

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025
LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

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

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

15 - Outpatient Ambulatory Surgical Services.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with MP are manually priced after Medical Review.

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, manual pricing, or to confirm Prior authorization by the surgeon.

COLUMN 7. SEX (Restriction): Some procedure codes are indicated for only one sex.

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	G0105	COLORECTAL SCRIN; HI RISK IND	481.27				
15	G0121	COLON CA SCRIN; NOT HIGH RSK IN	481.27				
15	G0260	INJ FOR SACROILIAC JT ANESTH	359.35				
15	G0330	FACILITY SERVICES FOR DENTAL REHABIL	773.72				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,444.88	10 60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	359.35				
15	10060	DRAINAGE OF SKIN ABSCESS	359.35				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	359.35				
15	10080	INCISE/DRAIN SIMPLE CYST	359.35				
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	359.35				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	359.35				
15	10121	REMOVE FOREIGN BODY	481.27				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	359.35				
15	10160	PUNCTURE DRAINAGE OF LESION	359.35				
15	10180	COMPLEX DRAINAGE, WOUND	481.27				
15	11010	DEBRIDE SKIN, FX	481.27				
15	11011	DEBRIDE SKIN/MUSCLE, FX	481.27				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	481.27				
15	11042	DEBRIDE SKIN/TISSUE	481.27				
15	11043	DEBRIDE TISSUE/MUSCLE	481.27				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	481.27				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	359.35				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	359.35				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	359.35				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	359.35				
15	11404	REMOVAL OF SKIN LESION	359.35				
15	11406	REMOVAL OF SKIN LESION	481.27				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	481.27				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	481.27				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	481.27				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	481.27				
15	11424	REMOVAL OF SKIN LESION	481.27				
15	11426	REMOVAL OF SKIN LESION	481.27				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	359.35				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	359.35				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	359.35				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	359.35				
15	11444	REMOVAL OF SKIN LESION	359.35				
15	11446	REMOVAL OF SKIN LESION	481.27				
15	11450	REMOVAL, SWEAT GLAND LESION	481.27				
15	11451	REMOVAL, SWEAT GLAND LESION	481.27				
15	11462	REMOVAL, SWEAT GLAND LESION	481.27				
15	11463	REMOVAL, SWEAT GLAND LESION	481.27				
15	11470	REMOVAL, SWEAT GLAND LESION	481.27				
15	11471	REMOVAL, SWEAT GLAND LESION	481.27				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	481.27				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	481.27				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	481.27				
15	11604	REMOVAL OF SKIN LESION	481.27				
15	11606	REMOVAL OF SKIN LESION	481.27				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	481.27				
15	11624	REMOVAL OF SKIN LESION	481.27				
15	11626	REMOVAL OF SKIN LESION	481.27				
15	11640	EXC FACE MM MALIG + MAG 0.5<	481.27				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	481.27				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	481.27				
15	11644	REMOVAL OF SKIN LESION	481.27				
15	11646	REMOVAL OF SKIN LESION	481.27				
15	11750	EXCISION NAIL & NAIL MATRIX	359.35				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	359.35				
15	11770	REMOVAL OF PILONIDAL LESION	550.32				
15	11771	REMOVAL OF PILONIDAL LESION	550.32				
15	11772	REMOVAL OF PILONIDAL LESION	550.32				
15	11920	TATOOING; 6 SQ CM OR LESS	359.35			X	
15	11921	TATOOING; 6.1 TO 20 SQ CM	359.35			X	
15	11960	INSERT TISSUE EXPANDER(S)	481.27				
15	11970	REPLACE TISSUE EXPANDER	550.32			X	
15	11971	REMOVE TISSUE EXPANDER(S)	359.35			X	
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	359.35				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	359.35				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	359.35				
15	12005	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12006	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12007	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	481.27				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	481.27				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	481.27				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	481.27				
15	12016	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12017	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12018	REPAIR SUPERFICIAL WOUND(S)	481.27				
15	12020	CLOSURE OF SPLIT WOUND	359.35				
15	12021	CLOSURE OF SPLIT WOUND	359.35				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	359.35				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	359.35				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	481.27				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	481.27				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	481.27				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	481.27				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	359.35				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	359.35				
15	12044	LAYER CLOSURE OF WOUND(S)	481.27				

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1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	12045	LAYER CLOSURE OF WOUND(S)	481.27				
15	12046	LAYER CLOSURE OF WOUND(S)	481.27				
15	12047	LAYER CLOSURE OF WOUND(S)	481.27				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	359.35				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	359.35				
15	12053	LAYER CLOSURE 5.1 TO 7.5	359.35				
15	12054	LAYER CLOSURE OF WOUND(S)	481.27				
15	12055	LAYER CLOSURE OF WOUND(S)	481.27				
15	12056	LAYER CLOSURE OF WOUND(S)	481.27				
15	12057	LAYER CLOSURE OF WOUND(S)	481.27				
15	13100	REPAIR OF WOUND OR LESION	481.27				
15	13101	REPAIR OF WOUND OR LESION	550.32				
15	13102	REPAIR WOUND/LESION ADD-ON	550.32				
15	13120	REPAIR OF WOUND OR LESION	481.27				
15	13121	REPAIR OF WOUND OR LESION	550.32				
15	13122	REPAIR WOUND/LESION ADD-ON	550.32				
15	13131	REPAIR OF WOUND OR LESION	481.27				
15	13132	REPAIR OF WOUND OR LESION	550.32				
15	13133	REPAIR WOUND/LESION ADD-ON	550.32				
15	13151	REPAIR OF WOUND OR LESION	550.32				
15	13152	REPAIR OF WOUND OR LESION	550.32				
15	13153	REPAIR WOUND/LESION ADD-ON	359.35				
15	13160	LATE CLOSURE OF WOUND	481.27				
15	14000	SKIN TISSUE REARRANGEMENT	481.27				
15	14001	SKIN TISSUE REARRANGEMENT	550.32				
15	14020	SKIN TISSUE REARRANGEMENT	550.32				
15	14021	SKIN TISSUE REARRANGEMENT	550.32				
15	14040	SKIN TISSUE REARRANGEMENT	481.27				
15	14041	SKIN TISSUE REARRANGEMENT	550.32				
15	14060	SKIN TISSUE REARRANGEMENT	550.32				
15	14061	SKIN TISSUE REARRANGEMENT	550.32				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	679.83				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	679.83				
15	14350	SKIN TISSUE REARRANGEMENT	550.32				
15	15040	HARVEST CULTURED SKIN GRAFT	481.27				
15	15050	SKIN PINCH GRAFT	481.27				
15	15100	SKIN SPLIT GRAFT	481.27				
15	15101	SKIN SPLIT GRAFT ADD-ON	550.32				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	481.27				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	359.35				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	481.27				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	359.35				
15	15120	SKIN SPLIT GRAFT	481.27				
15	15121	SKIN SPLIT GRAFT ADD-ON	550.32				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	481.27				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	359.35				

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				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	481.27				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	359.35				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	481.27				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	481.27				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	359.35				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	359.35				
15	15200	SKIN FULL GRAFT	550.32				
15	15201	SKIN FULL GRAFT ADD-ON	481.27				
15	15220	SKIN FULL GRAFT	481.27				
15	15221	SKIN FULL GRAFT ADD-ON	481.27				
15	15240	SKIN FULL GRAFT	550.32				
15	15241	SKIN FULL GRAFT ADD-ON	550.32				
15	15260	SKIN FULL GRAFT	481.27				
15	15261	SKIN FULL GRAFT ADD-ON	481.27				
15	15570	FORM SKIN PEDICLE FLAP	550.32				
15	15572	FORM SKIN PEDICLE FLAP	550.32				
15	15574	FORM SKIN PEDICLE FLAP	550.32				
15	15576	FORM SKIN PEDICLE FLAP	550.32				
15	15600	SKIN GRAFT	550.32				
15	15610	SKIN GRAFT	550.32				
15	15620	SKIN GRAFT	679.83				
15	15630	SKIN GRAFT	550.32				
15	15650	TRANSFER SKIN PEDICLE FLAP	773.72				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	550.32				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	550.32				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	550.32				
15	15736	MUSCLE-SKIN GRAFT, ARM	550.32				
15	15738	MUSCLE-SKIN GRAFT, LEG	550.32				
15	15740	ISLAND PEDICLE FLAP GRAFT	481.27				
15	15750	NEUROVASCULAR PEDICLE GRAFT	481.27				
15	15760	COMPOSITE SKIN GRAFT	481.27				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	550.32				
15	15770	DERMA-FAT-FASCIA GRAFT	550.32				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15820	REVISION OF LOWER EYELID	550.32			X	
15	15821	REVISION OF LOWER EYELID	550.32			X	
15	15822	REVISION OF UPPER EYELID	550.32			X	
15	15823	REVISION OF UPPER EYELID	773.72			X	
15	15840	GRAFT FOR FACE NERVE PALSY	679.83				
15	15841	GRAFT FOR FACE NERVE PALSY	679.83				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	679.83				

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1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	15845	SKIN AND MUSCLE REPAIR, FACE	679.83				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	359.35				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	359.35				
15	15920	REMOVAL OF TAIL BONE ULCER	550.32				
15	15922	REMOVAL OF TAIL BONE ULCER	679.83				
15	15931	REMOVE SACRUM PRESSURE SORE	550.32				
15	15933	REMOVE SACRUM PRESSURE SORE	550.32				
15	15934	REMOVE SACRUM PRESSURE SORE	550.32				
15	15935	REMOVE SACRUM PRESSURE SORE	679.83				
15	15936	REMOVE SACRUM PRESSURE SORE	679.83				
15	15937	REMOVE SACRUM PRESSURE SORE	679.83				
15	15940	REMOVE HIP PRESSURE SORE	550.32				
15	15941	REMOVE HIP PRESSURE SORE	550.32				
15	15944	REMOVE HIP PRESSURE SORE	550.32				
15	15945	REMOVE HIP PRESSURE SORE	679.83				
15	15946	REMOVE HIP PRESSURE SORE	679.83				
15	15950	REMOVE THIGH PRESSURE SORE	550.32				
15	15951	REMOVE THIGH PRESSURE SORE	679.83				
15	15952	REMOVE THIGH PRESSURE SORE	550.32				
15	15953	REMOVE THIGH PRESSURE SORE	679.83				
15	15956	REMOVE THIGH PRESSURE SORE	550.32				
15	15958	REMOVE THIGH PRESSURE SORE	679.83				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X		
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	359.35				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	481.27				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	481.27				
15	16035	ESCHAROTOMY	481.27				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	481.27				
15	17999	SKIN TISSUR PROCEDURE	MP		X		
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	481.27				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	359.35				
15	19020	INCISION OF BREAST LESION	481.27				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	481.27				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	481.27				
15	19083	Biopsy of breast accessed throught t	481.27				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	481.27				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	481.27				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	481.27				
15	19100	BX BREAST PERCUT W/O IMAGE	359.35				
15	19101	BIOPSY OF BREAST, OPEN	481.27				
15	19110	NIPPLE EXPLORATION	481.27				
15	19112	EXCISE BREAST DUCT FISTULA	550.32				
15	19120	REMOVAL OF BREAST LESION	550.32				
15	19125	EXCISION, BREAST LESION	550.32				
15	19126	EXCISION, ADDL BREAST LESION	550.32				
15	19281	Placement of breast localization dev	359.35				

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1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19285	Placement of breast localization dev	359.35				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19287	Placement of breast localization dev	359.35				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19296	PLACE PO BREAST CATH FOR RAD	359.35				
15	19297	PLACE BREAST CATH FOR RAD	359.35				
15	19298	PLACE BREAST RAD TUBE/CATHS	359.35				
15	19300	MASTECTOMY FOR GYNECOMASTIA	679.83			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	550.32				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,073.67				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	679.83				
15	19307	MAST, MOD RAD	1,073.67				
15	19316	MASTOPEXY	679.83		X	F	
15	19318	REDUCTION OF LARGE BREAST	679.83	18 99	X		
15	19325	MAMMAPLASTY WITH PROSTHETIC	679.83		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	359.35		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	359.35				
15	19340	IMMEDIATE BREAST PROSTHESIS	481.27		X	F	
15	19342	DELAYED BREAST PROSTHESIS	550.32		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	679.83		X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	773.72		X	F	
15	19370	SURGERY OF BREAST CAPSULE	679.83		X		
15	19371	REMOVAL OF BREAST CAPSULE	679.83		X		
15	19380	REVISE BREAST RECONSTRUCTION	773.72		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	550.32				
15	20101	EXPLORE WOUND, CHEST	550.32				
15	20102	EXPLORE WOUND, ABDOMEN	550.32				
15	20103	EXPLORE WOUND, EXTREMITY	550.32				
15	20200	MUSCLE BIOPSY	481.27				
15	20205	DEEP MUSCLE BIOPSY	550.32				
15	20206	NEEDLE BIOPSY, MUSCLE	359.35				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	359.35				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	481.27				
15	20240	BONE BIOPSY, EXCISIONAL	481.27				
15	20245	BONE BIOPSY, EXCISIONAL	550.32				
15	20250	OPEN BONE BIOPSY	550.32				
15	20251	OPEN BONE BIOPSY	550.32				
15	20500	INJECT SINUS TRACT, THERAPEUTIC	359.35				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	359.35				
15	20520	REMOVE FOREGIN BODY; SIMPLE	359.35				
15	20525	REMOVAL OF FOREIGN BODY	550.32				
15	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	359.35				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	359.35				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	359.35				
15	20612	ASPIRATE/INJ GANGLION CYST	359.35				
15	20615	ASPIRATE/INJECTION-BONE CYST	359.35				
15	20650	INSERT AND REMOVE BONE PIN	550.32				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	359.35	00 00			
15	20662	APPLY HALO; PELVIC	359.35				
15	20663	APPLY HALO; FEMORAL	359.35				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	359.35				
15	20670	REMOVAL OF SUPPORT IMPLANT	359.35				
15	20680	REMOVAL OF SUPPORT IMPLANT	550.32				
15	20690	APPLY BONE FIXATION DEVICE	481.27				
15	20692	APPLY BONE FIXATION DEVICE	550.32				
15	20693	ADJUST BONE FIXATION DEVICE	550.32				
15	20694	REMOVE BONE FIXATION DEVICE	359.35				
15	20900	REMOVAL OF BONE FOR GRAFT	550.32				
15	20902	REMOVAL OF BONE FOR GRAFT	679.83				
15	20910	REMOVE CARTILAGE FOR GRAFT	550.32				
15	20912	REMOVE CARTILAGE FOR GRAFT	550.32				
15	20920	REMOVAL OF FASCIA FOR GRAFT	679.83				
15	20922	REMOVAL OF FASCIA FOR GRAFT	550.32				
15	20924	REMOVAL OF TENDON FOR GRAFT	679.83				
15	20930	SPINAL BONE ALLOGRAFT	359.35				
15	20931	SPINAL BONE ALLOGRAFT	359.35				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20936	SPINAL BONE AUTOGRAFT	359.35				
15	20950	MONITOR INTERSTITIAL FLUID	359.35				
15	20975	ELECTRICAL BONE STIMULATION	481.27				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	481.27				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP			X	
15	21010	INCISION OF JAW JOINT	481.27				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	359.35				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	359.35				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	359.35				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	359.35				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	550.32				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	481.27				
15	21025	EXCISION OF BONE, LOWER JAW	481.27				
15	21026	EXCISION OF FACIAL BONE(S)	481.27				
15	21029	CONTOUR OF FACE BONE LESION	481.27				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	481.27				
15	21031	EXCISION OF TORUS MANDIBULARIS	481.27				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	481.27				
15	21034	REMOVAL OF FACE BONE LESION	550.32				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	21040	REMOVAL OF JAW BONE LESION	481.27				
15	21044	REMOVAL OF JAW BONE LESION	481.27				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	481.27				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	481.27				
15	21048	REMOVE MAXILLA CYST COMPLEX	481.27				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	550.32				
15	21050	REMOVAL OF JAW JOINT	550.32				
15	21060	REMOVE JAW JOINT CARTILAGE	481.27				
15	21070	REMOVE CORONOID PROCESS	550.32				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X		
15	21100	MAXILLOFACIAL FIXATION	481.27				
15	21110	INTERDENTAL FIXATION	359.35				
15	21120	GENIOPLASTY; AUGMENTATION	1,073.67				
15	21121	RECONSTRUCTION OF CHIN	1,073.67				
15	21122	RECONSTRUCTION OF CHIN	1,073.67				
15	21123	RECONSTRUCTION OF CHIN	1,073.67				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,073.67				
15	21127	AUGMENTATION, LOWER JAW BONE	1,444.88				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,073.67				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,073.67				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,073.67				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,073.67				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,073.67				
15	21181	CONTOUR CRANIAL BONE LESION	1,073.67				
15	21206	RECONSTRUCT UPPER JAW BONE	773.72				
15	21208	AUGMENTATION OF FACIAL BONES	1,073.67				
15	21209	REDUCTION OF FACIAL BONES	773.72				
15	21210	FACE BONE GRAFT	1,073.67				
15	21215	LOWER JAW BONE GRAFT	1,073.67				
15	21230	RIB CARTILAGE GRAFT	1,073.67				
15	21235	EAR CARTILAGE GRAFT	1,073.67				
15	21240	RECONSTRUCTION OF JAW JOINT	679.83				
15	21242	RECONSTRUCTION OF JAW JOINT	773.72				
15	21243	RECONSTRUCTION OF JAW JOINT	773.72				
15	21244	RECONSTRUCTION OF LOWER JAW	1,073.67				
15	21245	RECONSTRUCTION OF JAW	1,073.67				
15	21246	RECONSTRUCTION OF JAW	1,073.67				
15	21248	RECONSTRUCTION OF JAW	1,073.67				
15	21249	RECONSTRUCTION OF JAW	1,073.67				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,073.67				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,073.67				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,073.67				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,073.67				
15	21267	REVISE EYE SOCKETS	1,073.67				
15	21270	AUGMENTATION, CHEEK BONE	773.72				
15	21275	REVISION, ORBITOFACIAL BONES	1,073.67				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	21280	REVISION OF EYELID	773.72				
15	21282	REVISION OF EYELID	773.72				
15	21295	RECONST LWR JAW W/O FIXATION	359.35				
15	21296	RECONST LWR JAW W/FIXATION	359.35				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X		
15	21315	TREATMENT OF NOSE FRACTURE	481.27				
15	21320	TREATMENT OF NOSE FRACTURE	481.27				
15	21325	TREATMENT OF NOSE FRACTURE	679.83				
15	21330	TREATMENT OF NOSE FRACTURE	773.72				
15	21335	TREATMENT OF NOSE FRACTURE	1,073.67				
15	21336	TREAT NASAL SEPTAL FRACTURE	679.83				
15	21337	TREAT NASAL SEPTAL FRACTURE	481.27				
15	21338	TREAT NASOETHMOID FRACTURE	679.83				
15	21339	TREAT NASOETHMOID FRACTURE	773.72				
15	21340	TREATMENT OF NOSE FRACTURE	679.83				
15	21345	TREAT NOSE/JAW FRACTURE	1,073.67				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	773.72				
15	21355	TREAT CHEEK BONE FRACTURE	550.32				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	550.32				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	679.83				
15	21386	TREAT ORBITAL FX; PERIORBITAL	679.83				
15	21387	TREAT ORBITAL FX; COMBINATION	679.83				
15	21390	TREAT ORBITAL WITH IMPLANT	679.83				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	679.83				
15	21400	TREAT EYE SOCKET FRACTURE	481.27				
15	21401	TREAT EYE SOCKET FRACTURE	550.32				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	679.83				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	679.83				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	679.83				
15	21421	TREAT MOUTH ROOF FRACTURE	679.83				
15	21440	TREAT DENTAL RIDGE FRACTURE	550.32				
15	21445	TREAT DENTAL RIDGE FRACTURE	679.83				
15	21450	TREAT LOWER JAW FRACTURE	550.32				
15	21451	TREAT LOWER JAW FRACTURE	679.83				
15	21452	TREAT LOWER JAW FRACTURE	481.27				
15	21453	TREAT LOWER JAW FRACTURE	550.32				
15	21454	TREAT LOWER JAW FRACTURE	773.72				
15	21461	TREAT LOWER JAW FRACTURE	679.83				
15	21462	TREAT LOWER JAW FRACTURE	773.72				
15	21465	TREAT LOWER JAW FRACTURE	679.83				
15	21470	TREAT COMPLICATED MANDIBULAR FX	773.72				
15	21480	RESET DISLOCATED JAW	359.35				
15	21485	RESET DISLOCATED JAW	481.27				
15	21490	REPAIR DISLOCATED JAW	550.32				
15	21497	INTERDENTAL WIRING	481.27				
15	21499	UNLISTED PROCEDURE; HEAD	MP		X		

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	21501	DRAIN NECK/CHEST LESION	481.27				
15	21502	DRAIN CHEST LESION	481.27				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	359.35				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	481.27				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	481.27				
15	21555	REMOVE LESION, NECK/CHEST	481.27				
15	21556	REMOVE LESION, NECK/CHEST	481.27				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	481.27				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	481.27				
15	21600	PARTIAL REMOVAL OF RIB	481.27				
15	21610	PARTIAL REMOVAL OF RIB	481.27				
15	21700	REVISION OF NECK MUSCLE	481.27				
15	21720	REVISION OF NECK MUSCLE	550.32				
15	21725	REVISION OF NECK MUSCLE	550.32				
15	21820	TREAT STERNUM FRACTURE	359.35				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X	
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	359.35				
15	21925	BIOPSY SOFT TISSUE OF BACK	481.27				
15	21930	REMOVE LESION, BACK OR FLANK	481.27				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	481.27				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	481.27				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	481.27				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	550.32				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	22100	RESECT VERTEBRA,CERVICAL	481.27				
15	22101	RESECT VERTEBRA, THORACIC	481.27				
15	22310	TREAT SPINE FRACTURE	359.35				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	481.27				
15	22505	MANIPULATION OF SPINE	481.27				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	481.27				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	481.27				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	481.27				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	481.27				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,444.88				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,444.88				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	481.27				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	481.27				
15	22899	SPINE SURGERY PROCEDURE	MP			X	
15	22900	REMOVE ABDOMINAL WALL LESION	679.83				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	481.27				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	481.27				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	481.27				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	481.27				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	22999	ABDOMEN SURGERY PROCEDURE	MP			X	
15	23000	REMOVAL OF CALCIUM DEPOSITS	481.27				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	23020	RELEASE SHOULDER JOINT	481.27				
15	23030	DRAIN SHOULDER LESION	359.35				
15	23031	DRAIN SHOULDER BURSA	550.32				
15	23035	DRAIN SHOULDER BONE LESION	550.32				
15	23040	EXPLORATORY SHOULDER SURGERY	550.32				
15	23044	EXPLORATORY SHOULDER SURGERY	679.83				
15	23066	BIOPSY SHOULDER TISSUES	481.27				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	481.27				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	481.27				
15	23075	REMOVAL OF SHOULDER LESION	481.27				
15	23076	REMOVAL OF SHOULDER LESION	481.27				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE	550.32				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE	481.27				
15	23100	BIOPSY OF SHOULDER JOINT	481.27				
15	23101	SHOULDER JOINT SURGERY	1,073.67				
15	23105	REMOVE SHOULDER JOINT LINING	679.83				
15	23106	INCISION OF COLLARBONE JOINT	679.83				
15	23107	EXPLORE TREAT SHOULDER JOINT	679.83				
15	23120	PARTIAL REMOVAL, COLLAR BONE	773.72				
15	23125	REMOVAL OF COLLAR BONE	773.72				
15	23130	REMOVE SHOULDER BONE, PART	773.72				
15	23140	REMOVAL OF BONE LESION	679.83				
15	23145	REMOVAL OF BONE LESION	773.72				
15	23146	REMOVAL OF BONE LESION	773.72				
15	23150	REMOVAL OF HUMERUS LESION	679.83				
15	23155	REMOVAL OF HUMERUS LESION	773.72				
15	23156	REMOVAL OF HUMERUS LESION	773.72				
15	23170	REMOVE COLLAR BONE LESION	481.27				
15	23172	REMOVE SHOULDER BLADE LESION	481.27				
15	23174	REMOVE HUMERUS LESION	481.27				
15	23180	REMOVE COLLAR BONE LESION	679.83				
15	23182	REMOVE SHOULDER BLADE LESION	679.83				
15	23184	REMOVE HUMERUS LESION	679.83				
15	23190	PARTIAL REMOVAL OF SCAPULA	679.83				
15	23195	REMOVAL OF HEAD OF HUMERUS	773.72				
15	23330	REMOVE SHOULDER FOREIGN BODY	359.35				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	359.35				
15	23395	MUSCLE TRANSFER, SHOULDER/ARM	773.72				
15	23397	MUSCLE TRANSFERS	1,073.67				
15	23400	FIXATION OF SHOULDER BLADE	1,073.67				
15	23405	INCISION OF TENDON & MUSCLE	481.27				
15	23406	INCISE TENDON(S) & MUSCLE(S)	481.27				
15	23410	REPAIR OF TENDON(S)	773.72				
15	23412	REPAIR OF TENDON(S)	1,073.67				
15	23415	RELEASE OF SHOULDER LIGAMENT	773.72				
15	23420	REPAIR OF SHOULDER	1,073.67				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	23430	REPAIR BICEPS TENDON	679.83				
15	23440	REMOVE/TRANSPLANT TENDON	679.83				
15	23450	REPAIR SHOULDER CAPSULE	773.72				
15	23455	REPAIR SHOULDER CAPSULE	1,073.67				
15	23460	REPAIR SHOULDER CAPSULE	773.72				
15	23462	REPAIR SHOULDER CAPSULE	1,073.67				
15	23465	REPAIR SHOULDER CAPSULE	773.72				
15	23466	REPAIR SHOULDER CAPSULE	1,073.67				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,073.67				
15	23480	REVISION OF COLLAR BONE	679.83				
15	23485	REVISION OF COLLAR BONE	1,073.67				
15	23490	REINFORCE CLAVICLE	550.32				
15	23491	REINFORCE SHOULDER BONES	550.32				
15	23500	TREAT CLAVICLE FRACTURE	359.35				
15	23505	TREAT CLAVICLE FRACTURE	359.35				
15	23515	TREAT CLAVICLE FRACTURE	550.32				
15	23520	TREAT CLAVICLE DISLOCATION	359.35				
15	23525	TREAT CLAVICLE DISLOCATION	359.35				
15	23530	TREAT CLAVICLE DISLOCATION	550.32				
15	23532	TREAT CLAVICLE DISLOCATION	679.83				
15	23540	TREAT CLAVICLE DISLOCATION	359.35				
15	23545	TREAT CLAVICLE DISLOCATION	359.35				
15	23550	TREAT CLAVICLE DISLOCATION	550.32				
15	23552	TREAT CLAVICLE DISLOCATION	679.83				
15	23570	TREAT SHOULDER BLADE FX	359.35				
15	23575	TREAT SHOULDER BLADE FX	359.35				
15	23585	TREAT SCAPULA FRACTURE	550.32				
15	23600	TREAT HUMERUS FRACTURE	359.35				
15	23605	TREAT HUMERUS FRACTURE	481.27				
15	23615	TREAT HUMERUS FRACTURE	679.83				
15	23616	TREAT HUMERUS FRACTURE	679.83				
15	23620	TREAT HUMERUS FRACTURE	359.35				
15	23625	TREAT HUMERUS FRACTURE	481.27				
15	23630	TREAT HUMERUS FRACTURE	773.72				
15	23650	TREAT SHOULDER DISLOCATION	359.35				
15	23655	TREAT SHOULDER DISLOCATION	359.35				
15	23660	TREAT SHOULDER DISLOCATION	550.32				
15	23665	TREAT DISLOCATION/FRACTURE	481.27				
15	23670	TREAT DISLOCATION/FRACTURE	550.32				
15	23675	TREAT DISLOCATION/FRACTURE	481.27				
15	23680	TREAT DISLOCATION/FRACTURE	550.32				
15	23700	FIXATION OF SHOULDER	359.35				
15	23800	FUSION OF SHOULDER JOINT	679.83				
15	23802	FUSION OF SHOULDER JOINT	1,073.67				
15	23921	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	23929	SHOULDER SURGERY PROCEDURE	MP		X		

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	23930	DRAINAGE OF ARM LESION	359.35				
15	23931	DRAINAGE OF ARM BURSA	481.27				
15	23935	DRAIN ARM/ELBOW BONE LESION	481.27				
15	24000	EXPLORATORY ELBOW SURGERY	679.83				
15	24006	RELEASE ELBOW JOINT	679.83				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	481.27				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	481.27				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	481.27				
15	24075	REMOVE ARM/ELBOW LESION	481.27				
15	24076	REMOVE ARM/ELBOW LESION	481.27				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	550.32				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	24100	BIOPSY ELBOW JOINT LINING	359.35				
15	24101	EXPLORE/TREAT ELBOW JOINT	679.83				
15	24102	REMOVE ELBOW JOINT LINING	679.83				
15	24105	REMOVAL OF ELBOW BURSA	550.32				
15	24110	REMOVE HUMERUS LESION	481.27				
15	24115	REMOVE/GRAFT BONE LESION	550.32				
15	24116	REMOVE/GRAFT BONE LESION	550.32				
15	24120	REMOVE ELBOW LESION	550.32				
15	24125	REMOVE/GRAFT BONE LESION	550.32				
15	24126	REMOVE/GRAFT BONE LESION	550.32				
15	24130	REMOVAL OF HEAD OF RADIUS	550.32				
15	24134	REMOVAL OF ARM BONE LESION	481.27				
15	24136	REMOVE RADIUS BONE LESION	481.27				
15	24138	REMOVE ELBOW BONE LESION	481.27				
15	24140	PARTIAL REMOVAL OF ARM BONE	550.32				
15	24145	PARTIAL REMOVAL OF RADIUS	550.32				
15	24147	PARTIAL REMOVAL OF ELBOW	481.27				
15	24155	REMOVAL OF ELBOW JOINT	550.32				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	481.27				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	550.32				
15	24200	REMOVAL OF ARM FOREIGN BODY	359.35				
15	24201	REMOVAL OF ARM FOREIGN BODY	481.27				
15	24301	MUSCLE/TENDON TRANSFER	679.83				
15	24305	ARM TENDON LENGTHENING	679.83				
15	24310	REVISION OF ARM TENDON	550.32				
15	24320	REPAIR OF ARM TENDON	550.32				
15	24330	REVISION OF ARM MUSCLES	550.32				
15	24331	REVISION OF ARM MUSCLES	550.32				
15	24340	REPAIR OF BICEPS TENDON	550.32				
15	24341	REPAIR ARM TENDON/MUSCLE	550.32				
15	24342	REPAIR OF RUPTURED TENDON	550.32				
15	24345	REPR ELBW MED LIGMNT W/TISSU	481.27				
15	24360	RECONSTRUCT ELBOW JOINT	773.72				
15	24361	RECONSTRUCT ELBOW JOINT	773.72				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	24362	RECONSTRUCT ELBOW JOINT	773.72				
15	24363	REPLACE ELBOW JOINT	1,073.67				
15	24365	RECONSTRUCT HEAD OF RADIUS	773.72				
15	24366	RECONSTRUCT HEAD OF RADIUS	773.72				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	773.72				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	773.72				
15	24400	REVISION OF HUMERUS	679.83				
15	24410	REVISION OF HUMERUS	679.83				
15	24420	REVISION OF HUMERUS	550.32				
15	24430	REPAIR OF HUMERUS	550.32				
15	24435	REPAIR HUMERUS WITH GRAFT	679.83				
15	24470	REVISION OF ELBOW JOINT	550.32				
15	24495	DECOMPRESSION OF FOREARM	481.27				
15	24498	REINFORCE HUMERUS	550.32				
15	24500	TREAT HUMERUS FRACTURE	359.35				
15	24505	TREAT HUMERUS FRACTURE	359.35				
15	24515	TREAT HUMERUS FRACTURE	679.83				
15	24516	TREAT HUMERUS FRACTURE	679.83				
15	24530	TREAT HUMERUS FRACTURE	359.35				
15	24535	TREAT HUMERUS FRACTURE	359.35				
15	24538	TREAT HUMERUS FRACTURE	481.27				
15	24545	TREAT HUMERUS FRACTURE	679.83				
15	24546	TREAT HUMERUS FRACTURE	773.72				
15	24560	TREAT HUMERUS FRACTURE	359.35				
15	24565	TREAT HUMERUS FRACTURE	481.27				
15	24566	TREAT HUMERUS FRACTURE	481.27				
15	24575	TREAT HUMERUS FRACTURE	550.32				
15	24576	TREAT HUMERUS FRACTURE	359.35				
15	24577	TREAT HUMERUS FRACTURE	359.35				
15	24579	TREAT HUMERUS FRACTURE	550.32				
15	24582	TREAT HUMERUS FRACTURE	481.27				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	679.83				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	773.72				
15	24600	TREAT ELBOW DISLOCATION	359.35				
15	24605	TREAT ELBOW DISLOCATION	481.27				
15	24615	TREAT ELBOW DISLOCATION	550.32				
15	24620	TREAT ELBOW FRACTURE	481.27				
15	24635	TREAT ELBOW FRACTURE	550.32				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	359.35				
15	24655	TREAT RADIUS FRACTURE	359.35				
15	24665	TREAT RADIUS FRACTURE	679.83				
15	24666	TREAT RADIUS FRACTURE	679.83				
15	24670	TREAT ULNAR FRACTURE	359.35				
15	24675	TREAT ULNAR FRACTURE	359.35				
15	24685	TREAT ULNAR FRACTURE	550.32				
15	24800	FUSION OF ELBOW JOINT	679.83				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	24802	FUSION/GRAFT OF ELBOW JOINT	773.72				
15	24925	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X		
15	25000	INCISION OF TENDON SHEATH	550.32				
15	25020	DECOMPRESS FOREARM 1 SPACE	550.32				
15	25023	DECOMPRESS FOREARM 1 SPACE	550.32				
15	25024	DECOMPRESS FOREARM 2 SPACES	550.32				
15	25025	DECOMPRESS FORARM 2 SPACES	550.32				
15	25028	DRAINAGE OF FOREARM LESION	359.35				
15	25031	DRAINAGE OF FOREARM BURSA	481.27				
15	25035	TREAT FOREARM BONE LESION	481.27				
15	25040	EXPLORE/TREAT WRIST JOINT	773.72				
15	25066	BIOPSY FOREARM SOFT TISSUES	481.27				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	481.27				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	481.27				
15	25075	REMOVE FOREARM LESION SUBCUT	481.27				
15	25076	REMOVE FOREARM LESION DEEP	550.32				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	550.32				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	481.27				
15	25085	INCISION OF WRIST CAPSULE	550.32				
15	25100	BIOPSY OF WRIST JOINT	481.27				
15	25101	EXPLORE/TREAT WRIST JOINT	550.32				
15	25105	REMOVE WRIST JOINT LINING	679.83				
15	25107	REMOVE WRIST JOINT CARTILAGE	550.32				
15	25110	REMOVE WRIST TENDON LESION	550.32				
15	25111	REMOVE WRIST TENDON LESION	550.32				
15	25112	REREMOVE WRIST TENDON LESION	679.83				
15	25115	REMOVE WRIST/FOREARM LESION	679.83				
15	25116	REMOVE WRIST/FOREARM LESION	679.83				
15	25118	EXCISE WRIST TENDON SHEATH	481.27				
15	25119	PARTIAL REMOVAL OF ULNA	550.32				
15	25120	REMOVAL OF FOREARM LESION	550.32				
15	25125	REMOVE/GRAFT FOREARM LESION	550.32				
15	25126	REMOVE/GRAFT FOREARM LESION	550.32				
15	25130	REMOVAL OF WRIST LESION	550.32				
15	25135	REMOVE & GRAFT WRIST LESION	550.32				
15	25136	REMOVE & GRAFT WRIST LESION	550.32				
15	25145	REMOVE FOREARM BONE LESION	481.27				
15	25150	PARTIAL REMOVAL OF ULNA	481.27				
15	25151	PARTIAL REMOVAL OF RADIUS	481.27				
15	25210	REMOVAL OF WRIST BONE	550.32				
15	25215	REMOVAL OF WRIST BONES	679.83				
15	25230	PARTIAL REMOVAL OF RADIUS	679.83				
15	25240	PARTIAL REMOVAL OF ULNA	679.83				
15	25248	REMOVE FOREARM FOREIGN BODY	481.27				
15	25250	REMOVAL OF WRIST PROSTHESIS	359.35				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	25251	REMOVAL OF WRIST PROSTHESIS	359.35				
15	25260	REPAIR FOREARM TENDON/MUSCLE	679.83				
15	25263	REPAIR FOREARM TENDON/MUSCLE	481.27				
15	25265	REPAIR FOREARM TENDON/MUSCLE	550.32				
15	25270	REPAIR FOREARM TENDON/MUSCLE	679.83				
15	25272	REPAIR FOREARM TENDON/MUSCLE	550.32				
15	25274	REPAIR FOREARM TENDON/MUSCLE	679.83				
15	25275	REPAIR FOREARM TENDON SHEATH	679.83				
15	25280	REVISE WRIST/FOREARM TENDON	679.83				
15	25290	INCISE WRIST/FOREARM TENDON	550.32				
15	25295	RELEASE WRIST/FOREARM TENDON	550.32				
15	25300	FUSION OF TENDONS AT WRIST	550.32				
15	25301	FUSION OF TENDONS AT WRIST	550.32				
15	25310	TRANSPLANT FOREARM TENDON	550.32				
15	25312	TRANSPLANT FOREARM TENDON	679.83				
15	25315	REVISE PALSY HAND TENDON(S)	550.32				
15	25316	REVISE PALSY HAND TENDON(S)	550.32				
15	25320	REPAIR/REVISE WRIST JOINT	550.32				
15	25332	REVISE WRIST JOINT	773.72				
15	25335	REALIGNMENT OF HAND	550.32				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	773.72				
15	25350	REVISION OF RADIUS	550.32				
15	25355	REVISION OF RADIUS	550.32				
15	25360	REVISION OF ULNA	550.32				
15	25365	REVISE RADIUS & ULNA	550.32				
15	25370	REVISE RADIUS OR ULNA	550.32				
15	25375	REVISE RADIUS & ULNA	679.83				
15	25390	SHORTEN RADIUS OR ULNA	550.32				
15	25391	LENGTHEN RADIUS OR ULNA	679.83				
15	25392	SHORTEN RADIUS & ULNA	550.32				
15	25393	LENGTHEN RADIUS & ULNA	679.83				
15	25400	REPAIR RADIUS OR ULNA	550.32				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	679.83				
15	25415	REPAIR RADIUS & ULNA	550.32				
15	25420	REPAIR/GRAFT RADIUS & ULNA	679.83				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	550.32				
15	25426	REPAIR/GRAFT RADIUS & ULNA	679.83				
15	25431	REPAIR NONUNION CARPAL BONE	550.32				
15	25440	REPAIR/GRAFT WRIST BONE	679.83				
15	25441	RECONSTRUCT WRIST JOINT	773.72				
15	25442	RECONSTRUCT WRIST JOINT	773.72				
15	25443	RECONSTRUCT WRIST JOINT	773.72				
15	25444	RECONSTRUCT WRIST JOINT	773.72				
15	25445	RECONSTRUCT WRIST JOINT	773.72				
15	25446	WRIST REPLACEMENT	1,073.67				
15	25449	REMOVE WRIST JOINT IMPLANT	773.72				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	25450	REVISION OF WRIST JOINT	550.32				
15	25455	REVISION OF WRIST JOINT	550.32				
15	25490	REINFORCE RADIUS	550.32				
15	25491	REINFORCE ULNA	550.32				
15	25492	REINFORCE RADIUS AND ULNA	550.32				
15	25505	TREAT FRACTURE OF RADIUS	359.35				
15	25515	TREAT FRACTURE OF RADIUS	550.32				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	359.35				
15	25525	TREAT FRACTURE OF RADIUS	679.83				
15	25526	TREAT FRACTURE OF RADIUS	773.72				
15	25535	TREAT FRACTURE OF ULNA	359.35				
15	25545	TREAT FRACTURE OF ULNA	550.32				
15	25565	TREAT FRACTURE RADIUS & ULNA	481.27				
15	25574	TREAT FRACTURE RADIUS & ULNA	550.32				
15	25575	TREAT FRACTURE RADIUS/ULNA	550.32				
15	25605	TREAT FRACTURE RADIUS/ULNA	550.32				
15	25606	TREAT FX DISTAL RADIAL	550.32				
15	25607	TREAT FX RAD EXTRA-ARTICUL	773.72				
15	25608	TREAT FX RAD INTRA-ARTICUL	773.72				
15	25609	TREAT FX RADIAL 3 + FRAG	773.72				
15	25624	TREAT WRIST BONE FRACTURE	481.27				
15	25628	TREAT WRIST BONE FRACTURE	550.32				
15	25635	TREAT WRIST BONE FRACTURE	359.35				
15	25645	TREAT WRIST BONE FRACTURE	550.32				
15	25651	PIN ULAR STYLOID FRACTURE	550.32				
15	25660	TREAT WRIST DISLOCATION	359.35				
15	25670	TREAT WRIST DISLOCATION	550.32				
15	25671	PIN RADIOULNAR DISLOCATION	359.35				
15	25675	TREAT WRIST DISLOCATION	359.35				
15	25676	TREAT WRIST DISLOCATION	481.27				
15	25680	TREAT WRIST FRACTURE	481.27				
15	25685	TREAT WRIST FRACTURE	550.32				
15	25690	TREAT WRIST DISLOCATION	359.35				
15	25695	TREAT WRIST DISLOCATION	481.27				
15	25800	FUSION OF WRIST JOINT	679.83				
15	25805	FUSION/GRAFT OF WRIST JOINT	773.72				
15	25810	FUSION/GRAFT OF WRIST JOINT	773.72				
15	25820	FUSION OF HAND BONES	679.83				
15	25825	FUSE HAND BONES WITH GRAFT	773.72				
15	25830	FUSION, RADIOULNAR JNT/ULNA	773.72				
15	25907	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	25922	AMPUTATE HAND AT WRIST	550.32				
15	25929	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		X		
15	26011	DRAINAGE OF FINGER ABSCESS	359.35				
15	26020	DRAIN HAND TENDON SHEATH	481.27				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	26025	DRAINAGE OF PALM BURSA	359.35				
15	26030	DRAINAGE OF PALM BURSA(S)	481.27				
15	26034	TREAT HAND BONE LESION	481.27				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	679.83				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	550.32				
15	26055	INCISE FINGER TENDON SHEATH	481.27				
15	26060	INCISION OF FINGER TENDON	481.27				
15	26070	EXPLORE/TREAT HAND JOINT	481.27				
15	26075	EXPLORE/TREAT FINGER JOINT	679.83				
15	26080	EXPLORE/TREAT FINGER JOINT	679.83				
15	26100	BIOPSY HAND JOINT LINING	481.27				
15	26105	BIOPSY FINGER JOINT LINING	359.35				
15	26110	BIOPSY FINGER JOINT LINING	359.35				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	481.27				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	481.27				
15	26115	REMOVE HAND LESION SUBCUT	481.27				
15	26116	REMOVE HAND LESION, DEEP	481.27				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	550.32				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	481.27				
15	26121	RELEASE PALM CONTRACTURE	679.83				
15	26123	RELEASE PALM CONTRACTURE	679.83				
15	26125	RELEASE PALM CONTRACTURE	679.83				
15	26130	REMOVE WRIST JOINT LINING	550.32				
15	26135	REVISE FINGER JOINT, EACH	679.83				
15	26140	REVISE FINGER JOINT, EACH	481.27				
15	26145	TENDON EXCISION, PALM/FINGER	550.32				
15	26160	REMOVE TENDON SHEATH LESION	550.32				
15	26170	REMOVAL OF PALM TENDON, EACH	550.32				
15	26180	REMOVAL OF FINGER TENDON	550.32				
15	26185	REMOVE FINGER BONE	679.83				
15	26200	REMOVE HAND BONE LESION	481.27				
15	26205	REMOVE/GRAFT BONE LESION	550.32				
15	26210	REMOVAL OF FINGER LESION	481.27				
15	26215	REMOVE/GRAFT FINGER LESION	550.32				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,073.67				
15	26235	PARTIAL REMOVAL, FINGER BONE	550.32				
15	26236	PARTIAL REMOVAL, FINGER BONE	550.32				
15	26250	EXTENSIVE HAND SURGERY	550.32				
15	26260	EXTENSIVE FINGER SURGERY	550.32				
15	26262	PARTIAL REMOVAL OF FINGER	481.27				
15	26320	REMOVAL OF IMPLANT FROM HAND	481.27				
15	26340	MANIPULATE FINGER WITH ANESTH	359.35				
15	26350	REPAIR OF FINGER TENDON	359.35				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	679.83				
15	26356	REPAIR OF FINGER TENDON	679.83				
15	26357	REPAIR OF FINGER TENDON	679.83				

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	679.83				
15	26370	REPAIR FINGER/HAND TENDON	679.83				
15	26372	REPAIR/GRAFT HAND TENDON	679.83				
15	26373	REPAIR FINGER/HAND TENDON	550.32				
15	26390	REVISE HAND/FINGER TENDON	679.83				
15	26392	REPAIR/GRAFT HAND TENDON	550.32				
15	26410	REPAIR HAND TENDON	550.32				
15	26412	REPAIR/GRAFT HAND TENDON	550.32				
15	26415	EXCISION, HAND/FINGER TENDON	679.83				
15	26416	GRAFT HAND OR FINGER TENDON	550.32				
15	26418	REPAIR FINGER TENDON	679.83				
15	26420	REPAIR/GRAFT FINGER TENDON	679.83				
15	26426	REPAIR FINGER/HAND TENDON	550.32				
15	26428	REPAIR/GRAFT FINGER TENDON	550.32				
15	26432	REPAIR FINGER TENDON	550.32				
15	26433	REPAIR FINGER TENDON	550.32				
15	26434	REPAIR/GRAFT FINGER TENDON	550.32				
15	26437	REALIGNMENT OF TENDONS	550.32				
15	26440	RELEASE PALM/FINGER TENDON	550.32				
15	26442	RELEASE PALM & FINGER TENDON	550.32				
15	26445	RELEASE HAND/FINGER TENDON	550.32				
15	26449	RELEASE FOREARM/HAND TENDON	550.32				
15	26450	INCISION OF PALM TENDON	550.32				
15	26455	INCISION OF FINGER TENDON	550.32				
15	26460	INCISE HAND/FINGER TENDON	550.32				
15	26471	FUSION OF FINGER TENDONS	481.27				
15	26474	FUSION OF FINGER TENDONS	481.27				
15	26476	TENDON LENGTHENING	359.35				
15	26477	TENDON SHORTENING	359.35				
15	26478	LENGTHENING OF HAND TENDON	359.35				
15	26479	SHORTENING OF HAND TENDON	359.35				
15	26480	TRANSPLANT HAND TENDON	550.32				
15	26483	TRANSPLANT/GRAFT HAND TENDON	550.32				
15	26485	TRANSPLANT PALM TENDON	481.27				
15	26489	TRANSPLANT/GRAFT PALM TENDON	550.32				
15	26490	REVISE THUMB TENDON	550.32				
15	26492	TENDON TRANSFER WITH GRAFT	550.32				
15	26494	HAND TENDON/MUSCLE TRANSFER	550.32				
15	26496	REVISE THUMB TENDON	550.32				
15	26497	FINGER TENDON TRANSFER	550.32				
15	26498	FINGER TENDON TRANSFER	679.83				
15	26499	REVISION OF FINGER	550.32				
15	26500	HAND TENDON RECONSTRUCTION	679.83				
15	26502	HAND TENDON RECONSTRUCTION	679.83				
15	26508	RELEASE THUMB CONTRACTURE	550.32				
15	26510	THUMB TENDON TRANSFER	550.32				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	26516	FUSION OF KNUCKLE JOINT	359.35				
15	26517	FUSION OF KNUCKLE JOINTS	550.32				
15	26518	FUSION OF KNUCKLE JOINTS	550.32				
15	26520	RELEASE KNUCKLE CONTRACTURE	550.32				
15	26525	RELEASE FINGER CONTRACTURE	550.32				
15	26530	REVISE KNUCKLE JOINT	550.32				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,073.67				
15	26535	REVISE FINGER JOINT	773.72				
15	26536	REVISE/IMPLANT FINGER JOINT	773.72				
15	26540	REPAIR HAND JOINT	679.83				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,073.67				
15	26542	REPAIR HAND JOINT WITH GRAFT	679.83				
15	26545	RECONSTRUCT FINGER JOINT	679.83				
15	26546	REPAIR NONUNION HAND	679.83				
15	26548	RECONSTRUCT FINGER JOINT	679.83				
15	26550	CONSTRUCT THUMB REPLACEMENT	481.27				
15	26555	POSITIONAL CHANGE OF FINGER	550.32				
15	26560	REPAIR OF WEB FINGER	481.27				
15	26561	REPAIR OF WEB FINGER	550.32				
15	26562	REPAIR OF WEB FINGER	679.83				
15	26565	CORRECT METACARPAL FLAW	773.72				
15	26567	CORRECT FINGER DEFORMITY	773.72				
15	26568	LENGTHEN METACARPAL/FINGER	550.32				
15	26580	REPAIR HAND DEFORMITY	773.72				
15	26587	RECONSTRUCT EXTRA FINGER	773.72				
15	26590	REPAIR FINGER DEFORMITY	773.72				
15	26591	REPAIR MUSCLES OF HAND	550.32				
15	26593	RELEASE MUSCLES OF HAND	550.32				
15	26596	EXCISION CONSTRICTING TISSUE	481.27				
15	26605	TREAT METACARPAL FRACTURE	481.27				
15	26607	TREAT METACARPAL FRACTURE	481.27				
15	26608	TREAT METACARPAL FRACTURE	679.83				
15	26615	TREAT METACARPAL FRACTURE	679.83				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	359.35				
15	26645	TREAT THUMB FRACTURE	359.35				
15	26650	TREAT THUMB FRACTURE	481.27				
15	26665	TREAT THUMB FRACTURE	679.83				
15	26675	TREAT HAND DISLOCATION	481.27				
15	26676	PIN HAND DISLOCATION	481.27				
15	26685	TREAT HAND DISLOCATION	550.32				
15	26686	TREAT HAND DISLOCATION	550.32				
15	26705	TREAT KNUCKLE DISLOCATION	481.27				
15	26706	PIN KNUCKLE DISLOCATION	481.27				
15	26715	TREAT KNUCKLE DISLOCATION	679.83				
15	26727	TREAT FINGER FRACTURE, EACH	1,073.67				
15	26735	TREAT FINGER FRACTURE, EACH	679.83				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	26742	TREAT FINGER FRACTURE, EACH	481.27				
15	26746	TREAT FINGER FRACTURE, EACH	773.72				
15	26756	PIN FINGER FRACTURE, EACH	481.27				
15	26765	TREAT FINGER FRACTURE, EACH	679.83				
15	26776	PIN FINGER DISLOCATION	481.27				
15	26785	TREAT FINGER DISLOCATION	481.27				
15	26820	THUMB FUSION WITH GRAFT	773.72				
15	26841	FUSION OF THUMB	679.83				
15	26842	THUMB FUSION WITH GRAFT	679.83				
15	26843	FUSION OF HAND JOINT	550.32				
15	26844	FUSION/GRAFT OF HAND JOINT	550.32				
15	26850	FUSION OF KNUCKLE	679.83				
15	26852	FUSION OF KNUCKLE WITH GRAFT	679.83				
15	26860	FUSION OF FINGER JOINT	550.32				
15	26861	FUSION OF FINGER JNT, ADD-ON	481.27				
15	26862	FUSION/GRAFT OF FINGER JOINT	679.83				
15	26863	FUSE/GRAFT ADDED JOINT	550.32				
15	26910	AMPUTATE METACARPAL BONE	550.32				
15	26951	AMPUTATION OF FINGER/THUMB	481.27				
15	26952	AMPUTATION OF FINGER/THUMB	679.83				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP			X	
15	26990	DRAINAGE OF PELVIS LESION	359.35				
15	26991	DRAINAGE OF PELVIS BURSA	359.35				
15	27000	INCISION OF HIP TENDON	481.27				
15	27001	INCISION OF HIP TENDON	550.32				
15	27003	INCISION OF HIP TENDON	550.32				
15	27033	EXPLORATION OF HIP JOINT	550.32				
15	27035	DENERVATION OF HIP JOINT	679.83				
15	27040	BIOPSY OF SOFT TISSUES	359.35				
15	27041	BIOPSY OF SOFT TISSUES	481.27				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	481.27				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	481.27				
15	27047	REMOVE HIP/PELVIS LESION	481.27				
15	27048	REMOVE HIP/PELVIS LESION	550.32				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	550.32				
15	27050	BIOPSY OF SACROILIAC JOINT	550.32				
15	27052	BIOPSY OF HIP JOINT	550.32				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	27060	REMOVAL OF ISCHIAL BURSA	773.72				
15	27062	REMOVE FEMUR LESION/BURSA	773.72				
15	27065	REMOVAL OF HIP BONE LESION	773.72				
15	27066	REMOVAL OF HIP BONE LESION	773.72				
15	27067	REMOVE/GRAFT HIP BONE LESION	773.72				
15	27080	REMOVAL OF TAIL BONE	481.27				
15	27086	REMOVE HIP FOREIGN BODY	359.35				
15	27087	REMOVE HIP FOREIGN BODY	550.32				

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	27095	WITH ANES	359.35				
15	27097	REVISION OF HIP TENDON	550.32				
15	27098	TRANSFER TENDON TO PELVIS	550.32				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	679.83				
15	27105	TRANSFER OF SPINAL MUSCLE	679.83				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	679.83				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	679.83				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	359.35				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	481.27				
15	27202	TREAT TAIL BONE FRACTURE	481.27				
15	27230	TREAT THIGH FRACTURE	359.35				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	359.35				
15	27238	TREAT THIGH FRACTURE	359.35				
15	27246	TREAT THIGH FRACTURE	359.35				
15	27250	TREAT HIP DISLOCATION	359.35				
15	27252	TREAT HIP DISLOCATION	481.27				
15	27257	TREAT HIP DISLOCATION	550.32				
15	27265	TREAT HIP DISLOCATION	359.35				
15	27266	TREAT HIP DISLOCATION	481.27				
15	27275	MANIPULATION OF HIP JOINT	481.27				
15	27278	FUSION OF PELVIC JOINT INCLUDING JOI	773.72				
15	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	1,444.88				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	550.32				
15	27305	INCISE THIGH TENDON & FASCIA	481.27				
15	27306	INCISION OF THIGH TENDON	550.32				
15	27307	INCISION OF THIGH TENDONS	550.32				
15	27310	EXPLORATION OF KNEE JOINT	679.83				
15	27323	BIOPSY, THIGH SOFT TISSUES	359.35				
15	27324	BIOPSY, THIGH SOFT TISSUES	359.35				
15	27327	REMOVAL OF THIGH LESION	481.27				
15	27328	REMOVAL OF THIGH LESION	550.32				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	679.83				
15	27330	BIOPSY, KNEE JOINT LINING	679.83				
15	27331	EXPLORE/TREAT KNEE JOINT	679.83				
15	27332	REMOVAL OF KNEE CARTILAGE	679.83				
15	27333	REMOVAL OF KNEE CARTILAGE	679.83				
15	27334	REMOVE KNEE JOINT LINING	679.83				
15	27335	REMOVE KNEE JOINT LINING	679.83				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	481.27				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	481.27				
15	27340	REMOVAL OF KNEECAP BURSA	550.32				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	679.83				
15	27347	REMOVE KNEE CYST	679.83				
15	27350	REMOVAL OF KNEECAP	679.83				
15	27355	REMOVE FEMUR LESION	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	27356	REMOVE FEMUR LESION/GRAFT	679.83				
15	27357	REMOVE FEMUR LESION/GRAFT	773.72				
15	27358	REMOVE FEMUR LESION/FIXATION	773.72				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	773.72				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	27372	REMOVAL OF FOREIGN BODY	1,073.67				
15	27380	REPAIR OF KNEECAP TENDON	359.35				
15	27381	REPAIR/GRAFT KNEECAP TENDON	550.32				
15	27385	REPAIR OF THIGH MUSCLE	550.32				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	550.32				
15	27390	INCISION OF THIGH TENDON	359.35				
15	27391	INCISION OF THIGH TENDONS	481.27				
15	27392	INCISION OF THIGH TENDONS	550.32				
15	27393	LENGTHENING OF THIGH TENDON	481.27				
15	27394	LENGTHENING OF THIGH TENDONS	550.32				
15	27395	LENGTHENING OF THIGH TENDONS	550.32				
15	27396	TRANSPLANT OF THIGH TENDON	550.32				
15	27397	TRANSPLANTS OF THIGH TENDONS	550.32				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	550.32				
15	27403	REPAIR OF KNEE CARTILAGE	679.83				
15	27405	REPAIR OF KNEE LIGAMENT	679.83				
15	27407	REPAIR OF KNEE LIGAMENT	679.83				
15	27409	REPAIR OF KNEE LIGAMENTS	679.83				
15	27418	REPAIR DEGENERATED KNEECAP	550.32				
15	27420	REVISION OF UNSTABLE KNEECAP	550.32				
15	27422	REVISION OF UNSTABLE KNEECAP	1,073.67				
15	27424	REVISION/REMOVAL OF KNEECAP	550.32				
15	27425	LATERAL RETINACULAR RELEASE	1,073.67				
15	27427	RECONSTRUCTION, KNEE	550.32				
15	27428	RECONSTRUCTION, KNEE	679.83				
15	27429	RECONSTRUCTION, KNEE	679.83				
15	27430	REVISION OF THIGH MUSCLES	679.83				
15	27435	INCISION OF KNEE JOINT	679.83				
15	27437	REVISE KNEECAP	679.83				
15	27438	REVISE KNEECAP WITH IMPLANT	773.72				
15	27441	REVISION OF KNEE JOINT	773.72				
15	27442	REVISION OF KNEE JOINT	773.72				
15	27443	REVISION OF KNEE JOINT	773.72				
15	27496	DECOMPRESSION OF THIGH/KNEE	773.72				
15	27497	DECOMPRESSION OF THIGH/KNEE	550.32				
15	27498	DECOMPRESSION OF THIGH/KNEE	550.32				
15	27499	DECOMPRESSION OF THIGH/KNEE	550.32				
15	27500	TREATMENT OF THIGH FRACTURE	359.35				
15	27501	TREATMENT OF THIGH FRACTURE	481.27				
15	27502	TREATMENT OF THIGH FRACTURE	481.27				
15	27503	TREATMENT OF THIGH FRACTURE	550.32				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	27508	TREATMENT OF THIGH FRACTURE	359.35				
15	27509	TREATMENT OF THIGH FRACTURE	550.32				
15	27510	TREATMENT OF THIGH FRACTURE	359.35				
15	27516	TREAT THIGH FX GROWTH PLATE	359.35				
15	27517	TREAT THIGH FX GROWTH PLATE	359.35				
15	27520	TREAT KNEECAP FRACTURE	359.35				
15	27530	TREAT KNEE FRACTURE	359.35				
15	27532	TREAT KNEE FRACTURE	359.35				
15	27538	TREAT KNEE FRACTURE(S)	359.35				
15	27550	TREAT KNEE DISLOCATION	359.35				
15	27552	TREAT KNEE DISLOCATION	359.35				
15	27560	TREAT KNEECAP DISLOCATION	359.35				
15	27562	TREAT KNEECAP DISLOCATION	359.35				
15	27566	TREAT KNEECAP DISLOCATION	481.27				
15	27570	FIXATION OF KNEE JOINT	359.35				
15	27594	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	27599	LEG SURGERY PROCEDURE	MP			X	
15	27600	DECOMPRESSION OF LOWER LEG	550.32				
15	27601	DECOMPRESSION OF LOWER LEG	550.32				
15	27602	DECOMPRESSION OF LOWER LEG	550.32				
15	27603	DRAIN LOWER LEG LESION	481.27				
15	27604	DRAIN LOWER LEG BURSA	481.27				
15	27605	INCISION OF ACHILLES TENDON	359.35				
15	27606	INCISION OF ACHILLES TENDON	359.35				
15	27607	TREAT LOWER LEG BONE LESION	481.27				
15	27610	EXPLORE/TREAT ANKLE JOINT	481.27				
15	27612	EXPLORATION OF ANKLE JOINT	550.32				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	481.27				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	550.32				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	27618	REMOVE LOWER LEG LESION	481.27				
15	27619	REMOVE LOWER LEG LESION	550.32				
15	27620	EXPLORE/TREAT ANKLE JOINT	679.83				
15	27625	REMOVE ANKLE JOINT LINING	679.83				
15	27626	REMOVE ANKLE JOINT LINING	679.83				
15	27630	REMOVAL OF TENDON LESION	550.32				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	481.27				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	481.27				
15	27635	REMOVE LOWER LEG BONE LESION	550.32				
15	27637	REMOVE/GRAFT LEG BONE LESION	550.32				
15	27638	REMOVE/GRAFT LEG BONE LESION	550.32				
15	27640	PARTIAL REMOVAL OF TIBIA	481.27				
15	27641	PARTIAL REMOVAL OF FIBULA	481.27				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	550.32				
15	27650	REPAIR ACHILLES TENDON	550.32				
15	27652	REPAIR/GRAFT ACHILLES TENDON	550.32				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	27654	REPAIR OF ACHILLES TENDON	550.32				
15	27656	REPAIR LEG FASCIA DEFECT	481.27				
15	27658	REPAIR OF LEG TENDON, EACH	359.35				
15	27659	REPAIR OF LEG TENDON, EACH	481.27				
15	27664	REPAIR OF LEG TENDON, EACH	481.27				
15	27665	REPAIR OF LEG TENDON, EACH	481.27				
15	27675	REPAIR LOWER LEG TENDONS	481.27				
15	27676	REPAIR LOWER LEG TENDONS	550.32				
15	27680	RELEASE OF LOWER LEG TENDON	550.32				
15	27681	RELEASE OF LOWER LEG TENDONS	481.27				
15	27685	REVISION OF LOWER LEG TENDON	550.32				
15	27686	REVISE LOWER LEG TENDONS	550.32				
15	27687	REVISION OF CALF TENDON	550.32				
15	27690	REVISE LOWER LEG TENDON	679.83				
15	27691	REVISE LOWER LEG TENDON	679.83				
15	27692	REVISE ADDITIONAL LEG TENDON	550.32				
15	27695	REPAIR OF ANKLE LIGAMENT	481.27				
15	27696	REPAIR OF ANKLE LIGAMENTS	481.27				
15	27698	REPAIR OF ANKLE LIGAMENT	481.27				
15	27700	REVISION OF ANKLE JOINT	773.72				
15	27704	REMOVAL OF ANKLE IMPLANT	481.27				
15	27705	INCISION OF TIBIA	481.27				
15	27707	INCISION OF FIBULA	481.27				
15	27709	INCISION OF TIBIA & FIBULA	481.27				
15	27720	REPAIR OF TIBIA	359.35				
15	27730	REPAIR OF TIBIA EPIPHYSIS	481.27				
15	27732	REPAIR OF FIBULA EPIPHYSIS	481.27				
15	27734	REPAIR LOWER LEG EPIPHYSES	481.27				
15	27740	REPAIR OF LEG EPIPHYSES	481.27				
15	27742	REPAIR OF LEG EPIPHYSES	481.27				
15	27750	TREATMENT OF TIBIA FRACTURE	359.35				
15	27752	TREATMENT OF TIBIA FRACTURE	359.35				
15	27756	TREATMENT OF TIBIA FRACTURE	550.32				
15	27758	TREATMENT OF TIBIA FRACTURE	679.83				
15	27759	TREATMENT OF TIBIA FRACTURE	679.83				
15	27760	CLTX MEDIAL ANKLE FX	359.35				
15	27762	CLTX MED ANKLE FX W/MNPJ	359.35				
15	27766	TREATMENT OF ANKLE FRACTURE	550.32				
15	27780	TREATMENT OF FIBULA FRACTURE	359.35				
15	27781	TREATMENT OF FIBULA FRACTURE	359.35				
15	27784	TREATMENT OF FIBULA FRACTURE	550.32				
15	27786	TREATMENT OF ANKLE FRACTURE	359.35				
15	27788	TREATMENT OF ANKLE FRACTURE	359.35				
15	27792	TREATMENT OF ANKLE FRACTURE	550.32				
15	27808	TREATMENT OF ANKLE FRACTURE	359.35				
15	27810	TREATMENT OF ANKLE FRACTURE	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	27814	TREATMENT OF ANKLE FRACTURE	550.32				
15	27816	TREATMENT OF ANKLE FRACTURE	359.35				
15	27818	TREATMENT OF ANKLE FRACTURE	359.35				
15	27822	TREATMENT OF ANKLE FRACTURE	550.32				
15	27823	TREATMENT OF ANKLE FRACTURE	550.32				
15	27824	TREAT LOWER LEG FRACTURE	359.35				
15	27825	TREAT LOWER LEG FRACTURE	481.27				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	550.32				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	550.32				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	679.83				
15	27829	TREAT LOWER LEG JOINT	481.27				
15	27830	TREAT LOWER LEG DISLOCATION	359.35				
15	27831	TREAT LOWER LEG DISLOCATION	359.35				
15	27832	TREAT LOWER LEG DISLOCATION	481.27				
15	27840	TREAT ANKLE DISLOCATION	359.35				
15	27842	TREAT ANKLE DISLOCATION	359.35				
15	27846	TREAT ANKLE DISLOCATION	550.32				
15	27848	TREAT ANKLE DISLOCATION	550.32				
15	27860	FIXATION OF ANKLE JOINT	359.35				
15	27870	FUSION OF ANKLE JOINT	679.83				
15	27871	FUSION OF TIBIOFIBULAR JOINT	679.83				
15	27884	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	27889	AMPUTATION OF FOOT AT ANKLE	550.32				
15	27892	DECOMPRESSION OF LEG	550.32				
15	27893	DECOMPRESSION OF LEG	550.32				
15	27894	DECOMPRESSION OF LEG	550.32				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP			X	
15	28002	TREATMENT OF FOOT INFECTION	550.32				
15	28003	TREATMENT OF FOOT INFECTION	550.32				
15	28005	TREAT FOOT BONE LESION	550.32				
15	28008	INCISION OF FOOT FASCIA	550.32				
15	28011	INCISION OF TOE TENDONS	550.32				
15	28020	EXPLORATION OF FOOT JOINT	481.27				
15	28022	EXPLORATION OF FOOT JOINT	481.27				
15	28024	EXPLORATION OF TOE JOINT	481.27				
15	28035	DECOMPRESSION OF TIBIA NERVE	679.83				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	359.35				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	481.27				
15	28043	EXCISION OF FOOT LESION	481.27				
15	28045	EXCISION OF FOOT LESION	550.32				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	550.32				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	481.27				
15	28050	BIOPSY OF FOOT JOINT LINING	481.27				
15	28052	BIOPSY OF FOOT JOINT LINING	481.27				
15	28054	BIOPSY OF TOE JOINT LINING	481.27				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28062	REMOVAL OF FOOT FASCIA	550.32				
15	28070	REMOVAL OF FOOT JOINT LINING	550.32				
15	28072	REMOVAL OF FOOT JOINT LINING	550.32				
15	28080	REMOVAL OF FOOT LESION	550.32				
15	28086	EXCISE FOOT TENDON SHEATH	481.27				
15	28088	EXCISE FOOT TENDON SHEATH	481.27				
15	28090	REMOVAL OF FOOT LESION	550.32				
15	28092	REMOVAL OF TOE LESIONS	550.32				
15	28100	REMOVAL OF ANKLE/HEEL LESION	481.27				
15	28102	REMOVE/GRAFT FOOT LESION	550.32				
15	28103	REMOVE/GRAFT FOOT LESION	550.32				
15	28104	REMOVAL OF FOOT LESION	481.27				
15	28106	REMOVE/GRAFT FOOT LESION	550.32				
15	28107	REMOVE/GRAFT FOOT LESION	550.32				
15	28108	REMOVAL OF TOE LESIONS	550.32				
15	28110	PART REMOVAL OF METATARSAL	550.32				
15	28111	PART REMOVAL OF METATARSAL	550.32				
15	28112	PART REMOVAL OF METATARSAL	550.32				
15	28113	PART REMOVAL OF METATARSAL	550.32				
15	28114	REMOVAL OF METATARSAL HEADS	550.32				
15	28116	REVISION OF FOOT	550.32				
15	28118	REMOVAL OF HEEL BONE	679.83				
15	28119	REMOVAL OF HEEL SPUR	679.83				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,073.67				
15	28122	PARTIAL REMOVAL OF FOOT BONE	550.32				
15	28124	PARTIAL REMOVAL OF TOE	550.32				
15	28126	PARTIAL REMOVAL OF TOE	550.32				
15	28130	REMOVAL OF ANKLE BONE	550.32				
15	28140	REMOVAL OF METATARSAL	550.32				
15	28150	REMOVAL OF TOE	550.32				
15	28153	PARTIAL REMOVAL OF TOE	550.32				
15	28160	PARTIAL REMOVAL OF TOE	550.32				
15	28171	EXTENSIVE FOOT SURGERY	550.32				
15	28173	EXTENSIVE FOOT SURGERY	550.32				
15	28175	EXTENSIVE FOOT SURGERY	550.32				
15	28190	REMOVAL OF FOOT FOREIGN BODY	359.35				
15	28192	REMOVAL OF FOOT FOREIGN BODY	481.27				
15	28193	REMOVAL OF FOOT FOREIGN BODY	679.83				
15	28200	REPAIR OF FOOT TENDON	550.32				
15	28202	REPAIR/GRAFT OF FOOT TENDON	550.32				
15	28208	REPAIR OF FOOT TENDON	550.32				
15	28210	REPAIR/GRAFT OF FOOT TENDON	550.32				
15	28222	RELEASE OF FOOT TENDONS	359.35				
15	28225	RELEASE OF FOOT TENDON	359.35				
15	28226	RELEASE OF FOOT TENDONS	359.35				
15	28230	INCISION OF FOOT TENDON (S)	359.35				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	28232	INCISION OF TOE TENDON	481.27				
15	28234	INCISION OF FOOT TENDON	481.27				
15	28238	REVISION OF FOOT TENDON	550.32				
15	28240	RELEASE OF BIG TOE	481.27				
15	28250	REVISION OF FOOT FASCIA	550.32				
15	28260	RELEASE OF MIDFOOT JOINT	550.32				
15	28261	REVISION OF FOOT TENDON	550.32				
15	28262	REVISION OF FOOT AND ANKLE	679.83				
15	28264	RELEASE OF MIDFOOT JOINT	359.35				
15	28270	RELEASE OF FOOT CONTRACTURE	550.32				
15	28280	FUSION OF TOES	481.27				
15	28285	REPAIR OF HAMMERTOES	550.32				
15	28286	REPAIR OF HAMMERTOES	679.83				
15	28288	PARTIAL REMOVAL OF FOOT BONE	550.32				
15	28289	REPAIR HALLUX RIGIDUS	550.32				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	481.27				
15	28292	CORRECTION OF BUNION	481.27				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	550.32				
15	28296	CORRECTION OF BUNION	550.32				
15	28297	CORRECTION OF BUNION	550.32				
15	28298	CORRECTION OF BUNION	550.32				
15	28299	CORRECTION OF BUNION	773.72				
15	28300	INCISION OF HEEL BONE	481.27				
15	28302	INCISION OF ANKLE BONE	481.27				
15	28304	INCISION OF MIDFOOT BONES	481.27				
15	28305	INCISE/GRAFT MIDFOOT BONES	550.32				
15	28306	INCISION OF METATARSAL	679.83				
15	28307	INCISION OF METATARSAL	679.83				
15	28308	INCISION OF METATARSAL	481.27				
15	28309	INCISION OF METATARSALS	679.83				
15	28310	REVISION OF BIG TOE	550.32				
15	28312	REVISION OF TOE	550.32				
15	28313	REPAIR DEFORMITY OF TOE	481.27				
15	28315	REMOVAL OF SESAMOID BONE	679.83				
15	28320	REPAIR OF FOOT BONES	679.83				
15	28322	REPAIR OF METATARSALS	679.83				
15	28340	RESECT ENLARGED TOE TISSUE	679.83				
15	28341	RESECT ENLARGED TOE	679.83				
15	28344	REPAIR EXTRA TOE(S)	679.83				
15	28345	REPAIR WEBBED TOE(S)	679.83				
15	28400	TREATMENT OF HEEL FRACTURE	359.35				
15	28405	TREATMENT OF HEEL FRACTURE	481.27				
15	28406	TREATMENT OF HEEL FRACTURE	481.27				
15	28415	TREAT HEEL FRACTURE	550.32				
15	28420	TREAT/GRAFT HEEL FRACTURE	679.83				
15	28435	TREATMENT OF ANKLE FRACTURE	481.27				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	28436	TREATMENT OF ANKLE FRACTURE	481.27				
15	28445	TREAT ANKLE FRACTURE	550.32				
15	28456	TREAT MIDFOOT FRACTURE	481.27				
15	28465	TREAT MIDFOOT FRACTURE, EACH	550.32				
15	28476	TREAT METATARSAL FRACTURE	481.27				
15	28485	TREAT METATARSAL FRACTURE	679.83				
15	28496	TREAT BIG TOE FRACTURE	481.27				
15	28505	TREAT BIG TOE FRACTURE	550.32				
15	28525	TREAT TOE FRACTURE	550.32				
15	28531	TREAT SESAMOID BONE FRACTURE	550.32				
15	28545	TREAT FOOT DISLOCATION	359.35				
15	28546	TREAT FOOT DISLOCATION	481.27				
15	28555	REPAIR FOOT DISLOCATION	481.27				
15	28575	TREAT FOOT DISLOCATION	359.35				
15	28576	TREAT FOOT DISLOCATION	550.32				
15	28585	REPAIR FOOT DISLOCATION	550.32				
15	28600	TREAT FOOT DISLOCATION	359.35				
15	28605	TREAT FOOT DISLOCATION	359.35				
15	28606	TREAT FOOT DISLOCATION	481.27				
15	28615	REPAIR FOOT DISLOCATION	550.32				
15	28635	TREAT TOE DISLOCATION	359.35				
15	28636	TREAT TOE DISLOCATION	550.32				
15	28645	REPAIR TOE DISLOCATION	550.32				
15	28660	TREAT TOE DISLOCATION	359.35				
15	28665	TREAT TOE DISLOCATION	359.35				
15	28666	TREAT TOE DISLOCATION	550.32				
15	28675	REPAIR OF TOE DISLOCATION	550.32				
15	28705	FUSION OF FOOT BONES	679.83				
15	28715	FUSION OF FOOT BONES	679.83				
15	28725	FUSION OF FOOT BONES	679.83				
15	28730	FUSION OF FOOT BONES	679.83				
15	28735	FUSION OF FOOT BONES	679.83				
15	28737	REVISION OF FOOT BONES	773.72				
15	28740	FUSION OF FOOT BONES	679.83				
15	28750	FUSION OF BIG TOE JOINT	679.83				
15	28755	FUSION OF BIG TOE JOINT	679.83				
15	28760	FUSION OF BIG TOE JOINT	679.83				
15	28810	AMPUTATION TOE & METATARSAL	481.27				
15	28820	AMPUTATION OF TOE	481.27				
15	28825	PARTIAL AMPUTATION OF TOE	481.27				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP			X	
15	29800	JAW ARTHROSCOPY/SURGERY	550.32				
15	29804	JAW ARTHROSCOPY/SURGERY	550.32				
15	29805	SHOULDER ARTHROSCOPY, DX	550.32				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	550.32				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	29819	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	773.72				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	550.32				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	550.32				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	773.72				
15	29830	ELBOW ARTHROSCOPY	550.32				
15	29834	ELBOW ARTHROSCOPY/SURGERY	550.32				
15	29835	ELBOW ARTHROSCOPY/SURGERY	550.32				
15	29836	ELBOW ARTHROSCOPY/SURGERY	550.32				
15	29837	ELBOW ARTHROSCOPY/SURGERY	550.32				
15	29838	ELBOW ARTHROSCOPY/SURGERY	550.32				
15	29840	WRIST ARTHROSCOPY	550.32				
15	29843	WRIST ARTHROSCOPY/SURGERY	550.32				
15	29844	WRIST ARTHROSCOPY/SURGERY	550.32				
15	29845	WRIST ARTHROSCOPY/SURGERY	550.32				
15	29846	WRIST ARTHROSCOPY/SURGERY	550.32				
15	29847	WRIST ARTHROSCOPY/SURGERY	550.32				
15	29848	WRIST ENDOSCOPY/SURGERY	1,444.88				
15	29850	KNEE ARTHROSCOPY/SURGERY	679.83				
15	29851	KNEE ARTHROSCOPY/SURGERY	679.83				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	679.83				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	679.83				
15	29860	HIP ARTHROSCOPY, DX	679.83				
15	29861	HIP ARTHROSCOPY/SURGERY	679.83				
15	29862	HIP ARTHROSCOPY/SURGERY	1,444.88				
15	29863	HIP ARTHROSCOPY/SURGERY	679.83				
15	29870	KNEE ARTHROSCOPY, DX	550.32				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	550.32				
15	29873	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29874	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29875	KNEE ARTHROSCOPY/SURGERY	679.83				
15	29876	KNEE ARTHROSCOPY/SURGERY	679.83				
15	29877	KNEE ARTHROSCOPY/SURGERY	679.83				
15	29879	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	679.83				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	679.83				
15	29882	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29883	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29884	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29885	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29886	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29887	KNEE ARTHROSCOPY/SURGERY	550.32				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	29888	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	550.32				
15	29891	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29892	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,444.88				
15	29894	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29895	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29897	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29898	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29899	ANKLE ARTHROSCOPY/SURGERY	550.32				
15	29900	MCP JOINT ARTHROSCOPY, DX	550.32				
15	29901	MCP JOINT ARTHROSCOPY, SURG	550.32				
15	29902	MCP JOINT ARTHROSCOPY, SURG	550.32				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	679.83				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	679.83				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	679.83				
15	29999	ARTHROSCOPY OF JOINT	MP		X		
15	30000	DRAINAGE OF NOSE LESION	359.35				
15	30100	INTRANASAL BIOPSY	359.35				
15	30110	REMOVAL OF NOSE POLY(S)	359.35				
15	30115	REMOVAL OF NOSE POLYP(S)	481.27				
15	30117	REMOVAL OF INTRANASAL LESION	550.32				
15	30118	REMOVAL OF INTRANASAL LESION	550.32				
15	30120	REVISION OF NOSE	359.35				
15	30125	REMOVAL OF NOSE LESION	481.27				
15	30130	REMOVAL OF TURBINATE BONES	550.32				
15	30140	REMOVAL OF TURBINATE BONES	481.27				
15	30150	PARTIAL REMOVAL OF NOSE	550.32				
15	30160	REMOVAL OF NOSE	679.83				
15	30210	NASAL SINUS THERAPY	359.35				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	550.32				
15	30300	REMOVE NASAL FOREIGN BODY	359.35				
15	30310	REMOVE NASAL FOREIGN BODY	359.35				
15	30320	REMOVE NASAL FOREIGN BODY	481.27				
15	30400	RECONSTRUCTION OF NOSE	679.83				
15	30410	RECONSTRUCTION OF NOSE	773.72				
15	30420	RECONSTRUCTION OF NOSE	773.72				
15	30430	REVISION OF NOSE	550.32				
15	30435	REVISION OF NOSE	773.72				
15	30450	REVISION OF NOSE	1,073.67				
15	30460	REVISION OF NOSE	1,073.67				
15	30462	REVISION OF NOSE	1,444.88				
15	30465	REPAIR NASAL STENOSIS	1,444.88				
15	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	1,444.88				
15	30469	REPAIR OF COLLAPSED NASAL VALVE	1,444.88				
15	30520	REPAIR OF NASAL SEPTUM	679.83				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	30540	REPAIR NASAL DEFECT	773.72				
15	30545	REPAIR NASAL DEFECT	773.72				
15	30560	RELEASE OF NASAL ADHESIONS	481.27				
15	30580	REPAIR UPPER JAW FISTULA	679.83				
15	30600	REPAIR MOUTH/NOSE FISTULA	679.83				
15	30620	INTRANASAL RECONSTRUCTION	1,073.67				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,073.67				
15	30801	CAUTERIZATION, INNER NOSE	359.35				
15	30802	CAUTERIZATION, INNER NOSE	359.35				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	359.35				
15	30903	CONTROL OF NOSEBLEED	359.35				
15	30905	CONTROL OF NOSEBLEED	359.35				
15	30906	REPEAT CONTROL OF NOSEBLEED	359.35				
15	30915	LIGATION, NASAL SINUS ARTERY	481.27				
15	30920	LIGATION, UPPER JAW ARTERY	550.32				
15	30930	THERAPY, FRACTURE OF NOSE	679.83				
15	30999	NASAL SURGERY PROCEDURE	MP			X	
15	31000	IRRIGATION MAXILLARY SINUS	359.35				
15	31002	IRRIGATION SPHENOID SINUS	359.35				
15	31020	EXPLORATION, MAXILLARY SINUS	481.27				
15	31030	EXPLORATION, MAXILLARY SINUS	550.32				
15	31032	EXPLORE SINUS, REMOVE POLYPS	679.83				
15	31050	EXPLORATION, SPHENOID SINUS	481.27				
15	31051	SPHENOID SINUS SURGERY	679.83				
15	31070	EXPLORATION OF FRONTAL SINUS	481.27				
15	31075	EXPLORATION OF FRONTAL SINUS	679.83				
15	31080	REMOVAL OF FRONTAL SINUS	679.83				
15	31081	REMOVAL OF FRONTAL SINUS	679.83				
15	31084	REMOVAL OF FRONTAL SINUS	679.83				
15	31085	REMOVAL OF FRONTAL SINUS	679.83				
15	31086	REMOVAL OF FRONTAL SINUS	679.83				
15	31087	REMOVAL OF FRONTAL SINUS	679.83				
15	31090	EXPLORATION OF SINUSES	773.72				
15	31200	REMOVAL OF ETHMOID SINUS	481.27				
15	31201	REMOVAL OF ETHMOID SINUS	773.72				
15	31205	REMOVAL OF ETHMOID SINUS	550.32				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	481.27				
15	31233	NASAL/SINUS ENDOSCOPY, DX	481.27				
15	31235	NASAL/SINUS ENDOSCOPY, DX	359.35				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	481.27				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	359.35				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	679.83				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	481.27				
15	31242	DESTRUCTION OF NASAL NERVE BY HEAT U	550.32				
15	31243	DESTRUCTION OF NASAL NERVE BY HEAT U	550.32				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	550.32				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	31254	REVISION OF ETHMOID SINUS	550.32				
15	31255	REMOVAL OF ETHMOID SINUS	773.72				
15	31256	EXPLORATION MAXILLARY SINUS	550.32				
15	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	550.32				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	550.32				
15	31267	ENDOSCOPY, MAXILLARY SINUS	550.32				
15	31276	SINUS ENDOSCOPY, SURGICAL	550.32				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	550.32				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	550.32				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	550.32				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	550.32				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	550.32				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	550.32				
15	31299	SINUS SURGERY PROCEDURE	MP		X		
15	31300	REMOVAL OF LARYNX LESION	773.72				
15	31400	REVISION OF LARYNX	481.27				
15	31420	REMOVAL OF EPIGLOTTIS	481.27				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	359.35				
15	31510	LARYNGOSCOPY WITH BIOPSY	481.27				
15	31511	REMOVE FOREIGN BODY, LARYNX	481.27				
15	31512	REMOVAL OF LARYNX LESION	481.27				
15	31513	INJECTION INTO VOCAL CORD	481.27				
15	31515	LARYNGOSCOPY FOR ASPIRATION	359.35				
15	31520	DIAGNOSTIC LARYNGOSCOPY	359.35				
15	31525	DIAGNOSTIC LARYNGOSCOPY	359.35				
15	31526	DIAGNOSTIC LARYNGOSCOPY	481.27				
15	31527	LARYNGOSCOPY FOR TREATMENT	359.35				
15	31528	LARYNGOSCOPY AND DILATION	481.27				
15	31529	LARYNGOSCOPY AND DILATION	481.27				
15	31530	OPERATIVE LARYNGOSCOPY	481.27				
15	31531	OPERATIVE LARYNGOSCOPY	550.32				
15	31535	OPERATIVE LARYNGOSCOPY	481.27				
15	31536	OPERATIVE LARYNGOSCOPY	550.32				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	550.32				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	679.83				
15	31545	REMOVE VC LESION W/SCOPE	679.83				
15	31546	REMOVE VC SCOPE/GRAFT	679.83				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	773.72				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	773.72				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	773.72				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	773.72				
15	31560	OPERATIVE LARYNGOSCOPY	773.72				
15	31561	OPERATIVE LARYNGOSCOPY	773.72				
15	31570	LARYNGOSCOPY WITH INJECTION	481.27				
15	31571	LARYNGOSCOPY WITH INJECTION	481.27				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	481.27				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	481.27				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	481.27				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	481.27				
15	31576	LARYNGOSCOPY WITH BIOPSY	481.27				
15	31577	REMOVE FOREIGN BODY, LARYNX	481.27				
15	31578	REMOVAL OF LARYNX LESION	481.27				
15	31580	REVISION OF LARYNX	773.72				
15	31590	REINNervATE LARYNX	773.72				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	773.72				
15	31592	CRICOTRACHEAL RESECTION	773.72				
15	31599	LARYNX SURGERY PROCEDURE	MP		X		
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	359.35	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	550.32				
15	31612	PUNCTURE/CLEAR WINDPIPE	359.35				
15	31613	REPAIR WINDPIPE OPENING	481.27				
15	31614	REPAIR WINDPIPE OPENING	481.27				
15	31615	VISUALIZATION OF WINDPIPE	359.35				
15	31622	DX BRONCHOSCOPE/WASH	359.35				
15	31623	DX BRONCHOSCOPE/BRUSH	481.27				
15	31624	DX BRONCHOSCOPE/LAVAGE	481.27				
15	31625	BRONCHOSCOPY WITH BIOPSY	481.27				
15	31628	BRONCHOSCOPY WITH BIOPSY	481.27				
15	31629	BRONCHOSCOPY WITH BIOPSY	481.27				
15	31630	BRONCHOSCOPY WITH REPAIR	481.27				
15	31631	BRONCHOSCOPY WITH DILATION	481.27				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31635	REMOVE FOREIGN BODY, AIRWAY	481.27				
15	31636	BRONCHOSCOPY, BRONCH STENTS	481.27				
15	31637	BRONCHOSCOPY, STENT ADD-ON	359.35				
15	31638	BRONCHOSCOPY, REVISE STENT	481.27				
15	31640	BRONCHOSCOPY & REMOVE LESION	481.27				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	481.27				
15	31643	DIAG BRONCHOSCOPE/CATHETER	481.27				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	359.35				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	359.35				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15	31717	BRONCHIAL BRUSH BIOPSY	359.35				
15	31720	CLEARANCE OF AIRWAYS	359.35				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	359.35				
15	31750	REPAIR OF WINDPIPE	773.72				
15	31755	REPAIR OF WINDPIPE	481.27				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	31820	CLOSURE OF WINDPIPE LESION	359.35				
15	31825	REPAIR OF WINDPIPE DEFECT	481.27				
15	31830	REVISE WINDPIPE SCAR	481.27				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	359.35				
15	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	359.35				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	359.35				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	359.35				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	359.35				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	359.35				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	359.35				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	550.32				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	359.35				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	550.32				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	481.27				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	481.27				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	481.27				
15	33267	EXCLUSION OF APPENDAGE OF LEFT UPPER	679.83				
15	33269	EXCLUSION OF APPENDAGE OF LEFT UPPER	679.83				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	481.27				
15	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	481.27				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	481.27				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	481.27				
15	33276	INSERTION OF PHRENIC NERVE STIMULATO	481.27				
15	33277	INSERTION OF PHRENIC NERVE STIMULATO	481.27				
15	33278	REMOVAL OF PHRENIC NERVE STIMULATOR	481.27				
15	33279	REMOVAL OF PHRENIC NERVE STIMULATOR	481.27				
15	33280	REMOVAL OF PHRENIC NERVE STIMULATOR	481.27				
15	33281	REPOSITIONING OF PHRENIC NERVE STIMU	481.27				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,444.88				
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	359.35				
15	33287	REMOVAL AND REPLACEMENT OF PHRENIC N	481.27				
15	33288	REMOVAL AND REPLACEMENT OF PHRENIC N	481.27				
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	481.27				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,073.67				
15	33900	PLACEMENT OF STENT IN PULMONARY ARTE	1,444.88				
15	33901	PLACEMENT OF STENT IN PULMONARY ARTE	1,444.88				
15	33902	PLACEMENT OF STENT IN PULMONARY ARTE	1,444.88				
15	33903	PLACEMENT OF STENT IN PULMONARY ARTE	1,444.88				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	679.83				
15	35190	REPAIR BLOOD VESSEL LESION	679.83				
15	35206	REPAIR BLOOD VESSEL LESION	679.83				
15	35207	REPAIR BLOOD VESSEL LESION	679.83				
15	35875	REMOVAL OF CLOT IN GRAFT	1,444.88				

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COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	35876	REMOVAL OF CLOT IN GRAFT	1,444.88				
15	36260	INSERTION OF INFUSION PUMP	550.32				
15	36261	REVISION OF INFUSION PUMP	481.27				
15	36262	REMOVAL OF INFUSION PUMP	359.35				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	481.27				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	481.27				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	550.32				
15	36475	ENDOVENOUS RF, 1ST VEIN	550.32				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	550.32				
15	36478	ENDOVENOUS LASER, 1ST VEIN	550.32				
15	36479	ENDOVENOUS LASER VEIN ADDON	550.32				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	550.32				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,444.88				
15	36555	INSERT NON-TUNNEL CV CATH	359.35				
15	36556	INSERT NON-TUNNEL CV CATH	359.35				
15	36557	INSERT TUNNELED CV CATH	481.27				
15	36558	INSERT TUNNELED CV CATH	481.27				
15	36560	INSERT TUNNELED CV CATH	550.32				
15	36561	INSERT TUNNELED CV CATH	550.32				
15	36563	INSERT TUNNELED CV CATH	550.32				
15	36565	INSERT TUNNELED CV CATH	550.32				
15	36566	INSERT TUNNELED CV CATH	550.32				
15	36568	INSERT PERIPHERALLY CV CATH	359.35				
15	36569	INSERT PERIPHERALLY CV CATH	359.35				
15	36570	INSERT PERIPHERALLY CV CATH	550.32				
15	36571	INSERT PERIPHERALLY CV CATH	550.32				
15	36572	INSERTION OF PERIPHERALLY INSERTED	550.32	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	550.32	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	481.27				
15	36576	REPAIR CV ACCESS	481.27				
15	36578	REPLACE CV ACCESS	481.27				
15	36580	REPLACE COMPLETE non-tunnel	359.35				
15	36581	REPLACE COMPLETE tunneled	481.27				
15	36582	REPLACE COMPLETE tunneled	550.32				
15	36583	REPLACE COMPLETE tunneled	550.32				
15	36584	REPLACE COMPLETE peripherally	359.35				
15	36585	REPLACE COMPLETE peripherally	550.32				
15	36589	REMOVE TUNNELED CV CATH	359.35				
15	36590	REMOVE TUNNELED CV ACCESS	359.35				
15	36640	INSERTION CATHETER, ARTERY	359.35				
15	36800	INSERTION OF CANNULA	550.32				
15	36810	INSERTION OF CANNULA	550.32				
15	36815	INSERTION OF CANNULA	550.32				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	550.32				
15	36819	AV FUSION/UPPR ARM VEIN	550.32				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	36820	AV FUSION/FOREARM VEIN	550.32				
15	36821	AV FUSION DIRECT ANY SITE	550.32				
15	36825	ARTERY-VEIN GRAFT	679.83				
15	36830	ARTERY-VEIN GRAFT	679.83				
15	36831	OPEN THROMBECT AV FISTULA	1,444.88				
15	36832	AV FISTULA REVISION, OPEN	679.83				
15	36833	AV FISTULA REVISION	679.83				
15	36835	ARTERY TO VEIN SHUNT	679.83				
15	36836	CREATION OF OPENING BETWEEN ARTERY A	1,444.88				
15	36837	CREATION OF OPENING BETWEEN ARTERY A	1,444.88				
15	36860	EXTERNAL CANNULA DECLOTTING	481.27				
15	36861	CANNULA DECLOTTING	550.32				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	550.32				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	679.83				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	679.83				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	773.72				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	773.72				
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	773.72				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	679.83				
15	37200	TRANSCATHETER BIOPSY	679.83				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	359.35				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	359.35				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	359.35				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	359.35				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	359.35				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	359.35				
15	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIG	550.32				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X	
15	37607	LIGATION OF A-V FISTULA	550.32				
15	37609	TEMPORAL ARTERY PROCEDURE	481.27				
15	37650	REVISION OF MAJOR VEIN	481.27				
15	37700	REVISE LEG VEIN	481.27				
15	37718	LIGATE/STRIP SHORT LEG VEIN	550.32				
15	37722	LIGATE/STRIP LONG LEG VIEW	550.32				
15	37735	REMOVAL OF LEG VEINS/LESION	550.32				
15	37760	REVISION OF LEG VEINS	550.32				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	550.32				
15	37780	REVISION OF LEG VEIN	550.32				
15	37785	REVISE SECONDARY VARICOSITY	550.32				
15	37790	PENILE VENOUS OCCLUSION	550.32				
15	37799	VASCULAR SURGERY PROCEDURE	MP			X	
15	38129	LAPAROSCOPE PROC, SPLEEN	MP			X	
15	38205	HARVEST ALLOGENIC STEM CELLS	1,444.88				
15	38206	HARVEST AUTO STEM CELLS	1,444.88				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	359.35				
15	38300	DRAINAGE, LYMPH NODE LESION	359.35				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	38305	DRAINAGE, LYMPH NODE LESION	481.27				
15	38308	INCISION OF LYMPH CHANNELS	481.27				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	481.27				
15	38505	NEEDLE BIOPSY, LYMPH NODES	359.35				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	481.27				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	481.27				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	481.27				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	481.27				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	481.27				
15	38542	EXPLORE DEEP NODE(S), NECK	481.27				
15	38550	REMOVAL, NECK/ARMPIT LESION	550.32				
15	38555	REMOVAL, NECK/ARMPIT LESION	679.83				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,444.88				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,444.88				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,444.88				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,444.88				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	550.32				
15	38740	REMOVE ARMPIT LYMPH NODES	481.27				
15	38745	REMOVE ARMPIT LYMPH NODES	679.83				
15	38760	REMOVE GROIN LYMPH NODES	481.27				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	359.35				
15	40500	PARTIAL EXCISION OF LIP	481.27				
15	40510	PARTIAL EXCISION OF LIP	481.27				
15	40520	PARTIAL EXCISION OF LIP	481.27				
15	40525	RECONSTRUCT LIP WITH FLAP	481.27				
15	40527	RECONSTRUCT LIP WITH FLAP	481.27				
15	40530	PARTIAL REMOVAL OF LIP	481.27				
15	40650	REPAIR LIP	550.32				
15	40652	REPAIR LIP	550.32				
15	40654	REPAIR LIP	550.32				
15	40700	REPAIR CLEFT LIP/NASAL	1,073.67				
15	40701	REPAIR CLEFT LIP/NASAL	1,073.67				
15	40702	REPAIR CLEFT LIP	1,073.67				
15	40720	REPAIR CLEFT LIP/NASAL	1,073.67				
15	40761	REPAIR CLEFT LIP/NASAL	550.32				
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	359.35				
15	40801	DRAINAGE OF MOUTH LESION	481.27				
15	40804	REMOVAL FOREIGN BODY, MOUTH	359.35				
15	40806	INCISION OF LIP FOLD	359.35				
15	40808	BIOPSY OF MOUTH LESION	359.35				
15	40810	EXCISION OF MOUTH LESION	359.35				
15	40812	EXCISE/REPAIR MOUTH LESION	481.27				
15	40814	EXCISE/REPAIR MOUTH LESION	481.27				

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 NON-RURAL AND NON-STATE HOSPITALS
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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	40816	EXCISION OF MOUTH LESION	481.27				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	359.35				
15	40819	EXCISE LIP OR CHEEK FOLD	359.35				
15	40820	TREATMENT OF MOUTH LESION	359.35				
15	40830	REPAIR MOUTH LACERATION	359.35				
15	40831	REPAIR MOUTH LACERATION	359.35				
15	40840	RECONSTRUCTION OF MOUTH	481.27				
15	40842	RECONSTRUCTION OF MOUTH	550.32				
15	40843	RECONSTRUCTION OF MOUTH	550.32				
15	40844	RECONSTRUCTION OF MOUTH	773.72				
15	40845	RECONSTRUCTION OF MOUTH	773.72				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	359.35				
15	41006	DRAINAGE OF MOUTH LESION	359.35				
15	41007	DRAINAGE OF MOUTH LESION	359.35				
15	41008	DRAINAGE OF MOUTH LESION	359.35				
15	41009	DRAINAGE OF MOUTH LESION	359.35				
15	41010	INCISION OF TONGUE FOLD	359.35				
15	41015	DRAINAGE OF MOUTH LESION	359.35				
15	41016	DRAINAGE OF MOUTH LESION	359.35				
15	41017	DRAINAGE OF MOUTH LESION	359.35				
15	41018	DRAINAGE OF MOUTH LESION	359.35				
15	41100	BIOPSY OF TONGUE	359.35				
15	41108	BIOPSY OF FLOOR OF MOUTH	359.35				
15	41112	EXCISION OF TONGUE LESION	481.27				
15	41113	EXCISION OF TONGUE LESION	481.27				
15	41114	EXCISION OF TONGUE LESION	481.27				
15	41115	EXCISION OF TONGUE FOLD	359.35				
15	41116	EXCISION OF MOUTH LESION	359.35				
15	41120	PARTIAL REMOVAL OF TONGUE	773.72				
15	41250	REPAIR TONGUE LACERATION	481.27				
15	41251	REPAIR TONGUE LACERATION	481.27				
15	41252	REPAIR TONGUE LACERATION	481.27				
15	41510	TONGUE TO LIP SURGERY	359.35				
15	41520	RECONSTRUCTION, TONGUE FOLD	481.27				
15	41599	TONGUE AND MOUTH SURGERY	MP		X		
15	41800	DRAINAGE OF GUM LESION	359.35				
15	41820	GINGIVECTOMY, EXC. CING, EACH QUADRANT	359.35				
15	41821	EXCISION OF GUM FLAP	359.35				
15	41822	EXCISION OF GUM LESION	359.35				
15	41823	EXCISION OF GUM LESION	359.35				
15	41826	EXCISION OF GUM LESION	359.35				
15	41827	EXCISION OF GUM LESION	481.27				
15	41870	GUM GRAFT	359.35				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	359.35				
15	41899	GUM SURGERY PROCEDURE	773.72				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	42000	DRAINAGE MOUTH ROOF LESION	481.27				
15	42100	BIOPSY ROOF OF MOUTH	359.35				
15	42104	EXCISION LESION, MOUTH ROOF	359.35				
15	42106	EXCISION LESION, MOUTH ROOF	359.35				
15	42107	EXCISION LESION, MOUTH ROOF	481.27				
15	42120	REMOVE PALATE/LESION	679.83				
15	42140	EXCISION OF UVULA	481.27				
15	42145	REPAIR PALATE, PHARYNX/UVULA	773.72				
15	42160	TREATMENT MOUTH ROOF LESION	359.35				
15	42180	REPAIR PALATE	359.35				
15	42182	REPAIR PALATE	481.27				
15	42200	RECONSTRUCT CLEFT PALATE	773.72				
15	42205	RECONSTRUCT CLEFT PALATE	773.72				
15	42210	RECONSTRUCT CLEFT PALATE	773.72				
15	42215	RECONSTRUCT CLEFT PALATE	1,073.67				
15	42220	RECONSTRUCT CLEFT PALATE	773.72				
15	42226	LENGTHENING OF PALATE	773.72				
15	42235	REPAIR PALATE	773.72				
15	42260	REPAIR NOSE TO LIP FISTULA	679.83				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	359.35				
15	42305	DRAINAGE OF SALIVARY GLAND	481.27				
15	42310	DRAINAGE OF SALIVARY GLAND	359.35				
15	42320	DRAINAGE OF SALIVARY GLAND	359.35				
15	42340	REMOVAL OF SALIVARY STONE	481.27				
15	42405	BIOPSY OF SALIVARY GLAND	481.27				
15	42408	EXCISION OF SALIVARY CYST	550.32				
15	42409	DRAINAGE OF SALIVARY CYST	550.32				
15	42410	EXCISE PAROTID GLAND/LESION	550.32				
15	42415	EXCISE PAROTID GLAND/LESION	1,073.67				
15	42420	EXCISE PAROTID GLAND/LESION	1,073.67				
15	42425	EXCISE PAROTID GLAND/LESION	1,073.67				
15	42440	EXCISE SUBMAXILLARY GLAND	550.32				
15	42450	EXCISE SUBLINGUAL GLAND	481.27				
15	42500	REPAIR SALIVARY DUCT	550.32				
15	42505	REPAIR SALIVARY DUCT	679.83				
15	42507	PAROTID DUCT DIVERSION	550.32				
15	42509	PAROTID DUCT DIVERSION	679.83				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	679.83				
15	42600	CLOSURE OF SALIVARY FISTULA	359.35				
15	42650	DILATION OF SALIVARY DUCT	359.35				
15	42665	LIGATION OF SALIVARY DUCT	1,073.67				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	359.35				
15	42720	DRAINAGE OF THROAT ABSCESS	359.35				
15	42725	DRAINAGE OF THROAT ABSCESS	481.27				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	42800	BIOPSY OF THROAT	359.35				
15	42804	BIOPSY OF UPPER NOSE/THROAT	359.35				
15	42806	BIOPSY OF UPPER NOSE/THROAT	481.27				
15	42808	EXCISE PHARYNX LESION	481.27				
15	42810	EXCISION OF NECK CYST	550.32				
15	42815	EXCISION OF NECK CYST	773.72				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	550.32	00 11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	773.72	12 99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	679.83	00 11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	679.83	12 99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	679.83	00 11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	679.83	12 99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	679.83	00 11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	679.83	12 99			
15	42860	EXCISION OF TONSIL TAGS	550.32				
15	42870	EXCISION OF LINGUAL TONSIL	550.32				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,073.67				
15	42892	REVISION OF PHARYNGEAL WALLS	1,073.67				
15	42900	REPAIR THROAT WOUND	359.35				
15	42950	RECONSTRUCTION OF THROAT	481.27				
15	42955	SURGICAL OPENING OF THROAT	481.27				
15	42960	CONTROL THROAT BLEEDING	359.35				
15	42962	CONTROL THROAT BLEEDING	481.27				
15	42970	CONTROL NOSE/THROAT BLEEDING	481.27				
15	42972	CONTROL NOSE/THROAT BLEEDING	550.32				
15	42999	THROAT SURGERY PROCEDURE	MP			X	
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	359.35				
15	43191	Diagnostic examination of esophagus	359.35				
15	43192	Injections of substance in tissue li	359.35				
15	43193	Biopsy of esophagus using an endosco	359.35				
15	43194	Removal of foreign body of esophagus	359.35				
15	43195	Balloon dilation of esophagus using	359.35				
15	43196	Insertion of wire and dilation of es	359.35				
15	43197	Diagnostic examination of esophagus	359.35				
15	43198	Biopsy of esophagus using an endosco	359.35				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	359.35				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	359.35				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	359.35				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	359.35				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	359.35				
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	359.35			X	
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	481.27				
15	43211	Removal of tissue lining of esophagu	359.35				
15	43212	Placement of stent on esophagus usin	359.35				
15	43213	Dilation of esophagus using an endos	359.35				
15	43214	Balloon dilation of esophagus using	359.35				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	359.35				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	359.35				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	359.35				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	359.35				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	359.35				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	481.27				
15	43229	Destruction of growths of esophagus	359.35				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	481.27				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	481.27				
15	43233	Balloon dilation of esophagus, stoma	481.27				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	359.35				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	481.27				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	481.27				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	481.27				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	481.27				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	481.27				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	481.27				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	481.27				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	481.27				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	481.27				
15	43245	DILATION OF STOMACH OUTLET USING AN	481.27				
15	43246	INSERTION OF STOMACH TUBE USING AN E	481.27				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	481.27				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	481.27				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	481.27				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	481.27				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	481.27				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	481.27		X		
15	43253	Injection of diagnostic or therapeut	481.27				
15	43254	Removal of tissue lining of esophagu	481.27				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	481.27				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	550.32				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	550.32				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	481.27				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	481.27				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	481.27				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	481.27				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	481.27				
15	43265	DESTRUCTION OF STONE IN BILE OR PANCRE	481.27				
15	43266	Placement of stent in esophagus, sto	481.27				
15	43270	Destruction of growths on esophagus,	481.27				
15	43274	Placement of stent pancreatic or bil	481.27				
15	43275	Removal of foreign body or stent fro	481.27				
15	43276	Replacement of stent pancreatic or b	481.27				
15	43277	Balloon dilation of pancreatic or bi	481.27				
15	43278	Destruction of mass on gallbladder,	481.27				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	43280	LAPAROSCOPY, FUNDOPLASTY	679.83				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	679.83				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	679.83				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	679.83				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	550.32				
15	43450	DILATE ESOPHAGUS	359.35				
15	43453	DILATE ESOPHAGUS	359.35				
15	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	679.83				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43653	LAPAROSCOPY, GASTROSTOMY	1,444.88				
15	43659	LAPAROSCOPE PROC, STOM	MP		X		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	359.35				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	359.35				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	359.35				
15	43830	SURGICAL OPENING OF STOMACH	481.27				
15	43870	REPAIR STOMACH OPENING	359.35				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	359.35				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	359.35				
15	44340	REVISION OF COLOSTOMY	550.32				
15	44360	SMALL BOWEL ENDOSCOPY	481.27				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	481.27				
15	44363	SMALL BOWEL ENDOSCOPY	481.27				
15	44364	SMALL BOWEL ENDOSCOPY	481.27				
15	44365	SMALL BOWEL ENDOSCOPY	481.27				
15	44366	SMALL BOWEL ENDOSCOPY	481.27				
15	44369	SMALL BOWEL ENDOSCOPY	481.27				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,444.88				
15	44372	SMALL BOWEL ENDOSCOPY	481.27				
15	44373	SMALL BOWEL ENDOSCOPY	481.27				
15	44376	SMALL BOWEL ENDOSCOPY	481.27				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	481.27				
15	44378	SMALL BOWEL ENDOSCOPY	481.27				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,444.88				
15	44380	SMALL BOWEL ENDOSCOPY	359.35				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	359.35				
15	44382	SMALL BOWEL ENDOSCOPY	359.35				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,444.88				
15	44385	ENDOSCOPY OF BOWEL POUCH	359.35				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	359.35				
15	44388	COLON ENDOSCOPY	359.35				
15	44389	COLONOSCOPY WITH BIOPSY	359.35				
15	44390	COLONOSCOPY FOR FOREIGN BODY	359.35				
15	44391	COLONOSCOPY FOR BLEEDING	359.35				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	44392	COLONOSCOPY & POLYPECTOMY	359.35				
15	44394	COLONOSCOPY W/SNARE	359.35				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	359.35				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	359.35				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	359.35				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	359.35				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	359.35				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44950	APPENDECTOMY	1,444.88		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	773.72		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	359.35				
15	45005	DRAINAGE OF RECTAL ABSCESS	481.27				
15	45020	DRAINAGE OF RECTAL ABSCESS	481.27				
15	45100	BIOPSY OF RECTUM	359.35				
15	45108	REMOVAL OF ANORECTAL LESION	481.27				
15	45150	EXCISION OF RECTAL STRICTURE	481.27				
15	45160	EXCISION OF RECTAL LESION	481.27				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	481.27				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	481.27				
15	45190	DESTRUCTION, RECTAL TUMOR	1,444.88				
15	45300	PROCTOSIGMOIDOSCOPY, DIAGNOSTICA	359.35				
15	45305	PROCTOSIGMOIDOSCOPY W/BX	359.35				
15	45307	PROCTOSIGMOIDOSCOPY FB	359.35				
15	45308	PROCTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45309	PROCTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45315	PROCTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45317	PROCTOSIGMOIDOSCOPY BLEED	359.35				
15	45320	PROCTOSIGMOIDOSCOPY ABLATE	359.35				
15	45321	PROCTOSIGMOIDOSCOPY VOLVUL	359.35				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	359.35				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	359.35				
15	45331	SIGMOIDOSCOPY AND BIOPSY	359.35				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	359.35				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	359.35				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	359.35				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	359.35				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	359.35				
15	45338	SIGMOIDOSCOPY W/TUMR REMOVE	359.35				
15	45340	SIG W/BALLOON DILATION	359.35				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	359.35				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	359.35				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	359.35				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	359.35				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	359.35				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	359.35				
15	45378	DIAGNOSTIC COLONOSCOPY	481.27				
15	45379	COLONOSCOPY W/FB REMOVAL	481.27				
15	45380	COLONOSCOPY AND BIOPSY	481.27				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	481.27				
15	45382	COLONOSCOPY/CONTROL BLEEDING	481.27				
15	45384	LESION REMOVE COLONOSCOPY	481.27				
15	45385	LESION REMOVAL COLONOSCOPY	481.27				
15	45386	COLONOSCOPE DILATE STRICTURE	481.27				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	359.35				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	359.35				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	359.35				
15	45391	COLONOSCOPY W/ENDOSCOPE US	481.27				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	481.27				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRES	359.35				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	359.35				
15	45499	LAPAROSCOPE PROC, RECTUM	MP			X	
15	45500	REPAIR OF RECTUM	481.27				
15	45505	REPAIR OF RECTUM	481.27				
15	45560	REPAIR OF RECTOCELE	481.27				
15	45900	REDUCTION OF RECTAL PROLAPSE	359.35				
15	45905	DILATION OF ANAL SPHINCTER	359.35				
15	45910	DILATION OF RECTAL NARROWING	359.35				
15	45915	REMOVE RECTAL OBSTRUCTION	359.35				
15	45990	SURG DX EXAM, ANORECTAL	481.27			X	
15	45999	RECTUM SURGERY PROCEDURE	MP			X	
15	46020	PLACEMENT OF SETON	550.32				
15	46030	REMOVAL OF RECTAL MARKER	359.35				
15	46040	INCISION OF RECTAL ABSCESS	550.32				
15	46045	INCISION OF RECTAL ABSCESS	481.27				
15	46050	INCISION OF ANAL ABSCESS	359.35				
15	46060	INCISION OF RECTAL ABSCESS	481.27				
15	46080	INCISION OF ANAL SPHINCTER	550.32				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	359.35				
15	46200	REMOVAL OF ANAL FISSURE	481.27				
15	46220	REMOVAL OF ANAL TAB	359.35				
15	46230	REMOVAL OF ANAL TABS	359.35				
15	46250	HEMORRHOIDECTOMY	550.32				
15	46255	HEMORRHOIDECTOMY	550.32				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	550.32				
15	46258	REMOVE HEMORRHOIDS & FISTULA	550.32				
15	46260	HEMORRHOIDECTOMY	550.32				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	679.83				
15	46262	REMOVE HEMORRHOIDS & FISTULA	679.83				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	550.32				
15	46275	REMOVAL OF ANAL FISTULA	550.32				
15	46280	REMOVAL OF ANAL FISTULA	679.83				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	359.35				
15	46288	REPAIR ANAL FISTULA	679.83				
15	46320	REMOVAL OF HEMORRHOID CLOT	359.35				
15	46600	ANOSCOPY; DIAGNOSTIC	359.35				
15	46604	ANOSCOPY WITH DIRECT DILATION	359.35				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	359.35				
15	46608	ANOSCOPY/ REMOVE FOR BODY	359.35				
15	46610	ANOSCOPY/REMOVE LESION	359.35				
15	46611	ANOSCOPY	359.35				
15	46612	ANOSCOPY/ REMOVE LESIONS	359.35				
15	46615	ANOSCOPY	481.27				
15	46700	REPAIR OF ANAL STRICTURE	550.32				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	550.32				
15	46750	REPAIR OF ANAL SPHINCTER	550.32				
15	46753	RECONSTRUCTION OF ANUS	550.32				
15	46754	REMOVAL OF SUTURE FROM ANUS	481.27				
15	46760	REPAIR OF ANAL SPHINCTER	481.27				
15	46761	REPAIR OF ANAL SPHINCTER	550.32				
15	46900	REMOVAL OF ANAL LESION	359.35				
15	46910	REMOVAL OF ANAL LESION	359.35				
15	46917	LASER SURGERY, ANAL LESIONS	359.35				
15	46922	EXCISION OF ANAL LESION(S)	359.35				
15	46924	DESTRUCTION, ANAL LESION(S)	359.35				
15	46940	TREATMENT OF ANAL FISSURE	359.35				
15	46945	LIGATION OF HEMORRHOIDS	359.35				
15	46946	LIGATION OF HEMORRHOIDS	359.35				
15	46947	HEMORRHOIDOPEXY BY STAPLING	550.32				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	550.32				
15	46999	ANUS SURGERY PROCEDURE	MP			X	
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	359.35				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	359.35				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X	
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	481.27				
15	47399	LIVER SURGERY PROCEDURE	MP			X	
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	481.27				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	481.27				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	481.27				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	481.27				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	359.35				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,444.88				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,444.88				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,444.88				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	481.27				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	481.27				
15	47553	BILIARY ENDOSCOPY THRU SKIN	550.32				
15	47554	BILIARY ENDOSCOPY THRU SKIN	550.32				
15	47555	BILIARY ENDOSCOPY THRU SKIN	550.32				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,444.88				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	550.32				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	550.32				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	550.32				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	359.35				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49180	BIOPSY, ABDOMINAL MASS	359.35				
15	49250	EXCISION OF UMBILICUS	679.83				
15	49320	DIAG LAPARO SEPARATE PROC	550.32		X		
15	49321	LAPAROSCOPY, BIOPSY	679.83		X		
15	49322	LAPAROSCOPY, ASPIRATION	679.83		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	679.83				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	359.35				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	359.35				
15	49419	INSRT ABDOM CATH FOR CHEMOTX	359.35				
15	49421	INSERT ABDOMINAL DRAIN	359.35				
15	49422	REMOVE PERM CANNULA/CATHETER	359.35				
15	49426	REVISE ABDOMEN-VENOUS SHUNT	481.27				
15	49491	REPARING HERN PREMIE REDUC	773.72				
15	49492	RPR HERN PREMIE, BLOCKED	773.72				
15	49495	RPR ING HERNIA BABY, REDUC	679.83				
15	49496	RPR ING HERNIA BABY, BLOCKED	679.83				
15	49500	REPAIR INITIAL INGUINAL HERNIA..	679.83	00 04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,444.88	00 04			
15	49505	RPR I/HERN INIT REDUC>5 YR	679.83	05 99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,444.88	05 99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,073.67				
15	49521	REREPAIR ING HERNIA, BLOCKED	1,444.88				
15	49525	REPAIR ING HERNIA, SLIDING	679.83				
15	49540	REPAIR LUMBAR HERNIA	481.27				
15	49550	RPR FEM HERNIA, INIT, REDUCE	773.72				
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,444.88				
15	49555	REREPAIR FEM HERNIA, REDUCE	773.72				
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,444.88				
15	49591	INITIAL REPAIR OF SLIDING HERNIA OF	773.72				
15	49592	INITIAL REPAIR OF SLIDING HERNIA OF	773.72				
15	49593	INITIAL REPAIR OF SLIDING HERNIA OF	773.72				
15	49594	INITIAL REPAIR OF ENTRAPPED HERNIA O	773.72				
15	49595	INITIAL REPAIR OF SLIDING HERNIA OF	773.72				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	49596	INITIAL REPAIR OF ENTRAPPED HERNIA O	773.72				
15	49600	REPAIR UMBILICAL LESION	679.83				
15	49613	REPAIR OF RECURRENT SLIDING HERNIA O	773.72				
15	49614	REPAIR OF RECURRENT ENTRAPPED HERNIA	773.72				
15	49615	REPAIR OF RECURRENT SLIDING HERNIA O	773.72				
15	49616	REPAIR OF RECURRENT ENTRAPPED HERNIA	773.72				
15	49617	REPAIR OF RECURRENT SLIDING HERNIA O	773.72				
15	49618	REPAIR OF RECURRENT ENTRAPPED HERNIA	773.72				
15	49621	REPAIR OF SLIDING HERNIA NEXT TO STO	773.72				
15	49622	REPAIR OF ENTRAPPED HERNIA NEXT TO S	773.72				
15	49650	LAP ING HERNIA REPAIR INIT	679.83				
15	49651	LAP ING HERNIA REPAIR RECUR	1,073.67				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	481.27				
15	50200	BIOPSY OF KIDNEY	359.35				
15	50390	DRAINAGE OF KIDNEY LESION	359.35				
15	50396	MEASURE KIDNEY PRESSURE	359.35				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	481.27				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	481.27				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	359.35				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	359.35				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	359.35				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	359.35				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	359.35				
15	50553	KIDNEY ENDOSCOPY	359.35				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	359.35				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	359.35				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	359.35				
15	50590	LITHOTRIPSY, ESW	550.32				
15	50684	INJECTION FOR URETER X-RAY	359.35				
15	50688	CHANGE OF URETER TUBE	359.35				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	481.27				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	481.27				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	481.27				
15	50947	LAPARO NEW URETER/BLADDER	1,444.88				
15	50948	LAPARO NEW URETER/BLADDER	1,444.88				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	359.35				
15	50953	ENDOSCOPY OF URETER	359.35				
15	50955	URETER ENDOSCOPY & BIOPSY	359.35				
15	50957	URETER ENDOSCOPY & TREATMENT	359.35				
15	50961	URETER ENDOSCOPY & TREATMENT	359.35				
15	50970	URETER ENDOSCOPY	359.35				
15	50972	URETER ENDOSCOPY & CATHETER	359.35				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	50974	URETER ENDOSCOPY & BIOPSY	359.35				
15	50976	URETER ENDOSCOPY & TREATMENT	359.35				
15	50980	URETER ENDOSCOPY & TREATMENT	359.35				
15	51020	INCISE & TREAT BLADDER	679.83				
15	51030	INCISE & TREAT BLADDER	679.83				
15	51040	INCISE & DRAIN BLADDER	679.83				
15	51045	INCISE BLADDER/DRAIN URETER	679.83				
15	51050	REMOVAL OF BLADDER STONE	679.83				
15	51065	REMOVE URETER CALCULUS	679.83				
15	51080	DRAINAGE OF BLADDER ABSCESS	359.35				
15	51500	REMOVAL OF BLADDER CYST	679.83				
15	51520	REMOVAL OF BLADDER LESION	679.83				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	359.35				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	359.35				
15	51705	CHANGE OF BLADDER TUBE	359.35				
15	51710	CHANGE OF BLADDER TUBE	359.35				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	550.32				
15	51720	TREATMENT OF BLADDER LESION	359.35				
15	51726	COMPLEX CYSTOMETROGRAM	359.35				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51784	ANAL/URINARY MUSCLE STUDY	359.35				
15	51785	ANAL/URINARY MUSCLE STUDY	359.35				
15	51880	REPAIR OF BLADDER OPENING	359.35				
15	51992	LAPARO SLING OPERATION	481.27				
15	51999	LAPAROSCOPE PROC, BLADDER	MP				
15	52000	CYSTOSCOPY	359.35			X	
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	481.27				
15	52005	CYSTOSCOPY & URETER CATHETER	481.27				
15	52007	CYSTOSCOPY AND BIOPSY	481.27				
15	52010	CYSTOSCOPY & DUCT CATHETER	481.27				
15	52204	CYSTOSCOPY	481.27				
15	52214	CYSTOSCOPY AND TREATMENT	481.27				
15	52224	CYSTOSCOPY AND TREATMENT	481.27				
15	52234	CYSTOSCOPY AND TREATMENT	481.27				
15	52235	CYSTOSCOPY AND TREATMENT	550.32				
15	52240	CYSTOSCOPY AND TREATMENT	550.32				
15	52250	CYSTOSCOPY AND RADIOTRACER	679.83				
15	52260	CYSTOSCOPY AND TREATMENT	481.27				
15	52265	CYSTOSCOPY & TREATMENT	481.27				
15	52270	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52275	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52276	CYSTOSCOPY AND TREATMENT	550.32				
15	52277	CYSTOSCOPY AND TREATMENT	481.27				
15	52281	CYSTOSCOPY AND TREATMENT	481.27				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	52282	CYSTOSCOPY, IMPLANT STENT	1,444.88				
15	52283	CYSTOSCOPY AND TREATMENT	481.27				
15	52284	DRUG DELIVERY USING A DRUG-COATED BA	481.27			M	
15	52285	CYSTOSCOPY AND TREATMENT	481.27				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	481.27				
15	52290	CYSTOSCOPY AND TREATMENT	481.27				
15	52300	CYSTOSCOPY AND TREATMENT	481.27				
15	52301	CYSTOSCOPY AND TREATMENT	481.27				
15	52305	CYSTOSCOPY AND TREATMENT	481.27				
15	52310	CYSTOSCOPY AND TREATMENT	481.27				
15	52315	CYSTOSCOPY AND TREATMENT	481.27				
15	52317	REMOVE BLADDER STONE	359.35				
15	52318	REMOVE BLADDER STONE	481.27				
15	52320	CYSTOSCOPY AND TREATMENT	773.72				
15	52325	CYSTOSCOPY, STONE REMOVAL	679.83				
15	52327	CYSTOSCOPY, INJECT MATERIAL	481.27				
15	52330	CYSTOSCOPY AND TREATMENT	481.27				
15	52332	CYSTOSCOPY AND TREATMENT	481.27				
15	52334	CREATE PASSAGE TO KIDNEY	550.32				
15	52341	CYSTO W/URETER STRICTURE TX	550.32				
15	52342	CYSTO W/UP STRICTURE TX	550.32				
15	52343	CYSTO W/RENAL STRICTURE TX	550.32				
15	52344	CYSTO/URETERO, STONE REMOVE	550.32				
15	52345	CYSTO/URETERO W/UP STRICTURE	550.32				
15	52346	CYSTOURETERO W/RENAL STRICT	550.32				
15	52351	CYSTOURETRO & OR PYELOSCOPE	550.32				
15	52352	CYSTOURETRO W/STONE REMOVE	679.83				
15	52353	CYSTOURETERO W/LITHOTRIPSY	679.83				
15	52354	CYSTOURETERO W/BIOPSY	679.83				
15	52355	CYSTOURETERO W/EXCISE TUMOR	679.83				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	679.83				
15	52400	CYSTOURETERO W/CONGEN REPR	550.32				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	550.32				
15	52450	INCISION OF PROSTATE	550.32				
15	52500	REVISION OF BLADDER NECK	550.32				
15	52601	PROSTATECTOMY (TURP)	679.83				
15	52630	REMOVE PROSTATE REGROWTH	481.27				
15	52640	RELIEVE BLADDER CONTRACTURE	481.27				
15	52647	LASER SURGERY OF PROSTATE	1,444.88				
15	52648	LASER SURGERY OF PROSTATE	1,444.88				
15	52700	DRAINAGE OF PROSTATE ABSCESS	481.27				
15	53000	INCISION OF URETHRA	359.35				
15	53010	INCISION OF URETHRA	359.35				
15	53020	INCISION OF URETHRA	359.35				
15	53040	DRAINAGE OF URETHRA ABSCESS	481.27				
15	53080	DRAINAGE OF URINARY LEAKAGE	550.32				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	53200	BIOPSY OF URETHRA	359.35				
15	53210	REMOVAL OF URETHRA	773.72			F	
15	53215	REMOVAL OF URETHRA	773.72			M	
15	53220	TREATMENT OF URETHRA LESION	481.27				
15	53230	REMOVAL OF URETHRA LESION	481.27			F	
15	53235	REMOVAL OF URETHRA LESION	550.32			M	
15	53240	SURGERY FOR URETHRA POUCH	481.27				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	481.27				
15	53260	TREATMENT OF URETHRA LESION	481.27				
15	53265	TREATMENT OF URETHRA LESION	481.27				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	481.27			F	
15	53275	REPAIR OF URETHRA DEFECT	481.27			F	
15	53400	REVISE URETHRA, STAGE 1	550.32				
15	53405	REVISE URETHRA, STAGE 2	481.27				
15	53410	RECONSTRUCTION OF URETHRA	481.27			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	550.32				
15	53425	RECONSTRUCT URETHRA, STAGE 2	481.27				
15	53430	RECONSTRUCTION OF URETHRA	481.27			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	481.27				
15	53440	CORRECT BLADDER FUNCTION	481.27			M	
15	53442	REMOVE PERINEAL PROSTHESIS	359.35				
15	53444	INSERT TANDEM CUFF	481.27				
15	53445	INSERT URO/VES NCK SPHINCTER	359.35				
15	53446	REMOVE URO SPHINCTER	359.35				
15	53447	REMOVE/REPLACE UR SPHINCTER	359.35				
15	53449	REPAIR URO SPHINCTER	359.35				
15	53450	REVISION OF URETHRA	359.35				
15	53460	REVISION OF URETHRA	359.35				
15	53502	REPAIR OF URETHRA INJURY	481.27			F	
15	53505	REPAIR OF URETHRA INJURY	481.27			M	
15	53510	REPAIR OF URETHRA INJURY	481.27				
15	53515	REPAIR OF URETHRA INJURY	481.27				
15	53520	REPAIR OF URETHRA DEFECT	481.27			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	359.35			M	
15	53605	DILATE URETHRA STRICTURE	481.27			M	
15	53665	DILATION OF URETHRA	359.35			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,444.88			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,073.67			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	359.35			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	481.27	00 00		M	
15	54001	SLITTING OF PREPUCE	481.27			M	
15	54015	DRAIN PENIS LESION	679.83			M	
15	54057	LASER SURG, PENIS LESION(S)	359.35			M	
15	54060	EXCISION OF PENIS LESION(S)	359.35			M	
15	54065	DESTRUCTION, PENIS LESION(S)	359.35			M	

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	54100	BIOPSY OF PENIS	359.35			M	
15	54105	BIOPSY OF PENIS	359.35			M	
15	54110	TREATMENT OF PENIS LESION	481.27			M	
15	54111	TREAT PENIS LESION, GRAFT	481.27			M	
15	54112	TREAT PENIS LESION, GRAFT	481.27			M	
15	54115	TREATMENT OF PENIS LESION	359.35			M	
15	54120	PARTIAL REMOVAL OF PENIS	481.27			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	481.27			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	481.27	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	481.27			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	481.27			M	
15	54163	REPAIR OF CIRCUMCISION	481.27			M	
15	54164	FRENULOTOMY OF PENIS	481.27			M	
15	54205	TREATMENT OF PENIS LESION	679.83			M	
15	54220	TREATMENT OF PENIS LESION	359.35			M	
15	54300	REVISION OF PENIS	550.32			M	
15	54304	REVISION OF PENIS	550.32			M	
15	54308	RECONSTRUCTION OF URETHRA	550.32			M	
15	54312	RECONSTRUCTION OF URETHRA	550.32			M	
15	54316	RECONSTRUCTION OF URETHRA	550.32			M	
15	54318	RECONSTRUCTION OF URETHRA	550.32			M	
15	54322	RECONSTRUCTION OF URETHRA	550.32			M	
15	54324	RECONSTRUCTION OF URETHRA	550.32			M	
15	54326	RECONSTRUCTION OF URETHRA	550.32			M	
15	54328	REVISE PENIS/URETHRA	550.32			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	550.32			M	
15	54340	SECONDARY URETHRAL SURGERY	550.32			M	
15	54344	SECONDARY URETHRAL SURGERY	550.32			M	
15	54348	SECONDARY URETHRAL SURGERY	550.32			M	
15	54352	RECONSTRUCT URETHRA/PENIS	550.32			M	
15	54360	PENIS PLASTIC SURGERY	550.32			M	
15	54380	REPAIR PENIS	550.32			M	
15	54385	REPAIR PENIS	550.32			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	550.32				
15	54408	REPAIR MULTI-COMP PENIS PROS	550.32				
15	54410	REMOVE/REPLACE PENIS PROSTH	550.32				
15	54415	REMOVE SELF-CONTD PENIS PROS	550.32				
15	54416	REMOV/REPL PENIS CONTAIN PROS	550.32				
15	54420	REVISION OF PENIS	679.83			M	
15	54435	REVISION OF PENIS	679.83			M	
15	54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	481.27			M	
15	54440	REPAIR OF PENIS	679.83		X	M	
15	54450	PREPUTIAL STRETCHING	359.35			M	
15	54500	BIOPSY OF TESTIS	359.35			M	
15	54505	BIOPSY OF TESTIS	359.35			M	
15	54512	EXCISE LESION TESTIS	481.27			M	

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	54520	REMOVAL OF TESTIS	550.32			M	
15	54522	ORCHIECTOMY, PARTIAL	550.32			M	
15	54530	REMOVAL OF TESTIS	679.83			M	
15	54535	EXTENSIVE TESTIS SURGERY	550.32			M	
15	54550	EXPLORATION FOR TESTIS	679.83			M	
15	54600	REDUCE TESTIS TORSION	679.83			M	
15	54620	SUSPENSION OF TESTIS	550.32			M	
15	54640	SUSPENSION OF TESTIS	679.83			M	
15	54660	REVISION OF TESTIS	481.27			M	
15	54670	REPAIR TESTIS INJURY	550.32			M	
15	54680	RELOCATION OF TESTIS(ES)	550.32			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,444.88				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,444.88				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	481.27			M	
15	54800	BIOPSY OF EPIDIDYMIS	359.35			M	
15	54830	REMOVE EPIDIDYMIS LESION	550.32			M	
15	54840	REMOVE EPIDIDYMIS LESION	679.83			M	
15	54860	REMOVAL OF EPIDIDYMIS	550.32			M	
15	54861	REMOVAL OF EPIDIDYMIS	679.83			M	
15	55000	DRAINAGE OF HYDROCELE	359.35			M	
15	55040	REMOVAL OF HYDROCELE	550.32			M	
15	55041	REMOVAL OF HYDROCELES	773.72			M	
15	55060	REPAIR OF HYDROCELE	679.83			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	359.35			M	
15	55110	EXPLORE SCROTUM	481.27				
15	55120	REMOVAL OF SCROTUM LESION	481.27			M	
15	55150	REMOVAL OF SCROTUM	359.35			M	
15	55175	REVISION OF SCROTUM	359.35				
15	55180	REVISION OF SCROTUM	481.27				
15	55200	INCISION OF SPERM DUCT	481.27			M	
15	55250	REMOVAL OF SPERM DUCT(S)	481.27	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	550.32			M	
15	55520	REMOVAL OF SPERM CORD LESION	679.83			M	
15	55530	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55535	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55540	REVISE HERNIA & SPERM VEINS	773.72			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,444.88				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	359.35			M	
15	55700	BIOPSY OF PROSTATE	481.27			M	
15	55705	BIOPSY OF PROSTATE	481.27			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	359.35			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	481.27			M	
15	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,444.88			M	
15	55873	CRYOABLATE PROSTATE	1,444.88				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,444.88			M	
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,073.67			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	359.35			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	359.35	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	481.27			F	
15	56441	LYSIS OF LABIAL LESION(S)	359.35			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	359.35			F	
15	56515	DESTROY VULVA LESION/S COMPL	550.32			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56620	PARTIAL REMOVAL OF VULVA	773.72			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,073.67			F	
15	56700	PARTIAL REMOVAL OF HYMEN	359.35			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	550.32			F	
15	56800	REPAIR OF VAGINA	550.32			F	
15	56810	REPAIR OF PERINEUM	773.72				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	359.35			F	
15	57000	EXPLORATION OF VAGINA	359.35				
15	57010	DRAINAGE OF PELVIC ABSCESS	481.27			F	
15	57020	DRAINAGE OF PELVIC FLUID	481.27			F	
15	57023	I & D VAG HEMATOMA, NON-OB	359.35			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	359.35			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	359.35			F	
15	57100	BIOPSY OF VAGINA	359.35			F	
15	57105	BIOPSY OF VAGINA	359.35			F	
15	57130	REMOVE VAGINA LESION	481.27			F	
15	57135	REMOVE VAGINA LESION	481.27			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	481.27			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	481.27			F	
15	57180	TREAT VAGINAL BLEEDING	359.35			F	
15	57200	REPAIR OF VAGINA	359.35			F	
15	57210	REPAIR VAGINA/PERINEUM	481.27			F	
15	57220	REVISION OF URETHRA	550.32			F	
15	57230	REPAIR OF URETHRAL LESION	550.32			F	
15	57240	REPAIR BLADDER & VAGINA	773.72			F	
15	57250	REPAIR RECTUM & VAGINA	773.72			F	
15	57260	REPAIR OF VAGINA	773.72			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,073.67			F	
15	57268	REPAIR OF BOWEL BULGE	550.32			F	
15	57288	REPAIR BLADDER DEFECT	773.72				
15	57289	REPAIR BLADDER & VAGINA	773.72			F	
15	57291	CONSTRUCTION OF VAGINA	773.72			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	550.32			F	
15	57400	DILATION OF VAGINA	481.27		X	F	
15	57410	PELVIC EXAMINATION	481.27		X	F	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	57415	REMOVE VAGINAL FOREIGN BODY	481.27				
15	57420	EXAM OF VAGINA W/SCOPE	359.35				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	359.35			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	359.35			F	
15	57454	VAGINA EXAMINATION & BIOPSY	359.35			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	359.35			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	359.35			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	359.35			F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	359.35				
15	57500	BIOPSY OF CERVIX	359.35			F	
15	57505	ENDOCERVICAL CURETTAGE	481.27			F	
15	57510	CAUTHERUZATION OF CERVIX	550.32			F	
15	57511	CRYOCAUTERY OF CERVIX	550.32			F	
15	57513	LASER SURGERY OF CERVIX	481.27			F	
15	57520	CONIZATION OF CERVIX	481.27			F	
15	57522	CONIZATION OF CERVIX	481.27				
15	57530	REMOVAL OF CERVIX	550.32			F	
15	57550	REMOVAL OF RESIDUAL CERVIX	550.32			F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	773.72				
15	57700	REVISION OF CERVIX	359.35			F	
15	57720	REVISION OF CERVIX	550.32			F	
15	57800	DILATION OF CERVICAL CANAL	359.35			F	
15	58120	DILATION AND CURETTAGE	481.27	12 99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	773.72			F	
15	58300	INSERT INTRAUTERINE DEVICE	359.35	10 60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	359.35	10 60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	481.27	21 59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	481.27				
15	58353	ENDOMETR ABLATE, THERMAL	679.83		X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,444.88			F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,444.88			F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,444.88		X		
15	58552	LAPARO-VAG HYST INCL T/O	1,444.88				
15	58555	HYSTEROSCOPY, DX, SEP PROC	359.35		X		
15	58558	HYSTEROSCOPY, BIOPSY	550.32		X		
15	58559	HYSTEROSCOPY, LYSIS	481.27		X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	550.32		X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	550.32		X		
15	58562	HYSTEROSCOPY, REMOVE FB	550.32		X		
15	58563	HYSTEROSCOPY, ABLATION	679.83		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,578.04	21 59	X	F	
15	58578	LAPARO PROC, UTERUS	MP		X		
15	58579	HYSTEROSCOPE PROCEDURE	MP		X		
15	58580	DESTRUCTION OF UTERINE FIBROID(S) US	773.72			F	
15	58600	DIVISION OF FALLOPIAN TUBE	550.32	21 55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	679.83	21 55	X	F	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	58660	LAPAROSCOPY, LYSIS	773.72		X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	773.72		X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	773.72		X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	550.32	10 59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	550.32		X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	773.72		X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	773.72			F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP		X		
15	58800	DRAINAGE OF OVARIAN CYST(S)	550.32			F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	550.32			F	
15	58820	DRAIN OVARY ABSCESS, OPEN	550.32			F	
15	58900	BIOPSY OF OVARY(S)	550.32			F	
15	58925	REMOVAL OF OVARIAN CYST(S)	550.32			F	
15	58999	GENITAL SURGERY PROCEDURE	MP		X		
15	59000	AMNIOCENTESIS	359.35	10 60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	359.35				
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	550.32		X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	550.32	10 60	X	F	
15	59160	D & C AFTER DELIVERY	550.32	10 60		F	
15	59320	REVISION OF CERVIX	359.35	10 60		F	
15	59812	TREATMENT OF MISCARRIAGE	773.72	10 60	X	F	
15	59820	CARE OF MISCARRIAGE	773.72	10 60	X		
15	59821	TREATMENT OF MISCARRIAGE	773.72	10 55	X	F	
15	59840	ABORTION	773.72	10 60	X	F	
15	59841	ABORTION	773.72	10 60	X		
15	59870	EVACUATE MOLE OF UTERUS	773.72	10 60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	773.72			F	
15	59897	PETAL INVAS PX W/US	MP	10 59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP		X		
15	59899	MATERNITY CARE PROCEDURE	MP		X	F	
15	60000	DRAIN THYROID/TONGUE CYST	359.35				
15	60100	BIOPSY OF THYROID	359.35				
15	60200	REMOVE THYROID LESION	481.27				
15	60220	PARTIAL REMOVAL OF THYROID	679.83				
15	60240	REMOVAL OF THYROID	1,444.88				
15	60280	REMOVE THYROID DUCT LESION	679.83				
15	60281	REMOVE THYROID DUCT LESION	679.83				
15	60659	LAPARO PROC, ENDOCRINE	MP		X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		X		
15	61020	REMOVE BRAIN CAVITY FLUID	359.35				
15	61026	INJECTION INTO BRAIN CANAL	359.35				
15	61050	REMOVE BRAIN CANAL FLUID	359.35				
15	61055	INJECTION INTO BRAIN CANAL	359.35				
15	61070	BRAIN CANAL SHUNT PROCEDURE	359.35				
15	61215	INSERT BRAIN-FLUID DEVICE	550.32				
15	61790	TREAT TRIGEMINAL NERVE	550.32				

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	61791	TREAT TRIGEMINAL TRACT	550.32				
15	61885	IMPLANT NEUROSTIM ONE ARRAY	481.27				
15	61886	IMPLANT NEUROSTIM ARRAYS	550.32				
15	61888	REVISE/REMOVE NEURORECEIVER	359.35				
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	550.32				
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	550.32				
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	550.32				
15	62194	REPLACE/IRRIGATE CATHETER	359.35				
15	62225	REPLACE/IRRIGATE CATHETER	359.35				
15	62230	REPLACE/REVISE BRAIN SHUNT	481.27				
15	62263	LYSIS EPIDURAL ADHESIONS	359.35				
15	62268	DRAIN SPINAL CORD CYST	359.35				
15	62269	NEEDLE BIOPSY, SPINAL CORD	359.35				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	359.35				
15	62272	DRAIN CEREBRO SPINAL FLUID	359.35				
15	62273	TREAT EPIDURAL SPINE LESION	359.35				
15	62280	TREAT SPINAL CORD LESION	359.35				
15	62281	TREAT SPINAL CORD LESION	359.35				
15	62282	TREAT SPINAL CANAL LESION	359.35				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,444.88				
15	62294	INJECTION INTO SPINAL ARTERY	550.32				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62324	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62325	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62326	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62327	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	359.35				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	359.35				
15	62350	IMPLANT SPINAL CANAL CATH	481.27				
15	62355	REMOVE SPINAL CANAL CATHETER	481.27				
15	62360	INSERT SPINE INFUSION DEVICE	481.27				
15	62361	IMPLANT SPINE INFUSION PUMP	481.27				
15	62362	IMPLANT SPINE INFUSION PUMP	481.27				
15	62365	REMOVE SPINE INFUSION DEVICE	481.27				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	481.27				
15	62368	ANALYZE SPINE INFUSION PUMP	481.27				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,444.88				
15	63600	REMOVE SPINAL CORD LESION	481.27				
15	63610	STIMULATION OF SPINAL CORD	359.35				
15	63650	IMPLANT NEUROELECTRODES	481.27				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	359.35				

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 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	359.35				
15	63685	IMPLANT NEURORECEIVER	481.27				
15	63688	REVISE/REMOVE NEURORECEIVER	359.35				
15	63744	REVISION OF SPINAL SHUNT	550.32				
15	63746	REMOVAL OF SPINAL SHUNT	481.27				
15	64415	INJECTION FOR NERVE BLOCK	359.35				
15	64417	INJECTION FOR NERVE BLOCK	359.35				
15	64420	INJECTION FOR NERVE BLOCK	359.35				
15	64421	INJECTION FOR NERVE BLOCK	359.35				
15	64430	INJECTION FOR NERVE BLOCK	359.35				
15	64450	INJECTION FOR NERVE BLOCK	359.35				
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	359.35				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	359.35				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	359.35				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	359.35				
15	64505	INJECTION FOR NERVE BLOCK	359.35				
15	64510	INJECTION FOR NERVE BLOCK	359.35				
15	64517	N BLOCK INJ, HYPOGAS PLXS	481.27				
15	64520	INJECTION FOR NERVE BLOCK	359.35				
15	64530	INJECTION FOR NERVE BLOCK	359.35				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	359.35				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	550.32				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	550.32				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	359.35				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	359.35				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	550.32				
15	64582	INSERTION OF HYPOGLOSSAL NERVE NEURO	550.32				
15	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	550.32				
15	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	550.32				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	359.35				
15	64590	INSERTION OR REPLACEMENT OF PERIPHER	481.27				
15	64595	REVISE/REMOVE NEURORECEIVER	359.35				
15	64596	INSERTION OR REPLACEMENT OF A PERIPH	481.27				
15	64597	INSERTION OR REPLACEMENT OF A PERIPH	481.27				
15	64598	REVISION OR REMOVAL OF A ELECTRODE A	481.27				
15	64600	INJECTION TREATMENT OF NERVE	359.35				
15	64605	INJECTION TREATMENT OF NERVE	359.35				
15	64610	INJECTION TREATMENT OF NERVE	359.35				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	481.27				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	481.27				
15	64620	INJECTION TREATMENT OF NERVE	359.35				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	359.35				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	481.27				
15	64628	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	359.35				
15	64630	INJECTION TREATMENT OF NERVE	481.27				
15	64640	INJECTION TREATMENT OF NERVE	359.35				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	64642	Injection of chemical for destructio	359.35				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	359.35				
15	64644	Injection of chemical for destructio	359.35				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	359.35				
15	64646	Injection of chemical for destructio	359.35				
15	64647	Injection of chemical for destructio	359.35				
15	64680	INJECTION TREATMENT OF NERVE	481.27				
15	64681	INJECTION TREATMENT OF NERVE	481.27				
15	64702	REVISE FINGER/TOE NERVE	359.35				
15	64704	REVISE HAND/FOOT NERVE	359.35				
15	64708	REVISE ARM/LEG NERVE	481.27				
15	64712	REVISION OF SCIATIC NERVE	481.27				
15	64713	REVISION OF ARM NERVE(S)	481.27				
15	64714	REVISE LOW BACK NERVE(S)	481.27				
15	64716	REVISION OF CRANIAL NERVE	550.32				
15	64718	REVISE ULNAR NERVE AT ELBOW	481.27				
15	64719	REVISE ULNAR NERVE AT WRIST	481.27				
15	64721	CARPAL TUNNEL SURGERY	481.27				
15	64722	RELIEVE PRESSURE ON NERVE(S)	359.35				
15	64726	RELEASE FOOT/TOE NERVE	359.35				
15	64727	INTERNAL NERVE REVISION	359.35				
15	64732	INCISION OF BROW NERVE	481.27				
15	64734	INCISION OF CHEEK NERVE	481.27				
15	64736	INCISION OF CHIN NERVE	481.27				
15	64738	INCISION OF JAW NERVE	481.27				
15	64740	INCISION OF TONGUE NERVE	481.27				
15	64742	INCISION OF FACIAL NERVE	481.27				
15	64744	INCISE NERVE, BACK OF HEAD	481.27				
15	64746	INCISE DIAPHRAGM NERVE	481.27				
15	64771	SEVER CRANIAL NERVE	481.27				
15	64772	INCISION OF SPINAL NERVE	481.27				
15	64774	REMOVE SKIN NERVE LESION	481.27				
15	64776	REMOVE DIGIT NERVE LESION	550.32				
15	64778	DIGIT NERVE SURGERY ADD-ON	481.27				
15	64782	REMOVE LIMB NERVE LESION	550.32				
15	64783	LIMB NERVE SURGERY ADD-ON	481.27				
15	64784	REMOVE NERVE LESION	550.32				
15	64786	REMOVE SCIATIC NERVE LESION	550.32				
15	64787	IMPLANT NERVE END	481.27				
15	64788	REMOVE SKIN NERVE LESION	550.32				
15	64790	REMOVAL OF NERVE LESION	550.32				
15	64792	REMOVAL OF NERVE LESION	550.32				
15	64795	BIOPSY OF NERVE	481.27				
15	64802	REMOVE SYMPATHETIC NERVES	481.27				
15	64821	REMOVE SYMPATHETIC NERVES	679.83				
15	64831	REPAIR OF DIGIT NERVE	679.83				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	64832	REPAIR NERVE ADD-ON	359.35				
15	64834	REPAIR OF HAND OR FOOT NERVE	481.27				
15	64835	REPAIR OF HAND OR FOOT NERVE	550.32				
15	64836	REPAIR OF HAND OR FOOT NERVE	550.32				
15	64837	REPAIR NERVE ADD-ON	359.35				
15	64840	REPAIR OF LEG NERVE	481.27				
15	64856	REPAIR/TRANSPOSE NERVE	481.27				
15	64857	REPAIR ARM/LEG NERVE	481.27				
15	64858	REPAIR SCIATIC NERVE	481.27				
15	64859	NERVE SURGERY	359.35				
15	64861	REPAIR OF ARM NERVES	550.32				
15	64862	REPAIR OF LOW BACK NERVES	550.32				
15	64864	REPAIR OF FACIAL NERVE	550.32				
15	64865	REPAIR OF FACIAL NERVE	679.83				
15	64872	SUBSEQUENT REPAIR OF NERVE	481.27				
15	64874	REPAIR & REVISE NERVE ADD-ON	550.32				
15	64876	REPAIR NERVE/SHORTEN BONE	550.32				
15	64885	NERVE GRAFT, HEAD OR NECK	481.27				
15	64886	NERVE GRAFT, HEAD OR NECK	481.27				
15	64890	NERVE GRAFT, HAND OR FOOT	481.27				
15	64891	NERVE GRAFT, HAND OR FOOT	481.27				
15	64892	NERVE GRAFT, ARM OR LEG	481.27				
15	64893	NERVE GRAFT, ARM OR LEG	481.27				
15	64895	NERVE GRAFT, HAND OR FOOT	550.32				
15	64896	NERVE GRAFT, HAND OR FOOT	550.32				
15	64897	NERVE GRAFT, ARM OR LEG	550.32				
15	64898	NERVE GRAFT, ARM OR LEG	550.32				
15	64901	NERVE GRAFT ADD-ON	481.27				
15	64902	NERVE GRAFT ADD-ON	481.27				
15	64905	NERVE PEDICLE TRANSFER	481.27				
15	64907	NERVE PEDICLE TRANSFER	359.35				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	550.32				
15	64999	NERVOUS SYSTEM SURGERY	MP		X		
15	65091	REVISE EYE	550.32				
15	65093	REVISE EYE WITH IMPLANT	550.32				
15	65101	REMOVAL OF EYE	550.32				
15	65103	REMOVE EYE/INSERT IMPLANT	550.32				
15	65105	REMOVE EYE/ATTACH IMPLANT	679.83				
15	65110	REMOVAL OF EYE	773.72				
15	65112	REMOVE EYE/REVISE SOCKET	1,073.67				
15	65114	REMOVE EYE/REVISE SOCKET	1,073.67				
15	65130	INSERT OCULAR IMPLANT	550.32				
15	65135	INSERT OCULAR IMPLANT	481.27				
15	65140	ATTACH OCULAR IMPLANT	550.32				
15	65150	REVISE OCULAR IMPLANT	481.27				
15	65155	REINSERT OCULAR IMPLANT	550.32				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
 NON-RURAL AND NON-STATE HOSPITALS
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	65175	REMOVAL OF OCULAR IMPLANT	359.35				
15	65205	REMOVE FOREIGN BODY FROM EYE	359.35				
15	65235	REMOVE FOREIGN BODY FROM EYE	481.27				
15	65260	REMOVE FOREIGN BODY FROM EYE	550.32				
15	65265	REMOVE FOREIGN BODY FROM EYE	679.83				
15	65270	REPAIR OF EYE WOUND	481.27				
15	65272	REPAIR OF EYE WOUND	481.27				
15	65275	REPAIR OF EYE WOUND	679.83				
15	65280	REPAIR OF EYE WOUND	679.83				
15	65285	REPAIR OF EYE WOUND	679.83				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	550.32				
15	65400	REMOVAL OF EYE LESION	359.35				
15	65410	BIOPSY OF CORNEA	481.27				
15	65420	REMOVAL OF EYE LESION	481.27				
15	65426	REMOVAL OF EYE LESION	773.72				
15	65710	CORNEAL TRANSPLANT	1,073.67				
15	65730	CORNEAL TRANSPLANT	1,073.67				
15	65750	CORNEAL TRANSPLANT	1,073.67				
15	65755	CORNEAL TRANSPLANT	1,073.67				
15	65770	REVISE CORNEA WITH IMPLANT	1,073.67				
15	65772	CORRECTION OF ASTIGMATISM	679.83				
15	65775	CORRECTION OF ASTIGMATISM	679.83				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	481.27				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	359.35				
15	65780	OCULAR RECONST, TRANSPLANT	773.72				
15	65781	OCULAR RECONST, TRANSPLANT	773.72				
15	65782	OCULAR RECONST, TRANSPLANT	773.72			X	
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	679.83				
15	65800	DRAINAGE OF EYE	359.35				
15	65810	DRAINAGE OF EYE	550.32				
15	65815	DRAINAGE OF EYE	481.27				
15	65820	RELIEVE INNER EYE PRESSURE	359.35				
15	65850	INCISION OF EYE	679.83				
15	65855	LASER TRABECULOPLASTY-1/MORE	679.83				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	481.27				
15	65865	INCISE INNER EYE ADHESIONS	359.35				
15	65870	INCISE INNER EYE ADHESIONS	679.83				
15	65875	INCISE INNER EYE ADHESIONS	679.83				
15	65880	INCISE INNER EYE ADHESIONS	679.83				
15	65900	REMOVE EYE LESION	773.72				
15	65920	REMOVE IMPLANT OF EYE	1,073.67				
15	65930	REMOVE BLOOD CLOT FROM EYE	773.72				
15	66020	INJECTION TREATMENT OF EYE	359.35				
15	66030	INJECTION TREATMENT OF EYE	359.35				
15	66130	REMOVE EYE LESION	1,073.67				
15	66150	GLAUCOMA SURGERY	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	66155	GLAUCOMA SURGERY	679.83				
15	66160	GLAUCOMA SURGERY	481.27				
15	66170	GLAUCOMA SURGERY	679.83				
15	66172	INCISION OF EYE	679.83				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	773.72				
15	66180	IMPLANT EYE SHUNT	773.72				
15	66183	Insertion of eye fluid drainage devi	773.72				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	481.27				
15	66185	REVISE EYE SHUNT	481.27				
15	66225	REPAIR/GRAFT EYE LESION	679.83				
15	66250	FOLLOW-UP SURGERY OF EYE	481.27				
15	66500	INCISION OF IRIS	359.35				
15	66505	INCISION OF IRIS	359.35				
15	66600	REMOVE IRIS AND LESION	550.32				
15	66605	REMOVAL OF IRIS	550.32				
15	66625	REMOVAL OF IRIS	550.32				
15	66630	REMOVAL OF IRIS	550.32				
15	66635	REMOVAL OF IRIS	550.32				
15	66680	REPAIR IRIS & CILIARY BODY	550.32				
15	66682	REPAIR IRIS & CILIARY BODY	481.27				
15	66700	DESTRUCTION, CILIARY BODY	481.27				
15	66710	DESTRUCTION, CILIARY BODY	481.27				
15	66711	CILIARY ENDOSCOPIC ABLATION	481.27				
15	66720	DESTRUCTION, CILIARY BODY	481.27				
15	66740	DESTRUCTION, CILIARY BODY	481.27				
15	66761	REVISION OF IRIS	481.27				
15	66820	INCISION OF LENS LESION	481.27				
15	66821	AFTER CATARACT LASER SURGERY	481.27				
15	66825	REPOSITION INTRAOCULAR LENS	679.83				
15	66830	REMOVAL OF LENS LESION	679.83				
15	66840	REMOVAL OF LENS MATERIAL	679.83				
15	66850	REMOVAL OF LENS MATERIAL	1,073.67				
15	66852	REMOVAL OF LENS MATERIAL	679.83				
15	66920	EXTRACTION OF LENS	679.83				
15	66930	EXTRACTION OF LENS	773.72				
15	66940	EXTRACTION OF LENS	773.72				
15	66982	CATARACT SURGERY, COMPLEX	888.07				
15	66983	CATARACT SURG W/IOL, 1 STAGE	888.07				
15	66984	CATARACT SURG W/IOL, I STAGE	888.07				
15	66985	INSERT LENS PROSTHESIS	729.47				
15	66986	EXCHANGE LENS PROSTHESIS	729.47				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,073.67				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,073.67				
15	66999	EYE SURGERY PROCEDURE	MP		X		
15	67005	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67010	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67015	RELEASE OF EYE FLUID	359.35				
15	67025	REPLACE EYE FLUID	359.35				
15	67027	IMPLANT EYE DRUG SYSTEM	679.83				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	359.35				
15	67030	INCISE INNER EYE STRANDS	359.35				
15	67031	LASER SURGERY, EYE STRANDS	481.27				
15	67036	REMOVAL OF INNER EYE FLUID	679.83				
15	67039	LASER TREATMENT OF RETINA	1,073.67				
15	67040	LASER TREATMENT OF RETINA	1,073.67				
15	67042	VIT FOR MACULAR HOLE	773.72				
15	67101	REPAIR DETACHED RETINA	773.72				
15	67105	PHOTOCOAGULATION/DETACHED RET	773.72				
15	67107	REPAIR DETACHED RETINA	773.72				
15	67108	REPAIR DETACHED RETINA	1,073.67				
15	67113	REPAIR RETINAL DETACH,CPLX	1,073.67				
15	67115	RELEASE ENCIRCLING MATERIAL	481.27				
15	67120	REMOVE EYE IMPLANT MATERIAL	481.27				
15	67121	REMOVE EYE IMPLANT MATERIAL	481.27				
15	67141	TREATMENT OF RETINA	481.27				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	481.27				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	773.72				
15	67218	TREATMENT OF RETINAL LESION	773.72				
15	67220	TREAT CHOROID LESION	359.35				
15	67227	TREATMENT OF RETINAL LESION	359.35				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	359.35				
15	67250	REINFORCE EYE WALL	550.32				
15	67255	REINFORCE/GRAFT EYE WALL	550.32				
15	67299	EYE SURGERY PROCEDURE	MP		X		
15	67311	REVISE EYE MUSCLE	550.32				
15	67312	REVISE TWO EYE MUSCLES	679.83				
15	67314	REVISE EYE MUSCLE	679.83				
15	67316	REVISE TWO EYE MUSCLES	679.83				
15	67318	REVISE EYE MUSCLE(S)	679.83				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	679.83				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	679.83				
15	67332	REREVISE EYE MUSCLES ADD-ON	679.83				
15	67334	REVISE EYE MUSCLE W/SUTURE	679.83				
15	67335	EYE SUTURE DURING SURGERY	679.83				
15	67340	REVISE EYE MUSCLE ADD-ON	679.83				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,073.67				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	550.32				

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	67405	EXPLORE/DRAIN EYE SOCKET	679.83				
15	67412	EXPLORE/TREAT EYE SOCKET	773.72				
15	67413	EXPLORE/TREAT EYE SOCKET	773.72				
15	67415	ASPIRATION, ORBITAL CONTENTS	359.35				
15	67420	EXPLORE/TREAT EYE SOCKET	773.72				
15	67430	EXPLORE/TREAT EYE SOCKET	773.72				
15	67440	EXPLORE/DRAIN EYE SOCKET	773.72				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	773.72				
15	67450	EXPLORE/BIOPSY EYE SOCKET	773.72				
15	67500	INJECT/TREAT EYE SOCKET	359.35				
15	67550	INSERT EYE SOCKET IMPLANT	679.83				
15	67560	REVISE EYE SOCKET IMPLANT	481.27				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	359.35				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	359.35				
15	67715	INCISION OF EYELID FOLD	359.35				
15	67800	REMOVE EYELID LESION	359.35				
15	67801	REMOVE EYELID LESIONS	359.35				
15	67805	REMOVE EYELID LESIONS	359.35				
15	67808	REMOVE EYELID LESION(S)	481.27				
15	67810	BIOPSY OF EYELID	359.35				
15	67820	REVISE EYELASHES	359.35				
15	67830	REVISE EYELASHES	481.27				
15	67835	REVISE EYELASHES	481.27				
15	67840	REMOVE EYELID LESION	359.35				
15	67880	REVISION OF EYELID	550.32				
15	67882	REVISION OF EYELID	550.32				
15	67900	REPAIR BROW DEFECT	679.83				
15	67901	REPAIR EYELID DEFECT	773.72				
15	67902	REPAIR EYELID DEFECT	773.72				
15	67903	REPAIR EYELID DEFECT	679.83				
15	67904	REPAIR EYELID DEFECT	679.83				
15	67906	REPAIR EYELID DEFECT	773.72				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	679.83				
15	67909	REVISE EYELID DEFECT	679.83				
15	67911	REVISE EYELID DEFECT	550.32				
15	67912	CORRECTION EYELID W/IMPLANT	550.32				
15	67914	REPAIR EYELID DEFECT	550.32				
15	67916	REPAIR EYELID DEFECT	679.83				
15	67917	REPAIR EYELID DEFECT	679.83				
15	67921	REPAIR EYELID DEFECT	550.32				
15	67923	REPAIR EYELID DEFECT	679.83				
15	67924	REPAIR EYELID DEFECT	679.83				
15	67930	REPAIR EYELID WOUND	481.27				
15	67935	REPAIR EYELID WOUND	481.27				
15	67938	REMOVE EYELID FOREIGN BODY	359.35				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
			FEE	AGE MIN-MAX	MED REV	SEX	X- OVERS
TS	CODE	DESCRIPTION					
15	67950	REVISION OF EYELID	481.27				
15	67961	REVISION OF EYELID	550.32				
15	67966	REVISION OF EYELID	550.32				
15	67971	RECONSTRUCTION OF EYELID	550.32				
15	67973	RECONSTRUCTION OF EYELID	550.32				
15	67974	RECONSTRUCTION OF EYELID	550.32				
15	67975	RECONSTRUCTION OF EYELID	550.32				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	359.35				
15	68115	REMOVE EYELID LINING LESION	481.27				
15	68130	REMOVE EYELID LINING LESION	481.27				
15	68320	REVISE/GRAFT EYELID LINING	679.83				
15	68325	REVISE/GRAFT EYELID LINING	679.83				
15	68326	REVISE/GRAFT EYELID LINING	679.83				
15	68328	REVISE/GRAFT EYELID LINING	679.83				
15	68330	REVISE EYELID LINING	679.83				
15	68335	REVISE/GRAFT EYELID LINING	679.83				
15	68340	SEPARATE EYELID ADHESIONS	679.83				
15	68360	REVISE EYELID LINING	481.27				
15	68362	REVISE EYELID LINING	481.27				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	481.27				
15	68399	EYELID LINING SURGERY	MP		X		
15	68500	REMOVAL OF TEAR GLAND	550.32				
15	68505	PARTIAL REMOVAL, TEAR GLAND	550.32				
15	68510	BIOPSY OF TEAR GLAND	359.35				
15	68520	REMOVAL OF TEAR SAC	550.32				
15	68525	BIOPSY OF TEAR SAC	359.35				
15	68540	REMOVE TEAR GLAND LESION	550.32				
15	68550	REMOVE TEAR GLAND LESION	550.32				
15	68700	REPAIR TEAR DUCTS	481.27				
15	68720	CREATE TEAR SAC DRAIN	679.83				
15	68745	CREATE TEAR DUCT DRAIN	679.83				
15	68750	CREATE TEAR DUCT DRAIN	679.83				
15	68770	CLOSE TEAR SYSTEM FISTULA	679.83				
15	68810	PROBE NASOLACRIMAL DUCT	359.35				
15	68811	PROBE NASOLACRIMAL DUCT	481.27				
15	68815	PROBE NASOLACRIMAL DUCT	481.27				
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X		
15	69000	DRAIN EXTERNAL EAR LESION	359.35				
15	69005	DRAIN EXTERNAL EAR LESION	359.35				
15	69020	DRAIN OUTER EAR CANAL LESION	359.35				
15	69100	BIOPSY OF EXTERNAL EAR	359.35				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	359.35				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	359.35				
15	69120	REMOVAL OF EXTERNAL EAR	481.27				
15	69140	REMOVE EAR CANAL LESION(S)	481.27				

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69145	REMOVE EAR CANAL LESION(S)	481.27				
15	69150	EXTENSIVE EAR CANAL SURGERY	550.32				
15	69205	CLEAR OUTER EAR CANAL	359.35				
15	69222	CLEAN OUT MASTOID CAVITY	481.27				
15	69300	REVISE EXTERNAL EAR	550.32				
15	69310	REBUILD OUTER EAR CANAL	550.32				
15	69320	REBUILD OUTER EAR CANAL	1,073.67				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X		
15	69420	INCISION OF EARDRUM	481.27				
15	69421	INCISION OF EARDRUM	550.32				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	359.35				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	550.32				
15	69436	CREATE EARDRUM OPENING	550.32				
15	69440	EXPLORATION OF MIDDLE EAR	550.32				
15	69450	EARDRUM REVISION	359.35				
15	69501	MASTOIDECTOMY	1,073.67				
15	69502	MASTOIDECTOMY	1,073.67				
15	69505	REMOVE MASTOID STRUCTURES	1,073.67				
15	69511	EXTENSIVE MASTOID SURGERY	1,073.67				
15	69530	EXTENSIVE MASTOID SURGERY	1,073.67				
15	69540	REMOVE EAR LESION	550.32				
15	69550	REMOVE EAR LESION	773.72				
15	69552	REMOVE EAR LESION	1,073.67				
15	69601	MASTOID SURGERY REVISION	1,073.67				
15	69602	MASTOID SURGERY REVISION	1,073.67				
15	69603	MASTOID SURGERY REVISION	1,073.67				
15	69604	MASTOID SURGERY REVISION	1,073.67				
15	69610	REPAIR EARDRUM	481.27				
15	69620	REPAIR OF EARDRUM	481.27				
15	69631	REPAIR EARDRUM STRUCTURES	773.72				
15	69632	REBUILD EARDRUM STRUCTURES	773.72				
15	69633	REBUILD EARDRUM STRUCTURES	773.72				
15	69635	REPAIR EARDRUM STRUCTURES	1,073.67				
15	69636	REBUILD EARDRUM STRUCTURES	1,073.67				
15	69637	REBUILD EARDRUM STRUCTURES	1,073.67				
15	69641	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69642	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69643	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69644	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69645	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69646	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69650	RELEASE MIDDLE EAR BONE	1,073.67				
15	69660	REVISE MIDDLE EAR BONE	773.72				
15	69661	REVISE MIDDLE EAR BONE	773.72				
15	69662	REVISE MIDDLE EAR BONE	773.72				
15	69666	REPAIR MIDDLE EAR STRUCTURES	679.83				

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NON-RURAL AND NON-STATE HOSPITALS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
			FEE	MIN-MAX	REV	SEX	OVERS
TS	CODE	DESCRIPTION					
15	69667	REPAIR MIDDLE EAR STRUCTURES	679.83				
15	69670	REMOVE MASTOID AIR CELLS	550.32				
15	69676	REMOVE MIDDLE EAR NERVE	550.32				
15	69700	CLOSE MASTOID FISTULA	550.32				
15	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,073.67				
15	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,073.67				
15	69711	REMOVE/REPAIR HEARING AID	359.35				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,444.88				
15	69716	IMPLANTATION OF COCHLEAR STIMULATING	1,444.88				X
15	69717	TEMPLE BONE IMPLANT REVISION	1,444.88				
15	69719	REVISION OR REPLACEMENT OF COCHLEAR	1,444.88				X
15	69720	RELEASE FACIAL NERVE	773.72				
15	69725	RELEASE FACIAL NERVE	773.72				
15	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SK	773.72				
15	69727	REMOVAL OF COCHLEAR STIMULATING SYST	773.72				X
15	69728	REMOVAL OF ENTIRE COCHLEAR STIMULATI	1,444.88	05 99			
15	69729	IMPLANTATION OF COCHLEAR STIMULATING	1,444.88	05 99			
15	69730	REPLACEMENT OF COCHLEAR STIMULATING	1,444.89	05 99			
15	69740	REPAIR FACIAL NERVE	773.72				
15	69745	REPAIR FACIAL NERVE	773.72				
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X	
15	69801	INCISE INNER EAR	773.72				
15	69805	EXPLORE INNER EAR	1,073.67				
15	69806	EXPLORE INNER EAR	1,073.67				
15	69905	REMOVE INNER EAR	1,073.67				
15	69910	REMOVE INNER EAR & MASTOID	1,073.67				
15	69915	INCISE INNER EAR NERVE	1,073.67				
15	69930	IMPLANT COCHLEAR DEVICE	1,073.67	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X	
15	69979	TEMPORAL BONE SURGERY	MP			X	
15	69990	MICROSURGERY ADD-ON	359.35				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	359.35				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	359.35				

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