUNT	52.70										
03	86359	T CELLS;	44.40										
04	86359	T CELLS;	46.97										
08	86359	T CELLS;	44.40										
03	86360	T CELLS;	44.80										
04	86360	T CELLS;	46.29										
08	86360	T CELLS;	44.80										
03	86361	T CELL ABSOLUTE COUNT	27.82										
04	86361	T CELL ABSOLUTE COUNT	28.74										
08	86361	T CELL ABSOLUTE COUNT	27.82										
03	86367	STEM CELLS, TOTAL COUNT	52.70										
04	86367	STEM CELLS, TOTAL COUNT	54.46										
08	86367	STEM CELLS, TOTAL COUNT	52.70										
03	86376	MICROSOMAL ANTIBODY (THYROID); RIA	17.20										
04	86376	MICROSOMAL ANTIBODY (THYROID); RIA	18.20										
08	86376	MICROSOMAL ANTIBODY (THYROID); RIA	17.20										
03	86378	MIGRATION INHIBITORY FACTOR	22.76										
04	86378	MIGRATION INHIBITORY FACTOR	23.51										
08	86378	MIGRATION INHIBITORY FACTOR	22.76										
03	86382	NEUTRALIZATION TEST, VIRAL	15.56										
04	86382	NEUTRALIZATION TEST, VIRAL	16.06										
08	86382	NEUTRALIZATION TEST, VIRAL	15.56										
03	86384	NITROBLUE TETRAZOLIUM DYE	13.35										
04	86384	NITROBLUE TETRAZOLIUM DYE	13.86										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	86384	NITROBLUE TETRAZOLIUM DYE	13.35										
03	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.97										
04	86403	PRECIPITIN(EG LATEX BEAD) OR AGGLU	12.66										
08	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.97										
03	86406	PARTICLE AGGLUTINATION TEST	12.39										
04	86406	PARTICLE AGGLUTINATION TEST	14.23										
08	86406	PARTICLE AGGLUTINATION TEST	12.39										
03	86430	RHEUMATOID FACTOR LATEX FIXATION	6.57										
04	86430	RHEUMATOID FACTOR LATEX FIXATION	6.94										
08	86430	RHEUMATOID FACTOR LATEX FIXATION	6.57										
03	86431	RHEUMATOID FACTOR;	6.57										
04	86431	RHEUMATOID FACTOR;	6.94										
08	86431	RHEUMATOID FACTOR;	6.57										
03	86480	TB TEST, CELL IMMUN MEASURE	86.59										
04	86480	TB TEST, CELL IMMUN MEASURE	89.48										
08	86480	TB TEST, CELL IMMUN MEASURE	86.59										
03	86485	SKIN TEST;	7.33										
04	86485	SKIN TEST;	7.57										
08	86485	SKIN TEST;	7.33										
03	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.45										
04	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.09										
08	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.45										
03	86510	HISTOPLASMOSIS SKIN TEST	6.11										
04	86510	HISTOPLASMOSIS SKIN TEST	5.77										
08	86510	HISTOPLASMOSIS SKIN TEST	6.11										
03	86580	TB PATCH OR INTRADERMAL TEST	6.06										
04	86580	TB PATCH OR INTRADERMAL TEST	5.72										
08	86580	TB PATCH OR INTRADERMAL TEST	6.06										
03	86586	SKIN TEST;	7.33										X
04	86586	SKIN TEST;	7.57										X
08	86586	SKIN TEST;	7.33										X
03	86590	STREPTOKINASE, ANTIBODY	6.30										
04	86590	STREPTOKINASE, ANTIBODY	6.51										
08	86590	STREPTOKINASE, ANTIBODY	6.30										
03	86592	SYPHILIS TEST(S),QUALITATIVE	5.02										
04	86592	SYPHILIS TEST(S),QUALITATIVE	5.31										
08	86592	SYPHILIS TEST(S),QUALITATIVE	5.02										
03	86593	SYPHILIS TEST, QUANTITATIVE	5.18										
04	86593	SYPHILIS TEST, QUANTITATIVE	5.48										
08	86593	SYPHILIS TEST, QUANTITATIVE	5.18										
03	86602	ANTIBODY;	11.95										
04	86602	ANTIBODY;	12.65										
08	86602	ANTIBODY;	11.95										
03	86603	ANTIBODY;	15.12										
04	86603	ANTIBODY;	16.01										
08	86603	ANTIBODY;	15.12										
03	86606	ANTIBODY;	17.68										
04	86606	ANTIBODY;	18.71										
08	86606	ANTIBODY;	17.68										
03	86609	ANTIBODY;	15.14										

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	86609	ANTIBODY;	16.03										
08	86609	ANTIBODY;	15.14										
03	86611	BARTONELLA ANTIBODY	14.06										
04	86611	BARTONELLA ANTIBODY	14.53										
08	86611	BARTONELLA ANTIBODY	14.06										
03	86612	ANTIBODY;	15.49										
04	86612	ANTIBODY;	16.39										
08	86612	ANTIBODY;	15.49										
03	86615	ANTIBODY;	15.49										
04	86615	ANTIBODY;	16.39										
08	86615	ANTIBODY;	15.49										
03	86617	LYME DISEASE ANTIBODY	18.19										
04	86617	LYME DISEASE ANTIBODY	20.88										
08	86617	LYME DISEASE ANTIBODY	18.19										
03	86618	ANTIBODY;	19.83										
04	86618	ANTIBODY;	20.47										
08	86618	ANTIBODY;	19.83										
03	86619	ANTIBODY;	15.49										
04	86619	ANTIBODY;	16.39										
08	86619	ANTIBODY;	15.49										
03	86622	ANTIBODY;	10.78										
04	86622	ANTIBODY;	12.22										
08	86622	ANTIBODY;	10.78										
03	86625	ANTIBODY;	15.44										
04	86625	ANTIBODY;	16.35										
08	86625	ANTIBODY;	15.44										
03	86628	ANTIBODY;	14.49										
04	86628	ANTIBODY;	15.39										
08	86628	ANTIBODY;	14.49										
03	86631	ANTIBODY;	14.12										
04	86631	ANTIBODY;	16.04										
08	86631	ANTIBODY;	14.12										
03	86632	ANTIBODY;	15.13										
04	86632	ANTIBODY;	16.04										
08	86632	ANTIBODY;	15.13										
03	86635	ANTIBODY;	13.66										
04	86635	ANTIBODY;	14.46										
08	86635	ANTIBODY;	13.66										
03	86638	ANTIBODY;	14.63										
04	86638	ANTIBODY;	15.69										
08	86638	ANTIBODY;	14.63										
03	86641	ANTIBODY;	17.26										
04	86641	ANTIBODY;	18.26										
08	86641	ANTIBODY;	17.26										
03	86644	ANTIBODY;	16.86										
04	86644	ANTIBODY;	17.83										
08	86644	ANTIBODY;	16.86										
03	86645	ANTIBODY;	19.83										
04	86645	ANTIBODY;	20.47										
08	86645	ANTIBODY;	19.83										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
03	86648	ANTIBODY;	18.23										
04	86648	ANTIBODY;	19.29										
08	86648	ANTIBODY;	18.23										
03	86651	ANTIBODY;	15.49										
04	86651	ANTIBODY;	16.39										
08	86651	ANTIBODY;	15.49										
03	86652	ANTIBODY;	15.49										
04	86652	ANTIBODY;	16.39										
08	86652	ANTIBODY;	15.49										
03	86653	ANTIBODY;	15.49										
04	86653	ANTIBODY;	16.39										
08	86653	ANTIBODY;	15.49										
03	86654	ANTIBODY;	15.49										
04	86654	ANTIBODY;	16.39										
08	86654	ANTIBODY;	15.49										
03	86658	ANTIBODY;	15.49										
04	86658	ANTIBODY;	16.39										
08	86658	ANTIBODY;	15.49										
03	86663	ANTIBODY;	15.49										
04	86663	ANTIBODY;	16.39										
08	86663	ANTIBODY;	15.49										
03	86664	ANTIBODY;	18.23										
04	86664	ANTIBODY;	19.29										
08	86664	ANTIBODY;	18.23										
03	86665	ANTIBODY;	19.83										
04	86665	ANTIBODY;	20.47										
08	86665	ANTIBODY;	19.83										
03	86666	EHRLICHIA ANTIBODY	14.06										
04	86666	EHRLICHIA ANTIBODY	14.53										
08	86666	EHRLICHIA ANTIBODY	14.06										
03	86668	ANTIBODY;	12.22										
04	86668	ANTIBODY;	12.93										
08	86668	ANTIBODY;	12.22										
03	86671	ANTIBODY;	14.79										
04	86671	ANTIBODY;	16.03										
08	86671	ANTIBODY;	14.79										
03	86674	ANTIBODY;	12.93										
04	86674	ANTIBODY;	13.34										
08	86674	ANTIBODY;	12.93										
03	86677	ANTIBODY;	12.93										
04	86677	ANTIBODY;	13.34										
08	86677	ANTIBODY;	12.93										
03	86682	ANTIBODY;	15.42										
04	86682	ANTIBODY;	16.32										
08	86682	ANTIBODY;	15.42										
03	86684	ANTIBODY;	18.23										
04	86684	ANTIBODY;	19.29										
08	86684	ANTIBODY;	18.23										
03	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.86										
08	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.86										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	86688	ANTIBODY;	11.75										
04	86688	ANTIBODY;	12.13										
08	86688	ANTIBODY;	11.75										
03	86689	CONFIRMATORY TEST	22.74										
08	86689	CONFIRMATORY TEST	22.74										
03	86692	ANTIBODY;	14.20										
04	86692	ANTIBODY;	14.67										
08	86692	ANTIBODY;	14.20										
03	86694	ANTIBODY;	16.86										
04	86694	ANTIBODY;	17.83										
08	86694	ANTIBODY;	16.86										
03	86695	ANTIBODY;	15.49										
04	86695	ANTIBODY;	16.39										
08	86695	ANTIBODY;	15.49										
03	86696	HERPES SIMPLEX TYPE 2	26.75										
04	86696	HERPES SIMPLEX TYPE 2	27.66										
08	86696	HERPES SIMPLEX TYPE 2	26.75										
03	86698	ANTIBODY;	14.82										
04	86698	ANTIBODY;	15.69										
08	86698	ANTIBODY;	14.82										
03	86701	ANTIBODY;	10.43										
04	86701	ANTIBODY;	11.04										
08	86701	ANTIBODY;	10.43										
03	86702	ANTIBODY;	11.75										
04	86702	ANTIBODY;	12.14										
08	86702	ANTIBODY;	11.75										
03	86703	ANTIBODY;	11.75										
04	86703	ANTIBODY;	12.14										
08	86703	ANTIBODY;	11.75										
03	86704	HEP B CORE AB TEST, IGG & M	16.66										
04	86704	HEP B CORE AB TEST, IGG & M	17.22										
08	86704	HEP B CORE AB TEST, IGG & M	16.66										
03	86705	HEP B CORE AB TEST, IGM	16.27										
04	86705	HEP B CORE AB TEST, IGM	22.71										
08	86705	HEP B CORE AB TEST, IGM	16.27										
03	86706	HEPATITIS B SURFACE AB TEST	14.84										
04	86706	HEPATITIS B SURFACE AB TEST	15.33										
08	86706	HEPATITIS B SURFACE AB TEST	14.84										
03	86707	HEPATITIS BE AB TEST	15.98										
04	86707	HEPATITIS BE AB TEST	16.62										
08	86707	HEPATITIS BE AB TEST	15.98										
03	86708	HEP A AB TEST, IGG & M	16.08										
04	86708	HEP A AB TEST, IGG & M	16.62										
08	86708	HEP A AB TEST, IGG & M	16.08										
03	86709	HEP A AB TEST, IGM	15.55										
04	86709	HEP A AB TEST, IGM	16.07										
08	86709	HEP A AB TEST, IGM	15.55										
03	86710	ANTIBODY;	16.23										
04	86710	ANTIBODY;	17.17										
08	86710	ANTIBODY;	16.23										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	86713	ANTIBODY;	17.72										
04	86713	ANTIBODY;	18.75										
08	86713	ANTIBODY;	17.72										
03	86717	ANTIBODY;	14.78										
04	86717	ANTIBODY;	16.01										
08	86717	ANTIBODY;	14.78										
03	86720	ANTIBODY;	15.49										
04	86720	ANTIBODY;	16.39										
08	86720	ANTIBODY;	15.49										
03	86723	ANTIBODY;	15.49										
04	86723	ANTIBODY;	16.39										
08	86723	ANTIBODY;	15.49										
03	86727	ANTIBODY;	15.12										
04	86727	ANTIBODY;	16.01										
08	86727	ANTIBODY;	15.12										
03	86729	ANTIBODY;	14.12										
04	86729	ANTIBODY;	14.94										
08	86729	ANTIBODY;	14.12										
03	86732	ANTIBODY;	15.49										
04	86732	ANTIBODY;	16.39										
08	86732	ANTIBODY;	15.49										
03	86735	ANTIBODY;	15.49										
04	86735	ANTIBODY;	16.39										
08	86735	ANTIBODY;	15.49										
03	86738	ANTIBODY;	15.49										
04	86738	ANTIBODY;	16.39										
08	86738	ANTIBODY;	15.49										
03	86741	ANTIBODY;	15.49										
04	86741	ANTIBODY;	16.39										
08	86741	ANTIBODY;	15.49										
03	86744	ANTIBODY;	15.49										
04	86744	ANTIBODY;	16.39										
08	86744	ANTIBODY;	15.49										
03	86747	ANTIBODY;	17.68										
04	86747	ANTIBODY;	18.71										
08	86747	ANTIBODY;	17.68										
03	86750	ANTIBODY;	15.49										
04	86750	ANTIBODY;	16.39										
08	86750	ANTIBODY;	15.49										
03	86753	ANTIBODY;	14.82										
04	86753	ANTIBODY;	15.69										
08	86753	ANTIBODY;	14.82										
03	86756	ANTIBODY;	15.12										
04	86756	ANTIBODY;	16.01										
08	86756	ANTIBODY;	15.12										
03	86757	RICKETTSIA ANTIBODY	26.75										
04	86757	RICKETTSIA ANTIBODY	27.66										
08	86757	RICKETTSIA ANTIBODY	26.75										
03	86759	ANTIBODY;	15.49										
04	86759	ANTIBODY;	16.39										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	86759	ANTIBODY;	15.49										
03	86762	ANTIBODY;	16.86										
04	86762	ANTIBODY;	17.83										
08	86762	ANTIBODY;	16.86										
03	86765	ANTIBODY;	15.14										
04	86765	ANTIBODY;	16.03										
08	86765	ANTIBODY;	15.14										
03	86768	ANTIBODY;	15.49										
04	86768	ANTIBODY;	16.39										
08	86768	ANTIBODY;	15.49										
03	86771	ANTIBODY;	15.49										
04	86771	ANTIBODY;	16.39										
08	86771	ANTIBODY;	15.49										
03	86774	ANTIBODY;	10.88										
04	86774	ANTIBODY;	11.24										
08	86774	ANTIBODY;	10.88										
03	86777	ANTIBODY;	12.62										
04	86777	ANTIBODY;	13.05										
08	86777	ANTIBODY;	12.62										
03	86778	ANTIBODY;	17.37										
04	86778	ANTIBODY;	18.50										
08	86778	ANTIBODY;	17.37										
03	86781	ANTIBODY;	15.56										
04	86781	ANTIBODY;	16.26										
08	86781	ANTIBODY;	15.56										
03	86784	ANTIBODY;	5.18										
04	86784	ANTIBODY;	5.35										
08	86784	ANTIBODY;	5.18										
03	86787	ANTIBODY;	12.48										
04	86787	ANTIBODY;	12.88										
08	86787	ANTIBODY;	12.48										
03	86788	ANTIBODY; WEST NILE VIRUS, IGM	23.54										
04	86788	ANTIBODY; WEST NILE VIRUS, IGM	24.32										
08	86788	ANTIBODY; WEST NILE VIRUS, IGM	23.54										
03	86789	ANTIBODY; WEST NILE VIRUS	20.11										
04	86789	ANTIBODY; WEST NILE VIRUS	20.78										
08	86789	ANTIBODY; WEST NILE VIRUS	20.11										
03	86790	ANTIBODY;	12.48										
04	86790	ANTIBODY;	12.88										
08	86790	ANTIBODY;	12.48										
03	86793	ANTIBODY;	12.48										
04	86793	ANTIBODY;	12.88										
08	86793	ANTIBODY;	12.48										
03	86800	THYROGLOBULIN ANTIBODY, RIA	18.68										
04	86800	THYROGLOBULIN ANTIBODY, RIA	19.77										
08	86800	THYROGLOBULIN ANTIBODY, RIA	18.68										
03	86803	HEPATITIS C AB TEST	19.73										
04	86803	HEPATITIS C AB TEST	20.39										
08	86803	HEPATITIS C AB TEST	19.73										
03	86804	HEP C AB TEST, CONFIRM	21.40										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	86804	HEP C AB TEST, CONFIRM	22.11										
08	86804	HEP C AB TEST, CONFIRM	21.40										
03	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	61.42										
04	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	64.98										
08	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	61.42										
03	86806	SEE 86805; WITHOUT TITRATION	55.90										
04	86806	SEE 86805; WITHOUT TITRATION	59.14										
08	86806	SEE 86805; WITHOUT TITRATION	55.90										
03	86807	SERUM SCREEN.-PRA;STANDARD METHOD	39.42										
04	86807	SERUM SCREEN.-PRA;STANDARD METHOD	40.74										
08	86807	SERUM SCREEN.-PRA;STANDARD METHOD	39.42										
03	86808	SERUM SCREEN.-PRA; QUICK METHOD	34.87										
04	86808	SERUM SCREEN.-PRA; QUICK METHOD	36.89										
08	86808	SERUM SCREEN.-PRA; QUICK METHOD	34.87										
03	86812	TISSUE TYPING;	30.31										
04	86812	TISSUE TYPING; HLA TYPING, A,	32.07										
08	86812	TISSUE TYPING;	30.31										
03	86813	TISSUE TYPING;	68.11										
04	86813	TISSUE TYPING, HLA TYPING,A,	72.08										
08	86813	TISSUE TYPING;	68.11										
03	86816	TISSUE TYPING;	32.72										
04	86816	TISSUE TYPING, HLA TYPING, DR	34.62										
08	86816	TISSUE TYPING;	32.72										
03	86817	TISSUE TYPING;	75.63										
04	86817	TISSUE TYPING, HLA TYPING, DR	80.03										
08	86817	TISSUE TYPING;	75.63										
03	86821	TISSUE TYPING;	66.33										
04	86821	TISSUE TYPING; LYMPHOCYTE CULT	70.17										
08	86821	TISSUE TYPING;	66.33										
03	86822	TISSUE TYPING;	42.94										
04	86822	TISSUE TYPING; LYMPHOCYTE CULT	45.44										
08	86822	TISSUE TYPING;	42.94										
03	86849	UNLISTED IMMUNOLOGY PROCEDURE		MP	X								
08	86849	UNLISTED IMMUNOLOGY PROCEDURE		MP	X								
03	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	14.97										X
04	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	15.26										X
08	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	14.97										X
03	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	13.27										X
04	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	13.53										X
08	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	13.27										X
03	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	40.04										X
04	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	40.84										X
08	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	40.04										X
03	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.32										X
04	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.68										X
08	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.32										X
03	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.72										X
04	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	7.11										X
08	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.72										X
03	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.08										X

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.42										X
08	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	6.08										X
03	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.67										
04	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.91										
08	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.67										
03	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.27										
04	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.51										
08	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	12.27										
03	86900	BLOOD TYPING;	3.50										
04	86900	BLOOD TYPING;	3.70										
08	86900	BLOOD TYPING;	3.50										
03	86901	BLOOD TYPING;	13.52										
04	86901	BLOOD TYPING;	13.80										
08	86901	BLOOD TYPING;	13.52										
03	86903	BLOOD TYPING;	11.09										X
04	86903	BLOOD TYPING;	11.74										X
08	86903	BLOOD TYPING;	11.09										X
03	86904	BLOOD TYPING;	11.16										X
04	86904	BLOOD TYPING;	11.81										X
08	86904	BLOOD TYPING;	11.16										X
03	86905	BLOOD TYPING;	4.49										X
04	86905	BLOOD TYPING;	4.75										X
08	86905	BLOOD TYPING;	4.49										X
03	86906	BLOOD TYPING;	9.10										
04	86906	BLOOD TYPING;	9.64										
08	86906	BLOOD TYPING;	9.10										
03	86910	BLOOD TYPING;	19.78										X
04	86910	BLOOD TYPING;	20.45										X
08	86910	BLOOD TYPING;	19.78										X
03	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.15										
04	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.51										
08	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.15										
03	86920	COMPATIBILITY TEST EACH UNIT;	46.90										
04	86920	COMPATIBILITY TEST EACH UNIT;	47.83										
08	86920	COMPATIBILITY TEST EACH UNIT;	46.90										
03	86921	COMPATIBILITY TEST EACH UNIT;	46.90										
04	86921	COMPATIBILITY TEST EACH UNIT;	47.83										
08	86921	COMPATIBILITY TEST EACH UNIT;	46.90										
03	86922	COMPATIBILITY TEST EACH UNIT;	44.68										
04	86922	COMPATIBILITY TEST EACH UNIT;	45.58										
08	86922	COMPATIBILITY TEST EACH UNIT;	44.68										
03	86923	COMPATIBILITY TEST, ELECTRIC	MP		X								
04	86923	COMPATIBILITY TEST, ELECTRIC	MP		X								
08	86923	COMPATIBILITY TEST, ELECTRIC	MP		X								
03	86927	FRESH FROZEN PLASMA, THAWING, EACH U	10.09										X
04	86927	FRESH FROZEN PLASMA, THAWING, EACH U	10.29										X
08	86927	FRESH FROZEN PLASMA, THAWING, EACH U	10.09										X
03	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X
04	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	12.11										X
08	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X

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FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X
04	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	12.11										X
08	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X
03	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X
04	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	12.11										X
08	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	11.87										X
03	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	9.62										X
04	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	10.18										X
08	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	9.62										X
03	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	14.23										X
04	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	15.05										X
08	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	14.23										X
03	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	43.20										X
04	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	44.06										X
08	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	43.20										X
03	86950	LEUKOCYTE TRANSFUSION	39.64										
04	86950	LEUKOCYTE TRANSFUSION	40.42										
08	86950	LEUKOCYTE TRANSFUSION	39.64										
03	86960	VOL REDUCTION OF BLOOD/PROD	MP		X								
04	86960	VOL REDUCTION OF BLOOD/PROD	MP		X								
08	86960	VOL REDUCTION OF BLOOD/PROD	MP		X								
03	86965	POOLING OF PLATELETS OR OTHER BLOOD	13.81										
04	86965	POOLING OF PLATELETS OR OTHER BLOOD	14.12										
08	86965	POOLING OF PLATELETS OR OTHER BLOOD	13.81										
03	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.52										X
04	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.56										X
08	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.52										X
03	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	7.54										X
04	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	7.69										X
08	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	7.54										X
03	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.52										
04	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.56										
08	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.52										
03	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.52										X
04	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.56										X
08	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.52										X
03	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.52										
04	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.56										
08	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.52										
03	86977	PRETREATMENT OF SERUM FOR USE IN RBC	7.54										X
04	86977	PRETREATMENT OF SERUM FOR USE IN RBC	7.69										X
08	86977	PRETREATMENT OF SERUM FOR USE IN RBC	7.54										X
03	86978	PRETREATMENT OF SERUM FOR USE IN RBC	9.64										X
04	86978	PRETREATMENT OF SERUM FOR USE IN RBC	9.82										X
08	86978	PRETREATMENT OF SERUM FOR USE IN RBC	9.64										X
03	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	13.85										X
04	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	14.12										X
08	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	13.85										X
03	86999	IMMUNOLOGY PROCEDURE	45.90		X								
04	86999	IMMUNOLOGY PROCEDURE	47.43		X								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	86999	IMMUNOLOGY PROCEDURE	45.90		X								
03	87001	SMALL ANIMAL INOCULATION	15.53										
04	87001	SMALL ANIMAL INOCULATION	16.43										
08	87001	SMALL ANIMAL INOCULATION	15.53										
03	87003	SMALL ANIMAL INOCULATION	19.77										
04	87003	SMALL ANIMAL INOCULATION	20.92										
08	87003	SMALL ANIMAL INOCULATION	19.77										
03	87015	SPECIMEN CONCENTRATION	7.85										X
04	87015	SPECIMEN CONCENTRATION	8.30										X
08	87015	SPECIMEN CONCENTRATION	7.85										X
03	87040	BLOOD CULTURE FOR BACTERIA	12.13										X
04	87040	BLOOD CULTURE FOR BACTERIA	12.83										X
08	87040	BLOOD CULTURE FOR BACTERIA	12.13										X
03	87045	STOOL CULTURE FOR BACTERIA	11.08										X
04	87045	STOOL CULTURE FOR BACTERIA	11.73										X
08	87045	STOOL CULTURE FOR BACTERIA	11.08										X
03	87046	STOOL CULTR, BACTERIA, EACH	3.26										X
04	87046	STOOL CULTR, BACTERIA, EACH	3.37										X
08	87046	STOOL CULTR, BACTERIA, EACH	3.26										X
03	87070	CULTURE SPECIMEN, BACTERIA	10.12										X
04	87070	CULTURE SPECIMEN, BACTERIA	10.70										X
08	87070	CULTURE SPECIMEN, BACTERIA	10.12										X
03	87071	CULTURE BACTERI AEROBIC OTHR	6.52										
04	87071	CULTURE BACTERI AEROBIC OTHR	6.77										
08	87071	CULTURE BACTERI AEROBIC OTHR	6.52										
03	87073	CULTURE BACTERIA ANAEROBIC	6.52										
04	87073	CULTURE BACTERIA ANAEROBIC	6.77										
08	87073	CULTURE BACTERIA ANAEROBIC	6.52										
03	87075	CULTURE SPECIMEN, BACTERIA	11.12										X
04	87075	CULTURE SPECIMEN, BACTERIA	11.77										X
08	87075	CULTURE SPECIMEN, BACTERIA	11.12										X
03	87076	BACTERIA IDENTIFICATION	11.16										
04	87076	BACTERIA IDENTIFICATION	14.28										
08	87076	BACTERIA IDENTIFICATION	11.16										
03	87077	CULTURE AEROBIC IDENTIFY	11.16										X
04	87077	CULTURE AEROBIC IDENTIFY	11.52										X
08	87077	CULTURE AEROBIC IDENTIFY	11.16										X
03	87081	BACTERIA CULTURE SCREEN	7.74										
04	87081	BACTERIA CULTURE SCREEN	8.18										
08	87081	BACTERIA CULTURE SCREEN	7.74										
03	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	10.12										
04	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	10.70										
08	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	10.12										
03	87086	URINE CULTURE, COLONY COUNT	9.35										
04	87086	URINE CULTURE, COLONY COUNT	9.90										
08	87086	URINE CULTURE, COLONY COUNT	9.35										
03	87088	URINE BACTERIA CULTURE	9.50										
04	87088	URINE BACTERIA CULTURE	10.06										
08	87088	URINE BACTERIA CULTURE	9.50										
03	87101	SKIN FUNGUS CULTURE	7.86										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	87101	SKIN FUNGUS CULTURE	8.12										
08	87101	SKIN FUNGUS CULTURE	7.86										
03	87102	FUNGUS ISOLATION CULTURE	9.42										
04	87102	FUNGUS ISOLATION CULTURE	9.72										
08	87102	FUNGUS ISOLATION CULTURE	9.42										
03	87103	CULTURE,FUNGI,ISOLATION BLOOD	9.42										
04	87103	CULTURE,FUNGI,ISOLATION; BLOOD	9.72										
08	87103	CULTURE,FUNGI,ISOLATION BLOOD	9.42										
03	87106	FUNGUS IDENTIFICATION	12.13										
04	87106	FUNGUS IDENTIFICATION	12.83										
08	87106	FUNGUS IDENTIFICATION	12.13										
03	87107	FUNGI IDENTIFICATION, MOLD	14.27										
04	87107	FUNGI IDENTIFICATION, MOLD	14.75										
08	87107	FUNGI IDENTIFICATION, MOLD	14.27										
03	87109	MYCOPLASMA CULTURE	18.07										
04	87109	MYCOPLASMA CULTURE	19.12										
08	87109	MYCOPLASMA CULTURE	18.07										
03	87110	CULTURE,CHLAMYDIA	23.02										
04	87110	CULTURE, CHLAMYDIA	24.36										
08	87110	CULTURE,CHLAMYDIA	23.02										
03	87116	MYCOBACTERIA CULTURE	12.67										
04	87116	MYCOBACTERIA CULTURE	13.40										
08	87116	MYCOBACTERIA CULTURE	12.67										
03	87118	MYCOBACTERIA IDENTIFICATION	4.54										
04	87118	MYCOBACTERIA IDENTIFICATION	4.65										
08	87118	MYCOBACTERIA IDENTIFICATION	4.54										
03	87140	CULTURE TYPING, FLUORESCENT	6.30										
04	87140	CULTURE TYPING, FLUORESCENT	6.51										
08	87140	CULTURE TYPING, FLUORESCENT	6.30										
03	87143	CULTURE TYPING, GLC METHOD	14.71										
04	87143	CULTURE TYPING, GLC METHOD	15.57										
08	87143	CULTURE TYPING, GLC METHOD	14.71										
03	87147	CULTURE TYPING, SEROLOGIC	4.76										
04	87147	CULTURE TYPING, SEROLOGIC	4.85										
08	87147	CULTURE TYPING, SEROLOGIC	4.76										
03	87149	CULTURE TYPE, NUCLEIC ACID	27.71										
04	87149	CULTURE TYPE, NUCLEIC ACID	28.64										
08	87149	CULTURE TYPE, NUCLEIC ACID	27.71										
03	87152	CULTURE TYPE PULSE FIELD GEL	7.23										
04	87152	CULTURE TYPE PULSE FIELD GEL	7.47										
08	87152	CULTURE TYPE PULSE FIELD GEL	7.23										
03	87158	CULTURE TYPING, ADDED METHOD	6.15										
04	87158	CULTURE TYPING, ADDED METHOD	6.51										
08	87158	CULTURE TYPING, ADDED METHOD	6.15										
03	87164	DARK FIELD EXAMINATION	12.61										
04	87164	DARK FIELD EXAMINATION	12.20										
08	87164	DARK FIELD EXAMINATION	12.61										
03	87166	DARK FIELD EXAMINATION	9.72										
04	87166	DARK FIELD EXAMINATION	10.03										
08	87166	DARK FIELD EXAMINATION	9.72										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	87168	MACROSCOPIC EXAM ARTHROPOD	5.90										
04	87168	MACROSCOPIC EXAM ARTHROPOD	6.10										
08	87168	MACROSCOPIC EXAM ARTHROPOD	5.90										
03	87169	MACACROSCOPIC EXAM PARASITE	5.90										
04	87169	MACACROSCOPIC EXAM PARASITE	6.10										
08	87169	MACACROSCOPIC EXAM PARASITE	5.90										
03	87172	PINWORM EXAM	5.90										
04	87172	PINWORM EXAM	6.10										
08	87172	PINWORM EXAM	5.90										
03	87176	ENDOTOXIN, BACTERIAL	6.91										
04	87176	ENDOTOXIN, BACTERIAL	7.32										
08	87176	ENDOTOXIN, BACTERIAL	6.91										
03	87177	OVA AND PARASITES SMEARS	9.72										X
04	87177	OVA AND PARASITES SMEARS	10.03										
08	87177	OVA AND PARASITES SMEARS	9.72										X
03	87181	ANTIBIOTIC SENSITIVITY, EACH	5.58										
04	87181	ANTIBIOTIC SENSITIVITY, EACH	5.90										
08	87181	ANTIBIOTIC SENSITIVITY, EACH	5.58										
03	87184	ANTIBIOTIC SENSITIVITY, EACH	8.09										X
04	87184	ANTIBIOTIC SENSITIVITY, EACH	8.57										X
08	87184	ANTIBIOTIC SENSITIVITY, EACH	8.09										X
03	87185	MICROBE SUSCEPTIBLE, ENZYME	6.56										X
04	87185	MICROBE SUSCEPTIBLE, ENZYME	6.77										X
08	87185	MICROBE SUSCEPTIBLE, ENZYME	6.56										X
03	87186	ANTIBIOTIC SENSITIVITY, MIC	10.16										
04	87186	ANTIBIOTIC SENSITIVITY, MIC	10.75										
08	87186	ANTIBIOTIC SENSITIVITY, MIC	10.16										
03	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	12.18										
04	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	12.88										
08	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	12.18										
03	87188	ANTIBIOTIC SENSITIVITY, EACH	7.79										
04	87188	ANTIBIOTIC SENSITIVITY, EACH	8.24										
08	87188	ANTIBIOTIC SENSITIVITY, EACH	7.79										
03	87190	TB ANTIBIOTIC SENSITIVITY	6.64										
04	87190	TB ANTIBIOTIC SENSITIVITY	7.02										
08	87190	TB ANTIBIOTIC SENSITIVITY	6.64										
03	87197	SERUM BACTERICIDAL TITER	16.14										
04	87197	SERUM BACTERICIDAL TITER	16.65										
08	87197	SERUM BACTERICIDAL TITER	16.14										
03	87198	CYTOMEGALOVIRUS ANTIBODY DFA	16.58										
04	87198	CYTOMEGALOVIRUS ANTIBODY DFA	17.13										
08	87198	CYTOMEGALOVIRUS ANTIBODY DFA	16.58										
03	87205	SMEAR, STAIN & INTERPRET	5.02										X
04	87205	SMEAR, STAIN & INTERPRET	5.31										X
08	87205	SMEAR, STAIN & INTERPRET	5.02										X
03	87206	SMEAR, STAIN & INTERPRET	6.32										X
04	87206	SMEAR, STAIN & INTERPRET	6.68										X
08	87206	SMEAR, STAIN & INTERPRET	6.32										X
03	87207	SMEAR, STAIN & INTERPRET	7.04										X
04	87207	SMEAR, STAIN & INTERPRET	6.81										X

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	87207	SMEAR, STAIN & INTERPRET	7.04										X
03	87209	SMEAR, COMPLEX STAIN	25.11										
04	87209	SMEAR, COMPLEX STAIN	25.95										
08	87209	SMEAR, COMPLEX STAIN	25.11										
03	87210	SMEAR, STAIN & INTERPRET	5.02										X
04	87210	SMEAR, STAIN & INTERPRET	5.31										X
08	87210	SMEAR, STAIN & INTERPRET	5.02										X
03	87220	TISSUE EXAMINATION FOR FUNGI	5.02										
04	87220	TISSUE EXAMINATION FOR FUNGI	5.31						X				
08	87220	TISSUE EXAMINATION FOR FUNGI	5.02										
03	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	23.19										X
04	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	24.54										X
08	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	23.19										X
03	87250	VIRUS INOCULATION FOR TEST	22.98										X
04	87250	VIRUS INOCULATION FOR TEST	24.30										X
08	87250	VIRUS INOCULATION FOR TEST	22.98										X
03	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	30.62										
04	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	32.40										
08	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	30.62										
03	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	23.57										X
04	87253	VIRUS ID;TISS.CULT;ADD STDY,@ ISOLAT	24.36										X
08	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	23.57										X
03	87254	VIRUS INOCULATION, SHELL VIA	6.76										X
04	87254	VIRUS INOCULATION, SHELL VIA	6.98										X
08	87254	VIRUS INOCULATION, SHELL VIA	6.76										X
03	87255	GENET VIRUS ISOLATE, HSV	47.31							1			X
04	87255	GENET VIRUS ISOLATE, HSV	48.89							1			
08	87255	GENET VIRUS ISOLATE, HSV	47.31							1			
03	87260	ADENOVIRUS AG, DFA	16.58										
04	87260	ADENOVIRUS AG, DFA	21.38										
08	87260	ADENOVIRUS AG, DFA	16.58										
03	87265	PERTUSSIS AG, DFA	16.58										
04	87265	PERTUSSIS AG, DFA	21.38										
08	87265	PERTUSSIS AG, DFA	16.58										
03	87267	ENTEROVIRUS ANTIBODY, DFA	16.76							1			
04	87267	ENTEROVIRUS ANTIBODY, DFA	17.32							1			
08	87267	ENTEROVIRUS ANTIBODY, DFA	16.76							1			
03	87269	GIARDIA AG, IF	16.76										
04	87269	GIARDIA AG, IF	17.32										
08	87269	GIARDIA AG, IF	16.76										
03	87270	CHYLMD TRACH AG, DFA	16.58										
04	87270	CHYLMD TRACH AG, DFA	21.38										
08	87270	CHYLMD TRACH AG, DFA	16.58										
03	87271	CRYPTOSPORIDUM/GARDIA AG, IF	16.76							1			
04	87271	CRYPTOSPORIDUM/GARDIA AG, IF	17.32							1			
08	87271	CRYPTOSPORIDUM/GARDIA AG, IF	16.76							1			
03	87272	CRYPTOSPORIDUM AG, DFA	16.58										
04	87272	CRYPTOSPORIDUM AG, DFA	21.38										
08	87272	CRYPTOSPORIDUM AG, DFA	16.58										
03	87273	HERPES SIMPLEX 2, AG, IF	16.58										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	87273	HERPES SIMPLEX 2, AG, IF	17.14										
08	87273	HERPES SIMPLEX 2, AG, IF	16.58										
03	87274	HERPES SIMPLEX AG, DFA	16.58										
04	87274	HERPES SIMPLEX AG, DFA	21.38										
08	87274	HERPES SIMPLEX AG, DFA	16.58										
03	87275	INFLUENZA B, AG, IF	16.58										
04	87275	INFLUENZA B, AG, IF	17.14										
08	87275	INFLUENZA B, AG, IF	16.58										
03	87276	INFLUENZA AG, DFA	16.58										
04	87276	INFLUENZA AG, DFA	21.38										
08	87276	INFLUENZA AG, DFA	16.58										
03	87277	LEGIONELLA MICDADEI, AG, IF	16.58										
04	87277	LEGIONELLA MICDADEI, AG, IF	17.13										
08	87277	LEGIONELLA MICDADEI, AG, IF	16.58										
03	87278	LEGION PNEUMO AG, DFA	16.58										
04	87278	LEGION PNEUMO AG, DFA	21.38										
08	87278	LEGION PNEUMO AG, DFA	16.58										
03	87279	PARAINFLUENZA, AG, IF	16.58										
04	87279	PARAINFLUENZA, AG, IF	17.13										
08	87279	PARAINFLUENZA, AG, IF	16.58										
03	87280	RESP SYNCYTIAL AG, DFA	16.58										
04	87280	RESP SYNCYTIAL AG, DFA	17.13										
08	87280	RESP SYNCYTIAL AG, DFA	16.58										
03	87281	PNEUMOCYSTIS CARINII, AG, IF	16.58										
04	87281	PNEUMOCYSTIS CARINII, AG, IF	17.13										
08	87281	PNEUMOCYSTIS CARINII, AG, IF	16.58										
03	87283	RUBEOLA, AG, IF	16.58										
04	87283	RUBEOLA, AG, IF	17.13										
08	87283	RUBEOLA, AG, IF	16.58										
03	87285	TREPON PALLIDUM AG, DFA	16.58										
04	87285	TREPON PALLIDUM AG, DFA	21.38										
08	87285	TREPON PALLIDUM AG, DFA	16.58										
03	87290	VARICELLA AG, DFA	16.58										
04	87290	VARICELLA AG, DFA	21.38										
08	87290	VARICELLA AG, DFA	16.58										
03	87299	AG DETECTION NOS, DFA	16.58										
04	87299	AG DETECTION NOS, DFA	21.38										
08	87299	AG DETECTION NOS, DFA	16.58										
03	87300	AG DETECTION, POLYVAL, IF	8.29										X
04	87300	AG DETECTION, POLYVAL, IF	8.56										X
08	87300	AG DETECTION, POLYVAL, IF	8.29										X
03	87301	ADENOVIRUS AG, EIA	16.58										
04	87301	ADENOVIRUS AG, EIA	21.38										
08	87301	ADENOVIRUS AG, EIA	16.58										
03	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	16.76										
04	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	17.32										
08	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	16.76										
03	87320	CHYLMD TRACH AG, EIA	16.58										
04	87320	CHYLMD TRACH AG, EIA	21.38										
08	87320	CHYLMD TRACH AG, EIA	16.58										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	87324	CLOSTRIDIUM AG, EIA	16.58										
04	87324	CLOSTRIDIUM AG, EIA	21.38										
08	87324	CLOSTRIDIUM AG, EIA	16.58										
03	87327	CRYPTOCOCCUS NEOFORM AG, EIA	16.58										
04	87327	CRYPTOCOCCUS NEOFORM AG, EIA	17.13										
08	87327	CRYPTOCOCCUS NEOFORM AG, EIA	16.58										
03	87328	CRYPTOSPOR AG, EIA	16.58										
04	87328	CRYPTOSPOR AG, EIA	21.38										
08	87328	CRYPTOSPOR AG, EIA	16.58										
03	87329	GIARDIA AG, EIA	16.76										
04	87329	GIARDIA AG, EIA	17.32										
08	87329	GIARDIA AG, EIA	16.76										
03	87332	CYTOMEGALOVIRUS AG, EIA	16.58										
04	87332	CYTOMEGALOVIRUS AG, EIA	21.38										
08	87332	CYTOMEGALOVIRUS AG, EIA	16.58										
03	87335	E COLI 0157 AG, EIA	16.58										
04	87335	E COLI 0157 AG, EIA	21.38										
08	87335	E COLI 0157 AG, EIA	16.58										
03	87336	ENTAMOEB HIST DISPR, AG, EIA	16.58										
04	87336	ENTAMOEB HIST DISPR, AG, EIA	17.13										
08	87336	ENTAMOEB HIST DISPR, AG, EIA	16.58										
03	87337	ENTAMOEB HIST GROUP, AG, EIA	16.58										
04	87337	ENTAMOEB HIST GROUP, AG, EIA	17.13										
08	87337	ENTAMOEB HIST GROUP, AG, EIA	16.58										
03	87338	HPYLORI, STOOL, EIA	6.42										
08	87338	HPYLORI, STOOL, EIA	6.42										
03	87339	HPYLORI AG, EIA	16.58										
04	87339	HPYLORI AG, EIA	17.13										
08	87339	HPYLORI AG, EIA	16.58										
03	87340	HEPATITIS B SURFACE AG, EIA	14.27										
04	87340	HEPATITIS B SURFACE AG, EIA	14.75										
08	87340	HEPATITIS B SURFACE AG, EIA	14.27										
03	87341	HEPATITIS B SURFACE, AG, EIA	14.27										
04	87341	HEPATITIS B SURFACE, AG, EIA	14.74										
08	87341	HEPATITIS B SURFACE, AG, EIA	14.27										
03	87350	HEPATITIS B AG, EIA	15.92										
04	87350	HEPATITIS B AG, EIA	21.39										
08	87350	HEPATITIS B AG, EIA	15.92										
03	87380	HEPATITIS DELTA AG, EIA	17.08										
04	87380	HEPATITIS DELTA AG, EIA	17.65										
08	87380	HEPATITIS DELTA AG, EIA	17.08										
03	87385	HISTOPLASMA CAPSUL AG, EIA	16.58										
04	87385	HISTOPLASMA CAPSUL AG, EIA	21.38										
08	87385	HISTOPLASMA CAPSUL AG, EIA	16.58										
03	87390	HIV-1 AG, EIA	24.38										
04	87390	HIV-1 AG, EIA	34.05										
08	87390	HIV-1 AG, EIA	24.38										
03	87391	HIV-2 AG, EIA	24.38										
04	87391	HIV-2 AG, EIA	34.05										
08	87391	HIV-2 AG, EIA	24.38										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	87400	INFLUENZA A/B, AG, EIA	8.29										X
04	87400	INFLUENZA A/B, AG, EIA	8.56										X
08	87400	INFLUENZA A/B, AG, EIA	8.29										X
03	87420	RESP SYNCYTIAL AG, EIA	16.58										
04	87420	RESP SYNCYTIAL AG, EIA	17.13										
08	87420	RESP SYNCYTIAL AG, EIA	16.58										
03	87425	ROTAVIRUS AG, EIA	16.58										
04	87425	ROTAVIRUS AG, EIA	17.13										
08	87425	ROTAVIRUS AG, EIA	16.58										
03	87427	SHIGA-LIKE TOXIN AG, EIA	16.58										
04	87427	SHIGA-LIKE TOXIN AG, EIA	17.13										
08	87427	SHIGA-LIKE TOXIN AG, EIA	16.58										
03	87430	STREP A AG, EIA	16.58										
04	87430	STREP A AG, EIA	17.13										
08	87430	STREP A AG, EIA	16.58										
03	87449	AG DETECT NOS, EIA, MULT	16.58										
04	87449	AG DETECT NOS, EIA, MULT	17.13										
08	87449	AG DETECT NOS, EIA, MULT	16.58										
03	87450	AG DETECT NOS, EIA, SINGLE	6.42										
04	87450	AG DETECT NOS, EIA, SINGLE	6.63										
08	87450	AG DETECT NOS, EIA, SINGLE	6.42										
03	87451	AG DETECT POLYVAL, EIA, MULT	6.42										
04	87451	AG DETECT POLYVAL, EIA, MULT	6.63										
08	87451	AG DETECT POLYVAL, EIA, MULT	6.42										
03	87470	BARTONELLA, DNA, DIR PROBE	27.71										
04	87470	BARTONELLA, DNA, DIR PROBE	49.81										
08	87470	BARTONELLA, DNA, DIR PROBE	27.71										
03	87471	BARTONELLA, DNA, AMP PROBE	48.50										
04	87471	BARTONELLA, DNA, AMP PROBE	117.35										
08	87471	BARTONELLA, DNA, AMP PROBE	48.50										
03	87472	BARTONELLA, DNA, QUANT	129.62										
04	87472	BARTONELLA, DNA, QUANT	133.94										
08	87472	BARTONELLA, DNA, QUANT	129.62										
03	87475	LYME DIS, DNA, DIR PROBE	27.71										
04	87475	LYME DIS, DNA, DIR PROBE	49.81										
08	87475	LYME DIS, DNA, DIR PROBE	27.71										
03	87476	LYME DIS, DNA, AMP PROBE	48.50										
04	87476	LYME DIS, DNA, AMP PROBE	117.35										
08	87476	LYME DIS, DNA, AMP PROBE	48.50										
03	87477	LYME DIS, DNA, QUANT	22.76										
04	87477	LYME DIS, DNA, QUANT	23.52										
08	87477	LYME DIS, DNA, QUANT	22.76										
03	87480	CANDIDA, DNA, DIR PROBE	27.71										
04	87480	CANDIDA, DNA, DIR PROBE	49.81										
08	87480	CANDIDA, DNA, DIR PROBE	27.71										
03	87481	CANDIDA, DNA, AMP PROBE	48.50										
04	87481	CANDIDA, DNA, AMP PROBE	117.35										
08	87481	CANDIDA, DNA, AMP PROBE	48.50										
03	87482	CANDIDA, DNA, QUANT	22.76										
04	87482	CANDIDA, DNA, QUANT	23.52										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	87482	CANDIDA, DNA, QUANT	22.76										
03	87485	CHYLMD PNEUM, DNA, DIR PROBE	27.71										
04	87485	CHYLMD PNEUM, DNA, DIR PROBE	49.81										
08	87485	CHYLMD PNEUM, DNA, DIR PROBE	27.71										
03	87486	CHYLMD PNEUM, DNA, AMP PROBE	48.50										
04	87486	CHYLMD PNEUM, DNA, AMP PROBE	117.35										
08	87486	CHYLMD PNEUM, DNA, AMP PROBE	48.50										
03	87487	CHYLMD PNEUM, DNA, QUANT	129.62										
04	87487	CHYLMD PNEUM, DNA, QUANT	133.94										
08	87487	CHYLMD PNEUM, DNA, QUANT	129.62										
03	87490	CHYLMD TRACH, DNA, DIR PROBE	27.71										
04	87490	CHYLMD TRACH, DNA, DIR PROBE	49.81										
08	87490	CHYLMD TRACH, DNA, DIR PROBE	27.71										
03	87491	CHYLMD TRACH, DNA, AMP PROBE	48.50										
04	87491	CHYLMD TRACH, DNA, AMP PROBE	50.12										
08	87491	CHYLMD TRACH, DNA, AMP PROBE	48.50										
03	87492	CHYLMD TRACH, DNA, QUANT	22.76										
04	87492	CHYLMD TRACH, DNA, QUANT	23.52										
08	87492	CHYLMD TRACH, DNA, QUANT	22.76										
03	87495	CYTOMEG, DNA, DIR PROBE	27.71										
04	87495	CYTOMEG, DNA, DIR PROBE	49.81										
08	87495	CYTOMEG, DNA, DIR PROBE	27.71										
03	87496	CYTOMEG, DNA, AMP PROBE	48.50										
04	87496	CYTOMEG, DNA, AMP PROBE	117.35										
08	87496	CYTOMEG, DNA, AMP PROBE	48.50										
03	87497	CYTOMEG, DNA, QUANT	59.20										
04	87497	CYTOMEG, DNA, QUANT	133.94										
08	87497	CYTOMEG, DNA, QUANT	59.20										
03	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
04	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	50.67										
08	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
03	87510	GARDNER VAG, DNA, DIR PROBE	27.71										
04	87510	GARDNER VAG, DNA, DIR PROBE	49.81										
08	87510	GARDNER VAG, DNA, DIR PROBE	27.71										
03	87511	GARDNER VAG, DNA, AMP PROBE	48.50										
04	87511	GARDNER VAG, DNA, AMP PROBE	117.35										
08	87511	GARDNER VAG, DNA, AMP PROBE	48.50										
03	87512	GARDNER VAG, DNA, QUANT	22.76										
04	87512	GARDNER VAG, DNA, QUANT	23.52										
08	87512	GARDNER VAG, DNA, QUANT	22.76										
03	87515	HEPATITIS B, DNA, DIR PROBE	27.71										
04	87515	HEPATITIS B, DNA, DIR PROBE	49.81										
08	87515	HEPATITIS B, DNA, DIR PROBE	27.71										
03	87516	HEPATITIS B , DNA, AMP PROBE	48.50										
04	87516	HEPATITIS B , DNA, AMP PROBE	117.35										
08	87516	HEPATITIS B , DNA, AMP PROBE	48.50										
03	87517	HEPATITIS B , DNA, QUANT	59.20										
04	87517	HEPATITIS B , DNA, QUANT	133.94										
08	87517	HEPATITIS B , DNA, QUANT	59.20										
03	87520	HEPATITIS C , RNA, DIR PROBE	27.71										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	87520	HEPATITIS C , RNA, DIR PROBE	49.81										
08	87520	HEPATITIS C , RNA, DIR PROBE	27.71										
03	87521	HEPATITIS C , RNA, AMP PROBE	48.50										
04	87521	HEPATITIS C , RNA, AMP PROBE	117.35										
08	87521	HEPATITIS C , RNA, AMP PROBE	48.50										
03	87522	HEPATITIS C, RNA, QUANT	59.20										
04	87522	HEPATITIS C, RNA, QUANT	61.17										
08	87522	HEPATITIS C, RNA, QUANT	59.20										
03	87525	HEPATITIS G , DNA, DIR PROBE	27.71										
04	87525	HEPATITIS G , DNA, DIR PROBE	49.81										
08	87525	HEPATITIS G , DNA, DIR PROBE	27.71										
03	87526	HEPATITIS G, DNA, AMP PROBE	48.50										
04	87526	HEPATITIS G, DNA, AMP PROBE	117.35										
08	87526	HEPATITIS G, DNA, AMP PROBE	48.50										
03	87527	HEPATITIS G, DNA, QUANT	22.76										
04	87527	HEPATITIS G, DNA, QUANT	23.52										
08	87527	HEPATITIS G, DNA, QUANT	22.76										
03	87528	HSV, DNA, DIR PROBE	27.71										
04	87528	HSV, DNA, DIR PROBE	49.81										
08	87528	HSV, DNA, DIR PROBE	27.71										
03	87529	HSV, DNA, AMP PROBE	48.50										
04	87529	HSV, DNA, AMP PROBE	117.35										
08	87529	HSV, DNA, AMP PROBE	48.50										
03	87530	HSV, DNA, QUANT	59.20										
04	87530	HSV, DNA, QUANT	133.94										
08	87530	HSV, DNA, QUANT	59.20										
03	87531	HHV-6, DNA, DIR PROBE	27.71										
04	87531	HHV-6, DNA, DIR PROBE	49.81										
08	87531	HHV-6, DNA, DIR PROBE	27.71										
03	87532	HHV-6, DNA, AMP PROBE	48.50										
04	87532	HHV-6, DNA, AMP PROBE	117.35										
08	87532	HHV-6, DNA, AMP PROBE	48.50										
03	87533	HHV-6, DNA, QUANT	22.76										
04	87533	HHV-6, DNA, QUANT	23.52										
08	87533	HHV-6, DNA, QUANT	22.76										
03	87534	HIV-1, DNA, DIR PROBE	27.71										
04	87534	HIV-1, DNA, DIR PROBE	49.81										
08	87534	HIV-1, DNA, DIR PROBE	27.71										
03	87535	HIV-1, DNA, AMP PROBE	48.50										
04	87535	HIV-1, DNA, AMP PROBE	117.35										
08	87535	HIV-1, DNA, AMP PROBE	48.50										
03	87536	HIV-1, DNA, QUANT	80.00										
04	87536	HIV-1, DNA, QUANT	80.00										
08	87536	HIV-1, DNA, QUANT	80.00										
03	87537	HIV-2, DNA, DIR PROBE	27.71										
04	87537	HIV-2, DNA, DIR PROBE	49.81										
08	87537	HIV-2, DNA, DIR PROBE	27.71										
03	87538	HIV-2, DNA, AMP PROBE	48.50										
04	87538	HIV-2, DNA, AMP PROBE	117.35										
08	87538	HIV-2, DNA, AMP PROBE	48.50										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	87539	HIV-2, DNA, QUANT	22.76										
04	87539	HIV-2, DNA, QUANT	23.52										
08	87539	HIV-2, DNA, QUANT	22.76										
03	87540	LEGION PNEUMO, DNA, DIR PROB	27.71										
04	87540	LEGION PNEUMO, DNA, DIR PROB	49.81										
08	87540	LEGION PNEUMO, DNA, DIR PROB	27.71										
03	87541	LEGION PNEUMO, DNA, AMP PROB	48.50										
04	87541	LEGION PNEUMO, DNA, AMP PROB	117.35										
08	87541	LEGION PNEUMO, DNA, AMP PROB	48.50										
03	87542	LEGION PNEUMO, DNA, QUANT	22.76										
04	87542	LEGION PNEUMO, DNA, QUANT	23.52										
08	87542	LEGION PNEUMO, DNA, QUANT	22.76										
03	87550	MYCOBACTERIA, DNA, DIR PROBE	27.71										
04	87550	MYCOBACTERIA, DNA, DIR PROBE	49.81										
08	87550	MYCOBACTERIA, DNA, DIR PROBE	27.71										
03	87551	MYCOBACTERIA, DNA, AMP PROBE	48.50										
04	87551	MYCOBACTERIA, DNA, AMP PROBE	117.35										
08	87551	MYCOBACTERIA, DNA, AMP PROBE	48.50										
03	87552	MYCOBACTERIA, DNA, QUANT	59.20										
04	87552	MYCOBACTERIA, DNA, QUANT	133.94										
08	87552	MYCOBACTERIA, DNA, QUANT	59.20										
03	87555	M.TUBERCULO, DNA, DIR PROBE	27.71										
04	87555	M.TUBERCULO, DNA, DIR PROBE	49.81										
08	87555	M.TUBERCULO, DNA, DIR PROBE	27.71										
03	87556	M.TUBERCULO, DNA, AMP PROBE	48.50										
04	87556	M.TUBERCULO, DNA, AMP PROBE	117.35										
08	87556	M.TUBERCULO, DNA, AMP PROBE	48.50										
03	87557	M.TUBERCULO, DNA, QUANT	129.62										
04	87557	M.TUBERCULO, DNA, QUANT	133.94										
08	87557	M.TUBERCULO, DNA, QUANT	129.62										
03	87560	M.AVIUM-INTRA, DNA, DIR PROB	27.71										
04	87560	M.AVIUM-INTRA, DNA, DIR PROB	49.81										
08	87560	M.AVIUM-INTRA, DNA, DIR PROB	27.71										
03	87561	M.AVIUM-INTRA, DNA, AMP PROB	48.50										
04	87561	M.AVIUM-INTRA, DNA, AMP PROB	117.35										
08	87561	M.AVIUM-INTRA, DNA, AMP PROB	48.50										
03	87562	M.AVIUM-INTRA, DNA, QUANT	129.62										
04	87562	M.AVIUM-INTRA, DNA, QUANT	133.94										
08	87562	M.AVIUM-INTRA, DNA, QUANT	129.62										
03	87580	M.PNEUMON, DNA, DIR PROBE	27.71										
04	87580	M.PNEUMON, DNA, DIR PROBE	49.81										
08	87580	M.PNEUMON, DNA, DIR PROBE	27.71										
03	87581	M.PNEUMON, DNA, AMP PROBE	48.50										
04	87581	M.PNEUMON, DNA, AMP PROBE	117.35										
08	87581	M.PNEUMON, DNA, AMP PROBE	48.50										
03	87582	M.PNEUMON, DNA, QUANT	22.76										
04	87582	M.PNEUMON, DNA, QUANT	23.52										
08	87582	M.PNEUMON, DNA, QUANT	22.76										
03	87590	N.GONORRHOEAE, DNA, DIR PROB	27.71										
04	87590	N.GONORRHOEAE, DNA, DIR PROB	28.63										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	87590	N.GONORRHOEAE, DNA, DIR PROB	27.71										
03	87591	N.GONORRHOEAE, DNA, AMP PROB	48.50										
04	87591	N.GONORRHOEAE, DNA, AMP PROB	50.12										
08	87591	N.GONORRHOEAE, DNA, AMP PROB	48.50										
03	87592	N.GONORRHOEAE, DNA, QUANT	22.76										
04	87592	N.GONORRHOEAE, DNA, QUANT	23.52										
08	87592	N.GONORRHOEAE, DNA, QUANT	22.76										
03	87620	HPV, DNA, DIR PROBE	27.71										
04	87620	HPV, DNA, DIR PROBE	49.81										
08	87620	HPV, DNA, DIR PROBE	27.71										
03	87621	HPV, DNA, AMP PROBE	48.50										
04	87621	HPV, DNA, AMP PROBE	117.35										
08	87621	HPV, DNA, AMP PROBE	48.50										
03	87622	HPV, DNA, QUANT	22.76										
04	87622	HPV, DNA, QUANT	23.52										
08	87622	HPV, DNA, QUANT	22.76										
03	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
04	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	50.67										
08	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
03	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
04	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	50.67										
08	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
03	87650	STREP A, DNA, DIR PROBE	27.71										
04	87650	STREP A, DNA, DIR PROBE	49.81										
08	87650	STREP A, DNA, DIR PROBE	27.71										
03	87651	STREP A, DNA, AMP PROBE	48.50										
04	87651	STREP A, DNA, AMP PROBE	117.35										
08	87651	STREP A, DNA, AMP PROBE	48.50										
03	87652	STREP A, DNA, QUANT	22.76										
04	87652	STREP A, DNA, QUANT	23.52										
08	87652	STREP A, DNA, QUANT	22.76										
03	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
04	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	50.67										
08	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	49.04										
03	87660	TRICHOMONAS VAGIN, DIR PROBE	28.02				F						
04	87660	TRICHOMONAS VAGIN, DIR PROBE	28.95				F						
08	87660	TRICHOMONAS VAGIN, DIR PROBE	28.02				F						
03	87797	DETECT AGENT NOS, DNA, DIR	27.71										
04	87797	DETECT AGENT NOS, DNA, DIR	28.63										
08	87797	DETECT AGENT NOS, DNA, DIR	27.71										
03	87798	DETECT AGENT NOS, DNA, AMP	48.50										
04	87798	DETECT AGENT NOS, DNA, AMP	117.35										
08	87798	DETECT AGENT NOS, DNA, AMP	48.50										
03	87799	DETECT AGENT NOS, DNA, QUANT			X		MP						
04	87799	DETECT AGENT NOS, DNA, QUANT			X		MP						
08	87799	DETECT AGENT NOS, DNA, QUANT			X		MP						
03	87800	DETECT AGNT MULT, DNA, DIREC	27.71										
04	87800	DETECT AGNT MULT, DNA, DIREC	28.63										
08	87800	DETECT AGNT MULT, DNA, DIREC	27.71										
03	87801	DETECT AGNT MULT, DNA, AMPLI	48.50										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	87801	DETECT AGNT MULT, DNA, AMPLI	50.12										
08	87801	DETECT AGNT MULT, DNA, AMPLI	48.50										
03	87802	STREP B ASSAY W/OPTIC	16.58										
04	87802	STREP B ASSAY W/OPTIC	17.13										
08	87802	STREP B ASSAY W/OPTIC	16.58										
03	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.58										
04	87803	CLOSTRIDIUM TOXIN A W/OPTIC	17.13										
08	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.58										
03	87804	AGENT NOS ASSAY W/OPTIC	16.58										
04	87804	AGENT NOS ASSAY W/OPTIC	17.13										
08	87804	AGENT NOS ASSAY W/OPTIC	16.58										
03	87807	RSV ASSAY W/OPTIC	16.76										
04	87807	RSV ASSAY W/OPTIC	17.32										
08	87807	RSV ASSAY W/OPTIC	16.76										
03	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	16.76				F						
04	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	17.32				F						
08	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	16.76				F						
03	87810	CHYLMD TRACH ASSAY W/OPTIC	16.58										
04	87810	CHYLMD TRACH ASSAY W/OPTIC	21.38										
08	87810	CHYLMD TRACH ASSAY W/OPTIC	16.58										
03	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.58										
04	87850	N. GONORRHOEAE ASSAY W/OPTIC	21.38										
08	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.58										
03	87880	STREP A ASSAY W/OPTIC	16.58										
04	87880	STREP A ASSAY W/OPTIC	137.04										
08	87880	STREP A ASSAY W/OPTIC	16.58										
03	87899	AGENT NOS ASSAY W/OPTIC	16.58										
04	87899	AGENT NOS ASSAY W/OPTIC	21.38										
08	87899	AGENT NOS ASSAY W/OPTIC	16.58										
03	87900	PHENOTYPE, INFECT AGENT DRUG	182.11		X				X				
04	87900	PHENOTYPE, INFECT AGENT DRUG	188.18		X				X				
08	87900	PHENOTYPE, INFECT AGENT DRUG	182.11		X				X				
03	87901	GENOTYPE, DNA, HIV REVERSE T	284.63		X				X				
04	87901	GENOTYPE, DNA, HIV REVERSE T	294.16		X				X				
08	87901	GENOTYPE, DNA, HIV REVERSE T	284.63		X				X				
03	87902	GENOTYPE, DNA, HEPATITIS C	355.78										
04	87902	GENOTYPE, DNA, HEPATITIS C	367.64										
08	87902	GENOTYPE, DNA, HEPATITIS C	355.78										
03	87903	PHENOTYPE, DNA HIV W/CULTURE	540.24		X				X				
04	87903	PHENOTYPE, DNA HIV W/CULTURE	558.33		X				X				
08	87903	PHENOTYPE, DNA HIV W/CULTURE	540.24		X				X				
03	87904	PHENOTYPE, DNA HIV W/CLT ADD	144.10		X				X				
04	87904	PHENOTYPE, DNA HIV W/CLT ADD	148.85		X				X				
08	87904	PHENOTYPE, DNA HIV W/CLT ADD	144.10		X				X				
03	87999	MICROBIOLOGY PROCEDURE	MP		X								
04	87999	MICROBIOLOGY PROCEDURE	MP		X								
08	87999	MICROBIOLOGY PROCEDURE	MP		X								
03	88104	CYTOPATHOLOGY	19.38										
04	88104	CYTOPATHOLOGY	18.30										
05	88104	CYTOPATHOLOGY	7.75										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	GSP DAY	BASE UNITS	X-OVERS	UVS >001
08	88104	CYTOPATHOLOGY	19.38											
03	88106	CYTOPATHOLOGY	19.38											
04	88106	CYTOPATHOLOGY	18.30											
05	88106	CYTOPATHOLOGY	7.75											
08	88106	CYTOPATHOLOGY	19.38											
03	88107	CYTOPATHOLOGY	25.76											
04	88107	CYTOPATHOLOGY	24.33											
05	88107	CYTOPATHOLOGY	10.30											
08	88107	CYTOPATHOLOGY	25.76											
03	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	22.89											
04	88108	CYTOPATHOLOGY, FLUIDS, WASHING	21.62											
05	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	9.16											
08	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	22.89											
03	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	98.93											
04	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	98.93	10	59			F						
08	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	98.93	10	59			F						
03	88125	FORENSIC CYTOPATHOLOGY	12.01											
04	88125	FORENSIC CYTOPATHOLOGY	311.51											
05	88125	FORENSIC CYTOPATHOLOGY	4.80											
08	88125	FORENSIC CYTOPATHOLOGY	12.01											
03	88130	SEX CHROMATIN IDENTIFICATION	15.73											
04	88130	SEX CHROMATIN IDENTIFICATION	16.24											
08	88130	SEX CHROMATIN IDENTIFICATION	15.73											
03	88140	SEX CHROMATIN IDENTIFICATION	9.39											
04	88140	SEX CHROMATIN IDENTIFICATION	9.94											
08	88140	SEX CHROMATIN IDENTIFICATION	9.39											
03	88141	CYTOPATH CERV/VAG INTERPRET	25.40											
04	88141	CYTOPATH CERV/VAG INTERPRET	25.40											
08	88141	CYTOPATH CERV/VAG INTERPRET	25.40											
03	88142	CYTOPATH CERV/VAG THIN LAYER	14.50											
04	88142	CYTOPATH CERV/VAG THIN LAYER	14.98											
08	88142	CYTOPATH CERV/VAG THIN LAYER	14.50											
03	88143	CYTPATH C/VAG T/LAYER REDO	14.50											
04	88143	CYTPATH C/VAG T/LAYER REDO	7.15											
08	88143	CYTPATH C/VAG T/LAYER REDO	14.50											
03	88147	CYTPATH C/VAG AUTOMATED	7.15											
04	88147	CYTPATH C/VAG AUTOMATED	7.15											
08	88147	CYTPATH C/VAG AUTOMATED	7.15											
03	88148	CYTPATH C/VAG AUTO RESCREEN	7.15											
04	88148	CYTPATH C/VAG AUTO RESCREEN	7.15											
08	88148	CYTPATH C/VAG AUTO RESCREEN	7.15											
03	88150	CYTOPATHOLOGY, PAP SMEAR	6.08	10	99			F	X					
04	88150	CYTOPATHOLOGY, PAP SMEAR	6.42	10	99			F	X					
08	88150	CYTOPATHOLOGY, PAP SMEAR	6.08	10	99			F	X					
03	88152	CYTOPATH CERV/VAG AUTO	7.15											
04	88152	CYTOPATH CERV/VAG AUTO	9.98											
08	88152	CYTOPATH CERV/VAG AUTO	7.15											
03	88153	CYTPATH C/VAG REDO	7.15											
04	88153	CYTPATH C/VAG REDO	7.39											
08	88153	CYTPATH C/VAG REDO	7.15											

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	88154	CYTPATH C/VAG SELECT	7.15										
04	88154	CYTPATH C/VAG SELECT	7.39										
08	88154	CYTPATH C/VAG SELECT	7.15										
03	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	7.04				F	X					
04	88155	CYTOPATHOLOGY, PAP SMEAR	7.44				F	X					
08	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	7.04				F	X					
03	88160	CYTOPATHOLOGY	15.56										
04	88160	CYTOPATHOLOGY	14.69										
05	88160	CYTOPATHOLOGY	6.22										
08	88160	CYTOPATHOLOGY	15.56										
03	88161	CYTOPATH....;PREP,SCREEN,INTERP.	17.11										
04	88161	CYTOPATHOLOGY; ANY OTHER SOURCE	16.16										
05	88161	CYTOPATH...;PREP,SCREEN,INTERP.	6.85										
08	88161	CYTOPATH....;PREP,SCREEN,INTERP.	17.11										
03	88162	CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	20.54										
04	88162	CYTOPATHOLOGY; ANY OTHER SOURCE	19.40										
05	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	8.22										
08	88162	CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	20.54										
03	88164	CYTPATH TBS C/VAG MANUAL	7.15				F						
04	88164	CYTPATH TBS C/VAG MANUAL	7.39										
08	88164	CYTPATH TBS C/VAG MANUAL	7.15										
03	88165	CYTPATH TBS C/VAG REDO	7.15				F						
04	88165	CYTPATH TBS C/VAG REDO	7.39										
08	88165	CYTPATH TBS C/VAG REDO	7.15										
03	88166	CYTPATH TBS C/VAG AUTO REDO	7.15										
04	88166	CYTPATH TBS C/VAG AUTO REDO	7.39										
08	88166	CYTPATH TBS C/VAG AUTO REDO	7.15										
03	88167	CYTPATH TBS C/VAG SELECT	7.15										
04	88167	CYTPATH TBS C/VAG SELECT	7.39										
08	88167	CYTPATH TBS C/VAG SELECT	7.15										
03	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	16.90										
04	88172	EVALUATION OF FINE NEEDLE ASPIR	15.96										
05	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	6.76										
08	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	16.90										
03	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	33.80										
04	88173	EVALUATION OF FINE NEEDLE ASPIR	31.92										
05	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	13.52										
08	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	33.80										
03	88174	CYTOPATHOLOGY,CERVIAL OR VAGINAL COL	20.39				F						
04	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	21.07	10 59			F						
08	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.39	10 59			F						
03	88175	CYTOPATHOLOGY WITH SCREENING	25.70				F						
04	88175	CYTOPATHOLOGY, WITH SCREENING	26.56	10 59			F						
08	88175	CYTOPATHOLOGY, WITH SCREENING	25.70	10 59			F						
03	88182	FLOW CYTOMETRY;	38.06										
04	88182	FLOW CYTOMETRY; CELL CYCLE OR	35.94										
05	88182	FLOW CYTOMETRY	15.22										X
08	88182	FLOW CYTOMETRY;	38.06										
03	88184	FLOWCYTOMETRY/ TC, 1 MARKER	34.98										
04	88184	FLOWCYTOMETRY/ TC, 1 MARKER	MP		X								

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				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	88184	FLOWCYTOMETRY/ TC, 1 MARKER	34.98										
03	88185	FLOWCYTOMETRY/TC, ADD-ON	17.29										X
04	88185	FLOWCYTOMETRY/TC, ADD-ON	MP		X								X
08	88185	FLOWCYTOMETRY/TC, ADD-ON	17.29										X
03	88187	FLOWCYTOMETRY/READ, 2-8	53.26										
04	88187	FLOWCYTOMETRY/READ, 2-8	MP		X								
08	88187	FLOWCYTOMETRY/READ, 2-8	MP		X								
03	88188	FLOWCYTOMETRY/READ, 9-15	66.38										
04	88188	FLOWCYTOMETRY/READ, 9-15	MP		X								
08	88188	FLOWCYTOMETRY/READ, 9-15	MP		X								
03	88189	FLOWCYTOMETRY/READ, 16 & >	87.44										
04	88189	FLOWCYTOMETRY/READ, 16 & >	MP		X								
08	88189	FLOWCYTOMETRY/READ, 16 & >	MP		X								
03	88199	CYTOPATHOLOGY PROCEDURE	MP		X								
04	88199	CYTOPATHOLOGY PROCEDURE	MP		X								
05	88199	CYTOPATHOLOGY PROCEDURE	MP		X								
08	88199	CYTOPATHOLOGY PROCEDURE	MP		X								
03	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	71.11										
04	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	73.48										
08	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	71.11										
03	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	71.11										
04	88233	TISS CULT,CHROM ANAL;SKIN/OTHER BX	73.48										
08	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	71.11										
03	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	71.11										
04	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	73.48										
08	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	71.11										
03	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	71.11										
04	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	73.48										
08	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	71.11										
03	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	71.11										
04	88239	TISS CULT,CHROM ANAL;OTHER TISSUE	73.48										
08	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	71.11										
03	88240	CELL CRYOPRESERVE/STORAGE	13.96										
04	88240	CELL CRYOPRESERVE/STORAGE	14.43										
08	88240	CELL CRYOPRESERVE/STORAGE	13.96										
03	88241	FROZEN CELL PREPARATION	13.96										
04	88241	FROZEN CELL PREPARATION	14.43										
08	88241	FROZEN CELL PREPARATION	13.96										
03	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	71.11										
04	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	73.48										
08	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	71.11										
03	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	71.11										
04	88248	CHROM ANAL/BREAKAGE SYND+100 CELLS..	73.49										
08	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	71.11										
03	88249	CHROMOSOME ANALYSIS, 100	239.32										
04	88249	CHROMOSOME ANALYSIS, 100	247.30										
08	88249	CHROMOSOME ANALYSIS, 100	239.32										
03	88261	CHROMOSOME COUNT: 1-4 CELLS	161.25										
04	88261	CHROMOSOME COUNT: 1-4 CELLS	161.24										
08	88261	CHROMOSOME COUNT: 1-4 CELLS	161.25										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
03	88262	CHROMOSOME COUNT: 1-20 CELLS	146.41										
04	88262	CHROMOSOME COUNT: 1-20 CELLS	154.91										
08	88262	CHROMOSOME COUNT: 1-20 CELLS	146.41										
03	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	71.11										
04	88263	CHROM ANAL;45 CELLS-MOSAICISM,.....	73.48										
08	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	71.11										
03	88264	CHROMOSOME ANALYSIS, 20-25	172.25										
04	88264	CHROMOSOME ANALYSIS, 20-25	177.99										
08	88264	CHROMOSOME ANALYSIS, 20-25	172.25										
03	88267	CHROMOSOME COUNT: AMNIOTIC	211.17										
04	88267	CHROMOSOME COUNT: AMNIOTIC	223.44										
08	88267	CHROMOSOME COUNT: AMNIOTIC	211.17										
03	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	71.11										
04	88269	CHROM ANAL;IN SITU AMNIOTIC FLUID...	73.49										
08	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	71.11										
03	88271	CYTOGENETICS, DNA PROBE	29.60										
04	88271	CYTOGENETICS, DNA PROBE	154.29										
08	88271	CYTOGENETICS, DNA PROBE	29.60										
03	88272	CYTOGENETICS, 3-5	37.00										
04	88272	CYTOGENETICS, 3-5	244.24										
08	88272	CYTOGENETICS, 3-5	37.00										
03	88273	CYTOGENETICS, 10-30	44.40										
04	88273	CYTOGENETICS, 10-30	175.25										
08	88273	CYTOGENETICS, 10-30	44.40										
03	88274	CYTOGENETICS, 25-99	48.10										
04	88274	CYTOGENETICS, 25-99	207.67										
08	88274	CYTOGENETICS, 25-99	48.10										
03	88275	CYTOGENETICS, 100-300	55.50										
04	88275	CYTOGENETICS, 100-300	311.51										
08	88275	CYTOGENETICS, 100-300	MP										
03	88280	CHROMOSOME COUNT: ADDITIONAL	29.49										
04	88280	CHROMOSOME COUNT: ADDITIONAL	31.19										
08	88280	CHROMOSOME COUNT: ADDITIONAL	29.49										
03	88283	CHROM ANAL;ADD SPEC BANDING TECH.	31.06										
04	88283	CHROM ANAL;ADD SPEC BANDING TECH	32.09										
08	88283	CHROM ANAL;ADD SPEC BANDING TECH.	31.06										
03	88285	CHROMOSOME COUNT: ADDITIONAL	6.09										
04	88285	CHROMOSOME COUNT: ADDITIONAL	6.30										
08	88285	CHROMOSOME COUNT: ADDITIONAL	6.09										
03	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	36.09										
04	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	37.28										
05	88289	CHROM ANAL;ADD.HI RESOLUTION STUDY	14.43										
08	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	36.09										
03	88291	CYTO/MOLECULAR REPORT	5.54										
04	88291	CYTO/MOLECULAR REPORT	5.72										
08	88291	CYTO/MOLECULAR REPORT	5.54										
03	88299	CYTOGENETIC STUDY	5.28		X								
04	88299	CYTOGENETIC STUDY	5.46		X								
08	88299	CYTOGENETIC STUDY	5.28		X								
03	88300	SURGICAL PATHOLOGY, GROSS	9.61										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	88300	SURGICAL PATHOLOGY, GROSS	9.08										X
05	88300	SURGICAL PATHOLOGY, GROSS	3.84										X
08	88300	SURGICAL PATHOLOGY, GROSS	9.61										X
03	88302	SURGICAL PATHOLOGY, COMPLETE	22.33										X
04	88302	SURGICAL PATHOLOGY, COMPLETE	21.09										X
05	88302	SURGICAL PATHOLOGY, COMPLETE	8.93										X
08	88302	SURGICAL PATHOLOGY, COMPLETE	22.33										X
03	88304	SURGICAL PATHOLOGY, COMPLETE	32.02										X
04	88304	SURGICAL PATHOLOGY, COMPLETE	30.24										X
05	88304	SURGICAL PATHOLOGY, COMPLETE	12.81										X
08	88304	SURGICAL PATHOLOGY, COMPLETE	32.02										X
03	88305	SURGICAL PATHOLOGY, COMPLETE	45.14										X
04	88305	SURGICAL PATHOLOGY, COMPLETE	42.63										X
05	88305	SURGICAL PATHOLOGY, COMPLETE	18.06										X
08	88305	SURGICAL PATHOLOGY, COMPLETE	45.14										X
03	88307	SURGICAL PATHOLOGY, COMPLETE	64.52										
04	88307	SURGICAL PATHOLOGY, COMPLETE	60.93										
05	88307	SURGICAL PATHOLOGY, COMPLETE	25.81										
08	88307	SURGICAL PATHOLOGY, COMPLETE	64.52										
03	88309	SURGICAL PATHOLOGY, COMPLETE	64.52										
04	88309	SURGICAL PATHOLOGY, COMPLETE	60.93										
05	88309	SURGICAL PATHOLOGY, COMPLETE	25.81										
08	88309	SURGICAL PATHOLOGY, COMPLETE	64.52										
03	88311	SURGICAL PATHOLOGY; DECALCIFICATION	5.19										
04	88311	SURGICAL PATHOLOGY; DECALCIFICATION	4.90										
05	88311	SURGICAL PATHOLOGY; DECALCIFICATION	2.08										
08	88311	SURGICAL PATHOLOGY; DECALCIFICATION	5.19										
03	88312	SPECIAL STAINS	10.97										
04	88312	SPECIAL STAINS	10.36										
05	88312	SPECIAL STAINS	4.39										
08	88312	SPECIAL STAINS	10.97										
03	88313	SPECIAL STAINS	5.19										
04	88313	SPECIAL STAINS	4.90										
05	88313	SPECIAL STAINS	2.08										
08	88313	SPECIAL STAINS	5.19										
03	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	34.85										
04	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	32.91										
05	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	13.94										
08	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	34.85										
03	88321	MICROSLIDE CONSULTATION	51.60										
04	88321	MICROSLIDE CONSULTATION	48.73										
08	88321	MICROSLIDE CONSULTATION	51.60										
03	88323	MICROSLIDE CONSULTATION	64.52										
04	88323	MICROSLIDE CONSULTATION	60.93										
05	88323	MICROSLIDE CONSULTATION	25.81										
08	88323	MICROSLIDE CONSULTATION	64.52										
03	88325	COMPREHENSIVE REVIEW OF DATA	51.60										
04	88325	COMPREHENSIVE REVIEW OF DATA	48.73										
08	88325	COMPREHENSIVE REVIEW OF DATA	51.60										
03	88329	CONSULTATION DURING SURGERY	25.76										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	88329	CONSULTATION DURING SURGERY	24.33										X
08	88329	CONSULTATION DURING SURGERY	25.76										X
03	88331	CONSULTATION DURING SURGERY	38.76										X
04	88331	CONSULTATION DURING SURGERY	36.60										X
05	88331	CONSULTATION DURING SURGERY	15.50										X
08	88331	CONSULTATION DURING SURGERY	38.76										X
03	88332	CONSULTATION DURING SURGERY	12.92										
04	88332	CONSULTATION DURING SURGERY	12.20										
05	88332	CONSULTATION DURING SURGERY	5.17										
08	88332	CONSULTATION DURING SURGERY	12.92										
03	88333	INTRAOP CYTO PATH CONSULT, 1	66.68										
05	88333	INTRAOP CYTO PATH CONSULT, 1	26.67									X	
03	88334	INTRAOP CYTO PATH CONSULT, 2	34.58										X
05	88334	INTRAOP CYTO PATH CONSULT, 2	13.83									X	X
03	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	75.86										
04	88342	IMMUNOCYTOCHEMISTRY (INCLUDING	47.03										
05	88342	IMMUNOCYTOCHEMISTRY	30.34										
08	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	45.51										
03	88346	AUTO-ANTIBODY PROFILE	19.04										X
04	88346	AUTO-ANTIBODY PROFILE	17.98										
05	88346	AUTO-ANTIBODY PROFILE	7.62										X
08	88346	AUTO-ANTIBODY PROFILE	19.04										X
03	88347	INDIRECT METHOD	23.72										
04	88347	INDIRECT METHOD	22.40										
05	88347	INDIRECT METHOD	9.49										
08	88347	INDIRECT METHOD	23.72										
03	88348	ELECTRON MICROSCOPY	102.00										
04	88348	ELECTRON MICROSCOPY	96.33										
05	88348	ELECTRON MICROSCOPY	40.80										
08	88348	ELECTRON MICROSCOPY	102.00										
03	88349	SCANNING ELECTRON MICROSCOPY	75.48										
04	88349	SCANNING ELECTRON MICROSCOPY	71.28										
05	88349	SCANNING ELECTRON MICROSCOPY	30.19										
08	88349	SCANNING ELECTRON MICROSCOPY	75.48										
03	88358	MORPHOMETRIC ANALYSIS TUMOR	139.19										X
05	88358	ANALYSIS, TUMOR	119.83										
03	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	80.92										
04	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MP		X								
05	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	32.36		X								
08	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MP		X								
03	88361	IMMUNOHISTOCHEMISTRY, TUMOR	135.28										
04	88361	IMMUNOHISTOCHEMISTRY, TUMOR	135.28										
08	88361	IMMUNOHISTOCHEMISTRY, TUMOR	135.28										
03	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	92.89										X
05	88365	TISSUE HYBRIDATION	37.15										
08	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	55.73										X
03	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	18.69										
04	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	17.65										
08	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	18.69										
03	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	18.69										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
04	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	17.65										X
08	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	18.69										X
03	88384	EVAL MOLECULAR PROBES, 11-50	MP		X								
04	88384	EVAL MOLECULAR PROBES, 11-50	MP		X								
08	88384	EVAL MOLECULAR PROBES, 11-50	MP		X								
03	88385	EVAL MOLECUL PROBES, 51-250	231.65		X								
04	88385	EVAL MOLECUL PROBES, 51-250	MP		X								
05	88385	EVAL MOLECUL PROBES, 51-250	92.66		X								
08	88385	EVAL MOLECUL PROBES, 51-250	MP		X								
03	88386	EVAL MOLECUL PROBES, 251-500	MP		X								
04	88386	EVAL MOLECUL PROBES, 251-500	MP		X								
05	88386	EVAL MOLECUL PROBES, 251-500	MP		X								
08	88386	EVAL MOLECUL PROBES, 251-500	MP		X								
03	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X								
04	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X								
05	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X								
08	88399	SURGICAL PATHOLOGY PROCEDURE	MP		X								
03	88400	BILIRUBIN TOTAL TRANSCUT	2.41										
04	88400	BILIRUBIN TOTAL TRANSCUT	2.49										
08	88400	BILIRUBIN TOTAL TRANSCUT	2.41										
03	89049	CHCT FOR MAL HYPERTHERMIA	135.79										
03	89050	BODY FLUID CELL COUNT	5.47										X
04	89050	BODY FLUID CELL COUNT	5.69										X
08	89050	BODY FLUID CELL COUNT	5.47										X
03	89051	BODY FLUID CELL COUNT	6.48										X
04	89051	BODY FLUID CELL COUNT	6.85										X
08	89051	BODY FLUID CELL COUNT	6.48										X
03	89055	LEUKOCYTE ASSESSMENT, FECAL	5.96							1			
04	89055	LEUKOCYTE ASSESSMENT, FECAL	6.16							1			
08	89055	LEUKOCYTE ASSESSMENT, FECAL	5.96							1			
03	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	8.39										
04	89060	CRYSTAL IDENTIFICATION BY COMP	8.11										
08	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	8.39										
03	89100	SAMPLE INTESTINAL CONTENTS	32.85										
04	89100	SAMPLE INTESTINAL CONTENTS	31.02										
08	89100	SAMPLE INTESTINAL CONTENTS	32.85										
03	89105	SAMPLE INTESTINAL CONTENTS	29.33										
04	89105	SAMPLE INTESTINAL CONTENTS	27.70										
08	89105	SAMPLE INTESTINAL CONTENTS	29.33										
03	89125	SPECIMEN FAT STAIN	5.07										X
04	89125	SPECIMEN FAT STAIN	5.36										X
08	89125	SPECIMEN FAT STAIN	5.07										X
03	89130	SAMPLE STOMACH CONTENTS	12.41										X
04	89130	SAMPLE STOMACH CONTENTS	11.72										X
08	89130	SAMPLE STOMACH CONTENTS	12.41										X
03	89132	SAMPLE STOMACH CONTENTS	12.66										X
04	89132	SAMPLE STOMACH CONTENTS	11.96										X
08	89132	SAMPLE STOMACH CONTENTS	12.66										X
03	89135	SAMPLE STOMACH CONTENTS	24.91										
04	89135	SAMPLE STOMACH CONTENTS	23.53										

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS THRU OCTOBER 14, 2007

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					GSP	BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	DAY	UNITS	OVERS	>001
08	89135	SAMPLE STOMACH CONTENTS	24.91										
03	89136	SAMPLE STOMACH CONTENTS	14.23										
04	89136	SAMPLE STOMACH CONTENTS	13.44										
08	89136	SAMPLE STOMACH CONTENTS	14.23										
03	89140	SAMPLE STOMACH CONTENTS	43.52										
04	89140	SAMPLE STOMACH CONTENTS	41.10										
08	89140	SAMPLE STOMACH CONTENTS	43.52										
03	89141	SAMPLE STOMACH CONTENTS	49.81										
04	89141	SAMPLE STOMACH CONTENTS	47.04										
08	89141	SAMPLE STOMACH CONTENTS	49.81										
03	89160	EXAM FECES FOR MEAT FIBERS	4.33										
04	89160	EXAM FECES FOR MEAT FIBERS	4.58										
08	89160	EXAM FECES FOR MEAT FIBERS	4.33										
03	89190	NASAL SMEAR FOR EOSINOPHILS	5.58										
04	89190	NASAL SMEAR FOR EOSINOPHILS	5.90										
08	89190	NASAL SMEAR FOR EOSINOPHILS	5.58										
03	89220	SPUTUM SPECIMEN COLLECTION	15.04										
04	89220	SPUTUM SPECIMEN COLLECTION	15.04										
08	89220	SPUTUM SPECIMEN COLLECTION	15.04										
03	89225	STARCH GRANULES, FECES	4.67										
04	89225	STARCH GRANULES, FECES	4.83										
08	89225	STARCH GRANULES, FECES	4.67										
03	89230	COLLECT SWEAT FOR TEST	16.45										
04	89230	COLLECT SWEAT FOR TEST	16.45										
08	89230	COLLECT SWEAT FOR TEST	16.45										
03	89235	WATER LOAD TEST	7.69										
04	89235	WATER LOAD TEST	7.95										
08	89235	WATER LOAD TEST	7.69										
03	89240	PATHOLOGY LAB PROCEDURE	MP		X								
04	89240	PATHOLOGY LAB PROCEDURE	MP		X								
08	89240	PATHOLOGY LAB PROCEDURE	MP		X								
03	89300	SEMEN ANALYSIS	8.69					X					
08	89300	SEMEN ANALYSIS	8.69					X					
03	89310	SEMEN ANALYSIS	10.11										
04	89310	SEMEN ANALYSIS	10.69										
08	89310	SEMEN ANALYSIS	10.11										
03	89320	SEMEN ANALYSIS	14.16										
04	89320	SEMEN ANALYSIS	14.90										
08	89320	SEMEN ANALYSIS	14.16										
03	89321	SEMEN ANALYSIS	16.66				M						
04	89321	SEMEN ANALYSIS	17.21										
08	89321	SEMEN ANALYSIS	16.66										

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, physician-owned lab and independent lab services are paid. 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%.
04 - Lab services billed by "sole community hospitals" are paid from this file.
05 - Professional component. Claims with modifier -26 are priced from this file.
07 - Full service file for CommunityCARE PCP enhanced services and other enhanced physician services based on recipient age.
08 - Lab services billed by "other hospitals" and Ambulatory Surgery Centers (non-hospital) are paid from this file.

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. GSP (Global Surgery Period): Indicates the number of days in the code's global surgery period.

COLUMN 12. BASE UNITS: The base units for anesthesia codes.

COLUMN 13. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 14. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.