LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013
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 Molina Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

01 - Anesthesia. Anesthesia claims are priced off this file.
02 - Assistant Surgeon. Assistant surgeon (MD) claims are priced off this file. Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Physician Assistant claims are paid at 80% of this fee.
03 - Full service. The file from which physician services are paid primarily for recipients 16 years of age and older. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
05 - Professional component. Claims with modifier -26 are priced from this file.
07 - Full service file for physician services for recipients 0 through 15 (0-15) years of age. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations, and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
13 - Office of Public Health (OPH). These codes are only payable to Provider Specialty of 60 - Public Health or Welfare Agencies and Clinics and are only being listed for informational purposes.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with modifier TH are prenatal obstetrical visits.
MP - MANUALLY PRICED; SP - SYSTEM PRICED

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

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

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

COLUMN 10. SL (Service Limitation): Codes with frequency limitations.

COLUMN 11. BASE UNITS: The base units for anesthesia codes.

COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	99201	NEW PATIENT OFFICE OR OTHER OUTPATIE	24.86									
03	99201 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	26.51	10 59			F					
07	99201	NEW PATIENT OFFICE OR OTHER OUTPATIE	29.82									
07	99201 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	29.82	10 15			F					
03	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	43.20									
03	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	46.08	10 59			F					
07	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	51.85									
07	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	51.85	10 15			F					
03	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	62.81									
03	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	66.99	10 59			F					
07	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	75.37									
07	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	75.37	10 15			F					
03	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	97.54									
03	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	104.04	10 59			F					
07	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	117.05									
07	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	117.05	10 15			F					
03	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	123.42									
03	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	131.64	10 59			F					
07	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	148.10									
07	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	148.10	10 15			F					
03	99211	OFFICE,EST PT, MINIMAL PROBLEMS	12.48									X
03	99211 TH	OFFICE,EST PT,MINIMAL	13.31	10 59			F					
07	99211	EST PATIENT OFFICE VISIT	14.97									
07	99211 TH	OFFICE,EST PT,MINIMAL	14.97	10 15			F					
03	99212	ESTABLISHED PATIENT OFFICE OR OTHER	25.08									X
03	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	26.75	10 59			F					
07	99212	ESTABLISHED PATIENT OFFICE OR OTHER	30.09	00 15								X
07	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	30.09	10 15			F					
03	99213	ESTABLISHED PATIENT OFFICE OR OTHER	41.95									
03	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	44.75	10 59			F					
07	99213	ESTABLISHED PATIENT OFFICE OR OTHER	50.34	00 15								
07	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	50.34	10 15			F					
03	99214	ESTABLISHED PATIENT OFFICE OR OTHER	63.28									
03	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	67.49	10 59			F					
07	99214	ESTABLISHED PATIENT OFFICE OR OTHER	75.94									
07	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	75.94	10 15			F					
03	99215	ESTABLISHED PATIENT OFFICE OR OTHER	85.79									
03	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	91.51	10 59			F					
07	99215	ESTABLISHED PATIENT OFFICE OR OTHER	102.95									
07	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	102.95	10 15			F					
03	99218	HOSPITAL OBSERVATION CARE TYPICALLY	44.02									
07	99218	HOSPITAL OBSERVATION CARE TYPICALLY	52.82									
03	99219	HOSPITAL OBSERVATION CARE TYPICALLY	72.93									
07	99219	HOSPITAL OBSERVATION CARE TYPICALLY	87.52									
03	99220	HOSPITAL OBSERVATION CARE TYPICALLY	102.27									
07	99220	HOSPITAL OBSERVATION CARE TYPICALLY	122.72									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	63.15									
07	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	75.77									
03	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	86.21									
07	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	103.44									
03	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	126.81									
07	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	152.17									
03	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	14.43									
07	99224	SUBSEQUENT OBSERVATION CARE, TYPICAL	17.32	00 15								
03	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	25.57									
07	99225	SUBSEQUENT OBSERVATION CARE, TYPICAL	30.68	00 15								
03	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	38.26									
07	99226	SUBSEQUENT OBSERVATION CARE, TYPICAL	45.91	00 15								
03	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	26.07									
07	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	31.28	00 15								
03	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	46.89									
07	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	56.27									
03	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	67.19									
07	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	80.64									
03	99234	HOSPITAL OBSERVATION OR INPATIENT CA	89.19								X	
07	99234	HOSPITAL OBSERVATION OR INPATIENT CA	107.03	00 15							X	
03	99235	HOSPITAL OBSERVATION OR INPATIENT CA	117.16								X	
07	99235	HOSPITAL OBSERVATION OR INPATIENT CA	140.58	00 15							X	
03	99236	HOSPITAL OBSERVATION OR INPATIENT CA	145.57								X	
07	99236	HOSPITAL OBSERVATION OR INPATIENT CA	174.68	00 15							X	
03	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	46.31									
07	99238	HOSPITAL	55.57									
03	99239	HOSPITAL DISCHARGE DAY	67.34									
07	99239	HOSPITAL DISCHARGE DAY	80.82	00 15								
03	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	14.29									
07	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	17.15	00 15								
03	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	27.83									
07	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	33.39	00 15								
03	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	43.31									
07	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	51.96									
03	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	80.94									
07	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	97.13									
03	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	120.49									
07	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	144.58									
03	99291	CRITICAL CARE, FIRST HOUR	175.94		X							
07	99291	CRITICAL CARE, FIRST HOUR	211.13	00 15	X							
03	99292	CRITICAL CARE, EVALUATION AND MANAGE	80.18		X							X
07	99292	CRITICAL CARE, EVALUATION AND MANAGE	96.20	00 15	X							X
03	99304	INITIAL NURSING FACILITY VISIT, TYPI	56.09									
07	99304	INITIAL NURSING FACILITY VISIT, TYPI	67.30	00 15								
03	99305	INITIAL NURSING FACILITY VISIT, TYPI	78.48									
07	99305	INITIAL NURSING FACILITY VISIT, TYPI	94.18	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	99306	INITIAL NURSING FACILITY VISIT, TYPI	100.91										
07	99306	INITIAL NURSING FACILITY VISIT, TYPI	121.09	00	15								
03	99307	SUBSEQUENT NURSING FACILITY VISIT, T	27.67										
07	99307	SUBSEQUENT NURSING FACILITY VISIT, T	33.20	00	15								
03	99308	SUBSEQUENT NURSING FACILITY VISIT, T	42.25										
07	99308	SUBSEQUENT NURSING FACILITY VISIT, T	50.71	00	15								
03	99309	SUBSEQUENT NURSING FACILITY VISIT, T	56.12										
07	99309	SUBSEQUENT NURSING FACILITY VISIT, T	67.35	00	15								
03	99310	SUBSEQUENT NURSING FACILITY VISIT, T	83.00										
07	99310	SUBSEQUENT NURSING FACILITY VISIT, T	99.59	00	15								
03	99315	NURSING FAC DISCHARGE DAY	40.56										
07	99315	NURSING FAC DISCHARGE DAY	48.67	00	15								
03	99316	NURSING FAC DISCHARGE DAY	52.99										
07	99316	NURSING FAC DISCHARGE DAY	63.58	00	15								
03	99324	NEW PATIENT ASSISTED LIVING VISIT, T	37.65										
07	99324	NEW PATIENT ASSISTED LIVING VISIT, T	45.18	00	15								
03	99325	NEW PATIENT ASSISTED LIVING VISIT, T	54.89										
07	99325	NEW PATIENT ASSISTED LIVING VISIT, T	65.86	00	15								
03	99326	NEW PATIENT ASSISTED LIVING VISIT, T	90.78										
07	99326	NEW PATIENT ASSISTED LIVING VISIT, T	108.95	00	15								
03	99327	NEW PATIENT ASSISTED LIVING VISIT, T	118.45										
07	99327	NEW PATIENT ASSISTED LIVING VISIT, T	142.14	00	15								
03	99328	NEW PATIENT ASSISTED LIVING VISIT, T	139.51										
07	99328	NEW PATIENT ASSISTED LIVING VISIT, T	167.41	00	15								
03	99334	ESTABLISHED PATIENT ASSISTED LIVING	38.76										
07	99334	ESTABLISHED PATIENT ASSISTED LIVING	46.50	00	15								
03	99335	ESTABLISHED PATIENT ASSISTED LIVING	60.10										
07	99335	ESTABLISHED PATIENT ASSISTED LIVING	72.12	00	15								
03	99336	ESTABLISHED PATIENT ASSISTED LIVING	84.73										
07	99336	ESTABLISHED PATIENT ASSISTED LIVING	101.68	00	15								
03	99337	ESTABLISHED PATIENT ASSISTED LIVING	121.81										
07	99337	ESTABLISHED PATIENT ASSISTED LIVING	146.18	00	15								
03	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	37.65										
07	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	45.18	00	15								
03	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	54.89										
07	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	65.86										
03	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	88.41										
07	99343	NEW PATIENT HOME VISIT, TYPICALLY 45	106.09										
03	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	116.13										
07	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	139.36										
03	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	139.74										
07	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	167.69										
03	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	36.70										
07	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	44.04										
03	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	55.47										
07	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	66.56										

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	80.87										
07	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	97.05										
03	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	112.83										
07	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	135.39										
03	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	41.72										X
07	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	50.06	00	15								X
03	99374	PHYSICIAN SUPERVISION OF PATIENT HOM	45.75									X	
07	99374	PHYSICIAN SUPERVISION OF PATIENT HOM	54.91	00	15							X	
03	99377	PHYSICIAN SUPERVISION OF PATIENT HOS	45.75									X	
07	99377	PHYSICIAN SUPERVISION OF PATIENT HOS	54.91	00	15							X	
03	99379	SUPERVISION OF NURSING FACILITY PATI	45.52									X	
07	99379	SUPERVISION OF NURSING FACILITY PATI	54.63	00	15							X	
03	99380	SUPERVISION OF NURSING FACILITY PATI	68.88									X	
07	99380	SUPERVISION OF NURSING FACILITY PATI	82.65	00	15							X	
03	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	65.51	00	00								
07	99381	INIT E&M HEALTHY INDV, NEW PT, TO 1Y	73.70	00	00								
03	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	71.47	01	04								
07	99382	INIT E&M HEALTHY IND AGE 1-4 YRS	80.41	01	04								
03	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	70.99	05	11								
07	99383	INIT E&M HEALTHY INDIV, LTE CHILD 5-	79.86	05	11								
03	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	87.12	12	17								
07	99384	INIT E&M HEALTHY IND,ADOLS, 12-17YRS	87.12	12	15								
03	99385	INIT COMP PREV MED 18-39 YRS	77.44	18	39					X			
03	99386	INIT COMP PREV MED 40-64 YRS	90.88	40	64					X			
03	99387	INIT COMP PREV MED 65+	99.57	65	99					X			
03	99391	ESTABLISHED PATIENT PERIODIC PREVENT	54.66	00	00								
07	99391	ESTABLISHED PATIENT PERIODIC PREVENT	61.49	00	00								
03	99392	ESTABLISHED PATIENT PERIODIC PREVENT	61.11	01	04								
07	99392	ESTABLISHED PATIENT PERIODIC PREVENT	68.74	01	04								
03	99393	ESTABLISHED PATIENT PERIODIC PREVENT	60.86	05	11								
07	99393	ESTABLISHED PATIENT PERIODIC PREVENT	68.47	05	11								
03	99394	ESTABLISHED PATIENT PERIODIC PREVENT	67.07	12	17								
07	99394	ESTABLISHED PATIENT PERIODIC PREVENT	75.45	12	15								
03	99395	ESTABLISHED PATIENT PERIODIC PREVENT	67.32	18	39					X			
03	99396	ESTABLISHED PATIENT PERIODIC PREVENT	73.77	40	64					X			
03	99397	ESTABLISHED PATIENT PERIODIC PREVENT	82.71	65	99					X			
03	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP			X							
03	99460	INITIAL HOSPITAL OR BIRTHING CENTER	39.54	00	00					X			
07	99460	INITIAL HOSPITAL OR BIRTHING CENTER	47.44	00	00					X			
03	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	57.73	00	00					X			
07	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	69.27	00	00					X			
03	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	21.03	00	00								
07	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	25.23	00	00								
03	99463	INITIAL HOSPITAL OR BIRTHING CENTER	52.75	00	00					X			
07	99463	INITIAL HOSPITAL OR BIRTHING CENTER	63.30	00	00					X			
03	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	49.78	00	00								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	59.73	00 00								
03	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	101.61	00 00								
07	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	121.94	00 00								
03	99466	CRITICAL CARE SERVICES DELIVERED BY	162.88	00 01								
07	99466	CRITICAL CARE SERVICES DELIVERED BY	195.45	00 01								
03	99467	CRITICAL CARE SERVICES DELIVERED BY	81.34	00 01								X
07	99467	CRITICAL CARE SERVICES DELIVERED BY	97.60	00 01								X
03	99468	INITIAL INPATIENT NEONATAL CRITICAL	613.10	00 00								
07	99468	INITIAL INPATIENT NEONATAL CRITICAL	735.72	00 00								
03	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	266.94	00 00								
07	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	320.34	00 00								
03	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	546.22	00 01								
07	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	655.47	00 01								
03	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	269.97	00 01								
07	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	323.97	00 01								
03	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	377.31	02 05								
07	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	452.76	02 05								
03	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	224.24	02 05								
07	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	269.09	02 05								
03	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	237.40	00 00								
07	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	284.88	00 00								
03	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	96.70	00 00								
07	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	116.04	00 00								
03	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	85.35	00 00								
07	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	102.42	00 00								
03	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	82.04	00 00								
07	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	98.45	00 00								
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
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	90586	BCG VACCINE FOR BLADDER CANCER, LIVE	111.18										
03	90785	INTERACTIVE COMPLEXITY	3.32										
07	90785	INTERACTIVE COMPLEXITY	MP	00	15								
03	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	103.89										
07	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	MP	00	15								
03	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	87.52										
07	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	MP	00	15								
03	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	43.40										
07	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	52.09	00	15								
03	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	29.21										
07	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	35.06	00	15								
03	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	56.73										
07	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	68.08	00	15								
03	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	47.46										
07	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	56.95	00	15								
03	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	83.23										
07	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	99.87	00	15								
03	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	76.61										
07	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	91.93	00	15								
03	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	114.54										
07	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	107.46	00	15								
03	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	57.26										
07	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	53.73	00	15								
03	90845	MEDICAL PSYCHOANALYSIS	57.81									X	X
07	90845	MEDICAL PSYCHOANALYSIS	69.36	00	15							X	X
03	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	61.37									X	X
07	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	73.65	00	15							X	X
03	90847	SPECIAL FAMILY THERAPY	76.12									X	
07	90847	SPECIAL FAMILY THERAPY	91.34	00	15							X	
03	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	22.77									X	
07	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	27.32	00	15							X	
03	90853	GROUP PSYCHOTHERAPY Y	21.61							X		X	
07	90853	GROUP PSYCHOTHERAPY Y	25.94	00	15					X		X	
03	90863	MANAGEMENT OF PRESCRIPTIONS AND REVI	21.45										
07	90863	MANAGEMENT OF PRESCRIPTIONS AND REVI	26.00	00	15								
07	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL	MP	00	15	X							
07	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL	MP	00	15	X							
03	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL	303.67										
07	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL	364.40	00	15								
03	90870	ELECTROCONLULSIVE THERAPY	92.96									X	
07	90870	ELECTROCONLULSIVE THERAPY	111.55	00	15							X	
03	90875	PSYCHOPHYSIOLOGICAL THERAPY	49.05									X	
07	90875	PSYCHOPHYSIOLOGICAL THERAPY	58.87	00	15							X	
03	90876	PSYCHOPHYSIOLOGICAL THERAPY	72.87						X			X	
07	90876	PSYCHOPHYSIOLOGICAL THERAPY	87.43	00	15				X			X	
03	90880	MEDICAL HYPNOTHERAPY	74.45									X	

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	90880	MEDICAL HYPNOTHERAPY	89.34	00 15							X	
03	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	46.12									
07	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	55.34	00 15								
03	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	76.03									
07	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	91.25	00 15								
03	90940	HEMODIALYSIS ACCESS STUDY	81.76									
07	90940	HEMODIALYSIS ACCESS STUDY	81.76	00 15								
03	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	47.92									
07	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	57.51	00 15								
03	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	77.80									
07	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	93.36	00 15								
03	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	670.94	00 01					X			
07	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	805.13	00 01					X			
03	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	138.23	00 01					X			
07	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	557.93	00 01					X			
03	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	138.23	00 01					X			
07	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	557.93	00 01					X			
03	90954	END-STATE RENAL DISEASE (ESRD) RELAT	552.44	02 11					X			
07	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	662.93	02 11					X			
03	90955	END-STATE REANL DISEASE (ESRD) RELAT	312.39	02 11					X			
07	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	374.87	02 11					X			
03	90956	END-STATE RENAL DISEASE (ESRD) RELAT	211.53	02 11					X			
07	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	253.83	02 11					X			
03	90957	END-STATE RENAL DISEASE (ESRD) RELAT	442.70	12 19					X			
07	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	531.24	12 15					X			
03	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	298.56	12 19					X			
07	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	358.27	12 15					X			
03	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	195.87	12 19					X			
07	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	235.04	12 15					X			
03	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	195.75	20 99					X			
03	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	158.16	20 99					X			
03	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	114.46	20 99					X			
03	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	379.31	00 01					X			
07	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	455.17	00 01					X			
03	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	317.19	02 11					X			
07	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	380.62	02 11					X			
03	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	301.51	12 19					X			
07	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	361.81	12 15					X			
03	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	156.57	20 99					X			
03	90967	END-STAGE REANL DISEASE (ESRD) RELAT	13.50	00 01								
07	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	16.21	00 01								
03	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	10.60	02 11								
07	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	12.72	02 11								
03	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	10.34	12 19								
07	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	12.39	12 15								
03	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	5.50	20 99								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	286.90							X			
07	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	286.90	00	15					X			
03	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.56										
07	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.56	00	15								
03	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	62.33										
07	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	74.80	00	15								
03	90999	UNLISTED DIALYSIS PROCEDURE	MP			X							
07	90999	UNLISTED DIALYSIS PROCEDURE	MP	00	15	X							
03	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	121.73										
05	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	48.69										
07	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	146.07	00	15								
03	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	11.83										
05	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	4.73										
07	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	14.20	00	15								
03	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	147.57										
05	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	59.03										
07	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	177.08	00	15								
03	91022	DUODENAL MOTILITY STUDY	122.33										
05	91022	DUODENAL MOTILITY STUDY	48.93										
07	91022	DUODENAL MOTILITY STUDY	146.80	00	15								
03	91030	ACID PERFUSION FOR ESOPHAGITIS	88.50										
05	91030	ACID PERFUSION FOR ESOPHAGITIS	35.40										
07	91030	ACID PERFUSION FOR ESOPHAGITIS	106.20	00	15								
03	91034	GASTROESOPHAGEAL REFLUX TEST	126.57										
05	91034	GASTROESOPHAGEAL REFLUX TEST	50.63										
07	91034	GASTROESOPHAGEAL REFLUX TEST	151.87	00	15								
03	91035	G-ESOPH REFLX TST W/ELECTROD	294.87										
05	91035	G-ESOPH REFLX TST W/ELECTROD	117.95										
07	91035	G-ESOPH REFLX TST W/ELECTROD	353.85	00	15								
03	91037	ESOPH IMPED FUNCTION TEST	102.25										
05	91037	ESOPH IMPED FUNCTION TEST	40.90										
07	91037	ESOPH IMPED FUNCTION TEST	122.70	00	15								
03	91038	ESOPH IMPED FUNCT TEST > 1H	90.96										
05	91038	ESOPH IMPED FUNCT TEST > 1H	36.38										
07	91038	ESOPH IMPED FUNCT TEST > 1H	109.16	00	15								
03	91040	ESOPH BALLOON DISTENSION TST	237.84										
05	91040	ESOPH BALLOON DISTENSION TST	95.14										
07	91040	ESOPH BALLOON DISTENSION TST	285.40	00	15								
03	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	73.16										
07	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	87.80	00	15								
03	91120	RECTAL SENSATION TEST	243.57										
05	91120	RECTAL SENSATION TEST	97.43										
07	91120	RECTAL SENSATION TEST	292.28	00	15								
03	91122	ANORECTAL MANOMETRY	150.03										
05	91122	ANORECTAL MANOMETRY	60.01										
07	91122	ANORECTAL MANOMETRY	180.03	00	15								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	91132	ELECTROGASTROGRAPHY	34.32										
07	91132	ELECTROGASTROGRAPHY	34.32	00	15								
03	91133	ELECTROGASTROGRAPHY W/TEST	37.75										
07	91133	ELECTROGASTROGRAPHY W/TEST	37.75	00	15								
03	91299	UNLISTED DX GASTRO. PROC	148.13			X							
05	91299	UNLISTED DX GASTROL PROC	MP			X							
07	91299	UNLISTED DX GASTRO. PROC	148.13	00	15	X							
03	92002	EYE EXAM; INTERMEDIATE; NEW PT	45.49										
07	92002	EYE EXAM; INTERMEDIATE; NEW PT	54.58	00	15								
03	92004	EYE EXAM; COMPREHENSIVE; NEW PT	86.12										
07	92004	EYE EXAM; COMPREHENSIVE; NEW PT	103.33	00	15								
03	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	47.90										
07	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	57.49	00	15								
03	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	70.15										
07	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	84.19	00	15								
03	92018	EYE EXAM W/ANESTHESIA-COMPLETE	89.21										
07	92018	EYE EXAM W/ANESTHESIA-COMPLETE	107.05	00	15								
03	92019	EYE EXAM W/ANESTHESIA-LIMITED	44.56										
07	92019	EYE EXAM W/ANESTHESIA-LIMITED	53.48	00	15								
03	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	16.33										
07	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	19.59	00	15								
03	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.86										
05	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	8.34										
07	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	25.02	00	15								
03	92060	SENSORIMOTOR EXAM EYE	36.39										
05	92060	SENSORIMOTOR EXAM EYE	14.56										
07	92060	SENSORIMOTOR EXAM EYE	43.67	00	15								
03	92065	ORTHOPTIC/PLEOPTIC TRAINING	28.03	00	21					X			
05	92065	ORTHOPTIC / PLEOPTIC TRAINING	11.21										
07	92065	ORTHOPTIC/PLEOPTIC TRAINING	33.64	00	15					X			
03	92081	TANGENT SCREEN; AUTOPLOT	31.67										
05	92081	TANGENT SCREEN; AUTOPLOT	12.67										
07	92081	TANGENT SCREEN; AUTOPLOT	38.00	00	15								
03	92082	QUANTITATIVE PERIMETRY	41.79										
05	92082	QUANTITATIVE PERIMETRY	16.72										
07	92082	QUANTITATIVE PERIMETRY	50.15	00	15								
03	92083	MEASUREMENT OF FIELD OF VISION DURIN	47.72										
05	92083	MEASUREMENT OF FIELD OF VISION DURIN	19.09										
07	92083	MEASUREMENT OF FIELD OF VISION DURIN	57.25	00	15								
03	92100	SERIAL TONOGRAPHY W/EVALUATION	54.10										
07	92100	SERIAL TONOGRAPHY W/EVALUATION	64.92	00	15								
03	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	18.64										
05	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	7.46										
07	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.37	00	15								
03	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.88										
05	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	9.15										

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.46	00 15								
03	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.88									
05	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	9.15									
07	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.46	00 15								
03	92136	OPHTHALMIC BIOMETRY	49.93									
05	92136	OPHTHALMIC BIOMETRY	19.97									
07	92136	OPHTHALMIC BIOMETRY	59.92	00 15								
03	92140	PROVOCATIVE TESTS FOR GLAUCOMA	34.63									
07	92140	PROVOCATIVE TESTS FOR GLAUCOMA	41.56	00 15								
03	92225	OPHTHALMOSCOPY; INITIAL	15.67									X
07	92225	OPHTHALMOSCOPY; INITIAL	18.81	00 15								X
03	92226	OPHTHALMOSCOPY; SUBSEQUENT	14.13									X
07	92226	OPHTHALMOSCOPY; SUBSEQUENT	16.96	00 15								X
03	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	36.79									
07	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	44.15	00 15								
03	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	76.94									X
05	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	30.78									X
07	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	92.33	00 15								X
03	92240	ICG ANGIOGRAPHY	141.24									
05	92240	ICG ANGIOGRAPHY	56.50									
07	92240	ICG ANGIOGRAPHY	169.49	00 15								
03	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	42.94									
05	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	17.18									
07	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	51.52	00 15								
03	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	10.96									
07	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	13.16	00 15								
03	92265	OCULOELECTROMYOGRAPHY	47.81									
05	92265	OCULOELECTROMYOGRAPHY	19.12									
07	92265	OCULOELECTROMYOGRAPHY	57.36	00 15								
03	92270	ELECTRO-OCULOGRAPHY	54.45									
05	92270	ELECTRO-OCULOGRAPHY	21.78									
07	92270	ELECTRO-OCULOGRAPHY	65.34	00 15								
03	92275	ELECTRORETINOGRAPHY	80.55									
05	92275	ELECTRORETINOGRAPHY	32.22									
07	92275	ELECTRORETINOGRAPHY	96.67	00 15								
03	92283	COLOR VISION EXAMINATION	26.93									
05	92283	COLOR VISION EXAMINATION	10.77									
07	92283	COLOR VISION EXAMINATION	32.31	00 15								
03	92284	DARK ADAPTATION EXAMINATION	36.10									
05	92284	DARK ADAPTATION EXAMINATION	14.44									
07	92284	DARK ADAPTATION EXAMINATION	43.33	00 15								
03	92285	EXTERNAL OCULAR PHOTOGRAPHY	24.97									
05	92285	EXTERNAL OCULAR PHOTOGRAPHY	9.99									
07	92285	EXTERNAL OCULAR PHOTOGRAPHY	29.96	00 15								
03	92286	SPECULAR ENDOTHELIAL MICROSCOPY	71.41									
05	92286	SPECULAR ENDOTHELIAL MICROSCOPY	28.56									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	92286	SPECULAR ENDOTHELIAL MICROSCOPY	85.68	00	15								
03	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	68.21										
07	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	81.85	00	15								
03	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP			X							
07	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP	00	15	X							
03	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	62.88										
07	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	75.45	00	15								
03	92506	SPEECH LANGUAGE HEARING EVALUATION	96.36	01	99	X	X		X	X			
07	92506	SPEECH LANGUAGE HEARING EVALUATION	115.63	01	99	X	X		X	X			
07	92507	SPEECH LANGUAGE HEARING THERAPY	48.80	00	02		X						
07	92508	SPEECH LANGUAGE HEARING THERAPY	23.30	00	02		X						
03	92511	NASOPHARYNGOSCOPY	94.69										
07	92511	NASOPHARYNGOSCOPY	113.62	00	15								
03	92526	ORAL FUNCTION THERAPY	51.55										
07	92526	ORAL FUNCTION THERAPY	61.86	00	15								
03	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.44										
07	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.44	00	15								
03	92532	POSITIONAL NYSTAGMUS STUDY	11.44										
07	92532	POSITIONAL NYSTAGMUS STUDY	11.44	00	15								
03	92533	CALORIC VESTIBULAR TEST; EACH	7.10										X
07	92533	CALORIC VESTIBULAR TEST; EACH	7.10	00	15								X
03	92534	OPTOKINETIC NYSTAGMUS	11.44										
07	92534	OPTOKINETIC NYSTAGMUS	11.44	00	15								
03	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	66.90										
05	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	26.76										
07	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	80.27	00	15								
03	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	37.54										
05	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	15.02										
07	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	45.04	00	15								
03	92542	POSITIONAL NYSTAGMUS W/RECORDING	38.69										
05	92542	POSITIONAL NYSTAGMUS W/RECORDING	15.48										
07	92542	POSITIONAL NYSTAGMUS W/RECORDING	46.43	00	15								
03	92543	CALORIC VESTIBULAR TEST W/RECORDING	17.76										X
05	92543	CALORIC VESTIBULAR TEST W/RECORDING	7.10										
07	92543	CALORIC VESTIBULAR TEST W/RECORDING	21.32	00	15								X
03	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	31.12										
05	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	12.45										
07	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	37.35	00	15								
03	92545	OSCILLATING TRACKING W/RECORDING	29.19										
05	92545	OSCILLATING TRACKING W/RECORDING	11.68										
07	92545	OSCILLATING TRACKING W/RECORDING	35.03	00	15								
03	92546	TORSION SWING TEST W/RECORDING	51.86										
05	92546	TORSION SWING TEST W/RECORDING	20.74										
07	92546	TORSION SWING TEST W/RECORDING	62.24	00	15								
03	92547	ADDED USE OF VERTICAL ELECTRODES	3.70										
07	92547	ADDED USE OF VERTICAL ELECTRODES	4.43	00	15								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	92548	POSTUROGRAPHY	60.15										
05	92548	POSTUROGRAPHY	24.06										
07	92548	POSTUROGRAPHY	72.19	00	15								
03	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	14.54							X			
07	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	17.44	00	15					X			
03	92551	SCREENING; PURE TONE; AIR ONLY	6.66										
07	92551	SCREENING; PURE TONE; AIR ONLY	7.99	00	15								
03	92552	PURE TONE AUDIOMETRY; AIR ONLY	13.55							X			
07	92552	PURE TONE AUDIOMETRY; AIR ONLY	16.26	00	15					X			
03	92553	PURE TONE AUDIOMETRY; AIR AND BONE	18.15							X			
07	92553	PURE TONE AUDIOMETRY; AIR AND BONE	21.78	00	15					X			
03	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	10.10							X			
07	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	12.13	00	15					X			
03	92556	SPEECH AUDIOMETRY, COMPLETE	15.62							X			
07	92556	SPEECH AUDIOMETRY, COMPLETE	18.74	00	15					X			
03	92557	BASIC COMPREHENSIVE AUDIOMETRY	30.63							X			
07	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.76	00	15					X			
03	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP			X							
07	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP	00	15	X							
03	92563	TONE DECAY HEARING TEST	12.86							X			
07	92563	TONE DECAY HEARING TEST	15.44	00	15					X			
03	92564	SHORT INCREMENT SENSITIVITY INDEX	12.41							X			
07	92564	SHORT INCREMENT SENSITIVITY INDEX	14.90	00	15					X			
03	92565	STENGER TEST, PURE TONE	8.05							X			
07	92565	STENGER TEST, PURE TONE	9.65	00	15					X			
03	92567	TYMPANOMETRY	11.90							X			
07	92567	TYMPANOMETRY	14.29	00	15					X			
03	92568	ACOUSTIC REFLEX TESTING	12.41							X			
07	92568	ACOUSTIC REFLEX TESTING	14.90	00	15					X			
03	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	22.21							X			
07	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	26.65	00	15					X			
03	92571	FILTERED SPEECH TEST	10.34							X			
07	92571	FILTERED SPEECH TEST	12.40	00	15					X			
03	92572	STAGGERED SPONDAIC WORD TEST	10.79							X			
07	92572	STAGGERED SPONDAIC WORD TEST	12.94	00	15					X			
03	92575	SENSORINEURAL ACUITY LEVEL TEST	21.80							X			
07	92575	SENSORINEURAL ACUITY LEVEL TEST	26.16	00	15					X			
03	92576	SYNTHETIC SENTENCE ID TEST	13.32							X			
07	92576	SYNTHETIC SENTENCE ID TEST	15.99	00	15					X			
03	92577	STENGER TEST, SPEECH	11.04							X			
07	92577	STENGER TEST, SPEECH	13.25	00	15					X			
03	92579	VISUAL AUDIOMETRY (VRA)	30.01							X			
07	92579	VISUAL AUDIOMETRY (VRA)	36.02	00	15					X			
03	92582	CONDITIONING PLAY AUDIOMETRY	25.72							X			
07	92582	CONDITIONING PLAY AUDIOMETRY	30.86	00	15					X			
03	92583	SELECT PICTURE AUDIOMETRY	20.91							X			

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	92583	SELECT PICTURE AUDIOMETRY	25.09	00 15					X			
03	92584	ELECTROCOCHLEOGRAPHY	42.76						X			
07	92584	ELECTROCOCHLEOGRAPHY	51.30	00 15					X			
03	92585	BRAINSTEM EVOKED RESPONSE RECORDING	64.98						X			
05	92585	BRAINSTEM EVOKED RESPONSE RECORDING	25.99						X			
07	92585	BRAINSTEM EVOKED RESPONSE RECORDING	77.98	00 15					X			
03	92586	AUDITOR EVOKE POTENT, LIMIT	39.29	00 20								
05	92586	AUDITOR EVOKE POTENT, LIMIT	15.72	00 20								
07	92586	AUDITOR EVOKE POTENT, LIMIT	47.14	00 15								
03	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	25.01									
05	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	10.00									
07	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	30.01	00 15								
03	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	41.11									
05	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	16.44									
07	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	49.34	00 15								
03	92590	HEARING AID EXAM/SELECTION;MONAURAL	56.51									
07	92590	HEARING AID EXAM/SELECTION;MONAURAL	56.51	00 15								
03	92591	HEARING AID EXAM/SELECTION;BINAURAL	56.51									
07	92591	HEARING AID EXAM/SELECTION;BINAURAL	56.51	00 15								
03	92592	HEARING AID CHECK; MONAURAL	21.74									
07	92592	HEARING AID CHECK; MONAURAL	21.74	00 15								
03	92593	HEARING AID CHECK; BINAURAL	43.47									
07	92593	HEARING AID CHECK; BINAURAL	43.47	00 15								
03	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	21.74									
07	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	21.74	00 15								
03	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	43.47									
07	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	43.47	00 15								
03	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	103.94	01 06					X			
07	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	124.73	01 06					X			
03	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	64.74	01 06					X			
07	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	77.69	01 06					X			
03	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	94.15	07 99					X			
07	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	112.98	07 99					X			
03	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	55.86	07 99					X			
07	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	67.03	07 99					X			
03	92610	EVALUATE SWALLOWING FUNCTION	49.58									
07	92610	EVALUATE SWALLOWING FUNCTION	59.51	00 15								
03	92611	MOTION FLUOROSCOPY/SWALLOW	53.95									
07	92611	MOTION FLUOROSCOPY/SWALLOW	64.73	00 15								
03	92612	ENDOSCOPY SWALLOW TST	100.43									
07	92612	ENDOSCOPY SWALLOW TST	120.51	00 15								
03	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP		X							
07	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP	00 15	X							
03	92620	AUDITORY FUNCTION, 60 MIN	50.22									
07	92620	AUDITORY FUNCTION, 60 MIN	60.27	00 15								
03	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	11.67									X

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	14.01	00	15								X
03	92625	TINNITUS ASSESSMENT	39.69										
07	92625	TINNITUS ASSESSMENT	47.63	00	15								
03	92626	EVAL AUD REHAB STATUS	54.27	02	99		X		X				
07	92626	EVAL AUD REHAB STATUS	65.12	02	15		X		X				
03	92627	EVAL AUD STATUS REHAB ADD-ON	13.21	02	99		X		X				X
07	92627	EVAL AUD STATUS REHAB ADD-ON	15.86	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	53.12										
07	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	63.75	00	15								
03	92700	ENT PROCEDURE/SERVICE	MP			X							
07	92700	ENT PROCEDURE/SERVICE	MP	00	15	X							
03	92920	BALLOON DILATION OF NARROWED OR BLOC	369.11										
07	92920	BALLOON DILATION OF NARROWED OR BLOC	442.93	00	15								
03	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	178.87										
07	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	216.82	00	15								
03	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	438.75										
07	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	526.50	00	15								
03	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	214.70										
07	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	260.24	00	15								
03	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	409.88										
07	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	491.87	00	15								
03	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	196.91										
07	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	238.68	00	15								
03	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	458.37										
07	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	550.04	00	15								
03	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	222.02										
07	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	269.11	00	15								
03	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	409.42										
07	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	491.31	00	15								
03	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	178.87										
07	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	216.82	00	15								
03	92941	INSERTION OF STENT, REMOVAL OF PLAQU	459.27										
07	92941	INSERTION OF STENT, REMOVAL OF PLAQU	551.11	00	15								
03	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	459.27										
07	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	551.11	00	15								
03	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	214.70										
07	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	260.24	00	15								
03	92950	CARDIOPULMONARY RESUSCITATION	184.02										X
07	92950	CARDIOPULMONARY RESUSCITATION	220.83	00	15								X
03	92960	ELECTRICAL CARDIOVERSION	169.41										X
07	92960	ELECTRICAL CARDIOVERSION	203.29	00	15								X
03	92961	CARDIOVERSION, ELECTRIC, INT	181.53										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	92961	CARDIOVERSION, ELECTRIC, INT	217.83	00 15								
03	92970	CARDIOASSIST, INTERNAL	126.87									
07	92970	CARDIOASSIST, INTERNAL	152.25	00 15								
03	92971	CARDIOASSIST, EXTERNAL	71.51									
07	92971	CARDIOASSIST, EXTERNAL	85.81	00 15								
03	92973	PERCUT CORONARY THROMBECTOMY	128.92									
07	92973	PERCUT CORONARY THROMBECTOMY	154.71	00 15								
03	92974	CATH PLACE, CARDIO BRACHYTX	118.16									
07	92974	CATH PLACE, CARDIO BRACHYTX	141.79	00 15								
03	92978	INTRAVASCULAR US, HEART	183.84									
05	92978	INTRAVASCULAR US, HEART	73.54									
07	92978	INTRAVASCULAR US, HEART	220.61	00 15								
03	92979	INTRAVASCULAR US, HEART	113.36									X
05	92979	INTRAVASCULAR US, HEART	45.34									X
07	92979	INTRAVASCULAR US, HEART	136.02	00 15								X
03	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	957.81									
07	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,149.37	00 15								
03	92987	REVISION OF MITRAL VALVE	991.52									
07	92987	REVISION OF MITRAL VALVE	1,189.82	00 15								
03	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	763.00									
07	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	915.59	00 15								
03	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	660.74									
07	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	660.74	00 15								
03	92997	PUL ART BALLOON REPAIR, PERC	442.81									
07	92997	PUL ART BALLOON REPAIR, PERC	531.38	00 15								
03	92998	PUL ART BALLOON REPAIR, PERC	227.06									X
07	92998	PUL ART BALLOON REPAIR, PERC	272.47	00 15								X
03	93000	ROUTINE ECG W/AT LEAST 12 LEADS	13.86									X
07	93000	ROUTINE ECG W/AT LEAST 12 LEADS	16.63	00 15								X
03	93005	ECG; TRACING ONLY	7.58								X	X
07	93005	ECG; TRACING ONLY	9.09	00 15							X	X
03	93010	ECG; INTERPRETATION AND REPORT	6.28									X
05	93010	ECG; INTERPRETATION AND REPORT	2.51		X						X	X
07	93010	ECG; INTERPRETATION AND REPORT	7.53	00 15								X
03	93015	CARDIOVASCULAR STRESS TEST	66.22									
07	93015	CARDIOVASCULAR STRESS TEST	79.46	00 15								
03	93016	CARDIOVASCULAR STRESS TEST USING MAX	17.04									
07	93016	CARDIOVASCULAR STRESS TEST USING MAX	20.45	00 15								
03	93017	CARDIOVASCULAR STRESS TEST; TRACING	37.90									
07	93017	CARDIOVASCULAR STRESS TEST; TRACING	45.48	00 15								
03	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	11.29									
07	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	13.54	00 15								
03	93025	MICROVOLT T-WAVE ASSESS	138.03									
07	93025	MICROVOLT T-WAVE ASSESS	165.64	00 15								
03	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	9.00									X
07	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	10.81	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	93041	RHYTHM ECG; TRACING ONLY	3.45								X	X
07	93041	RHYTHM ECG; TRACING ONLY	4.13	00 15							X	X
03	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	5.56									X
07	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.68	00 15								X
03	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	77.69									
07	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	93.23	00 15								
03	93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	22.74								X	
07	93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.29	00 15							X	
03	93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	35.15								X	
07	93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	42.19	00 15							X	
03	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	19.78									
07	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	23.74	00 15								
03	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	17.96						X			
07	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	21.54	00 15					X			
03	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	170.09						X			
05	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	68.24						X			
07	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	170.09	00 15					X			
03	93270	EXTERNAL PATIENT AND, WHEN PERFORMED	13.79						X		X	
07	93270	EXTERNAL PATIENT AND, WHEN PERFORMED	16.56	00 15					X		X	
03	93271	EXTERNAL PATIENT AND, WHEN PERFORMED	137.72						X		X	
07	93271	EXTERNAL PATIENT AND, WHEN PERFORMED	165.26	00 15					X		X	
03	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	19.10						X			
07	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	22.91	00 15					X			
03	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	26.77									
05	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	10.71									
07	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	32.12	00 15								
03	93279	PROGRAMMING DEVICE EVALUATION (IN PE	37.65									
05	93279	PROGRAMMING DEVICE EVALUATION WITH I	15.06									
07	93279	PROGRAMMING DEVICE EVALUATION WITH I	45.18	00 15								
03	93280	PROGRAMMING DEVICE EVALUATION (IN PE	44.46									
05	93280	PROGRAMMING DEVICE EVALUATION WITH I	17.78									
07	93280	PROGRAMMING DEVICE EVALUATION WITH I	53.34	00 15								
03	93281	PROGRAMMING DEVICE EVALUATION (IN PE	51.99									
05	93281	PROGRAMMING DEVICE EVALUATION WITH I	20.80									
07	93281	PROGRAMMING DEVICE EVALUATION WITH I	62.38	00 15								
03	93282	PROGRAMMING DEVICE EVALUATION (IN PE	48.16									
05	93282	PROGRAMMING DEVICE EVALUATION WITH I	19.26									
07	93282	PROGRAMMING DEVICE EVALUATION WITH I	57.80	00 15								
03	93283	PROGRAMMING DEVICE EVALUATION (IN PE	58.67									
05	93283	PROGRAMMING DEVICE EVALUATION WITH I	23.47									
07	93283	PROGRAMMING DEVICE EVALUATION WITH I	70.40	00 15								
03	93284	PROGRAMMING DEVICE EVALUATION (IN PE	68.71									
05	93284	PROGRAMMING DEVICE EVALUATION WITH I	27.48									
07	93284	PROGRAMMING DEVICE EVALUATION WITH I	82.46	00 15								
03	93285	PROGRAMMING DEVICE EVALUATION (IN PE	32.42									
05	93285	PROGRAMMING DEVICE EVALUATION WITH I	12.97									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93285	PROGRAMMING DEVICE EVALUATION WITH I	38.91	00 15								
03	93286	PERI-PROCEDURAL DEVICE EVALUATION (I	18.41									
05	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	7.36									
07	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	22.09	00 15								
03	93287	PERI-PROCEDURAL DEVICE EVALUATION (I	24.39									
05	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	9.76									
07	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	29.27	00 15								
03	93288	INTERROGATION DEVICE EVALUATION (IN	28.92									
05	93288	INTERROGATION DEVICE EVALUATION (IN	11.57									
07	93288	INTERROGATION DEVICE EVALUATION (IN	34.71	00 15								
03	93289	INTERROGATION DEVICE EVALUATION (IN	44.72									
05	93289	INTERROGATION DEVICE EVALUATION (IN	17.89									
07	93289	INTERROGATION DEVICE EVALUATION (IN	53.66	00 15								
03	93290	INTERROGATION DEVICE EVALUATION (IN	21.81									
05	93290	INTERROGATION DEVICE EVALUATION (IN	8.72									
07	93290	INTERROGATION DEVICE EVALUATION (IN	26.18	00 15								
03	93291	INTERROGATION DEVICE EVALUATION (IN	27.77									
05	93291	INTERROGATION DEVICE EVALUATION (IN	11.11									
07	93291	INTERROGATION DEVICE EVALUATION (IN	33.33	00 15								
03	93292	INTERROGATION DEVICE EVALUATION (IN	25.25									
05	93292	INTERROGATION DEVICE EVALUATION (IN	10.10									
07	93292	INTERROGATION DEVICE EVALUATION (IN	30.30	00 15								
03	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	39.15						X			
05	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	15.66						X			
07	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	46.99	00 15					X			
03	93294	INTERROGATION DEVICE EVALUATION(S) (	25.49						X			
07	93294	INTERROGATION DEVICE EVALUATION(S) (	30.58	00 15					X			
03	93295	INTERROGATION DEVICE EVALUATION(S) (	45.95						X			
07	93295	INTERROGATION DEVICE EVALUATION(S) (	55.15	00 15					X			
03	93297	INTERROGATION DEVICE EVALUATION(S),	17.96						X			
07	93297	INTERROGATION DEVICE EVALUATION(S),	21.54	00 15					X			
03	93298	INTERROGATION DEVICE EVALUATION(S),	20.48						X			
07	93298	INTERROGATION DEVICE EVALUATION(S),	24.57	00 15					X			
03	93303	ECHO TRANSTHORACIC	143.05									
05	93303	ECHO TRANSTHORACIC	57.22									
07	93303	ECHO TRANSTHORACIC	171.66	00 15								
03	93304	ECHO TRANSTHORACIC	88.25									
05	93304	ECHO TRANSTHORACIC	35.30									
07	93304	ECHO TRANSTHORACIC	105.90	00 15								
03	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	174.51									
05	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	69.80									
07	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	209.41	00 15								
03	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	115.68									
05	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	46.27									
07	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	138.80	00 15								
03	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	72.87									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	29.15									
07	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	87.43	00 15								
03	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	214.33									
05	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	85.73									
07	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	257.19	00 15								
03	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	29.43									
07	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	35.33	00 15								
03	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	182.37									
05	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	72.95									
07	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	218.85	00 15								
03	93315	ECHO TRANSESOPHAGEAL	211.49									
05	93315	ECHO TRANSESOPHAGEAL	84.60									
07	93315	ECHO TRANSESOPHAGEAL	249.85	00 15								
03	93316	ECHO TRANSESOPHAGEAL	31.96								X	
07	93316	ECHO TRANSESOPHAGEAL	38.35	00 15							X	
03	93317	ECHO TRANSESOPHAGEAL	167.63									
05	93317	ECHO TRANSESOPHAGEAL	67.05									
07	93317	ECHO TRANSESOPHAGEAL	204.32	00 15								
03	93318	ECHO TRANSESOPHAGEAL INTRAOP	211.49									
05	93318	ECHO TRANSESOPHAGEAL INTRAOP	84.60									
07	93318	ECHO TRANSESOPHAGEAL INTRAOP	211.49	00 15								
03	93320	DOPPLER ECHOCARDIOGRAPHY	51.04									
05	93320	DOPPLER ECHOCARDIOGRAPHY	20.42									
07	93320	DOPPLER ECHOCARDIOGRAPHY	61.25	00 15								
03	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	22.77									
05	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	9.11									
07	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	27.32	00 15								
03	93325	DOPPLER COLOR FLOW VELOCITY	34.72									
05	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	13.89									
07	93325	DOPPLER COLOR FLOW VELOCITY	41.66	00 15								
03	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	139.39									
05	93350	ECG,REAL-TIME,WINTER + REPORT	55.76									
07	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	167.27	00 15								
03	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	181.90									
05	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	72.76									
07	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	218.28	00 15								
03	93451	RIGHT HEART CATHETERIZATION INCLUDIN	390.41									
05	93451	RIGHT HEART CATHETERIZATION INCLUDIN	156.16									
07	93451	RIGHT HEART CATHETERIZATION INCLUDIN	468.49	00 15								
03	93452	LEFT HEART CATHETERIZATION INCLUDING	433.68									
05	93452	LEFT HEART CATHETERIZATION INCLUDING	173.47									
07	93452	LEFT HEART CATHETERIZATION INCLUDING	520.41	00 15								
03	93453	COMBINED RIGHT AND LEFT HEART CATHET	567.64									
05	93453	COMBINED RIGHT AND LEFT HEART CATHET	227.06									
07	93453	COMBINED RIGHT AND LEFT HEART CATHET	681.17	00 15								
03	93454	CATHETER PLACEMENT IN CORONARY ARTER	447.53									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	93454	CATHETER PLACEMENT IN CORONARY ARTER	179.01									
07	93454	CATHETER PLACEMENT IN CORONARY ARTER	537.03	00 15								
03	93455	CATHETER PLACEMENT IN CORONARY ARTER	521.89									
05	93455	CATHETER PLACEMENT IN CORONARY ARTER	208.76									
07	93455	CATHETER PLACEMENT IN CORONARY ARTER	626.28	00 15								
03	93456	CATHETER PLACEMENT IN CORONARY ARTER	560.03									
05	93456	CATHETER PLACEMENT IN CORONARY ARTER	224.01									
07	93456	CATHETER PLACEMENT IN CORONARY ARTER	672.04	00 15								
03	93457	CATHETER PLACEMENT IN CORONARY ARTER	634.40									
05	93457	CATHETER PLACEMENT IN CORONARY ARTER	253.76									
07	93457	CATHETER PLACEMENT IN CORONARY ARTER	761.29	00 15								
03	93458	CATHETER PLACEMENT IN CORONARY ARTER	539.73									
05	93458	CATHETER PLACEMENT IN CORONARY ARTER	215.89									
07	93458	CATHETER PLACEMENT IN CORONARY ARTER	647.67	00 15								
03	93459	CATHETER PLACEMENT IN CORONARY ARTER	596.28									
05	93459	CATHETER PLACEMENT IN CORONARY ARTER	238.51									
07	93459	CATHETER PLACEMENT IN CORONARY ARTER	715.54	00 15								
03	93460	CATHETER PLACEMENT IN CORONARY ARTER	638.10									
05	93460	CATHETER PLACEMENT IN CORONARY ARTER	255.24									
07	93460	CATHETER PLACEMENT IN CORONARY ARTER	765.72	00 15								
03	93461	CATHETER PLACEMENT IN CORONARY ARTER	731.07									
05	93461	CATHETER PLACEMENT IN CORONARY ARTER	292.43									
07	93461	CATHETER PLACEMENT IN CORONARY ARTER	877.28	00 15								
03	93462	LEFT HEART CATHETERIZATION BY TRANSS	104.52									
07	93462	LEFT HEART CATHETERIZATION BY TRANSS	125.42	00 15								
03	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	55.39									
07	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	66.47	00 15								
03	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	129.07									
05	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	51.63									
07	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	154.88	00 15								
03	93503	INSERTION AND PLACEMENT OF FLOW DIR	80.70									
07	93503	INSERTION AND PLACEMENT OF FLOW DIR	96.84	00 15								
03	93505	ENDOCARDIAL BIOPSY 000	489.01									
05	93505	ENDOCARDIAL BIOPSY	195.60									
07	93505	ENDOCARDIAL BIOPSY 000	586.81	00 15								
03	93530	RT HEART CATH, CONGENITAL	603.64									
05	93530	RT HEART CATH, CONGENITAL	241.46									
07	93530	RT HEART CATH, CONGENITAL	724.36	00 15								
03	93531	R & L HEART CATH, CONGENITAL	1,568.71									
05	93531	R & L HEART CATH, CONGENITAL	627.48									
07	93531	R & L HEART CATH, CONGENITAL	1,882.45	00 15								
03	93532	R & L HEART CATH, CONGENITAL	553.80									
05	93532	R & L HEART CATH, CONGENITAL	221.52									
07	93532	R & L HEART CATH, CONGENITAL	1,927.11	00 15								
03	93533	R & L HEART CATH, CONGENITAL	1,481.98									
05	93533	R & L HEART CATH, CONGENITAL	592.79									

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93533	R & L HEART CATH, CONGENITAL	1,764.26	00 15								
03	93561	INDICATOR DILUTION STUDIES SUCH AS D	32.38									
05	93561	INDICATOR DILUTION STUDIES SUCH AS D	12.95									
07	93561	INDICATOR DILUTION STUDIES SUCH AS D	38.85	00 15								
03	93562	INDICATOR DILUTION STUDIES SUCH AS D	14.68									
05	93562	INDICATOR DILUTION STUDIES SUCH AS D	5.87									
07	93562	INDICATOR DILUTION STUDIES SUCH AS D	17.62	00 15								
03	93563	INJECTION PROCEDURE DURING CARDIAC C	29.01									
07	93563	INJECTION PROCEDURE DURING CARDIAC C	34.81	00 15								
03	93564	INJECTION PROCEDURE DURING CARDIAC C	29.55									
07	93564	INJECTION PROCEDURE DURING CARDIAC C	35.45	00 15								
03	93565	INJECTION PROCEDURE DURING CARDIAC C	22.51									
07	93565	INJECTION PROCEDURE DURING CARDIAC C	27.00	00 15								
03	93566	INJECTION PROCEDURE DURING CARDIAC C	86.73									
07	93566	INJECTION PROCEDURE DURING CARDIAC C	104.08	00 15								
03	93567	INJECTION PROCEDURE DURING CARDIAC C	71.89									
07	93567	INJECTION PROCEDURE DURING CARDIAC C	86.27	00 15								
03	93568	INJECTION PROCEDURE DURING CARDIAC C	78.58									
07	93568	INJECTION PROCEDURE DURING CARDIAC C	94.30	00 15								
03	93571	HEART FLOW RESERVE MEASURE	183.11									
05	93571	HEART FLOW RESERVE MEASURE	73.24									
07	93571	HEART FLOW RESERVE MEASURE	219.75	00 15								
03	93572	HEART FLOW RESERVE MEASURE	208.41									
05	93572	HEART FLOW RESERVE MEASURE	83.36									
07	93572	HEART FLOW RESERVE MEASURE	208.41	00 15								
03	93580	TRANSCATH CLOSURE OF ASD	705.87									
07	93580	TRANSCATH CLOSURE OF ASD	847.04	00 15								
03	93581	TRANSCATH CLOSURE OF VSD	927.25									
07	93581	TRANSCATH CLOSURE OF VSD	1,112.71	00 15								
03	93600	BUNDLE OF HIS RECORDING	133.64									
05	93600	BUNDLE OF HIS RECORDING	53.46									
07	93600	BUNDLE OF HIS RECORDING	160.37	00 15								
03	93602	INTRA-ATRIAL RECORDING	111.83									
05	93602	INTRA-ATRIAL RECORDING	44.73									
07	93602	INTRA-ATRIAL RECORDING	134.20	00 15								
03	93603	RIGHT VENTRICULAR RECORDING;	126.55		X							
05	93603	RIGHT VENTRICULAR RECORDING	50.62		X							
07	93603	RIGHT VENTRICULAR RECORDING;	151.85	00 15	X							
03	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	265.38									
05	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	106.15									
07	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	318.45	00 15								
03	93610	INTRA-ATRIAL PACING	153.59									
05	93610	INTR-ATRIAL PAGING	61.44									
07	93610	INTRA-ATRIAL PACING	184.31	00 15								
03	93612	INTRAVENTRICULAR PACING	160.34									
05	93612	INTRAVENTRICULAR PACING	64.14									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93612	INTRAVENTRICULAR PACING	192.40	00 15								
03	93613	ELECTROPHYS MAP, 3D, ADD-ON	273.91									
07	93613	ELECTROPHYS MAP, 3D, ADD-ON	328.69	00 15								
03	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	43.04									
05	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	17.22									
07	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	51.64	00 15								
03	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	267.78									
05	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	107.11									
07	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	321.33	00 15								
03	93619	ELECTROPHYSIOLOGY EVALUATION	490.65									
05	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	196.26									
07	93619	ELECTROPHYSIOLOGY EVALUATION	588.79	00 15								
03	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	667.64									
05	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	267.06									
07	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	801.17	00 15								
03	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	738.99									
05	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	295.60									
07	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	738.99	00 15								
03	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	738.99									
05	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	295.60									
07	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	738.99	00 15								
03	93623	PROGRAMMED ST IMULATION & PACING	434.70									
05	93623	PROGRAMMED STIMULATION & PACING	173.88									
07	93623	PROGRAMMED ST IMULATION & PACING	434.70	00 15								
03	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	246.49									
05	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	98.60									
07	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	295.79	00 15								
02	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	80.85									
03	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	404.27									
05	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	161.71									
07	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	564.31	00 15								
03	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	319.44									
05	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	127.78									
07	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	383.32	00 15								
03	93641	ELECTROPHYSIOLOGY EVALUATION	414.37									
05	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	165.75									
07	93641	ELECTROPHYSIOLOGY EVALUATION	497.24	00 15								
03	93642	ELECTROPHYSIOLOGY EVALUATION	316.54									
05	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	126.62									
07	93642	ELECTROPHYSIOLOGY EVALUATION	379.85	00 15								
02	93650	INTRACARDIAC CATHETER ABLATION	83.32									
03	93650	INTRACARDIAC CATHETER ABLATION OF	416.62									
07	93650	INTRACARDIAC CATHETER ABLATION OF	499.94	00 15								
03	93653	EVALUATION AND INSERTION OF CATHETER	557.48									
07	93653	EVALUATION AND INSERTION OF CATHETER	668.96	00 15								
03	93654	EVALUATION AND INSERTION OF CATHETER	743.96									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93654	EVALUATION AND INSERTION OF CATHETER	892.75	00 15								
03	93655	INTRACARDIAC CATHETER ABLATION OF A	278.75									
07	93655	INTRACARDIAC CATHETER ABLATION OF A	334.51	00 15								
03	93656	EVALUATION AND INSERTION OF CATHETER	744.23									
07	93656	EVALUATION AND INSERTION OF CATHETER	893.08	00 15								
03	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	278.94									
05	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	111.58									
07	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	334.73	00 15								
03	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	115.03									
05	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	46.01									
07	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	138.03	00 15								
03	93662	INTRACARDIAC ECHO DURING TX/DX	140.85									
07	93662	INTRACARDIA ECHO DURING TX/DX	140.85	00 15								
03	93668	PERIPHERAL VASCULAR REHAB	10.79									X
07	93668	PERIPHERAL VASCULAR REHAB	12.94	00 15								X
03	93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CAR	22.11									
05	93701	BIOIMPEDANCE, THORACIC	8.84									
07	93701	BIOIMPEDANCE, THORACIC	26.54	00 15								
03	93724	ANALYZE PACEMAKER SYSTEM	228.60									
05	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	91.44									
07	93724	ANALYZE PACEMAKER SYSTEM	274.32	00 15								
03	93740	TEMPERATURE GRADIENT STUDIES	6.71									
05	93740	TEMPERATURE GRADIENT STUDIES	2.68									
07	93740	TEMPERATURE GRADIENT STUDIES	8.06	00 15								
03	93770	DETERMINATION OF VENOUS PRESSURE	6.03									X
05	93770	DETERMINATION OF VENOUS PRESSURE	2.41									X
07	93770	DETERMINATION OF VENOUS PRESSURE	7.24	00 15								X
03	93799	CARDIOVASCULAR PROCEDURE	MP		X							
07	93799	CARDIOVASCULAR PROCEDURE	MP	00 15	X							
03	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	160.19									
05	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	64.08									
07	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	192.22	00 15								
03	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	105.54									
05	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	42.22									
07	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	126.63	00 15								
03	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	192.74									
05	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	77.10									
07	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	231.28	00 15								
03	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	131.30									
05	93888	TRANSCRANIAL DOPPLER STUDY OF THE	52.52									
07	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	157.56	00 15								
07	93890	TCD, VASOREACTIVITY STUDY	203.97	00 15								
03	93892	TCD, EMBOLI DETECT W/O INJ	186.28									
05	93892	TCD, EMBOLI DETECT W/O INJ	74.51									
07	93892	TCD, EMBOLI DETECT W/O INJ	223.54	00 15								
03	93893	TCD, EMBOLI DETECT W/INJ	185.83									

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	93893	TCD, EMBOLI DETECT W/INJ	74.33									
07	93893	TCD, EMBOLI DETECT W/INJ	222.99	00 15								
03	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	77.48									
05	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	30.99									
07	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	92.98	00 15								
03	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	119.91									
05	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	47.96									
07	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	143.90	00 15								
03	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	147.38									
05	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	58.95									
07	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	176.86	00 15								
03	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	198.21									
05	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	79.28									
07	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	237.86	00 15								
03	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	126.65									
05	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	50.66									
07	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	151.98	00 15								
03	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	156.99									
05	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	62.80									
07	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	188.39	00 15								
03	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	105.05									
05	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	42.02									
07	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	126.06	00 15								
03	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	79.40									
05	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	31.76									
07	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	95.28	00 15								
03	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	163.90									
05	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	65.56									
07	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	196.69	00 15								
03	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	108.49									
05	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	43.40									
07	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	130.20	00 15								
03	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	246.70									
05	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	98.68									
07	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	296.03	00 15								
03	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	142.83									
05	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	57.13									
07	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	171.41	00 15								
03	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	154.16									
05	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	61.66									
07	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	184.99	00 15								
03	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	106.39									
05	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	42.56									
07	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	127.67	00 15								
03	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	121.83									
05	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	48.73									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	146.19	00 15								
03	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	84.35									
05	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	33.74									
07	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	101.22	00 15								
03	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	26.20									
07	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	31.43	00 15								
03	93990	DOPPLER FLOW TESTING	123.68									
05	93990	DOPPLER FLOW TESTING	49.47									
07	93990	DOPPLER FLOW TESTING	148.42	00 15								
03	94002	VENTILATION ASSIST AND MANAGEMENT, I	62.12									
07	94002	VENTILATION ASSIST AND MANAGEMENT, I	74.56	00 15								
03	94003	VENTILATION ASSIST AND MANAGEMENT, I	44.76									
07	94003	VENTILATION ASSIST AND MANAGEMENT, I	53.72	00 15								
03	94004	VENTILATION ASSIST AND MANAGEMENT, I	32.56									
07	94004	VENTILATION ASSIST AND MANAGEMENT, I	39.08	00 15								
03	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	21.44									
05	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.58									
07	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	25.71	00 15								
03	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	70.07	00 02								
07	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	84.09	00 02								
03	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	108.07	00 02								
07	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	129.68	00 02								
03	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	22.37	00 02								
07	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	26.85	00 02								
03	94014	PATIENT RECORDED SPIROMETRY	32.42									
05	94014	PATIENT RECORDED SPIROMETRY	12.97									
07	94014	PATIENT RECORDED SPIROMETRY	38.90	00 15								
03	94015	PATIENT RECORDED SPIROMETRY	14.92									
07	94015	PATIENT RECORDED SPIROMETRY	17.90	00 15								
03	94016	REVIEW PATIENT SPIROMETRY	17.49									
07	94016	REVIEW PATIENT SPIROMETRY	21.00	00 15								
03	94060	BRONCHOSPASM EVALUATION	37.72									
05	94060	BRONCHOSPASM EVALUATION	15.09									
07	94060	BRONCHOSPASM EVALUATION	45.27	00 15								
03	94070	BRONCHOSPASM EVALUATION; PROLONGED	40.27									
05	94070	BRONCHOSPASM EVALUATION, PROLONGED	16.11									
07	94070	BRONCHOSPASM EVALUATION; PROLONGED	48.33	00 15								
03	94150	VITAL CAPACITY; TOTAL	14.46									
05	94150	VITAL CAPACITY; TOTAL	5.78									
07	94150	VITAL CAPACITY; TOTAL	17.35	00 15								
03	94200	MAXIMUM BREATHING CAPACITY	14.59									
05	94200	MAXIMUM BREATHING CAPACITY	5.84									
07	94200	MAXIMUM BREATHING CAPACITY	17.50	00 15								
03	94250	EXPIRED GAS COLLECTION	15.73									
05	94250	EXPIRED GAS COLLECTION	6.29									
07	94250	EXPIRED GAS COLLECTION	18.88	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	94375	RESPIRATORY FLOW VOLUME LOOP	24.40									
05	94375	RESPIRATORY FLOW VOLUME LOOP	9.76									
07	94375	RESPIRATORY FLOW VOLUME LOOP	29.28	00 15								
03	94400	CO2 BREATHING RESPONSE CURVE	34.80									
05	94400	CO2 BREATHING RESPONSE CURVE	13.92									
07	94400	CO2 BREATHING RESPONSE CURVE	41.77	00 15								
03	94450	HYPOXIA RESPONSE CURVE	33.18									
05	94450	HYPOXIA RESPONSE CURVE	13.27									
07	94450	HYPOXIA RESPONSE CURVE	39.82	00 15								
03	94452	HAST W/REPORT	36.10									
05	94452	HAST W/REPORT	14.44									
07	94452	HAST W/REPORT	43.33	00 15								
03	94453	HAST W/OXYGEN TITRATE	48.10									
05	94453	HAST W/OXYGEN TITRATE	19.24									
07	94453	HAST W/OXYGEN TITRATE	57.71	00 15								
03	94620	PULMONARY STRESS TESTING	47.75									
05	94620	PULMONARY STRESS TESTING	19.10									
07	94620	PULMONARY STRESS TESTING	57.29	00 15								
03	94621	PULM STRESS TEST/COMPLEX	106.91									
05	94621	PULM STRESS TEST/COMPLEX	42.76									
07	94621	PULM STRESS TEST/COMPLEX	128.28	00 15								
03	94640	NONPRESSURIZED INHALATION	8.50									X
07	94640	NONPRESSURIZED INHALATION	10.20	00 15								X
03	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.09									
07	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.09	00 15								
03	94644	CONTINUOUS INHALATION TREATMENT WITH	21.58									
07	94644	CONTINUOUS INHALATION TREATMENT WITH	25.89	00 15								
03	94645	CONTINUOUS INHALATION TREATMENT WITH	8.50									
07	94645	CONTINUOUS INHALATION TREATMENT WITH	10.20	00 15								
07	94652	IPPB; NEWBORN INFANTS	25.68	00 15								X
03	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	38.00									
07	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	45.60	00 15								
03	94662	CONTINUOUS NEGATIVE PRESSURE	25.14									
07	94662	CONTINUOUS NEGATIVE PRESSURE	30.18	00 15								
03	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	9.42									
07	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	11.30	00 15								
03	94667	MANIPULATION CHEST WALL; INITIAL	13.10									
07	94667	MANIPULATION CHEST WALL; INITIAL	15.72	00 15								
03	94668	MANIPULATION CHEST WALL; SUBSEQUENT	12.16									X
07	94668	MANIPULATION CHEST WALL; SUBSEQUENT	14.60	00 15								X
03	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	37.34									X
05	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	14.94									X
07	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	44.80	00 15								X
03	94681	OXYGEN UPTAKE W/CO2 OUTPUT	40.61									X
05	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	16.24									X
07	94681	OXYGEN UPTAKE W/CO2 OUTPUT	48.73	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	94690	OXYGEN UPTAKE; REST; INDIRECT	32.13									X
05	94690	OXYGEN UPTAKE; REST, INDIRECT	12.85									X
07	94690	OXYGEN UPTAKE; REST; INDIRECT	38.56	00 15								X
03	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	34.86									
05	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.94									
07	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	41.84	00 15								
03	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	27.54									
05	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	11.02									
07	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	33.05	00 15								
03	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	27.54									
05	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	11.02									
07	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	33.05	00 15								
03	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	34.41									
05	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	13.76									
07	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	41.29	00 15								
03	94750	PULMONARY COMPLIANCE STUDY	45.49									
05	94750	PULMONARY COMPLIANCE STUDY	18.20									
07	94750	PULMONARY COMPLIANCE STUDY	54.59	00 15								
03	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	1.85									
07	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	2.21	00 15								
03	94761	SEE 94760;MULTIPLE DETERMINATIONS	3.70									
07	94761	SEE 94760;MULTIPLE DETERMINATIONS	4.43	00 15								
03	94762	SEE 94760;CONT.OVERNIGHT MONITORING	18.86									
07	94762	SEE 94760;CONT.OVERNIGHT MONITORING	22.62	00 15								
03	94770	EXPIRED CARBON DIOXIDE ANALYSIS	23.68									
07	94770	EXPIRED CARBON DIOXIDE ANALYSIS	28.41	00 15								
03	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	163.45									
05	94772	CIRCADIAN RESPIRA PATTERN RECORDING	65.38									
07	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	163.45	00 15								
03	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	33.58									
07	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	40.30	00 15								
03	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	13.03									
07	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	15.63	00 15								
03	94799	PULMONARY SERVICE/PROCEDURE	MP		X							
05	94799	PULMONARY SERVICE/PROCEDURE UNLISTED	21.60		X							
07	94799	PULMONARY SERVICE/PROCEDURE	MP	00 15	X							
03	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.71									X
07	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.45	00 15								X
03	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	12.39									
07	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	14.87	00 15								
03	95017	ALLERGY TESTING, ANY COMBINATION OF	5.81									X
07	95017	ALLERGY TESTING, ANY COMBINATION OF	6.96	00 15								X
03	95018	ALLERGY TESTING, ANY COMBINATION OF	14.23									X
07	95018	ALLERGY TESTING, ANY COMBINATION OF	17.08	00 15								X
03	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	4.40									X
07	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	5.27	00 15								X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	6.89										X
07	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.26	00	15								X
03	95044	PATCH OR APPLICATION TEST(S) (SPECIF	3.90										X
07	95044	PATCH OR APPLICATION TEST(S) (SPECIF	4.69	00	15								X
03	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	4.37										X
07	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	5.24	00	15								X
03	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	14.69										X
07	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	17.63	00	15								X
03	95065	NASAL MUCOUS MEMBRANE TEST	13.31										
07	95065	NASAL MUCOUS MEMBRANE TEST	15.97	00	15								
03	95070	INHALATION BRONCH CHALLENGE TESTING	27.09										
07	95070	INHALATION BRONCH CHALLENGE TESTING	32.50	00	15								
03	95071	BRONCHIAL INHALATIONS W/ANTIGENS	33.50										
07	95071	BRONCHIAL INHALATIONS W/ANTIGENS	40.20	00	15								
03	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	6.66										
07	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	7.99	00	15								
03	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	8.04										
07	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	9.64	00	15								
03	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	7.91										
07	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	7.91	00	15								
03	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.17										
07	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.17	00	15								
03	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.17										
07	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.17	00	15								
03	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	10.63										
07	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	10.63	00	15								
03	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	13.08										
07	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	13.08	00	15								
03	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	15.52										
07	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	15.52	00	15								
03	95144	PROFESSIONAL SERVICES FOR THE SUPERV	7.53										X
07	95144	PROFESSIONAL SERVICES FOR THE SUPERV	9.04	00	15								X
03	95145	PROFESSIONAL SERVICES FOR THE SUPERV	9.83										X
07	95145	PROFESSIONAL SERVICES FOR THE SUPERV	11.79	00	15								X
03	95146	PROFESSIONAL SERVICES FOR THE SUPERV	16.03										X
07	95146	PROFESSIONAL SERVICES FOR THE SUPERV	19.23	00	15								X
03	95147	PROFESSIONAL SERVICES FOR THE SUPERV	15.57										X
07	95147	PROFESSIONAL SERVICES FOR THE SUPERV	18.68	00	15								X
03	95165	PROFESSIONAL SERVICES FOR THE SUPERV	7.53							X			X
07	95165	PROFESSIONAL SERVICES FOR THE SUPERV	9.04	00	15					X			X
03	95170	PROFESSIONAL SERVICES FOR THE SUPERV	5.93										X
07	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	7.12	00	15								X
03	95180	RAPID DESENSITIZATION; EACH HOUR	94.75			X							X
07	95180	RAPID DESENSITIZATION; EACH HOUR	113.70	00	15	X							X
03	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP			X							
07	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP	00	15	X							

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	95250	GLUCOSE MONITORING, CONT	81.68									
07	95250	GLUCOSE MONITORING, CONT	98.02	00 15								
03	95251	GLUC MONITOR, CONT, PHYS I&R	27.96									
07	95251	GLUC MONITOR, CONT, PHYS I&R	33.54	00 15								
05	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	267.50									
07	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	802.50	00 15								
03	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	1,131.86									
05	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	452.74									
07	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	1,358.23	00 15								
03	95806	SLEEP STUDY, UNATTENDED, SIMULTANEOU	138.51									
05	95806	SLEEP STUDY, UNATTENDED	55.40									
07	95806	SLEEP STUDY, UNATTENDED	166.20	00 15								
03	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	319.32									
05	95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF	127.73									
07	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	383.19	00 15								
03	95808	POLYSOMNOGRAPHY, 1-3	419.09									
05	95808	POLYSOMNOGRAPHY;	167.64									
07	95808	POLYSOMNOGRAPHY, 1-3	502.91	00 15								
03	95810	POLYSOMNOGRAPHY, 4 OR MORE	499.65									
05	95810	POLYSOMNOGRAPHY;	199.86									
07	95810	POLYSOMNOGRAPHY, 4 OR MORE	599.59	00 15								
03	95811	POLYSOMNOGRAPHY W/CPAP	550.08									
05	95811	POLYSOMNOGRAPHY W/CPAP	220.03									
07	95811	POLYSOMNOGRAPHY W/CPAP	660.10	00 15								
03	95812	ELECTROENCEPHALOGRAM (EEG)	153.09									
05	95812	ELECTROENCEPHALOGRAM (EEG)	61.24									
07	95812	ELECTROENCEPHALOGRAM (EEG)	183.70	00 15								
03	95813	ELECTROENCEPHALOGRAM (EEG)	188.90									
05	95813	ELECTROENCEPHALOGRAM (EEG)	75.56									
07	95813	ELECTROENCEPHALOGRAM (EEG)	226.68	00 15								
03	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	140.70									
05	95816	EEG W/RECORD,AWAKE,DROWSY-SAME FA	56.28									
07	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	168.84	00 15								
03	95819	EEG-STD/PORT; SAME FACILITY	150.79									
05	95819	EEG-STD/PORT;SAME FACILITY	60.32									
07	95819	EEG-STD/PORT; SAME FACILITY	180.95	00 15								
03	95822	EEG; SLEEP ONLY	150.34									
05	95822	EEG; SLEEP ONLY	60.14									
07	95822	EEG; SLEEP ONLY	180.41	00 15								
03	95824	EEG; CEREBRAL DEATH RECORDING	85.89									X
05	95824	EEG; CEREBRAL DEATH RECORDING	34.36									X
07	95824	EEG; CEREBRAL DEATH RECORDING	85.89	00 15								X
03	95827	EEG; ALL NIGHT SLEEP RECORDING	240.51									
05	95827	EEG;ALL-NIGHT SLEEP RECORDING ONLY	96.20									
07	95827	EEG; ALL NIGHT SLEEP RECORDING	288.60	00 15								
03	95829	ELECTROCORTICOGRAM AT SURGERY	781.64									

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COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
05	95829	ELECTROCORTICOGRAM AT SURGERY	312.66										
07	95829	ELECTROCORTICOGRAM AT SURGERY	937.96	00	15								
03	95830	MD INSERT SPHENOIDAL ELECTRODE	116.27										
07	95830	MD INSERT SPHENOIDAL ELECTRODE	139.52	00	15								
03	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	16.95										
07	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	20.34	00	15								
03	95832	MUSCLE TESTING; MANUAL; HAND	16.07										
07	95832	MUSCLE TESTING; MANUAL; HAND	19.29	00	15								
03	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	23.75										
07	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	28.51	00	15								
03	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	28.30										
07	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	33.96	00	15								
03	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	10.84										X
07	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	13.00	00	15								X
03	95852	RANGE OF MOTION; HAND	8.38										
07	95852	RANGE OF MOTION; HAND	10.06	00	15								
03	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	27.63										
07	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	33.15	00	15								
03	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	54.25										
05	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	21.70										
07	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	65.10	00	15								
03	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	79.29										
05	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	31.72										
07	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	95.15	00	15								
03	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	94.58										
05	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	37.83										
07	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	113.50	00	15								
03	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	108.29										
05	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	43.32										
07	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	129.94	00	15								
03	95865	MUSCLE TEST, LARYNX	76.17										
05	95865	MUSCLE TEST, LARYNX	30.47										
07	95865	MUSCLE TEST, LARYNX	91.40	00	15								
03	95866	MUSCLE TEST, HEMIDIAPHRAGM	62.30										
05	95866	MUSCLE TEST, HEMIDIAPHRAGM	24.92										
07	95866	MUSCLE TEST, HEMIDIAPHRAGM	74.75	00	15								
03	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	47.05										
05	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	18.82										
07	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	56.46	00	15								
03	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	64.83										
05	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	25.93										
07	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	77.79	00	15								
03	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	29.64										
05	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	11.86										
07	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	35.57	00	15								
03	95870	MUSCLE TEST, NON-PARASPINAL	28.95										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
05	95870	MUSCLE TEST, NON-PARASPINAL	11.58									
07	95870	MUSCLE TEST, NON-PARASPINAL	34.74	00 15								
03	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	113.62									
05	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	45.45									
07	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	136.34	00 15								
03	95873	GUIDE NERV DESTR, ELEC STIM	30.10									
05	95873	GUIDE NERV DESTR, ELEC STIM	12.04									
07	95873	GUIDE NERV DESTR, ELEC STIM	36.13	00 15								
03	95874	GUIDE NERV DESTR, NEEDLE EMG	28.50									
05	95874	GUIDE NERV DESTR, NEEDLE EMG	11.40									
07	95874	GUIDE NERV DESTR, NEEDLE EMG	34.20	00 15								
03	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	62.06									
05	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	24.82									
07	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	74.47	00 15								
03	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	36.47									X
05	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	14.59									X
07	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	43.76	00 15								X
03	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	58.24									X
05	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	23.30									X
07	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	69.89	00 15								X
03	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	51.64									
05	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	20.66									
07	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	61.97	00 15								
03	95905	NEEDLE MEASUREMENT AND RECORDING OF	51.60									X
05	95905	NEEDLE MEASUREMENT AND RECORDING OF	20.64									X
07	95905	NEEDLE MEASUREMENT AND RECORDING OF	61.92	00 15								X
03	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	62.93									
05	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	25.17									
07	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	75.51	00 15								
03	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	77.71									
05	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	31.08									
07	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	93.25	00 15								
03	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	93.10									
05	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	37.24									
07	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	111.72	00 15								
03	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	122.62									
05	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	49.05									
07	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	147.15	00 15								
03	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	148.69									
05	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	59.48									
07	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	178.42	00 15								
03	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	174.31									
05	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	69.72									
07	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	209.18	00 15								
03	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	202.29									
05	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	80.92									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	242.75	00 15								
03	95925	SOMATOSENSORY TESTING,ONE > NERVES	75.63									
05	95925	SOMATOSENSORY TESTING,ONE > NERVES	30.25									
07	95925	SOMATOSENSORY TESTING,ONE > NERVES	90.76	00 15								
03	95926	SOMATOSENSORY TESTING	74.26									
05	95926	SOMATOSENSORY TESTING	29.70									
07	95926	SOMATOSENSORY TESTING	89.10	00 15								
03	95927	SOMATOSENSORY TESTING	76.09									
05	95927	SOMATOSENSORY TESTING	30.44									
07	95927	SOMATOSENSORY TESTING	91.32	00 15								
03	95928	C MOTOR EVOKED, UPPR LIMBS	122.51									
05	95928	C MOTOR EVOKED, UPPR LIMBS	49.00									
07	95928	C MOTOR EVOKED, UPPR LIMBS	147.01	00 15								
03	95929	C MOTOR EVOKED, LWR LIMBS	128.93									
05	95929	C MOTOR EVOKED, LWR LIMBS	51.57									
07	95929	C MOTOR EVOKED, LWR LIMBS	154.71	00 15								
03	95930	VISUAL EVOKED POTENTIAL TEST	66.29									
05	95930	VISUAL EVOKED POTENTIAL TEST	26.52									
07	95930	VISUAL EVOKED POTENTIAL TEST	79.54	00 15								
03	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	42.30									
05	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	16.92									
07	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	50.75	00 15								
03	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	38.13									X
05	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	15.25									X
07	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	45.76	00 15								X
03	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	190.32									
05	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	76.13									
07	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	228.38	00 15								
03	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	300.45									
05	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	120.18									
07	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	360.55	00 15								
03	95940	CONTINUOUS MONITORING OF NERVOUS SYS	22.04									
07	95940	CONTINUOUS MONITORING OF NERVOUS SYS	26.45	00 15								
03	95950	AMBULATORY 24 HOUR EEG MONITORING	155.96									
05	95950	AMBULATORY 24 HOUR EEG MONITORING	62.38									
07	95950	AMBULATORY 24 HOUR EEG MONITORING	187.15	00 15								
03	95951	MONITORING FOR LOCALIZATION OF CEREB	680.47									
05	95951	MONITORING FOR LOCALIZATION OF CEREB	272.19									
07	95951	MONITORING FOR LOCALIZATION OF CEREB	816.56	00 15								
03	95953	MONITORING FOR LOCALIZATION OF CEREB	264.48									
05	95953	MONITORING FOR LOCALIZATION OF CEREB	105.79									
07	95953	MONITORING FOR LOCALIZATION OF CEREB	317.38	00 15								
03	95956	MONITORING FOR LOCALIZATION OF CEREB	455.58									
05	95956	MONITORING FOR LOCALIZATION OF CEREB	182.23									
07	95956	MONITORING FOR LOCALIZATION OF CEREB	546.69	00 15								
03	95957	EEG DIGITAL ANALYSIS	169.52									

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
05	95957	EEG DIGITAL ANALYSIS	67.81										
07	95957	EEG DIGITAL ANALYSIS	203.42	00	15								
03	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	253.86										
05	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	101.54										
07	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	304.62	00	15								
03	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	156.96										
05	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	62.78										
07	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	188.35	00	15								
03	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	145.51										
05	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	58.20										
07	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	174.61	00	15								
03	95965	MEG, SPONTANEOUS	375.35										
05	95965	MEG, SPONTANEOUS	150.14										
07	95965	MEG, SPONTANEOUS	375.35	00	15								
03	95966	MEG, EVOKED, SINGLE	190.82										
05	95966	MEG, EVOKED, SINGLE	76.33										
07	95966	MEG, EVOKED, SINGLE	190.82	00	15								
03	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	167.45										X
05	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	66.98										
07	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	167.45	00	15								X
03	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	32.65										
07	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	39.17	00	15								
03	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	38.53										
07	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	46.23	00	15								
03	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	69.08										
07	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	82.89	00	15				X				
03	95973	ELECTRONIC ANALYSIS OF IMPLANTED NEU	38.06										
07	95973	ELECTRONIC ANALYSIS OF IMPLANTED NEU	45.67	00	15								
03	95974	ELECTRONIC ANALYSIS OF IMPLANTED NEU	116.99							X			
07	95974	ELECTRONIC ANALYSIS OF IMPLANTED NEU	140.39	00	15					X			
03	95975	ELECTRONIC ANALYSIS OF IMPLANTED NEU	65.11										
07	95975	ELECTRONIC ANALYSIS OF IMPLANTED NEU	78.13	00	15								
03	95990	REFILLING AND MAINTENANCE OF IMPLANT	37.19	04	99				X				
07	95990	REFILLING AND MAINTENANCE OF IMPLANT	44.63	04	15				X				
03	95991	REFILLING AND MAINTENANCE OF IMPLANT	57.54	04	99				X				
07	95991	REFILLING AND MAINTENANCE OF IMPLANT	69.05	04	15				X				
03	95992	CANALITH REPOSITIONING PROCEDURE(S)	MP			X							
07	95992	CANALITH REPOSITIONING PROCEDURE(S)	MP	00	15	X							
03	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP			X							
05	95999	UNLISTED NUEROLOGICAL/MUSCULAR DX PR	MP			X							
07	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP	00	15	X							
03	96000	MOTION ANALYSIS, VIDEO/3D	60.85										
07	96000	MOTION ANALYSIS, VIDEO/3D	73.01	00	15								
03	96001	MOTION TEST W/FT PRESS MEAS	71.82										
07	96001	MOTION TEST W/FT PRESS MEAS	86.19	00	15								
03	96002	DYNAMIC SURFACE EMG	14.16										

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	96002	DYNAMIC SURFACE EMG	17.00	00 15								
03	96003	DYNAMIC FINE WIRE EMG	12.42									
07	96003	DYNAMIC FINE WIRE EMG	14.92	00 15								
03	96004	PHYS REVIEW OF MOTION TESTS	76.61									
07	96004	PHYS REVIEW OF MOTION TESTS	91.93	00 15								
03	96101	PSYCHOLOGICAL TESTING WITH INTERPRET	59.63						X			
07	96101	PSYCHOLOGICAL TESTING WITH INTERPRET	71.56	00 15					X			
03	96105	ASSESSMENT OF APHASIA	46.87									X
07	96105	ASSESSMENT OF APHASIA	56.24	00 15								X
03	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	66.79						X			X
07	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	80.15	00 15					X			X
03	96118	NEUROPSYCHOLOGICAL TESTING, INTERPRE	74.82						X			X
07	96118	NEUROPSYCHOLOGICAL TESTING, INTERPRE	89.78	00 15					X			X
03	96150	ASSESS HLTH/BEHAVE, INIT	16.05								X	
07	96150	ASSESS HLTH/BEHAVE, INIT	19.26	00 15							X	
03	96151	ASSESS HLTH/BEHAVE, SUBSEQ	15.52								X	
07	96151	ASSESS HLTH/BEHAVE, SUBSEQ	18.63	00 15							X	
03	96152	INTERVENE HLTH/BEHAVE, INDIV	14.78								X	
07	96152	INTERVENE HLTH/BEHAVE, INDIV	17.74	00 15							X	
03	96153	INTERVENE HLTH/BEHAVE, GROUP	3.54								X	
07	96153	INTERVENE HLTH/BEHAVE, GROUP	4.24	00 15							X	
03	96154	INTERV HLTH/BEHAV, FAM W/PT	14.51								X	
07	96154	INTERV HLTH/BEHAV, FAM W/PT	17.42	00 15							X	
03	96155	INTERV HLTH/BEHAV FAM NO PT	15.64								X	
07	96155	INTERV HLTH/BEHAV FAM NO PT	18.77	00 15							X	
03	96401	CHEMO, ANTI-NEOPL, SQ/IM	43.58									
07	96401	CHEMO, ANTI-NEOPL, SQ/IM	52.30	00 15								
03	96402	CHEMO HORMON ANTINEOPL SQ/IM	24.01									
07	96402	CHEMO HORMON ANTINEOPL SQ/IM	28.82	00 15								
03	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	55.35									
07	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	66.42	00 15								
03	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	76.67									
07	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	92.00	00 15								
03	96409	CHEMO, IV PUSH, SNGL DRUG	71.91									
07	96409	CHEMO, IV PUSH, SNGL DRUG	86.29	00 15								
03	96411	CHEMO, IV PUSH, ADDL DRUG	41.27									X
07	96411	CHEMO, IV PUSH, ADDL DRUG	49.52	00 15								X
03	96413	CHEMO, IV INFUSION, 1 HR	94.75									
07	96413	CHEMO, IV INFUSION, 1 HR	113.71	00 15								
03	96415	CHEMO, IV INFUSION, ADDL HR	21.97									X
07	96415	CHEMO, IV INFUSION, ADDL HR	26.36	00 15								X
03	96416	CHEMO PROLONG INFUSE W/PUMP	103.02									
07	96416	CHEMO PROLONG INFUSE W/PUMP	123.63	00 15								
03	96417	CHEMO IV INFUS EACH ADDL SEQ	47.50									
07	96417	CHEMO IV INFUS EACH ADDL SEQ	56.99	00 15								
03	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	69.17									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	83.00	00 15								
03	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	111.16									
07	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	133.39	00 15								
03	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	49.87									
07	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	59.85	00 15								
03	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	109.54									
07	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	131.45	00 15								
03	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	388.00									
07	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	465.60	00 15								
03	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	90.58									
07	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	108.70	00 15								
03	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	137.29									
07	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	164.74	00 15								
03	96521	REFILL/MAINT, PORTABLE PUMP	81.45									
07	96521	REFILL/MAINT, PORTABLE PUMP	97.74	00 15								
03	96522	REFILL/MAINT PUMP/RESVR SYST	69.29									
07	96522	REFILL/MAINT PUMP/RESVR SYST	83.15	00 15								
03	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	87.76									
07	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	105.31	00 15								
03	96567	PHOTODYNAMIC TX, SKIN	74.35									
07	96567	PHOTODYNAMIC TX, SKIN	89.22	00 15								
03	96570	PHOTODYNAMIC TX, 30 MIN	40.49									
07	96570	PHOTODYNAMIC TX, 30 MIN	48.58	00 15								
03	96571	PHOTODYNAMIC TX, ADDL 15 MIN	19.44									X
07	96571	PHOTODYNAMIC TX, ADDL 15 MIN	23.32	00 15								X
03	96900	ACTINOTHERAPY	12.39									
07	96900	ACTINOTHERAPY	14.88	00 15								
03	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	40.84						X			
07	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	49.01	00 15					X			
03	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	39.93									
07	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	47.92	00 15								
03	96912	PHOTOCHEMOTHERAPY/PUVA	51.18									
07	96912	PHOTOCHEMOTHERAPY/PUVA	61.42	00 15								
03	96913	PHOTOCHEMOTHERAPY	71.17									
07	96913	PHOTOCHEMOTHERAPY	85.39	00 15								
03	96920	LASER TX, SKIN < 250 SQ CM	105.54									
07	96920	LASER TX, SKIN < 250 SQ CM	126.64	00 15								
03	96921	LASER TX, SKIN 250-500 SQ CM	103.54									
07	96921	LASER TX, SKIN 250-500 SQ CM	124.25	00 15								
03	96922	LASER TX, SKIN > 500 SQ CM	154.45									
07	96922	LASER TX, SKIN > 500 SQ CM	185.35	00 15								
03	96999	DERMATOLOGICAL PROCEDURE	16.92		X							
07	96999	DERMATOLOGICAL PROCEDURE	16.92	00 15	X							
03	97001	PHYSICAL THERAPY EVALUATION	48.36						X			
07	97001	PHYSICAL THERAPY EVALUATION	58.03	00 15					X			
03	97003	OCCUPATIONAL THERAPY EVALUATION	51.11						X			

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	97003	OCCUPATIONAL THERAPY EVALUATION	61.33	00	15					X			
03	97016	PT-VASOPNEUMATIC DEVICES	10.22										
07	97016	PT-VASOPNEUMATIC DEVICES	12.26	00	15								
03	97018	PT-PARAFFIN BATH	5.25										
07	97018	PT-PARAFFIN BATH	6.30	00	15								
03	97032	ELECTRICAL STIMULATION,EACH 15 MIN	11.12										X
07	97032	ELECTRICAL STIMULATION,EACH 15 MIN	13.35	00	15								X
03	97033	ELECTRIC CURRENT THERAPY	16.21										
07	97033	ELECTRIC CURRENT THERAPY	19.45	00	15								
03	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	19.34										X
07	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	23.20	00	15								X
03	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	19.79										X
07	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	23.75	00	15								X
03	97116	GAIT TRAINING, EACH 15 MIN	16.89										X
07	97116	GAIT TRAINING, EACH 15 MIN	20.26	00	15								X
03	97124	MASSAGE, EACH 15 MIN	15.35										X
07	97124	MASSAGE, EACH 15 MIN	18.41	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	17.90									X	
07	97140	MANUAL THERAPY	21.47	00	15							X	
03	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	20.22				X						X
07	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	24.27	00	15		X						X
03	97532	COGNITIVE SKILLS DEVELOPMENT	16.78										
07	97532	COGNITIVE SKILLS DEVELOPMENT	20.13	00	15								
03	97533	SENSORY INTEGRATION	17.93										
07	97533	SENSORY INTEGRATION	21.51	00	15								
03	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	39.04										
07	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	46.84	00	15								
03	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	48.45										X
07	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	58.14	00	15								X
03	97602	WOUND CARE NON-SELECTIVE	24.34										
07	97602	WOUND CARE NON-SELECTIVE	24.34	00	15								
03	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	19.79										X
07	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	23.75	00	15								X
03	97760	ORTHOTIC MGMT AND TRAINING	21.87				X						X
07	97760	ORTHOTIC MGMT AND TRAINING	26.24	00	15		X						X
03	97761	PROSTHETIC TRAINING	19.57				X						X
07	97761	PROSTHETIC TRAINING	23.48	00	15		X						X
03	97762	C/O FOR ORTHOTIC/PROSTH USE	21.91				X						X
07	97762	C/O FOR ORTHOTIC/PROSTH USE	26.29	00	15		X						X
03	97799	UNLISTED PHYSICAL MED SER/PROC	MP			X							
07	97799	UNLISTED PHYSICAL MED SER/PROC	MP	00	15	X							
03	97802	MEDICAL NUTRITION, INDIV, IN	20.28									X	
07	97802	MEDICAL NUTRITION, INDIV, IN	24.33	00	15							X	
03	97803	MED NUTRITION, INDIV, SUBSEQ	17.73									X	

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	97803	MED NUTRITION, INDIV, SUBSEQ	21.27	00	15							X	
03	97804	MEDICAL NUTRITION, GROUP	9.06									X	
07	97804	MEDICAL NUTRITION, GROUP	10.88	00	15							X	
03	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	17.04	00	20	X			X				
07	98940	CHIROPR MANIP TX TO TWO REGIONS	20.45	00	15	X			X				
03	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	23.64	00	20	X			X				
07	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	28.37	00	15	X			X				
03	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	13.52										
07	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	13.52	00	15								
03	99051	SVCS @ REG SCHED EVE,WKND,HOLID HRS	13.52										
07	99051	SVCS @ REG SCHED EVE.WKND.HOLID HRS	13.52	00	15								
03	99082	NEO-NATAL ESCORT-PER HOUR	.61	00	01								X
07	99082	NEO-NATAL ESCORT-PER HOUR	.73	00	01								X
03	99143	MODERATE SEDATION SERVICES BY PHYSIC	43.16	00	04	X							
07	99143	MODERATE SEDATION SERVICES BY PHYSIC	51.79	00	04	X							
03	99144	MODERATE SEDATION SERVICES BY PHYSIC	64.07	05	20	X							
07	99144	MODERATE SEDATION SERVICES BY PHYSIC	76.89	05	15	X							
03	99145	MODERATE SEDATION SERVICES BY PHYSIC	15.91	00	20	X							X
07	99145	MODERATE SEDATION SERVICES BY PHYSIC	19.09	00	15	X							X
03	99148	MOD CS DIFF PHYS < 5 YRS	43.16	00	04	X							
07	99148	MOD CS DIFF PHYS<5 YRS	51.79	00	04	X							
03	99149	MOD CS DIFF PHYS 5 YRS +	64.07	05	20	X							
07	99149	MOD CS DIFF PHYS 5 YRS +	76.89	05	15	X							
03	99150	MOD CS DIFF PHYS ADD-ON	15.91	00	20	X							X
07	99150	MOD CS DIFF PHYS ADD-ON	19.09	00	15	X							X
03	99170	EXAMINATION OF GENITAL AND ANAL REGI	96.00										X
07	99170	EXAMINATION OF GENITAL AND ANAL REGI	115.21	00	15								X
03	99172	VISUAL FUNCTION SCREENING	73.90									X	
07	99172	VISUAL FUNCTION SCREENING	73.90	00	15							X	
03	99173	SCREENING TEST VISUAL ACUITY BILAT	1.61									X	
07	99173	SCREENING TEST VISUAL ACUITY BILAT	1.93	00	15								
03	99175	EMESIS INDUCTION WITH MEDICATION	16.56										
07	99175	EMESIS INDUCTION WITH MEDICATION	19.87	00	15								
03	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	127.97			X							X
07	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	153.57	00	15	X							X
03	99190	SPECIAL PUMP SERVICES; EACH HOUR	88.42			X							X
07	99190	SPECIAL PUMP SERVICES; EACH HOUR	88.42	00	15	X							X
03	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	61.29			X							
07	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	61.29	00	15	X							
03	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	44.13			X							
07	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	44.13	00	15	X							
03	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	44.75										
07	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	53.69	00	15								
03	A4590	SPECIAL CASTING MATERIALS	30.54	00	20								X
03	A9500	TECHNETIUM TC-99M SESTAMIBI,DIAGNOST	97.35										X
03	A9502	TECHNETIUM TC99M TETROFOSMIN	95.76										X

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOS	17.00										
03	A9505	THALLOUS CHLORIDE TL 201/MCI	23.56										
03	A9507	INDIUM IN-111 CAPROMAB PENETIDE, DIA	2,180.00										
03	A9512	TECHNETIUM TC-99M PERTECHNETATE, DIA	22.14										X
03	A9560	TECHNETIUM TC-99M,LABELED RED BLOOD	18.19										
03	A9562	TECHNETIUM TC-99 MERTIATIDE DIAGNOST	239.61										
03	A9572	INDIUM-111 PENTETREOTIDE, DIAGNOSTIC	2,515.59										
03	D1206	TOPICAL FLUORIDE VARNISH	24.29	00	05	X				X			
07	D1206	TOPICAL FLUORIDE VARNISH	24.29	00	05	X				X			
03	E0785	REPLACEMENT IMPL PUMP CATHETER	345.04	04	99	X							
03	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	14.68	16	99								X
07	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	17.62	00	15					X			X
03	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.26	16	99								X
07	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	9.91	00	15					X			X
03	G0117	GLAUCOMA SCRN HGH RISK DIREC	45.49									X	
03	G0118	GLAUCOMA SCRN HGH RISK DIREC	31.68									X	
03	G0123	SCREENING CYTOPATH, CERVICAL OR VAGI	MP									X	
03	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	MP									X	
03	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	12.54									X	
03	G0128	DIRECT SKILLED NURSING SERV OUTPT	MP									X	
03	G0130	SINGLE ENERGY X-RAY STUDY	35.61									X	
03	G0141	SCR C/V CYTO,AUTOSYS AND MD	19.13									X	
03	G0143	SCR C/V CYTO,THINLAYER,RESCR	MP									X	
03	G0144	SCR C/V CYTO,THINLAYER,RESCR	MP									X	
03	G0145	SCR C/V CYTO,THINLAYER,RESCR	MP									X	
03	G0147	SCR C/V CYTO, AUTOMATED SYS	MP									X	
03	G0148	SCR C/V CYTO, AUTOSYS, RESCR	MP									X	
03	G0179	PHYS SERV FO THE RECERT OF MEDICARE	53.74									X	
03	G0180	MD CERTIFICATION HHA PATIENT	64.53									X	
03	G0181	HOME HEALTH CARE SUPERVISION	103.46									X	
03	G0245	INITIAL FOOT EXAM PT LOPS	55.98									X	
03	G0246	FOLLOWUP EVAL OF FOOT PT LOP	32.32									X	
03	G0247	ROUTINE FOOTCARE PT W LOPS	35.18									X	
03	G0248	DEMONSTRATE USE HOME INR MON	133.32							X		X	
03	G0249	PROVIDE TEST MATERIAL,EQUIPM	103.95									X	
03	G0250	MD REVIEW INTERPRET OF TEST	8.73									X	
03	G0251	LINEAR ACC BASED STERO RADIO	MP			X						X	
03	G0252	INITIAL DX OF BREAST CA A/OR SURG PL	MP									X	X
05	G0252	PET IMAGING INITIAL DX	744.70									X	
03	G0255	CURRENT PERCEP THRESHOLD TST	MP									X	
05	G0255	CURRENT PERCEP THRESHOLD TST	MP									X	
03	G0257	UNSCHED DIALYSIS ESRD PT HOS	MP									X	
03	G0259	INJECT FOR SACROILIAC JOINT	MP									X	
03	G0260	INJ FOR SACROILIAC JT ANESTH	MP									X	
03	G0268	REMOVAL OF IMPACTED WAX MD	40.13									X	
03	G0269	OCCLUSIVE DEVICE IN VEIN ART	MP									X	

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	G0270	MNT SUBS TX FOR CHANGE DX	14.92									X	
03	G0271	GROUP MNT 2 OR MORE 30 MINS	5.95									X	
03	G0275	RENAL ANGIO, CARDIAC CATH	12.08			X						X	
03	G0278	ILIAC ART ANGIO,CARDIAC CATH	12.08									X	
03	G0281	ELEC STIM UNATTEND FOR PRESS	11.51									X	
03	G0282	ELECT STIM WOUND CARE NOT PD	MP									X	
03	G0283	ELEC STIM OTHER THAN WOUND	11.51									X	
03	G0288	RECON, CTA FOR SURG PLAN	332.50									X	
03	G0289	ARTHRO, LOOSE BODY + CHONDRO	79.13									X	
03	G0293	NON-COV SURG PROC,CLIN TRIAL	MP									X	
03	G0294	NON-COV PROC, CLINICAL TRIAL	MP									X	
03	G0295	ELECTROMAGNETIC THERAPY ONC	MP									X	
03	G0302	PRE-OP SERVICE LVRS COMPLETE	MP			X						X	
03	G0303	PRE-OP SERVICE LVRS 10-15DOS	MP			X						X	
03	G0304	PRE-OP SERVICE LVRS 1-9 DOS	MP			X						X	
03	G0305	POST OP SERVICE LVRS MIN 6	MP			X						X	
03	G0306	CBC/DIFFWBC W/O PLATELET	MP			X						X	
03	G0307	CBC WITHOUT PLATELET	MP			X						X	
03	G0328	FECAL BLOOD SCRN IMMUNOASSAY	MP			X						X	
03	G0329	ELECTROMAGNTIC TX FOR ULCERS	5.58									X	
03	G0339	ROBOT LIN-RADSURG COM, FIRST	MP			X						X	
03	G0340	ROBOT LINEAR STERORADIO MAX5	MP			X						X	
03	G0341	PERCUTANEOUS ISLET CELLTRANS	363.28									X	
03	G0342	LAPAROSCOPY ISLET CELL TRANS	527.27									X	
03	G0343	LAPAROTOMY ISLET CELL TRANSP	864.74									X	
03	G0364	BONE MARROW ASPIRATE &BIOPSY	9.45									X	
03	G0365	VESSEL MAPPING HEMO ACCESS	115.33									X	
05	G0365	VESSEL MAPPING HEMO ACCESS	46.13									X	
03	G0372	MD SERVICE REQUIRED FOR PMD	14.96									X	
03	G3001	ADMIN + SUPPLY, TOSITUMOMAB	MP			X						X	
13	H0033	ORAL MED ADMIN, DIRECT OBSERVATION	36.48						X	X			
03	H0049 TH	ALCOHOL AND/OR DRUG SCREENING	14.49	10	60			F		X			
07	H0049 TH	ALCOHOL AND/OR DRUG SCREENING	14.49	10	15			F		X			
03	H0050 TH	ALCOHOL AND/OR DRUG SERVICES, BRIEF	33.81	10	60			F		X			
07	H0050 TH	ALCOHOL AND/OR DRUG SERVICES, BRIEF	33.81	10	15			F		X			
03	J0130	INJECTION ABCIXIMAB 10 MG	386.29									X	X
03	J0152	ADENOSINE INJECTION	61.23			X							X
03	J0171	INJECTION ADRENALIN EPINEPHRINE	.04										X
03	J0178	INJECTION, AFLIBERCEPT, 1 MG	852.45										
03	J0207	AMIFOSTINE 500MG	335.84										
03	J0275	ALPROSTADIL URETHRAL SUPPOS	21.26									X	
03	J0278	AMIKACIN SULFATE INJECTION 100MG	.46	00	20								X
03	J0285	AMPHOTERICIN B 50MG	11.51	00	20								X
03	J0287	AMPHOTERICIN B LIPID COMPLEX	9.20									X	
03	J0288	AMPHO B CHOLESTERYL SULFATE	12.17									X	
03	J0289	AMPHOTERICIN B LIPOSOME INJ	13.55									X	

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	J0290	AMPICILLIN SODIUM,500MG INJECTION	1.93	00 20								X
03	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	3.14	00 20								X
03	J0348	INJECTION, ANADULAFUNGIN, 1 MG	1.11	12 99								X
03	J0395	ARBUTAMINE HCL INJECTION	MP								X	
03	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	.03									X
03	J0475	BACLOFEN INJ 10MG	162.48	04 99								X
03	J0476	BACLOFEN INTRATHECAL TRIAL	60.83	04 99								
03	J0558	INJECTION PENICILLIN G BENZATHINE A	3.10									X
03	J0561	INJECTION PENICILLIN G BENZATHINE	3.92									X
03	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	7.93								X	
03	J0592	BUPRENORPHINE HYDROCHLORIDE	.66								X	
03	J0594	INJECTION, BUSULFAN, 1 MG	11.16									X
03	J0610	CALCIUM GLUCONATE INJ.10ML	.25									
03	J0636	INJECTION, CALCITRIOL, 0.1 MCG	.40					X				X
03	J0637	CASPOFUNGIN ACETATE	11.70								X	
03	J0640	CALCIUM LEUCOVORIN INJ. 50MG	.77									X
03	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	.92									X
03	J0690	CEFAZOLIN SODIUM INJ 500MG	.51	00 20								X
03	J0692	CEFEPIME HCL 500 MG	4.57	00 20								X
03	J0694	CEFOXITIN SODIUM, 1GM	5.96	00 20								X
03	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	1.04	00 20								X
03	J0697	STERILE CEFUROXIME SODIUM 750MG	3.43	00 20								X
03	J0698	CEFOTAXIME SODIUM/PER GM	3.94	00 20								X
03	J0706	CAFFEINE CITRATE INJECTION	.54								X	
03	J0710	INJECTION CEPHAPIRIN SODIUM UP TO1GM	4.69									X
03	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	.71									X
03	J0713	CEFTAZIDIME 500MG	2.83	00 20								X
03	J0715	CEFTIZOXIME SODIUM, 500 MG	3.24	00 20								X
03	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	13.52	00 20								X
03	J0744	CIPROFLOXACIN IV	1.54								X	
03	J0770	COLISTIMETHATE INJ, UP TO 150MG	14.27	00 20								X
03	J0780	COMPAZINE INJ, UP TO 10MG	1.78									X
03	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	2,039.57		X							
03	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	2.66	10 99								X
03	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	2.66									X
03	J0885	EPOETIN ALFA, NON-ESRD 1000 U	8.00									X
03	J0894	INJECTION, DECITABINE, 1 MG	24.24									X
03	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	.17	10 55			F					X
03	J1070	TETOST. CYP INJ, TO 100 MG	3.42		X							X
03	J1094	INJ DEXAMETHASONE ACETATE	.20								X	
03	J1100	DEXAMETHOSONE INJ, 1MG	.08									X
03	J1190	DEXRAZOXANE HCL 250MG	393.45									
03	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	.64									X
03	J1260	DOLASETRON MESYLATE INJ 10MG	4.03									X
03	J1267	INJECTION, DORIPENEM, 10 MG	.57	00 20								X
03	J1364	ERYTHRO LACTOBIONATE 500MG	6.27	00 20								X

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	J1440	FILGRASTIM 300 MCG	175.72			X							X
03	J1441	FILGRASTIM INJ (G-CSF) 480MCG	269.63			X							X
03	J1450	FLUCONAZOLE 200MG	6.47	00	20								X
03	J1453	INJECTION, FOSAPREPITANT, 1 MG	1.36										X
03	J1580	GENTAMYCIN, UP TO 80MG	.75	00	20								X
03	J1590	GATIFLOXACIN, 10MG	1.62	18	20								X
03	J1626	GRANISETRON HCL INJECTION	3.53										X
03	J1642	HEPARIN SODIUM 10U (HEPLOCK)	.08										X
03	J1644	HEPARIN SODIUM INJ 1000U	.17										X
03	J1650	ENOXAPARIN SODIUM, 10MG	5.40										X
03	J1652	FONDAPARINUX SODIUM	5.80									X	
03	J1655	TINZAPARIN SODIUM INJ 1000 IVS	1.85									X	
03	J1720	HYDROCORTISONE SODIUM 100MG	2.14										X
03	J1756	INJECTION,IRON SUCROSE,1MG	.32									X	X
03	J1815	INSULIN INJECTION	.27									X	
03	J1817	INSULIN FOR INSULIN PUMP USE	2.68									X	
03	J1835	INTRACONAZOLE INJ	36.76									X	
03	J1840	KANAMYCIN SULFATE, UP TO 500MG	3.79	00	20								X
03	J1850	KANAMYCIN SULFATE,UP TO 75MG	.57	00	20								X
03	J1950	LEUPROLIDE ACETATE /3.75 MG	406.31										
03	J1956	LEVOFLOXACIN, 250MG	5.19	18	20								X
03	J2010	LINCOMYCIN, HCL, UP TO 300MG	4.10	00	20								X
03	J2020	LINEZOLID INJ, 200MG	25.58	00	20								X
03	J2175	INJECTION MEPERIDINE HCL	1.24										
03	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	1.04	12	99								X
03	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	MP			X							X
03	J2271	MORPHINE SO4 INJ 100MG	2.13			X						X	
03	J2353	OCTREOTIDE INJ, DEPOT 1MG	92.01										
03	J2354	OCTRETIDE, NON-DEPOT 25 MCG	1.70										X
03	J2355	OPRELVEKIN INJ 5MG	214.56										
03	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	.18										X
03	J2425	PALIFERMIN INJECTION 50MCG	9.88										X
03	J2430	PAMIDRONATE DISODIUM 30MG	26.81										X
03	J2460	OXYTETRACYCLINE,UP TO 50MG	.91	08	20								X
03	J2469	PALONOSETRON HCL	14.47										X
03	J2501	PARICALCITOL	3.18									X	
03	J2505	PEGFILGRASTIM 6MG	1,891.95										
03	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	8.52	00	20								X
03	J2540	PCN G POTASSIUM,UP TO 600,000U	.70	00	20								X
03	J2550	PHENERGAN INJ, UP TO 50MG	1.43										X
03	J2562	INJECTION, PLERIXAFOR, 1 MG	259.57										X
03	J2700	OXACILLIN SODIUM,UP TO 250MG	1.58	00	20								X
03	J2720	INJECTION PROTAMINE SULFATE PER 10MG	.44										
03	J2765	REGLAN INJ, UP TO 10MG	.31										X
03	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	126.02	16	20								
03	J2785	INJECTION, REGADENOSON, 0.1 MG	41.21										X

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	J2788	RHO D IMMUNE GLOBULIN 50 MCG	20.43									X	
03	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	74.99										X
03	J2792	RHO(D) IMMUNE GLOBULIN H, SD	14.25									X	
03	J2820	SARGRAMOSTIM 50MCG	20.92										X
03	J2910	GOLD THERAPY INJ-ARTHRITIS	9.80										X
03	J2916	NA FERRIC GLUCONATE COMPLEX	4.12									X	
03	J2941	SOMATROPIN INJ	45.17									X	
03	J3000	STREPTOMYCIN, UP TO 1GM	4.02	00	20								X
03	J3070	INJECTION PENTAZOCINE 30 MG	5.55										
03	J3095	INJECTION TELEVANCIN 10 MG	1.85										X
03	J3120	INJ TESTOSTERONE ENANTHATE	3.73			X			X				X
03	J3243	INJECTION, TIGECYCLINE, 1 MG	.96	00	20								X
03	J3250	INJECTION TRIMETHOBENZAMIDE HCL	4.27										
03	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	1.89	00	20								X
03	J3315	TRIPTORELIN PAMOATE	145.84									X	
03	J3360	INJECTION DIAZEPAM UP TO 5 MG	.93										
03	J3370	VANCOMYCIN HCL, 500MG	2.68	00	20								X
03	J3485	ZIDOVUDINE, 10MG	1.02	00	20								X
03	J3487	ZOLEDRONIC ACID 1 MG (ZOMETA)	187.10			X							X
03	J3490 TH	UNCLASSIFED DRUGS (17P 250MG IM)	19.32	10	60			F					
03	J7030	NORMAL SALINE SOL INFUSION, 1	.94										X
03	J7040	NORMAL SALINE, 500ML	.47										X
03	J7050	NORMAL SALINE SOL 250 ML	.23										X
03	J7060	DEXTROSE/WATER 5%, 500ML	.95										X
03	J7070	D5W INFUSION, 1000ML	1.89										X
03	J7120	RINGERS INJ, UP TO 1000 CC	.83										X
03	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	.74										X
03	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	428.15	10	60			F		X			
03	J7302	MIRENA-LEV-REL INTRA CONT SYS, 52MG	487.48	10	60			F		X			
03	J7306	LEVONORGESTREL IMPLANT SYS	MP			X							
03	J7513	DACLIZUMAB PARENTERAL 25MG	302.21									X	
03	J7633	BUDESONIDE CONCENTRATED SOL	148.12									X	
03	J9000	DOXORUBICIN HCL 10MG	3.29										X
03	J9002	INJECTION, DOXORUBICIN HYDROCHLORIDE	468.66			X							X
03	J9010	ALEMTUZUMAB, 10MG	481.57										X
03	J9015	ALDESLEUKIN/SINGLE USE VIAL	706.44										
03	J9017	ARSENIC TRIOXIDE 1MG	30.09										X
03	J9019	INJECTION, ASPARAGINASE (ERWINAZE),	290.66										X
03	J9020	ASPARAGINASE, 10,000 UNITS	50.48										X
03	J9025	AZACITIDINE INJECTION 1MG	4.04										X
03	J9027	CLOFARABINE INJECTION 1MG	101.39	01	21								X
03	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	16.18										X
03	J9035	BEVACIZUMAB 10MG	49.88										X
03	J9040	BLEOMYCIN INJ, 15 UNITS	27.68										X
03	J9041	BORTEZOMIB INJECTION 0.1MG	31.53										X
03	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	86.06				X						X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	J9043	INJECTION, CABAZITAXEL, 1 MG	130.60				M					X
03	J9045	CARBOPLATIN INJ 50MG.	5.00									X
03	J9050	CARMUSTINE, 100MG	146.26									X
03	J9055	CETUXIMAB 10 MG	43.25									X
03	J9060	INJECTION, CISPLATIN, POWDER OR S0LU	1.94									X
03	J9065	CLADRIBINE INJ 1MG	25.43									X
03	J9070	CYTOXIN INJ 100MG	2.52									X
03	J9098	CYTARABINE LIPSOME 10MG	389.54									X
03	J9100	CYTARABINE 100 MG	1.19									X
03	J9120	DACTINOMYCIN 0.5MG	437.67									X
03	J9130	DTIC-DOME INJ 100MG/10ML	3.82									X
03	J9150	DAUNORUBICIN 10 MG	14.35									X
03	J9151	DAUNORUBICIN CITRATE 10MG	48.83									X
03	J9155	INJECTION, DEGARELIX, 1 MG	2.77				M					X
03	J9160	DENILEUKIN DIFTITOX, 300 MCG	1,245.12									
03	J9171	INJECTION, DOCETAXEL, 1 MG	17.02									X
03	J9178	INJ, EPIRUBICIN HCL, 2 MG	3.06									X
03	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	86.99				F					X
03	J9181	ETOPOSIDE INJ, UP TO 10MG	.42									X
03	J9185	FLUDARABINE PHOSPHATE, 50 MG	172.60									X
03	J9190	FLUOROURACIL INJ, 500MG	1.35									X
03	J9200	FLOXURIDINE, FUDR, 500MG	49.72									
03	J9201	GEMCITABINE HCL, 200MG	120.14									X
03	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	159.09									X
03	J9206	IRINOTECAN, 20MG	18.89									X
03	J9207	INJECTION, IXABEPILONE, 1MG	55.42									X
03	J9208	IFOSFOMIDE, 1GM	29.12									X
03	J9209	MESNA, 200MG	5.07									X
03	J9211	IDARUBICIN HYDROCHLORIDE 5MG	135.15									X
03	J9212	INTERFERON ALFACON-1 1MCG	4.61									X
03	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	12.83									X
03	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	182.63						X			X
03	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	4,190.35									
03	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	1,274.30				M		X			
03	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50	MP		X		M		X			
03	J9228	INJECTION, IPILIMUMAB, 1 MG	120.80									X
03	J9230	MUSTARGEN INJ 10MG	127.96									X
03	J9245	MELPHALAN HCL INJ 50MG	1,412.43									
03	J9250	METHOTREXATE SOD INJ, 5 MG	.19									X
03	J9260	METHOTREXATE SOD INJ 50MG	2.00									X
03	J9261	INJECTION, NELARABINE, 50 MG	84.68									X
03	J9263	OXALIPLATIN 0.5MG	8.32									X
03	J9264	PACLITAXEL INJECTION 1MG	7.88	10 99								X
03	J9265	PACLITAXEL, 30 MG	6.57		X							X
03	J9268	PENTOSTATIN, PER 10 MG	1,392.13									X
03	J9280	MITOMYCIN 5 MG	13.30									X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	J9293	MITOXANTRONE HCL 5MG	73.72									X
03	J9300	GEMTUZUMAB OZOGAMICIN 5MG	2,170.07									X
03	J9302	INJECTION OFATUMUMAB 10 MG	43.84									X
03	J9303	INJECTION, PANITUMUMAB, 10 MG	72.64									X
03	J9305	PEMETREXED 10 MG	41.92									X
03	J9307	INJECTION PRALATREXATE 1 MG	159.99									X
03	J9310	RITUXIMAB 100 MG	465.41									X
03	J9315	INJECTION ROMIDEPSIN 1 MG	211.84									X
03	J9320	STREPTOZOCIN, 1GM	240.26									X
03	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	MP		X							
03	J9330	INJECTION, TEMSIROLIMUS, 1 MG	41.65									X
03	J9340	THIOTEPA, 15MG	81.82									X
03	J9351	INJECTION TOPOTECAN 0.1 MG	26.42									X
03	J9355	TRASTUZUMAB 10MG	53.59									X
03	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	646.68									X
03	J9360	VINBLASTINE SULF 1MG	.69									X
03	J9370	ONCOVIN INJ 1MG	5.58									X
03	J9390	VINORELDINE TARTRATE 10MG	13.65									X
03	J9395	FULVESTRANT 25 MG	70.75						X			X
03	Q0163	DIPHENHYDRAMINE HCL 50MG	MP								X	
03	Q0164	PROCHLORPERAZINE MALEATE 5MG	MP								X	
03	Q0165	PROCHLORPERAZINE MALEATE10MG	MP		X						X	
03	Q0166	GRANISETRON HCL 1 MG ORAL	MP								X	
03	Q0167	DRONABINOL 2.5MG ORAL	MP								X	
03	Q0168	DRONABINOL 5MG ORAL	MP		X						X	
03	Q0169	PROMETHAZINE HCL 12.5MG ORAL	MP								X	
03	Q0170	PROMETHAZINE HCL 25 MG ORAL	MP		X						X	
03	Q0171	CHLORPROMAZINE HCL 10MG ORAL	MP		X						X	
03	Q0172	CHLORPROMAZINE HCL 25MG ORAL	MP		X						X	
03	Q0173	TRIMETHOBENZAMIDE HCL 250MG	MP								X	
03	Q0174	THIETHYLPERAZINE MALEATE10MG	MP								X	
03	Q0175	PERPHENAZINE 4MG ORAL	MP								X	
03	Q0176	PERPHENAZINE 8MG ORAL	MP		X						X	
03	Q0177	HYDROXYZINE PAMOATE 25MG	MP								X	
03	Q0178	HYDROXYZINE PAMOATE 50MG	MP		X						X	
03	Q0180	DOLASETRON MESYLATE ORAL	MP								X	
03	Q0181	UNSPECIFIED ORAL ANTI-EMETIC	MP								X	
03	Q0184	METABOLICALLY ACTIVE TISSUE	MP								X	
03	Q3021	INJECTION, HEPATITIS B VACCINE, PEDI	MP								X	
03	Q3025	IM INJ INTERFERON BETA 1-A	82.31		X						X	
03	Q3026	SUBC INJ INTERFERON BETA-1A	MP		X						X	
13	S9470	NUTRITIONAL COUNSEL, DIETICIAN VISIT	19.88	00 20				X				
13	T1001	NURSING ASSESSMENT/EVALUATION	19.88					X				X
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP					X		5		X
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP					X		6		X
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP					X		5		X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	00120	ANES;ALL OF EAR;NOS	SP					X		5		X
01	00124	ANES; OTOSCOPY	SP					X		4		X
01	00126	ANES; TYPANOTOMY	SP					X		4		X
01	00140	ANES;EYE;NOS	SP					X		5		X
01	00142	ANES;LENS SURGERY	SP					X		4		X
01	00144	ANES;CORNEAL TRANSPLANT	SP					X		6		X
01	00145	ANES;VITEORETINAL SURGERY	SP					X		6		X
01	00147	ANES;IRIDECTOMY	SP					X		4		X
01	00148	ANES;OPHTHALMOSCOPY	SP					X		4		X
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP					X		5		X
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP					X		7		X
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP					X		4		X
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP					X		5		X
01	00172	ANES;INTRAORAL REPAIR CLEFT PALATE	SP					X		6		X
01	00174	ANES;NOSE/SIN;EXCISE RETROPHARY TUMO	SP					X		6		X
01	00176	ANES;NOSE/SINUS;RADICAL SURGERY	SP					X		7		X
01	00190	ANES;FACIAL BONES OR SKULL;NOS	SP					X		5		X
01	00192	ANES; FACIAL BONES; RADICAL SURGERY	SP					X		7		X
01	00210	ANESTH, CRANIAL SURG NOS	SP					X		11		X
01	00211	ANESTHESIA FOR INTRACRANIAL PROCEDUR	SP					X		10		X
01	00212	ANES;INTRACRANIAL;SUBDURAL TABS	SP					X		5		X
01	00214	ANES;INTRACRANIAL;BURR HOLES	SP					X		9		X
01	00215	ANES FOR INTRACRANIAL PROCUEDURE	SP					X		9		X
01	00216	ANES;INTRACRANIAL;VASCULAR PROCEDURE	SP					X		15		X
01	00218	INTRACRANIAL,PROC.IN SITTING POSITIO	SP					X		13		X
01	00220	ANES;INTRACAN;SPINAL FLUID SHUNTING	SP					X		10		X
01	00222	ANES;ELECTROAG.INTRACRANIAL NERVE	SP					X		6		X
01	00300	ANES;NECK INTEGUMENTARY,SUBCUT TISS.	SP					X		5		X
01	00320	ANES;ESOPH,THYROID,ETC; NOS	SP	01 99				X		6		X
01	00322	ANES;NEEDLE BIOPSY OF THYROID	SP					X		3		X
01	00326	ANES; THE LARYNX AND TRACHEA	SP	00 00				X		7		X
01	00350	ANES;MAJOR VESSEL,NECK;NOS	SP					X		10		X
01	00352	ANES;MAJOR VESSELS NECK;SIMPL.LIGATI	SP					X		5		X
01	00400	ANES;ANTERIOR...CHEST...;NOS	SP					X		3		X
01	00402	ANES;RECONSTRUCT BREAST;NOS	SP					X		5		X
01	00404	ANES;RAD OR MOD BREAST PROC	SP					X		5		X
01	00406	ANES,RAD/MOD PROC W/NODE DISSECTION	SP					X		13		X
01	00410	ANES;ELECTRICAL CONVER.ARRHYTHMIAS	SP					X		4		X
01	00450	ANES,CLAV/SCAP;NOS	SP					X		5		X
01	00452	ANES,CLAV/SCAP;RADICAL SURGERY	SP		X			X		6		X
01	00454	ANES;BX OF CLAVICLE	SP					X		3		X
01	00470	ANES;PARTIAL RIB RESECTION;NOS	SP					X		6		X
01	00472	ANES;THORACOPLASTY (ANY TYPE	SP					X		10		X
01	00474	ANES;RADICAL PROCEDURES	SP					X		13		X
01	00500	ANES;ALL PROCEDURES ON ESOPHAGUS	SP							15		X
01	00520	ANES;CLOSED CHEST PROC;NOS	SP					X		6		X

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COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	00522	ANES;NEEDLE BX OF PLEURA	SP						X		4		X
01	00524	ANES;PNEUMOCENTESIS	SP						X		4		X
01	00528	ANES;MEDIASTINOSCOPY/DX THORACOSCOPY	SP						X		8		X
01	00529	ANESTH, CHEST PARTITION VIEW	SP						X		11		X
01	00530	ANES;TRANSVENOUS PACEMAKER INSERT	SP						X		4		X
01	00532	ANESTHESIA FOR ACCESS TO CENTRAL VEN	SP						X		4		X
01	00534	ANESTHESIA FOR TRANSVENOUS INSERTION	SP						X		7		X
01	00537	ANES;CARDIAC ELECTROPHYS	SP						X		7		X
01	00539	ANES;TRACHEOBRONCHIAL RECONSTRUCTION	SP						X		18		X
01	00540	ANES;THORACOT,LUNGS,PLEURA,ETC;NOS	SP						X		12		X
01	00541	ANES;THORACOT,UTILIZING ONE LUNG	SP						X		15		X
01	00542	ANES;DECORTICATION	SP						X		15		X
01	00546	ANES;PULM.RESECTION W/THORACOPLASTY	SP						X		15		X
01	00548	ANES;INTRATHOR,TRACHEA AND BRONCHI	SP						X		17		X
01	00550	ANESTH,STERNAL DEBRIDEMENT	SP						X		10		X
01	00560	ANES;HEART,PERICAR,ETC.W/OPUMP OXYGE	SP						X		15		X
01	00561	ANESTH, HEART SURG < AGE 1	SP	00	00				X		25		X
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	SP	01	99				X		20		X
01	00563	ANESTH,HEART PROC W/PUMP	SP						X		25		X
01	00566	ANES;CORONARY ARTERY BYPASS W/O PUMP	SP						X		25		X
01	00567	ANESTHESIA FOR DIRECT CORONARY ARTER	SP						X		18		X
01	00580	ANES;HEART OR HEART/LUNG TRANSPLANT	SP			X			X		20		X
01	00600	ANES;CERV.SPINE-CORD;NOS	SP						X	X	10		X
01	00604	ANES;CERV.SPINE-CORD;SITTING POSITIO	SP						X	X	13		X
01	00620	ANES;THORAC SPINE/CORD;NOS	SP						X	X	10		X
01	00622	ANES;THORACOLUMBAR SYMPATHECTOMY	SP			X			X		13		X
01	00625	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		13		X
01	00626	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		15		X
01	00630	ANES;LUMBAR REGIONS;NOS	SP						X	X	8		X
01	00632	ANES;LUMBAR SYMPATHECTOMY	SP						X		7		X
01	00634	ANES;(LUMBAR)-CHEMONUCLEOLYSIS	SP			X			X		10		X
01	00635	ANES;LUMBAR PUNCTURE	SP								4		X
01	00640	ANES;MANIP OF SPINE FOR CLOSED PROCE	SP						X		3		X
01	00670	ANES;EXT SPINE CORD PROCEDURES	SP						X		13		X
01	00700	ANES;UPPER ANT. WALL;NOS	SP						X		4		X
01	00702	ANES;PERCUTANEOUS LIVER BX	SP								4		X
01	00730	ANES;UPPER POSTERIOR ABDOM WALL;NOS	SP						X		5		X
01	00740	ANES;UPPER GASTRO.ENDOSCOPIES	SP						X		5		X
01	00750	ANES;HERNIA REP.UPPER ABDOMEN;NOS	SP						X		4		X
01	00752	ANES;HERNIA,LUMBAR,VENTRAL/WND DEHIS	SP						X		6		X
01	00754	ANES;OMPHALOCELE	SP						X		7		X
01	00756	ANES;TRANSABDOM.REP DIAPHRA.HERNIA	SP						X		7		X
01	00770	ANES;ALL PROC,MAJOR ABDO.BLD.VESSELS	SP						X		15		X
01	00790	ANES;INTRAPERI,UPPER ABDO/SHUNTS,NOS	SP						X		7		X
01	00792	ANES;PARTIAL HEPATECTOMY/NO LIVER BX	SP						X		13		X
01	00794	ANES;PART./TOT.PANCREATECTOMY	SP						X		8		X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
01	00796	ANES;LIVER TRANSPLANT (RECIPIENT)	SP			X			X		30		X
01	00797	ANES;GASTRIC RESTR.PROC.MORB.OBESITY	SP			X			X		11		X
01	00800	ANES;LOWER ANTER.ABDO.WALL;NOS	SP						X		4		X
01	00802	ANES;PANNICULECTOMY	SP			X			X		5		X
01	00810	ANES;INTESTINAL ENDOS COPIC PROC.	SP						X		5		X
01	00820	ANES;LOWER POST. ABDOMINAL WALL	SP						X		5		X
01	00830	ANES;HERNIA REP. LOWER ABDO;NOS	SP						X		4		X
01	00832	ANES;LOWER ABDO;VENT/INCIS.HERNIAS	SP						X		6		X
01	00834	ANES;HERNIA REPAIRS IN LOW ABDOM NOS	SP	00	00				X		5		X
01	00836	ANES;HENIA REPAIRS NOS INFANTS	SP	00	02				X		6		X
01	00840	ANES;INTRAPERI,LOWER ABDO;NOSS	SP						X		6		X
01	00842	ANES;AMNIOCENTESIS	SP					F	X		4		X
01	00844	ANES;ABDOMINOPERINAEAL RESECTION	SP						X		7		X
01	00846	ANES;RADICAL HYSTERECTOMY	SP			X		F	X	X	8		X
01	00848	ANES;PELVIC EXENTERATION	SP			X			X		8		X
01	00851	ANES;TUBAL LIGATION/TRANSECTION	SP	21	64	X		F	X	X	6		X
01	00860	ANES;EXTRAPERI,LOWER ABDO,NOT URINAR	SP						X		6		X
01	00862	ANES;RENAL PROC/DONOR NEPHRECTOMY	SP			X					7		X
01	00864	ANES;TOTAL CYSTECTOMY	SP			X			X	X	8		X
01	00865	ANES;REMOVAL OF PROSTATE	SP			X			X	X	7		X
01	00866	ANES;ADRENALECTOMY	SP						X		10		X
01	00868	ANES;RENAL TRANSPLANT (RECEPIENT)	SP			X			X		10		X
01	00870	ANES;CYSTOLITHOTOMY	SP			X			X		5		X
01	00872	ANES;LITHOTRIPSY,ESW;WITH WATER BATH	SP						X		7		X
01	00873	ANES;LITHOTRIPSY,ESW;W/O WATER BATH	SP						X		5		X
01	00880	ANES;MAJOR LOW.ABDO VESSEL;NOS	SP						X		15		X
01	00882	ANES;INFERIOR VENA CAVA LIGATION	SP						X		10		X
01	00902	ANES;ANORECTAL (INCLUDES ENDOS & BX)	SP						X		5		X
01	00904	ANES;RADICAL PERINEAL PROCEDURE	SP						X		7		X
01	00906	ANES;VULVECTOMY	SP						X	X	4		X
01	00908	ANES;PERIENEAL PROSTATECTOMY	SP					M	X	X	6		X
01	00910	ANES;TRANSURETHAL (INCL URETHROC;NOS	SP						X		3		X
01	00912	ANES;TRANURETHRAL RESECT.BLADDER TU	SP						X		5		X
01	00914	ANES;TRANURETHRAL RESECT-PROSTATE	SP					M	X		5		X
01	00916	ANES;POST-TRANSURETH.RESECT-BLEEDING	SP						X		5		X
01	00918	ANES;W/FRAGMENT,MANIP/REMO.URET CALC	SP						X		5		X
01	00920	ANES;MALE EXT GENITALIA;NOS	SP					M	X		3		X
01	00921	ANES;VASECTOMY,UNILATERNAL/BILATERAL	SP	21	55	X		M	X	X	3		X
01	00922	ANES;SEMINAL VESICLES	SP			X		M	X	X	6		X
01	00924	ANES;UNDESCENDED TETIS,UNI-BILATERAL	SP					M	X		4		X
01	00926	ANES;RAD ORCHIECTOMY, INGUINAL	SP					M	X	X	4		X
01	00928	ANES;RAD ORCHIECTOMY,ABDOMINAL	SP					M	X	X	6		X
01	00930	ANES;ORCHIOPEXY,UNI-BILATERAL	SP					M	X		4		X
01	00932	ANES;COMPLETE PENIS AMPUTATION	SP					M	X	X	4		X
01	00934	ANES;RAD AMPU.PENIS,BILAT...LYMPHAD.	SP					M	X	X	6		X
01	00936	ANES;RAD AMPU PENIS...LYMPHAD	SP					M	X	X	8		X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
01	00940	ANES;VAGINAL PROC;NOS	SP				F	X		3		X
01	00942	ANES;COLPOTOMY,VAGINECTOMY,COLPORRHA	SP				F	X		4		X
01	00944	ANES;VAGINAL HYSTERECTOMY	SP		X		F	X	X	6		X
01	00948	ANES; CERVICAL CERCLAGE	SP				F	X		4		X
01	00950	ANES;CULDOSCOPY	SP				F	X		5		X
01	00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	SP		X		F	X		4		X
01	01112	ANES;BONE APSIRATE/BX,ANTORPOST ILIA	SP					X		5		X
01	01120	ANES;FOR BONY PELVIS PROCEDURES	SP					X		6		X
01	01130	ANES;FOR BODY CASRT APPLI./REVISION	SP					X		3		X
01	01140	ANES;INTERPELVIABDOMINAL AMPUTATION	SP					X		15		X
01	01150	ANES;RAD PROC,TUMORS,NOT HIND QUART.	SP					X		10		X
01	01160	ANES;CLSD PROC,SYMPHYSIS PUBIS/SACRO	SP					X		4		X
01	01170	ANES;OPEN PROC,SYMPHYSIS PUBIS/SACRO	SP					X		8		X
01	01173	ANESTH, FX REPAIR, PELVIS	SP					X		12		X
01	01180	ANES;OBTURATOR NEUREC;EXTRAPELVIC	SP					X		3		X
01	01190	ANES;OBTURATOR NEURECT;INTRAPELVIC	SP					X		4		X
01	01200	ANES;ALL CLSD HIP JOINT PROC.	SP					X		4		X
01	01202	ANES;ARTHROSCOPIC PROC,HIP JOINT	SP					X		4		X
01	01210	ANES;OPEN HIP JOINT PROC; NOS	SP					X		6		X
01	01212	ANES; HIP DISARTICULATION	SP					X		10		X
01	01214	ANES;TOTAL HIP ARTHROPLASTY	SP					X		8		X
01	01215	ANES;REVISION TOTAL HIP ARTHROPLASTY	SP					X		10		X
01	01220	ANES;CLSD PROC,2/3 UPPER FEMUR	SP					X		4		X
01	01230	ANES;OPEN PROC,2/3 UPPER FEMUR; NOS	SP					X		6		X
01	01232	ANES;AMPUTATION UPPER LEG	SP					X		5		X
01	01234	ANES;RADICAL RESECTION,UPPER LEG	SP					X		8		X
01	01250	ANES;NERVES,MUSCLS,TENDONS,FASCIA,ET	SP					X		4		X
01	01260	ANES;VEINS,UPPER LEG-PLUS EXPLORAT.	SP					X		3		X
01	01270	ANES;ART.UPPER LEG,BY-PASS GRFT, NOS	SP					X		8		X
01	01272	ANES;FEMORAL ARTERY LIGATION	SP					X		4		X
01	01274	ANES;FEMORAL ARTERY EMBOLECTOMY	SP					X		6		X
01	01320	ANES;NERVES,MUSCLES...KNEE POPLITEAL	SP					X		4		X
01	01340	ANES;CLSD PROC,LOWER 1/3 FEMUR	SP					X		4		X
01	01360	ANES;OPEN PROC, LOWER 1/3 FEMUR	SP					X		5		X
01	01380	ANES;CLSD PROC ON KNEE JOINT	SP					X		3		X
01	01382	ANES;ARTHROSCOPY, KNEE JOINT	SP					X		3		X
01	01390	ANES;CLSD,UPPER END TIBIA,FIBULA....	SP					X		3		X
01	01392	ANES;OPEN,UPPER END TIBIA,FIBULA	SP					X		4		X
01	01400	ANES;OPEN KNEE JOINT PROC; NOS	SP					X		4		X
01	01402	ANES;TOTAL KNEE REPLACEMENT	SP					X		7		X
01	01404	ANES; DISARTICULATION AT KNEE	SP					X		5		X
01	01420	ANES;CAST APPLI,REMOVAL,REPAIR,KNEE	SP					X		3		X
01	01430	ANES;KNEE,POPLITEAL AREA;NOS	SP					X		3		X
01	01432	ANES; ARTERIOVENOUS FISTULA	SP					X		6		X
01	01440	ANES;ARTERIES-KNEE/POPLITEAS..; NOS	SP					X		8		X
01	01442	ANES;POPLITEAL THROMBOENDARTERECTOMY	SP					X		8		X

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
01	01444	ANES;POPLITEAL EXC,GRFT,REP,ANEURYSM	SP					X		8		X
01	01462	ANES;CLSD PROC LOWER LED,ANKLE,FOOT	SP					X		3		X
01	01464	ANES; ARTHROSCOPY OF ANKLE/FOOT	SP					X		3		X
01	01470	ANES;NERVES,MUSCLES,ETC,LOWER LEG/FT	SP					X		3		X
01	01472	ANES;REP RUPT ACHILLES TEND.W/WO GFT	SP					X		5		X
01	01474	ANES; GASTROCNEMIUS RECESSION	SP					X		5		X
01	01480	ANES;OPEN,LOW LEG,ANKLE,FOOT; NOS	SP					X		3		X
01	01482	ANES;RADICAL RESECTION	SP					X		4		X
01	01484	ANES;OSTEOTOMY/OSTEOPLASTY,TIB/FIB	SP					X		4		X
01	01486	ANES; TOTAL ANKLE REPLACEMENT	SP					X		7		X
01	01490	ANES;LOWER LEG CAST APPL REMO/REPAIR	SP					X		3		X
01	01500	ANES;LOW LEG ARTERIES,BYPASS GFT;NOS	SP					X		8		X
01	01502	ANES; EMBOLECTOMY, DIRECT OR CATHET.	SP					X		6		X
01	01520	ANES;PROC,VEINS,LOWER LEG; NOS	SP					X		3		X
01	01522	ANES; VENOUS THROMBECTOMY,DIR.W/CATH	SP					X		5		X
01	01610	ANES;NERVES,MUSCLES,ETC;SHOUL.-AXILL	SP					X		5		X
01	01620	ANES;CLSD PROC,SHOULDER, AXILLA	SP					X		4		X
01	01622	ANES;ARTHROSCOPY,SHOULDER JOINT	SP					X		4		X
01	01630	ANES;OPEN PROC,SHOLDER/AXILLA;NOS	SP					X		5		X
01	01634	ANES;SHOULDER DISARTICULATION	SP					X		9		X
01	01636	ANES;INTERTHORACOSCAPULAR AMPUTATION	SP					X		15		X
01	01638	ANES;TOTAL SHOULDER REPLACEMENT	SP					X		10		X
01	01650	ANES;ARTERIES,SHOULDER,AXILLA; NOS	SP					X		6		X
01	01652	ANES;AXILLARY-BRACHIAL ANEURYSM	SP					X		10		X
01	01654	ANES; BYPASS GRAFT (SHOULDER, AXILLA	SP					X		8		X
01	01656	ANES;AXILLA-FEMORAL BYPASS GRAFT	SP					X		10		X
01	01670	ANES;PROC VEINS SHOULDER, AXILLA	SP					X		4		X
01	01680	ANES;SHOULDER CAST APPLI,REM,REP;NOS	SP					X		3		X
01	01682	ANES;SHOULDER SPICA	SP					X		4		X
01	01710	ANES;NERVES,MUSCLES,ETC,ARM/ELB;NOS	SP					X		3		X
01	01712	ANES; TENOTOMY,ELBOW-SHOULDER,OPEN	SP					X		5		X
01	01714	ANES;TENOPLASTY,ELBOW TO SHOULDER	SP					X		5		X
01	01716	ANES;TENODESIS,RUP,LNG TENDON,BICEPS	SP					X		5		X
01	01730	ANES;CLSD PROC,HUMERUS AND ELBOW	SP					X		3		X
01	01732	ANES;ARTHROSCOPY,ELBOW JOINT	SP					X		3		X
01	01740	ANES;OPEN/SURG.PROC ELBOW;NOS	SP					X		4		X
01	01742	ANES; OSTEOTOMY OF HUMERUS	SP					X		5		X
01	01744	ANES;REP NON OR MALUNION OF HUMERUS	SP					X		5		X
01	01756	ANES; RADICAL PROC,UPPER ARM, ELBOW	SP					X		6		X
01	01758	ANES;EXCISE CYST,TUMOR,HUMERES	SP					X		5		X
01	01760	ANES;TOTAL ELBOW REPLACEMENT	SP					X		7		X
01	01770	ANES;ARTERIAL PROC UP-ARM,ELBOW;NOS	SP					X		6		X
01	01772	ANES;EMBOLECTOMY,UPPER ARM, ELBOW	SP					X		6		X
01	01780	ANES;VENOUS PROC,UPPER ARM,ELBOW;NOS	SP					X		3		X
01	01782	ANES;PHEBORRHAPHY	SP					X		4		X
01	01810	ANES;NERVE,MUSCLES,ETC.FORARM,ETC...	SP					X		3		X

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
01	01820	ANES;CLSD PROC,RADIUS,ULNA,WRIST,ETC	SP						X		3		X
01	01829	ANES;FOR DIAGNOSTIC ARTH PROC WRIST	SP						X		3		X
01	01830	ANES;OPEN PROC,RADIUS,ULNA,WRIST,NOS	SP						X		3		X
01	01832	ANES;TOTAL WRIST REPLACEMENT	SP						X		6		X
01	01840	ANES;ARTERIAL PROC,FOREARM,ETC; NOS	SP						X		6		X
01	01842	ANES;EMBOLECTOMY,FOREARM,WRIST,ETC	SP						X		6		X
01	01844	ANES;ANY TYPE,VASCULAR SHUNT/REVISE.	SP						X		6		X
01	01850	ANES;VEINS,FOREARM,WRIST,ETC;NOS	SP						X		3		X
01	01852	ANES;PHLEBORRHPHY,FOREARM,WRIST,HAND	SP						X		4		X
01	01860	ANES;CAST APPLI.REM.REP.,FOREARM,ETC	SP						X		3		X
01	01916	ANES;DIAG ARTERIOGRAPHY/VENOGRAPHY	SP						X		5		X
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X
01	01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	SP						X		5		X
01	01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GU	SP						X		5		X
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X
01	01990	ANES;HARVESTING ORGAN,BRAIN-DEAD PT	MP			X			X		7		X
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X
01	01992	ANES;PRONE POSITION	SP						X	X	5		X
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X		1		X
03	10021	FNA W/O IMAGE	84.84										
07	10021	FNA W/O IMAGE	101.81	00	15								
03	10022	FNA W/IMAGE	86.90										
07	10022	FNA W/IMAGE	104.28	00	15								
03	10060	DRAINAGE OF SKIN ABSCESS	66.24										
07	10060	DRAINAGE OF SKIN ABSCESS	79.49	00	15								
03	10061	DRAIN SKIN ABSCESS COMPLICATED	114.95										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	10061	DRAIN SKIN ABSCESS COMPLICATED	137.94	00 15								
03	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	96.52									
07	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	115.82	00 15								
03	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	153.64									
07	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	184.37	00 15								
03	10120	SIMPLE REMOVAL FOREIGN BODY	80.36									
07	10120	SIMPLE REMOVAL FOREIGN BODY	96.44	00 15								
03	10121	COMPLICATED REMOVAL FOREIGN BODY	157.88									
07	10121	COMPLICATED REMOVAL FOREIGN BODY	189.46	00 15								
03	10140	INCISE/DRAIN SIMPLE HEMATOMA	93.11									
07	10140	INCISE/DRAIN SIMPLE HEMATOMA	111.74	00 15								
03	10160	PUNCTURE DRAINAGE OF LESION	75.52									
07	10160	PUNCTURE DRAINAGE OF LESION	90.63	00 15								
03	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	140.20									
07	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	168.24	00 15								
03	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	32.91									
07	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	39.50	00 15								
03	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	14.05									X
07	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	16.86	00 15								X
03	11004	DEBRIDE GENITALIA & PERINEUM	379.50									
07	11004	DEBRIDE GENITALIA & PERINEUM	455.40	00 15								
03	11005	DEBRIDE ABDOM WALL	496.11									
07	11005	DEBRIDE ABDOM WALL	595.33	00 15								
03	11006	DEBRIDE GENIT/PER/ABDOM WALL	471.71									
07	11006	DEBRIDE GENIT/PER/ABDOM WALL	566.05	00 15								
03	11008	REMOVE MESH FROM ABD WALL	180.66									
07	11008	REMOVE MESH FROM ABD WALL	216.79	00 15								
03	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	282.02									
07	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	338.43	00 15								
03	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	314.95									
07	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	377.95	00 15								
03	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	431.62									X
07	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	517.94	00 15								X
03	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	45.73									
07	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	54.88	00 15								
03	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	165.81									X
07	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	198.98	00 15								X
03	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	226.39									X
07	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	271.67	00 15								X
03	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	15.79									X
07	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	18.95	00 15								X
03	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	27.68									X
07	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	33.21	00 15								X
03	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	45.42									X
07	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	54.50	00 15								X
03	11055	TRIM SKIN LESION	29.14									

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	11055	TRIM SKIN LESION	34.98	00 15								
03	11056	TRIM 2 TO 4 SKIN LESIONS	35.93									
07	11056	TRIM 2 TO 4 SKIN LESIONS	43.11	00 15								
03	11057	TRIM OVER 4 SKIN LESIONS	43.62									
07	11057	TRIM OVER 4 SKIN LESIONS	52.35	00 15								
03	11100	BIOPSY OF SINGLE LESION	61.10									
07	11100	BIOPSY OF SINGLE LESION	73.32	00 15								
03	11101	IOPSY OF SKIN,EACH ADD LESION	20.36									X
07	11101	IOPSY OF SKIN,EACH ADD LESION	24.43	00 15								X
03	11200	EXCISE UP TO 15 SKIN TAGS	48.65									
07	11200	EXCISE UP TO 15 SKIN TAGS	58.39	00 15								
03	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	11.72									X
07	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	14.06	00 15								X
03	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	39.95									
07	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	47.94	00 15								
03	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	55.26									
07	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	66.32	00 15								
03	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	66.23									
07	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	79.47	00 15								
03	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	77.86									
07	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	93.42	00 15								
03	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	41.86									
07	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	50.22	00 15								
03	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	57.79									
07	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	69.34	00 15								
03	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	68.12									
07	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	81.75	00 15								
03	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	77.27									
07	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	92.73	00 15								
03	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	50.07									
07	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	60.08	00 15								
03	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	63.93									
07	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	76.72	00 15								
03	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	73.82									
07	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	88.58	00 15								
03	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	92.84									
07	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	111.41	00 15								
03	11400	EXCISE BENIGN LESION TO 0.5 CM	67.95									X
07	11400	EXCISE BENIGN LESION TO 0.5 CM	81.54	00 15								X
03	11401	EXCISE BENIGN LESION 0.6 TO 1CM	84.32									X
07	11401	EXCISE BENIGN LESION 0.6 TO 1CM	101.18	00 15								X
03	11402	EXCISE BENIGN LESION 1.1 TO 2CM	94.28									X
07	11402	EXCISE BENIGN LESION 1.1 TO 2CM	113.14	00 15								X
03	11403	EXCISE BENIGN LESION 2.1 TO 3CM	109.07									X
07	11403	EXCISE BENIGN LESION 2.1 TO 3CM	130.89	00 15								X
03	11404	EXCISE BENIGN LESION 3.1 TO 4CM	124.40									X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	11404	EXCISE BENIGN LESION 3.1 TO 4CM	149.29	00 15								X
03	11406	EXCISE BENIGN LESION OVER 4 CM	177.06									X
07	11406	EXCISE BENIGN LESION OVER 4 CM	212.46	00 15								X
03	11420	EXCISE BENIGN LESION TO 0.5 CM	69.30									X
07	11420	EXCISE BENIGN LESION TO 0.5 CM	83.16	00 15								X
03	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	90.44									X
07	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	108.53	00 15								X
03	11422	EXCISE BENIGN LESION 1.1 TO 2CM	101.22									X
07	11422	EXCISE BENIGN LESION 1.1 TO 2CM	121.46	00 15								X
03	11423	EXCISE BENIGN LESION 2.1 TO 3CM	118.28									X
07	11423	EXCISE BENIGN LESION 2.1 TO 3CM	141.93	00 15								X
03	11424	EXCISE BENIGN LESION 3.1 TO 4CM	136.83									X
07	11424	EXCISE BENIGN LESION 3.1 TO 4CM	164.20	00 15								X
03	11426	EXCISE BENIGN LESION OVER 4.0 CM	198.18									X
07	11426	EXCISE BENIGN LESION OVER 4.0 CM	237.83	00 15								X
03	11440	EXCISE BENIGN LESION TO 0.5 CM	75.55									X
07	11440	EXCISE BENIGN LESION TO 0.5 CM	90.66	00 15								X
03	11441	EXCISE BENIGN LESION 0.6 TO 1CM	96.60									X
07	11441	EXCISE BENIGN LESION 0.6 TO 1CM	115.92	00 15								X
03	11442	EXCISE BENIGN LESION 1.1 TO 2CM	109.07									X
07	11442	EXCISE BENIGN LESION 1.1 TO 2CM	130.89	00 15								X
03	11443	EXCISE BENIGN LESION 2.1 TO 3CM	131.79									X
07	11443	EXCISE BENIGN LESION 2.1 TO 3CM	158.15	00 15								X
03	11444	EXCISE BENIGN LESION 3.1 TO 4CM	167.11									X
07	11444	EXCISE BENIGN LESION 3.1 TO 4CM	200.53	00 15								X
03	11446	EXCISE BENIGN LESION OVER 4.0 CM	228.89									X
07	11446	EXCISE BENIGN LESION OVER 4.0 CM	274.67	00 15								X
03	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	206.75									
07	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	248.10	00 15								
03	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	271.71									
07	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	326.04	00 15								
03	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	203.52									
07	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	244.22	00 15								
03	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	279.05									
07	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	334.85	00 15								
03	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	227.71									
07	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	273.24	00 15								
03	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	287.41									
07	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	344.90	00 15								
03	11600	EXCISE MALIGNANCY TO 0.5 CM	105.33									X
07	11600	EXCISE MALIGNANCY TO 0.5 CM	126.40	00 15								X
03	11601	EXCISE MALIGNANCY 0.6 TO 1CM	130.37									X
07	11601	EXCISE MALIGNANCY 0.6 TO 1CM	156.45	00 15								X
03	11602	EXCISE MALIGNANCY 1.1 TO 2CM	143.17									X
07	11602	EXCISE MALIGNANCY 1.1 TO 2CM	171.80	00 15								X
03	11603	EXCISE MALIGNANCY 2.1 TO 3CM	163.52									X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	11603	EXCISE MALIGNANCY 2.1 TO 3CM	196.22	00 15								X
03	11604	EXCISE MALIGNANCY 3.1 TO 4CM	180.94									X
07	11604	EXCISE MALIGNANCY 3.1 TO 4CM	217.13	00 15								X
03	11606	EXCISE MALIGNANCY OVER 4CM	256.87									X
07	11606	EXCISE MALIGNANCY OVER 4CM	308.25	00 15								X
03	11620	EXCISE MALIGNANCY TO 0.5CM	107.42									X
07	11620	EXCISE MALIGNANCY TO 0.5CM	128.90	00 15								X
03	11621	EXCISE MALIGNANCY 0.6 TO 1CM	131.56									X
07	11621	EXCISE MALIGNANCY 0.6 TO 1CM	157.86	00 15								X
03	11622	EXCISE MALIGNANCY 1.1 TO 2CM	149.13									X
07	11622	EXCISE MALIGNANCY 1.1 TO 2CM	178.96	00 15								X
03	11623	EXCISE MALIGNANCY 2.1 TO 3CM	175.24									X
07	11623	EXCISE MALIGNANCY 2.1 TO 3CM	210.29	00 15								X
03	11624	EXCISE MALIGNANCY 3.1 TO 4CM	197.78									X
07	11624	EXCISE MALIGNANCY 3.1 TO 4CM	237.33	00 15								X
03	11626	EXCISE MALIGNANCY OVER 4CM	242.29									X
07	11626	EXCISE MALIGNANCY OVER 4CM	290.75	00 15								X
03	11640	EXCISE MALIGNANCY TO 0.5CM	112.35									X
07	11640	EXCISE MALIGNANCY TO 0.5CM	134.81	00 15								X
03	11641	EXCISE MALIGNANCY 0.6 TO 1CM	138.74									X
07	11641	EXCISE MALIGNANCY 0.6 TO 1CM	166.48	00 15								X
03	11642	EXCISE MALIGNANCY 1.1 TO 2CM	160.37									X
07	11642	EXCISE MALIGNANCY 1.1 TO 2CM	192.45	00 15								X
03	11643	EXCISE MALIGNANCY 2.1 TO 3CM	189.79									X
07	11643	EXCISE MALIGNANCY 2.1 TO 3CM	227.74	00 15								X
03	11644	EXCISE MALIGNANCY 3.1 TO 4CM	234.98									X
07	11644	EXCISE MALIGNANCY 3.1 TO 4CM	281.98	00 15								X
03	11646	EXCISE MALIGNANCY OVER 4CM	312.08									X
07	11646	EXCISE MALIGNANCY OVER 4CM	374.50	00 15								X
03	11719	TRIM NAIL(S)	12.71		X						X	
07	11719	TRIM NAIL(S)	15.25	00 15	X						X	
03	11720	DEBRIDE NAIL, 1-5	18.93									
07	11720	DEBRIDE NAIL, 1-5	22.72	00 15								
03	11721	DEBRIDE NAIL, 6 OR MORE	27.44									
07	11721	DEBRIDE NAIL, 6 OR MORE	32.93	00 15								
03	11730	SIMPLE REMOVAL OF NAIL PLATE	60.23									
07	11730	SIMPLE REMOVAL OF NAIL PLATE	72.28	00 15								
03	11732	REMOVE ADDITIONAL NAIL PLATES	28.23									X
07	11732	REMOVE ADDITIONAL NAIL PLATES	33.87	00 15								X
03	11740	EVACUATE HEMATOMA UNDER NAIL	26.88									X
07	11740	EVACUATE HEMATOMA UNDER NAIL	32.26	00 15								X
03	11750	EXCISION NAIL & NAIL MATRIX	129.79									X
07	11750	EXCISION NAIL & NAIL MATRIX	155.75	00 15								X
03	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	185.12									X
07	11752	EXCISE NAIL,MATRIX-AMPUTATE TUFT	222.15	00 15								X
03	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	80.40									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	96.47	00 15								
03	11760	SIMPLE RECONSTRUCTION NAIL BED	119.66									X
07	11760	SIMPLE RECONSTRUCTION NAIL BED	143.59	00 15								X
03	11762	NAIL RECONSTRUCTION; COMPLICATED	163.35									X
07	11762	NAIL RECONSTRUCTION; COMPLICATED	196.02	00 15								X
03	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	75.02									X
07	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	90.03	00 15								X
03	11770	SIMPLE EXCISION PILONIDAL CYST	155.56									
07	11770	SIMPLE EXCISION PILONIDAL CYST	186.68	00 15								
03	11771	EXCISE PILONIDAL CYST; EXTENSIVE	321.26									
07	11771	EXCISE PILONIDAL CYST; EXTENSIVE	385.51	00 15								
03	11772	PILONIDAL CYST; COMPLICATED	389.77									
07	11772	PILONIDAL CYST; COMPLICATED	467.72	00 15								
03	11900	INTRALESIONAL INJECTION; UP TO 7	33.55									
07	11900	INTRALESIONAL INJECTION; UP TO 7	40.26	00 15								
03	11901	INTRALESIONAL INJECTION; OVER 7	42.94									
07	11901	INTRALESIONAL INJECTION; OVER 7	51.53	00 15								
03	11960	INSERTION OF TISSUE EXPANDER	MP			X						
07	11960	INSERTION OF TISSUE EXPANDER	715.78	00 15		X						
03	11970	REPLACE EXPANDER-PERM. PROSTHESIS	457.46			X						X
07	11970	REPLACE EXPANDER-PERM. PROSTHESIS	457.46	00 15		X						X
03	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	MP			X						
07	11971	REMOVE TISS EXP-NO PROSTHETIC INSERT	361.57	00 15		X						
03	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	92.19	10 60			F					
07	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	92.19	10 15			F					
03	11980	IMPLANT HORMONE PELLET(S)	65.82				F					
07	11980	IMPLANT HORMONE PELLET(S)	65.82	00 15			F					
03	11981	INSERT DRUG IMPLANT DEVICE	83.92									
07	11981	INSERT DRUG IMPLANT DEVICE	100.70	00 15								
03	11982	REMOVE DRUG IMPLANT DEVICE	97.04									
07	11982	REMOVE DRUG IMPLANT DEVICE	116.46	00 15								
03	11983	REMOVE/INSERT DRUG IMPLANT	151.47									
07	11983	REMOVE/INSERT DRUG IMPLANT	181.76	00 15								
03	12001	SIMPLE WOUND REPAIR TO 2.5CM	89.05									
07	12001	SIMPLE WOUND REPAIR TO 2.5CM	106.86	00 15								
03	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	95.07									
07	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	114.08	00 15								
03	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	112.36									
07	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	134.82	00 15								
03	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	140.28									
07	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	168.34	00 15								
03	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	174.52									
07	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	209.42	00 15								
03	12007	SIMPLE WOUND REPAIR OVER 30CM	198.01									
07	12007	SIMPLE WOUND REPAIR OVER 30CM	237.62	00 15								
03	12011	SIMPLE WOUND REPAIR TO 2.5CM	94.52									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	12011	SIMPLE WOUND REPAIR TO 2.5CM	113.42	00 15								
03	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	104.43									
07	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	125.33	00 15								
03	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	123.62									
07	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	148.35	00 15								
03	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	155.56									
07	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	186.68	00 15								
03	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	186.37									
07	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	223.65	00 15								
03	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	170.54									
07	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	204.65	00 15								
03	12018	SIMPLE WOUND REPAIR OVER 30 CM	210.84									
07	12018	SIMPLE WOUND REPAIR OVER 30 CM	253.01	00 15								
03	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	160.40									
07	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	192.49	00 15								
03	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	96.41									
07	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	115.69	00 15								
03	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	140.74									
07	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	168.89	00 15								
03	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	180.07									
07	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	216.08	00 15								
03	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	179.46									
07	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	215.36	00 15								
03	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	219.20									
07	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	263.04	00 15								
03	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	242.11									
07	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	290.52	00 15								
03	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	273.73									
07	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	328.47	00 15								
03	12041	LAYER CLOSURE WOUND TO 2.5CM	147.87									
07	12041	LAYER CLOSURE WOUND TO 2.5CM	177.43	00 15								
03	12042	LAYER CLOSURE 2.6 TO 7.5CM	171.99									
07	12042	LAYER CLOSURE 2.6 TO 7.5CM	206.38	00 15								
03	12044	LAYER CLOSURE 7.6 TO 12.5CM	199.00									
07	12044	LAYER CLOSURE 7.6 TO 12.5CM	238.79	00 15								
03	12045	LAYER CLOSURE 12.6 TO 20CM	221.72									
07	12045	LAYER CLOSURE 12.6 TO 20CM	266.06	00 15								
03	12046	LAYER CLOSURE 20.1 TO 30CM	262.94									
07	12046	LAYER CLOSURE 20.1 TO 30CM	315.52	00 15								
03	12047	LAYER CLOSURE WOUND OVER 30CM	282.34									
07	12047	LAYER CLOSURE WOUND OVER 30CM	338.81	00 15								
03	12051	LAYER CLOSURE WOUND TO 2.5CM	158.74									
07	12051	LAYER CLOSURE WOUND TO 2.5CM	190.50	00 15								
03	12052	LAYER CLOSURE 2.6 TO 5CM	179.48									
07	12052	LAYER CLOSURE 2.6 TO 5CM	215.38	00 15								
03	12053	LAYER CLOSURE 5.1 TO 7.5CM	197.76									

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	12053	LAYER CLOSURE 5.1 TO 7.5CM	237.31	00	15								
03	12054	LAYER CLOSURE 7.6 TO 12.5CM	210.09										
07	12054	LAYER CLOSURE 7.6 TO 12.5CM	252.10	00	15								
03	12055	LAYER CLOSURE 12.6 TO 20CM	254.52										
07	12055	LAYER CLOSURE 12.6 TO 20CM	305.43	00	15								
03	12056	LAYER CLOSURE 20.1 TO 30CM	300.98										
07	12056	LAYER CLOSURE 20.1 TO 30CM	361.18	00	15								
03	12057	LAYER CLOSURE WOUND OVER 30CM	335.84										
07	12057	LAYER CLOSURE WOUND OVER 30CM	403.02	00	15								
03	13100	COMPLEX REPAIR 1.1 TO 2.5CM	189.06										
07	13100	COMPLEX REPAIR 1.1 TO 2.5CM	226.87	00	15								
03	13101	COMPLEX REPAIR 2.6 TO 7.5CM	238.15										
07	13101	COMPLEX REPAIR 2.6 TO 7.5CM	285.78	00	15								
03	13102	REPAIR WOUND/LESION ADD-ON	65.49										
07	13102	REPAIR WOUND/LESION ADD-ON	78.58	00	15								
03	13120	COMPLEX REPAIR 1.1 TO 2.5CM	196.51										
07	13120	COMPLEX REPAIR 1.1 TO 2.5CM	235.82	00	15								
03	13121	COMPLEX REPAIR 2.6 TO 7.5CM	263.38										
07	13121	COMPLEX REPAIR 2.6 TO 7.5CM	316.06	00	15								
03	13122	REPAIR WOUND/LESION ADD-ON	73.47										
07	13122	REPAIR WOUND/LESION ADD-ON	88.17	00	15								
03	13131	COMPLEX REPAIR 1.1 TO 2.5CM	217.08										
07	13131	COMPLEX REPAIR 1.1 TO 2.5CM	260.50	00	15								
03	13132	COMPLEX REPAIR 2.6 TO 7.5CM	347.93										
07	13132	COMPLEX REPAIR 2.6 TO 7.5CM	417.52	00	15								
03	13133	REPAIR WOUND/LESION ADD-ON	104.10										
07	13133	REPAIR WOUND/LESION ADD-ON	124.91	00	15								
03	13150	COMPLEX WOUND REPAIR TO 1CM	216.95			X							
07	13150	COMPLEX WOUND REPAIR TO 1CM	260.35	00	15	X							
03	13151	COMPLEX REPAIR 1.1 TO 2.5CM	246.97										
07	13151	COMPLEX REPAIR 1.1 TO 2.5CM	296.36	00	15								
03	13152	COMPLEX REPAIR 2.6 TO 7.5CM	340.63										
07	13152	COMPLEX REPAIR 2.6 TO 7.5CM	408.75	00	15								
03	13153	REPAIR WOUND/LESION ADD-ON	114.59										
07	13153	REPAIR WOUND/LESION ADD-ON	137.50	00	15								
03	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	510.23										
07	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	612.28	00	15								
03	14000	TISSUE TRANSFER; DEFECT TO 10CM	368.91										
07	14000	TISSUE TRANSFER; DEFECT TO 10CM	442.68	00	15								
03	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	481.45										
07	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	577.75	00	15								
03	14020	TISSUE TRANSFER; TO 10 SQ CM	415.39										
07	14020	TISSUE TRANSFER; TO 10 SQ CM	498.47	00	15								
03	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	528.03										
07	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	633.65	00	15								
03	14040	TISSUE TRANSFER; TO 10 SQ CM	462.58										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	14040	TISSUE TRANSFER; TO 10 SQ CM	555.09	00 15								
03	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	575.59									
07	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	690.71	00 15								
03	14060	TISSUE TRANSFER; TO 10 SQ CM	472.18									
07	14060	TISSUE TRANSFER; TO 10 SQ CM	566.62	00 15								
03	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	616.12									
07	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	739.35	00 15								
02	14301	ADJACENT TISSUE TRANSFER OR REARRANG	143.85									
03	14301	ADJACENT TISSUE TRANSFER OR REARRANG	719.24									
07	14301	ADJACENT TISSUE TRANSFER OR REARRANG	863.09	00 15								
02	14302	ADJACENT TISSUE TRANSFER OR REARRANG	31.91									
03	14302	ADJACENT TISSUE TRANSFER OR REARRANG	159.53									X
07	14302	ADJACENT TISSUE TRANSFER OR REARRANG	191.42	00 15								X
03	14350	FILLETED FINGER OR TOE FLAP	472.95									
07	14350	FILLETED FINGER OR TOE FLAP	567.54	00 15								
03	15002	WOUND PREP, TRK/ARM/LEG	202.70									
07	15002	WOUND PREP, TRK/ARM/LEG	243.23	00 15								
03	15003	SURGICAL PREPARATION OR CREATION +	44.12									X
07	15003	SURGICAL PREPARATION OR CREATION +	52.94	00 15								X
03	15004	WOUND PREP, F/N/HF/G	246.55									
07	15004	WOUND PREP, F/N/HF/G	295.86	00 15								
03	15005	SURGICAL PREPARATION OR CREATION +	75.15									X
07	15005	SURGICAL PREPARATION OR CREATION +	90.19	00 15								X
03	15040	HARVEST CULTURED SKIN GRAFT	150.77									
07	15040	HARVEST CULTURED SKIN GRAFT	180.92	00 15								
03	15050	PINCH GRAFT; DEFECT UP TO 2CM	323.38									
07	15050	PINCH GRAFT; DEFECT UP TO 2CM	388.06	00 15								
03	15100	SPLIT GRAFT; UP TO 100 SQ CM	525.47									
07	15100	SPLIT GRAFT; UP TO 100 SQ CM	630.56	00 15								
03	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	114.08									X
07	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	136.90	00 15								X
03	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	522.69									
07	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	627.23	00 15								
03	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	77.57									X
07	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	93.08	00 15								X
03	15115	EPIDRM A-GRFT FACE/NCK/HF/G	528.21									
07	15115	EPIDRM A-GRFT FACE/NCK/HF/G	633.84	00 15								
03	15116	EPIDRM A-GRFT F/N/HF/G ADDL	105.14									X
07	15116	EPIDRM A-GRFT F/N/HF/G ADDL	126.17	00 15								X
03	15120	SPLIT GRAFT; UP TO 100 SQ CM	570.15									
07	15120	SPLIT GRAFT; UP TO 100 SQ CM	684.18	00 15								
03	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	161.90									X
07	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	194.27	00 15								X
03	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	408.03									
07	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	489.64	00 15								
03	15131	DERM AUTOGRAFT T/A/L ADD-ON	63.14									X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	15131	DERM AUTOGRAFT T/A/L ADD-ON	75.76	00 15								X
03	15135	DERM AUTOGRAFT FACE/NCK/HF/G	529.64									
07	15135	DERM AUTOGRAFT FACE/NCK/HF/G	635.57	00 15								
03	15136	DERM AUTOGRAFT, F/N/HF/G ADD	58.54									X
07	15136	DERM AUTOGRAFT, F/N/HF/G ADD	70.25	00 15								X
03	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	432.25									
07	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	518.69	00 15								
03	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	81.96									
07	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	98.35	00 15								
03	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	106.29									X
07	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	127.55	00 15								X
03	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	454.56									
07	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	545.47	00 15								
03	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	113.51									
07	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	136.22	00 15								
03	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	125.11									X
07	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	150.13	00 15								X
03	15200	FULL THICK GRAFT TO 20 SQ CM	486.20									
07	15200	FULL THICK GRAFT TO 20 SQ CM	583.44	00 15								
03	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	88.93									X
07	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	106.72	00 15								X
03	15220	FULL THICK GRAFT TO 20 SQ CM	460.41									
07	15220	FULL THICK GRAFT TO 20 SQ CM	552.48	00 15								
03	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	82.54									X
07	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	99.05	00 15								X
03	15240	FULL THICK GRAFT TO 20 SQ CM	553.71									
07	15240	FULL THICK GRAFT TO 20 SQ CM	664.45	00 15								
03	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	111.32									X
07	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	133.59	00 15								X
03	15260	FULL THICK GRAFT TO 20 SQ CM	599.11									
07	15260	FULL THICK GRAFT TO 20 SQ CM	718.94	00 15								
03	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	129.47									X
07	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	155.36	00 15								X
03	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	95.43									
07	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	114.52	00 15								
03	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	18.17									X
07	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	21.80	00 15								X
03	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	196.96									
07	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	236.35	00 15								
03	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	46.44									
07	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	55.72	00 15								
03	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	102.94									
07	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	123.52	00 15								
03	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	22.73									X
07	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.27	00 15								X
03	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	199.65									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	239.58	00 15								
03	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	54.73									
07	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	65.68	00 15								
03	15570	FORMATION OF DIRECT OR TUBED PEDICLE	536.87									
07	15570	FORMATION OF DIRECT OR TUBED PEDICLE	644.24	00 15								
03	15572	FORMATION OF DIRECT OR TUBED PEDICLE	520.80									
07	15572	FORMATION OF DIRECT OR TUBED PEDICLE	624.96	00 15								
03	15574	FORMATION OF DIRECT OR TUBED PEDICLE	549.04									
07	15574	FORMATION OF DIRECT OR TUBED PEDICLE	658.84	00 15								
03	15576	FORMATION OF DIRECT OR TUBED PEDICLE	486.10									
07	15576	FORMATION OF DIRECT OR TUBED PEDICLE	583.32	00 15								
03	15600	INTERM DELAY FLAP TRUNK	191.00									
07	15600	INTERM DELAY FLAP TRUNK	229.20	00 15								
03	15610	INTERM DELAY FLAP SCALP/LIMBS	194.04									
07	15610	INTERM DELAY FLAP SCALP/LIMBS	232.84	00 15								
03	15620	INTERM DELAY FLAP CHIN/NECK/FEET	257.61									
07	15620	INTERM DELAY FLAP CHIN/NECK/FEET	309.13	00 15								
03	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	272.43									
07	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	326.91	00 15								
03	15650	TRANS INTER ANY PEDICLE FLAP	304.94									
07	15650	TRANS INTER ANY PEDICLE FLAP	365.92	00 15								
02	15731	FOREHEAD FLAP WITH PRESERVATIO	138.45									
03	15731	FOREHEAD FLAP WITH PRESERVATION OF V	692.23									
07	15731	FOREHEAD FLAP WITH PRESERVATION OF V	830.67	00 15								
02	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	184.32									
03	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	921.58									
07	15732	MUSCLE MYOCU OR FASCIOCU FLAP HEAD	1,105.90	00 15								
02	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	189.95									
03	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	949.77									
07	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,139.73	00 15								
03	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	841.31									
07	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,009.57	00 15								
02	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	180.10									
03	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	900.51									
07	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,080.63	00 15								
03	15740	ISLAND PEDICLE FLAP GRAFT	612.05									
07	15740	ISLAND PEDICLE FLAP GRAFT	734.46	00 15								
02	15750	NEUROVASCULAR PEDICLE GRAFT	114.12									
03	15750	NEUROVASCULAR PEDICLE GRAFT	570.61									
07	15750	NEUROVASCULAR PEDICLE GRAFT	684.73	00 15								
02	15756	FREE MUSCLE FLAP, MICROVASC	303.80									
03	15756	FREE MUSCLE FLAP, MICROVASC	1,518.99									
07	15756	FREE MUSCLE FLAP, MICROVASC	1,822.78	00 15								
02	15757	FREE SKIN FLAP, MICROVASC	300.02									
03	15757	FREE SKIN FLAP, MICROVASC	1,500.12									
07	15757	FREE SKIN FLAP, MICROVASC	1,800.14	00 15								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	15758	FREE FASCIAL FLAP, MICROVASC	300.62										
03	15758	FREE FASCIAL FLAP, MICROVASC	1,503.12										
07	15758	FREE FASCIAL FLAP, MICROVASC	1,803.74	00	15								
03	15760	COMPOSITE SKIN GRAFT	510.90										
07	15760	COMPOSITE SKIN GRAFT	613.07	00	15								
03	15770	DERMA-FAT-FASCIA GRAFT	407.91										
07	15770	DERMA-FAT-FASCIA GRAFT	489.49	00	15								
03	15820	BLEPHAROPLASTY LOWER EYELIDS	211.77			X							
07	15820	BLEPHAROPLASTY LOWER EYELIDS	517.75	00	15	X							
03	15821	BLEPHAROPLASTY HERNIATED FAT PAD	232.95			X							
07	15821	BLEPHAROPLASTY HERNIATED FAT PAD	586.30	00	15	X							
03	15822	BLEPHAROPLASTY UPPER EYELID	635.36			X							
07	15822	BLEPHAROPLASTY UPPER EYELID	635.36	00	15	X							
03	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90			X							
07	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90	00	15	X							
02	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	148.46			X							
03	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	742.30				X						
07	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	890.76	00	15		X						
02	15840	GRAFT FACIAL NERVE PARALYSIS	126.56										
03	15840	GRAFT FACIAL NERVE PARALYSIS	632.80										
07	15840	GRAFT FACIAL NERVE PARALYSIS	759.35	00	15								
02	15841	FACIAL NERVE PALSY MUSCLE GRAF	212.82										
03	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,064.08										
07	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,276.89	00	15								
02	15842	MICROSUR MUSCLE GRAFT FACE PAL	337.63										
03	15842	MICROSUR MUSCLE GRAFT FACE PALSY	1,688.13										
07	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,025.75	00	15								
02	15845	REANIMATION MUSCLE TRANS FACE	118.13										
03	15845	REANIMATION MUSCLE TRANS FACE	590.63										
07	15845	REANIMATION MUSCLE TRANS FACE	708.75	00	15								
02	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	123.94										
03	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	619.72				X						
07	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	619.72	00	15		X						
03	15852	CHANGE DRESSING UNDER ANESTHESIA	31.23										X
07	15852	CHANGE DRESSING UNDER ANESTHESIA	37.47	00	15								X
03	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	73.77										
07	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	88.52	00	15								
03	15920	COCCYGECTOMY PRIMARY SUTURE	365.91										
07	15920	COCCYGECTOMY PRIMARY SUTURE	439.10	00	15								
03	15922	COCCYGECTOMY FLAP CLOSURE	465.37										
07	15922	COCCYGECTOMY FLAP CLOSURE	558.44	00	15								
03	15931	EXCISE SACRAL PRESSURE ULCER	419.01										
07	15931	EXCISE SACRAL PRESSURE ULCER	502.82	00	15								
03	15933	REMOVAL OF PRESSURE SORE	514.05										
07	15933	REMOVAL OF PRESSURE SORE	616.86	00	15								
03	15934	EXCISE,WITH SKIN FLAP CLOSURE	575.39										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	15934	EXCISE,WITH SKIN FLAP CLOSURE	690.47	00 15								
02	15935	ESC SAC ULCER/FLAP/OSTECTOMY	136.64									
03	15935	ESC SAC ULCER/FLAP/OSTECTOMY	683.19									
07	15935	ESC SAC ULCER/FLAP/OSTECTOMY	819.82	00 15								
03	15936	EXCISE ULCER W/ OTHER FLAP CLO	557.96									
07	15936	EXCISE ULCER W/ OTHER FLAP CLO	669.55	00 15								
03	15937	EXC SAC ULCER/FLAP/OSTECTOMY	651.73									
07	15937	EXC SAC ULCER/FLAP/OSTECTOMY	782.07	00 15								
03	15940	EXC ISCHIAL ULCER DIRECT SUTURE	430.76									
07	15940	EXC ISCHIAL ULCER DIRECT SUTURE	516.91	00 15								
03	15941	EXC ISCHIAL ULCER OSTECTOMY	556.98									
07	15941	EXC ISCHIAL ULCER OSTECTOMY	668.37	00 15								
03	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	549.28									
07	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	659.13	00 15								
03	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	610.15									
07	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	732.18	00 15								
03	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,023.86									
07	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,228.64	00 15								
03	15950	EXC TROCHANTERIC ULCER DIR SUTUR	355.29									
07	15950	EXC TROCHANTERIC ULCER DIR SUTUR	426.33	00 15								
03	15951	EXC TROCHAN ULCER OSTECTOMY	507.01									
07	15951	EXC TROCHAN ULCER OSTECTOMY	608.41	00 15								
03	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	533.70									
07	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	640.44	00 15								
03	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	594.20									
07	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	713.03	00 15								
02	15956	EXC TROCH/ULC FLAP CLOSURE	143.39									
03	15956	EXC TROCH/ULC FLAP CLOSURE	716.97									
07	15956	EXC TROCH/ULC FLAP CLOSURE	860.36	00 15								
02	15958	TROCH ULC/EXC-FLAP-OSTECTOMYUR	146.12									
03	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	730.61									
07	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	876.74	00 15								
03	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X							
07	15999	UNLISTED EXCISE PRESSURE ULCER	MP	00 15	X							
03	16000	INIT TREAT 1ST DEGREE BURN	42.33									
07	16000	INIT TREAT 1ST DEGREE BURN	50.79	00 15								
03	16020	DRESS/DEBRID BURN SMALL,NO ANES	48.93									X
07	16020	DRESS/DEBRID BURN SMALL,NO ANES	58.71	00 15								X
03	16025	DRESS/DEBRID BURN MED,NO ANESTH	90.17									X
07	16025	DRESS/DEBRID BURN MED,NO ANESTH	108.20	00 15								X
03	16030	DRESS/DEBRID BURN LG,NO ANESTH	107.67									X
07	16030	DRESS/DEBRID BURN LG,NO ANESTH	129.20	00 15								X
03	16035	ESCHAROTOMY B	139.64									
07	16035	ESCHAROTOMY B	167.58	00 15								
03	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	55.79									X
07	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	66.94	00 15								X

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	17000	DESTROY LESION,FACE-1 LESION	46.50										
07	17000	DESTROY LESION,FACE-1 LESION	55.80	00	15								
03	17003	DESTROY 2-14 LESIONS	4.59										X
07	17003	DESTROY 2-14 LESIONS	5.51	00	15								X
03	17004	DESTROY 15 & MORE LESIONS	105.64										
07	17004	DESTROY 15 & MORE LESIONS	126.77	00	15								
03	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	208.71										
07	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	250.45	00	15								
03	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	277.62										
07	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	333.13	00	15								
03	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	353.63										
07	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	424.35	00	15								
03	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	64.09										
07	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	76.91	00	15								
03	17111	DESTRUCT LESION, 15 OR MORE	76.43										
07	17111	DESTRUCT LESION, 15 OR MORE	91.71	00	15								
03	17250	CHEMICAL CAUTERY OF WOUND	43.84										
07	17250	CHEMICAL CAUTERY OF WOUND	52.60	00	15								
03	17260	DESTRUCTION, MALIGNANT LESION, ANY M	56.67										
07	17260	DESTRUCTION, MALIGNANT LESION, ANY M	68.00	00	15								
03	17261	DESTRUCTION, MALIGNANT LESION, ANY M	83.89										
07	17261	DESTRUCTION, MALIGNANT LESION, ANY M	100.66	00	15								
03	17262	DESTRUCTION, MALIGNANT LESION, ANY M	102.63										
07	17262	DESTRUCTION, MALIGNANT LESION, ANY M	123.16	00	15								
03	17263	DESTRUCTION, MALIGNANT LESION, ANY M	113.40										
07	17263	DESTRUCTION, MALIGNANT LESION, ANY M	136.08	00	15								
03	17264	DESTRUCTION, MALIGNANT LESION, ANY M	121.45										
07	17264	DESTRUCTION, MALIGNANT LESION, ANY M	145.74	00	15								
03	17266	DESTRUCTION, MALIGNANT LESION, ANY M	138.33										
07	17266	DESTRUCTION, MALIGNANT LESION, ANY M	166.00	00	15								
03	17270	DESTRUCTION, MALIGNANT LESION, ANY M	87.34										
07	17270	DESTRUCTION, MALIGNANT LESION, ANY M	104.81	00	15								
03	17271	DESTRUCTION, MALIGNANT LESION, ANY M	96.61										
07	17271	DESTRUCTION, MALIGNANT LESION, ANY M	115.93	00	15								
03	17272	DESTRUCTION, MALIGNANT LESION, ANY M	110.81										
07	17272	DESTRUCTION, MALIGNANT LESION, ANY M	132.97	00	15								
03	17273	DESTRUCTION, MALIGNANT LESION, ANY M	123.86										
07	17273	DESTRUCTION, MALIGNANT LESION, ANY M	148.63	00	15								
03	17274	DESTRUCTION, MALIGNANT LESION, ANY M	147.16										
07	17274	DESTRUCTION, MALIGNANT LESION, ANY M	176.59	00	15								
03	17276	DESTRUCTION, MALIGNANT LESION, ANY M	171.38										
07	17276	DESTRUCTION, MALIGNANT LESION, ANY M	205.66	00	15								
03	17280	DESTRUCTION, MALIGNANT LESION, ANY M	81.82										
07	17280	DESTRUCTION, MALIGNANT LESION, ANY M	98.18	00	15								
03	17281	DESTRUCTION, MALIGNANT LESION, ANY M	105.14										
07	17281	DESTRUCTION, MALIGNANT LESION, ANY M	126.17	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	17282	DESTRUCTION, MALIGNANT LESION, ANY M	122.00									
07	17282	DESTRUCTION, MALIGNANT LESION, ANY M	146.40	00 15								
03	17283	DESTRUCTION, MALIGNANT LESION, ANY M	148.01									
07	17283	DESTRUCTION, MALIGNANT LESION, ANY M	177.61	00 15								
03	17284	DESTRUCTION, MALIGNANT LESION, ANY M	172.55									
07	17284	DESTRUCTION, MALIGNANT LESION, ANY M	207.05	00 15								
03	17286	DESTRUCTION, MALIGNANT LESION, ANY M	219.83									
07	17286	DESTRUCTION, MALIGNANT LESION, ANY M	263.80	00 15								
03	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	411.94									
07	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	494.32	00 15								
03	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	245.50									
07	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	294.60	00 15								
03	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	375.71									
07	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	450.84	00 15								
03	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	227.52									
07	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	273.03	00 15								
03	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	49.58									
07	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	59.51	00 15								
03	17999	SKIN TISSUE PROCEDURE	MP		X							
07	17999	SKIN TISSUE PROCEDURE	MP	00 15	X							
03	19000	PUNCTURE ASPIRATION BREAST CYSTS	68.09									
07	19000	PUNCTURE ASPIRATION BREAST CYSTS	81.71	00 15								
03	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	17.87									X
07	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	21.45	00 15								X
03	19020	MASTOTOMY/DRAIN ABSCESS DEEP	257.56									
07	19020	MASTOTOMY/DRAIN ABSCESS DEEP	309.08	00 15								
03	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	104.94									
07	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	125.93	00 15								
03	19100	BREAST BIOPSY NEEDLE	84.41									X
07	19100	BREAST BIOPSY NEEDLE	101.29	00 15								X
03	19101	BREAST BIOPSY INCISIONAL	193.43									
07	19101	BREAST BIOPSY INCISIONAL	232.11	00 15								
03	19102	BX BREAST PERCUT W/IMAGE	137.66		X							X
07	19102	BX BREAST PERCUT W/IMAGE	165.19	00 15	X							X
03	19103	BX BREAST PERCUT W/DEVICE	342.48		X							X
07	19103	BX BREAST PERCUT W/DEVICE	410.97	00 15	X							X
03	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,278.52									
07	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,534.22	00 15								
03	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	269.20									
07	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	323.03	00 15								
03	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	250.41									
07	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	300.49	00 15								
03	19120	EXCISE BREAST LESIONS,1 OR MORE	283.65									
07	19120	EXCISE BREAST LESIONS,1 OR MORE	340.37	00 15								
03	19125	EXCISION OF BREAST LESION IDENTIFIED	314.28									
07	19125	EXCISION OF BREAST LESION IDENTIFIED	377.13	00 15								

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	19126	EXCISION OF BREAST LESION IDENTIFIED	104.93									
07	19126	EXCISION OF BREAST LESION IDENTIFIED	125.91	00 15								
02	19260	EXCISE CHEST WALL TUMOR/RIBS	150.50									
03	19260	EXCISE CHEST WALL TUMOR/RIBS	752.50									
07	19260	EXCISE CHEST WALL TUMOR/RIBS	903.01	00 15								
02	19271	EXC CH TUMOR/RIBS PLAST RECONST	202.85									
03	19271	EXC CH TUMOR/RIBS PLAST RECONST	1,014.27									
07	19271	EXC CH TUMOR/RIBS PLAST RECONST	1,217.12	00 15								
02	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	225.23									
03	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,126.16									
07	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	1,351.40	00 15								
03	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	101.12		X							
07	19290	PREOPERATIVE PLACEMENT OF NEEDLE LOC	121.34	00 15	X							
03	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	44.01		X							
07	19291	PREOPERATIVE PLACEMENT OF NEEDLE LOC	52.81	00 15	X							
03	19295	IMAGE GUIDED PLACEMENT, METALLIC LOC	54.15		X	X						X
07	19295	PLACE BREAST CLIP, PERCUT	64.98	00 15	X	X						X
03	19296	PLACE PO BREAST CATH FOR RAD	2,271.07									
07	19296	PLACE PO BREAST CATH FOR RAD	2,725.28	00 15								
03	19297	PLACE BREAST CATH FOR RAD	60.61									
07	19297	PLACE BREAST CATH FOR RAD	72.73	00 15								
03	19298	PLACE BREAST RAD TUBE/CATHS	788.54									
07	19298	PLACE BREAST RAD TUBE/CATHS	946.25	00 15								
03	19300	MASTECTOMY FOR GYNECOMASTIA	299.03				M					
07	19300	MASTECTOMY FOR GYNECOMASTIA	358.83	00 15			M					
03	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	381.35									
07	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	457.61	00 15								
02	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	110.07									
03	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	550.33									
07	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	660.40	00 15								
02	19303	MASTECTOMY, SIMPLE, COMPLETE	118.00									
03	19303	MASTECTOMY, SIMPLE, COMPLETE	589.99									
07	19303	MASTECTOMY, SIMPLE, COMPLETE	707.99	00 15								
02	19304	MASTECTOMY, SUBCUTANEOUS	68.28									
03	19304	MASTECTOMY, SUBCUTANEOUS	341.42									
07	19304	MASTECTOMY, SUBCUTANEOUS	409.71	00 15								
02	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	136.71									
03	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	683.57									
07	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	820.28	00 15								
02	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	143.27									
03	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	716.35									
07	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	859.61	00 15								
02	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	144.16									
03	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	720.81									
07	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	864.97	00 15								
02	19318	REDUCTION MAMMAPLASTY	159.39	18 99		X						

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	19318	REDUCTION MAMMAPLASTY	796.95	18 99		X						
03	19328	REMOVE INTACT MAMMARY IMPLANT	303.23		X		F					
07	19328	REMOVE INTACT MAMMARY IMPLANT	363.87	00 15	X		F					
03	19340	IMMEDIATE INSERTION OF BREAST PROSTH	641.13			X	F					
07	19340	IMMEDIATE INSERTION OF BREAST PROSTH	769.36	00 15		X	F					
03	19342	DELAYED INSERTION OF BREAST PROSTH	575.45		X		F					
07	19342	DELAYED INSERTION OF BREAST PROSTHES	690.54	00 15	X		F					
03	19350	NIPPLE/AREOLA RECONSTRUCTION	516.94		X							
07	19350	NIPPLE/AREOLA RECONSTRUCTION	620.32	00 15	X							
02	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	192.97		X							X
03	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	964.85		X		F					
07	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,157.82	00 15	X		F					
02	19361	BREAST RECONSTRUCTION W LATISSIMUS	207.52		X							X
03	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,037.60		X		F					
07	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,245.12	00 15	X		F					
02	19364	RECONSTRUCTION BREAST-FREE FLAP	357.86		X		F					
03	19364	RECONSTRUCTION BREAST-FREE FLAP	1,789.30		X		F					
07	19364	RECONSTRUCTION BREAST-FREE FLAP	2,147.16	00 15	X		F					
02	19366	RECONSTRUCTION BREAST-OTHER	177.29		X		F					
03	19366	RECONSTRUCTION BREAST-OTHER	886.43		X		F					
07	19366	RECONSTRUCTION BREAST-OTHER	1,063.71	00 15	X		F					
02	19367	BREAST RECONSTRUCTION	231.03		X		F					
03	19367	BREAST RECONSTRUCTION	1,155.13		X		F					
07	19367	BREAST RECONSTRUCTION	1,386.15	00 15	X		F					
02	19368	BREAST RECONSTRUCTION	287.55		X		F					
03	19368	BREAST RECONSTRUCTION	1,437.77		X		F					
07	19368	BREAST RECONSTRUCTION	1,725.31	00 15	X		F					
02	19369	BREAST RECONSTRUCTION	261.46		X		F					
03	19369	BREAST RECONSTRUCTION	1,307.31		X		F					
07	19369	BREAST RECONSTRUCTION	1,568.77	00 15	X		F					
02	19499	BREAST SURGERY PROCEDURE	MP		X							
03	19499	BREAST SURGERY PROCEDURE	MP		X							
07	19499	BREAST SURGERY PROCEDURE	MP	00 15	X							
03	20005	INCISION AND DRAINAGE OF SOFT TISSUE	186.53									
07	20005	INCISION AND DRAINAGE OF SOFT TISSUE	223.84	00 15								
02	20100	EXPLORE WOUND, NECK	76.51									
03	20100	EXPLORE WOUND, NECK	382.56									
07	20100	EXPLORE WOUND, NECK	459.07	00 15								
03	20101	EXPLORE WOUND, CHEST	235.49									
07	20101	EXPLORE WOUND, CHEST	282.59	00 15								
03	20102	EXPLORE WOUND, ABDOMEN	275.92									
07	20102	EXPLORE WOUND, ABDOMEN	331.11	00 15								
03	20103	EXPLORE WOUND, EXTREMITY	338.85									
07	20103	EXPLORE WOUND, EXTREMITY	406.63	00 15								
02	20150	EXCISE EPIPHYSEAL BAR	123.07									
03	20150	EXCISE EPIPHYSEAL BAR	615.34									

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	20150	EXCISE EPIPHYSEAL BAR	738.41	00 15								
03	20200	BIOPSY,MUSCLE,SUPERFICIAL	114.17									
07	20200	BIOPSY,MUSCLE,SUPERFICIAL	137.01	00 15								
03	20205	BIOPSY,MUSCLE,DEEP	156.98									
07	20205	BIOPSY,MUSCLE,DEEP	188.36	00 15								
03	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	154.14									
07	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	184.97	00 15								
03	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	108.01									
07	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	129.61	00 15								
03	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	399.96									
07	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	479.96	00 15								
03	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	145.42									
07	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	174.51	00 15								
03	20245	BIOPSY,EXCISIONAL,BONE,DEEP	397.58									
07	20245	BIOPSY,EXCISIONAL,BONE,DEEP	477.09	00 15								
02	20250	BIOPSY,OPEN,VERTEBRAL BODY	48.15									
03	20250	BIOPSY,OPEN,VERTEBRAL BODY	240.74									
07	20250	BIOPSY,OPEN,VERTEBRAL BODY	288.88	00 15								
02	20251	BIOPSY,IPEN VERTEBRAL BODY	53.41									
03	20251	BIOPSY,OPEN,VERTEBRAL BODY	267.03									
07	20251	BIOPSY,OPEN,VERTEBRAL BODY	320.43	00 15								
03	20500	INJECT SINUS TRACT; THERAPEUTIC	71.72									
07	20500	INJECT SINUS TRACT; THERAPEUTIC	86.05	00 15								
03	20501	INJECT SINUS TRACT; DIAGNOSTIC	78.38									
07	20501	INJECT SINUS TRACT; DIAGNOSTIC	94.05	00 15								
03	20520	REMOVE FOREIGN BODY; SIMPLE	114.78									
07	20520	REMOVE FOREIGN BODY; SIMPLE	137.74	00 15								
03	20525	REMOVE FOREIGN BODY; COMPLICATED	277.28									
07	20525	REMOVE FOREIGN BODY; COMPLICATED	332.74	00 15								
03	20526	THER INJECTION CARPAL TUNNEL	47.32								X	
07	20526	THER INJECTION CARPAL TUNNEL	56.79	00 15							X	
03	20527	INJECTION OF ENZYME IN PALM TISSUE	50.77									
07	20527	INJECTION OF ENZYME IN PALM TISSUE	60.93	00 15								
03	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	36.61									X
07	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	43.93	00 15								X
03	20551	INJECT TENDON ORIGIN/INSERT	36.15								X	
07	20551	INJECT TENDON ORIGIN/INSERT	43.37	00 15							X	
03	20552	INJECT TRIGGER POINT, 1 OR 2	32.64								X	
07	20552	INJECT TRIGGER POINT, 1 OR 2	39.17	00 15							X	
03	20553	INJECT TRIGGER POINTS, > 3	36.36								X	
07	20553	INJECT TRIGGER POINTS, > 3	43.63	00 15							X	
03	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	220.27									
07	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	264.32	00 15								
03	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	34.25									X
07	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	41.10	00 15								X
03	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	36.61									X

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	43.93	00 15								X
03	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	47.06									X
07	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	56.47	00 15								X
03	20612	ASPIRATE/INJ GANGLION CYST	36.68									X
07	20612	ASPIRATE/INJ GANGLION CYST	44.02	00 15								X
03	20615	ASPIRATE/INJECTION-BONE CYST	131.98									
07	20615	ASPIRATE/INJECTION-BONE CYST	158.38	00 15								
03	20650	SKELETAL TRACTION; WIRE OR PIN	121.54									
07	20650	SKELETAL TRACTION; WIRE OR PIN	145.85	00 15								
03	20660	APPLY TONGS OR CALIPER AND REMOVE	163.23									
07	20660	APPLY TONGS OR CALIPER AND REMOVE	195.89	00 15								
03	20661	APPLY HALO; CRANIAL	290.51									
07	20661	APPLY HALO; CRANIAL	348.60	00 15								
03	20662	APPLY HALO; PELVIC	298.46									
07	20662	APPLY HALO; PELVIC	358.14	00 15								
03	20663	APPLY HALO; FEMORAL	279.12									
07	20663	APPLY HALO; FEMORAL	334.94	00 15								
03	20664	APPLICATION OF HALO, INCLUDING REMOV	478.99									
07	20664	APPLICATION OF HALO, INCLUDING REMOV	574.79	00 15								
03	20665	REMOVE HALO OR TONGS BY OTHER MD	75.20									
07	20665	REMOVE HALO OR TONGS BY OTHER MD	90.24	00 15								
03	20670	REMOVE IMPLANT; SUPERFICIAL	230.09									
07	20670	REMOVE IMPLANT; SUPERFICIAL	276.10	00 15								
03	20680	REMOVE IMPLANT; DEEP	356.96									
07	20680	REMOVE IMPLANT; DEEP	428.34	00 15								
03	20690	APPLY ESTERNAL FIXATION SYS,STND CON	343.03									
07	20690	APPLY ESTERNAL FIXATION SYS,STND CON	411.62	00 15								
02	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	128.16									
03	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	640.78									
07	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	768.94	00 15								
03	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	289.65									
07	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	347.58	00 15								
03	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	258.90									
07	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	310.68	00 15								
02	20696	APPLICATION OF MULTIPLANE (PINS OR W	140.37									
03	20696	APPLICATION OF MULTIPLANE (PINS OR W	701.86									
07	20696	APPLICATION OF MULTIPLANE (PINS OR W	842.24	00 15								
03	20697	APPLICATION OF MULTIPLANE (PINS OR W	759.17									
07	20697	APPLICATION OF MULTIPLANE (PINS OR W	911.01	00 15								
02	20802	REPLANT ARM; COMPLETE AMPUTATION	317.75									
03	20802	REPLANTATION, ARM, COMPLETE	1,588.73									
07	20802	REPLANTATION, ARM, COMPLETE	1,906.47	00 15								
02	20805	REPLANT FOREARM-COMPLETE AMPUTATION	389.26									
03	20805	REPLANT FOREARM-COMPLETE AMPUTATION	1,946.28									
07	20805	REPLANT FOREARM-COMPLETE AMPUTATION	2,335.53	00 15								
02	20808	REPLANT HAND; COMPLETE AMPUTATION	524.47									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	20808	REPLANT HAND; COMPLETE AMPUTATION	2,622.35									
07	20808	REPLANT HAND; COMPLETE AMPUTATION	3,146.82	00 15								
02	20816	REPLANT DIGIT, TOTAL AMPUTATIO	289.73									
03	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,448.64									
07	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,738.37	00 15								
02	20822	REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	246.02									X
03	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,230.12									X
07	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,476.14	00 15								X
02	20824	REPLANT THUMB,COMPLETE AMPUTATION	288.82									
03	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,444.08									
07	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,732.90	00 15								
02	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	254.54									
03	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,272.70									
07	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,527.24	00 15								
02	20838	REPLANT FOOT; TOTAL AMPUTATION	316.57									
03	20838	REPLANT FOOT; TOTAL AMPUTATION	1,582.83									
07	20838	REPLANT FOOT; TOTAL AMPUTATION	1,899.40	00 15								
03	20900	BONE GRAFT; ANY DONOR AREA, SMALL	256.54									
07	20900	BONE GRAFT; ANY DONOR AREA, SMALL	307.84	00 15								
02	20902	BONE GRAFT, ANY DONOR AREA;LA	47.20									
03	20902	BONE GRAFT, ANY DONOR AREA; LARGE	236.01									
07	20902	BONE GRAFT, ANY DONOR AREA; LARGE	283.21	00 15								
03	20910	CARTILAGE GRAFT; COSTOCHONDRAL	270.10									
07	20910	CARTILAGE GRAFT; COSTOCHONDRAL	324.12	00 15								
03	20912	CARTILAGE GRAFT;NASAL SEPTUM	303.14									
07	20912	CARTILAGE GRAFT;NASAL SEPTUM	363.77	00 15								
03	20920	FASCIA LATA GRAFT;BY STRIPPER	256.12									
07	20920	FASCIA LATA GRAFT;BY STRIPPER	307.34	00 15								
03	20922	FASCIA LATA GRAFT;BY INCISION	373.54									
07	20922	FASCIA LATA GRAFT;BY INCISION	448.24	00 15								
03	20924	TENDON GRAFT; DISTANT	318.49									
07	20924	TENDON GRAFT; DISTANT	382.19	00 15								
03	20926	TISSUE GRAFTS; OTHER	330.84									
07	20926	TISSUE GRAFTS; OTHER	413.54	00 15								
03	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT	136.86									
07	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT	136.86	00 15								
03	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	75.21									
07	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	90.25	00 15								
02	20936	SPINAL BONE AUTOGRAFT	33.77									
03	20936	SPINAL BONE AUTOGRAFT	168.84									
07	20936	SPINAL BONE AUTOGRAFT	168.84	00 15								
02	20937	SPINAL BONE AUTOGRAFT	22.74									
03	20937	SPINAL BONE AUTOGRAFT	113.71									
07	20937	SPINAL BONE AUTOGRAFT	136.46	00 15								
02	20938	SPINALB ONE AUTOGRAFT	24.78									
03	20938	SPINAL BONE AUTOGRAFT	123.88									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	20938	SPINAL BONE AUTOGRAFT	148.66	00 15								
03	20950	MONITOR INTERSTITIAL FLUID	144.96									
07	20950	MONITOR INTERSTITIAL FLUID	173.95	00 15								
02	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	329.49			X						
03	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	1,647.47			X						
07	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	1,976.97	00 15		X						
02	20956	ILIAC BONE GRAFT, MICROVASC	346.52									
03	20956	ILIAC BONE GRAFT, MICROVASC	1,732.59									
07	20956	ILIAC BONE GRAFT, MICROVASC	2,079.11	00 15								
02	20957	MT BONE GRAFT, MICROVASC	332.96									
03	20957	MT BONE GRAFT, MICROVASC	1,664.80									
07	20957	MT BONE GRAFT, MICROVASC	1,997.76	00 15								
02	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	338.55			X						
03	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	1,692.76			X						
07	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,031.31	00 15		X						
02	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	364.35			X						
03	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	1,821.73			X						
07	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,186.08	00 15		X						
02	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	368.48			X						
03	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	1,842.39			X						
07	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,210.87	00 15		X						
02	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	337.09			X						
03	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	1,685.47			X						
07	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,022.55	00 15		X						
02	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	354.01			X						
03	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	1,770.06			X						
07	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	2,124.08	00 15		X						
03	20979	US BONE STIMULATION	33.21									
07	20979	US BONE STIMULATION	39.86	00 15								
03	20982	ABLATE, BONE TUMOR(S) PERQ	2,191.49									
07	20982	ABLATE, BONE TUMOR(S) PERQ	2,629.78	00 15								
03	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	100.84									
07	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	121.00	00 15								
02	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X							
03	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X							
07	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP	00 15	X							
03	21010	ARTHROTOMY,JAW,UNILATERAL	460.51									
07	21010	ARTHROTOMY,JAW,UNILATERAL	552.61	00 15								
03	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	212.50									
07	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	255.00	00 15								
03	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	230.05									
07	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	276.06	00 15								
02	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	66.33									
03	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	331.66									
07	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	397.98	00 15								
02	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	71.18									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	355.92									
07	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	427.10	00 15								
02	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	53.40									
03	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	267.00									
07	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	320.40	00 15								
02	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	143.31									
03	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	716.57									
07	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	859.88	00 15								
03	21025	EXCISE BONE;MANDIBLE	543.57									
07	21025	EXCISE BONE;MANDIBLE	652.27	00 15								
03	21026	EXCISE BONE(S);FACIAL	354.68									
07	21026	EXCISE BONE(S);FACIAL	425.61	00 15								
03	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	456.62									
07	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	547.94	00 15								
03	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	297.46									
07	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	356.95	00 15								
03	21031	EXCISION OF TORUS MANDIBULARIS	228.29									
07	21031	EXCISION OF TORUS MANDIBULARIS	273.95	00 15								
03	21032	EXCISION OF MAXILLARY TORUS PALATINU	231.11									
07	21032	EXCISION OF MAXILLARY TORUS PALATINU	277.32	00 15								
02	21034	EXCISE MALIGNANCY OF FACIAL BO	164.79									
03	21034	EXCISE MALIGNANCY OF FACIAL BONE	823.94									
07	21034	EXCISE MALIGNANCY OF FACIAL BONE	988.73	00 15								
03	21040	EXCISE BENIGN CYST;MANDIBLE	299.76									
07	21040	EXCISE BENIGN CYST;MANDIBLE	359.71	00 15								
02	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	110.49									
03	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	552.46									
07	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	662.95	00 15								
02	21045	RADICAL RESECTION OF MANDIBLE	154.28									
03	21045	RADICAL RESECTION OF MANDIBLE	771.41									
07	21045	RADICAL RESECTION OF MANDIBLE	925.69	00 15								
03	21046	REMOVE MANDIBLE CYST COMPLEX	680.95									
07	21046	REMOVE MANDIBLE CYST COMPLEX	817.14	00 15								
02	21047	EXCISE LWR JAW CYST W/REPAIR	165.96									
03	21047	EXCISE LWR JAW CYST W/REPAIR	829.81									
07	21047	EXCISE LWR JAW CYST W/REPAIR	995.77	00 15								
02	21048	REMOVE MAXILLA CYST COMPLEX	137.97									
03	21048	REMOVE MAXILLA CYST COMPLEX	689.85									
07	21048	REMOVE MAXILLA CYST COMPLEX	827.81	00 15								
02	21049	EXCIS UPPR JAW CYST W/REPAIR	159.71									
03	21049	EXCIS UPPR JAW CYST W/REPAIR	798.54									
07	21049	EXCIS UPPR JAW CYST W/REPAIR	958.25	00 15								
03	21050	TEMPRORMANDIBULAR ARTHRECTOMY	543.21									
07	21050	TEMPRORMANDIBULAR ARTHRECTOMY	651.85	00 15								
02	21060	TEMPOROMANDIBULAR MENISCECTOMY	99.47									
03	21060	TEMPOROMANDIBULAR MENISCECTOMY	497.35									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21060	TEMPOROMANDIBULAR MENISCECTOMY	596.80	00 15								
03	21070	CORONOIDECTOMY; UNILATERAL	404.50									
07	21070	CORONOIDECTOMY; UNILATERAL	485.41	00 15								
03	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	220.92								X	
07	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	265.11	00 15							X	
03	21076	PREPARE FACE/ORAL PROSTHESIS	611.73									
07	21076	PREPARE FACE/ORAL PROSTHESIS	734.08	00 15								
03	21077	PREPARE FACE/ORAL PROSTHESIS	1,506.52									
07	21077	PREPARE FACE/ORAL PROSTHESIS	1,807.82	00 15								
03	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,028.75									
07	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,234.50	00 15								
03	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,168.96									
07	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,402.75	00 15								
03	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,065.13									
07	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,278.15	00 15								
03	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	991.46									
07	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,189.75	00 15								
03	21083	IMPRESS & CUST PREP PALAT LIFT PROST	939.58									
07	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,127.49	00 15								
03	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,062.66									
07	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,275.20	00 15								
03	21085	IMPRES & CUST PREP ORAL SURG SPLINT	432.91									
07	21085	IMPRES & CUST PREP ORAL SURG SPLINT	519.50	00 15								
03	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,103.44									
07	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,324.13	00 15								
03	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,097.61									
07	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,317.13	00 15								
03	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,095.44									
07	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,095.44	00 15								
03	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X							
07	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP	00 15	X							
03	21100	MAXILLOFACIAL FIXATION	417.77									
07	21100	MAXILLOFACIAL FIXATION	501.32	00 15								
03	21110	INTERDENTAL FIXATION	445.25									
07	21110	INTERDENTAL FIXATION	534.29	00 15								
03	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	88.18									
07	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	105.82	00 15								
03	21120	GENIOPLASTY;AUGMENTATION	370.35									
07	21120	GENIOPLASTY;AUGMENTATION	444.43	00 15								
02	21121	GENIOPLASTY;SLIDING OSTEOTOMY	93.44									
03	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	467.21									
07	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	560.65	00 15								
02	21122	GENIOPLASTY;SLIDING OSTEOTOMIE	89.16									
03	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	445.79									
07	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	534.94	00 15								
02	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	107.38									

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COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	536.88									
07	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	644.26	00 15								
03	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,757.54									
07	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,109.04	00 15								
02	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	419.09									
03	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,095.45									
07	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,514.53	00 15								
02	21137	REDUCTION FOREHEAD;CONTOURING	90.98									
03	21137	REDUCTION FOREHEAD;CONTOURING ONLY	454.89									
07	21137	REDUCTION FOREHEAD;CONTOURING ONLY	545.86	00 15								
02	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	113.83									
03	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	569.13									
07	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	682.95	00 15								
02	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	126.78									
03	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	633.88									
07	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	760.66	00 15								
02	21141	RECONSTRUCT MIDFACE, LEFORT	170.95									
03	21141	RECONSTRUCT MIDFACE, LEFORT	854.73									
07	21141	RECONSTRUCT MIDFACE, LEFORT	1,025.67	00 15								
02	21142	RECONSTRUCT MIDFACE, LEFORT	169.43									
03	21142	RECONSTRUCT MIDFACE, LEFORT	847.13									
07	21142	RECONSTRUCT MIDFACE, LEFORT	1,016.55	00 15								
02	21143	RECONSTRUCT MIDFACE, LEFORT	174.54									
03	21143	RECONSTRUCT MIDFACE, LEFORT	872.72									
07	21143	RECONSTRUCT MIDFACE, LEFORT	1,047.26	00 15								
02	21145	RECONSTR MIDFACE,LEFORT I;SING	197.31									
03	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	986.53									
07	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,183.83	00 15								
02	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	210.47									
03	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,052.35									
07	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,262.82	00 15								
02	21147	RECONSTR MIDFACE,3 OR MORE PIE	214.93									
03	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,074.66									
07	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,289.59	00 15								
02	21150	RECONSTR MIDFAVE LEFORT II,ANT	214.43									
03	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,072.16									
07	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,286.60	00 15								
02	21151	RECONSTR MIDFACE,LEFORT II,ANY	257.11									
03	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,285.56									
07	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,542.67	00 15								
02	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	260.74									
03	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,303.68									
07	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,564.42	00 15								
02	21155	RECONSTR MIDFACE III W/LEFORT	301.63									
03	21155	RECONSTR MIDFACE III W/LEFORT I	1,508.16									
07	21155	RECONSTR MIDFACE III W/LEFORT I	1,809.79	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	365.30									
03	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	1,826.48									
07	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,191.79	00 15								
02	21160	RECONSTR MIDFACE,LEF III,FOREH	370.38									
03	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	1,851.90									
07	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,222.28	00 15								
02	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	229.00									
03	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,144.99									
07	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,373.98	00 15								
02	21175	RECON BIFRONT,SUP-LAT ORB RIMS	277.20									
03	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,386.01									
07	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,663.21	00 15								
02	21179	RECON ALL OR MAJ FOREHEAD W/GR	188.98									
03	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	944.89									
07	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,133.87	00 15								
02	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	215.81									
03	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,079.06									
07	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,294.87	00 15								
02	21181	REMOVAL/CONTOUR BENIGN TUMOR/C	89.78									
03	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	448.88									
07	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	538.65	00 15								
02	21182	RECON ORB WALLS,RIMS,FOREHEAD	260.87									
03	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,304.36									
07	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,565.23	00 15								
02	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	293.59									
03	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,467.94									
07	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,761.54	00 15								
02	21184	RECON ORB WALLS,RIMS,FOREHEAD	315.55									
03	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,577.74									
07	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,893.28	00 15								
02	21188	RECONSTRUCT MIDFACE OSTEOTOMIE	204.78									
03	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,023.89									
07	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,228.67	00 15								
02	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	158.34									
03	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	791.68									
07	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	950.01	00 15								
02	21194	RECONSTR MAND RAMUS W/BONE GRA	180.08									
03	21194	RECONSTR MAND RAMUS W/BONE GRAFT	900.38									
07	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,080.45	00 15								
02	21195	RECONSTR MAND RAMUS W/O RIGID F	168.21									
03	21195	RECONST MAND RAMUS W/O RIGID FIX	841.06									
07	21195	RECONST MAND RAMUS W/O RIGID FIX	1,009.27	00 15								
02	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	183.76									
03	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	918.81									
07	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,102.57	00 15								
02	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	143.91									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	719.56										
07	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	863.48	00	15								
02	21199	RECONSTR LWR JAW W/ADVANCE	131.56										
03	21199	RECONSTR LWR JAW W/ADVANCE	657.80										
07	21199	RECONSTR LWR JAW W/ADVANCE	789.36	00	15								
02	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	141.67										
03	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	708.36										
07	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	850.03	00	15								
03	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,017.19				X						
07	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,220.63	00	15		X						
02	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	115.65				X						
07	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	589.93	00	15		X						
03	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,212.16										
07	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,454.58	00	15								
03	21215	BONE GRAFT; MANDIBLE	2,038.05										
07	21215	BONE GRAFT; MANDIBLE	2,445.66	00	15								
03	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	484.94										
07	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	581.94	00	15								
03	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	436.49										
07	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	523.78	00	15								
02	21240	TEMPOROMANDIBULAR ARTHROPLASTY	140.76										
03	21240	TEMPOROMANDIBULAR ARTHROPLASTY	703.81										
07	21240	TEMPOROMANDIBULAR ARTHROPLASTY	844.57	00	15								
02	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	128.47										
03	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	642.35										
07	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	770.82	00	15								
02	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	211.67										
03	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,058.36										
07	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,270.03	00	15								
02	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	129.83										
03	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	649.15										
07	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	778.98	00	15								
02	21245	RECON.MAND/MAX,SUBPERI IMPLANT	138.98										
03	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	694.90										
07	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	833.88	00	15								
02	21246	RECON MAND/MAX,SUBPERI IMPLANT	108.18										
03	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	540.92										
07	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	649.10	00	15								
02	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	205.69										
03	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,028.44										
07	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,234.13	00	15								
03	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	658.39										
07	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	790.06	00	15								
03	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	919.07										
07	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,102.88	00	15								
02	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	180.41										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	902.06										
07	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,082.47	00	15								
02	21256	RECONST ORBIT W/OSTEO,W/BONE GRAFTS	147.72										
03	21256	RECON OF ORBIT WITH OSTEOTOMIES	738.62										
07	21256	RECON OF ORBIT WITH OSTEOTOMIES	886.34	00	15								
02	21260	ORBITAL REVISION; EXTRACRANIAL	164.54										
03	21260	ORBITAL REVISION; EXTRACRANIAL	822.72										
07	21260	ORBITAL REVISION; EXTRACRANIAL	987.26	00	15								
02	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	285.76										
03	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,428.82										
07	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,714.58	00	15								
02	21263	REVISE ORBIT; ADVANCE FOREHEAD	256.59										
03	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,282.95										
07	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,539.54	00	15								
02	21267	REPOSITION ORBIT; EXTRACRANIAL	192.85										
03	21267	REPOSITION ORBIT; EXTRACRANIAL	964.24										
07	21267	REPOSITION ORBIT; EXTRACRANIAL	1,157.09	00	15								
02	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	242.59										
03	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,212.95										
07	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,455.54	00	15								
03	21270	RECONSTRUCT ORBITOFACIAL BONES	553.90										
07	21270	RECONSTRUCT ORBITOFACIAL BONES	664.69	00	15								
02	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	101.86										
03	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	509.31										
07	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	611.17	00	15								
02	21299	UNLISTED CRANIOFACIAL MAXILLOFACIAL	MP			X							
03	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X							
07	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP	00	15	X							
03	21310	TREATMENT OF NASAL FRACTURE	62.21										
07	21310	TREATMENT OF NASAL FRACTURE	74.64	00	15								
03	21315	DIGITAL MANIPULATION OF NASAL FX	153.25										
07	21315	DIGITAL MANIPULATION OF NASAL FX	183.90	00	15								
03	21320	MANIPULATE NASAL FX; INSTRUMENTAL	148.24										
07	21320	MANIPULATE NASAL FX; INSTRUMENTAL	177.89	00	15								
03	21325	OPEN TREATMENT NASAL FX; SIMPLE	280.83										
07	21325	OPEN TREATMENT NASAL FX; SIMPLE	336.99	00	15								
03	21330	TREATMENT NASAL FX; COMPLICATED	347.77										
07	21330	TREATMENT NASAL FX; COMPLICATED	417.32	00	15								
03	21335	OPEN TREATMENT FX NASAL SEPTUM	453.57										
07	21335	OPEN TREATMENT FX NASAL SEPTUM	544.28	00	15								
03	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	388.20										
07	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	465.83	00	15								
03	21337	CLOSED TREATMENT FX NASAL SEPTUM	231.66										
07	21337	CLOSED TREATMENT FX NASAL SEPTUM	278.00	00	15								
03	21338	OPEN TREATMENT NASOETHMOID FRACTURE	444.22										
07	21338	OPEN TREATMENT NASOETHMOID FRACTURE	533.07	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	21339	OPEN TREATMENT NASOETHMOID FX,	99.53									
03	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	497.64									
07	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	597.17	00 15								
02	21340	TREAT NASOETHMOID COMPLEX FX	101.14									
03	21340	TREAT NASOETHMOID COMPLEX FX	505.71									
07	21340	TREAT NASOETHMOID COMPLEX FX	606.85	00 15								
02	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	142.35									
03	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	711.77									
07	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	854.12	00 15								
02	21344	OPEN TREATMENT OF COMPLICATED (EG, C	189.31									
03	21344	OPEN TREATMENT OF COMPLICATED (EG, C	946.54									
07	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,135.83	00 15								
03	21345	TREAT NASOMAXILLARY COMPLEX FX	488.83									
07	21345	TREAT NASOMAXILLARY COMPLEX FX	586.60	00 15								
02	21346	OPEN TREATMENT NASOMAXILLARY FX	117.69									
03	21346	OPEN TREATMENT NASOMAXILLARY FX	588.43									
07	21346	OPEN TREATMENT NASOMAXILLARY FX	706.11	00 15								
02	21347	OPEN TREATMENT NASOMAXILLARY FX	136.70									
03	21347	OPEN TREATMENT NASOMAXILLARY FX	683.48									
07	21347	OPEN TREATMENT NASOMAXILLARY FX	820.17	00 15								
02	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	148.12									
03	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	740.62									
07	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	888.75	00 15								
03	21355	MANIPULATE FX OF MALAR AREA	262.37									
07	21355	MANIPULATE FX OF MALAR AREA	314.84	00 15								
03	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	294.14									
07	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	352.96	00 15								
02	21360	TREAT DEPRESSED MALAR FRACTURE	65.93									
03	21360	TREAT DEPRESSED MALAR FRACTURE	329.65									
07	21360	TREAT DEPRESSED MALAR FRACTURE	395.58	00 15								
02	21365	TREAT COMPLICATED FX MALAR AREA	139.36									
03	21365	TREAT COMPLICATED FX MALAR AREA	696.81									
07	21365	TREAT COMPLICATED FX MALAR AREA	836.18	00 15								
02	21366	OPEN TREATMENT OF COMPLICATED (EG, C	155.88									
03	21366	OPEN TREATMENT OF COMPLICATED (EG, C	779.41									
07	21366	OPEN TREATMENT OF COMPLICATED (EG, C	935.28	00 15								
02	21385	TREAT ORBITAL FX; TRANSANTRAL	88.92									
03	21385	TREAT ORBITAL FX; TRANSANTRAL	444.62									
07	21385	TREAT ORBITAL FX; TRANSANTRAL	533.54	00 15								
02	21386	TREAT ORBITAL FX; PERIORBITAL	83.42									
03	21386	TREAT ORBITAL FX; PERIORBITAL	417.10									
07	21386	TREAT ORBITAL FX; PERIORBITAL	500.51	00 15								
02	21387	TREAT ORBITAL FX; COMBINATION	92.95									
03	21387	TREAT ORBITAL FX; COMBINATION	464.74									
07	21387	TREAT ORBITAL FX; COMBINATION	557.68	00 15								
02	21390	TREAT ORBITAL FX WITH IMPLANT	96.23									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	21390	TREAT ORBITAL FX WITH IMPLANT	481.16									
07	21390	TREAT ORBITAL FX WITH IMPLANT	577.40	00 15								
02	21395	TREAT ORBITAL FX WITH BONE GRAFT	122.21									
03	21395	TREAT ORBITAL FX WITH BONE GRAFT	611.06									
07	21395	TREAT ORBITAL FX WITH BONE GRAFT	733.27	00 15								
03	21400	TREAT FX OF ORBIT W/O MANIPULATION	104.90									
07	21400	TREAT FX OF ORBIT W/O MANIPULATION	125.88	00 15								
03	21401	TREAT FX OF ORBIT WITH MANIPULATION	278.80									
07	21401	TREAT FX OF ORBIT WITH MANIPULATION	334.55	00 15								
02	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	67.30									
03	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	336.51									
07	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	403.80	00 15								
02	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	79.95									
03	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	399.73									
07	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	479.68	00 15								
02	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	110.42									
03	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	552.08									
07	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	662.49	00 15								
03	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	432.63									
07	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	519.17	00 15								
02	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	83.34									
03	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	416.72									
07	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	500.06	00 15								
02	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	99.42									
03	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	497.12									
07	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	596.54	00 15								
02	21431	TREAT CRANIOFACIAL SEPARATION	89.55									
03	21431	TREAT CRANIOFACIAL SEPARATION	447.76									
07	21431	TREAT CRANIOFACIAL SEPARATION	537.31	00 15								
02	21432	OPEN TX CRANIOFACIAL SEPARATIO	82.92									
03	21432	OPEN TX CRANIOFACIAL SEPARATION	414.58									
07	21432	OPEN TX CRANIOFACIAL SEPARATION	497.49	00 15								
02	21433	COMPLICATED TX CRANIOFACIAL FX	216.05									
03	21433	COMPLICATED TX CRANIOFACIAL FX	1,080.25									
07	21433	COMPLICATED TX CRANIOFACIAL FX	1,296.30	00 15								
02	21435	COMPLICATED TX CRANIOFACIAL FX	169.75									
03	21435	COMPLICATED TX CRANIOFACIAL FX	848.73									
07	21435	COMPLICATED TX CRANIOFACIAL FX	1,018.46	00 15								
02	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	250.34									
03	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,251.72									
07	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,502.06	00 15								
03	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	310.68									
07	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	372.82	00 15								
02	21445	OPEN TREATMENT ALVEOLAR RIDGE	89.39									
03	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	446.96									
07	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	536.35	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	323.46									
07	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	388.15	00 15								
03	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	430.84									
07	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	516.99	00 15								
03	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	346.03									
07	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	415.24	00 15								
03	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	499.03									
07	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	598.82	00 15								
03	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	343.43									
07	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	412.12	00 15								
02	21461	TREAT MANDIBULAR FX W/O FIXATION	221.93									
03	21461	TREAT MANDIBULAR FX W/O FIXATION	1,109.63									
07	21461	TREAT MANDIBULAR FX W/O FIXATION	1,331.55	00 15								
02	21462	TREAT MANDIBULAR FX WITH FIXAT	240.74									
03	21462	TREAT MANDIBULAR FX WITH FIXATION	1,203.71									
07	21462	TREAT MANDIBULAR FX WITH FIXATION	1,444.46	00 15								
02	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	114.64									
03	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	573.19									X
07	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	687.82	00 15								X
02	21470	TREAT COMPLICATED MANDIBULAR FX	149.85									
03	21470	TREAT COMPLICATED MANDIBULAR FX	749.23									
07	21470	TREAT COMPLICATED MANDIBULAR FX	899.08	00 15								
03	21480	TX TEMPOROMANDIBULAR DISLOCATION	53.36									
07	21480	TX TEMPOROMANDIBULAR DISLOCATION	64.04	00 15								
03	21485	TEMPOROMANDIBULAR MANIPULATION	383.93									
07	21485	TEMPOROMANDIBULAR MANIPULATION	460.71	00 15								
02	21490	OPEN TX TEMPOROMANDIBULAR DISL	116.72									
03	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	583.60									
07	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	700.32	00 15								
02	21495	OPEN TREATMENT HYOIDFRACTURE	81.94									
03	21495	OPEN TREATMENT HYOIDFRACTURE	409.69									
07	21495	OPEN TREATMENT HYOIDFRACTURE	491.63	00 15								
02	21499	UNLISTED PROCEDURE; HEAD	MP		X							
03	21499	UNLISTED PROCEDURE; HEAD	MP		X							
07	21499	UNLISTED PROCEDURE; HEAD	MP	00 15	X							
03	21501	I & D DEEP ABSCESS OR HEMATOMA	260.27									
07	21501	I & D DEEP ABSCESS OR HEMATOMA	312.33	00 15								
02	21502	I & D WITH PARTIAL RIB REMOVAL	65.83									
03	21502	I & D WITH PARTIAL RIB REMOVAL	329.17									
07	21502	I & D WITH PARTIAL RIB REMOVAL	395.02	00 15								
03	21510	INCISION WITH OPENING OF BONE CORTEX	289.18									
07	21510	INCISION WITH OPENING OF BONE CORTEX	347.03	00 15								
03	21550	EXCISIONAL BIOPSY SOFT TISSUES	151.69									
07	21550	EXCISIONAL BIOPSY SOFT TISSUES	182.02	00 15								
03	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	307.90									
07	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	369.49	00 15								

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COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	506.27									
07	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	607.53	00 15								
03	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	259.49									
07	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	311.38	00 15								
03	21556	EXCISE BENIGN TUMOR; DEEP	258.16									
07	21556	EXCISE BENIGN TUMOR; DEEP	309.80	00 15								
02	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	73.85									
03	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	369.26									
07	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	443.11	00 15								
02	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	190.33									
03	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	951.65									
07	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,141.98	00 15								
02	21600	EXCISION OF RIB; PARTIAL	69.09									
03	21600	EXCISION OF RIB; PARTIAL	345.46									
07	21600	EXCISION OF RIB; PARTIAL	414.56	00 15								
02	21610	COSTOTRANSVERSECTOMY	137.24									
03	21610	COSTOTRANSVERSECTOMY	686.18									
07	21610	COSTOTRANSVERSECTOMY	823.42	00 15								
02	21615	EXCISION CERVICAL RIB	86.11									
03	21615	EXCISION CERVICAL RIB	430.53									
07	21615	EXCISION CERVICAL RIB	516.64	00 15								
02	21616	EXCISE RIB WITH SYMPATHECTOMY	109.63									
03	21616	EXCISE RIB WITH SYMPATHECTOMY	548.15									
07	21616	EXCISE RIB WITH SYMPATHECTOMY	657.77	00 15								
02	21620	OSTECTOMY OF STERNUM; PARTIAL	65.94									
03	21620	OSTECTOMY OF STERNUM; PARTIAL	329.70									
07	21620	OSTECTOMY OF STERNUM; PARTIAL	395.63	00 15								
03	21627	STERNAL DEBRIDEMENT	345.37									
07	21627	STERNAL DEBRIDEMENT	414.45	00 15								
02	21630	RADICAL RESECTION OF STERNUM	162.40									
03	21630	RADICAL RESECTION OF STERNUM	811.99									
07	21630	RADICAL RESECTION OF STERNUM	974.38	00 15								
02	21632	MEDIASTINAL LYMPHADENECTOMY	161.16									
03	21632	MEDIASTINAL LYMPHADENECTOMY	805.81									
07	21632	MEDIASTINAL LYMPHADENECTOMY	966.98	00 15								
02	21685	HYOID MYOTOMY & SUSPENSION	125.25									
03	21685	HYOID MYOTOMY & SUSPENSION	626.23									
07	21685	HYOID MYOTOMY & SUSPENSION	751.47	00 15								
03	21700	DIVISION OF SCALENUS ANTICUS	264.78									
07	21700	DIVISION OF SCALENUS ANTICUS	317.73	00 15								
02	21705	DIVIDE SCALENUS AND RESECTION	83.00									
03	21705	DIVIDE SCALENUS AND RESECTION RIB	415.00									
07	21705	DIVIDE SCALENUS AND RESECTION RIB	498.00	00 15								
03	21720	DIVISION STERNOCLEIDOMASTOID	259.47									
07	21720	DIVISION STERNOCLEIDOMASTOID	311.36	00 15								
03	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	336.25									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	403.49	00 15								
02	21740	RECONSTRUCT PECTUS EXCAVATUM	140.66		X							
03	21740	RECONSTRUCT PECTUS EXCAVATUM	703.31		X							
07	21740	RECONSTRUCT PECTUS EXCAVATUM	843.97	00 15	X							
02	21742	REPAIR STERN/NUSS W/O SCOPE	MP		X							
03	21742	REPAIR STERN/NUSS W/O SCOPE	MP		X							
07	21742	REPAIR STERN/NUSS W/O SCOPE	MP	00 15	X							
02	21743	REPAIR STERNUM/NUSS W/SCOPE	703.31		X							
03	21743	REPAIR STERNUM/NUSS W/SCOPE	703.31		X							
07	21743	REPAIR STERNUM/NUSS W/SCOPE	703.31	00 15	X							
02	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	93.25									X
03	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	466.26									
07	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	559.51	00 15								
03	21800	TREAT RIB FX;UNCOMPLICATED	58.44		X							X
07	21800	TREAT RIB FX;UNCOMPLICATED	70.13	00 15	X							X
03	21805	TREAT RIB FX;OPEN,COMPLICATED	158.19									X
07	21805	TREAT RIB FX;OPEN,COMPLICATED	189.83	00 15								X
02	21810	TREAT RIB FX W EXTERNAL FIXATI	63.03		X							
03	21810	TREAT RIB FX W/EXTERNAL FIXATION	315.15		X							X
07	21810	TREAT RIB FX W/EXTERNAL FIXATION	378.18	00 15	X							X
03	21820	TREAT STERNUM FRACTURE; CLOSED	78.34									
07	21820	TREAT STERNUM FRACTURE; CLOSED	94.01	00 15								
03	21825	TREAT STERNUM FRACTURE; OPEN	357.69									
07	21825	TREAT STERNUM FRACTURE; OPEN	429.22	00 15								
02	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X							
03	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X							
07	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP	00 15	X							
03	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	151.22									
07	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	181.46	00 15								
03	21925	BX,SFT TISS-BACK/FLANK; DEEP	254.90									
07	21925	BX,SFT TISS-BACK/FLANK; DEEP	305.88	00 15								
03	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	284.34									
07	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	341.20	00 15								
03	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	322.39									
07	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	386.87	00 15								
03	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	462.70									
07	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	555.25	00 15								
03	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	510.70									
07	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	612.83	00 15								
03	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	745.02									
07	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	894.02	00 15								
03	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	991.26									
07	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,189.51	00 15								
07	22010	I&D, P-SPINE, C/T/CERV-THOR	682.06	00 15								
03	22015	I&D, P-SPINE, L/S/LS	565.04									
07	22015	I&D, P-SPINE, L/S/LS	678.05	00 15								

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	22100	RESECT VERTEBRA,CERVICAL	103.26										
03	22100	RESECT VERTEBRA,CERVICAL	516.32										
07	22100	RESECT VERTEBRA,CERVICAL	619.58	00	15								
02	22101	RESECT VERTEBRA,THORACIC	102.70										
03	22101	RESECT VERTEBRA,THORACIC	513.51										
07	22101	RESECT VERTEBRA,THORACIC	616.20	00	15								
02	22102	RESECT VERTEBRA,LUMBAR	102.29										
03	22102	RESECT VERTEBRA,LUMBAR	511.43										
07	22102	RESECT VERTEBRA,LUMBAR	613.71	00	15								
02	22103	REMOVE EXTRA SPINE SEGMENT	19.01										
03	22103	REMOVE EXTRA SPINE SEGMENT	95.04										
07	22103	REMOVE EXTRA SPINE SEGMENT	114.04	00	15								
02	22110	EXCISE CERVICAL VERTEBRA	128.67										
03	22110	EXCISE CERVICAL VERTEBRA	643.35										
07	22110	EXCISE CERVICAL VERTEBRA	772.01	00	15								
02	22112	EXCISE THORACIC VERTEBRA	124.61										
03	22112	EXCISE THORACIC VERTEBRA	623.06										
07	22112	EXCISE THORACIC VERTEBRA	747.67	00	15								
02	22114	EXCISE LUMBAR VERTEBRAE FOR OS	127.74										
03	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	638.70										
07	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	766.43	00	15								
02	22116	REMOVE EXTRA SPINE SEGMENT	19.00										
03	22116	REMOVE EXTRA SPINE SEGMENT	94.99										
07	22116	REMOVE EXTRA SPINE SEGMENT	113.99	00	15								
02	22210	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	226.53										
03	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,132.64										
07	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,359.17	00	15								
02	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	186.40										
03	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	932.02										
07	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,118.43	00	15								
02	22214	OSTEOTOMY,SPINE,CORR DEFORM;THORACIC	187.48										
03	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	937.40										
07	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,124.88	00	15								
02	22216	REVISE, EXTRA SPINE SEGMENT	49.73										
03	22216	REVISE, EXTRA SPINE SEGMENT	248.67										
07	22216	REVISE, EXTRA SPINE SEGMENT	298.40	00	15								
02	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	204.25										
03	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,021.26										
07	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,225.51	00	15								
02	22222	OSTEOTOMY SPINE,CORR DEFORM;TH	186.66										
03	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	933.29										
07	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,119.94	00	15								
02	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	201.07										
03	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,005.35										
07	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,206.42	00	15								
02	22226	REVISE, EXTRA SPINE SEGMENT	49.55										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	22226	REVISE, EXTRA SPINE SEGMENT	247.74									
07	22226	REVISE, EXTRA SPINE SEGMENT	297.30	00 15								
03	22305	TREAT VERTEBRAL PROCESS FRACTURE	113.91									
07	22305	TREAT VERTEBRAL PROCESS FRACTURE	136.70	00 15								
03	22310	TR VERT BODY FX/DISLOCATION EACH	176.67									
07	22310	TR VERT BODY FX/DISLOCATION EACH	212.01	00 15								
03	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	526.90									
07	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	632.29	00 15								
02	22318	TREAT ADONTOID FX W/O GRAFT	204.31									
03	22318	TREAT ODONTOID FX W/O GRAFT	1,021.55									
07	22318	TREAT ODONTOID FX W/O GRAFT	1,225.85	00 15								
02	22319	TREAT ODONTOID FX W/GRAFT	225.07									
03	22319	TREAT ODONTOID FX W/GRAFT	1,125.35									
07	22319	TREAT ODONTOID FX W/GRAFT	1,350.42	00 15								
02	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	177.70									
03	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	888.52									
07	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,066.21	00 15								
02	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	185.92									
03	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	929.59									
07	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,115.51	00 15								
02	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	183.88									
03	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	919.41									
07	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,103.30	00 15								
02	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	37.46									
03	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	187.31									
07	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	224.77	00 15								
03	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,360.51		X							
07	22520	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,632.62	00 15	X							
03	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,323.56		X							
07	22521	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,588.27	00 15	X							
03	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	169.78		X							X
07	22522	PERCUTANEOUS VERTEBROPLASTY (BONE BI	203.75	00 15	X							X
03	22523	PERCUT KYPHOPLASTY, THOR	398.67		X							
07	22523	PERCUT KYPHOPLASTY, THOR	478.40	00 15	X							
03	22524	PERCUT KYPHOPLASTY, LUMBAR	381.52		X							
07	22524	PERCUT KYPHOPLASTY, LUMBAR	457.83	00 15	X							
03	22525	PERCUT KYPHOPLASTY, ADD-ON	179.97		X							X
07	22525	PERCUT KYPHOPLASTY, ADD-ON	215.96	00 15	X							X
03	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,139.37									
07	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,367.24	00 15								
03	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	876.87									
07	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	1,052.23	00 15								
02	22532	LAT THORAX SPINE FUSION	221.28									
03	22532	LAT THORAX SPINE FUSION	1,106.42									
07	22532	LAT THORAX SPINE FUSION	1,327.70	00 15								
02	22533	LAT LUMBAR SPINE FUSION	207.22									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	22533	LAT LUMBAR SPINE FUSION	1,036.08									
07	22533	LAT LUMBAR SPINE FUSION	1,243.29	00 15								
02	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	49.06									X
03	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	245.31									X
07	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	294.37	00 15								X
02	22548	ARTHRODESIS,W/BONE GRAFT	236.77									
03	22548	ANTHRODESIS,W/BONE GRAFT	1,183.86									
07	22548	ANTHRODESIS,W/BONE GRAFT	1,420.64	00 15								
02	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	176.92									
03	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	884.62									
07	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,061.55	00 15								
02	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	41.30									X
03	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	206.49									X
07	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	247.79	00 15								X
02	22554	ARTHRODESIS,W/BONE ALLOGRAFT	164.12									
03	22554	ARTHRODESIS,W/BONE ALLOGRAFT	820.62									
07	22554	ARTHRODESIS,W/BONE ALLOGRAFT	984.73	00 15								
02	22556	ARTHRODESIS,THORACIC,BONE/BONE ALLOG	211.32									
03	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,056.58									
07	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,267.89	00 15								
02	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	193.37									
03	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	966.84									
07	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,160.20	00 15								
02	22585	ARTHRODESIS-EACH ADD INTERSPACE	45.46									X
03	22585	ARTHRODESIS-EACH ADD.INTERSPACE	227.29									X
07	22585	ARTHRODESIS-EACH ADD.INTERSPACE	272.75	00 15								X
02	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	208.26									
03	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	1,041.30									
07	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	1,249.56	00 15								
02	22590	ARTHRODESIS,W/BONE ALLO/INT FIX	196.49									
03	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	982.44									
07	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,178.94	00 15								
02	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	186.34									
03	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	931.70									
07	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,118.04	00 15								
02	22600	ARTHRODESIS,POST TECH.,BELOW C1	159.49									
03	22600	ARTHRODESIS,POST.TECH.,BELOW C1	797.46									
07	22600	ARTHRODESIS,POST.TECH.,BELOW C1	956.96	00 15								
02	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	157.25									
03	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	786.23									
07	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	943.47	00 15								
02	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	204.14									
03	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,020.70									
07	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,224.85	00 15								
02	22614	SPINE FUSION, EXTRA SEGMENT	52.93									X
03	22614	SPINE FUSION, EXTRA SEGMENT	264.66									X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	22614	SPINE FUSION, EXTRA SEGMENT	317.58	00 15								X
02	22630	ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	196.65									
03	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	983.24									
07	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,179.89	00 15								
02	22632	SPINE FUSION, EXTRA SEGMENT	43.06									
03	22632	SPINE FUSION, EXTRA SEGMENT	215.28									
07	22632	SPINE FUSION, EXTRA SEGMENT	258.35	00 15								
02	22633	FUSION OF LOWER SPINE BONES WITH REM	249.00			X						
03	22633	FUSION OF LOWER SPINE BONES WITH REM	1,245.01			X						
07	22633	FUSION OF LOWER SPINE BONES WITH REM	1,494.02	00 15		X						
02	22634	FUSION OF LOWER SPINE BONES WITH REM	67.40									
03	22634	FUSION OF LOWER SPINE BONES WITH REM	337.02									
07	22634	FUSION OF LOWER SPINE BONES WITH REM	404.42	00 15								
02	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	173.08									
03	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	865.42									
07	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,038.51	00 15								
02	22802	FUSE PRIMARY 7/MORE VERTEBRAE	276.19									
03	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,380.95									
07	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,657.14	00 15								
02	22804	FUSION OF SPINE	319.10									
03	22804	FUSION OF SPINE	1,595.51									
07	22804	FUSION OF SPINE	1,914.62	00 15								
02	22808	FUSION OF SPINE	234.58									
03	22808	FUSION OF SPINE	1,172.90									
07	22808	FUSION OF SPINE	1,407.47	00 15								
02	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	261.55									
03	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,307.74									
07	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,569.30	00 15								
02	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	285.58									
03	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,427.91									
07	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,713.49	00 15								
02	22818	KYPHECTOMY, 1-2 SEGMENTS	289.54									
03	22818	KYPHECTOMY, 1-2 SEGMENTS	1,447.72									
07	22818	KYPHECTOMY, 1-2 SEGMENTS	1,737.27	00 15								
02	22819	KYPHECTOMY, 3 & MORE SEGMENT	333.80									
03	22819	KYPHECTOMY, 3 & MORE SEGMENT	1,668.98									
07	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,002.77	00 15								
02	22830	EXPLORE SPINAL FUSION	103.07									
03	22830	EXPLORE SPINAL FUSION	515.36									
07	22830	EXPLORE SPINAL FUSION	618.43	00 15								
02	22840	POSTERIOR INSTRU(NO SEG FIX)	103.44									
03	22840	POSTERIOR INSTRU(NO SEG FIX)	517.22									
07	22840	POSTERIOR INSTRU(NO SEG FIX)	620.66	00 15								
02	22842	POST.INSTRUMENTATION;SEGMENTAL FIX.	103.60									
03	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	518.02									
07	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	621.62	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	22843	INSERT SPINE FIXATION DEVICE	110.23									
03	22843	INSERT SPINE FIXATION DEVICE	551.15									
07	22843	INSERT SPINE FIXATION DEVICE	661.38	00 15								
02	22844	INSERT SPINE FIXATION DEVICE	134.55									
03	22844	INSERT SPINE FIXATION DEVICE	672.73									
07	22844	INSERT SPINE FIXATION DEVICE	807.28	00 15								
02	22845	ARTHRODESIS;ANTERIOR INSTRUMENTATION	99.23									
03	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	496.13									
07	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	595.35	00 15								
02	22846	INSERT SPINE FIXATION DEVICE	103.01									
03	22846	INSERT SPINE FIXATION DEVICE	515.06									
07	22846	INSERT SPINE FIXATION DEVICE	618.08	00 15								
02	22847	INSERT SPINE FIXATION DEVICE	113.30									
03	22847	INSERT SPINE FIXATION DEVICE	566.51									
07	22847	INSERT SPINE FIXATION DEVICE	679.81	00 15								
02	22848	INSERT PELVIC FIXATIONDEVICE	49.01									
03	22848	INSERT PELVIC FIXATIONDEVICE	245.05									
07	22848	INSERT PELVIC FIXATIONDEVICE	294.05	00 15								
02	22849	REINSERT SPINAL FIXATION DEVICE	168.00									
03	22849	REINSERT SPINAL FIXATION DEVICE	840.00									
07	22849	REINSERT SPINAL FIXATION DEVICE	1,008.00	00 15								
02	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	91.16									
03	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	455.78									
07	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	546.93	00 15								
02	22851	APPLICATION OF INTERVERTEBRAL BIOMEC	55.18									
03	22851	APPLICATION OF INTERVERTEBRAL BIOMEC	275.88									
07	22851	APPLICATION OF INTERVERTEBRAL BIOMEC	331.05	00 15								
02	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	87.05									
03	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	435.24									
07	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	522.30	00 15								
02	22855	REMOVE ANTERIOR INSTRUMENTATION	142.37									
03	22855	REMOVE ANTERIOR INSTRUMENTATION	711.85									
07	22855	REMOVE ANTERIOR INSTRUMENTATION	854.21	00 15								
02	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	213.64									
03	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,068.21									
07	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,281.85	00 15								
02	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	220.47									
03	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,102.35									
07	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,322.82	00 15								
02	22861	REVISION INCLUDING REPLACEMENT OF TO	261.28									
03	22861	REVISION INCLUDING REPLACEMENT OF TO	1,306.39									
07	22861	REVISION INCLUDING REPLACEMENT OF TO	1,567.66	00 15								
02	22862	REVISION INCLUDING REPLACEMENT OF TO	257.42									
03	22862	REVISION INCLUDING REPLACEMENT OF TO	1,287.11									
07	22862	REVISION INCLUDING REPLACEMENT OF TO	1,544.53	00 15								
02	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	241.75									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,208.76									
07	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,450.51	00 15								
02	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY	272.63									
03	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,363.15									
07	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,635.79	00 15								
02	22899	SPINE SURGERY PROCEDURE	MP		X							
03	22899	SPINE SURGERY PROCEDURE	MP		X							
07	22899	SPINE SURGERY PROCEDURE	MP	00 15	X							
02	22900	EXC TUMOR ABDOMEN WALL SUBFASC	51.78									
03	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	258.92									
07	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	310.69	00 15								
02	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	93.25									
03	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	466.25									
07	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	524.54	00 15								
03	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	284.75									
07	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	341.70	00 15								
03	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	301.42									
07	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	361.71	00 15								
02	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	143.21									
03	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	716.06									
07	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	859.28	00 15								
02	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	185.67									
03	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	928.35									
07	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,114.02	00 15								
02	22999	ABDOMEN SURGERY PROCEDURE	MP		X							
03	22999	ABDOMEN SURGERY PROCEDURE	MP		X							
07	22999	ABDOMEN SURGERY PROCEDURE	MP	00 15	X							
03	23000	REMOVE SUBDELTOID CAL DEPOSITS	316.42									
07	23000	REMOVE SUBDELTOID CAL DEPOSITS	379.72	00 15								
02	23020	RELEASE SHOULDER MUSCLE ERBS P	87.13									
03	23020	RELEASE SHOULDER MUSCLE ERBS PAL	435.65									
07	23020	RELEASE SHOULDER MUSCLE ERBS PAL	522.77	00 15								
03	23030	I&D SHOULDER DEEP ABSC HEMATOMA	252.53									
07	23030	I&D SHOULDER DEEP ABSC HEMATOMA	303.03	00 15								
03	23031	I&D INFECTED SHOULDER BURSA	228.99									
07	23031	I&D INFECTED SHOULDER BURSA	274.78	00 15								
03	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	431.31									
07	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	517.57	00 15								
03	23040	ARTHROTOMY REMOVE FOREIGN BODY	453.65									
07	23040	ARTHROTOMY REMOVE FOREIGN BODY	544.38	00 15								
03	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	359.02									
07	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	430.84	00 15								
03	23065	BIOPSY SHOULDER SUPERFICIAL	128.94									
07	23065	BIOPSY SHOULDER SUPERFICIAL	154.72	00 15								
03	23066	BIOPSY OF SHOULDER DEEP	300.89									
07	23066	BIOPSY OF SHOULDER DEEP	361.07	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	291.93									
07	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	328.42	00 15								
03	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	484.41									
07	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	544.97	00 15								
03	23075	EXC BENIGN SHOULDER TUMOR SUBCU	155.09									
07	23075	EXC BENIGN SHOULDER TUMOR SUBCU	186.11	00 15								
03	23076	EXC BENIGN SHOULDER TUMOR DEEP	353.95									
07	23076	EXC BENIGN SHOULDER TUMOR DEEP	424.74	00 15								
02	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	151.14									
03	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	755.71									
07	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	906.85	00 15								
02	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	193.25									
03	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	966.27									
07	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,159.53	00 15								
03	23100	BIOPSY SHOULDER JOINT	304.51									
07	23100	BIOPSY SHOULDER JOINT	365.41	00 15								
03	23101	EXCISION TORN CARTILAGE SHOULDER JOI	280.07									
07	23101	EXCISION TORN CARTILAGE SHOULDER JOI	336.08	00 15								
03	23105	ARTHROTOMY;GLENOHUMERAL JOINT	400.67									
07	23105	ARTHROTOMY;GLENOHUMERAL JOINT	480.81	00 15								
03	23106	ARTHROTOMY;STERNOCLAVICULAR JT	297.15									
07	23106	ARTHROTOMY;STERNOCLAVICULAR JT	356.59	00 15								
02	23107	ARTHROTOMY,GLENOHUMERAL,W/EXP	83.33									
03	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	416.63									
07	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	499.95	00 15								
02	23120	CLAVICULECTOMY PARTIAL	71.78									
03	23120	CLAVICULECTOMY PARTIAL	358.92									
07	23120	CLAVICULECTOMY PARTIAL	430.70	00 15								
02	23125	CLAVICULECTOMY TOTAL	88.83									
03	23125	CLAVICULECTOMY TOTAL	444.14									
07	23125	CLAVICULECTOMY TOTAL	532.96	00 15								
03	23130	ACROMIONECTOMY PARTIAL/TOTAL	377.66									
07	23130	ACROMIONECTOMY PARTIAL/TOTAL	453.18	00 15								
03	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	322.83									
07	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	387.39	00 15								
02	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	87.01									
03	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	435.07									
07	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	522.07	00 15								
03	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	378.03									
07	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	453.64	00 15								
03	23150	EXCISION TUMOR PROXIMAL HUMEROUS	410.96									
07	23150	EXCISION TUMOR PROXIMAL HUMEROUS	493.14	00 15								
02	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	99.98									
03	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	499.88									
07	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	599.85	00 15								
02	23156	EXCISION TUMOR PROX HUMEROUS H	84.81									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	424.05									
07	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	508.85	00 15								
03	23170	SEQUESTRECTOMY CLAVICLE	332.77									
07	23170	SEQUESTRECTOMY CLAVICLE	399.32	00 15								
03	23172	SEQUESTRECTOMY SCAPULA	339.93									
07	23172	SEQUESTRECTOMY SCAPULA	407.91	00 15								
03	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	473.58									
07	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	568.29	00 15								
03	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	430.25									
07	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	516.30	00 15								
03	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	414.54									
07	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	497.44	00 15								
03	23184	PARTIAL EXCISION PROXIMAL HUMERUS	469.22									
07	23184	PARTIAL EXCISION PROXIMAL HUMERUS	563.07	00 15								
03	23190	OSTECTOMY OF SCAPULA PATTIAL	349.22									
07	23190	OSTECTOMY OF SCAPULA PATTIAL	419.06	00 15								
02	23195	RESECTION HUMERAL HEAD	95.12									
03	23195	RESECTION HUMERAL HEAD	475.60									
07	23195	RESECTION HUMERAL HEAD	570.72	00 15								
02	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	112.48									
03	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	562.41									
07	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	674.90	00 15								
02	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	117.61									
03	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	588.03									
07	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	705.64	00 15								
02	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	136.52									
03	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	682.62									
07	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	819.15	00 15								
03	23330	REMOVE SHOULDER FOREIGN BODY	132.92									
07	23330	REMOVE SHOULDER FOREIGN BODY	159.51	00 15								
02	23331	REMOVAL FOREIGN BODY SHOULDER	73.62		X							
03	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	368.08		X							
07	23331	REMOVAL FOREIGN BODY SHOULDER DEEP	441.70	00 15	X							
02	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	112.47		X							
03	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	562.36		X							
07	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	674.83	00 15	X							
03	23350	INJECTION FOR SHOULDER X-RAY	94.29									
07	23350	INJECTION FOR SHOULDER X-RAY	113.16	00 15								
02	23395	MUSCLE TRANSFER,SHOULDER/ARM	164.12									
03	23395	MUSCLE TRANSFER,SHOULDER/ARM	820.62									
07	23395	MUSCLE TRANSFER,SHOULDER/ARM	984.73	00 15								
02	23397	MUSCLE TRANSFER MULTIPLE	147.30									
03	23397	MUSCLE TRANSFER MULTIPLE	736.52									
07	23397	MUSCLE TRANSFER MULTIPLE	883.82	00 15								
02	23400	FIXATION OF SHOULDERBLADE	124.60									
03	23400	FIXATION OF SHOULDERBLADE	622.99									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	23400	FIXATION OF SHOULDERBLADE	747.59	00 15								
02	23405	INCISION OF TENDON & MUSCLE	79.81									
03	23405	INCISION OF TENDON & MUSCLE	399.07									
07	23405	INCISION OF TENDON & MUSCLE	478.88	00 15								
02	23406	INCISE TENDON(S) & MUSCLE(S)	100.09									
03	23406	INCISE TENDON(S) & MUSCLE(S)	500.47									
07	23406	INCISE TENDON(S) & MUSCLE(S)	600.57	00 15								
02	23410	REPAIR OF TENDON(S)	106.29									
03	23410	REPAIR OF TENDON(S)	531.45									
07	23410	REPAIR OF TENDON(S)	637.75	00 15								
02	23412	REPAIR OF TENDON(S),CHRONIC	111.19									
03	23412	REPAIR OF TENDON(S),CHRONIC	555.95									
07	23412	REPAIR OF TENDON(S),CHRONIC	667.14	00 15								
03	23415	CORACOACROMIAL LIGAMENT RELEAS	441.13									
07	23415	CORACOACROMIAL LIGAMENT RELEAS	529.36	00 15								
02	23420	REPAIR COMPLETE SHOULDER	124.26									
03	23420	REPAIR COMPLETE SHOULDER	621.32									
07	23420	REPAIR COMPLETE SHOULDER	745.59	00 15								
02	23430	REPAIR BICEPS TENDON RUPTURE	93.99									
03	23430	REPAIR BICEPS TENDON RUPTURE	469.96									
07	23430	REPAIR BICEPS TENDON RUPTURE	563.94	00 15								
02	23440	REMOVAL/TRANSPLANT TENDON	97.10									
03	23440	REMOVAL/TRANSPLANT TENDON	485.52									
07	23440	REMOVAL/TRANSPLANT TENDON	582.62	00 15								
02	23450	CAPSULORRHAPHY,ANTERIOR	122.12									
03	23450	CAPSULORRHAPHY,ANTERIOR	610.60									
07	23450	CAPSULORRHAPHY,ANTERIOR	732.71	00 15								
02	23455	CAPSULORRHAPHY;BANKART TYPE	130.32									
03	23455	CAPSULORRHAPHY;BANKART TYPE	651.61									
07	23455	CAPSULORRHAPHY;BANKART TYPE	781.92	00 15								
02	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	140.96									
03	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	704.82									
07	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	845.79	00 15								
02	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	138.38									
03	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	691.92									
07	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	830.31	00 15								
02	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	144.40									
03	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	721.99									
07	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	866.39	00 15								
02	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	141.69									
03	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	708.46									
07	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	850.15	00 15								
02	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	157.17									
03	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	785.87									
07	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	943.05	00 15								
02	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	194.88									

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COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	974.38									
07	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,169.26	00 15								
02	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	220.66									X
03	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,103.29									X
07	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,323.95	00 15								X
02	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	238.46									X
03	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,192.30									X
07	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,430.75	00 15								X
03	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	523.49									
07	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	628.19	00 15								
02	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	123.95									
03	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	619.76									
07	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	743.70	00 15								
02	23490	PROPHYLACTIC TREATMENT;CLAVICL	106.25									
03	23490	PROPHYLACTIC TREATMENT;CLAVICLE	531.26									
07	23490	PROPHYLACTIC TREATMENT;CLAVICLE	637.51	00 15								
02	23491	PROPHYLACTIC TREAT.PROX HUMER.	130.45									
03	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	652.26									
07	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	782.71	00 15								
03	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	124.37									
07	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	149.24	00 15								
03	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	206.70									
07	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	248.04	00 15								
02	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	88.17									
03	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	440.83									
07	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	528.99	00 15								
03	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	129.22									
07	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	155.06	00 15								
03	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	201.14									
07	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	241.37	00 15								
02	23530	OPEN TREAT CLSD/OPEN CLAVICLE	67.93									
03	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	339.63									
07	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	407.55	00 15								
02	23532	OPEN TREAT CLSD/OPEN CLAVICLE	77.93									
03	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	389.67									
07	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	467.61	00 15								
03	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	127.59									
07	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	153.11	00 15								
03	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	183.93									
07	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	220.71	00 15								
02	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	71.85									
03	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	359.26									
07	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	431.11	00 15								
02	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	82.83									
03	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	414.16									
07	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	497.00	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	23570	TREAT CLSD SCAP FX W/O MANIPULATION	133.36										
07	23570	TREAT CLSD SCAP FX W/O MANIPULATION	160.02	00	15								
03	23575	TREAT CLSD SCAPULAR W/MANIPULATION	228.32										
07	23575	TREAT CLSD SCAPULAR W/MANIPULATION	273.99	00	15								
02	23585	OPEN TREAT CLSD/OPEN SCAPULAR	119.99										
03	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	599.93										
07	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	719.92	00	15								
03	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	185.70										
07	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	222.85	00	15								
03	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	277.15										
07	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	332.57	00	15								
02	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	109.76										
03	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	548.78										
07	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	658.53	00	15								
02	23616	OPEN TREATMENT OF PROXIMAL HUMERAL	166.09										
03	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	830.44										
07	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	996.53	00	15								
03	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	152.99										
07	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	183.58	00	15								
03	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	224.50										
07	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	269.39	00	15								
02	23630	OPEN TRMT CLSD/OPEN GRTR TUBER	94.04										
03	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	470.18										
07	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	564.21	00	15								
03	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	173.74										
07	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	208.48	00	15								
03	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	233.69										
07	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	280.43	00	15								
02	23660	OPEN TREAT CLSD/OPEN SHOULDER	72.86										
03	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	364.32										
07	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	437.18	00	15								
03	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	249.89										
07	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	299.88	00	15								
02	23670	OPEN TREAT CLSD/OPEN W/FRAC OF	105.79										
03	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	528.96										
07	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	634.75	00	15								
03	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	327.80										
07	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	393.36	00	15								
02	23680	OPEN TREAT SHOULDER DISLO/SURG	114.96										
03	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	574.78										
07	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	689.73	00	15								
03	23700	FIXATION OF SHOULDER MANIP W/ANESTH	122.52										
07	23700	FIXATION OF SHOULDER MANIP W/ANESTH	147.02	00	15								
02	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	131.12										
03	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	655.58										
07	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	786.69	00	15								

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COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
02	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	159.26										
03	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	796.28										
07	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	955.54	00	15								
02	23900	AMPUTATION OF ARM & GIRDLE	171.19										
03	23900	AMPUTATION OF ARM & GIRDLE	855.96										
07	23900	AMPUTATION OF ARM & GIRDLE	1,027.16	00	15								
02	23920	AMPUTATION AT SHOULDER JOINT	138.10										
03	23920	AMPUTATION AT SHOULDER JOINT	690.50										
07	23920	AMPUTATION AT SHOULDER JOINT	828.59	00	15								
03	23921	AMPUTATION FOLLOW-UP SURGERY	248.51										
07	23921	AMPUTATION FOLLOW-UP SURGERY	298.21	00	15								
02	23929	SHOULDER SURGERY PROCEDURE	MP			X							
03	23929	SHOULDER SURGERY PROCEDURE	MP			X							
07	23929	SHOULDER SURGERY PROCEDURE	MP	00	15	X							
03	23930	DRAINAGE OF ARM LESION	209.65										
07	23930	DRAINAGE OF ARM LESION	251.58	00	15								
03	23931	DRAINAGE OF ARM BURSA	161.65										
07	23931	DRAINAGE OF ARM BURSA	193.98	00	15								
03	23935	DRAIN ARM/ELBOW BONE LESION	309.67										
07	23935	DRAIN ARM/ELBOW BONE LESION	371.61	00	15								
03	24000	EXPLORATORY ELBOW SURGERY	294.30										
07	24000	EXPLORATORY ELBOW SURGERY	353.16	00	15								
02	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	89.52										
03	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	447.62										
07	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	537.14	00	15								
03	24065	BIOPSY ARM/ELBOW SOFT TISSUE	148.54										
07	24065	BIOPSY ARM/ELBOW SOFT TISSUE	178.25	00	15								
03	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	349.27										
07	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	419.12	00	15								
03	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	277.79										
07	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	333.36	00	15								
03	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	476.76										
07	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	572.11	00	15								
03	24075	REMOVE ARM/ELBOW LESION	281.48										
07	24075	REMOVE ARM/ELBOW LESION	337.78	00	15								
03	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	296.62										
07	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	355.94	00	15								
03	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	517.08										
07	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	620.49	00	15								
03	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	890.43										
07	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,068.52	00	15								
03	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	250.89										
07	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	301.06	00	15								
02	24101	EXPLORE/TREAT ELBOW JOINT	61.84										
03	24101	EXPLORE/TREAT ELBOW JOINT	309.18										
07	24101	EXPLORE/TREAT ELBOW JOINT	371.02	00	15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	24102	REMOVE ELBOW JOINT LINING	385.74									
07	24102	REMOVE ELBOW JOINT LINING	462.90	00 15								
03	24105	REMOVAL OF ELBOW BURSA	205.32									
07	24105	REMOVAL OF ELBOW BURSA	246.39	00 15								
03	24110	REMOVE HUMERUS LESION	364.26									
07	24110	REMOVE HUMERUS LESION	437.11	00 15								
02	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	92.49									
03	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	462.43									
07	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	554.92	00 15								
02	24116	REMOVE HUMERUS LESION W/HOMOGE	110.10									
03	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	550.51									
07	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	660.62	00 15								
03	24120	REMOVE ELBOW LESION	325.78									
07	24120	REMOVE ELBOW LESION	390.93	00 15								
02	24125	EXCISION BONE CYST HEAD/NECK RADIUS	75.12									
03	24125	EXCISION BONE CYST HEAD/NECK RADIUS	375.60									
07	24125	EXCISION BONE CYST HEAD/NECK RADIUS	450.72	00 15								
02	24126	EXCISION BONE CYST HEAD/NECK R	79.79									
03	24126	EXCISION BONE CYST HEAD/NECK RADIUS	398.96									
07	24126	EXCISION BONE CYST HEAD/NECK RADIUS	478.75	00 15								
03	24130	REMOVAL OF HEAD OF RADIUS	313.93									
07	24130	REMOVAL OF HEAD OF RADIUS	376.71	00 15								
02	24134	REMOVE BONE LESION,SHAFT OR DI	94.93									
03	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	474.67									
07	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	569.60	00 15								
03	24136	REMOVAL LESION/RADIAL HEAD OR NECK	376.81									
07	24136	REMOVAL LESION/RADIAL HEAD OR NECK	452.17	00 15								
02	24138	REMOVE BONE LESION/OLECRANON P	82.50									
03	24138	REMOVE BONE LESION/OLECRANON PROCESS	412.48									
07	24138	REMOVE BONE LESION/OLECRANON PROCESS	494.98	00 15								
03	24140	PART.EXCIS.BONE/HUMERUS	451.15									
07	24140	PART.EXCIS.BONE/HUMERUS	541.38	00 15								
03	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	377.40									
07	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	452.88	00 15								
03	24147	PART.EXCIS.BONE,OLECRANON PROCESS	391.15									
07	24147	PART.EXCIS.BONE,OLECRANON PROCESS	469.38	00 15								
02	24149	RADICAL RESECTION OF ELBOW	145.77									
03	24149	RADICAL RESECTION OF ELBOW	728.87									
07	24149	RADICAL RESECTION OF ELBOW	874.65	00 15								
02	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	124.21									
03	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	621.07									
07	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	745.29	00 15								
03	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	464.50									
07	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	557.40	00 15								
02	24155	RESECTION OF ELBOW JOINT	107.99									
03	24155	RESECTION OF ELBOW JOINT	539.93									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24155	RESECTION OF ELBOW JOINT	647.92	00 15								
03	24160	REMOVAL OF ELBOW JOINT HARDWARE	379.16									
07	24160	REMOVAL OF ELBOW JOINT HARDWARE	455.01	00 15								
03	24164	REMOVAL OF HARDWARE OF FOREARM BONE	309.21									
07	24164	REMOVAL OF HARDWARE OF FOREARM BONE	371.04	00 15								
03	24200	REMOVAL OF ARM FOREIGN BODY	116.79									
07	24200	REMOVAL OF ARM FOREIGN BODY	140.15	00 15								
03	24201	REMOVAL OF ARM FOREIGN BODY DEEP	326.52									
07	24201	REMOVAL OF ARM FOREIGN BODY DEEP	391.82	00 15								
03	24220	INJECTION FOR ELBOW X-RAY	104.23									
07	24220	INJECTION FOR ELBOW X-RAY	125.08	00 15								
03	24300	MANIPULATE ELBOW W/ANESTH	237.15									
07	24300	MANIPULATE ELBOW W/ANESTH	284.58	00 15								
03	24301	MUSCLE/TENDON TRANSFER	476.10									
07	24301	MUSCLE/TENDON TRANSFER	571.33	00 15								
03	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	361.39									X
07	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	433.67	00 15								X
03	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	295.58									X
07	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	354.69	00 15								X
02	24320	TENOPLASTY W/MUSCLE TRANSFER/E	98.24									
03	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	491.20									
07	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	589.43	00 15								
02	24330	FLEXOR-PLASTY ELBOW	90.48									
03	24330	FLEXOR-PLASTY ELBOW	452.41									
07	24330	FLEXOR-PLASTY ELBOW	542.89	00 15								
02	24331	FLEXOR-PLASTY ELBOW/EXTENSOR A	100.18									
03	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	500.91									
07	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	601.08	00 15								
03	24332	TENOLYSIS, TRICEPS	377.16									
07	24332	TENOLYSIS, TRICEPS	452.58	00 15								
02	24340	TENODESIS FOR RUPTURE OF BICEP	76.94									
03	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	384.70									
07	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	461.63	00 15								
02	24341	REPAIR TENDON/MUSCLE ARM	90.10									
03	24341	REPAIR TENDON/MUSCLE ARM	450.48									
07	24341	REPAIR TENDON/MUSCLE ARM	540.58	00 15								
02	24342	REINSERTION RUPTURED BICEPS TE	99.72									
03	24342	REINSERTION RUPTURED BICEPS TENDON/D	498.59									
07	24342	REINSERTION RUPTURED BICEPS TENDON/D	598.30	00 15								
02	24343	REPR ELBOW LAT LIGMNT W/TISS	87.74									
03	24343	REPR ELBOW LAT LIGMNT W/TISS	438.71									
07	24343	REPR ELBOW LAT LIGMNT W/TISS	526.45	00 15								
02	24344	RECONSTRUCT ELBOW LAT LIGMNT	137.74									
03	24344	RECONSTRUCT ELBOW LAT LIGMNT	688.68									
07	24344	RECONSTRUCT ELBOW LAT LIGMNT	826.41	00 15								
02	24345	REPR ELBW MED LIGMNT W/TISS	87.24									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	24345	REPR ELBW MED LIGMNT W/TISS	436.19									
07	24345	REPR ELBW MED LIGMNT W/TISS	523.43	00 15								
02	24346	RECONSTRUCT ELBOW MED LIGMNT	137.96									
03	24346	RECONSTRUCT ELBOW MED LIGMNT	689.82									
07	24346	RECONSTRUCT ELBOW MED LIGMNT	827.78	00 15								
03	24357	INCISION OF TENDON TO REPAIR ELBOW J	273.54									
07	24357	INCISION OF TENDON TO REPAIR ELBOW J	328.25	00 15								
03	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	324.07									
07	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	388.89	00 15								
03	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	410.52									
07	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	492.63	00 15								
02	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	114.64									
03	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	573.19									
07	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	687.83	00 15								
02	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	128.51									
03	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	642.56									
07	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	771.08	00 15								
02	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG	136.46									
03	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	682.32									
07	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	818.79	00 15								
02	24363	ARTHROPLASTY W/DISTAL HUMERUS/	191.11									
03	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	955.56									
07	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,146.67	00 15								
02	24365	ARTHROPLASTY RADIAL HEAD	80.60									
03	24365	ARTHROPLASTY RADIAL HEAD	402.99									
07	24365	ARTHROPLASTY RADIAL HEAD	483.58	00 15								
02	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	86.45									
03	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	432.23									
07	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	518.66	00 15								
02	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	208.65									X
03	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,043.24									X
07	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,251.90	00 15								X
02	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	240.57									X
03	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,202.85									X
07	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,443.43	00 15								X
02	24400	OSTEOTOMY HUMERUS W/WO INTERNA	104.55									
03	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	522.76									
07	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	627.31	00 15								
02	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	134.21									
03	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	671.06									
07	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	805.28	00 15								
02	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	125.37									
03	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	626.83									
07	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	752.19	00 15								
02	24430	REPAIR NONUNION OR MALUNION HUMERUS	133.39									
03	24430	REPAIR NONUNION OR MALUNION HUMERUS	666.93									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24430	REPAIR NONUNION OR MALUNION HUMERUS	800.31	00 15								
02	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	135.06									
03	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	675.30									
07	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	810.36	00 15								
02	24470	HEMIEPIPHYSEAL ARREST	79.83									
03	24470	HEMIEPIPHYSEAL ARREST	399.15									
07	24470	HEMIEPIPHYSEAL ARREST	478.98	00 15								
03	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	410.03									
07	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	492.04	00 15								
02	24498	PROPHYLACTIC TREAT...HUMERUS	111.28									
03	24498	PROPHYLACTIC TREAT...HUMERUS	556.42									
07	24498	PROPHYLACTIC TREAT...HUMERUS	667.70	00 15								
03	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	202.01									
07	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	242.42	00 15								
03	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	296.50									
07	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	355.81	00 15								
02	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	111.34									
03	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	556.72									
07	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	668.06	00 15								
02	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	110.31									
03	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	551.53									
07	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	661.84	00 15								
03	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	217.84									
07	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	261.41	00 15								
03	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	372.95									
07	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	447.54	00 15								
03	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	467.44									
07	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	560.92	00 15								
02	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	115.69									
03	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	578.47									
07	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	694.17	00 15								
02	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	135.27									
03	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	676.35									
07	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	811.62	00 15								
03	24560	TREAT CLSD EPICON FX,W/O MANIP	181.14									
07	24560	TREAT CLSD EPICON FX,W/O MANIP	217.38	00 15								
03	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	306.02									
07	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	367.22	00 15								
03	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	435.26									
07	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	522.31	00 15								
02	24575	OPEN TREAT CLSD/OPEN EPICONDYL	93.16									
03	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	465.82									
07	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	558.99	00 15								
03	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	190.33									
07	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	228.39	00 15								
03	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	318.23									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	381.88	00 15								
02	24579	OPEN TREAT CLSD/OPEN CONDYLAR	105.98									
03	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	529.90									
07	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	635.88	00 15								
03	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	485.87									
07	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	583.05	00 15								
02	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	140.52									
03	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	702.62									
07	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	843.14	00 15								
02	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	139.79									
03	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	698.94									
07	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	838.73	00 15								
03	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	215.49									
07	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	258.59	00 15								
03	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	281.24									
07	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	337.48	00 15								
02	24615	OPEN TREATMENT OF CLOSED/OPEN	90.56									
03	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	452.79									
07	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	543.35	00 15								
03	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	341.14									
07	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	409.36	00 15								
03	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	475.99									
07	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	571.19	00 15								
03	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	70.24									
07	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	84.28	00 15								
03	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	146.70									
07	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	176.03	00 15								
03	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	256.35									
07	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	307.62	00 15								
03	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	405.50									
07	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	486.59	00 15								
02	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	92.41									
03	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	462.05									
07	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	554.46	00 15								
03	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	165.37									
07	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	198.45	00 15								
03	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	271.60									
07	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	325.92	00 15								
02	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	81.61									
03	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	408.03									
07	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	489.64	00 15								
02	24800	FUSION OF ELBOW JOINT	100.54									
03	24800	FUSION OF ELBOW JOINT	502.72									
07	24800	FUSION OF ELBOW JOINT	603.26	00 15								
02	24802	FUSION/GRAFT OF ELBOW JOINT	127.87									
03	24802	FUSION/GRAFT OF ELBOW JOINT	639.37									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	24802	FUSION/GRAFT OF ELBOW JOINT	767.24	00 15								
02	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	90.85									
03	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	454.25									
07	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	545.09	00 15								
02	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	90.43									
03	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	452.15									
07	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	542.57	00 15								
02	24925	AMPUTATION UPPER ARM SECONDARY	69.64									
03	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	348.20									
07	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	417.84	00 15								
02	24930	REAMPUTATION UPPER ARM	95.93									
03	24930	REAMPUTATION UPPER ARM	479.64									
07	24930	REAMPUTATION UPPER ARM	575.57	00 15								
02	24931	AMPUTATE UPPER ARM & IMPLANT	108.06									
03	24931	AMPUTATE UPPER ARM & IMPLANT	540.32									
07	24931	AMPUTATE UPPER ARM & IMPLANT	648.38	00 15								
03	24935	STUMP ELONGATION/REVISION UPPER ARM	654.75									
07	24935	STUMP ELONGATION/REVISION UPPER ARM	785.71	00 15								
02	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	85.87									
03	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	429.37									
07	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	429.37	00 15								
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	211.46									
07	25000	TENDON SHEATH INCISION; AT RADIAL ST	253.74	00 15								
03	25001	INCISE FLEXOR CARPI RADIALIS	201.66									
07	25001	INCISE FLEXOR CARPI RADIALIS	242.00	00 15								
03	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	351.34									
07	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	421.62	00 15								
03	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	684.94									
07	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	821.93	00 15								
03	25024	DECOMPRESS FOREARM 2 SPACES	481.50									
07	25024	DECOMPRESS FOREARM 2 SPACES	577.80	00 15								
03	25025	DECOMPRESS FORARM 2 SPACES	744.67									
07	25025	DECOMPRESS FORARM 2 SPACES	893.61	00 15								
03	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	312.68									
07	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	375.22	00 15								
03	25031	INCISION/DRAINAGE INFECTED BURSA; FO	231.05									
07	25031	INCISION/DRAINAGE INFECTED BURSA; FO	277.26	00 15								
03	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	401.89									
07	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	482.28	00 15								
03	25040	EXPLORE/TREAT WRIST JOINT	358.09									
07	25040	EXPLORE/TREAT WRIST JOINT	429.71	00 15								
03	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	147.10									
07	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	176.53	00 15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	231.51									
07	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	277.82	00 15								
03	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	290.88									
07	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	349.05	00 15								
03	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	361.86									
07	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	434.24	00 15								
03	25075	EXCISE SUBCUTANEOUS TUMOR	202.91									
07	25075	EXCISE SUBCUTANEOUS TUMOR	243.48	00 15								
03	25076	EXCISE TUMOR,DEEP	273.76									
07	25076	EXCISE TUMOR,DEEP	328.51	00 15								
02	25077	REMOVAL (LESS THAN 3 CENTIMETERS) T	93.96									
03	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	469.81									
07	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	563.78	00 15								
02	25078	REMOVAL (3 CENTIMETERS OR GREATER0 T	155.47									
03	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	777.34									
07	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	932.81	00 15								
03	25085	INCISION OF WRIST CAPSULE	286.66									
07	25085	INCISION OF WRIST CAPSULE	343.98	00 15								
03	25100	BIOPSY OF WRIST JOINT	211.92									
07	25100	BIOPSY OF WRIST JOINT	254.30	00 15								
03	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	250.55									
07	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	300.66	00 15								
03	25105	REMOVE WRIST JOINT LINING	305.03									
07	25105	REMOVE WRIST JOINT LINING	366.05	00 15								
03	25107	ARTHROTOMY,WRIST,COMPLEX	378.50									
07	25107	ARTHROTOMY,WRIST,COMPLEX	454.20	00 15								
03	25109	EXCISION OF TENDON, FOREARM AND/OR W	325.36									X
07	25109	EXCISION OF TENDON, FOREARM AND/OR W	390.43	00 15								X
03	25110	EXCISION,LESION OF TENDON SHEATH	221.63									
07	25110	EXCISION,LESION OF TENDON SHEATH	265.95	00 15								
03	25111	EXCISION GANGLION;WRIST,PRIMARY	192.18									
07	25111	EXCISION GANGLION;WRIST,PRIMARY	230.61	00 15								
03	25112	EXCISION GANGLION;WRIST,RECURRENT	236.48									
07	25112	EXCISION GANGLION;WRIST,RECURRENT	283.77	00 15								
02	25115	RADICAL EXCISE BURSA,WRIST/FOR	99.82									
03	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	499.11									
07	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	598.94	00 15								
02	25116	RADICAL EXCISE BURSA,WRIST/FOR	80.45									
03	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	402.25									
07	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	482.70	00 15								
03	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	236.42									
07	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	283.70	00 15								
03	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	314.38									
07	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	377.25	00 15								
03	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	343.26									
07	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	411.91	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
02	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	79.96									
03	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	399.80									
07	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	479.75	00 15								
03	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	405.37									
07	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	486.45	00 15								
03	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	277.88									
07	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	333.45	00 15								
02	25135	EXCISE BONE CYST OF CARPAL BONES W/A	69.62									
03	25135	EXCISE BONE CYST OF CARPAL BONES W/A	348.12									
07	25135	EXCISE BONE CYST OF CARPAL BONES W/A	417.74	00 15								
03	25136	EXCISE BONE CYST OF CARPAL BONES W/H	308.44									
07	25136	EXCISE BONE CYST OF CARPAL BONES W/H	370.13	00 15								
02	25145	SEQUESTRECTOMY FORE ARM BONE A	70.52									
03	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	352.62									
07	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	423.14	00 15								
03	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	361.77									
07	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	434.12	00 15								
03	25151	PARTIAL REMOVAL OF RADIUS	398.29									
07	25151	PARTIAL REMOVAL OF RADIUS	477.96	00 15								
02	25170	RADICAL RESECTION FOR TUMOR, RADIUS	111.57									
03	25170	RADICAL RESECTION FOR TUMOR, RADIUS	557.83									
07	25170	RADICAL RESECTION FOR TUMOR, RADIUS	669.39	00 15								
03	25210	CARPECTOMY; ONE BONE	305.12									
07	25210	CARPECTOMY; ONE BONE	366.14	00 15								
03	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	394.46									
07	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	473.35	00 15								
03	25230	RADIAL STYLOIDECTOMY	270.17									
07	25230	RADIAL STYLOIDECTOMY	324.21	00 15								
03	25240	EXCISION DISTAL ULNA	273.67									
07	25240	EXCISION DISTAL ULNA	328.40	00 15								
03	25246	INJECTION FOR WRIST X-RAY	106.29									
07	25246	INJECTION FOR WRIST X-RAY	127.55	00 15								
03	25248	REMOVE FOREARM FOREIGN BODY	271.74									
07	25248	REMOVE FOREARM FOREIGN BODY	326.07	00 15								
03	25250	REMOVAL OF WRIST PROSTHESIS	325.81									
07	25250	REMOVAL OF WRIST PROSTHESIS	390.98	00 15								
02	25251	REMOVE WRIST PROSTH,COMPLICATED	89.19									
03	25251	REMOVE WRIST PROTH,COMPLICATED	445.95									
07	25251	REMOVE WRIST PROTH,COMPLICATED	535.14	00 15								
03	25259	MANIPULATE WRIST W/ANESTHES	237.60									
07	25259	MANIPULATE WRIST W/ANESTHES	285.12	00 15								
03	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	421.57									X
07	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	505.88	00 15								X
02	25263	REP,TEND/MUSC;SECOND,SING;EA T	84.18									
03	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	420.92									X
07	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	505.09	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	25265	REP,TEND/MUSC;SECON W/GRAFT,EA	100.38									
03	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	501.92									X
07	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	602.30	00 15								X
03	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	337.65									X
07	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	405.18	00 15								X
03	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	381.17									X
07	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	457.41	00 15								X
03	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	453.28									X
07	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	543.94	00 15								X
03	25275	REPAIR FOREARM TENDON SHEATH	420.00									
07	25275	REPAIR FOREARM TENDON SHEATH	503.99	00 15								
03	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	386.09									X
07	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	463.31	00 15								X
03	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	324.06									X
07	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	388.87	00 15								X
03	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	358.92									X
07	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	430.70	00 15								X
02	25300	TENODESIS AT WRIST,FLEXORS OF	85.41									
03	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	427.05									
07	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	512.46	00 15								
02	25301	TENODESIS AT WRIST; EXTENSORS	81.48									
03	25301	TENODESIS AT WRIST; EXTENSORS OF FI	407.40									
07	25301	TENODESIS AT WRIST; EXTENSORS OF FI	488.88	00 15								
03	25310	TEND TRANSPLANT...SING.;EACH TENDON	418.53									X
07	25310	TEND TRANSPLANT...SING.;EACH TENDON	502.23	00 15								X
02	25312	TENDON TRANSPLANT,W/GRAFT..EAC	97.23									
03	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	486.16									X
07	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	583.39	00 15								X
02	25315	REVISE PALSY HAND TENDON(S)	104.45									
03	25315	REVISE PALSY HAND TENDON(S)	522.23									
07	25315	REVISE PALSY HAND TENDON(S)	626.67	00 15								
02	25316	REVISE PALSY HAND TENDON W/TEN	121.00									
03	25316	REVISE PALSY HAND TENDON W/TENDON S	605.01									
07	25316	REVISE PALSY HAND TENDON W/TENDON S	726.01	00 15								
02	25320	REPAIR/REVISE/RECONSTRUCT WRIS	119.92									
03	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	599.62									
07	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	719.54	00 15								
02	25332	ARTHROPLASTY WRIST;W/INTERNAL	106.96									
03	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	534.82									
07	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	641.77	00 15								
02	25335	CENTRALIZATION-WRIST ON ULNA	121.24									
03	25335	CENTRALIZATION-WRIST ON ULNA	606.18									
07	25335	CENTRALIZATION-WRIST ON ULNA	727.42	00 15								
03	25337	RECONSTRUCT ULNA/RADIOULNAR	553.04									
07	25337	RECONSTRUCT ULNA/RADIOULNAR	663.64	00 15								
02	25350	REVISION OF RADIUS;DISTAL THIR	92.50									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25350	REVISION OF RADIUS;DISTAL THIRD	462.51									
07	25350	REVISION OF RADIUS;DISTAL THIRD	555.02	00 15								
02	25355	REVISION OF RADIUS;MIDDLE OR P	104.36									
03	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	521.80									
07	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	626.17	00 15								
02	25360	REVISION OF ULNA	89.71									
03	25360	REVISION OF ULNA	448.53									
07	25360	REVISION OF ULNA	538.24	00 15								
02	25365	REVISE RADIUS & ULNA	123.11									
03	25365	REVISE RADIUS & ULNA	615.53									
07	25365	REVISE RADIUS & ULNA	738.62	00 15								
02	25370	REVISION,MULTIPLE,RADIUS OR UL	134.08									
03	25370	REVISION,MULTIPLE,RADIUS OR ULNA	670.42									
07	25370	REVISION,MULTIPLE,RADIUS OR ULNA	804.50	00 15								
02	25375	REVISION,MULTIPLE,RADIUS AND ULNA	129.48									
03	25375	REVISION,MULTIPLE,RADIUS AND ULNA	647.42									
07	25375	REVISION,MULTIPLE,RADIUS AND ULNA	776.91	00 15								
02	25390	SHORTEN RADIUS/ULNA	104.88									
03	25390	SHORTEN RADIUS/ULNA	524.38									
07	25390	SHORTEN RADIUS/ULNA	629.25	00 15								
02	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	133.89									
03	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	669.46									
07	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	803.35	00 15								
02	25392	SHORTEN RADIUS & ULNA	135.73									
03	25392	SHORTEN RADIUS & ULNA	678.64									
07	25392	SHORTEN RADIUS & ULNA	814.37	00 15								
02	25393	LENGTHENING RADIUS & ULNA W/AU	153.28									
03	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	766.41									
07	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	919.69	00 15								
03	25394	REPAIR CARPAL BONE, SHORTEN	490.59									
07	25394	REPAIR CARPAL BONE, SHORTEN	588.71	00 15								
02	25400	REPAIR RADIUS OR ULNA	110.21									
03	25400	REPAIR RADIUS OR ULNA	551.07									
07	25400	REPAIR RADIUS OR ULNA	661.29	00 15								
02	25405	REPAIR/GRAFT RADIUS OR ULNA	140.51									
03	25405	REPAIR/GRAFT RADIUS OR ULNA	702.57									
07	25405	REPAIR/GRAFT RADIUS OR ULNA	843.09	00 15								
02	25415	REPAIR RADIUS & ULNA	131.84									
03	25415	REPAIR RADIUS & ULNA	659.20									
07	25415	REPAIR RADIUS & ULNA	791.04	00 15								
02	25420	REPAIR/GRAFT RADIUS & ULNA	157.33									
03	25420	REPAIR/GRAFT RADIUS & ULNA	786.66									
07	25420	REPAIR/GRAFT RADIUS & ULNA	943.99	00 15								
02	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	135.18									
03	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	675.89									
07	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	811.06	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	143.28									
03	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	716.42									
07	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	859.71	00 15								
02	25430	VASC GRAFT INTO CARPAL BONE	89.06									
03	25430	VASC GRAFT INTO CARPAL BONE	445.32									
07	25430	VASC GRAFT INTO CARPAL BONE	534.38	00 15								
02	25431	REPAIR NONUNION CARPAL BONE	99.54									
03	25431	REPAIR NONUNION CARPAL BONE	497.72									
07	25431	REPAIR NONUNION CARPAL BONE	597.26	00 15								
02	25440	REPAIR/GRAFT WRIST BONE	98.44									
03	25440	REPAIR/GRAFT WRIST BONE	492.19									
07	25440	REPAIR/GRAFT WRIST BONE	590.63	00 15								
02	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	119.67									
03	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	598.34									
07	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	718.01	00 15								
02	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	101.45									
03	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	507.26									
07	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	608.72	00 15								
02	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	97.15									
03	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	485.77									
07	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	582.92	00 15								
02	25444	RECONSTRUCT WRIST JOINT; LUNAT	104.09									
03	25444	RECONSTRUCT WRIST JOINT; LUNATE	520.44									
07	25444	RECONSTRUCT WRIST JOINT; LUNATE	624.54	00 15								
02	25445	RECONSTRUCT WRIST JOINT; TRAPEZIUM	91.13									
03	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	455.65									
07	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	546.78	00 15								
02	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	150.61									
03	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	753.06									
07	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	903.67	00 15								
02	25449	REVISE ARTHROPLASTY,REVDVE	131.88									
03	25449	REVISE ARTHROPLASTY,REVDVE	659.40									
07	25449	REVISE ARTHROPLASTY,REVDVE	791.29	00 15								
03	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	381.65									
07	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	457.97	00 15								
03	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	431.67									
07	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	518.00	00 15								
02	25490	PROPHYLACTIC TREATMENT/RADIUS	95.29									
03	25490	PROPHYLACTIC TREATMENT/RADIUS	476.47									
07	25490	PROPHYLACTIC TREATMENT/RADIUS	571.77	00 15								
02	25491	PROPHYLACTIC TREATMENT;ULNA	100.67									
03	25491	PROPHYLACTIC TREATMENT; ULNA	503.34									
07	25491	PROPHYLACTIC TREATMENT; ULNA	604.01	00 15								
02	25492	PROPHYLACTIC TREATMENT;RADIUS	121.93									
03	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	609.67									
07	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	731.60	00 15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	151.06									
07	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	181.27	00 15								
03	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	298.04									
07	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	357.64	00 15								
02	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	84.09									
03	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	420.44									
07	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	504.53	00 15								
03	25520	CLOSED TREATMENT OF BROKEN FOREARM A	331.05									
07	25520	CLOSED TREATMENT OF BROKEN FOREARM A	397.26	00 15								
02	25525	OPEN TREATMENT OF RADIAL SHAFT	101.93									
03	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	509.66									
07	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	611.59	00 15								
02	25526	OPEN TREATMENT OF RADIAL SHAFT	124.60									
03	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	623.02									
07	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	747.63	00 15								
03	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	145.56									
07	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	174.66	00 15								
03	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	289.30									
07	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	347.15	00 15								
02	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	78.58									
03	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	392.90									
07	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	471.48	00 15								
03	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	152.86									
07	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	183.43	00 15								
03	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	312.43									
07	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	374.92	00 15								
02	25574	OPEN TREATMENT OF RADIAL AND U	82.23									
03	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	411.13									
07	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	493.35	00 15								
02	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	112.37									
03	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	561.86									
07	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	674.24	00 15								
03	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	166.80									
07	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	200.16	00 15								
03	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	367.34									
07	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	440.81	00 15								
03	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	410.34									
07	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	492.40	00 15								
02	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	89.02									
03	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	445.10									
07	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	534.12	00 15								
02	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	102.13									
03	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	510.66									
07	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	612.79	00 15								
02	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	130.59									
03	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	652.94									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	783.53	00 15								
03	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	170.66									
07	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	204.79	00 15								
03	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	272.19									
07	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	326.62	00 15								
02	25628	OPEN TREAT CLSD/OPEN CARPAL SC	89.49									
03	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	447.45									
07	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	536.94	00 15								
03	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	175.64									X
07	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	210.77	00 15								X
03	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	257.94									X
07	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	309.53	00 15								X
02	25645	OPEN TX,CLSD/OPEN FX...EACH BO	70.69									
03	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	353.43									X
07	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	424.11	00 15								X
03	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	183.10									
07	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	219.72	00 15								
03	25651	PIN ULNAR STYLOID FRACTURE	290.28									
07	25651	PIN ULNAR STYLOID FRACTURE	348.34	00 15								
03	25652	TREAT FRACTURE ULNAR STYLOID	384.28									
07	25652	TREAT FRACTURE ULNAR STYLOID	461.14	00 15								
03	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	241.63									
07	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	289.94	00 15								
02	25670	OPEN TREAT CLSD/OPEN RADIO/INT	76.30									
03	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	381.51									
07	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	457.82	00 15								
03	25671	PIN RADIOULNAR DISLOCATION	320.14									
07	25671	PIN RADIOULNAR DISLOCATION	384.17	00 15								
03	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	254.20									
07	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	305.03	00 15								
02	25676	OPEN TREAT CLSD/OPEN DISTAL RA	79.00									
03	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	394.99									
07	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	473.99	00 15								
03	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	281.44									
07	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	337.72	00 15								
02	25685	OPEN TREAT CLSD/OPEN TRANS/SCA	92.23									
03	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	461.16									
07	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	553.39	00 15								
03	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	283.56									
07	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	340.26	00 15								
03	25695	OPEN TREATMENT LUNATE DISLOCATION	396.64									
07	25695	OPEN TREATMENT LUNATE DISLOCATION	475.96	00 15								
02	25800	FUSION WRIST JOINT;W/O BONE GRAFT	93.87									
03	25800	FUSION OF WRIST JOINT	469.35									
07	25800	FUSION OF WRIST JOINT	563.22	00 15								
02	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	108.28									

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	541.42									
07	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	649.71	00 15								
02	25810	FUSION WRIST JOINT; W/DISTANT BONE	109.11									
03	25810	FUSION WRIST JOINT; W/DISTANT BONE	545.56									
07	25810	FUSION WRIST JOINT; W/DISTANT BONE	654.67	00 15								
02	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	76.28									
03	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	381.41									
07	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	457.69	00 15								
02	25825	INTERCARPAL FUSION;W/BONE GRAFT	94.01									
03	25825	INTERCARPAL FUSION;W/ BONEGRAFT	470.05									
07	25825	INTERCARPAL FUSION;W/ BONEGRAFT	564.06	00 15								
02	25830	FUSION RADIOULNAR JNT/ULNA	116.46									
03	25830	FUSION RADIOULNAR JNT/ULNA	582.29									
07	25830	FUSION RADIOULNAR JNT/ULNA	698.74	00 15								
03	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	467.46									
07	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	560.95	00 15								
02	25905	AMPUTATION,FOREARM,OPEN FLAP O	92.69									
03	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	463.43									
07	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	556.12	00 15								
02	25907	AMPUTATION,FOREARM,SECONDARY C	80.56									
03	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	402.78									
07	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	483.35	00 15								
02	25909	REAMPUTATION FOREARM SURGERY	91.18									
03	25909	REAMPUTATION FOREARM SURGERY	455.89									
07	25909	REAMPUTATION FOREARM SURGERY	547.07	00 15								
02	25915	AMPUTATION FOREARM, KRUKENBER	160.97									
03	25915	AMPUTATION FOREARM, KRUKENBERO PROC	804.86									
07	25915	AMPUTATION FOREARM, KRUKENBERO PROC	965.84	00 15								
03	25920	DISARTICULATION THROUGH WRIST	429.27									
07	25920	DISARTICULATION THROUGH WRIST	515.13	00 15								
02	25922	DISARTICULATION WRIST;SECOND C	72.52									
03	25922	DISARTICULATION WRIST;SECOND CLOSURE	362.62									
07	25922	DISARTICULATION WRIST;SECOND CLOSURE	435.14	00 15								
02	25924	REAMPUTATION WRIST SURGERY	83.83									
03	25924	REAMPUTATION WRIST SURGERY	419.16									
07	25924	REAMPUTATION WRIST SURGERY	502.99	00 15								
03	25927	TRANSMETACARPAL AMPUTATION	481.98									
07	25927	TRANSMETACARPAL AMPUTATION	578.37	00 15								
02	25929	TRANSMETACARPAL AMPUTATION;SE	70.48									
03	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	352.39									
07	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	422.86	00 15								
03	25931	AMPUTATION FOLLOW-UP SURGERY	438.43									
07	25931	AMPUTATION FOLLOW-UP SURGERY	526.12	00 15								
02	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP		X							
03	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP		X							
07	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP	00 15	X							

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	26010	DRAINAGE OF FINGER ABSCESS	145.90									
07	26010	DRAINAGE OF FINGER ABSCESS	175.09	00 15								
03	26011	DRAIN FINGER ABSCESS; COMPLICATED	222.60									
07	26011	DRAIN FINGER ABSCESS; COMPLICATED	267.12	00 15								
03	26020	DRAIN HAND TENDON SHEATH	260.45									
07	26020	DRAIN HAND TENDON SHEATH	312.54	00 15								
03	26025	DRAINAGE OF PALM BURSA	255.25									
07	26025	DRAINAGE OF PALM BURSA	306.30	00 15								
03	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	302.63									
07	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	363.15	00 15								
03	26034	TREAT HAND BONE LESION	327.57									
07	26034	TREAT HAND BONE LESION	393.08	00 15								
03	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	512.56									
07	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	615.07	00 15								
03	26037	DECOMPRESSIVE FASCIOTOMY, HAND	354.63									
07	26037	DECOMPRESSIVE FASCIOTOMY, HAND	425.55	00 15								
03	26040	RELEASE OF TISSUES OF PALM, ACCESSED	186.24									
07	26040	RELEASE OF TISSUES OF PALM, ACCESSED	223.49	00 15								
03	26045	PARTIAL RELEASE OF TISSUES OF PALM,	286.46									
07	26045	PARTIAL RELEASE OF TISSUES OF PALM,	343.74	00 15								
03	26055	INCISE FINGER TENDON SHEATH	324.26									X
07	26055	INCISE FINGER TENDON SHEATH	389.10	00 15								X
03	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	159.29									X
07	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	191.15	00 15								X
03	26070	EXPLORE/TREAT HAND JOINT	182.54									
07	26070	EXPLORE/TREAT HAND JOINT	219.04	00 15								
03	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	193.19									
07	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	231.83	00 15								
03	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	232.55									X
07	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	279.06	00 15								X
03	26100	BIOPSY HAND JOINT LINING	195.33									
07	26100	BIOPSY HAND JOINT LINING	234.40	00 15								
03	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	200.07									
07	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	240.09	00 15								
03	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	191.67									X
07	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	230.00	00 15								X
03	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	281.67									
07	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	337.99	00 15								
03	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	370.06									
07	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	444.08	00 15								
03	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	358.69									
07	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	430.42	00 15								
03	26116	EXCISION BENIGN TUMOR,HAND; DEEP	293.27									
07	26116	EXCISION BENIGN TUMOR,HAND; DEEP	351.92	00 15								
03	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	404.20									
07	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	485.04	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	728.09										
07	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	873.71	00	15								
03	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	370.66										
07	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	444.79	00	15								
03	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	506.56										
07	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	607.87	00	15								
03	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	185.15										X
07	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	222.18	00	15								X
03	26130	REMOVE WRIST JOINT LINING	280.28										
07	26130	REMOVE WRIST JOINT LINING	336.33	00	15								
03	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	341.66										X
07	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	410.00	00	15								X
03	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	309.73										X
07	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	371.68	00	15								X
03	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	315.27										X
07	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	378.32	00	15								X
03	26160	REMOVE TENDON SHEATH LESION	326.44										
07	26160	REMOVE TENDON SHEATH LESION	391.72	00	15								
03	26170	EXCISE TENDON,PALM...EACH	246.65										X
07	26170	EXCISE TENDON,PALM...EACH	295.98	00	15								X
03	26180	EXCISION OF TENDON,FINGER,FLEXOR	269.82										
07	26180	EXCISION OF TENDON,FINGER,FLEXOR	323.78	00	15								
03	26185	REMOVE FINGER BONE	321.68										
07	26185	REMOVE FINGER BONE	386.01	00	15								
03	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	278.22										
07	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	333.86	00	15								
03	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	375.01										
07	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	450.01	00	15								
03	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	268.58										
07	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	322.29	00	15								
03	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	342.77										
07	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	411.32	00	15								
03	26230	PARTIAL REMOVAL OF HAND BONE	312.08										
07	26230	PARTIAL REMOVAL OF HAND BONE	374.50	00	15								
03	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	306.11										
07	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	367.32	00	15								
03	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	270.47										
07	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	324.57	00	15								
03	26250	RADICAL RESECTION FOR TUMOR,HAND	361.90										
07	26250	RADICAL RESECTION FOR TUMOR,HAND	434.28	00	15								
02	26260	RADICAL RESECT FOR TUMOR,PROXI	67.78										
03	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	338.88										
07	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	406.67	00	15								
03	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	282.62										
07	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	339.14	00	15								
03	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	209.65										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	251.58	00 15								
03	26340	MANIPULATE FINGER W/ANESTH	184.24									X
07	26340	MANIPULATE FINGER W/ANESTH	221.08	00 15								X
03	26341	MANIPULATION OF PALM PRETENDINOUS CO	65.02									
07	26341	MANIPULATION OF PALM PRETENDINOUS CO	78.02	00 15								
03	26350	REPAIR OF FINGER TENDON	427.15									X
07	26350	REPAIR OF FINGER TENDON	512.57	00 15								X
02	26352	REPAIR OF FINGER TENDON WITH GRAFT	97.76									X
03	26352	REPAIR OF FINGER TENDON WITH GRAFT	488.79									X
07	26352	REPAIR OF FINGER TENDON WITH GRAFT	586.55	00 15								X
03	26356	REPAIR OF FINGER TENDON	636.86									X
07	26356	REPAIR OF FINGER TENDON	764.24	00 15								X
02	26357	REPAIR OF FINGER TENDON	105.37									
03	26357	REPAIR OF FINGER TENDON	526.83									X
07	26357	REPAIR OF FINGER TENDON	632.19	00 15								X
02	26358	REPAIR OF FINGER TENDON WITH GRAFT	111.42									
03	26358	REPAIR OF FINGER TENDON WITH GRAFT	557.11									X
07	26358	REPAIR OF FINGER TENDON WITH GRAFT	668.53	00 15								X
03	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	465.14									X
07	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	558.16	00 15								X
02	26372	PROFUNDUS TENDON REPAIR;SECOND	108.37									
03	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	541.85									X
07	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	650.21	00 15								X
02	26373	PROFUNDUS TENDON REPAIR;SECOND	102.74									
03	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	513.72									X
07	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	616.45	00 15								X
02	26390	FLEXOR TENDON EXCISE,IMPLANT P	101.85									
03	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	509.23									
07	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	611.07	00 15								
02	26392	REMOVAL ROD AND INSERTION OF T	118.69									
03	26392	REMOVAL ROD AND INSERTION OF TENDON	593.46									
07	26392	REMOVAL ROD AND INSERTION OF TENDON	712.15	00 15								
03	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	339.13									X
07	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	406.96	00 15								X
03	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	414.58									X
07	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	497.50	00 15								X
03	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	440.79									
07	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	528.94	00 15								
03	26416	REMOVE TUBE/ROD,INSERT GRAFT...	471.34									
07	26416	REMOVE TUBE/ROD,INSERT GRAFT...	565.60	00 15								
03	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	338.91									X
07	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	406.70	00 15								X
03	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	431.92									X
07	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	518.30	00 15								X
03	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	350.51									
07	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	420.62	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	454.01									
07	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	544.81	00 15								
03	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	296.54									
07	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	355.86	00 15								
03	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	319.18									
07	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	383.02	00 15								
02	26434	TENDON REPAIR,OPEN,PRIMARY/SEC	77.08									
03	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	385.42									
07	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	462.50	00 15								
03	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	375.14									
07	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	450.17	00 15								
03	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	373.19									X
07	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	447.83	00 15								X
03	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	571.24									X
07	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	685.49	00 15								X
03	26445	TENOLYSIS,EXT TEND...;EACH TENDON	344.97									X
07	26445	TENOLYSIS,EXT TEND...;EACH TENDON	413.96	00 15								X
03	26449	TENOLYSIS,COMP,EXT TENDON.....	461.51									
07	26449	TENOLYSIS,COMP,EXT TENDON.....	553.81	00 15								
03	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	241.93									X
07	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	290.31	00 15								X
03	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	240.22									X
07	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	288.26	00 15								X
03	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	233.21									X
07	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	279.85	00 15								X
03	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	369.57									
07	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	443.48	00 15								
03	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	353.30									
07	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	423.97	00 15								
03	26476	TEND LENGTHEN,EXT...SINGLE, EACH	344.39									X
07	26476	TEND LENGTHEN,EXT...SINGLE, EACH	413.26	00 15								X
03	26477	TEND SHORTEN,EXT...SINGLE,EACH	347.28									X
07	26477	TEND SHORTEN,EXT...SINGLE,EACH	416.73	00 15								X
03	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	373.98									X
07	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	448.76	00 15								X
03	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	453.24									X
07	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	543.89	00 15								X
03	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	514.87									X
07	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	617.84	00 15								X
03	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	492.07									X
07	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	590.48	00 15								X
03	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	536.25									X
07	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	643.49	00 15								X
03	26490	REVISE THUMB TENDON	479.21									
07	26490	REVISE THUMB TENDON	575.06	00 15								
03	26492	REVISE THUMB TENDON W/GRAFT	535.25									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26492	REVISE THUMB TENDON W/GRAFT	642.29	00 15								
03	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	485.40									
07	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	582.47	00 15								
03	26496	REVISE THUMB TENDON; OTHER METHODS	528.26									
07	26496	REVISE THUMB TENDON; OTHER METHODS	633.91	00 15								
02	26497	SUBLIMIS TRANSFER TO CORRECT C	105.64									
03	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	528.18									
07	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	633.82	00 15								
02	26498	SUBLIMIS TRANSFER TO CORRECT C	142.24									
03	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	711.19									
07	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	853.42	00 15								
03	26499	CORRECTION CLAW FINGER,OTHER METHODS	649.04		X							
07	26499	CORRECTION CLAW FINGER,OTHER METHODS	811.30	00 15	X							
03	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	377.66									
07	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	453.18	00 15								
03	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	428.53									
07	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	514.23	00 15								
03	26508	RELEASE THUMB CONTRACTURE	380.36									X
07	26508	RELEASE THUMB CONTRACTURE	456.44	00 15								X
03	26510	CROSS INTRINSIC TRANSFER	358.71									
07	26510	CROSS INTRINSIC TRANSFER	430.46	00 15								
03	26516	FUSION OF KNUCKLE JOINT	427.17									
07	26516	FUSION OF KNUCKLE JOINT	512.61	00 15								
03	26517	FUSION KNUCKLE JOINT,TWO DIGITS	505.36									
07	26517	FUSION KNUCKLE JOINT,TWO DIGITS	606.44	00 15								
03	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	509.85									X
07	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	611.82	00 15								X
03	26520	CAPSULECTOMY/OTOMY....;EACH	390.43									X
07	26520	CAPSULECTOMY/OTOMY....;EACH	468.51	00 15								X
03	26525	CAPSULECTOMY/OTOMY...;EACH	392.13									X
07	26525	CAPSULECTOMY/OTOMY...;EACH	470.56	00 15								X
02	26530	ARTHROPLASTY,META....;SINGLE,EA	66.24									
03	26530	ARTHROPLASTY,META...;SINGLE,EACH	331.19									X
07	26530	ARTHROPLASTY,META...;SINGLE,EACH	397.43	00 15								X
02	26531	ARTHROPLASTY,META...;PROSTH...EACH	77.13									X
03	26531	ARTHROPLASTY,META..;PROSTH...EACH	385.64									X
07	26531	ARTHROPLASTY,META..;PROSTH...EACH	462.76	00 15								X
03	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	248.42									X
07	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	298.10	00 15								X
03	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	405.16									X
07	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	486.20	00 15								X
03	26540	REPAIR COLLATERAL LIGAMENT	399.83									X
07	26540	REPAIR COLLATERAL LIGAMENT	479.79	00 15								X
02	26541	RECONSTRUCT/GRAFT HAND JOINT	98.32									
03	26541	RECONSTRUCT/GRAFT HAND JOINT	491.61									X
07	26541	RECONSTRUCT/GRAFT HAND JOINT	589.94	00 15								X

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COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	413.81										
07	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	496.56	00	15								
03	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	421.41										X
07	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	505.69	00	15								X
02	26546	REPAIR NON-UNION HAND	118.73										
03	26546	REPAIR NON-UNION HAND	593.66										
07	26546	REPAIR NON-UNION HAND	712.40	00	15								
03	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	465.61										X
07	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	558.72	00	15								X
02	26550	CONSTRUCT THUMB REPLACEMENT	186.94										
03	26550	CONSTRUCT THUMB REPLACEMENT	934.72										X
07	26550	CONSTRUCT THUMB REPLACEMENT	1,121.66	00	15								X
02	26551	GREAT TOE-HAND TRANSFER	412.22										
03	26551	GREAT TOE-HAND TRANSFER	2,061.12										
07	26551	GREAT TOE-HAND TRANSFER	2,473.34	00	15								
02	26553	SINGLE TOE-HAND TRANSFER	356.70										
03	26553	SINGLE TOE-HAND TRANSFER	1,783.48										
07	26553	SINGLE TOE-HAND TRANSFER	2,140.16	00	15								
02	26554	DOUBLE TOE-HAND TRANSFER	473.09										
03	26554	DOUBLE TOE-HAND TRANSFER	2,365.43										
07	26554	DOUBLE TOE-HAND TRANSFER	2,838.52	00	15								
02	26555	POSITIONAL CHANGE OF FINGER	170.43										
03	26555	POSITIONAL CHANGE OF FINGER	852.17										
07	26555	POSITIONAL CHANGE OF FINGER	1,022.60	00	15								
02	26556	TOE JOINT TRANSFER	368.59										
03	26556	TOE JOINT TRANSFER	1,842.94										
07	26556	TOE JOINT TRANSFER	2,211.54	00	15								
03	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	343.87										X
07	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	412.64	00	15								X
03	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	559.07										X
07	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	670.89	00	15								X
02	26562	REPAIR WEB FINGER,COMPLEX,INVO	163.23										
03	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	816.16										X
07	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	979.40	00	15								X
03	26565	CORRECT METACARPAL FLAW	410.00										X
07	26565	CORRECT METACARPAL FLAW	492.00	00	15								X
03	26567	CORRECT FINGER DEFORMITY	414.40										X
07	26567	CORRECT FINGER DEFORMITY	497.28	00	15								X
03	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	546.84										
07	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	656.20	00	15								
02	26580	REPAIR HAND DEFORMITY	174.53										
03	26580	REPAIR HAND DEFORMITY	872.64										X
07	26580	REPAIR HAND DEFORMITY	1,047.16	00	15								X
03	26587	REPAIR SUPERNUMERARY DIGIT	600.17										X
07	26587	REPAIR SUPERNUMERARY DIGIT	720.20	00	15								X
03	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	802.21										X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	962.65	00 15								X
03	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	259.16									X
07	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	310.99	00 15								X
03	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	454.16									
07	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	545.00	00 15								
03	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	158.29									X
07	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	189.94	00 15								X
03	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	184.08									X
07	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	220.90	00 15								X
03	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	269.21									X
07	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	323.05	00 15								X
03	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	289.73									
07	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	347.67	00 15								
03	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	336.65									X
07	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	403.98	00 15								X
03	26641	TREAT THUMB DISLOCATION W/MANIPU	212.07									X
07	26641	TREAT THUMB DISLOCATION W/MANIPU	254.48	00 15								X
03	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	243.68									X
07	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	292.43	00 15								X
03	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	289.67									X
07	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	347.62	00 15								X
03	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	373.63									X
07	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	448.35	00 15								X
03	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	192.17									
07	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	230.60	00 15								
03	26675	TREAT HAND DISLOCATION W/ANESTHESIA	260.32									
07	26675	TREAT HAND DISLOCATION W/ANESTHESIA	312.39	00 15								
03	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	303.35									
07	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	364.03	00 15								
03	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	346.60									
07	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	415.92	00 15								
03	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	385.66									
07	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	462.78	00 15								
03	26700	TREAT KNUCKLE DISLOCATION	183.67									
07	26700	TREAT KNUCKLE DISLOCATION	220.39	00 15								
03	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	238.21									
07	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	285.84	00 15								
03	26706	PERC.PINNING,CLOSED METACARPOPHALANG	264.16									
07	26706	PERC.PINNING,CLOSED METACARPOPHALANG	316.99	00 15								
03	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	337.46									
07	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	404.96	00 15								
03	26720	TREAT CLSD FX;W/O MANIP, EACH	109.89									X
07	26720	TREAT CLSD FX;W/O MANIP, EACH	131.87	00 15								X
03	26725	TREAT CLSD FX;W/ MANIP, EACH	198.45									X
07	26725	TREAT CLSD FX;W/ MANIP, EACH	238.13	00 15								X
03	26727	TREAT FX,MANIP,TRACT/FIX, EACH	284.49									X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	26727	TREAT FX,MANIP,TRACT/FIX, EACH	341.37	00 15								X
03	26735	OPEN TREAT....W/W/O FIX, EACH	351.80									X
07	26735	OPEN TREAT....W/W/O FIX, EACH	422.15	00 15								X
03	26740	TREAT CLSD ART FX...W/O MANIP,EACH	128.28									X
07	26740	TREAT CLSD ART FX...W/O MANIP,EACH	153.93	00 15								X
03	26742	TREAT CLSD ART FX....W/ MANIP, EACH	217.98									X
07	26742	TREAT CLSD ART FX....W/ MANIP, EACH	261.57	00 15								X
03	26746	OPEN TX,CLSD/OPEN FX...EACH	430.79									X
07	26746	OPEN TX,CLSD/OPEN FX...EACH	516.95	00 15								X
03	26750	TREAT CLSD FX...W/O MANIP, EACH	103.13									X
07	26750	TREAT CLSD FX...W/O MANIP, EACH	123.76	00 15								X
03	26755	TREAT CLSD FX...W/ MANIP, EACH	181.81									X
07	26755	TREAT CLSD FX...W/ MANIP, EACH	218.17	00 15								X
03	26756	TREAT CLSD FX..;W/PERC PIN, EACH	249.87									X
07	26756	TREAT CLSD FX..;W/PERC PIN, EACH	299.84	00 15								X
03	26765	OPEN TX,CLSD/OPEN FX..;EACH	284.54									X
07	26765	OPEN TX,CLSD/OPEN FX..;EACH	341.46	00 15								X
03	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	155.34									
07	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	186.41	00 15								
03	26775	TRMT OF SAME W/ ANESTION	221.02									
07	26775	TRMT OF SAME W/ ANESTION	265.22	00 15								
03	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	266.35									
07	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	319.61	00 15								
03	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	310.77									
07	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	372.92	00 15								
02	26820	THUMB FUSION WITH GRAFT	96.07									
03	26820	THUMB FUSION WITH GRAFT	480.37									
07	26820	THUMB FUSION WITH GRAFT	576.45	00 15								
03	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	443.04									
07	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	531.64	00 15								
03	26842	ARTHRODESIS OF THUMB W/ GRAFT	483.26									X
07	26842	ARTHRODESIS OF THUMB W/ GRAFT	579.92	00 15								X
03	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	446.55									
07	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	535.86	00 15								
03	26844	ARTHRODESIS OF DIGITS W/ GRAFT	499.51									
07	26844	ARTHRODESIS OF DIGITS W/ GRAFT	599.41	00 15								
03	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	422.23									
07	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	506.67	00 15								
03	26852	ARTHRODESIS KNUCKLE W/ GRAFT	485.76									
07	26852	ARTHRODESIS KNUCKLE W/ GRAFT	582.91	00 15								
03	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	335.03									
07	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	402.04	00 15								
03	26861	ARTHRODESIS...EACH ADD JOINT	69.89									X
07	26861	ARTHRODESIS...EACH ADD JOINT	83.86	00 15								X
03	26862	FUSION/GRAFT OF FINGER JOINT	440.52									
07	26862	FUSION/GRAFT OF FINGER JOINT	528.63	00 15								

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	155.54										X
07	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	186.64	00	15								X
03	26910	AMPUTATE METACARPAL BONE	435.32										X
07	26910	AMPUTATE METACARPAL BONE	522.38	00	15								X
03	26951	AMPUTATION OF FINGER/THUMB	371.53										X
07	26951	AMPUTATION OF FINGER/THUMB	445.84	00	15								X
03	26952	WITH LOCAL ADVANCEMENT FLAPS	391.86										X
07	26952	WITH LOCAL ADVANCEMENT FLAPS	470.23	00	15								X
03	26989	MISC PROCEDURE HAND S OR FINGERS	MP			X							
07	26989	MISC PROCEDURE HAND S OR FINGERS	MP	00	15	X							
03	26990	DRAINAGE OF PELVIS LESION	384.27										
07	26990	DRAINAGE OF PELVIS LESION	461.11	00	15								
03	26991	DRAINAGE OF PELVIS BURSA	422.06										
07	26991	DRAINAGE OF PELVIS BURSA	506.46	00	15								
03	26992	DRAINAGE OF BONE LESION	610.78										
07	26992	DRAINAGE OF BONE LESION	732.94	00	15								
03	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	279.71										
07	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	335.66	00	15								
03	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	340.22										
07	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	408.26	00	15								
03	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	364.05										
07	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	436.85	00	15								
02	27005	TENOTOMY, ILIOPSOAS, OPEN	92.60										
03	27005	TENOTOMY, ILIOPSOAS, OPEN	463.01										
07	27005	TENOTOMY, ILIOPSOAS, OPEN	555.61	00	15								
02	27006	TENOTOMY, ABDUCTORS, OPEN	93.45										
03	27006	TENOTOMY, ABDUCTORS, OPEN	467.23										
07	27006	TENOTOMY, ABDUCTORS, OPEN	560.68	00	15								
02	27025	OBER-YOUNT FASCIOTOMY, UNILATE	113.19										
03	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	565.96										
07	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	679.15	00	15								
02	27027	INCISION OF TISSUE OF MUSCLE COMPART	110.96										
03	27027	INCISION OF TISSUE OF MUSCLE COMPART	554.81										
07	27027	INCISION OF TISSUE OF MUSCLE COMPART	665.77	00	15								
02	27030	ARTHROTOMY OF HIP FOR DRAINAGE	121.26										
03	27030	ARTHROTOMY OF HIP FOR DRAINAGE	606.31										
07	27030	ARTHROTOMY OF HIP FOR DRAINAGE	727.57	00	15								
02	27033	HIP ARTHROTOMY FOR EXPLORATION	125.50										
03	27033	HIP ARTHROTOMY FOR EXPLORATION	627.49										
07	27033	HIP ARTHROTOMY FOR EXPLORATION	753.00	00	15								
02	27035	DENERVATION OF HIP JOINT	140.68										
03	27035	DENERVATION OF HIP JOINT	703.38										
07	27035	DENERVATION OF HIP JOINT	844.06	00	15								
02	27036	EXCISION OF HIP JOINT/MUSCLE	128.05										
03	27036	EXCISION OF HIP JOINT/MUSCLE	640.25										
07	27036	EXCISION OF HIP JOINT/MUSCLE	768.29	00	15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	202.26									
07	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	242.71	00 15								
03	27041	DEEP BIOPSY OF SOFT TISSUES	437.07									
07	27041	DEEP BIOPSY OF SOFT TISSUES	524.48	00 15								
03	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	321.90									
07	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	386.28	00 15								
02	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	102.40									
03	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	512.01									
07	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	614.40	00 15								
03	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	382.00									
07	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	458.40	00 15								
02	27048	DEEP TUMOR EXCISION,HIP-PELVI	59.65									
03	27048	DEEP TUMOR EXCISION, HIP-PELVIS	298.24									
07	27048	DEEP TUMOR EXCISION, HIP-PELVIS	357.89	00 15								
02	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	127.63									
03	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	638.15									
07	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	765.78	00 15								
03	27050	BIOPSY OF SACROILLIAC JOINT	217.40									
07	27050	BIOPSY OF SACROILLIAC JOINT	260.87	00 15								
03	27052	BIOPSY OF HIP JOINT	347.52									
07	27052	BIOPSY OF HIP JOINT	417.01	00 15								
02	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	85.70									
03	27054	REMOVAL OF HIP JOINT LINING	428.49									
07	27054	REMOVAL OF HIP JOINT LINING	514.18	00 15								
02	27057	INCISION OF TISSUE ON ONE SIDE OF PE	122.45									
03	27057	INCISION OF TISSUE ON ONE SIDE OF PE	612.25									
07	27057	INCISION OF TISSUE ON ONE SIDE OF PE	734.70	00 15								
02	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	251.75									
03	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,258.76									
07	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,510.51	00 15								
03	27060	REMOVAL OF ISCHIAL BURSA	268.79									
07	27060	REMOVAL OF ISCHIAL BURSA	322.55	00 15								
03	27062	EXCISION TROCHANTERIC BURSA	280.39									
07	27062	EXCISION TROCHANTERIC BURSA	336.47	00 15								
02	27065	EXCISION OF BONE CYST OR BENIGN TUMO	62.59									
03	27065	EXCISION OF BONE CYST OR BENIGN TUMO	312.96									
07	27065	EXCISION OF BONE CYST OR BENIGN TUMO	375.54	00 15								
02	27066	EXCISION OF BONE CYST OR BENIGN TUMO	102.39									
03	27066	EXCISION OF BONE CYST OR BENIGN TUMO	511.97									
07	27066	EXCISION OF BONE CYST OR BENIGN TUMO	614.37	00 15								
02	27067	EXCISION OF BONE CYST OR BENIGN TUMO	129.55									
03	27067	EXCISION OF BONE CYST OR BENIGN TUMO	647.75									
07	27067	EXCISION OF BONE CYST OR BENIGN TUMO	777.30	00 15								
03	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	534.73									
07	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	641.68	00 15								
02	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	114.86									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	574.32									
07	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	689.17	00 15								
02	27075	RADICAL RESECTION FOR TUMOR-WING OF	300.27									
03	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,501.34									
07	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,801.61	00 15								
02	27076	RADICAL RESECTION FOR TUMOR-ILIUM	206.16									
03	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,030.78									
07	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,236.93	00 15								
02	27077	INNOMINATE BONE-TOTAL	346.42									
03	27077	INNOMINATE BONE-TOTAL	1,732.12									
07	27077	INNOMINATE BONE-TOTAL	2,078.54	00 15								
02	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	129.61									
03	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	648.03									
07	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	777.64	00 15								
02	27080	COCCYGECTOMY	61.90									
03	27080	COCCYGECTOMY	309.49									
07	27080	COCCYGECTOMY	371.38	00 15								
03	27086	REMOVE HIP FOREIGN BODY	144.92									
07	27086	REMOVE HIP FOREIGN BODY	173.90	00 15								
03	27087	DEEP ODY	399.50									
07	27087	DEEP ODY	479.40	00 15								
02	27090	REMOVAL OF HIP PROSTHESIS	106.08									
03	27090	REMOVAL OF HIP PROSTHESIS	530.40									
07	27090	REMOVAL OF HIP PROSTHESIS	636.48	00 15								
02	27091	XOMPLICATED HESIS	206.74									
03	27091	COMPLICATED HESIS	1,033.72									
07	27091	COMPLICATED HESIS	1,240.46	00 15								
03	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	116.61									
07	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	139.93	00 15								
03	27095	WITH ANES RAY	140.43									
07	27095	WITH ANES RAY	168.51	00 15								
03	27096	INJECTION PROCEDURE FOR SACROILIAC J	107.27									
07	27096	INJECTION PROCEDURE FOR SACROILIAC J	128.73	00 15								
02	27097	HAMSTRING RECESSION PROXIMAL	84.56									
03	27097	HAMSTRING RECESSION PROXIMAL	422.78									
07	27097	HAMSTRING RECESSION PROXIMAL	507.33	00 15								
02	27098	ADDUCTOR TRANSFER TO ISCHIUM	78.48									
03	27098	ADDUCTOR TRANSFER TO ISCHIUM	392.40									
07	27098	ADDUCTOR TRANSFER TO ISCHIUM	470.88	00 15								
02	27100	TRAN EXTERNAL OBLIQUE MUSCLE T	104.10									
03	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	520.50									
07	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	624.61	00 15								
02	27105	TRANSFER PARASPINAL MUSCLE TO	108.75									
03	27105	TRANSFER PARASPINAL MUSCLE TO HIP	543.76									
07	27105	TRANSFER PARASPINAL MUSCLE TO HIP	652.51	00 15								
02	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	122.09									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	610.47									
07	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	732.57	00 15								
02	27111	TO FEMORAL NECK S MUSCLE	109.08									
03	27111	TO FEMORAL NECK S MUSCLE	545.39									
07	27111	TO FEMORAL NECK S MUSCLE	654.47	00 15								
02	27120	ACETABULOPLASTY P SOCKET	166.16									
03	27120	ACETABULOPLASTY P SOCKET	830.82									
07	27120	ACETABULOPLASTY P SOCKET	996.99	00 15								
02	27122	RESECTION FEMORAL HEAD	142.01									
03	27122	RESECTION FEMORAL HEAD	710.03									
07	27122	RESECTION FEMORAL HEAD	852.03	00 15								
02	27125	HEMIARTHROPLASTY; PROSTHESIS	144.53									
03	27125	HEMIARTHROPLASTY; PROSTHESIS	722.64									
07	27125	HEMIARTHROPLASTY; PROSTHESIS	867.16	00 15								
02	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	187.02									
03	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	935.11									
07	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,122.12	00 15								
02	27132	CONVERT PREV.HIP SURG TO TOT.HIP REP	218.63									
03	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,093.13									
07	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,311.75	00 15								
02	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	254.41									
03	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,272.06									
07	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,526.46	00 15								
02	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	193.46									
03	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	967.29									
07	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,160.76	00 15								
02	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	201.45									
03	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,007.26									
07	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,208.71	00 15								
02	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	115.05									
03	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	575.23									
07	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	690.27	00 15								
02	27146	OSTEOTOMY, ILIAC	162.79									
03	27146	OSTEOTOMY, ILIAC	813.96									
07	27146	OSTEOTOMY, ILIAC	976.75	00 15								
02	27147	WITH OPEN REDUCTION OF HIP	189.94									
03	27147	WITH OPEN REDUCTION OF HIP	949.72									
07	27147	WITH OPEN REDUCTION OF HIP	1,139.66	00 15								
02	27151	WITH FEMORAL OSTEOTOMY	198.89									
03	27151	WITH FEMORAL OSTEOTOMY	994.47									
07	27151	WITH FEMORAL OSTEOTOMY	1,193.36	00 15								
02	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	222.01									
03	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,110.05									
07	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,332.06	00 15								
02	27158	OSTEOTOMY, PELVIS, BILATERAL	178.05									
03	27158	OSTEOTOMY, PELVIS, BILATERAL	890.24									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27158	OSTEOTOMY, PELVIS, BILATERAL	1,068.28	00 15								
02	27161	INCISION OF NECK OF FEMUR	157.35									
03	27161	INCISION OF NECK OF FEMUR	786.74									
07	27161	INCISION OF NECK OF FEMUR	944.09	00 15								
02	27165	INCISION/FIXATION OF FEMUR	175.63									
03	27165	INCISION/FIXATION OF FEMUR	878.17									
07	27165	INCISION/FIXATION OF FEMUR	1,053.80	00 15								
02	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	152.39									
03	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	761.94									
07	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	914.33	00 15								
03	27175	TREAT SLIPPED EPIPHYSIS	421.32									
07	27175	TREAT SLIPPED EPIPHYSIS	505.59	00 15								
02	27176	BY SINGLE/MULTI PINNING,IN SIT	116.78									
03	27176	BY SINGLE OR MULITPLE PINNING, IN SI	583.92									
07	27176	BY SINGLE OR MULITPLE PINNING, IN SI	700.70	00 15								
02	27177	REPAIR SLIPPED EPIPHYSIS	142.55									
03	27177	REPAIR SLIPPED EPIPHYSIS	712.74									
07	27177	REPAIR SLIPPED EPIPHYSIS	855.29	00 15								
02	27178	CLOSED MANIPULATION YSIS	115.44									
03	27178	CLOSED MANIPULATION YSIS	577.21									
07	27178	CLOSED MANIPULATION YSIS	692.65	00 15								
02	27179	OSTEOPLASTY OF FEMORAL NECK	124.43									
03	27179	OSTEOPLASTY OF FEMORAL NECK	622.14									
07	27179	OSTEOPLASTY OF FEMORAL NECK	746.57	00 15								
02	27181	OSTEOTOMY & INTERNAL FIXATION	137.40									
03	27181	OSTEOTOMY & INTERNAL FIXATION	687.02									
07	27181	OSTEOTOMY & INTERNAL FIXATION	824.42	00 15								
03	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	445.82									
07	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	534.98	00 15								
03	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	638.16									
07	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	765.80	00 15								
03	27193	CLOSED TREATMENT OF PELVIC RING FRAC	289.44									
07	27193	CLOSED TREATMENT OF PELVIC RING FRAC	347.33	00 15								
03	27194	CLOSED TREATMENT OF PELVIC RING FRAC	454.88									
07	27194	CLOSED TREATMENT OF PELVIC RING FRAC	545.86	00 15								
03	27200	TRMT OF CLOSED COCCYGEAL FX	103.56									
07	27200	TRMT OF CLOSED COCCYGEAL FX	124.29	00 15								
02	27202	OPEN TRMT OF CLOSED OR OPEN CO	79.22									
03	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	396.09									
07	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	475.30	00 15								
03	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	681.61									
07	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	714.07	00 15								
02	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	170.67									
03	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	853.35									
07	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	1,066.70	00 15								
02	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	158.16									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	790.79									
07	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	941.11	00 15								
02	27218	OPEN TREATMENT OF POSTERIOR RING FRA	211.72									
03	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1,058.58									
07	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1.93	00 15								
03	27220	TREAT HIP SOCKET FRACTURE	326.03									
07	27220	TREAT HIP SOCKET FRACTURE	391.24	00 15								
03	27222	WITH MANIPULATION CTURE	624.87									
07	27222	WITH MANIPULATION CTURE	749.84	00 15								
02	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	133.60									
03	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	668.01									
07	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	801.61	00 15								
02	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	216.61									
03	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,083.06									
07	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,299.67	00 15								
02	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	248.29									
03	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,241.46									
07	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,489.76	00 15								
03	27230	TRMT OF CLOSED FEMORAL FX	289.21									
07	27230	TRMT OF CLOSED FEMORAL FX	347.05	00 15								
03	27232	WITH MANIPULATION MUR	499.00									X
07	27232	WITH MANIPULATION MUR	598.79	00 15								X
03	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	583.05									
07	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	699.65	00 15								
02	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	152.87									
03	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	764.34									
07	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	917.20	00 15								
03	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	279.85									
07	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	335.81	00 15								
03	27240	WITH MANIPULATION RACTURE	610.11									
07	27240	WITH MANIPULATION RACTURE	732.12	00 15								
03	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	786.36									
07	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	943.63	00 15								
02	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	163.66									
03	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	818.30									
07	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	981.95	00 15								
03	27246	TRMT OF CLOSED GREATER TROCHANTERIC	237.29									
07	27246	TRMT OF CLOSED GREATER TROCHANTERIC	284.75	00 15								
03	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	482.19									
07	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	578.63	00 15								
03	27250	TREAT HIP DISLOCATION	153.73									
07	27250	TREAT HIP DISLOCATION	184.48	00 15								
03	27252	REQUIRING ANES N	481.88									
07	27252	REQUIRING ANES N	578.26	00 15								
03	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	606.51									
07	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	727.81	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	164.60										
03	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	823.01										
07	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	987.61	00	15								
03	27256	TRMT OF CONGENITAL HIP DISLOCATION	183.72										
07	27256	TRMT OF CONGENITAL HIP DISLOCATION	220.46	00	15								
03	27257	WITH MANIPULATION REQUIRING ANES	215.99										
07	27257	WITH MANIPULATION REQUIRING ANES	259.19	00	15								
02	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	142.43										
03	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	712.15										
07	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	854.58	00	15								
02	27259	W/ FEMORAL SHAFT SHORTENING	200.19										
03	27259	W/ FEMORAL SHAFT SHORTENING	1,000.97										
07	27259	W/ FEMORAL SHAFT SHORTENING	1,201.16	00	15								
03	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	242.08										
07	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	290.50	00	15								
03	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	364.47										
07	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	437.36	00	15								
03	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	259.52										
07	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	311.42	00	15								
03	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	323.06										
07	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	387.67	00	15								
03	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	785.14										
07	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	942.16	00	15								
03	27275	MANIPULATION OF HIP JOINT	112.75										
07	27275	MANIPULATION OF HIP JOINT	135.30	00	15								
02	27280	FUSION OF SACROILIAC JOINT	131.71										
03	27280	FUSION OF SACROILIAC JOINT	658.53										
07	27280	FUSION OF SACROILIAC JOINT	790.25	00	15								
02	27282	FUSION OF PUBIC BONES	103.23										
03	27282	FUSION OF PUBIC BONES	516.13										
07	27282	FUSION OF PUBIC BONES	619.36	00	15								
02	27284	FUSION OF HIP JOINT	202.32										
03	27284	FUSION OF HIP JOINT	1,011.62										
07	27284	FUSION OF HIP JOINT	1,213.94	00	15								
02	27286	WITH SUBTROCHANTERIC OSTEOTOMY	211.30										
03	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,056.49										
07	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,267.79	00	15								
02	27290	AMPUTATION OF LEG AT HIP	202.82										
03	27290	AMPUTATION OF LEG AT HIP	1,014.12										
07	27290	AMPUTATION OF LEG AT HIP	1,216.94	00	15								
02	27295	DISARTICULATION OF HIP	164.00										
03	27295	DISARTICULATION OF HIP	820.01										
07	27295	DISARTICULATION OF HIP	984.02	00	15								
03	27299	PELVIS/HIP JOINT SURGERY	MP			X							
07	27299	PELVIS/HIP JOINT SURGERY	MP	00	15	X							
03	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	398.58										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	478.31	00 15								
03	27303	INCISION, DEEP W/ OPENING OF BONE CO	402.56									
07	27303	INCISION, DEEP W/ OPENING OF BONE CO	483.08	00 15								
03	27305	FASCIOTOMY & FASCIA	292.80									
07	27305	FASCIOTOMY & FASCIA	351.36	00 15								
03	27306	TENOTOMY, SINGLE NDON	236.33									
07	27306	TENOTOMY, SINGLE NDON	283.60	00 15								
03	27307	MULTIPLE NDONS	291.73									
07	27307	MULTIPLE NDONS	350.08	00 15								
03	27310	ARTHROTOMY, KNEE JOINT	459.50									
07	27310	ARTHROTOMY, KNEE JOINT	551.40	00 15								
03	27323	BIOPSY THIGH SOFT TISSUES	157.70									
07	27323	BIOPSY THIGH SOFT TISSUES	189.23	00 15								
03	27324	BIOPSY THIGH SOFT TISSUES	237.91									
07	27324	BIOPSY THIGH SOFT TISSUES	285.48	00 15								
02	27325	NEURECTOMY, HAMSTRING MUSCLE	66.18									
03	27325	NEURECTOMY, HAMSTRING MUSCLE	330.88									
07	27325	NEURECTOMY, HAMSTRING MUSCLE	397.06	00 15								
02	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	61.03									
03	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	305.15									
07	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	366.17	00 15								
03	27327	REMOVAL OF THIGH LESION	271.14									
07	27327	REMOVAL OF THIGH LESION	325.37	00 15								
03	27328	REMOVAL OF THIGH LESION	263.01									
07	27328	REMOVAL OF THIGH LESION	315.62	00 15								
02	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	132.53									
03	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	662.65									
07	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	795.17	00 15								
03	27330	BIOPSY KNEE JOINT LINING	249.41									
07	27330	BIOPSY KNEE JOINT LINING	299.30	00 15								
02	27331	EXPLORE/TREAT KNEE JOINT	58.96									
03	27331	EXPLORE/TREAT KNEE JOINT	294.81									
07	27331	EXPLORE/TREAT KNEE JOINT	353.78	00 15								
02	27332	REMOVAL OF KNEE CARTILAGE	80.31									
03	27332	REMOVAL OF KNEE CARTILAGE	401.54									
07	27332	REMOVAL OF KNEE CARTILAGE	481.84	00 15								
02	27333	REMOVAL OF KNEE CARTILAGE	72.60									
03	27333	REMOVAL OF KNEE CARTILAGE	363.00									
07	27333	REMOVAL OF KNEE CARTILAGE	435.61	00 15								
03	27334	REMOVE KNEE JOINT LINING	427.98									
07	27334	REMOVE KNEE JOINT LINING	513.57	00 15								
02	27335	REMOVE KNEE JOINT LINING	97.03									
03	27335	REMOVE KNEE JOINT LINING	485.17									
07	27335	REMOVE KNEE JOINT LINING	582.20	00 15								
03	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	286.92									
07	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	344.30	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	517.16									
07	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	620.59	00 15								
03	27340	REMOVAL OF KNEECAP BURSA	224.13									
07	27340	REMOVAL OF KNEECAP BURSA	268.95	00 15								
03	27345	REMOVAL OF CYST OF MEMBRANE COVERING	298.18									
07	27345	REMOVAL OF CYST OF MEMBRANE COVERING	357.82	00 15								
03	27347	REMOVE KNEE CYST	319.58									
07	27347	REMOVE KNEE CYST	383.50	00 15								
03	27350	REMOVAL OF KNEECAP	408.36									
07	27350	REMOVAL OF KNEECAP	490.03	00 15								
03	27355	REMOVE FEMUR LESION	378.49									
07	27355	REMOVE FEMUR LESION	454.18	00 15								
03	27356	REMOVE FEMUR LESION/GRAFT	465.54									
07	27356	REMOVE FEMUR LESION/GRAFT	558.65	00 15								
02	27357	REMOVE FEMUR LESION/GRAFT	103.44									
03	27357	REMOVE FEMUR LESION/GRAFT	517.18									
07	27357	REMOVE FEMUR LESION/GRAFT	620.62	00 15								
02	27358	WITH INTERNAL/FIXATION	38.36									
03	27358	WITH INTERNAL FIXATION	191.81									
07	27358	WITH INTERNAL FIXATION	230.17	00 15								
03	27360	PARTIAL REMOVAL LEG BONE(S)	536.28									
07	27360	PARTIAL REMOVAL LEG BONE(S)	643.54	00 15								
02	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	216.58									
03	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,082.88									
07	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,299.45	00 15								
02	27365	EXTENSIVE LEG SURGERY	157.46									
03	27365	EXTENSIVE LEG SURGERY	787.29									
07	27365	EXTENSIVE LEG SURGERY	944.75	00 15								
03	27370	INJECTION FOR KNEE X-RAY	98.99									
07	27370	INJECTION FOR KNEE X-RAY	118.79	00 15								
03	27372	REMOVAL OF FOREIGN BODY	354.57									
07	27372	REMOVAL OF FOREIGN BODY	425.48	00 15								
03	27380	REPAIR OF KNEECAP TENDON	368.91									
07	27380	REPAIR OF KNEECAP TENDON	442.69	00 15								
02	27381	REPAIR/GRAFT KNEECAP TENDON	101.25									
03	27381	REPAIR/GRAFT KNEECAP TENDON	506.27									
07	27381	REPAIR/GRAFT KNEECAP TENDON	607.53	00 15								
03	27385	REPAIR OF THIGH MUSCLE	395.83									
07	27385	REPAIR OF THIGH MUSCLE	475.00	00 15								
02	27386	REPAIR/GRAFT OF THIGH MUSCLE	104.97									
03	27386	REPAIR/GRAFT OF THIGH MUSCLE	524.85									
07	27386	REPAIR/GRAFT OF THIGH MUSCLE	629.82	00 15								
02	27390	INCISION OF THIGH TENDON	54.70									
03	27390	INCISION OF THIGH TENDON	273.48									
07	27390	INCISION OF THIGH TENDON	328.18	00 15								
03	27391	INCISION OF THIGH TENDONS	357.79									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27391	INCISION OF THIGH TENDONS	429.35	00 15								
02	27392	INCISION OF THIGH TENDONS	88.59									
03	27392	INCISION OF THIGH TENDONS	442.94									
07	27392	INCISION OF THIGH TENDONS	531.52	00 15								
03	27393	LENGTHENING OF THIGH TENDON	317.08									
07	27393	LENGTHENING OF THIGH TENDON	380.50	00 15								
02	27394	LENGTHENING OF THIGH TENDONS	82.27									
03	27394	LENGTHENING OF THIGH TENDONS	411.35									
07	27394	LENGTHENING OF THIGH TENDONS	493.62	00 15								
02	27395	LENGTHENING OF THIGH TENDONS	111.79									
03	27395	LENGTHENING OF THIGH TENDONS	558.97									
07	27395	LENGTHENING OF THIGH TENDONS	670.76	00 15								
02	27396	TRANSPLANT OF THIGH TENDON	77.17									
03	27396	TRANSPLANT OF THIGH TENDON	385.86									
07	27396	TRANSPLANT OF THIGH TENDON	463.02	00 15								
02	27397	TRANSPLANTS OF THIGH TENDONS	113.89									
03	27397	TRANSPLANTS OF THIGH TENDONS	569.45									
07	27397	TRANSPLANTS OF THIGH TENDONS	683.33	00 15								
02	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	85.85									
03	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	429.27									
07	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	515.12	00 15								
02	27403	ARTHROTOMY WITH OPN MENISCUS REPAIR	80.92									
03	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	404.60									
07	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	485.52	00 15								
02	27405	REPAIR OF KNEE LIGAMENT	85.25									
03	27405	REPAIR OF KNEE LIGAMENT	426.25									
07	27405	REPAIR OF KNEE LIGAMENT	511.50	00 15								
02	27407	REPAIR OF KNEE LIGAMENT	97.81									
03	27407	REPAIR OF KNEE LIGAMENT	489.06									
07	27407	REPAIR OF KNEE LIGAMENT	586.87	00 15								
02	27409	REPAIR OF KNEE LIGAMENTS	123.12									
03	27409	REPAIR OF KNEE LIGAMENTS	615.58									
07	27409	REPAIR OF KNEE LIGAMENTS	738.69	00 15								
02	27412	AUTOCHONDROCYTE IMPLANT KNEE	214.73									
03	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,073.66									
07	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,288.39	00 15								
02	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	180.42		X							
03	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	902.08		X							
07	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,082.50	00 15	X							
02	27416	OSTEOCHONDRAL AUTOGRAFT(S),KN	123.76									
03	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	618.81		X							
07	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	742.57	00 15	X							
02	27418	PLASTY FOR CHONDROMALACIA PATELLAE	105.96									
03	27418	PLASTY FOR CHONDROMALACIA PATELLAE	529.80									
07	27418	PLASTY FOR CHONDROMALACIA PATELLAE	635.75	00 15								
03	27420	REVISION OF UNSTABLE KNEECAP	474.13									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	27420	REVISION OF UNSTABLE KNEECAP	568.96	00	15								
02	27422	REVISION OF UNSTABLE KNEECAP	94.43										
03	27422	REVISION OF UNSTABLE KNEECAP	472.13										
07	27422	REVISION OF UNSTABLE KNEECAP	566.56	00	15								
02	27424	REVISION/REMOVAL OF KNEECAP	94.68										
03	27424	REVISION/REMOVAL OF KNEECAP	473.38										
07	27424	REVISION/REMOVAL OF KNEECAP	568.06	00	15								
03	27425	LATERAL RETINACULAR RELEASE ANY METH	272.97										
07	27425	LATERAL RETINACULAR RELEASE ANY METH	327.56	00	15								
02	27427	RECONSTRUCT(AUGMENT)KNEE;ESTRA-ARTIC	90.85										
03	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	454.25										
07	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	545.10	00	15								
02	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	140.13										
03	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	700.64										
07	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	840.76	00	15								
02	27429	RECONSTRUCT KNEE;INTRA&EXTRA ARTIC	156.97										
03	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	784.83										
07	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	941.79	00	15								
02	27430	REVISION OF THIGH MUSCLES	93.84										
03	27430	REVISION OF THIGH MUSCLES	469.22										
07	27430	REVISION OF THIGH MUSCLES	563.07	00	15								
02	27435	INCISION OF KNEE JOINT	100.40										
03	27435	INCISION OF KNEE JOINT	502.01										
07	27435	INCISION OF KNEE JOINT	602.41	00	15								
03	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	416.62										
07	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	499.94	00	15								
03	27438	REVISE KNEECAP WITH IMPLANT	536.09										
07	27438	REVISE KNEECAP WITH IMPLANT	643.31	00	15								
03	27440	REVISION OF KNEE JOINT	490.58										
07	27440	REVISION OF KNEE JOINT	588.70	00	15								
03	27441	REVISION OF KNEE JOINT	506.96										
07	27441	REVISION OF KNEE JOINT	608.35	00	15								
02	27442	REVISION OF KNEE JOINT	111.21										
03	27442	REVISION OF KNEE JOINT	556.03										
07	27442	REVISION OF KNEE JOINT	667.23	00	15								
02	27443	REVISION OF KNEE JOINT	103.93										
03	27443	REVISION OF KNEE JOINT	519.63										
07	27443	REVISION OF KNEE JOINT	623.55	00	15								
02	27445	REVISE KNEE JOINT, IMPLANT	162.81										
03	27445	REVISE KNEE JOINT, IMPLANT	814.06										
07	27445	REVISE KNEE JOINT, IMPLANT	976.87	00	15								
03	27446	TOTAL KNEE REPLACEMENT	721.86										
07	27446	TOTAL KNEE REPLACEMENT	866.23	00	15								
02	27447	TOTAL KNEE REPLACEMENT	200.25										
03	27447	TOTAL KNEE REPLACEMENT	1,001.25										
07	27447	TOTAL KNEE REPLACEMENT	1,201.50	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	27448	INCISION OF FEMUR	104.78									
03	27448	INCISION OF FEMUR	523.92									
07	27448	INCISION OF FEMUR	628.70	00 15								
02	27450	INCISION OF FEMUR	130.72									
03	27450	INCISION OF FEMUR	653.61									
07	27450	INCISION OF FEMUR	784.33	00 15								
02	27454	REALIGNMENT OF FEMUR	165.53									
03	27454	REALIGNMENT OF FEMUR	827.66									
07	27454	REALIGNMENT OF FEMUR	993.19	00 15								
03	27455	REALIGNMENT OF KNEE	603.52									
07	27455	REALIGNMENT OF KNEE	724.22	00 15								
03	27457	REALIGNMENT OF KNEE	622.93									
07	27457	REALIGNMENT OF KNEE	747.51	00 15								
02	27465	SHORTENING OF FEMUR	156.75									
03	27465	SHORTENING OF FEMUR	783.75									
07	27465	SHORTENING OF FEMUR	940.50	00 15								
02	27466	LENGTHENING OF FEMUR	152.18									
03	27466	LENGTHENING OF FEMUR	760.88									
07	27466	LENGTHENING OF FEMUR	913.05	00 15								
02	27468	REVISION OF FEMURS	172.93									
03	27468	REVISION OF FEMURS	864.63									
07	27468	REVISION OF FEMURS	1,037.55	00 15								
02	27470	REPAIR OF FEMUR	151.71									
03	27470	REPAIR OF FEMUR	758.54									
07	27470	REPAIR OF FEMUR	910.24	00 15								
02	27472	REPAIR/GRAFT OF FEMUR	164.26									
03	27472	REPAIR/GRAFT OF FEMUR	821.32									
07	27472	REPAIR/GRAFT OF FEMUR	985.59	00 15								
03	27475	REPAIR OF FEMUR EPIPHYSIS	413.59									
07	27475	REPAIR OF FEMUR EPIPHYSIS	496.30	00 15								
03	27477	REPAIR LOWER LEG EPIPHYSES	465.99									
07	27477	REPAIR LOWER LEG EPIPHYSES	559.19	00 15								
02	27479	REPAIR OF LEG EPIPHYSES	121.03									
03	27479	REPAIR OF LEG EPIPHYSES	605.14									
07	27479	REPAIR OF LEG EPIPHYSES	726.17	00 15								
03	27485	REPAIR OF LEG EPIPHYSIS	424.38									
07	27485	REPAIR OF LEG EPIPHYSIS	509.26	00 15								
02	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	182.44									
03	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	912.20									
07	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,094.64	00 15								
02	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	230.80									
03	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,153.98									
07	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,384.78	00 15								
03	27488	REMOVAL OF KNEE PROSTHESIS	769.76									
07	27488	REMOVAL OF KNEE PROSTHESIS	923.70	00 15								
03	27495	PROPHYLACTIC TREAT. FEMUR	729.85									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27495	PROPHYLACTIC TREAT. FEMUR	875.81	00 15								
03	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	314.80									
07	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	377.75	00 15								
03	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	344.10									
07	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	412.92	00 15								
03	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	375.48									
07	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	450.58	00 15								
03	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	416.80									
07	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	500.16	00 15								
03	27500	TREATMENT OF FEMUR FRACTURE	315.67									
07	27500	TREATMENT OF FEMUR FRACTURE	378.80	00 15								
03	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	311.26									
07	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	373.52	00 15								
03	27502	TREATMENT OF FEMUR FRACTURE	501.98									
07	27502	TREATMENT OF FEMUR FRACTURE	602.38	00 15								
03	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	510.15									
07	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	612.18	00 15								
02	27506	REPAIR OF FEMUR FRACTURE	171.14									
03	27506	REPAIR OF FEMUR FRACTURE	855.68									
07	27506	REPAIR OF FEMUR FRACTURE	1,026.81	00 15								
02	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	127.09									
03	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	635.46									
07	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	762.56	00 15								
03	27508	TREATMENT OF FEMUR FRACTURE	317.30									
07	27508	TREATMENT OF FEMUR FRACTURE	380.76	00 15								
03	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	401.86									
07	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	482.22	00 15								
03	27510	TREATMENT OF FEMUR FRACTURE	442.31									
07	27510	TREATMENT OF FEMUR FRACTURE	530.78	00 15								
02	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	131.45									
03	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	657.26									
07	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	788.70	00 15								
02	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	165.76									
03	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	828.80									
07	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	994.55	00 15								
03	27514	REPAIR OF FEMUR FRACTURE	667.10									
07	27514	REPAIR OF FEMUR FRACTURE	800.51	00 15								
03	27516	TREATMENT OF FEMUR EPIPHYSIS	295.27									
07	27516	TREATMENT OF FEMUR EPIPHYSIS	354.33	00 15								
03	27517	TREATMENT OF FEMUR EPIPHYSIS	421.39									
07	27517	TREATMENT OF FEMUR EPIPHYSIS	505.67	00 15								
02	27519	REPAIR OF FEMUR EPIPHYSIS	120.41									
03	27519	REPAIR OF FEMUR EPIPHYSIS	602.07									
07	27519	REPAIR OF FEMUR EPIPHYSIS	722.48	00 15								
03	27520	TREAT KNEECAP FRACTURE	184.10									
07	27520	TREAT KNEECAP FRACTURE	220.92	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	27524	REPAIR OF KNEECAP FRACTURE	95.82									
03	27524	REPAIR OF KNEECAP FRACTURE	479.09									
07	27524	REPAIR OF KNEECAP FRACTURE	574.90	00 15								
03	27530	TREATMENT OF KNEE FRACTURE	232.68									
07	27530	TREATMENT OF KNEE FRACTURE	279.21	00 15								
03	27532	TREATMENT OF KNEE FRACTURE	377.92									
07	27532	TREATMENT OF KNEE FRACTURE	453.51	00 15								
02	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	117.08									
03	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	585.40									
07	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	702.48	00 15								
02	27536	REPAIR OF KNEE FRACTURE	152.49									
03	27536	REPAIR OF KNEE FRACTURE	762.43									
07	27536	REPAIR OF KNEE FRACTURE	914.92	00 15								
03	27538	TREAT KNEE FRACTURE(S)	279.70									
07	27538	TREAT KNEE FRACTURE(S)	335.64	00 15								
02	27540	REPAIR OF KNEE FRACTURE	106.39									
03	27540	REPAIR OF KNEE FRACTURE	531.97									
07	27540	REPAIR OF KNEE FRACTURE	638.36	00 15								
03	27550	TREAT KNEE DISLOCATION	296.73									
07	27550	TREAT KNEE DISLOCATION	356.07	00 15								
03	27552	TREAT KNEE DISLOCATION	389.08									
07	27552	TREAT KNEE DISLOCATION	466.90	00 15								
02	27556	REPAIR OF KNEE DISLOCATION	118.37									
03	27556	REPAIR OF KNEE DISLOCATION	591.85									
07	27556	REPAIR OF KNEE DISLOCATION	710.21	00 15								
02	27557	REPAIR OF KNEE DISLOCATION	141.86									
03	27557	REPAIR OF KNEE DISLOCATION	709.32									
07	27557	REPAIR OF KNEE DISLOCATION	851.19	00 15								
02	27558	OPEN TREATMENT OF KNEE DISLOCATION,	159.15									
03	27558	OPEN TREATMENT OF KNEE DISLOCATION,	795.76									
07	27558	OPEN TREATMENT OF KNEE DISLOCATION,	954.91	00 15								
03	27560	TREAT KNEECAP DISLOCATION	214.65									
07	27560	TREAT KNEECAP DISLOCATION	257.56	00 15								
03	27562	TREAT KNEECAP DISLOCATION	286.30									
07	27562	TREAT KNEECAP DISLOCATION	343.56	00 15								
02	27566	REPAIR KNEECAP DISLOCATION	114.45									
03	27566	REPAIR KNEECAP DISLOCATION	572.26									
07	27566	REPAIR KNEECAP DISLOCATION	686.71	00 15								
03	27570	FIXATION OF KNEE JOINT	91.53									
07	27570	FIXATION OF KNEE JOINT	109.83	00 15								
02	27580	FUSION OF KNEE	185.78									
03	27580	FUSION OF KNEE	928.89									
07	27580	FUSION OF KNEE	1,114.67	00 15								
02	27590	AMPUTATE LEG AT THIGH	106.92									
03	27590	AMPUTATE LEG AT THIGH	534.62									
07	27590	AMPUTATE LEG AT THIGH	641.55	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	27591	AMPUTATE LEG AT THIGH	117.98										
03	27591	AMPUTATE LEG AT THIGH	589.91										
07	27591	AMPUTATE LEG AT THIGH	707.89	00	15								
02	27592	AMPUTATE LEG AT THIGH	90.36										
03	27592	AMPUTATE LEG AT THIGH	451.79										
07	27592	AMPUTATE LEG AT THIGH	542.14	00	15								
03	27594	AMPUTATION FOLLOW-UP SURGERY	324.24										
07	27594	AMPUTATION FOLLOW-UP SURGERY	389.09	00	15								
03	27596	AMPUTATION FOLLOW-UP SURGERY	472.94										
07	27596	AMPUTATION FOLLOW-UP SURGERY	567.53	00	15								
02	27598	AMPUTATE LOWER LEG AT KNEE	96.06										
03	27598	AMPUTATE LOWER LEG AT KNEE	480.32										
07	27598	AMPUTATE LOWER LEG AT KNEE	576.38	00	15								
02	27599	LEG SURGERY PROCEDURE	MP			X							
03	27599	LEG SURGERY PROCEDURE	MP			X							
07	27599	LEG SURGERY PROCEDURE	MP	00	15	X							
03	27600	DECOMPRESSION OF LOWER LEG	269.33										
07	27600	DECOMPRESSION OF LOWER LEG	323.19	00	15								
03	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	277.79										
07	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	333.35	00	15								
03	27602	DECOMPRESSION OF LOWER LEG	331.96										
07	27602	DECOMPRESSION OF LOWER LEG	398.34	00	15								
03	27603	DRAIN LOWER LEG LESION	314.62										
07	27603	DRAIN LOWER LEG LESION	377.54	00	15								
03	27604	DRAIN LOWER LEG BURSA	276.40										
07	27604	DRAIN LOWER LEG BURSA	331.69	00	15								
03	27605	INCISION OF ACHILLES TENDON	216.99										
07	27605	INCISION OF ACHILLES TENDON	260.39	00	15								
03	27606	INCISION OF ACHILLES TENDON	189.91										
07	27606	INCISION OF ACHILLES TENDON	227.89	00	15								
03	27607	TREAT LOWER LEG BONE LESION	390.10										
07	27607	TREAT LOWER LEG BONE LESION	468.12	00	15								
03	27610	EXPLORE/TREAT ANKLE JOINT	416.28										
07	27610	EXPLORE/TREAT ANKLE JOINT	499.53	00	15								
03	27612	EXPLORATION OF ANKLE JOINT	362.97										
07	27612	EXPLORATION OF ANKLE JOINT	435.57	00	15								
03	27613	BIOPSY LOWER LEG SOFT TISSUE	147.92										
07	27613	BIOPSY LOWER LEG SOFT TISSUE	177.50	00	15								
03	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	338.53										
07	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	406.24	00	15								
02	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	112.54										
03	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	562.69										
07	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	675.22	00	15								
02	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	176.58										
03	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	882.91										
07	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,059.50	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27618	REMOVE LOWER LEGLES ION	296.31									
07	27618	REMOVE LOWER LEGLES ION	355.57	00 15								
03	27619	REMOVE LOWER LEG LESION DEEP	474.37									
07	27619	REMOVE LOWER LEG LESION DEEP	569.24	00 15								
03	27620	BIOPSY OF ANKLE JOINT	291.70									
07	27620	BIOPSY OF ANKLE JOINT	350.05	00 15								
03	27625	REMOVE ANKLE JOINT LINING	379.54									
07	27625	REMOVE ANKLE JOINT LINING	455.45	00 15								
02	27626	REMOVE ANKLE JOINT LINING	82.09									
03	27626	REMOVE ANKLE JOINT LINING	410.47									
07	27626	REMOVE ANKLE JOINT LINING	492.56	00 15								
03	27630	REMOVAL OF TENDON LESION	321.55									
07	27630	REMOVAL OF TENDON LESION	385.87	00 15								
03	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	283.55									
07	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	340.25	00 15								
03	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	462.71									
07	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	555.26	00 15								
03	27635	REMOVE LOWER LEG BONE LESION	376.26									
07	27635	REMOVE LOWER LEG BONE LESION	451.51	00 15								
03	27637	REMOVE/GRAFT LEG BONE LESION	477.65									
07	27637	REMOVE/GRAFT LEG BONE LESION	573.18	00 15								
03	27638	REMOVE/GRAFT LEG BONE LESION	499.68									
07	27638	REMOVE/GRAFT LEG BONE LESION	599.62	00 15								
03	27640	PARTIAL REMOVAL OF TIBIA	552.48									
07	27640	PARTIAL REMOVAL OF TIBIA	662.98	00 15								
03	27641	PARTIAL REMOVAL OF FIBULA	442.46									
07	27641	PARTIAL REMOVAL OF FIBULA	530.94	00 15								
02	27645	EXTENSIVE LOWER LEG SURGERY	134.31									
03	27645	EXTENSIVE LOWER LEG SURGERY	671.57									
07	27645	EXTENSIVE LOWER LEG SURGERY	805.90	00 15								
02	27646	EXTENSIVE LOWER LEG SURGERY	118.74									
03	27646	EXTENSIVE LOWER LEG SURGERY	593.71									
07	27646	EXTENSIVE LOWER LEG SURGERY	712.45	00 15								
02	27647	EXTENSIVE ANKLE/HEEL SURGERY	105.69									
03	27647	EXTENSIVE ANKLE/HEEL SURGERY	528.44									
07	27647	EXTENSIVE ANKLE/HEEL SURGERY	634.13	00 15								
03	27648	INJECTION FOR ANKLE X-RAY	95.55									
07	27648	INJECTION FOR ANKLE X-RAY	114.65	00 15								
02	27650	REPAIR ACHILLES TENDON	86.11									
03	27650	REPAIR ACHILLES TENDON	430.54									
07	27650	REPAIR ACHILLES TENDON	516.65	00 15								
03	27652	REPAIR/GRAFT ACHILLES TENDON	476.19									
07	27652	REPAIR/GRAFT ACHILLES TENDON	571.43	00 15								
02	27654	REPAIR OF ACHILLES TENDON	92.77									
03	27654	REPAIR OF ACHILLES TENDON	463.87									
07	27654	REPAIR OF ACHILLES TENDON	556.65	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	27656	REPAIR FASCIAL DEFECT OF LEG	322.18										
07	27656	REPAIR FASCIAL DEFECT OF LEG	386.61	00	15								
03	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	243.00										X
07	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	291.60	00	15								X
03	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	320.93										X
07	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	385.12	00	15								X
03	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	231.19										X
07	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	277.43	00	15								X
03	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	265.51										X
07	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	318.61	00	15								X
03	27675	REPAIR LOWER LEG TENDONS	327.47										
07	27675	REPAIR LOWER LEG TENDONS	392.97	00	15								
03	27676	REPAIR LOWER LEG TENDONS	397.09										
07	27676	REPAIR LOWER LEG TENDONS	476.51	00	15								
03	27680	RELEASE OF LOWER LEG TENDON	275.99										
07	27680	RELEASE OF LOWER LEG TENDON	331.18	00	15								
03	27681	TENOLYSIS....MULTIPLE, EACHS	329.29										X
07	27681	TENOLYSIS....MULTIPLE, EACHS	395.14	00	15								X
03	27685	REVISION OF LOWER LEG TENDON	384.93										
07	27685	REVISION OF LOWER LEG TENDON	461.92	00	15								
03	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	359.55										X
07	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	431.44	00	15								X
03	27687	REVISION OF CALF TENDON	295.76										
07	27687	REVISION OF CALF TENDON	354.91	00	15								
03	27690	REVISE LOWER LEG TENDON	407.83										
07	27690	REVISE LOWER LEG TENDON	489.39	00	15								
03	27691	REVISE LOWER LEG TENDON	478.45										
07	27691	REVISE LOWER LEG TENDON	574.14	00	15								
03	27692	EACH ADDITIONAL TENDON	74.45										X
07	27692	EACH ADDITION TENDON	89.34	00	15								X
03	27695	REPAIR OF ANKLE LIGAMENT	314.34										
07	27695	REPAIR OF ANKLE LIGAMENT	377.19	00	15								
03	27696	REPAIR OF ANKLE LIGAMENTS	377.54										
07	27696	REPAIR OF ANKLE LIGAMENTS	453.04	00	15								
02	27698	REPAIR OF ANKLE LIGAMENT	84.85										
03	27698	REPAIR OF ANKLE LIGAMENT	424.26										
07	27698	REPAIR OF ANKLE LIGAMENT	509.10	00	15								
02	27700	REVISION OF ANKLE JOINT	80.46										
03	27700	REVISION OF ANKLE JOINT	402.32										
07	27700	REVISION OF ANKLE JOINT	482.79	00	15								
02	27702	RECONSTRUCT ANKLE JOINT	128.44										
03	27702	RECONSTRUCT ANKLE JOINT	642.21										
07	27702	RECONSTRUCT ANKLE JOINT	770.65	00	15								
02	27703	ARTHROPLASTY,SECONDARY RECON.T	148.84										
03	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	744.19										
07	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	893.02	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	27704	REMOVAL OF ANKLE IMPLANT	361.78									
07	27704	REMOVAL OF ANKLE IMPLANT	434.13	00 15								
02	27705	INCISION OF TIBIA	98.38									
03	27705	INCISION OF TIBIA	491.92									
07	27705	INCISION OF TIBIA	590.29	00 15								
03	27707	INCISION OF FIBULA	245.97									
07	27707	INCISION OF FIBULA	295.16	00 15								
02	27709	INCISION OF TIBIA & FIBULA	143.23									
03	27709	INCISION OF TIBIA & FIBULA	716.13									
07	27709	INCISION OF TIBIA & FIBULA	859.36	00 15								
02	27712	REALIGNMENT OF LOWER LEG	140.35									
03	27712	REALIGNMENT OF LOWER LEG	701.74									
07	27712	REALIGNMENT OF LOWER LEG	842.08	00 15								
02	27715	REVISION OF LOWER LEG	137.21									
03	27715	REVISION OF LOWER LEG	686.07									
07	27715	REVISION OF LOWER LEG	823.28	00 15								
02	27720	REPAIR OF TIBIA	112.51									
03	27720	REPAIR OF TIBIA	562.56									
07	27720	REPAIR OF TIBIA	675.07	00 15								
02	27722	REPAIR/GRAFT OF TIBIA	112.34									
03	27722	REPAIR/GRAFT OF TIBIA	561.71									
07	27722	REPAIR/GRAFT OF TIBIA	674.05	00 15								
02	27724	REPAIR/GRAFT OF TIBIA	166.36									
03	27724	REPAIR/GRAFT OF TIBIA	831.79									
07	27724	REPAIR/GRAFT OF TIBIA	998.15	00 15								
02	27725	REPAIR OF LOWER LEG	153.93									
03	27725	REPAIR OF LOWER LEG	769.64									
07	27725	REPAIR OF LOWER LEG	923.56	00 15								
03	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	584.94									
07	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	701.92	00 15								
02	27727	REPAIR OF LOWER LEG	125.82									
03	27727	REPAIR OF LOWER LEG	629.09									
07	27727	REPAIR OF LOWER LEG	754.90	00 15								
03	27730	REPAIR OF TIBIA EPIPHYSIS	375.62									
07	27730	REPAIR OF TIBIA EPIPHYSIS	450.75	00 15								
03	27732	REPAIR OF FIBULA EPIPHYSIS	252.56									
07	27732	REPAIR OF FIBULA EPIPHYSIS	303.07	00 15								
03	27734	REPAIR LOWER LEG EPIPHYSES	382.53									
07	27734	REPAIR LOWER LEG EPIPHYSES	459.02	00 15								
02	27740	REPAIR OF LEG EPIPHYSES	85.00									
03	27740	REPAIR OF LEG EPIPHYSES	425.00									
07	27740	REPAIR OF LEG EPIPHYSES	510.00	00 15								
02	27742	REPAIR OF LEG EPIPHYSES	89.96									
03	27742	REPAIR OF LEG EPIPHYSES	449.82									
07	27742	REPAIR OF LEG EPIPHYSES	539.77	00 15								
03	27750	TREATMENT OF TIBIA FRACTURE	199.63									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27750	TREATMENT OF TIBIA FRACTURE	239.57	00 15								
03	27752	TREATMENT OF TIBIA FRACTURE	325.79									
07	27752	TREATMENT OF TIBIA FRACTURE	390.95	00 15								
02	27756	REPAIR OF TIBIA FRACTURE	71.25									
03	27756	REPAIR OF TIBIA FRACTURE	356.23									
07	27756	REPAIR OF TIBIA FRACTURE	427.47	00 15								
02	27758	REPAIR OF TIBIA FRACTURE	113.41									
03	27758	REPAIR OF TIBIA FRACTURE	567.03									
07	27758	REPAIR OF TIBIA FRACTURE	680.44	00 15								
02	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	128.83									
03	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	644.14									
07	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	772.96	00 15								
03	27760	CLTX MEDIAL ANKLE FX	191.73									
07	27760	CLTX MEDIAL ANKLE FX	230.08	00 15								
03	27762	CLTX MED ANKLE FX W/MNPJ	290.54									
07	27762	CLTX MED ANKLE FX W/MNPJ	348.66	00 15								
03	27766	REPAIR OF ANKLE FRACTURE	384.45									
07	27766	REPAIR OF ANKLE FRACTURE	461.34	00 15								
03	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	151.70									
07	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	182.03	00 15								
03	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	250.24									
07	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	300.29	00 15								
03	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	440.55									
07	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	528.66	00 15								
03	27780	TREATMENT OF FIBULA FRACTURE	171.25									
07	27780	TREATMENT OF FIBULA FRACTURE	205.50	00 15								
03	27781	TREATMENT OF FIBULA FRACTURE	251.05									
07	27781	TREATMENT OF FIBULA FRACTURE	301.27	00 15								
03	27784	REPAIR OF FIBULA FRACTURE	435.24									
07	27784	REPAIR OF FIBULA FRACTURE	522.30	00 15								
03	27786	TREATMENT OF ANKLE FRACTURE	181.74									
07	27786	TREATMENT OF ANKLE FRACTURE	218.09	00 15								
03	27788	TREATMENT OF ANKLE FRACTURE	253.28									
07	27788	TREATMENT OF ANKLE FRACTURE	303.93	00 15								
03	27792	REPAIR OF ANKLE FRACTURE	440.45									
07	27792	REPAIR OF ANKLE FRACTURE	528.54	00 15								
03	27808	TREATMENT OF ANKLE FRACTURE	189.55									
07	27808	TREATMENT OF ANKLE FRACTURE	227.45	00 15								
03	27810	TREATMENT OF ANKLE FRACTURE	284.16									
07	27810	TREATMENT OF ANKLE FRACTURE	340.99	00 15								
02	27814	REPAIR OF ANKLE FRACTURE	98.85									
03	27814	REPAIR OF ANKLE FRACTURE	494.24									
07	27814	REPAIR OF ANKLE FRACTURE	593.10	00 15								
03	27816	TREATMENT OF ANKLE FRACTURE	180.05									
07	27816	TREATMENT OF ANKLE FRACTURE	216.07	00 15								
03	27818	TREATMENT OF ANKLE FRACTURE	293.36									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	27818	TREATMENT OF ANKLE FRACTURE	352.04	00 15								
02	27822	REPAIR OF ANKLE FRACTURE	107.80									
03	27822	REPAIR OF ANKLE FRACTURE	538.99									
07	27822	REPAIR OF ANKLE FRACTURE	646.79	00 15								
02	27823	REPAIR OF ANKLE FRACTURE	123.20									
03	27823	REPAIR OF ANKLE FRACTURE	615.99									
07	27823	REPAIR OF ANKLE FRACTURE	739.19	00 15								
03	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	181.75									
07	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	218.09	00 15								
03	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	335.72									
07	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	402.87	00 15								
02	27826	OPEN TREATMENT OF FRACTURE OF LOWER	103.02									
03	27826	OPEN TREATMENT OF FRACTURE OF LOWER	515.08									
07	27826	OPEN TREATMENT OF FRACTURE OF LOWER	618.10	00 15								
02	27827	OPEN TREATMENT OF FRACTURE OF LOWER	138.17									
03	27827	OPEN TREATMENT OF FRACTURE OF LOWER	690.84									
07	27827	OPEN TREATMENT OF FRACTURE OF LOWER	829.01	00 15								
02	27828	OPEN TREATMENT OF FRACTURE OF LOWER	165.57									
03	27828	OPEN TREATMENT OF FRACTURE OF LOWER	827.85									
07	27828	OPEN TREATMENT OF FRACTURE OF LOWER	993.42	00 15								
02	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	81.88									
03	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	409.42									
07	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	491.31	00 15								
03	27830	TREAT LOWER LEG DISLOCATION	211.83									
07	27830	TREAT LOWER LEG DISLOCATION	254.20	00 15								
03	27831	TREAT LOWER LEG DISLOCATION	233.87									
07	27831	TREAT LOWER LEG DISLOCATION	280.64	00 15								
03	27832	REPAIR LOWER LEG DISLOCATION	442.96									
07	27832	REPAIR LOWER LEG DISLOCATION	531.55	00 15								
03	27840	TREAT ANKLE DISLOCATION	215.05									
07	27840	TREAT ANKLE DISLOCATION	258.06	00 15								
03	27842	TREAT ANKLE DISLOCATION	303.46									
07	27842	TREAT ANKLE DISLOCATION	364.15	00 15								
02	27846	REPAIR ANKLE DISLOCATION	94.33									
03	27846	REPAIR ANKLE DISLOCATION	471.67									
07	27846	REPAIR ANKLE DISLOCATION	566.01	00 15								
02	27848	REPAIR ANKLE DISLOCATION	106.85									
03	27848	REPAIR ANKLE DISLOCATION	534.27									
07	27848	REPAIR ANKLE DISLOCATION	641.12	00 15								
03	27860	FIXATION OF ANKLE JOINT	113.43									
07	27860	FIXATION OF ANKLE JOINT	136.11	00 15								
02	27870	FUSION OF ANKLE JOINT	135.00									
03	27870	FUSION OF ANKLE JOINT	674.99									
07	27870	FUSION OF ANKLE JOINT	809.99	00 15								
02	27871	FUSION OF TIBIOFIBULAR JOINT	88.35									
03	27871	FUSION OF TIBIOFIBULAR JOINT	441.74									

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	27871	FUSION OF TIBIOFIBULAR JOINT	530.09	00	15								
02	27880	AMPUTATION OF LOWER LEG	119.88										
03	27880	AMPUTATION OF LOWER LEG	599.38										
07	27880	AMPUTATION OF LOWER LEG	719.26	00	15								
02	27881	AMPUTATION OF LOWER LEG	115.23										
03	27881	AMPUTATION OF LOWER LEG	576.14										
07	27881	AMPUTATION OF LOWER LEG	691.38	00	15								
03	27882	AMPUTATION OF LOWER LEG	405.94										
07	27882	AMPUTATION OF LOWER LEG	487.13	00	15								
03	27884	AMPUTATION FOLLOW-UP SURGERY	376.49										
07	27884	AMPUTATION FOLLOW-UP SURGERY	451.79	00	15								
03	27886	AMPUTATION FOLLOW-UP SURGERY	429.60										
07	27886	AMPUTATION FOLLOW-UP SURGERY	515.52	00	15								
02	27888	AMPUTATION OF FOOT AT ANKLE	90.79										
03	27888	AMPUTATION OF FOOT AT ANKLE	453.93										
07	27888	AMPUTATION OF FOOT AT ANKLE	544.72	00	15								
03	27889	AMPUTATION OF FOOT AT ANKLE	445.38										
07	27889	AMPUTATION OF FOOT AT ANKLE	534.46	00	15								
03	27892	DECOMPRESSION FASCIOTOMY, LEG;	347.67										
07	27892	DECOMPRESSION FASCIOTOMY, LEG;	417.21	00	15								
03	27893	DECOMPRESSION FASCIOTOMY, LEG;	351.45										
07	27893	DECOMPRESSION FASCIOTOMY, LEG;	421.74	00	15								
02	27894	DECOMPRESSION FASCIOTOMY,LEG;	108.16										
03	27894	DECOMPRESSION FASCIOTOMY, LEG;	540.81										
07	27894	DECOMPRESSION FASCIOTOMY, LEG;	648.97	00	15								
02	27899	LEG/ANKLE SURGERY PROCEDURE	MP			X							
03	27899	LEG/ANKLE SURGERY PROCEDURE	MP			X							
07	27899	LEG/ANKLE SURGERY PROCEDURE	MP	00	15	X							
03	28001	DRAINAGE OF BURSA OF FOOT	163.52										
07	28001	DRAINAGE OF BURSA OF FOOT	196.22	00	15								
03	28002	TREATMENT OF FOOT INFECTION	306.80										
07	28002	TREATMENT OF FOOT INFECTION	368.16	00	15								
03	28003	TREATMENT OF FOOT INFECTION	428.14										
07	28003	TREATMENT OF FOOT INFECTION	513.77	00	15								
03	28005	TREAT FOOT BONE LESION	400.14										
07	28005	TREAT FOOT BONE LESION	480.16	00	15								
03	28008	INCISION OF FOOT FASCIA	259.12										
07	28008	INCISION OF FOOT FASCIA	310.95	00	15								
03	28010	INCISION OF TOE TENDON	145.62										
07	28010	INCISION OF TOE TENDON	174.75	00	15								
03	28011	INCISION OF TOE TENDONS	207.21										
07	28011	INCISION OF TOE TENDONS	248.65	00	15								
03	28020	EXPLORATION OF A FOOT JOINT	307.07										
07	28020	EXPLORATION OF A FOOT JOINT	368.49	00	15								
03	28022	EXPLORATION OF A FOOT JOINT	283.24										
07	28022	EXPLORATION OF A FOOT JOINT	339.90	00	15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	28024	EXPLORATION OF A TOE JOINT	268.99									
07	28024	EXPLORATION OF A TOE JOINT	322.79	00 15								
03	28035	DECOMPRESSION OF TIBIA NERVE	308.93									
07	28035	DECOMPRESSION OF TIBIA NERVE	370.71	00 15								
03	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	323.06									
07	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	387.68	00 15								
03	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	307.70									
07	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	369.23	00 15								
03	28043	EXCISION OF FOOT LESION	206.36									
07	28043	EXCISION OF FOOT LESION	247.63	00 15								
03	28045	EXCISION OF FOOT LESION	288.46									
07	28045	EXCISION OF FOOT LESION	346.15	00 15								
03	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	532.67									
07	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	639.20	00 15								
03	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	652.51									
07	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	783.02	00 15								
03	28050	BIOPSY OF FOOT JOINT LINING	270.65									
07	28050	BIOPSY OF FOOT JOINT LINING	324.78	00 15								
03	28052	BIOPSY OF FOOT JOINT LINING	249.42									
07	28052	BIOPSY OF FOOT JOINT LINING	299.30	00 15								
03	28054	BIOPSY OF TOE JOINT LINING	233.14									
07	28054	BIOPSY OF TOE JOINT LINING	279.77	00 15								
03	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	260.24									
07	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	312.29	00 15								
03	28060	PARTIAL REMOVAL FOOT FASCIA	305.28									
07	28060	PARTIAL REMOVAL FOOT FASCIA	366.33	00 15								
03	28062	REMOVAL OF FOOT FASCIA	360.37									
07	28062	REMOVAL OF FOOT FASCIA	432.44	00 15								
03	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	302.77									X
07	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	363.33	00 15								X
03	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	296.75									X
07	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	356.09	00 15								X
03	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	289.85									X
07	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	347.81	00 15								X
03	28086	EXCISE FOOT TENDON SHEATH	318.29									
07	28086	EXCISE FOOT TENDON SHEATH	381.95	00 15								
03	28088	EXCISE FOOT TENDON SHEATH	269.16									
07	28088	EXCISE FOOT TENDON SHEATH	322.98	00 15								
03	28090	REMOVAL OF FOOT LESION	273.22									
07	28090	REMOVAL OF FOOT LESION	327.87	00 15								
03	28092	REMOVAL OF TOE LESIONS	245.27									
07	28092	REMOVAL OF TOE LESIONS	294.32	00 15								
03	28100	REMOVAL OF ANKLE/HEEL LESION	352.80									
07	28100	REMOVAL OF ANKLE/HEEL LESION	423.36	00 15								
02	28102	REMOVE/GRAFT FOOT LESION	72.46									
03	28102	REMOVE/GRAFT FOOT LESION	362.31									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28102	REMOVE/GRAFT FOOT LESION	434.77	00 15								
02	28103	REMOVE/GRAFT FOOT LESION	58.67									
03	28103	REMOVE/GRAFT FOOT LESION	293.35									
07	28103	REMOVE/GRAFT FOOT LESION	352.01	00 15								
03	28104	REMOVAL OF FOOT LESION	303.52									
07	28104	REMOVAL OF FOOT LESION	364.22	00 15								
02	28106	REMOVE/GRAFT FOOT LESION	62.17									
03	28106	REMOVE/GRAFT FOOT LESION	310.87									
07	28106	REMOVE/GRAFT FOOT LESION	373.04	00 15								
02	28107	REMOVE/GRAFT FOOT LESION	67.23									
03	28107	REMOVE/GRAFT FOOT LESION	336.17									
07	28107	REMOVE/GRAFT FOOT LESION	403.40	00 15								
03	28108	REMOVAL OF TOE LESIONS	254.51									
07	28108	REMOVAL OF TOE LESIONS	305.41	00 15								
03	28110	PART REMOVAL OF METATARSAL	266.19									
07	28110	PART REMOVAL OF METATARSAL	319.43	00 15								
03	28111	PART REMOVAL OF METATARSAL	304.53									
07	28111	PART REMOVAL OF METATARSAL	365.44	00 15								
03	28112	PART REMOVAL OF METATARSAL	287.25									
07	28112	PART REMOVAL OF METATARSAL	344.70	00 15								
03	28113	PART REMOVAL OF METATARSAL	344.07									
07	28113	PART REMOVAL OF METATARSAL	412.88	00 15								
03	28114	REMOVAL OF METATARSAL HEADS	630.60									
07	28114	REMOVAL OF METATARSAL HEADS	756.71	00 15								
02	28116	REVISION OF FOOT	90.57									
03	28116	REVISION OF FOOT	452.85									
07	28116	REVISION OF FOOT	543.42	00 15								
03	28118	PARTIAL REMOVAL OF HEEL	348.49									
07	28118	PARTIAL REMOVAL OF HEEL	418.19	00 15								
03	28119	REMOVAL OF HEEL SPUR	310.38									
07	28119	REMOVAL OF HEEL SPUR	372.45	00 15								
03	28120	PART REMOVAL OF ANKLE/HEEL	343.12									
07	28120	PART REMOVAL OF ANKLE/HEEL	411.75	00 15								
03	28122	PARTIAL REMOVAL OF FOOT BONE	402.78									
07	28122	PARTIAL REMOVAL OF FOOT BONE	483.34	00 15								
03	28124	PARTIAL REMOVAL OF TOE	283.51									
07	28124	PARTIAL REMOVAL OF TOE	340.22	00 15								
03	28126	CONDYLECTOMY...SING. TOE, EACH	227.63									X
07	28126	CONDYLECTOMY...SING. TOE, EACH	273.16	00 15								X
02	28130	REMOVAL OF ANKLE BONE	82.70									
03	28130	REMOVAL OF ANKLE BONE	413.48									
07	28130	REMOVAL OF ANKLE BONE	496.17	00 15								
03	28140	REMOVAL OF METATARSAL	378.82									
07	28140	REMOVAL OF METATARSAL	454.57	00 15								
03	28150	PHALANGECTOMY,TOE, SINGLE, EACH	254.52									X
07	28150	PHALANGECTOMY,TOE, SINGLE, EACH	305.42	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	28153	PARTIAL REMOVAL OF TOE	236.61									
07	28153	PARTIAL REMOVAL OF TOE	283.93	00 15								
03	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	242.83									X
07	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	291.39	00 15								X
02	28171	RADICAL RESECTION FOR TUMOR,TA	81.63									
03	28171	RADICAL RESECTION FOR TUMOR,TARSAL	408.14									
07	28171	RADICAL RESECTION FOR TUMOR,TARSAL	489.77	00 15								
03	28173	RADICAL RESECTION FOR TUMOR,METATARS	453.70									
07	28173	RADICAL RESECTION FOR TUMOR,METATARS	544.44	00 15								
03	28175	RADICAL RESECTION FOR TUMOR PHALANX	330.57									
07	28175	RADICAL RESECTION FOR TUMOR PHALANX	396.69	00 15								
03	28190	REMOVAL OF FOOT FOREIGN BODY	143.59									
07	28190	REMOVAL OF FOOT FOREIGN BODY	172.31	00 15								
03	28192	REMOVAL OF FOOT FOREIGN BODY	280.16									
07	28192	REMOVAL OF FOOT FOREIGN BODY	336.19	00 15								
03	28193	REMOVAL OF FOOT FOREIGN BODY	322.94									
07	28193	REMOVAL OF FOOT FOREIGN BODY	387.53	00 15								
03	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	280.03									X
07	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	336.04	00 15								X
02	28202	REP SUT TEND,SECOND,W/GRFT,EA	75.12									
03	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	375.60									X
07	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	450.73	00 15								X
03	28208	REP/SUT TEND....EACH TENDON	269.42									X
07	28208	REP/SUT TEND....EACH TENDON	323.30	00 15								X
02	28210	REP/SUT TEND..W/GRAFT,EACH TE	69.90									
03	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	349.49									X
07	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	419.39	00 15								X
03	28220	RELEASE OF FOOT TENDON	266.72									
07	28220	RELEASE OF FOOT TENDON	320.06	00 15								
03	28222	RELEASE OF FOOT TENDONS	309.70									
07	28222	RELEASE OF FOOT TENDONS	371.63	00 15								
03	28225	RELEASE OF FOOT TENDON	230.60									
07	28225	RELEASE OF FOOT TENDON	276.72	00 15								
03	28226	RELEASE OF FOOT TENDONS	277.73									
07	28226	RELEASE OF FOOT TENDONS	333.28	00 15								
03	28230	INCISION OF FOOT TENDON(S)	255.88									
07	28230	INCISION OF FOOT TENDON(S)	307.06	00 15								
03	28232	INCISION OF TOE TENDON	225.38									
07	28232	INCISION OF TOE TENDON	270.45	00 15								
03	28234	INCISION OF FOOT TENDON	233.18									
07	28234	INCISION OF FOOT TENDON	279.82	00 15								
02	28238	REVISION OF FOOT TENDON	82.63									
03	28238	REVISION OF FOOT TENDON	413.14									
07	28238	REVISION OF FOOT TENDON	495.77	00 15								
03	28240	RELEASE OF BIG TOE	263.39									
07	28240	RELEASE OF BIG TOE	316.08	00 15								

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	28250	REVISION OF FOOT FASCIA	336.85									
07	28250	REVISION OF FOOT FASCIA	404.23	00 15								
02	28260	RELEASE OF MIDFOOT JOINT	83.05									
03	28260	RELEASE OF MIDFOOT JOINT	415.27									
07	28260	RELEASE OF MIDFOOT JOINT	498.33	00 15								
02	28261	REVISION OF FOOT TENDON	121.04									
03	28261	REVISION OF FOOT TENDON	605.20									
07	28261	REVISION OF FOOT TENDON	726.24	00 15								
02	28262	REVISION OF FOOT AND ANKLE	169.25									
03	28262	REVISION OF FOOT AND ANKLE	846.24									
07	28262	REVISION OF FOOT AND ANKLE	1,015.48	00 15								
02	28264	RELEASE OF MIDFOOT JOINT	107.87									
03	28264	RELEASE OF MIDFOOT JOINT	539.33									
07	28264	RELEASE OF MIDFOOT JOINT	647.19	00 15								
03	28270	CAPSULOTOMY...EACH JOINT	284.94									X
07	28270	CAPSULOTOMY...EACH JOINT	341.93	00 15								X
03	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	232.20									X
07	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	278.63	00 15								X
03	28280	FUSION OF TOES	312.93									
07	28280	FUSION OF TOES	375.51	00 15								
03	28285	REVISION OF HAMMERTOE	275.90									X
07	28285	REVISION OF HAMMERTOE	331.08	00 15								X
03	28286	REVISION OF HAMMERTOE	269.79									
07	28286	REVISION OF HAMMERTOE	323.75	00 15								
03	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	344.77									X
07	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	413.72	00 15								X
03	28289	REPAIR HALLUX RIGIDUS	439.88									
07	28289	REPAIR HALLUX RIGIDUS	527.86	00 15								
03	28290	CORRECTION OF BUNION	341.34									
07	28290	CORRECTION OF BUNION	409.60	00 15								
03	28292	CORRECTION OF BUNION	466.34									
07	28292	CORRECTION OF BUNION	559.59	00 15								
03	28293	CORRECTION OF BUNION	619.91									
07	28293	CORRECTION OF BUNION	743.90	00 15								
03	28294	CORRECTION OF BUNION	453.03									
07	28294	CORRECTION OF BUNION	543.64	00 15								
02	28296	CORRECTION OF BUNION	88.89									
03	28296	CORRECTION OF BUNION	444.46									
07	28296	CORRECTION OF BUNION	533.35	00 15								
02	28297	BUNION CORREDTION-LAPIDUS TYPE	100.42									
03	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	502.09									
07	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	602.50	00 15								
03	28298	CORRECTION OF BUNION	432.69									
07	28298	CORRECTION OF BUNION	519.23	00 15								
02	28299	CORRECTION OF BUNION	111.89									
03	28299	CORRECTION OF BUNION	559.44									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28299	CORRECTION OF BUNION	671.32	00 15								
02	28300	INCISION OF HEEL BONE	86.68									
03	28300	INCISION OF HEEL BONE	433.39									
07	28300	INCISION OF HEEL BONE	520.06	00 15								
02	28302	INCISION OF ANKLE BONE	85.76									
03	28302	INCISION OF ANKLE BONE	428.78									
07	28302	INCISION OF ANKLE BONE	514.54	00 15								
03	28304	INCISION OF MIDFOOT BONES	482.74									
07	28304	INCISION OF MIDFOOT BONES	579.28	00 15								
03	28305	INCISE/GRAFT MIDFOOT BONES	452.59									
07	28305	INCISE/GRAFT MIDFOOT BONES	543.10	00 15								
03	28306	INCISION OF METATARSAL	357.55									
07	28306	INCISION OF METATARSAL	429.06	00 15								
03	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	418.98									
07	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	502.77	00 15								
03	28308	INCISION OF METATARSAL	323.40									X
07	28308	INCISION OF METATARSAL	388.07	00 15								X
03	28309	INCISION OF METATARSALS	587.62									
07	28309	INCISION OF METATARSALS	705.13	00 15								
03	28310	REVISION OF BIG TOE	319.19									
07	28310	REVISION OF BIG TOE	383.02	00 15								
03	28312	REVISION OF TOE	290.89									
07	28312	REVISION OF TOE	349.07	00 15								
03	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	306.85									X
07	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	368.22	00 15								X
03	28315	SESAMOIDECTOMY FIRST TOE	282.25									
07	28315	SESAMOIDECTOMY FIRST TOE	338.69	00 15								
02	28320	REPAIR OF FOOT BONES	82.03									
03	28320	REPAIR OF FOOT BONES	410.17									
07	28320	REPAIR OF FOOT BONES	492.21	00 15								
02	28322	REPAIR OF METATARSALS	93.51									
03	28322	REPAIR OF METATARSALS	467.54									
07	28322	REPAIR OF METATARSALS	561.05	00 15								
02	28340	RECONSTRUCT TOE,MACRODAC;SFT T	74.43									
03	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	372.16									X
07	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	446.59	00 15								X
02	28341	SEE 28340;REQUIRING BONE RESEC	86.13									
03	28341	SEE 28340;REQUIRING BONE RESECTION	430.65									X
07	28341	SEE 28340;REQUIRING BONE RESECTION	516.78	00 15								X
03	28344	RECONSTRUCT TOE;POLYDATYLY	281.21									X
07	28344	RECONSTRUCT TOE;POLYDATYLY	337.45	00 15								X
03	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	343.31									X
07	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	411.97	00 15								X
03	28360	RECONSTRUCT CLEFT FOOT	633.32									
07	28360	RECONSTRUCT CLEFT FOOT	759.99	00 15								
03	28400	TREAT CLSD CALC FX;W/O MANIP	143.94									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28400	TREAT CLSD CALC FX;W/O MANIP	172.73	00 15								
03	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	239.64									
07	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	287.56	00 15								
03	28406	TREAT CLSD CALC FX,MANIP/FIXATION	330.20									
07	28406	TREAT CLSD CALC FX,MANIP/FIXATION	396.23	00 15								
02	28415	REPAIR OF HEEL FRACTURE	146.74									
03	28415	REPAIR OF HEEL FRACTURE	733.71									
07	28415	REPAIR OF HEEL FRACTURE	880.44	00 15								
02	28420	REPAIR/GRAFT HEEL FRACTURE	154.80									
03	28420	REPAIR/GRAFT HEEL FRACTURE	774.02									
07	28420	REPAIR/GRAFT HEEL FRACTURE	928.82	00 15								
03	28430	TREAT CLSD TALUS FX,W/O MANIP	134.73									
07	28430	TREAT CLSD TALUS FX,W/O MANIP	161.67	00 15								
03	28435	TREAT CLSD TALUS FX,W/ MANIP	192.68									
07	28435	TREAT CLSD TALUS FX,W/ MANIP	231.21	00 15								
03	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	262.86									
07	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	315.43	00 15								
02	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIX	138.80									
03	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	693.99									
07	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	832.79	00 15								
02	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	151.74		X							
03	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	758.72		X							
07	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	910.46	00 15	X							
03	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	124.47									X
07	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	149.36	00 15								X
03	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	174.70									X
07	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	209.64	00 15								X
03	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	167.00									X
07	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	200.40	00 15								X
02	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX	78.22									
03	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	391.12									X
07	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	469.35	00 15								X
03	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	124.60									X
07	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	149.53	00 15								X
03	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	160.13									X
07	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	192.16	00 15								X
03	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	206.93									X
07	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	248.31	00 15								X
02	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX	67.20									
03	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	335.98									X
07	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	403.19	00 15								X
03	28490	TREAT BIG TOE FRACTURE	79.34									
07	28490	TREAT BIG TOE FRACTURE	95.20	00 15								
03	28495	TREAT BIG TOE FRACTURE	101.14									
07	28495	TREAT BIG TOE FRACTURE	121.37	00 15								
03	28496	TREAT CLSD FX GREAT TOE...PINNING	239.70									X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28496	TREAT CLSD FX GREAT TOE...PINNING	287.65	00 15								X
03	28505	REPAIR BIG TOE FRACTURE	393.25									
07	28505	REPAIR BIG TOE FRACTURE	471.89	00 15								
03	28510	TREAT CLSD FX....W/O MANIP,EACH	69.47									X
07	28510	TREAT CLSD FX....W/O MANIP,EACH	83.36	00 15								X
03	28515	TREAT CLSD FX...W/ MANIP., EACH	91.57									X
07	28515	TREAT CLSD FX...W/ MANIP., EACH	109.88	00 15								X
03	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	329.15									X
07	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	394.97	00 15								X
03	28530	TREAT CLOSED SESAMOID FRACTURE	67.05									X
07	28530	TREAT CLOSED SESAMOID FRACTURE	80.46	00 15								X
03	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	213.23									
07	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	255.87	00 15								
03	28540	TREAT FOOT DISLOCATION	119.67									
07	28540	TREAT FOOT DISLOCATION	143.60	00 15								
03	28545	TREAT FOOT DISLOCATION	147.40									
07	28545	TREAT FOOT DISLOCATION	176.88	00 15								
03	28546	TREAT FOOT DISLOCATION	271.97									
07	28546	TREAT FOOT DISLOCATION	326.35	00 15								
02	28555	REPAIR FOOT DISLOCATION	103.36									
03	28555	REPAIR FOOT DISLOCATION	516.78									
07	28555	REPAIR FOOT DISLOCATION	620.13	00 15								
03	28570	TREAT FOOT DISLOCATION	103.01									
07	28570	TREAT FOOT DISLOCATION	123.61	00 15								
03	28575	TREAT FOOT DISLOCATION	198.65									
07	28575	TREAT FOOT DISLOCATION	238.38	00 15								
03	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	221.25									
07	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	265.50	00 15								
02	28585	REPAIR FOOT DISLOCATION	110.98									
03	28585	REPAIR FOOT DISLOCATION	554.92									
07	28585	REPAIR FOOT DISLOCATION	665.90	00 15								
03	28600	TREAT FOOT DISLOCATION	123.98									
07	28600	TREAT FOOT DISLOCATION	148.77	00 15								
03	28605	TREAT FOOT DISLOCATION	161.58									
07	28605	TREAT FOOT DISLOCATION	193.90	00 15								
03	28606	TREAT FOOT DISLOCATION	245.34									
07	28606	TREAT FOOT DISLOCATION	294.41	00 15								
02	28615	REPAIR FOOT DISLOCATION	98.07									
03	28615	REPAIR FOOT DISLOCATION	490.37									
07	28615	REPAIR FOOT DISLOCATION	588.45	00 15								
03	28630	TREAT TOE DISLOCATION	89.53									
07	28630	TREAT TOE DISLOCATION	107.43	00 15								
03	28635	TREAT TOE DISLOCATION	106.73									
07	28635	TREAT TOE DISLOCATION	128.08	00 15								
03	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	174.63									
07	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	209.56	00 15								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	28645	REPAIR TOE DISLOCATION	74.75										
03	28645	REPAIR TOE DISLOCATION	373.75										
07	28645	REPAIR TOE DISLOCATION	448.49	00	15								
03	28660	TREAT TOE DISLOCATION	65.06										
07	28660	TREAT TOE DISLOCATION	78.07	00	15								
03	28665	TREAT TOE DISLOCATION	95.98										
07	28665	TREAT TOE DISLOCATION	115.18	00	15								
03	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	125.42										
07	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	150.49	00	15								
03	28675	REPAIR OF TOE DISLOCATION	336.01										
07	28675	REPAIR OF TOE DISLOCATION	403.21	00	15								
02	28705	FUSION OF FOOT BONES	171.59										
03	28705	FUSION OF FOOT BONES	857.93										
07	28705	FUSION OF FOOT BONES	1,029.51	00	15								
02	28715	FUSION OF FOOT BONES	126.53										
03	28715	FUSION OF FOOT BONES	632.65										
07	28715	FUSION OF FOOT BONES	759.18	00	15								
02	28725	FUSION OF FOOT BONES	104.36										
03	28725	FUSION OF FOOT BONES	521.78										
07	28725	FUSION OF FOOT BONES	626.13	00	15								
02	28730	FUSION OF FOOT BONES	108.58										
03	28730	FUSION OF FOOT BONES	542.90										
07	28730	FUSION OF FOOT BONES	651.49	00	15								
02	28735	FUSION OF FOOT BONES	104.15										
03	28735	FUSION OF FOOT BONES	520.76										
07	28735	FUSION OF FOOT BONES	624.91	00	15								
02	28737	REVISION OF FOOT BONES	92.40										
03	28737	REVISION OF FOOT BONES	462.02										
07	28737	REVISION OF FOOT BONES	554.43	00	15								
02	28740	FUSION OF FOOT BONES	102.47										
03	28740	FUSION OF FOOT BONES	512.36										
07	28740	FUSION OF FOOT BONES	614.83	00	15								
02	28750	FUSION OF BIG TOE JOINT	99.39										
03	28750	FUSION OF BIG TOE JOINT	496.96										
07	28750	FUSION OF BIG TOE JOINT	596.35	00	15								
03	28755	FUSION OF BIG TOE JOINT	298.17										
07	28755	FUSION OF BIG TOE JOINT	357.80	00	15								
02	28760	FUSION OF BIG TOE JOINT	94.61										
03	28760	FUSION OF BIG TOE JOINT	473.05										
07	28760	FUSION OF BIG TOE JOINT	567.66	00	15								
02	28800	AMPUTATION OF MIDFOOT	74.52										
03	28800	AMPUTATION OF MIDFOOT	372.59										
07	28800	AMPUTATION OF MIDFOOT	447.10	00	15								
03	28805	AMPUTATION THRU METATARSAL	491.26										
07	28805	AMPUTATION THRU METATARSAL	589.50	00	15								
03	28810	AMPUTATION TOE & METATARSAL	286.31										X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	28810	AMPUTATION TOE & METATARSAL	343.58	00	15								X
03	28820	AMPUTATION OF TOE	314.30										X
07	28820	AMPUTATION OF TOE	377.16	00	15								X
03	28825	PARTIAL AMPUTATION OF TOE	340.94										X
07	28825	PARTIAL AMPUTATION OF TOE	409.13	00	15								X
03	28890	HIGH ENERGY ESWT, PLANTAR F	207.26										
07	28890	HIGH ENERGY ESWT, PLANTAR F	248.70	00	15								
03	28899	FOOT/TOES SURGERY PROCEDURE	MP			X							
07	28899	FOOT/TOES SURGERY PROCEDURE	MP	00	15	X							
03	29000	APPLICATION OF BODY CAST	159.66										
07	29000	APPLICATION OF BODY CAST	191.59	00	15								
03	29010	APPLICATION OF BODY CAST	146.22										
07	29010	APPLICATION OF BODY CAST	175.46	00	15								
03	29015	APPLICATION OF BODY CAST	141.99										
07	29015	APPLICATION OF BODY CAST	170.39	00	15								
03	29020	APPLICATION OF BODY CAST	135.31			X							
07	29020	APPLICATION OF BODY CAST	162.37	00	15	X							
03	29025	APPLICATION OF BODY CAST	154.65			X							
07	29025	APPLICATION OF BODY CAST	185.58	00	15	X							
03	29035	APPLICATION OF BODY CAST	140.65										
07	29035	APPLICATION OF BODY CAST	168.78	00	15								
03	29040	APPLICATION OF BODY CAST	138.22										
07	29040	APPLICATION OF BODY CAST	165.85	00	15								
03	29044	APPLICATION OF BODY CAST	153.49										
07	29044	APPLICATION OF BODY CAST	184.19	00	15								
03	29046	APPLICATION OF BODY CAST	168.21										
07	29046	APPLICATION OF BODY CAST	201.85	00	15								
03	29049	APPLICATION OF SHOULDER CAST	51.52										
07	29049	APPLICATION OF SHOULDER CAST	61.82	00	15								
03	29055	APPLICATION OF SHOULDER CAST	122.10										X
07	29055	APPLICATION OF SHOULDER CAST	146.52	00	15								X
03	29058	APPLICATION OF SHOULDER CAST	67.11										X
07	29058	APPLICATION OF SHOULDER CAST	80.53	00	15								X
03	29065	APPLICATION OF LONG ARM CAST	55.83										X
07	29065	APPLICATION OF LONG ARM CAST	66.99	00	15								X
03	29075	APPLICATION OF FOREARM CAST	51.60										X
07	29075	APPLICATION OF FOREARM CAST	61.92	00	15								X
03	29085	APPLY HAND/WRIST CAST	55.14										X
07	29085	APPLY HAND/WRIST CAST	66.16	00	15								X
03	29086	APPLY FINGER CAST	41.69										X
07	29086	APPLY FINGER CAST	50.04	00	15								X
03	29105	APPLY LONG ARM SPLINT	51.23										X
07	29105	APPLY LONG ARM SPLINT	61.47	00	15								X
03	29125	APPLY FOREARM SPLINT	39.31										X
07	29125	APPLY FOREARM SPLINT	47.17	00	15								X
03	29126	APPLY FOREARM SPLINT	45.38										X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	29126	APPLY FOREARM SPLINT	54.46	00 15								X
03	29130	APPLICATION OF FINGER SPLINT	24.57									X
07	29130	APPLICATION OF FINGER SPLINT	29.47	00 15								X
03	29131	APPLICATION OF FINGER SPLINT	29.75									X
07	29131	APPLICATION OF FINGER SPLINT	35.70	00 15								X
03	29200	STRAPPING OF CHEST	32.14									
07	29200	STRAPPING OF CHEST	38.56	00 15								
03	29240	STRAPPING OF SHOULDER	36.01									X
07	29240	STRAPPING OF SHOULDER	43.21	00 15								X
03	29260	STRAPPING OF ELBOW OR WRIST	30.91									X
07	29260	STRAPPING OF ELBOW OR WRIST	37.08	00 15								X
03	29280	STRAPPING OF HAND OR FINGER	29.63									X
07	29280	STRAPPING OF HAND OR FINGER	35.55	00 15								X
03	29305	APPLICATION OF HIP CAST	138.06									
07	29305	APPLICATION OF HIP CAST	165.67	00 15								
03	29325	APPLICATION OF HIP CASTS	153.91									
07	29325	APPLICATION OF HIP CASTS	184.70	00 15								
03	29345	APPLICATION OF LONG LEG CAST	80.95									X
07	29345	APPLICATION OF LONG LEG CAST	97.14	00 15								X
03	29355	APPLICATION OF LONG LEG CAST	84.12									X
07	29355	APPLICATION OF LONG LEG CAST	100.95	00 15								X
03	29358	APPLY LONG LEG CAST BRACE	90.46									X
07	29358	APPLY LONG LEG CAST BRACE	108.55	00 15								X
03	29365	APPLICATION OF LONG LEG CAST	72.21									X
07	29365	APPLICATION OF LONG LEG CAST	86.64	00 15								X
03	29405	APPLY SHORT LEG CAST	53.03									X
07	29405	APPLY SHORT LEG CAST	63.64	00 15								X
03	29425	APPLY SHORT LEG CAST	57.65									X
07	29425	APPLY SHORT LEG CAST	69.18	00 15								X
03	29435	APPLY SHORT LEG CAST	70.60									X
07	29435	APPLY SHORT LEG CAST	84.72	00 15								X
03	29440	ADDITION OF WALKER TO CAST	31.67									X
07	29440	ADDITION OF WALKER TO CAST	38.00	00 15								X
03	29445	APPLY RIGID LEG CAST	89.74									
07	29445	APPLY RIGID LEG CAST	107.69	00 15								
03	29450	APPLICATION OF LEG CAST	95.29									
07	29450	APPLICATION OF LEG CAST	114.35	00 15								
03	29505	APPLICATION LONG LEG SPLINT	44.68									X
07	29505	APPLICATION LONG LEG SPLINT	53.60	00 15								X
03	29515	APPLICATION LOWER LEG SPLINT	42.28									X
07	29515	APPLICATION LOWER LEG SPLINT	50.73	00 15								X
03	29520	STRAPPING OF HIP	29.96									X
07	29520	STRAPPING OF HIP	35.94	00 15								X
03	29530	STRAPPING OF KNEE	31.43									X
07	29530	STRAPPING OF KNEE	37.71	00 15								X
03	29540	STRAPPING OF ANKLE	26.20									X

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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
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	29540	STRAPPING OF ANKLE	31.43	00 15								X
03	29550	STRAPPING OF TOES	25.38									X
07	29550	STRAPPING OF TOES	30.46	00 15								X
03	29580	APPLICATION OF PASTE BOOT	31.84									X
07	29580	APPLICATION OF PASTE BOOT	38.21	00 15								X
03	29581	APPLICATION OF MULTI-LAYER COMPRESSI	59.55									X
07	29581	APPLICATION OF MULTI-LAYER COMPRESSI	71.46	00 15								X
03	29582	APPLICATION OF MULTI-LAYER COMPRESSI	45.36									
07	29582	APPLICATION OF MULTI-LAYER COMPRESSI	54.43	00 15								
03	29583	APPLICATION OF MULTI-LAYER COMPRESSI	28.19									
07	29583	APPLICATION OF MULTI-LAYER COMPRESSI	33.83	00 15								
03	29584	APPLICATION OF MULTI-LAYER COMPRESSI	45.36									
07	29584	APPLICATION OF MULTI-LAYER COMPRESSI	54.43	00 15								
03	29700	REMOVAL/REVISION OF CAST	38.10									
07	29700	REMOVAL/REVISION OF CAST	45.71	00 15								
03	29705	REMOVAL/REVISION OF CAST	41.02									
07	29705	REMOVAL/REVISION OF CAST	49.22	00 15								
03	29710	REMOVAL/REVISION OF CAST	71.57									
07	29710	REMOVAL/REVISION OF CAST	85.88	00 15								
03	29715	REMOVAL/REVISION OF CAST	53.73		X							
07	29715	REMOVAL/REVISION OF CAST	64.47	00 15	X							
03	29720	REPAIR OF BODY CAST	47.18									
07	29720	REPAIR OF BODY CAST	56.62	00 15								
03	29730	WINDOWING OF CAST	39.84									
07	29730	WINDOWING OF CAST	47.80	00 15								
03	29740	WEDGING OF CAST	57.32									
07	29740	WEDGING OF CAST	68.79	00 15								
03	29750	WEDGING OF CLUBFOOT CAST	62.83									
07	29750	WEDGING OF CLUBFOOT CAST	75.40	00 15								
03	29799	CASTING/STRAPPING PROCEDURE	MP		X							
07	29799	CASTING/STRAPPING PROCEDURE	MP	00 15	X							
03	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	324.89									
07	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	389.87	00 15								
03	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	405.68									
07	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	486.82	00 15								
03	29805	SHOULDER ARTHROSCOPY, DX	294.62									
07	29805	SHOULDER ARTHROSCOPY, DX	353.55	00 15								
02	29806	SHOULDER ARTHROSCOPY/SURGERY	136.08									
03	29806	SHOULDER ARTHROSCOPY/SURGERY	680.41									
07	29806	SHOULDER ARTHROSCOPY/SURGERY	816.49	00 15								
02	29807	SHOULDER ARTHROSCOPY/SURGERY	132.47									
03	29807	SHOULDER ARTHROSCOPY/SURGERY	662.36									
07	29807	SHOULDER ARTHROSCOPY/SURGERY	794.83	00 15								
03	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	370.48									
07	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	444.57	00 15								
03	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	342.04									

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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
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	410.45	00 15								
03	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	373.55									
07	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	448.26	00 15								
02	29822	ARTHROSCOPY,SHOULDER,SURGICA	72.50									
03	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	362.52									
07	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	435.02	00 15								
02	29823	ARTHROSCOPY-EXT DEBRIDEMENT	79.37									
03	29823	ARTHROSCOPY-EXT DEBRIDEMENT	396.84									
07	29823	ARTHROSCOPY-EXT DEBRIDEMENT	476.22	00 15								
03	29824	SHOULDER ARTHROSCOPY/SURGERY	422.33									
07	29824	SHOULDER ARTHROSCOPY/SURGERY	506.79	00 15								
02	29825	ARTHROSCOPY-W/LYSIS & RESECTIO	74.00									
03	29825	ARTHROSCOPY-W/LYSIS & RESECTION	370.02									
07	29825	ARTHROSCOPY-W/LYSIS & RESECTION	444.02	00 15								
02	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	85.13									
03	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	425.63									
07	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	510.75	00 15								
02	29827	ARTHROSCOP ROTATOR CUFF REPR	139.76									
03	29827	ARTHROSCOP ROTATOR CUFF REPR	698.79									
07	29827	ARTHROSCOP ROTATOR CUFF REPR	838.54	00 15								
03	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	584.37									
07	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	701.24	00 15								
03	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	284.53									
07	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	341.43	00 15								
03	29834	ARTHROSCOPY, ELBOW, SURGICAL;	310.11									
07	29834	ARTHROSCOPY, ELBOW, SURGICAL;	372.13	00 15								
03	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	318.57									
07	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	382.28	00 15								
03	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	365.86									
07	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	439.03	00 15								
03	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	334.28									
07	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	401.14	00 15								
03	29838	ARTHROSCOPY EXT DEBRIDEMENT	373.51									
07	29838	ARTHROSCOPY EXT DEBRIDEMENT	448.21	00 15								
03	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	277.61									
07	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	333.13	00 15								
03	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	298.63									
07	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	358.36	00 15								
02	29844	ARTHROSCOPY,WRIST,PARTIAL SYNO	62.26									
03	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	311.29									
07	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	373.55	00 15								
02	29845	ARTHROSCOPY,WRIST,COMPLETE SYN	70.93									
03	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	354.67									
07	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	425.60	00 15								
03	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	327.44									
07	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	392.92	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	29847	ARTHROSCOPY,WRIST,INT FIX-FX I	67.99									
03	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	339.95									
07	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	407.95	00 15								
03	29848	ARTHROSCOPY, WRIST, SURGICAL;	307.90									
07	29848	ARTHROSCOPY, WRIST, SURGICAL;	369.49	00 15								
03	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	363.10									
07	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	435.71	00 15								
02	29851	ARTHROSCOPICALLY AIDED TREATME	119.92									
03	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	599.60									
07	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	719.52	00 15								
02	29855	ARTHROSCOPICALLY AIDED TREATME	99.99									
03	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	499.97									
07	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	599.96	00 15								
02	29856	ARTHROSCOPICALLY AIDED TREATME	128.39									
03	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	641.94									
07	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	770.33	00 15								
03	29860	HIP ARTHROSCOPY, DX	410.69									
07	29860	HIP ARTHROSCOPY, DX	492.83	00 15								
03	29861	HIP ARTHROSCOPY/SURGERY	456.73									
07	29861	HIP ARTHROSCOPY/SURGERY	548.08	00 15								
03	29862	HIP ARTHROSCOPY/SURGERY	508.41									
07	29862	HIP ARTHROSCOPY/SURGERY	610.09	00 15								
03	29863	HIP ARTHROSCOPY/SURGERY	501.91									
07	29863	HIP ARTHROSCOPY/SURGERY	602.29	00 15								
02	29866	AUTGRFT IMPLNT,KNEE W/SCOPE	133.21									
03	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	666.03									
07	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	799.23	00 15								
02	29867	ALLGRFT IMPLNT,KNEE W/SCOPE	161.65									
03	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	808.27		X							
07	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	969.93	00 15	X							
02	29868	MENISCAL TRNSPL, KNEE W/SCPE	217.62									
03	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,088.11		X							
07	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,305.73	00 15	X							
03	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	255.21									
07	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	306.25	00 15								
03	29871	ARTHROSCOPY, KNEE, SURGICAL;	322.01									
07	29871	ARTHROSCOPY, KNEE, SURGICAL;	386.41	00 15								
03	29873	KNEE ARTHROSCOPY/SURGERY	319.20									
07	29873	KNEE ARTHROSCOPY/SURGERY	383.03	00 15								
03	29874	ARTHROSCOPY, KNEE, SURGICAL;	337.58									
07	29874	ARTHROSCOPY, KNEE, SURGICAL;	405.10	00 15								
03	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	311.35									
07	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	373.63	00 15								
03	29876	ARTHROSCOPY, KNEE, SURGICAL;	409.83									
07	29876	ARTHROSCOPY, KNEE, SURGICAL;	491.79	00 15								
03	29877	ARTHROSCOPY-DEBRIDEMENT	387.34									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	29877	ARTHROSCOPY-DEBRIDEMENT	464.80	00 15								
03	29879	ARTHROSCOPY-ABRASION ARTHROPLA	415.04									
07	29879	ARTHROSCOPY-ABRASION ARTHROPLA	498.04	00 15								
03	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	433.74									
07	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	520.49	00 15								
03	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	403.58									
07	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	484.29	00 15								
02	29882	ARTHROSCOPY W/MENISCUS REPAIR	87.63									
03	29882	ARTHROSCOPY W/ MENISCUS REPAIR	438.14									
07	29882	ARTHROSCOPY W/ MENISCUS REPAIR	525.76	00 15								
02	29883	ARTHROSCOPY,KNEE,MENISCUS REPA	107.21									
03	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	536.03									
07	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	643.23	00 15								
03	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	386.12									
07	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	463.34	00 15								
02	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCH	93.88									
03	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	469.38									
07	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	563.25	00 15								
03	29886	ARTHROSCOPY-OSTEOCHONDRITIS	395.06									
07	29886	ARTHROSCOPY-OSTEOCHONDRITIS	474.06	00 15								
02	29887	ARTHROSCOPY-INTERNAL FIXATION	93.34									
03	29887	ARTHROSCOPY-INTERNAL FIXATION	466.68									
07	29887	ARTHROSCOPY-INTERNAL FIXATION	560.03	00 15								
02	29888	ARTHROSCOPY-AIDED REP/AUGMENT/	127.53									
03	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	637.65									
07	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	765.18	00 15								
02	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	155.45									
03	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	777.23									
07	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	932.67	00 15								
03	29891	ANKLE ARTHROSCOPY/SURGERY	439.53									
07	29891	ANKLE ARTHROSCOPY/SURGERY	527.44	00 15								
03	29892	ANKLE ARTHROSCOPY/SURGERY	450.40									
07	29892	ANKLE ARTHROSCOPY/SURGERY	540.48	00 15								
03	29893	SCOPE, PLANTAR FASCIOTOMY	356.64									
07	29893	SCOPE, PLANTAR FASCIOTOMY	427.97	00 15								
03	29894	ARTHROSCOPY, ANKLE, SURGICAL;	331.22									
07	29894	ARTHROSCOPY, ANKLE, SURGICAL;	397.46	00 15								
03	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	320.41									
07	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	384.50	00 15								
02	29897	ARTHROSCOPY-LIMITED DEBRIDEMEN	67.05									
03	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	335.26									
07	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	402.32	00 15								
03	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	375.46									
07	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	450.54	00 15								
02	29899	ANKLE ARTHROSCOPY/SURGERY	135.32									
03	29899	ANKLE ARTHROSCOPY/SURGERY	676.62									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	29899	ANKLE ARTHROSCOPY/SURGERY	811.93	00 15								
03	29900	MCP JOINT ARTHROSCOPY, DX	285.93									X
07	29900	MCP JOINT ARTHROSCOPY, DX	343.11	00 15								X
03	29901	MCP JOINT ARTHROSCOPY, SURG	314.15									X
07	29901	MCP JOINT ARTHROSCOPY, SURG	376.98	00 15								X
03	29902	MCP JOINT ARTHROSCOPY, SURG	336.19									X
07	29902	MCP JOINT ARTHROSCOPY, SURG	403.42	00 15								X
03	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	390.73									
07	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	468.88	00 15								
03	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	419.88									
07	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	503.87	00 15								
03	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	442.28									
07	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	530.74	00 15								
03	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	544.83									
07	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	653.80	00 15								
03	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	528.11									X
07	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	633.73	00 15								X
03	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	538.09									X
07	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	645.70	00 15								X
03	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	538.09									X
07	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	645.70	00 15								X
03	29999	ARTHROSCOPY OF JOINT	MP		X							
07	29999	ARTHROSCOPY OF JOINT	MP	00 15	X							
03	30000	DRAINAGE OF NOSE LESION	133.38									
07	30000	DRAINAGE OF NOSE LESION	160.05	00 15								
03	30020	DRAINAGE OF NOSE LESION	129.24									
07	30020	DRAINAGE OF NOSE LESION	155.09	00 15								
03	30100	INTRANASAL BIOPSY	81.25									
07	30100	INTRANASAL BIOPSY	97.51	00 15								
03	30110	REMOVAL OF NOSE POLYP(S)	131.50									
07	30110	REMOVAL OF NOSE POLYP(S)	157.80	00 15								
03	30115	REMOVAL OF NOSE POLYP(S)	260.06									
07	30115	REMOVAL OF NOSE POLYP(S)	312.07	00 15								
03	30117	REMOVAL OF INTRANASAL LESION	471.90									
07	30117	REMOVAL OF INTRANASAL LESION	566.28	00 15								
03	30118	REMOVAL OF INTRANASAL LESION	475.96									
07	30118	REMOVAL OF INTRANASAL LESION	571.15	00 15								
03	30120	REVISION OF NOSE	313.07									
07	30120	REVISION OF NOSE	375.69	00 15								
03	30124	REMOVAL OF NOSE LESION	165.65									
07	30124	REMOVAL OF NOSE LESION	198.78	00 15								
02	30125	REMOVAL OF NOSE LESION	75.54									
03	30125	REMOVAL OF NOSE LESION	377.68									
07	30125	REMOVAL OF NOSE LESION	453.21	00 15								
03	30130	REMOVAL OF TURBINATE BONES	225.27									
07	30130	REMOVAL OF TURBINATE BONES	270.33	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	30140	REMOVAL OF TURBINATE BONES	256.02									
07	30140	REMOVAL OF TURBINATE BONES	307.22	00 15								
03	30150	PARTIAL REMOVAL OF NOSE	486.54									
07	30150	PARTIAL REMOVAL OF NOSE	583.84	00 15								
02	30160	REMOVAL OF NOSE	97.95									
03	30160	REMOVAL OF NOSE	489.75									
07	30160	REMOVAL OF NOSE	587.70	00 15								
03	30200	INJECTION TREATMENT OF NOSE	65.14									
07	30200	INJECTION TREATMENT OF NOSE	78.17	00 15								
03	30210	NASAL SINUS THERAPY	85.91									
07	30210	NASAL SINUS THERAPY	103.08	00 15								
03	30220	INSERTION,NASAL SEPTAL PROSTHESIS	166.76									
07	30220	INSERTION,NASAL SEPTAL PROSTHESIS	200.11	00 15								
03	30300	REMOVE NASAL FOREIGN BODY	128.90									
07	30300	REMOVE NASAL FOREIGN BODY	154.69	00 15								
03	30310	REMOVE NASAL FOREIGN BODY	123.16									
07	30310	REMOVE NASAL FOREIGN BODY	147.78	00 15								
03	30320	REMOVE NASAL FOREIGN BODY	272.55									
07	30320	REMOVE NASAL FOREIGN BODY	327.06	00 15								
03	30400	RECONSTRUCTION OF NOSE	629.23									
07	30400	RECONSTRUCTION OF NOSE	755.08	00 15								
03	30410	RECONSTRUCTION OF NOSE	751.11									
07	30410	RECONSTRUCTION OF NOSE	901.34	00 15								
03	30420	RECONSTRUCTION OF NOSE	846.86									
07	30420	RECONSTRUCTION OF NOSE	1,016.23	00 15								
03	30430	REVISION OF NOSE	545.08									
07	30430	REVISION OF NOSE	654.09	00 15								
03	30435	REVISION WORK WITH OSTEOTOMIES	727.26									
07	30435	REVISION WORK WITH OSTEOTOMIES	872.71	00 15								
03	30450	REVISION OF NOSE	977.67									
07	30450	REVISION OF NOSE	1,173.21	00 15								
03	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	476.50									
07	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	571.79	00 15								
03	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	960.74									
07	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,152.88	00 15								
03	30465	REPAIR NASAL STENOSIS	605.27			X						
07	30465	REPAIR NASAL STENOSIS	726.33	00 15		X						
03	30520	REPAIR OF NASAL SEPTUM	366.83									
07	30520	REPAIR OF NASAL SEPTUM	440.20	00 15								
03	30540	REPAIR NASAL DEFECT	411.26									
07	30540	REPAIR NASAL DEFECT	493.52	00 15								
03	30545	REPAIR NASAL DEFECT	601.44									
07	30545	REPAIR NASAL DEFECT	721.73	00 15								
03	30560	RELEASE OF NASAL ADHESIONS	152.78									
07	30560	RELEASE OF NASAL ADHESIONS	183.34	00 15								
03	30580	REPAIR UPPER JAW FISTULA	384.14									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	30580	REPAIR UPPER JAW FISTULA	460.97	00 15								
03	30600	REPAIR MOUTH/NOSE FISTULA	352.04									
07	30600	REPAIR MOUTH/NOSE FISTULA	422.45	00 15								
03	30620	RECONSTRUCTION INNER NOSE	372.09									
07	30620	RECONSTRUCTION INNER NOSE	446.50	00 15								
03	30630	REPAIR NASAL SEPTUM DEFECT	381.47									
07	30630	REPAIR NASAL SEPTUM DEFECT	457.77	00 15								
03	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	128.60									
07	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	154.33	00 15								
03	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	168.57									
07	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	202.28	00 15								
03	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	63.78									
07	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	76.54	00 15								
03	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	114.16									
07	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	136.99	00 15								
03	30905	CONTROL OF NOSEBLEED	142.40									
07	30905	CONTROL OF NOSEBLEED	170.88	00 15								
03	30906	REPEAT CONTROL OF NOSEBLEED	164.36									X
07	30906	REPEAT CONTROL OF NOSEBLEED	197.23	00 15								X
03	30915	LIGATION NASAL SINUS ARTERY	356.57									
07	30915	LIGATION NASAL SINUS ARTERY	427.88	00 15								
03	30920	LIGATION UPPER JAW ARTERY	514.49									
07	30920	LIGATION UPPER JAW ARTERY	617.39	00 15								
03	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	73.87									
07	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	88.64	00 15								
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	103.56									
07	31000	IRRIGATION MAXILLARY SINUS	124.28	00 15								
03	31002	IRRIGATION SPHENOID SINUS	120.92									
07	31002	IRRIGATION SPHENOID SINUS	145.10	00 15								
03	31020	EXPLORATION MAXILLARY SINUS	280.36									
07	31020	EXPLORATION MAXILLARY SINUS	336.43	00 15								
03	31030	EXPLORATION MAXILLARY SINUS	414.95									
07	31030	EXPLORATION MAXILLARY SINUS	497.93	00 15								
03	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	349.60									
07	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	419.51	00 15								
03	31040	EXPLORATION BEHIND UPPER JAW	464.27									
07	31040	EXPLORATION BEHIND UPPER JAW	557.12	00 15								
03	31050	EXPLORATION SPHENOID SINUS	300.45									
07	31050	EXPLORATION SPHENOID SINUS	360.53	00 15								
03	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	393.11									
07	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	471.74	00 15								
03	31070	EXPLORATION OF FRONTAL SINUS	262.38									
07	31070	EXPLORATION OF FRONTAL SINUS	314.86	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	31075	EXPLORATION OF FRONTAL SINUS	481.98									
07	31075	EXPLORATION OF FRONTAL SINUS	578.37	00 15								
02	31080	REMOVAL OF FRONTAL SINUS	125.18									
03	31080	REMOVAL OF FRONTAL SINUS	625.92									
07	31080	REMOVAL OF FRONTAL SINUS	751.10	00 15								
02	31081	REMOVAL OF FRONTAL SINUS	153.68									
03	31081	REMOVAL OF FRONTAL SINUS	768.42									
07	31081	REMOVAL OF FRONTAL SINUS	922.10	00 15								
02	31084	REMOVAL OF FRONTAL SINUS	145.86									
03	31084	REMOVAL OF FRONTAL SINUS	729.30									
07	31084	REMOVAL OF FRONTAL SINUS	875.17	00 15								
02	31085	REMOVAL OF FRONTAL SINUS	154.92									
03	31085	REMOVAL OF FRONTAL SINUS	774.61									
07	31085	REMOVAL OF FRONTAL SINUS	929.52	00 15								
02	31086	REMOVAL OF FRONTAL SINUS	138.09									
03	31086	REMOVAL OF FRONTAL SINUS	690.44									
07	31086	REMOVAL OF FRONTAL SINUS	828.53	00 15								
02	31087	REMOVAL OF FRONTAL SINUS	137.66									
03	31087	REMOVAL OF FRONTAL SINUS	688.32									
07	31087	REMOVAL OF FRONTAL SINUS	825.99	00 15								
03	31090	EXPLORATION OF SINUSES	609.28									
07	31090	EXPLORATION OF SINUSES	731.13	00 15								
03	31200	REMOVAL OF ETHMOID SINUS	320.36									
07	31200	REMOVAL OF ETHMOID SINUS	384.43	00 15								
03	31201	REMOVAL OF ETHMOID SINUS	449.28									
07	31201	REMOVAL OF ETHMOID SINUS	539.13	00 15								
02	31205	REMOVAL OF ETHMOID SINUS	105.24									
03	31205	REMOVAL OF ETHMOID SINUS	526.20									
07	31205	REMOVAL OF ETHMOID SINUS	631.44	00 15								
02	31225	REMOVAL OF UPPER JAW	229.42									
03	31225	REMOVAL OF UPPER JAW	1,147.11									
07	31225	REMOVAL OF UPPER JAW	1,376.52	00 15								
02	31230	REMOVAL OF UPPER JAW	257.76									
03	31230	REMOVAL OF UPPER JAW	1,288.79									
07	31230	REMOVAL OF UPPER JAW	1,546.54	00 15								
03	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	111.14									
07	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	133.37	00 15								
03	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	159.13									
07	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	190.96	00 15								
03	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	183.56									
07	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	220.27	00 15								
03	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	198.18									
07	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	237.83	00 15								
03	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	204.59									
07	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	245.50	00 15								
03	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	416.23									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	499.48	00 15								
03	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	106.61									
07	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	127.93	00 15								
03	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	183.36									
07	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	220.03	00 15								
03	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	271.58									
07	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	325.90	00 15								
03	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	132.66									
07	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	159.20	00 15								
03	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	214.19									
07	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	257.03	00 15								
03	31276	SINUS SURGICAL ENDOSCOPY	342.60									
07	31276	SINUS SURGICAL ENDOSCOPY	411.12	00 15								
03	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	156.00									
07	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	187.20	00 15								
03	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	181.07									
07	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	217.28	00 15								
03	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	748.22									
07	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	897.87	00 15								
03	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	790.13									
07	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	948.15	00 15								
03	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	646.82									
07	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	776.18	00 15								
03	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	704.85									
07	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	845.82	00 15								
03	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	810.59									
07	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	972.70	00 15								
03	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,041.38									X
07	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,249.65	00 15								X
03	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,946.57									X
07	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	2,335.87	00 15								X
03	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,928.00									X
07	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	2,313.61	00 15								X
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	155.88									
03	31300	REMOVAL OF LARYNX LESION	779.39									
07	31300	REMOVAL OF LARYNX LESION	935.26	00 15								
03	31320	DIAGNOSTIC INCISION LARYNX	388.38									
07	31320	DIAGNOSTIC INCISION LARYNX	466.05	00 15								
02	31360	REMOVAL OF LARYNX	250.90									
03	31360	REMOVAL OF LARYNX	1,254.51									
07	31360	REMOVAL OF LARYNX	1,505.41	00 15								
02	31365	REMOVAL OF LARYNX	315.35									
03	31365	REMOVAL OF LARYNX	1,576.76									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	31365	REMOVAL OF LARYNX	1,892.11	00 15								
02	31367	PARTIAL REMOVAL OF LARYNX	270.58									
03	31367	PARTIAL REMOVAL OF LARYNX	1,352.89									
07	31367	PARTIAL REMOVAL OF LARYNX	1,623.47	00 15								
02	31368	PARTIAL REMOVAL OF LARYNX	302.70									
03	31368	PARTIAL REMOVAL OF LARYNX	1,513.48									
07	31368	PARTIAL REMOVAL OF LARYNX	1,816.18	00 15								
02	31370	PARTIAL REMOVAL OF LARYNX	253.89									
03	31370	PARTIAL REMOVAL OF LARYNX	1,269.44									
07	31370	PARTIAL REMOVAL OF LARYNX	1,523.32	00 15								
02	31375	PARTIAL REMOVAL OF LARYNX	240.07									
03	31375	PARTIAL REMOVAL OF LARYNX	1,200.37									
07	31375	PARTIAL REMOVAL OF LARYNX	1,440.45	00 15								
02	31380	PARTIAL REMOVAL OF LARYNX	236.69									
03	31380	PARTIAL REMOVAL OF LARYNX	1,183.44									
07	31380	PARTIAL REMOVAL OF LARYNX	1,420.13	00 15								
02	31382	PARTIAL REMOVAL OF LARYNX	259.29									
03	31382	PARTIAL REMOVAL OF LARYNX	1,296.46									
07	31382	PARTIAL REMOVAL OF LARYNX	1,555.75	00 15								
02	31390	REMOVAL OF LARYNX & PHARYNX	351.00									
03	31390	REMOVAL OF LARYNX & PHARYNX	1,754.99									
07	31390	REMOVAL OF LARYNX & PHARYNX	2,105.99	00 15								
02	31395	RECONSTRUCT LARYNX & PHARYNX	371.80									
03	31395	RECONSTRUCT LARYNX & PHARYNX	1,858.99									
07	31395	RECONSTRUCT LARYNX & PHARYNX	2,230.78	00 15								
02	31400	REVISION OF LARYNX	123.15									
03	31400	REVISION OF LARYNX	615.74									
07	31400	REVISION OF LARYNX	738.88	00 15								
03	31420	REMOVAL OF EPIGLOTTIS	522.77									
07	31420	REMOVAL OF EPIGLOTTIS	627.32	00 15								
03	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	75.40									X
07	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	90.48	00 15								X
03	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	23.66									
07	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	28.39	00 15								
03	31505	DIAGNOSTIC LARYNGOSCOPY	49.69									
07	31505	DIAGNOSTIC LARYNGOSCOPY	59.62	00 15								
03	31510	LARYNGOSCOPY WITH BIOPSY	128.23									
07	31510	LARYNGOSCOPY WITH BIOPSY	153.87	00 15								
03	31511	REMOVE FOREIGN BODY LARYNX	129.47									
07	31511	REMOVE FOREIGN BODY LARYNX	155.36	00 15								
03	31512	REMOVAL OF LARYNX LESION	127.57									
07	31512	REMOVAL OF LARYNX LESION	153.08	00 15								
03	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	86.82									
07	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	104.19	00 15								
03	31515	LARYNGOSCOPY FOR ASPIRATION	126.24									
07	31515	LARYNGOSCOPY FOR ASPIRATION	151.49	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	31520	DIAGNOSTIC LARYNGOSCOPY	101.38										
07	31520	DIAGNOSTIC LARYNGOSCOPY	121.66	00	15								
03	31525	DIAGNOSTIC LARYNGOSCOPY	153.69										
07	31525	DIAGNOSTIC LARYNGOSCOPY	184.43	00	15								
03	31526	DIAGNOSTIC LARYNGOSCOPY	104.41										
07	31526	DIAGNOSTIC LARYNGOSCOPY	125.28	00	15								
03	31527	LARYNGOSCOPY, INSERT OBTURATOR	127.99										
07	31527	LARYNGOSCOPY, INSERT OBTURATOR	153.58	00	15								
03	31528	LARYNGOSCOPY,W DILATATION INITIAL	95.27										
07	31528	LARYNGOSCOPY,W DILATATION INITIAL	114.32	00	15								
03	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	107.51										
07	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	129.01	00	15								
03	31530	OPERATIVE LARYNGOSCOPY	132.02										
07	31530	OPERATIVE LARYNGOSCOPY	158.42	00	15								
03	31531	OPERATIVE LARYNGOSCOPY	141.83										
07	31531	OPERATIVE LARYNGOSCOPY	170.19	00	15								
03	31535	OPERATIVE LARYNGOSCOPY	126.02										
07	31535	OPERATIVE LARYNGOSCOPY	151.24	00	15								
03	31536	OPERATIVE LARYNGOSCOPY	140.82										
07	31536	OPERATIVE LARYNGOSCOPY	168.98	00	15								
03	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	161.92										
07	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	194.30	00	15								
03	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	177.20										
07	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	212.65	00	15								
03	31545	REMOVE VC LESION W/SCOPE	239.32										
07	31545	REMOVE VC LESION W/SCOPE	287.18	00	15								
03	31546	REMOVE VC LESION SCOPE/GRAFT	366.72										
07	31546	REMOVE VC LESION SCOPE/GRAFT	440.06	00	15								
03	31560	OPERATIVE LARYNGOSCOPY	210.02										
07	31560	OPERATIVE LARYNGOSCOPY	252.02	00	15								
03	31561	OPERATIVE LARYNGOSCOPY	230.35										
07	31561	OPERATIVE LARYNGOSCOPY	276.42	00	15								
03	31570	LARYNGOSCOPY WITH INJECTION	214.77										
07	31570	LARYNGOSCOPY WITH INJECTION	257.73	00	15								
03	31571	LARYNGOSCOPY WITH INJECTION	167.20										
07	31571	LARYNGOSCOPY WITH INJECTION	200.63	00	15								
03	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	70.76										
07	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	84.91	00	15								
03	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	136.64										
07	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	163.97	00	15								
03	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	149.04										
07	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	178.85	00	15								
03	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	172.94										
07	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	207.54	00	15								
03	31579	SEE 31575;WITH STROBOSCOPY	134.37										
07	31579	SEE 31575;WITH STROBOSCOPY	161.24	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	31580	REVISION OF LARYNX	148.28										
03	31580	REVISION OF LARYNX	741.39										
07	31580	REVISION OF LARYNX	889.67	00	15								
03	31582	REVISION OF LARYNX	1,179.83										
07	31582	REVISION OF LARYNX	1,415.80	00	15								
02	31584	REPAIR OF LARYNX FRACTURE	190.58										
03	31584	REPAIR OF LARYNX FRACTURE	952.91										
07	31584	REPAIR OF LARYNX FRACTURE	1,143.49	00	15								
02	31587	LARYNGOPLASTY,CRICOID SPLIT	125.39										
03	31587	LARYNGOPLASTY, CRICOID SPLIT	626.93										
07	31587	LARYNGOPLASTY, CRICOID SPLIT	752.32	00	15								
02	31588	LARYNGOPLASTY, NOT OTHERWISE S	140.67										
03	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	703.37										
07	31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFI	844.05	00	15								
02	31590	LARYNGEAL REINNERVATION REPAIR	107.71										
03	31590	LARYNGEAL REINNERVATION REPAIR	538.55										
07	31590	LARYNGEAL REINNERVATION REPAIR	646.25	00	15								
03	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	471.84										
07	31595	SECTION RECUR.LARYNGEAL NRV,UNILATER	566.21	00	15								
02	31599	LARYNX SURGERY PROCEDURE	MP			X							
03	31599	LARYNX SURGERY PROCEDURE	MP			X							
07	31599	LARYNX SURGERY PROCEDURE	MP	00	15	X							
03	31600	TRACHEOSTOMY, PLANNED	266.11	02	99								
07	31600	TRACHEOSTOMY, PLANNED	319.33	02	15								
02	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	34.80	00	01								
03	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	173.99	00	01								
07	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	208.78	00	01								
03	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	150.33										
07	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	180.39	00	15								
03	31605	INCISION OF NECK CARTILAGES	124.63										
07	31605	INCISION OF NECK CARTILAGES	149.57	00	15								
03	31610	INCISION OF WINDPIPE	443.33										
07	31610	INCISION OF WINDPIPE	532.00	00	15								
02	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL	65.61										
03	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	328.07										
07	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	393.69	00	15								
03	31612	PUNCTURE/CLEAR WINDPIPE	50.19										
07	31612	PUNCTURE/CLEAR WINDPIPE	60.23	00	15								
03	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	270.95										
07	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	325.14	00	15								
03	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	450.96										
07	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	541.15	00	15								
03	31615	VISUALIZATION OF WINDPIPE	114.09										
07	31615	VISUALIZATION OF WINDPIPE	136.91	00	15								
03	31620	ENDOBRONCHIAL US ADD-ON	171.99										
07	31620	ENDOBRONCHIAL US ADD-ON	206.38	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	197.29									
07	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	236.74	00 15								
03	31623	DX BRONCHOSCOPE/BRUSH	215.02									
07	31623	DX BRONCHOSCOPE/BRUSH	258.03	00 15								
03	31624	DX BRONCHOSCOPE/LAVAGE	200.57									
07	31624	DX BRONCHOSCOPE/LAVAGE	240.69	00 15								
03	31625	BRONCHOSCOPY WITH BIOPSY	217.25									
07	31625	BRONCHOSCOPY WITH BIOPSY	260.70	00 15								
03	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	293.04									X
07	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	351.63	00 15								X
03	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	789.98									
07	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	947.96	00 15								
03	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	259.96									
07	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	311.95	00 15								
03	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	391.88									
07	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	470.25	00 15								
03	31630	BRONCHOSCOPY WITH REPAIR	139.59									
07	31630	BRONCHOSCOPY WITH REPAIR	167.50	00 15								
03	31631	BRONCHOSCOPY-PLACE TRACH STENT	157.41									
07	31631	BRONCHOSCOPY-PLACE TRACH STENT	188.89	00 15								
03	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	50.15									X
07	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	60.18	00 15								X
03	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	60.25									X
07	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	72.30	00 15								X
03	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	924.35									X
07	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,109.22	00 15								X
03	31635	REMOVE FOREIGN BODY, AIRWAY	224.24									
07	31635	REMOVE FOREIGN BODY, AIRWAY	269.08	00 15								
03	31636	BRONCHOSCOPY, BRONCH STENTS	153.77									
07	31636	BRONCHOSCOPY, BRONCH STENTS	184.53	00 15								
03	31637	BRONCHOSCOPY, STENT ADD-ON	54.87									
07	31637	BRONCHOSCOPY, STENT ADD-ON	65.84	00 15								
03	31638	BRONCHOSCOPY, REVISE STENT	171.65									
07	31638	BRONCHOSCOPY, REVISE STENT	205.98	00 15								
03	31640	BRONCHOSCOPY & REMOVE LESION	179.23									
07	31640	BRONCHOSCOPY & REMOVE LESION	215.08	00 15								
03	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	176.73									
07	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	212.08	00 15								
03	31643	DX BRONCHOSCOPE/CATHETER	121.10									
07	31643	DX BRONCHOSCOPE/CATHETER	145.32	00 15								
03	31645	BRONCHOSCOPY, CLEAR AIRWAYS	195.05									
07	31645	BRONCHOSCOPY, CLEAR AIRWAYS	234.06	00 15								
03	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	176.66									
07	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	212.00	00 15								
03	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	155.01									
07	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	186.01	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	160.93									
07	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	193.11	00 15								
03	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	51.17									X
07	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	61.40	00 15								X
03	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	54.37									X
07	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	65.24	00 15								X
03	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	155.06									
07	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	186.07	00 15								
03	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	163.65									
07	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	196.38	00 15								
03	31717	BRONCHIAL BRUSH BIOPSY	187.14									
07	31717	BRONCHIAL BRUSH BIOPSY	224.57	00 15								
03	31720	CLEARANCE OF AIRWAYS	35.98									X
07	31720	CLEARANCE OF AIRWAYS	43.18	00 15								X
03	31725	CLEARANCE OF AIRWAYS	65.03									X
07	31725	CLEARANCE OF AIRWAYS	78.03	00 15								X
03	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	521.23									
07	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	625.49	00 15								
02	31750	REPAIR OF WINDPIPE	164.85									
03	31750	REPAIR OF WINDPIPE	824.26									
07	31750	REPAIR OF WINDPIPE	989.11	00 15								
02	31755	REPAIR OF WINDPIPE	207.62									
03	31755	REPAIR OF WINDPIPE	1,038.12									
07	31755	REPAIR OF WINDPIPE	1,245.74	00 15								
02	31760	REPAIR OF WINDPIPE	185.20									
03	31760	REPAIR OF WINDPIPE	926.02									
07	31760	REPAIR OF WINDPIPE	1,111.23	00 15								
02	31766	CARINAL RECONSTRUCTION	243.51									
03	31766	CARINAL RECONSTRUCTION	1,217.56									
07	31766	CARINAL RECONSTRUCTION	1,461.08	00 15								
02	31770	REPAIR/GRAFT OF BRONCHUS	179.63									
03	31770	REPAIR/GRAFT OF BRONCHUS	898.15									
07	31770	REPAIR/GRAFT OF BRONCHUS	1,077.78	00 15								
02	31775	RECONSTRUCT BRONCHUS	185.99									
03	31775	RECONSTRUCT BRONCHUS	929.94									
07	31775	RECONSTRUCT BRONCHUS	1,115.92	00 15								
02	31780	RECONSTRUCT WINDPIPE	155.20									
03	31780	RECONSTRUCT WINDPIPE	776.00									
07	31780	RECONSTRUCT WINDPIPE	931.20	00 15								
02	31781	RECONSTRUCT WINDPIPE	189.08									
03	31781	RECONSTRUCT WINDPIPE	945.40									
07	31781	RECONSTRUCT WINDPIPE	1,134.48	00 15								
02	31785	REMOVE WINDPIPE LESION	142.37									
03	31785	REMOVE WINDPIPE LESION	711.83									
07	31785	REMOVE WINDPIPE LESION	854.20	00 15								
02	31786	REMOVE WINDPIPE LESION	199.75									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	31786	REMOVE WINDPIPE LESION	998.77									
07	31786	REMOVE WINDPIPE LESION	1,198.52	00 15								
03	31800	REPAIR OF WINDPIPE INJURY	434.02									
07	31800	REPAIR OF WINDPIPE INJURY	520.83	00 15								
02	31805	REPAIR OF WINDPIPE INJURY	109.72									
03	31805	REPAIR OF WINDPIPE INJURY	548.61									
07	31805	REPAIR OF WINDPIPE INJURY	658.34	00 15								
03	31820	CLOSURE OF WINDPIPE LESION	262.06									
07	31820	CLOSURE OF WINDPIPE LESION	314.47	00 15								
03	31825	REPAIR OF WINDPIPE DEFECT	368.41									
07	31825	REPAIR OF WINDPIPE DEFECT	442.10	00 15								
03	31830	REVISE WINDPIPE SCAR	264.25									
07	31830	REVISE WINDPIPE SCAR	317.10	00 15								
02	31899	AIRWAYS SURGICAL PROCEDURE	MP		X							
03	31899	AIRWAYS SURGICAL PROCEDURE	MP		X							
07	31899	AIRWAYS SURGICAL PROCEDURE	MP	00 15	X							
02	32035	EXPLORATION OF CHEST	92.85									
03	32035	EXPLORATION OF CHEST	464.27									
07	32035	EXPLORATION OF CHEST	557.12	00 15								
02	32036	EXPLORATION OF CHEST	100.85									
03	32036	EXPLORATION OF CHEST	504.26									
07	32036	EXPLORATION OF CHEST	605.11	00 15								
02	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	111.12									
03	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	555.60									
07	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	666.72	00 15								
02	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	111.12									
03	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	555.60									
07	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	666.72	00 15								
02	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	104.43									
03	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	522.17									
07	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	626.61	00 15								
02	32100	THORACOTOMY; WITH EXPLORATION	128.94									
03	32100	THORACOTOMY; WITH EXPLORATION	644.68									
07	32100	THORACOTOMY; WITH EXPLORATION	773.62	00 15								
02	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	194.58									
03	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	972.90									
07	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,167.48	00 15								
02	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	114.89									
03	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	574.45									
07	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	689.34	00 15								
02	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	122.51									
03	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	612.57									
07	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	735.09	00 15								
02	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	131.05									
03	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	655.23									
07	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	786.27	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	32141	THORACOTOMY; WITH RESECTION-PLICATIO	197.61									
03	32141	THORACOTOMY; WITH RESECTION-PLICATIO	988.07									
07	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,185.69	00 15								
02	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	132.11									
03	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	660.57									
07	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	792.68	00 15								
02	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	134.95									
03	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	674.73									
07	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	809.67	00 15								
02	32160	THORACOTOMY; WITH CARDIAC MASSAGE	101.18									
03	32160	THORACOTOMY; WITH CARDIAC MASSAGE	505.88									
07	32160	THORACOTOMY; WITH CARDIAC MASSAGE	607.06	00 15								
02	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	147.94									
03	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	739.70									
07	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	887.65	00 15								
03	32201	PERCUT DRAINAGE, LUNG LESION	569.62		X							
07	32201	PERCUT DRAINAGE, LUNG LESION	683.54	00 15	X							
02	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	106.19									
03	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	530.97									
07	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	637.16	00 15								
02	32220	RELEASE OF LUNG	212.89									
03	32220	RELEASE OF LUNG	1,064.45									
07	32220	RELEASE OF LUNG	1,277.34	00 15								
02	32225	PARTIAL RELEASE OF LUNG	132.30									
03	32225	PARTIAL RELEASE OF LUNG	661.52									
07	32225	PARTIAL RELEASE OF LUNG	793.81	00 15								
02	32310	REMOVAL OF CHEST LINING	122.09									
03	32310	REMOVAL OF CHEST LINING	610.45									
07	32310	REMOVAL OF CHEST LINING	732.55	00 15								
02	32320	FREE/REMOVE CHEST LINING	213.56									
03	32320	FREE/REMOVE CHEST LINING	1,067.82									
07	32320	FREE/REMOVE CHEST LINING	1,281.38	00 15								
03	32400	NEEDLE BIOPSY CHEST LINING	98.11									X
07	32400	NEEDLE BIOPSY CHEST LINING	117.73	00 15								X
03	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	69.98									X
07	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTA	83.96	00 15								X
02	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	213.89									
03	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,069.44									
07	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,283.33	00 15								
02	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	396.00									
03	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	1,980.02									
07	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	2,376.03	00 15								
02	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	448.69									
03	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	2,243.46									
07	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	2,692.15	00 15								
02	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	201.93									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,009.65									
07	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,211.59	00 15								
02	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	215.20									
03	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,075.98									
07	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,291.17	00 15								
02	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	194.52									
03	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	972.62									
07	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,167.14	00 15								
02	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	309.60									
03	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,548.00									
07	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,857.60	00 15								
02	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	313.77									
03	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,568.85									
07	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,882.62	00 15								
02	32501	REPAIR BRONCHUS (ADD-ON)	34.37									
03	32501	REPAIR BRONCHUS (ADD-ON)	171.85									
07	32501	REPAIR BRONCHUS (ADD-ON)	206.22	00 15								
02	32503	RESECT APICAL LUNG TUMOR	246.78									
03	32503	RESECT APICAL LUNG TUMOR	1,233.89									
07	32503	RESECT APICAL LUNG TUMOR	1,480.67	00 15								
02	32504	RESECT APICAL LUNG TUM/CHEST	283.62									
03	32504	RESECT APICAL LUNG TUM/CHEST	1,418.08									
07	32504	RESECT APICAL LUNG TUM/CHEST	1,701.70	00 15								
02	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	128.17									
03	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	640.84									
07	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	769.01	00 15								
02	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	21.77									X
03	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	108.85									X
07	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	130.62	00 15								X
02	32540	REMOVAL OF LUNG LESION	222.09									
03	32540	REMOVAL OF LUNG LESION	1,110.47									
07	32540	REMOVAL OF LUNG LESION	1,332.56	00 15								
03	32550	INSERTION OF INDWELLING TUNNELED PLE	489.05									
07	32550	INSERTION OF INDWELLING TUNNELED PLE	586.85	00 15								
03	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	121.92									
07	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	146.30	00 15								
03	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	126.71									
07	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	152.05	00 15								
03	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	399.45									
07	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	479.35	00 15								
03	32554	THORACENTESIS, NEEDLE OR CATHETER, A	364.90									
07	32554	THORACENTESIS, NEEDLE OR CATHETER, A	437.88	00 15								
03	32555	THORACENTESIS, NEEDLE OR CATHETER, A	421.19									
07	32555	THORACENTESIS, NEEDLE OR CATHETER, A	505.43	00 15								
03	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	386.15									
07	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	463.38	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	623.09									
07	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	747.70	00 15								
03	32560	INSTILLATION VIA CHEST TUBE/CATHETER	185.56									
07	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	222.67	00 15								
03	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	65.81									
07	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	78.98	00 15								
03	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	58.96									
07	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	70.75	00 15								
02	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	42.53									
03	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	212.67									
07	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	255.22	00 15								
02	32604	THORACOSCOPY,DIAGNOSTIC (SEPA	67.21									
03	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	336.07									
07	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	403.29	00 15								
02	32606	THORACOSCOPY,DIAGNOSTIC (SEPA	64.26									
03	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	321.32									
07	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	385.58	00 15								
02	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	42.68									
03	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	213.40									
07	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	256.09	00 15								
02	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	52.45									
03	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	262.26									
07	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	314.71	00 15								
02	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	36.18									
03	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	180.88									
07	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	217.06	00 15								
02	32650	THORACOSCOPY, SURGICAL;	90.31									
03	32650	THORACOSCOPY, SURGICAL;	451.55									
07	32650	THORACOSCOPY, SURGICAL;	541.86	00 15								
02	32651	THORACOSCOPY, SURGICAL;	142.56									
03	32651	THORACOSCOPY, SURGICAL;	712.78									
07	32651	THORACOSCOPY, SURGICAL;	855.34	00 15								
02	32652	THORACOSCOPY, SURGICAL;	216.64									
03	32652	THORACOSCOPY, SURGICAL;	1,083.18									
07	32652	THORACOSCOPY, SURGICAL;	1,299.81	00 15								
02	32653	THORACOSCOPY, SURGICAL;	138.27									
03	32653	THORACOSCOPY, SURGICAL;	691.34									
07	32653	THORACOSCOPY, SURGICAL;	829.61	00 15								
02	32654	THORACOSCOPY, SURGICAL;	152.32									
03	32654	THORACOSCOPY, SURGICAL;	761.60									
07	32654	THORACOSCOPY, SURGICAL;	913.92	00 15								
02	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	126.26									
03	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	631.29									
07	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	757.55	00 15								
02	32656	THORACOSCOPY, SURGICAL;	108.30									
03	32656	THORACOSCOPY, SURGICAL;	541.48									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	32656	THORACOSCOPY, SURGICAL;	649.77	00 15								
02	32658	THORACOSCOPY, SURGICAL;	97.49									
03	32658	THORACOSCOPY, SURGICAL;	487.43									
07	32658	THORACOSCOPY, SURGICAL;	584.91	00 15								
02	32659	THORACOSCOPY, SURGICAL;	98.90									
03	32659	THORACOSCOPY, SURGICAL;	494.50									
07	32659	THORACOSCOPY, SURGICAL;	593.39	00 15								
02	32661	THORACOSCOPY, SURGICAL;	109.09									
03	32661	THORACOSCOPY, SURGICAL;	545.45									
07	32661	THORACOSCOPY, SURGICAL;	654.53	00 15								
02	32662	THORACOSCOPY, SURGICAL;	122.18									
03	32662	THORACOSCOPY, SURGICAL;	610.88									
07	32662	THORACOSCOPY, SURGICAL;	733.05	00 15								
02	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	188.02									
03	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	940.09									
07	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,128.10	00 15								
02	32664	THORACOSCOPY, SURGICAL;	116.52									
03	32664	THORACOSCOPY, SURGICAL;	582.58									
07	32664	THORACOSCOPY, SURGICAL;	699.09	00 15								
02	32665	THORACOSCOPY, SURGICAL;	162.55									
03	32665	THORACOSCOPY, SURGICAL;	812.73									
07	32665	THORACOSCOPY, SURGICAL;	975.27	00 15								
02	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	119.73									
03	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	598.63									
07	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	718.35	00 15								
02	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	21.77									X
03	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	108.85									X
07	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	130.62	00 15								X
02	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	21.89									
03	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	109.44									
07	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	131.33	00 15								
02	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	184.99									
03	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	924.97									
07	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,109.96	00 15								
02	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	220.99									
03	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,104.97									
07	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,325.97	00 15								
02	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	245.35									
03	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,226.76									
07	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,472.12	00 15								
02	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	209.75									
03	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,048.75									
07	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,258.50	00 15								
02	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	165.53									
03	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	827.66									
07	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	993.18	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	29.86									
03	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	149.28									
07	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	179.14	00 15								
03	32701	THORACIC TARGET(S) DELINEATION FOR S	150.83									
07	32701	THORACIC TARGET(S) DELINEATION FOR S	180.99	00 15								
02	32800	REPAIR LUNG HERNIA	124.61									
03	32800	REPAIR LUNG HERNIA	623.07									
07	32800	REPAIR LUNG HERNIA	747.68	00 15								
02	32810	CLOSE CHEST AFTER DRAINAGE	120.46									
03	32810	CLOSE CHEST AFTER DRAINAGE	602.28									
07	32810	CLOSE CHEST AFTER DRAINAGE	722.73	00 15								
02	32815	CLOSE BRONCHIAL FISTULA	355.88									
03	32815	CLOSE BRONCHIAL FISTULA	1,779.42									
07	32815	CLOSE BRONCHIAL FISTULA	2,135.30	00 15								
02	32820	RECONSTRUCT INJURED CHEST	179.01									
03	32820	RECONSTRUCT INJURED CHEST	895.06									
07	32820	RECONSTRUCT INJURED CHEST	1,074.07	00 15								
02	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X							
03	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X							
07	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP	00 15	X							
02	32851	LUNG TRANSPLANT SINGLE WITHOUT CARDI	MP		X							
03	32851	LUNG TRANSPLANT, SINGLE;	MP		X							
07	32851	LUNG TRANSPLANT, SINGLE;	2,171.93	00 15	X							
02	32852	LUNG TRANSPLANT SINGLE WITH CARDIOPU	MP		X							
03	32852	LUNG TRANSPLANT, SINGLE;	MP		X							
07	32852	LUNG TRANSPLANT, SINGLE;	2,339.48	00 15	X							
02	32853	LUNG TRANSPLANT DOUBLE (BILATERAL SE	MP		X							
03	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP		X							
07	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,653.18	00 15	X							
02	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL	MP		X							
03	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP		X							
07	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,802.22	00 15	X							
02	32855	PREPARE DONOR LUNG,SINGLE	MP		X							
03	32855	PREPARE DONOR LUNG, SINGLE	MP		X							
07	32855	PREPARE DONOR LUNG, SINGLE	MP	00 15	X							
02	32856	PREPARE DONOR LUNG,DOUBLE	MP		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)	183.72									
03	32900	REMOVAL OF RIB(S)	918.58									
07	32900	REMOVAL OF RIB(S)	1,102.29	00 15								
02	32905	REVISE & REPAIR CHEST WALL	181.52									
03	32905	REVISE & REPAIR CHEST WALL	907.60									
07	32905	REVISE & REPAIR CHEST WALL	1,089.12	00 15								
02	32906	REVISE & REPAIR CHEST WALL	225.74									
03	32906	REVISE & REPAIR CHEST WALL	1,128.72									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	32906	REVISE & REPAIR CHEST WALL	1,354.47	00 15								
02	32940	REVISION OF LUNG	166.31									
03	32940	REVISION OF LUNG	831.54									
07	32940	REVISION OF LUNG	997.85	00 15								
03	32960	THERAPEUTIC PNEUMOTHORAX	90.81									
07	32960	THERAPEUTIC PNEUMOTHORAX	108.97	00 15								
03	32997	TOTAL LUNG LAVAGE	246.50									
07	32997	TOTAL LUNG LAVAGE	295.81	00 15								
03	32998	ABLATION THERAPY FOR REDUCTION OR ER	1,721.71									
07	32998	ABLATION THERAPY FOR REDUCTION OR ER	2,066.05	00 15								
02	32999	CHEST SURGERY PROCEDURE	MP		X							
03	32999	CHEST SURGERY PROCEDURE	MP			X						
07	32999	CHEST SURGERY PROCEDURE	MP	00 15		X						
03	33010	DRAINAGE OF HEART SAC	84.74									
07	33010	DRAINAGE OF HEART SAC	101.68	00 15								
03	33011	REPEAT DRAINAGE OF HEART SAC	83.13									X
07	33011	REPEAT DRAINAGE OF HEART SAC	99.77	00 15								X
03	33015	INCISION OF HEART SAC	357.05									
07	33015	INCISION OF HEART SAC	428.47	00 15								
02	33020	INCISION OF HEART SAC	117.26									
03	33020	INCISION OF HEART SAC	586.28									
07	33020	INCISION OF HEART SAC	703.55	00 15								
02	33025	INCISION OF HEART SAC	108.45									
03	33025	INCISION OF HEART SAC	542.25									
07	33025	INCISION OF HEART SAC	650.71	00 15								
02	33030	PARTIAL REMOVAL OF HEART SAC	173.72									
03	33030	PARTIAL REMOVAL OF HEART SAC	868.59									
07	33030	PARTIAL REMOVAL OF HEART SAC	1,042.30	00 15								
02	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	194.16									
03	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	970.82									
07	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,164.98	00 15								
02	33050	RESECTION OF PERICARDIAL CYST OR TUM	134.01									
03	33050	RESECTION OF PERICARDIAL CYST OR TUM	670.05									
07	33050	RESECTION OF PERICARDIAL CYST OR TUM	804.06	00 15								
02	33120	REMOVAL OF HEART LESION	212.57									
03	33120	REMOVAL OF HEART LESION	1,062.84									
07	33120	REMOVAL OF HEART LESION	1,275.41	00 15								
02	33130	REMOVAL OF HEART LESION	186.80									
03	33130	REMOVAL OF HEART LESION	933.99									
07	33130	REMOVAL OF HEART LESION	1,120.78	00 15								
02	33140	HEART REVASCULARIZE (TMR)	212.69									
03	33140	HEART REVASCULARIZE (TMR)	1,063.44		X							
07	33140	HEART REVASCULARIZE (TMR)	1,276.12	00 15	X							
02	33141	HEART TMR W/OTHER PROCEDURE	21.22									
03	33141	HEART TMR W/OTHER PROCEDURE	106.09		X							
07	33141	HEART TMR W/OTHER PROCEDURE	127.30	00 15	X							

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COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
02	33202	INSERTION OF EPICARDIAL ELECTR	105.65										
03	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	528.24										
07	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	633.88	00	15								
02	33203	INSERTION OF EPICARDIAL ELECTR	110.75										
03	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	553.74										
07	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	664.49	00	15								
03	33206	INSERTION OF NEW OR REPLACEMENT OF P	317.16										
07	33206	INSERTION OF NEW OR REPLACEMENT OF P	380.58	00	15								
03	33207	INSERTION OF NEW OR REPLACEMENT OF P	340.26										
07	33207	INSERTION OF NEW OR REPLACEMENT OF P	408.32	00	15								
03	33208	INSERTION OF NEW OR REPLACEMENT OF P	366.40										
07	33208	INSERTION OF NEW OR REPLACEMENT OF P	439.68	00	15								
03	33210	INSERTION OF HEART ELECTRODE	126.67										
07	33210	INSERTION OF HEART ELECTRODE	152.01	00	15								
03	33211	INSERTION OR REPLACEMENT OF TEMPORAR	127.66										
07	33211	INSERTION OR REPLACEMENT OF TEMPORAR	153.19	00	15								
03	33212	INSERTION OF PACEMAKER PULSE GENERAT	237.51										
07	33212	INSERTION OF PACEMAKER PULSE GENERAT	285.02	00	15								
03	33213	INSERTION OF PACEMAKER PULSE GENERAT	270.97										
07	33213	INSERTION OF PACEMAKER PULSE GENERAT	325.17	00	15								
03	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	335.89										
07	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	403.06	00	15								
03	33215	REPOSITION PACING-DEFIB LEAD	214.41										
07	33215	REPOSITION PACING-DEFIB LEAD	257.29	00	15								
03	33216	REVISION IMPLANTED ELECTRODE	262.76										
07	33216	REVISION IMPLANTED ELECTRODE	315.31	00	15								
03	33217	INSERTION, REPLACEMENT OR REPOSITION	260.84										
07	33217	INSERTION, REPLACEMENT OR REPOSITION	313.01	00	15								
03	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	271.53										
07	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	325.84	00	15								
03	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	274.08										
07	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	328.90	00	15								
03	33221	INSERTION OF PACEMAKER PULSE GENERAT	240.87										
07	33221	INSERTION OF PACEMAKER PULSE GENERAT	289.05	00	15								
03	33222	RELOCATION OF PACEMAKER GENERATOR SK	239.12										
07	33222	RELOCATION OF PACEMAKER GENERATOR SK	286.95	00	15								
03	33223	RELOCATION OF PACING DEFIBRILLATOR D	290.20										
07	33223	RELOCATION OF PACING DEFIBRILLATOR D	348.24	00	15								
03	33224	INSERTION OF PACING ELECTRODE, CARDI	357.32										
07	33224	INSERTION OF PACING ELECTRODE, CARDI	428.79	00	15								
03	33225	INSERTION OF PACING ELECTRODE, CARDI	322.45										
07	33225	INSERTION OF PACING ELECTRODE, CARDI	386.93	00	15								
03	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	345.63										
07	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	414.76	00	15								
03	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	229.78										
07	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	275.74	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	239.71									
07	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	287.65	00 15								
03	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	249.62									
07	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	299.56	00 15								
03	33230	INSERTION OF PACING CARDIOVERTER-DEF	259.36									
07	33230	INSERTION OF PACING CARDIOVERTER-DEF	311.24	00 15								
03	33231	INSERTION OF PACING CARDIOVERTER-DEF	269.28									
07	33231	INSERTION OF PACING CARDIOVERTER-DEF	323.14	00 15								
03	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	166.25									
07	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	199.49	00 15								
03	33234	REMOVAL OF PERMANENT PACEMAKER;	340.69									
07	33234	REMOVAL OF PERMANENT PACEMAKER;	408.83	00 15								
03	33235	REMOVAL OF PERMANENT PACEMAKER;	439.84									
07	33235	REMOVAL OF PERMANENT PACEMAKER;	527.80	00 15								
02	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	105.64									
03	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	528.21									
07	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	633.85	00 15								
02	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	116.16									
03	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	580.81									
07	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	696.97	00 15								
02	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	126.07									
03	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	630.35									
07	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	756.43	00 15								
03	33240	INSERTION OF PACING CARDIOVERTER-DEF	324.95									
07	33240	INSERTION OF PACING CARDIOVERTER-DEF	389.95	00 15								
03	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	157.29									
07	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	188.75	00 15								
02	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	184.58									
03	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	922.92									
07	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,107.50	00 15								
03	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	598.78									
07	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	718.52	00 15								
02	33249	INSERTION OR REPLACEMENT OF PERMANEN	126.50									
03	33249	INSERTION OR REPLACEMENT OF PERMANEN	632.51									
07	33249	INSERTION OR REPLACEMENT OF PERMANEN	759.01	00 15								
02	33250	OPERATIVE ABLATION O SUPRAVENTRICUL	199.57									
03	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	997.83									
07	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,197.40	00 15								
02	33251	OPERATIVE ABLATION W CARDIO BYPASS	221.39									
03	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,106.95									
07	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,328.34	00 15								
02	33254	OPERATIVE TISSUE ABLATION AND RECONS	186.47									
03	33254	OPERATIVE TISSUE ABLATION AND RECONS	932.37									
07	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,118.85	00 15								
02	33255	OPERATIVE TISSUE ABLATION AND RECONS	227.91									
03	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,139.54									

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COLUMN: 1	2	3	4	5 AGE MIN-MAX		6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
07	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,367.45	00	15								
02	33256	OPERATIVE TISSUE ABLATION AND RECONS	272.37										
03	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,361.87										
07	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,634.24	00	15								
02	33257	OPERATIVE TISSUE ABLATION AND RECONS	77.65										
03	33257	OPERATIVE TISSUE ABLATION AND RECONS	388.24										
07	33257	OPERATIVE TISSUE ABLATION AND RECONS	465.88	00	15								
02	33258	OPERATIVE TISSUE ABLATION AND RECONS	87.90										
03	33258	OPERATIVE TISSUE ABLATION AND RECONS	439.48										
07	33258	OPERATIVE TISSUE ABLATION AND RECONS	527.38	00	15								
02	33259	OPERATIVE TISSUE ABLATION AND RECONS	115.14										
03	33259	OPERATIVE TISSUE ABLATION AND RECONS	575.70										
07	33259	OPERATIVE TISSUE ABLATION AND RECONS	690.83	00	15								
02	33261	OPER ABLATION O ARRHYTH FOCUS; W CAR	220.19										
03	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,100.94										
07	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,321.12	00	15								
03	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	249.90										
07	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	299.89	00	15								
03	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	259.83										
07	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	311.80	00	15								
03	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	269.75										
07	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	323.70	00	15								
02	33265	ABLATE ATRIA, LMTD, ENDO	186.11										
03	33265	ABLATE ATRIA, LMTD, ENDO	930.54										
07	33265	ABLATE ATRIA, LMTD, ENDO	1,116.65	00	15								
02	33266	ABLATE ATRIA, X10SV, ENDO	256.03										
03	33266	ABLATE ATRIA, X10SV, ENDO	1,280.17										
07	33266	ABLATE ATRIA, X10SV, ENDO	1,536.20	00	15								
03	33282	IMPLANT PAT-ACTIVE HT RECORD	223.39										
07	33282	IMPLANT PAT-ACTIVE HT RECORD	268.07	00	15								
03	33284	REMOVE PAT-ACTIVE HT RECORD	159.79										
07	33284	REMOVE PAT-ACTIVE HT RECORD	191.75	00	15								
02	33300	REPAIR OF HEART WOUND	313.94										
03	33300	REPAIR OF HEART WOUND	1,569.72										
07	33300	REPAIR OF HEART WOUND	1,883.66	00	15								
02	33305	REPAIR OF HEART WOUND	522.90										
03	33305	REPAIR OF HEART WOUND	2,614.48										
07	33305	REPAIR OF HEART WOUND	3,137.37	00	15								
02	33310	EXPLORATORY HEART SURGERY	159.04										
03	33310	EXPLORATORY HEART SURGERY	795.20										
07	33310	EXPLORATORY HEART SURGERY	954.24	00	15								
02	33315	EXPLORATORY HEART SURGERY	202.41										
03	33315	EXPLORATORY HEART SURGERY	1,012.03										
07	33315	EXPLORATORY HEART SURGERY	1,214.44	00	15								
02	33320	REPAIR MAJOR BLOOD VESSEL(S)	143.84										
03	33320	REPAIR MAJOR BLOOD VESSEL(S)	719.21										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33320	REPAIR MAJOR BLOOD VESSEL(S)	863.04	00 15								
02	33321	REPAIR MAJOR VESSEL	163.05									
03	33321	REPAIR MAJOR VESSEL	815.24									
07	33321	REPAIR MAJOR VESSEL	978.29	00 15								
02	33322	REPAIR MAJOR BLOOD VESSEL(S)	188.64									
03	33322	REPAIR MAJOR BLOOD VESSEL(S)	943.21									
07	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,131.85	00 15								
02	33330	INSERT MAJOR VESSEL GRAFT	190.66									
03	33330	INSERT MAJOR VESSEL GRAFT	953.32									
07	33330	INSERT MAJOR VESSEL GRAFT	1,143.98	00 15								
02	33332	INSERT MAJOR VESSEL GRAFT	190.41		X							
03	33332	INSERT MAJOR VESSEL GRAFT	952.04		X							
07	33332	INSERT MAJOR VESSEL GRAFT	1,142.45	00 15	X							
02	33335	INSERT MAJOR VESSEL GRAFT	257.89									
03	33335	INSERT MAJOR VESSEL GRAFT	1,289.44									
07	33335	INSERT MAJOR VESSEL GRAFT	1,547.32	00 15								
02	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	183.42									
03	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	917.11									
07	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,100.53	00 15								
02	33362	TRANSCATHETER AORTIC VALVE REPLACEME	200.69									
03	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,003.46									
07	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,204.16	00 15								
02	33363	TRANSCATHETER AORTIC VALVE REPLACEME	207.80									
03	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,039.01									
07	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,246.81	00 15								
02	33364	TRANSCATHETER AORTIC VALVE REPLACEME	220.94									
03	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,104.70									
07	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,325.63	00 15								
02	33365	TRANSCATHETER AORTIC VALVE REPLACEME	242.04									
03	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,210.22									
07	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,452.27	00 15								
02	33367	TRANSCATHETER AORTIC VALVE REPLACEME	85.11									
03	33367	TRANSCATHETER AORTIC VALVE REPLACEME	425.56									
07	33367	TRANSCATHETER AORTIC VALVE REPLACEME	510.67	00 15								
02	33368	TRANSCATHETER AORTIC VALVE REPLACEME	103.14									
03	33368	TRANSCATHETER AORTIC VALVE REPLACEME	515.69									
07	33368	TRANSCATHETER AORTIC VALVE REPLACEME	618.83	00 15								
02	33369	TRANSCATHETER AORTIC VALVE REPLACEME	136.17									
03	33369	TRANSCATHETER AORTIC VALVE REPLACEME	680.85									
07	33369	TRANSCATHETER AORTIC VALVE REPLACEME	817.02	00 15								
02	33400	REPAIR OF AORTIC VALVE	309.42									
03	33400	REPAIR OF AORTIC VALVE	1,547.10									
07	33400	REPAIR OF AORTIC VALVE	1,856.52	00 15								
02	33401	VALVULOPLASTY, AORTIC VALVE;	204.23									
03	33401	VALVULOPLASTY, AORTIC VALVE;	1,021.14									
07	33401	VALVULOPLASTY, AORTIC VALVE;	1,225.37	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	33403	VALVULOPLASTY, AORTIC VALVE;	205.68									
03	33403	VALVULOPLASTY, AORTIC VALVE;	1,028.38									
07	33403	VALVULOPLASTY, AORTIC VALVE;	1,234.07	00 15								
02	33404	CONSTRUCT APICAL-AORTIC CONDUIT	244.57									
03	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,222.86									
07	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,467.42	00 15								
02	33405	REPLACEMENT OF AORTIC VALVE	316.96									
03	33405	REPLACEMENT OF AORTIC VALVE	1,584.82									
07	33405	REPLACEMENT OF AORTIC VALVE	1,901.78	00 15								
02	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	390.34									
03	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	1,951.68									
07	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,342.02	00 15								
02	33410	REPLACEMENT OF AORTIC VALVE	344.21									
03	33410	REPLACEMENT OF AORTIC VALVE	1,721.04									
07	33410	REPLACEMENT OF AORTIC VALVE	2,065.24	00 15								
02	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	449.32									
03	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	2,246.61									
07	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	2,695.93	00 15								
02	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	342.73									
03	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	1,713.66									
07	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	2,056.38	00 15								
02	33413	REPLACEMENT, AORTIC VALVE;	443.96									
03	33413	REPLACEMENT, AORTIC VALVE;	2,219.79									
07	33413	REPLACEMENT, AORTIC VALVE;	2,663.75	00 15								
02	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	296.70									
03	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,483.51									
07	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,780.21	00 15								
02	33415	REVISION OF AORTIC VALVE	275.28									
03	33415	REVISION OF AORTIC VALVE	1,376.40									
07	33415	REVISION OF AORTIC VALVE	1,651.68	00 15								
02	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	276.66									
03	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,383.31									
07	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,659.97	00 15								
02	33417	REPAIR OF AORTIC VALVE	230.47									
03	33417	REPAIR OF AORTIC VALVE	1,152.36									
07	33417	REPAIR OF AORTIC VALVE	1,382.83	00 15								
02	33420	REVISION OF MITRAL VALVE	185.77									
03	33420	REVISION OF MITRAL VALVE	928.85									
07	33420	REVISION OF MITRAL VALVE	1,114.62	00 15								
02	33422	REVISION OF MITRAL VALVE	231.29									
03	33422	REVISION OF MITRAL VALVE	1,156.47									
07	33422	REVISION OF MITRAL VALVE	1,387.76	00 15								
02	33425	REPAIR OF MITRAL VALVE	359.32									
03	33425	REPAIR OF MITRAL VALVE	1,796.60									
07	33425	REPAIR OF MITRAL VALVE	2,155.91	00 15								
02	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	327.00									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,635.01									
07	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,962.01	00 15								
02	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	342.39									
03	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,711.93									
07	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,054.31	00 15								
02	33430	REPLACEMENT OF MITRAL VALVE	377.60									
03	33430	REPLACEMENT OF MITRAL VALVE	1,888.00									
07	33430	REPLACEMENT OF MITRAL VALVE	2,265.60	00 15								
02	33460	REVISION OF TRICUSPID VALVE	319.61									
03	33460	REVISION OF TRICUSPID VALVE	1,598.05									
07	33460	REVISION OF TRICUSPID VALVE	1,917.66	00 15								
02	33463	VALVULOPLASTY, TRICUSPID VALVE;	403.40									
03	33463	VALVULOPLASTY, TRICUSPID VALVE;	2,016.98									
07	33463	VALVULOPLASTY, TRICUSPID VALVE;	2,420.37	00 15								
02	33464	VALVULOPLASTY, TRICUSPID VALVE;	325.82									
03	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,629.10									
07	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,954.91	00 15								
02	33465	REPLACE TRICUSPID VALVE	364.74									
03	33465	REPLACE TRICUSPID VALVE	1,823.68									
07	33465	REPLACE TRICUSPID VALVE	2,188.42	00 15								
02	33468	REVISION OF TRICUSPID VALVE	257.12									
03	33468	REVISION OF TRICUSPID VALVE	1,285.58									
07	33468	REVISION OF TRICUSPID VALVE	1,542.70	00 15								
02	33470	REVISION OF PULMONARY VALVE	160.27									
03	33470	REVISION OF PULMONARY VALVE	801.35									
07	33470	REVISION OF PULMONARY VALVE	961.61	00 15								
02	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	181.78									
03	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	908.89									
07	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,090.67	00 15								
02	33472	REVISION OF PULMONARY VALVE	183.67		X							
03	33472	REVISION OF PULMONARY VALVE	918.35		X							
07	33472	REVISION OF PULMONARY VALVE	1,102.01	00 15	X							
02	33474	REVISION OF PULMONARY VALVE	280.71									
03	33474	REVISION OF PULMONARY VALVE	1,403.57									
07	33474	REVISION OF PULMONARY VALVE	1,684.28	00 15								
02	33475	REPLACEMENT, PULMONARY VALVE	317.12									
03	33475	REPLACEMENT, PULMONARY VALVE	1,585.60									
07	33475	REPLACEMENT, PULMONARY VALVE	1,902.72	00 15								
02	33476	REVISION OF HEART CHAMBER	199.41									
03	33476	REVISION OF HEART CHAMBER	997.04									
07	33476	REVISION OF HEART CHAMBER	1,196.44	00 15								
02	33478	REVISION OF HEART CHAMBER	215.92									
03	33478	REVISION OF HEART CHAMBER	1,079.58									
07	33478	REVISION OF HEART CHAMBER	1,295.50	00 15								
02	33496	REPAIR, PROSTH VALVE CLOT	231.14									
03	33496	REPAIR, PROSTH VALVE CLOT	1,155.70									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33496	REPAIR, PROSTH VALVE CLOT	1,386.84	00 15								
02	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	216.84									
03	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,084.19									
07	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,301.03	00 15								
02	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	149.31									
03	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	746.55									
07	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	895.87	00 15								
02	33502	CORONARY ARTERY CORRECTION	173.36									
03	33502	CORONARY ARTERY CORRECTION	866.80									
07	33502	CORONARY ARTERY CORRECTION	1,040.16	00 15								
02	33503	CORONARY ARTERY GRAFT	182.97									
03	33503	CORONARY ARTERY GRAFT	914.84									
07	33503	CORONARY ARTERY GRAFT	1,097.81	00 15								
02	33504	CORONARY ARTERY GRAFT	198.13									
03	33504	CORONARY ARTERY GRAFT	990.63									
07	33504	CORONARY ARTERY GRAFT	1,188.76	00 15								
02	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	270.60									
03	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,353.00									
07	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,623.59	00 15								
02	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	283.23									
03	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,416.16									
07	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,699.39	00 15								
02	33507	REPAIR ART, INTRAMURAL	239.43									
03	33507	REPAIR ART, INTRAMURAL	1,197.15									
07	33507	REPAIR ART, INTRAMURAL	1,436.58	00 15								
02	33508	ENDOSCOPIC VEIN HARVEST	2.26									
03	33508	ENDOSCOPIC VEIN HARVEST	11.32									
07	33508	ENDOSCOPIC VEIN HARVEST	13.59	00 15								
02	33510	CORONARY ARTERY BYPASS	269.28									
03	33510	CORONARY ARTERY BYPASS	1,346.39									
07	33510	CORONARY ARTERY BYPASS	1,615.66	00 15								
02	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	293.66									
03	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,468.32									
07	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,761.97	00 15								
02	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	330.37									
03	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	1,651.86									
07	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	1,982.23	00 15								
02	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	337.88									
03	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	1,689.41									
07	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,027.29	00 15								
02	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	357.45									
03	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	1,787.24									
07	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,144.69	00 15								
02	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	371.81									
03	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	1,859.04									
07	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,230.84	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	33517	CORONARY ARTERY BYPASS, USING VENOUS	25.73									
03	33517	CORONARY ARTERY BYPASS, USING VENOUS	128.66									
07	33517	CORONARY ARTERY BYPASS, USING VENOUS	154.39	00 15								
02	33518	CORONARY ARTERY BYPASS, USING VENOUS	55.58									
03	33518	CORONARY ARTERY BYPASS, USING VENOUS	277.91									
07	33518	CORONARY ARTERY BYPASS, USING VENOUS	333.49	00 15								
02	33519	CORONARY ARTERY BYPASS, USING VENOUS	74.22									
03	33519	CORONARY ARTERY BYPASS, USING VENOUS	371.08									
07	33519	CORONARY ARTERY BYPASS, USING VENOUS	445.29	00 15								
02	33521	CORONARY ARTERY BYPASS, USING VENOUS	89.94									
03	33521	CORONARY ARTERY BYPASS, USING VENOUS	449.70									
07	33521	CORONARY ARTERY BYPASS, USING VENOUS	539.64	00 15								
02	33522	CORONARY ARTERY BYPASS, USING VENOUS	102.57									
03	33522	CORONARY ARTERY BYPASS, USING VENOUS	512.84									
07	33522	CORONARY ARTERY BYPASS, USING VENOUS	615.41	00 15								
02	33523	CORONARY ARTERY BYPASS, USING VENOUS	117.18									
03	33523	CORONARY ARTERY BYPASS, USING VENOUS	585.91									
07	33523	CORONARY ARTERY BYPASS, USING VENOUS	703.09	00 15								
02	33530	REOPERATION,CORON ART BYPASS >1MONTH	70.62									
03	33530	REOPERATION,CORON ART BYPASS >1MONTH	353.12									
07	33530	REOPERATION,CORON ART BYPASS >1MONTH	423.75	00 15								
02	33533	CORONARY ARTERY BYPASS, USING ARTERI	262.49									
03	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,312.47									
07	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,574.97	00 15								
02	33534	CORONARY ARTERY BYPASS, USING ARTERI	304.59									
03	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,522.94									
07	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,827.53	00 15								
02	33535	CORONARY ARTERY BYPASS, USING ARTERI	338.14									
03	33535	CORONARY ARTERY BYPASS, USING ARTERI	1,690.69									
07	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,028.83	00 15								
02	33536	CORONARY ARTERY BYPASS, USING ARTERI	362.63									
03	33536	CORONARY ARTERY BYPASS, USING ARTERI	1,813.15									
07	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,175.79	00 15								
02	33542	REMOVAL OF HEART LESION	348.87									
03	33542	REMOVAL OF HEART LESION	1,744.33									
07	33542	REMOVAL OF HEART LESION	2,093.19	00 15								
02	33545	REPAIR OF HEART DAMAGE	411.79									
03	33545	REPAIR OF HEART DAMAGE	2,058.93									
07	33545	REPAIR OF HEART DAMAGE	2,470.71	00 15								
02	33548	RESTORE/REMODEL, VENTRICLE	403.72									
03	33548	RESTORE/REMODEL, VENTRICLE	2,018.61									
07	33548	RESTORE/REMODEL, VENTRICLE	2,422.33	00 15								
02	33572	OPEN CORONARY ENDARTERECTOMY	32.84									
03	33572	OPEN CORONARY ENDARTERECTOMY	164.21									
07	33572	OPEN CORONARY ENDARTERECTOMY	197.05	00 15								
02	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	235.53									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,177.63									
07	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,413.16	00 15								
02	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	223.99									
03	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,119.95									
07	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,343.94	00 15								
02	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	244.20									
03	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,220.98									
07	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,465.17	00 15								
02	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	250.82									
03	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,254.10									
07	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,504.92	00 15								
02	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	244.77									
03	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,223.83									
07	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,468.59	00 15								
02	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	268.61									
03	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,343.07									
07	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,611.68	00 15								
02	33612	REPAIR OF DOUBLE OUTLET RIGH VENTRI	278.54									
03	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,392.71									
07	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,671.26	00 15								
02	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	275.80									
03	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,379.01									
07	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,654.82	00 15								
02	33617	REPAIR OF COMPLEX ANOMALIES	297.81									
03	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,489.05									
07	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,786.86	00 15								
02	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	364.58									
03	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	1,822.91									
07	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,187.49	00 15								
02	33620	APPLICATION OF RIGHT AND LEFT PULMON	176.63									
03	33620	APPLICATION OF RIGHT AND LEFT PULMON	883.16									
07	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,059.79	00 15								
02	33621	TRANSTHORACIC INSERTION OF CATHETER	94.98									
03	33621	TRANSTHORACIC INSERTION OF CATHETER	474.90									
07	33621	TRANSTHORACIC INSERTION OF CATHETER	569.88	00 15								
02	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	372.45									
03	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	1,862.26									
07	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	2,234.72	00 15								
02	33641	REPAIR HEART SEPTUM DEFECT	220.39									
03	33641	REPAIR HEART SEPTUM DEFECT	1,101.94									
07	33641	REPAIR HEART SEPTUM DEFECT	1,322.32	00 15								
02	33645	REVISION OF HEART VEINS	217.49									
03	33645	REVISION OF HEART VEINS	1,087.44									
07	33645	REVISION OF HEART VEINS	1,304.92	00 15								
02	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	230.04									
03	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,150.20									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,380.23	00	15								
02	33660	REPAIR OF HEART DEFECTS	243.07										
03	33660	REPAIR OF HEART DEFECTS	1,215.33										
07	33660	REPAIR OF HEART DEFECTS	1,458.40	00	15								
02	33665	REPAIR OF HEART DEFECTS	261.89										
03	33665	REPAIR OF HEART DEFECTS	1,309.44										
07	33665	REPAIR OF HEART DEFECTS	1,571.32	00	15								
02	33670	REPAIR OF HEART CHAMBERS	273.32										
03	33670	REPAIR OF HEART CHAMBERS	1,366.61										
07	33670	REPAIR OF HEART CHAMBERS	1,639.93	00	15								
02	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	272.94										
03	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,364.69										
07	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,637.62	00	15								
02	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	284.30										
03	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,421.51										
07	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,705.81	00	15								
02	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	295.55										
03	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,477.77										
07	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,773.32	00	15								
02	33681	REPAIR HEART SEPTUM DEFECT	251.72										
03	33681	REPAIR HEART SEPTUM DEFECT	1,258.61										
07	33681	REPAIR HEART SEPTUM DEFECT	1,510.33	00	15								
02	33684	REPAIR HEART SEPTUM DEFECT	255.85										
03	33684	REPAIR HEART SEPTUM DEFECT	1,279.24										
07	33684	REPAIR HEART SEPTUM DEFECT	1,535.08	00	15								
02	33688	REPAIR HEART SEPTUM DEFECT	259.13										
03	33688	REPAIR HEART SEPTUM DEFECT	1,295.63										
07	33688	REPAIR HEART SEPTUM DEFECT	1,554.75	00	15								
02	33690	REINFORCE PULMONARY ARTERY	157.24										
03	33690	REINFORCE PULMONARY ARTERY	786.19										
07	33690	REINFORCE PULMONARY ARTERY	943.43	00	15								
02	33692	REPAIR OF HEART DEFECTS	243.53										
03	33692	REPAIR OF HEART DEFECTS	1,217.63										
07	33692	REPAIR OF HEART DEFECTS	1,461.16	00	15								
02	33694	REPAIR OF HEART DEFECTS	274.55										
03	33694	REPAIR OF HEART DEFECTS	1,372.77										
07	33694	REPAIR OF HEART DEFECTS	1,647.32	00	15								
02	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	292.86										
03	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,464.29										
07	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,757.14	00	15								
02	33702	REPAIR OF HEART DEFECTS	210.73										
03	33702	REPAIR OF HEART DEFECTS	1,053.65										
07	33702	REPAIR OF HEART DEFECTS	1,264.37	00	15								
02	33710	REPAIR OF HEART DEFECTS	253.83										
03	33710	REPAIR OF HEART DEFECTS	1,269.13										
07	33710	REPAIR OF HEART DEFECTS	1,522.96	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	33720	REPAIR OF HEART DEFECT	213.55									
03	33720	REPAIR OF HEART DEFECT	1,067.76									
07	33720	REPAIR OF HEART DEFECT	1,281.31	00 15								
02	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	209.59									
03	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,047.95									
07	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	1,257.54	00 15								
02	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	216.91									
03	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,084.53									
07	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,301.43	00 15								
02	33726	REPAIR OF PULMONARY VENOUS STENOSIS	283.55									
03	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,417.77									
07	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,701.32	00 15								
02	33730	REPAIR HEART-VEIN DEFECT(S)	270.92									
03	33730	REPAIR HEART-VEIN DEFECT(S)	1,354.60									
07	33730	REPAIR HEART-VEIN DEFECT(S)	1,625.53	00 15								
02	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	224.75									
03	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,123.73									
07	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,348.48	00 15								
02	33735	REVISION OF HEART CHAMBER	169.83									
03	33735	REVISION OF HEART CHAMBER	849.17									
07	33735	REVISION OF HEART CHAMBER	1,019.00	00 15								
02	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	190.68									
03	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	953.40									
07	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,144.08	00 15								
02	33737	REVISION OF HEART CHAMBER	178.34									
03	33737	REVISION OF HEART CHAMBER	891.68									
07	33737	REVISION OF HEART CHAMBER	1,070.02	00 15								
02	33750	MAJOR VESSEL SHUNT	176.08									
03	33750	MAJOR VESSEL SHUNT	880.38									
07	33750	MAJOR VESSEL SHUNT	1,056.46	00 15								
02	33755	MAJOR VESSEL SHUNT	177.44									
03	33755	MAJOR VESSEL SHUNT	887.18									
07	33755	MAJOR VESSEL SHUNT	1,064.62	00 15								
02	33762	MAJOR VESSEL SHUNT	176.97									
03	33762	MAJOR VESSEL SHUNT	884.85									
07	33762	MAJOR VESSEL SHUNT	1,061.82	00 15								
02	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	174.39									
03	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	871.95									
07	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,046.34	00 15								
02	33766	MAJOR VESSEL SHUNT	192.04									
03	33766	MAJOR VESSEL SHUNT	960.18									
07	33766	MAJOR VESSEL SHUNT	1,152.22	00 15								
02	33767	SHUNT;	195.03									
03	33767	SHUNT;	975.15									
07	33767	SHUNT;	1,170.17	00 15								
02	33768	CAVOPULMONARY SHUNTING	59.65									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33768	CAVOPULMONARY SHUNTING	298.26									
07	33768	CAVOPULMONARY SHUNTING	357.91	00 15								
02	33770	REPAIR OF TRANSPOSITION OF THE GREAT	296.80									
03	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,484.00									
07	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,780.79	00 15								
02	33771	REPAIR OF TRANSPOSITION OF THE GREAT	304.17									
03	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,520.83									
07	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,825.01	00 15								
02	33774	REPAIR TRANS GREAT ARTERIES W CARDIO	249.56									
03	33774	REPAIR TRANSPO GREAT ARTERIES	1,247.82									
07	33774	REPAIR TRANSPO GREAT ARTERIES	1,497.39	00 15								
02	33775	REPAIR W REMOVAL PULMONARY BAND	259.62									
03	33775	REAPAIR W REMOVAL PULMONARY BAND	1,298.11									
07	33775	REAPAIR W REMOVAL PULMONARY BAND	1,557.73	00 15								
02	33776	REPAIR W CLOSURE VENTRI SEPTAL CEFEC	272.92									
03	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,364.60									
07	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,637.51	00 15								
02	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	268.17									
03	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,340.87									
07	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,609.05	00 15								
02	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	329.04									
03	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	1,645.21									
07	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	1,974.26	00 15								
02	33779	REPAIR W REMOVAL O PULMONARY BAND	311.98									
03	33779	REPAIR W REMOVAL O PULMONARY BAND	1,559.91									
07	33779	REPAIR W REMOVAL O PULMONARY BAND	1,871.89	00 15								
02	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	324.87									
03	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,624.36									
07	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,949.23	00 15								
02	33781	REPAIR W REPAIR O SUBPULMONIC	323.08									
03	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	1,615.42									
07	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	1,938.51	00 15								
02	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	463.88									
03	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,319.38									
07	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,783.25	00 15								
02	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	501.44									
03	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	2,507.19									
07	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,008.62	00 15								
02	33786	REPAIR ARTERIAL TRUNK	317.11									
03	33786	REPAIR ARTERIAL TRUNK	1,585.57									
07	33786	REPAIR ARTERIAL TRUNK	1,902.68	00 15								
02	33788	REVISION OF PULMONARY ARTERY	213.92									
03	33788	REVISION OF PULMONARY ARTERY	1,069.62									
07	33788	REVISION OF PULMONARY ARTERY	1,283.54	00 15								
02	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	134.14									
03	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	670.68									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	804.82	00 15								
02	33802	REPAIR VESSEL DEFECT	143.53									
03	33802	REPAIR VESSEL DEFECT	717.65									
07	33802	REPAIR VESSEL DEFECT	861.19	00 15								
02	33803	REPAIR VESSEL DEFECT	157.45									
03	33803	REPAIR VESSEL DEFECT	787.27									
07	33803	REPAIR VESSEL DEFECT	944.73	00 15								
02	33813	OBLITERATION O AORTOPULMON SEPTAL DE	177.02									
03	33813	OBLITERATION O AORTOPULMON SEPTAL DE	885.12									
07	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,062.14	00 15								
02	33814	OBLITERATION W CARDIOPULMONARY BYPAS	209.52									
03	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,047.58									
07	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,257.09	00 15								
02	33820	REVISE MAJOR VESSEL	133.83									
03	33820	REVISE MAJOR VESSEL	669.13									
07	33820	REVISE MAJOR VESSEL	802.95	00 15								
02	33822	REPAIR POTENT DUCTUS ARTERIOSUS;	142.39	00 17								
03	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	711.96	00 17								
07	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	854.35	00 15								
02	33824	REPAIR PATENT DUCTUS ARTERIOSUS	160.87	18 99								
03	33824	REPAIR PATENT DUCTUS ARTERIOSUS	804.34	18 99								
02	33840	REMOVE AORTA CONSTRICTION	161.84									
03	33840	REMOVE AORTA CONSTRICTION	809.22									
07	33840	REMOVE AORTA CONSTRICTION	971.06	00 15								
02	33845	REMOVE AORTA CONSTRICTION	187.10									
03	33845	REMOVE AORTA CONSTRICTION	935.48									
07	33845	REMOVE AORTA CONSTRICTION	1,122.58	00 15								
02	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	172.79									
03	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	863.94									
07	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,036.72	00 15								
02	33852	EXCISION O COARCTATION W REPAI	185.92									
03	33852	EXCISION O COARCTATION W REPAIR ARCH	929.58									
07	33852	EXCISION O COARCTATION W REPAIR ARCH	1,115.50	00 15								
02	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	258.27									
03	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,291.35									
07	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,549.62	00 15								
02	33860	ASCENDING AORTA GRAFT, WITH CARDIOPU	431.16									
03	33860	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,155.80									
07	33860	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,586.96	00 15								
02	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	431.83									
03	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,159.17									
07	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,591.01	00 15								
02	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	443.59									
03	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,217.95									
07	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,661.53	00 15								
02	33870	TRANSVERSE AORTIC ARCH GRAFT	352.48									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33870	TRANSVERSE AORTIC ARCH GRAFT	1,762.38									
07	33870	TRANSVERSE AORTIC ARCH GRAFT	2,114.85	00 15								
02	33875	THORACIC AORTA GRAFT	273.18									
03	33875	THORACIC AORTA GRAFT	1,365.90									
07	33875	THORACIC AORTA GRAFT	1,639.07	00 15								
02	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	484.23									
03	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,421.14									
07	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,905.37	00 15								
02	33880	ENDOVASC TAA REPR INCL SUBCL	249.54									
03	33880	ENDOVASC TAA REPR INCL SUBCL	1,247.72									
07	33880	ENDOVASC TAA REPR INCL SUBCL	1,497.26	00 15								
02	33881	ENDOVASC TAA REPR W/O SUBCL	214.11									
03	33881	ENDOVASC TAA REPR W/O SUBCL	1,070.57									
07	33881	ENDOVASC TAA REPR W/O SUBCL	1,284.68	00 15								
02	33883	INSERT ENDOVASC PROSTH, TAA	156.74									
03	33883	INSERT ENDOVASC PROSTH, TAA	783.72									
07	33883	INSERT ENDOVASC PROSTH, TAA	940.46	00 15								
02	33884	ENDOVASC PROSTH, TAA, ADD-ON	57.74									X
03	33884	ENDOVASC PROSTH, TAA, ADD-ON	288.69									X
07	33884	ENDOVASC PROSTH, TAA, ADD-ON	346.42	00 15								X
02	33886	ENDOVASC PROSTH, DELAYED	134.62									
03	33886	ENDOVASC PROSTH, DELAYED	673.10									
07	33886	ENDOVASC PROSTH, DELAYED	807.72	00 15								
02	33889	ARTERY TRANSPOSE/ENDOVAS TAA	114.06									
03	33889	ARTERY TRANSPOSE/ENDOVAS TAA	570.28									
07	33889	ARTERY TRANSPOSE/ENDOVAS TAA	684.33	00 15								
02	33891	CAR-CAR BP GRFT/ENDOVAS TAA	142.71									
03	33891	CAR-CAR BP GRFT/ENDOVAS TAA	713.56									
07	33891	CAR-CAR BP GRFT/ENDOVAS TAA	856.28	00 15								
02	33910	REMOVE LUNG ARTERY EMBOLI	227.87									
03	33910	REMOVE LUNG ARTERY EMBOLI	1,139.34									
07	33910	REMOVE LUNG ARTERY EMBOLI	1,367.20	00 15								
02	33915	REMOVE LUNG ARTERY EMBOLI	180.39									
03	33915	REMOVE LUNG ARTERY EMBOLI	901.93									
07	33915	REMOVE LUNG ARTERY EMBOLI	1,082.33	00 15								
02	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	227.45									
03	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,137.27									
07	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,364.73	00 15								
02	33917	REPAIR OF PULMONARY ARTERY STENOSIS	206.22									
03	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,031.08									
07	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,237.29	00 15								
02	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	250.01									
03	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,250.06									
07	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,500.07	00 15								
02	33922	TRANSECTION OF PULMONARY ARTERY WITH	188.48									
03	33922	TRANSECTION OF PULMONARY ARTERY WITH	942.40									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,130.88	00 15								
02	33924	REMOVE PULMONARY SHUNT	40.32									
03	33924	REMOVE PULMONARY SHUNT	201.58									
07	33924	REMOVE PULMONARY SHUNT	241.89	00 15								
02	33925	RPR PUL ART UNIFOCAL W/O CPB	243.63									
03	33925	RPR PUL ART UNIFOCAL W/O CPB	1,218.15									
07	33925	RPR PUL ART UNIFOCAL W/O CPB	1,461.77	00 15								
02	33926	REPR PUL ART, UNIFOCAL W/CPB	325.91									
03	33926	REPR PUL ART, UNIFOCAL W/CPB	1,629.54									
07	33926	REPR PUL ART, UNIFOCAL W/CPB	1,955.44	00 15								
02	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP		X	X						
03	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP		X							
07	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP	00 15	X							
02	33933	PREPARE DONOR HEART/LUNG	MP		X							
03	33933	PREPARE DONOR HEART/LUNG	MP		X							
07	33933	PREPARE DONOR HEART/LUNG	MP	00 15	X							
02	33935	HEART-LUNG TRANSPLANT,W/ ORG REMOVAL	MP		X	X						
03	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	MP		X							
07	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	3,332.26	00 15	X							
02	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X	X						
03	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X							
07	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP	00 15	X							
03	33944	PREPARE DONOR HEART	MP		X							
07	33944	PREPARE DONOR HEART	MP	00 15	X							
02	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X							
03	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X							
07	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP	00 15	X							
02	33960	PROLONGED EXTRACORPOREAL CIRCULATION	139.94		X							
03	33960	PROLONGED EXTRACORPOREAL CIRCULATION	699.71		X							
07	33960	PROLONGED EXTRACORPOREAL CIRCULATION	839.65	00 15	X							
03	33961	PROLONGED EXTRACORPOREAL CIRCULATION	385.43		X							
07	33961	PROLONGED EXTRACORPOREAL CIRCULATION	462.52	00 15	X							
03	33967	INSERT IA PERCUT DEVICE	187.63									
07	33967	INSERT IA PERCUT DEVICE	225.15	00 15								
03	33968	REMOVE AORTIC ASSIST DEVICE	24.32									
07	33968	REMOVE AORTIC ASSIST DEVICE	29.18	00 15								
02	33970	INTERNAL CIRCULATION ASSIST	51.07									
03	33970	INTERNAL CIRCULATION ASSIST	255.34									
07	33970	INTERNAL CIRCULATION ASSIST	306.42	00 15								
02	33971	REMOVE INTRA-AORTIC BALOON,W/REPAIR	97.02									
03	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	485.12									
07	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	582.13	00 15								
02	33973	INSERTION OF INTRA-AORTIC BALLOON AS	74.49									
03	33973	INSERTION OF INTRA-AORTIC BALLOON AS	372.47									
07	33973	INSERTION OF INTRA-AORTIC BALLOON AS	446.96	00 15								
02	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	123.72									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	618.58									
07	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	742.29	00 15								
02	33975	IMPLANTATION OF VENTRICULAR ASSIST D	155.29									
03	33975	IMPLANTATION OF VENTRICULAR ASSIST D	776.43									
07	33975	IMPLANTATION OF VENTRICULAR ASSIST D	931.72	00 15								
02	33976	IMPLANTATION OF VENTRICULAR ASSIST D	172.13									
03	33976	IMPLANTATION OF VENTRICULAR ASSIST D	860.66									
07	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,032.79	00 15								
02	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	164.83									
03	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	824.17									
07	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	989.00	00 15								
02	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	182.07									
03	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	910.37									
07	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,092.44	00 15								
02	33979	INSERT INTRACORPOREAL DEVICE	340.89									
03	33979	INSERT INTRACORPOREAL DEVICE	1,704.46									
07	33979	INSERT INTRACORPOREAL DEVICE	2,045.35	00 15								
02	33980	REMOVE INTRACORPOREAL DEVICE	496.93								X	
03	33980	REMOVE INTRACORPOREAL DEVICE	2,484.65								X	
07	33980	REMOVE INTRACORPOREAL DEVICE	2,981.57	00 15							X	
02	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	118.25								X	
03	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	591.25								X	
07	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	591.25	00 15							X	
02	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	201.34								X	
03	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	1,006.70								X	
07	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	1,006.70	00 15							X	
02	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	241.61								X	
03	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,208.03								X	
07	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,208.03	00 15							X	
03	33990	INSERTION OF VENTRICULAR ASSIST DEVI	298.26									
07	33990	INSERTION OF VENTRICULAR ASSIST DEVI	357.91	00 15								
03	33991	INSERTION OF VENTRICULAR ASSIST DEVI	434.61									
07	33991	INSERTION OF VENTRICULAR ASSIST DEVI	521.53	00 15								
03	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	142.17									
07	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	170.60	00 15								
03	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	124.83									
07	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	149.79	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	132.93									
03	34001	REMOVAL OF ARTERY CLOT	664.65									
07	34001	REMOVAL OF ARTERY CLOT	797.57	00 15								
02	34051	REMOVAL OF ARTERY CLOT	133.36									
03	34051	REMOVAL OF ARTERY CLOT	666.82									
07	34051	REMOVAL OF ARTERY CLOT	800.18	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	34101	REMOVAL OF ARTERY CLOT	84.75									
03	34101	REMOVAL OF ARTERY CLOT	423.75									
07	34101	REMOVAL OF ARTERY CLOT	508.49	00 15								
03	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	423.51									
07	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	508.21	00 15								
02	34151	REMOVAL OF ARTERY CLOT	197.38									
03	34151	REMOVAL OF ARTERY CLOT	986.90									
07	34151	REMOVAL OF ARTERY CLOT	1,184.28	00 15								
02	34201	REMOVAL OF ARTERY CLOT	137.82									
03	34201	REMOVAL OF ARTERY CLOT	689.10									
07	34201	REMOVAL OF ARTERY CLOT	826.92	00 15								
02	34203	EMBOL-THROMBECTOMY,POPLITEAL-TIBIO	135.92									
03	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	679.58									
07	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	815.50	00 15								
02	34401	REMOVAL OF VEIN CLOT	202.16									
03	34401	REMOVAL OF VEIN CLOT	1,010.82									
07	34401	REMOVAL OF VEIN CLOT	1,212.99	00 15								
02	34421	REMOVAL OF VEIN CLOT	102.51									
03	34421	REMOVAL OF VEIN CLOT	512.56									
07	34421	REMOVAL OF VEIN CLOT	615.07	00 15								
02	34451	REMOVAL OF VEIN CLOT	213.08									
03	34451	REMOVAL OF VEIN CLOT	1,065.42									
07	34451	REMOVAL OF VEIN CLOT	1,278.50	00 15								
02	34471	REMOVAL OF VEIN CLOT	147.41									
03	34471	REMOVAL OF VEIN CLOT	737.07									
07	34471	REMOVAL OF VEIN CLOT	884.48	00 15								
03	34490	REMOVAL OF VEIN CLOT	425.75									
07	34490	REMOVAL OF VEIN CLOT	510.91	00 15								
02	34501	EXCISION O COARCTATION W REPAI	132.26									
03	34501	VALVULOPLASTY, FEMORAL VEIN	661.28									
07	34501	VALVULOPLASTY, FEMORAL VEIN	793.54	00 15								
02	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	214.23									
03	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,071.16									
07	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,285.39	00 15								
02	34510	TRANSPOSE VENOUS VALVE,ANY VEI	150.08									
03	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	750.41									
07	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	900.49	00 15								
02	34520	CROSS-OVER VEIN GRAFT TO VENOU	144.23									
03	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	721.16									
07	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	865.39	00 15								
02	34530	SEPHENOPOPLITEAL VEIN ANASTOMO	134.84									
03	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	674.21									
07	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	809.04	00 15								
02	34800	ENDOVASC ABDO REPAIR W/TUBE	161.29									
03	34800	ENDOVASC ABDO REPAIR W/TUBE	806.45									
07	34800	ENDOVASC ABDO REPAIR W/TUBE	967.74	00 15								

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				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	34802	ENDOVASC ABDO REPR W/DEVICE	175.70									
03	34802	ENDOVASC ABDO REPR W/DEVICE	878.50									
07	34802	ENDOVASC ABDO REPR W/DEVICE	1,054.20	00 15								
02	34803	ENDOVAS AAA REPR W/3-P PART	179.45									
03	34803	ENDOVAS AAA REPR W/3-P PART	897.27									
07	34803	ENDOVAS AAA REPR W/3-P PART	1,076.72	00 15								
02	34804	ENDOVASC ABDO REPR W/DEVICE	175.56									
03	34804	ENDOVASC ABDO REPR W/DEVICE	877.80									
07	34804	ENDOVASC ABDO REPR W/DEVICE	1,053.37	00 15								
02	34805	ENDOVASC ABDO REPAIR W/PROS	164.82									
03	34805	ENDOVASC ABDO REPAIR W/PROS	824.11									
07	34805	ENDOVASC ABDO REPAIR W/PROS	988.93	00 15								
03	34806	TRANSCATHETER PLACEMENT OF WIRELESS	75.51									
07	34806	TRANSCATHETER PLACEMENT OF WIRELESS	90.61	00 15								
02	34808	ENDOVASC ABDO OCCLUD DEVICE	29.74									
03	34808	ENDOVASC ABDO OCCLUD DEVICE	148.72									
07	34808	ENDOVASC ABDO OCCLUD DEVICE	178.45	00 15								
03	34812	XPOSE FOR ENDOPROSTH, AORTIC	247.44									
07	34812	XPOSE FOR ENDOPROSTH, AORTIC	296.93	00 15								
02	34813	XPOSE FOR ENDOPROSTH, FEMORL	34.21									
03	34813	XPOSE FOR ENDOPROSTH, FEMORL	171.06									
07	34813	XPOSE FOR ENDOPROSTH, FEMORL	205.28	00 15								
02	34820	XPOSE FOR ENDOPROSTH, ILIAC	70.79									
03	34820	XPOSE FOR ENDOPROSTH, ILIAC	353.94									
07	34820	XPOSE FOR ENDOPROSTH, ILIAC	424.73	00 15								
02	34825	ENDOVASC EXTEND PROSTH, INIT	98.05									
03	34825	ENDOVASC EXTEND PROSTH, INIT	490.24									
07	34825	ENDOVASC EXTEND PROSTH, INIT	588.28	00 15								
02	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	29.32									X
03	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	146.59									X
07	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	175.91	00 15								X
02	34830	OPEN AORTIC TUBE PROSTH REPR	259.11									
03	34830	OPEN AORTIC TUBE PROSTH REPR	1,295.55									
07	34830	OPEN AORTIC TUBE PROSTH REPR	1,554.66	00 15								
02	34831	OPEN AORTOILIAC PROSTH REPR	275.02									
03	34831	OPEN AORTOILIAC PROSTH REPR	1,375.10									
07	34831	OPEN AORTOILIAC PROSTH REPR	1,650.12	00 15								
02	34832	OPEN AORTOFEMOR PROSTH REPR	278.41									
03	34832	OPEN AORTOFEMOR PROSTH REPR	1,392.07									
07	34832	OPEN AORTOFEMOR PROSTH REPR	1,670.48	00 15								
02	34833	XPOSE FOR ENDOPROSTH, ILIAC	87.74									
03	34833	XPOSE FOR ENDOPROSTH, ILIAC	438.70									
07	34833	XPOSE FOR ENDOPROSTH, ILIAC	526.44	00 15								
03	34834	XPOSE, ENDOPROSTH, BRACHIAL	198.55									
07	34834	XPOSE, ENDOPROSTH, BRACHIAL	238.26	00 15								
02	34900	ENDOVASCULAR REPAIR OF ILIAC ARTERY	127.98									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	34900	ENDOVASCULAR REPAIR OF ILIAC ARTERY	639.92									
07	34900	ENDOVASCULAR REPAIR OF ILIAC ARTERY	767.90	00 15								
02	35001	REPAIR DEFECT OF ARTERY	160.01									
03	35001	REPAIR DEFECT OF ARTERY	800.03									
07	35001	REPAIR DEFECT OF ARTERY	960.04	00 15								
02	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	169.14									
03	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	845.68									
07	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,014.82	00 15								
02	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	145.79									
03	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	728.95									
07	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	874.75	00 15								
02	35011	REPAIR DEFECT OF ARTERY	140.73									
03	35011	REPAIR DEFECT OF ARTERY	703.67									
07	35011	REPAIR DEFECT OF ARTERY	844.41	00 15								
02	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	174.59									
03	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	872.94									
07	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,047.52	00 15								
02	35021	REPAIR DEFECT OF ARTERY	170.67									
03	35021	REPAIR DEFECT OF ARTERY	853.35									
07	35021	REPAIR DEFECT OF ARTERY	1,024.02	00 15								
02	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	193.18									
03	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	965.88									
07	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,159.06	00 15								
02	35045	REPAIR ANEURYSM,OCCLU DIS/ULNAR	136.79									
03	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	683.96									
07	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	820.75	00 15								
02	35081	REPAIR DEFECT OF ARTERY	245.21									
03	35081	REPAIR DEFECT OF ARTERY	1,226.06									
07	35081	REPAIR DEFECT OF ARTERY	1,471.27	00 15								
02	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	308.64									
03	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,543.18									
07	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,851.80	00 15								
02	35091	REPAIR DEFECT OF ARTERY	260.87									
03	35091	REPAIR DEFECT OF ARTERY	1,304.36									
07	35091	REPAIR DEFECT OF ARTERY	1,565.23	00 15								
02	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	368.88									
03	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	1,844.39									
07	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,213.27	00 15								
02	35102	REPAIR DEFECT OF ARTERY	266.34									
03	35102	REPAIR DEFECT OF ARTERY	1,331.69									
07	35102	REPAIR DEFECT OF ARTERY	1,598.02	00 15								
02	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	319.24									
03	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,596.21									
07	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,915.45	00 15								
02	35111	REPAIR DEFECT OF ARTERY	196.21									
03	35111	REPAIR DEFECT OF ARTERY	981.05									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35111	REPAIR DEFECT OF ARTERY	1,177.26	00 15								
02	35112	REP.RUPTURED ANCURYSM,SPLENIC ARTERY	240.36									
03	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,201.78									
07	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,442.13	00 15								
02	35121	REPAIR DEFECT OF ARTERY	233.43									
03	35121	REPAIR DEFECT OF ARTERY	1,167.15									
07	35121	REPAIR DEFECT OF ARTERY	1,400.57	00 15								
02	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	278.90									
03	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,394.50									
07	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,673.39	00 15								
02	35131	REPAIR DEFECT OF ARTERY	199.02									
03	35131	REPAIR DEFECT OF ARTERY	995.10									
07	35131	REPAIR DEFECT OF ARTERY	1,194.11	00 15								
02	35132	REPAIR RUPTURED ANEURYSM,ILIAC ARTER	240.42									X
03	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,202.09									
07	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,442.51	00 15								
02	35141	REPAIR DEFECT OF ARTERY	157.66									
03	35141	REPAIR DEFECT OF ARTERY	788.31									
07	35141	REPAIR DEFECT OF ARTERY	945.97	00 15								
02	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	188.50									
03	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	942.51									
07	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,131.01	00 15								
02	35151	REPAIR DEFECT OF ARTERY	177.81									
03	35151	REPAIR DEFECT OF ARTERY	889.07									
07	35151	REPAIR DEFECT OF ARTERY	1,066.89	00 15								
02	35152	REP.RUPTURED ANEURYSM/POPLITIAL ART	206.31									
03	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,031.56									
07	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,237.87	00 15								
02	35180	REPAIR CONGENITAL FISTULA-HEAD	116.01									
03	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	580.03									
07	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	696.02	00 15								
02	35182	REP.CONGENITAL FIST-THORAX/ABD	242.31									
03	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,211.53									
07	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,453.84	00 15								
02	35184	REP.CONGENITAL FISTULA,EXTREMI	142.75									
03	35184	REP.CONGENITAL FISTULA,EXTREMITIES	713.77									
07	35184	REP.CONGENITAL FISTULA,EXTREMITIES	856.52	00 15								
02	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD	119.42									
03	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	597.09									
07	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	716.51	00 15								
02	35189	REP.ACQUIRED/TRAUMA FIST.THORA	223.93									
03	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,119.63									
07	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,343.55	00 15								
02	35190	REP.ACQUIRED/TRAUMA FISTULA-EX	104.25									
03	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	521.27									
07	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	625.52	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	35201	REPAIR BLOOD VESSEL LESION	130.99									
03	35201	REPAIR BLOOD VESSEL LESION	654.94									
07	35201	REPAIR BLOOD VESSEL LESION	785.93	00 15								
02	35206	REPAIR BLOOD VESSEL LESION	106.97									
03	35206	REPAIR BLOOD VESSEL LESION	534.83									
07	35206	REPAIR BLOOD VESSEL LESION	641.79	00 15								
02	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	95.54									X
03	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	477.69									X
07	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	573.22	00 15								X
02	35211	REPAIR BLOOD VESSEL LESION	189.90									
03	35211	REPAIR BLOOD VESSEL LESION	949.48									
07	35211	REPAIR BLOOD VESSEL LESION	1,139.38	00 15								
02	35216	REPAIR BLOOD VESSEL LESION	262.74									
03	35216	REPAIR BLOOD VESSEL LESION	1,313.68									
07	35216	REPAIR BLOOD VESSEL LESION	1,576.42	00 15								
02	35221	REPAIR BLOOD VESSEL LESION	196.39									
03	35221	REPAIR BLOOD VESSEL LESION	981.97									
07	35221	REPAIR BLOOD VESSEL LESION	1,178.36	00 15								
02	35226	REPAIR BLOOD VESSEL LESION	118.05									
03	35226	REPAIR BLOOD VESSEL LESION	590.25									
07	35226	REPAIR BLOOD VESSEL LESION	708.29	00 15								
02	35231	REPAIR BLOOD VESSEL LESION	164.15									
03	35231	REPAIR BLOOD VESSEL LESION	820.76									
07	35231	REPAIR BLOOD VESSEL LESION	984.91	00 15								
02	35236	REPAIR BLOOD VESSEL LESION	137.11									
03	35236	REPAIR BLOOD VESSEL LESION	685.55									
07	35236	REPAIR BLOOD VESSEL LESION	822.66	00 15								
02	35241	REPAIR BLOOD VESSEL LESION	198.59									
03	35241	REPAIR BLOOD VESSEL LESION	992.93									
07	35241	REPAIR BLOOD VESSEL LESION	1,191.52	00 15								
02	35246	REPAIR BLOOD VESSEL LESION	216.18									
03	35246	REPAIR BLOOD VESSEL LESION	1,080.89									
07	35246	REPAIR BLOOD VESSEL LESION	1,297.06	00 15								
02	35251	REPAIR BLOOD VESSEL LESION	233.87									
03	35251	REPAIR BLOOD VESSEL LESION	1,169.34									
07	35251	REPAIR BLOOD VESSEL LESION	1,403.21	00 15								
02	35256	REPAIR BLOOD VESSEL LESION	144.35									
03	35256	REPAIR BLOOD VESSEL LESION	721.75									
07	35256	REPAIR BLOOD VESSEL LESION	866.10	00 15								
02	35261	REPAIR BLOOD VESSEL LESION	145.66									
03	35261	REPAIR BLOOD VESSEL LESION	728.31									
07	35261	REPAIR BLOOD VESSEL LESION	873.97	00 15								
02	35266	REPAIR BLOOD VESSEL LESION	120.69									
03	35266	REPAIR BLOOD VESSEL LESION	603.43									
07	35266	REPAIR BLOOD VESSEL LESION	724.11	00 15								
02	35271	REPAIR BLOOD VESSEL LESION	189.57									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	35271	REPAIR BLOOD VESSEL LESION	947.86									
07	35271	REPAIR BLOOD VESSEL LESION	1,137.43	00 15								
02	35276	REPAIR BLOOD VESSEL LESION	199.28									
03	35276	REPAIR BLOOD VESSEL LESION	996.38									
07	35276	REPAIR BLOOD VESSEL LESION	1,195.65	00 15								
02	35281	REPAIR BLOOD VESSEL LESION	223.24									
03	35281	REPAIR BLOOD VESSEL LESION	1,116.19									
07	35281	REPAIR BLOOD VESSEL LESION	1,339.44	00 15								
02	35286	REPAIR BLOOD VESSEL LESION	132.14									
03	35286	REPAIR BLOOD VESSEL LESION	660.70									
07	35286	REPAIR BLOOD VESSEL LESION	792.83	00 15								
02	35301	RECHANNELING OF ARTERY	148.51									
03	35301	RECHANNELING OF ARTERY	742.56									
07	35301	RECHANNELING OF ARTERY	891.08	00 15								
02	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	158.45									
03	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	792.27									
07	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	950.73	00 15								
02	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	174.41									
03	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	872.05									
07	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,046.46	00 15								
02	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	181.44									
03	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	907.18									
07	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,088.61	00 15								
02	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	174.23									
03	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	871.13									
07	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,045.35	00 15								
02	35306	THROMBOENDARTERECTOMY, INCLUDING P +	65.65									X
03	35306	THROMBOENDARTERECTOMY, INCLUDING P +	328.23									X
07	35306	THROMBOENDARTERECTOMY, INCLUDING P +	393.88	00 15								X
02	35311	RECHANNELING OF ARTERY	212.53									
03	35311	RECHANNELING OF ARTERY	1,062.63									
07	35311	RECHANNELING OF ARTERY	1,275.16	00 15								
02	35321	RECHANNELING OF ARTERY	126.18									
03	35321	RECHANNELING OF ARTERY	630.91									
07	35321	RECHANNELING OF ARTERY	757.10	00 15								
02	35331	RECHANNELING OF ARTERY	208.72									
03	35331	RECHANNELING OF ARTERY	1,043.59									
07	35331	RECHANNELING OF ARTERY	1,252.31	00 15								
02	35341	RECHANNELING OF ARTERY	196.79									
03	35341	RECHANNELING OF ARTERY	983.93									
07	35341	RECHANNELING OF ARTERY	1,180.71	00 15								
02	35351	RECHANNELING OF ARTERY	182.81									
03	35351	RECHANNELING OF ARTERY	914.07									
07	35351	RECHANNELING OF ARTERY	1,096.88	00 15								
02	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	148.30									
03	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	741.52									

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	889.82	00 15								
02	35361	RECHANNELING OF ARTERY	225.02									
03	35361	RECHANNELING OF ARTERY	1,125.09									
07	35361	RECHANNELING OF ARTERY	1,350.11	00 15								
02	35363	THROMBOENDARECTOMY/COMB.AORTOILIO	244.41									
03	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,222.05									
07	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,466.47	00 15								
02	35371	RECHANNELING OF ARTERY	116.73									
03	35371	RECHANNELING OF ARTERY	583.67									
07	35371	RECHANNELING OF ARTERY	700.40	00 15								
02	35372	SEE 35301; DEEP (PRODUNDA) FEMORAL	140.33									
03	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	701.63									
07	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	841.97	00 15								
02	35390	REOPERATION, CAROTID, THROMBOENDARTE	23.08									
03	35390	REOPERATION, CAROTID, THROMBOENDARTE	115.42									
07	35390	REOPERATION, CAROTID, THROMBOENDARTE	138.50	00 15								
03	35400	ANGIOSCOPY	109.06									
07	35400	ANGIOSCOPY	130.87	00 15								
02	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	73.44									
03	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	367.22									
07	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	440.67	00 15								
02	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	51.04									
03	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	255.21									
07	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	306.25	00 15								
03	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	347.75									
07	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	417.29	00 15								
02	35460	TRANSLUMINAL ANGIOPLASTY, OPEN	44.42									
03	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	222.11									
07	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	266.53	00 15								
03	35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	1,952.79									
07	35471	TRANSLUMINAL BALLOON ANGIOPLASTY, PE	2,343.34	00 15								
03	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,355.16									
07	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,626.19	00 15								
03	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,402.63									
07	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,683.16	00 15								
03	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,054.97									
07	35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	1,265.96	00 15								
02	35500	HARVEST VEIN FOR BYPASS	46.25									
03	35500	HARVEST VEIN FOR BYPASS	231.25									
07	35500	HARVEST VEIN FOR BYPASS	277.50	00 15								
02	35501	ARTERY BYPASS GRAFT	221.36									
03	35501	ARTERY BYPASS GRAFT	1,106.82									
07	35501	ARTERY BYPASS GRAFT	1,328.18	00 15								
02	35506	ARTERY BYPASS GRAFT	187.68									
03	35506	ARTERY BYPASS GRAFT	938.38									
07	35506	ARTERY BYPASS GRAFT	1,126.06	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	193.57									
03	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	967.84									
07	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,161.40	00 15								
02	35509	ARTERY BYPASS GRAFT	212.82									
03	35509	ARTERY BYPASS GRAFT	1,064.11									
07	35509	ARTERY BYPASS GRAFT	1,276.94	00 15								
02	35510	ARTERY BYPASS GRAFT	177.16									
03	35510	ARTERY BYPASS GRAFT	885.78									
07	35510	ARTERY BYPASS GRAFT	1,062.94	00 15								
02	35511	ARTERY BYPASS GRAFT	167.71									
03	35511	ARTERY BYPASS GRAFT	838.55									
07	35511	ARTERY BYPASS GRAFT	1,006.25	00 15								
02	35512	ARTERY BYPASS GRAFT	172.85									
03	35512	ARTERY BYPASS GRAFT	864.23									
07	35512	ARTERY BYPASS GRAFT	1,037.07	00 15								
02	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	187.51									
03	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	937.55									
07	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,125.06	00 15								
02	35516	ARTERY BYPASS GRAFT	171.55									
03	35516	ARTERY BYPASS GRAFT	857.76									
07	35516	ARTERY BYPASS GRAFT	1,029.31	00 15								
02	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	170.85									
03	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	854.24									
07	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,025.09	00 15								
02	35521	ARTERY BYPASS GRAFT	179.80									
03	35521	ARTERY BYPASS GRAFT	898.99									
07	35521	ARTERY BYPASS GRAFT	1,078.79	00 15								
02	35522	ARTERY BYPASS GRAFT	168.84									
03	35522	ARTERY BYPASS GRAFT	844.21									
07	35522	ARTERY BYPASS GRAFT	1,013.04	00 15								
02	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	178.40									
03	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	891.98									
07	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,070.37	00 15								
02	35525	ARTERY BYPASS GRAFT	158.64									
03	35525	ARTERY BYPASS GRAFT	793.20									
07	35525	ARTERY BYPASS GRAFT	951.85	00 15								
02	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	234.70									
03	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,173.52									
07	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,408.22	00 15								
02	35531	ARTERY BYPASS GRAFT	287.74									
03	35531	ARTERY BYPASS GRAFT	1,438.69									
07	35531	ARTERY BYPASS GRAFT	1,726.43	00 15								
02	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	222.32									
03	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,111.58									
07	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,333.89	00 15								
02	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	285.28									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,426.41									
07	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,711.69	00 15								
02	35536	ARTERY BYPASS GRAFT	248.34									
03	35536	ARTERY BYPASS GRAFT	1,241.70									
07	35536	ARTERY BYPASS GRAFT	1,490.04	00 15								
02	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	308.04									
03	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,540.18									
07	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,848.22	00 15								
02	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	345.69									
03	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	1,728.43									
07	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,074.11	00 15								
02	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	321.00									
03	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,604.98									
07	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,925.97	00 15								
02	35540	BYPASS GRAFT,WITH VEIN;AORTOBIFEMO	359.57									
03	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	1,797.86									
07	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,157.44	00 15								
02	35556	ARTERY BYPASS GRAFT	195.92									
03	35556	ARTERY BYPASS GRAFT	979.60									
07	35556	ARTERY BYPASS GRAFT	1,175.53	00 15								
02	35558	ARTERY BYPASS GRAFT	173.60									
03	35558	ARTERY BYPASS GRAFT	868.00									
07	35558	ARTERY BYPASS GRAFT	1,041.59	00 15								
02	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	253.40									
03	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,267.02									
07	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,520.43	00 15								
02	35563	ARTERY BYPASS GRAFT	194.04									
03	35563	ARTERY BYPASS GRAFT	970.18									
07	35563	ARTERY BYPASS GRAFT	1,164.21	00 15								
02	35565	ARTERY BYPASS GRAFT	187.70									
03	35565	ARTERY BYPASS GRAFT	938.49									
07	35565	ARTERY BYPASS GRAFT	1,126.18	00 15								
02	35566	ARTERY BYPASS GRAFT	235.43									
03	35566	ARTERY BYPASS GRAFT	1,177.13									
07	35566	ARTERY BYPASS GRAFT	1,412.56	00 15								
02	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	220.03									
03	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,100.13									
07	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,320.15	00 15								
02	35571	ARTERY BYPASS GRAFT	190.57									
03	35571	ARTERY BYPASS GRAFT	952.85									
07	35571	ARTERY BYPASS GRAFT	1,143.43	00 15								
02	35572	HARVEST FEMOROPOPLITEAL VEIN	49.98									
03	35572	HARVEST FEMOROPOPLITEAL VEIN	249.88									
07	35572	HARVEST FEMOROPOPLITEAL VEIN	299.87	00 15								
02	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	202.34									
03	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,011.72									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,214.07	00 15								
02	35585	IN-SITU BYPASS;FEM.-ANTER,POST,PERON	237.37									
03	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,186.84									
07	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,424.20	00 15								
02	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	196.43									
03	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	982.16									
07	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,178.60	00 15								
02	35600	HARVEST ARTERY FOR CABG	36.74									
03	35600	HARVEST ARTERY FOR CABG	183.72									
07	35600	HARVEST ARTERY FOR CABG	220.47	00 15								
02	35601	ARTERY BYPASS GRAFT	204.60									
03	35601	ARTERY BYPASS GRAFT	1,022.99									
07	35601	ARTERY BYPASS GRAFT	1,227.59	00 15								
02	35606	ARTERY BYPASS GRAFT	166.24									
03	35606	ARTERY BYPASS GRAFT	831.20									
07	35606	ARTERY BYPASS GRAFT	997.44	00 15								
02	35612	ARTERY BYPASS GRAFT	129.65									
03	35612	ARTERY BYPASS GRAFT	648.24									
07	35612	ARTERY BYPASS GRAFT	777.89	00 15								
02	35616	ARTERY BYPASS GRAFT	158.70									
03	35616	ARTERY BYPASS GRAFT	793.48									
07	35616	ARTERY BYPASS GRAFT	952.18	00 15								
02	35621	ARTERY BYPASS GRAFT	157.56									
03	35621	ARTERY BYPASS GRAFT	787.78									
07	35621	ARTERY BYPASS GRAFT	945.35	00 15								
02	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	193.22									
03	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	966.08									
07	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,159.30	00 15								
02	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	221.73									
03	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,108.65									
07	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,330.38	00 15								
02	35631	ARTERY BYPASS GRAFT	265.06									
03	35631	ARTERY BYPASS GRAFT	1,325.32									
07	35631	ARTERY BYPASS GRAFT	1,590.38	00 15								
02	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	270.82									
03	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,354.09									
07	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,624.91	00 15								
02	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	292.53									
03	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,462.63									
07	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,755.15	00 15								
02	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	265.02									
03	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,325.12									
07	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,590.14	00 15								
02	35636	ARTERY BYPASS GRAFT	234.70									
03	35636	ARTERY BYPASS GRAFT	1,173.48									
07	35636	ARTERY BYPASS GRAFT	1,408.18	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	243.21									
03	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,216.06									
07	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,459.27	00 15								
02	35638	BYPASS GRAFT WITH OTHER THAN VIEN;	248.39									
03	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,241.94									
07	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,490.33	00 15								
02	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	146.03									
03	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	730.15									
07	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	876.18	00 15								
02	35645	BYPASS GRAFT;NOT1VEIN;SUBCLAV-VERTEB	139.21									
03	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	696.03									
07	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	835.24	00 15								
02	35646	ARTERY BYPASS GRAFT	245.13									
03	35646	ARTERY BYPASS GRAFT	1,225.67									
07	35646	ARTERY BYPASS GRAFT	1,470.81	00 15								
02	35647	ARTERY BYPASS GRAFT	221.81									
03	35647	ARTERY BYPASS GRAFT	1,109.03									
07	35647	ARTERY BYPASS GRAFT	1,330.83	00 15								
02	35650	BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	151.58									
03	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	757.88									
07	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	909.44	00 15								
02	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEM	195.80									
03	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	979.01									
07	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,174.81	00 15								
02	35656	ARTERY BYPASS GRAFT	154.21									
03	35656	ARTERY BYPASS GRAFT	771.04									
07	35656	ARTERY BYPASS GRAFT	925.25	00 15								
02	35661	ARTERY BYPASS GRAFT	154.14									
03	35661	ARTERY BYPASS GRAFT	770.70									
07	35661	ARTERY BYPASS GRAFT	924.84	00 15								
02	35663	ARTERY BYPASS GRAFT	178.84									
03	35663	ARTERY BYPASS GRAFT	894.22									
07	35663	ARTERY BYPASS GRAFT	1,073.06	00 15								
02	35665	ARTERY BYPASS GRAFT	167.64									
03	35665	ARTERY BYPASS GRAFT	838.21									
07	35665	ARTERY BYPASS GRAFT	1,005.86	00 15								
02	35666	ARTERY BYPASS GRAFT	180.42									
03	35666	ARTERY BYPASS GRAFT	902.09									
07	35666	ARTERY BYPASS GRAFT	1,082.51	00 15								
02	35671	ARTERY BYPASS GRAFT	158.91									
03	35671	ARTERY BYPASS GRAFT	794.54									
07	35671	ARTERY BYPASS GRAFT	953.45	00 15								
02	35681	BYPASS GRAFT, COMPOSITE, PROSTH/VEIN	11.54									
03	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	57.72									
07	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	69.26	00 15								
02	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2	51.55									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	257.77										
07	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	309.32	00	15								
02	35683	AUTOG COMPO >/=3 VENSGMTS/./=2	60.79										
03	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	303.96										
07	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	364.75	00	15								
02	35685	BYPASS GRAFT PATENCY/PATCH	28.95										
03	35685	BYPASS GRAFT PATENCY/PATCH	144.77										
07	35685	BYPASS GRAFT PATENCY/PATCH	173.74	00	15								
02	35686	BYPASS GRAFT/AV FIST PATENCY	24.19										
03	35686	BYPASS GRAFT/AV FIST PATENCY	120.94										
07	35686	BYPASS GRAFT/AV FIST PATENCY	145.13	00	15								
02	35691	TRANSPOSITION AND/OR REIMPLANTATION;	140.35										
03	35691	TRANSPOSITION AND/OR REIMPLANTATION;	701.74										
07	35691	TRANSPOSITION AND/OR REIMPLANTATION;	842.08	00	15								
02	35693	TRANSPOSITION AND/OR REIMPLANTATION;	124.02										
03	35693	TRANSPOSITION AND/OR REIMPLANTATION;	620.10										
07	35693	TRANSPOSITION AND/OR REIMPLANTATION;	744.12	00	15								
02	35694	TRANSPOSITION AND/OR REIMPLANTATION;	145.27										
03	35694	TRANSPOSITION AND/OR REIMPLANTATION;	726.35										
07	35694	TRANSPOSITION AND/OR REIMPLANTATION;	871.62	00	15								
02	35695	TRANSPOSITION AND/OR REIMPLANTATION;	151.18										
03	35695	TRANSPOSITION AND/OR REIMPLANTATION;	755.91										
07	35695	TRANSPOSITION AND/OR REIMPLANTATION;	907.09	00	15								
02	35697	REIMPLANT ARTERY EACH	21.54										
03	35697	REIMPLANT ARTERY EACH	107.68										
07	35697	REIMPLANT ARTERY EACH	129.21	00	15								
02	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	22.19										
03	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	110.93										
07	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	133.11	00	15								
02	35701	EXPLORATION, CAROTID ARTERY	74.40										
03	35701	EXPLORATION, CAROTID ARTERY	371.98										
07	35701	EXPLORATION, CAROTID ARTERY	446.38	00	15								
02	35721	EXPLORATION, FEMORAL ARTERY	63.28										
03	35721	EXPLORATION, FEMORAL ARTERY	316.39										
07	35721	EXPLORATION, FEMORAL ARTERY	379.68	00	15								
02	35741	EXPLORATION POPLITEAL ARTERY	69.40										
03	35741	EXPLORATION POPLITEAL ARTERY	346.99										
07	35741	EXPLORATION POPLITEAL ARTERY	416.38	00	15								
02	35761	EXPLORATION OF ARTERY/VEIN	50.86										
03	35761	EXPLORATION OF ARTERY/VEIN	254.28										
07	35761	EXPLORATION OF ARTERY/VEIN	305.13	00	15								
02	35800	EXPLORE NECK VESSELS	65.64										
03	35800	EXPLORE NECK VESSELS	328.20										
07	35800	EXPLORE NECK VESSELS	393.84	00	15								
02	35820	EXPLORE CHEST VESSELS	257.44										
03	35820	EXPLORE CHEST VESSELS	1,287.20										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	35820	EXPLORE CHEST VESSELS	1,544.64	00 15								
02	35840	EXPLORE ABDOMINAL VESSELS	86.18									
03	35840	EXPLORE ABDOMINAL VESSELS	430.89									
07	35840	EXPLORE ABDOMINAL VESSELS	517.08	00 15								
02	35860	EXPLORE LIMB VESSELS	55.41									
03	35860	EXPLORE LIMB VESSELS	277.06									
07	35860	EXPLORE LIMB VESSELS	332.47	00 15								
02	35870	REPAIR OF GRAFT-ENTERIC FISTULA	181.55									
03	35870	REPAIR OF GRAFT-ENTERIC FISTULA	907.76									
07	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,089.32	00 15								
02	35875	THROMBECTOMY OF ARTERIAL GRAFT	83.38									
03	35875	THROMBECTOMY OF ARTERIAL GRAFT	416.89									
07	35875	THROMBECTOMY OF ARTERIAL GRAFT	500.26	00 15								
02	35876	THROMBECTOMY OF ARTERIAL OR VE	134.13									
03	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	670.67									
07	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	804.81	00 15								
02	35879	REVISE GRAFT W/VEIN	131.13									
03	35879	REVISE GRAFT W/VEIN	655.63									
07	35879	REVISE GRAFT W/VEIN	786.77	00 15								
02	35881	REVISE GRAFT W/VEIN	145.83									
03	35881	REVISE GRAFT W/VEIN	729.15									
07	35881	REVISE GRAFT W/VEIN	874.97	00 15								
02	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	170.72									
03	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	853.61									
07	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,024.33	00 15								
02	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	180.27									
03	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	901.37									
07	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,081.65	00 15								
02	35901	EXCISION OF INFECTED GRAFT;	69.54									
03	35901	EXCISION OF INFECTED GRAFT;	347.72									
07	35901	EXCISION OF INFECTED GRAFT;	417.26	00 15								
02	35903	EXCISION OF INFECTED GRAFT;	78.70									
03	35903	EXCISION OF INFECTED GRAFT;	393.52									
07	35903	EXCISION OF INFECTED GRAFT;	472.22	00 15								
02	35905	EXCISION OF INFECTED GRAFT;	247.64									
03	35905	EXCISION OF INFECTED GRAFT;	1,238.21									
07	35905	EXCISION OF INFECTED GRAFT;	1,485.85	00 15								
02	35907	EXCISION OF INFECTED GRAFT;	273.06									
03	35907	EXCISION OF INFECTED GRAFT;	1,365.28									
07	35907	EXCISION OF INFECTED GRAFT;	1,638.34	00 15								
03	36000	ESTABLISH ACCESS TO VEIN	15.95		X							X
07	36000	ESTABLISH ACCESS TO VEIN	19.14	00 15	X							X
03	36002	PSEUDOANEURYSM INJECTION TRT	110.93									
07	36002	PSEUDOANEURYSM INJECTION TRT	133.11	00 15								
03	36005	INJECTION PROCEDURE FOR CONTRAST VEN	210.91									
07	36005	INJECTION PROCEDURE FOR CONTRAST VEN	253.08	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	36010	ESTABLISH ACCESS TO VEIN	367.55									
07	36010	ESTABLISH ACCESS TO VEIN	441.07	00 15								
03	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	579.31									
07	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	695.17	00 15								
03	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	546.29									
07	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	655.55	00 15								
03	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	502.76									
07	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	603.32	00 15								
03	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	525.21									
07	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	630.26	00 15								
03	36015	SELECTIVE CATHETER PLACEMENT, EACH S	576.57									
07	36015	SELECTIVE CATHETER PLACEMENT, EACH S	691.88	00 15								
03	36100	ESTABLISH ACCESS TO ARTERY	338.49									X
07	36100	ESTABLISH ACCESS TO ARTERY	406.18	00 15								X
03	36120	ESTABLISH ACCESS TO ARTERY	277.87									X
07	36120	ESTABLISH ACCESS TO ARTERY	333.44	00 15								X
03	36140	ESTABLISH ACCESS TO ARTERY	306.33									X
07	36140	ESTABLISH ACCESS TO ARTERY	367.59	00 15								X
03	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	525.83									
07	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	630.99	00 15								
03	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	164.71									X
07	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	197.65	00 15								X
03	36160	ESTABLISH ACCESS TO AORTA	338.73									
07	36160	ESTABLISH ACCESS TO AORTA	406.47	00 15								
03	36200	INTRODUCTION OF CATHETER, AORTA	410.75									
07	36200	INTRODUCTION OF CATHETER, AORTA	492.90	00 15								
03	36215	INTRODUCE CATHETER; EACH ADD....	720.23									X
07	36215	INTRODUCE CATHETER; EACH ADD....	864.28	00 15								X
03	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	787.78									
07	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	945.34	00 15								
03	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,275.85									
07	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,531.02	00 15								
03	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	121.63									
07	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	145.95	00 15								
03	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	750.77									
07	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	900.92	00 15								
03	36222	SELECTIVE CATHETER PLACEMENT, COMMON	931.01									X
07	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,117.22	00 15								X
03	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,018.43									X
07	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,222.12	00 15								X
03	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,106.28									X
07	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,327.54	00 15								X
03	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,011.11									X
07	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,213.33	00 15								X
03	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,127.47									X
07	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,352.96	00 15								X

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	165.23										X
07	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	198.27	00	15								X
03	36228	SELECTIVE CATHETER PLACEMENT, EACH I	773.58										X
07	36228	SELECTIVE CATHETER PLACEMENT, EACH I	928.30	00	15								X
03	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	792.98										X
07	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	951.58	00	15								X
03	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	781.84										
07	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	938.21	00	15								
03	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,220.34										
07	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,464.41	00	15								
03	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	105.11										
07	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	126.13	00	15								
03	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	947.23										
07	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,136.68	00	15								
03	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,042.49										
07	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,250.99	00	15								
03	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,447.61										
07	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,737.13	00	15								
03	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,506.81										
07	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,808.17	00	15								
03	36260	INSERT IMPLANTABLE FUSION PUMP	396.33										
07	36260	INSERT IMPLANTABLE FUSION PUMP	475.60	00	15								
02	36261	REVISION OF IMPLANTED INFUSION	47.91										
03	36261	REVISION OF IMPLANTED INFUSION PUMP	239.57										
07	36261	REVISION OF IMPLANTED INFUSION PUMP	287.48	00	15								
03	36262	REMOVAL OF IMPLANTED INFUSION PUMP	181.97										
07	36262	REMOVAL OF IMPLANTED INFUSION PUMP	218.35	00	15								
03	36299	UNLISTED VASCULAR INJECTION	261.00			X							
07	36299	UNLISTED VASCULAR INJECTION	261.00	00	15	X							
03	36400	ESTABLISH ACCESS TO VEIN	17.06	00	02				X				X
07	36400	ESTABLISH ACCESS TO VEIN	20.47	00	02				X				X
03	36405	ESTABLISH ACCESS TO VEIN	15.46	00	02				X				X
07	36405	ESTABLISH ACCESS TO VEIN	18.55	00	02				X				X
03	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	10.91	00	02				X				X
07	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	13.09	00	02				X				X
03	36410	ESTABLISH ACCESS TO VEIN	12.05	03	99				X				
07	36410	ESTABLISH ACCESS TO VEIN	14.46	03	15				X				
03	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.17						X				X
07	36415	VENIPUNCTURE MULTIPLE PATIENTS	2.61	00	15				X				X
03	36416	CAPILLARY BLOOD DRAW	2.56						X				
07	36416	CAPILLARY BLOOD DRAW	2.56	00	15				X				
03	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	33.76	00	00								X
07	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	40.51	00	00								X
03	36425	ESTABLISH ACCESS TO VEIN	26.54	01	99								X
07	36425	ESTABLISH ACCESS TO VEIN	31.84	01	15								X
03	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	22.97										X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	27.56	00 15								X
03	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	35.66	00 01								X
07	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	42.80	00 01								X
03	36450	EXCHANGE TRANSFUSION SERVICE	81.52									X
07	36450	EXCHANGE TRANSFUSION SERVICE	97.83	00 15								X
03	36455	EXCHANGE TRANSFUSION SERVICE	88.33									X
07	36455	EXCHANGE TRANSFUSION SERVICE	106.00	00 15								X
02	36460	TRANSFUSION SERVICE, FETAL	46.88									
03	36460	TRANSFUSION SERVICE, FETAL	234.40									X
07	36460	TRANSFUSION SERVICE, FETAL	281.28	00 15								X
03	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	8.69									X
07	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	8.69	00 15								X
03	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	10.43		X							X
07	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	10.43	00 15	X							X
03	36470	INJECTION THERAPY OF VEIN	87.03									
07	36470	INJECTION THERAPY OF VEIN	104.43	00 15								
03	36471	INJECTION THERAPY OF VEINS	108.41									
07	36471	INJECTION THERAPY OF VEINS	130.10	00 15								
03	36475	ENDOVENOUS RF, 1ST VEIN	1,102.15									
07	36475	ENDOVENOUS RF, 1ST VEIN	1,322.58	00 15								
03	36476	ENDOVENOUS RF, VEIN ADD-ON	243.25									
07	36476	ENDOVENOUS RF, VEIN ADD-ON	291.90	00 15								
03	36478	ENDOVENOUS LASER, 1ST VEIN	912.41									
07	36478	ENDOVENOUS LASER, 1ST VEIN	1,094.88	00 15								
03	36479	ENDOVENOUS LASER VEIN ADDON	255.18									
07	36479	ENDOVENOUS LASER VEIN ADDON	306.21	00 15								
03	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	283.08									
07	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	339.69	00 15								
03	36500	VEIN CATH/SELECT. ORGAN SAMPLE	126.66									
07	36500	VEIN CATH/SELECT. ORGAN SAMPLE	152.00	00 15								
03	36510	UMBILICAL CATH-DX/THER/NEWBORN	70.50	00 01								
07	36510	UMBILICAL CATH-DX/THER/NEWBORN	84.60	00 01								
03	36511	APHERESIS WBC	61.55									
07	36511	APHERESIS WBC	73.86	00 15								
03	36512	APHERESIS RBC	62.47									
07	36512	APHERESIS RBC	74.97	00 15								
03	36513	APHERESIS PLATELETS	65.03									
07	36513	APHERESIS PLATELETS	78.03	00 15								
03	36514	APHERESIS PLASMA	320.58									
07	36514	APHERESIS PLASMA	384.69	00 15								
03	36515	APHERESIS, ADSORP/REINFUSE	1,179.53									
07	36515	APHERESIS, ADSORP/REINFUSE	1,415.44	00 15								
03	36516	APHERESIS, SELECTIVE	1,332.97									
07	36516	APHERESIS, SELECTIVE	1,599.57	00 15								
03	36522	PHOTOPHERESIS,EXTRACORPOREAL	834.74									
07	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,001.68	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	36555	INSERT NON-TUNNEL CV CATH	175.61	00 04								
07	36555	INSERT NON-TUNNEL CV CATH	210.72	00 04								
03	36556	INSERT NON-TUNNEL CV CATH	151.21	05 99								
07	36556	INSERT NON-TUNNEL CV CATH	181.44	05 15								
03	36557	INSERT TUNNELED CV CATH	531.55	00 04								
07	36557	INSERT TUNNELED CV CATH	637.86	00 04								
03	36558	INSERT TUNNELED CV CATH	514.08	05 99								
07	36558	INSERT TUNNELED CV CATH	616.89	05 15								
03	36560	INSERT TUNNELED CV CATH	725.87	00 04								
07	36560	INSERT TUNNELED CV CATH	871.04	00 04								
03	36561	INSERT TUNNELED CV CATH	717.74	05 99								
07	36561	INSERT TUNNELED CV CATH	861.28	05 15								
03	36563	INSERT TUNNELED CV CATH	728.11									
07	36563	INSERT TUNNELED CV CATH	873.73	00 15								
03	36565	INSERT TUNNELED CV CATH	610.60									
07	36565	INSERT TUNNELED CV CATH	732.71	00 15								
03	36566	INSERT TUNNELED CV CATH	2,217.46									
07	36566	INSERT TUNNELED CV CATH	2,660.95	00 15								
03	36568	INSERT TUNNELED CV CATH	195.90	00 04								
07	36568	INSERT TUNNELED CV CATH	235.08	00 04								
03	36569	INSERT TUNNELED CV CATH	171.52	05 99								
07	36569	INSERT TUNNELED CV CATH	205.83	05 15								
03	36570	INSERT TUNNELED CV CATH	734.84	00 04								
07	36570	INSERT TUNNELED CV CATH	881.80	00 04								
03	36571	INSERT TUNNELED CV CATH	761.38	05 99								
07	36571	INSERT TUNNELED CV CATH	913.66	05 15								
03	36575	REPAIR TUNNELED CV CATH	101.55									
07	36575	REPAIR TUNNELED CV CATH	121.85	00 15								
03	36576	REPAIR TUNNELED CV CATH	229.41									
07	36576	REPAIR TUNNELED CV CATH	275.29	00 15								
03	36578	REPLACE TUNNELED CV CATH	317.31									
07	36578	REPLACE TUNNELED CV CATH	380.77	00 15								
03	36580	REPLACE TUNNELED CV CATH	146.72									
07	36580	REPLACE TUNNELED CV CATH	176.06	00 15								
03	36581	REPLACE TUNNELED CV CATH	472.67									
07	36581	REPLACE TUNNELED CV CATH	567.21	00 15								
03	36582	REPLACE TUNNELED CV CATH	659.98									
07	36582	REPLACE TUNNELED CV CATH	791.98	00 15								
03	36583	REPLACE TUNNELED CV CATH	660.38									
07	36583	REPLACE TUNNELED CV CATH	792.45	00 15								
03	36584	REPLACE TUNNELED CV CATH	144.30									
07	36584	REPLACE TUNNELED CV CATH	173.16	00 15								
03	36585	REPLACE TUNNELED CV CATH	676.15									
07	36585	REPLACE TUNNELED CV CATH	811.37	00 15								
03	36589	REMOVAL TUNNELED CV CATH	110.57									
07	36589	REMOVAL TUNNELED CV CATH	132.68	00 15								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	36590	REMOVAL TUNNELED CV CATH	179.14										
07	36590	REMOVAL TUNNELED CV CATH	214.96	00	15								
03	36591	COLLECTION OF BLOOD SPECIMEN FROM A	14.00										
07	36591	COLLECTION OF BLOOD SPECIMEN FROM A	16.80	00	15								
03	36592	COLLECTION OF BLOOD SPECIMEN USING E	15.38										
07	36592	COLLECTION OF BLOOD SPECIMEN USING E	18.45	00	15								
03	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	24.91										
07	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	29.90	00	15								
03	36595	MECH REMOV TUNNELED CV CATH	384.33										
07	36595	MECH REMOV TUNNELED CV CATH	461.20	00	15								
03	36596	MECH REMOV TUNNELED CV CATH	86.15										
07	36596	MECH REMOV TUNNELED CV CATH	103.38	00	15								
03	36597	REPOSITION VENOUS CATHETER	82.58										
07	36597	REPOSITION VENOUS CATHETER	99.09	00	15								
03	36598	INJ W/FLUOR, EVAL CV DEVICE	73.04										X
07	36598	INJ W/FLUOR, EVAL CV DEVICE	87.65	00	15								X
03	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	19.84										X
07	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	23.80	00	15								X
03	36620	ARTERIAL CATHETERIZATION OR CANNULAT	35.58										X
07	36620	ARTERIAL CATHETERIZATION OR CANNULAT	42.70	00	15								X
03	36625	ESTABLISH ACCESS TO ARTERY	74.04										
07	36625	ESTABLISH ACCESS TO ARTERY	88.85	00	15								
03	36640	INSERTION CATHETER, ARTERY	81.80										
07	36640	INSERTION CATHETER, ARTERY	98.16	00	15								
03	36660	INSERTION CATHETER, ARTERY	46.96										
07	36660	INSERTION CATHETER, ARTERY	56.35	00	15								
03	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	41.26										
07	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	49.52	00	15								
03	36800	INSERTION OF CANNULA	106.49										
07	36800	INSERTION OF CANNULA	127.78	00	15								
03	36810	INSERTION OF CANNULA	145.39										
07	36810	INSERTION OF CANNULA	174.47	00	15								
03	36815	INSERTION OF CANNULA	102.55										
07	36815	INSERTION OF CANNULA	123.06	00	15								
03	36818	AV FUSE, UPPR ARM, CEPHALIC	468.51										
07	36818	AV FUSE, UPPR ARM, CEPHALIC	562.21	00	15								
03	36819	AV FUSION BY BASILIC VEIN	550.87										
07	36819	AV FUSION BY BASILIC VEIN	661.04	00	15								
03	36820	INSERTION OF CANNULA	552.47										
07	36820	INSERTION FO CANNULA	662.97	00	15								
02	36821	ARTERY-VEIN FUSION	91.21										
03	36821	ARTERY-VEIN FUSION	456.03										
07	36821	ARTERY-VEIN FUSION	547.24	00	15								
03	36822	INSERT CANNULA(S),PROLONGED ECMO	253.93			X							X
07	36822	INSERT CANNULA(S),PROLONGED ECMO	304.72	00	15	X							X
03	36823	INSERTION CANNULA(S)	877.24									X	

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	36823	INSERTION CANNULA(S)	1,052.70	00 15							X	
02	36825	ARTERY-VEIN GRAFT	79.48									
03	36825	ARTERY-VEIN GRAFT	397.39									
07	36825	ARTERY-VEIN GRAFT	476.87	00 15								
02	36830	ARTERY-VEIN GRAFT	91.37									
03	36830	ARTERY-VEIN GRAFT	456.87									
07	36830	ARTERY-VEIN GRAFT	548.24	00 15								
03	36831	AV FISTULA EXCISION	314.32									
07	36831	AV FISTULA EXCISION	377.18	00 15								
02	36832	REVISION O ARTERIO FISTULA WW THROMB	80.49									
03	36832	REVISION O ARTERIO FISTULA WW THROMB	402.45									
07	36832	REVISION O ARTERIO FISTULA WW THROMB	482.94	00 15								
02	36833	AV FISTULA REVISION	91.02									
03	36833	AV FISTULA REVISION	455.10									
07	36833	AV FISTULA REVISION	546.12	00 15								
02	36835	ARTERY TO VEIN SHUNT	62.44									
03	36835	ARTERY TO VEIN SHUNT	312.20									
07	36835	ARTERY TO VEIN SHUNT	374.64	00 15								
02	36838	DIST REVAS LIGATION, HEMO	162.88									
03	36838	DIST REVAS LIGATION, HEMO	814.42									
07	36838	DIST REVAS LIGATION, HEMO	977.29	00 15								
03	36860	CANNULA DECLOTTING	123.22									
07	36860	CANNULA DECLOTTING	147.87	00 15								
03	36861	CANNULA DECLOTTING	102.66									
07	36861	CANNULA DECLOTTING	123.18	00 15								
03	36870	AV FISTULA REVISION, OPEN	1,142.60									
07	36870	AV FISTULA REVISION, OPEN	1,371.12	00 15								
02	37140	REVISION OF CIRCULATION	184.19									
03	37140	REVISION OF CIRCULATION	920.97									
07	37140	REVISION OF CIRCULATION	1,105.16	00 15								
02	37145	REVISION OF CIRCULATION	199.98									
03	37145	REVISION OF CIRCULATION	999.89									
07	37145	REVISION OF CIRCULATION	1,199.87	00 15								
02	37160	REVISION OF CIRCULATION	174.08									
03	37160	REVISION OF CIRCULATION	870.40									
07	37160	REVISION OF CIRCULATION	1,044.49	00 15								
02	37180	REVISION OF CIRCULATION	195.44									
03	37180	REVISION OF CIRCULATION	977.22									
07	37180	REVISION OF CIRCULATION	1,172.66	00 15								
02	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	210.94									
03	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,054.69									
07	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,265.62	00 15								
03	37182	INSERT HEPATIC SHUNT (TIP'S)	622.97									
07	37182	INSERT HEPATIC SHUNT (TIPS)	747.57	00 15								
03	37183	REMOVE HEPATIC SHUNT (TIPS)	295.91									
07	37183	REMOVE HEPATIC SHUNT (TIP'S)	355.09	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	37184	PRIM ART MECH THROMBECTOMY	1,509.89									
07	37184	PRIM ART MECH THROMBECTOMY	1,811.87	00 15								
03	37185	PRIM ART M-THROMBECT ADD-ON	500.58									X
07	37185	PRIM ART M-THROMBECT ADD-ON	600.70	00 15								X
03	37186	SEC ART M-THROMBECT ADD-ON	1,014.72									
07	37186	SEC ART M-THROMBECT ADD-ON	1,217.65	00 15								
03	37187	VENOUS MECH THROMBECTOMY	1,445.92									
07	37187	VENOUS MECH THROMBECTOMY	1,735.11	00 15								
03	37188	VENOUS M-THROMBECTOMY ADD-ON	1,225.11									
07	37188	VENOUS M-THROMBECTOMY ADD-ON	1,470.13	00 15								
02	37191	INSERTION OF INTRAVASCULAR VENA CAVA	342.08			X						
03	37191	INSERTION OF INTRAVASCULAR VENA CAVA	1,710.39			X						
07	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,052.47	00 15		X						
02	37192	REPOSITIONING OF INTRAVASCULAR VENA	231.57			X						
03	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,157.85			X						
07	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,389.42	00 15		X						
02	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	221.19			X						X
03	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,105.94			X						
07	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,327.13	00 15		X						
03	37195	THROMBOLYTIC THERAPY, STROKE	257.03									
07	37195	THROMBOLYTIC THERAPY, STROKE	257.03	00 15								
03	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,023.94									
07	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,228.73	00 15								
03	37200	TRANSCATHETER BIOPSY	165.56									
07	37200	TRANSCATHETER BIOPSY	198.68	00 15								
03	37202	TRANSCATHETER THERAPY, INFUSION OTHE	233.89									
07	37202	TRANSCATHETER THERAPY, INFUSION OTHE	280.67	00 15								
03	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	660.97		X							
07	37204	TRANSCATHETER OCCLUSION OR EMBOLIZAT	793.16	00 15	X							
03	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	2,064.55		X							
07	37205	TRANSCATHETER PLACEMENT OF AN INTRAV	2,477.46	00 15	X							
03	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	1,230.80		X							
07	37206	TRANSCATHETER PLACEMENT OF AN INTRAV	1,476.96	00 15	X							
02	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	61.06		X							
03	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	305.31		X							
07	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	366.37	00 15	X							
02	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	29.65		X							
03	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	148.25		X							
07	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	177.91	00 15	X							
03	37209	EXCHANGE ARTERIAL CATHETER	81.40									
03	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	2,195.87		X		F					
07	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	2,635.05	00 15	X		F					
03	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	278.02									X
07	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	333.64	00 15								X
03	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	245.44									X
07	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	294.52	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	171.63									X
07	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	205.95	00 15								X
03	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	100.34									X
07	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	120.40	00 15								X
03	37215	TRANSCATH STENT, CCA W/EPS	763.48									
07	37215	TRANSCATH STENT, CCA W/EPS	916.17	00 15								
03	37216	TRANSCATH STENT, CCA W/O EPS	780.19									
07	37216	TRANSCATH STENT, CCA W/O EPS	8.06	00 15								
02	37220	REVASCULARIZATION ENDOVASCULAR OPEN	324.59									X
03	37220	REVASCULARIZATION ENDOVASCULAR OPEN	1,622.94									X
07	37220	REVASCULARIZATION ENDOVASCULAR OPEN	1,947.52	00 15								X
02	37221	REVASCULARIZATION ENDOVASCULAR OPEN	479.62									X
03	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,398.08									X
07	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,877.69	00 15								X
02	37222	REVASCULARIZATION ENDOVASCULAR OPEN	93.61									X
03	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	468.06									X
07	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	561.67	00 15								X
02	37223	REVASCULARIZATION ENDOVASCULAR OPEN	476.02									X
03	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,380.11									X
07	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,856.12	00 15								X
02	37224	REVASCULARIZATION ENDOVASCULAR OPEN	389.95									X
03	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	1,949.74									X
07	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,339.68	00 15								X
02	37225	REVASCULARIZATION ENDOVASCULAR OPEN	1,100.56									X
03	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	5,502.81									X
07	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	6,603.37	00 15								X
02	37226	REVASCULARIZATION ENDOVASCULAR OPEN	921.65									X
03	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	4,608.26									X
07	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	5,529.92	00 15								X
02	37227	REVASCULARIZATION ENDOVASCULAR OPEN	1,487.90									X
03	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	7,439.48									X
07	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	8,927.38	00 15								X
02	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	554.97									X
03	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	2,774.84									X
07	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	3,329.80	00 15								X
02	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	1,091.23									X
03	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	5,456.14									X
07	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	6,547.36	00 15								X
02	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	857.54									X
03	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	4,287.70									X
07	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	5,145.23	00 15								X
02	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	1,375.79									X
03	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	6,878.95									X
07	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	8,254.74	00 15								X
02	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	124.67									X
03	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	623.35									X

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	748.02	00 15								X
02	37233	RESVASCULARIZATION, ENDOVASCULAR, OP	152.42									X
03	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	762.10									X
07	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	914.51	00 15								X
02	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	396.90									X
03	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	1,984.50									X
07	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	2,381.40	00 15								X
02	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	424.11									X
03	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	2,120.57									X
07	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	2,544.70	00 15								X
03	37250	INTRAVASCULAR US	77.67									
07	37250	INTRAVASCULAR US	93.20	00 15								
03	37251	INTRAVASCULAR US	58.17									X
07	37251	INTRAVASCULAR US	69.80	00 15								X
03	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	471.88									
07	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	566.26	00 15								
02	37501	VASCULAR ENDOSCOPY PROCEDURE	MP		X							
03	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X							
07	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP	00 15	X							
03	37565	LIGATION OF NECK VEIN	468.59									
07	37565	LIGATION OF NECK VEIN	562.30	00 15								
02	37600	LIGATION OF NECK ARTERY	95.98									
03	37600	LIGATION OF NECK ARTERY	479.89									
07	37600	LIGATION OF NECK ARTERY	575.86	00 15								
02	37605	LIGATION OF NECK ARTERY	110.47									
03	37605	LIGATION OF NECK ARTERY	552.34									
07	37605	LIGATION OF NECK ARTERY	662.80	00 15								
02	37606	LIGATION OF NECK ARTERY	71.63									
03	37606	LIGATION OF NECK ARTERY	358.15									
07	37606	LIGATION OF NECK ARTERY	429.79	00 15								
03	37607	LIGATION OR BANDING OF ANGIOACCESS A	255.43									
07	37607	LIGATION OR BANDING OF ANGIOACCESS A	306.51	00 15								
03	37609	TEMPORAL ARTERY PROCEDURE	185.27									
07	37609	TEMPORAL ARTERY PROCEDURE	222.32	00 15								
02	37615	LIGATION OF NECK ARTERY	62.74									
03	37615	LIGATION OF NECK ARTERY	313.70									
07	37615	LIGATION OF NECK ARTERY	376.44	00 15								
02	37616	LIGATE MAJOR ARTERY;CHEST	147.62									
03	37616	LIGATE MAJOR ARTERY,CHEST	738.10									
07	37616	LIGATE MAJOR ARTERY,CHEST	885.72	00 15								
02	37617	LIGATION OF ABDOMEN ARTERY	176.71									
03	37617	LIGATION OF ABDOMEN ARTERY	883.56									
07	37617	LIGATION OF ABDOMEN ARTERY	1,060.27	00 15								
02	37618	LIGATION OF EXTREMITY ARTERY	50.23									
03	37618	LIGATION OF EXTREMITY ARTERY	251.16									
07	37618	LIGATION OF EXTREMITY ARTERY	301.39	00 15								

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	37619	LIGATION OF INFERIOR VENA CAVA	224.72										
03	37619	LIGATION OF INFERIOR VENA CAVA	1,123.58										
07	37619	LIGATION OF INFERIOR VENA CAVA	1,348.30	00	15								
02	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	68.90										
03	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	344.48										
07	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	413.36	00	15								
02	37660	REVISION OF MAJOR VEIN	164.98										
03	37660	REVISION OF MAJOR VEIN	824.88										
07	37660	REVISION OF MAJOR VEIN	989.86	00	15								
03	37700	REVISE LEG VEIN	168.42										
07	37700	REVISE LEG VEIN	202.10	00	15								
03	37718	LIGATE/STRIP SHORT LEG VEIN	273.75										
07	37718	LIGATE/STRIP SHORT LEG VEIN	328.50	00	15								
03	37722	LIGATE/STRIP LONG LEG VEIN	322.03										
07	37722	LIGATE/STRIP LONG LEG VEIN	386.43	00	15								
03	37735	REMOVAL OF LEG VEINS/LESION	431.21										
07	37735	REMOVAL OF LEG VEINS/LESION	517.46	00	15								
03	37760	REVISION OF LEG VEINS	424.62										
07	37760	REVISION OF LEG VEINS	509.55	00	15								
03	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	404.03										
07	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	484.84	00	15								
03	37765	PHLEB VEINS - EXTREM - TO 20	300.73										
07	37765	PHLEB VEINS - EXTREM - TO 20	360.87	00	15								
03	37766	PHLEB VEINS - EXTREM 20+	365.68										
07	37766	PHLEB VEINS - EXTREM 20+	438.82	00	15								
03	37780	REVISION OF LEG VEIN	173.58										
07	37780	REVISION OF LEG VEIN	208.30	00	15								
03	37785	REVISION OF LEG VEIN	227.51										
07	37785	REVISION OF LEG VEIN	273.01	00	15								
02	37788	PENILE REVASCULARIZATION, ARTERY WIT	186.48					M					
03	37788	PENILE REVASCULARIZATION, ARTERY, WI	932.40										
07	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,118.88	00	15								
02	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	67.23										
03	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	336.16										
07	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	403.39	00	15								
02	37799	VASCULAR SURGERY PROCEDURE	MP			X							
03	37799	VASCULAR SURGERY PROCEDURE	MP			X							
07	37799	VASCULAR SURGERY PROCEDURE	MP	00	15	X							
02	38100	REMOVAL OF SPLEEN	142.50										
03	38100	REMOVAL OF SPLEEN	712.49										
07	38100	REMOVAL OF SPLEEN	855.00	00	15								
02	38101	SPLENECTOMY;PARTIAL	143.38										
03	38101	SPLENECTOMY;PARTIAL	716.91										
07	38101	SPLENECTOMY;PARTIAL	860.29	00	15								
02	38102	SPLENECTOMY;	34.44										
03	38102	SPLENECTOMY;	172.20										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	38102	SPLENECTOMY;	206.64	00 15								
02	38115	REP.RUP.SPLEEN-W/ORW/OUT SPLENECTOMY	158.50									
03	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	792.49									
07	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	950.99	00 15								
02	38120	LAPAROSCOPY SPLENECTOMY	132.26									X
03	38120	LAPAROSCOPY, SPLENECTOMY	661.28									
07	38120	LAPAROSCOPY, SPLENECTOMY	793.55	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	94.73									
07	38200	INJECTION FOR SPLEEN X-RAY	113.68	00 15								
03	38204	BL DONOR SEARCH MANAGEMENT	69.05								X	
07	38204	BL DONOR SEARCH MANAGEMENT	82.86	00 15							X	
03	38205	HARVEST ALLOGENIC STEM CELLS	54.59									
07	38205	HARVEST ALLOGENIC STEM CELLS	65.51	00 15								
03	38206	HARVEST AUTO STEM CELLS	54.59									
07	38206	HARVEST AUTO STEM CELLS	65.51	00 15								
03	38207	CRYOPRESERVE STEM CELLS	MP		X				X			
07	38207	CRYOPRESERVE STEM CELLS	MP	00 15	X							
03	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	MP		X				X			
07	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	MP	00 15	X							
03	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	MP		X				X			
07	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	MP	00 15	X							
03	38210	T-CELL DEPLETION OF HARVEST	MP		X				X			
07	38210	T-CELL DEPLETION OF HARVEST	MP	00 15	X							
03	38211	TUMOR CELL DEPLETE OF HARVST	MP		X				X			
07	38211	TUMOR CELL DEPLETE OF HARVST	MP	00 15	X							
03	38212	RBC DEPLETION OF HARVEST			X				X			
07	38212	RBC DEPLETION OF HARVEST	MP	00 15	X							
03	38213	PLATELET DEPLETE OF HARVEST	MP		X				X			
07	38213	PLATELET DEPLETE OF HARVEST	MP	00 15	X							
03	38214	VOLUME DEPLETE OF HARVEST	MP		X				X			
07	38214	VOLUME DEPLETE OF HARVEST	MP	00 15	X							
03	38215	HARVEST STEM CELL CONCENTRTE	MP		X				X			
07	38215	HARVEST STEM CELL CONCENTRTE	MP	00 15	X							
03	38220	BONE MARROW ASPIRATION	97.07									
07	38220	BONE MARROW ASPIRATION	116.48	00 15								
03	38221	BONE MARROW BIOPSY	108.32									
07	38221	BONE MARROW BIOPSY	129.98	00 15								
03	38230	BONE MARROW HARVESTING FOR TRANSPLAN	MP		X							
07	38230	BONE MARROW HARVESTING FOR TRANSPLAN	245.95	00 15	X							
03	38232	BONE MARROW HARVESTING FOR TRANSPLAN	124.95									
07	38232	BONE MARROW HARVESTING FOR TRANSPLAN	149.93	00 15								
03	38240	BONE MARROW TRANSPLANTATION	84.26									
07	38240	BONE MARROW TRANSPLANTATION	101.12	00 15								
03	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	84.73									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	108.68	00 15	X							
03	38242	LYMPHOCYTE INFUSE TRANSPLANT	64.21									
07	38242	LYMPHOCYTE INFUSE TRANSPLANT	77.06	00 15								
03	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	80.00									
07	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	96.00	00 15								
03	38300	DRAINAGE LYMPH NODE LESION	162.92									
07	38300	DRAINAGE LYMPH NODE LESION	195.49	00 15								
03	38305	DRAINAGE LYMPH NODE LESION	289.86									
07	38305	DRAINAGE LYMPH NODE LESION	347.83	00 15								
02	38308	INCISION OF LYMPH CHANNELS	55.88									
03	38308	INCISION OF LYMPH CHANNELS	279.42									
07	38308	INCISION OF LYMPH CHANNELS	335.29	00 15								
02	38380	THORACIC DUCT PROCEDURE	71.26									
03	38380	THORACIC DUCT PROCEDURE	356.31									
07	38380	THORACIC DUCT PROCEDURE	427.57	00 15								
02	38381	THORACIC DUCT PROCEDURE	107.88									
03	38381	THORACIC DUCT PROCEDURE	539.39									
07	38381	THORACIC DUCT PROCEDURE	647.26	00 15								
02	38382	SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	86.82									
03	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	434.12									
07	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	520.94	00 15								
03	38500	BIOPSY/REMOVAL OF LYMPH NODE	195.48									
07	38500	BIOPSY/REMOVAL OF LYMPH NODE	234.57	00 15								
03	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	80.06									
07	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	96.08	00 15								
03	38510	BIOPSY/REMOVAL OF LYMPH NODE	317.32									
07	38510	BIOPSY/REMOVAL OF LYMPH NODE	380.78	00 15								
03	38520	BIOPSY/REMOVAL OF LYMPH NODE	291.36									
07	38520	BIOPSY/REMOVAL OF LYMPH NODE	349.62	00 15								
03	38525	BX,EXCISE-DEEP AXILLARY NODES	264.41									
07	38525	BX,EXCISE-DEEP AXILLARY NODES	317.29	00 15								
02	38530	BIOPSY/REMOVAL OF LYMPH NODE	68.21									
03	38530	BIOPSY/REMOVAL OF LYMPH NODE	341.06									
07	38530	BIOPSY/REMOVAL OF LYMPH NODE	409.27	00 15								
02	38542	DISSECTION: DEEP JUGULAR NODE	64.42									
03	38542	DISSECTION: DEEP JUGULAR NODE	322.12									
07	38542	DISSECTION: DEEP JUGULAR NODE	386.54	00 15								
03	38550	REMOVAL NECK/ARMPIT LESION	300.21									
07	38550	REMOVAL NECK/ARMPIT LESION	360.25	00 15								
02	38555	REMOVAL NECK/ARMPIT LESION	125.27									
03	38555	REMOVAL NECK/ARMPIT LESION	626.34									
07	38555	REMOVAL NECK/ARMPIT LESION	751.62	00 15								
02	38562	LIM.LYMPHADECTOMY/STAGING;PELVIC	89.83									
03	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	449.13									
07	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	538.96	00 15								
02	38564	LIM.LYMPHADECTOMY/STAGE;RETROPERIT	89.57									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	447.83									
07	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	537.40	00 15								
02	38570	LAPAROSCOPY LYMPH NODE BIOP	73.17									
03	38570	LAPAROSCOPY, LYMPH NODE BIOP	365.87									
07	38570	LAPAROSCOPY, LYMPH NODE BIOP	439.05	00 15								
02	38571	LAPAROSCOPY LYMPHADENECTOMY	114.17									X
03	38571	LAPAROSCOPY, LYMPHADENECTOMY	570.83									
07	38571	LAPAROSCOPY, LYMPHADENECTOMY	684.99	00 15								
02	38572	LAPAROSCOPY LYMPHADENECTOMY	126.80									X
03	38572	LAPAROSCOPY, LYMPHADENECTOMY	633.98									
07	38572	LAPAROSCOPY, LYMPHADENECTOMY	760.77	00 15								
03	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X							
07	38589	LAPAROSCOPE PROC, LYMPHATIC	MP	00 15	X							
02	38700	REMOVAL OF LYMPH NODES, NECK	100.04									
03	38700	REMOVAL OF LYMPH NODES, NECK	500.22									
07	38700	REMOVAL OF LYMPH NODES, NECK	600.27	00 15								
02	38720	REMOVAL OF LYMPH NODES, NECK	166.50									
03	38720	REMOVAL OF LYMPH NODES, NECK	832.52									
07	38720	REMOVAL OF LYMPH NODES, NECK	999.02	00 15								
02	38724	CERVICAL LYMPHADENECTOMY	180.63									
03	38724	CERVICAL LYMPHADENECTOMY	903.15									
07	38724	CERVICAL LYMPHADENECTOMY	1,083.78	00 15								
02	38740	REMOVE ARMPIT LYMPH NODES	84.89									
03	38740	REMOVE ARMPIT LYMPH NODES	424.43									
07	38740	REMOVE ARMPIT LYMPH NODES	509.31	00 15								
02	38745	REMOVE ARMPITS LYMPH NODES	108.26									
03	38745	REMOVE ARMPITS LYMPH NODES	541.28									
07	38745	REMOVE ARMPITS LYMPH NODES	649.53	00 15								
02	38746	THORACIC LYMPHADENECTOMY BY THORACOT	36.06									
03	38746	THORACIC LYMPHADENECTOMY BY THORACOT	180.31									
07	38746	THORACIC LYMPHADENECTOMY BY THORACOT	216.37	00 15								
02	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	35.09									
03	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	175.46									
07	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	210.56	00 15								
02	38760	REMOVE GROIN LYMPH NODES	106.78									
03	38760	REMOVE GROIN LYMPH NODES	533.92									
07	38760	REMOVE GROIN LYMPH NODES	640.70	00 15								
02	38765	REMOVE GROIN LYMPH NODES	166.13									
03	38765	REMOVE GROIN LYMPH NODES	830.64									
07	38765	REMOVE GROIN LYMPH NODES	996.78	00 15								
02	38770	REMOVE PELVIS LYMPH NODES	110.70									
03	38770	REMOVE PELVIS LYMPH NODES	553.48									
07	38770	REMOVE PELVIS LYMPH NODES	664.18	00 15								
02	38780	REMOVE ABDOMEN LYMPH NODES	139.58									
03	38780	REMOVE ABDOMEN LYMPH NODES	697.92									
07	38780	REMOVE ABDOMEN LYMPH NODES	837.49	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	38790	INJECTION FOR LYMPHATIC XRAY	54.17									
07	38790	INJECTION FOR LYMPHATIC XRAY	65.00	00 15								
03	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	26.00									
07	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	31.19	00 15								
03	38794	ACCESS THORACIC LYMPH DUCT	203.31									
07	38794	ACCESS THORACIC LYMPH DUCT	243.97	00 15								
03	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	70.44									
07	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	84.53	00 15								
02	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X							
03	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X							
07	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP	00 15	X							
02	39000	EXPLORATION OF MEDIASTINUM	64.17									
03	39000	EXPLORATION OF MEDIASTINUM	320.85									
07	39000	EXPLORATION OF MEDIASTINUM	385.02	00 15								
02	39010	EXPLORATION OF MEDIASTINUM	107.19									
03	39010	EXPLORATION OF MEDIASTINUM	535.93									
07	39010	EXPLORATION OF MEDIASTINUM	643.11	00 15								
02	39200	RESECTION OF MEDIASTINAL CYST	119.17									
03	39200	RESECTION OF MEDIASTINAL CYST	595.87									
07	39200	RESECTION OF MEDIASTINAL CYST	715.04	00 15								
02	39220	RESECTION OF MEDIASTINAL TUMOR	153.28									
03	39220	RESECTION OF MEDIASTINAL TUMOR	766.39									
07	39220	RESECTION OF MEDIASTINAL TUMOR	919.66	00 15								
03	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	330.48									
07	39400	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	396.58	00 15								
02	39499	MEDIASTINAL PROCEDURE	MP		X							
03	39499	MEDIASTINAL PROCEDURE	MP		X							
07	39499	MEDIASTINAL PROCEDURE	MP	00 15	X							
02	39501	REPAIR,LACERAYION OF DIAPHRAGM	109.15									
03	39501	REPAIR, LACERATION OF DIAPHRAGM	545.77									
07	39501	REPAIR, LACERATION OF DIAPHRAGM	654.92	00 15								
02	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	766.94	00 00								
03	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	3,834.70	00 00								
07	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	4,601.64	00 00								
02	39540	REPAIR OF DIAPHRAGM HERNIA	111.66									
03	39540	REPAIR OF DIAPHRAGM HERNIA	558.30									
07	39540	REPAIR OF DIAPHRAGM HERNIA	669.96	00 15								
02	39541	REPAIR OF DIAPHRAGM HERNIA	120.44									
03	39541	REPAIR OF DIAPHRAGM HERNIA	602.19									
07	39541	REPAIR OF DIAPHRAGM HERNIA	722.64	00 15								
02	39545	REVISION OF DIAPHRAGM	118.13									
03	39545	REVISION OF DIAPHRAGM	590.66									
07	39545	REVISION OF DIAPHRAGM	708.78	00 15								
02	39560	RESECT DIAPHRAGM SIMPLE	102.22									X
03	39560	RESECT DIAPHRAGM, SIMPLE	511.10									
07	39560	RESECT DIAPHRAGM, SIMPLE	613.32	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	39561	RESECT DIAPHRAGM COMPLEX	158.73										
03	39561	RESECT DIAPHRAGM, COMPLEX	793.66										
07	39561	RESECT DIAPHRAGM, COMPLEX	952.39	00	15								
02	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X							
03	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X							
07	39599	DIAPHRAGM SURGERY PROCEDURE	MP	00	15	X							
03	40490	BIOPSY OF LIP	78.24										
07	40490	BIOPSY OF LIP	93.89	00	15								
03	40500	VERMILIONECTOMY (LIP SHAVE)	296.43										
07	40500	VERMILIONECTOMY (LIP SHAVE)	355.72	00	15								
03	40510	PARTIAL EXCISION OF LIP	289.68										
07	40510	PARTIAL EXCISION OF LIP	347.62	00	15								
03	40520	PARTIAL EXCISION OF LIP	297.39										
07	40520	PARTIAL EXCISION OF LIP	356.87	00	15								
03	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	350.58										
07	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	420.69	00	15								
03	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	414.43										
07	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	497.32	00	15								
03	40530	PARTIAL REMOVAL OF LIP	328.68										
07	40530	PARTIAL REMOVAL OF LIP	394.41	00	15								
03	40650	REPAIR LIP	245.91										
07	40650	REPAIR LIP	295.10	00	15								
03	40652	REPAIR LIP	289.96										
07	40652	REPAIR LIP	347.95	00	15								
03	40654	REPAIR LIP	342.66										
07	40654	REPAIR LIP	411.19	00	15								
03	40700	REPAIR CLEFT LIP	586.55										
07	40700	REPAIR CLEFT LIP	703.86	00	15								
03	40701	REPAIR CLEFT LIP	731.01										
07	40701	REPAIR CLEFT LIP	877.21	00	15								
03	40702	REPAIR CLEFT LIP	569.14										
07	40702	REPAIR CLEFT LIP	682.96	00	15								
03	40720	REPAIR CLEFT LIP	628.60										
07	40720	REPAIR CLEFT LIP	754.32	00	15								
03	40761	REPAIR CLEFT LIP	680.50										
07	40761	REPAIR CLEFT LIP	816.59	00	15								
03	40799	LIP SURGERY PROCEDURE	MP			X							
07	40799	LIP SURGERY PROCEDURE	MP	00	15	X							
03	40800	DRAINAGE OF MOUTH LESION	116.72										
07	40800	DRAINAGE OF MOUTH LESION	140.06	00	15								
03	40801	DRAINAGE OF MOUTH LESION	182.22										
07	40801	DRAINAGE OF MOUTH LESION	218.65	00	15								
03	40804	REMOVAL FOREIGN BODY, MOUTH	119.00										
07	40804	REMOVAL FOREIGN BODY, MOUTH	142.80	00	15								
03	40805	REMOVAL FOREIGN BODY, MOUTH	190.99										
07	40805	REMOVAL FOREIGN BODY, MOUTH	229.18	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	40806	INCISION OF LIP FOLD	60.66										
07	40806	INCISION OF LIP FOLD	72.79	00	15								
03	40808	BIOPSY OF MOUTH LESION	104.57										
07	40808	BIOPSY OF MOUTH LESION	125.48	00	15								
03	40810	EXCISION OF MOUTH LESION	117.17										
07	40810	EXCISION OF MOUTH LESION	140.60	00	15								
03	40812	EXCISE/REPAIR MOUTH LESION	166.98										
07	40812	EXCISE/REPAIR MOUTH LESION	200.38	00	15								
03	40814	EXCISE/REPAIR MOUTH LESION	225.89										
07	40814	EXCISE/REPAIR MOUTH LESION	271.07	00	15								
03	40816	EXCISION OF MOUTH LESION	237.93										
07	40816	EXCISION OF MOUTH LESION	285.51	00	15								
03	40818	EXCISE ORAL MUCOSA FOR GRAFT	206.51										
07	40818	EXCISE ORAL MUCOSA FOR GRAFT	247.82	00	15								
03	40819	EXCISE LIP OR CHEEK FOLD	178.61										
07	40819	EXCISE LIP OR CHEEK FOLD	214.34	00	15								
03	40820	TREATMENT OF MOUTH LESION	151.01										
07	40820	TREATMENT OF MOUTH LESION	181.22	00	15								
03	40830	REPAIR MOUTH LACERATION	141.56										
07	40830	REPAIR MOUTH LACERATION	169.87	00	15								
03	40831	REPAIR MOUTH LACERATION	188.64										
07	40831	REPAIR MOUTH LACERATION	226.36	00	15								
03	40840	RECONSTRUCTION OF MOUTH	493.54										
07	40840	RECONSTRUCTION OF MOUTH	592.24	00	15								
03	40842	RECONSTRUCTION OF MOUTH	486.42										
07	40842	RECONSTRUCTION OF MOUTH	583.71	00	15								
03	40843	RECONSTRUCTION OF MOUTH	637.01										
07	40843	RECONSTRUCTION OF MOUTH	764.42	00	15								
03	40844	RECONSTRUCTION OF MOUTH	845.75										
07	40844	RECONSTRUCTION OF MOUTH	1,014.90	00	15								
03	40845	RECONSTRUCTION OF MOUTH	922.06										
07	40845	RECONSTRUCTION OF MOUTH	1,106.47	00	15								
03	40899	MOUTH SURGERY PROCEDURE	MP			X							
07	40899	MOUTH SURGERY PROCEDURE	MP	00	15	X							
03	41000	DRAINAGE OF MOUTH LESION	94.19										
07	41000	DRAINAGE OF MOUTH LESION	113.02	00	15								
03	41005	DRAINAGE OF MOUTH LESION	130.08										
07	41005	DRAINAGE OF MOUTH LESION	156.10	00	15								
03	41006	DRAINAGE OF MOUTH LESION	213.85										
07	41006	DRAINAGE OF MOUTH LESION	256.62	00	15								
03	41007	DRAINAGE OF MOUTH LESION	213.62										
07	41007	DRAINAGE OF MOUTH LESION	256.35	00	15								
03	41008	DRAINAGE OF MOUTH LESION	221.15										
07	41008	DRAINAGE OF MOUTH LESION	265.38	00	15								
03	41009	DRAINAGE OF MOUTH LESION	235.20										
07	41009	DRAINAGE OF MOUTH LESION	282.25	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	41010	INCISION OF TONGUE FOLD	116.35									
07	41010	INCISION OF TONGUE FOLD	139.62	00 15								
03	41015	DRAINAGE OF MOUTH LESION	252.90									
07	41015	DRAINAGE OF MOUTH LESION	303.47	00 15								
03	41016	DRAINAGE OF MOUTH LESION	260.15									
07	41016	DRAINAGE OF MOUTH LESION	312.18	00 15								
03	41017	DRAINAGE OF MOUTH LESION	262.00									
07	41017	DRAINAGE OF MOUTH LESION	314.39	00 15								
03	41018	DRAINAGE OF MOUTH LESION	302.04									
07	41018	DRAINAGE OF MOUTH LESION	362.44	00 15								
03	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	325.73									
07	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	390.87	00 15								
03	41100	BIOPSY OF TONGUE	99.70									
07	41100	BIOPSY OF TONGUE	119.64	00 15								
03	41105	BIOPSY OF TONGUE	99.86									
07	41105	BIOPSY OF TONGUE	119.82	00 15								
03	41108	BIOPSY OF FLOOR OF MOUTH	85.12									
07	41108	BIOPSY OF FLOOR OF MOUTH	102.14	00 15								
03	41110	EXCISION OF TONGUE LESION	122.39									
07	41110	EXCISION OF TONGUE LESION	146.87	00 15								
03	41112	EXCISION OF TONGUE LESION	194.76									
07	41112	EXCISION OF TONGUE LESION	233.72	00 15								
03	41113	EXCISION OF TONGUE LESION	214.38									
07	41113	EXCISION OF TONGUE LESION	257.26	00 15								
03	41114	EXCISE TONGUE LESION/LOCAL FLP	400.19									
07	41114	EXCISE TONGUE LESION/LOCAL FLP	480.23	00 15								
03	41115	EXCISION OF TONGUE FOLD	142.64									
07	41115	EXCISION OF TONGUE FOLD	171.17	00 15								
03	41116	EXCISION OF MOUTH LESION	189.66									
07	41116	EXCISION OF MOUTH LESION	227.59	00 15								
03	41120	PARTIAL REMOVAL OF TONGUE	639.83									
07	41120	PARTIAL REMOVAL OF TONGUE	767.80	00 15								
02	41130	PARTIAL REMOVAL OF TONGUE	159.08									
03	41130	PARTIAL REMOVAL OF TONGUE	795.41									
07	41130	PARTIAL REMOVAL OF TONGUE	954.49	00 15								
02	41135	TONGUE AND NECK SURGERY	268.17									
03	41135	TONGUE AND NECK SURGERY	1,340.87									
07	41135	TONGUE AND NECK SURGERY	1,609.05	00 15								
02	41140	REMOVAL OF TONGUE	275.22									
03	41140	REMOVAL OF TONGUE	1,376.08									
07	41140	REMOVAL OF TONGUE	1,651.29	00 15								
02	41145	TONGUE REMOVAL; NECK SURGERY	345.07									
03	41145	TONGUE REMOVAL; NECK SURGERY	1,725.35									
07	41145	TONGUE REMOVAL; NECK SURGERY	2,070.43	00 15								
02	41150	TONGUE, MOUTH, JAW SURGERY	272.66									
03	41150	TONGUE, MOUTH, JAW SURGERY	1,363.31									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	41150	TONGUE, MOUTH, JAW SURGERY	1,635.97	00 15								
02	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	296.26									
03	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,481.30									
07	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,777.57	00 15								
02	41155	TONGUE, JAW, & NECK SURGERY	369.63									
03	41155	TONGUE, JAW, & NECK SURGERY	1,848.13									
07	41155	TONGUE, JAW, & NECK SURGERY	2,217.76	00 15								
03	41250	REPAIR TONGUE LACERATION	134.24									
07	41250	REPAIR TONGUE LACERATION	161.08	00 15								
03	41251	REPAIR TONGUE LACERATION	139.99									
07	41251	REPAIR TONGUE LACERATION	167.99	00 15								
03	41252	REPAIR TONGUE LACERATION	183.54									
07	41252	REPAIR TONGUE LACERATION	220.25	00 15								
03	41500	FIXATION OF TONGUE	268.07									
07	41500	FIXATION OF TONGUE	321.69	00 15								
03	41510	TONGUE TO LIP SURGERY	245.54									
07	41510	TONGUE TO LIP SURGERY	294.65	00 15								
03	41512	TONGUE BASE SUSPENSION, PERMANENT SU	380.96									
07	41512	TONGUE BASE SUSPENSION, PERMANENT SU	457.16	00 15								
03	41520	RECONSTRUCTION, TONGUE FOLD	203.26									
07	41520	RECONSTRUCTION, TONGUE FOLD	243.91	00 15								
03	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	1,799.22									
07	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	2,159.07	00 15								
03	41599	TONGUE AND MOUTH SURGERY	MP		X							
07	41599	TONGUE AND MOUTH SURGERY	MP	00 15	X							
03	41800	DRAINAGE OF GUM LESION	130.78									
07	41800	DRAINAGE OF GUM LESION	156.93	00 15								
03	41805	REMOVAL FOREIGN BODY, GUM	135.12									
07	41805	REMOVAL FOREIGN BODY, GUM	162.15	00 15								
03	41806	REMOVAL FOREIGN BODY,JAWBONE	201.56									
07	41806	REMOVAL FOREIGN BODY,JAWBONE	241.87	00 15								
03	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	35.78									X
07	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	35.78	00 15								X
03	41821	EXCISION OF GUM FLAP	143.09									
07	41821	EXCISION OF GUM FLAP	143.09	00 15								
03	41822	EXCISION OF GUM LESION	169.35									
07	41822	EXCISION OF GUM LESION	203.23	00 15								
03	41823	EXCISION OF GUM LESION	252.64									
07	41823	EXCISION OF GUM LESION	303.17	00 15								
03	41825	EXCISION OF GUM LESION	119.53									
07	41825	EXCISION OF GUM LESION	143.43	00 15								
03	41826	EXCISION OF GUM LESION	170.04									
07	41826	EXCISION OF GUM LESION	204.04	00 15								
03	41827	EXCISION OF GUM LESION	252.19									
07	41827	EXCISION OF GUM LESION	302.63	00 15								
03	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	183.29									X

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	219.95	00	15								X
03	41830	REMOVAL OF GUM TISSUE	228.89										
07	41830	REMOVAL OF GUM TISSUE	274.67	00	15								
03	41850	TREATMENT OF GUM LESION	17.24										
07	41850	TREATMENT OF GUM LESION	17.24	00	15								
03	41870	GUM GRAFT	229.07										
07	41870	GUM GRAFT	229.07	00	15								
03	41872	REPAIR GUM	213.08										
07	41872	REPAIR GUM	255.70	00	15								
03	41874	REPAIR TOOTH SOCKET	218.01										X
07	41874	REPAIR TOOTH SOCKET	261.60	00	15								X
03	41899	GUM SURGERY PROCEDURE	MP			X							
07	41899	GUM SURGERY PROCEDURE	MP	00	15	X							
03	42000	DRAINAGE MOUTH ROOF LESION	92.81										
07	42000	DRAINAGE MOUTH ROOF LESION	111.38	00	15								
03	42100	BIOPSY ROOF OF MOUTH	88.72										
07	42100	BIOPSY ROOF OF MOUTH	106.46	00	15								
03	42104	EXCISION LESION, MOUTH ROOF	122.82										
07	42104	EXCISION LESION, MOUTH ROOF	147.38	00	15								
03	42106	EXCISION LESION, MOUTH ROOF	156.20										
07	42106	EXCISION LESION, MOUTH ROOF	187.44	00	15								
03	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	273.70										
07	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	328.43	00	15								
02	42120	REMOVE PALATE/LESION	119.55										
03	42120	REMOVE PALATE/LESION	597.74										
07	42120	REMOVE PALATE/LESION	717.29	00	15								
03	42140	EXCISION OF UVULA	145.26										
07	42140	EXCISION OF UVULA	174.31	00	15								
03	42145	PALATOPHARYNGOPLASTY	439.99										
07	42145	PALATOPHARYNGOPLASTY	528.00	00	15								
03	42160	TREATMENT MOUTH ROOF LESION	141.45										
07	42160	TREATMENT MOUTH ROOF LESION	169.75	00	15								
03	42180	REPAIR PALATE	145.99										
07	42180	REPAIR PALATE	175.19	00	15								
03	42182	REPAIR PALATE	201.89										
07	42182	REPAIR PALATE	242.26	00	15								
02	42200	RECONSTRUCT CLEFT PALATE	112.39										
03	42200	RECONSTRUCT CLEFT PALATE	561.97										
07	42200	RECONSTRUCT CLEFT PALATE	674.35	00	15								
02	42205	RECONSTRUCT CLEFT PALATE	120.36										
03	42205	RECONSTRUCT CLEFT PALATE	601.80										
07	42205	RECONSTRUCT CLEFT PALATE	722.16	00	15								
02	42210	RECONSTRUCT CLEFT PALATE	136.22										
03	42210	RECONSTRUCT CLEFT PALATE	681.08										
07	42210	RECONSTRUCT CLEFT PALATE	817.28	00	15								
02	42215	RECONSTRUCT CLEFT PALATE	88.67										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	42215	RECONSTRUCT CLEFT PALATE	443.36										
07	42215	RECONSTRUCT CLEFT PALATE	532.03	00	15								
02	42220	RECONSTRUCT CLEFT PALATE	68.52										
03	42220	RECONSTRUCT CLEFT PALATE	342.62										
07	42220	RECONSTRUCT CLEFT PALATE	411.15	00	15								
02	42225	RECONSTRUCT CLEFT PALATE	115.75										
03	42225	RECONSTRUCT CLEFT PALATE	578.75										
07	42225	RECONSTRUCT CLEFT PALATE	694.50	00	15								
02	42226	LENGTHENING OF PALATE, AND PHA	115.58										
03	42226	LENGTHENING OF PALATE, AND PHARYNGEA	577.90										
07	42226	LENGTHENING OF PALATE, AND PHARYNGEA	693.48	00	15								
02	42227	LENGTHEN PALATE, WITH ISLAND F	112.27										
03	42227	LENGTHEN PALATE, WITH ISLAND FLAP	561.37										
07	42227	LENGTHEN PALATE, WITH ISLAND FLAP	673.65	00	15								
02	42235	REPAIR PALATE	91.50										
03	42235	REPAIR PALATE	457.52										
07	42235	REPAIR PALATE	549.02	00	15								
02	42260	REPAIR NOSE TO LIP FISTULA	103.49										
03	42260	REPAIR NOSE TO LIP FISTULA	517.43										
07	42260	REPAIR NOSE TO LIP FISTULA	620.92	00	15								
03	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	94.75										
07	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	113.70	00	15								
03	42281	INSERT PIN-RETAINED PALATAL PROSTH.	121.68										
07	42281	INSERT PIN-RETAINED PALATAL PROSTH.	146.02	00	15								
03	42299	PALATE/UVULA SURGERY	MP			X							
07	42299	PALATE/UVULA SURGERY	MP	00	15	X							
03	42300	DRAINAGE OF SALIVARY GLAND	124.20										
07	42300	DRAINAGE OF SALIVARY GLAND	149.04	00	15								
03	42305	DRAINAGE OF SALIVARY GLAND	273.56										
07	42305	DRAINAGE OF SALIVARY GLAND	328.27	00	15								
03	42310	DRAINAGE OF SALIVARY GLAND	96.85										
07	42310	DRAINAGE OF SALIVARY GLAND	116.22	00	15								
03	42320	DRAINAGE OF SALIVARY GLAND	149.64										
07	42320	DRAINAGE OF SALIVARY GLAND	179.58	00	15								
03	42330	REMOVAL OF SALIVARY STONE	139.33										
07	42330	REMOVAL OF SALIVARY STONE	167.20	00	15								
03	42335	REMOVAL OF SALIVARY STONE	221.40										
07	42335	REMOVAL OF SALIVARY STONE	265.68	00	15								
03	42340	REMOVAL OF SALIVARY STONE	279.94										
07	42340	REMOVAL OF SALIVARY STONE	335.92	00	15								
03	42400	BIOPSY OF SALIVARY GLAND	64.92										X
07	42400	BIOPSY OF SALIVARY GLAND	77.90	00	15								X
03	42405	BIOPSY OF SALIVARY GLAND	184.79										
07	42405	BIOPSY OF SALIVARY GLAND	221.75	00	15								
03	42408	EXCISION OF SALIVARY CYST	274.47										
07	42408	EXCISION OF SALIVARY CYST	329.37	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	42409	DRAINAGE OF SALIVARY CYST	39.37									
03	42409	DRAINAGE OF SALIVARY CYST	196.85									
07	42409	DRAINAGE OF SALIVARY CYST	236.23	00 15								
03	42410	EXCISE PAROTID GLAND/LESION	399.17									
07	42410	EXCISE PAROTID GLAND/LESION	479.00	00 15								
02	42415	EXCISE PAROTID GLAND/LESION	144.27									
03	42415	EXCISE PAROTID GLAND/LESION	721.36									
07	42415	EXCISE PAROTID GLAND/LESION	865.63	00 15								
02	42420	EXCISE PAROTID GLAND/LESION	165.54									
03	42420	EXCISE PAROTID GLAND/LESION	827.68									
07	42420	EXCISE PAROTID GLAND/LESION	993.21	00 15								
02	42425	EXCISE PAROTID GLAND/LESION	108.68									
03	42425	EXCISE PAROTID GLAND/LESION	543.42									
07	42425	EXCISE PAROTID GLAND/LESION	652.10	00 15								
02	42426	EXCISE PAROTID GLAND/LESION	177.30									
03	42426	EXCISE PAROTID GLAND/LESION	886.52									
07	42426	EXCISE PAROTID GLAND/LESION	1,063.82	00 15								
02	42440	EXCISION SUBMAXILLARY GLAND	59.88									
03	42440	EXCISION SUBMAXILLARY GLAND	299.38									
07	42440	EXCISION SUBMAXILLARY GLAND	359.26	00 15								
03	42450	EXCISION SUBLINGUAL GLAND	274.26									
07	42450	EXCISION SUBLINGUAL GLAND	329.12	00 15								
03	42500	REPAIR SALIVARY DUCT	261.30									
07	42500	REPAIR SALIVARY DUCT	313.56	00 15								
03	42505	REPAIR SALIVARY DUCT	341.03									
07	42505	REPAIR SALIVARY DUCT	409.23	00 15								
02	42507	PAROTID DUCT DIVERSION	64.12									
03	42507	PAROTID DUCT DIVERSION	320.60									
07	42507	PAROTID DUCT DIVERSION	384.71	00 15								
02	42508	PAROTID DUCT DIVERSION	92.03		X							
03	42508	PAROTID DUCT DIVERSION	460.17		X							
07	42508	PAROTID DUCT DIVERSION	552.20	00 15	X							
03	42509	PAROTID DUCT DIVERSION	527.99									
07	42509	PAROTID DUCT DIVERSION	633.58	00 15								
02	42510	CREATION OF NEW DRAINAGE TRACTS OF M	79.47									
03	42510	CREATION OF NEW DRAINAGE TRACTS OF M	397.33									
07	42510	CREATION OF NEW DRAINAGE TRACTS OF M	476.79	00 15								
03	42550	INJECTION FOR SALIVARY X-RAY	92.11									X
07	42550	INJECTION FOR SALIVARY X-RAY	110.53	00 15								X
03	42600	CLOSURE OF SALIVARY FISTULA	293.48									
07	42600	CLOSURE OF SALIVARY FISTULA	352.17	00 15								
03	42650	DILATION OF SALIVARY DUCT	49.97									
07	42650	DILATION OF SALIVARY DUCT	59.96	00 15								
03	42660	DILATION OF SALIVARY DUCT	64.66									
07	42660	DILATION OF SALIVARY DUCT	77.60	00 15								
03	42665	LIGATION OF SALIVARY DUCT	183.78									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	42665	LIGATION OF SALIVARY DUCT	220.54	00 15								
03	42699	SALIVARY SURGERY PROCEDURE	MP		X							
07	42699	SALIVARY SURGERY PROCEDURE	MP	00 15	X							
03	42700	DRAINAGE OF TONSIL ABSCESS	111.96									
07	42700	DRAINAGE OF TONSIL ABSCESS	134.35	00 15								
03	42720	DRAINAGE OF THROAT ABSCESS	286.41									
07	42720	DRAINAGE OF THROAT ABSCESS	343.69	00 15								
02	42725	DRAINAGE OF THROAT ABSCESS	103.61									
03	42725	DRAINAGE OF THROAT ABSCESS	518.07									
07	42725	DRAINAGE OF THROAT ABSCESS	621.67	00 15								
03	42800	BIOPSY OF THROAT	94.01									
07	42800	BIOPSY OF THROAT	112.81	00 15								
03	42802	BIOPSY OF THROAT	141.30		X							
07	42802	BIOPSY OF THROAT	169.55	00 15	X							
03	42804	BIOPSY OF UPPER NOSE/THROAT	117.85									
07	42804	BIOPSY OF UPPER NOSE/THROAT	141.41	00 15								
03	42806	BIOPSY OF UPPER NOSE/THROAT	133.63									
07	42806	BIOPSY OF UPPER NOSE/THROAT	160.36	00 15								
03	42808	EXCISE PHARYNX LESION	138.23									
07	42808	EXCISE PHARYNX LESION	165.88	00 15								
03	42809	REMOVE PHARYNX FOREIGN BODY	103.40									
07	42809	REMOVE PHARYNX FOREIGN BODY	124.08	00 15								
02	42810	EXCISION OF NECK CYST	46.13									
03	42810	EXCISION OF NECK CYST	230.64									
07	42810	EXCISION OF NECK CYST	276.78	00 15								
03	42815	EXCISION OF NECK CYST	349.05									
07	42815	EXCISION OF NECK CYST	418.86	00 15								
03	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	185.25	00 11								
07	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	222.30	00 11								
03	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	193.51	12 99								
07	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	232.21	12 15								
03	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	164.80	00 11								
07	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	197.76	00 11								
03	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	159.61	12 99								
07	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	191.53	12 15								
03	42830	ADENOIDECTOMY,PRIMARY;<12	129.50	00 11								
07	42830	ADENOIDECTOMY,PRIMARY;<12	155.40	00 11								
03	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	139.62	12 99								
07	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	167.54	12 15								
03	42835	ADENOIDECTOMY,SECONDARY;<12	116.94	00 11								
07	42835	ADENOIDECTOMY,SECONDARY;<12	140.33	00 11								
03	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	153.03	12 99								
07	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	183.64	12 15								
03	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	602.74									
07	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	723.28	00 15								
02	42844	RAD..RESECT.TONSIL,ETC.W/LOCAL FLAP	170.09									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	850.47									
07	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,020.56	00 15								
02	42845	RAD,RESECT.TONSIL,ETC.W/OTHER FLAP	280.43									
03	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,402.16									
07	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,682.60	00 15								
03	42860	EXCISION OF TONSIL TAGS	116.91									
07	42860	EXCISION OF TONSIL TAGS	140.28	00 15								
03	42870	EXCISION OF LINGUAL TONSIL	351.31									
07	42870	EXCISION OF LINGUAL TONSIL	421.58	00 15								
02	42890	PARTIAL REMOVAL OF PHARYNX	173.43									
03	42890	PARTIAL REMOVAL OF PHARYNX	867.13									
07	42890	PARTIAL REMOVAL OF PHARYNX	1,040.55	00 15								
02	42892	RESECTION OF LATERAL PHARYNGEAL WALL	227.87									
03	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,139.35									
07	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,367.22	00 15								
02	42894	REMOVAL OF THROAT TISSUE	292.65									
03	42894	REMOVAL OF THROAT TISSUE	1,463.27									
07	42894	REMOVAL OF THROAT TISSUE	1,755.92	00 15								
03	42900	REPAIR THROAT WOUND	222.52									
07	42900	REPAIR THROAT WOUND	267.02	00 15								
02	42950	RECONSTRUCTION OF THROAT	97.76									
03	42950	RECONSTRUCTION OF THROAT	488.80									
07	42950	RECONSTRUCTION OF THROAT	586.55	00 15								
02	42953	PHARYNGOESOPHAGEAL REPAIR	119.85									
03	42953	PHARYNGOESOPHAGEAL REPAIR	599.27									
07	42953	PHARYNGOESOPHAGEAL REPAIR	719.12	00 15								
02	42955	SURGICAL OPENING OF THROAT	92.38									
03	42955	SURGICAL OPENING OF THROAT	461.90									
07	42955	SURGICAL OPENING OF THROAT	554.29	00 15								
03	42960	CONTROL THROAT BLEEDING	107.36									X
07	42960	CONTROL THROAT BLEEDING	128.84	00 15								X
03	42961	CONTROL THROAT BLEEDING	265.85									X
07	42961	CONTROL THROAT BLEEDING	319.03	00 15								X
03	42962	CONTROL THROAT BLEEDING	330.26									X
07	42962	CONTROL THROAT BLEEDING	396.31	00 15								X
03	42970	CONTROL NOSE/THROAT BLEEDING	247.47									
07	42970	CONTROL NOSE/THROAT BLEEDING	296.96	00 15								
03	42971	CONTROL NOSE/THROAT BLEEDING	291.30									
07	42971	CONTROL NOSE/THROAT BLEEDING	349.56	00 15								
03	42972	CONTROL NOSE/THROAT BLEEDING	328.22									
07	42972	CONTROL NOSE/THROAT BLEEDING	393.87	00 15								
02	42999	THROAT SURGERY PROCEDURE	MP		X							
03	42999	THROAT SURGERY PROCEDURE	MP		X							
07	42999	THROAT SURGERY PROCEDURE	MP	00 15	X							
02	43020	INCISION OF ESOPHAGUS	68.07									
03	43020	INCISION OF ESOPHAGUS	340.35									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43020	INCISION OF ESOPHAGUS	408.42	00 15								
03	43030	THROAT MUSCLE SURGERY	335.42									
07	43030	THROAT MUSCLE SURGERY	402.50	00 15								
02	43045	INCISION OF ESOPHAGUS	172.46									
03	43045	INCISION OF ESOPHAGUS	862.32									
07	43045	INCISION OF ESOPHAGUS	1,034.79	00 15								
02	43100	EXCISION OF ESOPHAGUS LESION	80.40									
03	43100	EXCISION OF ESOPHAGUS LESION	401.99									
07	43100	EXCISION OF ESOPHAGUS LESION	482.39	00 15								
02	43101	EXCISION OF ESOPHAGUS LESION	135.21									
03	43101	EXCISION OF ESOPHAGUS LESION	676.06									
07	43101	EXCISION OF ESOPHAGUS LESION	811.28	00 15								
02	43107	REMOVAL OF ESOPHAGUS	334.70									
03	43107	REMOVAL OF ESOPHAGUS	1,673.50									
07	43107	REMOVAL OF ESOPHAGUS	2,008.19	00 15								
02	43108	REMOVAL OF ESOPHAGUS	560.90									
03	43108	REMOVAL OF ESOPHAGUS	2,804.50									
07	43108	REMOVAL OF ESOPHAGUS	3,365.40	00 15								
02	43112	REMOVAL OF ESOPHAGUS	358.23									
03	43112	REMOVAL OF ESOPHAGUS	1,791.13									
07	43112	REMOVAL OF ESOPHAGUS	2,149.36	00 15								
02	43113	REMOVAL OF ESOPHAGUS	559.50									
03	43113	REMOVAL OF ESOPHAGUS	2,797.50									
07	43113	REMOVAL OF ESOPHAGUS	3,356.99	00 15								
02	43116	PARTIAL REMOVAL OF ESOPHAGUS	634.36									
03	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,171.79									
07	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,806.16	00 15								
02	43117	PARTIAL REMOVAL OF ESOPHAGUS	327.62									
03	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,638.08									
07	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,965.69	00 15								
02	43118	PARTIAL REMOVAL OF ESOPHAGUS	462.27									
03	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,311.35									
07	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,773.62	00 15								
02	43121	PARTIAL REMOVAL OF ESOPHAGUS	367.21									
03	43121	PARTIAL REMOVAL OF ESOPHAGUS	1,836.07									
07	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,203.28	00 15								
02	43122	PARTIAL REMOVAL OF ESOPHAGUS	331.55									
03	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,657.73									
07	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,989.27	00 15								
02	43123	PARTIAL REMOVAL OF ESOPHAGUS	563.86									
03	43123	PARTIAL REMOVAL OF ESOPHAGUS	2,819.31									
07	43123	PARTIAL REMOVAL OF ESOPHAGUS	3,383.17	00 15								
02	43124	REMOVAL OF ESOPHAGUS	481.12									
03	43124	REMOVAL OF ESOPHAGUS	2,405.59									
07	43124	REMOVAL OF ESOPHAGUS	2,886.72	00 15								
02	43130	REMOVAL OF ESOPHAGUS POUCH	101.97									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	43130	REMOVAL OF ESOPHAGUS POUCH	509.85									
07	43130	REMOVAL OF ESOPHAGUS POUCH	611.82	00 15								
02	43135	REMOVAL OF ESOPHAGUS POUCH	192.55									
03	43135	REMOVAL OF ESOPHAGUS POUCH	962.73									
07	43135	REMOVAL OF ESOPHAGUS POUCH	1,155.27	00 15								
03	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	131.07									
07	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	157.28	00 15								
03	43201	INJECTIONS INTO ESOPHAGUS USING AN E	179.70									
07	43201	INJECTIONS INTO ESOPHAGUS USING AN E	215.65	00 15								
03	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	171.49									
07	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	205.80	00 15								
03	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	149.53									
07	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	179.42	00 15								
03	43205	TYING OF ESOPHAGEAL VEINS USING AN E	149.81									
07	43205	TYING OF ESOPHAGEAL VEINS USING AN E	179.76	00 15								
03	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	264.89									
07	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	321.09	00 15								
03	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	102.67									
07	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	123.19	00 15								
03	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	125.42									
07	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	150.50	00 15								
03	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	231.19									
07	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	277.44	00 15								
03	43219	ESOPHAGUS ENDOSCOPY	113.86		X							
07	43219	ESOPHAGUS ENDOSCOPY	136.63	00 15	X							
03	43220	BALLOON DILATION OF ESOPHAGUS USING	84.30									
07	43220	BALLOON DILATION OF ESOPHAGUS USING	101.16	00 15								
03	43226	INSERTION OF GUIDE WIRE FOR DILATION	94.02									
07	43226	INSERTION OF GUIDE WIRE FOR DILATION	112.82	00 15								
03	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	140.25									
07	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	168.31	00 15								
03	43228	ESOPHAGUS/STOMACH ENDOSCOPY	149.76		X							
07	43228	ESOPHAGUS/STOMACH ENDOSCOPY	179.71	00 15	X							
03	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	127.03									
07	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	152.43	00 15								
03	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	175.44									
07	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	210.52	00 15								
03	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	185.26									
07	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	222.32	00 15								
03	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	230.32									
07	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	276.38	00 15								
03	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	161.06									
07	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	193.27	00 15								
03	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	199.02									
07	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	238.81	00 15								
03	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	214.79									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	257.75	00 15								
03	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	267.30									
07	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	320.76	00 15								
03	43241	INSERTION OF CATHETER OR TUBE IN ESO	104.00									
07	43241	INSERTION OF CATHETER OR TUBE IN ESO	124.81	00 15								
03	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	284.54									
07	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	341.46	00 15								
03	43243	INJECTION OF DILATED VEINS OF STOMAC	179.15									
07	43243	INJECTION OF DILATED VIENS OF STOMAC	214.98	00 15								
03	43244	TYING OF DILATED VEINS OF STOMACH AN	198.59									
07	43244	TYING OF DILATED VEINS OF STOMACH AN	238.31	00 15								
03	43245	DILATION OF STOMACH OUTLET USING AN	125.41									
07	43245	DILATION OF STOMACH OUTLET USING AN	150.48	00 15								
03	43246	INSERTION OF STOMACH TUBE USING AN E	168.07									
07	43246	INSERTION OF STOMACH TUBE USING AN E	201.68	00 15								
03	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	134.08									
07	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	160.89	00 15								
03	43248	INSERTION OF GUIDE WIRE WITH DILATIO	126.45									
07	43248	INSERTION OF GUIDE WIRE WITH DILATIO	151.74	00 15								
03	43249	BALLOON DILATION OF ESOPHAGUS USING	116.46									
07	43249	BALLOON DILATION OF ESOPHAGUS USING	139.76	00 15								
03	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	125.47									
07	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	150.56	00 15								
03	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	145.86									
07	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	175.03	00 15								
03	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	372.37									
07	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	451.35	00 15								
03	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	189.60									
07	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	227.51	00 15								
03	43256	UPPR GI ENDOSCOPY W STENT	170.42		X							
07	43256	UPPR GI ENDOSCOPY W STENT	204.50	00 15	X							
03	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	209.46									
07	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	251.35	00 15								
03	43258	OPERATIVE UPPER GI ENDOSCOPY	178.63		X							
07	43258	OPERATIVE UPPER GI ENDOSCOPY	214.36	00 15	X							
03	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	203.43									
07	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	244.11	00 15								
03	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	233.18									
07	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	279.82	00 15								
03	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	245.19									
07	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	294.23	00 15								
03	43262	OPERATIVE UPPER GI ENDOSCOPY	288.02									
07	43262	OPERATIVE UPPER GI ENDOSCOPY	345.63	00 15								
03	43263	PRESSURE MEASUREMENT OF PANCREATIC O	284.95									
07	43263	PRESSURE MEASUREMENT OF PANCREATIC O	341.94	00 15								
03	43264	REMOVAL OF STONE FROM BILE OR PANCRE	345.87									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43264	REMOVAL OF STONE FROM BILE OR PANCRE	415.04	00 15								
03	43265	DESTRUCTION OF STONE IN BILE OR PANC	388.21									
07	43265	DESTRUCTION OF STONE IN BILE OR PANC	465.85	00 15								
03	43267	ERCP-INSERT DRAINAGE TUBES	286.87		X							
07	43267	ERCP-INSERT DRAINAGE TUBES	344.24	00 15	X							
03	43268	ERCP-INSERT TUBE/STENT	291.24		X							
07	43268	ERCP-INSERT TUBE/STENT	349.48	00 15	X							
03	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	319.33		X							
07	43269	SEE 43260;REMOVE/CHANGE TUBE/STENT..	383.19	00 15	X							
03	43271	ERCP-BALLOON DILATION /AMPULLA	287.79		X							
07	43271	ERCP-BALLOON DILATION /AMPULLA	345.35	00 15	X							
03	43272	ERCP-ABLATION TUMOR OR LESION	287.33		X							
07	43272	ERCP-ABLATION TUMOR OR LESION	344.79	00 15	X							
03	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	87.05									
07	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	104.45	00 15								
02	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	164.22									
03	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	821.08									
07	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	985.29	00 15								
02	43280	LAPAROSCOPY FUNDOPLASTY	137.00									X
03	43280	LAPAROSCOPY, FUNDOPLASTY	685.00									
07	43280	LAPAROSCOPY, FUNDOPLASTY	822.00	00 15								
02	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	217.66									
03	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,088.31									
07	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,305.97	00 15								
02	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	244.76									
03	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,223.82									
07	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,468.58	00 15								
02	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	16.85									
03	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	84.24									
07	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	101.08	00 15								
03	43289	LAPAROSCOPE PROC, ESOPH	MP		X							
07	43289	LAPAROSCOPE PROC, ESOPH	MP	00 15	X							
02	43300	REPAIR OF ESOPHAGUS	80.01									
03	43300	REPAIR OF ESOPHAGUS	400.06									
07	43300	REPAIR OF ESOPHAGUS	480.07	00 15								
02	43305	REPAIR ESOPHAGUS AND FISTULA	143.36									
03	43305	REPAIR ESOPHAGUS AND FISTULA	716.78									
07	43305	REPAIR ESOPHAGUS AND FISTULA	860.15	00 15								
02	43310	REPAIR OF ESOPHAGUS	202.88									
03	43310	REPAIR OF ESOPHAGUS	1,014.41									
07	43310	REPAIR OF ESOPHAGUS	1,217.29	00 15								
02	43312	REPAIR ESOPHAGUS AND FISTULA	224.22									
03	43312	REPAIR ESOPHAGUS AND FISTULA	1,121.09									
07	43312	REPAIR ESOPHAGUS AND FISTULA	1,345.31	00 15								
02	43313	ESOPHAGOPLASTY CONGENTIAL	356.25									
03	43313	ESOPHAGOPLASTY CONGENTIAL	1,781.26									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43313	ESOPHAGOPLASTY CONGENTIAL	2,137.51	00 15								
02	43314	TRACHEO-ESOPHAGOPLASTY CONG	407.97									
03	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,039.83									
07	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,447.81	00 15								
02	43320	FUSE ESOPHAGUS & STOMACH	177.64									
03	43320	FUSE ESOPHAGUS & STOMACH	888.20									
07	43320	FUSE ESOPHAGUS & STOMACH	1,065.85	00 15								
02	43325	REVISE ESOPHAGUS & STOMACH	169.70									
03	43325	REVISE ESOPHAGUS & STOMACH	848.50									
07	43325	REVISE ESOPHAGUS & STOMACH	1,018.19	00 15								
02	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	84.65									
03	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	423.27									
07	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	507.93	00 15								
02	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	123.97									
03	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	619.84									
07	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	743.82	00 15								
02	43330	REPAIR OF ESOPHAGUS	166.59									
03	43330	REPAIR OF ESOPHAGUS	832.97									
07	43330	REPAIR OF ESOPHAGUS	999.57	00 15								
02	43331	REPAIR OF ESOPHAGUS	180.25									
03	43331	REPAIR OF ESOPHAGUS	901.25									
07	43331	REPAIR OF ESOPHAGUS	1,081.49	00 15								
02	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	121.21									
03	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	606.05									
07	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	727.25	00 15								
02	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	131.62									
03	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	658.10									
07	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	789.71	00 15								
02	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	133.05									
03	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	665.24									
07	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	798.28	00 15								
02	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	143.36									
03	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	716.78									
07	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	860.14	00 15								
02	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	156.91									
03	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	784.56									
07	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	941.46	00 15								
02	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	171.28									
03	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	856.40									
07	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,027.68	00 15								
02	43338	ESOPHAGEAL LENGTHENING PROCEDURE	13.93									
03	43338	ESOPHAGEAL LENGTHENING PROCEDURE	69.64									
07	43338	ESOPHAGEAL LENGTHENING PROCEDURE	83.57	00 15								
02	43340	FUSE ESOPHAGUS & INTESTINE	172.51									
03	43340	FUSE ESOPHAGUS & INTESTINE	862.53									
07	43340	FUSE ESOPHAGUS & INTESTINE	1,035.04	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	43341	FUSE ESOPHAGUS & INTESTINE	189.76									
03	43341	FUSE ESOPHAGUS & INTESTINE	948.80									
07	43341	FUSE ESOPHAGUS & INTESTINE	1,138.55	00 15								
02	43350	SURGICAL OPENING, ESOPHAGUS	146.03		X							
03	43350	SURGICAL OPENING, ESOPHAGUS	730.16		X							
07	43350	SURGICAL OPENING, ESOPHAGUS	876.19	00 15	X							
02	43351	SURGICAL OPENING, ESOPHAGUS	172.34									
03	43351	SURGICAL OPENING, ESOPHAGUS	861.68									
07	43351	SURGICAL OPENING, ESOPHAGUS	1,034.02	00 15								
02	43352	SURGICAL OPENING, ESOPHAGUS	140.91									
03	43352	SURGICAL OPENING, ESOPHAGUS	704.55									
07	43352	SURGICAL OPENING, ESOPHAGUS	845.45	00 15								
02	43360	GASTROINTESTINAL REPAIR	303.64									
03	43360	GASTROINTESTINAL REPAIR	1,518.18									
07	43360	GASTROINTESTINAL REPAIR	1,821.81	00 15								
02	43361	GASTROINTESTINAL REPAIR	337.96									
03	43361	GASTROINTESTINAL REPAIR	1,689.79									
07	43361	GASTROINTESTINAL REPAIR	2,027.75	00 15								
02	43400	LIGATE ESOPHAGUS VEINS	205.61									
03	43400	LIGATE ESOPHAGUS VEINS	1,028.06									
07	43400	LIGATE ESOPHAGUS VEINS	1,233.67	00 15								
02	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	197.49									
03	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	987.47									
07	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	1,184.96	00 15								
02	43405	LIGATE/STAPLE ESOPHAGUS	190.68									
03	43405	LIGATE/STAPLE ESOPHAGUS	953.40									
07	43405	LIGATE/STAPLE ESOPHAGUS	1,144.09	00 15								
02	43410	REPAIR ESOPHAGUS WOUND	129.90									
03	43410	REPAIR ESOPHAGUS WOUND	649.49									
07	43410	REPAIR ESOPHAGUS WOUND	779.38	00 15								
02	43415	REPAIR ESOPHAGUS WOUND	222.65									
03	43415	REPAIR ESOPHAGUS WOUND	1,113.26									
07	43415	REPAIR ESOPHAGUS WOUND	1,335.91	00 15								
03	43420	REPAIR ESOPHAGUS OPENING	648.50									
07	43420	REPAIR ESOPHAGUS OPENING	778.20	00 15								
02	43425	REPAIR ESOPHAGUS OPENING	195.38									
03	43425	REPAIR ESOPHAGUS OPENING	976.88									
07	43425	REPAIR ESOPHAGUS OPENING	1,172.26	00 15								
03	43450	DILATE ESOPHAGUS	98.73									
07	43450	DILATE ESOPHAGUS	118.48	00 15								
03	43453	DILATE ESOPHAGUS	181.51									
07	43453	DILATE ESOPHAGUS	217.81	00 15								
03	43456	DILATE ESOPHAGUS	365.71		X							
07	43456	DILATE ESOPHAGUS	438.84	00 15	X							
03	43458	DILATION OF ESOPHAGUS WITH BALLOON (	239.95		X							
07	43458	DILATION OF ESOPHAGUS WITH BALLOON (	287.95	00 15	X							

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COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	43460	PRESSURE TREATMENT ESOPHAGUS	147.32									
07	43460	PRESSURE TREATMENT ESOPHAGUS	176.80	00 15								
02	43496	FREE JEJUNUM FLAP, MICROVASC	532.46									
03	43496	FREE JEJUNUM FLAP, MICROVASC	2,662.31									
07	43496	FREE JEJUNUM FLAP, MICROVASC	2,662.31	00 15								
02	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X							
03	43499	ESOPHAGUS SURGERY PROCEDURE			X							
07	43499	ESOPHAGUS SURGERY PROCEDURE	MP	00 15	X							
02	43500	SURGICAL OPENING OF STOMACH	97.59									
03	43500	SURGICAL OPENING OF STOMACH	487.97									
07	43500	SURGICAL OPENING OF STOMACH	585.56	00 15								
02	43501	GASTROTOMY;WITH SUTURE REPAIR	168.42									
03	43501	GASTROTOMY WITH SUTURE REPAIR	842.09									
07	43501	GASTROTOMY WITH SUTURE REPAIR	1,010.50	00 15								
02	43502	SURGICAL REPAIR OF STOMACH	190.93									
03	43502	SURGICAL REPAIR OF STOMACH	954.66									
07	43502	SURGICAL REPAIR OF STOMACH	1,145.59	00 15								
02	43510	SURGICAL OPENING OF STOMACH	119.80									
03	43510	SURGICAL OPENING OF STOMACH	599.01									
07	43510	SURGICAL OPENING OF STOMACH	718.81	00 15								
02	43520	INCISION OF PYLORIC MUSCLE	88.23									
03	43520	INCISION OF PYLORIC MUSCLE	441.17									
07	43520	INCISION OF PYLORIC MUSCLE	529.41	00 15								
02	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	103.75									
03	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	518.73									
07	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	622.48	00 15								
02	43610	EXCISION OF STOMACH LESION	122.74									
03	43610	EXCISION OF STOMACH LESION	613.72									
07	43610	EXCISION OF STOMACH LESION	736.46	00 15								
02	43611	EXCISION, LOCAL;	152.66									
03	43611	EXCISION, LOCAL;	763.32									
07	43611	EXCISION, LOCAL;	915.99	00 15								
02	43620	REMOVAL OF STOMACH	249.45									
03	43620	REMOVAL OF STOMACH	1,247.26									
07	43620	REMOVAL OF STOMACH	1,496.72	00 15								
02	43621	GASTRECTOMY, TOTAL;	283.65									
03	43621	GASTRECTOMY, TOTAL;	1,418.27									
07	43621	GASTRECTOMY, TOTAL;	1,701.93	00 15								
02	43622	GASTRECTOMY, TOTAL;	288.12									
03	43622	GASTRECTOMY, TOTAL;	1,440.62									
07	43622	GASTRECTOMY, TOTAL;	1,728.74	00 15								
02	43631	GASTRECTOMY, PARTIAL, DISTAL;	182.83									
03	43631	GASTRECTOMY, PARTIAL, DISTAL;	914.15									
07	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,096.97	00 15								
02	43632	GASTRECTOMY, PARTIAL, DISTAL;	248.25									
03	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,241.23									

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,489.49	00	15								
02	43633	GASTRECTOMY, PARTIAL, DISTAL;	236.42										
03	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,182.11										
07	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,418.54	00	15								
02	43634	GASTRECTOMY, PARTIAL, DISTAL;	261.07										
03	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,305.34										
07	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,566.40	00	15								
02	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	14.73										
03	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	73.66										
07	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	88.39	00	15								
02	43640	VAGOTOMY & PYLORUS REPAIR	146.68										
03	43640	VAGOTOMY & PYLORUS REPAIR	733.38										
07	43640	VAGOTOMY & PYLORUS REPAIR	880.05	00	15								
02	43641	VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	147.94										
03	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	739.68										
07	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	887.61	00	15								
02	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	217.05	16	99	X							
03	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,085.25	16	99		X						
02	43645	LAP GASTR BYPASS INCL SMLL I	232.52	16	99	X							
03	43645	LAP GASTR BYPASS INCL SMLL I	1,162.61	16	99		X						
02	43651	LAPAROSCOPY,VAGUS NERVE	81.26										
03	43651	LAPAROSCOPY, VAGUS NERVE	406.29										
07	43651	LAPAROSCOPY, VAGUS NERVE	487.54	00	15								
02	43652	LAPAROSCOPY, VAGUS NERVE	95.26										
03	43652	LAPAROSCOPY, VAGUS NERVE	476.29										
07	43652	LAPAROSCOPY, VAGUS NERVE	571.54	00	15								
02	43653	LAPAROSCOPY GASTROSTOMY	69.01										
03	43653	LAPAROSCOPY, GASTROSTOMY	345.06										
07	43653	LAPAROSCOPY, GASTROSTOMY	414.08	00	15								
02	43659	LAPAROSCOPE PROC, STOM	MP			X							
03	43659	LAPAROSCOPE PROC, STOM	MP			X							
07	43659	LAPAROSCOPE PROC, STOM	MP	00	15	X							
03	43752	INSERTION OF NASAL OR ORAL STOMACH T	28.05										
07	43752	INSERTION OF NASAL OR ORAL STOMACH T	33.67	00	15								
03	43753	INSERTION OF STOMACH TUBE AND ASPIRA	10.77										
07	43753	INSERTION OF STOMACH TUBE AND ASPIRA	12.92	00	15								
03	43754	GASTRIC INTUBATION AND ASPIRATION DI	40.51										
07	43754	GASTRIC INTUBATION AND ASPIRATION DI	48.62	00	15								
03	43755	GASTRIC INTUBATION AND ASPIRATION DI	61.83										
07	43755	GASTRIC INTUBATION AND ASPIRATION DI	74.21	00	15								
03	43756	DUODENAL INTUBATION AND ASPIRATION	111.82										
07	43756	DUODENAL INTUBATION AND ASPIRATION	134.19	00	15								
03	43757	DUODENAL INTUBATION AND ASPIRATION	144.07										
07	43757	DUODENAL INTUBATION AND ASPIRATION	172.89	00	15								
03	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	201.58										
07	43760	CHANGE OF GASTROSTOMY TUBE;SIMPLE	241.91	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	43761	REPOSITIONING OF A NASO- OR ORO-GAST	81.48										
07	43761	REPOSITIONING OF THE GASTRIC FEEDING	97.77	00	15								
02	43770	LAP, PLACE GASTR ADJUST BAND	138.92	16	99	X							
03	43770	LAP, PLACE GASTR ADJUST BAND	694.58	16	99		X						
02	43771	LAP, REVISE ADJUST GAST BAND	158.66	16	99	X							
03	43771	LAP, REVISE ADJUST GAST BAND	793.32	16	99		X						
02	43772	LAP, REMOVE ADJUST GAST BAND	119.99	16	99	X							
03	43772	LAP, REMOVE ADJUST GAST BAND	599.97	16	99		X						
02	43773	LAP, CHANGE ADJUST GAST BAND	158.80	16	99	X							
03	43773	LAP, CHANGE ADJUST GAST BAND	794.01	16	99		X						
02	43774	LAP REMOV ADJ GAST BAND/PORT	120.01	16	99	X							
03	43774	LAP REMOV ADJ GAST BAND/PORT	600.07	16	99		X						
02	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	186.72	16	99	X							
03	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	933.61	16	99		X						
02	43800	RECONSTRUCTION OF PYLORUS	116.42										
03	43800	RECONSTRUCTION OF PYLORUS	582.09										
07	43800	RECONSTRUCTION OF PYLORUS	698.51	00	15								
02	43810	FUSION OF STOMACH AND BOWEL	126.21										
03	43810	FUSION OF STOMACH AND BOWEL	631.04										
07	43810	FUSION OF STOMACH AND BOWEL	757.25	00	15								
02	43820	FUSION OF STOMACH AND BOWEL	163.05										
03	43820	FUSION OF STOMACH AND BOWEL	815.26										
07	43820	FUSION OF STOMACH AND BOWEL	978.31	00	15								
02	43825	FUSION OF STOMACH AND BOWEL	162.46										
03	43825	FUSION OF STOMACH AND BOWEL	812.30										
07	43825	FUSION OF STOMACH AND BOWEL	974.75	00	15								
02	43830	SURGICAL OPENING OF STOMACH	85.91										
03	43830	SURGICAL OPENING OF STOMACH	429.56										
07	43830	SURGICAL OPENING OF STOMACH	515.48	00	15								
02	43831	GASTROSTOMY, OPEN, NEONATAL	71.49	00	00								
03	43831	GASTROSTOMY, OPEN, NEONATAL	357.46	00	00								
07	43831	GASTROSTOMY, OPEN, NEONATAL	428.95	00	00								
02	43832	SURGICAL OPENING OF STOMACH	132.70										
03	43832	SURGICAL OPENING OF STOMACH	663.49										
07	43832	SURGICAL OPENING OF STOMACH	796.19	00	15								
02	43840	REPAIR OF STOMACH LESION	165.36										
03	43840	REPAIR OF STOMACH LESION	826.78										
07	43840	REPAIR OF STOMACH LESION	992.13	00	15								
02	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	148.09	16	99	X							
03	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	740.43	16	99		X						
02	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	158.34	16	99	X							
03	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	791.70	16	99		X						
02	43845	GASTROPLASTY DUODENAL SWITCH	MP	16	99	X	X						
03	43845	GASTROPLASTY DUODENAL SWITCH	MP	16	99	X	X						
02	43846	ROUX-EN-Y/GASTRIC BYPASS	204.25	16	99	X							
03	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,021.27	16	99		X						

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	43847	GASTRIC BYPASS FOR OBESITY	223.46	16	99	X							
03	43847	GASTRIC BYPASS FOR OBESITY	1,117.28	16	99		X						
02	43848	REVISION GASTROPLASTY	242.49	16	99	X							
03	43848	REVISION GASTROPLASTY	1,212.46	16	99		X						
02	43850	REVISE STOMACH-BOWEL FUSION	203.21										
03	43850	REVISE STOMACH-BOWEL FUSION	1,016.04										
07	43850	REVISE STOMACH-BOWEL FUSION	1,219.25	00	15								
02	43855	REVISE STOMACH-BOWEL FUSION	212.37										
03	43855	REVISE STOMACH-BOWEL FUSION	1,061.86										
07	43855	REVISE STOMACH-BOWEL FUSION	1,274.23	00	15								
02	43860	REVISE STOMACH-BOWEL FUSION	206.25										
03	43860	REVISE STOMACH-BOWEL FUSION	1,031.26										
07	43860	REVISE STOMACH-BOWEL FUSION	1,237.51	00	15								
02	43865	REVISE STOMACH-BOWEL FUSION	214.67										
03	43865	REVISE STOMACH-BOWEL FUSION	1,073.35										
07	43865	REVISE STOMACH-BOWEL FUSION	1,288.02	00	15								
02	43870	REPAIR STOMACH OPENING	87.86										
03	43870	REPAIR STOMACH OPENING	439.32										
07	43870	REPAIR STOMACH OPENING	527.18	00	15								
02	43880	REPAIR STOMACH-BOWEL FISTULA	201.53										
03	43880	REPAIR STOMACH-BOWEL FISTULA	1,007.65										
07	43880	REPAIR STOMACH-BOWEL FISTULA	1,209.18	00	15								
02	43886	REVISE GASTRIC PORT, OPEN	40.49	16	99	X							
03	43886	REVISE GASTRIC PORT, OPEN	202.46	16	99		X						
02	43887	REMOVE GASTRIC PORT, OPEN	38.44	16	99	X							
03	43887	REMOVE GASTRIC PORT, OPEN	192.20	16	99		X						
02	43888	CHANGE GASTRIC PORT, OPEN	54.43	16	99	X							
03	43888	CHANGE GASTRIC PORT, OPEN	272.14	16	99		X						
02	43999	STOMACH SURGERY PROCEDURE	MP			X							
03	43999	STOMACH SURGERY PROCEDURE	MP			X							
07	43999	STOMACH SURGERY PROCEDURE	MP	00	15	X							
02	44005	FREEING OF BOWEL ADHESION	137.51			X							
03	44005	FREEING OF BOWEL ADHESION	687.54			X							
07	44005	FREEING OF BOWEL ADHESION	825.05	00	15	X							
02	44010	INCISION OF SMALL BOWEL	107.90										
03	44010	INCISION OF SMALL BOWEL	539.52										
07	44010	INCISION OF SMALL BOWEL	647.42	00	15								
02	44015	NEEDLE CATHETER JEJUNOSTOMY	18.90										
03	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	94.51										
07	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	113.42	00	15								
02	44020	EXPLORATION OF SMALL BOWEL	121.42										
03	44020	EXPLORATION OF SMALL BOWEL	607.11										
07	44020	EXPLORATION OF SMALL BOWEL	728.53	00	15								
02	44021	ENTEROTOMY...;FOR DECOMPRESSION	122.77										
03	44021	ENTEROTOMY...;FOR DECOMPRESSION	613.83										
07	44021	ENTEROTOMY...;FOR DECOMPRESSION	736.59	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	44025	EXPLORATION OF LARGE BOWEL	123.63									
03	44025	EXPLORATION OF LARGE BOWEL	618.14									
07	44025	EXPLORATION OF LARGE BOWEL	741.77	00 15								
02	44050	REDUCE BOWEL OBSTRUCTION	117.08									
03	44050	REDUCE BOWEL OBSTRUCTION	585.38									
07	44050	REDUCE BOWEL OBSTRUCTION	702.45	00 15								
02	44055	CORRECT MALROTATION-CG, LADD PROC	187.82									
03	44055	CORRECT MALROTATION-CG, LADD PROC.	939.12									
07	44055	CORRECT MALROTATION-CG, LADD PROC.	1,126.95	00 15								
03	44100	BIOPSY OF BOWEL	77.14									
07	44100	BIOPSY OF BOWEL	92.55	00 15								
02	44110	EXCISION OF BOWEL LESION(S)	105.74									
03	44110	EXCISION OF BOWEL LESION(S)	528.70									
07	44110	EXCISION OF BOWEL LESION(S)	634.44	00 15								
02	44111	EXCISION OF BOWEL LESION(S)	123.31									
03	44111	EXCISION OF BOWEL LESION(S)	616.56									
07	44111	EXCISION OF BOWEL LESION(S)	739.87	00 15								
02	44120	REMOVAL OF SMALL INTESTINE	152.83									
03	44120	REMOVAL OF SMALL INTESTINE	764.16									
07	44120	REMOVAL OF SMALL INTESTINE	916.99	00 15								
02	44121	REMOVAL OF SMALL INTESTINE	31.78									
03	44121	REMOVAL OF SMALL INTESTINE	158.91									
07	44121	REMOVAL OF SMALL INTESTINE	190.69	00 15								
02	44125	REMOVAL OF SMALL INTESTINE	148.42									
03	44125	REMOVAL OF SMALL INTESTINE	742.08									
07	44125	REMOVAL OF SMALL INTESTINE	890.50	00 15								
02	44126	ENTERECTOMY W/TAPER, CONG	306.94									
03	44126	ENTERECTOMY W/TAPER, CONG	1,534.69									
07	44126	ENTERECTOMY W/TAPER, CONG	1,841.63	00 15								
02	44127	ENTERECTOMY W/O TAPER, CONG	357.96									
03	44127	ENTERECTOMY W/O TAPER, CONG	1,789.80									
07	44127	ENTERECTOMY W/O TAPER, CONG	2,147.77	00 15								
02	44128	ENTERECTOMY CONG, ADD-ON	31.97									
03	44128	ENTERECTOMY CONG, ADD-ON	159.83									
07	44128	ENTERECTOMY CONG, ADD-ON	191.80	00 15								
02	44130	BOWEL TO BOWEL FUSION	159.42									
03	44130	BOWEL TO BOWEL FUSION	797.11									
07	44130	BOWEL TO BOWEL FUSION	956.53	00 15								
02	44132	ENTERECTOMY, CADAVER DONOR	236.65		X							
03	44132	ENTERECTOMY, CADAVER DONOR	1,183.24		X							
07	44132	ENTERECTOMY, CADAVER DONOR	1,183.24	00 15	X							
02	44133	ENTERETOMY, LIVECADAVER DONOR	236.65		X							
03	44133	ENTERECTOMY, LIVE DONOR	1,183.24		X							
07	44133	ENTERECTOMY, LIVE DONOR	1,183.24	00 15	X							
02	44135	INTESTINE TRANSPLANT,CADAVER	591.62		X							
03	44135	INTESTINE TRANSPLNT, CADAVER	2,958.11		X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	44135	INTESTINE TRANSPLNT, CADAVER	2,958.11	00 15	X							
02	44136	INTESTINE TRANSPLANT, LIVE	591.62		X							
03	44136	INTESTINE TRANSPLANT, LIVE	2,958.11		X							
07	44136	INTESTINE TRANSPLANT, LIVE	2,958.11	00 15	X							
02	44137	REMOVE INTESTINAL ALLOGRAFT	MP		X							
03	44137	REMOVE INTESTINAL ALLOGRAFT	MP		X							
07	44137	REMOVE INTESTINAL ALLOGRAFT	MP	00 15	X							
02	44139	MOBILIZATION OF COLON	15.90									
03	44139	MOBILIZATION OF COLON	79.48									
07	44139	MOBILIZATION OF COLON	95.37	00 15								
02	44140	PARTIAL REMOVAL OF COLON	169.01									
03	44140	PARTIAL REMOVAL OF COLON	845.07									
07	44140	PARTIAL REMOVAL OF COLON	1,014.08	00 15								
02	44141	PARTIAL REMOVAL OF COLON	221.05									
03	44141	PARTIAL REMOVAL OF COLON	1,105.23									
07	44141	PARTIAL REMOVAL OF COLON	1,326.28	00 15								
02	44143	PARTIAL REMOVAL OF COLON	207.80									
03	44143	PARTIAL REMOVAL OF COLON	1,039.01									
07	44143	PARTIAL REMOVAL OF COLON	1,246.82	00 15								
02	44144	PARTIAL REMOVAL OF COLON	218.09									
03	44144	PARTIAL REMOVAL OF COLON	1,090.44									
07	44144	PARTIAL REMOVAL OF COLON	1,308.52	00 15								
02	44145	PARTIAL REMOVAL OF COLON	210.73									
03	44145	PARTIAL REMOVAL OF COLON	1,053.65									
07	44145	PARTIAL REMOVAL OF COLON	1,264.37	00 15								
02	44146	PARTIAL REMOVAL OF COLON	262.17									
03	44146	PARTIAL REMOVAL OF COLON	1,310.86									
07	44146	PARTIAL REMOVAL OF COLON	1,573.03	00 15								
02	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	236.46									
03	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,182.32									
07	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,418.77	00 15								
02	44150	REMOVAL OF COLON	229.54									
03	44150	REMOVAL OF COLON	1,147.71									
07	44150	REMOVAL OF COLON	1,377.26	00 15								
02	44151	COLECTOMY; W/ CONTINENT ILEOSTOMY	262.70									
03	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,313.48									
07	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,576.18	00 15								
02	44155	REMOVAL OF COLON	257.27									
03	44155	REMOVAL OF COLON	1,286.35									
07	44155	REMOVAL OF COLON	1,543.62	00 15								
02	44156	COLECTOMY....;W/ CONTINENT ILEOSTOMY	283.09									
03	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,415.46									
07	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,698.55	00 15								
02	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	269.22									
03	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,346.12									
07	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,615.35	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	276.07									
03	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,380.34									
07	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,656.40	00 15								
02	44160	REMOVAL OF COLON	155.57									
03	44160	REMOVAL OF COLON	777.87									
07	44160	REMOVAL OF COLON	933.44	00 15								
02	44186	LAP, JEJUNOSTOMY	81.54									
03	44186	LAP, JEJUNOSTOMY	407.72									
07	44186	LAP, JEJUNOSTOMY	489.26	00 15								
02	44187	LAP, ILEO/JEJUNO-STOMY	137.11									
03	44187	LAP, ILEO/JEJUNO-STOMY	685.54									
07	44187	LAP, ILEO/JEJUNO-STOMY	822.65	00 15								
02	44188	LAP, COLOSTOMY	151.85									
03	44188	LAP, COLOSTOMY	759.25									
07	44188	LAP, COLOSTOMY	911.09	00 15								
02	44202	LAPARO RESECT INTESTINE	174.99									
03	44202	LAPARO, RESECT INTESTINE	874.96									
07	44202	LAPARO, RESECT INTESTINE	1,049.96	00 15								
02	44203	LAP RESECT S/INTESTINE, ADDL	31.64									
03	44203	LAP RESECT S/INTESTINE, ADDL	158.21									
07	44203	LAP RESECT S/INTESTINE, ADDL	189.85	00 15								
02	44204	LAPARO PARTIAL COLECTOMY	195.44									
03	44204	LAPARO PARTIAL COLECTOMY	977.18									
07	44204	LAPARO PARTIAL COLECTOMY	1,172.61	00 15								
02	44205	LAP COLECTOMY PART W/ILEUM	170.65									
03	44205	LAP COLECTOMY PART W/ILEUM	853.24									
07	44205	LAP COLECTOMY PART W/ILEUM	1,023.88	00 15								
02	44206	LAP PART COLECTOMY W/STOMA	221.54									
03	44206	LAP PART COLECTOMY W/STOMA	1,107.71									
07	44206	LAP PART COLECTOMY W/STOMA	1,329.25	00 15								
02	44207	L COLECTOMY/COLOPROCTOSTOMY	233.12									
03	44207	L COLECTOMY/COLOPROCTOSTOMY	1,165.60									
07	44207	L COLECTOMY/COLOPROCTOSTOMY	1,398.73	00 15								
02	44208	L COLECTOMY/COLOPROCTOSTOMY	252.95									
03	44208	L COLECTOMY/COLOPROCTOSTOMY	1,264.74									
07	44208	L COLECTOMY/COLOPROCTOSTOMY	1,517.68	00 15								
02	44210	LAPARO TOTAL PROCTOCOLECTOMY	225.83									
03	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,129.14									
07	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,354.97	00 15								
02	44211	LAPARO TOTAL PROCTOCOLECTOMY	277.28									
03	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,386.39									
07	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,663.67	00 15								
02	44212	LAPARO TOTAL PROCTOCOLECTOMY	259.78									
03	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,298.90									
07	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,558.69	00 15								
02	44213	LAP, MOBIL SPLENIC FL ADD-ON	24.93									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	44213	LAP, MOBIL SPLENIC FL ADD-ON	124.65									
07	44213	LAP, MOBIL SPLENIC FL ADD-ON	149.59	00 15								
02	44227	LAP, CLOSE ENTEROSTOMY	211.63									
03	44227	LAP, CLOSE ENTEROSTOMY	1,058.17									
07	44227	LAP, CLOSE ENTEROSTOMY	1,269.80	00 15								
02	44238	LAPAROSCOPE PROC, INTESTINE	MP		X							
03	44238	LAPAROSCOPE PROC, INTESTINE	MP		X							
07	44238	LAPAROSCOPE PROC, INTESTINE	MP	00 15	X							
02	44300	OPEN BOWEL TO SKIN	104.95									
03	44300	OPEN BOWEL TO SKIN	524.74									
07	44300	OPEN BOWEL TO SKIN	629.69	00 15								
02	44310	ILEOSTOMY	131.42									
03	44310	ILEOSTOMY	657.11									
07	44310	ILEOSTOMY	788.54	00 15								
03	44312	REVISION OF ILEOSTOMY	370.55									
07	44312	REVISION OF ILEOSTOMY	444.66	00 15								
02	44314	REVISION OF ILEOSTOMY	126.81									
03	44314	REVISION OF ILEOSTOMY	634.03									
07	44314	REVISION OF ILEOSTOMY	760.84	00 15								
02	44316	DEVISE BOWEL POUCH	173.94									
03	44316	DEVISE BOWEL POUCH	869.70									
07	44316	DEVISE BOWEL POUCH	1,043.64	00 15								
02	44320	COLOSTOMY	149.77									
03	44320	COLOSTOMY	748.84									
07	44320	COLOSTOMY	898.61	00 15								
02	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	117.34									
03	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	586.68									
07	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	704.01	00 15								
03	44340	REVISION OF COLOSTOMY	372.65									
07	44340	REVISION OF COLOSTOMY	447.18	00 15								
02	44345	REVISION OF COLOSTOMY	130.96									
03	44345	REVISION OF COLOSTOMY	654.82									
07	44345	REVISION OF COLOSTOMY	785.78	00 15								
02	44346	REVISE COLOSTOMY; REPAIR HERNIA	147.06									
03	44346	REVISE COLOSTOMY;REPAIR HERNIA	735.29									
07	44346	REVISE COLOSTOMY;REPAIR HERNIA	882.34	00 15								
03	44360	SMALL BOWEL ENDOSCOPY	105.14									
07	44360	SMALL BOWEL ENDOSCOPY	126.17	00 15								
03	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	115.91									
07	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	139.08	00 15								
03	44363	SMALL BOWEL ENDOSCOPY	137.65									
07	44363	SMALL BOWEL ENDOSCOPY	165.17	00 15								
03	44364	SMALL BOWEL ENDOSCOPY	148.04									
07	44364	SMALL BOWEL ENDOSCOPY	177.65	00 15								
03	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	131.77									
07	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	158.12	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	44366	SMALL BOWEL ENDOSCOPY	174.51										
07	44366	SMALL BOWEL ENDOSCOPY	209.41	00	15								
03	44369	SMALL BOWEL ENDOSCOPY	178.30										
07	44369	SMALL BOWEL ENDOSCOPY	213.97	00	15								
03	44370	SMALL BOWEL ENDOSCOPY/STENT	192.07										
07	44370	SMALL BOWEL ENDOSCOPY/STENT	230.48	00	15								
03	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	170.39										
07	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	204.47	00	15								
03	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	137.65										
07	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	165.17	00	15								
03	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	203.86										
07	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	244.64	00	15								
03	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	215.74										
07	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	258.88	00	15								
03	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	276.87										
07	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	332.24	00	15								
03	44379	S BOWEL ENDOSCOPE W/STENT	293.82										
07	44379	S BOWEL ENDOSCOPE W/STENT	352.58	00	15								
03	44380	SMALL BOWEL ENDOSCOPY	45.60										
07	44380	SMALL BOWEL ENDOSCOPY	54.71	00	15								
03	44382	SMALL BOWEL ENDOSCOPY	55.02										
07	44382	SMALL BOWEL ENDOSCOPY	66.04	00	15								
03	44383	ILEOSCOPY W/STENT	118.20			X							
07	44383	ILEOSCOPY W/STENT	141.84	00	15	X							
03	44385	ENDOSCOPY OF BOWEL POUCH	152.00										
07	44385	ENDOSCOPY OF BOWEL POUCH	182.40	00	15								
03	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	210.10										
07	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	252.12	00	15								
03	44388	COLON ENDOSCOPY	211.89										
07	44388	COLON ENDOSCOPY	254.27	00	15								
03	44389	COLON ENDOSCOPY	245.47										
07	44389	COLON ENDOSCOPY	294.56	00	15								
03	44390	COLON ENDOSCOPY	284.17										
07	44390	COLON ENDOSCOPY	341.00	00	15								
03	44391	COLON ENDOSCOPY	318.31										
07	44391	COLON ENDOSCOPY	381.98	00	15								
03	44392	COLON ENDOSCOPY	267.62										
07	44392	COLON ENDOSCOPY	321.14	00	15								
03	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	312.42			X							
07	44393	FIBEROPTIC COLONOSCOPY THROUGH COLOS	374.91	00	15	X							
03	44394	COLONOSCOPY THROUGH STOMA;	312.95										
07	44394	COLONOSCOPY THROUGH STOMA;	375.53	00	15								
03	44397	COLONOSCOPY W STENT	184.90			X							
07	44397	COLONOSCOPY W STENT	221.88	00	15	X							
03	44500	INTRODUCTION OF LONG GASTROINTESTINA	17.64										
07	44500	INTRODUCTION OF LONG GASTROINTESTINA	21.17	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	173.34									
03	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	866.70									
07	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,040.04	00 15								
02	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	198.56									
03	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	992.80									
07	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,191.36	00 15								
02	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	133.58									
03	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	667.92									
07	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	801.51	00 15								
02	44605	REPAIR OF BOWEL LESION	164.44									
03	44605	REPAIR OF BOWEL LESION	822.19									
07	44605	REPAIR OF BOWEL LESION	986.63	00 15								
02	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	135.43									
03	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	677.15									
07	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	812.58	00 15								
02	44620	REPAIR BOWEL OPENING	107.87									
03	44620	REPAIR BOWEL OPENING	539.34									
07	44620	REPAIR BOWEL OPENING	647.20	00 15								
02	44625	REPAIR BOWEL OPENING	127.97									
03	44625	REPAIR BOWEL OPENING	639.86									
07	44625	REPAIR BOWEL OPENING	767.83	00 15								
02	44626	REPAIR BOWEL OPENING	204.22									
03	44626	REPAIR BOWEL OPENING	1,021.11									
07	44626	REPAIR BOWEL OPENING	1,225.33	00 15								
02	44640	REPAIR BOWEL-SKIN FISTULA	177.97									
03	44640	REPAIR BOWEL-SKIN FISTULA	889.84									
07	44640	REPAIR BOWEL-SKIN FISTULA	1,067.81	00 15								
02	44650	REPAIR BOWEL FISTULA	185.13									
03	44650	REPAIR BOWEL FISTULA	925.64									
07	44650	REPAIR BOWEL FISTULA	1,110.76	00 15								
02	44660	REPAIR BOWEL-BLADDER FISTULA	178.20									
03	44660	REPAIR BOWEL-BLADDER FISTULA	890.98									
07	44660	REPAIR BOWEL-BLADDER FISTULA	1,069.17	00 15								
02	44661	REPAIR BOWEL-BLADDER FISTULA	200.67									
03	44661	REPAIR BOWEL-BLADDER FISTULA	1,003.36									
07	44661	REPAIR BOWEL-BLADDER FISTULA	1,204.03	00 15								
02	44680	SURGICAL REVISION, INTESTINE	133.69									
03	44680	SURGICAL REVISION, INTESTINE	668.46									
07	44680	SURGICAL REVISION, INTESTINE	802.16	00 15								
02	44700	SUSPEND BOWEL W/PROSTHESIS	129.34									
03	44700	SUSPEND BOWEL W/PROSTHESIS	646.68									
07	44700	SUSPEND BOWEL W/PROSTHESIS	776.02	00 15								
02	44701	INTRAOP COLON LAVAGE ADD-ON	21.96									
03	44701	INTRAOP COLON LAVAGE ADD-ON	109.82									
07	44701	INTRAOP COLON LAVAGE ADD-ON	131.78	00 15								
02	44715	PREPARE DONOR INTESTINE	MP		X							

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	44715	PREPARE DONOR INTESTINE	MP			X							
07	44715	PREPARE DONOR INTESTINE	MP	00	15	X							
02	44720	PREP DONOR INTESTINE/VENOUS	35.61			X							
03	44720	PREP DONOR INTESTINE/VENOUS	178.04			X							
07	44720	PREP DONOR INTESTINE/VENOUS	213.66	00	15	X							
02	44721	PREP DONOR INTESTINE/ARTERY	50.65			X							
03	44721	PREP DONOR INTESTINE/ARTERY	253.25			X							
07	44721	PREP DONOR INTESTINE/ARTERY	303.89	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	REPAIR OF CONGENITAL BOWEL DEFECT	94.86										
03	44800	REPAIR OF CONGENITAL BOWEL DEFECT	474.28										
07	44800	REPAIR OF CONGENITAL BOWEL DEFECT	569.14	00	15								
02	44820	EXCISION OF MESENTERY LESION	104.93										
03	44820	EXCISION OF MESENTERY LESION	524.67										
07	44820	EXCISION OF MESENTERY LESION	629.61	00	15								
02	44850	REPAIR OF MESENTERY	92.57										
03	44850	REPAIR OF MESENTERY	462.83										
07	44850	REPAIR OF MESENTERY	555.40	00	15								
02	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP			X							
03	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP			X							
07	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP	00	15	X							
02	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	94.75										
03	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	473.76										
07	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	568.51	00	15								
03	44901	DRAIN, APP ABSCESS, PERC	594.48			X							
07	44901	DRAIN, APP ABSCESS, PERC	713.37	00	15	X							
03	44950	APPENDECTOMY	402.70			X							
07	44950	APPENDECTOMY	483.24	00	15	X							
03	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	55.20										
07	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	66.23	00	15								
02	44960	APPENDECTOMY	108.36			X							
03	44960	APPENDECTOMY	541.80			X							
07	44960	APPENDECTOMY	650.16	00	15	X							
02	44970	LAPAROSCOPY APPENDECTOMY	73.77			X							
03	44970	LAPAROSCOPY, APPENDECTOMY	368.85			X							
07	44970	LAPAROSCOPY, APPENDECTOMY	442.62	00	15	X							
03	44979	LAPAROSCOPE PROC, APP	MP			X							
07	44979	LAPAROSCOPE PROC, APP	MP	00	15	X							
03	45000	DRAINAGE OF PELVIC ABSCESS	254.66										
07	45000	DRAINAGE OF PELVIC ABSCESS	305.58	00	15								
03	45005	DRAINAGE OF RECTAL ABSCESS	148.48										
07	45005	DRAINAGE OF RECTAL ABSCESS	178.18	00	15								
03	45020	DRAINAGE OF RECTAL ABSCESS	332.21										
07	45020	DRAINAGE OF RECTAL ABSCESS	398.65	00	15								

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	45100	BIOPSY OF RECTUM	176.59										
07	45100	BIOPSY OF RECTUM	211.92	00	15								
03	45108	REMOVAL OF ANORECTAL LESION	215.88										
07	45108	REMOVAL OF ANORECTAL LESION	259.05	00	15								
02	45110	REMOVAL OF RECTUM	232.05										
03	45110	REMOVAL OF RECTUM	1,160.23										
07	45110	REMOVAL OF RECTUM	1,392.28	00	15								
02	45111	PARTIAL REMOVAL OF RECTUM	136.41										
03	45111	PARTIAL REMOVAL OF RECTUM	682.05										
07	45111	PARTIAL REMOVAL OF RECTUM	818.46	00	15								
02	45112	REMOVAL OF RECTUM	239.96										
03	45112	REMOVAL OF RECTUM	1,199.82										
07	45112	REMOVAL OF RECTUM	1,439.77	00	15								
02	45113	PARTIAL PROCTECTOMY	245.59										
03	45113	PARTIAL PROCTECTOMY	1,227.96										
07	45113	PARTIAL PROCTECTOMY	1,473.55	00	15								
02	45114	PARTIAL REMOVAL OF RECTUM	224.79										
03	45114	PARTIAL REMOVAL OF RECTUM	1,123.94										
07	45114	PARTIAL REMOVAL OF RECTUM	1,348.73	00	15								
02	45116	PARTIAL REMOVAL OF RECTUM	201.78										
03	45116	PARTIAL REMOVAL OF RECTUM	1,008.90										
07	45116	PARTIAL REMOVAL OF RECTUM	1,210.69	00	15								
02	45119	REMOVE, RECTUM W/RESERVOIR	245.84										
03	45119	REMOVE, RECTUM W/RESERVOIR	1,229.20										
07	45119	REMOVE, RECTUM W/RESERVOIR	1,475.03	00	15								
02	45120	REMOVAL OF RECTUM	196.59										
03	45120	REMOVAL OF RECTUM	982.93										
07	45120	REMOVAL OF RECTUM	1,179.52	00	15								
02	45121	PROCTECTOMY;W/COLECTOMY,W/MULTI BX	215.34										
03	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,076.72										
07	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,292.06	00	15								
02	45123	PARTIAL PROCTECTOMY	139.16										
03	45123	PARTIAL PROCTECTOMY	695.80										
07	45123	PARTIAL PROCTECTOMY	834.95	00	15								
02	45126	PELVIC EXENTERATION	362.09			X							
03	45126	PELVIC EXENTERATION	1,810.44			X							
07	45126	PELVIC EXENTERATION	2,172.52	00	15	X							
02	45130	EXCISION OF RECTAL PROLAPSE	136.10										
03	45130	EXCISION OF RECTAL PROLAPSE	680.50										
07	45130	EXCISION OF RECTAL PROLAPSE	816.60	00	15								
02	45135	EXCISION OF RECTAL PROLAPSE	166.72										
03	45135	EXCISION OF RECTAL PROLAPSE	833.62										
07	45135	EXCISION OF RECTAL PROLAPSE	1,000.34	00	15								
02	45136	EXCISE ILEOANAL RESERVOIR	230.12										
03	45136	EXCISE ILEOANAL RESERVOIR	1,150.58										
07	45136	EXCISE ILEOANAL RESERVOIR	1,380.70	00	15								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	45150	EXCISION OF RECTAL STRICTURE	245.29									
07	45150	EXCISION OF RECTAL STRICTURE	294.34	00 15								
02	45160	EXCISION OF RECTAL LESION	123.63									
03	45160	EXCISION OF RECTAL LESION	618.15									
07	45160	EXCISION OF RECTAL LESION	741.78	00 15								
02	45171	EXCISION OF RECTAL TUMOR TRANSANAL	81.50									
03	45171	EXCISION OF RECTAL TUMOR TRANSANAL	407.51									
07	45171	EXCISION OF RECTAL TUMOR TRANSANAL	489.01	00 15								
02	45172	EXCISION OF RECTAL TUMOR TRANSANAL	112.10									
03	45172	EXCISION OF RECTAL TUMOR TRANSANAL	560.50									
07	45172	EXCISION OF RECTAL TUMOR TRANSANAL	672.61	00 15								
03	45190	DESTRUCTION RECTAL TUMOR	418.42									
07	45190	DESTRUCTION RECTAL TUMOR	502.11	00 15								
03	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	64.06									
07	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	76.86	00 15								
03	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	481.32									
07	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	577.58	00 15								
03	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	104.51									
07	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	125.42	00 15								
03	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	117.19									
07	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	140.63	00 15								
03	45308	PROCTOSIGMOIDOSCOPY, RIGID;	106.82									
07	45308	PROCTOSIGMOIDOSCOPY, RIGID;	128.19	00 15								
03	45309	PROCTOSIGMOIDOSCOPY, RIGID;	120.95									
07	45309	PROCTOSIGMOIDOSCOPY, RIGID;	145.14	00 15								
03	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	130.14									
07	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	156.17	00 15								
03	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	126.65									
07	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	151.98	00 15								
03	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	126.86									
07	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	152.24	00 15								
03	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	66.89									
07	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	80.26	00 15								
03	45327	PROCTOSIGMOIDOSCOPY W/STENT	78.01									
07	45327	PROCTOSIGMOIDOSCOPY W/STENT	93.62	00 15								
03	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	82.70									
07	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	99.25	00 15								
03	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	104.87									
07	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	125.85	00 15								
03	45332	SIGMOIDOSCOPY; DIAGNOSTIC	172.10									
07	45332	SIGMOIDOSCOPY; DIAGNOSTIC	206.52	00 15								
03	45333	SIGMOIDOSCOPY; DIAGNOSTIC	173.01									
07	45333	SIGMOIDOSCOPY; DIAGNOSTIC	207.61	00 15								
03	45334	SIGMOIDOSCOPY; DIAGNOSTIC	109.50									
07	45334	SIGMOIDOSCOPY; DIAGNOSTIC	131.40	00 15								
03	45335	SIGMOIDOSCOPY W/SUBMUC INJ	147.62									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	45335	SIGMOIDOSCOPY W/SUBMUC INJ	177.15	00 15								
03	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	94.09									
07	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	112.91	00 15								
03	45338	SIGMOIDOSCOPY, FLEXIBLE;	194.28									
07	45338	SIGMOIDOSCOPY, FLEXIBLE;	233.13	00 15								
03	45339	SIGMOIDOSCOPY, FLEXIBLE;	204.20		X							
07	45339	SIGMOIDOSCOPY, FLEXIBLE;	245.05	00 15	X							
03	45340	SIG W/BALLOON DILATION	260.74									
07	45340	SIG W/BALLOON DILATION	312.89	00 15								
03	45341	SIGMOIDOSCOPY W/ULTRASOUND	104.49			X						
07	45341	SIGMOIDOSCOPY W/ULTRASOUND	125.39	00 15		X						
03	45342	SIGMOIDOSCOPY W/US GUIDE BX	160.08									
07	45342	SIGMOIDOSCOPY W/US GUIDE BX	192.10	00 15								
03	45345	SIGMODOSCOPY W/STENT	116.31		X							
07	45345	SIGMODOSCOPY W/STENT	139.57	00 15	X							
03	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	134.98		X							
07	45355	COLON,TRANSABD VIA COLOT,SING/MULTIP	161.98	00 15	X							
03	45378	DIAGNOSTIC COLONOSCOPY	246.58									
07	45378	DIAGNOSTIC COLONOSCOPY	295.90	00 15								
03	45379	COLONOSCOPY	313.09									
07	45379	COLONOSCOPY	375.71	00 15								
03	45380	COLONOSCOPY AND BIOPSY	295.98									
07	45380	COLONOSCOPY AND BIOPSY	355.18	00 15								
03	45381	COLONOSCOPY, SUBMUCOUS INJ	287.40									
07	45381	COLONOSCOPY, SUBMUCOUS INJ	344.88	00 15								
03	45382	COLONOSCOPY,CONTROL BLEEDING	389.24									
07	45382	COLONOSCOPY,CONTROL BLEEDING	467.09	00 15								
03	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	354.50		X							
07	45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLE	425.41	00 15	X							
03	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	292.00									
07	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	350.41	00 15								
03	45385	COLONOSCOPY, LESION REMOVAL	334.80									
07	45385	COLONOSCOPY, LESION REMOVAL	401.76	00 15								
03	45386	COLONOSCOPY DILATE STRICTURE	406.34									
07	45386	COLONOSCOPY DILATE STRICTURE	487.61	00 15								
03	45387	COLONOSCOPY W/STENT	231.20		X							
07	45387	COLONOSCOPY W/STENT	277.44	00 15	X							
03	45391	COLONOSCOPY W/ENDOSCOPE US	199.69									
07	45391	COLONOSCOPY W/ENDOSCOPE US	239.63	00 15								
03	45392	COLONOSCOPY W/ENDOSCOPIC FNB	252.03									
07	45392	COLONOSCOPY W/ENDOSCOPIC FNB	302.44	00 15								
02	45395	LAP, REMOVAL OF RECTUM	250.69									
03	45395	LAP, REMOVAL OF RECTUM	1,253.43									
07	45395	LAP, REMOVAL OF RECTUM	1,504.12	00 15								
02	45397	LAP, REMOVE RECTUM W/POUCH	271.55									
03	45397	LAP, REMOVE RECTUM W/POUCH	1,357.76									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	45397	LAP, REMOVE RECTUM W/POUCH	1,629.30	00 15								
02	45400	LAPAROSCOPIC PROCTOPEXY	144.79									
03	45400	LAPAROSCOPIC PROCTOPEXY	723.96									
07	45400	LAPAROSCOPIC PROCTOPEXY	868.75	00 15								
02	45402	LAP PROCTOPEXY W/SIG RESECT	194.14									
03	45402	LAP PROCTOPEXY W/SIG RESECT	970.70									
07	45402	LAP PROCTOPEXY W/SIG RESECT	1,164.85	00 15								
03	45499	LAPAROSCOPE PROC, RECTUM	MP		X							
07	45499	LAPAROSCOPE PROC, RECTUM	MP	00 15	X							
03	45500	REPAIR OF RECTUM	315.08									
07	45500	REPAIR OF RECTUM	378.09	00 15								
03	45505	REPAIR OF RECTUM	345.35									
07	45505	REPAIR OF RECTUM	414.42	00 15								
03	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	73.35									
07	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	88.02	00 15								
02	45540	CORRECT RECTAL PROLAPSE	133.68									
03	45540	CORRECT RECTAL PROLAPSE	668.39									
07	45540	CORRECT RECTAL PROLAPSE	802.07	00 15								
02	45541	CORRECT RECTAL PROLAPSE	114.39									
03	45541	CORRECT RECTAL PROLAPSE	571.96									
07	45541	CORRECT RECTAL PROLAPSE	686.35	00 15								
02	45550	REPAIR RECTUM;REMOVE SIGMOID	183.91									
03	45550	REPAIR RECTUM;REMOVE SIGMOID	919.53									
07	45550	REPAIR RECTUM;REMOVE SIGMOID	1,103.42	00 15								
02	45560	REPAIR OF RECTOCELE	90.28									
03	45560	REPAIR OF RECTOCELE	451.38									
07	45560	REPAIR OF RECTOCELE	541.67	00 15								
03	45562	EXPLORATION/REPAIR OF RECTUM	693.67									
07	45562	EXPLORATION/REPAIR OF RECTUM	832.41	00 15								
02	45563	EXPLORATION/REPAIR OF RECTUM	201.86									
03	45563	EXPLORATION/REPAIR OF RECTUM	1,009.31									
07	45563	EXPLORATION/REPAIR OF RECTUM	1,211.16	00 15								
02	45800	REPAIR RECTUMBLADDER FISTULA	155.57									
03	45800	REPAIR RECTUMBLADDER FISTULA	777.83									
07	45800	REPAIR RECTUMBLADDER FISTULA	933.40	00 15								
02	45805	REPAIR FISTULA; COLOSTOMY	175.85									
03	45805	REPAIR FISTULA; COLOSTOMY	879.26									
07	45805	REPAIR FISTULA; COLOSTOMY	1,055.11	00 15								
02	45820	REPAIR RECTOURETHRAL FISTULA	154.16									
03	45820	REPAIR RECTOURETHRAL FISTULA	770.81									
07	45820	REPAIR RECTOURETHRAL FISTULA	924.97	00 15								
02	45825	REPAIR FISTULA; COLOSTOMY	186.03									
03	45825	REPAIR FISTULA; COLOSTOMY	930.16									
07	45825	REPAIR FISTULA; COLOSTOMY	1,116.18	00 15								
03	45900	REDUCTION OF RECTAL PROLAPSE	121.97									
07	45900	REDUCTION OF RECTAL PROLAPSE	146.36	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	45905	DILATION OF ANAL SPHINCTER	103.16									
07	45905	DILATION OF ANAL SPHINCTER	123.79	00 15								
03	45910	DILATION OF RECTAL NARROWING	122.21									
07	45910	DILATION OF RECTAL NARROWING	146.65	00 15								
03	45915	REMOVE RECTAL OBSTRUCTION	185.93									
07	45915	REMOVE RECTAL OBSTRUCTION	223.11	00 15								
03	45990	SURG DX EXAM, ANORECTAL	68.66		X							
07	45990	SURG DX EXAM, ANORECTAL	82.39	00 15	X							
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	151.96									
07	46020	PLACEMENT OF SETON	182.35	00 15								
03	46030	REMOVAL OF RECTAL MARKER	75.59									
07	46030	REMOVAL OF RECTAL MARKER	90.71	00 15								
03	46040	INCISION OF RECTAL ABSCESS	295.29									
07	46040	INCISION OF RECTAL ABSCESS	354.34	00 15								
03	46045	INCISION OF RECTAL ABSCESS	249.00									
07	46045	INCISION OF RECTAL ABSCESS	298.79	00 15								
03	46050	INCISION OF ANAL ABSCESS	103.25									
07	46050	INCISION OF ANAL ABSCESS	123.90	00 15								
03	46060	INCISION OF RECTAL ABSCESS	274.34									
07	46060	INCISION OF RECTAL ABSCESS	329.20	00 15								
03	46070	INCISION OF ANAL SEPTUM	138.95									
07	46070	INCISION OF ANAL SEPTUM	166.74	00 15								
03	46080	INCISION OF ANAL SPHINCTER	138.40									
07	46080	INCISION OF ANAL SPHINCTER	166.07	00 15								
03	46083	EXC EXT.THROMBOSED HEMORRHOID	102.78									X
07	46083	EXC EXT.THROMBOSED HEMORRHOID	123.33	00 15								X
03	46200	REMOVAL OF ANAL FISSURE	229.19									
07	46200	REMOVAL OF ANAL FISSURE	275.03	00 15								
03	46220	REMOVAL OF ANAL TAB	109.94									
07	46220	REMOVAL OF ANAL TAB	131.94	00 15								
03	46221	LIGATION OF HEMORRHOID(S)	144.65									
07	46221	LIGATION OF HEMORRHOID(S)	173.58	00 15								
03	46230	REMOVAL OF ANAL TABS	152.44									
07	46230	REMOVAL OF ANAL TABS	182.93	00 15								
03	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	253.22									
07	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	303.86	00 15								
03	46255	HEMORRHOIDECTOMY	283.50									
07	46255	HEMORRHOIDECTOMY	340.21	00 15								
03	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	246.39									
07	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	295.66	00 15								
03	46258	REMOVE HEMORRHOIDS & FISTULA	269.42									
07	46258	REMOVE HEMORRHOIDS & FISTULA	323.30	00 15								
03	46260	HEMORRHOIDECTOMY	280.73									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	46260	HEMORRHOIDECTOMY	336.87	00 15								
03	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	313.92									
07	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	376.70	00 15								
03	46262	REMOVE HEMORRHOIDS & FISTULA	327.32									
07	46262	REMOVE HEMORRHOIDS & FISTULA	392.79	00 15								
03	46270	SURGICAL TREATMENT OF ANAL FISTULA	274.06									
07	46270	SURGICAL TREATMENT OF ANAL FISTULA	328.87	00 15								
03	46275	REMOVAL OF ANAL FISTULA	291.05									
07	46275	REMOVAL OF ANAL FISTULA	349.26	00 15								
03	46280	REMOVAL OF ANAL FISTULA	272.40									
07	46280	REMOVAL OF ANAL FISTULA	326.88	00 15								
03	46285	SURGICAL TREATMENT OF ANAL FISTULA	282.76									
07	46285	SURGICAL TREATMENT OF ANAL FISTULA	339.31	00 15								
03	46288	REPAIR ANAL FISTULA	322.80									
07	46288	REPAIR ANAL FISTULA	387.36	00 15								
03	46320	REMOVAL OF HEMORRHOID CLOT	99.98									
07	46320	REMOVAL OF HEMORRHOID CLOT	119.98	00 15								
03	46500	INJECTION TREATMENT OF ANUS	120.23									
07	46500	INJECTION TREATMENT OF ANUS	144.28	00 15								
03	46505	CHEMODENERVATION ANAL MUSC	159.16									
07	46505	CHEMODENERVATION ANAL MUSC	190.99	00 15								
03	46600	ANOSCOPY; DIAGNOSTIC	47.88									
07	46600	ANOSCOPY; DIAGNOSTIC	57.46	00 15								
03	46604	ANOSCOPY WITH DIRECT DILATION	289.65									
07	46604	ANOSCOPY WITH DIRECT DILATION	347.58	00 15								
03	46606	ANOSCOPY WITH BIOPSY	121.55									
07	46606	ANOSCOPY WITH BIOPSY	145.86	00 15								
03	46608	ANOSCOPY;REMOVE FOREIGN BODY	126.26									
07	46608	ANOSCOPY;REMOVE FOREIGN BODY	151.51	00 15								
03	46610	ANOSCOPY; REMOVE POLYP	124.81									
07	46610	ANOSCOPY; REMOVE POLYP	149.77	00 15								
03	46611	ANOSCOPY;	99.88									
07	46611	ANOSCOPY;	119.86	00 15								
03	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	150.34									
07	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	180.41	00 15								
03	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	77.14									
07	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	92.56	00 15								
03	46615	ANOSCOPY;	90.71									
07	46615	ANOSCOPY;	108.85	00 15								
03	46700	REPAIR OF ANAL STRICTURE	389.79									
07	46700	REPAIR OF ANAL STRICTURE	467.75	00 15								
03	46705	REPAIR OF ANAL STRICTURE	320.77									
07	46705	REPAIR OF ANAL STRICTURE	384.93	00 15								
03	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	102.99									X
07	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	123.59	00 15								X
03	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	311.53									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	373.83	00 15								
02	46710	REPR PER/VAG POUCH SNGL PROC	132.68									
03	46710	REPR PER/VAG POUCH SNGL PROC	663.39									
07	46710	REPR PER/VAG POUCH SNGL PROC	796.07	00 15								
02	46712	REPR PER/VAG POUCH DBL PROC	272.99									
03	46712	REPR PER/VAG POUCH DBL PROC	1,364.97									
07	46712	REPR PER/VAG POUCH DBL PROC	1,637.96	00 15								
02	46715	REPAIR OF ANOVAGINAL FISTULA	63.61									
03	46715	REPAIR OF ANOVAGINAL FISTULA	318.04									
07	46715	REPAIR OF ANOVAGINAL FISTULA	381.64	00 15								
02	46716	REPAIR OF ANOVAGINAL FISTULA	153.84									
03	46716	REPAIR OF ANOVAGINAL FISTULA	769.19									
07	46716	REPAIR OF ANOVAGINAL FISTULA	923.02	00 15								
02	46730	CONSTRUCTION OF ABSENT ANUS	235.35									
03	46730	CONSTRUCTION OF ABSENT ANUS	1,176.75									
07	46730	CONSTRUCTION OF ABSENT ANUS	1,412.10	00 15								
02	46735	CONSTRUCTION OF ABSENT ANUS	275.61									
03	46735	CONSTRUCTION OF ABSENT ANUS	1,378.07									
07	46735	CONSTRUCTION OF ABSENT ANUS	1,653.68	00 15								
02	46740	CONSTRUCTION OF ABSENT ANUS	252.74									
03	46740	CONSTRUCTION OF ABSENT ANUS	1,263.72									
07	46740	CONSTRUCTION OF ABSENT ANUS	1,516.46	00 15								
02	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	299.36									
03	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,496.81									
07	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,796.16	00 15								
02	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	431.02									
03	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,155.10									
07	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,586.12	00 15								
02	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	497.05									
03	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,485.23									
07	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,982.27	00 15								
02	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	513.30									
03	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,566.49									
07	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,079.79	00 15								
02	46750	REPAIR OF ANAL SPHINCTER	94.37									
03	46750	REPAIR OF ANAL SPHINCTER	471.87									
07	46750	REPAIR OF ANAL SPHINCTER	566.25	00 15								
02	46751	REPAIR OF ANAL SPHINCTER	78.01									
03	46751	REPAIR OF ANAL SPHINCTER	390.06									
07	46751	REPAIR OF ANAL SPHINCTER	468.08	00 15								
03	46753	RECONSTRUCTION OF ANUS	356.50									
07	46753	RECONSTRUCTION OF ANUS	427.80	00 15								
03	46754	REMOVAL OF SUTURE FROM ANUS	164.34									
07	46754	REMOVAL OF SUTURE FROM ANUS	197.21	00 15								
02	46760	REPAIR OF ANAL SPHINCTER	133.69									
03	46760	REPAIR OF ANAL SPHINCTER	668.47									

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	46760	REPAIR OF ANAL SPHINCTER	802.16	00	15								
02	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	115.86										
03	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	579.28										
07	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	695.13	00	15								
02	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	133.98				X						
03	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	669.92				X						
07	46762	SPHINCTEROPLASTY,ANAL;ARTIFICIAL SPH	669.92	00	15		X						
03	46900	REMOVAL OF ANAL LESION	131.88										
07	46900	REMOVAL OF ANAL LESION	158.25	00	15								
03	46910	REMOVAL OF ANAL LESION	137.30										
07	46910	REMOVAL OF ANAL LESION	164.75	00	15								
03	46916	CRYSOSURGERY-ANAL LESIONS ,	135.43										X
07	46916	CRYSOSURGERY-ANAL LESIONS ,	162.52	00	15								X
03	46917	DESTROY ANAL LESION(S); LASER SURG	255.68										
07	46917	DESTROY ANAL LESION(S); LASER SURG	306.82	00	15								
03	46922	DESTROY ANAL LESION(S)-SURG EXCISION	143.04										
07	46922	DESTROY ANAL LESION(S)-SURG EXCISION	171.65	00	15								
03	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	291.84										
07	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	350.20	00	15								
03	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	125.71										
07	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	150.85	00	15								
03	46940	TREATMENT OF ANAL FISSURE	126.35										
07	46940	TREATMENT OF ANAL FISSURE	151.62	00	15								
03	46942	TREATMENT OF ANAL FISSURE	116.50										
07	46942	TREATMENT OF ANAL FISSURE	139.80	00	15								
03	46945	LIGATION OF HEMORRHOIDS	159.66										
07	46945	LIGATION OF HEMORRHOIDS	191.59	00	15								
03	46946	LIGATION OF HEMORRHOIDS	174.27										
07	46946	LIGATION OF HEMORRHOIDS	209.12	00	15								
03	46947	HEMORRHOIDOPEXY BY STAPLING	231.13										
07	46947	HEMORRHOIDOPEXY BY STAPLING	277.37	00	15								
02	46999	ANUS SURGERY PROCEDURE	MP			X							
03	46999	ANUS SURGERY PROCEDURE	MP			X							
07	46999	ANUS SURGERY PROCEDURE	MP	00	15	X							
03	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	201.11										
07	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	241.34	00	15								
03	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	68.09										
07	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	81.71	00	15								
02	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	148.33										
03	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	741.65										
07	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	889.98	00	15								
03	47011	PERCUT DRAIN, LIVER LESION	133.90			X							
07	47011	PERCUT DRAIN, LIVER LESION	160.67	00	15	X							
02	47015	INJECT/ASPIRATE LIVER CYST	140.97										
03	47015	INJECT/ASPIRATE LIVER CYST	704.83										
07	47015	INJECT/ASPIRATE LIVER CYST	845.80	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	47100	WEDGE BIOPSY OF LIVER	103.20									
03	47100	WEDGE BIOPSY OF LIVER	515.98									
07	47100	WEDGE BIOPSY OF LIVER	619.18	00 15								
02	47120	PARTIAL REMOVAL OF LIVER	292.60									
03	47120	PARTIAL REMOVAL OF LIVER	1,463.00									
07	47120	PARTIAL REMOVAL OF LIVER	1,755.60	00 15								
02	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	436.74									
03	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,183.69									
07	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,620.43	00 15								
02	47125	PARTIAL REMOVAL OF LIVER	391.05									
03	47125	PARTIAL REMOVAL OF LIVER	1,955.27									
07	47125	PARTIAL REMOVAL OF LIVER	2,346.32	00 15								
02	47130	PARTIAL REMOVAL OF LIVER	420.58									
03	47130	PARTIAL REMOVAL OF LIVER	2,102.90									
07	47130	PARTIAL REMOVAL OF LIVER	2,523.47	00 15								
02	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	171.87		X							
03	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37		X							
07	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37	00 15	X							
02	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC	551.20		X							
03	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	2,756.01		X							
07	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	4,535.34	00 15	X							
02	47136	TRANSPLANTATION OF LIVER	526.78		X							
03	47136	TRANSPLANTATION OF LIVER	2,633.91		X							
07	47136	TRANSPLANTATION OF LIVER	3,160.68	00 15	X							
02	47140	PARTIAL REMOVAL, DONOR LIVER	476.84		X							
03	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23		X							
07	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23	00 15	X							
02	47141	PARTIAL REMOVAL, DONOR LIVER	575.57		X							
03	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85		X							
07	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85	00 15	X							
02	47142	PARTIAL REMOVAL, DONOR LIVER	633.72		X							
03	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62		X							
07	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62	00 15	X							
02	47143	PREP DONOR LIVER, WHOLE	MP		X							
03	47143	PREP DONOR LIVER, WHOLE	MP		X							
07	47143	PREP DONOR LIVER, WHOLE	MP	00 15	X							
02	47144	PREP DONOR LIVER, 3-SEGMENT	MP		X							
03	47144	PREP DONOR LIVER, 3-SEGMENT	MP		X							
07	47144	PREP DONOR LIVER, 3-SEGMENT	MP	00 15	X							
02	47145	PREP DONOR LIVER, LOBE SPLIT	MP		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	43.21		X							
03	47146	PREP DONOR LIVER/VENOUS	216.05		X							
07	47146	PREP DONOR LIVER/VENOUS	259.26	00 15	X							
02	47147	PREP DONOR LIVER/ARTERIAL	50.42		X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	47147	PREP DONOR LIVER/ARTERIAL	252.10			X							
07	47147	PREP DONOR LIVER/ARTERIAL	302.51	00	15	X							
02	47300	SURGERY FOR LIVER LESION	138.96										
03	47300	SURGERY FOR LIVER LESION	694.80										
07	47300	SURGERY FOR LIVER LESION	833.75	00	15								
02	47350	REPAIR LIVER WOUND	170.91										
03	47350	REPAIR LIVER WOUND	854.56										
07	47350	REPAIR LIVER WOUND	1,025.48	00	15								
02	47360	REPAIR LIVER WOUND	232.76										
03	47360	REPAIR LIVER WOUND	1,163.79										
07	47360	REPAIR LIVER WOUND	1,396.55	00	15								
02	47361	REPAIR LIVER WOUND	383.80										
03	47361	REPAIR LIVER WOUND	1,919.00										
07	47361	REPAIR LIVER WOUND	2,302.80	00	15								
02	47362	REPAIR LIVER WOUND	177.17										
03	47362	REPAIR LIVER WOUND	885.87										
07	47362	REPAIR LIVER WOUND	1,063.04	00	15								
02	47370	LAPARO ABLATE LIVER TUMOR RF	156.71										
03	47370	LAPARO ABLATE LIVER TUMOR RF	783.55										
07	47370	LAPARO ABLATE LIVER TUMOR RF	940.26	00	15								
02	47371	LAPARO ABLATE LIVER CRYOSUG	159.42										
03	47371	LAPARO ABLATE LIVER CRYOSUG	797.10										
07	47371	LAPARO ABLATE LIVER CRYOSUG	956.52	00	15								
03	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X							
07	47379	LAPAROSCOPE PROCEDURE, LIVER	MP	00	15	X							
02	47380	OPEN ABLATE LIVER TUMOR RF	183.17										
03	47380	OPEN ABLATE LIVER TUMOR RF	915.87										
07	47380	OPEN ABLATE LIVER TUMOR RF	1,099.05	00	15								
02	47381	OPEN ABLATE LIVER TUMOR CRYO	186.52										
03	47381	OPEN ABLATE LIVER TUMOR CRYO	932.62										
07	47381	OPEN ABLATE LIVER TUMOR CRYO	1,119.14	00	15								
02	47382	PERCUT ABLATE LIVER RF	114.33										
03	47382	PERCUT ABLATE LIVER RF	571.63										
07	47382	PERCUT ABLATE LIVER RF	685.96	00	15								
02	47399	LIVER SURGERY PROCEDURE	MP			X							
03	47399	LIVER SURGERY PROCEDURE	MP			X							
07	47399	LIVER SURGERY PROCEDURE	MP	00	15	X							
02	47400	INCISION OF LIVER DUCT	264.68										
03	47400	INCISION OF LIVER DUCT	1,323.39										
07	47400	INCISION OF LIVER DUCT	1,588.08	00	15								
02	47420	INCISION OF BILE DUCT	167.51										
03	47420	INCISION OF BILE DUCT	837.57										
07	47420	INCISION OF BILE DUCT	1,005.08	00	15								
02	47425	INCISION OF BILE DUCT	169.16										
03	47425	INCISION OF BILE DUCT	845.80										
07	47425	INCISION OF BILE DUCT	1,014.97	00	15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	47460	INCISE BILE DUCT SPHINCTER	159.00									
03	47460	INCISE BILE DUCT SPHINCTER	794.98									
07	47460	INCISE BILE DUCT SPHINCTER	953.97	00 15								
02	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	105.51									
03	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	527.57									
07	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	633.09	00 15								
03	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	348.62									
07	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	418.35	00 15								
03	47500	INJECTION FOR LIVER X-RAYS	71.22									
07	47500	INJECTION FOR LIVER X-RAYS	85.46	00 15								
03	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	27.44									
07	47505	INJECTION PROCEDURE FOR CHOLANGIOGRA	32.93	00 15								
03	47510	INSERT CATHETER FOR BILARY DRAINAGE	331.53									
07	47510	INSERT CATHETER FOR BILARY DRAINAGE	397.84	00 15								
03	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	418.98									
07	47511	INTRODUCTION OF PERCUTANEOUS TRANSHE	502.77	00 15								
03	47525	CHANGE PERCUTANEOUS BILIARY DRAINAG	365.46									
07	47525	CHANGE PERCU.BILIARY DRAIN CATHETER	438.54	00 15								
03	47530	T-TUBE REVISION AND/OR REINSERTION	885.90									
07	47530	T-TUBE REVISION AND/OR REINSERTION	1,063.07	00 15								
03	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	108.89									
07	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	130.66	00 15								
03	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	228.61									
07	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	274.33	00 15								
03	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	229.13									
07	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	274.95	00 15								
03	47554	BILIARY ENDOSCOPY...; REMOVE STONES	338.24									
07	47554	BILIARY ENDOSCOPY...; REMOVE STONES	405.88	00 15								
03	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	274.77									
07	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	329.72	00 15								
03	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	310.77									
07	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	372.93	00 15								
03	47560	LAPAROSCOPY W/CHOLANGIO	175.93									
07	47560	LAPAROSCOPY W/CHOLANGIO	211.12	00 15								
03	47561	LAPARO W/CHOLANGIO/BIOPSY	190.17									
07	47561	LAPARO W/CHOLANGIO/BIOPSY	228.20	00 15								
02	47562	LAPAROSCOPIC CHOLECYSTECTOMY	92.00									X
03	47562	LAPAROSCOPIC CHOLECYSTECTOMY	459.98									
07	47562	LAPAROSCOPIC CHOLECYSTECTOMY	551.97	00 15								
02	47563	LAPARO CHOLECYSTECTOMY/GRAPH	94.37									
03	47563	LAPARO CHOLECYSTECTOMY/GRAPH	471.85									
07	47563	LAPARO CHOLECYSTECTOMY/GRAPH	566.22	00 15								
02	47564	LAPARO CHOLECYSTECTOMY/EXPLR	109.32									
03	47564	LAPARO CHOLECYSTECTOMY/EXPLR	546.59									
07	47564	LAPARO CHOLECYSTECTOMY/EXPLR	655.91	00 15								
02	47570	LAPARO CHOLECYSTOENTERSTOMY	97.47									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	47570	LAPARO CHOLECYSTOENTEROSTOMY	487.33										
07	47570	LAPARO CHOLECYSTOENTEROSTOMY	584.80	00	15								
03	47579	LAPAROSCOPE PROC, BILIARY	MP			X							
07	47579	LAPAROSCOPE PROC, BILIARY	MP	00	15	X							
02	47600	REMOVAL OF GALLBLADDER	131.82										
03	47600	REMOVAL OF GALLBLADDER	659.12										
07	47600	REMOVAL OF GALLBLADDER	790.94	00	15								
02	47605	REMOVAL OF GALLBLADDER	122.38										
03	47605	REMOVAL OF GALLBLADDER	611.88										
07	47605	REMOVAL OF GALLBLADDER	734.26	00	15								
02	47610	REMOVAL OF GALLBLADDER	157.13										
03	47610	REMOVAL OF GALLBLADDER	785.67										
07	47610	REMOVAL OF GALLBLADDER	942.81	00	15								
02	47612	CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	158.74										
03	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	793.70										
07	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	952.45	00	15								
02	47620	REMOVAL OF GALLBLADDER	172.43										
03	47620	REMOVAL OF GALLBLADDER	862.14										
07	47620	REMOVAL OF GALLBLADDER	1,034.56	00	15								
03	47630	REMOVE BILE DUCT STONE	380.38										
07	47630	REMOVE BILE DUCT STONE	456.46	00	15								
02	47700	EXPLORATION OF BILE DUCTS	130.27										
03	47700	EXPLORATION OF BILE DUCTS	651.34										
07	47700	EXPLORATION OF BILE DUCTS	781.61	00	15								
02	47701	PORTOENTEROSTOMY	224.54										
03	47701	PORTENTEROSTOMY	1,122.69										
07	47701	PORTENTEROSTOMY	1,347.23	00	15								
02	47711	EXCISION OF BILE DUCT TUMOR	194.96										
03	47711	EXCISION OF BILE DUCT TUMOR	974.81										
07	47711	EXCISION OF BILE DUCT TUMOR	1,169.77	00	15								
02	47712	EXCISION OF BILE DUCT TUMOR	250.03										
03	47712	EXCISION OF BILE DUCT TUMOR	1,250.13										
07	47712	EXCISION OF BILE DUCT TUMOR	1,500.16	00	15								
02	47715	EXCISE CHOLEDOCHAL CYST	163.61										
03	47715	EXCISE CHOLEDOCHAL CYST	818.04										
07	47715	EXCISE CHOLEDOCHAL CYST	981.64	00	15								
02	47720	FUSE GALLBLADDER & BOWEL	141.11										
03	47720	FUSE GALLBLADDER & BOWEL	705.57										
07	47720	FUSE GALLBLADDER & BOWEL	846.68	00	15								
02	47721	FUSE UPPER GI STRUCTURES	166.78										
03	47721	FUSE UPPER GI STRUCTURES	833.91										
07	47721	FUSE UPPER GI STRUCTURES	1,000.69	00	15								
02	47740	FUSE GALLBLADDER & BOWEL	161.10										
03	47740	FUSE GALLBLADDER & BOWEL	805.52										
07	47740	FUSE GALLBLADDER & BOWEL	966.63	00	15								
02	47741	FUSE GALLBLADDER & BOWEL	182.76										

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	47741	FUSE GALLBLADDER & BOWEL	913.82										
07	47741	FUSE GALLBLADDER & BOWEL	1,096.58	00	15								
02	47760	FUSE BILE DUCTS AND BOWEL	274.87										
03	47760	FUSE BILE DUCTS AND BOWEL	1,374.34										
07	47760	FUSE BILE DUCTS AND BOWEL	1,649.21	00	15								
02	47765	FUSE LIVER DUCTS & BOWEL	361.75										
03	47765	FUSE LIVER DUCTS & BOWEL	1,808.77										
07	47765	FUSE LIVER DUCTS & BOWEL	2,170.52	00	15								
02	47780	FUSE BILE DUCTS AND BOWEL	300.41										
03	47780	FUSE BILE DUCTS AND BOWEL	1,502.06										
07	47780	FUSE BILE DUCTS AND BOWEL	1,802.48	00	15								
02	47785	FUSE BILE DUCTS AND BOWEL	391.48										
03	47785	FUSE BILE DUCTS AND BOWEL	1,957.40										
07	47785	FUSE BILE DUCTS AND BOWEL	2,348.88	00	15								
02	47800	RECONSTRUCTION OF BILE DUCTS	196.88										
03	47800	RECONSTRUCTION OF BILE DUCTS	984.40										
07	47800	RECONSTRUCTION OF BILE DUCTS	1,181.28	00	15								
02	47801	PLACEMENT OF CHOLEDOCHAL STENT	137.09										
03	47801	PLACEMENT OF CHOLEDOCHAL STENT	685.43										
07	47801	PLACEMENT OF CHOLEDOCHAL STENT	822.51	00	15								
02	47802	U-TUBE HEPATICOENTEROSTOMY	188.73										
03	47802	U-TUBE HEPATICOENTEROSTOMY	943.66										
07	47802	U-TUBE HEPATICOENTEROSTOMY	1,132.38	00	15								
02	47900	SUTURE BILE DUCT INJURY	170.20										
03	47900	SUTURE BILE DUCT INJURY	850.99										
07	47900	SUTURE BILE DUCT INJURY	1,021.18	00	15								
02	47999	BILE TRACT SURGERY PROCEDURE	MP			X							
03	47999	BILE TRACT SURGERY PROCEDURE	MP			X							
07	47999	BILE TRACT SURGERY PROCEDURE	MP	00	15	X							
02	48000	DRAINAGE OF ABDOMEN	236.11										
03	48000	DRAINAGE OF ABDOMEN	1,180.55										
07	48000	DRAINAGE OF ABDOMEN	1,416.65	00	15								
02	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	291.15										
03	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,455.73										
07	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,746.88	00	15								
02	48020	REMOVAL OF PANCREATIC STONE	145.22										
03	48020	REMOVAL OF PANCREATIC STONE	726.09										
07	48020	REMOVAL OF PANCREATIC STONE	871.31	00	15								
02	48100	BIOPSY OF PANCREAS	110.23										
03	48100	BIOPSY OF PANCREAS	551.16										
07	48100	BIOPSY OF PANCREAS	661.40	00	15								
03	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	341.72										
07	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	410.06	00	15								
02	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	358.65										
03	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	1,793.27										
07	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,151.93	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	48120	REMOVAL OF PANCREAS LESION	138.02									
03	48120	REMOVAL OF PANCREAS LESION	690.12									
07	48120	REMOVAL OF PANCREAS LESION	828.14	00 15								
02	48140	PARTIAL REMOVAL OF PANCREAS	195.64									
03	48140	PARTIAL REMOVAL OF PANCREAS	978.21									
07	48140	PARTIAL REMOVAL OF PANCREAS	1,173.84	00 15								
02	48145	PARTIAL REMOVAL OF PANCREAS	203.26									
03	48145	PARTIAL REMOVAL OF PANCREAS	1,016.32									
07	48145	PARTIAL REMOVAL OF PANCREAS	1,219.58	00 15								
02	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	231.36									
03	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,156.81									
07	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,388.18	00 15								
02	48148	REMOVAL OF PANCREATIC DUCT	153.63									
03	48148	REMOVAL OF PANCREATIC DUCT	768.15									
07	48148	REMOVAL OF PANCREATIC DUCT	921.79	00 15								
02	48150	PARTIAL REMOVAL OF PANCREAS	391.96									
03	48150	PARTIAL REMOVAL OF PANCREAS	1,959.82									
07	48150	PARTIAL REMOVAL OF PANCREAS	2,351.78	00 15								
02	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	362.25									
03	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,811.24									
07	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,173.49	00 15								
02	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	391.45									
03	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,957.24									
07	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,348.68	00 15								
02	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	363.27									
03	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,816.35									
07	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,179.62	00 15								
02	48155	REMOVAL OF PANCREAS	224.10									
03	48155	REMOVAL OF PANCREAS	1,120.49									
07	48155	REMOVAL OF PANCREAS	1,344.59	00 15								
02	48160	PANCREATECTOMY,WITH TRANSPLANTATION	355.60		X	X						
03	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01		X							
07	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01	00 15	X							
02	48500	SURGERY OF PANCREAS CYST	140.21									
03	48500	SURGERY OF PANCREAS CYST	701.06									
07	48500	SURGERY OF PANCREAS CYST	841.28	00 15								
02	48510	INSERTION OF DRAIN FROM PANCREATIC C	132.97									
03	48510	INSERTION OF DRAIN FROM PANCREATIC C	664.87									
07	48510	INSERTION OF DRAIN FROM PANCREATIC C	797.84	00 15								
03	48511	DRAIN PANCREATIC PSEUDOCYST	578.57		X							
07	48511	DRAIN PANCREATIC PSEUDOCYST	694.27	00 15	X							
02	48520	FUSE PANCREAS CYST AND BOWEL	136.39									
03	48520	FUSE PANCREAS CYST AND BOWEL	681.94									
07	48520	FUSE PANCREAS CYST AND BOWEL	818.33	00 15								
02	48540	FUSE PANCREAS CYST AND BOWEL	163.39									
03	48540	FUSE PANCREAS CYST AND BOWEL	816.97									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	48540	FUSE PANCREAS CYST AND BOWEL	980.35	00 15								
02	48545	PANCREATORRHAPHY FOR TRAUMA	165.00									
03	48545	PANCREATORRHAPHY FOR TRAUMA	824.98									
07	48545	PANCREATORRHAPHY FOR TRAUMA	989.98	00 15								
02	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	223.13									
03	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,115.63									
07	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,338.76	00 15								
02	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	208.90									
03	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,044.51									
07	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,253.40	00 15								
02	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP		X							
03	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP		X							
07	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP	00 15	X							
03	48551	PREP DONOR PANCREAS	MP		X							
07	48551	PREP DONOR PANCREAS	MP	00 15	X							
02	48552	PREP DONOR PANCREAS/VENOUS	29.84		X							
03	48552	PREP DONOR PANCREAS/VENOUS	149.18		X							
07	48552	PREP DONOR PANCREAS/VENOUS	179.02	00 15	X							
02	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP		X							
03	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP		X							
07	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	1,711.95	00 15	X							
02	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP		X							X
03	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP		X							
07	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	883.84	00 15	X							
02	48999	PANCREAS SURGERY PROCEDURE	MP		X							
03	48999	PANCREAS SURGERY PROCEDURE	MP		X							
07	48999	PANCREAS SURGERY PROCEDURE	MP	00 15	X							
02	49000	EXPLORATION OF ABDOMEN	96.92		X							
03	49000	EXPLORATION OF ABDOMEN	484.60		X							
07	49000	EXPLORATION OF ABDOMEN	581.52	00 15	X							
02	49002	REEXPLORATION OF ABDOMEN	126.83									
03	49002	REEXPLORATION OF ABDOMEN	634.14									
07	49002	REEXPLORATION OF ABDOMEN	760.97	00 15								
02	49010	EXPLORE,RETROPERITONEAL AREA	119.83									
03	49010	EXPLORE,RETROPERITONEAL AREA	599.13									
07	49010	EXPLORE,RETROPERITONEAL AREA	718.96	00 15								
02	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	198.83									
03	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	994.15									
07	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,192.97	00 15								
03	49021	DRAIN ABDOMINAL ABSCESS	551.33		X							
07	49021	DRAIN ABDOMINAL ABSCESS	661.60	00 15	X							
02	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	124.38									
03	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	621.90									
07	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	746.28	00 15								
03	49041	PERCUT DRAIN ABDOM ABSCESS	564.80		X							
07	49041	PERCUT DRAIN ABDOM ABSCESS	677.76	00 15	X							

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	139.02									
03	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	695.09									
07	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	834.11	00 15								
03	49061	PERCUTDRAIN RETROPER ABSCESS	554.20		X							
07	49061	PERCUTDRAIN RETROPER ABSCESS	665.04	00 15	X							
02	49062	DRAIN TO PERITONEAL CAVITY	94.60									
03	49062	DRAIN TO PERITONEAL CAVITY	472.98									
07	49062	DRAIN TO PERITONEAL CAVITY	567.58	00 15								
03	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	107.65									
07	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	129.17	00 15								
03	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	202.07									
07	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	242.48	00 15								
03	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	67.98									
07	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	81.58	00 15								
03	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	108.79									
07	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	130.55	00 15								
02	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	151.95									
03	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	759.74									
07	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	911.69	00 15								
02	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	194.37									
03	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	971.83									
07	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,166.19	00 15								
02	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	222.74									
03	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,113.69									
07	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,336.42	00 15								
02	49215	EXCISE PRESACRAL/SACROCOCCYGEAL CYST	279.50									
03	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,397.48									
07	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,676.98	00 15								
02	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	121.19									
03	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	605.94									
07	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	727.13	00 15								
03	49250	EXCISION OF UMBILICUS	360.39									
07	49250	EXCISION OF UMBILICUS	432.46	00 15								
02	49255	OMENTECTOMY,...RESECT OMENTUM	97.95									
03	49255	OMENTECTOMY,...RESECT OMENTUM	489.75		X							
07	49255	OMENTECTOMY,...RESECT OMENTUM	587.70	00 15	X							
03	49320	DIAG LAPARO SEPARATE PROC	206.66		X							
07	49320	DIAG LAPARO SEPARATE PROC	247.99	00 15	X							
03	49321	LAPAROSCOPY, BIOPSY	217.73		X							
07	49321	LAPAROSCOPY, BIOPSY	261.27	00 15	X							
03	49322	LAPAROSCOPY, ASPIRATION	236.53		X							
07	49322	LAPAROSCOPY, ASPIRATION	283.82	00 15	X							
02	49323	LAPARO DRAIN LYMPHOCELE	80.33									
03	49323	LAPARO DRAIN LYMPHOCELE	401.65		X							
07	49323	LAPARO DRAIN LYMPHOCELE	481.98	00 15	X							
02	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	49.25									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	246.23									
07	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	295.48	00 15								
02	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	53.02									
03	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	265.09									
07	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	318.10	00 15								
02	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	24.70									
03	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	123.50									
07	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	148.20	00 15								
02	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	13.58									
03	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	67.89									
07	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	81.46	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	113.88									
07	49400	AIR INJECTION INTO ABDOMEN	136.65	00 15								
02	49402	REMOVAL OF PERITONEAL FOREIGN	107.02									
03	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	535.08									
07	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	642.09	00 15								
03	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	348.18									
07	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	417.80	00 15								
02	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	8.46									
03	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	42.30									
07	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	50.76	00 15								
03	49418	INSERTION OF TUNNELED INTRAPERITONEA	777.59									
07	49418	INSERTION OF TUNNELED INTRAPERITONEA	933.11	00 15								
02	49419	INSERTION OF TUNNELED INTRAPERITONEA	56.94									
03	49419	INSERTION OF TUNNELED INTRAPERITONEA	284.71									
07	49419	INSERTION OF TUNNELED INTRAPERITONEA	341.65	00 15								
03	49421	INSERTION OF TUNNELED INTRAPERITONEA	244.05									
07	49421	INSERTION OF TUNNELED INTRAPERITONEA	292.86	00 15								
03	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	246.47									
07	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	295.77	00 15								
03	49423	EXCHANGE DRAINAGE CATH	346.53									
07	49423	EXCHANGE DRAINAGE CATH	415.83	00 15								
03	49424	ASSESS CYST, CONTRAST INJ	95.35									
07	49424	ASSESS CYST, CONTRAST INJ	114.42	00 15								
02	49425	PERITONEAL-VENOUS SHUNT	96.08									
03	49425	PERITONEAL-VENOUS SHUNT	480.42									
07	49425	PERITONEAL-VENOUS SHUNT	576.50	00 15								
03	49426	REVISION OF PERITONEAL-VENOUS SHUNT	408.97									
07	49426	REVISION OF PERITONEAL-VENOUS SHUNT	490.76	00 15								
03	49427	INJECTION PROCEDURE (EG, CONTRAST ME	32.69									
07	49427	INJECTION PROCEDURE (EG, CONTRAST ME	39.23	00 15								
03	49428	LIGATION OF SHUNT	274.31									
07	49428	LIGATION OF SHUNT	329.16	00 15								
03	49429	REMOVAL OF SHUNT	291.73									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	49429	REMOVAL OF SHUNT	350.08	00 15								
02	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	15.82									
03	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	79.09									
07	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	94.90	00 15								
02	49436	DELAYED CREATION OF EXIT SITE FROM E	22.75									
03	49436	DELAYED CREATION OF EXIT SITE FROM E	113.76									
07	49436	DELAYED CREATION OF EXIT SITE FROM E	136.51	00 15								
03	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	680.90									
07	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	817.08	00 15								
03	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	738.00									
07	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	885.60	00 15								
03	49442	INSERTION OF CECOSTOMY OR OTHER COLO	660.50									
07	49442	INSERTION OF CECOSTOMY OR OTHER COLO	792.60	00 15								
03	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	615.38									
07	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	738.45	00 15								
03	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	456.56									
07	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	547.87	00 15								
03	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	436.54									
07	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	523.84	00 15								
03	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	551.77									
07	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	662.13	00 15								
03	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	498.64									
07	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	598.37	00 15								
03	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	105.69									
07	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	126.83	00 15								
03	49491	REPAIRING HERN PREMIE REDUC	482.44									
07	49491	REPAIRING HERN PREMIE REDUC	578.92	00 15								
02	49492	RPR ING HERN PREMIE, BLOCKED	118.10									
03	49492	RPR ING HERN PREMIE, BLOCKED	590.49									
07	49492	RPR ING HERN PREMIE, BLOCKED	708.58	00 15								
02	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	49.03									
03	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	245.17									
07	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	294.20	00 15								
02	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	74.30									
03	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	371.48									
07	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	445.79	00 15								
02	49500	REPAIR INITIAL INGUINAL HERNIA..	48.55	00 04								
03	49500	REPAIR INITIAL INGUINAL HERNIA..	242.77	00 04					X			
07	49500	REPAIR INITIAL INGUINAL HERNIA..	291.32	00 04					X			
02	49501	REPAIR INITIAL INGUINAL HERNIA..	73.86	00 04								
03	49501	REPAIR INITIAL INGUINAL HERNIA..	369.31	00 04								
07	49501	REPAIR INITIAL INGUINAL HERNIA..	443.18	00 04								
03	49505	REPAIR INGUINAL HERNIA	320.07	05 99								
07	49505	REPAIR INGUINAL HERNIA	384.09	05 15								
02	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	78.95	05 99								
03	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	394.74	05 99								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	473.69	05 15								
03	49520	REREPAIR INGUINAL HERNIA	392.03									
07	49520	REREPAIR INGUINAL HERNIA	470.43	00 15								
02	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	95.82									
03	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	479.10									
07	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	574.91	00 15								
02	49525	REPAIR INGUINAL HERNIA	70.79									
03	49525	REPAIR INGUINAL HERNIA	353.95									
07	49525	REPAIR INGUINAL HERNIA	424.74	00 15								
02	49540	REPAIR LUMBAR HERNIA	83.89									
03	49540	REPAIR LUMBAR HERNIA	419.46									
07	49540	REPAIR LUMBAR HERNIA	503.34	00 15								
02	49550	REPAIR FEMORAL HERNIA	71.15									
03	49550	REPAIR FEMORAL HERNIA	355.75									
07	49550	REPAIR FEMORAL HERNIA	426.90	00 15								
02	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	77.90									
03	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	389.49									
07	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	467.39	00 15								
02	49555	REPAIR FEMORAL HERNIA	74.12									
03	49555	REPAIR FEMORAL HERNIA	370.59									
07	49555	REPAIR FEMORAL HERNIA	444.70	00 15								
02	49557	REPAIR RECURRENT FEMORAL HERNIA;	90.15									
03	49557	REPAIR RECURRENT FEMORAL HERNIA;	450.75									
07	49557	REPAIR RECURRENT FEMORAL HERNIA;	540.90	00 15								
02	49560	REPAIR ABDOMINAL HERNIA	92.23									
03	49560	REPAIR ABDOMINAL HERNIA	461.13									
07	49560	REPAIR ABDOMINAL HERNIA	553.35	00 15								
02	49561	REPAIR INITIAL INCISIONAL HERNIA;	116.48									
03	49561	REPAIR INITIAL INCISIONAL HERNIA;	582.42									
07	49561	REPAIR INITIAL INCISIONAL HERNIA;	698.90	00 15								
02	49565	REREPAIR ABDOMINAL HERNIA	95.54									
03	49565	REREPAIR ABDOMINAL HERNIA	477.71									
07	49565	REREPAIR ABDOMINAL HERNIA	573.24	00 15								
02	49566	REPAIR RECURRENT INCISIONAL HERNIA;	117.68									
03	49566	REPAIR RECURRENT INCISIONAL HERNIA;	588.41									
07	49566	REPAIR RECURRENT INCISIONAL HERNIA;	706.09	00 15								
02	49568	IMPLANTATION OF MESH OR OTHER	35.00									
03	49568	IMPLANTATION OF MESH OR OTHER PROSTH	175.01									
07	49568	IMPLANTATION OF MESH OR OTHER PROSTH	210.01	00 15								
02	49570	REPAIR EPIGASTRIC HERNIA	50.16									
03	49570	REPAIR EPIGASTRIC HERNIA	250.79									
07	49570	REPAIR EPIGASTRIC HERNIA	300.95	00 15								
02	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	62.30									
03	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	311.48									
07	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPER	373.77	00 15								
02	49580	REPAIR UMBILICAL HERNIA	38.86	00 04								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	49580	REPAIR UMBILICAL HERNIA	194.29	00 04								
07	49580	REPAIR UMBILICAL HERNIA	233.14	00 04								
02	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	58.11	00 04								
03	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	290.53	00 04								
07	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5	348.64	00 04								
02	49585	REPAIR UMBILICAL HERNIA	54.00	05 99								
03	49585	REPAIR UMBILICAL HERNIA	269.98	05 99								
07	49585	REPAIR UMBILICAL HERNIA	323.98	05 15								
02	49587	REPAIR UMBILICAL HERNIA	64.16	05 99								
03	49587	REPAIR UMBILICAL HERNIA	320.78	05 99								
07	49587	REPAIR UMBILICAL HERNIA	384.93	05 15								
02	49590	REPAIR ABDOMINAL HERNIA	70.54									
03	49590	REPAIR ABDOMINAL HERNIA	352.71									
07	49590	REPAIR ABDOMINAL HERNIA	423.25	00 15								
02	49600	REPAIR UMBILICAL LESION	90.87									
03	49600	REPAIR UMBILICAL LESION	454.37									
07	49600	REPAIR UMBILICAL LESION	545.25	00 15								
02	49605	REPAIR UMBILICAL LESION	632.24									
03	49605	REPAIR UMBILICAL LESION	3,161.18									
07	49605	REPAIR UMBILICAL LESION	3,793.41	00 15								
02	49606	REPAIR UMBILICAL LESION	143.29									
03	49606	REPAIR UMBILICAL LESION	716.45									
07	49606	REPAIR UMBILICAL LESION	859.74	00 15								
02	49610	REPAIR UMBILICAL LESION	84.35									
03	49610	REPAIR UMBILICAL LESION	421.73									
07	49610	REPAIR UMBILICAL LESION	506.07	00 15								
02	49611	REPAIR UMBILICAL LESION	75.43									
03	49611	REPAIR UMBILICAL LESION	377.16									
07	49611	REPAIR UMBILICAL LESION	452.58	00 15								
02	49650	LAP ING HERNIA REPAIR INIT	52.72									
03	49650	LAP ING HERNIA REPAIR INIT	263.62									
07	49650	LAP ING HERNIA REPAIR INIT	316.34	00 15								
02	49651	LAP ING HERNIA REPAIR RECUR	68.14									
03	49651	LAP ING HERNIA REPAIR RECUR	340.70									
07	49651	LAP ING HERNIA REPAIR RECUR	408.84	00 15								
02	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	99.45									
03	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	497.27									
07	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	596.72	00 15								
02	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	124.21									
03	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	621.03									
07	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTR	745.23	00 15								
02	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	114.28									
03	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	571.42									
07	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	685.70	00 15								
02	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	137.59									
03	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	687.97									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	825.55	00 15								
02	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	114.73									
03	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	573.65									
07	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	688.38	00 15								
02	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	165.88									
03	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	829.38									
07	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	995.25	00 15								
03	49659	LAPARO PROC, HERNIA REPAIR	MP		X							
07	49659	LAPARO PROC, HERNIA REPAIR	MP	00 15	X							
02	49900	REPAIR OF ABDOMINAL WALL	101.04									
03	49900	REPAIR OF ABDOMINAL WALL	505.18									
07	49900	REPAIR OF ABDOMINAL WALL	606.21	00 15								
02	49904	OMENTAL FLAP, EXTRA-ABDOM	187.45									
03	49904	OMENTAL FLAP, EXTRA-ABDOM	937.25									
07	49904	OMENTAL FLAP, EXTRA-ABDOM	1,124.70	00 15								
02	49905	OMENTAL FLAP (EG, FOR RECONSTR	46.58									
03	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	232.88									
07	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	279.46	00 15								
02	49906	FREE OMENTAL FLAP, MICROVASC	57.17									
03	49906	FREE OMENTAL FLAP, MICROVASC	285.84									
07	49906	FREE OMENTAL FLAP, MICROVASC	285.84	00 15								
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	97.97									
03	50010	EXPLORATION OF KIDNEY	489.83									
07	50010	EXPLORATION OF KIDNEY	587.79	00 15								
02	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	140.07									
03	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	700.34									
07	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	840.41	00 15								
03	50021	PERCUT DRAIN RENAL ABSCESS	579.56		X							
07	50021	PERCUT DRAIN RENAL ABSCESS	695.47	00 15	X							
02	50040	DRAINAGE OF KIDNEY	131.44									
03	50040	DRAINAGE OF KIDNEY	657.22									
07	50040	DRAINAGE OF KIDNEY	788.66	00 15								
02	50045	EXPLORATION OF KIDNEY	133.05									
03	50045	EXPLORATION OF KIDNEY	665.24									
07	50045	EXPLORATION OF KIDNEY	798.28	00 15								
02	50060	REMOVAL OF KIDNEY STONE	163.73									
03	50060	REMOVAL OF KIDNEY STONE	818.63									
07	50060	REMOVAL OF KIDNEY STONE	982.35	00 15								
02	50065	INCISION OF KIDNEY	172.51									
03	50065	INCISION OF KIDNEY	862.54									
07	50065	INCISION OF KIDNEY	1,035.05	00 15								
02	50070	INCISION OF KIDNEY	171.10									
03	50070	INCISION OF KIDNEY	855.48									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	50070	INCISION OF KIDNEY	1,026.58	00 15								
02	50075	REMOVAL OF KIDNEY STONE	210.51									
03	50075	REMOVAL OF KIDNEY STONE	1,052.55									
07	50075	REMOVAL OF KIDNEY STONE	1,263.06	00 15								
03	50080	PERCUT NEPHRO/PYELO,W/OR W/O	624.63									
07	50080	PERCUT NEPHRO/PYELO,W/OR W/O	749.55	00 15								
02	50081	PERCUT NEPHRO/PYELO, W OR W/O	183.70									
03	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	918.49									
07	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,102.19	00 15								
02	50100	REVISE KIDNEY BLOOD VESSELS	135.48									
03	50100	REVISE KIDNEY BLOOD VESSELS	677.42									
07	50100	REVISE KIDNEY BLOOD VESSELS	812.90	00 15								
02	50120	EXPLORATION OF KIDNEY	135.59									
03	50120	EXPLORATION OF KIDNEY	677.95									
07	50120	EXPLORATION OF KIDNEY	813.54	00 15								
02	50125	EXPLORE AND DRAIN KIDNEY	140.49									
03	50125	EXPLORE AND DRAIN KIDNEY	702.46									
07	50125	EXPLORE AND DRAIN KIDNEY	842.94	00 15								
02	50130	REMOVAL OF KIDNEY STONE	148.22									
03	50130	REMOVAL OF KIDNEY STONE	741.12									
07	50130	REMOVAL OF KIDNEY STONE	889.35	00 15								
02	50135	EXPLORATION OF KIDNEY	160.65									
03	50135	EXPLORATION OF KIDNEY	803.25									
07	50135	EXPLORATION OF KIDNEY	963.89	00 15								
03	50200	BIOPSY OF KIDNEY	101.59									
07	50200	BIOPSY OF KIDNEY	121.91	00 15								
02	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	95.19									
03	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	475.93									
07	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	571.12	00 15								
02	50220	REMOVAL OF KIDNEY	146.22									
03	50220	REMOVAL OF KIDNEY	731.09									
07	50220	REMOVAL OF KIDNEY	877.30	00 15								
02	50225	REMOVAL OF KIDNEY	169.42									
03	50225	REMOVAL OF KIDNEY	847.10									
07	50225	REMOVAL OF KIDNEY	1,016.53	00 15								
02	50230	REMOVAL OF KIDNEY	183.65									
03	50230	REMOVAL OF KIDNEY	918.27									
07	50230	REMOVAL OF KIDNEY	1,101.93	00 15								
02	50234	REMOVAL OF KIDNEY & URETER	186.41									
03	50234	REMOVAL OF KIDNEY & URETER	932.06									
07	50234	REMOVAL OF KIDNEY & URETER	1,118.47	00 15								
02	50236	REMOVAL OF KIDNEY & URETER	210.77									
03	50236	REMOVAL OF KIDNEY & URETER	1,053.83									
07	50236	REMOVAL OF KIDNEY & URETER	1,264.59	00 15								
02	50240	PARTIAL REMOVAL OF KIDNEY	189.23									
03	50240	PARTIAL REMOVAL OF KIDNEY	946.17									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	50240	PARTIAL REMOVAL OF KIDNEY	1,135.40	00 15								
02	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	175.41									
03	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	877.03									
07	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,052.44	00 15								
02	50280	REMOVAL OF KIDNEY LESION	134.96									
03	50280	REMOVAL OF KIDNEY LESION	674.80									
07	50280	REMOVAL OF KIDNEY LESION	809.76	00 15								
02	50290	REMOVAL OF KIDNEY LESION	125.20									
03	50290	REMOVAL OF KIDNEY LESION	626.00									
07	50290	REMOVAL OF KIDNEY LESION	751.20	00 15								
02	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	73.49		X							
03	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42		X							
07	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42	00 15	X							
02	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	165.95		X							
03	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	829.76		X							
07	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,193.19	00 15	X							
02	50323	PREP CADAVER RENAL ALLOGRAFT	MP		X							
03	50323	PREP CADAVER RENAL ALLOGRAFT	MP		X							
07	50323	PREP CADAVER RENAL ALLOGRAFT	MP	00 15	X							
02	50325	PREP DONOR RENAL GRAFT	MP		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	27.90		X							
03	50327	PREP RENAL GRAFT/VENOUS	139.50		X							
07	50327	PREP RENAL GRAFT/VENOUS	167.41	00 15	X							
02	50328	PREP RENAL GRAFT/ARTERIAL	24.50		X							
03	50328	PREP RENAL GRAFT/ARTERIAL	122.52		X							
07	50328	PREP RENAL GRAFT/ARTERIAL	147.03	00 15	X							
02	50329	PREP RENAL GRAFT/URETERAL	24.13		X							
03	50329	PREP RENAL GRAFT/URETERAL	120.63		X							
07	50329	PREP RENAL GRAFT/URETERAL	144.76	00 15	X							
02	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	136.31		X	X						
03	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	681.53		X							
07	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	763.62	00 15	X							
02	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	331.90		X							
03	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,659.51		X							
07	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,782.98	00 15	X							
02	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	379.64		X	X						
03	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	1,898.22		X							
07	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,096.68	00 15	X							
02	50370	REMOVE TRANSPLANTED KIDNEY	146.20									
03	50370	REMOVE TRANSPLANTED KIDNEY	731.00									
07	50370	REMOVE TRANSPLANTED KIDNEY	877.20	00 15								
02	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	207.43		X	X						
03	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,037.20		X							
07	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,223.15	00 15	X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN-MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE									
03	50382	CHANGE URETER STENT, PERCUT	818.58									
07	50382	CHANGE URETER STENT, PERCUT	982.30	00 15								
03	50384	REMOVE URETER STENT, PERCUT	705.02									
07	50384	REMOVE URETER STENT, PERCUT	846.01	00 15								
03	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	797.73									
07	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	957.28	00 15								
03	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	518.54									
07	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	622.25	00 15								
03	50387	CHANGE EXT/INT URETER STENT	376.93									
07	50387	CHANGE EXT/INT URETER STENT	452.32	00 15								
03	50389	REMOVE RENAL TUBE W/FLUORO	218.50									
07	50389	REMOVE RENAL TUBE W/FLUORO	262.20	00 15								
03	50390	DRAINAGE OF KIDNEY LESION	71.22									
07	50390	DRAINAGE OF KIDNEY LESION	85.46	00 15								
03	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	89.81									
07	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	107.77	00 15								
03	50392	INTROD CATH RENAL PELVIS,PERC	129.89									
07	50392	INTROD CATH RENAL PELVIS, PERC	155.86	00 15								
03	50393	INSERT KIDNEY DRAIN	158.55									
07	50393	INTR URET CATH/STENT IN URETER	190.26	00 15								
03	50394	INJECTION FOR KIDNEY X-RAY	68.97									
07	50394	INJECTION FOR KIDNEY X-RAY	82.77	00 15								
03	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	130.81									
07	50395	ESTABLISH NEPHROSTOMY TRACT;PERCUTAN	156.98	00 15								
03	50396	MEASURE KIDNEY PRESSURE	84.25									
07	50396	MEASURE KIDNEY PRESSURE	101.10	00 15								
03	50398	CHANGE KIDNEY TUBE	337.12									
07	50398	CHANGE KIDNEY TUBE	404.55	00 15								
02	50400	REVISION OF KIDNEY/URETER	165.40									
03	50400	REVISION OF KIDNEY/URETER	826.99									
07	50400	REVISION OF KIDNEY/URETER	992.39	00 15								
02	50405	REVISION OF KIDNEY/URETER	200.87									
03	50405	REVISION OF KIDNEY/URETER	1,004.35									
07	50405	REVISION OF KIDNEY/URETER	1,205.21	00 15								
02	50500	REPAIR OF KIDNEY WOUND	161.56									
03	50500	REPAIR OF KIDNEY WOUND	807.80									
07	50500	REPAIR OF KIDNEY WOUND	969.35	00 15								
02	50520	CLOSE KIDNEY-SKIN FISTULA	148.60									
03	50520	CLOSE KIDNEY-SKIN FISTULA	743.02									
07	50520	CLOSE KIDNEY-SKIN FISTULA	891.62	00 15								
02	50525	REPAIR RENAL-ABDOMEN FISTULA	186.13									
03	50525	REPAIR RENAL-ABDOMEN FISTULA	930.63									
07	50525	REPAIR RENAL-ABDOMEN FISTULA	1,116.74	00 15								
02	50526	REPAIR RENAL-ABDOMEN FISTULA	195.34									
03	50526	REPAIR RENAL-ABDOMEN FISTULA	976.70									
07	50526	REPAIR RENAL-ABDOMEN FISTULA	1,172.05	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	50540	REVISION OF HORSESHOE KIDNEY	162.17									
03	50540	REVISION OF HORSESHOE KIDNEY	810.85									
07	50540	REVISION OF HORSESHOE KIDNEY	973.01	00 15								
02	50541	LAPARO ABLATE RENAL CYST	132.04									
03	50541	LAPARO ABLATE RENAL CYST	660.21									
07	50541	LAPARO ABLATE RENAL CYST	792.25	00 15								
02	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	167.41									
03	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	837.06									
07	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,004.47	00 15								
02	50543	LAPARO PARTIAL NEPHRECTOMY	213.76									
03	50543	LAPARO PARTIAL NEPHRECTOMY	1,068.78									
07	50543	LAPARO PARTIAL NEPHRECTOMY	1,282.54	00 15								
02	50544	LAPAROSCOPY PYELOPLASTY	180.46									
03	50544	LAPAROSCOPY, PYELOPLASTY	902.29									
07	50544	LAPAROSCOPY, PYELOPLASTY	1,082.75	00 15								
02	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	193.68									
03	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	968.42									
07	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,162.11	00 15								
02	50546	LAPAROSCOPIC NEPHRECTOMY	171.60									
03	50546	LAPAROSCOPIC NEPHRECTOMY	858.02									
07	50546	LAPAROSCOPIC NEPHRECTOMY	1,029.62	00 15								
02	50547	LAPARO REMOVAL DONOR KIDNEY	207.54									
03	50547	LAPARO REMOVAL DONOR KIDNEY	1,037.69									
07	50547	LAPARO REMOVAL DONOR KIDNEY	1,245.22	00 15								
02	50548	LAPARO-ASSIST REMOVE K/URETER	195.37									
03	50548	LAPARO-ASST REMOVE K/URETER	976.83									
07	50548	LAPARO-ASST REMOVE K/URETER	1,172.19	00 15								
03	50549	LAPAROSCOPE PROC, RENAL	MP		X							
07	50549	LAPAROSCOPE PROC, RENAL	MP	00 15	X							
03	50551	KIDNEY ENDOSCOPY	260.69									
07	50551	KIDNEY ENDOSCOPY	312.84	00 15								
03	50553	KIDNEY ENDOSCOPY	272.26									
07	50553	KIDNEY ENDOSCOPY	326.71	00 15								
03	50555	KIDNEY ENDOSCOPY & BIOPSY	297.18									
07	50555	KIDNEY ENDOSCOPY & BIOPSY	356.61	00 15								
03	50557	KIDNEY ENDOSCOPY & TREATMENT	303.21									
07	50557	KIDNEY ENDOSCOPY & TREATMENT	363.84	00 15								
03	50561	KIDNEY ENDOSCOPY & TREATMENT	344.19									
07	50561	KIDNEY ENDOSCOPY & TREATMENT	413.01	00 15								
03	50562	RENAL SCOPE W/TUMOR RESECT	424.81									
07	50562	RENAL SCOPE W/TUMOR RESECT	509.77	00 15								
03	50570	KIDNEY ENDOSCOPY	361.46									
07	50570	KIDNEY ENDOSCOPY	433.75	00 15								
03	50572	KIDNEY ENDOSCOPY	394.13									
07	50572	KIDNEY ENDOSCOPY	472.95	00 15								
03	50574	KIDNEY ENDOSCOPY & BIOPSY	415.51									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	50574	KIDNEY ENDOSCOPY & BIOPSY	498.60	00 15								
03	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	525.74									
07	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	630.88	00 15								
03	50576	KIDNEY ENDOSCOPY & TREATMENT	414.95									
07	50576	KIDNEY ENDOSCOPY & TREATMENT	497.94	00 15								
03	50580	KIDNEY ENDOSCOPY & TREATMENT	444.59									
07	50580	KIDNEY ENDOSCOPY & TREATMENT	533.51	00 15								
03	50590	LITHOTRIPSY,ESW	633.67									
07	50590	LITHOTRIPSY,ESW	760.40	00 15								
03	50592	PERC RF ABLATE RENAL TUMOR	2,293.50									
07	50592	PERC RF ABLATE RENAL TUMOR	2,752.19	00 15								
02	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	592.29									
03	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	2,961.43									
07	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,553.71	00 15								
02	50600	EXPLORATION OF URETER	134.01									
03	50600	EXPLORATION OF URETER	670.05									
07	50600	EXPLORATION OF URETER	804.06	00 15								
02	50605	URETOROTOMY-INSERT STENT	129.80									
03	50605	URETEROTOMY-INSERT STEAT	649.00									
07	50605	URETEROTOMY-INSERT STEAT	778.79	00 15								
02	50610	REMOVAL OF URETER STONE	137.07									
03	50610	REMOVAL OF URETER STONE	685.33									
07	50610	REMOVAL OF URETER STONE	822.39	00 15								
02	50620	REMOVAL OF URETER STONE	129.59									
03	50620	REMOVAL OF URETER STONE	647.93									
07	50620	REMOVAL OF URETER STONE	777.52	00 15								
02	50630	REMOVAL OF URETER STONE	126.51									
03	50630	REMOVAL OF URETER STONE	632.57									
07	50630	REMOVAL OF URETER STONE	759.07	00 15								
02	50650	REMOVAL OF URETER	147.81									
03	50650	REMOVAL OF URETER	739.07									
07	50650	REMOVAL OF URETER	886.87	00 15								
02	50660	REMOVAL OF URETER	163.59									
03	50660	REMOVAL OF URETER	817.94									
07	50660	REMOVAL OF URETER	981.52	00 15								
03	50684	INJECTION FOR URETER X-RAY	117.16									
07	50684	INJECTION FOR URETER X-RAY	140.58	00 15								
03	50686	MEASURE URETER PRESSURE	64.50									
07	50686	MEASURE URETER PRESSURE	77.41	00 15								
03	50688	CHANGE OF URETER TUBE	55.63									
07	50688	CHANGE OF URETER TUBE	66.76	00 15								
03	50690	INJECTION OF BLADDER AND URINARY DUC	68.19									
07	50690	INJECTION OF BLADDER AND URINARY DUC	81.83	00 15								
02	50700	REVISION OF URETER	132.55									
03	50700	REVISION OF URETER	662.77									
07	50700	REVISION OF URETER	795.33	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	50715	RELEASE OF URETER	158.08									
03	50715	RELEASE OF URETER	790.39									
07	50715	RELEASE OF URETER	948.48	00 15								
02	50722	RELEASE OF URETER	137.58									
03	50722	RELEASE OF URETER	687.90									
07	50722	RELEASE OF URETER	825.48	00 15								
02	50725	RELEASE/REVISE URETER	156.19									
03	50725	RELEASE/REVISE URETER	780.96									
07	50725	RELEASE/REVISE URETER	937.16	00 15								
02	50727	REVISION OF URINARY-CUTANEOUS ANASTO	71.01									
03	50727	REVISION OF URINARY-CUTANEOUS ANASTO	355.03									
07	50727	REVISION OF URINARY-CUTANEOUS ANASTO	426.04	00 15								
02	50728	REVISION OF URINARY-CUTANEOUS ANASTO	98.44									
03	50728	REVISION OF URINARY-CUTANEOUS ANASTO	492.19									
07	50728	REVISION OF URINARY-CUTANEOUS ANASTO	590.63	00 15								
02	50740	FUSION OF URETER & KIDNEY	154.54									
03	50740	FUSION OF URETER & KIDNEY	772.68									
07	50740	FUSION OF URETER & KIDNEY	927.22	00 15								
02	50750	FUSION OF URETER & KIDNEY	166.33									
03	50750	FUSION OF URETER & KIDNEY	831.66									
07	50750	FUSION OF URETER & KIDNEY	997.98	00 15								
02	50760	FUSION OF URETERS	155.70									
03	50760	FUSION OF URETERS	778.50									
07	50760	FUSION OF URETERS	934.20	00 15								
02	50770	SPLICING OF URETERS	161.56									
03	50770	SPLICING OF URETERS	807.82									
07	50770	SPLICING OF URETERS	969.38	00 15								
02	50780	REIMPLANT URETER IN BLADDER	155.99									
03	50780	REIMPLANT URETER IN BLADDER	779.93									
07	50780	REIMPLANT URETER IN BLADDER	935.92	00 15								
02	50782	URETERONEOCYSTOSTOMY;	153.38									
03	50782	URETERONEOCYSTOSTOMY;	766.89									
07	50782	URETERONEOCYSTOSTOMY;	920.26	00 15								
02	50783	URETERONEOCYSTOSTOMY;	159.74									
03	50783	URETERONEOCYSTOSTOMY;	798.70									
07	50783	URETERONEOCYSTOSTOMY;	958.44	00 15								
02	50785	REIMPLANT URETER IN BLADDER	172.81									
03	50785	REIMPLANT URETER IN BLADDER	864.04									
07	50785	REIMPLANT URETER IN BLADDER	1,036.85	00 15								
02	50800	IMPLANT URETER IN BOWEL	131.11									
03	50800	IMPLANT URETER IN BOWEL	655.56									
07	50800	IMPLANT URETER IN BOWEL	786.67	00 15								
02	50810	FUSION OF URETER & BOWEL	174.16									
03	50810	FUSION OF URETER & BOWEL	870.82									
07	50810	FUSION OF URETER & BOWEL	1,044.98	00 15								
02	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	175.00									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	875.01										
07	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,050.02	00	15								
02	50820	CONSTRUCT BOWEL BLADDER	186.98										
03	50820	CONSTRUCT BOWEL BLADDER	934.89										
07	50820	CONSTRUCT BOWEL BLADDER	1,121.87	00	15								
02	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	236.85										
03	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,184.25										
07	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,421.09	00	15								
02	50830	URINARY UNDIVERSION	257.56										
03	50830	URINARY UNDIVERSION	1,287.81										
07	50830	URINARY UNDIVERSION	1,545.38	00	15								
02	50840	REPLACE URETER BY BOWEL	176.00										
03	50840	REPLACE URETER BY BOWEL	880.00										
07	50840	REPLACE URETER BY BOWEL	1,055.99	00	15								
02	50845	CUTANEOUS APPENDICO-VESICOSTOMY	178.50										
03	50845	CUTANEOUS APPENDICO-VESICOSTOMY	892.49										
07	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,070.98	00	15								
02	50860	TRANSPLANT URETER TO SKIN	135.42										
03	50860	TRANSPLANT URETER TO SKIN	677.10										
07	50860	TRANSPLANT URETER TO SKIN	812.51	00	15								
02	50900	REPAIR OF URETER	119.15										
03	50900	REPAIR OF URETER	595.75										
07	50900	REPAIR OF URETER	714.90	00	15								
02	50920	CLOSURE URETER/SKIN FISTULA	125.64										
03	50920	CLOSURE URETER/SKIN FISTULA	628.21										
07	50920	CLOSURE URETER/SKIN FISTULA	753.85	00	15								
02	50930	CLOSURE URETER/BOWEL FISTULA	152.73										
03	50930	CLOSURE URETER/BOWEL FISTULA	763.64										
07	50930	CLOSURE URETER/BOWEL FISTULA	916.37	00	15								
02	50940	RELEASE OF URETER	126.79										
03	50940	RELEASE OF URETER	633.96										
07	50940	RELEASE OF URETER	760.75	00	15								
02	50945	LAPAROSCOPY URETEROLITHOTOMY	140.84										
03	50945	LAPAROSCOPY URETEROLITHOTOMY	704.20										
07	50945	LAPAROSCOPY URETEROLITHOTOMY	845.05	00	15								
02	50947	LAPARO NEW URETER/BLADDER	200.22										
03	50947	LAPARO NEW URETER/BLADDER	1,001.11										
07	50947	LAPARO NEW URETER/BLADDER	1,201.34	00	15								
02	50948	LAPRAO NEW URETER/BLADDER	185.33										
03	50948	LAPARO NEW URETER/BLADDER	926.63										
07	50948	LAPARO NEW URETER/BLADDER	1,111.94	00	15								
03	50949	LAPAROSCOPE PROC, URETER	MP			X							
07	50949	LAPAROSCOPE PROC, URETER	MP	00	15	X							
03	50951	ENDOSCOPY OF URETER	272.25										
07	50951	ENDOSCOPY OF URETER	326.69	00	15								
03	50953	ENDOSCOPY OF URETER	287.53										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	50953	ENDOSCOPY OF URETER	345.03	00 15								
03	50955	URETER ENDOSCOPY & BIOPSY	317.62									
07	50955	URETER ENDOSCOPY & BIOPSY	381.14	00 15								
03	50957	URETER ENDOSCOPY & TREATMENT	309.72									
07	50957	URETER ENDOSCOPY & TREATMENT	371.66	00 15								
03	50961	URETER ENDOSCOPY & TREATMENT	279.12									
07	50961	URETER ENDOSCOPY & TREATMENT	334.94	00 15								
03	50970	URETER ENDOSCOPY	272.54									
07	50970	URETER ENDOSCOPY	327.04	00 15								
03	50972	URETER ENDOSCOPY & CATHETER	262.32									
07	50972	URETER ENDOSCOPY & CATHETER	314.78	00 15								
03	50974	URETER ENDOSCOPY & BIOPSY	347.42									
07	50974	URETER ENDOSCOPY & BIOPSY	416.91	00 15								
03	50976	URETER ENDOSCOPY & TREATMENT	342.42									
07	50976	URETER ENDOSCOPY & TREATMENT	410.91	00 15								
03	50980	URETER ENDOSCOPY & TREATMENT	261.51									
07	50980	URETER ENDOSCOPY & TREATMENT	313.81	00 15								
02	51020	INCISE & TREAT BLADDER	65.65									
03	51020	INCISE & TREAT BLADDER	328.26									
07	51020	INCISE & TREAT BLADDER	393.91	00 15								
03	51030	INCISE & TREAT BLADDER	326.62									
07	51030	INCISE & TREAT BLADDER	391.94	00 15								
02	51040	INCISE & DRAIN BLADDER	40.88									
03	51040	INCISE & DRAIN BLADDER	204.42									
07	51040	INCISE & DRAIN BLADDER	245.31	00 15								
02	51045	INCISE BLADDER, DRAIN URETER	65.60									
03	51045	INCISE BLADDER, DRAIN URETER	327.98									
07	51045	INCISE BLADDER, DRAIN URETER	393.57	00 15								
02	51050	REMOVAL OF BLADDER STONE	66.77									
03	51050	REMOVAL OF BLADDER STONE	333.84									
07	51050	REMOVAL OF BLADDER STONE	400.61	00 15								
02	51060	REMOVAL OF URETER STONE	82.34									
03	51060	REMOVAL OF URETER STONE	411.69									
07	51060	REMOVAL OF URETER STONE	494.03	00 15								
03	51065	REMOVAL OF URETER STONE	409.17									
07	51065	REMOVAL OF URETER STONE	491.00	00 15								
02	51080	DRAINAGE OF BLADDER ABSCESS	57.15									
03	51080	DRAINAGE OF BLADDER ABSCESS	285.76									
07	51080	DRAINAGE OF BLADDER ABSCESS	342.91	00 15								
03	51100	ASPIRATION OF BLADDER; BY NEEDLE	41.96									
07	51100	ASPIRATION OF BLADDER; BY NEEDLE	50.36	00 15								
03	51101	ASPIRATION OF BLADDER; BY TROCAR OR	84.27									
07	51101	ASPIRATION OF BLADDER; BY TROCAR OR	101.13	00 15								
03	51102	ASPIRATION OF BLADDER; WITH INSERTIO	162.42									
07	51102	ASPIRATION OF BLADDER; WITH INSERTIO	194.91	00 15								
02	51500	REMOVAL OF BLADDER CYST	88.85									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	51500	REMOVAL OF BLADDER CYST	444.25									
07	51500	REMOVAL OF BLADDER CYST	533.10	00 15								
02	51520	REMOVAL OF BLADDER LESION	83.15									
03	51520	REMOVAL OF BLADDER LESION	415.76									
07	51520	REMOVAL OF BLADDER LESION	498.91	00 15								
02	51525	REMOVAL OF BLADDER LESION	122.51									
03	51525	REMOVAL OF BLADDER LESION	612.57									
07	51525	REMOVAL OF BLADDER LESION	735.09	00 15								
02	51530	REMOVAL OF BLADDER LESION	109.41									
03	51530	REMOVAL OF BLADDER LESION	547.04									
07	51530	REMOVAL OF BLADDER LESION	656.45	00 15								
02	51535	REPAIR OF URETER LESION	111.38									
03	51535	REPAIR OF URETER LESION	556.88									
07	51535	REPAIR OF URETER LESION	668.26	00 15								
02	51550	PARTIAL REMOVAL OF BLADDER	135.21									
03	51550	PARTIAL REMOVAL OF BLADDER	676.05									
07	51550	PARTIAL REMOVAL OF BLADDER	811.26	00 15								
02	51555	PARTIAL REMOVAL OF BLADDER	179.90									
03	51555	PARTIAL REMOVAL OF BLADDER	899.50									
07	51555	PARTIAL REMOVAL OF BLADDER	1,079.41	00 15								
02	51565	REVISE BLADDER & URETER(S)	183.73									
03	51565	REVISE BLADDER & URETER(S)	918.65									
07	51565	REVISE BLADDER & URETER(S)	1,102.37	00 15								
02	51570	REMOVAL OF BLADDER	209.84									
03	51570	REMOVAL OF BLADDER	1,049.21									
07	51570	REMOVAL OF BLADDER	1,259.05	00 15								
02	51575	REMOVAL OF BLADDER & NODES	262.32									
03	51575	REMOVAL OF BLADDER & NODES	1,311.60									
07	51575	REMOVAL OF BLADDER & NODES	1,573.91	00 15								
02	51580	REMOVE BLADDER; REVISE TRACT	273.19									
03	51580	REMOVE BLADDER; REVISE TRACT	1,365.96									
07	51580	REMOVE BLADDER; REVISE TRACT	1,639.15	00 15								
02	51585	REMOVAL OF BLADDER & NODES	304.43									
03	51585	REMOVAL OF BLADDER & NODES	1,522.14									
07	51585	REMOVAL OF BLADDER & NODES	1,826.56	00 15								
02	51590	REMOVE BLADDER; REVISE TRACT	277.46									
03	51590	REMOVE BLADDER; REVISE TRACT	1,387.32									
07	51590	REMOVE BLADDER; REVISE TRACT	1,664.78	00 15								
02	51595	REMOVE BLADDER; REVISE TRACT	315.39									
03	51595	REMOVE BLADDER; REVISE TRACT	1,576.95									
07	51595	REMOVE BLADDER; REVISE TRACT	1,892.34	00 15								
02	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	338.90									
03	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	1,694.51									
07	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,033.41	00 15								
02	51597	PELVIC EXENTER.W/W/O HYSTERECTOMY	327.14		X							
03	51597	PELVIC EXENTERATION	1,635.69		X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	51597	PELVIC EXENTERATION	1,962.83	00 15	X							
03	51600	INJECTION FOR BLADDER X-RAY	126.26									
07	51600	INJECTION FOR BLADDER X-RAY	151.51	00 15								
03	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	27.29									
07	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	32.75	00 15								
03	51610	INJECTION FOR BLADDER X-RAY	75.18									
07	51610	INJECTION FOR BLADDER X-RAY	90.21	00 15								
03	51700	IRRIGATION OF BLADDER	59.26									X
07	51700	IRRIGATION OF BLADDER	71.12	00 15								X
03	51701	INSERTION NON-INDWELLNG BLADDR CATH	40.84									
07	51701	INSERTION NON-INDWELLNG BLADDR CATH	49.01	00 15								
03	51702	INSERT TEMP INDWELL BLADDER CATHETER	52.09									
07	51702	INSERT TEMP INDWELL BLADDER CATHETER	62.50	00 15								
03	51703	INSERT INDWELL BLADDER CATH;COMPLICA	95.80									
07	51703	INSERT INDWELL BLADDER CATH;COMPLICA	114.96	00 15								
03	51705	CHANGE OF BLADDER TUBE	76.50									
07	51705	CHANGE OF BLADDER TUBE	91.79	00 15								
03	51710	CHANGE OF BLADDER TUBE	108.06									
07	51710	CHANGE OF BLADDER TUBE	129.68	00 15								
03	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	203.57									
07	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	244.27	00 15								
03	51720	TREATMENT OF BLADDER LESION	81.00									
07	51720	TREATMENT OF BLADDER LESION	97.20	00 15								
03	51725	SIMPLE CYSTOMETROGRAM	147.34									
05	51725	SIMPLE CYSTOMETROGRAM	58.94									
07	51725	SIMPLE CYSTOMETROGRAM	176.81	00 15								
03	51726	COMPLEX CYSTOMETROGRAM	212.46									
05	51726	COMPLEX CYSTOMETROGRAM	84.98									
07	51726	COMPLEX CYSTOMETROGRAM	254.96	00 15								
03	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	200.99									
05	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	80.40									
07	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	241.18	00 15								
03	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	200.04									
05	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	80.02									
07	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	240.05	00 15								
03	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	219.27									
05	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	87.71									
07	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	263.13	00 15								
03	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-	36.84									
05	51736	SIMPLE UROFLOWMETRY	14.74									
07	51736	SIMPLE UROFLOWMETRY	44.21	00 15								
03	51741	COMPLEX UROFLOWMETRY	58.96									
05	51741	COMPLEX UROFLOWMETRY	23.58									
07	51741	COMPLEX UROFLOWMETRY	70.76	00 15								
03	51784	ANAL/URINARY MUSCLE STUDY	135.70									
05	51784	ANAL/URINARY MUSCLE STUDY	54.28									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	51784	ANAL/URINARY MUSCLE STUDY	162.85	00	15								
03	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	146.72										
05	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	58.69										
07	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	176.06	00	15								
03	51797	51797 VOIDING PRESSURE STUDIES, INTR	99.66										
05	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	39.86										
07	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	119.59	00	15								
03	51798	MEASURE POST-VOIDING RESIDUAL URINE	13.79										
07	51798	MEASURE POST-VOIDING RESIDUAL URINE	16.56	00	15								
02	51800	REVISION OF BLADDER/URETHRA	149.15										
03	51800	REVISION OF BLADDER/URETHRA	745.74										
07	51800	REVISION OF BLADDER/URETHRA	894.89	00	15								
02	51820	REVISION OF URINARY TRACT	152.77										
03	51820	REVISION OF URINARY TRACT	763.86										
07	51820	REVISION OF URINARY TRACT	916.64	00	15								
02	51840	ATTACH BLADDER/URETHRA	91.10										
03	51840	ATTACH BLADDER/URETHRA	455.51										
07	51840	ATTACH BLADDER/URETHRA	546.61	00	15								
02	51841	ATTACH BLADDER/URETHRA	108.19										
03	51841	ATTACH BLADDER/URETHRA	540.97										
07	51841	ATTACH BLADDER/URETHRA	649.16	00	15								
02	51845	ABCOMINO-VAGINAL VESICAL NECK SUSPEN	82.65										
03	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	413.24					F					
07	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	495.88	00	15			F					
02	51860	REPAIR OF BLADDER WOUND	101.42										
03	51860	REPAIR OF BLADDER WOUND	507.12										
07	51860	REPAIR OF BLADDER WOUND	608.54	00	15								
02	51865	REPAIR OF BLADDER WOUND	125.45										
03	51865	REPAIR OF BLADDER WOUND	627.23										
07	51865	REPAIR OF BLADDER WOUND	752.69	00	15								
02	51880	REPAIR OF BLADDER OPENING	65.60										
03	51880	REPAIR OF BLADDER OPENING	328.01										
07	51880	REPAIR OF BLADDER OPENING	393.61	00	15								
02	51900	REPAIR BLADDER/VAGINA LESION	116.42										
03	51900	REPAIR BLADDER/VAGINA LESION	582.08										
07	51900	REPAIR BLADDER/VAGINA LESION	698.50	00	15								
02	51920	CLOSE BLADDER-UTERUS FISTULA	107.65										
03	51920	CLOSE BLADDER-UTERUS FISTULA	538.26										
07	51920	CLOSE BLADDER-UTERUS FISTULA	645.92	00	15								
02	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	141.16			X		F		X			
03	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	705.79			X		F		X			
07	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	846.94	00	15	X		F		X			
02	51940	CORRECTION OF BLADDER DEFECT	230.66										
03	51940	CORRECTION OF BLADDER DEFECT	1,153.31										
07	51940	CORRECTION OF BLADDER DEFECT	1,383.96	00	15								
02	51960	REVISION OF BLADDER & BOWEL	198.21										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	51960	REVISION OF BLADDER & BOWEL	991.06									
07	51960	REVISION OF BLADDER & BOWEL	1,189.27	00 15								
02	51980	CONSTRUCT BLADDER OPENING	101.32									
03	51980	CONSTRUCT BLADDER OPENING	506.62									
07	51980	CONSTRUCT BLADDER OPENING	607.94	00 15								
02	51990	LAPARO URETHRAL SUSPENSION	105.19									
03	51990	LAPARO URETHRAL SUSPENSION	525.95									
07	51990	LAPARO URETHRAL SUSPENSION	631.14	00 15								
02	51992	LAPARO SLING OPERATION	114.73									
03	51992	LAPARO SLING OPERATION	573.67									
07	51992	LAPARO SLING OPERATION	688.40	00 15								
03	51999	LAPAROSCOPE PROC, BLADDER	MP		X							
07	51999	LAPAROSCOPE PROC, BLADDER	MP	00 15	X							
03	52000	CYSTOSCOPY	143.91									
07	52000	CYSTOSCOPY	172.68	00 15								
03	52001	CYSTOSCOPY, REMOVAL OF CLOTS	269.85									
07	52001	CYSTOSCOPY, REMOVAL OF CLOTS	323.81	00 15								
03	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	196.20									
07	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	235.44	00 15								
03	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	362.11									
07	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	434.53	00 15								
03	52010	CYSTOSCOPY & DUCT CATHETER	272.40									
07	52010	CYSTOSCOPY & DUCT CATHETER	326.88	00 15								
03	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	296.94									
07	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	356.33	00 15								
03	52214	CYSTOURETHROSCOPY WITH FULGURATION;	391.37									
07	52214	CYSTOURETHROSCOPY WITH FULGURATION;	469.63	00 15								
03	52224	CYSTOURETHROSCOPY WITH FULGURATION;	551.07									
07	52224	CYSTOURETHROSCOPY WITH FULGURATION;	661.28	00 15								
03	52234	CYSTOURETHROSCOPY WITH FULGURATION;	179.81									
07	52234	CYSTOURETHROSCOPY WITH FULGURATION;	215.77	00 15								
03	52235	CYSTOURETHROSCOPY WITH FULGURATION;	210.89									
07	52235	CYSTOURETHROSCOPY WITH FULGURATION;	253.06	00 15								
03	52240	CYSTOURETHROSCOPY WITH FULGURATION;	369.38									
07	52240	CYSTOURETHROSCOPY WITH FULGURATION;	443.26	00 15								
03	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	176.40									
07	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	211.68	00 15								
03	52260	CYSTOSCOPY & TREATMENT	152.28									
07	52260	CYSTOSCOPY & TREATMENT	182.74	00 15								
03	52265	CYSTOSCOPY & TREATMENT	285.91									
07	52265	CYSTOSCOPY & TREATMENT	343.09	00 15								
03	52270	CYSTOSCOPY & REVISE URETHRA	277.62									
07	52270	CYSTOSCOPY & REVISE URETHRA	333.14	00 15								
03	52275	CYSTOSCOPY & REVISE URETHRA	380.09									
07	52275	CYSTOSCOPY & REVISE URETHRA	456.11	00 15								
03	52276	CYSTOURETHROSCOPY W/DIRECT VISION	193.84									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	52276	CYSTOURETHROSCOPY W/DIRECT VISION	232.61	00 15								
03	52277	CYSTOSCOPY AND TREATMENT	237.07									
07	52277	CYSTOSCOPY AND TREATMENT	284.48	00 15								
03	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	209.75									
07	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	251.69	00 15								
03	52282	CYSTOSCOPY, IMPLANT STENT	244.69									
07	52282	CYSTOSCOPY, IMPLANT STENT	293.63	00 15								
03	52283	CYSTOURETHROSCOPY, STEROID INJECTION	197.60									
07	52283	CYSTOURETHROSCOPY, STEROID INJECTION	237.11	00 15								
03	52285	CYSTOSCOPY AND TREATMENT	198.55									
07	52285	CYSTOSCOPY AND TREATMENT	238.26	00 15								
03	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	205.13									
07	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	246.16	00 15								
03	52290	CYSTOSCOPY AND TREATMENT	178.30									
07	52290	CYSTOSCOPY AND TREATMENT	213.96	00 15								
03	52300	CYSTOSCOPY AND TREATMENT	204.94									
07	52300	CYSTOSCOPY AND TREATMENT	245.91	00 15								
03	52301	CYSTOSCOPY AND TREATMENT	215.69									
07	52301	CYSTOSCOPY AND TREATMENT	258.83	00 15								
03	52305	CYSTOSCOPY AND TREATMENT	203.79									
07	52305	CYSTOSCOPY AND TREATMENT	244.54	00 15								
03	52310	CYSTOSCOPY AND TREATMENT	174.68									
07	52310	CYSTOSCOPY AND TREATMENT	209.61	00 15								
03	52315	CYSTOSCOPY AND TREATMENT	309.92									
07	52315	CYSTOSCOPY AND TREATMENT	371.90	00 15								
03	52317	LITHOLAPAXY,SIMPLE;SMALL	645.83									
07	52317	LITHOLAPAXY,SIMPLE;SMALL	774.99	00 15								
03	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	347.72									
07	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	417.26	00 15								
03	52320	CYSTOSCOPY AND TREATMENT	180.26									
07	52320	CYSTOSCOPY AND TREATMENT	216.31	00 15								
03	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	234.74									
07	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	281.69	00 15								
03	52327	CYSTOSCOPY, INJECT MATERIAL	365.14									
07	52327	CYSTOSCOPY, INJECT MATERIAL	438.17	00 15								
03	52330	CYSTOSCOPY AND TREATMENT	523.88									
07	52330	CYSTOSCOPY AND TREATMENT	628.65	00 15								
03	52332	CYSTOURETHROSCOPY/INSERT STENT	323.18									
07	52332	CYSTOURETHROSCOPY/INSERT STENT	387.81	00 15								
03	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	187.34									
07	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	224.80	00 15								
03	52341	CYSTO W/URETER STRICTURE TX	212.91									
07	52341	CYSTO W/URETER STRICTURE TX	255.49	00 15								
03	52342	CYSTO W/UP STRICTURE TX	231.49									
07	52342	CYSTO W/UP STRICTURE TX	277.79	00 15								
03	52343	CYSTO W/RENAL STRICTURE TX	257.60									

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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	52343	CYSTO W/RENAL STRICTURE TX	309.12	00 15								
03	52344	CYSTO/URETERO, STONE REMOVE	279.17									
07	52344	CYSTO/URETERO, STONE REMOVE	335.01	00 15								
03	52345	CYSTO/URETERO W/UP STRICTURE	297.76									
07	52345	CYSTO/URETERO W/UP STRICTURE	357.30	00 15								
03	52346	CYSTOURETERO W/RENAL STRICT	336.17									
07	52346	CYSTOURETERO W/RENAL STRICT	403.40	00 15								
03	52351	CYSTOURETRO & OR PYELOSCOPE	228.95									
07	52351	CYSTOURETRO & OR PYELOSCOPE	274.74	00 15								
03	52352	CYSTOURETRO W/STONE REMOVE	268.94									
07	52352	CYSTOURETRO W/STONE REMOVE	322.73	00 15								
03	52353	CYSTOURETERO W/LITHOTRIPSY	309.61									
07	52353	CYSTOURETERO W/LITHOTRIPSY	371.53	00 15								
03	52354	CYSTOURETERO W/BIOPSY	286.02									
07	52354	CYSTOURETERO W/BIOPSY	343.22	00 15								
03	52355	CYSTOURETERO W/EXCISE TUMOR	341.25									
07	52355	CYSTOURETERO W/EXCISE TUMOR	409.50	00 15								
03	52400	CYSTOURETERO W/CONGEN REPR	349.74			X						
07	52400	CYSTOURETERO W/CONGEN REPR	419.69	00 15		X						
03	52402	CYSTOURETHRO CUT EJACUL DUCT	197.28				M					
07	52402	CYSTOURETHRO CUT EJACUL DUCT	236.73	00 15			M					
03	52450	TRANSURETHRAL INCISION OF PROSTATE	331.03				M					
07	52450	TRANSURETHRAL INCISION OF PROSTATE	397.24	00 15			M					
03	52500	REVISION OF BLADDER NECK	346.20				M					
07	52500	REVISION OF BLADDER NECK	415.44	00 15			M					
03	52601	PROSTATECTOMY (TUR)	590.68				M					
07	52601	PROSTATECTOMY (TUR)	708.81	00 15			M					
03	52630	REMOVE PROSTATE REGROWTH	315.49				M					
07	52630	REMOVE PROSTATE REGROWTH	378.59	00 15			M					
03	52640	RELIEVE BLADDER CONTRACTURE	215.08				M					
07	52640	RELIEVE BLADDER CONTRACTURE	258.09	00 15			M					
03	52647	LASER SURGERY OF PROSTATE	1,449.06				M					
07	52647	LASER SURGERY OF PROSTATE	1,738.87	00 15			M					
03	52648	LASER SURGERY OF PROSTATE	1,482.08				M					
07	52648	LASER SURGERY OF PROSTATE	1,778.49	00 15			M					
03	52649	PROSTATE LASER ENUCLEATION	700.71			X	M					
07	52649	PROSTATE LASER ENUCLEATION	840.85	00 15		X	M					
03	52700	DRAINAGE OF PROSTATE ABSCESS	307.76				M					
07	52700	DRAINAGE OF PROSTATE ABSCESS	369.31	00 15			M					
03	53000	INCISION OF URETHRA	104.67									
07	53000	INCISION OF URETHRA	125.60	00 15								
03	53010	INCISION OF URETHRA	204.15									
07	53010	INCISION OF URETHRA	244.98	00 15								
03	53020	INCISION OF URETHRA	70.38	01 99								
07	53020	INCISION OF URETHRA	84.47	01 15								
03	53025	INCISION OF URETHRA	46.08	00 00								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	53025	INCISION OF URETHRA	55.29	00 00								
03	53040	DRAINAGE OF URETHRA ABSCESS	277.81									
07	53040	DRAINAGE OF URETHRA ABSCESS	333.38	00 15								
03	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	122.34				F					
07	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	146.81	00 15			F					
03	53080	DRAINAGE OF URINARY LEAKAGE	307.11									
07	53080	DRAINAGE OF URINARY LEAKAGE	368.53	00 15								
02	53085	DRAINAGE OF URINARY LEAKAGE	88.05									
03	53085	DRAINAGE OF URINARY LEAKAGE	440.26									
07	53085	DRAINAGE OF URINARY LEAKAGE	528.32	00 15								
03	53200	BIOPSY OF URETHRA	110.42									
07	53200	BIOPSY OF URETHRA	132.51	00 15								
02	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	109.72				F					
03	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	548.61				F					
07	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	658.34	00 15			F					
02	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;	133.44				M					
03	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	667.19				M					
07	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	800.62	00 15			M					
03	53220	TREATMENT OF URETHRA LESION	318.99									
07	53220	TREATMENT OF URETHRA LESION	382.79	00 15								
02	53230	EXCISE URETHRAL DIVERTICULUM;F	85.32				F					
03	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	426.60				F					
07	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	511.91	00 15			F					
02	53235	EXCISE URETHRAL DIVERTICULUM;M	90.62				M					
03	53235	EXCISE URETHRAL DIVERTICULUM;MALE	453.12				M					
07	53235	EXCISE URETHRAL DIVERTICULUM;MALE	543.75	00 15			M					
03	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	303.72									
07	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	364.46	00 15								
03	53250	REMOVAL OF SEMINAL FLUID GLAND	281.73									
07	53250	REMOVAL OF SEMINAL FLUID GLAND	338.07	00 15								
03	53260	TREATMENT OF URETHRA LESION	139.74									
07	53260	TREATMENT OF URETHRA LESION	167.69	00 15								
03	53265	TREATMENT OF URETHRA LESION	154.41									
07	53265	TREATMENT OF URETHRA LESION	185.29	00 15								
03	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	142.86				F					
07	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	171.43	00 15			F					
03	53275	REPAIR OF URETHRA DEFECT	188.95									
07	53275	REPAIR OF URETHRA DEFECT	226.74	00 15								
02	53400	REVISE URETHRA, 1ST STAGE	114.11									
03	53400	REVISE URETHRA, 1ST STAGE	570.54									
07	53400	REVISE URETHRA, 1ST STAGE	684.64	00 15								
02	53405	REVISE URETHRA, 2ND STAGE	125.78									
03	53405	REVISE URETHRA, 2ND STAGE	628.91									
07	53405	REVISE URETHRA, 2ND STAGE	754.69	00 15								
02	53410	RECONSTRUCTION OF URETHRA	140.38				M					
03	53410	URETHROPLASTY...MALE ANTERIOR URETH.	701.91				M					

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	53410	URETHROPLASTY...MALE ANTERIOR URETH.	842.28	00 15			M					
02	53415	URETHROOPLASTY,TRANSPUBIC, ONE STAGE	162.15									
03	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	810.73									
07	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	972.87	00 15								
02	53420	RECONSTRUCT URETHRA, STAGE 1	115.42									
03	53420	RECONSTRUCT URETHRA, STAGE 1	577.12									
07	53420	RECONSTRUCT URETHRA, STAGE 1	692.54	00 15								
02	53425	RECONSTRUCT URETHRA, STAGE 2	135.28									
03	53425	RECONSTRUCT URETHRA, STAGE 2	676.38									
07	53425	RECONSTRUCT URETHRA, STAGE 2	811.66	00 15								
02	53430	URETHROPLASTY,RECON FEMALE URETHRA	135.19				F					
03	53430	URETHROPLASTY,RECON FEMALE URETHRA	675.93				F					
07	53430	URETHROPLASTY,RECON FEMALE URETHRA	811.11	00 15			F					
02	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	165.76									
03	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	828.79									
07	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	994.55	00 15								
02	53440	CORRECT MALE URIN.INCONT,W/W/O PROST	124.98				M					
03	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	624.88				M					
07	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	749.85	00 15			M					
02	53442	PERINEAL PROSTHESIS REMOVAL	109.89				M					
03	53442	PERINEAL PROSTHESIS REMOVAL	549.46				M					
07	53442	PERINEAL PROSTHESIS REMOVAL	659.35	00 15			M					
02	53444	INSERT TANDEM CUFF	113.83									
03	53444	INSERT TANDEM CUFF	569.17									
07	53444	INSERT TANDEM CUFF	683.00	00 15								
02	53445	PLMT INFLAT.URETH/BLADDER SPHI	252.00		X							
03	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00		X							
07	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00	00 15	X							
02	53446	REMOVE URO SPHINCTER	91.56			X						
03	53446	REMOVE URO SPHINCTER	457.81			X						
07	53446	REMOVE URO SPHINCTER	549.36	00 15		X						
02	53447	INFLATABLE SPHINCTER REMOVAL	MP			X						
03	53447	INFLATABLE SPHINCTER REMOVAL	MP			X						
07	53447	INFLATABLE SPHINCTER REMOVAL	752.18	00 15		X						
02	53448	REMOV/REPLC UR SPHINCTR COMP	183.98			X						
03	53448	REMOV/REPLC UR SPHINCTR COMP	919.90			X						
07	53448	REMOV/REPLC UR SPHINCTR COMP	1,103.88	00 15		X						
02	53449	CORRECTION OF ABDOMINAL SPHINCTER	180.00		X							
03	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00		X							
07	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00	00 15	X							
02	53450	REVISION OF URETHRA	57.74									
03	53450	REVISION OF URETHRA	288.70									
07	53450	REVISION OF URETHRA	346.44	00 15								
02	53460	REVISION OF URETHRA	64.98									
03	53460	REVISION OF URETHRA	324.89									
07	53460	REVISION OF URETHRA	389.87	00 15								

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	53500	URETHRLYS, TRANSVAG W/ SCOPE	104.95					F					
03	53500	URETHRLYS, TRANSVAG W/ SCOPE	524.76					F					
07	53500	URETHRLYS, TRANSVAG W/ SCOPE	629.71	00	15			F					
03	53502	URETHRORRHAPHY...SUTURE...,FEMALE	344.45					F					
07	53502	URETHRORRHAPHY...SUTURE...,FEMALE	413.34	00	15			F					
02	53505	URETHRORRHAPHY...SUTURE...;PEN	69.07					M					
03	53505	URETHRORRHAPHY...SUTURE...;PENILE	345.35					M					
07	53505	URETHRORRHAPHY...SUTURE...;PENILE	414.40	00	15			M					
02	53510	REPAIR OF URETHRA INJURY	90.06										
03	53510	REPAIR OF URETHRA INJURY	450.28										
07	53510	REPAIR OF URETHRA INJURY	540.34	00	15								
02	53515	REPAIR OF URETHRA INJURY	114.00										
03	53515	REPAIR OF URETHRA INJURY	570.00										
07	53515	REPAIR OF URETHRA INJURY	684.00	00	15								
02	53520	CLOSE URETHROSTOMY...FISTULE,	78.87					M					
03	53520	CLOSE URETHROSTOMY....FISTULE,MALE	394.35					M					
07	53520	CLOSE URETHROSTOMY....FISTULE,MALE	473.22	00	15			M					
03	53600	DILATE URETHRAL STRICTURE,MALE;INIT	60.56					M					
07	53600	DILATE URETHRAL STRICTURE,MALE;INIT	72.67	00	15			M					
03	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	58.21					M					
07	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	69.86	00	15			M					
03	53605	DILATE URETH STRICT...MALE	47.25					M					
07	53605	DILATE URETH STRICT...MALE	56.69	00	15			M					
03	53620	DILATE URETH STRICT.,MALE;INITIAL	86.20					M					
07	53620	DILATE URETH STRICT.,MALE;INITIAL	103.43	00	15			M					
03	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	80.97					M					
07	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	97.16	00	15			M					
03	53660	DILATE FEMALE URETHRA...;INITIAL	50.01					F					
07	53660	DILATE FEMALE URETHRA...;INITIAL	60.01	00	15			F					
03	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	49.81					F					
07	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	59.77	00	15			F					
03	53665	DILATE FEMALE URETHRA...	27.69					F					
07	53665	DILATE FEMALE URETHRA...	33.22	00	15			F					
03	53850	PROSTATIC MICROWAVE THERMOTX	1,654.55					M					
07	53850	PROSTATIC MICROWAVE THERMOTX	1,985.45	00	15			M					
03	53855	INSERTION OF A TEMPORARY PROSTATIC U	443.79					M					
07	53855	INSERTION OF A TEMPORARY PROSTATIC U	532.55	00	15			M					
02	53899	UROLOGY SURGERY PROCEDURE	MP			X							
03	53899	UROLOGY SURGERY PROCEDURE	MP			X							
07	53899	UROLOGY SURGERY PROCEDURE	MP	00	15	X							
03	54000	SLITTING OF PREPUCE	107.11	00	00			M					
07	54000	SLITTING OF PREPUCE	128.54	00	00			M					
03	54001	SLITTING OF PREPUCE	132.60					M					
07	54001	SLITTING OF PREPUCE	159.12	00	15			M					
03	54015	DRAIN PENIS LESION	220.86					M					
07	54015	DRAIN PENIS LESION	265.03	00	15			M					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	54050	TREATMENT OF PENIS LESION	80.90					M					
07	54050	TREATMENT OF PENIS LESION	97.08	00	15			M					
03	54055	TREATMENT OF PENIS LESION	77.37					M					
07	54055	TREATMENT OF PENIS LESION	92.84	00	15			M					
03	54056	DESTROY PENILE LESION;CRYOSURGERY	84.11					M					
07	54056	DESTROY PENILE LESION;CRYOSURGERY	100.93	00	15			M					
03	54057	DESTROY PENILE LESION; LASER SURGERY	92.38					M					
07	54057	DESTROY PENILE LESION; LASER SURGERY	110.86	00	15			M					
03	54060	TREATMENT OF PENIS LESION	125.56					M					
07	54060	TREATMENT OF PENIS LESION	150.68	00	15			M					
03	54065	TREATMENT OF PENIS LESION	138.37					M					
07	54065	TREATMENT OF PENIS LESION	166.04	00	15			M					
03	54100	BIOPSY OF PENIS	125.85					M					
07	54100	BIOPSY OF PENIS	151.02	00	15			M					
03	54105	BIOPSY OF PENIS	192.07					M					
07	54105	BIOPSY OF PENIS	230.48	00	15			M					
02	54110	TREATMENT OF PENIS LESION	88.79					M					
03	54110	TREATMENT OF PENIS LESION	443.95					M					
07	54110	TREATMENT OF PENIS LESION	532.74	00	15			M					
02	54111	EXCISION OF PENILE PLAQUE/,5CM	114.99					M					
03	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	574.95					M					
07	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	689.95	00	15			M					
02	54112	EXCISION OF PENILE PLAQUE/>5CM	134.98					M					
03	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	674.88					M					
07	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	809.86	00	15			M					
02	54115	TREATMENT OF PENIS LESION	63.25					M					
03	54115	TREATMENT OF PENIS LESION	316.25					M					
07	54115	TREATMENT OF PENIS LESION	379.50	00	15			M					
02	54120	PARTIAL REMOVAL OF PENIS	89.72					M					
03	54120	PARTIAL REMOVAL OF PENIS	448.58					M					
07	54120	PARTIAL REMOVAL OF PENIS	538.29	00	15			M					
02	54125	REMOVAL OF PENIS	116.00					M					
03	54125	REMOVAL OF PENIS	580.00					M					
07	54125	REMOVAL OF PENIS	695.99	00	15			M					
02	54130	REMOVE PENIS & NODES	172.04					M					
03	54130	REMOVE PENIS & NODES	860.20					M					
07	54130	REMOVE PENIS & NODES	1,032.24	00	15			M					
02	54135	REMOVE PENIS & NODES	218.59					M					
03	54135	REMOVE PENIS & NODES	1,092.96					M					
07	54135	REMOVE PENIS & NODES	1,311.55	00	15			M					
03	54150	CIRCUMCISION USING CLAMP OR OTHER DE	116.01					M		X			
07	54150	CIRCUMCISION USING CLAMP OR OTHER DE	139.21	00	15			M		X			
03	54160	CIRCUMCISION	160.14	00	01			M		X			
07	54160	CIRCUMCISION	192.18	00	15			M		X			
03	54161	CIRCUMCISION	139.96					M		X			
07	54161	CIRCUMCISION	167.96	00	15			M		X			

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	54162	LYSIS PENIL CIRCUMCIS LESION	186.70				M					
07	54162	LYSIS PENIL CIRCUMCIS LESION	224.03	00 15			M					
03	54163	REPAIR OF CIRCUMCISION	152.74				M					
07	54163	REPAIR OF CIRCUMCISION	183.30	00 15			M					
03	54164	FRENULOTOMY OF PENIS	134.17				M					
07	54164	FRENULOTOMY OF PENIS	160.99	00 15			M					
03	54200	TREATMENT OF PENIS LESION	75.28				M					
07	54200	TREATMENT OF PENIS LESION	90.34	00 15			M					
02	54205	TREATMENT OF PENIS LESION	75.97				M					
03	54205	TREATMENT OF PENIS LESION	379.86				M					
07	54205	TREATMENT OF PENIS LESION	455.84	00 15			M					
03	54220	TREATMENT OF PENIS LESION	146.80				M					
07	54220	TREATMENT OF PENIS LESION	176.17	00 15			M					
03	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	68.32				M					
07	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	81.97	00 15			M					
03	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	99.48				M					
07	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	119.38	00 15			M					
03	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	63.02				M					
07	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	75.62	00 15			M					
02	54300	REVISION OF PENIS	92.46				M					
03	54300	REVISION OF PENIS	462.30				M					
07	54300	REVISION OF PENIS	554.75	00 15			M					
02	54304	REVISE PENIS/CORRECT CHORDER	108.39				M					
03	54304	PLASTIC OPERATION ON PENIS FOR CORRE	541.93				M					
07	54304	PLASTIC OPERATION ON PENIS FOR CORRE	650.31	00 15			M					
02	54308	URETHROPLASTY...; LESS THAN 3 CM	103.19				M					
03	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	515.95				M					
07	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	619.14	00 15			M					
02	54312	URETHROPLASTY...; MORE THAN 3 CM	119.64				M					
03	54312	URETHROPLASTY...; MORE THAN 3 CM	598.22				M					
07	54312	URETHROPLASTY...; MORE THAN 3 CM	717.87	00 15			M					
02	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	144.57				M					
03	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	722.84				M					
07	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	867.40	00 15			M					
03	54318	URETHROPLASTY/RELEASE FROM SCROTUM	523.51				M					
07	54318	URETHROPLASTY/RELEASE FROM SCROTUM	628.21	00 15			M					
03	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	564.82				M					
07	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	677.78	00 15			M					
02	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	140.48				M					
03	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	702.41				M					
07	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	842.88	00 15			M					
02	54326	1 STAGE REP,URETHROPLASTY-MOB	132.34				M					
03	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	661.70				M					
07	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	794.04	00 15			M					
02	54328	1 STAGE REP.CORRECT CHORDEE&UR	133.81				M					
03	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	669.04				M					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	802.85	00	15			M					
02	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	146.47					M					
03	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	732.34					M					
07	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	878.82	00	15			M					
02	54336	1STAGE PERINEAL HYPOSPADIAS REPAIR	167.91					M					
03	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	839.56					M					
07	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,007.47	00	15			M					
02	54340	REP.HYPOSPADIAS COMPLICATIONS.	80.21					M					
03	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	401.06					M					
07	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	481.27	00	15			M					
02	54344	REP.HYPOSPADIAS COMPLICATION/F	139.19					M					
03	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	695.95					M					
07	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	835.13	00	15			M					
02	54348	REP HYPOSPADIAS COMPLICATION/EST DIS	147.22					M					
03	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	736.09					M					
07	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	883.31	00	15			M					
02	54352	REP HYPOSPADIAS CRIPPLE..EXTENSIVE	208.55					M					
03	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,042.77					M					
07	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,251.32	00	15			M					
02	54360	PLASTIC PENILE REPAIR/ANGULATION	104.03					M					
03	54360	PLASTIC PENILE REPAIR/ANGULATION	520.13					M					
07	54360	PLASTIC PENILE REPAIR/ANGULATION	624.16	00	15			M					
02	54380	REPAIR PENIS	115.28					M					
03	54380	REPAIR PENIS	576.41					M					
07	54380	REPAIR PENIS	691.69	00	15			M					
02	54385	REPAIR PENIS	138.62					M					
03	54385	REPAIR PENIS	693.09					M					
07	54385	REPAIR PENIS	831.71	00	15			M					
02	54390	REPAIR PENIS AND BLADDER	170.52					M					
03	54390	REPAIR PENIS AND BLADDER	852.62					M					
07	54390	REPAIR PENIS AND BLADDER	1,023.15	00	15			M					
02	54406	REMOVE MULTI-COMP PENIS PROS	104.47					M				X	
03	54406	REMOVE MULTI-COMP PENIS PROS	522.33					M				X	
07	54406	REMOVE MULTI-COMP PENIS PROS	626.79	00	15			M				X	
02	54408	REPAIR MULTI-COMP PENIS PROS	112.43					M				X	
03	54408	REPAIR MULTI-COMP PENIS PROS	562.14					M				X	
07	54408	REPAIR MULTI-COMP PENIS PROS	674.57	00	15			M				X	
02	54410	REMOVE/REPLACE PENIS PROSTH	123.53					M				X	
03	54410	REMOVE/REPLACE PENIS PROSTH	617.65					M				X	
07	54410	REMOVE/REPLACE PENIS PROSTH	741.18	00	15			M				X	
02	54411	REMV/REPLC PENIS PROS,COMP	146.09					M				X	
03	54411	REMV/REPLC PENIS PROS, COMP	730.46					M				X	
07	54411	REMV/REPLC PENIS PROS, COMP	876.55	00	15			M				X	
02	54415	REMOVE SELF -CONTD PENIS PROS	74.77					M				X	
03	54415	REMOVE SELF-CONTD PENIS PROS	373.85					M				X	
07	54415	REMOVE SELF-CONTD PENIS PROS	448.62	00	15			M				X	

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	54416	REMV/REPL PENIS CONTAIN PROS	100.27				M				X	
03	54416	REMV/REPL PENIS CONTAIN PROS	501.33				M				X	
07	54416	REMV/REPL PENIS CONTAIN PROS	601.59	00 15			M				X	
02	54417	REMV/REPLC PENIS PROS, COMPL	128.21				M				X	
03	54417	REMV/REPLC PENIS PROS, COMPL	641.03				M				X	
07	54417	REMV/REPLC PENIS PROS, COMPL	769.24	00 15			M				X	
02	54420	REVISION OF PENIS	101.16				M					
03	54420	REVISION OF PENIS	505.80				M					
07	54420	REVISION OF PENIS	606.96	00 15			M					
02	54430	REVISION OF PENIS	91.54				M					
03	54430	REVISION OF PENIS	457.70				M					
07	54430	REVISION OF PENIS	549.25	00 15			M					
03	54435	PENILE FISTULATION FOR PRIAPISM	295.03				M					
07	54435	PENILE FISTULATION FOR PRIAPISM	354.03	00 15			M					
02	54440	PLASTIC REPAIR-PENIS,FOR INJURY	64.12		X		M					
03	54440	PLASTIC REPAIR-PENIS,FOR INJURY	320.62		X		M					
07	54440	PLASTIC REPAIR-PENIS,FOR INJURY	320.62	00 15	X		M					
03	54450	PREPUTIAL STRETCHING	51.78				M					
07	54450	PREPUTIAL STRETCHING	62.13	00 15			M					
07	54500	BIOPSY OF TESTIS	65.08	00 15			M					X
03	54505	BIOPSY OF TESTIS	151.57				M					
07	54505	BIOPSY OF TESTIS	181.88	00 15			M					
03	54512	EXCISE LESION TESTIS	381.83				M					
07	54512	EXCISE LESION TESTIS	458.20	00 15			M					
03	54520	REMOVAL OF TESTIS	231.20				M					
07	54520	REMOVAL OF TESTIS	277.44	00 15			M					
02	54522	ORCHIECTOMY, PARTIAL	83.21				M					
03	54522	ORCHIECTOMY, PARTIAL	416.06				M					
07	54522	ORCHIECTOMY, PARTIAL	499.26	00 15			M					
02	54530	REMOVAL OF TESTIS	72.04				M					
03	54530	REMOVAL OF TESTIS	360.21				M					
07	54530	REMOVAL OF TESTIS	432.26	00 15			M					
02	54535	EXTENSIVE TESTIS SURGERY	105.08				M					
03	54535	EXTENSIVE TESTIS SURGERY	525.38				M					
07	54535	EXTENSIVE TESTIS SURGERY	630.45	00 15			M					
02	54550	PREPUTIAL STRETCHING	69.53				M					
03	54550	EXPLORATION FOR TESTIS	347.67				M					
07	54550	EXPLORATION FOR TESTIS	417.21	00 15			M					
02	54560	EXPLORATION FOR TESTIS	95.29				M					
03	54560	EXPLORATION FOR TESTIS	476.46				M					
07	54560	EXPLORATION FOR TESTIS	571.76	00 15			M					
03	54600	REDUCE TESTIS TORSION	320.87				M					
07	54600	REDUCE TESTIS TORSION	385.04	00 15			M					
03	54620	SUSPENSION OF TESTIS	215.95				M					
07	54620	SUSPENSION OF TESTIS	259.14	00 15			M					
03	54640	SUSPENSION OF TESTIS	329.96				M					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	54640	SUSPENSION OF TESTIS	395.94	00	15			M					
02	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	101.72					M					
03	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	508.62					M					
07	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	610.34	00	15			M					
03	54660	REVISION OF TESTIS	251.24					M					
07	54660	REVISION OF TESTIS	301.48	00	15			M					
03	54670	REPAIR TESTIS INJURY	286.33					M					
07	54670	REPAIR TESTIS INJURY	343.60	00	15			M					
02	54680	RELOCATION OF TESTIS(ES)	112.33					M					
03	54680	RELOCATION OF TESTIS(ES)	561.66					M					
07	54680	RELOCATION OF TESTIS(ES)	674.00	00	15			M					
02	54690	LAPAROSCOPY, ORCHIECTOMY	91.03					M					
03	54690	LAPAROSCOPY, ORCHIECTOMY	455.13					M					
07	54690	LAPAROSCOPY, ORCHIECTOMY	546.16	00	15			M					
02	54692	LAPAROSCOPY, ORCHIOPEXY	111.16					M					
03	54692	LAPAROSCOPY, ORCHIOPEXY	555.80					M					
07	54692	LAPAROSCOPY, ORCHIOPEXY	666.97	00	15			M					
03	54699	LAPAROSCOPE PROC, TESTIS	MP			X		M					
07	54699	LAPAROSCOPE PROC, TESTIS	MP	00	15	X		M					
03	54700	DRAINAGE OF SCROTUM	149.64					M					
07	54700	DRAINAGE OF SCROTUM	179.57	00	15			M					
03	54800	BIOPSY OF EPIDIDYMIS	95.38					M					X
07	54800	BIOPSY OF EPIDIDYMIS	114.46	00	15			M					X
03	54830	REMOVE EPIDIDYMIS LESION	260.35					M					
07	54830	REMOVE EPIDIDYMIS LESION	312.41	00	15			M					
03	54840	REMOVE EPIDIDYMIS LESION	228.76					M					
07	54840	REMOVE EPIDIDYMIS LESION	274.52	00	15			M					
03	54860	REMOVAL OF EPIDIDYMIS	295.47					M					
07	54860	REMOVAL OF EPIDIDYMIS	354.57	00	15			M					
03	54861	REMOVAL OF EPIDIDYMES	400.57					M					
07	54861	REMOVAL OF EPIDIDYMES	480.68	00	15			M					
03	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	251.31					M					
07	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	301.58	00	15			M					
03	55000	DRAINAGE OF HYDROCELE	83.97					M					X
07	55000	DRAINAGE OF HYDROCELE	100.77	00	15			M					X
03	55040	REMOVAL OF HYDROCELE	238.05					M					
07	55040	REMOVAL OF HYDROCELE	285.66	00	15			M					
03	55041	REMOVAL OF HYDROCELES	358.55					M					
07	55041	REMOVAL OF HYDROCELES	430.26	00	15			M					
03	55060	REPAIR OF HYDROCELE	266.08					M					
07	55060	REPAIR OF HYDROCELE	319.30	00	15			M					
03	55100	DRAINAGE OF SCROTUM ABSCESS	147.89					M					
07	55100	DRAINAGE OF SCROTUM ABSCESS	177.47	00	15			M					
03	55110	SCROTAL EXPLORATION	270.55					M					
07	55110	SCROTAL EXPLORATION	324.66	00	15			M					
03	55120	REMOVAL OF SCROTUM LESION	247.94					M					

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	55120	REMOVAL OF SCROTUM LESION	297.53	00 15			M					
02	55150	REMOVAL OF SCROTUM	68.65				M					
03	55150	REMOVAL OF SCROTUM	343.26				M					
07	55150	REMOVAL OF SCROTUM	411.91	00 15			M					
03	55175	SCROTOPLASTY;	254.14				M					
07	55175	SCROTOPLASTY;	304.98	00 15			M					
03	55180	SCROTOPLASTY;	486.62				M					
07	55180	SCROTOPLASTY;	583.94	00 15			M					
03	55250	VASECTOMY, UNILATERAL OR BILATERAL	291.27	21 99	X		M					
03	55450	LIGATION OF VAS DEFERENS	262.18	21 99	X		M					
03	55500	REMOVAL OF HYDROCELE	264.96				M					
07	55500	REMOVAL OF HYDROCELE	317.96	00 15			M					
02	55520	REMOVAL OF SPERM CORD LESION	54.94				M					
03	55520	REMOVAL OF SPERM CORD LESION	274.70				M					
07	55520	REMOVAL OF SPERM CORD LESION	329.64	00 15			M					
03	55530	REVISE SPERMATIC CORD VEINS	249.80				M					
07	55530	REVISE SPERMATIC CORD VEINS	299.75	00 15			M					
02	55535	REVISE SPERMATIC CORD VEINS	60.40				M					
03	55535	REVISE SPERMATIC CORD VEINS	301.99				M					
07	55535	REVISE SPERMATIC CORD VEINS	362.39	00 15			M					
03	55540	REVISE HERNIA & SPERM VEINS	333.92				M					
07	55540	REVISE HERNIA & SPERM VEINS	400.70	00 15			M					
02	55550	LAPARO LIGATE SPERMATIC VEIN	60.00				M					X
03	55550	LAPARO LIGATE SPERMATIC VEIN	299.99				M					
07	55550	LAPARO LIGATE SPERMATIC VEIN	359.98	00 15			M					
03	55559	LAPARO PROC, SPERMATIC CORD	MP		X		M					
07	55559	LAPARO PROC, SPERMATIC CORD	MP	00 15	X		M					
02	55600	INCISE SPERM DUCT POUCH	60.43				M					
03	55600	INCISE SPERM DUCT POUCH	302.16				M					
07	55600	INCISE SPERM DUCT POUCH	362.59	00 15			M					
02	55605	INCISE SPERM DUCT POUCH	71.49				M					
03	55605	INCISE SPERM DUCT POUCH	357.43				M					
07	55605	INCISE SPERM DUCT POUCH	428.91	00 15			M					
02	55650	REMOVE SPERM DUCT POUCH	101.88				M					
03	55650	REMOVE SPERM DUCT POUCH	509.42				M					
07	55650	REMOVE SPERM DUCT POUCH	611.30	00 15			M					
02	55680	REMOVE SPERM POUCH LESION	48.11				M					
03	55680	REMOVE SPERM POUCH LESION	240.53				M					
07	55680	REMOVE SPERM POUCH LESION	288.64	00 15			M					
03	55700	BIOPSY OF PROSTATE	158.54				M					
07	55700	BIOPSY OF PROSTATE	190.24	00 15			M					
02	55705	BIOPSY OF PROSTATE	38.41				M					
03	55705	BIOPSY OF PROSTATE	192.07				M					
07	55705	BIOPSY OF PROSTATE	230.48	00 15			M					
03	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	270.51				M					
07	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	324.60	00 15			M					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	55720	DRAINAGE OF PROSTATE ABSCESS	66.31					M					
03	55720	DRAINAGE OF PROSTATE ABSCESS	331.54					M					
07	55720	DRAINAGE OF PROSTATE ABSCESS	397.85	00	15			M					
02	55725	DRAINAGE OF PROSTATE ABSCESS	83.45					M					
03	55725	DRAINAGE OF PROSTATE ABSCESS	417.24					M					
07	55725	DRAINAGE OF PROSTATE ABSCESS	500.70	00	15			M					
02	55801	REMOVAL OF PROSTATE	155.81					M					
03	55801	REMOVAL OF PROSTATE	779.07					M					
07	55801	REMOVAL OF PROSTATE	934.89	00	15			M					
02	55810	EXTENSIVE PROSTATE SURGERY	188.68					M					
03	55810	EXTENSIVE PROSTATE SURGERY	943.39					M					
07	55810	EXTENSIVE PROSTATE SURGERY	1,132.07	00	15			M					
02	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	232.03					M					
03	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,160.16					M					
07	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,392.19	00	15			M					
02	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	254.50					M					
03	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,272.50					M					
07	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,527.00	00	15			M					
02	55821	REMOVAL OF PROSTATE	125.16					M					
03	55821	REMOVAL OF PROSTATE	625.82					M					
07	55821	REMOVAL OF PROSTATE	750.99	00	15			M					
02	55831	REMOVAL OF PROSTATE	135.72					M					
03	55831	REMOVAL OF PROSTATE	678.59					M					
07	55831	REMOVAL OF PROSTATE	814.31	00	15			M					
02	55840	EXTENSIVE PROSTATE SURGERY	192.41					M					
03	55840	EXTENSIVE PROSTATE SURGERY	962.04					M					
07	55840	EXTENSIVE PROSTATE SURGERY	1,154.45	00	15			M					
02	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	206.27					M					
03	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,031.34					M					
07	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,237.61	00	15								
02	55845	EXTENSIVE PROSTATE SURGERY	236.28					M					
03	55845	EXTENSIVE PROSTATE SURGERY	1,181.38					M					
07	55845	EXTENSIVE PROSTATE SURGERY	1,417.65	00	15			M					
02	55860	EXPOSE PROSTATE-INSERT RADIOAC	125.58					M					
03	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	627.92					M					
07	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	753.50	00	15			M					
02	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	159.02					M					
03	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	795.12					M					
07	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	954.15	00	15			M					
02	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	192.55					M					
03	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	962.77					M					
07	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,155.33	00	15			M					
02	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	250.97					M					
03	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,254.85					M					
07	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,505.82	00	15			M					
03	55870	ELECTROEJACULATION	123.45					M					

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	55870	ELECTROEJACULATION	148.15	00 15			M					
03	55873	CRYOABLATE PROSTATE	818.26				M					
07	55873	CRYOABLATE PROSTATE	981.91	00 15			M					
03	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	544.05				M					
07	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	652.86	00 15			M					
03	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	99.68				M					
07	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	119.62	00 15			M					
02	55899	GENITAL SURGERY PROCEDURE	MP		X		M					
03	55899	GENITAL SURGERY PROCEDURE	MP		X		M					
07	55899	GENITAL SURGERY PROCEDURE	MP	00 15	X		M					
03	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	309.12									
07	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	370.94	00 15								
02	55970	INTERSEX SURGERY;MALE TO FEMALE	MP			X						
03	55970	INTERSEX SURGERY;MALE TO FEMALE	MP			X						
07	55970	INTERSEX SURGERY;MALE TO FEMALE	MP	00 15		X						
02	55980	INTERSEX SURGERY; FEMALE TO MALE	MP			X						
03	55980	INTERSEX SURGERY; FEMALE TO MALE	MP			X						
07	55980	INTERSEX SURGERY; FEMALE TO MALE	MP	00 15		X						
03	56405	INCISION AND DRAINAGE OF VULVA OR PE	70.10				F					
07	56405	INCISION AND DRAINAGE OF VULVA OR PE	84.12	00 15			F					
03	56420	INCISION AND DRAINAGE OF FEMALE GENI	79.80				F					X
07	56420	INCISION AND DRAINAGE OF FEMALE GENI	95.77	00 15			F					X
03	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	120.05				F					
07	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	144.07	00 15			F					
03	56441	LYSIS OF LABIAL ADHESIONS	96.81				F					
07	56441	LYSIS OF LABIAL ADHESIONS	116.17	00 15			F					
03	56442	HYMENOTOMY, SIMPLE INCISION	31.79				F					
07	56442	HYMENOTOMY, SIMPLE INCISION	38.15	00 15			F					
03	56501	DESTROY VULVA LESION(S);SIMPLE	83.24				F					
07	56501	DESTROY VULVA LESION(S);SIMPLE	99.88	00 15			F					
03	56515	TREATMENT OF VULVA LESIONS	143.31				F					
07	56515	TREATMENT OF VULVA LESIONS	171.97	00 15			F					
03	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	54.03				F					
07	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	64.83	00 15			F					
03	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	25.18				F					
07	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	30.22	00 15			F					
02	56620	PARTIAL REMOVAL OF VULVA	64.36				F					
03	56620	PARTIAL REMOVAL OF VULVA	321.78				F					
07	56620	PARTIAL REMOVAL OF VULVA	386.14	00 15			F					
02	56625	REMOVAL OF VULVA	77.74				F					
03	56625	REMOVAL OF VULVA	388.72				F					
07	56625	REMOVAL OF VULVA	466.46	00 15			F					
02	56630	EXTENSIVE VULVA SURGERY	114.08				F					
03	56630	EXTENSIVE VULVA SURGERY	570.40				F					
07	56630	EXTENSIVE VULVA SURGERY	684.48	00 15			F					
02	56631	VULVECTOMY, RADICAL, PARTIAL;	145.34				F					

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	56631	VULVECTOMY, RADICAL, PARTIAL;	726.69				F					
07	56631	VULVECTOMY, RADICAL, PARTIAL;	872.04	00 15			F					
02	56632	VULVECTOMY, RADICAL, PARTIAL;	168.40				F					
03	56632	VULVECTOMY, RADICAL, PARTIAL;	842.00				F					
07	56632	VULVECTOMY, RADICAL, PARTIAL;	1,010.41	00 15			F					
02	56633	VULVECTOMY, RADICAL, COMPLETE;	149.07				F					
03	56633	VULVECTOMY, RADICAL, COMPLETE;	745.33				F					
07	56633	VULVECTOMY, RADICAL, COMPLETE;	894.40	00 15			F					
02	56634	VULVECTOMY, RADICAL, COMPLETE;	157.57				F					
03	56634	VULVECTOMY, RADICAL, COMPLETE;	787.85				F					
07	56634	VULVECTOMY, RADICAL, COMPLETE;	945.42	00 15			F					
02	56637	VULVECTOMY, RADICAL, COMPLETE;	186.50				F					
03	56637	VULVECTOMY, RADICAL, COMPLETE;	932.51				F					
07	56637	VULVECTOMY, RADICAL, COMPLETE;	1,119.01	00 15			F					
02	56640	EXTENSIVE VULVA SURGERY	186.53				F					
03	56640	EXTENSIVE VULVA SURGERY	932.63				F					
07	56640	EXTENSIVE VULVA SURGERY	1,119.16	00 15			F					
02	56700	PARTIAL REMOVAL OF HYMEN	24.19				F					
03	56700	PARTIAL REMOVAL OF HYMEN	120.96				F					
07	56700	PARTIAL REMOVAL OF HYMEN	145.15	00 15			F					
03	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	195.02				F					
07	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	234.01	00 15			F					
02	56800	REPAIR OF VAGINA	32.02				F					
03	56800	REPAIR OF VAGINA	160.11				F					
07	56800	REPAIR OF VAGINA	192.14	00 15			F					
02	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	151.74				F					X
03	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	758.68				F					
07	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	910.41	00 15			F					
02	56810	PERINEOPLASTY, REPAIR OF PERIN	34.46									
03	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	172.30									
07	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	206.75	00 15			F					
03	56820	EXAM OF VULVA W/SCOPE	71.84				F					
07	56820	EXAM OF VULVA W/SCOPE	86.21	00 15			F					
03	56821	EXAM/BIOPSY OF VULVA W/SCOPE	96.33				F					
07	56821	EXAM/BIOPSY OF VULVA W/SCOPE	115.59	00 15			F					
03	57000	EXPLORATION OF VAGINA	124.82				F					
07	57000	EXPLORATION OF VAGINA	149.78	00 15			F					
03	57010	DRAINAGE OF PELVIC ABSCESS	280.77				F					
07	57010	DRAINAGE OF PELVIC ABSCESS	336.92	00 15			F					
03	57020	DRAINAGE OF PELVIC FLUID	62.21				F					
07	57020	DRAINAGE OF PELVIC FLUID	74.64	00 15			F					
03	57022	I &D VAGINAL HEMATOMA, OB	108.96				F					
07	57022	I &D VAGINAL HEMATOMA, OB	130.75	00 15			F					
03	57023	I &D VAG HEMATOMA, TRAUMA	205.15				F					
07	57023	I &D VAG HEMATOMA, TRAUMA	246.18	00 15			F					
03	57061	DESTROY VAGINAL LESIONS;SIMPLE	72.24				F					

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	57061	DESTROY VAGINAL LESIONS;SIMPLE	86.69	00	15			F					
03	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	124.35					F					
07	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	149.23	00	15			F					
03	57100	BIOPSY OF VAGINA	57.33					F					
07	57100	BIOPSY OF VAGINA	68.80	00	15			F					
03	57105	BIOPSY OF VAGINA	87.20					F					
07	57105	BIOPSY OF VAGINA	104.64	00	15			F					
02	57106	REMOVE VAGINA WALL, PARTIAL	61.77					F					
03	57106	REMOVE VAGINA WALL, PARTIAL	308.87					F					
07	57106	REMOVE VAGINA WALL, PARTIAL	370.64	00	15			F					
02	57107	REMOVE VAGINA TISSUE/PARTIAL	185.32					F					
03	57107	REMOVE VAGINA TISSUE/PARTIAL	926.60					F					
07	57107	REMOVE VAGINA TISSUE/PARTIAL	1,111.91	00	15			F					
02	57109	VAGINECTOMY PARTIAL W/NODES	212.20					F					
03	57109	VAGINECTOMY PARTIAL W/NODES	1,061.01					F					
07	57109	VAGINECTOMY PARTIAL W/NODES	1,273.21	00	15			F					
02	57110	REMOVAL OF VAGINA	119.09					F					
03	57110	REMOVAL OF VAGINA	595.47					F					
07	57110	REMOVAL OF VAGINA	714.56	00	15			F					
02	57111	REMOVE VAGINA TISSUE/COMPL	214.17					F					
03	57111	REMOVE VAGINA TISSUE/COMPL	1,070.86					F					
07	57111	REMOVE VAGINA TISSUE/COMPL	1,285.03	00	15			F					
02	57112	VAGINECTOMY COMPLETE W/NODES	227.13					F					
03	57112	VAGINECTOMY COMPLETE W/NODES	1,135.63					F					
07	57112	VAGINECTOMY COMPLETE W/NODES	1,362.75	00	15			F					
02	57120	CLOSURE OF VAGINA	67.09					F					
03	57120	CLOSURE OF VAGINA	335.43					F					
07	57120	CLOSURE OF VAGINA	402.52	00	15			F					
02	57130	REMOVE VAGINA LESION	23.42					F					
03	57130	REMOVE VAGINA LESION	117.10					F					
07	57130	REMOVE VAGINA LESION	140.51	00	15			F					
03	57135	REMOVE VAGINA LESION	125.67					F					
07	57135	REMOVE VAGINA LESION	150.80	00	15			F					
03	57150	TREAT VAGINA INFECTION	32.53					F					X
07	57150	TREAT VAGINA INFECTION	39.03	00	15			F					X
03	57155	INSERTION OF UTERINE TANDEM AND/OR V	275.55					F					
07	57155	INSERTION OF UTERINE TANDEM AND/OR V	330.66	00	15			F					
03	57156	INSERTION OF A VAGINAL RADIATION AFT	77.63					F					
07	57156	INSERTION OF A VAGINAL RADIATION AFT	93.16	00	15			F					
03	57160	INSERTION OF PESSARY	49.45					F					
07	57160	INSERTION OF PESSARY	59.34	00	15			F					
03	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	44.79	10	60			F					
07	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	44.79	10	15			F					
03	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	90.75					F					
07	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	108.90	00	15			F					
02	57200	REPAIR OF VAGINA	38.50					F					

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	57200	REPAIR OF VAGINA	192.49				F					
07	57200	REPAIR OF VAGINA	230.99	00 15			F					
02	57210	REPAIR VAGINA/PERINEUM	47.96				F					
03	57210	REPAIR VAGINA/PERINEUM	239.80				F					
07	57210	REPAIR VAGINA/PERINEUM	287.75	00 15			F					
02	57220	REVISION OF URETHRA	41.58				F					
03	57220	REVISION OF URETHRA	207.88				F					
07	57220	REVISION OF URETHRA	249.46	00 15			F					
02	57230	REPAIR OF URETHRAL LESION	52.00				F					
03	57230	REPAIR OF URETHRAL LESION	260.00				F					
07	57230	REPAIR OF URETHRAL LESION	312.00	00 15			F					
02	57240	REPAIR BLADDER & VAGINA	86.66				F					
03	57240	REPAIR BLADDER & VAGINA	433.31				F					
07	57240	REPAIR BLADDER & VAGINA	519.97	00 15			F					
02	57250	REPAIR RECTUM & VAGINA	84.97				F					
03	57250	REPAIR RECTUM & VAGINA	424.83				F					
07	57250	REPAIR RECTUM & VAGINA	509.79	00 15			F					
02	57260	REPAIR OF VAGINA	106.23				F					
03	57260	REPAIR OF VAGINA	531.14				F					
07	57260	REPAIR OF VAGINA	637.36	00 15			F					
02	57265	EXTENSIVE REPAIR OF VAGINA	118.96				F					
03	57265	EXTENSIVE REPAIR OF VAGINA	594.78				F					
07	57265	EXTENSIVE REPAIR OF VAGINA	713.74	00 15			F					
02	57267	INSERT MESH/PELVIC FLR ADDON	36.33				F					
03	57267	INSERT MESH/PELVIC FLR ADDON	181.67				F					
07	57267	INSERT MESH/PELVIC FLR ADDON	218.00	00 15			F					
02	57268	REPAIR ENTEROCELE,VAGINAL APPR	62.87				F					
03	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	314.33				F					
07	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	377.19	00 15			F					
02	57270	REPAIR OF BOWEL POUCH	105.25				F					
03	57270	REPAIR OF BOWEL POUCH	526.26				F					
07	57270	REPAIR OF BOWEL POUCH	631.50	00 15			F					
02	57280	SUSPENSION OF VAGINA	128.00				F					
03	57280	SUSPENSION OF VAGINA	640.00				F					
07	57280	SUSPENSION OF VAGINA	768.00	00 15			F					
02	57282	FIXATION FOR VAGINAL PROLAPSE	66.93				F					
03	57282	FIXATION FOR VAGINAL PROLAPSE	334.63				F					
07	57282	FIXATION FOR VAGINAL PROLAPSE	401.56	00 15			F					
02	57283	COLPOPEXY, INTRAPERITONEAL	90.37				F					
03	57283	COLPOPEXY, INTRAPERITONEAL	451.86				F					
07	57283	COLPOPEXY, INTRAPERITONEAL	542.23	00 15			F					
02	57284	REPAIR PARAVAGINAL DEFECT	110.78									
03	57284	REPAIR PARAVAGINAL DEFECT	553.89				F					
07	57284	REPAIR PARAVAGINAL DEFECT	664.67	00 15			F					
02	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	87.74				F					
03	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	438.68				F					

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	526.41	00 15			F					
02	57287	REVISE/REMOVE SLING REPAIR	92.08				F					
03	57287	REVISE/REMOVE SLING REPAIR	460.42				F					
07	57287	REVISE/REMOVE SLING REPAIR	552.50	00 15			F					
02	57288	REPAIR BLADDER DEFECT	97.35				F					
03	57288	REPAIR BLADDER DEFECT	486.73				F					
07	57288	REPAIR BLADDER DEFECT	584.07	00 15			F					
02	57289	REPAIR BLADDER & VAGINA	102.38				F					
03	57289	REPAIR BLADDER & VAGINA	511.90				F					
07	57289	REPAIR BLADDER & VAGINA	614.28	00 15			F					
02	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP			X	F					
03	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP			X	F					
07	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	495.63	00 15		X	F					
02	57292	CONSTRUCT ARTIFICIAL VAG W/GRAFT	MP				F					
03	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	MP			X	F					
02	57295	CHANGE VAGINAL GRAFT	64.79				F					
03	57295	CHANGE VAGINAL GRAFT	323.95				F					
07	57295	CHANGE VAGINAL GRAFT	388.74	00 15			F					
02	57296	REVISION (INCLUDING REMOVAL) OF PROS	125.42				F					
03	57296	REVISION (INCLUDING REMOVAL) OF PROS	627.11				F					
07	57296	REVISION (INCLUDING REMOVAL) OF PROS	752.52	00 15			F					
02	57300	REPAIR RECTUM-VAGINA FISTULA	69.59				F					
03	57300	REPAIR RECTUM-VAGINA FISTULA	347.95				F					
07	57300	REPAIR RECTUM-VAGINA FISTULA	417.53	00 15			F					
02	57305	REPAIR RECTUM-VAGINA FISTULA	117.21				F					
03	57305	REPAIR RECTUM-VAGINA FISTULA	586.07				F					
07	57305	REPAIR RECTUM-VAGINA FISTULA	703.29	00 15			F					
02	57307	FISTULA REPAIR & COLOSTOMY	131.26				F					
03	57307	FISTULA REPAIR & COLOSTOMY	656.32				F					
07	57307	FISTULA REPAIR & COLOSTOMY	787.58	00 15			F					
02	57308	FISTULA REPAIR, TRANSPERINE	83.35				F					
03	57308	FISTULA REPAIR, TRANSPERINE	416.73				F					
07	57308	FISTULA REPAIR, TRANSPERINE	500.08	00 15			F					
02	57310	REPAIR URETHRA-VAGINA LESION	64.27				F					
03	57310	REPAIR URETHRA-VAGINA LESION	321.37				F					
07	57310	REPAIR URETHRA-VAGINA LESION	385.64	00 15			F					
02	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	73.53				F					
03	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	367.64				F					
07	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	441.17	00 15			F					
02	57320	REPAIR BLADDER-VAGINA LESION	73.33		X		F					
03	57320	REPAIR BLADDER-VAGINA LESION	366.65				F					
07	57320	REPAIR BLADDER-VAGINA LESION	439.96	00 15			F					
02	57330	REPAIR BLADDER-VAGINA LESION	104.61				F					
03	57330	REPAIR BLADDER-VAGINA LESION	523.05				F					
07	57330	REPAIR BLADDER-VAGINA LESION	627.67	00 15			F					
02	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	153.54				F					

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	767.69					F					
07	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	921.23	00	15			F					
03	57400	DILATE VAGINA UNDER ANESTHESIA	89.92			X		F					
07	57400	DILATE VAGINA UNDER ANESTHESIA	107.91	00	15	X		F					
03	57410	PELVIC EXAM UNDER ANESTHESIA	70.34			X		F					
07	57410	PELVIC EXAM UNDER ANESTHESIA	84.41	00	15	X		F					
03	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	104.23					F					
07	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	125.07	00	15			F					
03	57420	EXAM OF VAGINA W/SCOPE	75.60					F					
07	57420	EXAM OF VAGINA W/SCOPE	90.73	00	15			F					
03	57421	EXAM/BIOPSY OF VAG W/SCOPE	102.10					F					
07	57421	EXAM/BIOPSY OF VAG W/SCOPE	122.52	00	15			F					
02	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	122.56					F					
03	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	612.78					F					
07	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	735.34	00	15			F					
02	57425	LAPAROSCOPY, SURG, COLPOPEXY	129.31					F					
03	57425	LAPAROSCOPY, SURG, COLPOPEXY	646.53					F					
07	57425	LAPAROSCOPY, SURG, COLPOPEXY	775.83	00	15			F					
02	57426	REVISION (INCLUDING REMOVAL) OF PROS	120.52					F					
03	57426	REVISION (INCLUDING REMOVAL) OF PROS	602.58					F					
07	57426	REVISION (INCLUDING REMOVAL) OF PROS	723.10	00	15			F					
03	57452	EXAMINATION OF VAGINA	71.16					F					
07	57452	EXAMINATION OF VAGINA	85.38	00	15			F					
03	57454	VAGINA EXAMINATION & BIOPSY	101.36					F					
07	57454	VAGINA EXAMINATION & BIOPSY	121.64	00	15			F					
03	57455	BIOPSY OF CERVIX W/SCOPE	93.62					F					
07	57455	BIOPSY OF CERVIX W/SCOPE	112.34	00	15			F					
03	57456	ENDOCERV CURETTAGE W/SCOPE	88.34					F					
07	57456	ENDOCERV CURETTAGE W/SCOPE	106.01	00	15			F					
03	57460	COLPOSCOPY (VAGINOSCOPY);	189.02					F					
07	57460	COLPOSCOPY (VAGINOSCOPY);	226.82	00	15			F					
03	57461	CONZ OF CERVIX W/SCOPE, LEEP	212.97					F					
07	57461	CONZ OF CERVIX W/SCOPE, LEEP	255.56	00	15			F					
03	57500	BIOPSY OF CERVIX	83.25					F					
07	57500	BIOPSY OF CERVIX	99.90	00	15			F					
03	57505	ENDOCERVICAL CURETTAGE	64.78					F					
07	57505	ENDOCERVICAL CURETTAGE	77.73	00	15			F					
03	57510	CAUTERIZATION OF CERVIX	86.67					F					
07	57510	CAUTERIZATION OF CERVIX	104.01	00	15			F					
03	57511	CRYOCAUTERY OF CERVIX	93.85					F					
07	57511	CRYOCAUTERY OF CERVIX	112.62	00	15			F					
03	57513	LASER SURGERY	92.70					F					
07	57513	LASER SURGERY	111.24	00	15			F					
03	57520	BIOPSY OF CERVIX 10800	198.73					F					
07	57520	BIOPSY OF CERVIX 10800	238.47	00	15			F					
03	57522	CONIZATION OF CERVIX	170.45					F					

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	57522	CONIZATION OF CERVIX	204.54	00	15			F					
02	57530	REMOVAL OF CERVIX	44.79					F					
03	57530	REMOVAL OF CERVIX	223.93					F					
07	57530	REMOVAL OF CERVIX	268.71	00	15			F					
02	57531	REMOVAL OF CERVIX, RADICAL	225.11					F					
03	57531	REMOVAL OF CERVIX, RADICAL	1,125.55					F					
07	57531	REMOVAL OF CERVIX, RADICAL	1,350.66	00	15			F					
02	57540	REMOVAL OF RESIDUAL CERVIX	102.77					F					
03	57540	REMOVAL OF RESIDUAL CERVIX	513.83					F					
07	57540	REMOVAL OF RESIDUAL CERVIX	616.60	00	15			F					
02	57545	REMOVE CERVIX, REPAIR PELVIS	108.38					F					
03	57545	REMOVE CERVIX, REPAIR PELVIS	541.89					F					
07	57545	REMOVE CERVIX, REPAIR PELVIS	650.27	00	15			F					
02	57550	REMOVAL OF RESIDUAL CERVIX	52.99					F					
03	57550	REMOVAL OF RESIDUAL CERVIX	264.94					F					
07	57550	REMOVAL OF RESIDUAL CERVIX	317.92	00	15			F					
02	57555	REMOVE CERVIX, REPAIR VAGINA	78.76					F					
03	57555	REMOVE CERVIX, REPAIR VAGINA	393.80					F					
07	57555	REMOVE CERVIX, REPAIR VAGINA	472.56	00	15			F					
02	57556	REMOVE CERVIX, REPAIR BOWEL	74.94					F					
03	57556	REMOVE CERVIX, REPAIR BOWEL	374.68					F					
07	57556	REMOVE CERVIX, REPAIR BOWEL	449.62	00	15			F					
03	57558	DILATION AND CURETTAGE OF CERVICAL S	80.94					F					
07	57558	DILATION AND CURETTAGE OF CERVICAL S	97.13	00	15			F					
03	57700	REVISION OF CERVIX	197.14					F					
07	57700	REVISION OF CERVIX	236.57	00	15			F					
02	57720	REVISION OF CERVIX	39.77					F					
03	57720	REVISION OF CERVIX	198.85					F					
07	57720	REVISION OF CERVIX	238.61	00	15			F					
03	57800	DILATION OF CERVICAL CANAL	38.97					F					
07	57800	DILATION OF CERVICAL CANAL	46.75	00	15			F					
03	58100	BIOPSY OF UTERUS LINING	71.71					F					
07	58100	BIOPSY OF UTERUS LINING	86.04	00	15			F					
03	58110	BX DONE W/COLPOSCOPY ADD-ON	32.31					F					
07	58110	BX DONE W/COLPOSCOPY ADD-ON	38.78	00	15			F					
03	58120	DILATION AND CURETTAGE	161.93	12	99			F					
07	58120	DILATION AND CURETTAGE,NONOBSTETRICA	194.32	12	15			F					
02	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	120.72					F					
03	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	603.60					F					
07	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	724.32	00	15			F					
02	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	71.12					F					
03	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	355.60					F					
07	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	426.72	00	15			F					
02	58146	MYOMECTOMY ABDOM COMPLEX	153.94					F					
03	58146	MYOMECTOMY ABDOM COMPLEX	769.71					F					
07	58146	MYOMECTOMY ABDOM COMPLEX	923.65	00	15			F					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	130.73			X		F		X			
03	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	653.65			X		F		X			
07	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	784.38	00	15	X		F		X			
02	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	165.27			X		F		X			
03	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	826.36			X		F		X			
07	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	991.63	00	15	X		F		X			
02	58180	SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	125.31			X		F		X			
03	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	626.54			X		F		X			
07	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	751.84	00	15	X		F		X			
02	58200	TAH,W/PART.VAGINECTOMY,...BX	173.15			X		F		X			
03	58200	TAH,W/PART.VAGINECTOMY,...BX	865.77			X		F		X			
07	58200	TAH,W/PART.VAGINECTOMY,...BX	1,038.91	00	15	X		F		X			
02	58210	RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	230.70			X		F		X			
03	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,153.50			X		F		X			
07	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,384.20	00	15	X		F		X			
02	58240	PELVIC EXENTERATION/MALIG,W/TAH.....	361.29			X		F		X			
03	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	1,806.46			X		F		X			
07	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,167.74	00	15	X		F		X			
02	58260	VAGINAL HYSTERECTOMY	109.04			X		F		X			
03	58260	VAGINAL HYSTERECTOMY	545.18			X		F		X			
07	58260	VAGINAL HYSTERECTOMY	654.21	00	15	X		F		X			
02	58262	VAGINAL HYST WITH REMOVAL OF TUBES	121.99			X		F		X			
03	58262	VAGINAL HYST WITH REMOVAL OF TUBES	609.93			X		F		X			
07	58262	VAGINAL HYST WITH REMOVAL OF TUBES	731.92	00	15	X		F		X			
02	58263	VAGN HYST W REM OF TUB A OVARY WITH	131.49			X		F		X			
03	58263	VAGN HYST W REM OF TUB A OVARY WITH	657.46			X		F		X			
07	58263	VAGN HYST W REM OF TUB A OVARY WITH	788.95	00	15	X		F		X			
02	58267	VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	139.75			X		F		X			
03	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	698.74			X		F		X			
07	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	838.49	00	15	X		F		X			
02	58270	VAG HYSTERECT;REPAIR ENTEROCELE	117.01			X		F		X			
03	58270	VAG HYSTERECT;REPAIR ENTEROCELE	585.03			X		F		X			
07	58270	VAG HYSTERECT;REPAIR ENTEROCELE	702.03	00	15	X		F		X			
02	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	130.17			X		F		X			
03	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	650.85			X		F		X			
07	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	781.02	00	15	X		F		X			
02	58280	VAG HYSTERECT; REPAIR ENTEROCELE	139.36			X		F		X			
03	58280	VAG HYSTERECT;REPAIR ENTEROCELE	696.80			X		F		X			
07	58280	VAG HYSTERECT;REPAIR ENTEROCELE	836.16	00	15	X		F		X			
02	58285	VAGINAL HYSTERECTOMY; RADICAL	175.28			X		F		X			
03	58285	VAGINAL HYSTERECTOMY;RADICAL	876.41			X		F		X			
07	58285	VAGINAL HYSTERECTOMY;RADICAL	1,051.69	00	15	X		F		X			
02	58290	VAG HYST COMPLEX	153.21			X		F		X			
03	58290	VAG HYST COMPLEX	766.03			X		F		X			
07	58290	VAG HYST COMPLEX	919.24	00	15	X		F		X			
02	58291	VAG HYST INCL T/O, COMPLEX	166.57			X		F		X			

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FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	58291	VAG HYST INCL T/O, COMPLEX	832.85			X		F		X			
07	58291	VAG HYST INCL T/O, COMPLEX	999.42	00	15	X		F		X			
02	58292	VAG HYST T/O & REPAIR, COMPL	175.62			X		F		X			
03	58292	VAG HYST T/O & REPAIR, COMPL	878.08			X		F		X			
07	58292	VAG HYST T/O & REPAIR, COMPL	1,053.69	00	15	X		F		X			
02	58293	VAG HYST W/URO REPAIR, COMPL	182.40			X		F		X			
03	58293	VAG HYST W/URO REPAIR, COMPL	911.99			X		F		X			
07	58293	VAG HYST W/URO REPAIR, COMPL	1,094.38	00	15	X		F		X			
02	58294	VAG HYST W/ENTEROCELE, COMPL	161.88			X		F		X			
03	58294	VAG HYST W/ENTEROCELE, COMPL	809.38			X		F		X			
07	58294	VAG HYST W/ENTEROCELE, COMPL	971.26	00	15	X		F		X			
03	58300	INSERT INTRAUTERINE DEVICE	50.62	10	60			F					
07	58300	INSERT INTRAUTERINE DEVICE	68.53	10	15			F					
03	58301	REMOVE INTRAUTERINE DEVICE	62.19	10	60			F					
07	58301	REMOVE INTRAUTERINE DEVICE	62.19	10	15			F					
03	58340	INJECT FOR UTERUS/TUBE X-RAY	79.68	21	59	X		F		X			
03	58346	INSERT HEYMAN UTERI CAPSULE	297.53					F					
07	58346	INSERT HEYMAN UTERI CAPSULE	357.02	00	15			F					
03	58353	ENDOMETR ABLATE, THERMAL	694.07			X		F					
07	58353	ENDOMETR ABLATE, THERMAL	832.89	00	15	X		F					
03	58356	ENDOMETRIAL CRYOABLATION	1,271.62			X		F					
07	58356	ENDOMETRIAL CRYOABLATION	1,525.94	00	15	X		F					
02	58400	UTERINE SUSPENSION	58.61					F					
03	58400	UTERINE SUSPENSION	293.04					F					
07	58400	UTERINE SUSPENSION	351.64	00	15			F					
02	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	105.70					F					
03	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	528.52					F					
07	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	634.22	00	15			F					
02	58520	REPAIR OF RUPTURED UTERUS	103.30					F					
03	58520	REPAIR OF RUPTURED UTERUS	516.50					F					
07	58520	REPAIR OF RUPTURED UTERUS	619.80	00	15			F					
02	58540	REVISION OF UTERUS	120.11					F					
03	58540	REVISION OF UTERUS	600.57					F					
07	58540	REVISION OF UTERUS	720.69	00	15			F					
02	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	113.20			X		F		X			
03	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	566.02			X		F		X			
07	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	679.22	00	15	X		F		X			
02	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	125.59			X		F		X			
03	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	627.93			X		F		X			
07	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	753.52	00	15	X		F		X			
02	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	127.71			X		F		X			
03	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	638.56			X		F		X			
07	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	766.28	00	15	X		F		X			
02	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	138.13			X		F		X			
03	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	690.67			X		F		X			
07	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	828.81	00	15	X		F		X			

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	58545	LAPAROSCOPIC MYOMECTOMY	118.36					F					
03	58545	LAPAROSCOPIC MYOMECTOMY	591.80					F					
07	58545	LAPAROSCOPIC MYOMECTOMY	710.16	00	15			F					
02	58546	LAPARO-MYOMECTOMY, COMPLEX	150.24					F					
03	58546	LAPARO-MYOMECTOMY, COMPLEX	751.22					F					
07	58546	LAPARO-MYOMECTOMY, COMPLEX	901.46	00	15			F					
02	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	234.45			X		F		X			
03	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,172.27			X		F		X			
07	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,406.73	00	15	X		F		X			
02	58550	LAPARO-ASST VAG HYSTERECTOMY	116.68			X		F					
03	58550	LAPARO-ASST VAG HYSTERECTOMY	583.38			X		F					
07	58550	LAPARO-ASST VAG HYSTERECTOMY	700.05	00	15	X		F					
02	58552	LAPARO-VAG HYST INCL T/O	128.61			X		F		X			
03	58552	LAPARO-VAG HYST INCL T/O	643.06			X		F		X			
07	58552	LAPARO-VAG HYST INCL T/O	771.67	00	15	X		F		X			
02	58553	LAPARO-VAG HYST, COMPLEX	151.01			X		F		X			
03	58553	LAPARO-VAG HYST, COMPLEX	755.04			X		F		X			
07	58553	LAPARO-VAG HYST, COMPLEX	906.05	00	15	X		F		X			
02	58554	LAPARO-VAG HYST W/T/O, COMPL	172.52			X		F		X			
03	58554	LAPARO-VAG HYST W/T/O, COMPL	862.62			X		F		X			
07	58554	LAPARO-VAG HYST W/T/O, COMPL	1,035.15	00	15	X		F		X			
03	58555	HYSTEROSCOPY, DX, SEP PROC	156.68			X		F					
07	58555	HYSTEROSCOPY, DX, SEP PROC	188.01	00	15	X		F					
03	58558	HYSTEROSCOPY, BIOPSY	212.63			X		F					
07	58558	HYSTEROSCOPY, BIOPSY	255.15	00	15	X		F					
03	58559	HYSTEROSCOPY, LYSIS	231.21			X		F					
07	58559	HYSTEROSCOPY, LYSIS	277.45	00	15	X		F					
02	58560	HYSTEROSCOPY, RESECT SEPTUM	52.28					F					
03	58560	HYSTEROSCOPY, RESECT SEPTUM	261.42			X		F					
07	58560	HYSTEROSCOPY, RESECT SEPTUM	313.71	00	15	X		F					
03	58561	HYSTEROSCOPY, REMOVE MYOMA	370.46			X		F					
07	58561	HYSTEROSCOPY, REMOVE MYOMA	444.55	00	15	X		F					
03	58562	HYSTEROSCOPY, REMOVE FB	225.58			X		F					
07	58562	HYSTEROSCOPY, REMOVE FB	270.69	00	15	X		F					
03	58563	HYSTEROSCOPY, ABLATION	1,131.23			X		F					
07	58563	HYSTEROSCOPY, ABLATION	1,357.48	00	15	X		F					
02	58565	HYSTEROSCOPY, STERILIZATION	240.79	21	59	X		F		X			
03	58565	HYSTEROSCOPY, STERILIZATION	1,203.93	21	59	X		F		X			
02	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	121.63			X		F		X			
03	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	608.15			X		F		X			
07	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	729.77	00	15	X		F		X			
02	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	133.47			X		F		X			
03	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	667.37			X		F		X			
07	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	800.84	00	15	X		F		X			
02	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	151.51			X		F		X			
03	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	757.57			X		F		X			

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	909.08	00 15	X		F		X			
02	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	171.19		X		F		X			
03	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	855.97		X		F		X			
07	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,027.16	00 15	X		F		X			
03	58578	LAPARO PROC, UTERUS	MP		X		F					
07	58578	LAPARO PROC, UTERUS	MP	00 15	X		F					
03	58579	HYSTEROSCOPE PROCEDURE	MP		X		F					
07	58579	HYSTEROSCOPE PROCEDURE	MP	00 15	X		F					
02	58600	DIVISION OF FALLOPIAN TUBES	47.50	21 55	X		F					
03	58600	DIVISION OF FALLOPIAN TUBE	237.51	21 55	X		F					
02	58605	DIVISION OF FALLOPIAN TUBE	43.13	21 55	X		F					
03	58605	DIVISION OF FALLOPIAN TUBE	215.65	21 55	X		F					
02	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	10.49	21 55	X		F		X			
03	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	52.47	21 55	X		F		X			
03	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	163.09	21 55	X		F					
02	58660	LAPAROSCOPY,LYSIS	89.04		X		F					
03	58660	LAPAROSCOPY, LYSIS	445.21		X		F					
07	58660	LAPAROSCOPY, LYSIS	534.26	00 15	X		F					
02	58661	LAPAROSCOPY,REMOVE ADNEXA	85.67		X		F					
03	58661	LAPAROSCOPY, REMOVE ADNEXA	428.37		X		F					
07	58661	LAPAROSCOPY, REMOVE ADNEXA	514.04	00 15	X		F					
02	58662	LAPAROSCOPY,EXCISE LESIONS	93.52		X		F					
03	58662	LAPAROSCOPY, EXCISE LESIONS	467.60		X		F					
07	58662	LAPAROSCOPY, EXCISE LESIONS	561.12	00 15	X		F					
03	58670	LAPAROSCOPY, TUBAL CAUTERY	239.11	10 59	X		F					
07	58670	LAPAROSCOPY, TUBAL CAUTERY	239.11	10 15	X		F					
03	58671	LAPAROSCOPY, TUBAL BLOCK	239.12		X		F					
07	58671	LAPAROSCOPY, TUBAL BLOCK	239.12	00 15	X		F					
02	58673	LAPAROSCOPY,SALPINGOSTOMY	107.24		X						X	
03	58673	LAPAROSCOPY, SALPINGOSTOMY	536.19		X		F				X	
07	58673	LAPAROSCOPY, SALPINGOSTOMY	643.42	00 15	X		F				X	
03	58679	LAPARO PROC, OVIDUCT-OVARY	MP		X		F					
07	58679	LAPARO PROC, OVIDUCT-OVARY	MP	00 15	X		F					
02	58700	REMOVAL OF FALLOPIAN	100.57		X		F					
03	58700	REMOVAL OF FALLOPIAN TUBE	502.85		X		F					
07	58700	REMOVAL OF FALLOPIAN TUBE	603.42	00 15	X		F					
02	58720	REMOVAL OF OVARY/TUBE(S)	94.48		X		F					
03	58720	REMOVAL OF OVARY/TUBE(S)	472.40		X		F					
07	58720	REMOVAL OF OVARY/TUBE(S)	566.89	00 15	X		F					
03	58800	DRAINAGE OF OVARIAN CYST(S)	206.66				F					
07	58800	DRAINAGE OF OVARIAN CYST(S)	247.99	00 15			F					
02	58805	DRAINAGE OF OVARIAN CYST(S)	52.87				F					
03	58805	DRAINAGE OF OVARIAN CYST(S)	264.35				F					
07	58805	DRAINAGE OF OVARIAN CYST(S)	317.21	00 15			F					
02	58820	DRAINAGE OF OVARIAN ABSCESS	40.66				F					
03	58820	DRAINAGE OF OVARIAN ABSCESS	203.28				F					

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	58820	DRAINAGE OF OVARIAN ABSCESS	243.92	00	15			F					
02	58822	DRAINAGE OF OVARIAN ABSCESS	92.48					F					
03	58822	DRAINAGE OF OVARIAN ABSCESS	462.42					F					
07	58822	DRAINAGE OF OVARIAN ABSCESS	554.90	00	15			F					
03	58823	PERCUT DRAIN PELVIC ABSCESS	558.01			X		F					
07	58823	PERCUT DRAIN PELVIC ABSCESS	669.61	00	15	X		F					
02	58825	TRANSPOSITION, OVARY(S)	91.75					F					
03	58825	TRANSPOSITION, OVARY(S)	458.77			X		F					
07	58825	TRANSPOSITION, OVARY(S)	550.53	00	15	X		F					
02	58900	BIOPSY OF OVARY(S)	53.94					F					
03	58900	BIOPSY OF OVARY(S)	269.71					F					
07	58900	BIOPSY OF OVARY(S)	323.64	00	15			F					
02	58920	PARTIAL REMOVAL OF OVARY(S)	92.61					F					
03	58920	PARTIAL REMOVAL OF OVARY(S)	463.03					F					
07	58920	PARTIAL REMOVAL OF OVARY(S)	555.63	00	15			F					
02	58925	REMOVAL OF OVARIAN CYST(S)	96.39										
03	58925	REMOVAL OF OVARIAN CYST(S)	481.93										
07	58925	REMOVAL OF OVARIAN CYST(S)	578.31	00	15								
02	58940	REMOVAL OF OVARY(S)	65.72			X		F					
03	58940	REMOVAL OF OVARY(S)	328.59			X		F					
07	58940	REMOVAL OF OVARY(S)	394.32	00	15	X		F					
02	58943	OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	147.77			X		F					
03	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	738.84			X		F					
07	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	886.60	00	15	X		F					
02	58950	RES OVAR MALIG,BILAT SALP/OOPH/OMENT	140.62					F					
03	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	703.12					F					
07	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	843.74	00	15			F					
02	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	181.74			X		F		X			
03	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	908.70			X		F		X			
07	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,090.44	00	15	X		F		X			
02	58952	SEE 58950.W/RAD DISSECT FOR DEBULK	205.02					F					
03	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,025.09					F					
07	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,230.10	00	15			F					
02	58953	TAH, RAD DISSECT FOR DEBULK	254.62			X		F					
03	58953	TAH, RAD DISSECT FOR DEBULK	1,273.11			X		F					
07	58953	TAH, RAD DISSECT FOR DEBULK	1,527.73	00	15	X		F					
02	58954	TAH RAD DEBULK/LYMPH REMOVE	276.47			X		F					
03	58954	TAH RAD DEBULK/LYMPH REMOVE	1,382.37			X		F					
07	58954	TAH RAD DEBULK/LYMPH REMOVE	1,658.83	00	15	X		F					
02	58956	BSO, OMENTECTOMY W/TAH	179.92			X		F		X			
03	58956	BSO, OMENTECTOMY W/TAH	899.60			X		F		X			
07	58956	BSO, OMENTECTOMY W/TAH	1,079.51	00	15	X		F		X			
02	58957	RESECTION (TUMOR DEBULKING) OF RECUR	195.92					F					
03	58957	RESECTION (TUMOR DEBULKING) OF RECUR	979.60					F					
07	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,175.52	00	15			F					
02	58958	RESECTION (TUMOR DEBULKING) OF RECUR	217.82					F					

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,089.09				F					
07	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,306.90	00 15			F					
02	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	121.54				F					
03	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	607.68				F					
07	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	729.21	00 15			F					
02	58999	GENITAL SURGERY PROCEDURE	MP		X							
03	58999	GENITAL SURGERY PROCEDURE	MP		X							
07	58999	GENITAL SURGERY PROCEDURE	MP	00 15	X							
03	59000	AMNIOCENTESIS	83.18	16 60			F					X
07	59000	AMNIOCENTESIS	99.82	10 15			F					X
03	59001	AMNIOCENTESIS, THERAPEUTIC	125.22	16 60			F					
07	59001	AMNIOCENTESIS, THERAPEUTIC	150.27	10 15			F					
03	59012	CORDOCENTESIS,ANY METHOD	138.60	16 60			F					
07	59012	CORDECENTESIS, ANY METHOD	166.32	10 15			F					
03	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	103.56	16 60			F	X				
07	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	124.28	10 15			F	X				
03	59020	FETAL OXYTOCIN STRESS TEST	46.02	16 60	X		F	X				
05	59020	FETAL OXYTOCIN STRESS TEST	18.41	10 60	X		F	X				
07	59020	FETAL OXYTOCIN STRESS TEST	55.23	10 15	X		F	X				
03	59025	FETAL NON-STRESS TEST	30.65	16 60	X		F					
05	59025	FETAL NON-STRESS TEST	12.26	10 60	X		F					
07	59025	FETAL NON-STRESS TEST	36.79	10 15	X		F					
03	59030	FETAL SCALP BLOOD SAMPLE	77.41	16 60			F					
07	59030	FETAL SCALP BLOOD SAMPLE	92.89	10 15			F					
03	59050	INTERNAL FETAL MONITORING/CONSULTAN	34.57	16 60	X		F					
07	59050	INTERNAL FETAL MONITORING/CONSULTANT	41.49	10 15	X		F					
03	59051	FETAL MONITOR/INTERPRET ONL	28.57	16 60			F					
07	59051	FETAL MONITOR/INTERPRET ONL	34.29	10 15			F					
03	59070	TRANSABDOM AMNIOINFUS W/ US	253.58	16 60			F					
07	59070	TRANSABDOM AMNIOINFUS W/ US	304.29	10 15			F					
02	59074	FETAL FLUID DRAINAGE W/US	48.24	10 60			F					
03	59074	FETAL FLUID DRAINAGE W/ US	241.19	16 60			F					
07	59074	FETAL FLUID DRAINAGE W/ US	289.42	10 15			F					
02	59076	FETAL SHUNT PLACEMENT, W/US	61.63	10 60			F					
03	59076	FETAL SHUNT PLACEMENT, W/ US	308.16	16 60			F					
07	59076	FETAL SHUNT PLACEMENT, W/ US	369.79	10 15			F					
02	59100	REMOVE UTERUS LESION	110.03	00 60	X		F					
03	59100	REMOVE UTERUS LESION	550.15	16 60	X		F					
07	59100	REMOVE UTERUS LESION	660.18	10 15	X		F					
02	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	104.93	10 60	X		F					
03	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	524.66	16 60	X		F					
07	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	629.59	10 15	X		F					
02	59121	SURG TX ECTOPIC PG;TUBAL W/O SALP-OO	105.49	10 60	X		F					
03	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	527.46	16 60	X		F					
07	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	632.96	10 15	X		F					
02	59130	SURG TX ECTOPIC PG; ABDOMINAL	123.45	10 60	X		F					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	59130	SURG TX ECTOPIC PG; ABDOMINAL	617.27	16	60	X		F					
07	59130	SURG TX ECTOPIC PG; ABDOMINAL	740.73	10	15	X		F					
02	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	124.63	10	60	X		F		X			
03	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	623.17	16	60	X		F		X			
07	59135	TX ECTOPIC,INTERSTIT...W/ HYSTERECT.	747.80	10	15	X		F		X			
02	59136	INTERSTITIAL,UTERINE PREGNANCY	116.67	10	60			F					
03	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	583.34	16	60	X		F					
07	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	700.00	10	15	X		F					
02	59140	SURG TX ECTOPIC PG, CERVICAL	51.87	10	60			F					
03	59140	SURG TX ECTOPIC PG, CERVICAL	259.36	16	60	X		F					
07	59140	SURG TX ECTOPIC PG, CERVICAL	311.23	10	15	X		F					
02	59150	LAPAROSCOPIC TREATMENT O ECTOP	102.22	10	60			F					
03	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	511.12	16	60	X		F					
07	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	613.34	10	15	X		F					
02	59151	LAPAROSCOPIC TREAT O ECTOPIC P	99.95	10	60			F					
03	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	499.75	16	60	X		F					
07	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	599.69	10	15	X		F					
03	59160	D&C AFTER DELIVERY	139.93	16	60			F					
07	59160	D&C AFTER DELIVERY	167.93	10	15			F					
03	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	125.82	16	60	X		F					
07	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	150.98	10	15	X		F					
03	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	103.56	16	60			F					
07	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	124.28	10	15			F					
02	59325	CERCLAGE OF CERVIC;ABDOMINAL	32.66	10	60			F					
03	59325	CERCLAGE OF CERVIX;ABDOMINAL	163.31	16	60			F					
07	59325	CERCLAGE OF CERVIX;ABDOMINAL	195.97	10	15			F					
02	59350	REPAIR OF UTERUS	37.97	10	60			F					
03	59350	REPAIR OF UTERUS	189.85	16	60			F					
07	59350	REPAIR OF UTERUS	227.82	10	15			F					
03	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	630.86	16	60			F					
07	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	630.86	10	15			F					
03	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	729.04	16	60	X		F					
07	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	729.04	10	15	X		F					
03	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	74.74	16	60			F					
07	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	84.08	10	15			F					
03	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	66.80	16	60			F					
07	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	75.15	10	15			F					
03	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	99.70	16	60			F					
07	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	112.16	10	15			F					
03	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,408.49	16	60	X		F					
07	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,584.55	10	15	X		F					
02	59514	CESAREAN DELIVERY ONLY;	126.17	10	60			F					
03	59514	CESAREAN DELIVERY ONLY;	630.86	16	60			F					
07	59514	CESAREAN DELIVERY ONLY	630.86	10	15			F					
03	59515	CESAREAN DELIVERY W POSTPARTUM CARE	729.04	16	60	X		F					
07	59515	CESAREAN DELIVERY W POSTPARTUM CARE	729.04	10	15	X		F					

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	70.56	10	60	X		F		X			
03	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	352.80	16	60	X		F		X			
07	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	396.90	10	15	X		F		X			
03	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	1,474.10	16	60	X		F					
07	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	1,474.10	10	15	X		F					
03	59612	VBAC DELIVERY ONLY	706.36	16	60			F					
07	59612	VBAC DELIVERY ONLY	706.36	10	15			F					
03	59614	VBAC DELIVERY INCL POSTPARTUM	789.23	16	60	X		F					
07	59614	VBAC DELIVERY INCL POSTPARTUM	789.23	10	15	X		F					
03	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	1,658.50	16	60	X		F					
07	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	1,658.50	10	15	X		F					
02	59620	ATTEMPTED VBAC DELIVERY ONLY	163.96	10	60			F					
03	59620	ATTEMPTED VBAC DELIVERY ONLY	819.82	16	60			F					
07	59620	ATTEMPTED VBAC DELIVERY ONLY	819.82	10	15			F					
03	59622	ATTEMPTED VBAC-INCL POSTPARTUM	950.06	16	60	X		F					
07	59622	ATTEMPTED VBAC INCL POSTPARTUM	950.06	10	15	X		F					
03	59812	TREAT SPONTANEOUS ABORTION	205.68	16	60	X		F					
07	59812	TREAT SPONTANEOUS ABORTION	246.81	10	15	X		F					
03	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	240.56	16	60	X		F					
07	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	288.68	10	15	X		F					
03	59821	TREAT MISSED ABORTION; SECOND TRIMES	246.12	16	60	X		F					
07	59821	TREAT MISSED ABORTION; SECOND TRIMES	295.34	10	15	X		F					
03	59830	TREATMENT OF SEPTIC ABORTION	287.41	16	60	X		F					
07	59830	TREATMENT OF SEPTIC ABORTION	344.89	10	15	X		F					
03	59840	THERAPUTIC ABORTION	142.92	16	60	X		F					
07	59840	THERAPUTIC ABORTION	171.50	10	15	X		F					
03	59841	ABORTION BY DILATION & EVACUATION	249.47	16	60	X		F					
07	59841	ABORTION BY DILATION & EVACUATION	299.36	10	15	X		F					
03	59850	SALINE ABORTION	257.42	16	60	X		F					
07	59850	SALINE ABORTION	308.91	10	15	X		F					
03	59851	SALINE ABORTION WITH D&C	263.68	16	60	X		F					
07	59851	SALINE ABORTION WITH D&C	316.41	10	15	X		F					
03	59852	SALINE ABORTION WITH HYSTEROTOMY	370.12	16	60	X		F					
07	59852	SALINE ABORTION WITH HYSTEROTOMY	444.14	10	15	X		F					
03	59855	ABORTION	275.53	16	60	X		F					
07	59855	ABORTION	330.63	10	15	X		F					
03	59856	ABORTION	326.57	16	60	X		F					
07	59856	ABORTION	391.88	10	15	X		F					
02	59857	ABORTION	77.98	10	60			F					
03	59857	ABORTION	389.89	16	60	X		F					
07	59857	ABORTION	467.87	10	15	X		F					
02	59870	UTERINE EVACUATION & CURETTAGE	61.31	10	60			F					
03	59870	UTERINE EVACUATION & CURETTAGE HYDAT	306.56	16	60	X		F					
07	59870	UTERINE EVACUATION & CURETTAGE HYDAT	367.87	10	15	X		F					
03	59871	REMOVE CERCLAGE SUTURE	90.25	16	60			F					
07	59871	REMOVE CERCLAGE SUTURE	108.30	10	15			F					

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	59897	UNLISTED FETAL INVASIVE PROCEDURE, I	MP	10	60	X		F					
03	59897	FETAL INVAS PX W/ US	MP	16	60	X		F					
07	59897	FETAL INVAS PX W/ US	MP	10	15	X		F					
03	59898	LAPARO PROC, OB CARE/DELIVER	MP	16	60	X		F					
07	59898	LAPARO PROC, OB CARE/DELIVER	MP	10	15	X		F					
02	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F					
03	59899	MATERNITY CARE PROCEDURE	MP	16	60	X		F					
07	59899	MATERNITY CARE PROCEDURE	MP	10	15	X		F					
03	60000	DRAIN THYROID/TONGUE CYST	98.87										
07	60000	DRAIN THYROID/TONGUE CYST	118.64	00	15								
03	60100	BIOPSY OF THYROID	74.53										X
07	60100	BIOPSY OF THYROID	89.42	00	15								X
02	60200	REMOVE THYROID LESION	82.88										
03	60200	REMOVE THYROID LESION	414.41										
07	60200	REMOVE THYROID LESION	497.30	00	15								
02	60210	PARTIAL EXCISION THYROID	89.19										
03	60210	PARTIAL EXCISION THYROID	445.97										
07	60210	PARTIAL EXCISION THYROID	535.16	00	15								
02	60212	PARTIAL THYROID EXCISION	128.56										
03	60212	PARTIAL THYROID EXCISION	642.82										
07	60212	PARTIAL THYROID EXCISION	771.38	00	15								
02	60220	PARTIAL REMOVAL OF THYROID	97.77										
03	60220	PARTIAL REMOVAL OF THYROID	488.87										
07	60220	PARTIAL REMOVAL OF THYROID	586.64	00	15								
02	60225	PARTIAL REMOVAL OF THYROID	117.53										
03	60225	PARTIAL REMOVAL OF THYROID	587.66										
07	60225	PARTIAL REMOVAL OF THYROID	705.19	00	15								
02	60240	REMOVAL OF THYROID	125.03										
03	60240	REMOVAL OF THYROID	625.14										
07	60240	REMOVAL OF THYROID	750.17	00	15								
02	60252	REMOVAL OF THYROID	168.52										
03	60252	REMOVAL OF THYROID	842.60										
07	60252	REMOVAL OF THYROID	1,011.12	00	15								
02	60254	EXTENSIVE THYROID SURGERY	216.68										
03	60254	EXTENSIVE THYROID SURGERY	1,083.40										
07	60254	EXTENSIVE THYROID SURGERY	1,300.07	00	15								
02	60260	REPEAT THYROID SURGERY	140.72										
03	60260	REPEAT THYROID SURGERY	703.58										
07	60260	REPEAT THYROID SURGERY	844.29	00	15								
02	60270	REMOVAL OF THYROID	177.22										
03	60270	REMOVAL OF THYROID	886.10										
07	60270	REMOVAL OF THYROID	1,063.32	00	15								
02	60271	REMOVAL OF THYROID	135.75										
03	60271	REMOVAL OF THYROID	678.76										
07	60271	REMOVAL OF THYROID	814.50	00	15								
02	60280	REMOVE THYROID DUCT LESION	55.20										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	60280	REMOVE THYROID DUCT LESION	275.98									
07	60280	REMOVE THYROID DUCT LESION	331.17	00 15								
02	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	74.07									
03	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	370.34									
07	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	444.40	00 15								
03	60300	ASPIRATION AND/OR INJECTION, THYROID	68.28									
07	60300	ASPIRATION AND/OR INJECTION, THYROID	81.94	00 15								
02	60500	EXPLORE PARATHYROID GLANDS	129.72									
03	60500	EXPLORE PARATHYROID GLANDS	648.61									
07	60500	EXPLORE PARATHYROID GLANDS	778.34	00 15								
02	60502	RE-EXPLORE PARATHYROID(S)	162.89					X				X
03	60502	RE-EXPLORE PARATHYROID(S)	814.45									
07	60502	RE-EXPLORE PARATHYROID(S)	977.34	00 15								
02	60505	EXPLORE PARATHYROID GLANDS	178.61									
03	60505	EXPLORE PARATHYROID GLANDS	893.05									
07	60505	EXPLORE PARATHYROID GLANDS	1,071.66	00 15								
02	60512	AUTOTRANSPLANT, PARATHYROID	32.01									
03	60512	AUTOTRANSPLANT, PARATHYROID	160.04									
07	60512	AUTOTRANSPLANT, PARATHYROID	192.04	00 15								
02	60520	REMOVAL OF THYMUS GLAND	133.79									
03	60520	REMOVAL OF THYMUS GLAND	668.94									
07	60520	REMOVAL OF THYMUS GLAND	802.72	00 15								
02	60521	REMOVAL THYMUS GLAND	153.81									
03	60521	REMOVAL THYMUS GLAND	769.03									
07	60521	REMOVAL THYMUS GLAND	922.84	00 15								
02	60522	REMOVAL OF THYMUS GLAND	185.46									
03	60522	REMOVAL OF THYMUS GLAND	927.32									
07	60522	REMOVAL OF THYMUS GLAND	1,112.78	00 15								
02	60540	EXPLORE ADRENAL GLAND	140.16									
03	60540	EXPLORE ADRENAL GLAND	700.81									
07	60540	EXPLORE ADRENAL GLAND	840.97	00 15								
02	60545	EXPLORE ADRENAL GLAND	159.85									
03	60545	EXPLORE ADRENAL GLAND	799.23									
07	60545	EXPLORE ADRENAL GLAND	959.07	00 15								
02	60600	REMOVE CAROTID BODY LESION	185.82									
03	60600	REMOVE CAROTID BODY LESION	929.11									
07	60600	REMOVE CAROTID BODY LESION	1,114.93	00 15								
02	60605	REMOVE CAROTID BODY LESION	233.54									
03	60605	REMOVE CAROTID BODY LESION	1,167.69									
07	60605	REMOVE CAROTID BODY LESION	1,401.23	00 15								
02	60650	LAPAROSCOPY ADRENALECTOMY	157.03									
03	60650	LAPAROSCOPY ADRENALECTOMY	785.16									
07	60650	LAPAROSCOPY ADRENALECTOMY	942.19	00 15								
03	60659	LAPARO PROC, ENDOCRINE	MP		X							
07	60659	LAPARO PROC, ENDOCRINE	MP	00 15	X							
02	60699	ENDOCRINE SURGERY PROCEDURE	MP		X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	60699	ENDOCRINE SURGERY PROCEDURE	MP			X							
07	60699	ENDOCRINE SURGERY PROCEDURE	MP	00	15	X							
03	61000	REMOVE CRANIAL CAVITY FLUID	70.24										
07	61000	REMOVE CRANIAL CAVITY FLUID	84.29	00	15								
03	61001	SUBDURAL TAP....SUBSEQUENT TAPS	68.82										X
07	61001	SUBDURAL TAP....SUBSEQUENT TAPS	82.58	00	15								X
03	61020	REMOVE BRAIN CAVITY FLUID	82.49										X
07	61020	REMOVE BRAIN CAVITY FLUID	98.99	00	15								X
03	61026	PUNCTURE BURR HOLE FOR INJECT	82.82										
07	61026	PUNCTURE BURR HOLE FOR INJECT	99.39	00	15								
03	61050	REMOVE BRAIN CANAL FLUID	69.55										
07	61050	REMOVE BRAIN CANAL FLUID	83.46	00	15								
03	61055	CERVICAL PUNTURE FOR INJECTION	90.26										
07	61055	CERVICAL PUNTURE FOR INJECTION	108.32	00	15								
03	61070	BRAIN CANAL SHUNT PROCEDURE	52.00										
07	61070	BRAIN CANAL SHUNT PROCEDURE	62.39	00	15								
03	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	273.97										
07	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	328.76	00	15								
03	61107	TWIST DRILL HOLE/VENTRICULAR CATH	208.41										
07	61107	TWIST DRILL HOLE/VENTRICULAR CATH	250.09	00	15								
03	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	546.52										
07	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	655.83	00	15								
03	61120	PIERCE SKULL FOR EXAMINATION	447.75										
07	61120	PIERCE SKULL FOR EXAMINATION	537.30	00	15								
02	61140	PIERCE SKULL FOR BIOPSY	156.43										
03	61140	PIERCE SKULL FOR BIOPSY	782.15										
07	61140	PIERCE SKULL FOR BIOPSY	938.58	00	15								
03	61150	PIERCE SKULL FOR DRAINAGE	837.66										
07	61150	PIERCE SKULL FOR DRAINAGE	1,005.18	00	15								
03	61151	PIERCE SKULL FOR DRAINAGE	605.03										X
07	61151	PIERCE SKULL FOR DRAINAGE	726.03	00	15								X
02	61154	PIERCE SKULL FOR DRAINAGE	156.73										
03	61154	PIERCE SKULL FOR DRAINAGE	783.67										X
07	61154	PIERCE SKULL FOR DRAINAGE	940.40	00	15								X
02	61156	PIERCE SKULL FOR DRAINAGE	156.56										
03	61156	PIERCE SKULL FOR DRAINAGE	782.82										
07	61156	PIERCE SKULL FOR DRAINAGE	939.38	00	15								
03	61210	PIERCE SKULL; IMPLANT DEVICE	243.28										
07	61210	PIERCE SKULL; IMPLANT DEVICE	291.93	00	15								
03	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	296.22										
07	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	355.47	00	15								
02	61250	PIERCE SKULL & EXPLORE	105.44										
03	61250	PIERCE SKULL & EXPLORE	527.20										
07	61250	PIERCE SKULL & EXPLORE	632.64	00	15								
02	61253	PIERCE SKULL & EXPLORE	115.93										
03	61253	PIERCE SKULL & EXPLORE	579.65										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	61253	PIERCE SKULL & EXPLORE	695.57	00 15								
02	61304	INCISE SKULL FOR EXPLORATION	206.93									
03	61304	INCISE SKULL FOR EXPLORATION	1,034.67									
07	61304	INCISE SKULL FOR EXPLORATION	1,241.61	00 15								
02	61305	INCISE SKULL FOR EXPLORATION	248.64									
03	61305	INCISE SKULL FOR EXPLORATION	1,243.21									
07	61305	INCISE SKULL FOR EXPLORATION	1,491.85	00 15								
02	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	258.29									
03	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,291.43									
07	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,549.71	00 15								
02	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	247.02									
03	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,235.11									
07	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,482.12	00 15								
02	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	229.06									
03	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,145.31									
07	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,374.37	00 15								
02	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	260.88									
03	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,304.41									
07	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,565.30	00 15								
03	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	57.33									
07	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	68.80	00 15								
02	61320	INCISE SKULL FOR DRAINAGE	241.27									
03	61320	INCISE SKULL FOR DRAINAGE	1,206.35									
07	61320	INCISE SKULL FOR DRAINAGE	1,447.62	00 15								
02	61321	INCISE SKULL FOR DRAINAGE	264.52									
03	61321	INCISE SKULL FOR DRAINAGE	1,322.58									
07	61321	INCISE SKULL FOR DRAINAGE	1,587.10	00 15								
02	61322	DECOMPRESSIVE CRANIOTOMY	293.37									
03	61322	DECOMPRESSIVE CRANIOTOMY	1,466.87									
07	61322	DECOMPRESSIVE CRANIOTOMY	1,760.24	00 15								
02	61323	DECOMPRESSIVE LOBECTOMY	299.04									
03	61323	DECOMPRESSIVE LOBECTOMY	1,495.19									
07	61323	DECOMPRESSIVE LOBECTOMY	1,794.23	00 15								
02	61330	EXPLORATION OF EYE SOCKET	200.72									
03	61330	EXPLORATION OF EYE SOCKET	1,003.60									
07	61330	EXPLORATION OF EYE SOCKET	1,204.32	00 15								
02	61332	EXPLORE/BIOPSY EYE SOCKET	235.56									
03	61332	EXPLORE/BIOPSY EYE SOCKET	1,177.80									
07	61332	EXPLORE/BIOPSY EYE SOCKET	1,413.35	00 15								
02	61333	EXPLORE ORBIT; REMOVE LESION	236.70									
03	61333	EXPLORE ORBIT; REMOVE LESION	1,183.50									
07	61333	EXPLORE ORBIT; REMOVE LESION	1,420.20	00 15								
02	61334	EXPLORE & TREAT EYE SOCKET	152.69		X							
03	61334	EXPLORE & TREAT EYE SOCKET	763.47		X							
07	61334	EXPLORE & TREAT EYE SOCKET	916.15	00 15	X							
02	61340	RELIEVE CRANIAL PRESSURE	179.35									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61340	RELIEVE CRANIAL PRESSURE	896.77										
07	61340	RELIEVE CRANIAL PRESSURE	1,076.11	00	15								
02	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	277.84										
03	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,389.18										
07	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,667.02	00	15								
02	61345	RELIEVE CRANIAL PRESSURE	256.93										
03	61345	RELIEVE CRANIAL PRESSURE	1,284.67										
07	61345	RELIEVE CRANIAL PRESSURE	1,541.61	00	15								
02	61440	INCISE SKULL FOR SURGERY	251.56			X							
03	61440	INCISE SKULL FOR SURGERY	1,257.80			X							
07	61440	INCISE SKULL FOR SURGERY	1,509.36	00	15	X							
02	61450	INCISE SKULL FOR SURGERY	237.44										
03	61450	INCISE SKULL FOR SURGERY	1,187.18										
07	61450	INCISE SKULL FOR SURGERY	1,424.61	00	15								
02	61458	INCISE SKULL FOR SURGERY	254.12										
03	61458	INCISE SKULL FOR SURGERY	1,270.58										
07	61458	INCISE SKULL FOR SURGERY	1,524.70	00	15								
02	61460	INCISE SKULL FOR SURGERY	256.45										
03	61460	INCISE SKULL FOR SURGERY	1,282.25										
07	61460	INCISE SKULL FOR SURGERY	1,538.70	00	15								
02	61470	INCISE SKULL FOR SURGERY	238.23			X							
03	61470	INCISE SKULL FOR SURGERY	1,191.13			X							
07	61470	INCISE SKULL FOR SURGERY	1,429.34	00	15	X							
02	61480	INCISE SKULL FOR SURGERY	233.74										
03	61480	INCISE SKULL FOR SURGERY	1,168.71										
07	61480	INCISE SKULL FOR SURGERY	1,402.45	00	15								
02	61490	INCISE SKULL FOR SURGERY	240.89			X							
03	61490	INCISE SKULL FOR SURGERY	1,204.45			X							
07	61490	INCISE SKULL FOR SURGERY	1,445.34	00	15	X							
02	61500	REMOVAL OF SKULL LESION	169.01										
03	61500	REMOVAL OF SKULL LESION	845.03										
07	61500	REMOVAL OF SKULL LESION	1,014.03	00	15								
02	61501	CRANIECTOMY FOR OSTEOMYELITIS	144.33										
03	61501	CRANIECTOMY FOR OSTEOMYELITIS	721.65										
07	61501	CRANIECTOMY FOR OSTEOMYELITIS	865.98	00	15								
02	61510	REMOVAL OF BRAIN LESION	273.53										
03	61510	REMOVAL OF BRAIN LESION	1,367.67										
07	61510	REMOVAL OF BRAIN LESION	1,641.21	00	15								
02	61512	REMOVE BRAIN LINING LESION	324.01										
03	61512	REMOVE BRAIN LINING LESION	1,620.07										
07	61512	REMOVE BRAIN LINING LESION	1,944.08	00	15								
02	61514	REMOVAL OF BRAIN ABSCESS	239.98										
03	61514	REMOVAL OF BRAIN ABSCESS	1,199.88										
07	61514	REMOVAL OF BRAIN ABSCESS	1,439.86	00	15								
02	61516	REMOVAL OF BRAIN LESION	234.09										
03	61516	REMOVAL OF BRAIN LESION	1,170.43										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	61516	REMOVAL OF BRAIN LESION	1,404.53	00 15								
03	61517	IMPLT BRAIN CHEMOTX AGENT	57.29									
07	61517	IMPLT BRAIN CHEMOTX AGENT	68.75	00 15								
02	61518	REMOVAL OF BRAIN LESION	348.40									
03	61518	REMOVAL OF BRAIN LESION	1,741.99									
07	61518	REMOVAL OF BRAIN LESION	2,090.39	00 15								
02	61519	REMOVE BRAIN LINING LESION	375.86									
03	61519	REMOVE BRAIN LINING LESION	1,879.29									
07	61519	REMOVE BRAIN LINING LESION	2,255.15	00 15								
02	61520	REMOVAL OF BRAIN LESION	477.63									
03	61520	REMOVAL OF BRAIN LESION	2,388.15									
07	61520	REMOVAL OF BRAIN LESION	2,865.78	00 15								
02	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	404.02									
03	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,020.08									
07	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,424.10	00 15								
02	61522	REMOVAL OF BRAIN ABSCESS	276.44									
03	61522	REMOVAL OF BRAIN ABSCESS	1,382.19									
07	61522	REMOVAL OF BRAIN ABSCESS	1,658.62	00 15								
02	61524	REMOVAL OF BRAIN LESION	260.99									
03	61524	REMOVAL OF BRAIN LESION	1,304.95									
07	61524	REMOVAL OF BRAIN LESION	1,565.93	00 15								
02	61526	REMOVAL OF BRAIN LESION	430.09									
03	61526	REMOVAL OF BRAIN LESION	2,150.44									
07	61526	REMOVAL OF BRAIN LESION	2,580.52	00 15								
02	61530	REMOVAL OF BRAIN LESION	365.34									
03	61530	REMOVAL OF BRAIN LESION	1,826.69									
07	61530	REMOVAL OF BRAIN LESION	2,192.03	00 15								
02	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	150.15									
03	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	750.74									
07	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	900.88	00 15								
02	61533	CRANIECTOMY	190.56									
03	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	952.79									
07	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,143.35	00 15								
02	61534	REMOVAL OF BRAIN LESION	205.09									
03	61534	REMOVAL OF BRAIN LESION	1,025.43									
07	61534	REMOVAL OF BRAIN LESION	1,230.51	00 15								
02	61535	CRANIECTOMY	122.02									
03	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	610.08									
07	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	732.08	00 15								
02	61536	REMOVAL OF BRAIN LESION	328.44									
03	61536	REMOVAL OF BRAIN LESION	1,642.22									
07	61536	REMOVAL OF BRAIN LESION	1,970.66	00 15								
02	61537	REMOVAL OF BRAIN TISSUE	301.06									
03	61537	REMOVAL OF BRAIN TISSUE	1,505.29									
07	61537	REMOVAL OF BRAIN TISSUE	1,806.34	00 15								
02	61538	REMOVAL OF BRAIN TISSUE	322.20									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61538	REMOVAL OF BRAIN TISSUE	1,610.98									
07	61538	REMOVAL OF BRAIN TISSUE	1,933.17	00 15								
02	61539	REMOVAL OF BRAIN TISSUE	297.37									
03	61539	REMOVAL OF BRAIN TISSUE	1,486.85									
07	61539	REMOVAL OF BRAIN TISSUE	1,784.22	00 15								
02	61540	REMOVAL OF BRAIN TISSUE	279.35									
03	61540	REMOVAL OF BRAIN TISSUE	1,396.77									
07	61540	REMOVAL OF BRAIN TISSUE	1,676.13	00 15								
02	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	266.44									
03	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,332.18									
07	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,598.61	00 15								
02	61542	REMOVAL OF BRAIN TISSUE	290.21		X							
03	61542	REMOVAL OF BRAIN TISSUE	1,451.05		X							
07	61542	REMOVAL OF BRAIN TISSUE	1,741.26	00 15	X							
02	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	271.38									
03	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,356.88									
07	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,628.26	00 15								
02	61544	REMOVE & TREAT BRAIN LESION	224.39									
03	61544	REMOVE & TREAT BRAIN LESION	1,121.95									
07	61544	REMOVE & TREAT BRAIN LESION	1,346.34	00 15								
02	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	399.17									
03	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	1,995.83									
07	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	2,394.99	00 15								
02	61546	REMOVAL OF PITUITARY GLAND	289.12									
03	61546	REMOVAL OF PITUITARY GLAND	1,445.62									
07	61546	REMOVAL OF PITUITARY GLAND	1,734.74	00 15								
02	61548	REMOVAL OF PITUITARY GLAND	193.76									
03	61548	REMOVAL OF PITUITARY GLAND	968.82									
07	61548	REMOVAL OF PITUITARY GLAND	1,162.58	00 15								
02	61550	RELEASE OF SKULL SEAMS	125.13									
03	61550	RELEASE OF SKULL SEAMS	625.67									
07	61550	RELEASE OF SKULL SEAMS	750.79	00 15								
02	61552	RELEASE OF SKULL SEAMS	164.01									
03	61552	RELEASE OF SKULL SEAMS	820.04									
07	61552	RELEASE OF SKULL SEAMS	984.04	00 15								
02	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR	205.05									
03	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,025.27									
07	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,230.33	00 15								
02	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL	211.71									X
03	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,058.57									
07	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,270.29	00 15								
02	61558	EXT CRAMIECT-MULT CRAN SUT CRA	212.23									
03	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,061.15									
07	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,273.38	00 15								
02	61559	EXT CRANIECT-W/MULT OSTEOT BONE AUTO	303.64									
03	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,518.21									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,821.86	00 15								
02	61563	EXCIS GEN TUM CRAN BN W/O OPT NERVE	242.14									
03	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,210.71									
07	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,452.84	00 15								
02	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	306.31									
03	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,531.55									
07	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,837.86	00 15								
02	61566	REMOVAL OF BRAIN TISSUE	281.10									
03	61566	REMOVAL OF BRAIN TISSUE	1,405.49									
07	61566	REMOVAL OF BRAIN TISSUE	1,686.59	00 15								
02	61567	INCISION OF BRAIN TISSUE	314.51									
03	61567	INCISION OF BRAIN TISSUE	1,572.54									
07	61567	INCISION OF BRAIN TISSUE	1,887.05	00 15								
02	61570	REMOVE BRAIN FOREIGN BODY	230.25									
03	61570	REMOVE BRAIN FOREIGN BODY	1,151.23									
07	61570	REMOVE BRAIN FOREIGN BODY	1,381.48	00 15								
02	61571	SURGERY FOR PENETRATING BRAIN WOUND	250.53									
03	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,252.63									
07	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,503.15	00 15								
02	61575	TRANSORAL..;TO BX,DECOMPRESS,EXCISE	295.76									
03	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,478.80									
07	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,774.56	00 15								
02	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	466.40									
03	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,332.01									
07	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,798.42	00 15								
02	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	304.97									
03	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,524.87									
07	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,829.85	00 15								
02	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	342.78									
03	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,713.91									
07	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,056.69	00 15								
02	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	353.67									
03	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,768.37									
07	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,122.04	00 15								
02	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	362.56									
03	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,812.78									
07	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,175.33	00 15								
02	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	351.97									
03	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,759.83									
07	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,111.79	00 15								
02	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	372.00									
03	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,859.98									
07	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,231.97	00 15								
02	61586	RESECT NASOPHARYNX, SKULL	264.94									
03	61586	RESECT NASOPHARYNX, SKULL	1,324.70									
07	61586	RESECT NASOPHARYNX, SKULL	1,589.64	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	391.71									
03	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	1,958.53									
07	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,350.23	00 15								
02	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	394.76									
03	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	1,973.80									
07	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	2,368.55	00 15								
02	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	397.92									
03	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	1,989.62									
07	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,387.55	00 15								
02	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	295.17									
03	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,475.84									
07	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,771.01	00 15								
02	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	324.39									
03	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,621.94									
07	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,946.34	00 15								
02	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	361.39									
03	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	1,806.95									
07	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	2,168.34	00 15								
02	61598	TRANSPETROSAL APPROACH TO POSTERIOR	317.39									
03	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,586.93									
07	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,904.30	00 15								
02	61600	RESECTION OR EXCISION OF NEOPLASTIC,	265.89									
03	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,329.44									
07	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,595.32	00 15								
02	61601	RESECTION OR EXCISION OF NEOPLASTIC,	293.38									
03	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,466.91									
07	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,760.29	00 15								
02	61605	RESECTION OR EXCISION OF NEOPLASTIC,	277.36									
03	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,386.81									
07	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,664.17	00 15								
02	61606	RESECTION OR EXCISION OF NEOPLASTIC,	378.32									
03	61606	RESECTION OR EXCISION OF NEOPLASTIC,	1,891.61									
07	61606	RESECTION OR EXCISION OF NEOPLASTIC,	2,269.94	00 15								
02	61607	RESECTION OR EXCISION OF NEOPLASTIC,	349.79									
03	61607	RESECTION OR EXCISION OF NEOPLASTIC,	1,748.94									
07	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,098.73	00 15								
02	61608	RESECTION OR EXCISION OF NEOPLASTIC,	409.87									
03	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,049.37									
07	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,459.23	00 15								
02	61609	TRANSECTION OR LIGATION, CAROTID ART	80.55		X							
03	61609	TRANSECTION OR LIGATION, CAROTID ART	402.73		X							
07	61609	TRANSECTION OR LIGATION, CAROTID ART	483.26	00 15	X							
02	61610	TRANSECTION OR LIGATION, CAROTID ART	246.22									
03	61610	TRANSECTION OR LIGATION, CAROTID ART	1,231.08									
07	61610	TRANSECTION OR LIGATION, CAROTID ART	1,477.29	00 15								
02	61611	TRANSECTION OR LIGATION, CAROTID ART	62.03									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61611	TRANSECTION OR LIGATION, CAROTID ART	310.17									
07	61611	TRANSECTION OR LIGATION, CAROTID ART	372.21	00 15								
02	61612	TRANSECTION OR LIGATION, CAROTID ART	215.78									
03	61612	TRANSECTION OR LIGATION, CAROTID ART	1,078.92									
07	61612	TRANSECTION OR LIGATION, CAROTID ART	1,294.69	00 15								
02	61613	OBLITERATION OR CAROTID ANEURYSM, AR	395.75									
03	61613	OBLITERATION OF CAROTID ANEURYSM, AR	1,978.76									
07	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,374.51	00 15								
02	61615	RESECTION OR EXCISION OF NEOPLASTIC,	310.03									
03	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,550.13									
07	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,860.16	00 15								
02	61616	RESECTION OR EXCISION OF NEOPLASTIC,	410.10									
03	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,050.52									
07	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,460.62	00 15								
02	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	162.85									
03	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	814.25									
07	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	977.10	00 15								
02	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	187.58									
03	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	937.92									
07	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,125.50	00 15								
02	61623	ENDOVASC TEMPORY VESSEL OCCL	75.25									
03	61623	ENDOVASC TEMPORY VESSEL OCCL	376.24									
07	61623	ENDOVASC TEMPORY VESSEL OCCL	451.49	00 15								
03	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	748.78									
07	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	898.52	00 15								
03	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	607.89									
07	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	729.47	00 15								
02	61630	INTRACRANIAL ANGIOPLASTY	MP		X							
03	61630	INTRACRANIAL ANGIOPLASTY	MP		X							
07	61630	INTRACRANIAL ANGIOPLASTY	MP	00 15	X							
02	61635	INTRACRANIAL ANGIOPLASTY W/STENT	MP		X							
03	61635	INTRACRAN ANGIOPLSTY W/STENT	MP		X							
07	61635	INTRACRAN ANGIOPLSTY W/STENT	MP	00 15	X							
02	61640	DILATE IC VASOSPASM, INIT	MP		X							
03	61640	DILATE IC VASOSPASM, INIT	MP		X							
07	61640	DILATE IC VASOSPASM, INIT	MP	00 15	X							
02	61641	DILATE IC VASOSPASM, ADD-ON	MP		X							
03	61641	DILATE IC VASOSPASM ADD-ON	MP		X							
07	61641	DILATE IC VASOSPASM ADD-ON	MP	00 15	X							
02	61642	DILATE IC VASOSPASM, ADD-ON	MP		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	286.36									
03	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,431.81									
07	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,718.17	00 15								
02	61682	SURG..MALFORM;SUPRATENTORIAL;COMPLEX	541.08									

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	2,705.38										
07	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	3,246.46	00	15								
02	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	359.37										
03	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	1,796.84										
07	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	2,156.20	00	15								
02	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	578.52										
03	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	2,892.59										
07	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	3,471.11	00	15								
02	61690	SURG..MALFORM;DURAL,SIMPLE	271.70										
03	61690	SURG..MALFORM;DURAL,SIMPLE	1,358.49										
07	61690	SURG..MALFORM;DURAL,SIMPLE	1,630.18	00	15								
02	61692	SURG..MALFORM;DURAL,COMPLEX	467.19										
03	61692	SURG..MALFORM;DURAL,COMPLEX	2,335.93										
07	61692	SURG..MALFORM;DURAL,COMPLEX	2,803.12	00	15								
02	61697	BRAIN ANEURYSM REPR, COMPLX	525.65										
03	61697	BRAIN ANEURYSM REPR, COMPLX	2,628.26										
07	61697	BRAIN ANEURYSM REPR, COMPLX	3,153.91	00	15								
02	61698	BRAIN ANEURYSM REPR, COMPLX	564.52										
03	61698	BRAIN ANEURYSM REPR, COMPLX	2,822.60										
07	61698	BRAIN ANEURYSM REPR, COMPLX	3,387.12	00	15								
02	61700	INNER SKULL VESSEL SURGERY	441.53										
03	61700	INNER SKULL VESSEL SURGERY	2,207.66										
07	61700	INNER SKULL VESSEL SURGERY	2,649.20	00	15								
02	61702	INNER SKULL VESSEL SURGERY	490.74										
03	61702	INNER SKULL VESSEL SURGERY	2,453.68										
07	61702	INNER SKULL VESSEL SURGERY	2,944.42	00	15								
02	61703	CLAMP NECK ARTERY	167.63										
03	61703	CLAMP NECK ARTERY	838.16										
07	61703	CLAMP NECK ARTERY	1,005.79	00	15								
02	61705	REVISE CIRCULATION TO HEAD	324.49										
03	61705	REVISE CIRCULATION TO HEAD	1,622.43										
07	61705	REVISE CIRCULATION TO HEAD	1,946.91	00	15								
02	61708	REVISE CIRCULATION TO HEAD	275.22										
03	61708	REVISE CIRCULATION TO HEAD	1,376.11										
07	61708	REVISE CIRCULATION TO HEAD	1,651.33	00	15								
02	61710	REVISE CIRCULATION TO HEAD	252.26										
03	61710	REVISE CIRCULATION TO HEAD	1,261.29										
07	61710	REVISE CIRCULATION TO HEAD	1,513.54	00	15								
02	61711	FUSION OF SKULL ARTERIES	330.90										
03	61711	FUSION OF SKULL ARTERIES	1,654.48										
07	61711	FUSION OF SKULL ARTERIES	1,985.37	00	15								
03	61720	INCISE SKULL/BRAIN SURGERY	729.09										
07	61720	INCISE SKULL/BRAIN SURGERY	874.91	00	15								
03	61735	INCISE SKULL/BRAIN SURGERY	892.02										
07	61735	INCISE SKULL/BRAIN SURGERY	1,070.43	00	15								
03	61750	STEREOTACTIC PROC/INTRACRAN. LESION	880.68										

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,056.81	00	15								
03	61751	STEREOTACTIC BIOPSY W/CAT SCAN	856.27										
07	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,027.52	00	15								
03	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	972.45										
07	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,166.95	00	15								
03	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	949.24										
07	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,139.09	00	15								
03	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	123.09										
07	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	147.70	00	15								
03	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	101.43										
07	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	121.72	00	15								
03	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	106.49										
07	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	127.78	00	15								
03	61790	TREAT TRIGEMINAL NERVE	531.64										
07	61790	TREAT TRIGEMINAL NERVE	637.97	00	15								
03	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	687.62										
07	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	825.14	00	15								
03	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	500.64										
07	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	600.77	00	15								
03	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	138.46										X
07	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	166.15	00	15								X
03	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	500.64										
07	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	600.77	00	15								
03	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	191.43										X
07	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	229.72	00	15								X
03	61800	APPLICATION OF STEREOTACTIC HEADFRAM	97.55										
07	61800	APPLICATION OF STEREOTACTIC HEADFRAM	117.06	00	15								
02	61850	IMPLANT NEUROELECTRODES	122.21										
03	61850	IMPLANT NEUROELECTRODES	611.04										
07	61850	IMPLANT NEUROELECTRODES	733.25	00	15								
02	61860	IMPLANT NEUROELECTRODES	195.05										
03	61860	IMPLANT NEUROELECTRODES	975.23										
07	61860	IMPLANT NEUROELECTRODES	1,170.28	00	15								
02	61863	IMPLANT NEUROELECTRODE	189.70										
03	61863	IMPLANT NEUROELECTRODE	948.52										
07	61863	IMPLANT NEUROELECTRODE	1,138.22	00	15								
02	61864	IMPLANT NEUROELECTRDE, ADDqL	57.50										
03	61864	IMPLANT NEUROELECTRDE, ADDqL	287.48										
07	61864	IMPLANT NEUROELECTRDE, ADDqL	344.98	00	15								
02	61867	IMPLANT NEUROELECTRODE	277.12										
03	61867	IMPLANT NEUROELECTRODE	1,385.61										
07	61867	IMPLANT NEUROELECTRODE	1,662.74	00	15								
02	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	81.98										
03	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	409.88										
07	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	491.86	00	15								
02	61870	IMPLANT NEUROELECTRODES	148.11										

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	61870	IMPLANT NEUROELECTRODES	740.55										
07	61870	IMPLANT NEUROELECTRODES	888.65	00	15								
02	61875	IMPLANT NEUROELECTRODES	143.30			X							
03	61875	IMPLANT NEUROELECTRODES	716.49			X							
07	61875	IMPLANT NEUROELECTRODES	859.80	00	15	X							
02	61880	REVISE/REMOVE NEUROELECTRODE	67.68										
03	61880	REVISE/REMOVE NEUROELECTRODE	338.42										
07	61880	REVISE/REMOVE NEUROELECTRODE	406.11	00	15								
03	61885	IMPLANT NEURORECEIVER	387.25				X						
07	61885	IMPLANT NEURORECEIVER	464.70	00	15		X						
03	61886	IMPLANT NEUROSTIM ARRAYS	489.43										
07	61886	IMPLANT NEUROSTIM ARRAYS	587.33	00	15								
03	61888	REVISE/REMOVE NEURORECEIVER	248.78				X						
07	61888	REVISE/REMOVE NEURORECEIVER	298.53	00	15		X						
03	62000	REPAIR OF SKULL FRACTURE	541.18										
07	62000	REPAIR OF SKULL FRACTURE	649.41	00	15								
02	62005	REPAIR OF SKULL FRACTURE	155.13										
03	62005	REPAIR OF SKULL FRACTURE	775.63										
07	62005	REPAIR OF SKULL FRACTURE	930.75	00	15								
02	62010	TREATMENT OF HEAD INJURY	190.06										
03	62010	TREATMENT OF HEAD INJURY	950.31										
07	62010	TREATMENT OF HEAD INJURY	1,140.37	00	15								
02	62100	REPAIR BRAIN FLUID LEAKAGE	201.80										
03	62100	REPAIR BRAIN FLUID LEAKAGE	1,008.98										
07	62100	REPAIR BRAIN FLUID LEAKAGE	1,210.77	00	15								
02	62120	REPAIR SKULL CAVITY LESION	223.17										
03	62120	REPAIR SKULL CAVITY LESION	1,115.85										
07	62120	REPAIR SKULL CAVITY LESION	1,339.01	00	15								
02	62121	CRANIOTOMY W/REP ENCEPH. SKULL	206.36										
03	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,031.78										
07	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,238.14	00	15								
02	62140	REPAIR OF SKULL DEFECT	131.24										
03	62140	REPAIR OF SKULL DEFECT	656.22										
07	62140	REPAIR OF SKULL DEFECT	787.46	00	15								
02	62141	REPAIR OF SKULL DEFECT	144.12										
03	62141	REPAIR OF SKULL DEFECT	720.60										
07	62141	REPAIR OF SKULL DEFECT	864.71	00	15								
02	62142	REMOVE BONE FLAP/PROSTH.PLATE-	109.36										
03	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	546.79										
07	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	656.16	00	15								
02	62143	REPLACE BONE FLAP/PROSTH PLATE=SKULL	128.55										
03	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	642.76										
07	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	771.30	00	15								
02	62145	REPAIR OF SKULL & BRAIN	176.42										
03	62145	REPAIR OF SKULL & BRAIN	882.12										
07	62145	REPAIR OF SKULL & BRAIN	1,058.54	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	62146	CRANIOPLASTY W/AUTOGRAFT TO 5CM	151.03									
03	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	755.15									
07	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	906.18	00 15								
02	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	179.49									
03	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	897.44									
07	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,076.93	00 15								
03	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	81.80									
07	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	98.16	00 15								
02	62160	INTRACRAN, V-CATH SHUNT/EXT DR	25.09									
03	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	125.47									
07	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	150.57	00 15								
02	62161	DISSECT BRAIN W/SCOPE	190.08									
03	62161	DISSECT BRAIN W/SCOPE	950.38									
07	62161	DISSECT BRAIN W/SCOPE	1,140.45	00 15								
02	62162	REMOVE COLLOID CYST W/SCOPE	235.76									
03	62162	REMOVE COLLOID CYST W/SCOPE	1,178.78									
07	62162	REMOVE COLLOID CYST W/SCOPE	1,414.54	00 15								
02	62163	NEUROENDOSCOPY W/FB REMOVAL	152.44									
03	62163	NEUROENDOSCOPY W/FB REMOVAL	762.21									
07	62163	NEUROENDOSCOPY W/FB REMOVAL	914.66	00 15								
02	62164	REMOVE BRAIN TUMOR W/SCOPE	250.41									
03	62164	REMOVE BRAIN TUMOR W/SCOPE	1,252.03									
07	62164	REMOVE BRAIN TUMOR W/SCOPE	1,502.44	00 15								
02	62165	REMOVE PITUIT TUMOR W/SCOPE	192.71									
03	62165	REMOVE PITUIT TUMOR W/SCOPE	963.53									
07	62165	REMOVE PITUIT TUMOR W/SCOPE	1,156.23	00 15								
02	62180	ESTABLISH BRAIN CAVITY SHUNT	198.63									
03	62180	ESTABLISH BRAIN CAVITY SHUNT	993.15									
07	62180	ESTABLISH BRAIN CAVITY SHUNT	1,191.78	00 15								
02	62190	ESTABLISH BRAIN CAVITY SHUNT	112.56									
03	62190	ESTABLISH BRAIN CAVITY SHUNT	562.82									
07	62190	ESTABLISH BRAIN CAVITY SHUNT	675.39	00 15								
02	62192	ESTABLISH BRAIN CAVITY SHUNT	120.26									
03	62192	ESTABLISH BRAIN CAVITY SHUNT	601.31									
07	62192	ESTABLISH BRAIN CAVITY SHUNT	721.56	00 15								
03	62194	REPLACE/IRRIGATE CATHETER	243.74									
07	62194	REPLACE/IRRIGATE CATHETER	292.49	00 15								
02	62200	ESTABLISH BRAIN CAVITY SHUNT	172.21									
03	62200	ESTABLISH BRAIN CAVITY SHUNT	861.04									
07	62200	ESTABLISH BRAIN CAVITY SHUNT	1,033.24	00 15								
03	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	735.00									
07	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	882.00	00 15								
02	62220	ESTABLISH BRAIN CAVITY SHUNT	126.68									
03	62220	ESTABLISH BRAIN CAVITY SHUNT	633.41									
07	62220	ESTABLISH BRAIN CAVITY SHUNT	760.09	00 15								
02	62223	ESTABLISH BRAIN CAVITY SHUNT	129.31									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	62223	ESTABLISH BRAIN CAVITY SHUNT	646.55									
07	62223	ESTABLISH BRAIN CAVITY SHUNT	775.86	00 15								
03	62225	REPLACE/IRRIGATE CATHETER	306.08									
07	62225	REPLACE/IRRIGATE CATHETER	367.29	00 15								
02	62230	REPLACE/REVISE BRAIN SHUNT	104.48									
03	62230	REPLACE/REVISE BRAIN SHUNT	522.41									
07	62230	REPLACE/REVISE BRAIN SHUNT	626.89	00 15								
03	62252	CSF SHUNT REPROGRAM	62.08									
05	62252	CSF SHUNT REPROGRAM	24.83									
07	62252	CSF SHUNT REPROGRAM	74.50	00 15								
02	62256	REMOVE BRAIN CAVITY SHUNT	71.96									
03	62256	REMOVE BRAIN CAVITY SHUNT	359.78									
07	62256	REMOVE BRAIN CAVITY SHUNT	431.73	00 15								
02	62258	REPLACE BRAIN CAVITY SHUNT	140.82									
03	62258	REPLACE BRAIN CAVITY SHUNT	704.08									
07	62258	REPLACE BRAIN CAVITY SHUNT	844.89	00 15								
03	62263	LYSIS EPIDURAL ADHESIONS	400.51									
07	62263	LYSIS EPIDURAL ADHESIONS	480.61	00 15								
03	62264	EPIDURAL LYSIS ON SINGLE DAY	246.82									
07	62264	EPIDURAL LYSIS ON SINGLE DAY	296.19	00 15								
03	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	161.29									
07	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	193.56	00 15								
03	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	291.93									
07	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	350.31	00 15								
03	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	315.51									
07	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	378.60	00 15								
03	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	95.71									
07	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	114.85	00 15								
03	62272	SPINAL PUNCTURE, THERAPEUTIC	112.66									
07	62272	SPINAL PUNCTURE, THERAPEUTIC	135.19									
03	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	104.17									
07	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	125.01	00 15								
03	62280	TREAT SPINAL CORD LESION	189.06									X
07	62280	TREAT SPINAL CORD LESION	226.87	00 15								X
03	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	175.12									
07	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	210.13	00 15								
03	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	180.01									X
07	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	216.02	00 15								X
03	62284	INJECTION FOR MYELOGRAM	136.65									
07	62284	INJECTION FOR MYELOGRAM	163.98	00 15								
03	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	353.38									
07	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	424.05	00 15								
03	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	201.90									
07	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	242.28	00 15								
03	62291	INJECT FOR SPINE DISK X-RAY	189.69									
07	62291	INJECT FOR SPINE DISK X-RAY	227.64	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	323.78									
07	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	388.54	00 15								
03	62294	INJECTION INTO SPINAL ARTERY	513.78									
07	62294	INJECTION INTO SPINAL ARTERY	616.54	00 15								
03	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	132.78									
07	62310	INJECTION(S), OF DIAGNOSTIC OR THERA	159.32	00 15								
03	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	116.67									
07	62311	INJECTION(S), OF DIAGNOSTIC OR THERA	140.01	00 15								
03	62318	INJECTION(S), INCLUDING INDWELLING C	141.91									X
07	62318	INJECTION(S), INCLUDING INDWELLING C	170.29	00 15								X
03	62319	INJECTION(S), INCLUDING INDWELLING C	128.52									
07	62319	INJECTION(S), INCLUDING INDWELLING C	154.21	00 15								
03	62350	IMPLANT SPINAL CATHETER	251.45			X		X				
07	62350	IMPLANT SPINAL CATHETER	301.73	00 15		X		X				
02	62351	IMPLANT SPINAL CATHETER	105.49		X			X				
03	62351	IMPLANT SPINAL CATHETER	527.43			X		X				
07	62351	IMPLANT SPINAL CATHETER	632.91	00 15		X		X				
03	62355	REMOVE SPINAL CANAL CATHETER	187.64			X		X				
07	62355	REMOVE SPINAL CANAL CATHETER	225.16	00 15		X		X				
03	62360	INSERT SPINE INFUSION DEVICE	178.27			X		X				
07	62360	INSERT SPINE INFUSION DEVICE	213.92	00 15		X		X				
03	62361	IMPLANT SPINE INFUSION PUMP	247.57			X		X				
07	62361	IMPLANT SPINE INFUSION PUMP	297.08	00 15		X		X				
03	62362	IMPLANT SPINE INFUSION PUMP	264.29			X		X				
07	62362	IMPLANT SPINE INFUSION PUMP	317.14	00 15		X		X				
03	62365	REMOVE SPINE INFUSION DEVICE	207.69			X		X				
07	62365	REMOVE SPINE INFUSION DEVICE	249.23	00 15		X		X				
03	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	24.26					X				
07	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	29.11	00 15				X				
03	62368	ANALYZE SPINE INFUSION PUMP	35.00					X				
07	62368	ANALYZE SPINE INFUSION PUMP	41.99	00 15				X				
03	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	81.06					X				
07	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	97.27	00 15				X				
03	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	85.37					X				
07	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	102.44	00 15				X				
02	63001	RELIEVE SPINAL CORD PRESSURE	154.60									
03	63001	RELIEVE SPINAL CORD PRESSURE	773.00									
07	63001	RELIEVE SPINAL CORD PRESSURE	927.60	00 15								
02	63003	RELIEVE SPINAL CORD PRESSURE	155.46									
03	63003	RELIEVE SPINAL CORD PRESSURE	777.30									
07	63003	RELIEVE SPINAL CORD PRESSURE	932.76	00 15								
02	63005	RELIEVE SPINAL CORD PRESSURE	147.04									
03	63005	RELIEVE SPINAL CORD PRESSURE	735.20									
07	63005	RELIEVE SPINAL CORD PRESSURE	882.24	00 15								
02	63011	RELIEVE SPINAL CORD PRESSURE	139.52									
03	63011	RELIEVE PSINAL CORD PRESSURE	697.60									

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63011	RELIEVE PSINAL CORD PRESSURE	837.12	00 15								
02	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	149.81									
03	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	749.05									
07	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	898.85	00 15								
02	63015	RELIEVE SPINAL CORD PRESSURE	185.89									
03	63015	RELIEVE SPINAL CORD PRESSURE	929.45									
07	63015	RELIEVE SPINAL CORD PRESSURE	1,115.33	00 15								
02	63016	RELIEVE SPINAL CORD PRESSURE	191.05									
03	63016	RELIEVE SPINAL CORD PRESSURE	955.23									
07	63016	RELIEVE SPINAL CORD PRESSURE	1,146.27	00 15								
02	63017	RELIEVE SPINAL CORD PRESSURE	155.25									
03	63017	RELIEVE SPINAL CORD PRESSURE	776.26									
07	63017	RELIEVE SPINAL CORD PRESSURE	931.51	00 15								
02	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	147.20									
03	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	735.98									
07	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	883.18	00 15								
02	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	122.00									
03	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	610.01									
07	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	732.01	00 15								
02	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	26.39									X
03	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	131.93									X
07	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	158.31	00 15								X
02	63040	NECK SPINE DISK SURGERY	179.45									
03	63040	NECK SPINE DISK SURGERY	897.24									
07	63040	NECK SPINE DISK SURGERY	1,076.69	00 15								
02	63042	LOW BACK DISK SURGERY	167.68									
03	63042	LOW BACK DISK SURGERY	838.40									
07	63042	LOW BACK DISK SURGERY	1,006.08	00 15								
02	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	47.23									X
03	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	236.16									X
07	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	236.16	00 15								X
02	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	47.23									X
03	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	236.16									X
07	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	236.16	00 15								X
02	63045	LAMINECTOMY....SING.SEG.;CERVICAL	160.04									
03	63045	LAMINECTOMY....SING.SEG.;CERVICAL	800.22									
07	63045	LAMINECTOMY....SING.SEG.;CERVICAL	960.27	00 15								
02	63046	LAMINECTOMY....SING.SEG.;THORACIC	152.64									
03	63046	LAMINECTOMY....SING.SEG.;THORACIC	763.20									
07	63046	LAMINECTOMY....SING.SEG.;THORACIC	915.84	00 15								
02	63047	LAMINECTOMY....SING.SEG.;LUMBAR	139.06									
03	63047	LAMINECTOMY....SING.SEG.;LUMBAR	695.31									
07	63047	LAMINECTOMY....SING.SEG.;LUMBAR	834.36	00 15								
02	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	28.24									X
03	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	141.18									X
07	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	169.41	00 15								X

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	63050	CERVICAL LAMINOPLASTY	192.42									
03	63050	CERVICAL LAMINOPLASTY	962.09									
07	63050	CERVICAL LAMINOPLASTY	1,154.51	00 15								
02	63051	C-LAMINOPLASTY W/GRAFT/PLATE	216.76									
03	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,083.82									
07	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,300.58	00 15								
02	63055	DECOMPRESS SP CRD EQUINA/NRV RT;THOR	206.47									
03	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,032.37									
07	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,238.86	00 15								
02	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	190.54									
03	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	952.69									
07	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,143.22	00 15								
02	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	43.40									X
03	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	217.01									X
07	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	260.41	00 15								X
02	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	225.97									
03	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,129.83									
07	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,355.79	00 15								
02	63066	DECOMPRESS...THORACIC;EACH ADD SEG	26.68									X
03	63066	DECOMPRESS...THORACIC;EACH ADD SEG	133.39									X
07	63066	DECOMPRESS...THORACIC;EACH ADD SEG	160.07	00 15								X
02	63075	REMOVAL OF UPPER SPINE DISC AND RELE	176.15									
03	63075	REMOVAL OF UPPER SPINE DISC AND RELE	880.74									
07	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,056.89	00 15								
02	63076	REMOVAL OF UPPER SPINE DISC AND RELE	33.53									X
03	63076	REMOVAL OF UPPER SPINE DISC AND RELE	167.64									X
07	63076	REMOVAL OF UPPER SPINE DISC AND RELE	201.16	00 15								X
02	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	192.28									
03	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	961.40									
07	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,153.67	00 15								
02	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	26.55									X
03	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	132.75									X
07	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	159.30	00 15								X
02	63081	VERT CORPECTOMY..,CERVICAL,SING SEG	226.20									
03	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,130.99									
07	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,357.19	00 15								
02	63082	VERT CORPECTOMY;CERVICAL,EACH ADD	36.17									X
03	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	180.84									X
07	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	217.00	00 15								X
02	63085	VERT CORPECTOMY..;THORACIC,SING SEG	240.47									
03	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,202.37									
07	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,442.85	00 15								
02	63086	VERT CORPECT..;THOR.,EACH ADD SEG	25.52									X
03	63086	VERT CORPECT..,THOR.,EACH ADD SEG	127.62									X
07	63086	VERT CORPECT..,THOR.,EACH ADD SEG	153.15	00 15								X
02	63087	VERT.CORP.LOW THOR,LUMB;SING SEGMENT	307.76									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,538.82									
07	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,846.58	00 15								
02	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	34.93									X
03	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	174.67									X
07	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	209.60	00 15								X
02	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	250.64									
03	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,253.21									
07	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,503.85	00 15								
02	63091	VERT CORPECTOMY;EACH ADD SEGMENT	23.90									X
03	63091	VERT CORPECTOMY;EACH ADD SEGMENT	119.50									X
07	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	143.40	00 15								X
02	63101	REMOVAL OF VERTEBRAL BODY	287.62									
03	63101	REMOVAL OF VERTEBRAL BODY	1,438.12									
07	63101	REMOVAL OF VERTEBRAL BODY	1,725.75	00 15								
02	63102	REMOVAL OF VERTEBRAL BODY	286.52									
03	63102	REMOVAL OF VERTEBRAL BODY	1,432.62									
07	63102	REMOVAL OF VERTEBRAL BODY	1,719.14	00 15								
02	63103	REMOVE VERTEBRAL BODY ADD-ON	38.04									X
03	63103	REMOVE VERTEBRAL BODY ADD-ON	190.22									X
07	63103	REMOVE VERTEBRAL BODY ADD-ON	228.26	00 15								X
02	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	193.94									
03	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	969.68									
07	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,163.61	00 15								
02	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	174.65									
03	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	873.26									
07	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,047.92	00 15								
02	63173	LAMINECTOMY...;TO PERITONEAL SPACE	215.52									
03	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,077.62									
07	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,293.15	00 15								
02	63180	REVISE SPINAL CORD LIGAMENTS	174.99									
03	63180	REVISE SPINAL CORD LIGAMENTS	874.97									
07	63180	REVISE SPINAL CORD LIGAMENTS	1,049.96	00 15								
02	63182	REVISE SPINAL CORD LIGAMENTS	189.59									
03	63182	REVISE SPINAL CORD LIGAMENTS	947.93									
07	63182	REVISE SPINAL CORD LIGAMENTS	1,137.50	00 15								
02	63185	INCISE SPINAL COLUMN/NERVES	141.64									
03	63185	INCISE SPINAL COLUMN/NERVES	708.18									
07	63185	INCISE SPINAL COLUMN/NERVES	849.82	00 15								
02	63190	INCISE SPINAL COLUMN/NERVES	162.84									
03	63190	INCISE SPINAL COLUMN/NERVES	814.19									
07	63190	INCISE SPINAL COLUMN/NERVES	977.03	00 15								
02	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE UNIL	160.88									
03	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	804.42									
07	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	965.29	00 15								
02	63194	INCISE SPINAL COLUMN & CORD	184.80									
03	63194	INCISE SPINAL COLUMN & CORD	924.00									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63194	INCISE SPINAL COLUMN & CORD	1,108.79	00 15								
02	63195	INCISE SPINAL COLUMN & CORD	189.09									
03	63195	INCISE SPINAL COLUMN & CORD	945.47									
07	63195	INCISE SPINAL COLUMN & CORD	1,134.57	00 15								
02	63196	INCISE SPINAL COLUMN & CORD	222.43									
03	63196	INCISE SPINAL COLUMN & CORD	1,112.15									
07	63196	INCISE SPINAL COLUMN & CORD	1,334.58	00 15								
02	63197	INCISE SPINAL COLUMN & CORD	211.82									
03	63197	INCISE SPINAL COLUMN & CORD	1,059.10									
07	63197	INCISE SPINAL COLUMN & CORD	1,270.93	00 15								
02	63198	INCISE SPINAL COLUMN & CORD	237.44									
03	63198	INCISE SPINAL COLUMN & CORD	1,187.19									
07	63198	INCISE SPINAL COLUMN & CORD	1,424.63	00 15								
02	63199	INCISE SPINAL COLUMN & CORD	243.12									
03	63199	INCISE SPINAL COLUMN & CORD	1,215.59									
07	63199	INCISE SPINAL COLUMN & CORD	1,458.71	00 15								
02	63200	LAMINECTOMY,RELEASE TETHER...L	189.64									
03	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	948.22									
07	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,137.86	00 15								
02	63250	REVISE SPINAL CORD VESSELS	368.27									
03	63250	REVISE SPINAL CORD VESSELS	1,841.37									
07	63250	REVISE SPINAL CORD VESSELS	2,209.64	00 15								
02	63251	REVISE SPINAL CORD VESSELS	383.36									
03	63251	REVISE SPINAL CORD VESSELS	1,916.80									
07	63251	REVISE SPINAL CORD VESSELS	2,300.15	00 15								
02	63252	LAMINECTOMY,MALFORM.SP.CRD;THORACOL	383.97									
03	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	1,919.83									
07	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	2,303.79	00 15								
02	63265	LAMINECTOMY,LESION...;CERVICAL	209.96									
03	63265	LAMINECTOMY,LESION...;CERVICAL	1,049.82									
07	63265	LAMINECTOMY,LESION...;CERVICAL	1,259.78	00 15								
02	63266	LAMINECTOMY,LESION...;THORACIC	215.89									
03	63266	LAMINECTOMY,LESION...;THORACIC	1,079.44									
07	63266	LAMINECTOMY,LESION...;THORACIC	1,295.33	00 15								
02	63267	LAMINECTOMY,LESION...;LUMBAR	173.51									
03	63267	LAMINECTOMY,LESION...;LUMBAR	867.55									
07	63267	LAMINECTOMY,LESION...;LUMBAR	1,041.07	00 15								
02	63268	LAMINECTOMY.LESION...;SACRAL	173.37									
03	63268	LAMINECTOMY,LESION....;SACRAL	866.83									
07	63268	LAMINECTOMY,LESION....;SACRAL	1,040.20	00 15								
02	63270	LAMINECTOMY,LESION...;CERVICAL	258.89									
03	63270	LAMINECTOMY,LESION....;CERVICAL	1,294.45									
07	63270	LAMINECTOMY,LESION....;CERVICAL	1,553.34	00 15								
02	63271	LAMINECTOMY,LESION....;THORACIC	260.49									
03	63271	LAMINECTOMY,LESION...;THORACIC	1,302.44									
07	63271	LAMINECTOMY,LESION...;THORACIC	1,562.92	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	63272	LAMINECTOMY,LESION...;LUMBAR	239.66									
03	63272	LAMINECTOMY,LESION...;LUMBAR	1,198.32									
07	63272	LAMINECTOMY,LESION...;LUMBAR	1,437.99	00 15								
02	63273	LAMINECTOMY,LESION...;SACRAL	226.45									
03	63273	LAMINECTOMY,LESION...;SACRAL	1,132.25									
07	63273	LAMINECTOMY,LESION...;SACRAL	1,358.70	00 15								
02	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	225.61									
03	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,128.04									
07	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,353.64	00 15								
02	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	224.81									
03	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,124.07									
07	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,348.87	00 15								
02	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	197.09									
03	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	985.46									
07	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,182.54	00 15								
02	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	192.48									
03	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	962.39									
07	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,154.87	00 15								
02	63280	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	267.25									
03	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,336.26									
07	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,603.51	00 15								
02	63281	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	264.21									
03	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,321.04									
07	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,585.25	00 15								
02	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	249.24									
03	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,246.20									
07	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,495.44	00 15								
02	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	235.97									
03	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,179.87									
07	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,415.85	00 15								
02	63285	LAMINECTOMY;BX/EXC..;CERVICAL-INTRA	328.92									
03	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,644.58									
07	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,973.50	00 15								
02	63286	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	327.73									
03	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,638.64									
07	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,966.36	00 15								
02	63287	LAMINECTOMY,BX/FXC..;THORACOLUMBAR..	345.46									
03	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	1,727.29									
07	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,072.76	00 15								
02	63290	LAMINECTOMY...,COMBINATION,ANY LEVEL	348.93									
03	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	1,744.66									
07	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,093.59	00 15								
02	63295	REPAIR OF LAMINECTOMY DEFECT	41.69									
03	63295	REPAIR OF LAMINECTOMY DEFECT	208.45									
07	63295	REPAIR OF LAMINECTOMY DEFECT	250.15	00 15								
02	63300	VERT CORP,SING SEG;CERVICAL-EXTRACUR	232.69									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,163.44									
07	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,396.13	00 15								
02	63301	SEE 63300;EXTRADUR,THOR-TRANSTHO APP	259.72									
03	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,298.58									
07	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,558.30	00 15								
02	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	258.27									
03	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,291.34									
07	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,549.60	00 15								
02	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	268.79									
03	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,343.94									
07	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,612.72	00 15								
02	63304	SEE 63300;INTRADURAL,CERVICAL	286.67									
03	63304	SEE 63300;INTRADURAL,CERVICAL	1,433.33									
07	63304	SEE 63300;INTRADURAL,CERVICAL	1,719.99	00 15								
02	63305	SEE 63300;INTRA,THOR-TRANSTHOR APP	292.18									
03	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,460.88									
07	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,753.06	00 15								
02	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	309.04									
03	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,545.21									
07	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,854.26	00 15								
02	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	282.37									
03	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,411.84									
07	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,694.20	00 15								
02	63308	VERT CORPECTOMY, EA ADD SEGMEN	43.58									
03	63308	VERT CORPECTOMY, EA ADD SEGMENT	217.92									X
07	63308	VERT CORPECTOMY; EA ADD SEGMENT	261.51	00 15								X
03	63600	REMOVE SPINAL CORD LESION	537.34									
07	63600	REMOVE SPINAL CORD LESION	644.81	00 15								
03	63610	STIMULATION OF SPINAL CORD	814.13									X
07	63610	STIMULATION OF SPINAL CORD	976.94	00 15								X
03	63615	STEREOTACTIC BIOPSY, SPINAL CORD	720.81									
07	63615	STEREOTACTIC BIOPSY, SPINAL CORD	864.97	00 15								
03	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	500.64									
07	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	600.77	00 15								
03	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	159.21									X
07	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	191.05	00 15								X
03	63650	IMPLANT NEUROELECTRODES	264.11									
07	63650	IMPLANT NEUROELECTRODES	316.93	00 15								
02	63655	IMPLANT NEUROELECTRODES	105.89									
03	63655	IMPLANT NEUROELECTRODES	529.45									
07	63655	IMPLANT NEUROELECTRODES	635.33	00 15								
02	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	76.45									
03	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	382.27									
07	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	458.71	00 15								
02	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	96.79									
03	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	483.97									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	580.76	00 15								
02	63663	REVISION INCLUDING REPLACEMENT WHEN	109.73									
03	63663	REVISION INCLUDING REPLACEMENT WHEN	548.67									
07	63663	REVISION INCLUDING REPLACEMENT WHEN	658.40	00 15								
02	63664	REVISION INCLUDING REPLACEMENT WHEN	100.73									
03	63664	REVISION INCLUDING REPLACEMENT WHEN	503.64									
07	63664	REVISION INCLUDING REPLACEMENT WHEN	604.37	00 15								
02	63685	IMPLANT NEURORECEIVER	51.03									
03	63685	IMPLANT NEURORECEIVER	255.13									
07	63685	IMPLANT NEURORECEIVER	306.16	00 15								
03	63688	REVISE/REMOVE NEURORECEIVER	227.90									
07	63688	REVISE/REMOVE NEURORECEIVER	273.47	00 15								
02	63700	REPAIR OF SPINAL HERNIATION	154.19									
03	63700	REPAIR OF SPINAL HERNIATION	770.94									
07	63700	REPAIR OF SPINAL HERNIATION	925.12	00 15								
02	63702	REPAIR OF SPINAL HERNIATION	173.55									
03	63702	REPAIR OF SPINAL HERNIATION	867.73									
07	63702	REPAIR OF SPINAL HERNIATION	1,041.27	00 15								
02	63704	REPAIR OF SPINAL HERNIATION	193.74									
03	63704	REPAIR OF SPINAL HERNIATION	968.68									
07	63704	REPAIR OF SPINAL HERNIATION	1,162.41	00 15								
02	63706	REPAIR OF SPINAL HERNIATION	226.74									
03	63706	REPAIR OF SPINAL HERNIATION	1,133.69									
07	63706	REPAIR OF SPINAL HERNIATION	1,360.42	00 15								
02	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	113.61									
03	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	568.06									
07	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	681.66	00 15								
02	63709	REP DURAL/CSF LEAK...W/LAMINECTOMY	138.28									
03	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	691.40									
07	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	829.67	00 15								
02	63710	GRAFT REPAIR OF SPINE DEFECT	138.51									
03	63710	GRAFT REPAIR OF SPINE DEFECT	692.54									
07	63710	GRAFT REPAIR OF SPINE DEFECT	831.05	00 15								
02	63740	INSTALL SPINAL SHUNT	117.34									
03	63740	INSTALL SPINAL SHUNT	586.72									
07	63740	INSTALL SPINAL SHUNT	704.07	00 15								
02	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	76.35									
03	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	381.75									
07	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	458.11	00 15								
02	63744	REVISION OF SPINAL SHUNT	80.08									
03	63744	REVISION OF SPINAL SHUNT	400.38									
07	63744	REVISION OF SPINAL SHUNT	480.45	00 15								
03	63746	REMOVAL OF SPINAL SHUNT	347.16									
07	63746	REMOVAL OF SPINAL SHUNT	416.59	00 15								
03	64400	INJECTION FOR NERVE BLOCK	65.97						X			X
07	64400	INJECTION FOR NERVE BLOCK	79.16	00 15					X			X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	64402	INJECTION FOR NERVE BLOCK	68.04							X			X
07	64402	INJECTION FOR NERVE BLOCK	81.64	00	15					X			X
03	64405	INJECTION FOR NERVE BLOCK	64.58							X			X
07	64405	INJECTION FOR NERVE BLOCK	77.49	00	15					X			X
03	64408	INJECTION FOR NERVE BLOCK	74.28							X			X
07	64408	INJECTION FOR NERVE BLOCK	89.13	00	15					X			X
03	64410	INJECTION FOR NERVE BLOCK	85.58							X			X
07	64410	INJECTION FOR NERVE BLOCK	102.70	00	15					X			X
03	64412	INJECTION FOR NERVE BLOCK	84.32							X			X
07	64412	INJECTION FOR NERVE BLOCK	101.18	00	15					X			X
03	64413	INJECTION FOR NERVE BLOCK	71.48							X			X
07	64413	INJECTION FOR NERVE BLOCK	85.78	00	15					X			X
03	64415	INJECTION FOR NERVE BLOCK	80.92							X			X
07	64415	INJECTION FOR NERVE BLOCK	97.10	00	15					X			X
03	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	62.78							X			
07	64416	N BLOCK CONT INFUSE, B PLEX	75.34	00	15								
03	64417	INJECTION FOR NERVE BLOCK	81.71							X			X
07	64417	INJECTION FOR NERVE BLOCK	98.06	00	15					X			X
03	64418	INJECTION FOR NERVE BLOCK	82.47							X			X
07	64418	INJECTION FOR NERVE BLOCK	98.97	00	15					X			X
03	64420	INJECTION FOR NERVE BLOCK	96.94							X			X
07	64420	INJECTION FOR NERVE BLOCK	116.33	00	15					X			X
03	64421	INJECTION FOR NERVE BLOCK	142.82							X			X
07	64421	INJECTION FOR NERVE BLOCK	171.39	00	15					X			X
03	64425	INJECTION FOR NERVE BLOCK	80.87							X			X
07	64425	INJECTION FOR NERVE BLOCK	97.05	00	15					X			X
03	64430	INJECTION FOR NERVE BLOCK	96.23							X			X
07	64430	INJECTION FOR NERVE BLOCK	115.48	00	15					X			X
03	64435	INJECTION FOR NERVE BLOCK	90.03							X			X
07	64435	INJECTION FOR NERVE BLOCK	108.03	00	15					X			X
03	64445	INJECTION FOR NERVE BLOCK	83.91							X			X
07	64445	INJECTION FOR NERVE BLOCK	100.69	00	15					X			X
03	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	61.82							X			
07	64446	N BLK INJ, SCIATIC, CONT INF	74.19	00	15								
03	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	46.80							X			
07	64447	N BLOCK INJ FEM, SINGLE	56.16	00	15								
03	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	54.82							X			
07	64448	N BLOCK INJ FEM, CONT INF	65.77	00	15								
03	64449	N BLOCK INJ, LUMBAR PLEXUS	60.89										
07	64449	N BLOCK INJ, LUMBAR PLEXUS	73.07	00	15								
03	64450	INJECTION FOR NERVE BLOCK	64.90							X			X
07	64450	INJECTION FOR NERVE BLOCK	77.87	00	15					X			X
03	64455	INJECTIONS OF ANESTHETIC AND/OR STER	33.63										
07	64455	INJECTIONS OF ANESTHETIC AND/OR STER	40.35	00	15								
03	64479	INJECTION(S), ANESTHETIC AGENT AND/O	168.34			X				X			X
07	64479	INJECTION(S), ANESTHETIC AGENT AND/O	202.01	00	15	X				X			X

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	64480	INJECTION(S), ANESTHETIC AGENT AND/O	86.17			X				X			
07	64480	INJECTION(S), ANESTHETIC AGENT AND/O	103.40	00	15	X				X			
03	64483	INJECTION(S), ANESTHETIC AGENT AND/O	163.02			X				X			X
07	64483	INJECTION(S), ANESTHETIC AGENT AND/O	195.62	00	15	X				X			X
03	64484	INJECTION(S), ANESTHETIC AGENT AND/O	83.89			X				X			X
07	64484	INJECTION(S), ANESTHETIC AGENT AND/O	100.66	00	15	X				X			X
03	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	126.43										
07	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	151.71	00	15								
03	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	63.85										
07	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	76.62	00	15								
03	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	64.59										X
07	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	77.51	00	15								X
03	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	112.51										
07	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	135.01	00	15								
03	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	57.98										
07	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	69.57										
03	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	58.71										X
07	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	70.46	00	15								X
03	64505	INJECTION FOR NERVE BLOCK	64.03							X			
07	64505	INJECTION FOR NERVE BLOCK	76.83	00	15								
03	64508	INJECTION FOR NERVE BLOCK	86.42							X			
07	64508	INJECTION FOR NERVE BLOCK	103.70	00	15								
03	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	86.28							X			
07	64510	INJECTION FOR NERVE BLOCK	103.54	00	15								
03	64517	N BLOCK INJ, HYPOGAS PLXS	106.16										
07	64517	N BLOCK INJ, HYPOGAS PLXS	127.40	00	15								
03	64520	INJECTION FOR NERVE BLOCK	112.16							X			
07	64520	INJECTION FOR NERVE BLOCK	134.59	00	15								
03	64530	INJECTION FOR NERVE BLOCK	116.58							X			
07	64530	INJECTION FOR NERVE BLOCK	139.89	00	15								
03	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	702.28									X	
07	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	842.74	00	15							X	
03	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	66.37										
07	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	79.65	00	15								
03	64568	INCISION FOR IMPLANTATION OF CRANIAL	330.17				X						
07	64568	INCISION FOR IMPLANTATION OF CRANIAL	396.20	00	15		X						
03	64569	REVISION OR REPLACEMENT OF CRANIAL	322.50				X						
07	64569	REVISION OR REPLACMENT OF CRANIAL	387.00	00	15		X						
03	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	282.51				X						
07	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	339.01	00	15		X						
03	64581	INCISION FOR IMPLANTATION OF NEUROST	545.40									X	
07	64581	INCISION FOR IMPLANTATION OF NEUROST	654.48	00	15							X	
03	64600	INJECTION TREATMENT OF NERVE	246.09										
07	64600	INJECTION TREATMENT OF NERVE	295.30	00	15								
03	64605	INJECTION TREATMENT OF NERVE	351.10										
07	64605	INJECTION TREATMENT OF NERVE	421.32	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	64610	INJECTION TREATMENT OF NERVE	432.95									
07	64610	INJECTION TREATMENT OF NERVE	519.54	00 15								
03	64611	CHEMODENERVATION OF PAROTID AND SUBM	51.22									
07	64611	CHEMODENERVATION OF PAROTID AND SUBM	61.46	00 15								
03	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	96.29									
07	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	115.54	00 15								
03	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	94.91		X							
07	64613	DESTRUCTION BY NEUROLYTIC AGENT (CHE	113.89	00 15	X							
03	64614	DESTROY NERVE, EXTREM MUSC	106.16		X							
07	64614	DESTROY NERVE, EXTREM MUSC	127.40	00 15	X							
03	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	95.08		X							
07	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	114.10	00 15	X							
03	64620	INJECTION TREATMENT OF NERVE	167.03									
07	64620	INJECTION TREATMENT OF NERVE	200.45	00 15								
03	64630	INJECTION TREATMENT OF NERVE	146.68									
07	64630	INJECTION TREATMENT OF NERVE	176.01	00 15								
03	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	54.32									
07	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	65.18	00 15								
03	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	297.99									
07	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	357.58	00 15								
03	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	135.36									
07	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	162.42	00 15								
03	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	292.86									
07	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	351.44	00 15								
03	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	121.74									
07	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	146.09	00 15								
03	64640	INJECTION TREATMENT OF NERVE	144.33									X
07	64640	INJECTION TREATMENT OF NERVE	173.19	00 15								X
03	64680	INJECTION TREATMENT OF NERVE	186.97									
07	64680	INJECTION TREATMENT OF NERVE	224.36	00 15								
03	64681	INJECTION TREATMENT OF NERVE	242.96									
07	64681	INJECTION TREATMENT OF NERVE	291.55	00 15								
03	64702	REVISE FINGER/TOE NERVE	286.25									
07	64702	REVISE FINGER/TOE NERVE	343.51	00 15								
02	64704	REVISE HAND/FOOT NERVE	42.44									
03	64704	REVISE HAND/FOOT NERVE	212.22									
07	64704	REVISE HAND/FOOT NERVE	254.67	00 15								
02	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	59.92									
03	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	299.61									
07	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	359.55	00 15								
02	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	69.12									
03	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	345.61									
07	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	414.72	00 15								
02	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	97.54									
03	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	487.70									
07	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	585.24	00 15								

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
02	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	83.19										
03	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	415.94										
07	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	499.12	00	15								
02	64716	REVISION OF CRANIAL NERVE	64.90										
03	64716	REVISION OF CRANIAL NERVE	324.48										
07	64716	REVISION OF CRANIAL NERVE	389.38	00	15								
03	64718	REVISE ULNAR NERVE AT ELBOW	351.88										
07	64718	REVISE ULNAR NERVE AT ELBOW	422.26	00	15								
03	64719	REVISE ULNAR NERVE AT WRIST	244.38										
07	64719	REVISE ULNAR NERVE AT WRIST	293.25	00	15								
03	64721	REVISE MEDIAN NERVE AT WRIST	256.37										
07	64721	REVISE MEDIAN NERVE AT WRIST	307.64	00	15								
02	64722	RELIEVE PRESSURE ON NERVE(S)	41.88										
03	64722	RELIEVE PRESSURE ON NERVE(S)	209.38										
07	64722	RELIEVE PRESSURE ON NERVE(S)	251.26	00	15								
03	64726	RELEASE FOOT/TOE NERVE	185.46										
07	64726	RELEASE FOOT/TOE NERVE	222.55	00	15								
03	64727	INTERNAL NEUROLYSIS,MICROSCOPE	122.93										
07	64727	INTERNAL NEUROLYSIS, MICROSCOPE	147.52	00	15								
02	64732	INCISION OF BROW NERVE	48.20										
03	64732	INCISION OF BROW NERVE	240.99										
07	64732	INCISION OF BROW NERVE	289.18	00	15								
03	64734	INCISION OF CHEEK NERVE	259.74										
07	64734	INCISION OF CHEEK NERVE	311.69	00	15								
02	64736	INCISION OF CHIN NERVE	48.55										
03	64736	INCISION OF CHIN NERVE	242.76										
07	64736	INCISION OF CHIN NERVE	291.31	00	15								
02	64738	INCISION OF JAW NERVE	58.21										
03	64738	INCISION OF JAW NERVE	291.07										
07	64738	INCISION OF JAW NERVE	349.29	00	15								
02	64740	INCISION OF TONGUE NERVE	57.41										
03	64740	INCISION OF TONGUE NERVE	287.04										
07	64740	INCISION OF TONGUE NERVE	344.45	00	15								
02	64742	INCISION OF FACIAL NERVE	59.05										
03	64742	INCISION OF FACIAL NERVE	295.26										
07	64742	INCISION OF FACIAL NERVE	354.31	00	15								
03	64744	INCISE NERVE, BACK OF HEAD	262.51										
07	64744	INCISE NERVE, BACK OF HEAD	315.01	00	15								
02	64746	INCISE DIAPHRAGM NERVE	56.17										
03	64746	INCISE DIAPHRAGM NERVE	280.84										
07	64746	INCISE DIAPHRAGM NERVE	337.00	00	15								
02	64752	INCISION OF VAGUS NERVE	63.73			X							
03	64752	INCISION OF VAGUS NERVE	318.65			X							
07	64752	INCISION OF VAGUS NERVE	382.39	00	15	X							
02	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	114.48										
03	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	572.40										

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	686.87	00 15								
02	64760	INCISION OF VAGUS NERVE	60.26									
03	64760	INCISION OF VAGUS NERVE	301.32									
07	64760	INCISION OF VAGUS NERVE	361.58	00 15								
02	64761	INCISION OF PELVIS NERVE	56.59		X							
03	64761	INCISION OF PELVIS NERVE	282.95		X							
07	64761	INCISION OF PELVIS NERVE	339.54	00 15	X							
02	64763	INCISE HIP/THIGH NERVE	68.47									
03	64763	INCISE HIP/THIGH NERVE	342.33									
07	64763	INCISE HIP/THIGH NERVE	410.80	00 15								
02	64766	INCISE HIP/THIGH NERVE	79.26									
03	64766	INCISE HIP/THIGH NERVE	396.32									
07	64766	INCISE HIP/THIGH NERVE	475.59	00 15								
02	64771	INCISE CRANIAL NERVE, EXTRADUR	74.35									
03	64771	INCISE CRANIAL NERVE, EXTRADURAL	371.76									
07	64771	INCISE CRANIAL NERVE, EXTRADURAL	446.11	00 15								
02	64772	INCISION OF SPINAL NERVE	71.85									
03	64772	INCISION OF SPINAL NERVE	359.23									
07	64772	INCISION OF SPINAL NERVE	431.08	00 15								
03	64774	REMOVE SKIN NERVE LESION	257.51									
07	64774	REMOVE SKIN NERVE LESION	309.00	00 15								
03	64776	REMOVE DIGIT NERVE LESION	247.99									
07	64776	REMOVE DIGIT NERVE LESION	297.59	00 15								
03	64778	EXCISE NEUROMA;EACH ADD DIGIT	122.04									X
07	64778	EXCISE NEUROMA;EACH ADD DIGIT	146.46	00 15								X
03	64782	REMOVE LIMB NERVE LESION	292.58									
07	64782	REMOVE LIMB NERVE LESION	351.10	00 15								
03	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	145.54									X
07	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	174.64	00 15								X
03	64784	REMOVE NERVE LESION	455.62									
07	64784	REMOVE NERVE LESION	546.75	00 15								
02	64786	REMOVE SCIATIC NERVE LESION	137.84									
03	64786	REMOVE SCIATIC NERVE LESION	689.22									
07	64786	REMOVE SCIATIC NERVE LESION	827.07	00 15								
03	64787	INSERT CAP ON NERVE END	167.15									
07	64787	INSERT CAP ON NERVE END	200.57	00 15								
03	64788	REMOVE SKIN NERVE LESION	241.49									
07	64788	REMOVE SKIN NERVE LESION	289.79	00 15								
03	64790	REMOVAL OF NERVE LESION	525.31									
07	64790	REMOVAL OF NERVE LESION	630.36	00 15								
02	64792	REMOVAL OF NERVE LESION	135.97									
03	64792	REMOVAL OF NERVE LESION	679.84									
07	64792	REMOVAL OF NERVE LESION	815.81	00 15								
03	64795	BIOPSY OF NERVE	125.18									
07	64795	BIOPSY OF NERVE	150.22	00 15								
02	64802	REMOVE SYMPATHETIC NERVES	77.70									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	64802	REMOVE SYMPATHETIC NERVES	388.50									
07	64802	REMOVE SYMPATHETIC NERVES	466.19	00 15								
02	64804	REMOVE SYMPATHETIC NERVES	118.78									
03	64804	REMOVE SYMPATHETIC NERVES	593.91									
07	64804	REMOVE SYMPATHETIC NERVES	712.70	00 15								
02	64809	REMOVE SYMPATHETIC NERVES	110.60									
03	64809	REMOVE SYMPATHETIC NERVES	553.01									
07	64809	REMOVE SYMPATHETIC NERVES	663.60	00 15								
02	64818	REMOVE SYMPATHETIC NERVES	86.05									
03	64818	REMOVE SYMPATHETIC NERVES	430.24									
07	64818	REMOVE SYMPATHETIC NERVES	516.29	00 15								
03	64820	REMOVE SYMPATHETIC NERVES	476.57									
07	64820	REMOVE SYMPATHETIC NERVES	571.87	00 15								
02	64821	REMOVE SYMPATHETIC NERVES	85.60									
03	64821	REMOVE SYMPATHETIC NERVES	428.02									
07	64821	REMOVE SYMPATHETIC NERVES	513.63	00 15								
02	64822	REMOVE SYMPATHETIC NERVES	84.74									
03	64822	REMOVE SYMPATHETIC NERVES	423.70									
07	64822	REMOVE SYMPATHETIC NERVES	508.43	00 15								
02	64823	REMOVE SYMPATHETIC NERVES	96.61									
03	64823	REMOVE SYMPATHETIC NERVES	483.07									
07	64823	REMOVE SYMPATHETIC NERVES	579.68	00 15								
03	64831	REPAIR OF DIGIT NERVE	425.42									
07	64831	REPAIR OF DIGIT NERVE	510.50	00 15								
03	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	226.41									X
07	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	271.69	00 15								X
03	64834	REPAIR OF HAND OR FOOT NERVE	472.45									
07	64834	REPAIR OF HAND OR FOOT NERVE	566.94	00 15								
02	64835	REPAIR OF HAND OR FOOT NERVE	102.55									
03	64835	REPAIR OF HAND OR FOOT NERVE	512.75									
07	64835	REPAIR OF HAND OR FOOT NERVE	615.30	00 15								
02	64836	REPAIR OF HAND OR FOOT NERVE	102.41									
03	64836	REPAIR OF HAND OR FOOT NERVE	512.04									
07	64836	REPAIR OF HAND OR FOOT NERVE	614.45	00 15								
02	64837	SUTURE EACH ADD NERVE,HAND OR	50.31									
03	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	251.54									X
07	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	301.85	00 15								X
02	64840	REPAIR OF LEG NERVE	116.04									
03	64840	REPAIR OF LEG NERVE	580.20									
07	64840	REPAIR OF LEG NERVE	696.23	00 15								
02	64856	REPAIR/TRANSPOSE NERVE	129.07									
03	64856	REPAIR/TRANSPOSE NERVE	645.37									
07	64856	REPAIR/TRANSPOSE NERVE	774.44	00 15								
02	64857	REPAIR ARM/LEG NERVE	134.97									
03	64857	REPAIR ARM/LEG NERVE	674.87									
07	64857	REPAIR ARM/LEG NERVE	809.84	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
02	64858	REPAIR SCIATIC NERVE	156.66									
03	64858	REPAIR SCIATIC NERVE	783.29									
07	64858	REPAIR SCIATIC NERVE	939.95	00 15								
02	64859	SUTRUE @ ADD MAJOR PERIPHERIAL	34.14									
03	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	170.72									X
07	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	204.87	00 15								X
02	64861	REPAIR OF ARM NERVES	177.65									
03	64861	REPAIR OF ARM NERVES	888.26									
07	64861	REPAIR OF ARM NERVES	1,065.91	00 15								
02	64862	REPAIR OF LOW BACK NERVES	174.86									
03	64862	REPAIR OF LOW BACK NERVES	874.30									
07	64862	REPAIR OF LOW BACK NERVES	1,049.15	00 15								
02	64864	REPAIR OF FACIAL NERVE	111.13									
03	64864	REPAIR OF FACIAL NERVE	555.65									
07	64864	REPAIR OF FACIAL NERVE	666.79	00 15								
02	64865	REPAIR OF FACIAL NERVE	145.83									
03	64865	REPAIR OF FACIAL NERVE	729.15									
07	64865	REPAIR OF FACIAL NERVE	874.97	00 15								
02	64866	FUSION OF FACIAL/OTHER NERVE	152.44									
03	64866	FUSION OF FACIAL/OTHER NERVE	762.22									
07	64866	FUSION OF FACIAL/OTHER NERVE	914.66	00 15								
02	64868	FUSION OF FACIAL/OTHER NERVE	132.88									
03	64868	FUSION OF FACIAL/OTHER NERVE	664.40									
07	64868	FUSION OF FACIAL/OTHER NERVE	797.28	00 15								
02	64870	FUSION OF FACIAL-O THER NERVE	130.98		X							
03	64870	FUSION OF FACIAL/OTHER NERVE	654.91		X							
07	64870	FUSION OF FACIAL/OTHER NERVE	785.90	00 15	X							
02	64872	SUTURE OF NERVE;REQ. DELAYED SUTURE	15.97									
03	64872	SUBSEQUENT REPAIR OF NERVE	79.87									
07	64872	SUBSEQUENT REPAIR OF NERVE	95.85	00 15								
02	64874	REPAIR & REVISE NERVE	23.50									
03	64874	REPAIR & REVISE NERVE	117.48									
07	64874	REPAIR & REVISE NERVE	140.98	00 15								
02	64876	REPAIR NERVE; SHORTEN BONE	25.72									
03	64876	REPAIR NERVE; SHORTEN BONE	128.60									
07	64876	REPAIR NERVE; SHORTEN BONE	154.33	00 15								
02	64885	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	144.80									X
03	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	724.01									
07	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	868.81	00 15								
02	64886	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	172.03									X
03	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	860.17									
07	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,032.20	00 15								
02	64890	NERVE GRAFT, HAND OR FOOT	139.06									
03	64890	NERVE GRAFT, HAND OR FOOT	695.28									
07	64890	NERVE GRAFT, HAND OR FOOT	834.32	00 15								
02	64891	NERVE GRAFT, HAND OR FOOT	142.65									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	64891	NERVE GRAFT, HAND OR FOOT	713.25										
07	64891	NERVE GRAFT, HAND OR FOOT	855.90	00	15								
02	64892	NERVE GRAFT, ARM OR LEG	135.63										
03	64892	NERVE GRAFT, ARM OR LEG	678.15										
07	64892	NERVE GRAFT, ARM OR LEG	813.78	00	15								
02	64893	NERVE GRAFT, ARM OR LEG	142.97										
03	64893	NERVE GRAFT, ARM OR LEG	714.84										
07	64893	NERVE GRAFT, ARM OR LEG	857.80	00	15								
02	64895	NERVE GRAFT, HAND OR FOOT	167.23										
03	64895	NERVE GRAFT, HAND OR FOOT	836.17										
07	64895	NERVE GRAFT, HAND OR FOOT	1,003.40	00	15								
02	64896	NERVE GRAFT, HAND OR FOOT	184.74										
03	64896	NERVE GRAFT, HAND OR FOOT	923.69										
07	64896	NERVE GRAFT, HAND OR FOOT	1,108.43	00	15								
02	64897	NERVE GRAFT, ARM OR LEG	161.77										
03	64897	NERVE GRAFT, ARM OR LEG	808.85										
07	64897	NERVE GRAFT, ARM OR LEG	970.62	00	15								
02	64898	NERVE GRAFT, ARM OR LEG	176.32										
03	64898	NERVE GRAFT, ARM OR LEG	881.62										
07	64898	NERVE GRAFT, ARM OR LEG	1,057.93	00	15								
02	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	79.88										X
03	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	399.41										X
07	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	479.29	00	15								X
02	64902	NERVE GRAFT,@ ADD NERVE;MULTI	91.80										
03	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	458.98										X
07	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	550.77	00	15								X
02	64905	NERVE PEDICLE TRANSFER	129.14										
03	64905	NERVE PEDICLE TRANSFER	645.68										
07	64905	NERVE PEDICLE TRANSFER	774.82	00	15								
02	64907	NERVE PEDICLE TRANSFER	170.67										
03	64907	NERVE PEDICLE TRANSFER	853.36										
07	64907	NERVE PEDICLE TRANSFER	1,024.03	00	15								
02	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	103.59										
03	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	517.93										
07	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	621.51	00	15								
02	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	125.06										
03	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	625.29										
07	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	750.35	00	15								
02	64999	NERVOUS SYSTEM SURGERY	MP			X							
03	64999	NERVOUS SYSTEM SURGERY	MP			X							
07	64999	NERVOUS SYSTEM SURGERY	MP	00	15	X							
03	65091	EVISCERATION EYE	360.33										
07	65091	EVISCERATION EYE	432.40	00	15								
03	65093	EVISCERATION EYE WITH IMPLANT	359.25										
07	65093	EVISCERATION EYE WITH IMPLANT	431.10	00	15								
03	65101	REMOVAL OF EYE	414.82										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	65101	REMOVAL OF EYE	497.78	00 15								
03	65103	REMOVE EYE/INSERT IMPLANT	433.76									
07	65103	REMOVE EYE/INSERT IMPLANT	520.51	00 15								
02	65105	REMOVE EYE/ATTACH IMPLANT	95.83									
03	65105	REMOVE EYE/ATTACH IMPLANT	479.15									
07	65105	REMOVE EYE/ATTACH IMPLANT	574.97	00 15								
02	65110	REMOVAL OF EYE	140.75									
03	65110	REMOVAL OF EYE	703.77									
07	65110	REMOVAL OF EYE	844.53	00 15								
02	65112	REMOVE EYE, REVISE SOCKET	166.32									
03	65112	REMOVE EYE, REVISE SOCKET	831.59									
07	65112	REMOVE EYE, REVISE SOCKET	997.91	00 15								
02	65114	REMOVE EYE, REVISE SOCKET	172.62									
03	65114	REMOVE EYE, REVISE SOCKET	863.11									
07	65114	REMOVE EYE, REVISE SOCKET	1,035.74	00 15								
03	65125	MODIFICATION OF OCULAR IMPLANT (EG,	252.71									
07	65125	MODIFICATION OF OCULAR IMPLANT (EG,	303.25	00 15								
03	65130	INSERT OCULAR IMPLANT	411.07									
07	65130	INSERT OCULAR IMPLANT	493.29	00 15								
03	65135	INSERT OCULAR IMPLANT	418.77									
07	65135	INSERT OCULAR IMPLANT	502.52	00 15								
03	65140	ATTACH OCULAR IMPLANT	456.53									
07	65140	ATTACH OCULAR IMPLANT	547.84	00 15								
03	65150	REVISE OCULAR IMPLANT	329.99									
07	65150	REVISE OCULAR IMPLANT	395.97	00 15								
03	65155	REINSERT OCULAR IMPLANT	482.69									
07	65155	REINSERT OCULAR IMPLANT	579.23	00 15								
03	65175	REMOVAL OF OCULAR IMPLANT	369.79									
07	65175	REMOVAL OF OCULAR IMPLANT	443.75	00 15								
03	65205	REMOVE FOREIGN BODY FROM EYE	32.80									X
07	65205	REMOVE FOREIGN BODY FROM EYE	39.35	00 15								X
03	65210	REMOVE FOREIGN BODY FROM EYE	40.09									X
07	65210	REMOVE FOREIGN BODY FROM EYE	48.11	00 15								X
03	65220	REMOVE FOREIGN BODY FROM EYE	33.71									X
07	65220	REMOVE FOREIGN BODY FROM EYE	40.46	00 15								X
03	65222	REMOVE FOREIGN BODY FROM EYE	44.05									X
07	65222	REMOVE FOREIGN BODY FROM EYE	52.86	00 15								X
03	65235	REMOVE FOREIGN BODY FROM EYE	397.73									
07	65235	REMOVE FOREIGN BODY FROM EYE	477.27	00 15								
02	65260	REMOVE FOREIGN BODY FROM EYE	109.33									
03	65260	REMOVE FOREIGN BODY FROM EYE	546.64									
07	65260	REMOVE FOREIGN BODY FROM EYE	655.97	00 15								
02	65265	REMOVE FOREIGN BODY FROM EYE	123.17									
03	65265	REMOVE FOREIGN BODY FROM EYE	615.85									
07	65265	REMOVE FOREIGN BODY FROM EYE	739.03	00 15								
03	65270	REPAIR OF EYE WOUND	148.17									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	65270	REPAIR OF EYE WOUND	177.80	00 15								
03	65272	REPAIR OF EYE WOUND	276.38									
07	65272	REPAIR OF EYE WOUND	331.66	00 15								
03	65273	REPAIR OF EYE WOUND	217.55									
07	65273	REPAIR OF EYE WOUND	261.06	00 15								
03	65275	REPAIR OF EYE WOUND	313.56									
07	65275	REPAIR OF EYE WOUND	376.28	00 15								
03	65280	REPAIR OF EYE WOUND	381.72									
07	65280	REPAIR OF EYE WOUND	458.07	00 15								
03	65285	REPAIR OF EYE WOUND	597.54									
07	65285	REPAIR OF EYE WOUND	717.04	00 15								
03	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	391.41									
07	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	469.70	00 15								
03	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	280.06									
07	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	336.07	00 15								
03	65400	REMOVAL OF EYE LESION	376.14									
07	65400	REMOVAL OF EYE LESION	451.36	00 15								
03	65410	BIOPSY OF CORNEA	81.57									
07	65410	BIOPSY OF CORNEA	97.88	00 15								
03	65420	REMOVAL OF EYE LESION	285.92									
07	65420	REMOVAL OF EYE LESION	343.10	00 15								
03	65426	REMOVAL OF EYE LESION	362.21									
07	65426	REMOVAL OF EYE LESION	434.66	00 15								
03	65430	CORNEAL SMEAR	66.89									X
07	65430	CORNEAL SMEAR	80.26	00 15								X
03	65435	CURETTE/TREAT CORNEA	45.85									
07	65435	CURETTE/TREAT CORNEA	55.01	00 15								
03	65436	CURETTE/TREAT CORNEA	218.85									
07	65436	CURETTE/TREAT CORNEA	262.62	00 15								
03	65450	DESTROY CORNEAL LESION	179.37									
07	65450	DESTROY CORNEAL LESION	215.23	00 15								
03	65600	REVISION OF CORNEA	217.22									
07	65600	REVISION OF CORNEA	260.68	00 15								
02	65710	CORNEAL TRANSPLANT	125.76									
03	65710	CORNEAL TRANSPLANT	628.80									
07	65710	CORNEAL TRANSPLANT	754.55	00 15								
02	65730	CORNEAL TRANSPLANT	140.10									
03	65730	CORNEAL TRANSPLANT	700.49									
07	65730	CORNEAL TRANSPLANT	840.59	00 15								
02	65750	CORNEAL TRANSPLANT	142.33									
03	65750	CORNEAL TRANSPLANT	711.63									
07	65750	CORNEAL TRANSPLANT	853.96	00 15								
03	65755	KERATOPLASTY, PENETRATING	707.38									
07	65755	KERATOPLASTY, PENETRATING	848.85	00 15								
02	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	136.73									
03	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	683.65									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	820.38	00 15								
02	65757	BACKBENCH PREPARATION OF CORNEAL END	MP		X							
03	65757	BACKBENCH PREPARATION OF CORNEAL END	MP		X							
07	65757	BACKBENCH PREPARATION OF CORNEAL END	MP	00 15	X							
03	65765	KERATOPHAKIA	973.25									
07	65765	KERATOPHAKIA	973.25	00 15								
03	65767	EPIKERATOPHAKIA	973.25									
07	65767	EPIKERATOPHAKIA	973.25	00 15								
02	65770	KERATOPROSTHESIS	162.99									
03	65770	KERATOPROSTHESIS	814.94									
07	65770	KERATOPROSTHESIS	977.92	00 15								
03	65772	CORNEAL RELAX INCISION,CORR SURG AST	251.97									
07	65772	CORNEAL RELAX INCISION,CORR SURG AST	302.36	00 15								
03	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	311.55									
07	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	373.86	00 15								
03	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	642.07									X
07	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	770.49	00 15								X
03	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	581.45									X
07	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	697.74	00 15								X
03	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	500.51									
07	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	600.62	00 15								
02	65781	OCULAR RECONST, TRANSPLANT	152.82									
03	65781	OCULAR RECONST, TRANSPLANT	764.12									
07	65781	OCULAR RECONST, TRANSPLANT	916.94	00 15								
03	65782	OCULAR RECONST, TRANSPLANT	MP		X							
07	65782	OCULAR RECONST, TRANSPLANT	MP	00 15	X							
03	65800	DRAINAGE OF EYE	87.34									
07	65800	DRAINAGE OF EYE	104.81	00 15								
03	65810	DRAINAGE OF EYE	264.10									
07	65810	DRAINAGE OF EYE	316.93	00 15								
03	65815	DRAINAGE OF EYE	354.62									
07	65815	DRAINAGE OF EYE	425.53	00 15								
03	65820	RELIEVE INNER EYE PRESSURE	424.16									
07	65820	RELIEVE INNER EYE PRESSURE	509.00	00 15								
03	65850	TRABECULOTOMY AB EXTERNO	486.61									
07	65850	TRABECULOTOMY AB EXTERNO	583.94	00 15								
03	65855	LASER TRABECULOPLASTY-1/MORE	193.06									
07	65855	LASER TRABECULOPLASTY-1/MORE	231.67	00 15								
03	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	178.21									
07	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	213.84	00 15								
03	65865	INCISE INNER EYE ADHESIONS	270.29									
07	65865	INCISE INNER EYE ADHESIONS	324.33	00 15								
03	65870	INCISE INNER EYE ADHESIONS	334.20									
07	65870	INCISE INNER EYE ADHESIONS	401.03	00 15								
03	65875	INCISE INNER EYE ADHESIONS	354.74									
07	65875	INCISE INNER EYE ADHESIONS	425.70	00 15								

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001
TS	CODE	DESCRIPTION	FEE										
03	65880	INCISE INNER EYE ADHESIONS	374.41										
07	65880	INCISE INNER EYE ADHESIONS	449.29	00	15								
02	65900	REMOVE EYE LESION	110.09										
03	65900	REMOVE EYE LESION	550.44										
07	65900	REMOVE EYE LESION	660.53	00	15								
03	65920	REMOVE IMPLANT FROM EYE	444.62										
07	65920	REMOVE IMPLANT FROM EYE	533.54	00	15								
03	65930	REMOVE BLOOD CLOT FROM EYE	366.87										
07	65930	REMOVE BLOOD CLOT FROM EYE	440.24	00	15								
03	66020	INJECTION TREATMENT OF EYE	104.05										X
07	66020	INJECTION TREATMENT OF EYE	124.86	00	15								X
03	66030	INJECTION TREATMENT OF EYE	91.48										X
07	66030	INJECTION TREATMENT OF EYE	109.78	00	15								X
03	66130	REMOVE EYE LESION	399.46										
07	66130	REMOVE EYE LESION	479.35	00	15								
03	66150	INCISION OF EYE	487.57										
07	66150	INCISION OF EYE	585.08	00	15								
03	66155	INCISION OF EYE	485.69										
07	66155	INCISION OF EYE	582.82	00	15								
03	66160	INCISION OF EYE	554.31										
07	66160	INCISION OF EYE	665.17	00	15								
02	66165	INCISION OF EYE	95.12			X							
03	66165	INCISION OF EYE	475.61			X							
07	66165	INCISION OF EYE	570.73	00	15	X							
02	66170	INCISION OF EYE	134.23										
03	66170	INCISION OF EYE	671.16										
07	66170	INCISION OF EYE	805.38	00	15								
03	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	843.11										
07	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,011.73	00	15								
02	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	100.80										X
03	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	504.02										X
07	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	604.82	00	15								X
02	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	113.14										X
03	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	565.71										X
07	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	678.85	00	15								X
02	66180	AQUEOUS SHUNT-EXTRAOCULAR RESE	134.57										
03	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	672.84										
07	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	807.40	00	15								
02	66185	REVISION OF AQUEOUS SHUNT TO E	84.45										
03	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	422.27										
07	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	506.72	00	15								
02	66220	REPAIR EYE LESION	82.43										
03	66220	REPAIR EYE LESION	412.14										
07	66220	REPAIR EYE LESION	494.56	00	15								
02	66225	REPAIR/GRAFT EYE LESION	106.59										
03	66225	REPAIR/GRAFT EYE LESION	532.93										

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	66225	REPAIR/GRAFT EYE LESION	639.51	00 15								
03	66250	FOLLOW-UP SURGERY OF EYE	416.78									
07	66250	FOLLOW-UP SURGERY OF EYE	500.13	00 15								
03	66500	INCISION OF IRIS	198.31									
07	66500	INCISION OF IRIS	237.97	00 15								
03	66505	INCISION OF THE IRIS	217.20									
07	66505	INCISION OF THE IRIS	260.64	00 15								
03	66600	REMOVE IRIS AND LESION	463.24									
07	66600	REMOVE IRIS AND LESION	555.88	00 15								
03	66605	REMOVAL OF IRIS	606.98									
07	66605	REMOVAL OF IRIS	728.36	00 15								
03	66625	REMOVAL OF IRIS	243.77									
07	66625	REMOVAL OF IRIS	292.52	00 15								
03	66630	REMOVAL OF IRIS	321.23									
07	66630	REMOVAL OF IRIS	385.47	00 15								
03	66635	REMOVAL OF IRIS	324.50									
07	66635	REMOVAL OF IRIS	389.39	00 15								
03	66680	REPAIR IRIS & CILIARY BODY	289.79									
07	66680	REPAIR IRIS & CILIARY BODY	347.75	00 15								
03	66682	SUTURE OF IRIS, CILIARY BODY	350.99									
07	66682	SUTURE OF IRIS, CILIARY BODY	421.19	00 15								
03	66710	CILIARY BODY DESTRUCTION;	248.85									
07	66710	CILIARY BODY DESTRUCTION;	298.62	00 15								
03	66711	CILIARY ENDOSCOPIC ABLATION	357.78									
07	66711	CILIARY ENDOSCOPIC ABLATION	429.34	00 15								
03	66720	RELIEVE INNER EYE PRESSURE	259.92									
07	66720	RELIEVE INNER EYE PRESSURE	311.90	00 15								
03	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	252.59									
07	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	303.11	00 15								
03	66762	REVISION OF IRIS	265.28									
07	66762	REVISION OF IRIS	318.34	00 15								
03	66770	REMOVAL OF INNER EYE LESION	295.15									
07	66770	REMOVAL OF INNER EYE LESION	354.18	00 15								
03	66820	INCISION OF LENS LESION	221.83									
07	66820	INCISION OF LENS LESION	266.20	00 15								
03	66821	DISCISSION OF SECONDARY;LASER	180.17									
07	66821	DISCISSION OF SECONDARY;LASER	216.20	00 15								
03	66825	REPOSITIONING OF INTRAOCULAR LENS PR	429.99									
07	66825	REPOSITIONING OF INTRAOCULAR LENS PR	515.98	00 15								
03	66830	REMOVAL OF LENS LESION	405.25									
07	66830	REMOVAL OF LENS LESION	486.30	00 15								
03	66840	REMOVAL OF LENS MATERIAL	395.16									
07	66840	REMOVAL OF LENS MATERIAL	474.19	00 15								
03	66850	REMOVAL OF LENS MATERIAL	451.31									
07	66850	REMOVAL OF LENS MATERIAL	541.57	00 15								
03	66852	REMOVAL LENS MATERIAL, ASPIRATION	483.43									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	66852	REMOVAL LENS MATERIAL, ASPIRATION	580.11	00 15								
03	66920	EXTRACTION OF LENS	431.24									
07	66920	EXTRACTION OF LENS	517.50	00 15								
03	66930	EXTRACTION OF LENS	490.25									
07	66930	EXTRACTION OF LENS	588.30	00 15								
03	66940	EXTRACTION OF LENS	444.52									
07	66940	EXTRACTION OF LENS	533.43	00 15								
03	66982	CATARACT SURGERY, COMPLEX	614.65									
07	66982	CATARACT SURGERY, COMPLEX	737.57	00 15								
03	66983	INTRA CATARACT EXTRAC W/LENS	421.45									
07	66983	INTRA CATARACT EXTRAC W/LENS	505.73	00 15								
03	66984	EXTRA CATARACT REMOVAL W/LENS	439.48									
07	66984	EXTRA CATARACT REMOVAL W/LENS	527.38	00 15								
03	66985	INSERT LENS PROSTHESIS	433.10									
07	66985	INSERT LENS PROSTHESIS	519.72	00 15								
03	66986	EXCHANGE OF INTRAOCULAR LENS	532.33									
07	66986	EXCHANGE OF INTRAOCULAR LENS	638.80	00 15								
03	66990	OPHTHALMIC ENDOSCOPE ADD-ON	55.31									
07	66990	OPHTHALMIC ENDOSCOPE ADD-ON	66.38	00 15								
02	66999	EYE SURGERY PROCEDURE	MP		X							
03	66999	EYE SURGERY PROCEDURE	MP		X							
07	66999	EYE SURGERY PROCEDURE	MP	00 15	X							
03	67005	PARTIAL REMOVAL OF EYE FLUID	266.96									
07	67005	PARTIAL REMOVAL OF EYE FLUID	320.35	00 15								
03	67010	PARTIAL REMOVAL OF EYE FLUID	309.95									
07	67010	PARTIAL REMOVAL OF EYE FLUID	371.94	00 15								
03	67015	RELEASE OF EYE FLUID	329.41									
07	67015	RELEASE OF EYE FLUID	395.29	00 15								
03	67025	REPLACE EYE FLUID	406.64									
07	67025	REPLACE EYE FLUID	487.97	00 15								
02	67027	IMPLANT EYE DRUG SYSTEM	98.04									
03	67027	IMPLANT EYE DRUG SYSTEM	490.21									
07	67027	IMPLANT EYE DRUG SYSTEM	588.25	00 15								
03	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	122.56									
07	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	147.06	00 15								
03	67030	INCISE INNER EYE STRANDS	292.86									
07	67030	INCISE INNER EYE STRANDS	351.43	00 15								
03	67031	SEVERING OF VITREOUS STRANDS, VITREO	216.48									
07	67031	SEVERING OF VITREOUS STRANDS, VITREO	259.78	00 15								
03	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	554.02									
07	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	664.82	00 15								
02	67039	VITRECTOMY W/FOCAL ENDOLASER P	141.64									
03	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	708.20									
07	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	849.84	00 15								
02	67040	VITRECTOMY..;W/ENDOLASER PANRE	163.65									
03	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	818.25									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	981.90	00 15								
02	67041	VITRECTOMY,MECHANICAL,PARS PLANA	153.73									
03	67041	VITRECTOMY,MECHANICAL,PARS PLANA	768.66									
07	67041	VITRECTOMY,MECHANICAL,PARS PLANA	922.39	00 15								
02	67042	VITRECTOMY,MECHANICAL,PARS PLANA	176.34									
03	67042	VITRECTOMY,MECHANICAL,PARS PLANA	881.70									
07	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,058.03	00 15								
02	67043	VITRECTOMY,MECHANICAL,PARS PLANA	184.84									
03	67043	VITRECTOMY,MECHANICAL,PARS PLANA	924.22									
07	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,109.05	00 15								
03	67101	REPAIR DETACHED RETINA	435.93									
07	67101	REPAIR DETACHED RETINA	523.11	00 15								
03	67105	PHOTOCOAGULATION/DETACHED RET	404.84									
07	67105	PHOTOCOAGULATION/DETACHED RET	485.81	00 15								
02	67107	REPAIR DETACHED RETINA	139.28									
03	67107	REPAIR DETACHED RETINA	696.38									
07	67107	REPAIR DETACHED RETINA	835.66	00 15								
02	67108	REPAIR DETACHED RETINA	185.93									
03	67108	REPAIR DETACHED RETINA	929.66									
07	67108	REPAIR DETACHED RETINA	1,115.59	00 15								
03	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	489.58									
07	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	587.49	00 15								
02	67112	RE-REPAIR DETACHED RETINA	153.33									
03	67112	RE-REPAIR DETACHED RETINA	766.67									
07	67112	RE-REPAIR DETACHED RETINA	920.00	00 15								
02	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	202.31									
03	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,011.57									
07	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,213.89	00 15								
03	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	278.01									
07	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	333.62	00 15								
03	67120	REMOVE EYE IMPLANT MATERIAL	366.53									
07	67120	REMOVE EYE IMPLANT MATERIAL	439.84	00 15								
02	67121	REMOVE IMPLANT,POSTERIOR,INTRA	103.68									
03	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	518.40									
07	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	622.08	00 15								
03	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	292.47									
07	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	350.96	00 15								
03	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	295.31									
07	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	354.37	00 15								
03	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	339.95									
07	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	407.93	00 15								
03	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	399.33									
07	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	479.20	00 15								
03	67218	TREAT RETINAL LESION;IMPLANT RADIATI	814.10									
07	67218	TREAT RETINAL LESION;IMPLANT RADIATI	976.91	00 15								
03	67220	TREAT CHOROID LESION	612.38									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	67220	TREAT CHOROID LESION	734.86	00 15								
03	67221	OCULAR PHOTODYNAMIC THER	171.67									
07	67221	OCULAR PHOTODYNAMIC THER	206.01	00 15								
03	67225	EYE PHOTODYNAMIC THER ADD-ON	18.03									
07	67225	EYE PHOTODYNAMIC THER ADD-ON	21.63	00 15								
03	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	345.30									
07	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	414.36	00 15								
03	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	678.17									
07	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	813.81	00 15								
03	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	664.06	00 00								
07	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	796.86	00 00								
03	67250	REINFORCE EYE WALL	447.65									
07	67250	REINFORCE EYE WALL	537.18	00 15								
02	67255	REINFORCE/GRAFT EYE WALL	95.54									
03	67255	REINFORCE/GRAFT EYE WALL	477.72									
07	67255	REINFORCE/GRAFT EYE WALL	573.25	00 15								
03	67299	EYE SURGERY PROCEDURE	MP		X							
07	67299	EYE SURGERY PROCEDURE	MP	00 15	X							
03	67311	REVISE EYE MUSCLE	340.48									
07	67311	REVISE EYE MUSCLE	408.58	00 15								
03	67312	REVISE TWO EYE MUSCLES	408.24									
07	67312	REVISE TWO EYE MUSCLES	489.89	00 15								
03	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	381.75									
07	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	458.11	00 15								
03	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	458.59									
07	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	550.30	00 15								
03	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	399.33									
07	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	479.20	00 15								
03	67320	REVISE EYE MUSCLE(S)	193.95									
07	67320	REVISE EYE MUSCLE(S)	232.74	00 15								
03	67331	STRABISMUS SURG W/PREV EYE SURG	183.68									
07	67331	STRABISMUS SURG W/PREV EYE SURG	220.42	00 15								
03	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	199.75									
07	67332	STRABISMUS SURG W/SCAR EXTRAOC	239.69	00 15								
03	67334	STRABISMUS SURG,POST FIX SUTURE TECH	181.13									
07	67334	STRABISMUS SURG,POST FIX SUTURE TECH	217.35	00 15								
03	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	91.27									
07	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	109.52	00 15								
02	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	43.17									
03	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	215.83									
07	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	259.00	00 15								
03	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	370.70									
07	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	444.83	00 15								
03	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	135.29									
07	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	162.35	00 15								
03	67346	BIOPSY OF EXTRAOCULAR MUSCLE	118.87									

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COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	67346	BIOPSY OF EXTRAOCULAR MUSCLE	142.64	00	15								
03	67399	EYE MUSCLE SURGERY PROCEDURE	MP			X							
07	67399	EYE MUSCLE SURGERY PROCEDURE	MP	00	15	X							
02	67400	EXPLORE/BIOPSY EYE SOCKET	106.33										
03	67400	EXPLORE/BIOPSY EYE SOCKET	531.65										
07	67400	EXPLORE/BIOPSY EYE SOCKET	637.98	00	15								
03	67405	EXPLORE/DRAIN EYE SOCKET	451.22										
07	67405	EXPLORE/DRAIN EYE SOCKET	541.46	00	15								
03	67412	EXPLORE/TREAT EYE SOCKET	491.90										
07	67412	EXPLORE/TREAT EYE SOCKET	590.28	00	15								
02	67413	EXPLORE/TREAT EYE SOCKET	98.42										
03	67413	EXPLORE/TREAT EYE SOCKET	492.12										
07	67413	EXPLORE/TREAT EYE SOCKET	590.54	00	15								
02	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	151.88										X
03	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	759.41										
07	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	911.30	00	15								
03	67415	BIOPSY OF EYE	63.92										
07	67415	BIOPSY OF EYE	76.70	00	15								
02	67420	EXPLORE/TREAT EYE SOCKET	189.56										
03	67420	EXPLORE/TREAT EYE SOCKET	947.81										
07	67420	EXPLORE/TREAT EYE SOCKET	1,137.37	00	15								
02	67430	EXPLORE/TREAT EYE SOCKET	143.24										
03	67430	EXPLORE/TREAT EYE SOCKET	716.18										
07	67430	EXPLORE/TREAT EYE SOCKET	859.42	00	15								
02	67440	EXPLORE/DRAIN EYE SOCKET	137.95										
03	67440	EXPLORE/DRAIN EYE SOCKET	689.74										
07	67440	EXPLORE/DRAIN EYE SOCKET	827.70	00	15								
02	67445	ORBITOTOMY WITHOUT BONE FLAP FRONTAL	163.25										X
03	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	816.27										
07	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	979.51	00	15								
02	67450	EXPLORE/BIOPSY EYE SOCKET	143.07										
03	67450	EXPLORE/BIOPSY EYE SOCKET	715.35										
07	67450	EXPLORE/BIOPSY EYE SOCKET	858.42	00	15								
03	67500	INJECT/TREAT EYE SOCKET	53.25										
07	67500	INJECT/TREAT EYE SOCKET	63.89	00	15								
03	67505	INJECT/TREAT EYE SOCKET	51.56										
07	67505	INJECT/TREAT EYE SOCKET	61.86	00	15								
03	67515	INJECTION OF MEDICATION OR SUBSTANCE	54.71										
07	67515	INJECTION OF MEDICATION OR SUBSTANCE	65.66	00	15								
03	67550	INSERT EYE SOCKET IMPLANT	555.49										
07	67550	INSERT EYE SOCKET IMPLANT	666.59	00	15								
03	67560	REVISE EYE SOCKET IMPLANT	565.01										
07	67560	REVISE EYE SOCKET IMPLANT	678.01	00	15								
02	67570	OPTIC NERVE DECOMPRESSION	132.86										X
03	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	664.30										
07	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	797.16	00	15								

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COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13
				AGE		MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	67599	ORBIT SURGERY PROCEDURE	MP			X							
07	67599	ORBIT SURGERY PROCEDURE	MP	00	15	X							
03	67700	DRAINAGE OF EYELID ABSCESS	146.18										
07	67700	DRAINAGE OF EYELID ABSCESS	175.41	00	15								
03	67710	INCISION OF EYELID	122.87										
07	67710	INCISION OF EYELID	147.43	00	15								
03	67715	INCISION OF EYELID FOLD	129.94										
07	67715	INCISION OF EYELID FOLD	155.92	00	15								
03	67800	REMOVE EYELID LESION	71.91										
07	67800	REMOVE EYELID LESION	86.29	00	15								
03	67801	REMOVE EYELID LESIONS	92.55										
07	67801	REMOVE EYELID LESIONS	111.06	00	15								
03	67805	REMOVE EYELID LESIONS	114.32										
07	67805	REMOVE EYELID LESIONS	137.18	00	15								
03	67808	REMOVE EYELID LESION(S)	206.81										
07	67808	REMOVE EYELID LESION(S)	248.18	00	15								
03	67810	BIOPSY OF EYELID	126.57										
07	67810	BIOPSY OF EYELID	151.87	00	15								
03	67820	REVISE EYELASHES	30.73										
07	67820	REVISE EYELASHES	36.87	00	15								
03	67825	REVISE EYELASHES	72.86										
07	67825	REVISE EYELASHES	87.42	00	15								
03	67830	REVISE EYELASHES	147.53										
07	67830	REVISE EYELASHES	177.03	00	15								
03	67835	REVISE EYELASHES	252.46										
07	67835	REVISE EYELASHES	302.95	00	15								
03	67840	REMOVE EYELID LESION	155.27										
07	67840	REMOVE EYELID LESION	186.32	00	15								
03	67850	TREAT EYELID LESION	125.01										
07	67850	TREAT EYELID LESION	150.01	00	15								
03	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	97.25										
07	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	116.69	00	15								
03	67880	REVISION OF EYELID	254.52										
07	67880	REVISION OF EYELID	305.43	00	15								
03	67882	REVISION OF EYELID	315.23										
07	67882	REVISION OF EYELID	378.27	00	15								
03	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	364.92										
07	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	437.90	00	15								
03	67901	REPAIR EYELID DEFECT	395.92										
07	67901	REPAIR EYELID DEFECT	475.09	00	15								
03	67902	REPAIR EYELID DEFECT	413.30										
07	67902	REPAIR EYELID DEFECT	495.95	00	15								
03	67903	REPAIR EYELID DEFECT	349.87										
07	67903	REPAIR EYELID DEFECT	419.83	00	15								
03	67904	REPAIR EYELID DEFECT	413.30										
07	67904	REPAIR EYELID DEFECT	495.95	00	15								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	67906	REPAIR EYELID DEFECT	298.66										
07	67906	REPAIR EYELID DEFECT	358.40	00	15								
03	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	278.20										
07	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	333.83	00	15								
03	67909	REVISE EYELID DEFECT	304.76										X
07	67909	REVISE EYELID DEFECT	365.72	00	15								X
03	67911	REVISE EYELID DEFECT	318.22										
07	67911	REVISE EYELID DEFECT	381.87	00	15								
03	67912	CORRECTION EYELID W/ IMPLANT	504.27										
07	67912	CORRECTION EYELID W/ IMPLANT	605.13	00	15								
03	67914	REPAIR EYELID DEFECT	220.64										
07	67914	REPAIR EYELID DEFECT	264.77	00	15								
03	67915	REPAIR EYELID DEFECT	197.28			X							
07	67915	REPAIR EYELID DEFECT	236.73	00	15	X							
03	67916	REPAIR EYELID DEFECT	304.69										
07	67916	REPAIR EYELID DEFECT	365.63	00	15								
03	67917	REPAIR EYELID DEFECT	334.05										
07	67917	REPAIR EYELID DEFECT	400.86	00	15								
03	67921	REPAIR EYELID DEFECT	209.65										
07	67921	REPAIR EYELID DEFECT	251.58	00	15								
03	67922	REPAIR EYELID DEFECT	190.92										
07	67922	REPAIR EYELID DEFECT	229.11	00	15								
03	67923	REPAIR EYELID DEFECT	322.11										
07	67923	REPAIR EYELID DEFECT	386.54	00	15								
03	67924	REPAIR EYELID DEFECT	332.35										
07	67924	REPAIR EYELID DEFECT	398.82	00	15								
03	67930	REPAIR EYELID WOUND	208.68										
07	67930	REPAIR EYELID WOUND	250.43	00	15								
03	67935	REPAIR EYELID WOUND	340.64										
07	67935	REPAIR EYELID WOUND	408.76	00	15								
03	67938	REMOVE EYELID FOREIGN BODY	133.72										X
07	67938	REMOVE EYELID FOREIGN BODY	160.46	00	15								X
03	67950	REVISION OF EYELID	328.37										
07	67950	REVISION OF EYELID	394.05	00	15								
03	67961	REVISION OF EYELID	327.26										
07	67961	REVISION OF EYELID	392.71	00	15								
03	67966	REVISION OF EYELID	434.37										
07	67966	REVISION OF EYELID	521.24	00	15								
03	67971	RECONSTRUCTION OF EYELID	423.75										
07	67971	RECONSTRUCTION OF EYELID	508.49	00	15								
02	67973	RECONSTRUCTION OF EYELID	110.00										
03	67973	RECONSTRUCTION OF EYELID	549.99										
07	67973	RECONSTRUCTION OF EYELID	659.99	00	15								
02	67974	RECONSTRUCTION OF EYELID	109.57										
03	67974	RECONSTRUCTION OF EYELID	547.83										
07	67974	RECONSTRUCTION OF EYELID	657.40	00	15								

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	67975	RECONSTRUCTION OF EYELID	399.83										
07	67975	RECONSTRUCTION OF EYELID	479.79	00	15								
03	67999	EYELID SURGERY PROCEDURE	MP			X							
07	67999	EYELID SURGERY PROCEDURE	MP	00	15	X							
03	68020	INCISE/DRAIN EYELID LINING	67.77										
07	68020	INCISE/DRAIN EYELID LINING	81.34	00	15								
03	68040	TREATMENT OF EYELID LESIONS	38.06										
07	68040	TREATMENT OF EYELID LESIONS	45.67	00	15								
03	68100	BIOPSY OF EYELID LINING	96.55										
07	68100	BIOPSY OF EYELID LINING	115.86	00	15								
03	68110	REMOVE EYELID LINING LESION	125.73										
07	68110	REMOVE EYELID LINING LESION	150.88	00	15								
03	68115	REMOVE EYELID LINING LESION	174.19										
07	68115	REMOVE EYELID LINING LESION	209.03	00	15								
03	68130	REMOVE EYELID LINING LESION	302.54										
07	68130	REMOVE EYELID LINING LESION	363.05	00	15								
03	68135	REMOVE EYELID LINING LESION	89.25										
07	68135	REMOVE EYELID LINING LESION	107.09	00	15								
03	68200	TREAT EYELID BY INJECTION	24.29										
07	68200	TREAT EYELID BY INJECTION	29.14	00	15								
03	68320	REVISE/GRAFT EYELID LINING	399.63										
07	68320	REVISE/GRAFT EYELID LINING	479.56	00	15								
03	68325	REVISE/GRAFT EYELID LINING	376.45										
07	68325	REVISE/GRAFT EYELID LINING	451.74	00	15								
03	68326	REVISE/GRAFT EYELID LINING	365.88										
07	68326	REVISE/GRAFT EYELID LINING	439.06	00	15								
03	68328	REVISE/GRAFT EYELID LINING	410.07										
07	68328	REVISE/GRAFT EYELID LINING	492.08	00	15								
03	68330	REVISE EYELID LINING	336.48										
07	68330	REVISE EYELID LINING	403.77	00	15								
03	68335	REVISE/GRAFT EYELID LINING	367.16										
07	68335	REVISE/GRAFT EYELID LINING	440.58	00	15								
03	68340	SEPARATE EYELID ADHESIONS	302.28										
07	68340	SEPARATE EYELID ADHESIONS	362.74	00	15								
03	68360	REVISE EYELID LINING	295.82										
07	68360	REVISE EYELID LINING	354.98	00	15								
03	68362	REVISE EYELID LINING	372.23										
07	68362	REVISE EYELID LINING	446.67	00	15								
03	68371	HARVEST EYE TISSUE, ALOGRAFT	239.69										
07	68371	HARVEST EYE TISSUE, ALOGRAFT	287.64	00	15								
03	68399	EYELID LINING SURGERY	MP			X							
07	68399	EYELID LINING SURGERY	MP	00	15	X							
03	68400	INCISE/DRAIN TEAR GLAND	155.29										
07	68400	INCISE/DRAIN TEAR GLAND	186.36	00	15								
03	68420	INCISE/DRAIN TEAR SAC	178.36										
07	68420	INCISE/DRAIN TEAR SAC	214.03	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	68440	INCISE TEAR DUCT OPENING	59.98									
07	68440	INCISE TEAR DUCT OPENING	71.97	00 15								
03	68500	REMOVAL OF TEAR GLAND	554.61									
07	68500	REMOVAL OF TEAR GLAND	665.54	00 15								
03	68505	PARTIAL REMOVAL TEAR GLAND	557.58									
07	68505	PARTIAL REMOVAL TEAR GLAND	669.09	00 15								
03	68510	BIOPSY OF TEAR GLAND	259.08									
07	68510	BIOPSY OF TEAR GLAND	310.90	00 15								
03	68520	REMOVAL OF TEAR SAC	391.81									
07	68520	REMOVAL OF TEAR SAC	470.17	00 15								
03	68525	BIOPSY OF TEAR SAC	161.70									
07	68525	BIOPSY OF TEAR SAC	194.03	00 15								
03	68530	CLEARANCE OF TEAR DUCT	244.63									
07	68530	CLEARANCE OF TEAR DUCT	293.56	00 15								
03	68540	REMOVE TEAR GLAND LESION	530.33									
07	68540	REMOVE TEAR GLAND LESION	636.40	00 15								
03	68550	REMOVE TEAR GLAND LESION	653.81									
07	68550	REMOVE TEAR GLAND LESION	784.57	00 15								
03	68700	REPAIR TEAR DUCTS	342.09									
07	68700	REPAIR TEAR DUCTS	410.50	00 15								
03	68705	REVISE TEAR DUCT OPENING	133.54									
07	68705	REVISE TEAR DUCT OPENING	160.25	00 15								
02	68720	CREATE TEAR SAC DRAIN	86.93									
03	68720	CREATE TEAR SAC DRAIN	434.66									
07	68720	CREATE TEAR SAC DRAIN	521.60	00 15								
02	68745	CREATE TEAR DUCT DRAIN	87.35									
03	68745	CREATE TEAR DUCT DRAIN	436.74									
07	68745	CREATE TEAR DUCT DRAIN	524.08	00 15								
02	68750	CREATE TEAR DUCT DRAIN	89.56									
03	68750	CREATE TEAR DUCT DRAIN	447.80									
07	68750	CREATE TEAR DUCT DRAIN	537.36	00 15								
03	68760	CLOSE TEAR DUCT OPENING	113.22									
07	68760	CLOSE TEAR DUCT OPENING	135.85	00 15								
03	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	82.66									X
07	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	99.19	00 15								X
03	68770	CLOSE TEAR SYSTEM FISTULA	340.00									
07	68770	CLOSE TEAR SYSTEM FISTULA	408.00	00 15								
03	68801	DILATE TEAR DUCT OPENING	68.01									
07	68801	DILATE TEAR DUCT OPENING	81.61	00 15								
03	68810	PROBE NASOLACRIMAL DUCT	132.43									
07	68810	PROBE NASOLACRIMAL DUCT	158.91	00 15								
03	68811	PROBE NASOLACRIMAL DUCT	117.10									
07	68811	PROBE NASOLACRIMAL DUCT	140.52	00 15								
03	68815	PROBE NASOLACRIMAL DUCT	247.16									
07	68815	PROBE NASOLACRIMAL DUCT	296.59	00 15								
03	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	372.57									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
07	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	447.08	00 15								
03	68840	EXPLORE/IRRIGATE TEAR DUCTS	70.15									
07	68840	EXPLORE/IRRIGATE TEAR DUCTS	84.18	00 15								
03	68850	INJECTION FOR TEAR SAC X-RAY	39.73									
07	68850	INJECTION FOR TEAR SAC X-RAY	47.68	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	107.05									
07	69000	DRAIN EXTERNAL EAR LESION	128.46	00 15								
03	69005	DRAIN EXTERNAL EAR LESION	128.22									
07	69005	DRAIN EXTERNAL EAR LESION	153.85	00 15								
03	69020	DRAIN OUTER EAR CANAL LESION	135.14									
07	69020	DRAIN OUTER EAR CANAL LESION	162.17	00 15								
03	69100	BIOPSY OF EXTERNAL EAR	63.17									
07	69100	BIOPSY OF EXTERNAL EAR	75.79	00 15								
03	69105	BIOPSY OF EXTERNAL EAR CANAL	82.35									
07	69105	BIOPSY OF EXTERNAL EAR CANAL	98.81	00 15								
03	69110	PARTIAL REMOVAL EXTERNAL EAR	270.88									
07	69110	PARTIAL REMOVAL EXTERNAL EAR	325.05	00 15								
03	69120	REMOVAL OF EXTERNAL EAR	243.71									
07	69120	REMOVAL OF EXTERNAL EAR	292.46	00 15								
03	69140	REMOVE EAR CANAL LESION(S)	528.50									
07	69140	REMOVE EAR CANAL LESION(S)	634.20	00 15								
03	69145	REMOVE EAR CANAL LESION(S)	226.70									
07	69145	REMOVE EAR CANAL LESION(S)	272.04	00 15								
03	69150	EXTENSIVE EAR CANAL SURGERY	659.69									
07	69150	EXTENSIVE EAR CANAL SURGERY	791.63	00 15								
02	69155	EXTENSIVE EAR/NECK SURGERY	212.56									
03	69155	EXTENSIVE EAR/NECK SURGERY	1,062.80									
07	69155	EXTENSIVE EAR/NECK SURGERY	1,275.37	00 15								
03	69200	CLEAR OUTER EAR CANAL	71.76									
07	69200	CLEAR OUTER EAR CANAL	86.12	00 15								
03	69205	CLEAR OUTER EAR CANAL	62.82									
07	69205	CLEAR OUTER EAR CANAL	75.39	00 15								
03	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	30.64									
07	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	36.77	00 15								
03	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	80.45									
07	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	96.54	00 15								
03	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	129.38									
07	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	155.25	00 15								
03	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	MP			X						X
07	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	825.83	00 15		X						X
02	69320	REBUILD OUTER EAR CANAL	190.09									
03	69320	REBUILD OUTER EAR CANAL	950.47									
07	69320	REBUILD OUTER EAR CANAL	1,140.56	00 15								
03	69399	OUTER EAR SURGERY PROCEDURE	MP		X							

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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
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
07	69399	OUTER EAR SURGERY PROCEDURE	MP	00	15	X							
03	69400	INFLATE MIDDLE EAR CANAL	83.42			X							X
07	69400	INFLATE MIDDLE EAR CANAL	100.12	00	15	X							X
03	69401	INFLATE MIDDLE EAR CANAL	49.29			X							X
07	69401	INFLATE MIDDLE EAR CANAL	59.15	00	15	X							X
03	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	157.20			X							
07	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	188.63	00	15	X							
03	69420	INCISION OF EARDRUM	112.40										
07	69420	INCISION OF EARDRUM	134.88	00	15								
03	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	93.74										
07	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	112.48	00	15								
03	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	76.15										
07	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	91.38	00	15								
03	69433	OFFICE TYMPANOSTOMY, UNILAT	117.60										
07	69433	OFFICE TYMPANOSTOMY, UNILAT	141.12	00	15								
03	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	102.28										
07	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	122.73	00	15								
03	69440	EXPLORATION OF MIDDLE EAR	420.73										
07	69440	EXPLORATION OF MIDDLE EAR	504.88	00	15								
03	69450	TYMPANOLYSIS, TRANSCANAL	328.91										
07	69450	TYMPANOLYSIS, TRANSCANAL	394.70	00	15								
03	69501	MASTOIDECTOMY	455.15										
07	69501	MASTOIDECTOMY	546.19	00	15								
03	69502	MASTOIDECTOMY	606.70										
07	69502	MASTOIDECTOMY	728.04	00	15								
03	69505	REMOVE MASTOID STRUCTURES	741.50										
07	69505	REMOVE MASTOID STRUCTURES	889.79	00	15								
03	69511	EXTENSIVE MASTOID SURGERY	762.94										
07	69511	EXTENSIVE MASTOID SURGERY	915.53	00	15								
02	69530	EXTENSIVE MASTOID SURGERY	206.79										
03	69530	EXTENSIVE MASTOID SURGERY	1,033.94										
07	69530	EXTENSIVE MASTOID SURGERY	1,240.73	00	15								
02	69535	REMOVE PART OF TEMPORAL BONE	339.44										
03	69535	REMOVE PART OF TEMPORAL BONE	1,697.18										
07	69535	REMOVE PART OF TEMPORAL BONE	2,036.61	00	15								
03	69540	REMOVE EAR LESION	121.62										
07	69540	REMOVE EAR LESION	145.94	00	15								
02	69550	REMOVE EAR LESION	128.01										
03	69550	REMOVE EAR LESION	640.05										
07	69550	REMOVE EAR LESION	768.07	00	15								
02	69552	REMOVE EAR LESION	197.36										
03	69552	REMOVE EAR LESION	986.79										
07	69552	REMOVE EAR LESION	1,184.14	00	15								
02	69554	REMOVE EAR LESION	316.41										
03	69554	REMOVE EAR LESION	1,582.07										
07	69554	REMOVE EAR LESION	1,898.48	00	15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	69601	MASTOID SURGERY REVISION	653.78									
07	69601	MASTOID SURGERY REVISION	784.53	00 15								
03	69602	MASTOID SURGERY REVISION	679.39									
07	69602	MASTOID SURGERY REVISION	815.27	00 15								
03	69603	MASTOID SURGERY REVISION	785.19									
07	69603	MASTOID SURGERY REVISION	942.23	00 15								
03	69604	MASTOID SURGERY REVISION	701.00									
07	69604	MASTOID SURGERY REVISION	841.19	00 15								
03	69605	MASTOID SURGERY REVISION	974.63									
07	69605	MASTOID SURGERY REVISION	1,169.56	00 15								
03	69610	REPAIR OF EARDRUM	241.42									
07	69610	REPAIR OF EARDRUM	289.70	00 15								
03	69620	REPAIR OF EARDRUM	416.70									
07	69620	REPAIR OF EARDRUM	500.04	00 15								
03	69631	REPAIR EARDRUM STRUCTURES	541.73									
07	69631	REPAIR EARDRUM STRUCTURES	650.08	00 15								
03	69632	REBUILD EARDRUM STRUCTURES	667.57									
07	69632	REBUILD EARDRUM STRUCTURES	801.08	00 15								
03	69633	REBUILD EARDRUM STRUCTURES - TOTAL	642.53									
07	69633	REBUILD EARDRUM STRUCTURES - TOTAL	771.04	00 15								
03	69635	REPAIR EARDRUM STRUCTURES	752.69									
07	69635	REPAIR EARDRUM STRUCTURES	903.23	00 15								
03	69636	REBUILD EARDRUM STRUCTURES	853.33									
07	69636	REBUILD EARDRUM STRUCTURES	1,023.99	00 15								
03	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	849.30									
07	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,019.16	00 15								
03	69641	REVISE MIDDLE EAR & MASTOID	647.92									
07	69641	REVISE MIDDLE EAR & MASTOID	777.49	00 15								
03	69642	REVISE MIDDLE EAR & MASTOID	837.19									
07	69642	REVISE MIDDLE EAR & MASTOID	1,004.64	00 15								
03	69643	REVISE MIDDLE EAR & MASTOID	764.60									
07	69643	REVISE MIDDLE EAR & MASTOID	917.52	00 15								
03	69644	REVISE MIDDLE EAR & MASTOID	920.60									
07	69644	REVISE MIDDLE EAR & MASTOID	1,104.72	00 15								
03	69645	REVISE MIDDLE EAR & MASTOID	901.26									
07	69645	REVISE MIDDLE EAR & MASTOID	1,081.50	00 15								
03	69646	REVISE MIDDLE EAR & MASTOID	960.28									
07	69646	REVISE MIDDLE EAR & MASTOID	1,152.34	00 15								
03	69650	RELEASE MIDDLE EAR BONE	493.30									
07	69650	RELEASE MIDDLE EAR BONE	591.96	00 15								
03	69660	REVISE MIDDLE EAR BONE	582.15									
07	69660	REVISE MIDDLE EAR BONE	698.58	00 15								
03	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	762.05									
07	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	914.45	00 15								
03	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	731.69									
07	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	878.03	00 15								

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COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	69666	REPAIR MIDDLE EAR STRUCTURES	500.47									
07	69666	REPAIR MIDDLE EAR STRUCTURES	600.56	00 15								
03	69667	REPAIR MIDDLE EAR STRUCTURES	502.11									
07	69667	REPAIR MIDDLE EAR STRUCTURES	602.53	00 15								
02	69670	REMOVE MASTOID AIR CELLS	117.23									
03	69670	REMOVE MASTOID AIR CELLS	586.17									
07	69670	REMOVE MASTOID AIR CELLS	703.39	00 15								
03	69676	TYMPANIC NEURECTOMY; UNILATERAL	514.69									
07	69676	TYMPANIC NEURECTOMY; UNILATERAL	617.63	00 15								
03	69700	CLOSE MASTOID FISTULA	429.97									
07	69700	CLOSE MASTOID FISTULA	515.96	00 15								
03	69714	IMPLANT TEMPLE BONE W/STIMUL	677.63									
07	69714	IMPLANT TEMPLE BONE W/STIMUL	813.16	00 15								
02	69715	TEMPLE BNE IMPLNT W/STIMULAT	169.34								X	
03	69715	TEMPLE BNE IMPLNT W/STIMULAT	846.71								X	
07	69715	TEMPLE BNE IMPLNT W/STIMULAT	1,016.05	00 15							X	
02	69717	TEMPLE BONE IMPLANT REVISION	142.88								X	
03	69717	TEMPLE BONE IMPLANT REVISION	714.41								X	
07	69717	TEMPLE BONE IMPLANT REVISION	857.28	00 15							X	
02	69718	REVISE TEMPLE BONE IMPLANT	179.40								X	
03	69718	REVISE TEMPLE BONE IMPLANT	897.01								X	
07	69718	REVISE TEMPLE BONE IMPLANT	1,076.41	00 15							X	
03	69720	RELEASE FACIAL NERVE	731.94									
07	69720	RELEASE FACIAL NERVE	878.32	00 15								
02	69725	RELEASE FACIAL NERVE	241.68									
03	69725	RELEASE FACIAL NERVE	1,208.42									
07	69725	RELEASE FACIAL NERVE	1,450.10	00 15								
02	69740	REPAIR FACIAL NERVE	148.48									
03	69740	REPAIR FACIAL NERVE	742.38									
07	69740	REPAIR FACIAL NERVE	890.85	00 15								
02	69745	REPAIR FACIAL NERVE	157.19									
03	69745	REPAIR FACIAL NERVE	785.96									
07	69745	REPAIR FACIAL NERVE	943.15	00 15								
02	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X							
03	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X							
07	69799	MIDDLE EAR SURGERY PROCEDURE	MP	00 15	X							
03	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	461.77									
07	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	554.12	00 15								
03	69805	EXPLORE INNER EAR	664.86									
07	69805	EXPLORE INNER EAR	797.83	00 15								
03	69806	EXPLORE INNER EAR	595.48									
07	69806	EXPLORE INNER EAR	714.58	00 15								
02	69820	ESTABLISH INNER EAR WINDOW	107.46									
03	69820	ESTABLISH INNER EAR WINDOW	537.30									
07	69820	ESTABLISH INNER EAR WINDOW	644.76	00 15								
02	69840	REVISE INNER EAR WINDOW	112.31									

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001
03	69840	REVISE INNER EAR WINDOW	561.56										
07	69840	REVISE INNER EAR WINDOW	673.86	00	15								
03	69905	REMOVE INNER EAR	572.27										
07	69905	REMOVE INNER EAR	686.72	00	15								
03	69910	REMOVE INNER EAR & MASTOID	644.56										
07	69910	REMOVE INNER EAR & MASTOID	773.47	00	15								
02	69915	INCISE INNER EAR NERVE	196.45										
03	69915	INCISE INNER EAR NERVE	982.27										
07	69915	INCISE INNER EAR NERVE	1,178.71	00	15								
03	69930	COCHLEAR DEVICE IMPLANTATION	787.55	16	20		X						X
07	69930	COCHLEAR DEVICE IMPLANTATION	945.06	01	15		X						X
02	69949	INNER EAR SURGERY PROCEDURE	MP			X							
03	69949	INNER EAR SURGERY PROCEDURE	MP			X							
07	69949	INNER EAR SURGERY PROCEDURE	MP	00	15	X							
02	69950	INCISE INNER EAR NERVE	233.46										
03	69950	INCISE INNER EAR NERVE	1,167.30										
07	69950	INCISE INNER EAR NERVE	1,400.75	00	15								
02	69955	RELEASE FACIAL NERVE	254.84										
03	69955	RELEASE FACIAL NERVE	1,274.21										
07	69955	RELEASE FACIAL NERVE	1,529.06	00	15								
02	69960	RELEASE INNER EAR CANAL	247.20										
03	69960	RELEASE INNER EAR CANAL	1,236.02										
07	69960	RELEASE INNER EAR CANAL	1,483.23	00	15								
02	69970	REMOVE INNER EAR LESION	275.79										
03	69970	REMOVE INNER EAR LESION	1,378.94										
07	69970	REMOVE INNER EAR LESION	1,654.72	00	15								
02	69979	TEMPORAL BONE SURGERY	MP			X							
03	69979	TEMPORAL BONE SURGERY	MP			X							
07	69979	TEMPORAL BONE SURGERY	MP	00	15	X							

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 01, 2013 THRU JANUARY 31, 2013

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13
				AGE	MED					BASE	X-	UVS
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001
03	69990	MICROSURGERY ADD-ON	144.66									
07	69990	MICROSURGERY ADD-ON	173.58	00 15								

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