LAM57015 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76-CMP RUN: 09/15/10 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 1

SUPPLEMENT FOR THE PROFESSIONAL SERVICES FEE SCHEDULE EFFECTIVE WITH DOS AUGUST 1, 2010

LISTED BELOW ARE THE PROCEDURE CODES INCLUDED IN THE MEDICAID REIMBURSEMENT CHANGE EFFECTIVE WITH DATES OF SERVICE AUGUST 1, 2010. REFER TO THE CORRESPONDING PROFESSIONAL SERVICES FEE SCHEDULE ON THE LOUSIANA MEDICAID WEBSITE THAT REFLECT RATES BEFORE AND AFTER THE CHANGES. NOT ALL PROCEDURE CODES OR TYPES OF SERVICES WERE IMPACTED IN THIS PROCESS. IF REIMBURSEMENT DID NOT CHANGE FOR A PROCEDURE CODE EFFECTIVE WITH DOS AUGUST 1, 2010, IT IS NOT LISTED.

PROCEDURE

CODE

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