LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012
LEGEND

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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.

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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.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN | MAX | MED REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 03 | 90586 | BCG VACCINE FOR BLADDER CANCER, LIVE | 111.18 | | | | | | | | | | |
| 03 | 90801 | PSYCHIATRIC DIAGNOSTIC INTERVIEW | 106.23 | | | X | | | | | | | |
| 07 | 90801 | PSYCHIATRIC DIAGNOSTIC INTERVIEW | 127.47 | 00 | 15 | X | | | | | | | |
| 03 | 90802 | INTERACTIVE PSYCHIATRIC DX INTERVIEW | 113.32 | | | X | | | | | | | |
| 07 | 90802 | INTERACTIVE PSYCHIATRIC DX INTERVIEW | 135.98 | 00 | 15 | X | | | | | | | |
| 03 | 90804 | INDIV PSYCHOTH INSIGHT ORIE 20-30MIN | 46.71 | | | X | | | | | | | |
| 07 | 90804 | INDIV PSYCHOTH INSIGHT ORIE 20-30MIN | 56.04 | 00 | 15 | X | | | | | | | |
| 03 | 90805 | PSYCHOTH INSIGHT ORIE 20-30MIN W/E&M | 52.06 | | | X | | | | | | | |
| 07 | 90805 | PSYCHOTH INSIGHT ORIE 20-30MIN W/E&M | 62.47 | 00 | 15 | X | | | | | | | |
| 03 | 90806 | INDIV PSYCHOTH INSIGHT ORIE 45-50MIN | 65.75 | | | X | | | | | | | |
| 07 | 90806 | INDIV PSYCHOTH INSIGHT ORIE 45-50MIN | 78.89 | 00 | 15 | X | | | | | | | |
| 03 | 90807 | PSYCHOTH INSIGHT ORIE 45-50MIN W/E&M | 73.51 | | | X | | | | | | | |
| 07 | 90807 | PSYCHOTH INSIGHT ORIE 45-50MIN W/E&M | 88.21 | 00 | 15 | X | | | | | | | |
| 03 | 90808 | INDIV PSYCHOTH INSIGHT ORIE 75-80MIN | 96.81 | | | X | | | | | | | |
| 07 | 90808 | INDIV PSYCHOTH INSIGHT ORIE 75-80MIN | 116.17 | 00 | 15 | X | | | | | | | |
| 03 | 90809 | PSYCHOTH INSIGHT ORIE 75-80MIN W/E&M | 104.34 | | | X | | | | | | | |
| 07 | 90809 | PSYCHOTH INSIGHT ORIE 75-80MIN W/E&M | 125.20 | 00 | 15 | X | | | | | | | |
| 03 | 90810 | INDIV PSYCHOTH INTERACTIVE 20-30 MIN | 49.72 | | | X | | | | | | | |
| 07 | 90810 | INDIV PSYCHOTH INTERACTIVE 20-30 MIN | 59.67 | 00 | 15 | X | | | | | | | |
| 03 | 90811 | PSYCHOTH INTERACTIVE 20-30 MIN W/E&M | 57.72 | | | X | | | | | | | |
| 07 | 90811 | PSYCHOTH INTERACTIVE 20-30 MIN W/E&M | 69.26 | 00 | 15 | X | | | | | | | |
| 03 | 90812 | INDIV PSYCHOTH INTERACTIVE 45-50 MIN | 71.41 | | | X | | | | | | | |
| 07 | 90812 | INDIV PSYCHOTH INTERACTIVE 45-50 MIN | 85.68 | 00 | 15 | X | | | | | | | |
| 03 | 90813 | PSYCHOTH INTERACTIVE 45-50 MIN W/E&M | 79.17 | | | X | | | | | | | |
| 07 | 90813 | PSYCHOTH INTERACTIVE 45-50 MIN W/E&M | 95.01 | 00 | 15 | X | | | | | | | |
| 03 | 90814 | INDIV PSYCHOTH INTERACTIVE 75-80 MIN | 103.68 | | | X | | | | | | | |
| 07 | 90814 | INDIV PSYCHOTH INTERACTIVE 75-80 MIN | 124.41 | 00 | 15 | X | | | | | | | |
| 03 | 90815 | PSYCHOTH INTERACTIVE 75-80 MIN W/E&M | 110.00 | | | X | | | | | | | |
| 07 | 90815 | PSYCHOTH INTERACTIVE 75-80 MIN W/E&M | 132.00 | 00 | 15 | X | | | | | | | |
| 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 | 90857 | INTERACTIVE GROUP MEDICAL PSYCHOTHER | 24.27 | | | X | | | | | | X | X |
| 07 | 90857 | INTERACTIVE GROUP MEDICAL PSYCHOTHER | 29.12 | 00 | 15 | X | | | | | | X | X |
| 03 | 90862 | PHARMACOLOGIC MANAGEMENT INCLUDING | 38.14 | | | X | | | | | | X | |
| 07 | 90862 | PHARMACOLOGIC MANAGEMENT INCLUDING | 45.77 | 00 | 15 | X | | | | | | X | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | |
| 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 | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 |
| 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 | 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 | | | | | | | | | | |
| 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 | 92980 | INSERT INTRACORONARY STENT | 587.00 | | | X | | | | | | | |
| 07 | 92980 | INSERT INTRACORONARY STENT | 704.40 | 00 | 15 | X | | | | | | | |
| 03 | 92981 | INSERT INTRACORONARY STENT | 163.41 | | | X | | | | | | | X |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 92981 | INSERT INTRACORONARY STENT | 196.10 | 00 15 | X | | | | | | | X |
| 03 | 92982 | PTCA-SINGLE VESSEL | 435.11 | | X | | | | | | | |
| 07 | 92982 | PTCA-SINGLE VESSEL | 522.12 | 00 15 | X | | | | | | | |
| 03 | 92984 | PTCA, EACH ADD VESSEL | 116.69 | | X | | | | | | | X |
| 07 | 92984 | PTCA, EACH ADD VESSEL | 140.02 | 00 15 | X | | | | | | | 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 | 92995 | PERCUTANEOUS TRANSLUMINAL CORONARY A | 479.51 | | X | | | | | | | |
| 07 | 92995 | PERCUTANEOUS TRANSLUMINAL CORONARY A | 575.42 | 00 15 | X | | | | | | | |
| 03 | 92996 | PERCUTANEOUS TRANSLUMINAL CORONARY A | 125.15 | | X | | | | | | | X |
| 07 | 92996 | PERCUTANEOUS TRANSLUMINAL CORONARY A | 150.17 | 00 15 | X | | | | | | | X |
| 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 02 | 93651 | INTRACARDIAC CATHETER ABLATION | 126.93 | | | X | | | | | | | |
| 03 | 93651 | INTRACARDIAC CATHETER ABLATION OF AR | 634.66 | | | X | | | | | | | |
| 07 | 93651 | INTRACARDIAC CATHETER ABLATION OF AR | 761.59 | 00 | 15 | X | | | | | | | |
| 02 | 93652 | INTRACARDIAC CATHETER ABLATION | 138.12 | | | X | | | | | | | |
| 03 | 93652 | INTRACARDIAC CATHETER ABLATION OF AR | 690.61 | | | X | | | | | | | |
| 07 | 93652 | INTRACARDIAC CATHETER ABLATION OF AR | 828.74 | 00 | 15 | X | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 95010 | PERCUTANEOUS TESTS (SCRATCH, PUNCTUR | 11.26 | | | X | | | | | | | X |
| 07 | 95010 | PERCUTANEOUS TESTS (SCRATCH, PUNCTUR | 13.52 | 00 | 15 | X | | | | | | | X |
| 03 | 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATI | 12.39 | | | | | | | | | | |
| 07 | 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATI | 14.87 | 00 | 15 | | | | | | | | |
| 03 | 95015 | INTRACUTANEOUS (INTRADERMAL) TESTS, | 8.51 | | | X | | | | | | | X |
| 07 | 95015 | INTRACUTANEOUS (INTRADERMAL) TESTS, | 10.22 | 00 | 15 | X | | | | | | | X |
| 03 | 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS W | 4.40 | | | | | | | | | | X |
| 07 | 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS W | 5.27 | 00 | 15 | | | | | | | | X |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | AGE | MED | | | | | BASE | X- | UVS |
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | UNITS | OVERS | >001 |
| 07 | 95070 | INHALATION BRONCH CHALLENGE TESTING | 32.50 | 00 15 | | | | | | | | |
| 03 | 95071 | BRONCHIAL INHALATIONS W/ANTIGENS | 33.50 | | | | | | | | | |
| 07 | 95071 | BRONCHIAL INHALATIONS W/ANTIGENS | 40.20 | 00 15 | | | | | | | | |
| 03 | 95075 | INGESTION CHALLENGE TEST | 42.50 | | X | | | | | | | |
| 07 | 95075 | INGESTION CHALLENGE TEST | 51.00 | 00 15 | X | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | | |
| 03 | 95800 | SLEEP STUDY, UNATTENDED, SIMULTANEOU | 668.76 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 95900 | NERVE CONDUCTION; MOTOR; EACH NERVE | 34.62 | | | X | | | | | | | X |
| 05 | 95900 | NERVE CONDUCTION,MOTOR,EACH NERVE | 13.85 | | | X | | | | | | | X |
| 07 | 95900 | NERVE CONDUCTION; MOTOR; EACH NERVE | 41.54 | 00 | 15 | X | | | | | | | X |
| 03 | 95903 | MOTOR NERVE CONDUCTION TEST | 40.94 | | | X | | | | | | | X |
| 05 | 95903 | MOTOR NERVE CONDUCTION TEST | 16.38 | | | X | | | | | | | |
| 07 | 95903 | MOTOR NERVE CONDUCTION TEST | 49.12 | 00 | 15 | X | | | | | | | X |
| 03 | 95904 | NERVE CONDUCTION; SENSORY; EACH NERV | 30.47 | | | X | | | | | | | X |
| 05 | 95904 | NERVE CONDUCTION,SENSORY,@ NERVE | 12.19 | | | X | | | | | | | X |
| 07 | 95904 | NERVE CONDUCTION; SENSORY; EACH NERV | 36.56 | 00 | 15 | X | | | | | | | X |
| 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 | 95920 | INTRAOPER NEUROPH TESTING PER HR | 102.25 | | | X | | | | | | | X |
| 05 | 95920 | INTRAOPER NEUROPH TESTING PER HR | 40.90 | | | X | | | | | | | X |
| 07 | 95920 | INTRAOPER NEUROPH TESTING PER HR | 122.70 | 00 | 15 | X | | | | | | | X |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 95934 | 'H' REFLEX TEST | 31.69 | | | X | | | | | | | |
| 05 | 95934 | 'H' REFLEX TEST | 12.68 | | | X | | | | | | | |
| 07 | 95934 | 'H' REFLEX TEST | 38.04 | 00 | 15 | X | | | | | | | |
| 03 | 95936 | 'H' REFLEX TEST | 28.39 | | | X | | | | | | | |
| 05 | 95936 | 'H' REFLEX TEST | 11.36 | | | X | | | | | | | |
| 07 | 95936 | 'H' REFLEX TEST | 34.06 | 00 | 15 | X | | | | | | | |
| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

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 | 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 | |
| 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 | G0290 | DRUG-ELUTING STENTS, SINGLE | MP | | X | | | | | | X | |
| 03 | G0291 | DRUG-ELUTING STENTS,EACH ADD | MP | | X | | | | | | X | |
| 03 | G0293 | NON-COV SURG PROC,CLIN TRIAL | MP | | | | | | | | X | |
| 03 | G0294 | NON-COV PROC, CLINICAL TRIAL | MP | | | | | | | | X | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 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 | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | J1051 | INJECTION MEDROXYPROGESTE ACETA 50MG | 6.33 | | | X | | | | | | | X |
| 03 | J1055 | DEPO-PROVERA INJ 150MG | 55.23 | 10 | 55 | X | | F | | | | | |
| 03 | J1056 | LUNELLE MONTHLY CONTRACEPTION INJ | 20.32 | 10 | 60 | X | | F | | | | | |
| 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 |
| 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 |

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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 | 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 |
| 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 |

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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 | 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 | J9001 | DOXORUBICIN HCL LIPOSOME 10 MG | 383.63 | | | 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 | 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 | 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 |

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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 | 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 |
| 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 |

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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 | 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 |
| 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 |

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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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 |
| 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | | | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | 6 MED | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 03 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 03 | 23472 | ARTHROPLASTY W/GLENOID PROXIMAL HUME | 974.38 | | | | | | | | | |
| 07 | 23472 | ARTHROPLASTY W/GLENOID PROXIMAL HUME | 1,169.26 | 00 15 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | 6 MED | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 02 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 | 29590 | APPLICATION OF FOOT SPLINT | 34.80 | | | X | | | | | | | X |
| 07 | 29590 | APPLICATION OF FOOT SPLINT | 41.77 | 00 | 15 | X | | | | | | | X |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 31656 | BRONCHOSCOPY,INJECT FOR XRAY | 199.00 | | X | | | | | | | |
| 07 | 31656 | BRONCHOSCOPY,INJECT FOR XRAY | 238.80 | 00 15 | X | | | | | | | |
| 03 | 31715 | INJECTION FOR BRONCHUS X-RAY | 38.21 | | X | | | | | | | |
| 07 | 31715 | INJECTION FOR BRONCHUS X-RAY | 45.86 | 00 15 | X | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 |
| 03 | 32420 | PUNCTURE/CLEAR LUNG | 77.19 | | X | | | | | | | X |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 32420 | PUNCTURE/CLEAR LUNG | 92.64 | 00 15 | X | | | | | | | X |
| 03 | 32421 | THORACENTESIS, PUNCTURE OF PLEURAL C | 101.07 | | X | | | | | | | |
| 07 | 32421 | THORACENTESIS, PUNCTURE OF PLEURAL C | 121.28 | 00 15 | X | | | | | | | |
| 03 | 32422 | THORACENTESIS WITH INSERTION OF TUBE | 128.39 | | X | | | | | | | |
| 07 | 32422 | THORACENTESIS WITH INSERTION OF TUBE | 154.07 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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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 | 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 | | | | | | | |
| 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 | | | | | | | | | |

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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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | |
| 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 36516 | APHERESIS, SELECTIVE | 1,599.57 | 00 15 | | | | | | | | |
| 03 | 36522 | PHOTOPHERESIS,EXTRACORPOREAL | 834.74 | | | | | | | | | |
| 07 | 36522 | PHOTOPHERESIS,EXTRACORPOREAL | 1,001.68 | 00 15 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | 37200 | TRANSCATHETER BIOPSY | 165.56 | | | | | | | | | | |
| 07 | 37200 | TRANSCATHETER BIOPSY | 198.68 | 00 | 15 | | | | | | | | |
| 03 | 37201 | TRANSCATHETER THERAPY, INFUSION FOR | 194.98 | | | X | | | | | | | |
| 07 | 37201 | TRANSCATHETER THERAPY, INFUSION FOR | 233.97 | 00 | 15 | X | | | | | | | |
| 03 | 37202 | TRANSCATHETER THERAPY, INFUSION OTHE | 233.89 | | | | | | | | | | |
| 07 | 37202 | TRANSCATHETER THERAPY, INFUSION OTHE | 280.67 | 00 | 15 | | | | | | | | |
| 03 | 37203 | TRANSCATHETER RETRIEVAL, PERCUTANEOU | 837.68 | | | X | | | | | | | |
| 07 | 37203 | TRANSCATHETER RETRIEVAL, PERCUTANEOU | 1,005.21 | 00 | 15 | X | | | | | | | |
| 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 | | | | | | | | | | |
| 07 | 37209 | EXCHANGE ARTERIAL CATHETER | 97.68 | 00 | 15 | X | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | 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 |
| 07 | 37232 | REVASCULARIZATION, ENDOVASCULAR, OPE | 748.02 | 00 | 15 | | | | | | | | X |
| 02 | 37233 | RESVASCULARIZATION, ENDOVASCULAR, OP | 152.42 | | | | | | | | | | X |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 02 | 37619 | LIGATION OF INFERIOR VENA CAVA | 224.72 | | | | | | | | | | |
| 03 | 37619 | LIGATION OF INFERIOR VENA CAVA | 1,123.58 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 07 | 38102 | SPLENECTOMY; | 206.64 | 00 15 | | | | | | | | |
| 02 | 38115 | REP.RUP.SPLEEN-W/ORW/OUT SPLENECTOMY | 158.50 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 07 | 38241 | BONE MARROW TRANSPLANT,AUTOLOGOUS | 108.68 | 00 | 15 | X | | | | | | | |
| 03 | 38242 | LYMPHOCYTE INFUSE TRANSPLANT | 64.21 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 38242 | LYMPHOCYTE INFUSE TRANSPLANT | 77.06 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 | 43234 | UPPER GI ENDOSCOPY SIMPLE EXAM | 170.74 | | X | | | | | | | |
| 07 | 43234 | UPPER GI ENDOSCOPY SIMPLE EXAM | 204.88 | 00 15 | X | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | 6 MED | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 02 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | | | | | | | | | | |
| 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | 6 MED | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 03 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | |
| 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 | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | |
| 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 | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | |
| 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 | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | |
| 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 | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 |
| 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 |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 64614 | DESTROY NERVE, EXTREM MUSC | 106.16 | | | X | | | | | | | |
| 07 | 64614 | DESTROY NERVE, EXTREM MUSC | 127.40 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 AGE | 6 MED | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TS | CODE | DESCRIPTION | FEE | MIN-MAX | REV | PA | SEX | PSR | SL | BASE UNITS | X-OVERS | UVS >001 |
| 02 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | 65805 | DRAINAGE OF EYE | 94.68 | | X | | | | | | | |
| 07 | 65805 | DRAINAGE OF EYE | 113.61 | 00 15 | X | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

COLUMN:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | | | | |
| 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 | | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 | 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 | | | | | | | | | |
| 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 | | | | | | | | | |

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LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JULY 01, 2012 THRU DECEMBER 31, 2012

| 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 | 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 JULY 01, 2012 THRU DECEMBER 31, 2012

| COLUMN: 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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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