

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID PORTABLE RADIOLOGY/EKG (NON-HOSPITAL) FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2018
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 DXC 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 types of service found on this schedule.

09 - Transportation and use of Portable X-ray equipment.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

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. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology (CPT) coding guidelines based on the age of the recipient on the date of service.

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

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

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

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

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 13. SPEC IND: Indicate if code was related to a particular process.

Code E - Medicaid Expansion

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COLUMN:	1	2	3	4	5	6	7	8	9	10	11	12	13
					AGE	MED					X-	UVS	SPEC
				FEE	MIN-MAX	REV	PA	SEX	PSR	SL	OVERS	>001	IND
TS	CODE	DESCRIPTION											
09	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT		7.21					X	X		X	
09	R0070	TRANSPORTATION OF PORTABLE X-RAY EQU		69.24					X				
09	R0075	TRANSPORTATION OF PORTABLE X-RAY EQU		13.86					X				
09	R0076	TRANSPORTATION OF PORTABLE ECG TO FO		87.50					X				
09	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PA		36.64					X			X	
09	70110	RADIOLOGIC EXAMINATION, MANDIBLE; CO		46.17					X			X	
09	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LE		40.98					X			X	
09	70130	RADIOLOGIC EXAMINATION, MASTOIDS; CO		59.59					X			X	
09	70140	RADIOLOGIC EXAMINATION, FACIAL BONES		41.40					X			X	
09	70150	RADIOLOGIC EXAMINATION, FACIAL BONES		53.82					X			X	
09	70160	RADIOLOGIC EXAMINATION, NASAL BONES		35.63					X			X	
09	70250	RADIOLOGIC EXAMINATION, SKULL; LESS		43.87					X			X	
09	70260	RADIOLOGIC EXAMINATION, SKULL; COMPL		63.91					X			X	
09	70320	RADIOLOGIC EXAMINATION, TEETH; COMPL		50.78					X			X	
09	70360	RADIOLOGIC EXAMINATION; NECK, SOFT T		31.02					X			X	
09	70380	RADIOLOGIC EXAMINATION, SALIVARY GLA		28.42					X			X	
09	71045	RADIOLOGICAL EXAMINATION, CHEST; SINGL		14.02					X			X	
09	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V		21.30					X			X	
09	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V		27.17					X			X	
09	71048	RADIOLOGICAL EXAMINATION, CHEST; 4 OR		29.18					X				
09	71100	RADIOLOGIC EXAMINATION, RIBS, UNILAT		40.14					X			X	
09	71110	RADIOLOGIC EXAMINATION, RIBS, BILATE		54.39					X			X	
09	71120	RADIOLOGIC EXAMINATION, STERNUM, MIN		43.29					X			X	
09	71130	RADIOLOGIC EXAMINATION; STERNOCLAVIC		47.18					X			X	
09	72040	RADIOLOGIC EXAMINATION, SPINE, CERVI		42.71					X				
09	72050	RADIOLOGIC EXAMINATION, SPINE, CERVI		61.89					X				
09	72070	RADIOLOGIC EXAMINATION, SPINE; THORA		44.88					X				
09	72080	RADIOLOGIC EXAMINATION, SPINE; THORA		46.01					X				
09	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBO		46.01					X				
09	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBO		63.05					X				
09	72170	RADIOLOGIC EXAMINATION, PELVIS; 1 OR		33.24					X				
09	72190	RADIOLOGIC EXAMINATION, PELVIS; COMP		45.30					X				
09	72200	RADIOLOGIC EXAMINATION, SACROILIAC J		36.07					X			X	
09	72220	RADIOLOGIC EXAMINATION, SACRUM AND C		38.09					X			X	
09	73000	RADIOLOGIC EXAMINATION; CLAVICLE, CO		34.04					X			X	
09	73010	RADIOLOGIC EXAMINATION; SCAPULA, COM		35.51					X			X	
09	73020	RADIOLOGIC EXAMINATION, SHOULDER; 1		29.80					X			X	
09	73030	RADIOLOGIC EXAMINATION, SHOULDER; CO		36.70					X			X	
09	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVI		44.13					X			X	
09	73060	RADIOLOGIC EXAMINATION; HUMERUS, MIN		36.93					X			X	
09	73070	RADIOLOGIC EXAMINATION, ELBOW; 2 VIE		32.28					X			X	
09	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPL		38.09					X			X	
09	73090	RADIOLOGIC EXAMINATION; FOREARM, 2 V		34.49					X			X	
09	73100	RADIOLOGIC EXAMINATION, WRIST; 2 VIE		31.33					X			X	
09	73120	RADIOLOGIC EXAMINATION, HAND; 2 VIEW		31.33					X			X	
09	73130	RADIOLOGIC EXAMINATION, HAND; MINIMU		36.93					X			X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001	SPEC IND
09	73140	RADIOLOGIC EXAMINATION, FINGER(S), M	27.55					X			X	
09	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	20.49					X				
09	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	28.47					X				
09	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	35.61					X				
09	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	27.28					X				
09	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	33.77					X				
09	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	39.07					X				
09	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	19.24					X				
09	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	22.40					X				
09	73560	RADIOLOGIC EXAMINATION, KNEE; 1 OR 2	33.11					X			X	
09	73562	RADIOLOGIC EXAMINATION, KNEE; 3 VIEW	38.82					X			X	
09	73590	RADIOLOGIC EXAMINATION, TIBIA AND FI	33.11					X			X	
09	73600	RADIOLOGIC EXAMINATION, ANKLE; 2 VIE	32.75					X			X	
09	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPL	36.93					X			X	
09	73620	RADIOLOGIC EXAMINATION, FOOT; 2 VIEW	31.33					X			X	
09	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLE	36.93					X			X	
09	73650	RADIOLOGIC EXAMINATION; CALCANEUS,	31.75					X			X	
09	73660	RADIOLOGIC EXAMINATION; TOE(S), MINI	27.55					X			X	
09	74018	RADIOLOGICAL EXAMINATION, ABDOMEN; 1 V	19.05					X			X	
09	74019	RADIOLOGICAL EXAMINATION, ABDOMEN; 2 V	23.24					X			X	
09	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	27.26					X			X	
09	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COM	55.83					X			X	
09	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH	29.40					X			X	
09	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	191.70					X		X		

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